Trust Board Meeting ('Part 1') - Formal meeting, which is open to members of the public (to observe)

Thu 28 March 2024, 09:00 - 12:00

Virtually, via Webconference

Maidstone and Tunbridge Wells NHS Trust

Agenda

09:00 - 09:00

Please note that members of the public will be able to observe the meeting, as it will be broadcast live on the internet, via the Trust's YouTube channel (www.youtube.com/channel/UCBV9L-3FLrluzYSc29211EQ).

09:00 - 09:01

03-12
To receive apologies for absence

David Highton

09:01 - 09:02

03-13
To declare interests relevant to agenda items

David Highton

09:02 - 09:03

03-14
To approve the minutes of the 'Part 1' Trust Board meetings of 29th February 2024; 14th March 2024 and 27th March 2024

David Highton

- Board minutes, 29.02.24 (Part 1).pdf (12 pages)
- Board minutes, 14.03.24 (Part 1).pdf (4 pages)
- Board minutes, 27.03.24 (Part 1).pdf (1 pages)

09:03 - 09:06

03-15
To note progress with previous actions

David Highton

- Board actions log (Part 1).pdf (3 pages)

Reports from the Chair of the Trust Board and Chief Executive

09:06 - 09:11

03-16
Report from the Chair of the Trust Board

David Highton

- Report from the Chair of the Trust Board.pdf (1 pages)

09:11 - 09:21 **03-17**

Report from the Chief Executive (incl. a quarterly update on the Patient First Improvement System (PFIS))

Miles Scott

Chief Executive's report (incl. a quarterly update on the Patient First Improvement System (PFIS)).pdf (4 pages)

Reports from Trust Board sub-committees

09:21 - 09:24 **03-18**

Quality Committee, 13/03/24 (Incl. approval of revised Terms of Reference)

Maureen Choong

Summary of Quality C'ttee, 13.03.24 (incl. approval of revised Terms of Reference).pdf (6 pages)

09:24 - 09:27 **03-19**

Finance and Performance Committee, 26/03/24

Neil Griffiths

Summary of Finance and Performance C'ttee 26.03.24.pdf (2 pages)

09:27 - 09:30 **03-20**

People and Organisational Development Committee, 22/03/24

Richard Finn

Summary of People and Organisational Development Cttee, 22.03.24.pdf (2 pages)

09:30 - 09:33 **03-21**

Patient Experience Committee, 21/03/24 (incl. an update on End of Life Care)

Joanna Webber

Summary of Patient Experience Committee 21.03.24 (incl. an update on End of Life Care).pdf (7 pages)

09:33 - 09:36 **03-22**

Audit and Governance Committee, 06/03/24 (incl. an update on bribery-related best practice)

David Morgan

Summary of Audit and Governance Committee, 06.03.24 (incl. an update on bribery-related best practice).pdf (2 pages)

09:36 - 09:39 **03-23**

Charitable Funds Committee, 20/03/24 (incl. approval of revised Terms of Refence)

David Morgan

Summary of Charitable Funds Cttee, 20.03.24 (incl. revised Terms of Reference).pdf (4 pages)

Integrated Performance Report

09:39 - 10:34

03-24
Review of the Integrated Performance Report (IPR) for February 2024

Miles Scott and colleagues

Review of the Integrated Performance Report (IPR) for February 2024.pdf (42 pages)

Quality items

10:34 - 10:44

03-25
Quarterly mortality data

Sara Mumford

Quartely mortality data.pdf (11 pages)

People

10:44 - 10:59

03-26
The findings of the national NHS staff survey 2023

Sue Steen

The findings of the national NHS staff survey 2023.pdf (25 pages)

10:59 - 11:09

03-27
To approve the Trust's updated Equality Delivery System (EDS) assessment

Sue Steen

Updated EDS assessment.pdf (15 pages)

11:09 - 11:19

03-28
Update on the Trust Board's High Impact equality, diversity and inclusion (EDI) objectives

Sue Steen

N.B. This will be a verbal report.

Systems and Place

11:19 - 11:29

03-29
Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB)

Rachel Jones

Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB).pdf (13 pages)

Planning and strategy

11:29 - 11:34

03-30
Update on the Trust's planning submissions for 2024/25

Rachel Jones and Steve Orpin

N.B. This will be a verbal report, by exception.

Assurance and Policy

11:34 - 11:39

03-31
To ratify the updates Standing Orders (to reflect the new Fit and Proper Persons Test Framework)

Daryl Judges

To ratify the updates Standing Orders (to reflect the new Fit and Proper Persons Test Framework).pdf (57 pages)

Annual Report and Accounts

11:39 - 11:42

03-32
Confirmation of the outcome of the Trust's 'going concern' assessment

Steve Orpin

Confirmation of the outcome of the Trust's 'going concern' assessment.pdf (2 pages)

11:42 - 11:43

03-33
To consider any other business

David Highton

11:43 - 11:44

03-34
To respond to any questions from members of the public

David Highton

11:44 - 11:45

03-35
To approve the motion (to enable the Board to convene its 'Part 2' meeting) that...

David Highton

in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960,representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY 29TH FEBRUARY 2024, 09.45AM, VIRTUALLY VIA WEBCONFERENCE

NHS Maidstone and Tunbridge Wells NHS Trust

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board (Chair)	(DH)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Neil Griffiths	Non-Executive Director	(NG)
	Jo Haworth	Chief Nurse	(JH)
	David Morgan	Non-Executive Director	(DM)
	Sara Mumford	Medical Director	(SM)
	Steve Orpin	Deputy Chief Executive / Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Miles Scott	Chief Executive	(MS)
	Wayne Wright	Non-Executive Director	(WW)
In attendance:	Richard Finn	Associate Non-Executive Director	(RF)
	Rachel Jones	Director of Strategy, Planning and Partnerships	(RJ)
	Sue Steen	Chief People Officer	(SS)
	Jo Webber	Associate Non-Executive Director	(JW)
	Alex Yew	Associate Non-Executive Director	(AY)
	Daryl Judges	Assistant Trust Secretary	(DJ)
	Dominic Chambers	Clinical Director of Pathology and Care after Death Directorates (for item 02-5)	(DC)
	Lydia Judge-Kronis	Head of Service, Care After Death Directorate (for item 02-5)	(LJK)
Observing:	The meeting was livestreamed on the Trust's YouTube channel.		

[N.B. Some items were considered in a different order to that listed on the agenda]

02-1 To receive apologies for absence

There were no apologies received, however it was noted that Karen Cox (KC), Associate Non-Executive Director, would not be in attendance.

02-2 To declare interests relevant to agenda items

No interests were declared.

02-3 To approve the minutes of the 'Part 1' Trust Board meeting of 25th January 2024

The minutes were approved as a true and accurate record of the meeting.

02-4 To note progress with previous actions

The content of the submitted report was noted and no further updates were given.

The Independent Inquiry into the issues raised by the David Fuller case

02-5 Assurance statement on the implementation of the recommendations from the Phase 1 report of the Independent Inquiry into the issues raised by the David Fuller case

DH outlined the background for the submission of the report and welcomed DC to the meeting. MS firstly paid tribute to the efforts of Kevin Rowan, Trust Secretary in the preparation of the assurance statement. MS then referred to the submitted report and highlighted the following points:

- A corporate project had been established to developed and deliver a comprehensive action plan in response to the recommendations received and noted that assurance had been received that the action plan had been implemented.

- Representatives from the Kent and Medway Integrated Care Board (ICB) had confirmed that they were assured regarding the measures which had been implemented by the Trust.
- A review would be conducted, 12-months post-implementation, by the Trust Internal Auditors to confirm ongoing compliance with the recommendations and an annual reviewed would be conducted thereafter, the findings of which would be reviewed by the End of Life Steering Committee.
- Recommendations 1, 6, 7, 9 and 10 related to access controls to the Trust's Mortuary and ensuring there were robust policies and procedures related to the access of the Mortuary, so the access controls had been overhauled and additional CCTV had been installed.

DH noted that the Chair of the Independent Inquiry, Sir Jonathan Michael, had initially been appointed as the Chair of the Trust's internal inquiry, therefore significant progress had been made in relation to a number of the recommendations prior to the publication of the findings of the Independent Inquiry.

EPM asked where the long-term accountability for ensuring continued compliance with the recommendations resided, to prevent any potential loss of organisational memory. MS confirmed that clear accountability had been established for each of the recommendations; which had been reflected within the Trust's management process and noted continued compliance with the recommendations would be scrutinised by the Trust's Internal Auditors and subsequently the End of Life Steering Committee. LJK then explained the process by which 'spot checks' were conducted on the access control logs for the Trust's mortuaries and noted that staff were required to complete refresher training annual, and would not be permitted access to the mortuary until such point as the refresher training had been completed.

AY noted that the retention period for CCTV footage had been extended to 38 days; however, asked what the process was for if a discrepancy was discovered after the 38-day retention period. LJK provided assurance that the risk of a discrepancy being discovered beyond the 38-day retention period had been significantly reduced due to the enhanced security measures which had been introduced and explained the legislation regarding the retention of CCTV footage.

MC asked whether LJK, and the Mortuary Team, had sufficient confidence, and access, to escalate any issues in relation to Mortuary Service and whether there was confidence that the required support would be provided. LJK confirmed there was sufficient confidence to escalate any issues to Senior Staff without any concerns and noted that a culture of escalation had been instilled into the Mortuary Team to ensure there were no concerns regarding escalation. DC then explained the support which had been provided over the previous three-years and the associated confidence which had been provided.

MS referred to the submitted report and highlighted the following points:
- Recommendations 2, 11, 13, 14, 15, 16 and 17 focused on regulation and oversight of Mortuary Services, and it was noted that the Human Tissue Authority (HTA) had conducted a comprehensive inspection which confirmed the Trust was compliant with the associated standards.
- A review of the governance arrangements had been conducted in relation to Mortuary Services and it had been confirmed that the Trust Board would receive a "Six monthly update on mortuary issues" report from May 2024.
- The job description of JH had been duly amended to state that they are "…responsible for assuring the Trust Board that mortuary management is delivered in such a way that it protects the security and dignity of the deceased.".

WW noted the impact on the families involved and requested further details of the cultural and safeguarding changes which had been implemented in response to the recommendations. MS firstly outlined the Trust's on-going commitment to support, and compensate, the families involved; although, noted that the levels of engagement had significant reduced, but the Trust remained accessible to response to any queries. JH noted that safeguarding legislation did not extend to the deceased; therefore, the focus was on ensuring that privacy and dignity had been maintained and noted the programme of work which would be supported by the End of Life Steering Committee. LJK detailed the robust education programme which had been developed to ensure an aligned

culture for the management of deceased patients and highlight that the Trust had a duty of care until the patient left the Trust's premise. LJK then detailed the condition checks which were conducted on decreased patients. LJK added that it had become increasingly acceptable to talk about care after death and noted that there was a robust process for deceased patients.

RF referred to the "The Executive Team Meeting (ETM) held a 'time out' session in February 2024…" statement and requested further details and noted the discussions which had been held at the People and Organisational Development Committee regarding 'Out of Sight, Out of Mind and Curiosity in Leadership'. A discussion was then held wherein MS outlined the key areas of focus at the ETM 'time out' session and the associated interventions which had been proposed to develop a culture of curiosity; and SS then explained the additional discussions which had been held across the Trust's Senior Leadership regarding the importance of ensuring staff were confident to raise issues, either through the Freedom To Speak Up (FTSU) service or other, informal, mechanisms.

RF expressed concerns that the accountability resided with DC and LJK, and queried how organisational memory in terms of the Trust's response could be developed to provide assurance that the Trust's response to the recommendations would remain embedded. MS replied that the Trust's policies and procedures had been updated, with clear responsibilities and audit approaches included; and noted that the Trust Secretary's Office managed the policy review process, to ensure that policies were reviewed ahead of the allocated review date. MS then provided assurance regarding the assurance mechanisms which were in place which included the End of Life Steering Committee, the role of the Chief Nurse, and the regulatory requirements; although, noted that the annual review, the first of which would be independently conducted, would ensure the mechanisms were robust in perpetuity.

DM noted that the Internal Audit review of the Trust's continued compliance with the recommendations from the Independent Inquiry would be discussed at the March 2024 Audit and Governance Committee. DM queried how the lessons learned would be applied to the Trust as a whole, and particularly the Trust's risk management processes. MS stated that Trust Board members would be provided with details of the outputs of the "Reflections on the Public Inquiry into the Fuller crimes" discussion which had been held at the ETM 'time out' session on the 7th February 2024; however, noted that the discussion had focused on the root cause for risks materialising which the Trust was not initially aware of; the rationale for risks materialising despite the mitigations and controls in place; and triangulation of data to identify any areas of concern, by embedding a culture of curiosity. MS then detailed the Trust-wide improvements which had been made in terms of the Trust's security arrangements.

Action: Provide Trust Board members with details of the outputs of the "Reflections on the Public Inquiry into the Fuller crimes" discussion which had been held at the Executive Team Meeting 'time out' session on the 7th February 2024 (Chief Executive, February 2024 onwards)

AY asked how the Trust's processes in response to the recommendations had been benchmarked against other NHS Trusts to ensure the Trust was in-line with 'best practice' nationally. MS noted that a Mortuary Peer Review and regular HTA inspections were conducted of the mortuary Service, and that the individuals involved were able to relay areas of 'best practice' from other NHS organisations. LJK then explained their role as an external assessor for other Anatomical Pathology Technologists (APTs) and detailed the information sharing processes which were utilised in terms of mortuary management.

MS then referred to the submitted report and highlighted the following points:

- Recommendations 3, 4 and 5 related to the Trust's workforce and detailed the changes to the Trust's Disclosure and Barring Service (DBS) policy and the change to the management structure within the Care After Death Directorate
- Recommendation 8 focused on the ensuring the that Security was a corporate responsibility, which had been addressed accordingly.

DH asked whether there were any barriers to contractors providing the required DBS information to the Trust. MS replied that there were no barriers in terms of contractors demonstrating that they operated to the same standards as the Trust; however, there were information governance

constraints regarding the provision of individual information; therefore, a process was under developed in relation to the escalation of any DBS issues identified by Mitie. SS provided additional details of the protocol which was under development by Mitie and the associated assurance which would be provided.

JW referred to recommendation 12 (i.e. “Kent County Council (KCC) and East Sussex County Council (ESCC) should examine their contractual arrangements with Maidstone and Tunbridge Wells NHS Trust to ensure that they are effective in protecting the safety and dignity of the deceased.”) and queried how assurance would be achieved. MS replied that discussions had been held with both KCC and ESCC to support the provision of any evidence, as required, and noted that the findings of any HTA reports were proactively disseminated. MS continued that the contract management process would enable any specific issues to be addressed.

NG queried how the resourcing requirements would be maintained the Trust’s response to the recommendations. MS provided assurance that significant consideration had been afforded to the Mortuary management arrangements and noted that if, after a period of time, there were concerns regarding the resourcing requirements, these would be duly escalated and noted that any budgetary pressures would be addressed via the Trust’s Cost Improvement Programme (CIP) and a quality impact assessment conducted.

WW requested further details of the process for once the patient left the care of the Trust, and whether any changes were required. MS replied that such issues would be considered as part of Phase 2 of the Independent Inquiry and noted that once a patient was transferred to a Funeral Director the responsibility in terms of duty of care was also transferred. LJK then elaborated on the process for the transfer of responsibility from the Trust to the Funeral Director, and noted the process in the event that the Trust had to procure external capacity due to capacity challenges in the Trust’s mortuary. LJK added that further consideration was required, in due course, to the new direct cremation approach.

WW queried what would happen in the event that the Trust had concerns regarding the Funeral Directors where the patient was scheduled to be transferred to. LJK replied that the Trust had a duty of care until the patient left the Trust’s premises, therefore, if there were any concerns a solution would be pursued or the representatives from the Funeral Directors would be requested to leave until a discussion could be held with the next of kin.

DH requested further details of the next steps in the event that the Trust Board approved the assurance statement which had been submitted. MS duly outlined the next steps, which included confirmation of assurance to NHS England (NHSE) and the Kent and Medway ICB, and submission of the assurance statement to the Department of Health and Social Care (DHSC) to enable the preparation of a briefing to the House of Commons on behalf of the Secretary of State for Health and Social Care.

The assurance statement on the implementation of the recommendations from the Phase 1 report of the Independent Inquiry into the issues raised by the David Fuller case was approved as submitted. DH then thanked Trust Board members for the challenge which had been provided and the subsequent assurance which had been received.

Reports from the Chair of the Trust Board and Chief Executive

02-6 <u>Report from the Chair of the Trust Board</u>

DH referred to the submitted report and highlighted the following points:

- Kevin Rowan, Trust Secretary, who had been an integral part of the working lives of the Trust Board members had passed away in early February 2024, particularly in relation to leading the Trust’s response to the Independent Inquiry into the issues raised by the David Fuller case, so the thoughts of all the Trust Board members were with the family during this difficult time, and noted the support which had been afforded by the Trust to the family.
- Two Consultant Microbiologists had been appointed by the Advisory Appointment Committees during the reporting period.

02-7 Report from the Chief Executive

MS referred to the submitted report and highlighted the following points:

- The Care Quality Commission (CQC) had published their findings following the inspection of Maternity Services at Maidstone Birth Centre (MBC), Crowborough Birth Centre (CBC) and Tunbridge Wells Hospital (TWH), and addressing the concerns raised was a priority for the Trust Board, with a robust action plan developed and embedded and additional external oversight afforded by NHSE and the Kent and Medway ICB, although, it was noted that examples of good practice and care had also been highlighted by the CQC
- The February 2024 Junior Doctors industrial action had witnessed a similar level of turnout compared to previous period of industrial action and had impacted the Trust both financially and in terms of clinical activity; although the Chiefs of Service and Clinical Directors continued to strive to recover the clinical activity impact by the Junior Doctors industrial action.
- As part of the continued focus to improve car parking at the Trust a new car parking service contract was scheduled to 'go live' on the 1st July 2024, which would utilise digital innovations to improve the management of the Trust's car parks, and additional opportunities to support staff car parking capacity continued to be explored.
- The Peggy Wood Breast Care Centre was Highly Commended in the Acute Trust category of the Research Support awards for supporting the three trust-sponsored trials in the unit and both the Critical Care Outreach Team and the Urology Team had also been shortlisted for awards.
- The vacancy rate had within Cardiology Services had reduced to 10%, compared to a vacancy rate of 30% in 2018/19 and noted the importance of ensuring a sustainable workforce supply for all service areas.

EPM queried whether further details of the impact of the Juniors Doctors industrial action would be considered as part of the "Review of the Integrated Performance Report (IPR) for January 2024" report. SB confirmed that was the case.

[N.B. The Trust Board took a brief recess at this point]

Reports from Trust Board sub-committees

02-8 Quality Committee, 14/02/24

MC referred to the submitted report and highlighted the following points:

- Additional improvements were required in relation to governance and oversight processes in relation to the Trust's Ophthalmology Service
- A detailed presentation had been provided in relation to the InPhase Incident Reporting and Risk Management system, wherein assurance was provided that no patient data had been lost during the transition period; but, it was noted that further work was required to develop robust business continuity plans.
- A discussion had been held regarding the model for the identification of future topics for consideration as a 'deep dive', which noted the importance of maintaining the serendipity of the Committee.

02-9 Finance and Performance Committee, 27/02/24

NG referred to the submitted report and highlighted the following points:

- Assurance had been provided regarding the patient safety aspects in relation to the Virtual Ward programme
- Additional Senior Clinicians deployed in the Trust's Emergency Departments (EDs) had enabled continued delivery of the Trust's performance during the Junior Doctors Industrial Action.
- The Trust's financial performance for the remainder of 2023/24 continued to be challenged and a robust focus on productivity, as indicated by NHSE, would be essential for 2024/25.
- The Committee had recommended the Outline Business Case (OBC) for the reconfiguration of Cardiology survives for approval by the Trust Board.
- A post-project review of surgical reconfiguration Business Case had illustrated the associated service improvements, but had highlighted the need for a more structure benefits evaluation of Business Cases.

02-10 People and Organisational Development Committee, 23/02/24

EPM referred to the submitted report and highlighted the key points therein, which included that a thought-provoking discussion had been held regarding the Trust's Equality, Diversity and Inclusion (EDI) objectives; the Committee had been partially assured regarding the management development training programme and recommended that accreditation continue to be pursued; and that a multifaceted discussion had been held regarding 'out of sight, out of mind and curiosity in leadership' wherein it was proposed the topic should be considered by the Trust Board.

Integrated Performance Report (IPR)

02-11 Review of the Integrated Performance Report (IPR) for January 2024

MS referred to the submitted report and drew Trust Board members' attention to the "Executive Summary" section on page 6 of 41. SS then referred to the "People" Strategic Theme and highlighted the following points:

- The Trust's Turnover rate had reduced to 12.12% and further reductions were expected due to the enhanced focus on the three key drivers and the successful recruitment of a People Promise Manager through funding award by NHSE.
- Statutory and Mandatory training compliance had increased to 89.2% following the reduction in compliance due to the implement of an additional e-learning package in relation to the Oliver McGowan mandatory training on Learning Disability and Autism.
- A focused programme of work had been commissioned in relation to the recruitment of Agenda for Change (AfC) Band 8b and above staff from Black, Asian and Minority Ethnic (BAME) backgrounds to support the delivery of the "Percentage of AfC 8c and above that are BAME" metric, which would be monitored via the Equality, Diversity and Inclusion (EDI) Steering Group
- The 'A3 Thinking' process had been completed for staff turnover for staff that had been employed by the Trust for less than 24 months and two workshops had been scheduled to identify the workstreams that would support the programme of work. Additional details were then provided key contributors to the increased turnover rate for employees that had been at the Trust less than 24 months.

JW queried whether the "Vision Goals / Targets" for the "People" Strategic Theme was amended to reflect the current stretch target, as the original target had been surpassed. SS supported the proposal and agreed to ensure the required amendment was enacted.

Action: Ensure that the "Vision Goals / Targets" for the "People" Strategic Theme was amended to reflect the current stretch target, as the original target had been surpassed (Chief People Officer, February 2024 onwards)

WW commended the reduction in the Trust's vacancy rated; however, asked whether additional granular detail could be provided in relation to the "Reduce Turnover rate to 12%" Breakthrough Objective, which demonstrated what percentage of the Trust's turnover related to those staff that had been in post for less than 12 months, those staff that had been in post for 12 to 24 months, and those staff that were established at the Trust. SS agreed to provide Trust Board members with the requested additional granular detail.

Action: Provide Trust Board members with additional granular detail in relation to the "Reduce Turnover rate to 12%" Breakthrough Objective, which demonstrated what percentage of the Trust's turnover related to those staff that had been in post for less than 12 months, those staff that had been in post for 12 to 24 months, and those staff that were established at the Trust (Chief People Officer, February 2024 onwards)

WW asked what represented 'best practice' in terms of turnover; and acknowledged that there would be a variance between new starters and established staff. SS replied that the People Promise Exemplar Programme enabled an overarching view of data within the NHS and the dissemination of the lessons learned to ensure that areas of 'best practice' were replicated and developed; and noted that a key area of focus would be career progression and development, particularly for those staff in lower NHS Agenda for Change (AfC) pay bands.

DM queried whether those roles on lower NHS AfC pay bands could be structured into fewer, higher NHS AfC pay band roles, or whether such an approach was impeded by the Trust's structure. SS

replied that the Trust's job evaluation process was aligned to the AfC pay scales, and that those roles on higher AfC pay bands required additional accountability and responsibility, so the key area of focus was career progression within the Trust's existing structure; although, acknowledged that additional career development roles and opportunities were required at the Trust.

EPM emphasised the importance of ensuring the programme of work to reduce turnover was supported by soft intelligence and statistics, to enable a targeted approach which reflected the wider development in society. SS acknowledged the point and highlighted the role of the Trust's Employee Value Proposition in the reduction of turnover rates.

SM then referred to the "Patient Safety & Clinical Effectiveness" Strategic Theme and reported the following points:

- An in-depth review had been commissioned to examine the root cause for the increase in incidents of moderate; although, noted that there had been a reduction in incidents of severe harm.
- A programme of work had been commissioned to improve the Trust's data collection in regards to per-arrests.

SM then referred to the "Infection Prevention and Control" section and reported the following points:

- There continued to be challenges in terms of the Trust's Clostridium difficile (C. diff) rates, so further deep cleans were required; however, the Trust had one of the lowest rates for Escherichia coli (E. coli) nationally.

JH then referred to the "Safe Staffing" Strategic Theme section of the submitted report and reported the following points:

- The Trust had experience additional staffing requirements, in specific service areas, due to the increase in mental health presentations, particularly in terms of children and young people.

DH queried whether the reduction in the Trust's vacancy rate had resulted in a reduction in the availability of bank shifts. JH confirmed there had been a reduction in the availability of bank shifts, and outlined key contributors; and acknowledged the importance of achieving a balance between the wellbeing of Trust staff and the delivery of the Trust's financial position. DH opined that a certain proportion of vacancies could be beneficial as they supported the provision of flexible working arrangements for Trust staff and enabled Trust staff to pursue additional income, if required.

NG emphasised the importance of monitoring productivity and stated that it would be beneficial to illustrate the productivity of ward areas and individual nursing staff at a future date. JH referred to the discussion which had been held as part of the Nursing and Midwifery Establishment review, wherein it had been agreed that a review of productivity would be conducted, when appropriate. The point was acknowledged.

SB then referred to the "Patient Access" Strategic Theme and highlighted the following points:

- The Trust had achieved a Referral to Treatment (RTT) performance of 71% whilst simultaneously reducing the number of patients which had waited longer than 40 weeks, but further work was required to further reduce the number of long waiting patients
- The 62-day Cancer Access Standard had been achieved for 49 out of 50 weeks, which was a significant achievement due to the increased demand experienced by the Trust; although further work was required in relation to the Cancer 31 Day First Definitive Standard.
- In response to the improved ED performance associated with Senior Clinicians present in the EDs a discussion had been held at the Finance and Performance Committee regarding continuous provision of senior clinicians to support decision making and noted that a recovery plan had been developed to improve ED performance.
- Outpatients Services had, through the Strategy Deployment Review (SDR) process achieved a significant improvement in call handling times which had a positive impact on patient experience.

JW asked whether the new Kent and Medway Orthopaedic Centre (KMOC) would improve the Trust's RTT performance. SB replied that KMOC, which was scheduled to open in May 2024, would provide system-wide orthopaedic surgery; so, discussions would be held regarding where the extra capacity could most effectively be targeted to improve patient wait times.

WW queried whether any amendments were required to the Trust's ED operating model to respond the continued increase in demand. SB provided assurance that the operating model for the Trust's EDs was continually reviewed and amended to reflect the levels of demand experienced from service users; although, noted the challenges in terms of space for additional urgent care capacity, and outlined the initial development of an internal Urgent Care Strategy. WW then asked whether a forecast of the potential trajectory for any further increases in demand had been developed. SB confirmed that the Business Intelligence Team were in the process of forecast modelling any potential increases in demand, to enable the Trust to plan for the maximum potential increase in demand.

MS highlighted that each year the Trust developed a minimum of one new or significantly enhanced service development to support and improve the provision of urgent and emergency care capacity and detailed the programme of work, in conjunction with the West Kent Health and Care Partnership (HCP) to provide additional community rehabilitation capacity and noted the intentions to further develop the utilisation of the Trust's Teletracking system.

JH then referred to the "Patient Experience" Strategic Theme and highlighted the following points:

- Complaints activity remained relatively stable, below the Trust's target, but a further review was required to contextualise the number of complaints in relation to the increased activity experienced by the Trust and individual action plans would be developed for each Division to address their specific challenges.
- The Experience of Care Strategy, which was under development, included a focus on communication
- A Business Case had been approved for the expansion of the Complaints Team which had enabled the recruitment of an additional two Complaints Handlers, with a further Complaints Handler in the recruitment pipeline, which was expected to improve the Trust's complaints performance
- The Trust was in the process of changing Friends and Family (FFT) provider, therefore, some data issues were anticipated for February and March 2024, so mitigations had been developed to ensure that key patient feedback continued to be captured during the implementation phase.

RF noted the focus on the provision of training to improve the patient experience and reduce the incidents of negative feedback received by the Trust; however, asked whether there was an additional role for line managers to provide immediate feedback to staff to address the incidents related to staff attitude and behaviour. JH replied that a multidisciplinary approach was required to the provision of training for Trust staff, although, noted that the Privacy and Dignity training was attended by a diverse range of Trust staff. JH highlighted the intention to provide management development training, and elaborated on the role of such training in addressing issues related to staff attitude and behaviour. SS added that the Trust's Exceptional Leaders programme included a focus on managing challenging discussions, particularly at an operational level and noted the intention to include a 'people leader target' in future appraisals.

RJ then referred to the "Systems" Strategic Theme and highlighted the following points:

- The percentage of patients discharged before noon had increased to 24.5% and Pye Oliver Ward had made improvements both in terms of discharges before noon and discharges before 3pm.
- The programme of work had been incorporated into the Better, Safer, Sooner Board to strengthen the associated governance arrangements.
- A task and finish group had been established to support the utilisation of the criteria led discharge process.

SO then referred to the "Sustainability" Strategic Theme and highlighted the following points:

- There had been several challenges in terms of the achievement of the Trust's cash balance for 2023/24, due to key areas of funding being released towards the end of the financial year, such as the frontline digitisation funding which represented an additional £2.7m of funding; although, the Trust continued to deliver the 95% target within the Public Sector Better Payment Code.
- The Trust's had delivered a deficit of circa £447k for January 2024, which was circa £700k adverse to plan, the majority of which was directly attributable to the impacts of the Juniors Doctors industrial action; so the Trust was £1.8m adverse to plan for the year to date, although,

the funding approach for the Junior Doctors industrial action had not yet been confirmed, which was expected to improve the Trust's financial position. There had also been under delivery of the Trust's Cost Improvement Programme (CIP) which had required the deployment of a number of non-recurrent mechanisms to support the Trust's financial position.

- A two-fold approach had been adopted to support the reduction in temporary staffing expenditure, the first part of which focus on the long-term strategic initiatives such as improved roster management, and the second part focus on targeting specific areas of higher spend, so a corporate project would be developed for the former, to ensure the required resources were available. SO then emphasised was the opportunities which were available in relation to temporary staffing expenditure and acknowledged the progress which had been made to date.

EPM asked what lessons had been learned from the 2023/24 CIP and what would be done differently in terms of the 2024/25 CIPs. SO replied that there were three key areas of focus, firstly, a number of CIPs identified in the original CIP for 2023/24 were not realised, which meant that the new CIPs which were subsequently identified were required to deliver the originally forecast position, rather than deliver an improved position, so additional confidence was required in terms of which CIPs could realistically be delivered, which had been supported by enhanced collaboration with the Trust's Clinical and Corporate Divisions; secondly, an enhanced focus was required in terms of productivity and noted the improved governance process which had been developed for 2024/25; and finally further understanding was required in relation to the alignment between productivity, activity and income, to support the management of the Trust's financial position and noted the additional income which had been earned above plan for 2023/24. A discussion was then held regarding the mechanisms via which increased productivity would be delivered and the associated challenges, wherein the benchmarking which would be utilised was acknowledged.

WW referred to the "Cash Balance (£k)" metric asked whether the £11m Trust target represented a statutory target and what would represent a challenged position in terms of cash balance for the Trust. SO replied that the Trust had a statutory requirement to achieve the External Finance Limited (EFL), which provided a minimum limit of the cash balance which a Trust could hold; although, noted that as a publicly funded organisation the Trust was also not expected to retain a significant cash balance and elaborated further on the requirements to achieve the EFL which included the challenges associated with the relatively small cash balance, in terms of the Trust's overall balance sheet, which was required to be delivered. SO then emphasised the importance of achieving a balance between the cash balance which the Trust held and ensuring creditors were paid in a timely manner; and noted that the Finance and Performance Committee received a detailed six-monthly report on the Trust's cash balance. WW then asked whether there were any concerns in relation to any of the Trust's debtors. SO provided assurance that the Trust's funding flows were received within the expected timeframe; but, noted the importance of being cognisant of the financial challenges within the Kent and Medway Integrated Care System (ICS).

Quality Items

02-12 <u>Proposals regarding the reinstatement of 'patient stories' at the Trust Board</u>

JH referred to the submitted report and highlighted that the intention of the 'patient stories' was to provide Trust Board members with a robust understanding of the 'lived experience' of service users as well as opportunity to learn lessons where the patient experience was below expectations and celebrate areas of success within the patient experience.

DM supported the proposed approach; however, highlighted the risks associated with the selection process for the 'patient stories', so requested further details of the governance arrangements in relation to the selection process. JH outlined the discussions which had been held with the Chiefs of Service and Divisional Directors of Nursing and Quality (or equivalent) to ensure the 'patient stories' provided an appropriate mix of positive and negative experiences and provided assurance that guidance would be developed regarding the selection process. DM highlighted the importance of creating the appropriate environment for a focus on lessons learned. JH noted the introduction of the Patient Safety and Incident Response Framework (PSIRF) would support the further integration of patients and their families into the review of lessons learned.

JW emphasised the importance of ensuring consultant and involvement of patients as part of the service development process, which was illustrated as part of any report to the Trust Board, where appropriate. JH provided assurance that the inclusion of patients as part a codesign process would be included within the new experience of care strategy which was under development.

The proposal to reinstate 'patient stories' at the Trust Board was approved as submitted.

Maternity Services

02-13 Review of the initial response to findings of the Care Quality Commission (CQC) inspection of the Trust's Maternity Services

JH referred to the submitted report and highlighted the following points:

- The CQC inspection had focused on the well-led and safe domains, with a Section 29A Warning notice issued to the Trust and an 'inadequate' rating allocated to Tunbridge Wells Hospital.
- An external improvement advisor had been commissioned to lead the Trusts response to the findings of the CQC inspection.
- A robust communication strategy, which included staff and service user engagement, would underpin the programme of work and weekly meetings had been established to monitor the progress against the action plan.
- A three-year Maternity and Neonatal Improvement plan had been commissioned which included four key that were supported by robust actions plans; but, additional resource was required to deliver the improvement plan, so a Senior Midwife had been redeployed to support the programme of work.
- A workforce review had been commissioned to identify the additional resource required to deliver the improvement programme alongside operational activity.
- Liaison was intended with those Trusts which had previously been on a similar improvement journey and subsequently received an 'outstanding' CQC rating.

DH commended the progress to date, and queried the frequency at which the Trust Board would be informed of the progress in regards to the recommendations. JH suggested that an update be provided as part of the existing monthly reporting in relation to maternity service. DH supported the suggestion.

DH asked what, if any, response had been received from service users following the allocation of an 'inadequate' rating to the Maternity Services at Tunbridge Wells hospital. JH provided details of the initial feedback which had been received, which included positive feedback from recent the maternity services patient experience survey and provided assurance that the Patient Advice and Liaison Service (PALS) had been provided guidance on how to address any concerns raised.

02-14 Maternity establishment review

JH referred to the submitted report and highlighted the following points:

- The maternity establishment review had been delayed due to the CQC intersection, but, recommended an increase of 14.92. Whole Time Equivalent (WTE) members of staff.
- The recommended staffing increased would be incorporated into the Business Case which was under development by SB, to ensure the requirements of the Maternity Service were considered in totality.

DH noted that the proposed increase in Maternity Services staff would potentially negatively impact the Trust's productivity; however, would positively impact patient safety, and therefore supported the additional investment in patient safety.

SB detailed the programme of work in conjunction with the Women's, Children's and Sexual Health Division to develop a robust Business Case which considered the service requirements of the Maternity Service in response to the findings of the CQC inspection, but also focused on productivity and mitigation of the additional costs through a reduction of in agency expenditure and the provision of additional income. MS explained the importance of ensuring the Business Case demonstrated any potential improvements in productivity in response to the additional investment.

WW queried whether the Maternity establishment review would adjust staffing levels to enable qualified midwives to focus on patient safety, rather than the increase in administrative requirements. JH replied that the maternity establishment review specifically focus on the delivery of patient care; however, provided assurance that the Business Case which was under development by SB focused on all aspects of service delivery within the Maternity Service.

WW requested JH's views on what could be achieved in terms of any headcount increase within Maternity Services. JH replied that the suspension of the maternity programme at Canterbury Christ Church University had adversely impacted the provision of student midwives, so discussions had been held with other universities to support the Trust's student midwife provisions and noted the other mechanisms, such as recruitment events and apprenticeships, which had been implemented to support the Trust's recruitment pipeline for Maternity Services.

The Trust Board approved the proposed increase of 14.92 WTE staff for Maternity Services.

People

02-15 <u>To approve the Trust Board's High Impact equality, diversity and inclusion (EDI) objectives</u>

SS referred to the submitted report and highlighted the key points therein, which included the discussions which had been held at the February 2024 People and Organisational Development Committee; the proposal to develop a Trust Board EDI objective and individual Trust Board member EDI objectives, which were monitored through the appraisal process; and the important of an Equality Impact Assessment to inform the Trust's decision-making process.

SS suggested that, to ensure the topic received the appropriate consideration, individual discussion be held with each trust board member, external to the meeting, followed by the submission of an updated report to the March 2024 'Part 1' Trust Board meeting. This was agreed.

Action: Submit an update on the Trust Board's High Impact equality, diversity and inclusion (EDI) objectives to the March 2024 'Part 1' Trust Board meeting, which included details of the agreed individual Trust Board member EDI objectives (Chief People Officer, February 2024 onwards)

Systems and Place

02-16 <u>Update on the West Kent Health and Care Partnerships (HCP) and NHS Kent and Medway Integrated Care Board (ICB)</u>

RJ referred to the submitted report and highlighted the key points therein, which included the focus on financial recovery and business planning by the Kent and Medway ICB; the continued utilisation of the 'double lock' and 'triple lock' process; and the key areas of focus at the West Kent HCP Board meeting on the 15th February 2024 which included a focus on the reduction in length of stay and the upscaling of the Integrated Neighbourhood Teams model.

Planning and strategy

02-17 <u>Update on the Trust's draft planning submission for 2024/25</u>

RJ referred to the submitted report and highlighted the following points:

- The 'flash' submission had been developed based on the templates for returns and technical guidance which was available as the planning guidance had not yet been issued.
- The elective activity plan for 2024/25 indicated a slight overperformance across all areas, with some Divisional nuances.

SO referred to the submitted report and highlighted the following points:

- The financial forecast for 2024/25 had been developed based on a 'top down' view of the Trust's financial forecast outturn for 2023/24, but further work was required both in terms of the 'bottom up' view and the development of a fully costs income plan for 2024/25 based on actual activity levels.
- Elective Recovery Fund (ERF) funding had been removed from the underlying position.

RJ referred to the submitted report and highlighted the further work required in relation to the "24/25 Workforce position & next steps" section to reduce temporary staffing expenditure prior to the Trust's draft planning submission on the 14th March 2024.

DH noted that an Extraordinary Trust Board meeting had been scheduled for the 14th March 2024; although, noted the potential ramifications associated with a further delay in the publication of the operational planning guidance, so supported the circulation of an interim update on the Trust's draft planning submission for 2024/25, as required, due to the associated submission time frames.

02-18 To approve the Outline Business Case (OBC) for the reconfiguration of Cardiology services

SB referred to the submitted report and highlighted the further work required in relation to the development of the Full Business Case. DH noted that the Health Overview and Scrutiny Committee had approved the Trust's plan for reconfiguration of the cardiology service.

RF detailed the discussion which had been held at the Finance and Performance Committee meeting on the 27th February 2024 regarding the important of ensuring the FBC included sufficient details of the associated benefits, and provided assurance regarding how such benefits would be realised and reviewed. The point was acknowledged.

DH queried whether there was a preliminary timeframe for the development of the FBC. SB confirmed that the FBC was expected to be developed within the next two to three months. The OBC for the reconfiguration of Cardiology services was approved as submitted.

Assurance and policy

02-19 Emergency Planning Annual Report, 2023 and future emergency planning

SB referred to the submitted report and commended the Emergency Planning Team on the development of the Emergency Planning Annual Report for 2023.

DM noted the focus on horizon scanning and quired whether the associated benefits in terms of risk management were optimised. SB confirmed that was the case in relation to specific issues, such as the Trust's response to the COVID-19 Pandemic; although, acknowledged that there were some areas which the Emergency Planning Team were not involved in, but provided assurance that further involvement would be considered as part of the review of the Trust's risk management processes.

WW queried where disaster recovery resided within the emergency planning process. SB acknowledged that further work was required in relation to the development of long-term recovery from critical incidents, which was a key area of focus for the Director of Emergency Planning and Response during 2024/25; however, provided assurance that the Trust had robust disaster recovery plans in place and that a series of test scenarios were conducted each year to test the effectiveness of the Trust's disaster recovery plans. SB noted that further discussions could be held with WW, external to the meeting, if required, to provide additional detail.

02-20 To consider any other business

There was no other business.

02-21 To respond to questions from members of the public

DJ confirmed that no questions had been received ahead of the meeting.

02-22 To approve the motion (to enable the Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

The motion was approved, which enabled the 'Part 2' Trust Board meeting to be convened.

MINUTES OF THE EXTRAORDINARY TRUST BOARD MEETING ('PART 1') HELD ON MONDAY 14TH MARCH 2024, 11AM, VIRTUALLY, VIA WEBCONFERENCE

NHS Maidstone and Tunbridge Wells NHS Trust

FOR APPROVAL

Present:	Neil Griffiths	Non-Executive Director (Chair)	(NG)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Sara Mumford	Medical Director / Director of Infection Prevention and Control	(SM)
	Steve Orpin	Deputy Chief Executive/Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director (N.B. joined during item 03-3 – refer to the specific minute for the relevant details)	(EPM)
	Miles Scott	Chief Executive	(MS)
	Charlotte Wadey	Deputy Chief Nurse, Workforce and Education (representing the Chief Nurse)	(CW)
	Wayne Wright	Non-Executive Director (from item 03-3)	(WW)
In attendance:	Richard Finn	Associate Non-Executive Director	(RF)
	Rachel Jones	Director of Strategy, Planning and Partnerships	(RJ)
	Sue Steen	Chief People Officer	(SS)
	Jo Webber	Associate Non-Executive Director	(JW)
	Daryl Judges	Assistant Trust Secretary	(DJ)
	Melanie Norbury	Interim Trust Secretary	(MN)
Observing:	The meeting was livestreamed on the Trust's YouTube channel.		

03-1 To receive apologies for absence

Apologies were received from Jo Haworth (JH), Chief Nurse; David Highton (DH), Chair of the Trust Board; and David Morgan (DM), Non-Executive Director. It was also noted that Karen Cox (KC), Associate Non-Executive Director; and Alex Yew (AY), Associate Non-Executive Director would not be in attendance.

03-2 To declare interests relevant to agenda items

No interests were declared.

Planning and strategy

03-3 To approve the Trust's planning submission for 2024/25

RJ referred to the submitted report and highlighted the key points therein, which included the planning assumptions which had been utilised to formulate the Trust's draft planning submission for 2024/25 as the formal planning guidance had not yet been issued; a brief overview of the submission timelines; details of the elective activity trajectories as a percentage of the 2023/24 performance activity; the further work required in relation to the Referral To Treatment (RTT) trajectories and the expected improvement between March 2024 and March 2025; and that some Waiting List Initiatives (WLIs) had been included to ensure compliance with national performance standards; although, it was noted the further discussions were scheduled regarding the 28 Faster Diagnosis Standard (FDS).

JW asked, in terms of the RTT trajectory, what the impact was on those longest waiting patients. RJ agreed to ensure that the next iteration of the Trust's planning submission for 2024/25 includes additional granular detail regarding the impact of the Trust's RTT trajectory on long waiting patients

Action: Ensure that the next iteration of the Trust's planning submission for 2024/25 includes additional granular detail regarding the impact of the Trust's Referral To Treatment (RTT) trajectory on long waiting patients (Director of Strategy, Planning and Partnerships, March 2024 onwards)

RJ referred to the submitted report and highlighted the key points therein, which included detailed of the forecast non-elective activity for 2024/25; the change to the way in which Same Day Emergency Care was coded due to the national guidance which had been issued; and Trust's forecast performance in relation to Patient Flow.

NG queried what, if any, benchmarking data was available in terms of the forecast operational performance of other Trust's within the Kent and Medway Integrated Care System (ICS). RJ replied that such data was expected to be available following the draft planning submissions; although, noted the challenges experienced by other NHS Providers in Kent and Medway.

WW queried what the potential level of variance was within the Trust's draft planning submission. RJ replied that the Trust's planning submission had been developed based on the Trust's actual performance for the preceding three-year period, therefore, represented a realistic view of what could be achieved. WW asked what impact an increase on productivity what deliver in terms of the Trust's performance. RJ replied that there improved productively would likely deliver a 4-5% performance improvement compared to the Trusts' 2023/24 performance. WW then asked what, if any, impact was expected from potential further junior doctors' industrial action. RJ replied that the working assumption was that activity levels would be maintained and noted that activity levels had been maintained during the 2023/24 industrial action. SO added that the interim planning guidance required Trusts to operate on the basis that there was not expected to be any further industrial action.

JW queried whether a similar approach had been assumed for the discharge of patients during the 2024/25 winter period as was adopted during the 2023/24 winter period. RJ confirmed that was the case; but, noted that there were underlying risks associated with aspects such as the renewal of the Hilton Nursing Partners contract and the programme of work regarding Pathway 3 capacity; so, if such risks materialised additional mitigations would be required.

MC acknowledged the continued focus of Trust staff to support patient flow and the delivery of Trust's elective and non-elective activity levels; so, asked whether the Divisions were confident that the Trust's operational plan for 2024/25 was deliverable and whether there was sufficient engagement. RJ provided assurance that the operational plan had been developed in conjunction with each of the Trust's service areas, through an iterative approach, and confirmed the Divisional and Directorate support for the operational plan. RJ continued that admission avoidance programmes and patient flow was frequently reviewed to identify any further improvements and noted that once the plan had been finalised and embedded then performance would be monitored against the plan, and any areas of concern appropriately escalated.

RJ referred to the submitted report and highlighted the key points therein, which included an details of the workforce phasing for 202425; the additional posts which had been included as part agreed service developments such as the Kent and Medway Orthopaedic Centre (KMOC) and Community Diagnostic Centre (CDC); and the further work requirement in relation to the establishment budget and temporary staffing utilisation. SO then provided additional context regarding the process by which the "Workforce Phasing – current forecast" section had been calculated and noted the programme of work with Divisional representatives to provide a 'clean' budget which incorporated those areas of consistent expenditure which had not previously been included, to reduce the risk of overspend on pay.

RF referred to the proposed reduction of agency staff by 49 Whole Time Equivalents (WTEs) and queried whether a more ambitious figure should be pursued. RJ replied that issues with temporary staffing expenditure; however, emphasised the importance of the development of a credible plan, which was informed by the Trust's Divisions and Directorates.

SO referred to the submitted report and highlighted the key points therein, which included the financial challenges across the Kent and Medway ICS and the associated additional scrutiny from NHS England; the recommendation that the "Bridge – 2023/24 Outturn to 2024/25 Draft Plan" should be amended to forecast a breakeven position for 2024/25 which would be delivered through the combination of an increased CIP target, additional utilisation of the system-wide initiatives such as the Better Use of Beds programme, and the additional £2.5m of funding which had been provided by the Kent and Medway Integrated Care Board (ICB) for commissioned services at the Trust; the

risks associated with pursuing a breakeven position; and the further work which was required in terms of elective activity and the reduction of temporary staffing due to the improvement in both the Trust's vacancy rate and turnover rate. SO then noted the risk share agreement which would be adopted for those CIPs which were impacted by system-wide initiatives.

NG acknowledged that intention to amend the "Bridge – 2023/24 Outturn to 2024/25 Draft Plan" section of the submitted report, prior to submission to the Kent and Medway ICB and noted the challenges associated with the delivery of an increased CIP.

A discussion was then held regarding the proposal to adjust the Trust's financial plan to achieve a breakeven position wherein members of the Trust Board provided their reflections on the proposal; the challenges which had previously been experienced in terms of Cost Improvement Programme (CIP) delivery were highlighted; and the potential for additional non-recurrent CIPs beyond those accounted for in the financial plan for 2024/25 was highlighted based on the analysis of previous financial years was noted. MS then highlighted the implications of submitting a financial plan for 2024/25 which forecast a deficit and supported the importance of pursuing a break-even position, due to the mitigations which were available; although, noted that a similar approach to that adopted during Financial Special Measures may be required.

[EPM joined the meeting]

RF supported the proposal to pursue a break-even position; however, recommended that a contingency plan be developed for if the Trust was under performing in terms of income delivery or CIP performance, which could be enacted in December 2024, if required. NG supported the recommendation. SO therefore, agreed to develop a contingency plan for if, in December 2024, the Trust was underperforming against the financial plan (i.e. was not on target to deliver a break-even position). MS then explained the approach which had previously been adopted by the Trust during Financial Special Measures and noted the importance of ensuring a consistent focus and messaging in relation to the Trust's operational and financial plan.

Action: Ensure that the Trust's final planning submission for 2024/25 includes details of the contingency plan for if, in December 2024, the Trust was underperforming against the financial plan (Deputy Chief Executive / Chief Finance Officer, March 2024 onwards)

NG asked how those CIPs which required a system-wide approach would be monitored and reported. SO clarified that the cost reduction would reside with the NHS provider which was responsible for the associated expenditure; however, would be supported by Kent and Medway system-wide initiatives to deliver the CIP.

SO then referred to the "2024/25 Draft Financial Plan – Key position & issues" section of the submitted report and noted that inclusion of £2m for new service developments in 2024/25, which would be required for those service developments which were not self-funding but support key areas such as quality and patient and staff experience.

JW noted that the Trust had been one of a limited number of Trust's to deliver a positive productivity coefficient during 2023/24 and queried whether the operational plan would support the delivery of increased productivity. SO speculated that the Trust's operational plan would deliver equal, or slightly improve, productivity compared to 2023/24, although, acknowledged that further work was required to demonstrate the impact on productivity; so, agreed to ensure that the Finance and Performance Committee was provided details of the Trust's productivity metric, to illustrate the impact of the Trust's operational plan.

Action: Ensure that the Finance and Performance Committee was provided details of the Trust's productivity metric, to illustrate the impact of the Trust's operational plan (Deputy Chief Executive / Chief Finance Officer, March 2024 onwards)

EPM noted the potential requirement to invest in initiatives which improved the quality of the services provided by the Trust, but were not self-funding, and asked how such investments would be prioritised. SO provided assurance regarding the business planning process which determined the prioritisation of potential investments and noted that the business planning process involved all the

Trust's Executive Directors and representatives from each of the Trust's Clinical Divisions; although, acknowledged the challenges associated with the prioritisation process.

The draft Trust's planning submission for 2024/25 was approved, subject to the amendment of the Trust's financial plan to deliver a break-even position. The Trust Board then delegated authority to MS, and the Executive Team Meeting (ETM), to approve any further interim planning submissions for 2024/25, prior to approval of the Trust's final planning submission for 2024/25, by the Trust Board.

03-4 To consider any other business

There was no other business.

03-5 To respond to questions from members of the public

It was confirmed that no questions had been received.

MINUTES OF THE EXTRAORDINARY TRUST BOARD MEETING ('PART 1') HELD ON MONDAY 27TH MARCH 2024, 8AM, VIRTUALLY, VIA WEBCONFERENCE

NHS Maidstone and Tunbridge Wells NHS Trust

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board	(DH)
	Neil Griffiths	Non-Executive Director	(NG)
	Jo Haworth	Chief Nurse	(JH)
	Steve Orpin	Deputy Chief Executive/Chief Finance Officer	(SO)
	Miles Scott	Chief Executive	(MS)
	Wayne Wright	Non-Executive Director	(WW)
In attendance:	Tasha Gardner	Director of Communications	(TG)
	Daryl Judges	Assistant Trust Secretary	(DJ)
	Melanie Norbury	Interim Trust Secretary	(MN)
	Paresh Patel	Programme Director	(PP)
Observing:	The meeting was livestreamed on the Trust's YouTube channel.		

03-6 To receive apologies for absence

Apologies were received from Sean Briggs (SB), Chief Operating Officer; Maureen Choong (MC), Non-Executive Director; Sara Mumford (SM); Medical Director / Director of Infection Prevention and Control; David Morgan (DM), Non-Executive Director; and Emma Pettitt-Mitchell (EPM), Non-Executive Director. It was also noted that Karen Cox (KC), Associate Non-Executive Director; Richard Finn (RF), Associate Non-Executive Director; Rachel Jones (RJ), Director of Strategy, Planning and Partnerships; Sue Steen (SS), Chief People Officer; Jo Webber (JW), Associate Non-Executive Director; and Alex Yew (AY), Associate Non-Executive Director would not be in attendance.

03-7 To declare interests relevant to agenda items

No interests were declared.

03-8 To approve the motion to delegate the authority to the 'Part 2' Trust Board meeting scheduled on 27th March 2024 to consider, and if appropriate approve, a commercially sensitive proposal

The Trust Board approved a motion to delegate the authority to the 'Part 2' Trust Board meeting scheduled on 27th March 2024 to consider, and if appropriate approve, a commercially sensitive proposal.

03-9 To consider any other business

There was no other business.

03-10 To respond to questions from members of the public

It was confirmed that no questions had been received.

03-11 To approve the motion (to enable the Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

The motion was approved, which enabled the 'Part 2' Trust Board meeting to be convened.

Log of outstanding actions from previous meetings **Chair of the Trust Board**

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress[1]
N/A	N/A	N/A	N/A	N/A
				N/A

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
02-5	Provide Trust Board members with details of the outputs of the "Reflections on the Public Inquiry into the Fuller crimes" discussion which had been held at the Executive Team Meeting 'time out' session on the 7th February 2024	Chief Executive	March 2024	The Trust Board members that were not present for the "Reflections on the Public Inquiry into the Fuller crimes" discussion which had been held at the Executive Team Meeting 'time out' session on the 7th February 2024 were duly provided with details of the outputs.
02-11a	Ensure that the "Vision Goals / Targets" for the "People" Strategic Theme was amended to reflect the current stretch target, as the original target had been surpassed	Chief People Officer	March 2024	The "Vision Goals / Targets" for the "People" Strategic Theme was amended as requested
02-11b	Provide Trust Board members with additional granular detail in relation to the "Reduce Turnover rate to 12%" Breakthrough Objective, which demonstrated what percentage of the Trust's turnover related to those staff that had been in post for less than 12 months, those staff that had been in post for 12 to 24 months, and those staff that were established at the Trust	Chief People Officer	March 2024	Additional granular detail in relation to staff turnover has been included as an appendix to the Integrated Performance Report
02-15	Submit an update on the Trust Board's High Impact equality, diversity and inclusion (EDI) objectives to the March 2024 'Part 1' Trust Board meeting, which included details of the agreed individual Trust Board	Chief People Officer	March 2024	A verbal "update on the Trust Board's High Impact equality, diversity and inclusion (EDI) objectives" item has been scheduled at the March 2024 'Part 1' Trust Board meeting.

[1] Not started | On track | Issue / delay | Decision required

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
	member EDI objectives			
03-3a	Ensure that the next iteration of the Trust's planning submission for 2024/25 includes additional granular detail regarding the impact of the Trust's Referral To Treatment (RTT) trajectory on long waiting patients	Director of Strategy, Planning and Partnerships	March 2024	The Director of Strategy, Planning and Partnerships confirmed that additional granular detail regarding the impact of the Trust's Referral To Treatment (RTT) trajectory on long waiting patients would be included as part of the next iteration of the Trust's planning submission for 2024/25, which is scheduled for consideration at the April 2024 'Part 1' Trust Board meeting
03-3b	Ensure that the Trust's final planning submission for 2024/25 includes details of the contingency plan for if, in December 2024, the Trust was underperforming against the financial plan	Deputy Chief Executive / Chief Finance Officer	March 2024	The final planning submission for 2024/25, which is scheduled for consideration at the April 2024 'Part 1' Trust Board meeting will include details of the contingency plan for if, in December 2024, the Trust was underperforming against the financial plan
03-3c	Ensure that the Finance and Performance Committee was provided details of the Trust's productivity metric, to illustrate the impact of the Trust's operational plan	Deputy Chief Executive / Chief Finance Officer	March 2024 onwards	The Finance and Performance Committee will be provided details of the Trust's productivity metric, to illustrate the impact of the Trust's operational plan at the Committee's meeting in April 2024, as part of the review of the final planning submission.

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
05-16	Liaise with the Executive Directors to undertake a light-touch review of the Trust's compliance with the new NHS Provider Licence conditions.	Trust Secretary	October 2023	It was subsequently agreed with the Chair of the Trust Board to submit a report to the Trust Board meeting in September 2023 (having been reviewed at the Executive Team Meeting (ETM) beforehand). However the Chair of the Trust Board subsequently agreed to a deferral to April 2024 due to the volume of work involved in the review (which is

Ref.	Action	Person responsible	Original timescale	Progress
				considerable, despite the light touch' label).
11-12a	Ensure that the next "Annual approval of the Trust's Green Plan" report to the Trust Board included details of what the Trust could do to generate renewable green energy.	Chief Executive	July 2024	The Director of Estates and Capital Development has been asked to ensure the content is included in the report submitted to the Trust Board meeting in July 2024 (which will be submitted to the Executive Team Meeting and Finance and Performance Committee beforehand).
12-18b	Ensure that the future "Review of the quality-related aspects of the Virtual Ward service" item at the Quality Committee 'deep dive' meeting contained details of any negative patient feedback that had been received about the service.	Medical Director (Integrated Care) at the West Kent Health and Care Partnership (HCP) (N.B. The individual was the Trust's Medical Director at the time the action was agreed)	December 2023 onwards	The requested content is expected to be included in the report, which is scheduled for the Quality Committee 'deep dive' meeting in April 2024.

Report from the Chair of the Trust Board **Chair of the Trust Board**

Consultant appointments

I and my Non-Executive colleagues are responsible for chairing Advisory Appointment Committees (AACs) for the appointment of new substantive Consultants. The Trust follows the Good Practice Guidance issued by the Department of Health, in particular delegating the decision to appoint to the AAC, evidenced by the signature of the Chair of the AAC and two other Committee members. The delegated appointments made by the AAC since the previous report are shown below.

Date of AAC	Title	First name/s	Surname	Department	Potential / Actual Start date	New or replacement post?
07/03/2024	Consultant in Intensive Care	Shadi	Pishbin	Anaesthetics	June 2024	Replacement Post
07/03/2024	Consultant Anaesthetist	Jemma	Kelly	Anaesthetics	June 2024	New - additional KMOC vacancies
07/03/2024	Consultant Anaesthetist	Charlotte	Cobain	Anaesthetics	June 2024	New- additional KMOC vacancies
20/04/2024	Consultant Acute and General Physician	Orchid	Barua	Geriatrics	May 2024	New post

Which Committees have reviewed the information prior to Trust Board submission?
N/A

Reason for submission to the Trust Board (decision, discussion, information, assurance etc.) [1]
Information

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Report from the Chief Executive (incl. a quarterly update on the Patient First Improvement System (PFIS)) **Chief Executive**

I wish to draw the points detailed below to the attention of the Board:

- After the effects of the industrial action which has taken place over recent months, we continue to do really well across the board in terms of electivity activity and are ahead of plan across our planned treatments. This is now reflected in our improving position against the 18-week referral to treatment standard (RTT). As a result, we now treat more than 70% of patients within the 18-week period, an improvement of more than 10% over the last six months. Demand for diagnostics has increased steadily over recent years but our performance against national standards continues to improve. The standard is that 99% of patients should wait less than six weeks for a diagnostic test. MTW is currently at 97% and we are confident we will achieve this by the end of this month.

- Staff have ranked MTW as one of the top 10 hospital trusts in the country to work for, and second best in the south east in the latest National NHS Staff Survey. The annual survey is one of the largest workforce surveys in the world, and is carried out to improve staff experiences across the NHS. In this year's survey, staff experience scores across all NHS People Promise themes have improved, and even more staff say they would recommend the Trust as a place to work compared with last year, placing MTW in the top 10 acute trusts for improved scores in this important measure. The People Promise sets what will most improve the experience of NHS staff at work and make the NHS the workplace everyone wants it to be.

- Eighteen-months ago, the Trust launched its Patient First Improvement System (PFIS), which aims to empower staff to make changes that will benefit our patients. A large part of PFIS consists of training teams to use new problem-solving skills to improve their processes, and make continuous improvement part of their day-to-day duties.

  By next month, a total of 46 clinical and non-clinical teams will have received training across all divisions of the Trust. By the end of this calendar year, approximately 500 staff members will be PFIS-trained.

  As part of PFIS, patients, staff and visitors can raise tickets with suggested improvements. The trained teams then hold regular huddles to discuss suggestions and decide how to implement them. Over 350 improvement tickets have been raised across the teams since January this year, resulting in the implementation of a number of projects to improve the experiences of patients and staff across the Trust. Recent PFIS improvement projects have included:

  - The Surgical Assessment Unit has implemented FP10 prescription forms out of hours to enable ENT and general surgical patients to obtain medication from a local pharmacy. This has been most impactful for patients on evening lists who were waiting overnight for Pharmacy to dispense medication before discharge, as it means they can now go home sooner.

  - Finance have implemented better processes around finance coding, which have improved the accuracy of reporting and the manual resources needed to do this.

  - Peale Ward has improved training processes and has now achieved a 100% compliance with lying/standing blood pressure for two months in a row, reducing the risk of patient falls.

- New dissection benches are being introduced in some of our laboratories to help turnaround times and enable more samples to be processed while staff receive training.

- Teams on Ward 21 are now using computers on wheels for handovers rather than paper documents which have been printed at the start of the shift, meaning that information at handover is live and up to date. This also ties in with the Trust's Green Plan and reducing our carbon footprint.

I will bring details of further PFIS improvement projects as part of my report over the next few months.

- On behalf of the Trust, I am pleased to announce the appointment of two new deputy medical director roles to support Dr Sara Mumford, MTW Medical Director, with delivery of her portfolio. Dr Clare Wykes (Consultant Haematologist) and Dr Laurence Nunn (Consultant Cardiologist) will take up their roles as Deputy Medical Director (Quality and Safety), and Deputy Medical Director (Service Development) in late spring and will work alongside existing Deputy Medical Director (Workforce and Digital), Dr James (Jim) MacDonald. All three roles will work closely with Dr Mumford to provide senior strategic, visible, clinical and professional leadership across the Trust.

  I am also delighted to confirm that Mr Daniel Lawes has been appointed as substantive Chief of Service for the Surgery Division, having held the role on an interim basis since September last year, when he took over from Dr Greg Lawton. Mr Lawes is a Consultant Colorectal Surgeon and has been a consultant at MTW since 2007. Prior to his appointment as Chief of Service he was Deputy Chief of Service for the Surgery Division. Dr Lawton held the role of Chief of Service for over five years and continues to work as one of our consultant anaesthetists. On behalf of the Trust, I would like to thank him for his support and hard work during his tenure, and congratulate Mr Lawes on his formal appointment as Chief of Surgery.

- The Anaesthetic department has received accreditation under the Royal College of Anaesthetists (RCoA) Anaesthesia Clinical Services Accreditation (ACSA) scheme, demonstrating the Trust's commitment to patient safety and outstanding care. The team were awarded the prestigious accreditation at an event recently held at Tunbridge Wells Hospital. ACSA is the RCoA's peer-reviewed scheme that promotes quality improvement and the highest standards of anaesthetic service. To receive accreditation, departments are expected to demonstrate high standards in patient experience, patient safety and clinical leadership. Working across the Trust, our Anaesthetic department provides anaesthesia to patients undergoing planned and emergency surgery, and supports the chronic pain and resuscitation services, as well as maternity and intensive care units.

- Two new services in our Respiratory department will help to provide care to patients at home:

  - The team have recently introduced the Domiciliary Non-Invasive Ventilation (NIV) Service for patients with chronic obstructive pulmonary disease (COPD). The new service provides patients who have severe COPD with facemask ventilators they can wear at home, meaning they will not need to come into hospital. The service will also reduce the time taken to start treatment, as patients will no longer need to wait for appointments at specialist treatment centres out of area. The Domiciliary NIV Service will initially be for new patients, with the aim to extend it to patients currently receiving care from alternative providers, such as St Thomas's in London and the Queen Victoria Hospital in East Grinstead.

  - The Respiratory department will also begin trialling a new Sleep Service next month. The service will aim to help support local patients with sleep disordered breathing

conditions by providing them with diagnostic devices they can take home which measure saturations, airflow, and help assess quality of sleep. Results will determine whether a patient needs to wear a continuous positive airway pressure (CPAP) mask to treat sleep apnoea. The Respiratory team will be trialling the Sleep Service first to look at which clinical systems would work the most effectively, with the aim to eventually roll out the service to other teams.

- In addition to providing some of the quickest access to cancer treatment in the country - we have now passed the 62-day target for treatment consistently for over four and a half years - we also focus on ensuring patients are told as soon as possible whether they have cancer or not. This project is overseen by our Faster Diagnosis Service (FDS), which is working to get patients a diagnosis within 28 days. Under the guidance of FDS, referrals are rapidly triaged within 24hrs of receipt from a GP. Prior to FDS, patients would often have to wait a minimum of a week for the first appointment – thanks to FDS, they now have their first contact within two days. The steps that follow are then also streamlined, meaning it's not uncommon for patients who have cancer to receive their diagnosis and treatment plan in clinic with a doctor within a week. This is the vision for our services in other areas going forwards, and our teams are now looking at how the FDS principles can be applied to other care outside of Cancer, including in our Ear, Nose and Throat (ENT) service, where a similar pilot pathway is currently being developed.

- Nominations for our Star Awards have now closed with over 560 nominations received, our highest number of entries to date. A judging panel will now decide who the winners will be, and they will be announced at our awards ceremony on 24 May. This year will also see the return of our MTW NHS Milestones, formerly known as the Long Service Awards. We will be celebrating staff who have worked for the NHS for 10, 20, 30, 40, 50 and 60 years and reached the milestone between 1 April 2019 and 31 March 2024.

- The Trust has been shortlisted for the Health Services Journal (HSJ) Digital Awards 2024, in the 'Improving out of hospital care through digital' category. The awards recognise innovative digital projects that transform care delivery, enhance efficiency and improve patient outcomes. MTW's entry centred around our Virtual Ward and the latest development of an Acute Virtual Ward programme, which aims to deliver acute hospital-level care to patients in their homes. This will in turn create additional acute inpatient capacity in our hospitals. The Trust's Virtual Ward nomination allows us to share our virtual pathway successes and our learnings from the work we have undertaken to offer remote monitoring which reduces hospital admissions and improves the patient experience. A total of 343 entries were received by the HSJ for this year's Digital Awards, with 165 projects and individuals being shortlisted. The winners of the HSJ Digital Awards will be announced at an awards ceremony to be held on 6 June.

- MTW colleagues recently presented at the South East Urgent and Emergency Care (UEC) and Leading for Improvement event. Led by Anne Eden, South East Regional Director of the South East Region for NHS England, the purpose of the event was to discuss the delivery of the UEC Recovery Plan and Leading for Improvement, and highlight the importance of continuous improvement:

    - Dr Owen Ingram, Consultant Geriatrician at MTW, presented on the delivery of a frailty improvement programme in acute care, looking at frailty same day emergency care (SDEC). As part of his case study, Dr Ingram highlighted the importance of clinical leadership, data, project management support and system working, as well as the value of patient feedback and quality improvement in order to deliver a high-performing acute frailty service.
    - The Trust also featured as a regional example of good practice for the range of pathways it offers to patients who may originally have been taken to our Emergency Departments. One of the case studies referenced was our West Kent Clinical Co-ordination Hub, which was set up in partnership with South East Coast Ambulance

Service (SECAmb) and Kent Community Health NHS Foundation Trust (KCHFT), and supports ambulance crews to make joint decisions on the best treatment service for patients' needs.

The event was a key opportunity for shared learning across the region, and for healthcare providers to understand each other's models, learn from them and develop their own local model.

I was delighted to attend the Maidstone Hospital League of Friends (LoF) Annual General Meeting earlier this month and thank them for all their fantastic hard work and the very important role they play in supporting patients, their families and colleagues. The LoF has a great team of 49 volunteers and in the last year they have raised an impressive £68,000 and funded a number of projects at the hospital. These include the purchase of observations machines, defibrillators and a bladder scanner as well as support for the colorectal cancer support group.

- Congratulations to the winner of the Trust's Employee of the Month award for February, Tracey Hampton, a member of our Housekeeping team. Our Patient Advice and Liaison Service (PALS) has received many compliments about Tracey and the difference she has made to patients' experiences. She recently supported a mother whose young son was in A&E, bringing her coffee and regularly checking in on them. The mother expressed her gratitude for how calm and reassured Tracey made her feel.

Which Committees have reviewed the information prior to Board submission?
N/A

Reason for submission to the Board (decision, discussion, information, assurance etc.) [1]
Information and assurance

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Quality Committee, 13/03/24 (Incl. approval of revised Terms of Reference) **Committee Chair (Non-Executive Director)**

The Quality Committee met (virtually, via webconference) on 13th March 2024 (a 'main' meeting).

1. The key matters considered at the meeting were as follows:

- The Committee reviewed the **actions from previous meetings** and it was agreed that the Assistant Trust Secretary should ensure that members of the Quality Committee were informed of the outputs of the "Health Inequalities" discussion at the Executive Team Meeting on 19/03/24, particularly those related to the development of an Equality Impact Assessment.
- The Committee **agree the proposed changes to the Quality Committee's sub-committees** (and thereby the Committee's Terms of Reference); although, it was noted that further discussions were required between the Interim Trust Secretary and Director of Quality Governance. The Terms of Reference are enclosed in Appendix 1, with the proposed changes shown as 'tracked', and the Trust Board is asked to approve the changes.
- The **reports from the Committee's sub-committees** (The Complaints, Legal, Incidents, PALS, Audit, Risk and Mortality (CLIPARM) group; the Infection Prevention and Control Committee; The Joint Safeguarding Committee; The Drugs, Therapeutics and Medicines Management Committee; and the Health and Safety Committee) were considered, wherein the Committee acknowledged the significant progress which had been made in terms of addressing the backlog of National Institute for Health and Care Excellence (NICE) guidance and expressed concerns regarding the increased prevalence of Clostridium difficile (C. diff) infections across the NHS. It was agreed that the Deputy Director of Infection Prevention and Control should explore the feasibility of conducting an in-depth analysis of the Clostridium difficile (C. diff) cases in Kent and Medway, to determine what, if any, contributing factors were responsible for the national increase in C. Diff rates. It was also agreed that the Director of Quality Governance should ensure that future "The Complaints, Legal, Incidents, PALS, Audit, Risk and Mortality (CLIPARM) group" reports to the Quality Committee highlighted the key areas of focus.
- The report from the last **Quality Committee 'deep dive' meeting** was noted.
- The issues raised from the **reports from the clinical Divisions** included the challenges associated with the number of open incidents; the issues associated with the increase in violence and aggression from patients and details of the mitigations and training which had been implemented to protect Trust staff; progress with the Ophthalmology recovery plan; the supply chain issues in relation to nebuliser and suction equipment in the community; and comprehensive overview of the improvement work within the Trust's Maternity Services Department in response to the findings of the Care Quality Commission (CQC) inspection. The following actions were agreed:
  - The Head of Quality, NHS Kent and Medway should escalate the challenges in terms of the lack of appropriate bed capacity for adult and young people with mental health presentations in Kent and Medway, including the impact on service delivery, to the Kent and Medway Integrated Care Board.
  - The Divisional Director of Nursing and Quality, Surgery and Chief of Healthcare Professions should provide the Head of Quality, NHS Kent and Medway with details of supply chain issues in relation to nebuliser and suction equipment in the community and the associated impact on patient care.
  - The Director of Maternity should provide Committee members of a 'map' of the key deliverables and associated timelines under the Trust's 3-year delivery plan for Maternity Services.
- The Deputy Chief Nurse, Quality and Experience presented the latest **update on the implementation of the Quality Assurance Framework** wherein the Committee noted the success factors which had been identified; but suggested that additional metrics were required to monitor the achievement of the success factors.
- The received an **update on implementation of Quality Accounts priorities 2023/24** which included details of the Trust's performance against each of the 2023/24 quality priorities and it

was agreed that the Director of Quality Governance should provide Committee members with further clarification regarding the rationale for the 'Sunrise' Electronic Patient Record (EPR) code freeze which prevented the achievement of the "Digitalising / automating 10% of the data collection process for our clinical audit processes" quality priority for 2023/24. It was also agreed that the Director of Quality Governance should inform Committee members of the approach which would be adopted for the monitoring of those quality priorities which were not fully achieved in 2023/24 but which would not be included within the 2024/25 quality priorities.

- The Committee reviewed the **draft quality priorities for 2024/25** (for inclusion in the Quality Accounts 2023/24) which outlined the alignment with the Trust's Strategy Deployment Review (SDR) process and it was agreed that the Director of Quality Governance should check, and confirm to Committee members, how patients based in East Sussex were considered as part of the Patient Portal corporate project.
- The Director of Quality Governance presented the latest **Mortality update.**
- The latest **Serious Incidents (SIs),** which included the report from the Learning and Improvement (SI) Panel, and the **recent findings from relevant Internal Audit reviews** were noted.

2. In addition to the agreements referred to above, the meeting agreed that: The Director of Quality Governance should provide Committee members with details of the trajectory for the closure of overdue incidents.

3. The issues from the meeting that need to be drawn to the Board's attention are:

- The Committee's Terms of Reference were reviewed and the proposed changes were agreed. The revised Terms of Reference are enclosed in Appendix 1, for the Trust Board's approval.

4. Which Committees have reviewed the information prior to Board submission? N/A

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [1]

1) Information and assurance
2) To approve the Committee's revised Terms of Reference in response to the findings of the Deloitte LLP external governance review.

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

QUALITY COMMITTEE - TERMS OF REFERENCE

NHS Maidstone and Tunbridge Wells NHS Trust

1. Purpose

The Quality Committee is constituted at the request of the Trust Board to:

a) Seek and obtain assurance on the effectiveness of the Trust's structures, systems and processes to enable delivery of the Trust's objectives relating to quality of care, and patient experience

b) Oversee quality within the clinical divisions

2. Membership

- Non-Executive Director or Associate Non-Executive Director (Chair)*
- Non-Executive Director or Associate Non-Executive Director (Vice Chair)*
- One other Non-Executive Director or Associate Non-Executive Director*
- Chief Operating Officer*
- Chief Nurse*
- Medical Director*
- Deputy Medical Director*
- Director of Infection Prevention & Control (if not represented via another role within the membership)
- Director of Quality Governance*
- Patient Safety Manager*
- The Chiefs of Service for the five clinical divisions
- The Divisional Directors of Nursing & Quality (DDNQs) (or equivalent) for the five clinical divisions
- ~~The Clinical Director of Pharmacy & Medicines Optimisation (as Chair of the Drugs, Therapeutics and Medicines Management Committee)~~

* Denotes those who constitute the membership of the 'deep dive' meeting (see below)

Members are expected to attend all relevant meetings, but will be required to attend at least four of the 'main' Quality Committee meetings per year (those who are also members of the 'deep dive' meeting will be required to attend at least three such meetings per year). Failure of a committee member to meet this obligation will be referred to the Chair of the Quality Committee for action.

3. Quorum

The 'main' meeting of the Committee will be quorate when the following members are present:

- The Chair or Vice Chair of the Quality Committee or one other Non-Executive Director or Associate Non-Executive Director[1]
- Two members of the Executive Team (i.e. Chief Operating Officer, Chief Nurse or Medical Director)
- Three clinical divisional representatives (i.e. either the Chief of Service, DDNQ (or equivalent) or an appropriate deputy for either)

The 'deep dive' meeting (see below) will be quorate when the following members are present:

- The Chair or Vice Chair of the Quality Committee or one other Non-Executive Director or Associate Non-Executive Director[1]
- Two members of the Executive Team (i.e. Chief Operating Officer, Chief Nurse or Medical Director). Deputies representing members of the Executive Team will count towards the quorum.

4. Attendance

[1] For the purposes of quorum, the Chair of the Trust Board will be regarded as a Non-Executive Director

The following are invited to attend each 'main' meeting

- The Chief Nurse (or an appropriate deputy, as they determine) from NHS Kent and Medway Integrated Care Board

Other staff may be invited to attend, as required, to meet the Committee's purpose and duties.

All other Non-Executive Directors (including the Chair of the Trust Board), Associate Non-Executive Directors, and members of the Executive Team (i.e. apart from those listed in the "Membership") are welcome to attend all meetings of the Committee. The same applies to representatives from Internal Audit.

5. Frequency of Meetings

Meeting will be generally held every month, but will operate under two different formats. The meeting held on alternate months will generally be a 'deep dive' meeting, which will enable detailed scrutiny of a small number of issues/subjects. For clarity, the other meeting will be referred to as the 'main' Quality Committee.

Additional meetings will be scheduled as necessary at the request of the Chair.

6. Duties

6.1 To seek and obtain assurance on all aspects of the quality of care across the Trust, and if not assured, to oversee the appropriate action or escalate relevant issues to the Trust Board, for consideration

6.2 To oversee all aspects of quality within the clinical divisions, and to obtain assurance that an appropriate response is given

6.3 To seek and obtain assurance on the mitigations for significant risks relating to quality

6.4 To seek and obtain assurance that the Trust Risk Management Policy and Procedure is implemented, in relation to quality issues

6.5 To seek and obtain assurance on compliance with relevant policies, procedures and clinical guidance

6.6 To receive details of the learning arising from complaints, claims, inquests, and Serious Incidents (SIs)

6.7 To seek and obtain assurance on the Trust's compliance with the Fundamental Standards (as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and reflected in the Care Quality Commission's 5 domains)

7. Parent committees and reporting procedure

The Quality Committee is a sub-committee of the Trust Board. The Committee Chair will submit a written summary report to the next Trust Board meeting following each Quality Committee meeting.

Any relevant feedback and/or information from the Trust Board will be reported to the Quality Committee by the Committee Chair, as they deem necessary.

~~The Committee's relationship with the Patient Experience Committees is covered separately, below.~~

8. Sub-committees and reporting procedure

The Committee has the following sub-committees.

~~1. The Cancer Services Divisional Clinical Governance Committee (or equivalent)~~
~~2. The Core Clinical Services Divisional Clinical Governance Committee (or equivalent)~~
~~3. The Medicine & Emergency Care Divisional Clinical Governance Committee (or equivalent)~~

~~4. The Surgery Divisional Clinical Governance Committee (or equivalent)~~
~~5. The Women's, Children's & Sexual Health Divisional Clinical Governance Committee (or equivalent)~~
~~6. The Complaints, Legal, Incidents, PALS, Audit and Mortality (CLIPAM) group~~
~~7. The Infection Prevention and Control Committee~~
~~8. The Learning and Improvement (SI) Panel~~
~~9. The Joint Safeguarding Committee~~
~~10. The Drugs, Therapeutics and Medicines Management Committee~~
~~11. The Health and Safety Committee~~
~~12. The Sepsis Committee~~
1. Maternity Board
2. Patient Experience Committee (PEC)
3. Patient Outcomes Committee (POC)
4. Patient Safety Committee (PSC)
5. Quality Improvement, Research and Innovation Board / Committee (QIRI)

A report from the Quality Committee's sub-committees will be given after each sub-committee meeting, on an exception reporting basis, whereby any issues for escalation are raised, using a format approved by the Chair of the Quality Committee.

~~A report from the Clinical Governance Committees (or equivalent forums) of the five clinical divisions will be submitted to each 'main' Quality Committee meeting, using a format approved by the Chair of the Quality Committee.~~

~~Reports from the Quality Committee's other sub-committees will be given after each sub-committee meeting (either via submission of the minutes of the meeting, a written summary report or a verbal report from the Chair).~~

The Quality Committee may establish fixed-term 'Task & Finish' Groups to assist it in meeting its duties as it, or the Trust Board, sees fit.

~~10. Patient Experience Committee~~

~~The Quality Committee may commission the Patient Experience Committee to review a particular subject, and provide a report. Similarly, the Patient Experience Committee may request that the Quality Committee undertake a review of a particular subject, and provide a report.~~

~~A summary report of the Patient Experience Committee will be submitted to the Quality Committee (the summary report submitted from the Patient Experience Committee to the Trust Board should be used for the purpose).~~

11. Administration

The minutes of the Committee will be formally recorded and presented to the following meeting for agreement and the review of actions

The Trust Secretary's Office will ensure that each meeting is given appropriate administrative support and will liaise with the Committee Chair on:

- The Committee's forward programme, setting out the dates of key meetings and agenda items
- The meeting agenda
- The meeting minutes and the action log

12. Emergency powers and urgent decisions

The powers and authority of the Quality Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted at least two of the Committee's members, one of whom should be a member of

the Executive Team. The exercise of such powers by the Committee Chair shall be reported to the next meeting of the Quality Committee, for formal ratification.

13. Review of Terms of Reference

These Terms of Reference will be agreed by the Quality Committee and approved by the Trust Board. They will be reviewed annually or sooner if there is a significant change in the arrangements.

Review history

- Agreed by Quality and Safety Committee: 13 March 2013
- Approved by the Board: March 2013
- Agreed by the Quality & Safety Committee 'deep dive' meeting: 25th April 2014
- Terms of Reference (amended) agreed by the Quality & Safety Committee: 9th May 2014
- Approved by the Board: May 2014
- Terms of Reference (amended) agreed by the Quality & Safety Committee: 21st January 2015 (to remove reference to the Health & Safety Committee, which is a sub-committee of the Trust Management Executive)
- Revised Terms of Reference agreed by the Quality & Safety Committee, 13th May 2015
- Revised Terms of Reference approved by the Trust Board, 27th May 2015
- Revised Terms of Reference agreed by the Quality Committee, 6th January 2016
- Revised Terms of Reference approved by the Trust Board, 27th January 2016
- Revised Terms of Reference agreed by the Quality Committee, 11th January 2017
- Revised Terms of Reference approved by the Trust Board, 25th January 2017
- Terms of Reference approved by Trust Board, 18th October 2017 (to add Associate Non-Executive Directors to the membership)
- Revised Terms of Reference agreed by the Quality Committee, 10th January 2018
- Revised Terms of Reference approved by Trust Board, 25th January 2018
- Revised Terms of Reference agreed by the Quality Committee, 8th May 2019
- Revised Terms of Reference approved by Trust Board, 23rd May 2019
- Revised Terms of Reference agreed by the Quality Committee, 10th July 2019 (to add the Drugs, Therapeutics and Medicines Management Committee as sub-committee, and add the Clinical Director of Pharmacy & Medicines Optimisation as a member of the 'main' Quality Committee)
- Revised Terms of Reference approved by Trust Board, 25th July 2019
- Revised Terms of Reference agreed by the Quality Committee, 6th May 2020
- Revised Terms of Reference approved by the Trust Board, 21st May 2020
- Amendment approved by the Trust Board, 26th November 2020 (to add the Health and Safety Committee as sub-committee)
- Amendment approved by the Trust Board, 17th December 2020 (to enable deputies attending the Quality Committee 'deep dive' meeting for members of the Executive Team to count towards the quorum requirements)
- Revised Terms of Reference agreed by the Quality Committee, 12th May 2021
- Revised Terms of Reference approved by the Trust Board, 27th May 2021
- Amendment agreed by the Quality Committee, 12th January 2022 (to add the Sepsis Committee as a sub-committee)
- Revised Terms of Reference approved by the Trust Board, 27th January 2022
- Revised Terms of Reference agreed by the Quality Committee, 11th May 2022
- Revised Terms of Reference approved by the Trust Board, 26th May 2022
- Amendment agreed by the Quality Committee, 12th October 2022 (to add the Patient Safety Manager to the Committee's membership)
- Revised Terms of Reference approved by the Trust Board, 27th October 2022
- Revised Terms of Reference agreed by the Quality Committee, 10th May 2023
- Revised Terms of Reference approved by the Trust Board, 25th May 2023
- Revised Terms of Reference agreed by the Quality Committee, 13th March 2024 (to amend the reflect the recommendations of the Deloitte LLP external governance review, including the revised sub-committee structure)
- Revised Terms of Reference approved by the Trust Board, 28th March 2024

Summary report from the Finance and Performance Committee, 26/03/24	**Committee Chair (Non-Exec. Director)**

The Committee met on 26th March 2024, via webconference.

1. **The key matters considered at the meeting were as follows:**
   - The **actions from previous meetings** were noted
   - The **Outline Business Case (OBC) for the East Kent Oncology Build** was reviewed, which noted the scope of options which had been considered during the development of the OBC and the Committee acknowledged the urgency of the Business Case to ensure the continuation of the provision of equitable Radiotherapy and Chemotherapy care to patients in East Kent. The Committee agreed to recommend that the Trust Board approve the OBC, in April 2024.
   - The Director of Strategy, Planning and Partnerships attended to give an **update on 2024/25 operational planning**, which noted the requirement to provide a final planning submission for 2024/25 to the Kent and Medway Integrated Care Board (ICB) on the 18th April 2024 and a discussion was held regarding the challenges in terms of the reduction in utilisation of bank staff and the controls which would be implemented.
     - ❖ The Committee was **assured** that the 2024/25 operational plan was reflect of the Trust's current position, although, acknowledged that further work was required prior to the final 2024/25 operational planning submission
   - The **Patient Access strategic theme metrics for February** were reviewed and it was noted that the Trust's performance for Referral To Treatment (RTT) and access to diagnosis had further improved. A discussion was held on the proposed Maternity Metrics wherein it was agreed that SO should ensure the proposed Maternity Metrics were amended to include details of the Trust's compliance with the target wait time for emergency Caesarean sections and induction of labour.
     - ❖ The Committee was **assured** regarding the continued focus, and performance, in relation to service delivery.
   - The review of **financial performance for February** highlighted that the Trust's financial plan had been amended to reflect the additional non-recurrent growth funding support which had been received from the Kent and Medway Integrated Care Board (ICB).
     - ❖ The Committee was **assured** that the necessary measures had been enacted to deliver the Trust's financial plan.
   - The Committee **confirmed the outcome of the Trust's 'going concern' assessment**, which has been submitted to the Trust Board under a separate agenda item
   - The Chief Operating Office provided an **update on the options being pursued to manage the risk relating to the age of the imaging equipment in Radiology** wherein the Committee noted the intention to further mitigation and address the risk as part of the 2024/25 capital programme. It was agreed that the Chief Operating Officer should liaise with the Head of Radiology Services to ensure that the red-rated risks relating to the age of the imaging equipment in Radiology were reviewed and updated.
     - ❖ The Committee was **assured** that the issue received the required focus; however, noted that further work was required to ensure the Trust's risk register accurately reflected the current position.
   - The Director of IT and Associate Director of Business Intelligence attended for a **review of the draft Digital and Data Strategy** which was agreed and the Committee noted the amendments which had been made to reflect the feedback received at various Trust-wide forums; however, it was agreed that the Assistant Trust Secretary should liaise with the Director of IT to consider, and confirm, the mechanisms by which the Committee would be informed of the outputs of the review of the governance arrangements of the Trust's digital and data programmes. The Digital and Data Strategy has been scheduled for formal approval at the April 2024 'Part 1' Trust Board meeting.
   - The Committee received **notification of the use of the Trust Seal**.
   - The content of the **summary report from the People and Organisational Development C'ttee** meeting in February 2024 was noted, as was the Committee's **forward programme**.

2. **In addition to the agreements referred to above, the Committee agreed that:** N/A

3. **The issues that need to be drawn to the attention of the Board are as follows:**
   - The Committee recommended that the Trust Board approve the OBC for the East Kent Oncology Build (this has been scheduled for approval at the April 2024 'Part 1' Trust Board meeting).

Which Committees have reviewed the information prior to Board submission? N/A

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [1]
Information and assurance.

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Summary report from the People and Organisational Development Committee, 22/03/24 | **Committee Chair (Non-Exec. Director)**

The People and Organisational Development Committee met (virtually, via webconference) on 22nd March 2024 (a 'main' meeting).

The key matters considered at the meeting were as follows:

- The **actions from previous 'main' meetings** were noted.
- The Programme Director, Premium Staffing Spend presented the latest update on the **workforce efficiency programme** which included an update on the year to date agency spend position and project progress with key next steps. It was agreed that the project should continue in order to further reduce agency expenditure, and for the Chief Finance Officer / Deputy Chief Executive and the Programme Director, Premium Staffing Spend to liaise and confirm a timeframe, actions and outcomes for the project extension.
- The Director of Communications attended for the latest **six-monthly review of internal communications** wherein the Committee noted that the many digital developments had resulted in Patient First newsletter gaining 7000 subscribers; high engagement rates for the Maternity digital newsletter; and a following increase of over 5000 on LinkedIn. It was agreed that the Deputy Chief People Officer, Organisational Development should provide an update to the Committee's meeting in September 2024 in relation to the feedback received from the Workshop held between the Communications Team and the People and Organisational Development Department and any associated actions.
- The Deputy Chief People Officer, Organisational Development provided an **update on Learning and Development at the Trust**, including the Exceptional Leaders for All (ELfA) Programmes, which detailed that statutory and mandatory training was at 81.5% against a target of 85% compliance and that the 8 programmes which were under the compliance target had been added to the Trust risk register; a new joint safeguarding template had been signed off by the Kent and Medway Integrated Care Board (ICB) which would help develop clearer and more accessible data; and that continued stakeholder engagement sessions would be held to support achieving compliance.
- It was agreed by the Chair that the **update on the work in relation to the Trust's Employee Value Proposition (EVP)** should be considered at the Committee's meeting in April 2024.
- The Committee reviewed the latest **update on Equality, Diversity and Inclusion (EDI)** which included the focus around the high impact actions and pressures related to employees with disabilities and long-term health conditions returning to the office rather than home-working. A discussion was held in relation to the latest Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data and it was agreed that the Head of Organisational Development should confirm the scheduling of an item relating to the report at a future 'deep dive' meeting.
- The Trust's People Promise Manager attended for a **review of the findings of the national NHS Staff Survey 2023**, which have been submitted to the Trust Board under a separate agenda item, wherein the Committee noted that there were several organisation-level issues which should be resolved, including a lack of certain equipment, and the importance of creating a clear pathway for issues to be escalated. The Committee noted the improvements that had been made in the MTW results since the last survey.
- The Committee conducted the latest **monthly review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR)**, and a discussion was held around the increase in leavers from Maternity and whether this was due to the result of the recent Care Quality Commission (CQC) rating, and assurance was provided that exit interviews that had been held to determine the root cause. It was agreed that the Head of People Performance and Improvement should consider how the additional aspects which had been requested by the Chair of the Committee could be incorporated into future "Strategic Theme: People" reports, without unduly increasing the scale of the report.

- The Committee's **forward programme** was noted.
- The Committee conducted **an evaluation of the meeting** wherein it was agreed that future agendas should allow further time for discussion of the "Monthly review of the "Strategic Theme: People" section of the IPR" report and other relevant items.

In addition to the actions noted above, the Committee agreed that: N/A

The issues from the meeting that need to be drawn to the Board 's attention as follows: N/A

Reason for receipt at the Board (decision, discussion, information, assurance etc.)[1]
Information and assurance

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Summary report from the Patient Experience Committee, 21/03/24 (incl. an update on End of Life Care)	**Committee Chair (Non-Executive Director)**

The Patient Experience Committee (PEC) met on 21st March 2024, face-to-face / in-person at Tunbridge Wells Hospital

The key matters considered at the meeting were as follows:

- The status of **actions from previous meetings** was noted.
- The Chief Nurse presented a report on the **Trust Governance Review and Future of the Patient Experience Committee** which provided details of the proposed new Committee structure based on the recommendations from Deloitte; including having a single Quality Committee with five Executive-lead sub-committees expected to report into the Quality Committee and to provide assurance, consisting of a Quality Improvement, Research and Innovation (QIRI) Committee; Patient Safety Committee; Patient Outcomes Committee; Patient Experience Committee; and Maternity Board.
- The Committee conducted a **review of the revised Patient Experience Strategic Theme, Patient Experience Strategy and Framework pilot** which included an update on the Breakthrough Objective: Communications Complaints; the Patient First Improvement System (PFIS); and the Experience of Care Strategy. Committee members provided feedback on, and agreed, **the Patient Experience Strategy**, subject to any further amendments, and it was noted that a final version would be submitted to the April 2024 'Part 1' Trust Board meeting, for approval**.**
- The Patient Experience Manager for Cancer Services attended to provide the **Cancer Services** divisional report which noted that the Trust was one of 133 Hospitals that participated in the Cancer National Patient Experience Survey and had achieved higher than the national average uptake. The report also included an update on the recommendations and actions for the Division which highlighted the evolving process with complaints team.
- The Director of Quality Governance presented a report on **Complaints and Patient Advice & Liaison Service (PALS) contracts** (incl. an update on the current complaints policy and procedure) and noted the ongoing work with the Cancer services Division and highlighted that communications remained a prominent sub-theme of overall complaints.
- An update on the **Friends and Family Test (FFT)** was provided by the Deputy Chief Nurse for Quality and Patient Experience which included the results from recent surveys and information regarding the new provider which was scheduled to 'go live' by the beginning of April 2024, with SMS testing already completed.
- The Director of Maternity reported on the **review of the patient experience related aspects of the Care Quality Commission (CQC) inspection of Maternity services and associated action plan** and highlighted that the improvement plan included an extensive list of actions which would all align to a patient experience aspect. It was also noted that the feedback from the CQC Patient Experience Survey for 2023 was very positive and a number of areas achieved results within the top 8 nationally.
- The Committee agreed that the **review of the outputs from the Patient Led Assessment of the Care Environment (PLACE) 'lite' audits and associated Improvement Initiatives** should be deferred to the new Patient Experience Committee meeting, which would be considered by the Chief Nurse and the Senior Nursing Team, and addressed as appropriate.
- The Lead Nurse for Palliative and End of Life Care provided the **annual update on End of Life Care**, which had been enclosed under Appendix 1, for information.
- The Patient Research Champion gave an **update from the National Institute for Health Research (NIHR)**.

In addition to the actions noted above, the Committee agreed: N/A

The issues that need to be drawn to the attention of the Board: The Annual update on End of Life Care report had been included under Appendix 1, for information.

Which Committees have reviewed the information prior to Board submission?

- N/A

Reason for submission to the Board (decision, discussion, information, assurance etc.)[1]
1. Information and assurance 2. To review the Annual update of the End of Life Care report (see Appendix 1)

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

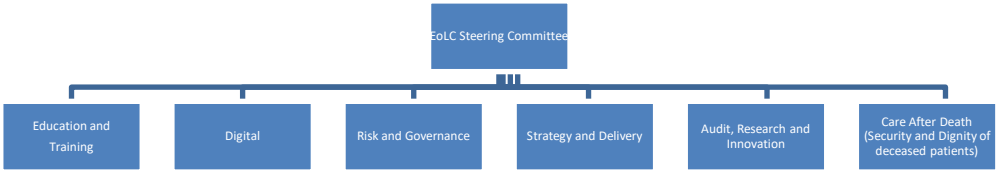
NHS
Maidstone and Tunbridge Wells NHS Trust

ANNUAL UPDATE ON END OF LIFE CARE (EOLC)	LEAD NURSE FOR PALLIATIVE AND END OF LIFE CARE

The End of Life Care Annual Report is enclosed for review.

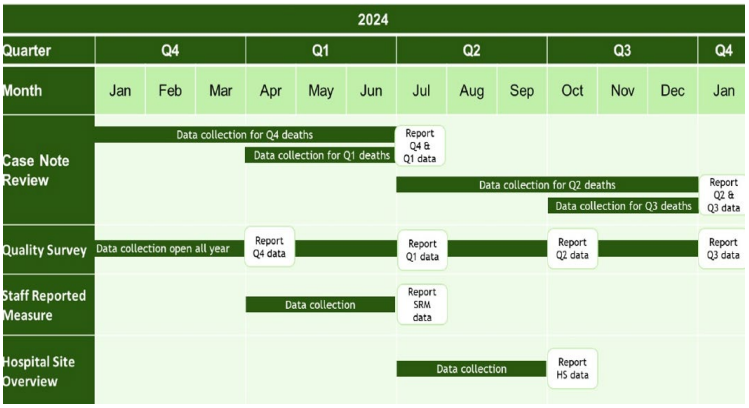
The embedded documents are available upon request from the Trust Secretary's Office.

Reason for submission to the Patient Experience Committee
Information and assurance

CQC EoLC Inspection	The Trust was inspected by the CQC in March 2023 for Well Led and for the Core Service EoLC. EoLC was identified as Requiring Improvement overall having achieved Good for Safe, Caring and Responsiveness. However, the CQC identified improvements were required for both effective and well led. **Safe** | **Effective** | **Caring** | **Responsive** | **Well-led** | **Overall** End of life care: Good Aug 2023 | Requires Improvement Aug 2023 | Good Aug 2023 | Good Aug 2023 | Requires Improvement Aug 2023 | Requires Improvement Aug 2023 There was a lot of positive feedback highlighted in the report regarding delivery of EoLC in the organisation, including, but not exclusive to: • Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. • Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs • Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. • The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care • The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. The CQC identified that specific improvements were required around Effective and Well Led domains primarily pertaining to monitoring performance and governance around EoLC within the Trust. The CQC issued one EoLC action the trust **MUST DO** to improve EoLC: • The trust must ensure there is a robust process to monitor risk associated with the service. (Regulation 17). The CQC identified 11 actions that the trust **Should Do** to improve EoLC, which have been incorporated into the CQC action plan. MTW CQC Action Plan 2024 - Copy.dc
EoLC Steering Committee	

	The End of Life Care Steering committee was reviewed and restructured during 2023. The committee has introduced six new workstreams each led by a subject specialist to drive EoLC improvements across the trust. The workstreams report into the EoLC Steering Committee, which has responsibility and oversight for delivery of the MTW EoLC Action Plan. The EoLC action plan was developed, taking account of key national EoLC recommendations (including NICE Quality Standards:13, National Audit for End of Life Care 2021 and 2022, Ambitions for Palliative, and End of Life Care - a national framework for local action 2021-26, the MTW EoLC CQC report, the Kent and Medway Palliative and EoLC Strategy and Trust data/information). The scope of the EoLC action plan refers to patients in the last years, months and days of life and is underpinned by the six ambitions from the national framework, which is integral to many of the national recommendations and the Kent and Medway EoLC Strategy. All workstreams share the agreed priority, to improve earlier recognition of dying – as this action is likely to make the greatest impact on improving EoLC across the trust. In addition, each workstream has identified actions within the action plan and provides a bimonthly progress report to the committee.  MTW EoLC Action Plan v 1.6.docx Some key achievements from the workstreams to date include: Education and training: Implementation of T34 Syringe Pumps across the organisation and scoping of EoLC educational resources. Digital: Significant progress with revising digital EoLC documentation and working towards sharing key systems with local organisations to improve discharge. Risk and Governance: Development of an EoLC dashboard for oversight of complaints, serious incidents, incidents, risks and monitoring progress with achieving the quality standards and audits. Strategy and Delivery: Significant progress in meeting the CQC Action Plan. Equity of access to palliative care service review. Audit, Research and Innovation: Progress towards developing a Trust EoLC audit plan and linking in with EoLC research being undertaken in other organisations. Care After Death (Security and dignity of deceased patients): Newly formed workstream that has set up initial meeting.
Key Projects	The Swan Volunteers: EoLC volunteers were introduced to provide a visiting service and support both patients and families at the end of life. The project was a collaboration with the Anne Robson Trust whose motto is “no one deserves to die alone”. The service was initially piloted at Tunbridge Wells Hospital and then extended the service to Maidstone Hospital in 2023. Following a successful

	business case, the Swan Volunteer Coordinator post has been recruited into substantively. The service continues to grow and has been well evaluated and will continue to work in collaboration with Anne Robson Trust. The Enhanced Supportive Care service: The initiative was a 2-year sponsored project by NHSE to introduce Enhanced Supportive Care service into Cancer Services. The project consisted of two pathways; • Introduction of rapid access to ascitic drainage for patients with metastatic cancer, to limit hospital admissions, improve symptoms control and quality of life. • Introduction of specialist nursing clinics/service to rapidly assess symptomatic patients with metastatic cancer who are not yet known to community palliative care services. The service aims to be a transition between acute and community services and to patients improve quality of life and where possible avoid inappropriate Hospital admissions. The service was well evaluated and the business case was approved by the executive panel and is now with NHSE for ongoing funding.
Palliative and EoLC Audit and Surveys	A number of Palliative and EoLC audits and surveys have been undertaken throughout 2023. EoLC Staff Confidence Survey: The survey ran for 3 weeks and 89 responses were received in total across different staff groups. The survey suggested that staff had a confidence rating of approx. 3/5 for managing palliative care patients across a number of realms. In addition, the survey was able to identify areas where staff would like additional support. Some of which have already been actioned. Hospital Palliative Care Team Response to Referrals Audit: The audit measured the responsiveness of the team to referrals against a standard of 24-48 hrs. The audit identified that the team met this standard in 99.4 % of referrals (170/171). The audit identified that there was slight variance in recording of data on each site. This would have had a minimal effect in terms of the overall results. However, in response we have revised our data capture sheet. Results are continually reported at the palliative Care Team Governance Meeting. The audit will be repeated annually. Palliative Care Patient Satisfaction Survey: 80 surveys were given to patients and 34 were received, giving a response rate of 42.5%. The survey was very positive and suggested that 100% of respondents identified the team as providing a clear explanation of their role, involving them in decision making and maintaining their dignity and treating them with respect. Respondents evaluated the teams input as very good and did not have suggestions for improvements. However, it was noted that only 75% of patients were given the teams patient information leaflet and this identifies an area for improvement. Local End of Life Care Audit: The National End of Life Care Audit (NACEL) was suspended last year for redesign. The Palliative Care Team have

	undertaken a small-scale audit mirroring some of the key parameters measured in the NACEL- for baseline data. The data is still being analysed. The National End of Life Care Audit (NACEL) 2024: MTW are participating in the survey, which commenced in January 2024. This now has four periods of data collection from the medical records (formerly one). In addition, there is a Quality Survey which will replace MTW Bereaved Carers Survey from 1/4/24 and a Staff Survey. The survey has been registered at both sites to enable interrogation of the data to address specific needs on individual sites. The timelines are included in the graphic below. Timeline for NACEL 2024 
Future Plans	Continued progress with the MTW EoLC Action Plan and CQC Action Plan. Information from the audits, survey and focus groups will be used to inform service development and the EoLC Improvement Plan. Continued promotion and focus on EoLC in PULSE and on the staff Intranet to improve EoLC awareness in the build up to Dying Matters week. The focus for this year's Dying Matters Week is" The way we talk about Dying matters". Continuing to develop the Palliative and EoLC Intranet page with resources and information that staff have told us that they would like more resources and information on. Implementation of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT).

Audit and Governance Committee, 06/03/24 (incl. an update on bribery-related best practice)	**Committee Chair (Non-Executive Director)**

The Audit and Governance Committee met, virtually via web conference, on 6th March 2024.

1. The key matters considered at the meeting were as follows:

- The **actions from previous meetings** were reviewed.
- The Deputy Chief Nurse, Quality and Performance, and the InPhase Systems Lead attended for the latest **review of the Trust's red-rated risks** wherein an in-depth discussion was held regarding the number of risks which were past their review date, and the lack of action plans to mitigate particular risks to an acceptable level. It was agreed that the Deputy Chief Nurse, Quality and Experience should liaise with the Chief Nurse to ensure that future "Review of the Trust's red-rated risks" reports provide assurance to Committee members that risks were actively managed in real-time, with robust action plans to mitigate the risks. It was also agreed that the Interim Trust Secretary should review, and support the implementation of, the proposed approach to the Trust's new Board Assurance Framework (BAF).
  - ❖ The Committee was **not assured** regarding the Trust's current risk management process, as such the issue has been escalated for the Trust Board's attention.
- The Deputy Chief Nurse, Quality and Experience then reported on the **limited assurance internal audit review: Assurance Review of Implementation of NICE Guidance and Safety Alerts** which included details of the programme of work to reduce the number of outstanding NICE Guidelines and a brief discussion was held regarding the governance arrangements in relation to the new Committee structure wherein it was agreed that the Interim Trust Secretary should provide Committee members with a 'map' of the revised Committee structure, and the roles and responsibilities of each Committee therein.
  - ❖ The Committee was **assured** regarding the progress which had been made to address the backlog of NICE Guidelines and the internal audit review recommendations.
- The Director of IT, the Head of Information Governance, and the Cyber Security Architect attended for the latest **update on cyber security** wherein the Committee noted the risks associated with Artificial Intelligence in Healthcare. The Committee were supportive of the planned approach and programme of work to ensure cyber security risks associated with the Trust's supply chain were appropriately monitored and controlled.
- The Director of Audit, Tiaa Ltd (Head of Internal Audit) provided the latest **update on progress with the Internal Audit plan for 2023/24** (incl. progress with actions from previous Internal Audit reviews).
- The Committee then **approved the Internal Audit plan for 2024/25** and **the Internal Audit Charter** wherein it was agreed that the Director of Audit, Tiaa Ltd (Head of Internal Audit); and Deputy Chief Executive / Chief Finance Officer should provide Committee members with details of the timeframes, process, and scope of the Internal Audit review of the Trust's implementation of the recommendations from the Phase 1 report of the Independent Inquiry into the issues raised by the David Fuller case. It was also agreed that the Director of Audit, Tiaa Ltd (Head of Internal Audit) should ensure that the scoping exercise for Internal Audit reviews considered productivity and Equality, Diversity and Inclusion (EDI) aspects, where appropriate.
- The Committee reviewed the latest **Counter Fraud update** and approved the **Counter Fraud Annual Work Plan for 2024/25.**
- The Anti-Crime Manager then provided an **update on the Bribery Act** (incl. details of any changes to bribery and corruption laws and regulations) wherein it was confirmed that there were no changes to bribery and corruption laws and regulations within the reporting period.
- The Committee **approved the external audit plan for 2023/24** wherein a discussion was held regarding the Trust's focus on productivity, due to the national focus on productivity improvements and it was agreed that the Interim Trust Secretary should review, and if required amend, the Terms of Reference for the Finance and Performance Committee, to ensure there was sufficient focus on the roles and responsibilities related to productivity. It was also agreed

that the Interim Trust Secretary should provide Committee members with a timeline of the appropriate priorities and assurance for a 'golden thread'.

- Under the **update on the 2023/24 accounts process,** the Committee approved the accounting policies and approach to accounting estimates.
- The Deputy Chief Executive / Chief Finance Officer provided a verbal **summary of the latest financial issues** which included confirmation of the funding which had been received in recognition of the impact of Junior Doctor industrial action.
- The latest **losses & compensations data; single tender / quote waivers data;** and **detail of interests declared under the Conflict of Interests policy and procedure** were noted and it was agreed under the former that the Head of Financial Services should liaise with representatives from the People and Organisational Development Department to encourage line managers to complete "leavers forms", prior to the final working day of individuals leaving the Trust, to prevent the risk of salary overpayments**.**
- The Director of Emergency Planning & Response reported the latest position in relation to **security issues** wherein concerns were raised regarding the resilience of the access control system at Tunbridge Wells Hospital. It was agreed that the Deputy Chief Executive / Chief Finance Officer should explore what, if any, measures could be implemented to expedite improved resilience of the Tunbridge Wells Hospital Access Control System, either through the transfer of the Access Control System onto the Trust's network, if agreed by the Private Finance Initiative (PFI), or an alternative solution.
- The Committee **approved the updated Standing Orders** (to reflect the application of the new Fit and Proper Person Test Framework), which have been submitted under a separate agenda item, for ratification.
- The Committee **considered whether a review of information systems failures and patients lost to follow-up** should be conducted and it was agreed that the Assistant Trust Secretary should schedule a "review of information systems failures and patients lost to follow-up" item at the Committee's meeting in May 2024.
- The Committee it was agreed that the Interim Trust Secretary should review, and amend, the **process for the review/survey of the Committee, External Audit service, Internal Audit service and Counter Fraud service**, to enable the Committee to conduct a concise, effective, review/survey.
- The Committee noted the **forward programme.**

2. The Committee received details of the following completed Internal Audit reviews:

- "Implementation of NICE Guidance and Safety Alerts" (which received a "Limited Assurance" conclusion due to the backlog of outstanding NICE guidelines and the further work required to implement robust governance arrangements)
- "Bed Flow Processes" (which received a "Reasonable Assurance" conclusion)
- "CFA – Financial Accounting and Non-Pay Expenditure" (which received a "Substantial Assurance" conclusion)

3. The Committee was also notified of the following "Urgent" priority outstanding actions from Internal Audit reviews: N/A

4. The Committee agreed that (in addition to any actions noted above):

- The Deputy Chief Executive / Chief Finance Officer should explore the utilisation of metal detectors to reduce the number of hearing aids lost at the Trust, due to the adverse impact on patient experience

5. The issues that need to be drawn to the attention of the Board are as follows:

- The Committee expressed significant concerns over the Trust's current risk management process, and the assurance provided therein.

Which Committees have reviewed the information prior to Board submission?

- N/A

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [1]

1. Information and assurance

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Summary report from the Charitable Funds Committee, 20/03/24 (incl. approval of revised Terms of Reference)	**Committee Chair (Non-Executive Director)**

The Charitable Funds Committee (CFC) met on 20th March 2024, virtually, via webconference.

1. The key matters considered at the meeting were as follows:

- The updated **Terms of Reference** were reviewed and the proposed amendments were agreed. The revised Terms of Reference are enclosed in Appendix 1 (with the proposed changes 'tracked'), for the Trust Board's approval.
- The **Charity Management Committee's Terms of Reference** were then reviewed as part of the annual process and the proposed amendments were approved.
- The Interim Trust Secretary proposed that **the risk register entries relevant to the Charitable Fund** item should be deferred to July 2024 when a clearer overall review of the risk register would be available, which was agreed by the Chair.
- The **revised Policy and procedures for charitable funds** and the associated Standard Operating Procedure (SOP) were then approved by the Committee.
- **The audit approach for the 2023/24 Maidstone and Tunbridge Wells NHS Trust charitable fund accounts** was discussed and it was agreed that a full onsite audit was not necessary; therefore, the Trust should proceed with the independent examination.
- The **financial overview at Month 11** noted that the income received thus far was £483k, which was a significant increase on the same point last year; whilst expenditure was £300k, which was also an increase on last year. It was also noted that "Cancer Services" had a balance above £102k, and that there were plans in place to reduce such balance. It was agreed that the Head of Financial Services should arrange for Committee members to receive further details of the recommendations relating to the potential movement of charitable funds, taking the bank charges into account on the yield received.
- **A proposal for the management and administration fee for 2024/25** was reviewed and the Committee noted that the overall increase would be around £6k, due to the pay inflation, alongside the same audit fee as 2023/25 as £6k; however, it was agreed that the Head of Financial Services should ensure that the management and administration fee for 2024/25 included details of the expenditure required for the additional Fundraising Assistant role and that future reports should include details of the cost ratio associated with management and administration expenditure.
- The Head of Charity and Fundraising provided the latest **Fundraising update** and highlighted that the Trust received 237 gifts over the Christmas period which should last throughout the year; and that gifts were also given by another company who further strengthened their relationship with the Trust by sponsoring the Charity Abseil, which 111 people have registered for and as so far raised £7200.
- The Chair of the Charity Management Committee provided the latest update on the **proposed partnership with Maggie's Centres**, which noted that a step back had been taken over the last few months however, re-engagement was planned for April to start the Maidstone process.
- The **method of the Charitable Funds Committee's evaluation for 2024** was discussed and it was agreed that usual short-form approach would be adopted.

2. In addition to the actions noted above, the Committee agreed that: N/A

3. The issues that need to be drawn to the attention of the Board are as follows:

- The Committee's Terms of Reference are enclosed under Appendix 1 for approval

Which Committees have reviewed the information prior to Board submission? N/A

Reason for submission to the Board (decision, discussion, information, assurance etc.)[1]

1. Information and assurance.
2. To approve the Committee's revised Terms of Reference (see Appendix 1).

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

CHARITABLE FUNDS COMMITTEE

Terms of Reference

NHS Maidstone and Tunbridge Wells NHS Trust

1. Purpose

The Charitable Funds Committee has been established as a sub-committee of the Trust Board to ensure that the Maidstone and Tunbridge Wells NHS Trust Charitable Fund is managed efficiently and effectively in accordance with the directions of the Charity Commission, relevant NHS legislation and the wishes of donors.

2. Membership

Membership of the Committee is as follows:

- The Committee Chair – a Non-Executive Director or Associate Non-Executive Director appointed by the Chair of the Trust Board.
- The Committee Vice-Chair - a Non-Executive Director or Associate Non-Executive Director appointed by the Chair of the Trust Board.
- A further Non-Executive Director or Associate Non-Executive Director.
- Director of Strategy, Planning and Partnerships
- ~~The Chief Operating Officer.~~
- The Deputy Chief Executive / Chief Finance Officer.
- ~~The Deputy Director of Finance (Governance).~~
- The Head of Financial Services.
- The Trust Secretary.

If a member cannot attend a meeting, they may send a representative in their place.

3. Quorum

The Committee shall be quorate when one Non-Executive Director (or Associate Non-Executive Director) and three other members are present. Deputies representing members will count towards the quorum.

4. Attendance

The Head of Charity and Fundraising will routinely attend meetings of the Committee (but will not be a member).

The Committee Chair may invite other staff, Non-Executive Directors (or Associate Non-Executive Directors) to attend, as required, to fulfil the Committee's purpose and/or meet its duties.

5. Frequency

The Committee shall meet at least three times per financial year (and more frequently if required to fulfil its purpose and/or meet its duties).

6. Duties

The Committee will act on behalf of the Corporate Trustee (Maidstone and Tunbridge Wells NHS Trust) and will:

- Develop the strategy and objectives of the Charitable Fund, for approval by the Trust Board.
- Ensure that the Charitable Fund complies with relevant law and with the requirements of the Charity Commission; in particular ensuring the submission of Annual Returns and Accounts.
- Oversee the delivery of the strategy and objectives of the Charitable Fund.
- Oversee the Charitable Fund's expenditure and investment plans, including:
  - Approving relevant policies and procedures.
  - Agreeing approval and authorisation limits for expenditure from charitable funds.
  - Considering applications for support (as recommended by the Head of Financial Services).
  - Approving and monitoring investment strategies.

The specific duties of the Committee in relation to the Charitable Fund are to:

Policy and other matters

- To approve, on behalf of the corporate Trustee:
  - The Policy and procedures for charitable funds.
  - Specific fundraising appeals (provided these align with the approved Charitable Fund strategy).
  - A reserves policy (if considered by the Committee to be required).
  - An investment strategy (and to formally review the strategy annually).
  - A grant making policy (if considered by the Committee to be required).
  - Guidance for fundraising activities (if considered by the Committee to be required).

Operational matters

- To approve the annual management and administration fee payable to the Trust.
- Be advised of and consider the application of all new legacies.
- Approve proposals regarding the establishment of any new funds.
- Authorise financial procedures and financial limits.
- Receive details of any expenditure refused.
- To approve the banking arrangements of Maidstone and Tunbridge Wells NHS Trust Charitable Fund.
- To authorise expenditure at the limits reserved for the Committee (as stated in the Trust's Reservation of Powers and Scheme of Delegation).

Internal and External control

- To seek assurances that all income is secured and that expenditure is within the objects of the Maidstone and Tunbridge Wells NHS Trust Charitable Fund.
- To ensure compliance of all statutory legislation and charity regulations, and seek assurance on compliance where considered necessary.
- To ensure there is adequate provision for the independent monitoring of investment activity.
- To receive all relevant internal and external audit reports, and ensure compliance with any recommendations.

Financial reporting

- To review income and expenditure reports for each of the reporting periods.
- To review and agree the principal accounting policies to be adopted.
- To review, and agree the Annual Report and Annual financial accounts for the Charitable Fund, for approval by the Trust Board.
- To receive, where appropriate, the annual investment report.
- To ensure the Deputy Chief Executive / Chief Finance Officer is compliant with the reporting requirements of the Committee and the Trust Board (as the agent of the Trustee).
- To review Fundholders' spending plans.

7. Parent committees and reporting procedure

The Charitable Funds Committee is a sub-committee of the Trust Board.

A written summary report of each Charitable Funds Committee meeting will be provided to the Trust Board. The Chair of the Charitable Funds Committee will present the Committee report to the next appropriate Trust Board meeting.

8. Sub-committees and reporting procedure

The Committee has the following sub-committee:

- The Charity Management Committee.

A written summary report from each sub-committee will be received at each meeting of the Charitable Funds Committee. The Terms of Reference of each sub-committee will be reviewed, and approved, at the Charitable Funds Committee every year.

The Charitable Funds Committee may also establish fixed-term working groups, as required, to support the Committee in meeting its duties as it, or the Trust Board, sees fit.

9. Emergency powers and urgent decisions

The powers and authority which the Trust Board has delegated to the Charitable Funds Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted either the Deputy Chief Executive / Chief Finance Officer or Director of Strategy, Planning and Partnerships ~~Chief Operating Officer~~. The exercise of such powers by the Committee Chair shall be reported to the next formal meeting of the Charitable Funds Committee, for formal ratification.

10. Administration

The minutes of the Committee will be formally recorded and presented to the following meeting for agreement and the review of actions.

The Trust Secretary's Office will ensure that each committee is given appropriate administrative support and will liaise with the Committee Chair on:

- The Committee's Forward Programme, setting out the dates of key meetings and agenda items.
- The meeting agenda.
- The meeting minutes and the action log.

11. Review

The Terms of Reference of the Committee will be reviewed annually by the Committee, and approved by the Trust Board.

History

Agreed at Charitable Funds Committee, July 2014
Approved at Trust Board, September 2014
Agreed at Charitable Funds Committee, July 2015
Approved at Trust Board, September 2015
Agreed at Charitable Funds Committee, November 2016
Approved at Trust Board, December 2016
Agreed at Charitable Funds Committee, 16th October 2017
Approved at Trust Board, 29th November 2017
Agreed at Charitable Funds Committee, 27th November 2018 (annual review)
Approved at Trust Board, 20th December 2018
Agreed at Charitable Funds Committee, 29th October 2019 (annual review)
Approved at Trust Board, 28th November 2019
Agreed at Charitable Funds Committee, 24th March 2020 (to include the Charity Management Committee as a sub-committee)
Approved at Trust Board, 30th April 2020
Agreed at Charitable Funds Committee, 24th November 2020 (annual review)
Approved at Trust Board, 17th December 2020
Agreed at Charitable Funds Committee, 24th November 2021 (annual review, and to add a further Non-Executive Director or Associate Non-Executive Director to the membership)
Approved at Trust Board, 22nd December 2021
Agreed at Charitable Funds Committee, 17th November 2022 (annual review)
Approved at Trust Board, 24th November 2022
Agreed at Charitable Funds Committee, 22nd November 2023 (annual review)
Approved at Trust Board, 30th November 2023
Agreed at Charitable Funds Committee, 20th March 2024 (to remove the Deputy Director of Finance (Governance) from the Committee's membership and to process the transition of executive responsibility for the Trust's Charity from the Chief Operating Officer to the Director of Strategy, Planning and Partnerships)
Approved at Trust Board, 28th March 2024

Integrated Performance Report (IPR) for February 2024	**Chief Executive / Executive Directors**

The IPR for month 11, 2023/24, is enclosed, along with the 'A3' for staff turnover, the monthly finance report, and latest "Planned verses Actual" Safe Staffing data.

Which Committees have reviewed the information prior to Board submission?
Finance and Performance Committee, 26/03/24

Reason for submission to the Board (decision, discussion, information, assurance etc.) [1]
Review and discussion

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

NHS
Maidstone and Tunbridge Wells NHS Trust

Integrated Performance Report

February 2024

MTW
exceptional people, outstanding care

Contents

Note: Detailed dashboards and a deep dive into each SDR and CQC Domain are available on request - mtw-tr.informationdepartment@nhs.net

Key to KPI Variation and Assurance Icons

Variation			Assurance					
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause - no significant change	Consistent (P)assing of Target - Upper control limit is below the target line or Lower control limit is above the target line (depending on the nature of the metric)	Metric has (P)assed the target for the last 6 (or more) data points, but the control limits have not moved above/below the target.	Inconsistent passing and failing of the target	Metric has (F)ailed to meet the target for the last 6 (or more) data points, but the control limits have not moved above/below the target.	Consistent (F)ailing of Target - Lower control limit is below the target line or Upper control limit is above the target line (depending on the nature of the metric)	Data Currently Unavailable or insufficient data points to generate an SPC

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Maidstone and Tunbridge Wells NHS Trust

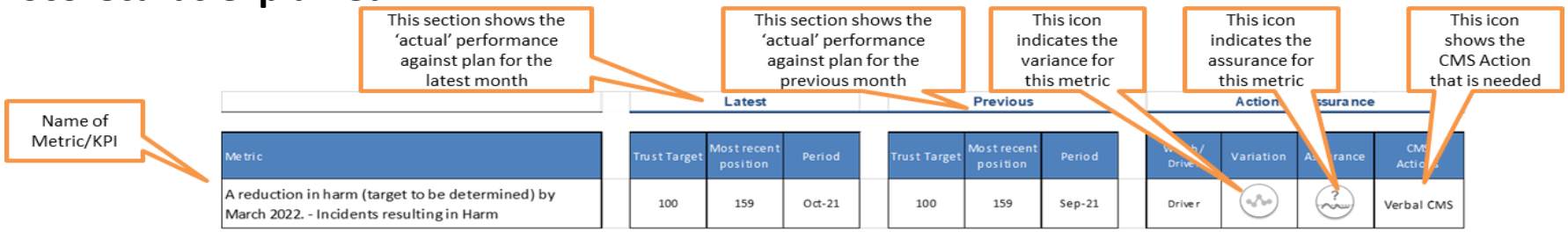
Escalation Rules:

Please see the Business Rules for the five areas of Assurance: Consistently Failing, Not achieving target >=6 months, Hit or Miss, Consistently Passing and Achieving target >=6 months (three slides in the last Appendix)

Escalation Pages:

SPC Charts that have been escalated as have triggered the Business Rule for Full Escalation have a Red Border

Scorecards explained



Further Reading / other resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count

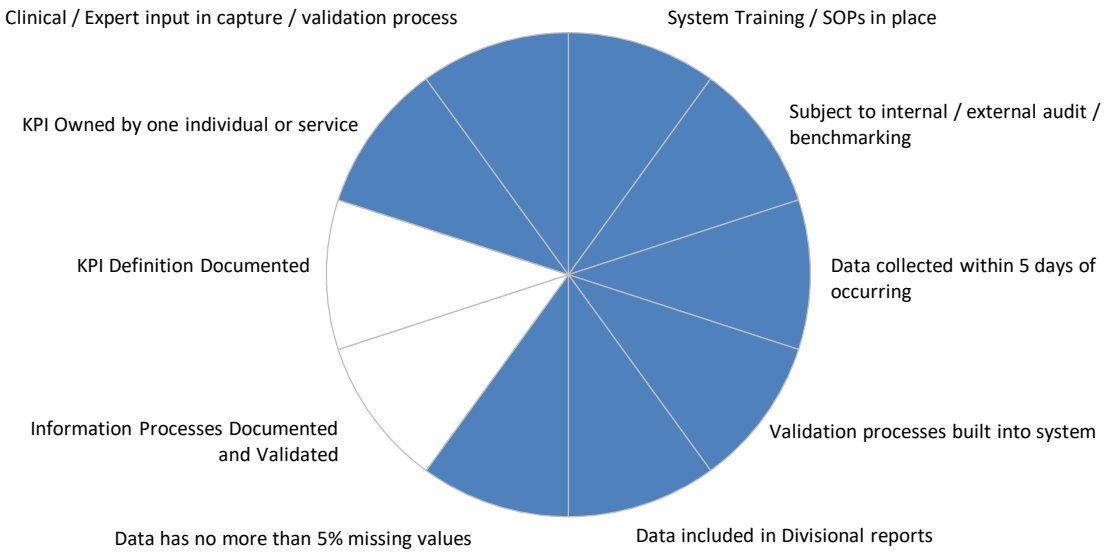
MTW exceptional people, outstanding care

Forecasts

	CQC Domain	Metric	DQ Kite Mark	Latest: Trust Target	Latest: Most recent position	Latest: Period	Previous: Trust Target	Previous: Most recent position	Previous: Period	Actions & Assurance: Watch / Driver	Actions & Assurance: Variation	Actions & Assurance: Assurance	Actions & Assurance: CMS Actions	Forecast: 3 Month Forecast	Forecast: Variation	Forecast: Assurance
Vision Goals / Targets	Well Led	Reduce the Trust wide vacancy rate to 12%		12%	8.5%	Sep-23	12%	8.6%	Aug-23	Driver			Note Performance	8.1%		
Breakthrough Objectives	Well Led	Reduce Turnover Rate to 12%		12%	12.8%	Sep-23	12%	12.7%	Aug-23	Driver			Full CMS	12.7%		

A three month forward view forecast has been included in the IPR for the Vision and Breakthrough metrics. Variation and Assurance icons being generated for the forecasted position to give an indicative view of performance at that point. There are varying approaches being used to generate these forecasts. Some are statistical and others based on detailed plans and / or upcoming known events. These are signed off by Exec. SROs.

Data Quality Kite Marks



A Kite Mark has been assigned to each metric in the report. This has been created by assessing the source system against relevant criteria as well as the documentation and oversight associated with each metric.

A point has been assigned for each of the criteria met. The maximum score is ten. There are ten segments in the Kite Mark image and the corresponding segments are shaded blue based on those that have been met.

The ordering of the criteria has been kept consistent so users can see which criteria are met/unmet. So in the example shown, the 'KPI documentation' and 'Information Process documentation' are unmet.

The implementation of this is an audit recommendation.

Executive Summary

Executive Summary: Vacancy Rate improved further to 5.5%. Turnover Rate continues to experience special cause variation of an improving nature and consistently failing the target, however achieved the maximum level target of 12% this month at 11.8%. Agency spend did not achieve the target for February 24 but continues to experience special cause variation of an improving nature. The Nursing Safe Staffing Levels remains above target and remains in common cause variation. Sickness levels remained the same in February which is in line with winter months in previous years. This metric is therefore now experiencing special cause variation of a worsening nature and variable achievement of the target. Statutory and Mandatory Training remains in common cause variation but is now consistently passing the target. The percentage of staff Afc 8a or above that are BAME is consistently failing the target and is in common cause variation. The Trust was £10.5m in deficit in the month which was £1.9m favourable to plan. Year to Date the Trust is £8.7m in surplus which is £0.1m favourable to plan.

The rate of incidents causing patients moderate or higher harm remains in common cause variation and variable achievement of the target. The breakthrough indicator for this strategic theme is currently being reviewed and therefore no data is shown this month until this has been confirmed. The rate of C.Difficile has failed the target for six months. Complaints response times have failed the target for more than 6 months and therefore remain escalated. Friends and Family Response rates have been adversely affected by the change in service provider for the collection of responses and there is limited data available as a consequence.

Diagnostic Waiting Times achieved the recovery trajectory target set for February 24 at 98.1%. It is now experiencing special cause variation of an improving nature and has achieved the recovery trajectory target for more than six consecutive months. RTT improved further in February and is now experiencing special cause variation of an improving nature and consistently failing the target. We remain one of the best performing trusts in the country for longer waiters with no 52 week breaches reported at month end. The Trust is now achieving the internal target of less than 1.5% of total patients waiting having waited more than 40 weeks. Performance for First outpatient activity levels achieved above plan for February and continues to experience common cause variation and passing the target for six consecutive months. Outpatient Utilisation is experiencing common cause variation and has failed the target for more than six months. Diagnostic Imaging activity levels remain below plan for February 24, but remain above 1920 levels. Elective (inpatient and day case combined) activity was above plan for February 2024 and remains above plan year to date. This metric is now experiencing special cause variation of an improving nature and passing the target for six consecutive months.

The number of patients leaving our hospitals before noon continues to experience common cause variation and consistently failing the target. The rate of patients no longer fit to reside is now experiencing common cause variation. A&E 4hr performance is experiencing special cause variation of a concerning nature and consistently failing the target. The Trust's performance remains one of the highest both Regionally and Nationally. Ambulance handovers is now experiencing common cause variation and has failed the target for more than six months. The Trust has achieved the new combined 62 day First Definitive Treatment Standard as well as the 28 Day faster diagnosis compliance standard. The 31 day first definitive treatment is now a combined standard. The Trust did not achieve the National target for this standard in January but was above our internal recovery trajectory. CWT metrics are the Provisional reported monthly positions, but the position hasn't been fully validated yet. Finalised reports will be available after the 6 monthly refresh.

Escalations by Strategic Theme:

People:
- Turnover Rate (P.9)
- % of Afc 8c and above that are BAME (P.10)

Patient Safety & Clinical Effectiveness:
- Incidents resulting in Moderate + Harm (P.12)*
- Infection Control – Rate of C.Diff (P.13)
- Safe Staffing (P.13)*

Patient Access:
- RTT Performance (P.16)
- A&E 4hr Performance (P.17)
- Outpatient Calls answered <1 minute (P.17)
- Outpatient Clinic Utilisation (P.17)
- Ambulance Handovers <30 minutes (P.17)
- Emergency Admissions in Assessment Areas (P.18)
- Cancer 31 Day Standard (Combined) (P.18)
- Planned levels of Diagnostics activity (P.18)

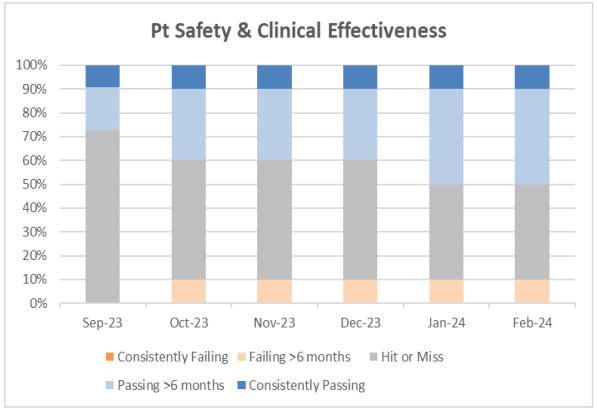
Patient Experience:
- New Complaints Received (P.20)*
- Complaints responded within target (P.21)
- FFT Response Rates: A&E, Outpatients, Maternity (P.21)

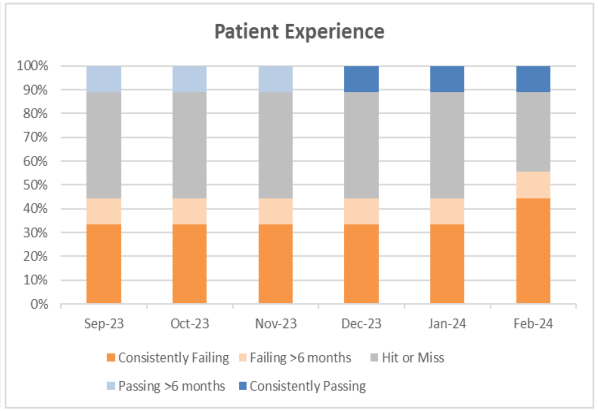
Systems:
- Discharges before Noon (P.23)

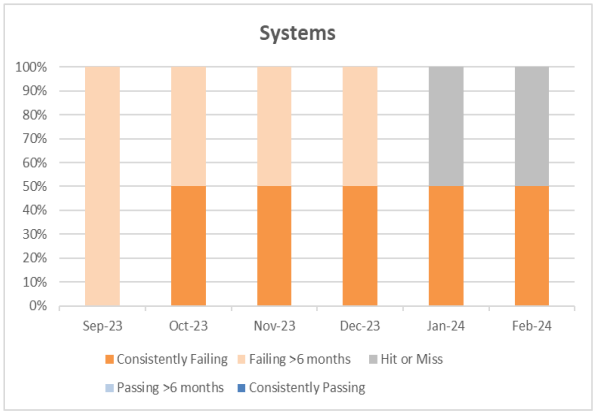
Sustainability:
- Agency Spend (P.25)

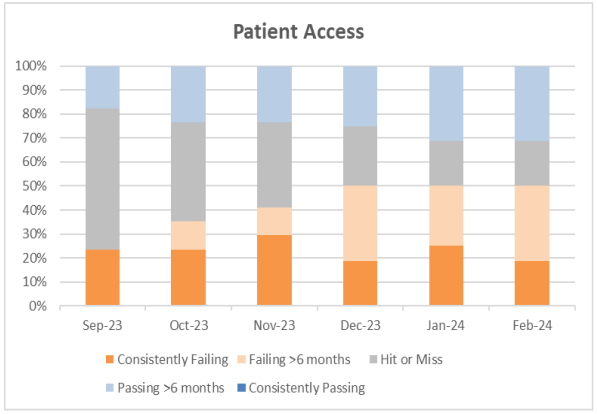
*Escalated due to the rule for being in Hit or Miss for more than six months being applied

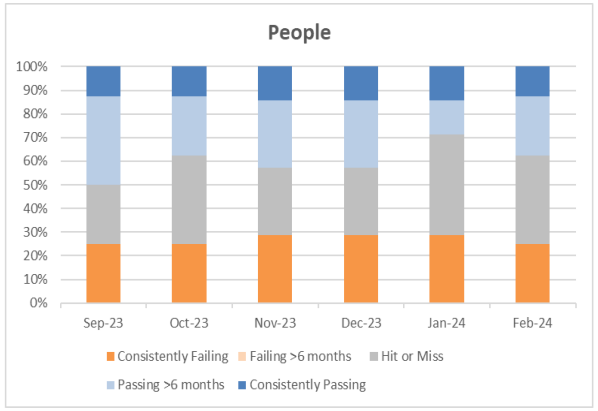
Assurance Stacked Bar Charts by Strategic Theme

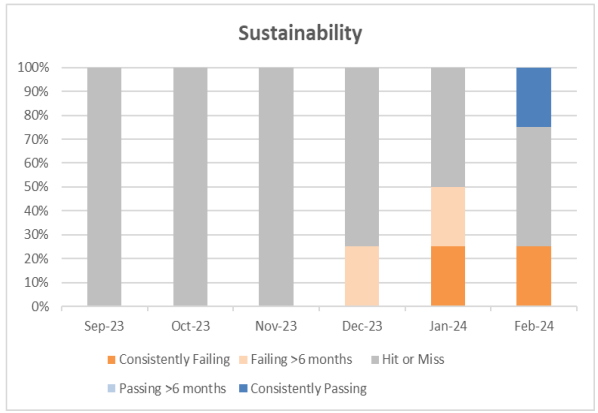












Matrix Summary

February 2024

Variance	Assurance: Pass★	Assurance: Pass	Assurance: Hit and Miss	Assurance: Fail	Assurance: Fail -
Special Cause - Improvement	Percentage of AfC 8c and above that have a Disability	Percentage of AfC 8c and above that are Female Standardised Mortality HSMR Never Events Access to Diagnostics (<6weeks standard) Cancer - 28 Day Faster Diagnosis Completeness (data runs one month behind) To achieve the planned levels of elective (DC and IP cobined) activity (shown as a % 19/20)	Reduce the Trust wide vacancy rate to 12% RTT Patients waiting longer than 40 weeks for treatment	To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20)	Reduce Turnover Rate to 12% Achieve the Trust RTT Trajectory Transformation: CAU Calls answered <1 minute Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000
Common Cause	Summary Hospital-level Mortality Indicator (SHMI) Complaints Rate per 1,000 occupied beddays Capital Expenditure (£k)	Statutory and Mandatory Training Number of New SIs in month IC - Rate of Hospital E.Coli per 100,000 occupied beddays To achieve the planned levels of new outpatients activity (shown as a % 19/20) Cancer - 62 Day (New Combined Standard) data runs one month behind	Reduction in rate of patient incidents resulting in Moderate+ Harm per 1000 bed days (data runs one month behind) Safe Staffing Levels IC - Number of Hospital acquired MRSA Rate of patient falls per 1000 occupied bed days Cancer - 28 Day Faster Diagnosis Compliance (data runs one month behind) To achieve the planned levels of outpatients follow up activity (shown as a % 19/20) To reduce the overall number of complaints or concerns each month To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience. Decrease the number of occupied bed days for patients identified as no longer fit to reside (NFTR), (shown as rate per 100 occupied beddays) Delivery of financial plan, including operational delivery of capital investment plan (net surplus(+)/net deficit (-) £000) Cash Balance (£k)	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays Cancer - 31 Day First (New Combined Standard) - data runs one month behind Flow: Ambulance Handover Delays >30mins Flow: Super Stranded Patients Flow: % of Emergency Admissions that are zero LOS (SDEC) Flow: % of Emergency Admissions into Assessment Areas Transformation: % OP Clinics Utilised (slots) % complaints responded to within target	Percentage of AfC 8c and above that are BAME To increase the number of patients leaving our hospitals by noon on the day of discharge
Special Cause - Concern			Sickness Absence Friends and Family (FFT) % Response Rate: Inpatients		A&E 4 hr Performance Friends and Family (FFT) % Response Rate: A&E Friends and Family (FFT) % Response Rate: Maternity Friends and Family (FFT) % Response Rate: Outpatients

Strategic Theme: People

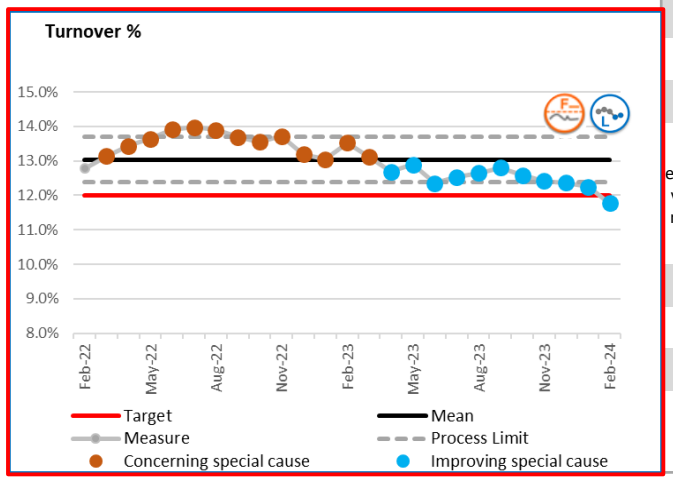
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Well Led	Reduce the Trust wide vacancy rate to 8%		8%	5.5%	Feb-24	8%	5.6%	Jan-24	Driver			Note Performance	5.3%		
Breakthrough Objectives	Well Led	Reduce Turnover Rate to 12%		12%	11.8%	Feb-24	12%	12.2%	Jan-24	Driver			Full CMS	11.8%		
Constitutional Standards and Key Metrics (not in SDR)	Well Led	Sickness Absence		4.5%	4.7%	Jan-24	4.5%	4.7%	Dec-23	Driver			Not Escalated			
	Well Led	Statutory and Mandatory Training		85.0%	89.1%	Feb-24	85.0%	89.2%	Jan-24	Driver			Not Escalated			
	Well Led	Percentage of AfC 8c and above that are Female		62.0%	72.7%	Feb-24	62.0%	72.1%	Jan-24	Driver			Not Escalated			
	Well Led	Percentage of AfC 8c and above that have a Disability		3.2%	5.8%	Feb-24	3.2%	5.7%	Jan-24	Driver			Not Escalated			
	Well Led	Percentage of AfC 8c and above that are BAME		12.0%	6.5%	Feb-24	12.0%	7.1%	Jan-24	Driver			Escalation			

Breakthrough Objective: Counter Measure Summary

Metric Name – Reduce Turnover Rate to 8%

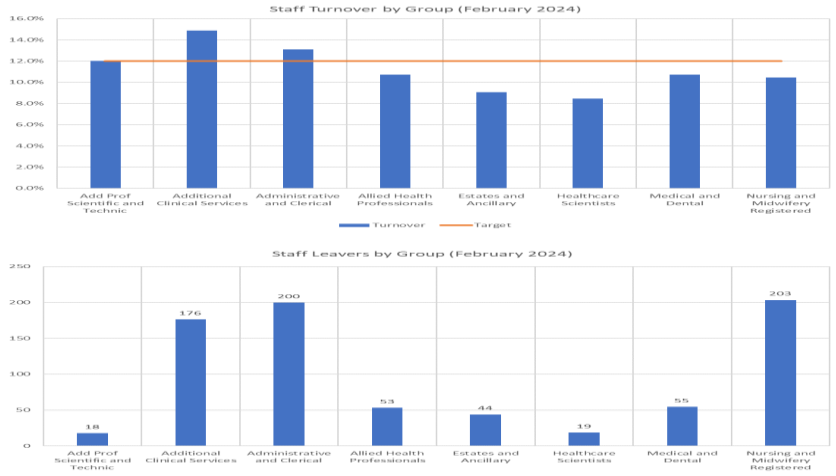
Owner: Sue Steen
Metric: Turnover Rate
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Feb--24
11.78%
Variance / Assurance
Metric is currently experiencing Special Cause variation of an improving nature and is consistently failing the target
Max Target (Internal)
12%
Business Rule
Full CMS

2. Stratified Data



3. Top Contributors & Risks

These are some of the main contributors of focus for the working groups

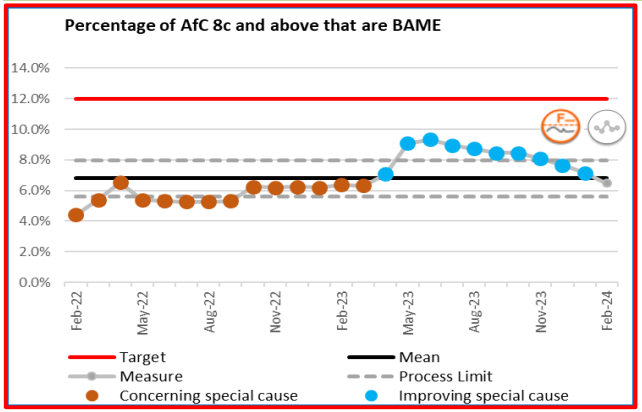
Attraction	Learning & Development
Flexible working can be too rigid / No free food / Increased cost of living at TW site / No USP staff benefits for working at MTW	No clear progression path / Upskilling does not lead to promotion
Inadequate break times / Poor wellbeing	Onboarding slow / Gaps in leadership capability
	Not enough locally trained staff / Lack of staff development
Processes	**Retention**
Retire and return policy out of date, putting people off returning	Not feeling valued, engaged, part of a team / Feedback from listening events taking too long to action
TRAC process takes too long, leading to delays / lack of transparency in recruitment	No outer London waiting, losing staff to Dartford / easier to find better pay elsewhere

4. Action Plan

A full action plan by the working groups has been developed; some of the key actions shown:

Countermeasures	Target Completion Date
Develop a Media Attraction Campaign Dashboard to showcase successes / lessons learnt	Mar-24
Review every single step of the recruitment pathway, to reduce timings	Sep-24
Combine new starter, recruitment and induction surveys to create the onboarding survey	Apr-24
Develop outline structure of MTW Connect event, including speakers and networks	Mar-24
Develop A3 to target reducing the number of leavers who have been with the Trust for 24 months or less	Apr-24
Develop A3 to target reducing the number of admin and clerical leavers	Apr-24

People – Workforce: CQC: Well-Led



Feb-24
6.5%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and consistently failing the target
Target (National)
12%
Business Rule
Full Escalation

From next month we will include more granular detail in relation to short term leavers (Staff in post for less than 12 months and between 12 to 24 months)

Summary:	Actions:	Assurance & Timescales for Improvement:
% of AfC 8c and above that are BAME: This metric is experiencing common cause variation and consistently failing the target.	**% of AfC 8c and above that are BAME:** (NB: These are not rapidly changing indicators). As at February 24 the current number of staff (WTEs) that are AfC 8c and above is 139 (Nov 23: 136). Of these 8 (Nov 23: 7) have a disability , 9 (Nov 23: 11) are BAME and 101 (Nov 23: 96) are female. **Actions:** Mandate for EDI recruitment reps to be on all interview panels of 8B and above. Second cohort of reverse mentoring launched in November with staff from ethnic minority backgrounds and those with long term health conditions as mentors Focus on recruitment of 8c and above: • Identifying potential turnover • Reviewing JD & creating recruitment campaign • Creating robust & equitable methods of shortlisting & interviewing • Scrutiny of recruitment decisions & provision of feedback to non successful candidates A more comprehensive end of year update on actions and results will be provided in the next update.	**% of AfC 8c and above that are BAME:** Develop and deliver values based recruitment training is being developed. This will initially target managers in Divisions with high turnover. Focus on anti racism took place for the senior leadership away day on 25/10/2023. EDI steering Board commenced October to drive improvement. Further discussions around the EDI strategy talking place The Trust Board are in the process of agreeing EDI objectives which will be measured in April 2024.

Strategic Theme: Patient Safety & Clinical Effectiveness

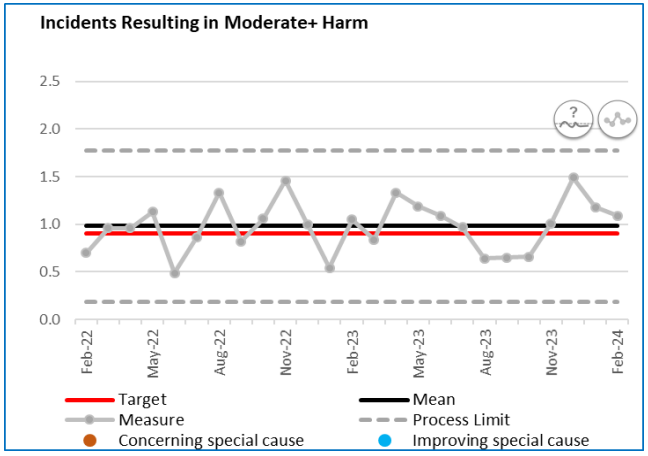
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Safe	Reduction in rate of patient incidents resulting in Moderate+ Harm per 1000 bed days (data runs one month behind)		0.90	1.09	Jan-24	0.90	1.18	Dec-23	Driver			Verbal CMS	0.99 May 24		
Breakthrough Objectives	Safe	Number of Deteriorating Patients with Moderate+ Harm (data runs one month behind)		TBC	TBC	TBC	TBC	TBC	TBC	Driver	No SPC	No SPC	Verbal CMS	TBC	No SPC	No SPC
Constitutional Standards and Key Metrics (not in SDR)	Safe	Number of New SIs in month		11	4	Feb-24	11	5	Jan-24	Driver			Not Escalated			
	Safe	Standardised Mortality HSMR		100.0	89.1	Nov-23	100.0	90.9	Oct-23	Driver			Not Escalated			
	Safe	Summary Hospital-level Mortality Indicator (SHMI)		100.0	94.3	Nov-23	100.0	91.8	Oct-23	Driver			Not Escalated			
	Safe	Never Events		0	0	Feb-24	0	0	Jan-24	Driver			Not Escalated			
	Safe	Safe Staffing Levels		93.5%	97.0%	Feb-24	93.5%	96.6%	Jan-24	Driver			Not Escalated			
	Safe	IC - Rate of Hospital E.Coli per 100,000 occupied beddays		32.6	15.9	Feb-24	32.6	19.9	Jan-24	Driver			Not Escalated			
	Safe	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays		25.5	37.1	Feb-24	25.5	44.7	Jan-24	Driver			Escalation			
	Safe	IC - Number of Hospital acquired MRSA		0	0	Feb-24	0	0	Jan-24	Driver			Not Escalated			
	Safe	Rate of patient falls per 1000 occupied bed days		6.4	5.4	Feb-24	6.4	5.9	Jan-24	Driver			Verbal CMS			

Vision: Counter Measure Summary

Project/Metric Name – Reduction in harm : Incidents resulting in moderate to severe harm and death

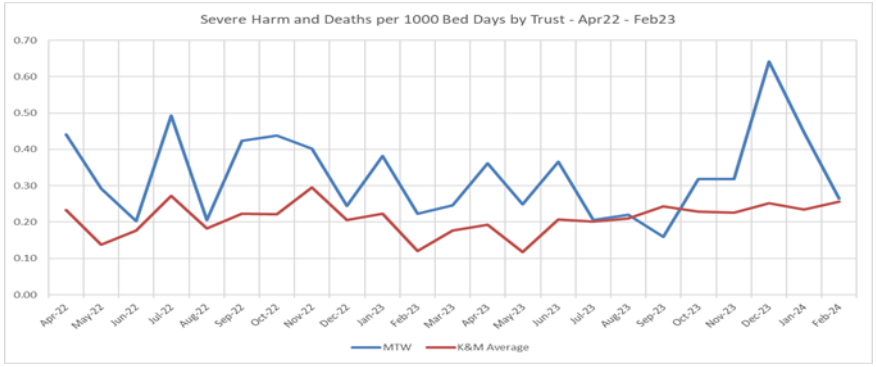
Owner: Sara Mumford
Metric: Incidents resulting in moderate+ harm per 1000 bed days
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



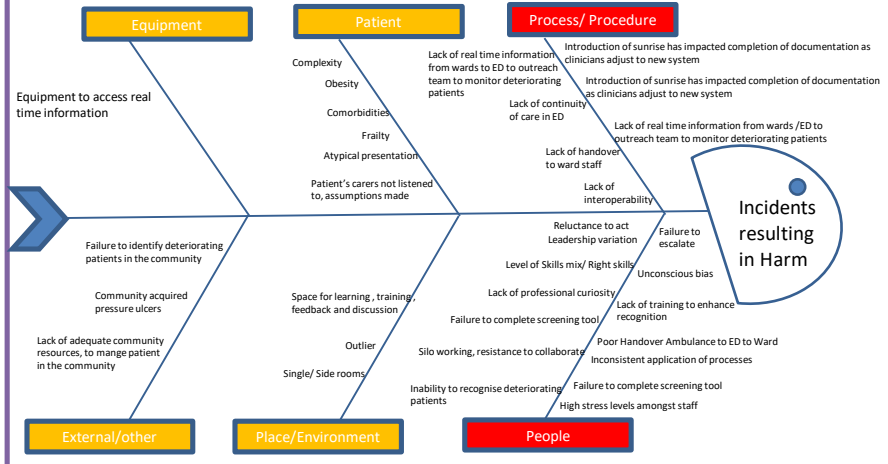
Jan-24 (1 month arr)
1.09
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
0.9
Target Achievement
Metric is in variable achievement of target for +6 Months

2. Stratified Data



When compared to peers in Kent and Medway for severe and catastrophic harm MTW is an outlier, recording more harm in this category. Indicating the severity of harm caused to patients at MTW is greater than the rest of Kent and Medway. Improved in February 24.

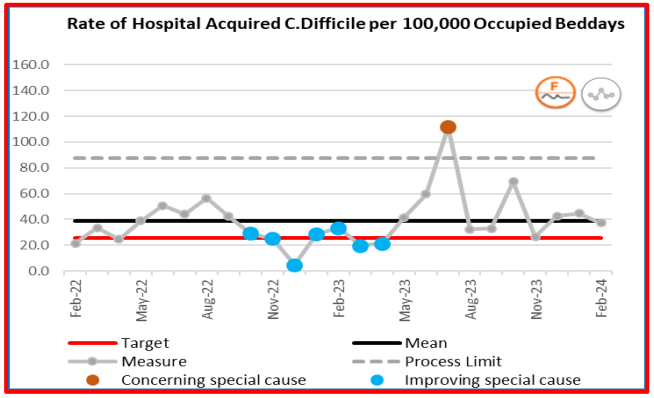
3. Top Contributors



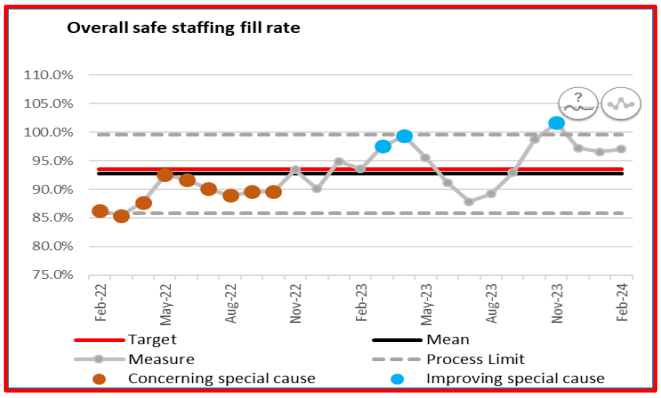
4. Action Plan

Contributor	solution /countermeasure	Owner	Due By
Patient Safety and Clinical Effectiveness	**Next Steps:** • Development of Outline Business Case for Deteriorating Patient Clinical Nurse Lead • Patient Safety to upload draft set of categories for InPhase. Go live April 2024. • Collation of enhanced data/information around peri arrests and development of improved 222 form templates for arrests/peri arrests • Development of critical care outreach data set to support the identification of deteriorating patients. • Sepsis tool compliance data has been collated. Development of new criterial for sepsis tool compliance based on 2024 NICE guidance proposed to be trialled on Ward 12. • Review of ED Sepsis report template with stakeholders to determine possible additional information **Issue** • Slippage in timeline for the implementation of the vital sign project which will enable the outreach team to be automatically alerted of deteriorating patients. Unclear timeline for implementation **Risks** • Lack of robust education package to address the challenges associated with deteriorating patients.	SRO Patient Safety Project Team	June 24 Apr 24

Patient Safety and Clinical Effectiveness: CQC: Safe



Feb-23
44.7
Variance / Assurance
Metric is currently experiencing common cause variation and has failed the target for 6+ months
Max Target
25.5
Business Rule
Escalated as failed target for 6+ months



Feb-24
97.0%
Variance / Assurance
Metric is currently experiencing special cause variation of an improving nature and variable achievement of the target
Target (National)
93.5%
Business Rule
Escalated as in Hit & Miss for 6+ months

Summary:

Rate of C.difficile: is experiencing special cause variation of a deteriorating nature and has failed the target for 6+ months.

Safe Staffing Fill Rate - is experiencing special cause variation of an improving nature and variable achievement of the target.

Actions:

The Cdiff rates exceeded the expected limits during February with 7 cases.. Actions that continue to be undertaken include:

- Ongoing surveillance and monitoring of cases – All sample ribotyped to support surveillance monitoring, sub-typing requested where there is suspicion of transmission of infection
- Weekly review of patients with CDI by the IPC team and with the Consultant Microbiologist during the C diff round
- Timely feedback of lessons learnt from rapid review investigations
- Enhanced cleaning undertaken on discharge and transfer of patients with CDI
- Deep Cleaning planned as soon as escalation capacity becomes available

Safe staffing Fill Rate:

- The senior corporate nursing team have a focus on the continued reduction of temporary staffing usage and are meeting with Divisional Nursing Teams to support this.
- The senior corporate nursing team are supporting the Temporary staffing team with oversight of Nursing and Midwifery Temporary staffing. A reduction in live complaints has been seen with management meetings implemented where needed.
- The reporting of Safe Staffing Red Flag incidents went live on the 13th February 2024. This will bring the Trust in line with National guidance for the management of Safe staffing and will provide an escalation process for the dynamic management of staffing issues within the clinical areas.

Assurance & Timescales for Improvement:

Infection Control:

- No further evidence of transmission on C diff infection identified
- Rapid reviews of all cases provide timely feedback of learning from incidence.
- Learning from investigations are shared within the Directorate via the HCAI weekly status and IPC monthly newsletter. Directorate IPC reports are presented to IPCC

Safe Staffing Fill Rate:

- Oceans Blue system ward guardians reporting is currently being piloted for 11 inpatient areas. These are being reviewed in Rostering Confirm and Support meetings, giving oversight to compliance with Rostering KPI's.
- SafeCare training will be rolled out to the Clinical site teams, so the live system can be utilised on a daily basis.
- The February SNCT audit was delayed until March so the updated Care Levels from the CNO Safer Staffing team could be embedded. This new model will be used for the SNCT audit planned for March.
- New Band six access profiles have been trialled within inpatient areas. These are due to go live in March and will provide governance and oversight of the finalisation of shifts within the clinical areas..

Strategic Theme: Patient Access

		Latest			Previous			Actions & Assurance				Forecast		
Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Achieve the Trust RTT Trajectory		75.4%	72.4%	Feb-24	74.8%	71.0%	Jan-24	Driver			Full CMS	75.0% Year End FOT		
To achieve the planned levels of new outpatients activity (shown as a % 19/20)		115.1%	121.9%	Feb-24	113.3%	127.7%	Jan-24	Driver			Note Performance	120.1% Year End FOT		
RTT Patients waiting longer than 40 weeks for treatment		610	475	Feb-24	615	544	Jan-24	Driver			Not Escalated	472		
Access to Diagnostics (<6weeks standard)		96.5%	98.1%	Feb-24	94.1%	97.0%	Jan-24	Driver			Not Escalated	99.2%		
A&E 4 hr Performance		86.0%	83.6%	Feb-24	84.0%	82.8%	Jan-24	Driver			Escalation	84.1%		
Cancer - 31 Day First (New Combined Standard) - data runs one month behind		96.0%	90.4%	Jan-24	96.0%	91.5%	Dec-23	Driver			Escalation	96.0%		
Cancer - 62 Day (New Combined Standard) data runs one month behind		85.0%	85.4%	Jan-24	85.0%	85.3%	Dec-23	Driver			Not Escalated	86.3%		
Cancer - 28 Day Faster Diagnosis Compliance (data runs one month behind)		75.0%	77.0%	Jan-24	75.0%	78.1%	Dec-23	Driver			Not Escalated	76.1%		
Cancer - 28 Day Faster Diagnosis Completeness (data runs one month behind)		80.0%	91.3%	Jan-24	80.0%	85.9%	Dec-23	Driver			Not Escalated	91.0%		

- CWT metrics are the Provisional reported monthly positions, but the position hasn't been fully validated yet. Finalised reports will be available after the 6 monthly refresh and the position is expected to improve.

Strategic Theme: Patient Access (continued)

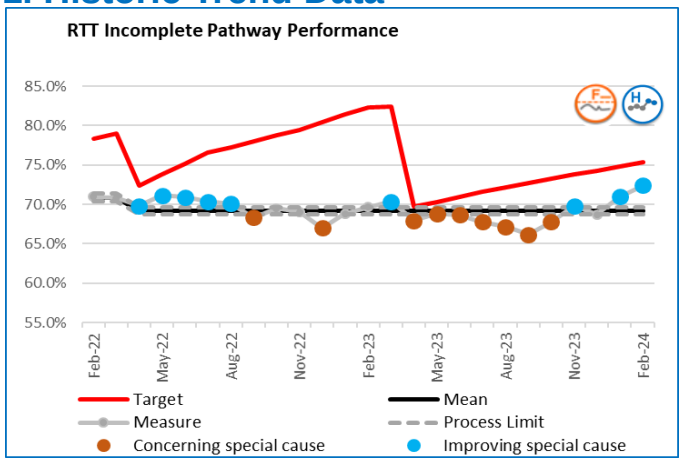
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Constitutional Standards and Key Metrics (not in SDR)	Effective	Transformation: % OP Clinics Utilised (slots)		85.0%	81.8%	Feb-24	85.0%	82.0%	Jan-24	Driver			Escalation	86.0%		
	Effective	Transformation: % of Patients Discharged to a PIFU Pathways		1.5%	6.1%	Feb-24	1.5%	5.9%	Jan-24	Driver	No SPC	No SPC	Not Escalated			
	Effective	Transformation: CAU Calls answered <1 minute		90.0%	83.0%	Feb-24	90.0%	79.0%	Jan-24	Driver			Escalation	80.0%		
	Effective	Flow: Ambulance Handover Delays >30mins	TBC	5.0%	7.7%	Feb-24	5.0%	8.6%	Jan-24	Driver			Escalation	5.0%		
	Effective	Flow: % of Emergency Admissions into Assessment Areas		65.0%	59.3%	Feb-24	65.0%	60.9%	Jan-24	Driver			Escalation	61.1%		
	Responsive	To achieve the planned levels of elective (DC and IP cobined) activity (shown as a % 19/20)		97.0%	99.8%	Feb-24	105.4%	126.3%	Jan-24	Driver			Not Escalated	106.5% Year End FOT		
	Responsive	To achieve the planned levels of outpatients follow up activity (shown as a % 19/20)		103.5%	102.8%	Feb-24	98.7%	107.1%	Jan-24	Driver			Not Escalated	109.2% Year End FOT		
	Responsive	To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20)		151.6%	149.3%	Feb-24	144.1%	141.1%	Jan-24	Driver			Escalation	142.2% Year End FOT		

Vision: Counter Measure Summary

Project/Metric Name – Achieve the Trust RTT

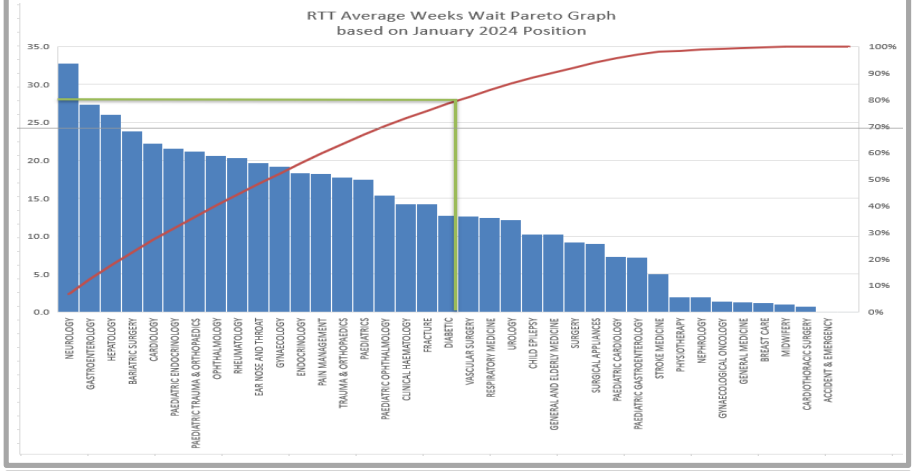
Owner: Sean Briggs
Metric: Referral to Treatment time Standard
Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data



Feb-24
72.43%
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
75.4%
Target Achievement
Metric is consistently failing the target

2. Stratified Data



3. Top Contributors

Despite being above plan for our new outpatients. Although some of the key specialties with long waits are still under plan. The trust wide themes/top contributors are as follows:

- Long waits for 1st Outpatient appointment – average wait @19 weeks
- Achievement of activity targets for new outpatients and electives
- Follow ups without procedure above plan

BAU actions continue and focussed clinical engagement with Further Faster GIRFT Programme.
Review of New Breakthrough Objective by COO/DCOO/DDPA to be agreed

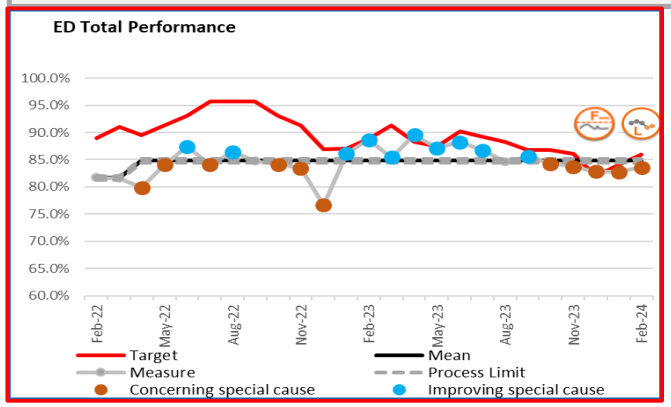
Key Risks:

- There is a risk that medical industrial action will affect achievement of the planned trajectory for activity affecting RTT.
- Waiting list growth could be affected due to increase in referrals and systems pressure.
- Trajectory assumes that Additional activity continues until end financial year, this could be impacted by financial position

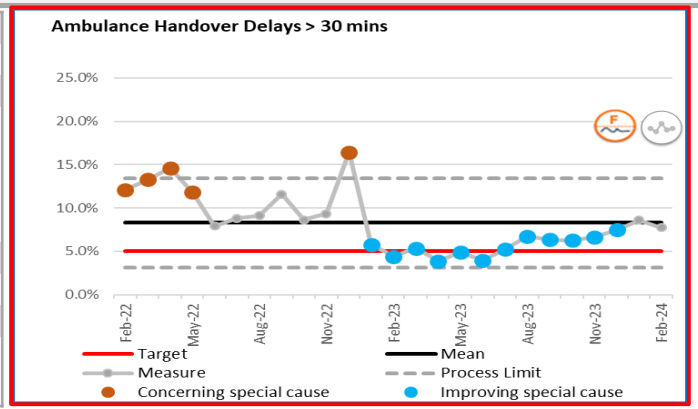
4. Action Plan

Countermeasures	Action	Who / By when	Complete
Improved New Outpatient Activity	Focussed work on GIRFT Further Faster initiatives,. Clinical validation standardisation pilots Reduction in FUPS and replacing with News in T&O following clinical validation	SC	Mar24
	Pre-appointment expanding use of A&G/Smart Pathways via EROS	SC	Full roll out May 24
	Trust STT pathways pilot in Gen Surg/Gastro to reduce long waits for 1st Appointments	SC/GM's	March 24
DNA Reduction	Two Way Text roll out for adults/paeds. Reduction of DNA 1% = 432 less missed appts	SC	Sept 23✓
	Failed text reminder report developed to improve DQ	SC	March 24✔
Monitoring of over 40 weeks	Tuesday PTL and Trust Access Performance meeting. Additional PTLs for Gastro, Neuro & Gen Surg	Data Assurance Lead	Weekly and in progress✔
Recovery Plan	Full RTT recovery plan by end March- Reduction of 40wks, RTT trajectory, Training plan	SC	March 24
Review of Breakthrough Objective	Complete new A3 , review of data to understand biggest contributors to waits for first appointments	SD/SC/JT	April 24

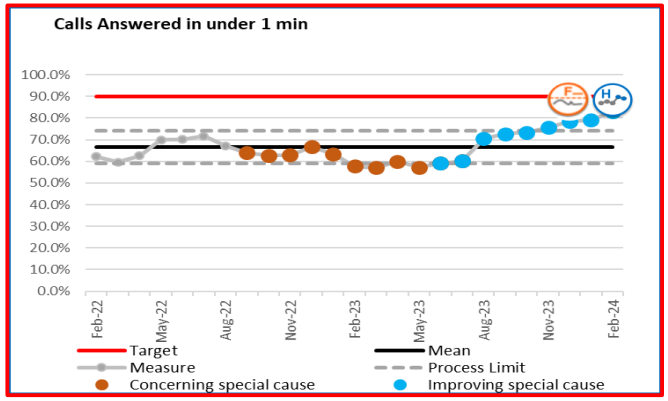
Patient Access: CQC: Responsive



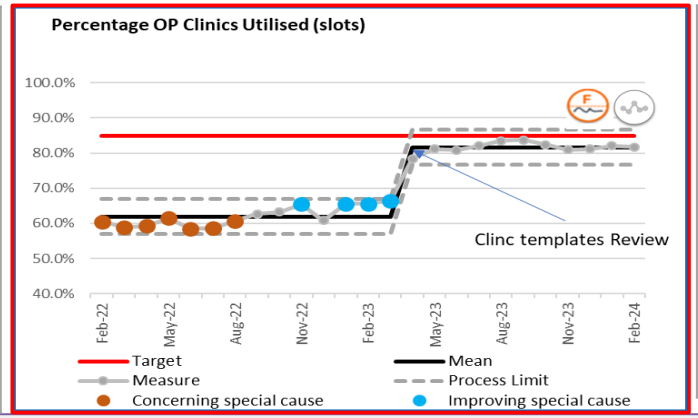
Feb-24
83.58%
Variance / Assurance
Metric is currently experiencing special cause variation of a worsening nature and consistently failing the target
Target (Internal)
86%
Business Rule
Full Escalation as consistently failing the target



Feb-24
7.7%
Variance / ,Assurance
Metric is currently experiencing common cause variation and failing the target for 6+ months
Maximum Limit
5%
Business Rule
Full escalation as has failed the target for 6+months



Feb-24
83%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature and consistently failing the target
Target (Internal)
90%
Business Rule
Full Escalation as consistently failing the target



Feb-24
81.8%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and failing the target for >6 months
Target (Internal)
85%
Business Rule
Full escalation as has failed the target for 6+months

Summary:

A&E Performance <4hrs: Metric is experiencing Special cause variation of a worsening nature and consistently failing the target.

Ambulance Handover <30mins: is experiencing common cause variation and has now failed the target for 6+months.

Outpatient Utilisation: is experiencing common cause variation and has failed the target for more than six months. All Divisions are now achieving above 80% utilisation.

Calls Answered <1 min: is experiencing special cause variation of an improving nature and remains consistently failing the target. The areas with the lowest rate is 2WW, Women & Children, Surgical Specialties, and T&O.

Actions:

A&E Performance <4hrs & Ambulance Handover <30mins: There has been a renewed focus on ambulance handovers as we need to achieve a minimum of 90% performance for quarters 3 & 4 as per the National Winter Incentive. A trust wide approach to this is underway and we are currently on track to deliver. Increase in hours of dedicated RAP admin support in addition to dedicated consultant cover to improve compliance.

Outpatient Clinic Slot Utilisation: The OPD team continue to work with the CAUs on their clinic templates to sustain over 80% of clinics utilised across each division. OPD Team closely monitoring blocked slots and uncashed clinics. Continued work on CNS led clinics, specifically Medicine.

Performance against the under 1 minute KPI:. Daily report by hour and by speciality are circulated to the General Managers and team leaders to highlight peaks and troughs of performance. The team are working with CAUs to review phone rotas and ensure all hours are covered.

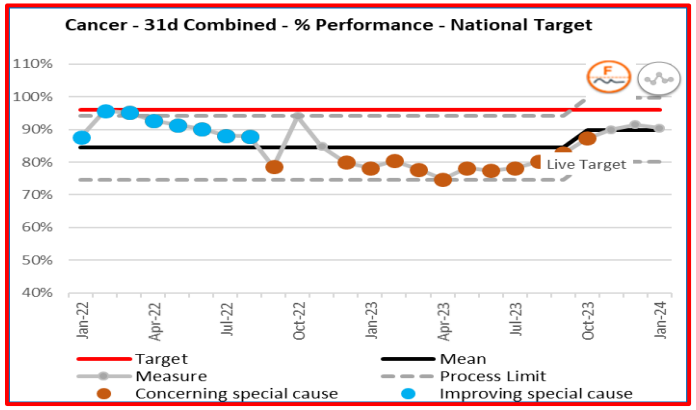
Assurance & Timescales for Improvement:

A&E Performance <4hrs and Ambulance Handover <30mins: We are on an upward trajectory and look to be achieving the target again in a month. Increase in admin staffing level to increase RAP support, increase in hours staffed from March. Training offered and delivered to SDECs to ensure compliance and understanding, any issues raised to be reviewed end of February.

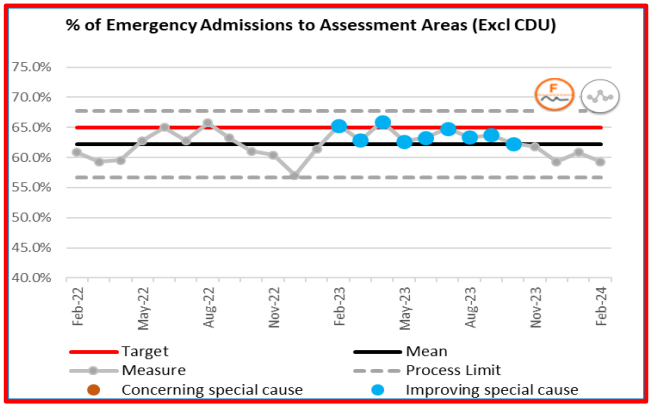
Outpatient Slot Utilisation The aim is to ensure that no planned elective / consultant led clinic is under 85% utilised. Delay in cashing up impacting performance but closely monitored and flagged to specialities. DNA working group and speciality based GIRFT work to support improvement. 24/25 year plan in development.

Calls Answered within 1 minute in the CAUs: Remain on upward trajectory, February new record performance achieved (83%). Focus on underperforming specialities to reach 90%.

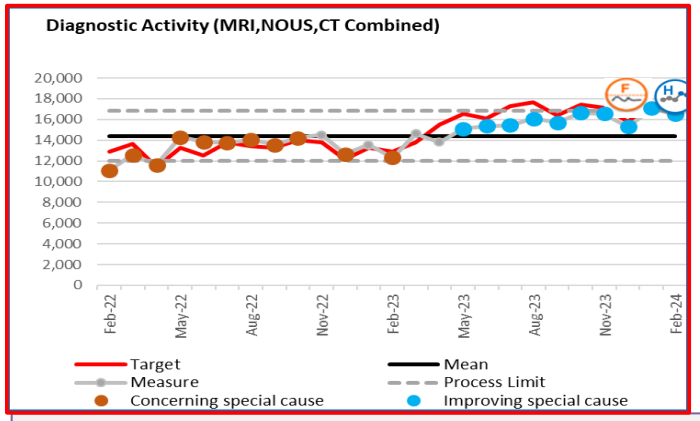
Patient Access: CQC: Responsive



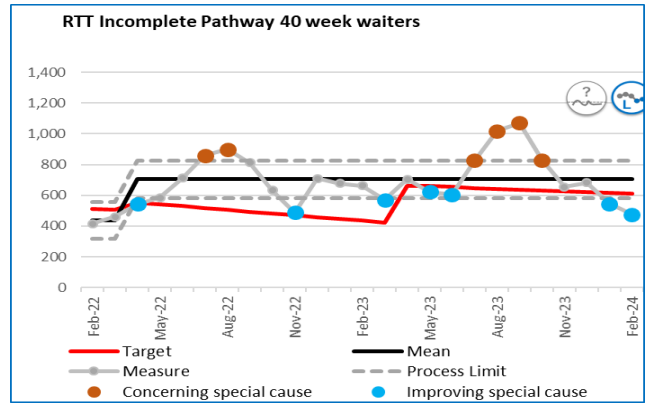
Jan-24 (one month behind)
90.4%
Variance / ,Assurance
Metric is currently experiencing common cause variation and failing the target for 6+ months
Target (National)
96%
Business Rule
Full escalation as has failed the target for 6+months



Feb-24
59.3%
Variance / Assurance
Metric is currently experiencing common cause variation and failing the target for 6+ months
Target (Internal)
65%
Business Rule
Full Escalation as has failed the target for 6+months



Feb-24
16535
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature and consistently failing the target
Target (Internal)
16792
Business Rule
Full escalation as has failed the target for 6+months



Feb-24
475
Variance / Assurance
Metric is currently experiencing special cause variation of an improving nature and variable achievement of the target
Max Target (Internal)
610
Business Rule
For info as now achieving target

Summary:

Cancer 31 day First Definitive (Combined): This National Standard has now changed and is a combination of the previous targets. This indicator is experiencing special cause variation of an improving nature and has failed the target for 6+months (however new target only in place from October 2023).

% of Emergency Admissions to Assessment Areas (Excl CDU): is experiencing common cause variation but has failed the target for 6+ months.

Diagnostic Activity (MRI, NOUS, CT Combined): is experiencing special cause variation of an improving nature and is consistently failing the target.

RTT Incomplete Pathways 40 week waiters: is now experiencing special cause variation of an improving nature and variable achievement of the target (shown for info as now achieving target)

Actions:

Cancer 31 Day First Definitive (Combined): Detailed recovery plan in place to reduce waiting times for subsequent radiotherapy, as this is the area resulting in the most 31 day breaches. Additional staff now in place to allow consistent increase in capacity. Ongoing clinically led review of urology and breast pathways to create efficiencies.

% of Emergency Admissions to Assessment Areas (Excl CDU): Medical SDEC performance continues to be at above national standard of 33% of medical take with AFU and AEC taking over 48% of medical NE attenders. A trust wide working group for flow will have a focus on improvements in surgical SDEC including SAU pulling over night and OAU taking more patients from ED.

Diagnostic Activity (MRI, NOUS, CT Combined):

Ongoing review of activity levels against plan to maximise efficiency - improving position noted
MRI position under review specifically as inefficiencies highlighted in service

Assurance & Timescales for Improvement:

Cancer 31 Day First Definitive (Combined):
Focus on implementation of detailed recovery plan. Trajectory met consistently since set and on track to achieve the national target by March. Recent change in prostate protocol has seen an improvement in this area.

% of Emergency Admissions to Assessment Areas (Excl CDU): Outcomes from working group reviewed and action plan developed.

Diagnostic Activity (MRI, NOUS, CT Combined):
Continued improvement sustained across all modalities except MRI.

RTT Incomplete Pathways 40 week waiters: Trust continues to focus on reducing 40 week waiters and is now achieving the internal target of less than 1.5% of total waiting list waiting more than 40 weeks.

Strategic Theme: Patient Experience

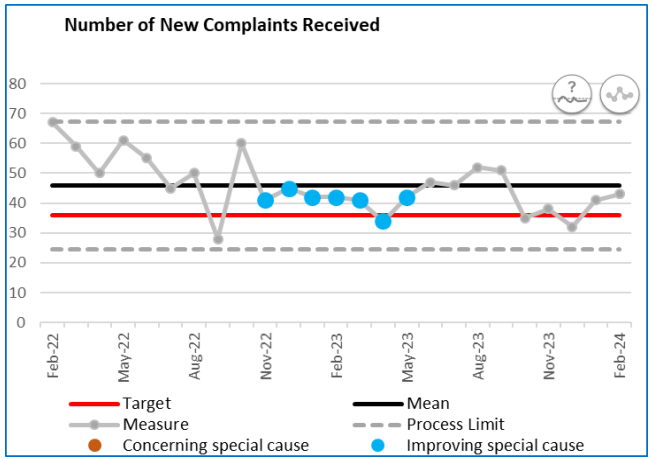
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Caring	To reduce the overall number of complaints or concerns each month		36	43	Feb-24	36	41	Jan-24	Driver			Verbal CMS	39		
Breakthrough Objectives	Caring	To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience.		24	25	Feb-24	24	17	Jan-24	Driver			Verbal CMS	25		
Constitutional Standards and Key Metrics (not in SDR)	Caring	Complaints Rate per 1,000 occupied beddays		3.9	2.3	Feb-24	3.9	2	Jan-24	Driver			Not Escalated			
	Caring	% complaints responded to within target		75.0%	54.8%	Feb-24	75.0%	62.5%	Jan-24	Driver			Escalation			
	Caring	% VTE Risk Assessment (one month behind)		95.0%	No data	Jan-24	95.0%	No data	Dec-23	Driver			Not Escalated			
	Caring	Friends and Family (FFT) % Response Rate: Inpatients		25.0%	2.7%	Feb-24	25.0%	24.5%	Jan-24	Driver			Not Escalated			
	Caring	Friends and Family (FFT) % Response Rate: A&E		15.0%	0.0%	Feb-24	15.0%	5.5%	Jan-24	Driver			Escalation			
	Caring	Friends and Family (FFT) % Response Rate: Maternity		25.0%	0.6%	Feb-24	25.0%	14.1%	Jan-24	Driver			Escalation			
	Caring	Friends and Family (FFT) % Response Rate: Outpatients		20.0%	0.3%	Feb-24	20.0%	6.2%	Jan-24	Driver			Escalation			

Vision: Counter Measure Summary

Metric Name – To reduce the overall number of complaints or concerns each month

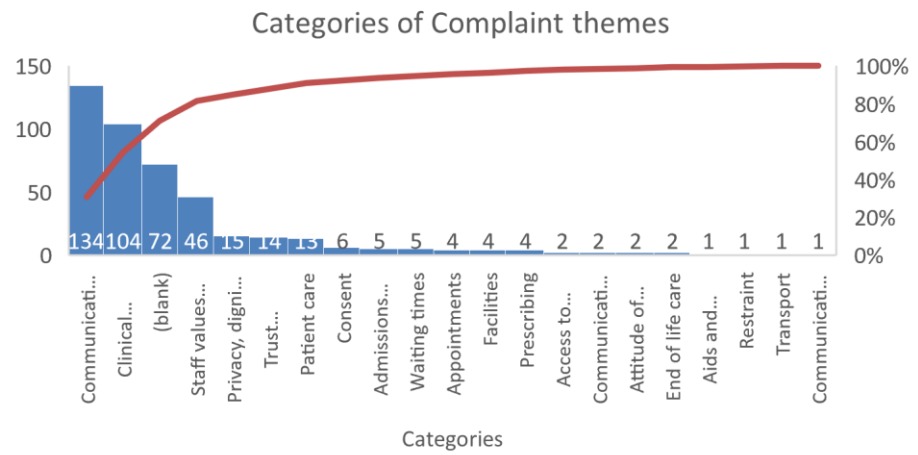
Owner: Joanna Haworth
Metric: Number of Complaints Received Monthly
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Feb-24
43
Variance Type
Metric is currently experiencing Common Cause Variation
Max Limit (Internal)
36
Target Achievement
Metric is in variable achievement of the target for 6+ months

2. Stratified Data



3. Top Contributors and Key Risks

Using A3 Thinking, we have understood the themes of complaints received and poor communication was one of the main issues affecting patient experience.

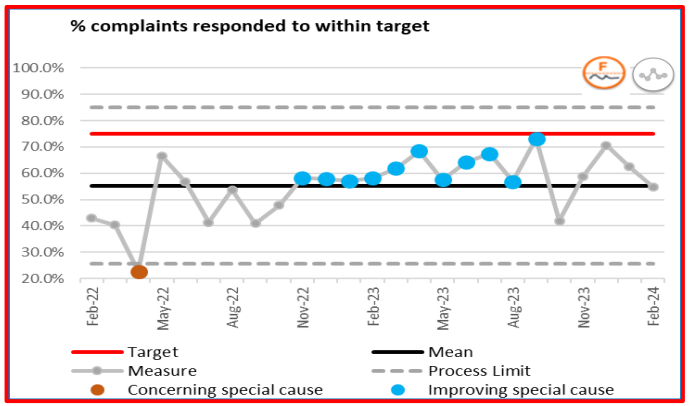
Key Risks:

1. The key risk to delivery of the breakthrough objective actions is primarily staff capacity.
2. Standardisation of measures about Divisional actions for complaints
3. Competing workloads for Divisional teams to execute actions related to feedback received.

4. Action Plan

CM	Action	Who	Complete
Define	• Strategic A3 define and identify	JH, HC, SP, RS	Y
Measure	• Measure the data and identify stratified data by division and by them		Y
Analyse	• Analyse the root causes • Create breakthrough objectives	JH, RG, SP, SM	Y
Improve	• Breakthrough objectives identified as complaints with poor communication as the main theme - A3 developed for the breakthrough objective and action plan (attached in a separate CMS slide).	SM, RG, Divisional teams, Complaints Lead, BI, Workstream leads	In Progress
Control	• To put a control plan in place along with triggers and response plan	RG, SM,	N

Patient Experience: CQC: Caring



Feb-24

54.8%

Variance / Assurance

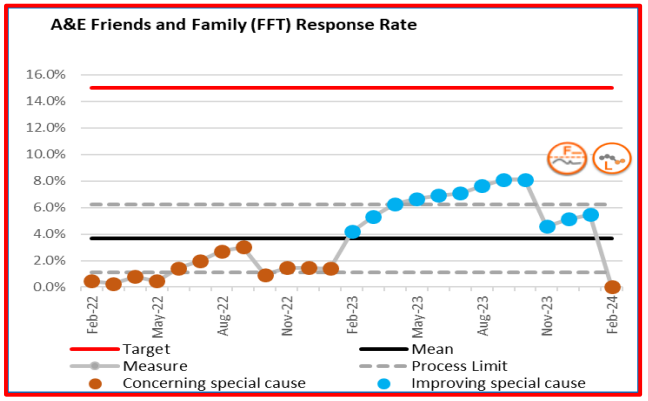
Metric is in common cause variation and failing the target for 6+ months

Target (Internal)

75%

Business Rule

Full Escalation as failed the target 6+ months



Feb-24

0.01%

Variance / Assurance

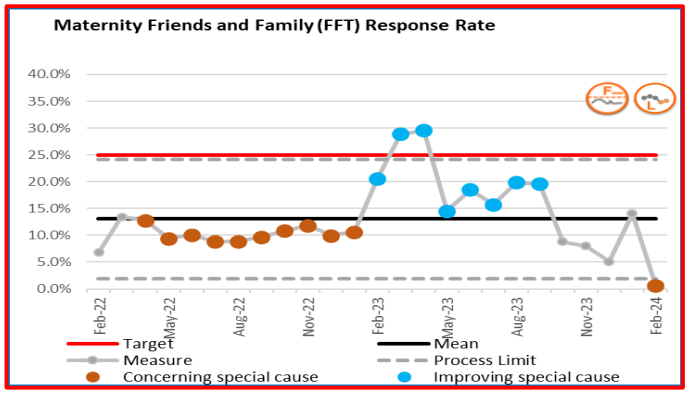
Metric is currently experiencing special cause variation of an improving nature and is consistently failing the target

Target (Internal)

15%

Business Rule

Full Escalation as consistently failing the target



Feb-24

0.6%

Variance / Assurance

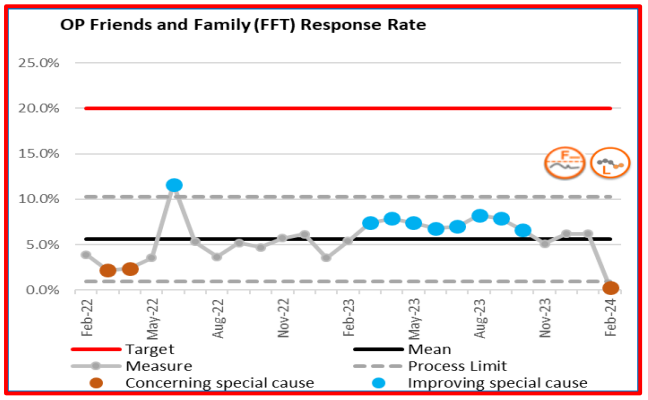
Metric is currently experiencing common cause variation and is consistently failing the target

Target (Internal)

25%

Business Rule

Full Escalation as consistently failing the target



Feb-24

0.3%

Variance / Assurance

Metric is currently experiencing common cause variation and is consistently failing the target

Target (Internal)

20%

Business Rule

Full escalation as is consistently failing the target

Summary:

% Complaints responded to within target: this indicator is experiencing common cause variation and has failed the target for >6months, noting the target has not been met since November 2021

Friends and Family Response Rate - A&E: Is experiencing Special Cause Variation of an improving nature, but is consistently failing the target. National Rate – 11.5%

Recommended Rate is 100%

Friends and Family Response Rate - Maternity: Is experiencing Common Cause Variation, but is consistently failing the target. National Rate – 12.2%

Recommended Rate is 100%

Friends and Family Response Rate - Outpatients: Is experiencing special cause variation of a concerning nature and is consistently failing the target. National Rate – 2.4%

Recommended Rate is 97.5%

Word clouds being reviewed for key sentiments and shared with divisions.

Actions:

Complaints Response Rate: Complaints performance recovery and stabilisation actions include:

Oversight meetings between complaints manager and DQG

Weekly meetings between complaints leads and the directorates

Business Case for revised complaints model/team provisionally approved

Recruitment ongoing to bolster the capacity of the Complaints team

A&E: No FFT data available as trust is in the transition process moving from IQVIA to HCC.

Maternity: No FFT data available as trust is in the transition process moving from IQVIA to HCC

Outpatients: No FFT data available as trust is in the transition process moving from IQVIA to HCC

FFT Response All: January was the last collection for our FFT cards for IQVIA. IQVIA contract ended 4th of Feb. FFT surveys went live with the interim measure of using Survey monkey on 1st March 2024.

Assurance & Timescales for Improvement:

Friends and Family (FFT) response Rates: Mobilisation of HCC is in progress. Online survey build has been completed. Divisions testing and signoff meeting has been planned w/c 25th March. QR codes for online surveys have been developed. SMS text messages have been configured and tested as well for all departments. Interactive voice messages (IVM) pending completion. Courier arrangement for FFT cards have been agreed. Expected date for online surveys and FFT cards to be in place by 1st April 2024.

Risk: The embedding of HCC has the potential to affect the number or responses. This will also affect the National FFT Submissions for March 24. The BI have been informed to ensure NHSE will be aware of the change.

Mitigation:

Interim measure for FFT survey are in place via Survey Monkey to capture FFT data while we are transitioning to the new provider.

Strategic Theme: Systems

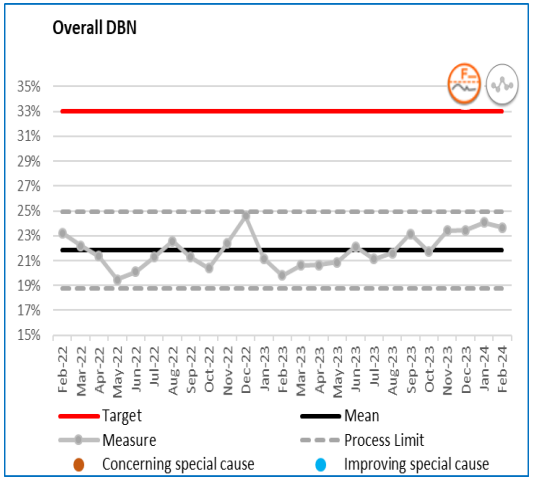
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Effective	Decrease the number of occupied bed days for patients identified as no longer fit to reside (NFTR), (shown as rate per 100 occupied beddays)		3.5	3.3	Feb-24	3.5	2.5	Jan-24	Driver			Verbal CMS	3.5		
Breakthrough Objectives	Effective	To increase the number of patients leaving our hospitals by noon on the day of discharge		33.0%	23.7%	Feb-24	33.0%	24.1%	Jan-24	Driver			Full CMS	22%		

Breakthrough: Counter Measure Summary

Project/Metric Name – To increase the number of patients leaving our hospitals by noon on the day of discharge to 33%

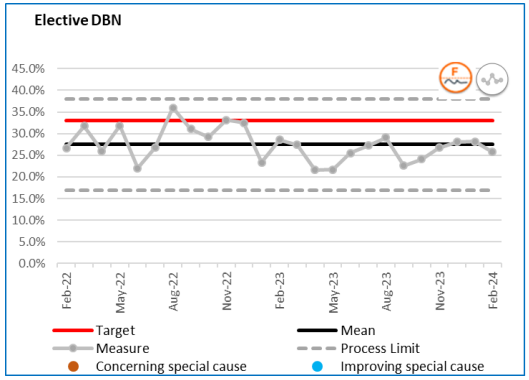
Owner: Rachel Jones
Metric: Discharges before Noon
Desired Trend: 7 consecutive data points above the mean

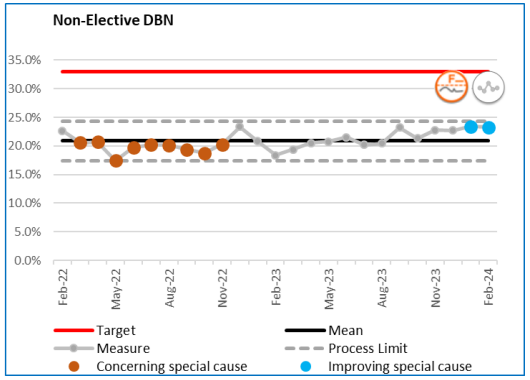
1. Historic Trend Data



Current Data Source: PAS
Feb-24
23.6%
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
33%
Target Achievement
Metric is consistently failing the target

2. Stratified Data





3. Top Contributors and Key Risks

Area of Analysis	Considered a Top Contributor?
EDN	EDNs are a top contributor in delays in discharge time.
Criteria Led Discharge	Data shows Criteria led discharge was only utilised 1.3% of all discharges – hence focus around identifying patients with CLD and recording them on Sunrise, have been identified. Currently a key issue is inability to pull accurate data to identify no. of Criteria led discharges

Key Risks:

1. Clinical buy-in to manage CLD processes differently
2. Changes in Sunrise required but team currently oversubscribed
3. Clinical capacity to prioritise EDNs
4. Clinical capacity to focus on discharge processes in times of severe operational pressures

4. Action Plan

Counter Measure	Action	Who	When	Complete
Governance	• The improvement trajectory for DBN is proving difficult to gain traction. In recognition we are strengthening the governance and focussing our improvement capacity through the SBS board. Development of SOP's/ standard work working with Continuous Improvement. First Flow Improvement board meeting and TOR in diaries chaired by COO (04/04/24)	RJ/SF	Monthly	In progress
	• New Pharmacy project group led by Directorate agreed with Chief Pharmacist/ Business Manager, to be agreed with DDO. Awaiting final decision on workstream projects/ appropriate metrics	KT	30/03/24	In progress
	• MEC to have DBN as a driver metric	RJ/LN	30/03/24	In progress
	• Develop DBN BI Dashboard	RC/RS	30/03/24	Complete
Criteria Led Discharge	• Paper to ETM on CLD approach on recommendations	RJ		Complete
	• Establish clinically led T&F group to develop CLD model	NP	30/03/24	In progress
	• Supporting CLD engagement at Board Rounds in key areas incl. Mercer, ECU, Peale, Pye, W33, backed up by E learning/ competency roll out	NP	Rolling	In progress
	• Changes in Sunrise to improve reporting capability	Sunrise team	Dec 23	early 2024
EDN	Align pilot wards to PFIS trained areas and size of opportunity. Align/ agree support from transformation & SBS teams, woven into relevant divisions	FR/LB	30/03/24	Complete
	• Change EDN structure in Sunrise to align with clerking model- Change has been made, now in testing phase	RJ/BC	04/04/24	In progress
	• Change EPMA & Sunrise TTO module to reduce time taken to complete medicines element of EDN - Drag and drop of TTOs in Sunrise enabled, now in testing	Sunrise Sunrise		In progress In progress

Strategic Theme: Sustainability

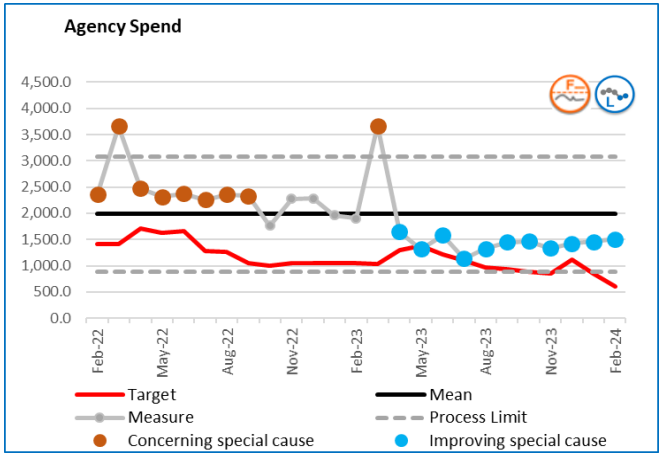
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Well Led	Delivery of financial plan, including operational delivery of capital investment plan (net surplus(-)/net deficit (+) £000)		-8,598	-10,449	Feb-24	-284	447	Jan-24	Driver			Verbal CMS	-813 Year End FOT		
Breakthrough Objectives	Well Led	Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000		597	1,512	Feb-24	848	1,455	Jan-24	Driver			Full CMS	1495 Year End FOT		
Constitutional Standards and Key Metrics (not in SDR)	Well Led	CIP		3,684	1,516	Feb-24	3,684	1,351	Jan-24	Driver	No SPC	No SPC	Not Escalated			
	Well Led	Cash Balance (£k)		7,661	21,493	Feb-24	11,024	4,397	Jan-24	Driver			Not Escalated			
	Well Led	Capital Expenditure (£k)		18,285	4,260	Feb-24	9,347	4,874	Jan-24	Driver			Not Escalated			
	Well Led	Delivery of the variable Elective Recovery Funding (ERF) plan - £000		111,878	121,214	Feb-24	93,873	99,327	Jan-24	Driver	No SPC	No SPC	Not Escalated			
	Well Led	Delivery of Other Variable Income (Non-ERF) plan - £000		27,716	24,603	Feb-24	24,120	19,020	Jan-24	Driver	No SPC	No SPC	Not Escalated			

Breakthrough: Counter Measure Summary

Project/Metric Name – Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000

Owner: Steve Orpin
Metric: Premium Workforce Spend
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Feb-24
1,592
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Target (Internal)
597
Target Achievement
Metric is consistently failing the target

Note the Oct 22 value is low due to a release of accruals from previous months

2. Stratified Data

3. Top Contributors/Risks

Contributing factors to premium workforce spend have been narrowed down to:

- Medical workforce gaps
- AHP workforce gaps
- Nursing workforce gaps
- Mental health and security support (skilled mental health workers are not currently available on the bank)
- Increased demand / ED attendances

- Increased demand to our ED adversely impact premium workforce spend
- Industrial action for junior doctors will require backfill with premium workforce
- Annual leave planning and sickness management.

4. Action Plan

Action	Status	By when
Increased controls over agency usage	Further escalation of authorisation to executive level (particularly around lines of work), "ban" on use of agency / certain agencies in specific areas (eg ED), reduction in automatic agency approval and executive level review of prospective agency bookings.	Will go to BAU when controls show process had been embedded
Data and reporting	Create dashboard (Oceansblue, Patchwork and Allocate) with the first divisional reports for performance meetings - manually pulled. Working with the provider collaborative and BI colleagues to develop a standard dashboard that covers all relevant KPIs, driving staff costs.	OceansBlue reporting implemented. March 24
Accountability and training	There is one further Finance training planned for the end of March with 17 individuals booked to attend. The rostering training has now stopped with Amanda and her team answering any specific questions as part of BAU. The proposal of integrating rostering and financial management into a managerial training programme is being taken forward by OD.	Finance training – end of March 2024
Medical rostering	The Business Case for Patchwork was signed off on 12th March and implementation beyond Medicine starting with Ophthalmology will follow.	Q1 2024/25
Review of A3	A review of A3 taking place to ensure we are still focused on the top contributors and remedial actions. Data pulled. The potential 3 top contributors identified were: 1. ESR reconciliation; 2. Data dashboards – improving quality; and 3. Training and education of staff to properly use the HealthRoster and accurately requesting agency right	Q4 2023/24

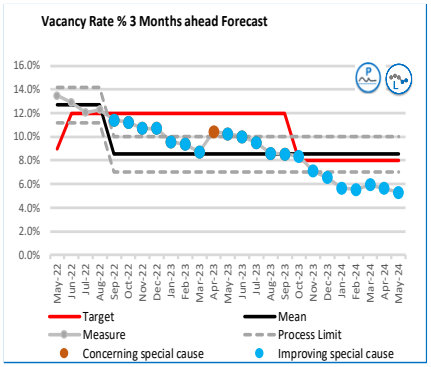
	Booked on previous sessions	Attended	Booked on future sessions
Rostering Training	176	102	0
Finance Training	92	47	17

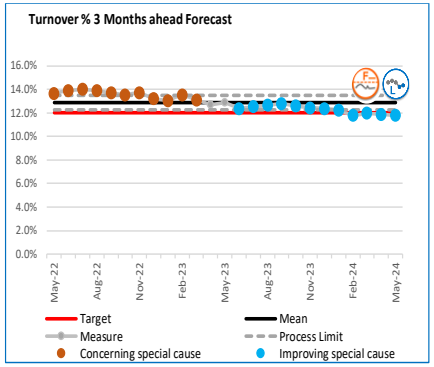
Appendices

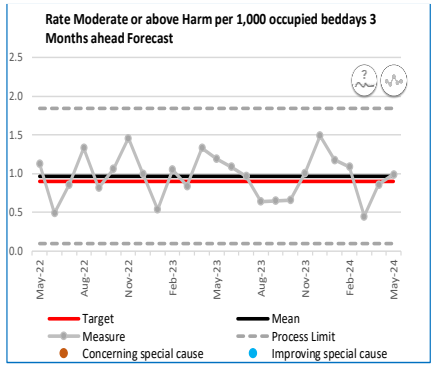
Proposed Maternity Metrics

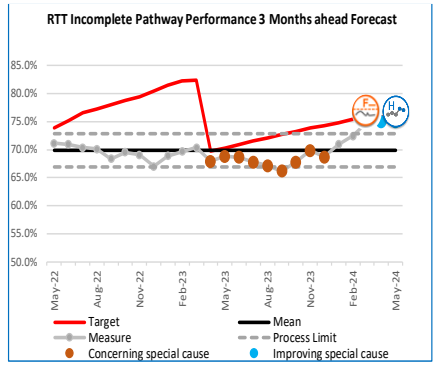
				Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Constitutional Standards and Key Metrics (not in SDR)	Proposed Metric	Registerable Births		477	546	Feb-24	477	463	Jan-24	Driver			Not Escalated
	Proposed Metric	Antenatal bookings		538	546	Feb-24	538	577	Jan-24	Driver			Not Escalated
	Proposed Metric	Elective Caesarean Rate		25.0%	21.5%	Feb-24	25.0%	20.5%	Jan-24	Driver			Not Escalated
	Proposed Metric	Emergency Caesarean Rate		25.0%	19.9%	Feb-24	25.0%	19.4%	Jan-24	Driver			Not Escalated
	Proposed Metric	Induction of Labour Rate		TBC	39.5%	Feb-24	0.0%	38.1%	Jan-24	Driver	No SPC	No SPC	
	Proposed Metric	Preterm Birth (<37 weeks) Rate		0.6%	3.7%	Feb-24	0.6%	4.1%	Jan-24	Driver			Escalation
	Proposed Metric	Unexpected term admissions to NNU		5.0%	4.1%	Feb-24	5.0%	5.0%	Jan-24	Driver			Not Escalated
	Proposed Metric	Stillbirth rate		0.4%	0.5%	Feb-24	0.4%	0.0%	Jan-24	Driver			Not Escalated
	Proposed Metric	PPH >=1500% Rate		3.3%	4.4%	Feb-24	3.3%	3.5%	Jan-24	Driver			Not Escalated
	Proposed Metric	Major Tear (3rd/4th degree Rate)		2.5%	2.0%	Feb-24	2.5%	1.5%	Jan-24	Driver			Not Escalated
	Proposed Metric	Breastfeeding Rate at Birth		78.0%	81.0%	Feb-24	78.0%	79.2%	Jan-24	Driver			Not Escalated
	Proposed Metric	Smoking at Delivery Rate		6.0%	6.8%	Feb-24	6.0%	9.1%	Jan-24	Driver			Not Escalated

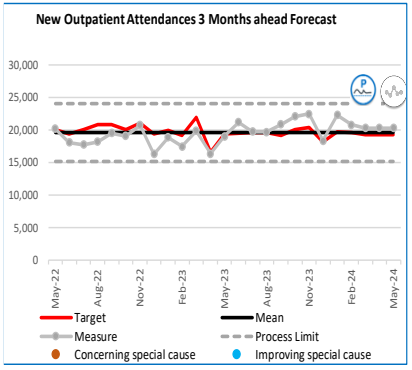
Forecast SPCs (3 month forward view) for Vision and Breakthrough Objectives

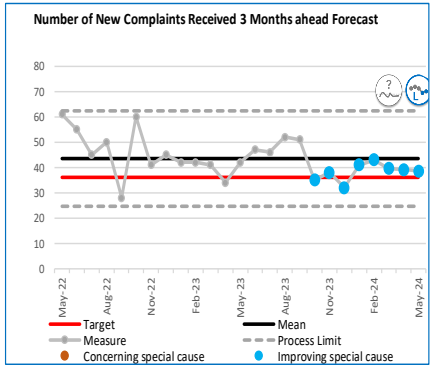


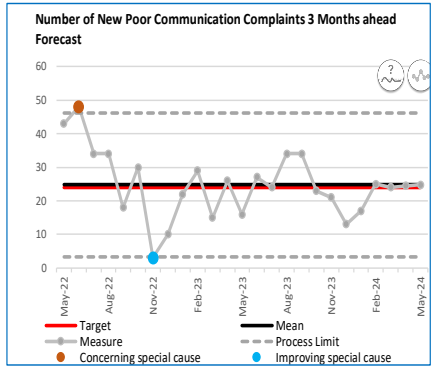


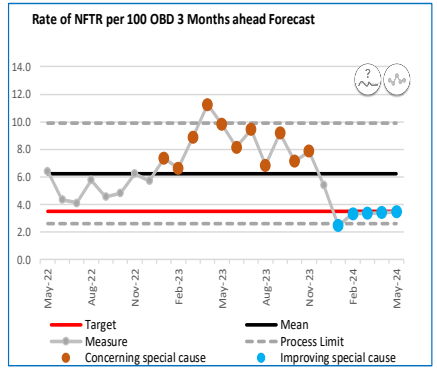


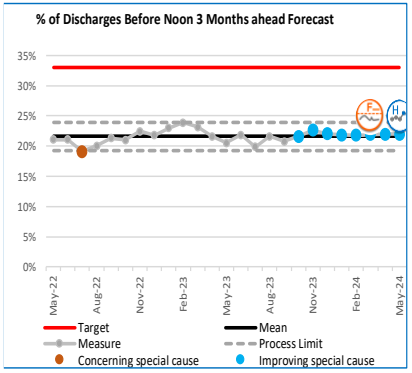


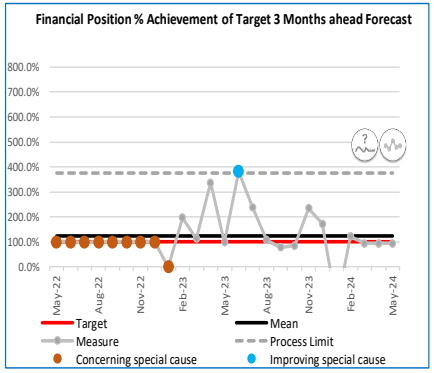


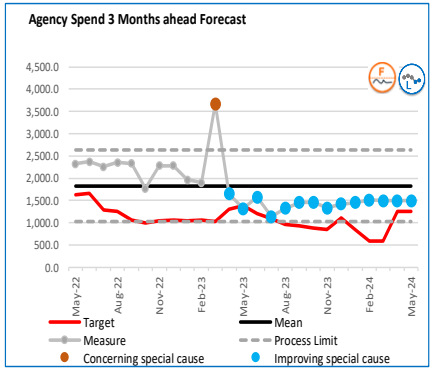




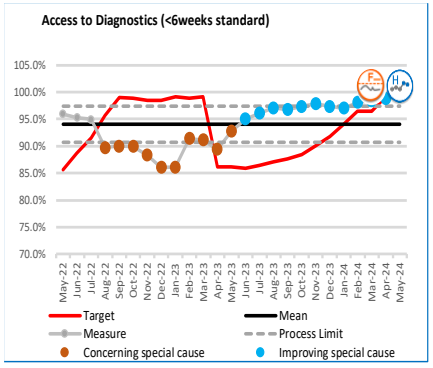


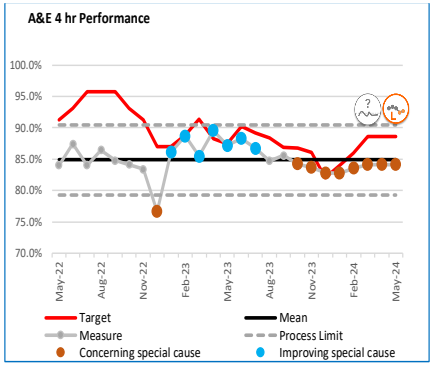


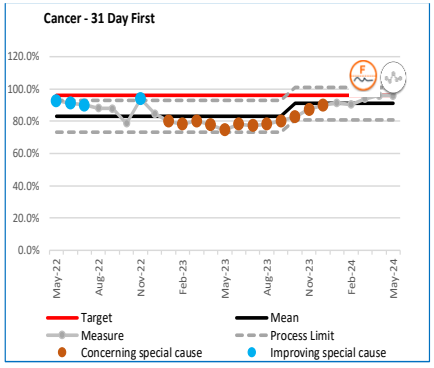


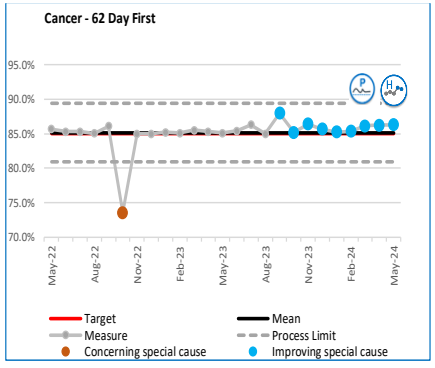


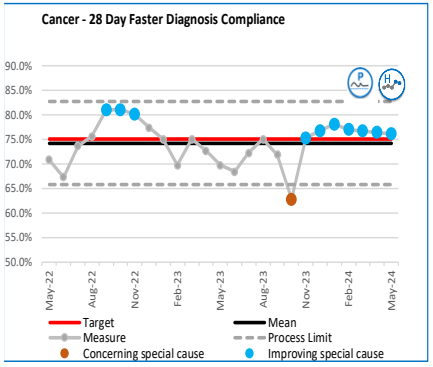
Forecast SPCs (3 month forward view) for Patient Access Indicators

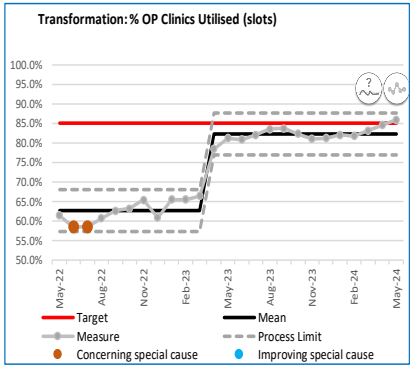


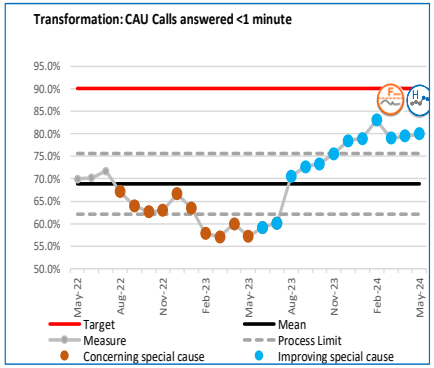


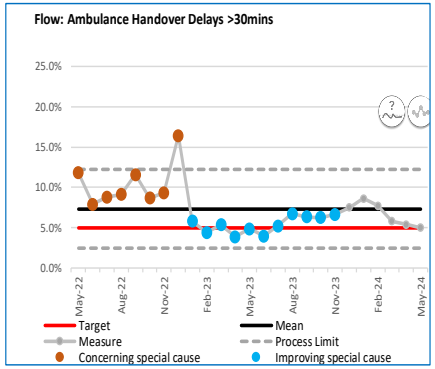


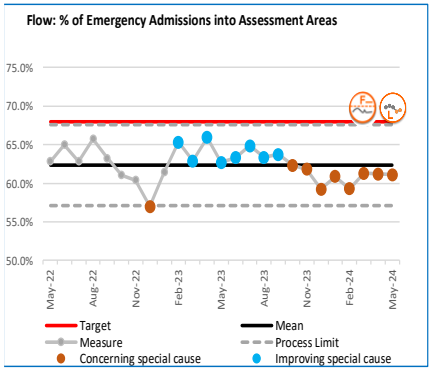


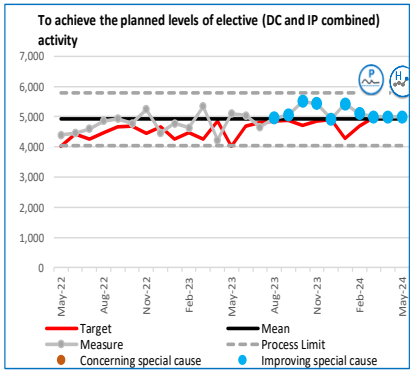


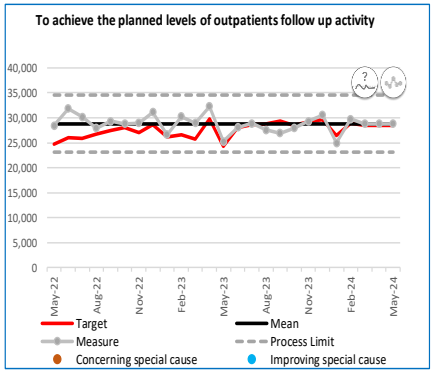


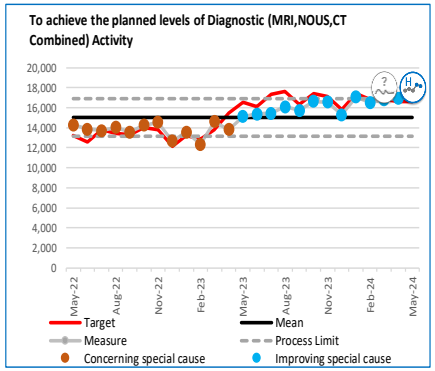






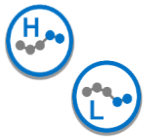






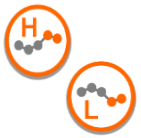
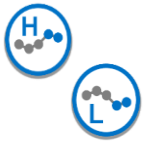
SDR Business Rules Driven by the SPC Icons

Assurance: Failing

Variation	Assurance	Understanding the Icons	Business Rule – DRIVER	Business Rule - WATCH
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.	Metric is Failing the Target (which is likely if it is a Driver Metric). A full CMS is required to support actions and delivery of a performance improvement	Metric is Failing the Target and is showing a Special Cause for Concern. Consider escalating to a driver metric.
		Common Cause - no significant change. Assurance indicates consistently (F)ailing the target.	Metric is Failing the Target (which is likely if it is a Driver Metric). A full CMS is required to support actions and delivery of a performance improvement	Metric is Failing the Target and is in Common Cause variation. Consider next steps.
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.	Metric is Failing the Target (which is likely if it is a Driver Metric). A full CMS is required to support actions and delivery of a performance improvement	Metric is Failing the Target, but is showing a Special Cause of Improvement. Note performance, but do not consider escalating to a driver metric

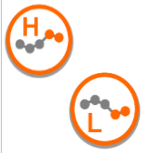
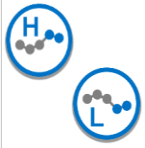
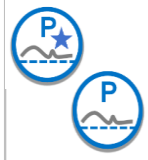
SDR Business Rules Driven by the SPC Icons

Assurance: Hit & Miss

Variation	Assurance	Understanding the Icons	Business Rule – DRIVER	Business Rule - WATCH
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates inconsistently hitting or missing the target.	Metric is Hitting & Missing the Target and is showing a Special Cause for Concern. A **verbal CMS** is required to support ongoing actions and delivery of a continued / permanent performance improvement	Metric is in Common Cause, but is showing a Special Cause for Concern. **Note performance**, but do not consider escalating to a driver metric
		Common Cause - no significant change. Assurance indicates inconsistently hitting or missing the target.	Metric is Hitting & Missing the Target and is in Common Cause variation. A **verbal CMS** is required to support ongoing actions and delivery of a continued / permanent performance improvement	Metric is Hitting & Missing the Target and is in Common Cause variation. **Note performance**, but do not consider escalating to a driver metric
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates inconsistently hitting or missing the target.	Metric is Hitting and Missing the Target, but is showing a Special Cause of Improvement. **Note performance**	Metric is Hitting and Missing the Target, but is showing a Special Cause of Improvement. **Note performance**
Any		Assurance indicates inconsistently hitting or missing the target.	A Driver Metric that remains in Hit & Miss for 6 months or more will need to complete a **full CMS**	N/A

SDR Business Rules Driven by the SPC Icons

Assurance: Passing

Variation	Assurance	Understanding the Icons	Business Rule – DRIVER	Business Rule - WATCH
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target, but is showing a Special Cause for Concern. A verbal CMS is required to support continued delivery of the target	Metric is Passing the Target, but is showing a Special Cause for Concern. Note performance, but do not consider escalating to a driver metric
		Common Cause - no significant change. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target and is in Common Cause variation. Note performance, consider revising the target / downgrading the metric to a 'Watch' metric	Metric is Passing the Target and is in Common Cause variation. Note performance
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target and is showing a Special Cause of Improvement. Note performance, consider revising the target / downgrading the metric to a 'Watch' metric	Metric is Passing the Target and is showing a Special Cause of Improvement. Note performance

Passing, Failing and Hit & Miss Examples

Metrics that consistently **pass** have:

The **upper** control limit **below** the target line for metrics that need to be **below the target**

The **lower** control limit **above** the target line for metrics that need to be **above the target**

A metric achieving the target for 6 months or more will be flagged as passing

Metrics that are **hit and miss** have:

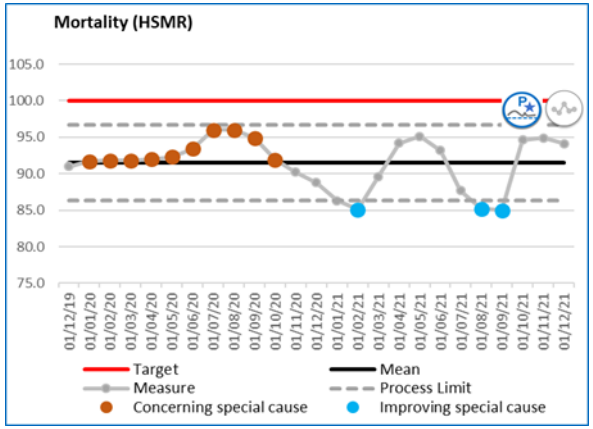
The **target** line **between** the **upper** and **lower** control limit for all metric types

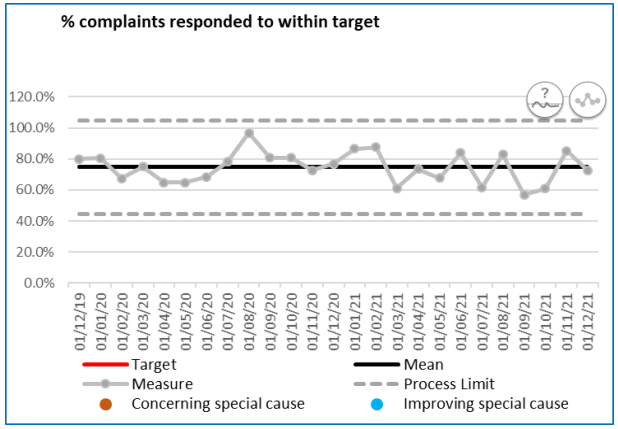
Metrics that consistently **fail** have:

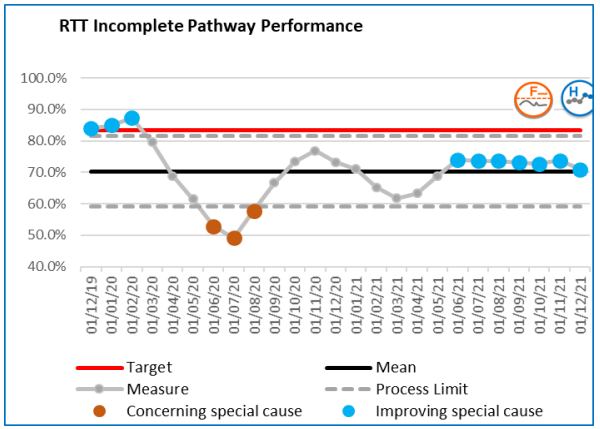
The **lower** control limit **above** the target line for metrics that need to be **below the target**

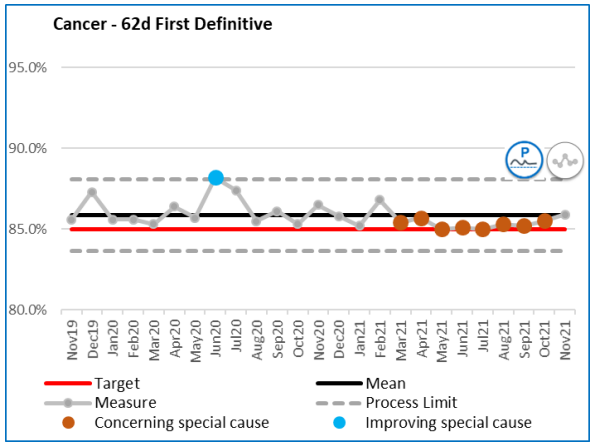
The **upper** control limit **below** the target line for metrics that need to be **above the target**

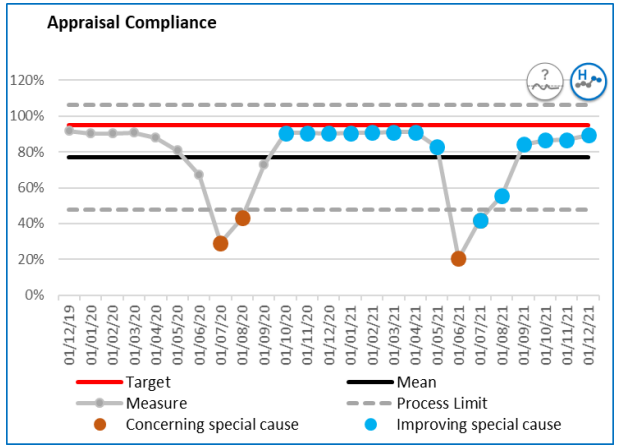
A metric not achieving the target for 6 months or more will be flagged as failing

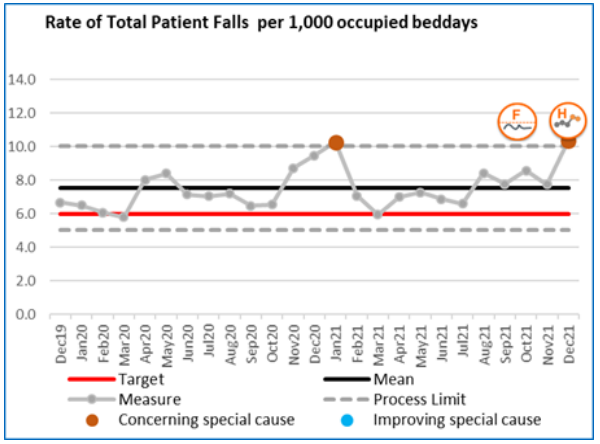












Trust Board members requested that they be provided with additional granular detail in relation to the "Reduce Turnover rate to 12%" Breakthrough Objective, which demonstrated what percentage of the Trust's turnover related to those staff that had been in post for less than 12 months, those staff that had been in post for 12 to 24 months, and those staff that were established at the Trust"

To achieve this Breakthrough Objective sustainably, one of the areas we have been focussing on is leavers. Specifically, our data tells us that the short term leavers rate (i.e. those leavers with less than 24 month's service with Maidstone and Tunbridge Wells NHS Trust) has been traditionally and consistently high and accounts for a disproportionately large percentage of overall leavers – typically between 40% and 50%. Given relatively short timeframes involved, this impacts on rate of investment and time to best productivity returns. The figures below are a snapshot of the figures that represent how many leavers (Dec22 - Nov 23) left with less than 24 months or less than 12 months service at MTW:

	All Leavers	<24m @MTW leavers		<12m @MTW leavers	
Row Labels	**Count of Leaving Reason**	**Count of Leaving Reason**		**Count of Leaving Reason**	
Excluded from Turnover (Jr Dr)	**159**	**130**	81.8%	**97**	61.0%
Medical and Dental	159	130	81.8%	97	61.0%
Included in Turnover	**909**	**398**	43.8%	**232**	25.5%
Add Prof Scientific and Technic	27	13	48.1%	3	11.1%
Additional Clinical Services	210	130	61.9%	93	44.3%
Administrative and Clerical	228	111	48.7%	56	24.6%
Allied Health Professionals	61	26	42.6%	13	21.3%
Estates and Ancillary	66	13	19.7%	8	12.1%
Healthcare Scientists	22	6	27.3%	3	13.6%
Medical and Dental	53	28	52.8%	17	32.1%
Nursing and Midwifery Registered	242	71	29.3%	39	16.1%
Grand Total	**1068**	**528**	49.4%	**329**	30.8%

Medical and Dental figures for Junior Doctors are excluded from the corporate breakthrough objective Turnover figures given the nature of rotational placements across Trusts.

Figures show that short term leavers particularly affects those in lower banded posts. In addition, broadly, recent analysis indicated that leavers with more than 2 years' service but less than ten years' service make up c.37% of our leavers, while at the extreme, c.2% of our leavers leave with at least 30 years continuous MTW service.

For these short-term leavers (all staff groups), 29% of these leaving reasons are vague, 48% could be described as avoidable, with 23% being unavoidable leavers. If we look at those who left with more than 2 years' service; vague is 16%, avoidable is 33% while unavoidable is almost 51%. The challenge to retain short term leavers results in more time / expense needed to recruit replacement staff, associated cost to train up new staff and effect on staff morale and wellbeing for those remaining.

To ensure sustainability of our People Corporate Breakthrough objective, we have recently undertaken mini-A3 exercises as part of our Strategy Deployment approach with the business to better identify key drivers and possible countermeasures to explore.

There is also some intersectionality with particular staff groups as indicated above, e.g. administration and clerical staff and we are also developing with clinical divisions 'hot-spot' areas to particularly target, e.g. Clinical Administration Units. Countermeasures may include great investment in laptops to better enable flexible working, better career pathway definition or other specific Organisational Development interventions. These plans are currently being further developed for 24/25.

DRAFT as at 21/3/24 – Currently at: Step 4.

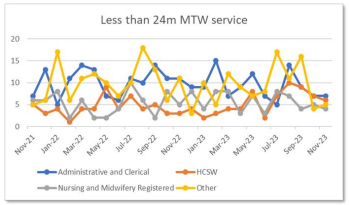
Title of Improvement Project: Reduction in short term leavers turnover

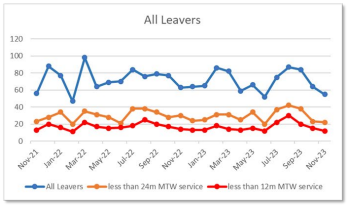
Step 1: Problem Statement (including reason for project, issue & impact)

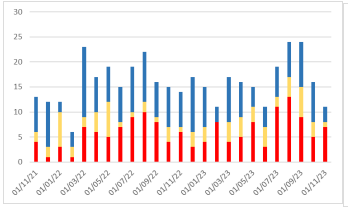
Link to Strategy: **People**

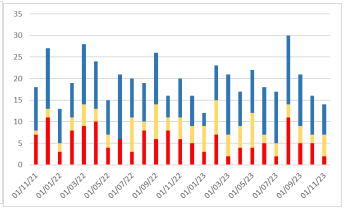
MTW's leaver rate has been traditionally and consistently high (43% average) for short term leavers, i.e. those with less than 24 months' MTW service. Figures show that this is true across most staffing groups, and particularly affects those in lower banded posts. Leavers with more than 2 years' service but less than ten years' service make up 37% of our leavers, while at the extreme, 2.15% of our leavers leave with at least 30 years continuous MTW service. The staff groups of Additional Clinical Services and Administrative and Clerical have particularly high numbers of short term leavers, with staff leaving with less than 24 months' service equating to between 50% - 57% of total leavers for both staff groups. For these short term leavers (all staff groups), 29% of these leaving reasons are vague, 48% could be described as avoidable, with 23% being unavoidable leavers. If we look at those who left with more than 2 years' service; vague is 16%, avoidable is 33% while unavoidable is almost 51%. The challenge to retain short term leavers has resulted more time and expense being needed to recruit replacement staff, and its associated cost to train up new staff, as well as an effect on staff morale and wellbeing for those remaining.

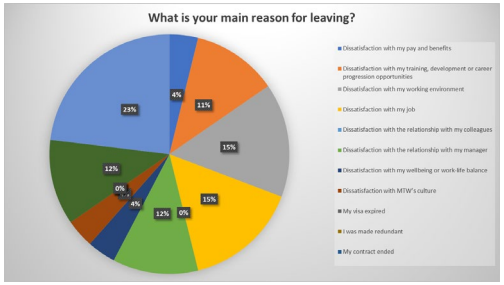
Step 2: Current Situation











Step 3: Goal/Vision & Measurable Target

Goal/Vision

To have minimal regrettable/avoidable short term leavers

Measureable Target

To reduce the number of short term leavers by 10% (compared to 2023 average) by March 2025

To reduce the 'other' reason for leaving to 10% by December 2024

Step 4: Analysis: Top Contributors & Root Causes

In March 2023, an exercise to establish top contributors and root causes was undertaken with corporate and operational colleagues.

The findings are currently being reviewed by colleagues with an update to this A3 to be provided in April 2024. The problem statement will be refined given this information as part of step 5.

The themes are centred around 'place', 'processes' and 'people'. There is also some intersectionality with particular staff groups, eg administration and clerical staff and we are also developing with clinical divisions 'hot-spot' areas to particularly target, eg Clinical Administration Units.

The focus will be on developing opportunities and countermeasure, assessed against the matrix in step 6. Countermeasures may include great investment in laptops to better enable flexible working, better career pathway definition or other specific Organisational Development interventions. These plans are currently being further developed for 24/25.

Step 5: Refined Problem Statement

We may need to repeat steps 1 to 4 with the new statement. This will also be updated with a new data set that also incorporates Dec 23 – Mar 24 data as and when becomes available for a rounded view from 2023/24.

Step 6: Opportunities & Countermeasures – to be agreed in April 2024

Contributor	Root cause	Counter-measure	Impact	Ease

Step 7: Summary Action Plan– to be agreed in April 2024

Counter-measure	Action	Who / By when	Complete (Y/N)

Step 8: Progress & Follow up

Link any benefits to the strategy

Step 9: Insights

Executive Summary

- The Trusts annual plan has been changed by £9.5m to reflect additional non-recurrent growth funding support from Kent and Medway ICB. This change means the Trust has an annual planned surplus of £9.5m with 11/12ths of this adjustment applied in month 11.
- The Trust was £10.5m in surplus in February which was £1.9m favourable to plan. Year to date the Trust is £8.7m in surplus which is £0.1m favourable to plan.
- The key year to date pressures are; CIP slippage (£12.3m), CDC delay to fully opening and underutilisation of CT capacity (£2.9m), medical pay award pressure (£1m), overspend within patient transport (£4m) and Cardiology non-pay (£0.5m). To mitigate these pressures the Trust has overperformed against variable income net of estimated spend (£9.5m), had non-recurrent benefits of £6.5m, overperformed against pathology service level agreements (£0.9m) and benefited by £0.8m of interest receivable income.
- Cost Improvement Plans (CIP) are behind plan by £12.3m year to date and are forecasted to be £14.6m adverse to plan at the year end
- The Trust is forecasting to deliver the planned surplus of £9.5m

Current Month Financial Position

- The Trust was £10.5m in surplus in the month which was £1.9m favourable to plan. The impact of industrial action in the month was £0.5m, this included £0.4m increase in additional costs and £0.1m reduction in income due to cancellations.
- **Key Favourable variances in month are:**
  - The Trust received £2.1m of additional funding to support with the additional cost and reduction of income due to industrial actions in December, January and February, the backdated benefit in the month was £1.6m.
  - Variable Income overperformance = £1.5m
  - Year to date revenue to capital transfer linked to front line digitalisation project (£0.6m), backdated provider to provider charges to reflect latest contract value (£0.2m) and actual invoices for energy being less than estimated (£0.2m)
- **Key Adverse variances in month are:**
  - CIP Slippage (£2.2m)

Year to Date Financial Position

- The Trust is £8.7m in surplus which is £0.1m favourable to plan
- The key year to date variances are as follows:
  - **Adverse Variances**
    - CIP Slippage (£12.3m)
    - CDC delay to full capacity and also due to under utilisation of the CT capacity (£2.9m)
    - Medical pay award pressures (£1m)
    - Overspend within Patient Transport budget (£1m) and Cardiology non pay (£0.5m)
  - **Favourable Variances**
    - Variable activity overperformance including change to ERF target (£9.5m) net of estimated spend.
    - Non-recurrent benefits (£6.5m)
    - Pathology NHS and trade contracts (£0.9m) and interest receivable (£0.8m)

Risks

- **Kent and Medway Medical School (KMMS)** – The forecast includes £0.9m of liquidated damages.
- **PFI** - The Trust has not yet applied the change in accounting for PFIs relating to remeasurement of the PFI finance liability in line with IFRS 16 principles. This must be completed by year end, using the new models released by DHSC in October and December. The impact will be to change the level of finance interest charged into the position. As this is a partly retrospective change, NHSE are treating it as a "technical" adjustment for 2023/24 that does not impact on performance measurement.
- Final ERF and Variable income values still to be confirmed with commissioners, the current forecast is based on internal assessment of this activity.

Cashflow position:

- The closing cash balance for February was £21.4m which is higher than the plan value of £7.6m. The reason that the cash balance is so high compare to the plan is that within the 2023-24 final plan, the PDC drawdowns and the associated payments to suppliers were phased more evenly throughout the year. However as the majority of capital projects are finishing towards the end of the financial year, the PDC was drawn down in February to ensure that the capital payments to suppliers within March which is forecast to be £12.8m will be paid.
- Within the March cash forecast the Trust is expecting to pay PDC Dividends to DHSC of £3.4m and capital loan and interest repayments of £0.6m. The closing cash balance is currently forecast to be £7.5m and the Trust is not forecasting to pay March's Tax, NI or Pensions within March cash flow. The Trust will be paying authorised NHS invoices by the NHSE timetabled date of 21st March, after this date no further payments can be made to NHS organisations. This is to support the Agreement of Balances exercise that all NHS organisations participate in.
- The Trust's cash flow is aligned to the Income & Expenditure (I&E) plan and working capital adjustments from the Balance Sheet.
- The Trust is working with Suppliers, the Procurement Department and budget holders/authorised signatories to ensure invoices are receipted, approved and paid as promptly as possible, this is to assist with the Trust adhering to the BPPC target of 95%. For February the percentages were for Trade suppliers by value 95.5%, and by volume 96.3%; for NHS suppliers by value 95.3% and by volume 91.3%.

Capital Position

- The Trust's capital plan, excluding IFRS16 leases, agreed with the ICB for 2023/24 is **£38.5m**. The Trust's share of the K&M ICS control total is **£14.016m** for 2023/24, including **£4.996m** from system funds for the Phase 3 HASU completion; and **£6.41m** of the costs of the K&M Orthopaedic Centre above the agreed national funding. The Trust sold the MGH MRI for **£0.96m** (NBV) under the outsourced contract, which is supporting related enabling works for the new MRI and CT at TWH.

- **Additional Funding**
  - **National Funding in addition to Plan – Total £9.3m**
    - CDC = £1.7m
    - Breast Screening Ultrasound = £95k
    - Interventional Radiology (IR) Suite at TWH = £535k
    - Cyber Security = £77k
    - Digital Pathology = 23/24 - £2.982m and 24/25 - £653k
    - LED Lighting (National Energy Efficient Fund) = £349k
    - Frontline Digitisation = £2.76m
    - EUS and Imaging equipment = £838k
    - Genomics Equipment = £24k

- **System Funding in addition to Plan – Total £2.798m**
  - CDC = £2m
  - Ultrasound = £100k
  - Image Intensifiers = £260k
  - laptops = £200k
  - IT switches = £6k
  - Specialist lab benching = £76k
  - Resuscitaires = £84k
  - Ultrasound = £72k

- **Other Funds**
  - PFI lifecycle spend per the Project company model of **£1.5m** - actual spend will be notified periodically by the Project Company. Donated Assets of **£250k** relating to forecast donations in year.

- **Month 11 Actuals (excluding IFRS16)**
  - The YTD spend at M11 is **£33.6m against a YTD budget of £38m**. The main variance relates to the KMOC project where the phasing information provided for the plan was based on commitments rather than actual spend, so the plan year to date is ahead of expected delivery. The scheme completion has slipped into 2024/25 (potential May completion) with an expected underspend of c. £1.5m in 2023/24. This cost will need to be financed from Trust capital resource in 2024/25. The underspend has been re-utilised in 2023/24 on other high priority schemes.

- **Leased/IFRS16 capital**
  - The Trust included £29.48m of potential IFRS 16 liabilities in its 2023/24 plan. This included £4.3m of expected lease remeasurements arising from increases to the rental agreements from inflation clauses, that now require to be capitalised. The remaining £25.1m was for potential new lease capitalisations: the most significant being the KMMS accommodation with a value of £15.3m assuming completion by the end of 2023/24. The Trust adjusted its forecast outturn in month 6 to a reduced figure of £21.64m in line with instructions from NHSE that schemes not committed by that date would not be funded as a result of an overcommitment against the national resource made available. In consultation with NHSE regional office the Trust has now further moved its forecast down to £5.6m as it has become clear that the KMMS accommodation will not be complete by financial year end. The Trust is including the capitalised value in its 2024/25 plans. This will be a key issue for agreement with ICB and NHSE for funding cover.
  - The Trust has not yet applied the change in accounting for PFIs relating to remeasurement of the PFI finance liability in line with IFRS 16 principles as work is ongoing on the new model. This must be completed by year end, using the new models released by DHSC in October and December 2023. The impact will be to change the level of finance interest charged into the position. As this is a partly retrospective change, NHSE are treating it as a "technical" adjustment for 2023/24 that does not impact on performance measurement.

Year end Forecast:

- The Trust is forecasting to deliver the planned surplus of £9.5m

Maidstone and Tunbridge Wells NHS Trust

Finance Report

Month 11
2023/24

Maidstone and Tunbridge Wells NHS

1a. Dashboard

February 2023/24

	Current Month					Year to Date					Annual Forecast / Plan		
	Actual	*Plan*	*Variance*	Pass-throu	*Revised Variance*	*Actual*	*Plan*	*Variance*	Pass-throug	*Revised Variance*	*Forecast*	*Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	72.6	66.2	6.4	0.1	6.2	660.0	638.3	21.7	(0.2)	21.9	724.5	698.0	26.5
Expenditure	(58.1)	(53.0)	(5.1)	(0.1)	(5.0)	(604.9)	(582.3)	(22.6)	0.2	(22.8)	(664.0)	(636.5)	(27.5)
EBITDA (Income less Expenditure)	14.5	13.3	1.3	0.0	1.3	55.1	56.0	(0.9)	0.0	(0.9)	60.6	61.5	(1.0)
Financing Costs	(4.1)	(4.5)	0.4	0.0	0.4	(47.2)	(47.6)	0.4	0.0	0.4	(68.4)	(69.3)	1.0
Technical Adjustments	0.0	(0.1)	0.2	0.0	0.2	0.8	0.3	0.6	0.0	0.6	17.3	17.3	(0.0)
Net Surplus / Deficit	**10.5**	**8.6**	**1.9**	**0.0**	**1.9**	**8.7**	**8.6**	**0.1**	**0.0**	**0.1**	**9.5**	**9.5**	**0.0**
Cash Balance	21.5	7.7	13.8		13.8	21.5	7.7	13.8		13.8	7.5	7.5	0.0
Capital Expenditure (Incl Donated Assets and IFRS16)	4.3	18.3	14.0		14.0	35.1	65.0	(29.9)		(29.9)	56.1	68.0	11.9
Cost Improvement Plan	1.5	3.7	(2.2)		(2.2)	17.3	29.6	(12.3)		(12.3)	18.7	33.3	(14.6)

Summary Current Month:
- The Trusts annual plan has been changed by £9.5m to reflect additional non recurrent growth funding support from Kent and Medway ICB. This change means the Trust has a annual planned surplus of £9.5m with 11/12ths of this adjustment applied in month 11.
- The Trust was £10.5m in surplus in the month which was £1.9m favourable to plan. The impact of industrial action in the month was £0.5m, this incl uded £0.4m increase in additional costs and £0.1m reduction in income due to cancellations.

Key Favourable variances in month are:
- The Trust received £2.1m of additional funding to support with the additional cost and reduction of income due to industrial actions in December, January and February, the backdated benefit in the month was £1.6m.
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Key Adverse variances in month are:
- CIP Slippage (£2.2m)

Year to date overview:
- The Trust is £8.7m in surplus which is £0.1m favourable to plan, the Trusts key variances to the plan are:

Adverse Variances:
- CIP Slippage (£12.3m)
- CDC delay to full capacity and also due to under utilisation of the CT capacity (£2.9m)
- Medical pay award pressures (£1m)
- Overspend within Transport budget (£1m) and Cardiology non pay (£0.5m)

Favourable Variances
- Variable activity overperformance including change to ERF target (£9.5m) net of estimated spend.
- Non recurrent benefits (£6.5m), Pathology NHS and trade contracts (£0.9m) and interest receivable (£0.8m)

CIP (Savings)
- The Trust has a savings target for 2023/24 of £33.3m and has delivered £17.3m year to date which is £12.3m adverse to plan.

Forecast
- The Trust is forecasting to deliver the year end planned surplus of £9.5m

Risks
- **Kent and Medway Medical School (KMMS)** – The forecast includes £0.9m of liquidated damages.
- **PFI** - The Trust has not yet applied the change in accounting for PFIs relating to remeasurement of the PFI finance liability in lin e with IFRS 16 principles. This must be completed by year end, using the new models released by DHSC in October and December. The impact will be to change the level of finance interest charged into the position. As this is a partly retrospective change, NHSE are treating it as a "technical" adjustment for 2023/24 that does not impact on performance measurement.
- Final ERF and Variable income values still to be confirmed with commissioners, the current forecast is based on internal assessment of this activity.

Feb-24		DAY				NIGHT				TEMPORARY STAFFING						Nurse Sensitive Indicators					Financial review		
Hospital Site name	Health Roster Name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Bank/Agency Usage	Agency as a % of Temporary Staffing	Bank / Agency Demand: RN/M (number of shifts)	WTE Temporary demand RN/M	Temporary Demand Unfilled -RM/N (number of shifts)	Overall Care Hours per pt day	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Comments	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Acute Medical Unit (M) - NG551	114.2%	131.6%	-	-	119.8%	170.6%	-	-	61.3%	58.7%	143	10.06	30	10.9	-	-	2	0		186,226	232,604	(46,378)
MAIDSTONE	Stroke Unit (M) - NK551	80.9%	84.9%	-	100.0%	100.0%	112.2%	-	100.0%	36.0%	5.1%	230	16.34	45	9.0	0.0%	-	2	0		365,782	373,471	(7,689)
MAIDSTONE	Cornwallis - NS251	202.8%	194.8%	-	-	100.0%	105.2%	-	-	9.8%	10.9%	64	3.90	4	14.9	18.5%	93.3%	2	0		119,854	125,649	(5,795)
MAIDSTONE	Culpepper Ward (M) - NS551	101.2%	86.2%	-	-	111.8%	117.2%	-	-	31.1%	2.8%	26	1.80	1	4.8	0.0%	-	1	0		118,416	130,831	(12,415)
MAIDSTONE	Edith Cavell - NS459	114.5%	77.4%	-	100.0%	109.2%	106.9%	-	-	26.3%	20.1%	53	3.71	9	6.0	29.6%	100.0%	2	1		121,085	137,603	(16,518)
MAIDSTONE	Foster Clarke Winter Escalation - NS959	64.5%	65.6%	-	-	97.8%	91.9%	-	-	36.2%	4.9%	51	3.79	21	8.9	-	-	3	1		108,693	91,532	17,161
MAIDSTONE	John Day Respiratory Ward (M) - NT151	102.5%	102.9%	-	100.0%	107.7%	120.7%	-	-	29.9%	10.1%	93	6.58	18	6.7	-	-	7	3		156,436	189,020	(32,584)
MAIDSTONE	Intensive Care (M) - NA251	93.9%	100.7%	-	-	97.4%	83.6%	-	-	19.8%	2.9%	105	7.23	6	43.3	0.0%	-	0	0		240,066	252,831	(12,765)
MAIDSTONE	Lord North Ward (M) - NF651	89.9%	93.5%	-	100.0%	98.9%	103.3%	-	-	16.1%	0.0%	37	2.74	11	6.8	20.0%	100.0%	2	0		117,054	121,778	(4,724)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	109.2%	50.3%	-	100.0%	92.1%	-450.0%	-	100.0%	16.8%	0.0%	18	1.23	2	19.5	0.0%	-	0	0		60,413	49,707	10,706
MAIDSTONE	Mercer Ward (M) - NJ251	102.8%	81.7%	-	100.0%	102.3%	98.3%	-	-	22.4%	10.9%	48	3.35	5	5.5	-	-	2	1		114,115	139,742	(25,627)
MAIDSTONE	Peale Ward COVID - ND451	94.4%	86.8%	-	-	95.4%	114.1%	-	-	25.5%	6.8%	55	3.76	9	7.7	-	-	2	0		124,265	103,138	21,127
MAIDSTONE	Pye Oliver (Medical) - NK259	138.2%	143.1%	-	-	145.3%	162.4%	-	-	79.0%	49.0%	135	9.57	0	8.2	-	-	4	2		135,990	192,310	(56,320)
MAIDSTONE	Short Stay Surgical Unit (M) - NE751	100.4%	82.5%	-	-	84.8%	-	-	-	12.7%	0.0%	12	0.78	1	32.1	0.0%	-	0	0		63,382	65,383	(2,001)
MAIDSTONE	Whatman Ward - NK959	92.6%	109.8%	-	100.0%	102.3%	145.2%	-	100.0%	47.7%	35.6%	82	5.92	18	6.6	-	-	4	2		104,475	168,095	(63,620)
MAIDSTONE	Maidstone Birth Centre - NP751	104.2%	81.9%	-	-	101.5%	96.6%	-	-	16.1%	0.0%	30	1.62	0	48.5	0.0%	100.0%	0	0		77,570	98,602	(21,032)
TWH	Acute Medical Unit (TW) - NA901	104.2%	108.4%	-	100.0%	113.3%	125.2%	-	-	41.2%	47.4%	175	12.59	37	9.6	-	-	6	2		254,956	290,071	(35,115)
TWH	Coronary Care Unit (TW) - NP301	100.1%	58.6%	-	-	99.3%	-	-	-	13.6%	0.0%	19	1.38	0	11.6	-	-	0	0		75,962	76,425	(463)
TWH	Hedgehog Ward (TW) - ND702	105.4%	103.4%	-	-	103.8%	137.9%	-	-	39.4%	34.0%	165	10.85	11	10.0	-	-	0	0		168,781	225,774	(56,993)
TWH	Intensive Care (TW) - NA201	109.2%	86.4%	-	-	107.6%	71.6%	-	-	6.6%	0.0%	66	4.54	2	33.1	-	-	0	2		381,661	415,832	(34,171)
TWH	Private Patient Unit (TW) - NR702	101.5%	87.2%	-	-	96.4%	96.6%	-	-	24.8%	0.0%	34	2.19	3	7.8	-	-	0	1		73,468	87,740	(14,272)
TWH	Ward 2 (TW) - NG442	87.9%	89.0%	-	100.0%	98.9%	135.1%	-	100.0%	37.0%	9.3%	118	7.80	41	6.5	-	-	10	0		183,318	200,382	(17,064)
TWH	Ward 10 (TW) - NG144	91.8%	104.2%	-	-	101.6%	125.9%	-	-	58.5%	13.7%	173	11.47	50	6.6	-	-	7	2		182,965	77,059	105,906
TWH	Ward 11 (TWH) Nov 2019 - NG131	75.6%	100.9%	-	-	90.5%	101.7%	-	-	24.8%	2.4%	95.00	6.61	23.00	6.2	#N/A	#N/A	4	3		149,847	168,211	(18,364)
TWH	Ward 12 (TW) - NG132	83.5%	87.8%	-	100.0%	93.1%	94.7%	-	100.0%	29.6%	8.9%	143	9.22	53.00	6.0	-	-	8	0		149,950	187,221	(37,271)
TWH	Ward 20 (TW) - NG230	107.4%	125.9%	-	100.0%	119.2%	121.8%	-	-	37.9%	63.6%	138	9.12	28	7.8	-	-	4	1		176,689	204,743	(28,054)
TWH	Ward 21 (TW) - NG231	84.9%	106.8%	-	100.0%	94.4%	108.6%	-	-	26.6%	5.9%	145	9.51	61	5.8	-	-	5	1		152,563	172,205	(19,642)
TWH	Ward 22 (TW) - NG332	79.4%	107.4%	-	-	88.8%	115.4%	-	-	34.6%	12.6%	132	9.45	44	5.9	-	-	11	1		150,276	202,277	(52,001)
TWH	Ward 30 (TW) - NG330	87.8%	92.5%	-	100.0%	92.2%	125.6%	-	100.0%	40.4%	0.0%	125	8.02	32	6.2	2.5%	100.0%	6	3		128,507	204,985	(76,478)
TWH	Ward 31 (TW) - NG331	87.7%	109.2%	-	100.0%	99.1%	124.5%	-	-	35.0%	0.6%	125	7.87	27	6.4	15.6%	60.0%	0	4		142,604	209,188	(66,584)
TWH	Ward 32 (TW) - NG130	89.2%	82.6%	-	100.0%	99.1%	100.0%	-	100.0%	25.0%	0.0%	59	3.84	17	8.6	0.0%	-	3	0		151,293	170,211	(18,918)
TWH	Ward 33 (Gynae) (TW) - ND302	97.3%	97.4%	-	-	100.1%	100.0%	-	-	35.6%	0.0%	51	3.29	4	7.2	-	-	0	0		102,927	109,225	(6,298)
TWH	SCBU (TW) - NA102	90.4%	146.5%	-	-	102.4%	81.3%	-	-	14.2%	0.0%	65	3.83	4	14.0	-	-	0	0		212,704	202,716	9,988
TWH	Short Stay Surgical Unit (TW) - NE901	80.2%	80.1%	-	100.0%	101.7%	100.0%	-	-	19.3%	0.0%	46	3.07	2	11.5	-	-	1	0		83,819	102,114	(18,295)
TWH	Surgical Assessment Unit (TW) - NE701	98.9%	93.1%	-	-	100.0%	100.0%	-	-	15.8%	0.0%	18	1.27	1	16.4	-	-	0	0		78,755	82,387	(3,632)
TWH	Midwifery (multiple rosters)	79.8%	61.1%	-	-	97.3%	85.7%	-	-	18.0%	6.8%	748	41.66	130	13.8	0.6%	100.0%	**0**	**0**		**1,225,381**	**1,297,148**	**(71,767)**
Crowborough	Crowborough Birth Centre (CBC) - NP775	59.1%	96.6%	-	-	86.2%	86.2%	-	-	18.0%	0.0%	72	4.28	17	151.2	-	-	0	0		113,850	101,424	12,426
MAIDSTONE	Accident & Emergency (M) - NA351	99.4%	87.7%	-	100.0%	103.5%	76.7%	-	-	39.2%	30.6%	416	28.43	33	-	0.0%	-	4	0		386,824	447,831	(61,007)
TWH	Accident & Emergency (TW) - NA301	100.0%	74.0%	-	100.0%	100.9%	88.7%	-	100.0%	43.2%	38.8%	452	31.24	17	-	0.0%	100.0%	7	0		418,955	505,083	(86,128)

Under fill

Overfill

Green: equal to or greater than 90% but less than 110%

Amber Less than 90% OR equal to or greater than 110%

Red equal to or less than 80% OR equal to or greater than 130%

Total Established Wards		**7,359,877**	**8,212,549**	**(852,672)**
Additional Capacity beds	Cath Labs	57,909	49,970	7,939
	Whatman			
Other associated nursing costs		5,063,171	5,247,299	-184,128
Total		12,480,957	13,509,817	-1,028,860

NHS Maidstone and Tunbridge Wells NHS Trust

Quarterly mortality data **Medical Director**

This report is submitted in line with guidance from the National Quality Board, March 2017. This stipulates that Trusts are required to collect and publish on a quarterly basis specified information on deaths. This should be through a paper and an agenda item to a public board meeting in each quarter to set out the Trust's policy and approach and publication of the data and learning points.

Which Committees have reviewed the information prior to Board submission?
- 'Main' Quality Committee, 13/03/2024

Reason for submission to the Board (decision, discussion, information, assurance etc.) [1]
Discussion and assurance

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

MORTALITY – SUMMARY REPORT
February 2024

Background

The report provides an overview of mortality using the Hospital Standardised Mortality Ratio and the Standardised Mortality Ratio. The report presents intelligence with potential recommendations for further investigation. This report should be used as an adjunct to supplement other pieces of work completed within the Trust and not used in isolation.

Methods

Using routinely collected hospital administrative data derived from Hospital Episode Statistics (HES) and analysing in the Healthcare Intelligence Portal tool, this report examines in-hospital mortality, for all inpatient admissions for the 12-month time period Nov 2022 - Oct 2023.

Risk adjustment is derived from risk models based on the last 10 years of national HES data up to and including April 2023(unless otherwise stated). This is the most recent benchmark period available. Statistical significance is determined using 95% confidence intervals unless otherwise stated.

SHMI data for the time period Oct-22 – Sep-23 was obtained from NHS Digital's Indicator Portal. SHMI is updated and rebased monthly.

HEADLINES

Data Period: Nov 2022 - Oct 2023

Metric	Result
HSMR	90.3 (lower-than-expected) (85.5 – 95.4)
HSMR position vs. peers	Regional acute peer group = 18 trusts: • 14 lower-than-expected • 2 within expected • 2 higher-than-expected Peer group = 90.9 (lower-than-expected) (87.7 – 92.0)
All Diagnosis SMR	87.8 (lower-than-expected)
Significant Diagnosis Groups	• Meningitis (47 superspells; 3 deaths) • Septicemia (except in labour) (751 superspells; 183 deaths)
CUSUM breaches	• Septicemia (except in labour) (Jan-23) (Feb-23) (Jun-23) • Congestive heart failure, nonhypertensive (Dec-22)
Emergency Weekend HSMR	91.9 (within expected)
Emergency Weekday HSMR	89.4 (lower-than-expected)
SHMI position	(Oct-22 to Sep-23) 94.29 (as expected)

HOSPITAL STANDARDISED MORTALITY RATIO OVERVIEW

HSMR for Oct-23 is 74.92 and “lower-than-expected”, based on 4426 superspells and 87 deaths (crude rate 1.97%).

HSMR for the period Nov-22 to Oct-23 is 90.33 and “lower-than-expected”, based on 48,886 superspells and 1296 deaths (crude rate 2.65%).

The current improvement in HSMR is driven by a reduction in the Trust’s crude rate, and each of the Trust’s rolling HSMR and crude rate have improved now for ten consecutive months.

Figure 1 – HSMR Monthly Trend

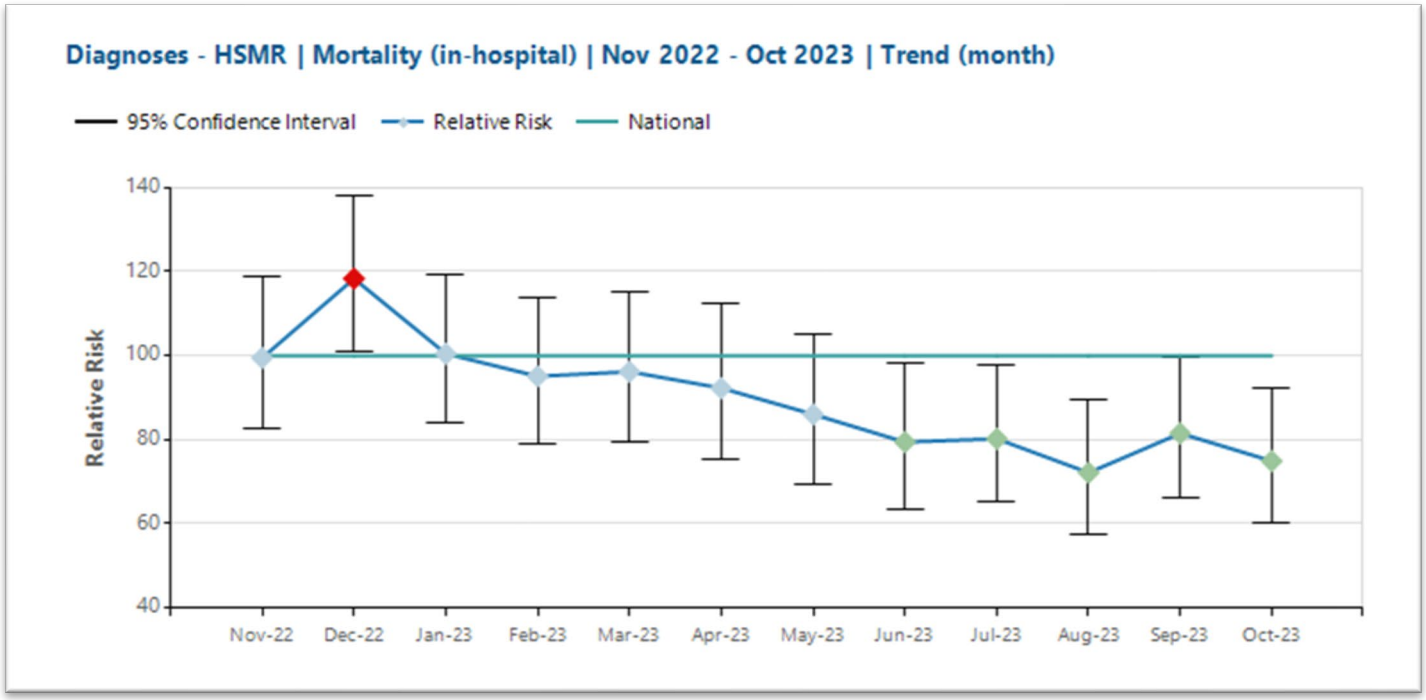


Figure 2 – HSMR 12 Month Rolling Trend

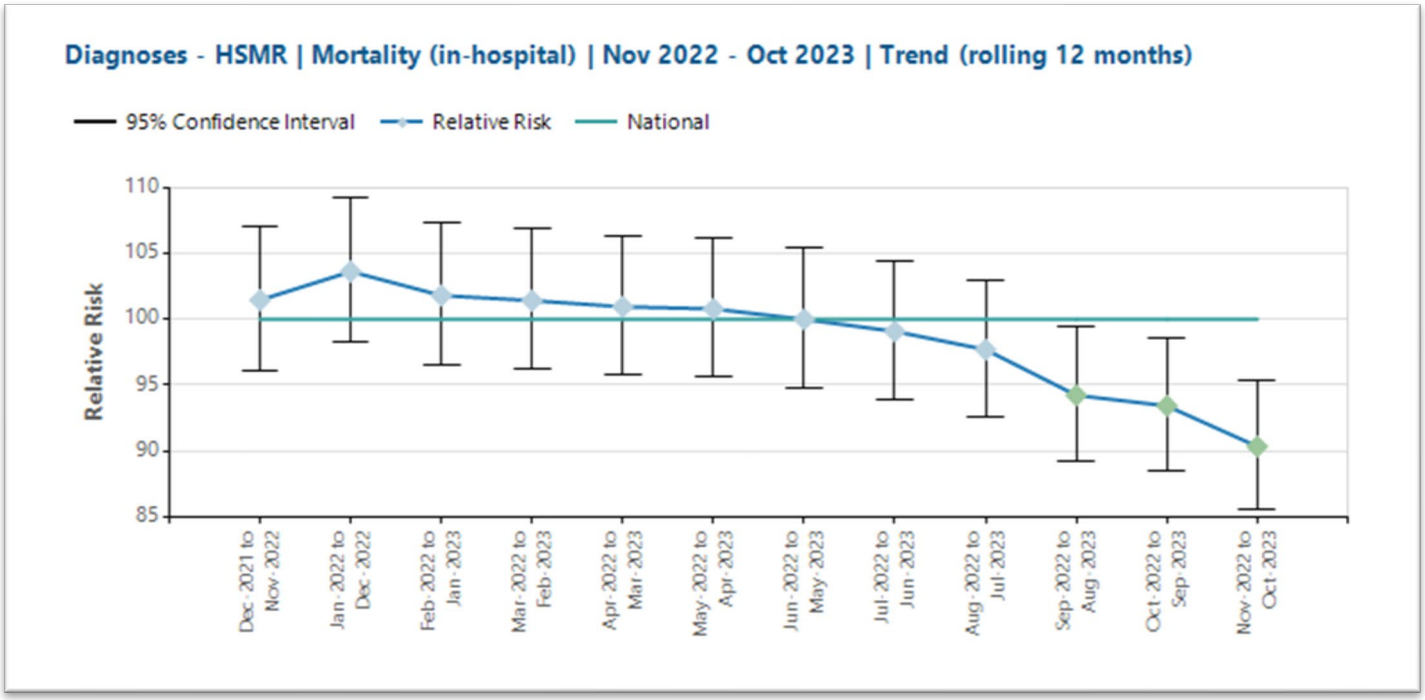


Figure 3 – HSMR Day of admission - Emergency only

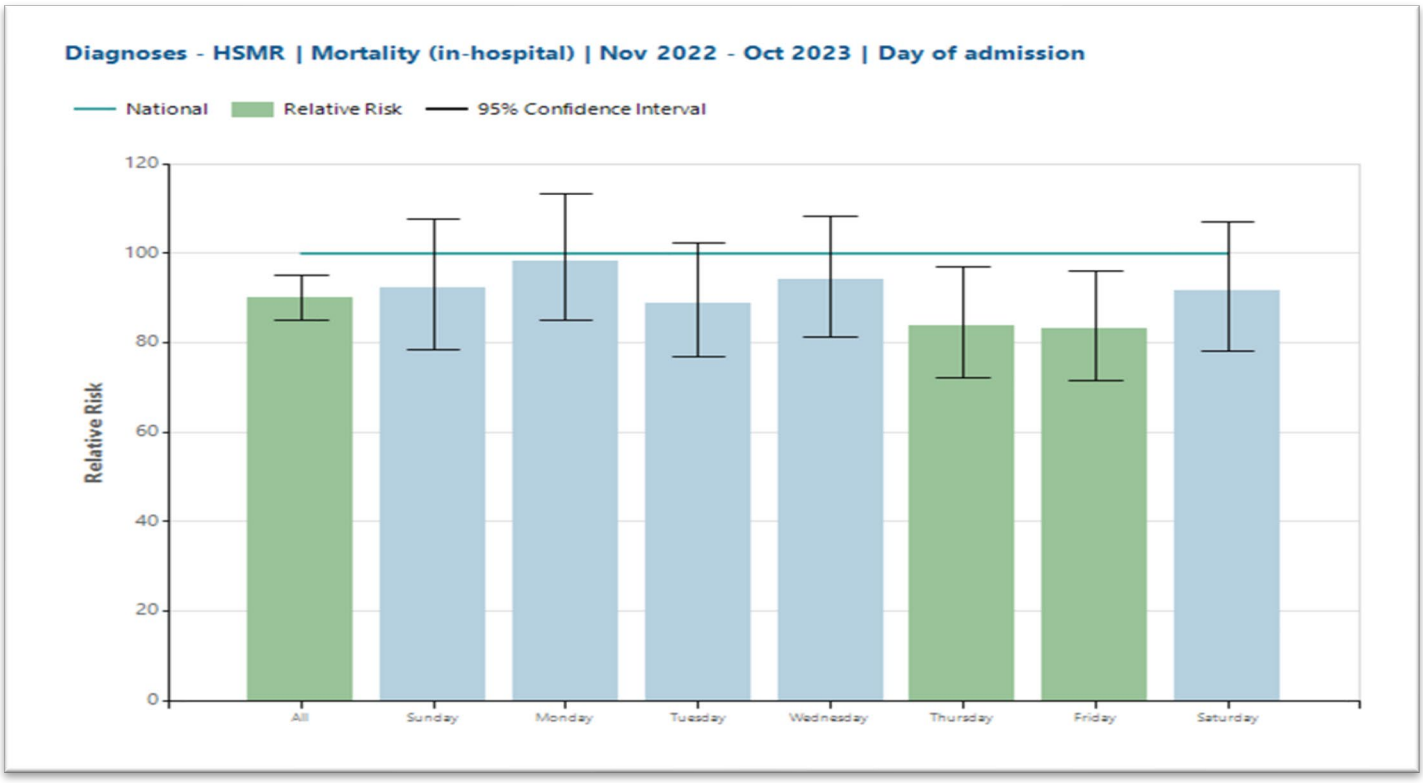


Figure 3.1 – HSMR 12 Month Peer Comparison

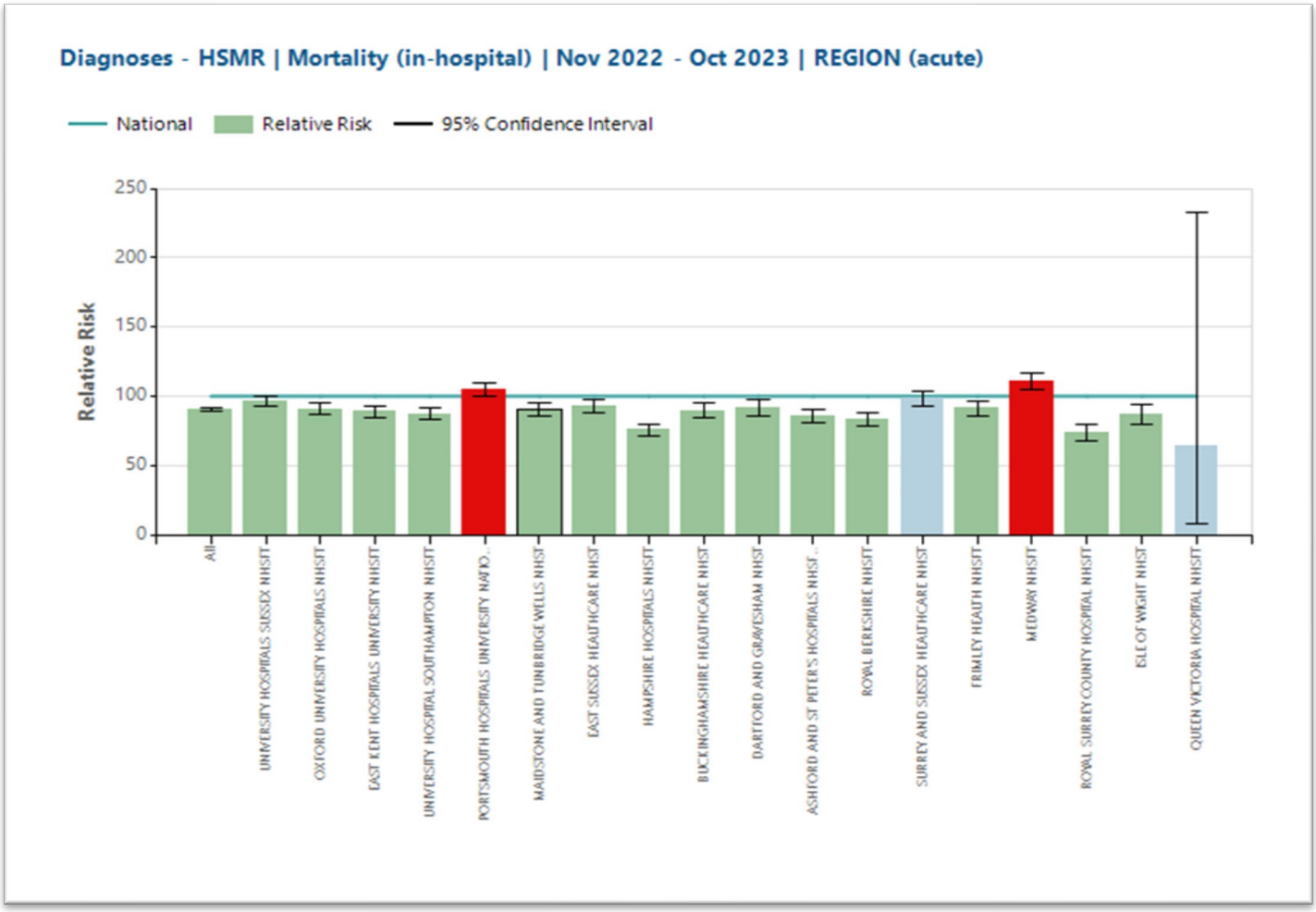
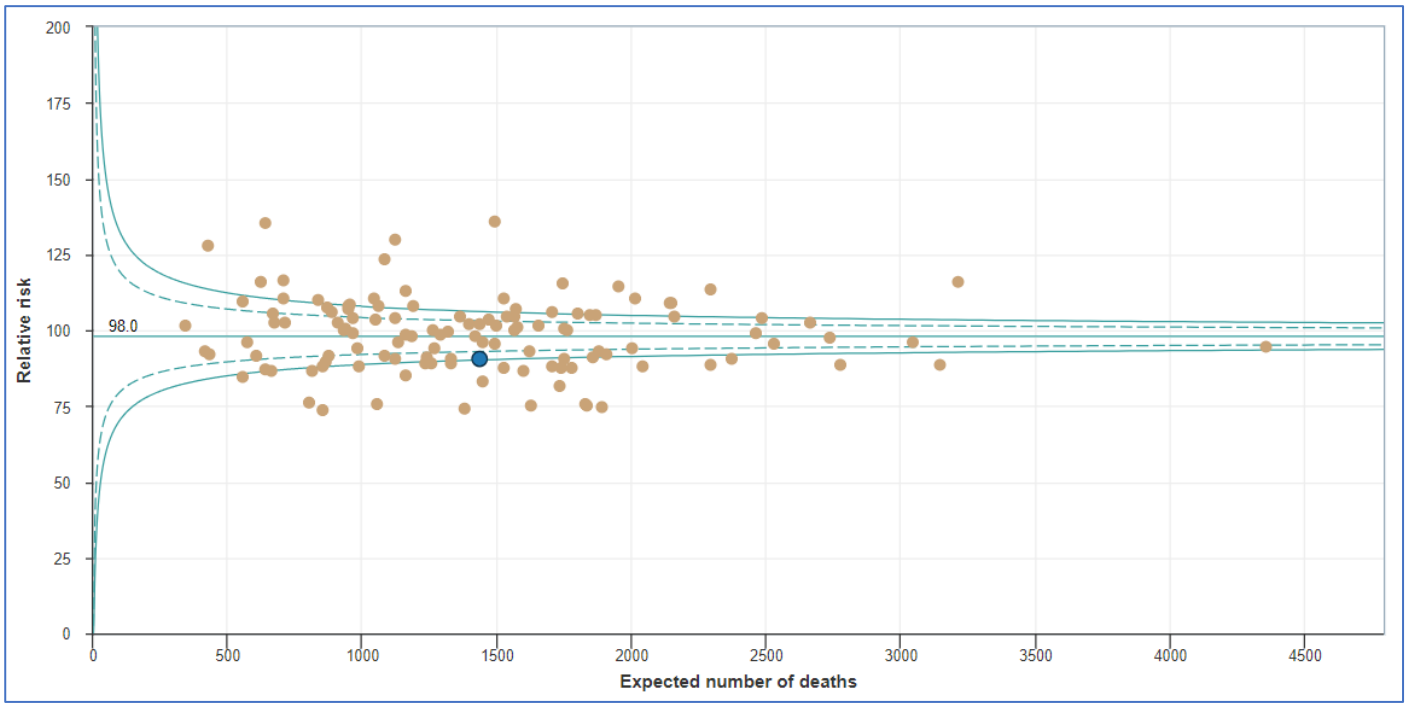


Figure 3.2 – HSMR 12 Month Peer Comparison: National (Acute, Non-Specialist) Funnel Plot
(MTW = blue; all other Trusts = brown)



MONTHLY SHMI

Key points

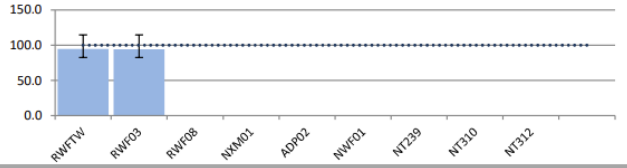
SHMI value for Oct-22 to Sep-23 is 94.29 and 'as expected'. The value has increased by +2.46pts compared with last month. This is a notable rise, however the SHMI value reported for MTW is fluctuating at the moment, and as a result, continues to be closely monitored.

SHMI - Published (With Over Dispersion)

** click **group name** to filter; click **header title** to clear*

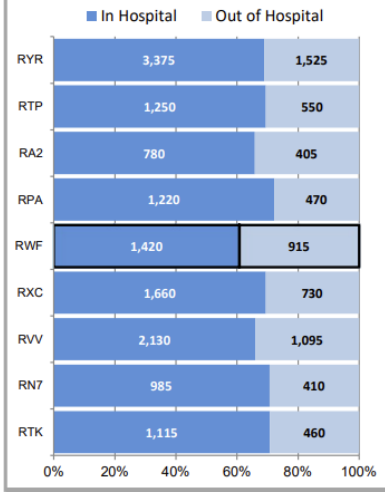
	Provider	Denominator	Obs	Exp	Obs-Exp	SHMI	Low	High
RTK	Ashford And St Peter'S Hospitals NHS Foundation Trust	59,540	1,575	1,770	-195	89.05	88.91	112.47
RN7	Dartford And Gravesham NHS Trust	52,505	1,400	1,345	55	104.00	88.66	112.79
RVV	East Kent Hospitals University NHS Foundation Trust	153,745	3,225	4,765	-1,540	67.70	89.45	111.80
RXC	East Sussex Healthcare NHS Trust	58,245	2,390	2,380	10	100.34	89.13	112.20
RWF	Maidstone And Tunbridge Wells NHS Trust	95,335	2,340	2,480	-140	94.29	89.15	112.17
RPA	Medway NHS Foundation Trust	50,970	1,690	1,460	230	115.73	88.74	112.69
RA2	Royal Surrey County Hospital NHS Foundation Trust	55,580	1,185	1,475	-290	80.44	88.75	112.68
RTP	Surrey And Sussex Healthcare NHS Trust	56,220	1,800	1,790	10	100.60	88.92	112.46
RYR	University Hospitals Sussex NHS Foundation Trust	139,315	4,900	4,550	350	107.71	89.43	111.82
Group		721,455	20,505	22,015	-1,510	93.14		

Site - All Diagnosis	Den	Obs	Exp	SHMI	Low	High
THE TUNBRIDGE WELLS HOSPITAL	61,315	1,245	1,315	94.55	85.16	117.43
THE MAIDSTONE HOSPITAL	32,850	1,095	1,160	94.05	85.06	117.57
CROWBOROUGH WAR MEMORIAL	345	0	*			
THE HORDER CENTRE - ST JOHNS	225	0	*			
KIMS HOSPITAL (NEWNHAM COURT)	200	0	*			
BENENDEN HOSPITAL	200	0	*			
NUFFIELD HEALTH, TUNBRIDGE	145	0	*			
SPIRE TUNBRIDGE WELLS HOSPITAL	25	0	*			
SPIRE ALEXANDRA HOSPITAL	25	0	*			

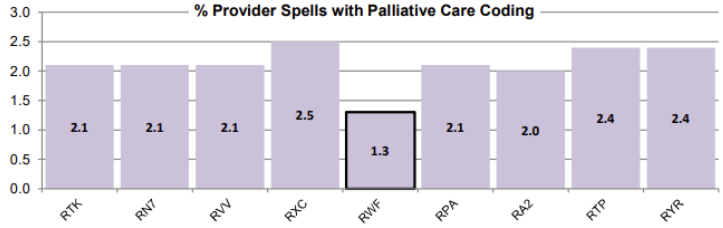


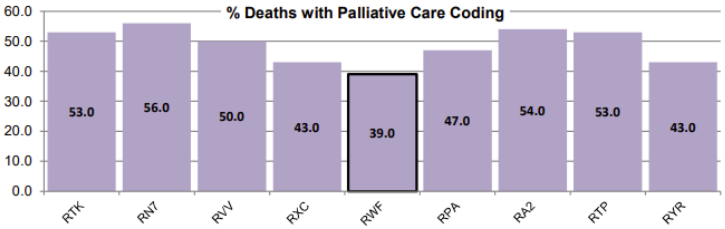
SHMI Group	Obs	Exp	SHMI	Low / High
Septicemia (except in labour), Shock	205	165.00	123.88	83.50 119.76
Cancer of bronchus, lung	35	30.00	112.07	70.06 142.74
Secondary malignancies	60	70.00	86.52	79.18 126.29
Fluid and electrolyte disorders	50	40.00	125.74	67.79 147.52
Acute myocardial infarction	20	30.00	76.17	68.55 145.87
Pneumonia	220	255.00	85.92	84.09 118.92
Acute bronchitis	20	25.00	74.62	65.76 152.07
Gastrointestinal haemorrhage	25	30.00	73.66	70.42 142.01
Urinary tract infections	45	50.00	96.11	72.28 138.34
Fracture of neck of femur (hip)	55	50.00	110.09	75.59 132.29

Deaths: In / Out Hospital

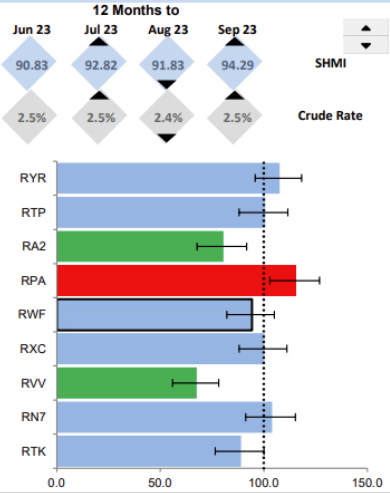


% Palliative Care Coding





Trend / Rate



SHMI Group - With 95% CI (Dr Foster)

SHMI Group	Obs	Exp	SHMI	Low / High
(79) Respiratory failure, insufficiency, arrest (adult)	45	30	150.00	109.40 200.72
(128) Complication of device, implant or graft	30	20	150.00	101.18 214.14
(99) Acute and unspecified renal failure	55	45	122.22	92.07 159.09
(77) Aspiration pneumonitis, food/vomitus	70	65	107.69	83.95 136.07
(129) Complications of surgical procedures or medical care	15	10	150.00	83.89 247.42
(90) Diverticulosis and diverticulitis, Anal and rectal conditions	15	10	150.00	83.89 247.42
(12) Cancer of liver and intrahepatic bile duct	15	10	150.00	83.89 247.42
(63) Cardiac dysrhythmias	20	15	133.33	81.41 205.93

There is very little new to report this month: relative risk values (HSMR, SMR) continue to show signs of improvement, driven by decreases in the Trust's crude rate. There are no new outliers or alerts.

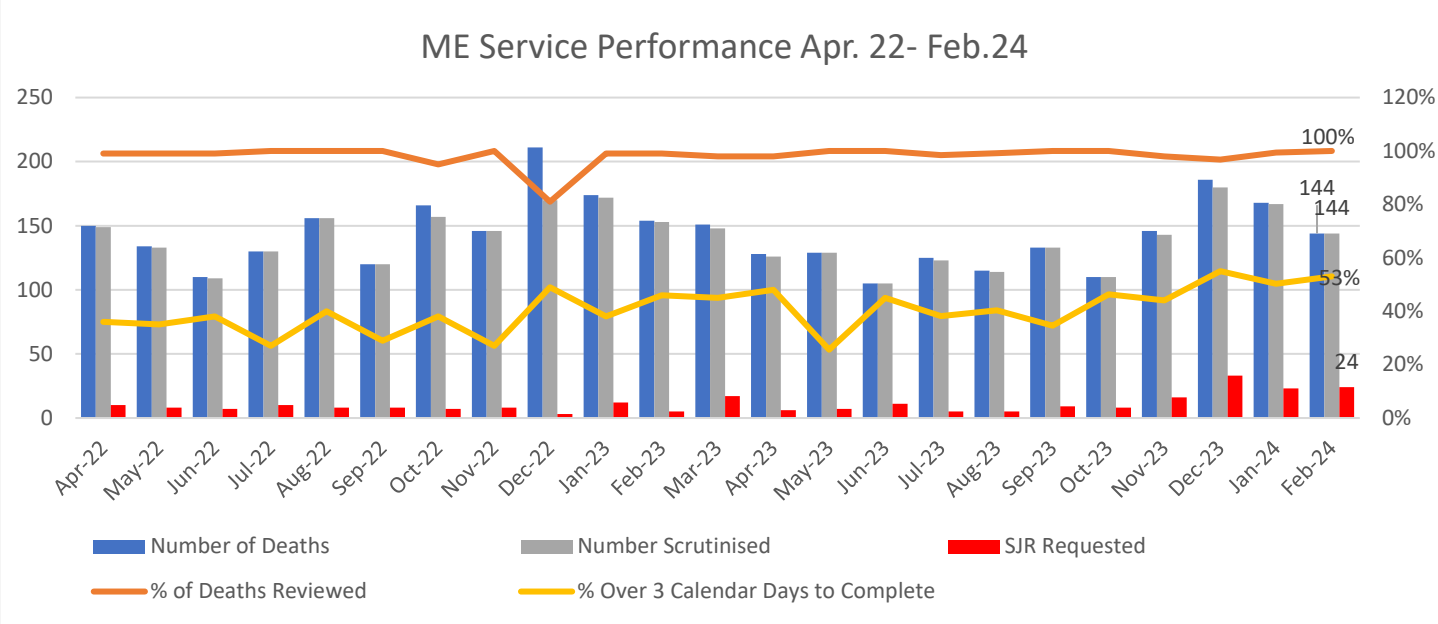
Mortality Surveillance Group (MSG) and Medical Examiner Service Update

Medical Examiner Service

ME Service Update

- The increase in deaths within the trust in November and December 2023 has started to see a decline as is expected. Historical data over the last 3 years indicate mortality rates are higher during the winter months.
- Deaths occurring in November 2023 was 146, rising to 186 in December and declining in January to 168 and 144 in February. The Service continues to perform well, scrutinising a high percentage of cases within the month. 97-100% of all deaths were scrutinised by the Service in the last three months.
- ME Service roll out to community project continues to work toward an April 2024 go live implementation timeframe, when new legislation is expected to come into effect.

Month	Number of Deaths	Number Scrutinised	% of Deaths Reviewed	Number that Took Over 3 Calendar Days to Complete (of those applicable, not including Coroner cases)	% Over 3 Calendar Days to Complete
Aug-23	115	114	99%	46	40%
Sep-23	133	133	100%	46	35%
Oct-23	110	110	100%	51	46%
Nov-23	146	143	98%	63	44%
Dec-23	186	180	97%	99	55%
Jan-24	168	167	99%	84	50%
Feb-24	144	144	100%	76	53%



The increase in SJRs raised by the ME Service in the last few months is due to the Service now flagging all cases involving Sepsis. All of these cases may not require an SJR, however they are being highlighted to support the work around Deteriorating Patients and Sepsis. A decision on how these cases will be managed is due to be made liaising with the Sepsis Committee and the Deteriorating Patient and Sepsis work group.

Challenges faced by the ME Service

- The holiday season and doctor industrial strike actions have had an impact on the death certification process despite mitigation plans. Expectation of family continues to be managed well by the Service.
- Timeliness of death summary completion by attending physicians impacts on the ability of the Service to complete the scrutiny process within the stipulated 3 days.

Mortality Surveillance Group (MSG)

The role of the Mortality Surveillance Group involves supporting the Trust to provide assurance that all hospital associated deaths are proactively monitored, reviewed, reported and where necessary investigated. A further responsibility of the group is to ensure lessons learnt from Mortality reviews are disseminated appropriately and actions implemented to improve outcome for patients and quality of services provided.

Learning from Mortality reviews identified the following needs:

- Sepsis continues to be a theme highlighted by the Structured Judgement Review. In a case discussed at MSG, there was failure to escalate a deteriorating patient with potential sepsis for 6 hours. In another case discussed at MSG, poor management of sepsis was identified, despite rising inflammatory markers and AKI, antibiotics were started on day 3 of admission.
- Reason for DNACPR initially given as Learning Disability and reasons for initial decision on ward-based ceiling of care poorly documented. Poor or a lack of documentation is a theme highlighted by SJR cases discussed at MSG.
- Lack of communication with family despite nursing notes stating family concerns and requesting for a doctor to update them.
- Delays to treatment administration if patient declines or is unable to receive treatment is another theme. In a case discussed at MSG, there was a delay of up to 7 days in feeding due to difficulties in obtaining a safe route. In another case, there was a 3-4 delay in sourcing oral medication alternative when a learning disability patient was unable/refused treatment.

The following good practice was highlighted

- Prompt and thorough assessment in ED, including contacting residential home for information.
- Prompt involvement of palliative care team with EOLC pathway utilised and meds prescribed and given appropriately

- Good evidence of multidisciplinary working throughout with appropriate and timely discussions with other specialities to ensure best care
- Good sepsis six protocol started in unwell patient, and good recognition by ED and medical team

Structured Judgement Review (SJR)

An SJR is a standardised review of a patient's death undertaken by a trained clinician making safety and quality judgement of care phases. The SJR reviewer makes explicit comments about phases of care with scores attributed to each phase and the overall care received.

Key Themes Highlighted by SJRs

- Sepsis is a reoccurring theme discussed at MSG, there is a need for increased awareness to support early identification, treatment and escalation
- Treatment delays is another key learning area from SJRs
- Improved communication with patients and families/carers
- Need for comprehensive and clear documentation

- Good multidisciplinary involvement in patient care has been highlighted
- Prompt recognition of patients who are at end of life is another good area of care

SJR Backlog Position

Year	Outstanding SJRs	Completed SJRs
Apr 23 to Mar 24	**7**	89
SJR Total backlog	**7**	89

- The current SJR backlog position is 7, this pertains to SJRs allocated to reviewers, yet to be completed, having exceeded the 4-week stipulated SJR turnaround time.
- Cases within the backlog range from 1 to 4 months in arears and work is ongoing to completely remove the backlog.
- There are 5 additional SJRs raised by the ME Service this year not within the backlog.
- This brings the total number of SJRs to be reviewed to 12.

Summary of 'Poor Care' from SJR Review

MSG Meeting	No of SJRs	Overall 'Poor care'	Overall 'Very poor Care'
Dec-23	MSG Cancelled		
Jan- 24	15	2	1
Feb-24	MSG Cancelled		

- In December, Mortality Surveillance Group was cancelled because the meeting was not quorate.
- In January, the Mortality Surveillance Group reviewed 2 SJRs with an overall assessment of 'Poor care' and 1 Very poor care SJR. The management section of MSG was stood down to aid the discussion of the large number of cases due to the cancellation of the December MSG.
- In February, Mortality Surveillance Group was cancelled because the meeting was not quorate.
- Learning from both very poor/poor care and good practices highlighted from cases reviewed at MSG continue to be highlighted to directorates.
- Learning is also being disseminated via the learning from deaths section in the Patient Safety Learning Hub on the intranet.
- Divisional mortality reports including mortality indicators and learning from SJRs are now provided to divisions to be presented at Clinical Governance meetings on a monthly basis

Actions from 'Poor care' SJR Reviews

- No SJR was referred to the SI panel in January to review against the Serious Incident (SI) threshold.
- Feedback to directorates to aid learning from all SJRs occurs via mortality leads to teams, letter to clinical directors and senior clinicians involved in the case. Cases are also discussed at Clinical Governance meetings.
- In some specific cases, the MSG co-chair provides SJR reports and extracts from MSG meeting minutes to senior members of teams posing questions and asking for assurance around processes to aid learning.

Next steps

- The annual mortality audit was cancelled due to junior doctor strikes on the scheduled date - February 28th 2024. The audit is being rescheduled for April 10th 2024 pending availability of participants.
- Working with the ME Service to provide themes and trends as part of their monthly report to MSG on scrutiny and engagement with deceased patients loved ones around concerns in their care provision whilst at the trust.
- Continue with the active work to erase the SJR backlog which is proving effective.

The findings of the national NHS staff survey 2023 **Chief People Officer**

The enclosed report provides information on…

- The 2023 National Staff Survey results, which reveal that, as a Trust, MTW has made progress across all of the People Promise areas.
- There are, however, disparities among different groups and Directorates, who are less represented in our positive results. We also have some scores that we should still aim to improve, particularly where progress from 2022-23 has been minimal (i.e. with EDI).
- Targeted work with these Directorates and staff groups is underway and will continue, and we will also continue Trust-wide interventions to continue to improve our scores.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 19/03/24
- 'main' People and Organisational Development Committee, 22/03/24

Reason for submission to the Board (decision, discussion, information, assurance etc.) [1]

Information, discussion and assurance.

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Trust Board

March 2024

Deep Dive: 2023 National Staff Survey Results

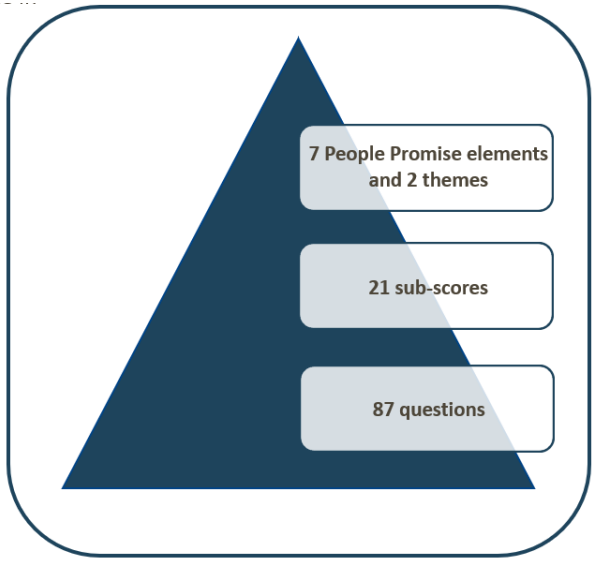
MTW

NHS
Maidstone and Tunbridge Wells
NHS Trust

Confidential staff briefing - not for external use

Introduction: People Promise and Staff Retention

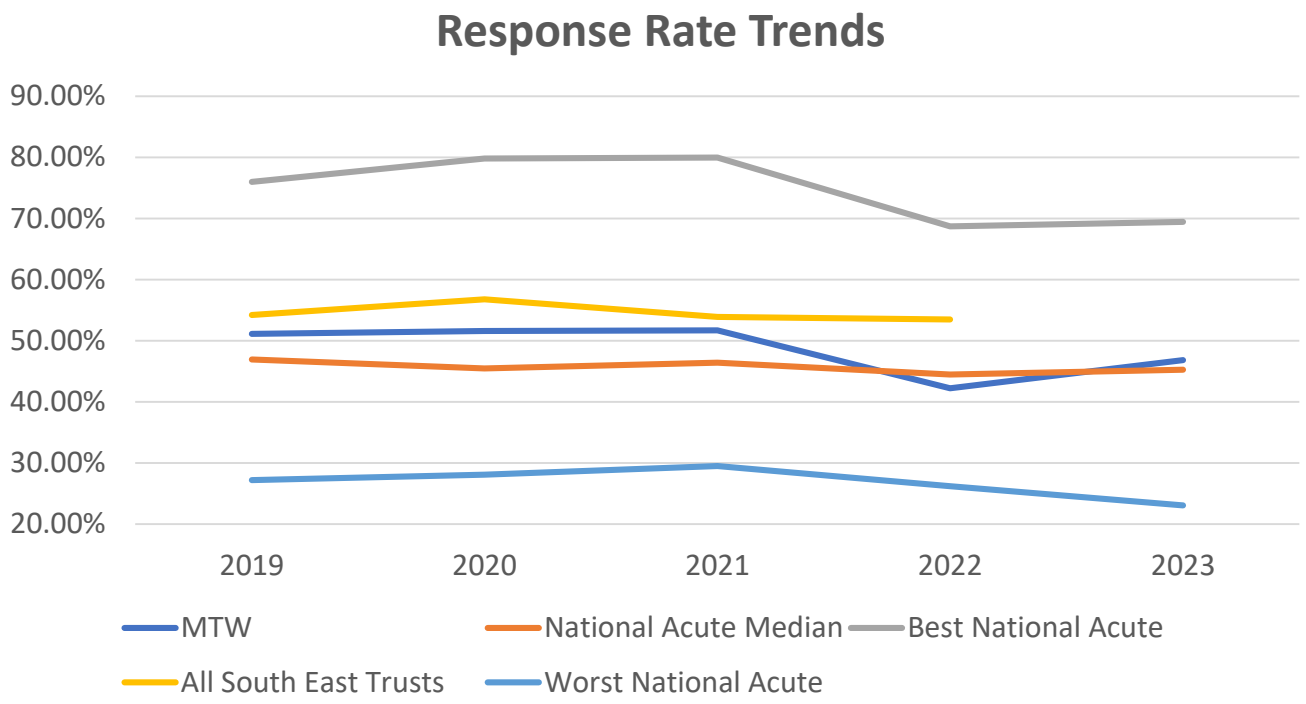
- Following data collection between September and November of last year, the 2023 National NHS Staff Survey results were released on March 7th, 2024. Since 2021, the annual survey has been rearranged so that it aligns with the NHS People Promise. The People Promise means that questions align with themes that healthcare staff have identified as making the biggest difference to their workplace experience. The People Promise came from the voices of our NHS people who are best placed to say when progress has been made. As you know, these seven areas are key to staff retention and are depicted by the icons below. Staff Engagement and Morale are also measured.
- All results are available through the Survey Coordination Centre website, which includes a new interactive dashboard. Comparative Bank Survey scores will be received next month.
- While we had started performing well regionally, last year the Executive Team took the decision to take a more internal emphasis on assessing our results to boost the rate at which we make improvements. This approach remains integral for the following reasons:
    - Four years on following the start of our first Covid lockdown, we continue to operate against the backdrop of patient care backlogs, the ongoing cost of living crisis, the continued squeeze on public sector investment and NHS strike action - all of which impact our staffs' workload, wellbeing and their workplace experience.
    - In response, staff across the NHS are voting with their feet, leading to a situation where trusts cannot recruit their way out of staffing challenges. Consequently, the retention of exceptional staff within MTW is key over the coming years in order for us to continue delivering outstanding care. Improving and monitoring staff experience through the People Promise is a key instrument for increasing retention.
    - Furthermore, given the learning and changes that we have made following the Fuller Inquiry, continuing to create a culture of professional curiosity, leadership visibility and staff voice remains key. As members of the Senior Leadership Team, we must consider this deep dive into the NSS results with the motivation of actively responding to key areas of concern relevant to our areas of interest and capabilities over the coming year.



Introduction: Aim of this Paper

- This paper provides deeper insight into the trends evident within our NSS 2023 results by detailing differences between Divisions, Directorates, Staff groups and identity groups. The scores detailed represent the percentage of positive scores received. Limitations to the information presented in this paper include that:
    - Regional and National comparisons for the Bank Staff Survey will be released in April
    - Survey questions and the makeup of each Division change annually, meaning that there may be slight discrepancies in the analysis of the data presented.
    - ESR cost-code data was used to compile Team, Department, Directorate and Division breakdowns presented in this paper, meaning that lower-level breakdowns, particularly at team and departmental level may not be fully accurate. Nonetheless, Directorate and Division-level breakdowns remain representative of staff groupings.
    - Results relating to identity groups, particularly relating to ethnicity, long-term conditions and sex and sexuality are not currently available across the themes, but are available for Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) questions
    - While we now have team, department and directorate-level data, the availability is not consistent across the Trust. Therefore, some values for Directorates are unknown and this paper will only include discussion of those where data is available. Other data sources available through alternate staff engagement interventions, i.e. local surveys, listening events, observational information, voice boxes and more will provide additional context and insight, where available.
    - NSS 2023 free text comments, which provide more insight into why our scores are as they are, are also included in this paper. Over 600 MTW staff members provided free text comments in the Survey which, once analysed and deconstructed, provided over 800 People Promise-specific commentaries.
    - Currently, data is not available across all demographic variables, particularly in relation to sex, sexual identity and long-term condition status. Where data is available, it is presented in this paper.
    - NHS-wide results relating to staff experiencing physical violence at work for patients, the public or colleagues have suffered a data quality issue, which is currently being investigated by the Survey Coordination Centre and NHSE. This invariably impacts the overarching ‘We are safe and healthy’ People Promise theme, and in particular its Health and Safety Climate and ‘Negative experiences’ sub-themes.
- Despite the above caveats, the NSS remains a robust, reliable and high-quality mechanism for measuring staff experience and providing key insights delivered in this paper.
- The remainder of this paper examines each of the People Promise themes in order, followed by the Staff Engagement and Morale Themes, alongside WRES and WDES results.

Response Rates



Key Points to Note

- 47% of our substantive staff completed the 2023 Survey (up from 42% in 2022). 20% of our bank staff completed the survey (up from 16% in 2022.
- While the general response rate for the region across all trust types saw a slight decline in response rates, MTW's response rate rose.
- Not all of our staff fill in survey. Some staff groups, pay bands, roles are over or under represented. We must continue to work on this as we engage with staff in our Divisions.
- Free text comments reveal that many staff were thankful for the opportunity to have their say. The most common response for not leaving a detailed comment is that 'nothing ever changes', with some staff divulging that they have no intention on filling out any further surveys.

Within MTW: Key Disparities

Bank vs Substantive:

- The response rate percentage is not yet known for bank staff.

Divisions and Directorates:

- All non-clinical Divisions scored above the MTW average.
- The clinical/non-clinical divide in response rates for Divisions continues, although Directorate-wise this was not the case for:
  - Sexual Health in WC & SH, who largely scored above the MTW average for most of the Survey themes;
  - Therapies in Core Clinical Services, who scored above the MTW average across all themes, and;
  - ENT in Surgery, who largely performed below the MTW average for all themes).
- The lowest response rates, over 10 points lower than the 47% MTW average, include:
  - Clinical Haematology Directorate in Cancer Services Division;
  - Acute Medicine & Geriatrics and Emergency Medicine Directorates in Medical & Emergency Care Division, and;
  - Surgery Directorate in Surgery Division.

Staff Groups:

- The response rate percentage is not yet known for staff groups.

Identity:

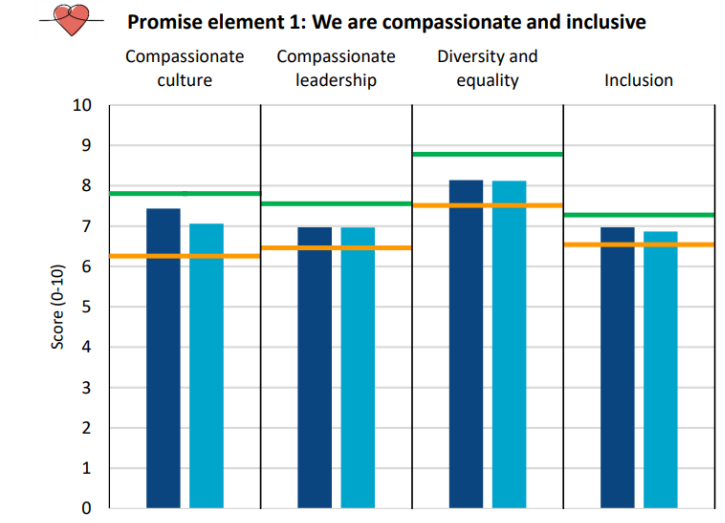
- Ethnicity: While representation across White, Black and Asian groups increased, the sharpest increase in response rates were among Asian groups.
- Sex, Age, Long-Term Condition status and Sexuality: This data is not currently available.

We are compassionate and inclusive

Long-Term Trends for Overarching Theme

	2021	2022	2023
Your org	7.28	7.24	7.38
Best result	7.78	7.67	7.71
Average result	7.20	7.18	7.24
Worst result	6.75	6.76	6.85

Theme Breakdown



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	7.43	6.97	8.14	6.97
Best result	7.81	7.55	8.78	7.27
Average result	7.06	6.96	8.12	6.86
Worst result	6.26	6.46	7.51	6.54

Within MTW: Key Disparities

Bank vs Substantive:

- Overall, both substantive and bank staff experienced improvements to these scores Trust-wide, although bank staff scores for this theme increased by 3 points and substantive staff scores increased by 1.8 points.
- Bank staff scores for this theme are slightly lower than substantive staff scores.

Divisions and Directorates:

- The Estates Division ranked significantly below the MTW average for this theme, with Ophthalmology, Clinical Governance and Medical Physics and Radiotherapy Services following closely with low scores. Other lower-scoring directorates are somewhat concentrated in clinical divisions, except the Facilities and Hotel Services Directorate.
- The Trust Management Directorate and Medical Director Division scored well above the MTW average score.

Staff Groups:

- Those most represented in the lowest scores for this theme include: Additional Clinical Services Support to Other; Estates and Ancillary, Band 5 nurses and training grade Medical and Dental staff. Other Medical and Dental staff, as well as Healthcare Scientists and Band 2-3 Admin staff are also over-represented in lower scores.

Key Theme Questions

- 'I would recommend my organisation as a place to work' increased 6 percent, from 65% to 71% for substantive staff
- Having been ranked as the third best acute trust in the South East to work for last year, the 2023 Survey results place us as the second-best trust in the region, the top in Kent and the 8th best acute trust to work for in the country.
- 'If a friend or relative needed treatment I would be happy with the standard of care provided by MTW' increased 3 percent, from 71% to 74% for substantive staff
- The score for 'Care of patients / service users is my organisation's top priority increased from 78.5% to 80.2%

Key Points to Note

- Our 2023 Survey results reveal that Diversity and equity, relating to career progression fairness and discrimination, are our poorest areas of improvement from 2022-23. Further information is available in the forthcoming WDES and WRES slides.
- Compassionate leadership from line-managers and compassionate team dynamics remains key areas for improvement that currently bring our scores down.

We are compassionate and inclusive: Free Text Insights

Understanding Positive Scores

An example of positive free text comments includes:

Patient care matters highly to staff: "I am very proud to work for MTW. Whilst it may not be perfect, (I don't believe any NHS Trust is), I strongly feel that they are dedicated to putting our patients first and work very hard to make all staff feel valued and supported… Overall, I am very happy in my work and look forward to a long career with the Trust."

SLT engagement matters: "I have confidence in the current senior management team. They create a culture of 'can-do" and don't just pay lip service to the mission statement they do their utmost to embody it. This open attitude is a breath of fresh air The senior managers trust the teams to do their job well and to take control of their services because they have met us all and have learned from working alongside us about what we can achieve. This means that I have a good feeling about our local direction and plans..."

Free text comments suggest that wider positive impacts of positive experiences include:

\+ Morale Recommending MTW workplace Patient care quality Retention

Understanding Negative Scores

An example of negative free text comments includes:

Performance management matters: "..Also I think there should be a more dynamic hiring and firing in accordance with performance. There is a lot of talk about striving which is great, but I also think there needs to be a floor below which the quality of care must not fall. I think this floor is currently set far too low. So there is excellent care but this contrasts with the inadequate care (which is somehow just sort of accepted) which goes unchallenged."

Holistic targets matter: "The organisation cares more about targets than patients. 4th best in the country A&E but doesn't count poor patients boarding in the corridor having to use commodes behind a curtain! I'm ashamed to work here and will be leaving as soon as I can."

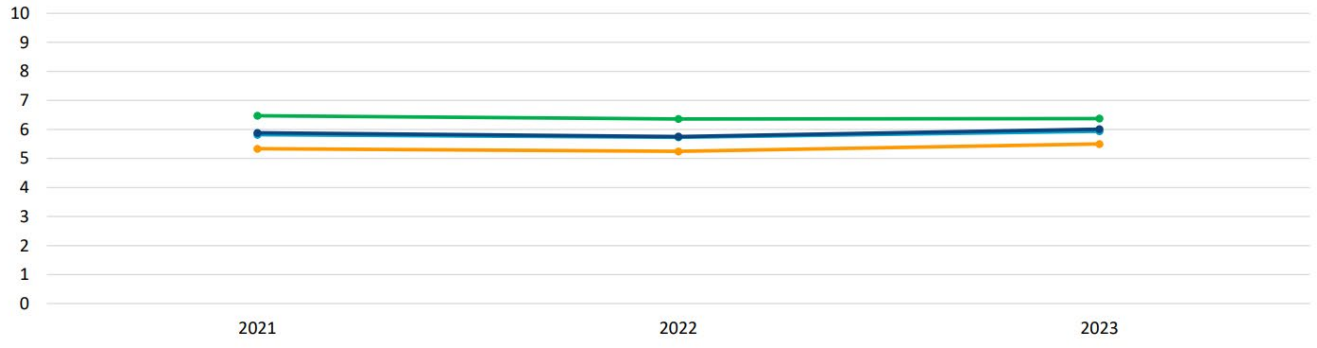
Nepotism in recruitment/ promotion matters: "There are lots of 'dodgy' recruitment practices for those fast-tracked, friends of management, knowing the right people. Not equal opportunities for all."

Free text comments suggest that top contributing factors for negative scores include:

– **Targets over patient care** Increased manager and leader presence **Managers taking effective action on problems or concerns** Respecting individual differences Discrimination **Biased promotions**

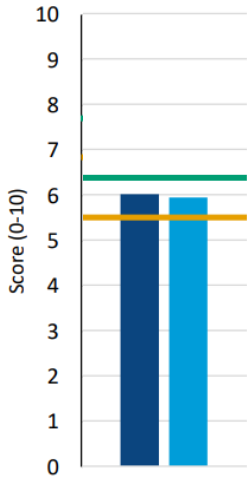
We are Recognised and Rewarded

Long-Term Trends for Overarching Theme



	2021	2022	2023
Your org	5.88	5.75	6.01
Best result	6.47	6.36	6.37
Average result	5.82	5.73	5.94
Worst result	5.34	5.24	5.50

Theme Breakdown



Your org	6.01
Best result	6.37
Average result	5.94
Worst result	5.50

Within MTW: Key Disparities

Bank vs Substantive:

- Standing at 61%, Bank staff scored 0.9 points higher than substantive staff for this theme, whilst also experiencing an improvement that is 1.7 points higher than substantive scores for 2023.
- Although bank staff score poorer for scores related to feeling valued and appreciated, they are generally more satisfied with their pay.

Divisions and Directorates:

- A clinical/non-clinical divide is evident for this theme.
- Mirroring trends in the Compassionate and Inclusive theme, staff in Estates and Ophthalmology are among those most represented in poorer results for this theme. Cancer Services and Medical and Emergency Care also have lower results, alongside the Women's Services, Pathology and Theatres and Critical Care Directorates.

Staff Groups:

- The only staff groups not over-represented in lower scores for this theme include: Additional Clinical Services (HCSW); Admin and Clerical Bands 4+ (with higher bands experiencing greater satisfaction); Estates and Ancillary; Career/staff grade Medical and Dental staff, and; Band 7+ Nurses.

Key Points to Note

- This People Promise element continues to be our lowest score and includes questions relating to being valued and appreciated, and pay.
- Satisfaction with one's level of pay id often the lowest score for this theme, however staff showing appreciation to one another, recognition for good work and feeling valued by managers and MTW routinely experience upward or downward trends in alignment with pay.
- Concerning our need to improve retention, previous NSS results indicate that staff who feel that their organization values their work more are more likely to stay. This will need to be a key area of concern within the 'Recognised and rewarded' theme. (NHS England, 2024)

We are Recognised and Rewarded: Free Text Insights

Understanding Positive Scores

An example of positive free text comments includes:

Directorate-level dynamics matter: “Just to add, that I genuinely love working for [name removed] services. They are a real great directorate to work for where I feel valued.”

Line managers are key: “I am new to the organisation and I have never felt more appreciated or looked after than I do here. My managers care about our feedback, they act on things rather than just forgetting about them, and they obviously understand we are humans and not work robots. Moving to MTW was the best thing I've done. I am a remote worker but I feel more a part of a team here than when I've worked in an office.”

Understanding Negative Scores

An example of negative free text comments includes:

Visibility and words from management matter: “The Trust relies too much on the good will of it's staff members. When things are tough, and all you get is a "thank you" or a "well done" from upper management, sometimes this just isn't enough, the Trust could look into actually rewarding the teams who have good results or outcomes. When you have had a hard and busy day getting people discharged home, the words "thank you" or "well done" from management you have never met will not make me feel appreciated and want to do it again in a heartbeat.”

Fair pay remains important: “Pay needs to be look in to fair banding for the lower paid staff. Managers on band [number removed] are not paid sufficient for the amount of responsibility that they have in their job role.”

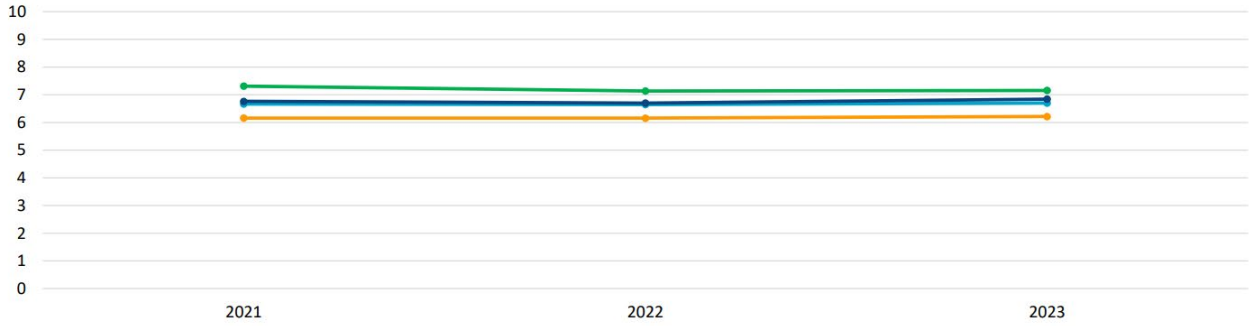
Line-manager validation matters: “Main concern is acknowledgment from Line manager for work done. Currently even despite going above and beyond my current job role, I feel the credit is absorbed by the Line manager and not given where it is deserved and this is very damaging for our team and teams in general. For Individual drive to want to do more within the role when credit is not given where deserved.”

Understanding Disparities in Scores Across Different Groups

Identity matters: … as an international Registered Nurse with more than [number removed] years of experience before coming here in the UK and have several internationally recognised certificate, the trust (employer) did not even honour the experience I've got and reflected it back with the appropriate salary, and this affects me the most. It feels like I'm being treated as a newly graduated nurse with zero experience.

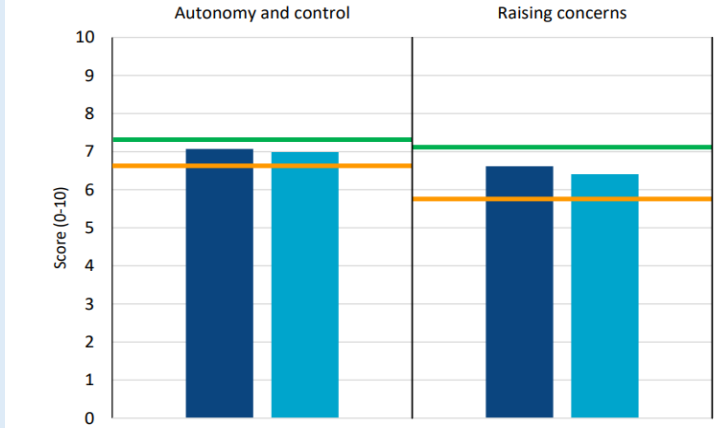
We each have a voice that counts

Long-Term Trends for Overarching Theme



	2021	2022	2023
Your org	6.76	6.70	6.84
Best result	7.31	7.14	7.16
Average result	6.67	6.65	6.70
Worst result	6.16	6.16	6.21

Theme Breakdown



	Autonomy and control	Raising concerns
Your org	7.07	6.61
Best result	7.31	7.12
Average result	6.99	6.41
Worst result	6.63	5.76

Within MTW: Key Disparities

Bank vs Substantive:

- Bank staff scores for this theme are two points lower than substantive scores and represent the biggest disparity for bank staff, highlighting improving their voices as a key area for improvement.

Divisions and Directorates:

- Estates and Ophthalmology remain the least represented among our positive results.
- ICT, People and OD, Medical Physics and Radiotherapy Services, Core Clinical Services (except Therapies), Ops and Facilities Management and Women's Services are also represented in our poorest scores.
- Excluding Ophthalmology, other Surgery directorates are over-represented in our positive scores. Medical Director also scores well.

Staff Groups:

- Our most disenfranchised staff groups across previously discussed themes remain over-represented in the lowest scores for this theme, with Estates and Ancillary, training grade Medical and Dental, Band 5 nurses and Additional Clinical Service (Support to Other) experiencing the least satisfaction with this theme.

Key Points to Note

- Last year, MTW committed to improving communications and staff engagement. In response, we recruited key staff, launched Executive Roadshows, expanded our Networks and more. However, the increase in scores for staff being able to make suggestions and make improvements happen have not increased. This is an area that we must continue to improve.
- Staffs' ability to raise concerns remains a key area for improvement.
- Our Quarterly Staff Experience Survey (QSES) trends, captured every January, April and July, remain important for maintaining staff involvement, predicting NSS trends and increasing retention by understanding from staff voice whether our interventions are working. Prioritising these surveys remains an integral part of continuing to improve staff engagement.

We each have a voice that counts: Free Text Insights

Understanding Positive Scores

An example of positive free text comments includes:

Team dynamics can support raising concerns: "... I know that my team accepts, respects, supports and values me and my work without question. I feel confident to raise concerns within my team…"

The staff survey matters: "Thanks for this opportunity to share my impressions."

Understanding Negative Scores

An example of negative free text comments includes:

Overwhelming focus on clinical targets can impede staff voice: "...It's harder to be listened to and people in charge care more about figures and targets than patients and colleagues... The pressures of job are harder than ever and no one listens and no one cares."

Staff have many ideas: "I do feel frustrated when I want to improve the service by introducing new procedures to improve patients care, safety and satisfaction I will be discouraged by saying no money by the managers. This has damaged my enthusiasm and eagerness to do something to improve the service in my department. Sometimes I feel there is no encouragement or support from the senior management level and if anything we want to introduce it takes months and years to implement. I want some one to look in to it please."

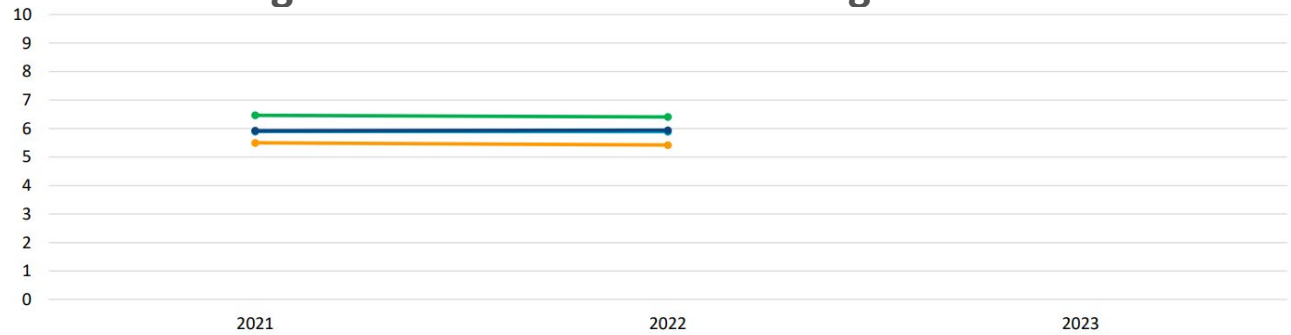
Cross-Team/Department collaboration is beneficial: "We need more joined up thinking and links with different depts. to come up with innovation and joined up thinking, and the time to do this outside the clinical role…."

Responses to concerns impacts morale: "MTW hasn't really acted on many of my concerns in the years I've been here. Rightly or wrongly, I feel they don't really care about staffs concerns if the work is getting done."

Leadership visibility is key to staff voice: "…Monthly meetings and newsletters are okay but what we really need is face to face contact with more senior managers and not flying visits once a week where a hello is shouted into the doorway. Engaging with more senior managers would allow us to feed back more about our jobs and the roles we have which sadly are still not fully understood, leading to poor management decisions and blanket emails that simply upset everyone as they show poor understanding of what we do. There are multiple layers of management, most of whom we do not know or recognise."

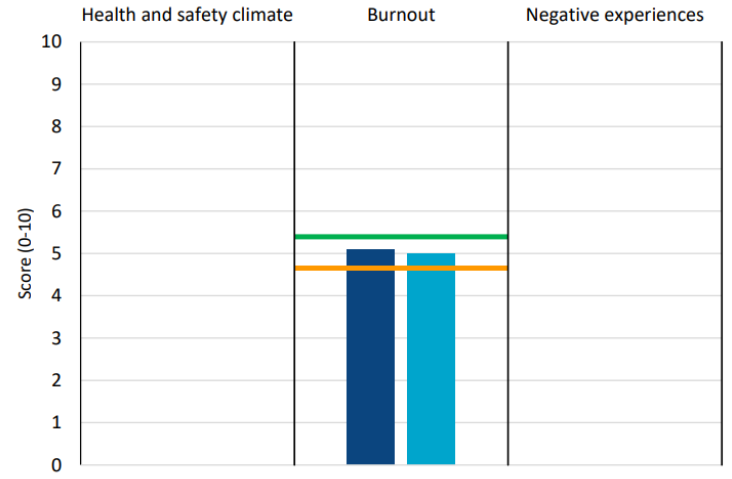
We are safe and healthy

Long-Term Trends for Overarching Theme



	2021	2022	2023
Your org	5.93	5.94	
Best result	6.47	6.41	
Average result	5.90	5.89	
Worst result	5.50	5.42	

Theme Breakdown



	Health and safety climate	Burnout	Negative experiences
Your org	-	5.11	-
Best result	-	5.39	-
Average result	-	5.00	-
Worst result	-	4.65	-

Within MTW: Key Disparities

Bank vs Substantive:

- These scores are withheld until any data validation issues have been fully investigated.

Divisions and Directorates:

- An analysis of what scores we do have reveals that Women's services exhibit one of the biggest disparities for this theme, scoring 24.1 points lower than the MTW average. These results may be subject to change.
- Clinical Divisions generally remain over-represented in our lowest scores.

Staff Groups:

- These scores are withheld until any data validation issues have been fully investigated.

Key Points to Note

- NB: The results regarding physical violence, and therefore the overarching results for 'We are safe and healthy' are possibly incorrect due to data collection issues which are in the process of being resolved. Other questions and data for 'Burnout' sub-theme are correct. All data on the slide should be considered as preliminary and subject to slight adjustments.
- The score for 'My organisation takes positive action on health and well-being' rose slightly from 63.4% to 64.9%. With regards to staffs' comments, which are still being analysed, finances, financial wellbeing, free food, parking costs appear frequently with regards to wellbeing.
- Importantly, staff feeling that there are enough staff at MTW for them to do their job properly increased by 9.2% (from 27.5% to 36.7%)
- Although not part of this theme, two questions on unwanted sexual behaviour in the workplace asked for the first time asked. Across MTW, staff experienced more unwanted sexual behaviours from patients/service users/patient relatives (approx. 7% of survey respondents experienced this) than from staff/colleagues (approx. 5% of survey respondents experienced this). Being gay or lesbian (and sexuality more generally) appears to be the biggest single factor leading to experiences of unwanted sexual behaviour among our staff. Apart from being a clinical staff member, other variables appear to be slightly less significant.
- With regards to improving retention, previous NSS results indicate that staff who feels less frustrated in work is more likely to stay. We must therefore continue to work on reducing burnout. (NHS England, 2024)

We are safe and healthy: Free Text Insights

Understanding Positive Scores

An example of positive free text comments includes:

Wellbeing initiatives matter: "I do think MTW is a lot better at looking after their staff than other trusts I have worked in, which is a welcome change. Some examples are - there is food available from the canteen for most hours of the day, including at night. The food in the canteen is very affordable (1/3 of the price in other trusts). There are small items for each meal that are free (e.g. soup and bread roll, porridge etc.). There is a free staff shuttle to the train station. These things are hugely important and I hope the trust continues them. I know they are planning on scaling back on the free food offers and increase prices - I would highly encourage management to re-consider and keep things as they are. There is incredible amount of discontent remaining in the whole NHS workforce and simple measures like this do make a huge difference to staff."

Free text comments suggest that wider positive impacts of positive experiences include:

\+ **Morale** Feeling valued

Patient care quality Productivity Wellbeing Retention

Understanding Negative Scores

An example of negative free text comments includes:

Bullying must remain a priority: "This trust also has a very high bullying problem, and nothing is addressed…"

The balance of frontline roles make a difference: "There is huge investment in increasing numbers of managers without investment in teams delivering quality care on the ground. However as management are aware the patient numbers have grown by in excess of 35 percent and still only one [job title removed] and no new [condition removed] nurses. This urgently needs to be revisited. Attrition has happened over the past few years because of this!"

Free text comments suggest that top contributing factors for negative scores include:

— **Understaffing** **Inadequate facilities and equipment**

Bullying, harassment and abuse from managers Positive action on wellbeing

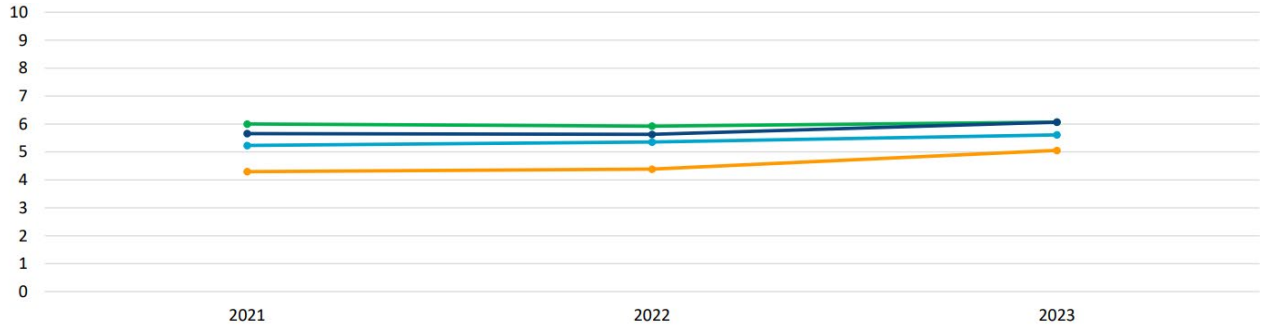
Understanding Disparities in Scores Across Different Groups

Additional Clinical considerations regarding equipment and space and their impacts:

- "I am not able to do my job properly due to lack of non clinical time. Things will be missed out in the future as a result of that (equipment not checked, expiry dates) no time to develop ourselves, attend meetings or meet up with [job title removed], that kind of things."
- "Room availability for clinical space is a significant frustration in [name removed] department and impacts on clinical time and efficiency."
- "We have no staff room in [name removed] department. We have to sit under the stairs which is cold in the winter and too hot in the summer. We often queue outside the toilet as we only have one toilet. Also we have machines that are always failing as they are too old..."

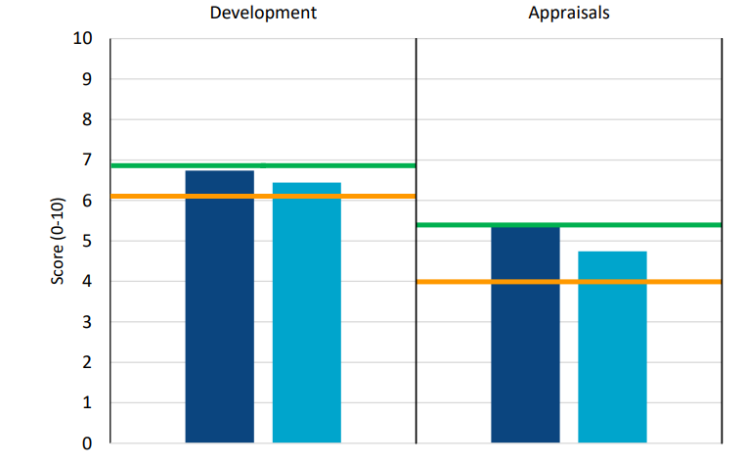
We are always learning

Long-Term Trends for Overarching Theme



	2021	2022	2023
Your org	5.66	5.63	6.07
Best result	6.00	5.92	6.07
Average result	5.23	5.35	5.61
Worst result	4.30	4.38	5.05

Theme Breakdown



	Development	Appraisals
Your org	6.74	5.39
Best result	6.86	5.39
Average result	6.44	4.74
Worst result	6.10	3.99

Within MTW: Key Disparities

Bank vs Substantive:

- Bank staff scores were 3.1 points higher than substantive staff for this score.
- Significantly less bank staff had an appraisal or equivalent annual review (28% versus 92% for substantive staff), however the value of the review was not captured via the Bank Survey, demonstrating a difference with the main substantive staff version.

Divisions and Directorates:

- General disparities between clinical and non-clinical Divisions remain, with expected exceptions concerning ICT, Estates and Clinical Governance, while Therapies continued to score above the MTW average across all themes.

Staff Groups:

- Registered Midwives were over-represented in scores below the MTW average, followed by Healthcare Scientists, Additional Clinical Services and training grade Medical and Dental staff.
- Those most over-represented in positive scores for 'we are always learning' include: Band 7+ Admin and Clerical staff, alongside Registered Burses across all bands.

Key Points to Note

- Our 2022 Survey results highlight that there are some key areas where we can improve. In response we reviewed our appraisal process to better support staff in gaining the information and support they need for career development. The impact of these efforts are evident in an improvement in our scores.
- With regards to improving retention, previous NSS results indicate that staff who feel more supported to develop their potential are more likely to stay with their current organisation/role.

Key Theme Questions

- Appraisals helping staff to improve how they do their job increased by 6.5 points (from 21 to 27.5%); staff feeling supported to develop their potential through appraisals increased 6.5 points (from 55.0% to 61.5%).
- Appraisal rate:
- As an acute trust in the South East, we also ranked top for appraisals and the 'we are always learning' theme.

We are always learning: Free Text Insights

Understanding Positive Scores

An example of positive free text comments includes:

Training opportunities matter: "This Trust has my complete loyalty. It has allowed me to train and supported me to write post graduate examinations (outstanding library) that qualify me to practice as a [job title removed]."

Training remains effective: "...I started as an [job title removed] completing my NVQ level 2 to be promoted to an HCA, I then moved into Paediatrics as an HCA from an Adult ward. Maximum encouragement was given to undertake my Nurse training. I undertook my NVQ level 3 for my entrance to University. I was successful in being sponsored by the trust to complete my studies... I have moved up through the band."

Free text comments suggest that wider positive impacts of positive experiences include:

\+ Teamworking **Morale**

Recommending MTW as a place to work

Recommending MTW as a place to receive treatment

Understanding Negative Scores

An example of negative free text comments includes:

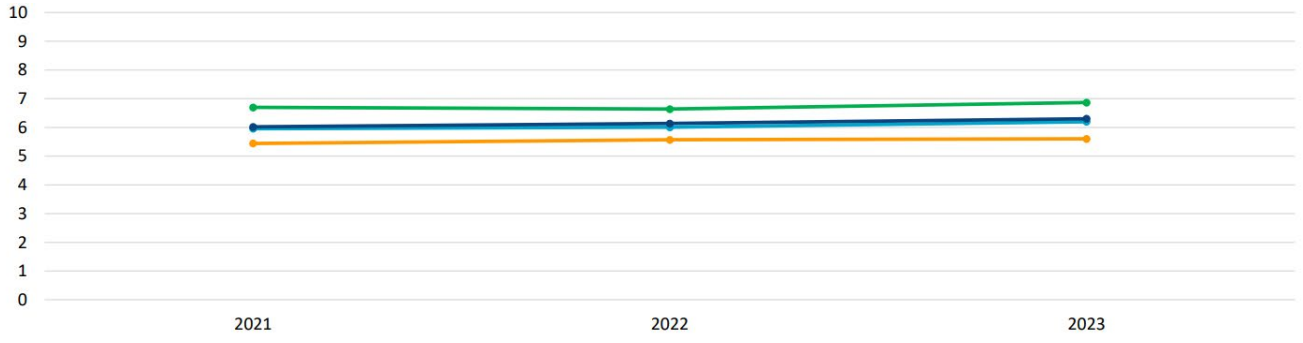
Career development opportunities impact retention: "Opportunities for career development as per 'individual's potential' were not recognised and therefore I am pressurized to move out of current job/trust. Please provide more opportunities if someone wanted to study/learn and thus progress more clinically"

Staff want to be upskilled: "The Trust needs to invest in properly developing admin and clerical staff with targeted training, greater opportunities to act up and go on secondment, as this is a key reason why people are leaving."

We still have some work to do with appraisals: "My last job plan review was [date removed]. Managers say they are too busy to update this."

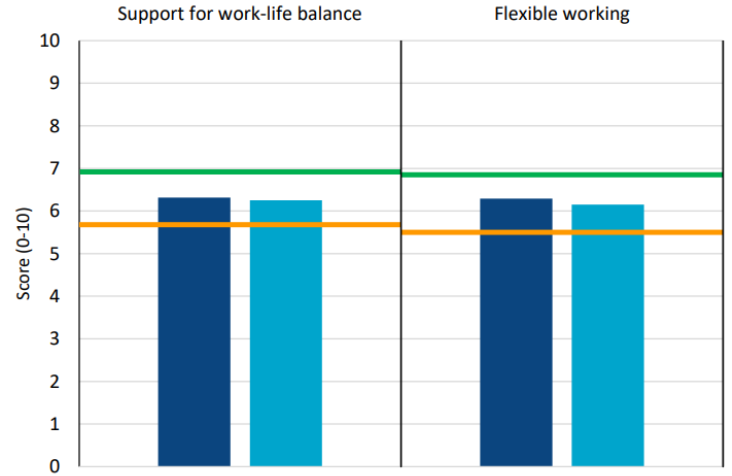
We work flexibly

Long-Term Trends for Overarching Theme



	2021	2022	2023
Your org	6.02	6.14	6.30
Best result	6.70	6.64	6.87
Average result	5.96	6.01	6.20
Worst result	5.44	5.57	5.60

Theme Breakdown



	Support for work-life balance	Flexible working
Your org	6.32	6.29
Best result	6.92	6.85
Average result	6.25	6.15
Worst result	5.68	5.50

Within MTW: Key Disparities

Bank vs Substantive:

- Bank staff scored 1.9 points higher for this theme than substantive staff.

Divisions and Directorates:

- Unsurprisingly, there is a clear divide between clinical and non-clinical divisions, with the exception of Estates, ICT and Facilities and Hotel Services staff.

Staff Groups:

- Training grade Medical and Dental Staff and Midwives are most over-represented in lower scores for this theme, followed by Healthcare Scientists, Additional Clinical Services (Support to Other), Medical and Dental Consultants and Add Prof Scientific and Technic staff.

Key Points to Note

- Staff who feel that their organisation is more committed to helping them balance work and home life are more likely to stay. This indicates that we must continue to focus on supporting us to all work flexibly. (NHS England, 2024)

We work flexibly: Free Text Insights

Understanding Positive Scores

An example of positive free text comments includes:

"I have worked for the organisation for [number removed] years, have appreciated that I had the opportunity to work [details removed], enabling me to manage my work life balance and continue working in the profession and organisation I love. "

"I feel in recent years the organisation has made changes that have personally really helped me balance my career and my health for the very first time. Flexi working and the option to work from home has had a hugely positive impact on my long term health condition. Thank you."

Free text comments suggest that wider positive impacts of positive experiences include:

\+ **Morale** Retention Wellbeing

Understanding Negative Scores

An example of negative free text comments includes:

Clinical challenges remain: "With the recent decision to expand our clinic to include a Saturday, I feel I will lose my home / work balance. I feel this is unfair as the organization have known for over a year that our clinic needs to physically expand and yet they seem to have decided not to budget for this / made any allowance for this, which is their short sightedness not the nurse who works on the floor fault. I therefore may have to leave a job I really enjoy and leave an organization I have served for many years. Very sad outcome indeed."

Flexible working is not consistent across the Trust: "If as a department, you advertise flexible working, this means you sort of have to be able to let you staff work flexibly, instead of saying there is not enough equipment for some of us, while others still have laptops and desktops at home from the Pandemic…"

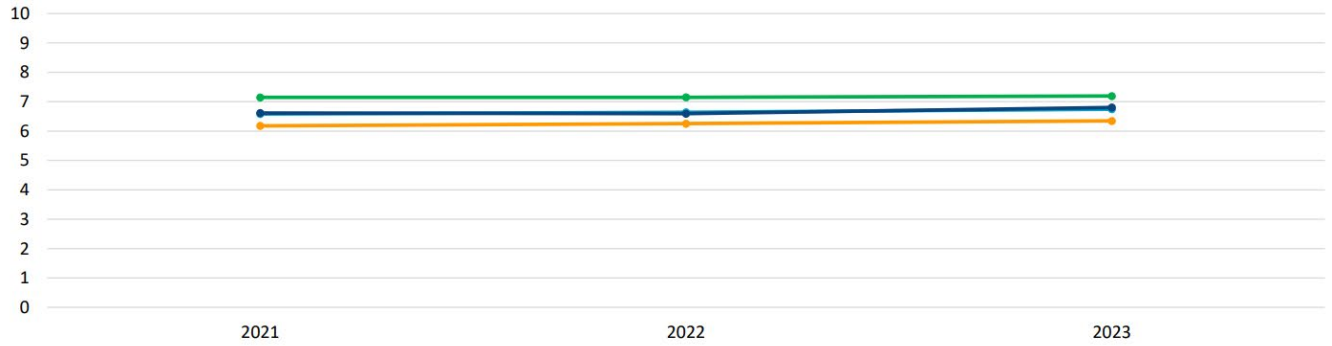
Line-manager fairness is key to satisfaction: "Recently implemented home working policy at my team is not equal. Without our knowledge or discussion it has been decided who is going to work from home and then just announced. When I questioned what are the criteria/target for home working so I can work towards it I was told - personal circumstances. Well everyone has personal circumstances and I don't feel that should be factor for deciding who can and who cannot work from home. Also the home working people are allowed to do overtimes on weekends from home, while when the office people cannot come to the office to work weekend shift, as office is shut. This is very unfair and not given everyone the same opportunities."

Free text comments suggest that top contributing factors for negative scores include:

— **Retention** **Wellbeing** Career development and progression Feeling recognised and rewarded Time pressure and workload Burnout Patient care quality

We are a team

Long-Term Trends for Overarching Theme



	2021	2022	2023
Your org	6.62	6.59	6.80
Best result	7.15	7.15	7.19
Average result	6.58	6.64	6.75
Worst result	6.18	6.25	6.35

Theme Breakdown

	Team working	Line management
Your org	6.79	6.82
Best result	7.03	7.35
Average result	6.68	6.80
Worst result	6.29	6.30

Within MTW: Key Disparities

Bank vs Substantive:

- Results indicate that substantive staff feel more part of a team than bank staff (who scored 1.1 points lower).

Divisions and Directorates:

- There are less discernible patterns for this theme across Divisions and Directorates.
- However, areas more generally less represented in our positive scores also received lower scores for 'we are a team', including Ophthalmology, Women's Services and Estates.

Staff Groups:

- Those most represented in our positive results include: Registered Nurses across all bands, band 4+ Admin and Clerical staff and Additional Clinical Services (HCSW and Support to AHP).

Key Points to Note

- Survey questions for the 'Team working' sub-theme relate to understanding each other's roles, working to shared objectives, treating each other with respect and working with teams across the Trust.
- Questions for the 'Line Management' theme relate to managers taking a positive interest in health and wellbeing, supporting staff voice and providing feedback and encouragement.
- Team support continues to be the key driver of employee engagement (NHS England, 2024)

We are a team: Free Text Insights

Understanding Positive Scores

An example of positive free text comments includes:

Line-management supports teamwork: "I have worked for this trust in the same department for [number removed] years. I have always felt supported by my managers and colleagues, we are a great team. I love working in the NHS and would not chose to wok anywhere else. I highly recommend working in this trust. "

Sharing a common goal of improvement is beneficial: "I am very happy in my current role and am completely driven towards improvement. I work under an excellent line manager and am part of a very good, very close team who share common values and goals...Above our team, at an [job title removed] level, I feel supported and share common goals and desire for improvement with this level…"

Free text comments suggest that wider positive impacts of positive experiences include:

\+

Productivity **Better teamworking due to good line management**

Wellbeing Patient care quality Feeling valued **Morale**

Understanding Negative Scores

An example of negative free text comments includes:

Teamwork includes all managers: "The workload is totally unrealistic and detrimental to patient safety. Too many levels of management making conflicting decisions."

Too much management makes team-level improvement harder: "Unfortunately the number of managers we now have makes it hard to know who to report to for what in regards to jobs. Our opinions are not listened to and we cannot make any changes for the better for best practice within the hospital. "

Disagreements must be addressed: "It would be great if direct management in our department took action against any disagreement's you have rather than appearing to brush under the carpet or just keep saying 'it's in hand' or ' leave it with me', with no follow up. Talk to your staff."

Free text comments suggest that top contributing factors for negative scores include:

\–

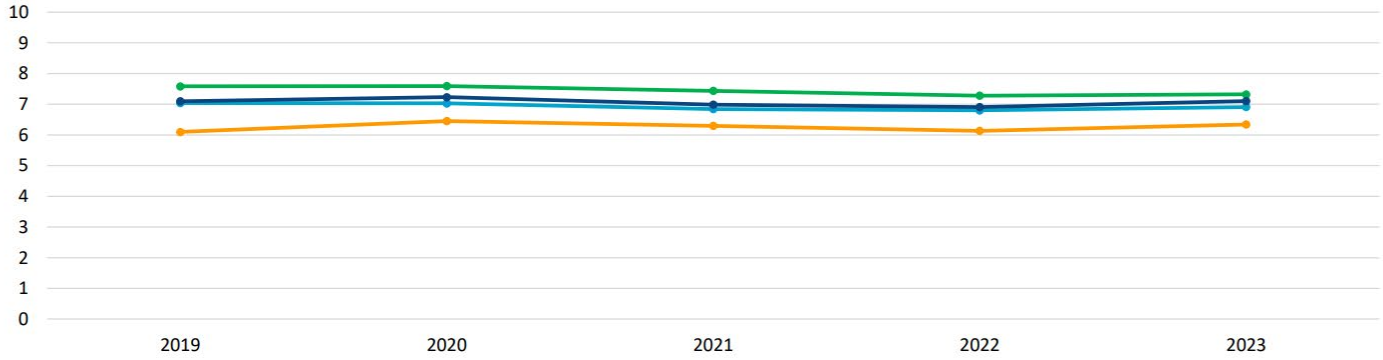
Too many line managers or Team Leaders Teams across MTW not working together Line Manager and Leader visibility and communication Favouritism

Understanding Disparities in Scores Across the Trust

Disparities in Line-manager capabilities: "The Trust has improved in a number of ways. What they do really well is supporting staff Wellbeing but it also depends who your manager is."

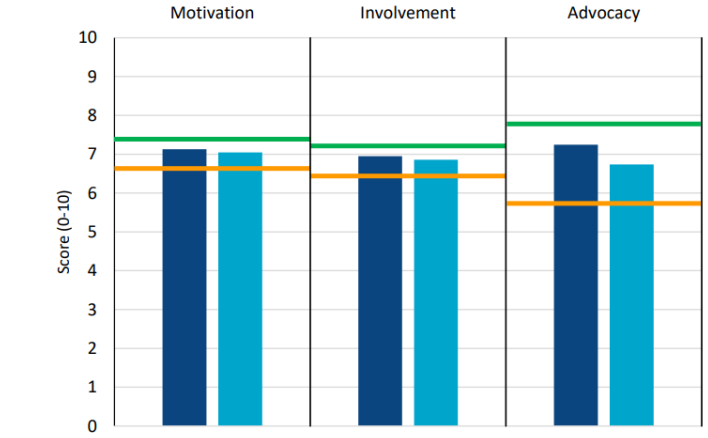
Staff Engagement

Long-Term Trends for Overarching Theme



	2019	2020	2021	2022	2023
Your org	7.10	7.23	6.99	6.91	7.10
Best result	7.58	7.59	7.44	7.28	7.32
Average result	7.04	7.03	6.84	6.80	6.91
Worst result	6.10	6.45	6.30	6.13	6.34

Theme Breakdown



	Motivation	Involvement	Advocacy
Your org	7.13	6.95	7.24
Best result	7.39	7.21	7.78
Average result	7.04	6.86	6.74
Worst result	6.63	6.44	5.73

Within MTW: Key Disparities

Bank vs Substantive:

- Bank staff scores (70.6%) were only marginally lower than our substantive scores.

Divisions and Directorates:

- With the exception of Estates, Facilities and Hotel Services, Clinical Governance, People and OD and ICT which are over-represented in lower scores, and some Surgery directorates alongside Paediatrics and Sexual Health that are over-represented in positive scores, there is somewhat of a clinical/ non-clinical divide for staff engagement results.

Staff Groups:

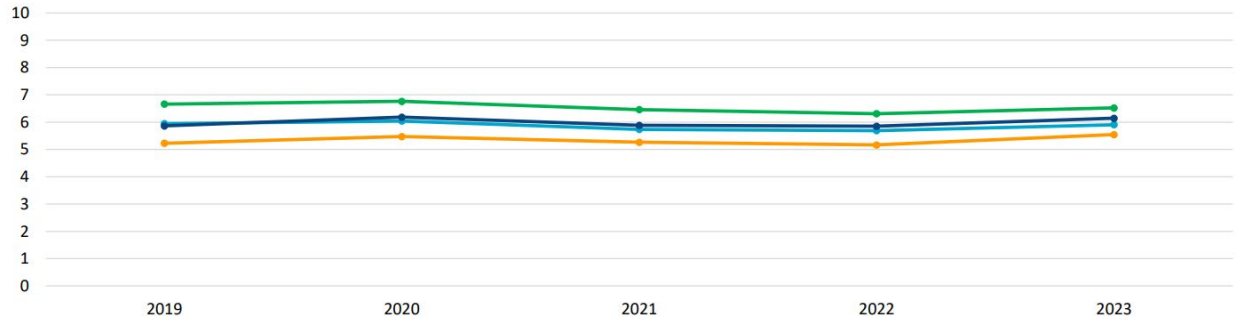
- Band 7+ admin and Clerical staff experience significantly higher staff engagement, followed by Registered Nurses across all bands. Almost all other groups are under-represented in the positive scores.

Key Points to Note

- Staff engagement has risen slightly within MTW, however communication barriers continue to impact staff involvement and advocacy.
- With regards to improving retention, previous NSS results indicate that staff who feel more inclined to recommend their organization as a place to work and staff who feel more enthusiastic about going to work are more likely to stay (NHS England, 2024). We must therefore increase advocacy and motivation at MTW.
- Many of the free text comments regarding staff engagement related to making suggestions and improvements, which is covered in the 'We each have a voice that counts' slide.

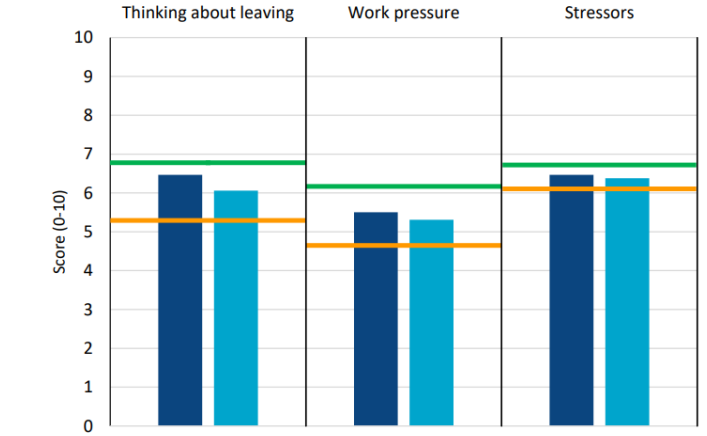
Morale

Long-Term Trends for Overarching Theme



	2019	2020	2021	2022	2023
Your org	5.86	6.18	5.88	5.85	6.14
Best result	6.66	6.76	6.46	6.31	6.52
Average result	5.95	6.04	5.74	5.69	5.91
Worst result	5.23	5.47	5.26	5.17	5.54

Theme Breakdown



	Thinking about leaving	Work pressure	Stressors
Your org	6.47	5.50	6.46
Best result	6.78	6.17	6.72
Average result	6.06	5.31	6.38
Worst result	5.29	4.65	6.11

Within MTW: Key Disparities

Bank vs Substantive:

- Bank staff positive scores (60.7%) were only marginally lower than our substantive scores.

Divisions and Directorates:

- Morale remains lower in those Directorates that are over-represented in most other themes, most notably Estates, Clinical Governance, Women's Services, Medical and Emergency Care Division, ENT and Ophthalmology and Medical Physics and Radiotherapy Services, alongside other Directorates who have not received drastically low scores, but who are mostly somewhat over-represented in our lower scores, such as Pathology and Pharmacy.

Staff Groups:

- Registered Midwives, non-career grade Medical and Dental staff, Healthcare Scientists, AHPs and Add Prof Scientific and Technic staff are over-represented in lower scores.

Key Points to Note

- The 'Thinking about leaving' theme provides a good indication of whether staff would like to leave MTW or the sector, but requires additional data triangulation from other data we hold, including from our 'Leavers' Survey, to help us to identify the factors influencing turnover.
- Burnout from work pressure and stressors remain key factors generally impacting retention (NHS England, 2024).

Morale: Free Text Insights

Understanding Positive Scores

An example of positive free text comments includes:

Wellbeing interventions impact morale: "Happy the parking was reduce to £10 a month. That really helped boost morale when the free parking ended that it was now less than it was pre COVID."

Feeling one's role matters impacts morale: "I enjoy my job despite its challenges - I am driven to make a difference every day."

Not everyone leaves due to low morale: "I have enjoyed my time working here I just want to change job for a career change its nothing to do with the organisation. Thank you and keep up your good work."

Understanding Negative Scores

An example of negative free text comments includes:

Targets impact patient care and therefore morale: "The workload is impossible and the demands are creating an environment where we are providing a quantity service rather than a quality service. The obsession with elective performance comes at the expense of quality acute work. The trust needs to rebalance this to ensure quality of acute care."

Post-pandemic fatigue is taking place: "All my goodwill has gone and the NHS is burning me out."

Staff wellbeing and facilities matter highly: "…we do not have any base or department within the hospital and have been promised somewhere for the past 3-4 years without anything materialising. This has stunted the growth and development of our service, lead to disjointed working, negative staff morale and feeling under valued by our organisation for all the hard work that we put in to keep the service running and putting our patients best interest first. We have lost faith that our values and opinions are heard and listened to from the senior management of the organisation."

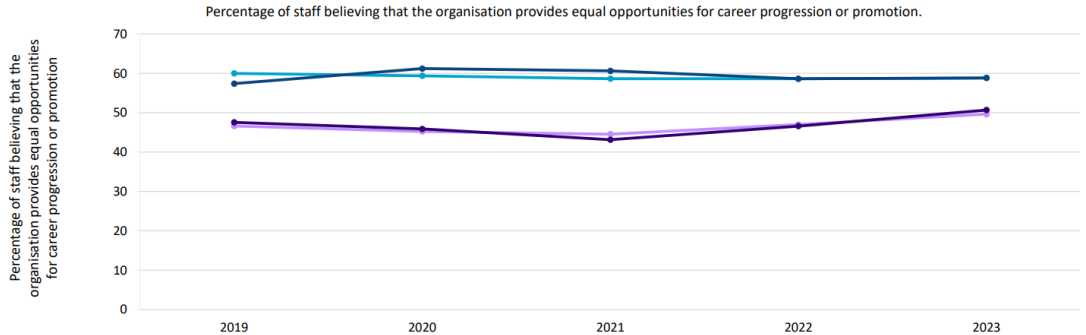
Free text comments suggest that top contributing factors for negative scores include:

Staff voice Lack of equipment and facilities Staffing numbers Targets and high workload Line management

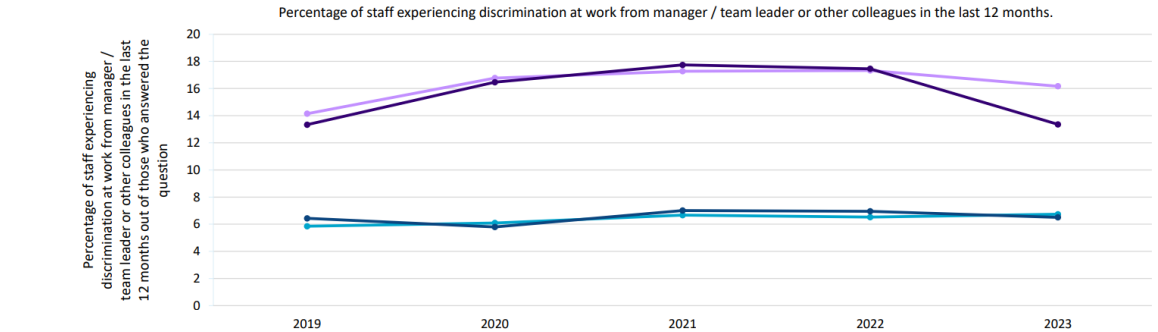
Free text comments suggest that wider negative impacts of positive experiences include:

Teamworking Productivity Pay satisfaction Stress and burnout Poor patient care Retention Not feeling valued

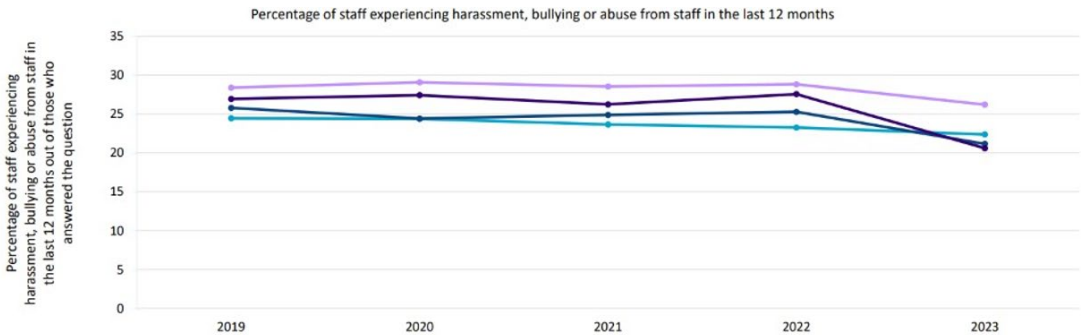
WRES



	2019	2020	2021	2022	2023
White staff: Your org	57.39%	61.22%	60.64%	58.63%	58.85%
All other ethnic groups*: Your org	47.56%	45.89%	43.14%	46.59%	50.70%
White staff: Average	60.00%	59.39%	58.64%	58.65%	58.84%
All other ethnic groups*: Average	46.62%	45.24%	44.56%	47.00%	49.64%



	2019	2020	2021	2022	2023
White staff: Your org	6.43%	5.80%	7.01%	6.96%	6.50%
All other ethnic groups*: Your org	13.33%	16.47%	17.74%	17.46%	13.35%
White staff: Average	5.85%	6.09%	6.67%	6.52%	6.73%
All other ethnic groups*: Average	14.14%	16.77%	17.28%	17.33%	16.17%

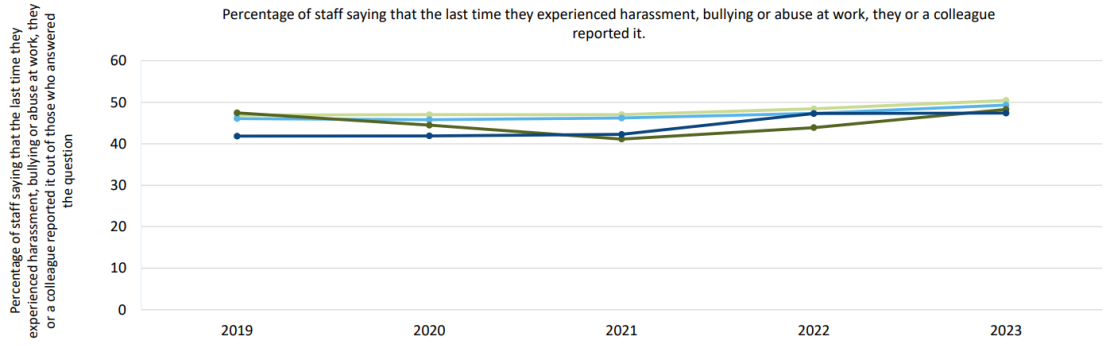


	2019	2020	2021	2022	2023
White staff: Your org	25.78%	24.41%	24.88%	25.27%	21.15%
All other ethnic groups*: Your org	26.93%	27.41%	26.23%	27.55%	20.59%
White staff: Average	24.44%	24.37%	23.65%	23.25%	22.37%
All other ethnic groups*: Average	28.39%	29.07%	28.53%	28.81%	26.20%

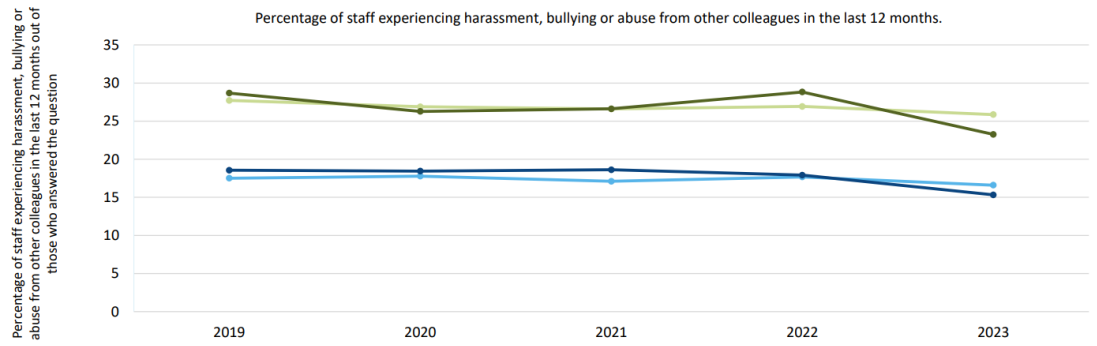
Key Points to Note

- Ethnic minority staff are more likely to experience discrimination related to career progression or discrimination from a line-manager.
- However, bullying and harassment is more likely to be experienced by White staff.
- The numbers represented in these charts remain too high, despite improvements over the past year.
- Our lowest improvements are with EDI-related scores which include fairness of career progression, experience of discrimination from patients, staff and colleagues, respecting difference and working with people who are understanding and kind and treat each other with respect.
- Concerning trends nationally, Danny Mortimer, chief executive of NHS Employers explains that "…scores on equality and diversity have not improved which is very concerning, and we must all reflect on why this might be. There were only small improvements on the inclusion metric, with significant equality gaps remaining in the experience of women, those from black and minority ethnic backgrounds, disabled and LGBT staff. These results show beyond doubt that focusing on diversity and inclusion is key to improving the NHS for our people and the diverse communities we seek to serve." (NHS Employers, 2024)
- The role of nepotism and racial discrimination emerged as a strong theme across many comments relating to career development and recruitment. Example comments include: "Job roles are still being given to people "whose face fits" with managers."

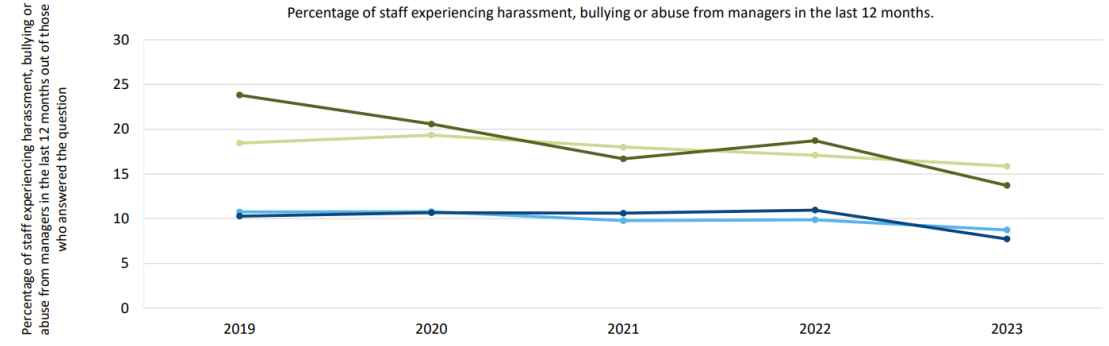
WDES



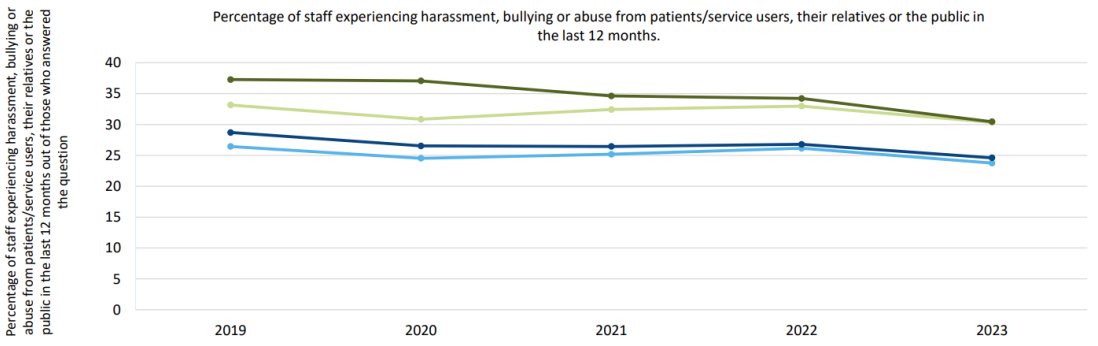
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	47.45%	44.48%	41.13%	43.89%	48.29%
Staff without a LTC or illness: Your org	41.83%	41.90%	42.26%	47.27%	47.38%
Staff with a LTC or illness: Average	46.92%	47.01%	47.03%	48.43%	50.44%
Staff without a LTC or illness: Average	46.07%	45.80%	46.20%	47.30%	49.33%



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	28.69%	26.28%	26.62%	28.83%	23.26%
Staff without a LTC or illness: Your org	18.56%	18.45%	18.62%	17.91%	15.32%
Staff with a LTC or illness: Average	27.71%	26.89%	26.60%	26.93%	25.86%
Staff without a LTC or illness: Average	17.51%	17.79%	17.11%	17.67%	16.60%



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	23.82%	20.58%	16.69%	18.72%	13.72%
Staff without a LTC or illness: Your org	10.28%	10.66%	10.62%	10.96%	7.73%
Staff with a LTC or illness: Average	18.45%	19.35%	18.00%	17.09%	15.87%
Staff without a LTC or illness: Average	10.76%	10.78%	9.77%	9.88%	8.74%



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	37.28%	37.07%	34.64%	34.22%	30.45%
Staff without a LTC or illness: Your org	28.71%	26.54%	26.45%	26.79%	24.62%
Staff with a LTC or illness: Average	33.17%	30.86%	32.43%	32.98%	30.35%
Staff without a LTC or illness: Average	26.45%	24.53%	25.19%	26.16%	23.76%

Key Points to Note

- We have experienced declines in harassment and bullying of those with Long-Term Conditions over the last year.
- Work remains to ensure that these scores are reduced significantly.
- As well as relating to race/ethnicity and disability, we had a number of free text comments regarding ageism, including: “Personally, I have been discriminated against because of my age. I have been patronised, belittled and not taken seriously due to my age. Even though I have the same job title, banding, and position as my fellow colleagues I am still treated as a 'lower' member of staff...”

Conclusion and Next Steps

- We are proud that the 2023 NSS results have shown the outcome of our dedicated work over the past year, to improve how our staff experience MTW. Accordingly, we have scored above the national average for acute trusts for all of the People Promise themes, plus the additional Staff Engagement and Morale themes that the Survey measures.
- Amid our efforts, staff retention remains a critical area of focus that must be addressed to support our service delivery and business development goals. The areas that matter most to our staff - including EDI, flexible working, feeling recognised and rewarded, and experiencing consistent communications within our Trust - all present themselves as key areas for continued improvement. We must also continue to focus on improving other critical areas of concern include reducing instances of unwanted sexual behaviour, continuing to improve the value that our appraisals add to career development, and embedding good team work and line management across the Trust.
- Critically, despite our improvements as a Trust over the past year, the results of this deep dive indicate that improvements are not being realised consistently across all staff groups, demographics and Directorates. Clinical directorates, minority groups, Additional Clinical Services and Admin and Clerical bands 2-3 staff, as well as Midwives, and Consultant and training grade Medical and Dental staff groups continue to be most represented in our lower scores across most themes. As such, our priority for improving staff experience in 2024 must relate to ameliorating disparities in those groups that are less represented in our positive Survey results. Such efforts will include closer working with operational colleagues where a clinical/non-clinical divide exists, and continued work to ensure our bank staff continue to enjoy working at MTW.
- Support is being provided to each Division to understand the data and the communication and engagement steps necessary for creating Local Plans for Division-wide improvements to People Promise scores. Local Plans will be co-designed within teams (but not in total isolation from directorate or divisional priorities), using the different engagement approaches identified as being necessary for different divisions, roles and identities. MEC has, for example, developed a Staff Engagement Strategy to improve results across the Division.
- People and OD teams are also supporting Division Leaders to take a targeted approach to those Directorates and Teams least represented in positive scores. This support will include assisting leaders and managers with:
    - engaging staff in areas where the cause of problems are not currently fully understood. For example, we will begin work with Clinical Governance and ICT.
    - taking stock of the investigatory and improvement support they have already had for low-scoring areas where support has already been provided/ is currently underway (as is the case with Ophthalmology, for example);
    - having the confidence to move beyond the investigatory stage (where enough insight has been generated to understand root causes of problems), to taking ownership and selecting and coordinating the best strategically and operationally-informed staff for managing the co-production, implementation and monitoring of improvement projects, and;
    - signposting to the wealth of existing resources already available that can ensure they have the knowledge and skills to successfully lead and support on making local improvements.
- Interventions at an organisational-level will also be supported by the People and OD team, to create the wider infrastructure needed to support local action. We are pleased to be part of the Cohort 2 People Promise Exemplar programme, which will provide us with additional targeted support for further improving staff experience, and will begin the diagnostic phase shortly, at which point more information will be provided. There will likely be some overlap between the Directorate staff, identity and staff groups most unrepresented in our positive scores, meaning that we can further refine where to target specific interventions following further analysis.
- The support of the Senior Leadership Team will be crucial to increasing the uptake of critical staff support interventions developed, deployed and scaled over the coming year. It is therefore important that we assess how we, in our respective capacities, can actively support the programme of work.

To approve the Trust's updated Equality Delivery System (EDS) assessment — **Chief People Officer**

The enclosed report provides information on:

- The Equality Delivery System 2022 (EDS22) is aligned to the NHS Long Term Plan and its commitment to an inclusive NHS that is fair and accessible to all. It is a generic system designed for both NHS Commissioners and NHS providers and is mandatory in the NHS Standard Contract.
- It is designed as an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in active conversations with patients, public, staff, staff networks, community groups and trade unions, to review and develop our approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is drive by data, evidence, engagement and insight. The focus is on the nine protected characteristics within the Equality Act 2010.
- Rating and Score Card guidance – each of the 11 outcomes is scored, added together for an overall score.

Underdeveloped activity – score out of 0 for each outcome	Those scoring under 8 (adding all scores in a domains) are rated Underdeveloped
Developing activity – score out of 1 for each outcome	Those scoring between 8 and 21 (adding all scores in all domains) are rated Developing
Achieving activity – score out of 2 for each outcome	Those scoring between 22 and 32 (adding all scores in all domains) are rated Achieving
Excelling activity – score out of 3 for each outcome	Those scoring 33 (adding all scores in all domains) are rated Excelling

Score

Domain 1 – provided services - Excelling activity

The Breast Radiology service was assessed following the implementation of a gender inclusive service improving both the patient experience and access to a service that men, trans and non binary may not automatically have been invited to participate in or felt comfortable in accessing.

Domain 2 – Workforce Health and Wellbeing - Achieving activity

Services to support the mental and physical wellbeing of staff were assessed. This included support for speaking up, advice when suffering from stress, bullying and harassment and whether staff recommend MTW as a place to work and receive treatment.

Domain 3 – Inclusive Leadership - Achieving activity

Assessments made against Band 9, VSM and Board members understanding of and commitment to equality and health inequalities.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 19/03/2024
- People and Organisational Development Committee, 22/03/2024

Reason for submission to the Board (decision, discussion, information, assurance etc.) [1]

Information and approval.

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Equality Delivery System (EDS) 2022

Maidstone & Tunbridge Wells NHS Trust

March 2024

Background to EDS

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The EDS was first launched for the NHS in November 2011, with two refreshes since then, the latest being EDS22 which was made available for live testing during 2022/23.

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS 2022, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

EDS 2022 is aligned to NHS England's Long-Term Plan and its commitment to an inclusive NHS that is fair and accessible to all.

EDS22 Domains

There are 11 outcomes grouped into three domains:

- Domain 1 – Provided services (Patients)
- Domain 2 – Workforce health and wellbeing
- Domain 3 – Inclusive Leadership

EDS22 Scoring & Action Planning

Scoring for each outcome provides a Domain sub-score which counted together provide the Trust an overall ED Organisation Rating of either Under-developed, Developing, Achieving or Excelling.

Action plans have been created for all areas scoring anything less than Excelling in all Domains.

Domain 1 – Provided Services (Patients)

Service 1 – Breast Radiology				
	Service assessment Cis-gendered males accessing the service reported negative feedback which also impacted on the likelihood of this patient demographic accessing the service. During research and discussions, a gap in breast screening invitations was apparent in affecting trans men and non-binary people in the same way – patients with breasts, of breast screening age but not invited to screening due to being registered as male on their GP patient record. **Stakeholders:** Breast Radiology patients, LGBTQIA+ cancer charity, OUTPatients			
Domain	**Outcome**	**Evidence**	**Rating**	**Owner**
Domain 1 – Commissioned or provided services	1A: Patients have required levels of access to the service	A new trans and non binary breast screen pathway was created which was shared with GPs. Patient phones booking office to request a mammogram, eligibility questions are used, appointment is booked.	**3 – Excelling activity**	Sally Harper, Superintendent Radiographer & Claire-Marie Marsh, Principal Research Radiographer
	1B: Individual patients health needs are met	Eligibility questions are carefully constructed to ensure they are gender inclusive and appointments are offered at a time to suit the individual minimising exposure for the individual in a gendered service waiting area.	**3 – Excelling activity**	
	1C: When patients use the service, they are free from harm	Décor within the breast clinics has been updated with a neutral scheme replacing traditional pink colours and new posters and leaflets displayed include gender diverse representation. Staff have received gender diversity and inclusion training to improve cultural awareness and humility with a focus on communication skills that are affirming and inclusive.	**3 – Excelling activity**	
	1D: Patients report positive experiences of the service	Anecdotal feedback has demonstrated ease of access to services that were previously not available in a safe and accessible way. This has increased the number of trans and non binary people accessing a screening service which has the potential to improve health outcomes for this group of people.	**3 – Excelling activity**	
Domain 1: Commissioned or provided services overall rating			**Excelling activity**	

Domain 2 – Workforce Health and Wellbeing

Domain	Outcome	Evidence	Rating	Owner
	Data: WRES, WDES, EAP, National Staff Survey, Quarterly surveys, grievances, disciplinaries, exit interviews, listening events **Lived Experiences:** Staff members, staff networks, FTSUG, Chaplains			
Domain 2 – Workforce Health and Wellbeing	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	The intranet has dedicated areas for Occupational Health, Wellbeing and Psychological OH. All pages have links to resources such as how to access physiotherapy services, obtain free Covid and flu vaccines, self help guides for mental health, crisis lifelines, access to MHFAs and our EAP. The Wellbeing Team offer wellbeing conversations and signposting to appropriate resources and services including health promotion, mental health support and financial support. Regular NHS Health Checks are available for eligible staff over the age of 40. Delivered by One You Kent (KCHFT), it checks for risks of heart disease, diabetes, kidney disease and stroke by measuring height, weight, waist, blood pressure and cholesterol. The Trust promotes the use of Staff Health Passports which are used to encourage and structure conversations regarding health conditions and potential adjustments required between staff and managers. OCH provide advice regarding reasonable adjustments and the Trust promote the use of Access to Work for workplace assessments and advice. Able Futures, a support programme for staff with mild to moderate mental health issues, is widely promoted. Managers are able to provide Disability Leave to staff for disability related appointments not affecting their leave/sickness absence. Our NSS results of 2022 show that 71.8% of respondents have had the reasonable adjustments that they require to do their job.	**3 - Excelling activity**	Head of Occupational Health, Head of Wellbeing, Staff Support Psychologist

		Our Flexible Working project launched in 2023, providing information, education and support to both staff and managers in applying for, and managing flexible working requests. Particular attention is paid to staff from minority backgrounds making applications for FW as we know there are huge benefits for those with long term health conditions (enabling staff to be well at work), those with caring responsibilities; and those with religious beliefs who are able to celebrate and observe. There is an active DisAbility Network providing advice and support to individuals, groups and the Trust as a whole including sub/peer support groups for menopause, chronic pain and neuro diversity. There are regular auricular acupuncture clinics running for all staff which have potential health benefits for people having menopause systems, anxiety, feeling stress and suffering with insomnia. Mindfulness sessions are offered by the Wellbeing team. Kettle bell and cardio sessions are available for all staff free of charge. All support is communicated through the use of email and Trust communications updates, newsletters, Team Briefing sessions and through the Team MTWFB page accessed by over a 1/5th of our workforce; the teams also feature as part of our Trust Welcome.		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Our NSS data since 2018 shows a small reduction in staff experiences of physical violence from patients (13.2% in 2022); better than national average responses for violence from managers (0.4% in 2022) and near average for violence from colleagues (1.7% in 2022). Staff experiences of harassment, bullying or abuse from patients has been higher than the national average since 2018 (30.1% in 2022), from manager it's above average (13% in 2022) and from colleagues above average (21% in 2022).	**2 - Achieving Activity**	Patient Safety, FTSUG, Head of OD

		Staff from ethnic minority backgrounds are more likely that white staff to experience harassment, bullying or abuse from patients (slightly higher than the national average); more likely to experience harassment, bullying or abuse from staff (slightly lower than the national average). Staff with long term health conditions are more likely than those without to experience harassment, bullying or abuse from patients and whilst this is slightly higher than the national average, this has been consistently reducing. They are also more likely that to experience this from managers (slightly higher than the national average) and more likely to experience this from colleagues (also slightly higher than the national average). Since 2018, we are seeing a consistent improvement in the numbers of staff reporting incidents of physical violence at work (from 61% to 68.6%) and the same goes for reporting experiences of harassment, bullying or abuse at work (from 41.4% to 46.6%). Our FTSUG service provides staff with access to independent and confidential support in order to support staff to ensure their concerns are addressed. With the appointment of our new interim FTSUG, they are focussing on outreach work including out of hours and peripheral sites to ensure that all staff understanding the service and have access to it. They are in the process of re-invigorating the Safe Space Champion network with refresher training in EDI, active listening and signposting. There are Trust Health and Safety policies, procedures, risk assessments and processes are in place to prevent harm or injury to staff at work. The Trust meets regularly with Kent Police to review incidents and address ways to prevent them, which includes taking action against perpetrators. Staff are encouraged to report all experiences of violence, harassment and abuse via InPhase which is managed by our Patient Safety Manager. They are currently building reporting functionality into the system which will enable reporting by protected characteristic to take place.		

		The Trust holds regular self defence classes which are hugely popular. The number of ER cases involving staff from minority groups has risen significantly in the last year which is being monitored and reported through our People and OD Committee. A monthly MDT meeting has been set up to review ER cases involving EDI related issues, physical violence or abuse. Over the last 5 years, the diversity of our staff and the complexity of some of the issues they face at work has increased. Our data shows that different staff demographics report different experiences of speaking up about patient and staff related concerns, our people processes and line management support to resolve issues. Some of our staff report that hurt and trauma has been caused to themselves, their colleagues and others when trying to speak up, resolve concerns and maintain positive working relationships with others. This has resulted in sickness, turnover and a risk to quality and patient safety. Over the next 12 months, the Trust will work towards implementing a Restorative Culture with 3 initial areas of focus – Senior Leaders, People Team and pilot teams. This approach uses solution focussed approaches supporting positive change and seeks to attend to any harm that has been caused to any party. Linked to this is the Sexual safety charter which has been signed by the Trust and is in the early stages of implementation. Education about the impact for staff on harassment, bullying abuse and violence is addressed in Trust induction, bookable EDI overview sessions, and all levels of Exceptional Leaders programme. The EDI team attend team meetings to provide advice, guidance and education on speaking up and reducing those experiences.		
	2C: Staff have access to support and advice when suffering from stress, abuse, B&H and physical violence from any source	A wide range of support for staff is available including: • psychological support and trauma informed approach to de-briefing through the Psychological OH team	**2 - Achieving Activity**	Staff Psychological Support, Hospital

		• Wellbeing Team and a network of Wellbeing Champions are available for wellbeing discussions and signposting • Conflict and de-escalation training • Newly appointed Hospital Independent Domestic Violence Advocate • Safeguarding team • Chaplaincy support, whether staff have a faith or not • EAP • Staff networks and the EDI team The FTSUG service is empowered within the organisation and work is ongoing to further reach staff and develop the Safe Space Champion network to fully embed the service. Our staff networks are engaged and provide support and advice to staff. Training on the use of HR policies alongside the ER team is due to take place in the Spring 2024. The monthly MDT monitors and acts upon data surrounding staff abuse, harassment, bullying and physical violence. Staff lived experiences are included in the discussions.		Independent Domestic Violence Advocate, Head of Wellbeing, Safeguarding Team, Head of OCH Head of EDI
	2D: Staff recommend the organisation as a place to work and receive treatment	Our 2023 NSS shows recommendation as a place to work at 70.8% which is the highest it's been since 2018 (with the exception of 2020). This has improved by 6.5% on 2022. Our 2023 NSS shows recommendation as a place to receive treatment at 74.3% which is the highest it's been since 2018 (with the exception of 2020). This has improved by 3.9% on 2022. Hearing from our staff in the 2023 National NHS Staff survey: "It has been a great place to work. MTW is one of the best places to work, keep up the great job".	**2 - Achieving Activity**	

		"I have worked at MTW since [date removed] and honestly was the best decision I have made. My team are incredibly supportive, excellent leadership and access to development. Clear strategy and objectives, encouraged to make decisions and improve things. Supportive Non Exec and senior management teams". "I am new to the organisation and I have never felt more appreciated or looked after than I do here. My managers care about our feedback, they act on things rather than just forgetting about them, and they obviously understand we are humans and not work robots. Moving to MTW was the best thing I've done. I am a remote worker but I feel more a part of a team here than when I've worked in an office"		
Domain 2: Workforce Health and Wellbeing overall rating			**Achieving Activity**	

Domain 3 – Inclusive Leadership

Data: IPR reports, PODco papers, Trust Board Papers

Outcome	Evidence	Rating	Owner
3A: Board members, system leaders (9 & VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Executive and Non Executive Board members took part in the first cohort of our Reverse Mentoring programme in 2021 with mentors from ethnic minority backgrounds. The second cohort, launched in 2023, has been widened to include ethnic minority staff and staff with long term health conditions. There are 12 pairings including long standing Board members, new Board members, NEDs and very senior managers from both clinical and corporate areas. Senior leaders took part in an anti racism event delivered by brap which lead into the development of EDI objectives for themselves and the Trust Board. We have Executive Sponsors for our three main networks who regularly attend network meetings and events. Senior leaders including Board members attend network meetings and events such as LGBT History Month, Black History Month, Disability History Month and Pride. The Trust's EDI Steering Group, co-chaired by two Executives, focusses on the delivery of the Trust EDI project, the NHSE High Impact Actions and hearing the lived experiences of our staff and managers. There is commitment from senior leaders to the activities involved in this group.	**1 - Developing activity**	Chief People Officer

	The Director of Strategy is leading on service user access and inequalities, working towards equity of access, experience and outcomes for all our service users and patients. Equality and health inequalities are not standing agenda items at Trust Board.		
3B: Board/Committee papers identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Both the Trust Board and People & OD Committee meetings review EDI related issues regularly which include: • Quarterly update on EDI including staff networks, EDI objectives, High Impact Actions • Annual review of WRES, WDES and Gender Pay Gap plus 6 monthly review of progress against action plans • Equality related issues recorded on Risk register are reviewed • Dedicated EDI steering group reporting into the People and OD Committee • Equality Impact Assessments are used for all Policies but not evidenced for all new service and estates projects Staff networks are invited to present at Trust Board annually.	**2 - Achieving activity**	Chief People Officer
3C: Board members, system and senior leaders ensure levers are in place to manage performance and monitor progress with staff and patients	Detailed reports (deep dives) are regularly reviewed and discussed by PODco for WRES, WDES, Gender Pay Gap, EDI objectives, High Impact Actions. There is good representation across the organisation at senior level to the EDI Steering Group, though attendance in all clinical divisions lacks consistency. There is scrutiny of progress of the EDI project and HIAs. Lived experiences are shared along with EDI related areas of good practice that impacts on both health inequalities for our staff and patients and inclusivity for the workforce.	**2 - Achieving activity**	Chief People Officer

	Board members support the promotion of network initiated campaigns such as NHS Rainbow Badge, See ME First, Different not Less and Pronoun campaign.		
Domain 3: Inclusive Leadership overall rating		**Achieving activity**	

MTW Overall Rating March 2024	**Achieving**

EDS22 Action Plan

EDS Action Plan	
EDS Lead	**Year**
Jo Taylor, Head of EDI	**2023/24**
EDS Sponsor	**Authorisation Date**
Sue Steen, Chief People Officer	

Domain	Outcome	Objective	Action	Completion Date
Domain 1 : Commissioned or provided services	1A: Patients have required levels of access to the service	Ensure wider service areas are reviewed	Patient Experience Lead to select and review a second service and add outcomes to EDS22 evaluation and action plan	June 2024
	1B: Individual patients health needs are met			
	1C: When patients use the service, they are free from harm			
	1D: Patients report positive experiences of the service	Bring strategic work on health inequalities into service provision	PEL to ensure Director of Strategy is linked into ongoing work in this area	June 2024
		Sharing best practice across the organisation	PEL to connect services, share best practice and showcase areas of improvement	February 2025
Domain 2 : Workforce health and wellbeing	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Improved reporting of B&H, violence	Patient Safety Lead to develop and report InPhase incidents by protected characteristics	May 2024
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source			

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source	Opportunities to Speak Up are enhanced throughout the organisation	FTSUG to continue with outreach work and invigorate Safe Space Champion network	May 2024
	2D: Staff recommend the organisation as a place to work and receive treatment	Reduce cases of B&H, abuse and physical violence	Implement a Restorative Culture with 3 initial areas of focus – Senior Leaders, People Team and pilot teams.	February 2025
			Continue to develop and embed key elements of the sexual safety charter.	February 2025
		Provision of support for all staff	HR policy training for all staff network leads	April 2024
Domain 3 : Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Increase understanding of and commitment to EDI for Trust Board	Implementation of EDI objectives for the Trust Board	March 2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and manged	Equality and health inequalities monitoring	Consider how equality and health inequalities can become standing agenda items in all Board and committee meetings	April 2024
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Increased focus on lived experiences of our staff	Consider having more than one senior sponsor for staff networks	April 2024

NHS Maidstone and Tunbridge Wells NHS Trust

Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB)	Director Strategy, Planning & Partnerships

Summary of the background section

The report gives an overview of developments in West Kent Health Care Partnership and the Kent & Medway Integrated Care Board.

Summary of the analysis / conclusions section

The main focuses of the system are financial recovery, managing winter and the planning round for 24/25. The WK HCP is focussing on the review of discharge and flow schemes, with recommendations for funding, the development of Integrated Neighbourhood Teams and considering the roll out of the Better Use of Beds programme.

Which Committees have reviewed the information prior to Board submission?
Executive Team Meeting, 19/03/2024

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [1]
Information.

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

ICB and West Kent HCP update

March 2024

ICB/ System news

- The system remains focused on financial recovery for this financial year with the first operational planning submission due to NHSE on 21st May
- The final submission date is currently 2nd May.

- The acute provider collaborative work on reviewing acute services is progressing with the report due in April. The outputs of the data analysis are being reviewed with providers ahead of the report being published.
- The ICS Shared Delivery Plan, which also forms the NHS Joint Forward Plan is being reviewed ahead of discussion at the Health and Well Being Boards in April.

West Kent HCP

The West Kent HCP Executive Group took place on Thursday 14th March focussed on the West Kent Estates Strategy, health inequalities, stakeholder engagement and the transforamtion of community mental health services.

The following recommendations were agreed for the developing the estates strategy:

- Complete engagement with KCC and D&B council colleagues to understand estate opportunities and key operational and estate priorities
- Develop an VCS & third sector engagement process to further inform our baseline mapping and future estates opportunities
- Develop an WK HCP estates team and resources to take forward the work and to manage the estates data including agreeing a minimum data set and KPIs
- Develop the HCP estate plan to support identified joint clinical and operational priorities
- Test our emerging 'One Estate' approach through development of an options appraisal for the Maidstone locality.

West Kent HCP

- John Lavelle presented the transformation of community mental health services due to commence in West Kent in April (slides attached). An overview of the 3 phases is outlined below.

MHT - Phase1	Go live without additional resource in some localities with a minimal offer	- **Front Door**, which includes Initial Meeting (DIALOG+), Clinical Pathways Lead and re-engineering admin function to align to the referral process. - Initial Interventions (Group and Individual) - Managing Emotions Programme - STEPPS - CED Change - Complex Trauma Workshop (if possible with existing workforce)
MHT - Phase2	Add with additional resource, funding and contracts	- Uplifting phase1 interventions with recruited workforce SUN Model - Drug and Alcohol Programme - Complex Trauma Workshop - Understanding CED - Lived Experience Team (co-facilitate the MHT clinical interventions)
MHT - Phase3	Add with FY 24/25 funding	- Care Connectors - CBT Psycosis - CBT Bipolar - Family and Carers interventions

Risks and challenges

- *Workforce* - All providers are identifying capacity issues with staffing core services and 2022/23 planning. Of particular note are ongoing shortages of domiciliary care staff in social care. primary care staffing capacity to meet increasing demands presenting at practices also raised as an issue and nursing capacity pressures in secondary care.
- *Demand pressures* - Pressures across WK system arising from range of sources including: planned care backlog; Covid/Post Covid related demand; new ways of working i.e. VCA/remote consultations, vaccination/booster programme and urgent care demand.
- *Finance pressures* – the system pressures and focus on financial balance is likely to have an impact on the development activities of the HCP for 23/24 and 24/25.

Kent and Medway
NHS and Social Care Partnership Trust

West Kent HCP Executive Group

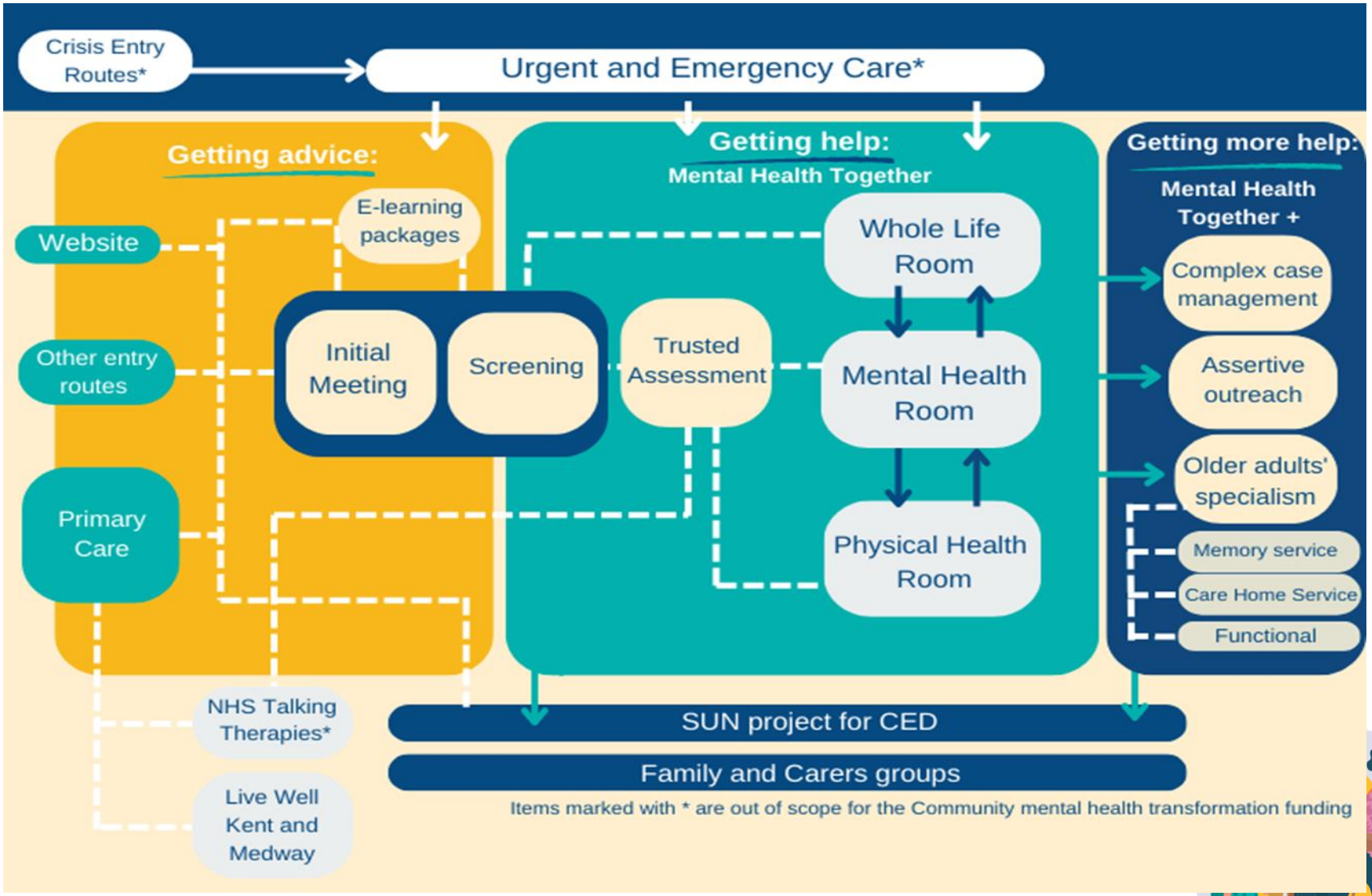
Mental Health Transformation Update

14 March 2024

Brilliant care through brilliant people

RESPECT OPEN ACCOUNTABLE WORKING TOGETHER INNOVATIVE EXCELLENCE

Community services transformation



County-wide critical path

HCP	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Q1 (Apr-Jun)	Q2 (Jul-Sept)
Medway & Swale			Phase 1 / Phase 1	Phase 2 / Phase 2
				Phase 3 / Phase 3
DGS			Phase 1	Phase 2
				Phase 3
Thanet	Testing new interventions		Phase 1	Phase 2
				Phase 3
Ash & Cant			Phase 1	Phase 2
				Phase 3
SKC			Ph1	Phase 2
				Phase 3
West Kent			Ph1	Phase 2
				Phase 3

Mental Health Trailblazer

NHS

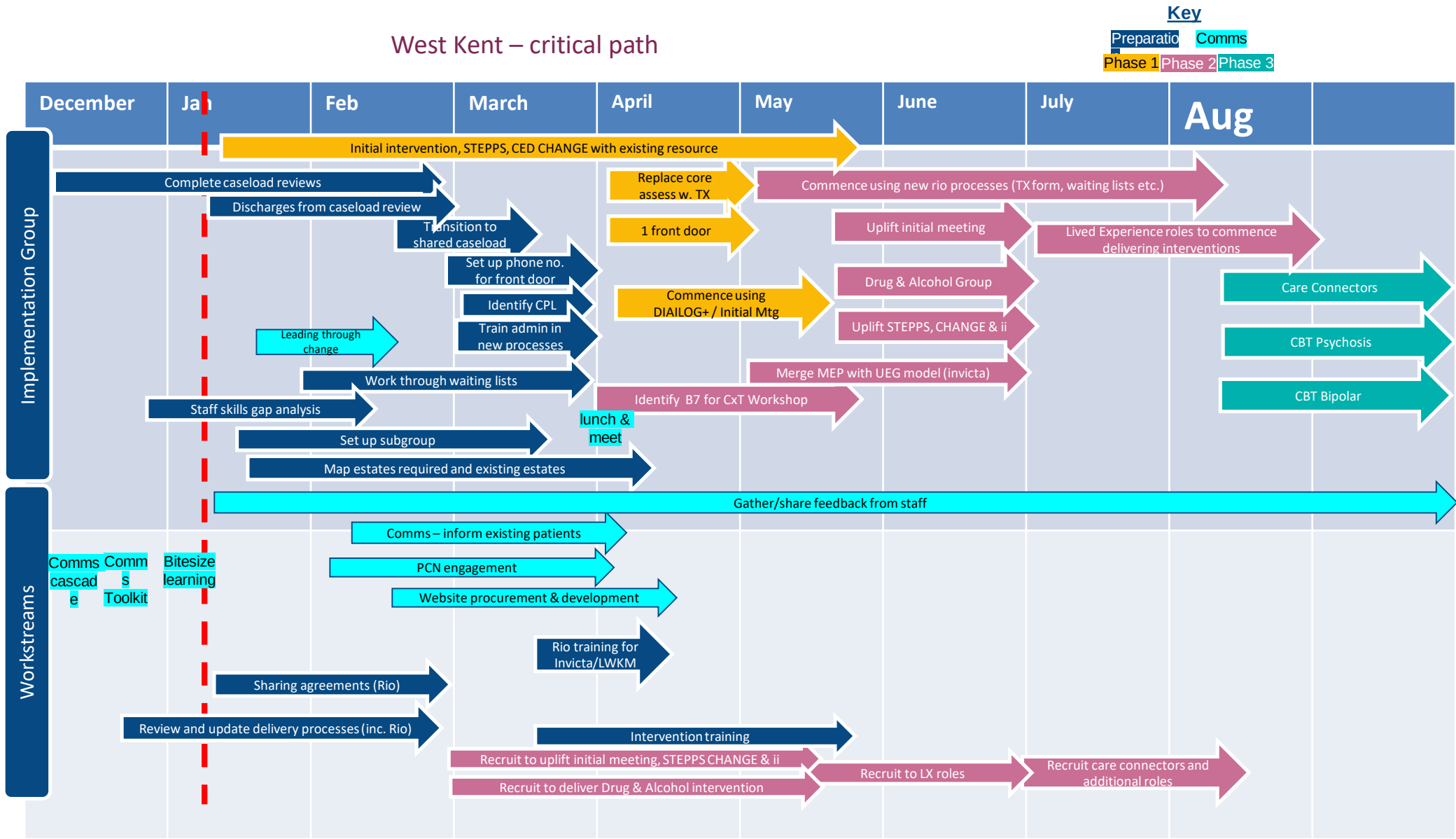
WK Implementation Highlight Report

Date	2 Jan 23	Written By	Rosie Lawson	Status This Report	
Programme Lead	John Lavelle	Partner Organisations	KMPT, Invicta, Live Well Kent and Medway	Status Previous Report	On schedule

Project Milestones

Outcome	Jan '24	• Feb	Mar	April	May	
Caseload *(Ellen Gould/Emily Musara)*	• Identify lead	• Complete caseload reviews (CMHT) • Commence CMHSOP Caseload reviews • Identify capacity to bring waiting lists down (CMHT/SOP/Shaw Trust/PCMHS/NHSP) • Identify medical resource to support with waiting lists • Review current CMHT/SOP activity and identify what will cease	• Work through waiting lists as a system • Complete Discharges • Transfer caseloads to Shared Caseload Model	• Work through waiting lists as a system	Go live phase 1	
Admin and Processes *(Lead TBC)*		• Identify Lead • Communicate new processes with Clinical and admin staff • Plan lunch & meet event	• Rio training for external staff • Plan admin activity and job plans for trailblazer	• Schedule clinics in Rio • Set up MHT email address and phone number	Go live phase 1	
One Team Approach *(John Lavelle)*	• Identify workstream lead • Identify where LIST patients will sit	• Develop local partnership working approach	• Check what sharing agreements will be needed for phase 1 • Plan QI approach	• Lunch & Meet event • Separate the memory service from functional, create all-age functional team	Go live phase 1	
Workforce, Staff Skills and Training *(Claire Morgan, Ellen Gould, Emily Musara)*	• Identify lead • Circulate staff skills/interests form • Identify names of staff in-system who will support MHT delivery	• Staff skills gap analysis (EG/EM/CM) • Identify staff for each workstream of shared caseload model • Schedule all required training • Identify Peer Support workers to deliver new interventions • Explore NHSP options for additional roles required for phase 1	• Ensure all staff are trained in DIALOG+ ahead of go live dates • Ensure all relevant staff book in for TX training • Lived Experience roles to shadow existing groups (MEP, CxT, U'CED) • Job planning for MHT clinical staff	• Identify CPL (expressions of interest) • Identify Team Leader (expressions of interest	Go live phase 1	
Estates *(Rosie Lawson)*	• Map required estates for Trailblazer interventions and assessments	• Identify available estates in all partner organisations • Scope out additional estates required for phase 1	• Identify additional estates required for phase 2/3 • Scope out locations and cost of additional estates		Go live phase 1	
Comms	• CMHT staff to use toolkit to support conversations with existing patients • Website FAQs to be updated • Develop feedback form	• Leading through change sessions (managers) • Engagement/mapping with local VCSE organisations • Gather staff feedback		• Admin to send Letter and leaflet to existing patients	Go live phase 1	

West Kent – critical path



Definitions of each phase

MHT - Phase1	Go live without additional resource in some localities with a minimal offer	- **Front Door**, which includes Initial Meeting (DIALOG+), Clinical Pathways Lead and re-engineering admin function to align to the referral process. - Initial Interventions (Group and Individual) - Managing Emotions Programme - STEPPS - CED Change - Complex Trauma Workshop (if possible with existing workforce)
MHT - Phase2	Add with additional resource, funding and contracts	- Uplifting phase1 interventions with recruited workforce SUN Model - Drug and Alcohol Programme - Complex Trauma Workshop - Understanding CED - Lived Experience Team (co-facilitate the MHT clinical interventions)
MHT - Phase3	Add with FY 24/25 funding	- Care Connectors - CBT Psycosis - CBT Bipolar - Family and Carers interventions

Thank you and questions?

To ratify the updates Standing Orders (to reflect the new Fit and Proper Persons Test Framework)	Assistant Trust Secretary

On 2nd August 2023, NHS England (NHSE) published the new Fit and Proper Person Test ("FPPT") Framework for NHS board members, which was the culmination of NHSE's work to respond to the recommendations in Tom Kark's 2019 Review of the FPPT.

The Standing Orders have been reviewed and updated, to ensure compliance with the new FPPT Framework and alignment with the NHS leadership competency framework for board members, which was published on the 28th February 2024 (although the six key competencies, which are reflected in the document, were published ahead of this date and as such were incorporated into the Standing Orders at the time of the consultation). The document and its Appendices were circulated widely for consultation by email on 09/02/23. The circulation included all members of the Trust Board.

The Fit and Proper Person Test (FPPT) Framework that NHSE published in August noted that the Kark recommendation to remove the words "privy to" from the "Fit and proper persons: directors" section (5 (3) (d)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been accepted, and although the self-attestation form in the Framework excludes the words "privy to", the Regulations has not yet changed (and therefore still include those words).

The Department of Health and Social Care (DHSC) and Care Quality Commission (CQC) confirmed that the Regulations were scheduled for review and a public consultation in Spring 2024 and publication of revised Regulations was anticipated for in Spring 2025. This means that the self-attestation within the FPPT Framework will potentially be out of alignment with the Regulations until spring 2025. A decision has therefore been made that the self-attestation for Trust Board members should continue to include the "privy to" text until the Regulations change.

The Trust Board is requested to acknowledge, and approve, the cost pressure associated with the proposed approach to the "social media checks" (i.e. an external company will conduct an in-depth review of all existing Trust Board members and all new appointments, with the subsequent social media checks conducted by the Trust Secretary's Office in conjunction with the Communications Team). The Trust's Procurement Team have identified three companies which, if the approach is agreed, will be approached for quotes. An initial indicative quote has been obtained from one of the three companies identified by the Trust's Procurement Team, which placed the cost per Trust Board member at £130. This would therefore represent an initial cost pressure of £2,210 with a further cost pressure of £130 for each ad hoc review required thereafter.

Due to the scope of the proposed changes these have been highlighted in **blue**, rather than the standard 'tracked' changes, on the enclosed document.

Further changes can be proposed by the Trust Board, should these be considered necessary, however, the formal annual review is scheduled for latter half of 2024, which will consider the Standing Orders in their totality.

The Trust Board is now asked to "ratify" the documents, to enable them to be published via the Trust's intranet, and to confirm approval of the associated cost pressure, to enable the "social media checks" for Trust Board members to be undertaken.

Which Committees have reviewed the information prior to Board submission?

- Audit and Governance Committee, 06/03/23 (full revised documents, for approval)

Reason for submission to the Board (decision, discussion, information, assurance etc.) [1]

Ratification and approval of the associated cost pressure

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Maidstone and Tunbridge Wells NHS Trust

Standing Orders

Target audience:	All Trust staff
Author:	Trust Secretary **Contact details:** 01622 226 411 (Assistant Trust Secretary)
Other contributors:	Assistant Trust Secretary and Deputy Director of Finance (Governance)
Owner:	Chief Executive
Division:	N/A
Directorate:	Trust Management
Specialty:	Trust Management
Document administrator:	Trust Secretary
Supersedes:	Standing Orders (Version 11.0: May 2023)
Approved by:	Audit and Governance Committee, 16th May 2023
Ratified by:	Trust Board, 25th May 2023
Review date:	May 2024 (full annual review)

This document has been written for implementation during periods of standard functioning within the Trust. Outside of those periods (such as major incidents or national emergencies) other 'emergency' arrangements may be written to supersede or run alongside this document.

With effect from March 2024

Document history

Requirement for document:	• Code of Conduct and Code of Accountability in the NHS (NHS Appointments Commission / Department of Health) (originally published April 1994, then revised April 2002 and July 2004)
Cross references (external):	1. Accountable Officer Memorandum for Trust Chief Executives 2. Bribery Act 2010 3. Capital investment and property business case approval guidance for NHS trusts and foundation trusts (NHS England, 13/02/23) 4. Code of Practice on openness in the NHS (Department of Health, 2003) 5. Data Protection Act 2018 6. Freedom of Information Act 2000 7. Code of Conduct for NHS Managers (Department of Health 2002) 8. Health and Social Care Act 2012 9. International Financial Reporting Standards 10. Managing Public Money (HM Treasury) March 2022 11. Model Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions (Department of Health, 2006) 12. National Health Service Act 2006 13. National Health Service and Community Care Act 1990 14. Non-executive appointments: about the non-executive director role (NHS England, September 2017) 15. The Seven Principles of Public Life (Committee on Standards in Public Life, 1995) 16. Practice Guide 8: Execution of Deeds (HM Land Registry, 2017) 17. Arrangements for the removal or suspension of NHS trust chair and non-executive directors and NHS charity trustees (NHS Improvement) 18. Standards of Business Conduct for NHS staff (HSG (93)5) 19. Managing Conflicts of Interest in the NHS (NHS England, 2017) 20. NHS Oversight Framework (NHS England, 27/06/22) 21. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 22. The Healthy NHS Board (NHS Leadership Academy, 2013) 23. The National Health Service Trusts (Membership and Procedure) Regulations 1990 (and subsequent amendments) 24. The Public Bodies (Admission to Meetings Act) 1960 25. A guide to adult workforce roles for registered bodies and employers (Disclosure & Barring Service) January 2022 26. A guide to child workforce roles for registered bodies and employers (Disclosure & Barring Service) January 2022 27. Health and Care Act 2022 28. Regulation 5: Fit and proper persons: directors - Guidance for providers and CQC inspectors (Care Quality Commission, January 2018 (updated July 2021) 29. Frequently asked questions: Enhanced Disclosure and Barring Service (DBS) checks and fit and proper person requirement (FPPR) (Care Quality Commission, 2015) 30. A new approach to non-executive director champion roles. NHS England, December 2021.

	31. Maintaining High Professional Standards in the modern NHS: A Framework for the Initial Handling of Concerns about Doctors and Dentists in the NHS. Department of Health 2003. 32. Directions to NHS Bodies of Security Management Measures 2004. 33. Health and Care Act 2022. 34. Kent and Medway Integrated Care Strategy (Kent and Medway Integrated Care System, January 2023). 35. Arrangements for delegation and joint exercise of statutory functions (NHS England, 27/03/23). 36. Guidance about the appointment of Caldicott Guardians, their role and responsibilities published by the National Data Guardian for Health and Social Care (National Data Guardian for Health and Social Care, 2021). 37. The National Health Service Trusts (Public Meetings) Regulations 1991. 38. Arrangements for delegation and joint exercise of statutory functions: Guidance for integrated care boards, NHS trusts and foundation trusts (Statutory guidance) (NHS England, March 2023). 39. Framework for conducting annual appraisals of NHS provider chairs (NHS England, April 2023) 40. NHS England fit and proper person test framework for board members (NHS England, August 2023) 41. NHS England fit and proper person test framework for board members Appendix 4: Annual NHS FPPT submission reporting template (NHS England, August 2023) 42. NHS Employers Employment Check Standards (NHS Employers, April 2023) 43. Guidance for chairs on implementation of the Fit and Proper Person Test for board members (NHS England, August 2023) 44. Fit and Proper Person Test for board members: guidance on electronic staff record (NHS England, August 2023)
Associated documents (internal)	• Anti-fraud, bribery and corruption policy and procedure [RWF-OPPPCS-NC-WF48] • Conflicts of interest policy and procedure [RWF-COR-COR-POL-2] • People policies manual [RWF-HUM-HUM-POL-4]: Disciplinary policy and procedure • People policies manual [RWF-HUM-HUM-POL-4]: Capability • Policy and procedure for the production, approval and ratification of Trust-wide policies and procedures ('policy for policies') [RWF-OPPPCS-NC-CG25] • Reservation of Powers and Scheme of Delegation [RWF-OPPCS-NC-TM21] • Standing Financial Instructions [RWF-OPPCS-NC-TM22] • Terms of Reference for the Trust Board and its sub-committees (available from the Trust Secretary's Office) • Terms of Reference for the Executive Team Meeting (ETM) (available from the Trust Secretary's Office)

Version control:		
Issue:	**Description of changes:**	**Date:**
11.0	Annual review. Revised to incorporate the following changes: ▪ Change of terminology in relation to "Executive Director" and "member of the Executive Team". ▪ Expansion on the organisations that were formalised by the Health and Care Act 2022. ▪ Expansion of the different types of "forum". ▪ Addition of definitions of "responsibility" and "accountability". ▪ Removal of specific content relating to pecuniary interests, to denote that the Trust's Conflicts of interest policy and procedure [RWF-COR-COR-POL-2] is the definitive source of definitions of interests. ▪ Amendments to the Procedures to be applied in response to the "Fit and Proper Persons: Directors" Regulations (Appendix 4) to incorporate the inclusion of a routine check, on appointment, of whether any County Court Judgements had been issued; to explain the approach for any Directors that have lived for periods abroad (non-UK) before joining the Trust Board; and to remove the random selection aspects of the annual check of County Court Judgements. ▪ Non-material 'housekeeping' changes (changes to job titles etc.) ▪ Removal of references to the Trust Management Executive (TME), following that forum's disestablishment on 31/05/22.	May 2023
11.1	In response to the Kark Review NHS England published the new "Fit and Proper Person Test Framework for board members" and associated Appendices on 2nd August 2023, which necessitated changes to the following sections to ensure compliance with the revised regulations: ▪ Appendix 4 - Procedures to be applied in response to the "Fit and Proper Persons: Directors" Regulations ▪ Appendix 5 - 'Fit and proper person' declaration for Trust Board Members These material amendments were circulated for consultation from 9th to 26th February 2024, approved by the Audit and Governance Committee on 6th March 2024 and ratified by the Trust Board, 28th March 2024	March 2024

Contents

Section A - Interpretation and definitions for Standing Orders and Standing Financial Instructions

Save as otherwise permitted by law, at any meeting the Chair of the Trust Board shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive or Trust Secretary).

Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990 and other Acts relating to the National Health Service or in the Financial Regulations made under the Acts shall have the same meaning in these Standing Orders and Standing Financial Instructions and in addition:

"Accountability" means the obligation to explain how a function and/or duty is carried out, along with the obligation to ensure that any deficiencies are being addressed.

"Accountable Officer" means the NHS Officer responsible and accountable to parliament for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets in accordance with the requirements of HM Treasury guidance "Managing Public Money". For this Trust it shall be the Chief Executive.

"Approval" means providing the final authorisation for an action or decision. Approval can only be given by a person or forum with the appropriate authority, and can only be given once. Other persons or forums can give their support or endorsement for an action or decision, or even recommend that approval be given, but "approval" should represent the final authorisation step. For example, various forums may consider a Business Case, but only one forum can approve that Case. Please however note that "Approval" has a more specific meaning in relation to Trust-wide policies (which is described in the "Policy and procedure for the production, approval and ratification of Trust-wide policies and procedures").

"Associate Non-Executive Director" means a person appointed to advise the Trust Board, in a similar role to that of a Non-Executive Director, but for which the role carries no formal position on the Trust Board. Therefore, although an Associate Non-Executive Director can attend Trust Board meetings and contribute fully to the issues being considered, they are not able to vote on any matters, should this be required.

"Attest" means the formal action of bearing witness. In the context of these Standing Orders, attestation is required when the Trust Seal is affixed to a document. Affixing the Seal to a document has the effect of the document being signed by the Trust. Attestation involves bearing witness to the use of that Seal, and to the validity of that use, and involves signing the document that has been sealed. Attesting the use of the Seal does not make that individual a party to the document Sealed.

"Budget" means a resource, expressed in financial terms, for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

"Budget holder", "Budget Manager" or "Cost Centre Manager" means the Director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

"Chair" means the person presiding over a Committee and/or Group.

"Chair of the Trust Board" is the person appointed by the Secretary of State for Health and Social Care to lead the Trust Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "Chair of the Trust Board" shall be deemed to include the Vice-Chair of the Trust Board if the Chair is absent from the meeting or is otherwise unavailable.

"Chief Executive" means the chief officer of the Trust.

"Chief Finance Officer" means the Executive Director that is primarily responsible for the Trust's financial governance and performance. In this Trust the Chief Finance Officer is also designated as the Deputy Chief Executive.

"Chief of Service" means the role that carries overall responsibility for leadership and management within their Division. They report to the Chief Operating Officer and maintain professional links to other Executive Directors, notably the Medical Director. Chiefs of Service are appointed for three-year terms.

"Clinical Director (CD)" means the role that carries overall responsibility for leadership and management in their Directorate, reporting to the Divisional Chief of Service. Typically, Clinical Directors will dedicate two timetabled Programmed Activities each week to their role and will be supported by a full-time General Manager and Senior Matron (or other head of profession). As with Chiefs of Service, Clinical Directors are appointed for three-year terms of office.

"Commissioning" means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.

"Committee" means a committee or sub-committee created and appointed by the Trust. A Committee can be a "Parent Committee" or a "Sub-Committee" (see below).

"Committee members" means persons formally appointed to sit on or to chair specific committees. The "members" of a Committee should be those required to be present at meetings of that Committee (others at the meeting would be "attendees").

"Contracting and procuring" means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

"Deed" means a written legal instrument which passes, affirms or confirms an interest, right, or property. Deeds are required for certain legal transactions (primarily those relating to land and/or property), but can be used in other situations (Local Authority contracts are often executed as Deeds, and a Deed may be used to amend a previous contract if the amendments appear to be to the advantage of only one of the parties). Unlike most non-Deed contracts, which are only enforceable if something (i.e. money, goods or services) transfers between the parties, this is not the case for Deeds, and parties sometimes therefore wish to have their contracts executed as Deeds to avoid uncertainty as to whether such transfer has occurred. In addition, the time limit for bringing a claim under a deed is 12 years (for a non-Deed contract, this is six years), so some parties execute their contracts as Deeds to take advantage of this longer period of limitation. To be a

Deed, a document must: be in writing; make clear on its face that it is intended to be a Deed by the person making it or the parties to it (this can be done by the document describing itself as a Deed or expressing itself to be executed as a deed 'or otherwise'); and be validly executed as a Deed by the person making it or one or more of the parties to it.

"Director" means Executive or Non-Executive Director of the Trust Board as the context permits. The inclusion of the word "Director" in a staff member's job title does not mean that they automatically meet the definition of being a "Director" for the context of these Standing Orders.

"Directorate" means one of the major units of operations in the Trust. Each Directorate functions separately, with a separate management team, governance arrangements, budget and performance monitoring data/processes. Directorates can be "Clinical" (for which the management team is headed by a "Clinical Director") or non-clinical. Non-clinical Directorates are usually corporate-based functions, such as Business Support Services (including digital, data and technology) and finance), People and Organisational Development (OD) (formerly Human Resources), and Clinical/Quality Governance.

"Division" means a grouping of two or more "Directorates" into a single operating unit, for the purposes of oversight.

"Divisional Director of Nursing & Quality (DDNQ)" (or equivalent) means the officer responsible for line management, budgets and professional standards of Nursing, Midwifery and clinical professions within the Division (other than medicine). Their responsibilities include: overseeing a framework for clinical governance and quality within the Division; line management and professional leadership of Nursing, AHPs and healthcare scientists; preparation for Care Quality Commission inspection; establishing a quality plan and annual objectives for the Division; managing processes within the Division for clinical and other reported incidents, complaints, risk management and ensuring appropriate lessons are learned.

"Divisional Director of Operations (DDO)" means the officer/s of the Trust who oversee performance at Divisional level. There are Directors of Operations for each clinical Division. DDOs are responsible for: establishing a comprehensive annual plan for the Division; delivery of NHS Constitution Standards in the Division; agreeing and working within an annual budget for income and expenditure (including workforce and efficiency/Cost Improvement Programme (CIP) requirements); communications and engagement within the Division; performance management of Directorates; leadership of the Directorate General Managers and engagement with corporate Business Partners.

"Establishment Order" means The Maidstone and Tunbridge Wells National Health Service Trust (Establishment) Order 2000.

"Executive Director" means a member of the Trust Board who is either an officer of the Trust or is to be treated as an officer by virtue of regulation 1(3) of The National Health Service Trusts (Membership and Procedure) Regulations 1990. The Executive Directors collectively have managerial control over the major activities of the Trust and influence the operations of the Trust as a whole rather than the decisions of individual Divisions, Directorates or departments. For this Trust, this will be the Chief Executive, the Chief Nurse, the Chief Operating Officer,

the Deputy Chief Executive/Chief Finance Officer, the Chief People Officer, the Medical Director and the Director of Strategy, Planning and Partnerships. Executive Directors are expected to be present at, and participate in, meetings of the Trust Board.

"Executive Team Meeting (ETM)" means one of the two forums that comprise the central spine through which the Trust conducts its formal business (the other being the Trust Board). Its membership comprises all the Executive Directors plus the Chiefs of Service and selected other individuals. The Terms of Reference (which includes the membership) are available from the Trust Secretary's office. The members of the ETM can also be referred to as the members of the Executive Team.

"Fit and Proper Persons: Directors" Regulations (FPPR) means the sections of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that relate to "Fit and proper persons: directors"

"Fit and Proper Persons Test (FPPT)" means the NHS England fit and proper person test framework for board members that was published on the 3rd August 2023.

"Forum" means a meeting, regardless of the specific name or function. The Trust Board, Finance and Performance Committee or a local departmental meeting are all forums. There are different types of forums, and thought should be given when naming a forum. For example, a "steering" group or committee implies a forum that guides a particular fixed-term project from beginning to end. A "Programme board" is similar in that it is overseeing the implementation of some project/programme of work with a specific future end point. "Committee" implies a more formal forum and should be the default label for a forum that has been formally established without a particular end-point. "Group" implies something less formal while "working group" implies something even less formal, with the implication being that the forum/its members will be expected to produce work (rather than overseeing the work of others). A "panel" implies a forum with a small group of members.

"Funds held on trust" shall mean those funds which the Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under S.90 of the NHS Act 1977, as amended. Such funds may or may not be charitable.

"General Manager" means the role that is responsible for day to day operations across a Directorate. This includes taking lead responsibility for: establishing a comprehensive annual plan for the Directorate; delivery of NHS Constitution Standards; agreeing and working within an annual budget for income and expenditure, including efficiency/CIP requirements; communications and engagement within the Directorate. General Managers are accountable professionally to the Divisional Director of Operations who will provide personal support and development.

"Head of Nursing" means the officers responsible for all aspects of Nursing within the Directorate, professional and operational, (including nursing budgets and safe staffing). They also take the lead for quality and risk management, working with the Clinical Director, General Manager and any other clinical/professional leads identified in the Directorate. Heads of Nursing are professionally accountable to the

Divisional Director of Nursing & Quality who agree their objectives each year and participate in their appraisal.

"Health and Care Partnership (HCP)" means an alliance that brings together all provider health organisations in a given area to work as one. Each organisation in an HCP retains its own budget but will agree, with other partners, how it is spent for the benefit of the local community. HCPs can design and deliver services to meet the needs of everyone they serve based on their local population. They can focus services on areas of greatest need, helping to reduce health inequalities and improve life expectancy. The Trust is part of the West Kent HCP.

"Integrated Care Board (ICB)" means, the NHS statutory organisation that replaced Clinical Commissioning Groups (CCGs). The ICB holds responsibility for planning NHS services, including those previously planned by CCGs. As well as a Chair and Chief Executive, membership of the ICB includes 'partner' members drawn from Local Authorities, NHS Trusts and General Practice. The ICB makes sure services are in place to deliver the Integrated Care Strategy developed by the Integrated Care Partnership, which principally involves the ICB, Kent County Council and Medway Council. The breadth of responsibilities that ICBs are required to fulfil is wide and includes procuring services, having a statutory duty around quality and safeguarding, a statutory duty around public involvement, leading financial management, leading performance management, leading emergency planning, overseeing primary care at scale, leading workforce planning and developing a "one-team" people strategy.

"Integrated Care Partnership (ICP)" means the statutory joint committee of an Integrated Care System. Kent and Medway's ICP is made up of Kent County Council, Medway Council and NHS Kent and Medway ICB. The ICP is responsible for developing the strategy and plan for bettering health and care in Kent and Medway.

"Integrated Care System (ICS)" means the partnership between the NHS and councils that evolved from Sustainability and Transformation Partnerships (STPs) . ICS involve health and care organisations working together to: improve the health of children and young people; support people to stay well and independent; act sooner to help those with preventable conditions; support those with long-term conditions or mental health issues; care for those with multiple needs as populations age, and get the best from collective resources so people get care as quickly as possible. The Trust operates within the Kent and Medway ICS.

"Membership and Procedure Regulations" means The National Health Service Trusts (Membership and Procedure) Regulations (SI 1990/2024) and subsequent amendments.

"Motion" means a formal proposition to be discussed and voted on during the course of a meeting.

"NHSE" means NHS England, which provides national leadership for the NHS, and supports local ICSs. NHSE has seven integrated regional teams, which are responsible for the quality, financial and operational performance of all NHS organisations in their region. The Trust operates within the South East NHSE Region.

"Nominated officer" means an officer charged with the responsibility for discharging specific tasks within Standing Orders and/or Standing Financial Instructions.

"Non-Executive Director" means a member of the Trust Board who is not an officer of the Trust and is not to be treated as an officer by virtue of regulation 1(3) of the Membership and Procedure Regulations. All Non-Executive Directors have voting rights at the Trust Board, but Non-Executive Director posts are public appointments and not jobs and are therefore not subject to the provisions of employment law.

"Non-Executive Director (NED) Champion" means a NED with additional responsibilities for a specific subject area i.e. in addition to their responsibilities as part of the unitary Trust Board. The NED Champion roles designated at the Trust are described in section 2.10.

"Non-voting Board Member" means a Trust Board Member who is not entitled to exercise voting rights at the Trust Board.

"Officer" means an employee of the Trust or any other person holding a paid appointment or office with the Trust.

"Papers" means reports that are formally submitted to Trust Board and/or Committees.

"Parent Committee" means a Committee that sits directly above another Committee in the Trust's Committee structure (the Trust Board is therefore the Parent Committee to its sub-committees, as listed in SO 4.8). A Parent Committee would generally be expected to have a broader scope and have more authority than its sub-committees. The Parent Committee should determine how (including how often) it wishes to receive reports of the output from its sub-committees. This should include provision for escalating matters of urgency/importance in between the agreed reporting frequencies. If a Parent Committee determines that a matter reported to it is important enough for it to report on, to its own Parent Committee, it should be able to do so, via the reporting arrangements that exist between it and its Parent. The Parent Committee may also wish to approve the Terms of Reference of its sub-committees. Each Committee can only have one Parent Committee (however, it is possible for the output from a committee to be reported to multiple committees, if this is considered to be required).

"'Part 1' meeting" means the Trust Board meeting held in public session, under The Public Bodies (Admission to Meetings Act) 1960.

"'Part 2' meeting" means the Trust Board meeting held in private session, subject to resolution (see SO 3.17).

"Ratification" means final authorisation for the use of a Trust-wide policy within the Trust, under the Policy and procedure for the production, approval and ratification of Trust-wide policies and procedures. Although the Standing Orders is not a policy, the principles of the 'policy for policies', in relation to the "approval" and "ratification" process, will be applied.

"Region" means the area covered by one of NHSE's seven integrated regional teams The Trust operates within the South East NHSE Region.

"Responsibility" means the obligation to carry out some or all aspects of a function and/or duty.

"Scheme of Delegation (SoD)" means the Reservation of Powers and Scheme of Delegation, which states which decisions will be reserved to the Trust Board only, and which decisions will be delegated (and to whom).

"Senior Manager" means an officer holding a senior managerial or senior clinical role with management responsibilities. For this Trust this includes "Directors", Directors of Operations, Associate Directors and their direct reports and Clinical Directors and Consultants. However, please note that for the purposes of reporting "Senior Managers" remuneration (In accordance with Section 234b and Schedule 7a of the Companies Act, as required by NHS Bodies), a "Senior Manager" is considered to be defined as "Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual Directorates or departments". For this Trust, and for this purpose, this latter definition of "Senior Manager" only applies to Trust Board Members.

"Senior Independent Director (SID)" means one of the independent Non-Executive Directors appointed by the Trust Board, who is available to listen to concerns for which contact through the normal channels of the Chair, Chief Executive or Deputy Chief Executive/Chief Finance Officer, has failed to resolve or for which such contact is inappropriate. The SID for this Trust is currently the Chair of the Quality Committee.

"SFIs" means Standing Financial Instructions.

"SOs" means Standing Orders.

"Standing Orders Set" means the Standing Orders, Standing Financial Instructions and Reservation of Powers and Scheme of Delegation. Unlike NHS Foundation Trusts, NHS Trusts do not have a "Constitution", but the "Standing Orders Set" can be considered as the closest equivalent to such a Constitution.

"Sub-Committee" means a Committee that sits directly below a Parent Committee in the Trust's Committee Structure. The Terms of Reference of a Sub-Committee can be set (and amended) by the Parent Committee, should the latter wish to exercise this right. The reporting requirements of a Sub-Committee to its Parent Committee should be determined by the Parent Committee. The Parent Committee should also determine a route for the escalation of matters of urgency/importance in between the agreed reporting frequencies. Each Sub-Committee can only have one Parent Committee, but the output of the Sub-Committee's work may be reported to other Committees, as required.

"The Trust" means Maidstone and Tunbridge Wells NHS Trust.

"Trust Board" means the Chair, Executive and Non-Executive Directors of the Trust collectively as a body. The Trust Board is one of the two forums that comprise the central spine through which the Trust conducts its formal business (the other being the Executive Team Meeting (ETM)). Other forums at the Trust should, if feasible, refrain from including the word "board" in the forum title, to avoid any confusion with the Trust Board.

"Trust Board Member" (or "Board Member") means an individual regarded as being a member of the Trust Board. The influence (or potential influence) exerted by the individual is the key determinant, rather than their ability to vote at Trust Board meetings. Trust Board members are those that are expected to be at each Trust Board meeting, and contribute fully to each agenda item. For this Trust, Trust Board Members comprise the Chair of the Trust Board, Non-Executive Directors, Associate Non-Executive Directors, Executive Directors, and the Director of Infection Prevention and Control. Please note however that the provisions in these Standing Orders relating to voting (SO 3.12) only apply to "Voting Board Members" (see below).

"Trust Secretary" means a person appointed to act independently of the Trust Board to provide advice on corporate governance issues to the Trust Board and the Chair and monitor the Trust's compliance with the law, Standing Orders, and Department of Health and Social Care guidance.

"Vice-Chair" means the Non-Executive Director appointed to take on the duties of the Chair of the Trust Board if the Chair is absent for any reason.

"Voting Board Member" means a Trust Board Member who is entitled to exercise voting rights at the Trust Board.

Section B – Standing Orders

1. Introduction

1.1 Statutory Framework

Maidstone and Tunbridge Wells NHS Trust (the Trust) is a statutory body which came into existence on 14th February 2000 under The Maidstone and Tunbridge Well NHS Trust (Establishment) Order 2000 No 237, (the "Establishment Order").

1.1.1 The principal places of business of the Trust are: Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ; Tunbridge Wells Hospital, Tonbridge Road, Pembury, Tunbridge Wells, Kent TN2 4QJ; and Crowborough Birth Centre, Crowborough War Memorial Hospital, Southview Road, Crowborough TN6 1HB.

1.1.2 NHS Trusts are governed by Acts of Parliament, mainly the National Health Service and Community Care Act 1990, National Health Service Act 2006 and Health and Social Care Act 2012. The functions of the Trust are conferred by this legislation.

1.1.3 As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health and Social Care.

1.1.4 The Trust also has statutory powers under Section 7 of the National Health Service Act 2006, to fund projects jointly planned with local authorities, voluntary organisations and other bodies.

1.1.5 The Code of Accountability in the NHS requires the Trust to adopt Standing Orders for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of the Standing Orders Set, outlining the responsibilities of individuals.

1.1.6 The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

1.2 NHS Framework

1.2.1 In addition to the statutory requirements, the Secretary of State, through the Department of Health and Social Care, issues further directions and guidance. These are normally issued under cover of a circular or letter.

1.2.2 The Code of Accountability in the NHS requires that, inter alia, Trust Boards draw up a schedule of decisions reserved to the Trust Board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior Executives (a Scheme of Delegation). The Code also requires the establishment of Audit and Remuneration Committees with formally agreed Terms of Reference. The Code of Conduct in the NHS makes various requirements concerning possible conflicts of interest of Trust Board Members.

1.2.3 The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS.

1.3 Delegation of Powers

The Trust has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements. Under the Standing Order relating to the Arrangements for the Exercise of Functions (SO 5) the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 4 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit or as the Secretary of State may direct". Delegated Powers are covered in a separate document (Reservation of Powers and Scheme of Delegation). That document has effect as if incorporated into the Standing Orders and Standing Financial Instructions (all three documents comprise the "Standing Orders Set").

2. The Trust Board: Composition of membership, tenure and role of Members

2.1 Composition of the Membership of the Trust Board

In accordance with the Membership and Procedure Regulations, and the Establishment Order, the composition of the Trust Board shall be:

2.1.1 The Chair of the Trust Board (Appointed by the NHSE Appointments function);

2.1.2 Up to five Non-Executive Directors (appointed by the NHSE Appointments function);

2.1.3 Up to five Executive Directors with voting rights (but not exceeding the number of Non-Executive Directors). For this Trust this currently includes:

- the Chief Executive;
- the Chief Nurse (who must be a registered nurse or registered midwife as defined in section 10(7) of the Nurses, Midwives and Health Visitors Act 1979(10)[1]);
- The Chief Operating Officer;
- The Deputy Chief Executive/Chief Finance Officer; and
- The Medical Director (who must be a medical practitioner[1])

The Trust shall have not more than 11 and not less than eight Voting Trust Board Members (unless otherwise determined by the Secretary of State for Health and Social Care and set out in the Trust's Establishment Order or such other communication from the Secretary of State).

2.1.4 Other non-voting Executive Directors as the Chair of the Trust Board will determine (currently the Chief People Officer and the Director of Strategy, Planning and Partnerships).

[1] As per The National Health Service Trusts (Membership and Procedure) Regulations 1990

2.1.5 Other non-voting positions as the Chair of the Trust Board will determine (currently the Director of Infection Prevention and Control) and Associate Non-Executive Directors.

2.1.6 The Trust may confer on staff the title “Director” or “Chief” as an indication of their corporate or senior leadership responsibility within the Trust, but such titles do not automatically mean that the post is either an Executive Director, a member of the Executive Team, or a Trust Board Member.

2.2 Appointment of Chair and Non-Executive Directors of the Trust Board

2.2.1 Paragraph 4 of Schedule 5A to the 1977 Act, as inserted by the Health Act 1999, provides that the Chair of the Trust Board is appointed by the Secretary of State, but otherwise the appointment and tenure of office of the Chair and Non-Executive Directors are set out in the Membership and Procedure Regulations.

2.3 Terms of Office of the Chair and Non-Executive Directors of the Trust Board

2.3.1 The regulations setting out the period of tenure of office, and the arrangements for the termination or suspension of office of the Chair and Non-Executive Directors are contained in Sections 2 to 4 of the Membership and Procedure Regulations.

2.3.2 NHS Improvement’s guidance “Arrangements for the removal or suspension of NHS trust chair and non-executive directors and NHS charity trustees” should be consulted, should circumstances demand.

2.4 Appointment and Powers of Vice-Chair

2.4.1 Subject to Standing Order 2.4.2 below, the Chair of the Trust Board may appoint a Non-Executive Director to be Vice-Chair, for such period, not exceeding the remainder of their term as a Non-Executive Director, as they may specify on appointing them.

2.4.2 Any member so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair of the Trust Board. The Chair and Non-Executive may thereupon appoint another member as Vice-Chair in accordance with the provisions of Standing Order 2.4 (1).

2.4.3 Where the Chair of the Trust Board has died or has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Vice-Chair shall act as Chair of the Trust Board until a new Chair is appointed or the existing Chair resumes their duties, as the case may be; and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Vice-Chair.

2.5 Joint Members

2.5.1 Where more than one person is appointed jointly to a post mentioned in regulation 2(4)(a) of the Membership and Procedure Regulations those persons shall count for the purpose of Standing Order 2.1 as one person.

2.5.2 Where the office of a member of the Trust Board is shared jointly by more than one person:

(a) either or both of those persons may attend or take part in meetings of the Trust Board;
(b) if both are present at a meeting they should cast one vote if they agree;
(c) in the case of disagreements no vote should be cast; and
(d) the presence of either or both of those persons should count as the presence of one person for the purposes of Standing Order 3.11 (Quorum).

2.6 Public involvement and consultation

2.6.1 Section 242 of the National Health Service Act 2006 requires NHS organisations to make arrangements to involve and consult patients and the public in:

(a) planning of the provision of services;
(b) the development and consolidation of proposals for changes in the way those services are provided; and
(c) decisions to be made by the NHS organisation affecting the operation of services.

2.6.2 The Trust will work with relevant partners to meet the legal requirements set out above.

2.7 Role of the Trust Board

The Trust Board will function as a corporate decision-making body, Executive and Non-Executive Directors will be full and equal members. Their role as members of the Trust Board will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

2.7.1 Executive Directors

Executive Directors shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation.

2.7.2 Chief Executive

The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. They are the Accountable Officer for the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer Memorandum for Trust Chief Executives.

2.7.3 Deputy Chief Executive/Chief Finance Officer

The Deputy Chief Executive/Chief Finance Officer shall deputise for the Chief Executive, as required, and also be responsible for the provision of financial advice to the Trust and to its members and for the supervision of financial control and accounting systems. They shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.

2.7.4 Non-Executive Directors

The Non-Executive Directors shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as Non-Executive Directors or when chairing a committee of the Trust which has delegated powers.

2.7.5 Chair of the Trust Board

The Chair of the Trust Board shall be responsible for the operation of the Trust Board and chair all Trust Board meetings when present. The Chair has certain delegated executive powers. The Chair must comply with the terms of appointment and with these Standing Orders.

The Chair shall liaise with the NHSE Appointments function over the appointment of Non-Executive Directors and Associate Non-Executive Directors and once appointed shall take responsibility either directly or indirectly for their induction, their portfolios of interests and assignments, and their performance.

The Chair shall work in close harmony with the Chief Executive and shall ensure that key and appropriate issues are discussed by the Trust Board in a timely manner with all the necessary information and advice being made available to the Trust Board to inform the debate and ultimate resolutions.

2.8 Corporate role of the Trust Board

2.8.1 All business shall be conducted in the name of the Trust.

2.8.2 All funds received in trust shall be held in the name of the Trust as corporate trustee.

2.8.3 The powers of the Trust established under statute shall be exercised by the Trust Board meeting in public session except as otherwise provided for in Standing Order No. 3.

2.8.4 The Trust Board shall define and regularly review the functions it exercises on behalf of the Secretary of State.

2.9 Schedule of Matters reserved to the Trust Board and Scheme of Delegation

2.9.1 The Trust Board has resolved that certain powers and decisions may only be exercised by the Trust Board in formal session. These powers and decisions are set out in the “Reservation of Powers and Scheme of Delegation” and shall have effect as if incorporated into the Standing Orders. Those powers which it has delegated to officers and other bodies are contained in the Scheme of Delegation.

2.10 Lead Roles for Trust Board Members (including NED Champions)

2.10.1 The Chair will ensure that the designation of Lead roles or appointments of Trust Board Members as required by the Department of Health and Social Care or as set out in any statutory or other guidance will be made in accordance with that guidance or statutory requirement. A record of these lead roles will be maintained by the Trust Secretary.

2.10.2 The Trust recognises the following NED Champion roles:

1. Maternity board safety champion. This role is held by the Chair of the Quality Committee. The Maternity board safety champion should act as a conduit between staff, frontline safety champions (obstetric, midwifery and neonatal), service users, local maternity and neonatal system (LMNS) leads, the regional chief midwife and lead obstetrician and the Trust Board to understand, communicate and champion learning, challenges and successes.

2. Wellbeing guardian. This role is held by one of the Non-Executive Directors, as determined by the Chair of the Trust Board. The Wellbeing guardian should challenge the Trust to adopt a compassionate approach that prioritises the health and wellbeing of its staff and considers this in every decision. The role should help embed a more preventative approach, which tackles inequalities.

3. Freedom to Speak Up (FTSU) NED champion. This role is held by one of the Non-Executive Directors, as determined by the Chair of the Trust Board. The FTSU NED champion enables staff to have a clear pathway and an independent and impartial point of contact to raise their concerns in the organisation. The role of the NED champion is separate from that of the Freedom to Speak Up Guardian (FTSUG), but the NED champion should support the FTSUG by acting as an independent voice and board level champion for those who raise concerns. The NED champion should work closely with the FTSUG and, like them, could act as a conduit through which information is shared between staff and the Trust Board.

4. Doctors disciplinary NED champion/independent member. This role is held by the Chair of the Trust Board (although the Chair may designate other Non-Executive Directors to review specific cases, as required), and operates under the “Maintaining High Professional Standards in the modern NHS: A Framework for the Initial Handling of Concerns about Doctors and Dentists in the NHS” and the associated Directions on Disciplinary Procedures 2005. The role is intended to oversee each case to ensure momentum is maintained.

5. Security management NED champion. This role is held by the Chair of the Audit and Governance Committee, and the champion should promote security management work at board level, in accordance with the Secretary of State Directions on Security Management Measures 2004.

The names of the individuals undertaking such roles will be held by the Trust Secretary.

2.11 Compliance with the “Fit and Proper Persons: Directors” Regulations and the Fit and Proper Persons Test (FPPT) Framework

The Trust will apply the procedures outlined in Appendix 4, including completion of the annual ‘Fit and proper person’ self-attestation for Trust Board members in Appendix 5; these procedures will only apply to Trust Board members.

3. Meetings of the Trust Board

3.1 Calling meetings

3.1.1 Ordinary meetings of the Trust Board shall be held at regular intervals at such times and places as the Trust Board may determine.

3.1.2 The Chair of the Trust Board may call a meeting of the Trust Board at any time.

3.1.3 A meeting may be held via virtual means as an alternative to face-to-face/in-person. In such circumstances, efforts should be made to ensure the Trust's obligation to hold its Trust Board meetings in public, under The Public Bodies (Admission to Meetings Act) 1960, is met, such as by, for example, broadcasting the meeting via the internet.

3.1.3 One third or more members of the Trust Board may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

3.2 Notice of Meetings and the Business to be transacted

3.2.1 Before each meeting of the Trust Board, a notice (agenda) specifying the business proposed to be transacted shall be delivered to every member by electronic transmission, or sent by post to the usual place of residence of each member, so as to be available to members at least three clear calendar days before the meeting. The notice shall be signed by the Chair or by an officer authorised by the Chair to sign on their behalf. Want of service of such a notice on any member shall not affect the validity of a meeting.

3.2.2 In the case of a meeting called by members in default of the Chair calling the meeting, the notice shall be signed by those members.

3.2.3 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.6.

3.2.4 A member desiring a matter to be included on an agenda shall make their request in writing to the Chair of the Trust Board at least 10 clear calendar days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 calendar days before a meeting may be included on the agenda at the discretion of the Chair of the Trust Board.

3.2.5 Before each meeting of the Trust Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the Trust's principal offices at least three clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) (a)). For this Trust, posting the notice on the Trust's Internet site shall be considered to fulfil this requirement.

3.3 Agenda and Supporting Papers

3.3.1 The Agenda will be sent to members at least five calendar days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than three clear days before the meeting, unless there are extenuating circumstances.

3.4 Petitions

3.4.1 Where a petition has been received by the Trust the Chair of the Trust Board shall include the petition as an item for the agenda of the next meeting.

3.5 Notice of Motion

3.5.1 Subject to the provision of Standing Orders 3.7 'Motions: Procedure at and during a meeting' and 3.8 'Motions to Rescind a Resolution', a member of the Trust Board wishing to move a motion shall send a written or electronic transmission notice to the Trust Secretary who will ensure that it is brought to the immediate attention of the Chair.

3.5.2 The notice shall be delivered at least five clear calendar days before the meeting. The Trust Secretary shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

3.6 Emergency Motions

3.6.1 Subject to the agreement of the Chair, and subject also to the provision of Standing Order 3.7 'Motions: Procedure at and during a meeting', a member of the Trust Board may give written or electronic transmission notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Trust Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chair of the Trust Board's decision to include the item shall be final.

3.7 Motions: Procedure at and during a meeting

3.7.1 Who may propose

A motion may be proposed by the Chair of the meeting or any member present. It must also be seconded by another member.

3.7.2 Contents of motions

The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the reception of a report;
- consideration of any item of business before the Trust Board;
- the accuracy of minutes;

- that the Trust Board proceed to next business;
- that the Trust Board adjourn; and
- that the question be now put.

3.7.3 Amendments to motions

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Trust Board.

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

3.7.4 Rights of reply to motions

a) Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

b) Substantive/original motion

The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

3.7.5 Withdrawing a motion

A motion, or an amendment to a motion, may be withdrawn.

3.7.6 Motions once under debate

a) When a motion is under debate, no motion may be moved other than:
   - an amendment to the motion;
   - the adjournment of the discussion, or the meeting;
   - that the meeting proceed to the next business;
   - that the question should be now put;
   - the appointment of an 'ad hoc' committee to deal with a specific item of business;
   - that a member/director be not further heard; and
   - a motion under Section I (2) or Section I (8) of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public, including the press (see Standing Order 3.17).

b) In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the Trust Board who has not taken part in the debate and who is eligible to vote.

c) If a motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

3.8 Motion to Rescind a Resolution

3.8.1 Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the Trust Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.

3.8.2 When any such motion has been dealt with by the Trust Board it shall not be competent for any director/member other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

3.9 Chair of meeting

3.9.1 At any meeting of the Trust Board the Chair, if present, shall preside. If the Chair is absent from the meeting, the Vice-Chair if present, shall preside.

3.9.2 If the Chair and Vice-Chair are absent, another Non-Executive Director present at the meeting shall choose who shall preside.

3.10 Chair's ruling

3.10.1 The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

3.11 Quorum

3.11.1 No business shall be transacted at a Trust Board meeting unless at least one-third of the whole number of the Chair and members (including at least one Executive Director and one Non-Executive Director) is present.

3.11.2 An Officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum at Trust Board meetings.

3.11.3 If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

3.12 Voting

3.12.1 Save as provided in Standing Orders 3.13 - Suspension of Standing Orders and 3.14 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of Voting Trust Board Members present and voting on the question. In the case of an equal vote, the

person presiding (i.e. the Chair of the meeting) shall have a second, and casting vote.

3.12.2 At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

3.12.3 If at least one third of the Voting Trust Board Members present so request, the voting on any question may be recorded so as to show how each Member present voted or did not vote (except when conducted by paper ballot).

3.12.4 If a Voting Trust Board Member so requests, their vote shall be recorded by name.

3.12.5 In no circumstances may an absent Voting Trust Board Member vote by proxy. Absence is defined as being absent at the time of the vote.

3.12.6 A manager who has been formally appointed to act up for an Executive Director with voting rights during a period of incapacity or temporarily to fill a vacancy for an Executive Director with voting rights shall be entitled to exercise the voting rights of that Executive Director.

3.12.7 A manager attending the Trust Board meeting to represent an Executive Director with voting rights during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. An Officer's status when attending a meeting shall be recorded in the minutes.

3.12.8 For the voting rules relating to joint members see Standing Order 2.5.

3.13 Suspension of Standing Orders

3.13.1 Except where this would contravene any statutory provision or any direction made by the Secretary of State or the rules relating to the Quorum (SO 3.11), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the voting Trust Board Members are present (including at least one Executive Director and one Non-Executive Director) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board's minutes.

3.13.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and Trust Board Members.

3.13.3 No formal business may be transacted while Standing Orders are suspended.

3.13.4 The Audit and Governance Committee shall review every decision to suspend Standing Orders.

3.14 Variation and amendment of Standing Orders

3.14.1 These Standing Orders shall not be varied except in the following circumstances:

- upon a notice of motion under Standing Order 3.5;

- upon a recommendation of the Chair or Chief Executive included on the agenda for the meeting;
- that two thirds of the Voting Trust Board Members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's Non-Executive Directors vote in favour of the amendment; and
- providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

3.15 Record of Attendance

3.15.1 The names of the Chair and Trust Board Members present (and in attendance) at the meeting shall be recorded.

3.16 Minutes

3.16.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for approval at the next ensuing meeting where they shall be signed by the person presiding at it. In practical terms, the approved minutes will be signed soon after the meeting at which they were approved.

3.16.2 No discussion shall take place upon the minutes except upon their accuracy, the actions arising, or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

3.17 Admission of public and the press

3.17.1 **Admission and exclusion on grounds of confidentiality of business to be transacted**

The public and representatives of the press may observe all meetings of the Trust Board, including observing virtual meetings, but shall be required to withdraw upon the Trust Board request as follows:

"that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act 1960".

3.17.2 **General disturbances**

The Chair (or Vice-Chair) or the person presiding over the meeting shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Trust Board resolving as follows:

"That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public".

Section 1(8) Public Bodies (Admissions to Meetings) Act l960.

3.17.3 **Business proposed to be transacted when the press and public have been excluded from a meeting**

Matters to be dealt with by the Trust Board following the exclusion of representatives of the press, and other members of the public, as provided in (i) and (ii) above, shall be confidential to the members of the Trust Board.

Trust Board Members or any person in attendance shall not reveal or disclose the contents of papers marked “Confidential” outside of the Trust, without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Trust Board meeting which may take place on such reports/papers.

3.17.4 **Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings**

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Trust or Committee thereof. Such permission shall be granted only upon resolution of the Trust Board.

3.18 Observers at Trust meetings

The Trust Board will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers of any of the Trust Board's meetings (i.e. beyond the legal rights to observe as described under section 3.17.1) and may change, alter or vary these terms and conditions as it deems fit.

4. Appointment of Trust Board sub-committees

4.1 Appointment of Committees

Subject to such directions as may be given by the Secretary of State for Health and Social Care, the Trust Board may appoint sub-committees.

The Trust Board shall determine the membership and Terms of Reference of its sub-committees, and shall if it requires to, receive and consider reports of such sub-committees.

4.2 Joint Committees

4.2.1 Joint committees may be appointed by the Trust by joining together with one or more other Trust or health service organisation. This may comprise Trust Board members or other officers from the respective organisations.

4.2.2 Any committee or joint committee appointed under this Standing Order may, subject to such directions as may be given by the Secretary of State or the Trust or other health bodies in question, appoint sub-committees consisting wholly or partly of Trust Board members, officer, or other representatives as agreed by the respective organisations.

4.3 Applicability of Standing Orders and Standing Financial Instructions to sub-committees

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any sub-committees established by the Trust Board. In which case the term "Chair" is to be read as a reference to the Chair of other sub-committees as the context permits, and the term "member" is to be read as a reference to a member of the sub-committee, as the context permits (there is no requirement to hold meetings of committees established by the Trust in public.)

4.4 Terms of Reference

4.4.1 Each sub-committee shall have Terms of Reference and powers and be subject to such conditions (as to reporting back to the Trust Board), as the Trust Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Secretary of State. Such Terms of Reference shall have effect as if incorporated into the Standing Orders.

4.5 Delegation of powers by Committees to Sub-Committees

Where Trust Board sub-committees are authorised to establish their own sub-committees they may not delegate executive powers to such sub-committees unless expressly authorised by the Trust Board.

4.6 Approval of Appointments to sub-committees

The Chair of the Trust Board shall approve the appointments to each of the sub-committees it has formally constituted. Where the Trust Board determines, and regulations permit, that persons, who are neither members nor officers, shall be appointed to a sub-committee, the terms of such appointment shall be within the powers of the Trust Board as defined by the Secretary of State. The Trust Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.7 Appointments for Statutory functions

Where the Trust Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Trust Board such appointment shall be made in accordance with the regulations and directions made by the Secretary of State.

4.8 Sub-committees established by the Trust Board

The principal sub-committees constituted by the Trust Board are listed below.

The membership, role, authority and duties of each Committee are stated within their Terms of Reference (see SO 4.4), which shall be reviewed (and revised if necessary) and agreed annually, and formally approved by the Trust Board. The

final version of each sub-committee's Terms of Reference will be held by the Trust Secretary.

- The Audit and Governance Committee
- The Charitable Funds Committee
- The Finance and Performance Committee
- The Patient Experience Committee
- The People and Organisational Development Committee
- The Quality Committee
- The Remuneration and Appointments Committee

4.8.1 Other Committees

The Trust conducts its formal business through a central 'spine' of two forums:

1. The Trust Board; and

2. The Executive Team Meeting (ETM)

All other forums are accountable to one of these.

The Trust Board may constitute such other committees as required to discharge the Trust's responsibilities.

The Trust's Committee Structure chart can be found in Appendix 6.

4.8.2 Deputising Officers

Unless stated otherwise in the sub-committees Terms of Reference, an Officer in attendance for an Executive Director may count towards the quorum at sub-committees of the Trust Board, if the Chair of the Committee is advised and agrees in advance of the commencement of the meeting. It will be recorded in the minutes of the meeting that the Officer is deputising for the Executive Director and forms part of the committee's quorum for that meeting only.

4.8.3 Confidential Proceedings

A Director or officer of the Trust shall not disclose a matter considered by the Trust Board or a sub-committee in confidence without its permission until the Trust Board or sub-committee has considered the matter in public or has resolved to make the matter public.

5. Arrangements for the exercise of Trust functions by delegation

5.1 Delegation of Functions to Committees, Officers or other bodies

5.1.1 Subject to such directions as may be given by the Secretary of State, the Trust Board may make arrangements for the exercise, on behalf of the Trust Board, of any of its functions by a committee, sub-committee appointed by virtue of Standing Order 4, or by an officer of the Trust, or by another body as defined in Standing Order 5.1.2 below, in each case subject to such restrictions and conditions as the Trust thinks fit.

5.1.2 Section 16B of the NHS Act 1977 allows for regulations to provide for the functions of Trust's to be carried out by third parties. In accordance with The Primary Care Trusts (Membership, Procedure and Administration Arrangements) Regulations 2000 the functions of the Trust may also be carried out in the following ways:

(i) by another Trust;
(ii) jointly with any one or more of the following: NHS Trusts or NHSE;
(iii) by arrangement with the appropriate Trust, by a joint committee or joint sub-committee of the Trust and one or more other health service bodies;
(iv) in relation to arrangements made under S63(1) of the Health Services and Public Health Act 1968 (as amended), jointly with one or more NHSE or NHS Trusts.

5.13 The Health and Care Act 2022 introduced further provisions for joint working and delegation arrangements, whereby a relevant body (i.e. NHS England, and ICB, an NHS Trust or an NHS Foundation Trust) may arrange for any functions exercisable by it to be exercised by, or jointly with, one or more other relevant body; Local Authority or combined authority.

5.1.4 Where a function is delegated by these Regulations to another Trust, then that Trust or health service body exercises the function in its own right; the receiving Trust has responsibility to ensure that the proper delegation of the function is in place. In other situations, i.e. delegation to committees, sub-committees or officers, the Trust delegating the function retains full responsibility.

5.1.5 Should such arrangements be considered, NHSE's "Arrangements for delegation and joint exercise of statutory functions" Statutory guidance should be consulted.

5.2 Emergency Powers and urgent decisions

The powers which the Trust Board has reserved to itself within these Standing Orders (see Standing Order 2.9) may in emergency or for an urgent decision be exercised by the Chair of the Trust Board and Chief Executive, after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chair and Chief Executive shall be reported to the next formal meeting of the Trust Board in public session ('Part 1') for formal ratification.

5.3 Delegation to Committees

5.3.1 The Trust Board shall agree from time to time to the delegation of executive powers to be exercised by other committees, or sub-committees, or joint-committees, which it has formally constituted in accordance with directions issued by the Secretary of State. The constitution and Terms of Reference of these committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the Trust Board in respect of its sub-committees.

5.3.2 When the Trust Board is not meeting as the Trust in public session it shall operate as a committee and may only exercise such powers as may have been delegated to it by the Trust in public session.

5.4 Delegation to Officers

5.4.1 Those functions of the Trust which have not been retained as reserved by the Trust Board or delegated to other committee or sub-committee or joint-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions they will perform personally and shall nominate officers to undertake the remaining functions for which they will still retain accountability to the Trust.

5.4.2 The Chief Executive shall ensure a Scheme of Delegation is prepared which shall be considered, approved by the Audit and Governance Committee and ratified by the Trust Board. The Chief Executive, other Executive Directors or the Trust Secretary may periodically propose amendments to the Scheme of Delegation which shall be considered and approved by the Audit and Governance Committee; and ratified by Trust Board.

5.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Trust Board of the Deputy Chief Executive/Chief Finance Officer to provide information and advise the Trust Board in accordance with statutory or Department of Health and Social Care requirements. Outside these statutory requirements the roles of the Deputy Chief Executive/Chief Finance Officer shall be accountable to the Chief Executive for operational matters.

5.5 Schedule of Matters Reserved to the Trust Board and Scheme of Delegation of powers

5.5.1 The arrangements made by the Trust Board as set out in the “Reservation of Powers and Scheme of Delegation” shall have effect as if incorporated in these Standing Orders.

5.6 Duty to report non-compliance with Standing Orders and Standing Financial Instructions

If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Trust Board for action or ratification. All members of the Trust Board and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive and Trust Secretary as soon as possible.

6. Overlap with other trust policy statements / procedures, regulations and the Standing Financial Instructions

6.1 Policy statements: general principles

The Trust Board will from time to time agree, approve and/or ratify Policy statements/procedures which will apply to all or specific groups of staff employed by Maidstone and Tunbridge Wells NHS Trust. The decisions regarding such policies and procedures will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's financial governance documents incorporating the Standing Orders, Standing Financial Instructions and Reservation of Powers.

6.2 Specific policy statements

Notwithstanding the application of SO 6.1 above, these Standing Orders must be read in conjunction with the following Trust documents:

- Standing Financial Instructions (SFIs) [RWF-OPPCS-NC-TM22]
- Reservation of Powers and Scheme of Delegation [RWF-OPPCS-NC-TM21]
- Conflicts of interest policy and procedure [RWF-COR-COR-POL-2]
- People policies manual [RWF-HUM-HUM-POL-4]: Disciplinary

6.3 Review of Standing Orders

Standing Orders shall be reviewed annually. The requirement for review extends to all documents having the effect as if incorporated into the Standing Orders i.e. the Standing Financial Instructions and Scheme of Delegation.

6.4 Specific guidance

Notwithstanding the application of SO 6.1 above, these Standing Orders should be read in conjunction with the following guidance and any other issued by the Secretary of State for Health and Social Care:

- Guidance about the appointment of Caldicott Guardians, their role and responsibilities
- Human Rights Act 1998
- Freedom of Information Act 2000
- Code of Conduct for NHS Managers 2002
- Data Protection Act 2018
- Bribery Act 2010

6.5 Circulation of Standing Orders

It is the duty of the Deputy Chief Executive/Chief Finance Officer (supported by the Trust Secretary) to ensure that existing Directors, Officers and all new appointees are notified of and understand their responsibilities within Standing Orders (SOs), Standing Financial Instructions (SFIs), Reservation of Powers and Scheme of Delegation. The latest version shall be made available to all staff, via the Trust intranet.

7. Duties and obligations under these Standing Orders

7.1 Declaration of Interests

7.1.1 Requirements for Declaring Interests and applicability to Trust Board Members

I) The Code of Accountability in the NHS requires Trust Board Members to declare interests which are relevant and material to the NHS Board of which they are a member. All existing Trust Board members should declare such interests, as and when they arise, to the Trust Secretary. Any Trust Board members appointed subsequently should do so on appointment, and as and when they arise (to the Trust Secretary).

II) In addition, Trust Board Members should declare any interests they may have in agenda items on particular Trust Board meetings, at the start of such meetings (see SO 7.1.4).

III) Full details of the specific requirements can be found in the Conflicts of interest policy and procedure.

7.1.2 **Interests which are relevant and material**

Full details of Interests which are relevant and material can be found in the Conflicts of interest policy and procedure [RWF-COR-COR-POL-2].

7.1.3 **Advice on Interests**

If Trust Board Members have any doubt about the relevance of an interest, this should be discussed with the Chair of the Trust Board or with the Trust Secretary.

International Financial Reporting Standard No 24 (issued by the International Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

7.1.4 **Recording of Interests in Trust Board minutes**

Trust Board Members' interests in the agenda item/s of particular Trust Board meetings should be declared at the start of the relevant meeting, and should be recorded in the minutes.

7.1.5 **Publication of declared interests in Annual Report**

Trust Board Members' declared interests should be published in the Trust's Annual Report. The interests to be published will be those declared at the end of the relevant financial year.

7.1.6 **Conflicts of interest which arise during the course of a meeting**

During the course of a Trust Board meeting, if a conflict of interest is established, the Trust Board Member concerned should withdraw from the meeting and play no part in the relevant discussion or decision (see overlap with SO 7.3). The Chair of the Trust Board (advised by the Trust Secretary) will make the final determination on such circumstances.

7.2 Register of Trust Board Members' Interests

7.2.1 The Chief Executive will ensure that a Register of Trust Board Members' Interests is established to record formally declarations of interests of Trust Board Members. In particular the Register will include details of all directorships and other relevant and material interests (as defined in the Conflicts of interest policy and procedure [RWF-COR-COR-POL-2]) which have been declared.

7.2.2. These details will be kept up to date by the Trust Secretary, by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

7.2.3 The Register will be available to the public, as described in the Conflicts of interest policy and procedure.

7.2.4 The Trust Secretary will hold and maintain the Register of Interests.

7.3 Exclusion of Chair and Members in Proceedings on account of interests held

7.3.1 Definition of terms used

The Trust's Conflicts of interest policy and procedure [RWF-COR-COR-POL-2] defines the different categories of interests

7.3.2 Exclusion in proceedings of the Trust Board

(i) Subject to the following provisions of this Standing Order, if the Chair of the Trust Board or a Trust Board Member has any relevant interest in a matter and is present at a meeting of the Trust Board at which the matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the matter or vote on any question with respect to it. The Chair of the Trust Board (advised by the Trust Secretary) will make the final determination on such circumstances.

(ii) The Secretary of State may, subject to such conditions as they may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to them in the interests of the National Health Service that the disability should be removed. (See SO 7.3.3 on the 'Waiver' which has been approved by the Secretary of State for Health and Social Care).

(iii) The Trust Board may exclude the Chair or a Trust Board Member from a meeting of the Trust Board while any matter in which they have an interest is under consideration.

(iv) Any remuneration, compensation or allowance payable to the Chair or a Member by virtue of paragraph 11 of Schedule 5A to the National Health Service Act 1977 (pay and allowances) shall not be treated as a pecuniary interest for the purpose of this Standing Order.

(v) This Standing Order applies to a committee or sub-committee and to a joint committee or sub-committee as it applies to the Trust and applies to a member of any such committee or sub-committee (whether or not they are also a member of the Trust) as it applies to a member of the Trust Board.

7.3.3 Waiver of Standing Orders made by the Secretary of State for Health and Social Care

(1) <u>Power of the Secretary of State to make waivers</u>

Under regulation 11(2) of the NHS (Membership and Procedure Regulations SI 1999/2024, there is a power for the Secretary of State to issue waivers if it appears to the Secretary of State in the interests of the health service that the

disability in regulation 11 (which prevents a chair or a member from taking part in the consideration or discussion of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver has been agreed in line with sub-sections (2) to (4) below.

(2) Definition of 'Chair' for the purpose of interpreting this waiver

For the purposes of paragraph 7.3.3. (3) (below), the "relevant chair" is

(a) at a meeting of the Trust, the Chair of that Trust;

(b) at a meeting of a Committee –

(i) in a case where the member in question is the Chair of that Committee, the Chair of the Trust Board;

(ii) in the case of any other member, the Chair of that Committee.

(3) Application of waiver

A waiver will apply in relation to the disability to participate in the proceedings of the Trust on account of a pecuniary interest.

It will apply to:

(i) A member of the Maidstone and Tunbridge Wells NHS Trust ("the Trust"), who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of –

(a) services under the National Health Service Act 1977; or
(b) services in connection with a pilot scheme under the National Health Service Act 1997;

for the benefit of persons for whom the Trust is responsible.

(ii) Where the 'pecuniary interest' of the member in the matter which is the subject of consideration at a meeting at which he is present:

(a) arises by reason only of the member's role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;

(b) has been declared by the relevant chair as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:

(i) are members of the same profession as the member in question,

(ii) are providing or performing, or assisting in the provision or performance of, such of those services as he provides or

performs, or assists in the provision or performance of, for the benefit of persons for whom the Trust is responsible.

(4) Conditions which apply to the waiver and the removal of having a pecuniary interest

The removal is subject to the following conditions:

(a) The member must disclose their interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes; and

(b) the relevant chair must consult the Chief Executive before making a declaration in relation to the member in question pursuant to paragraph 7.3.3 (2) (b) above, except where that member is the Chief Executive;

(c) in the case of a meeting of the Trust:

(i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;

(ii) may not vote on any question with respect to it.

(d) in the case of a meeting of the Committee:

(i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;

(ii) may vote on any question with respect to it; but

(iii) the resolution which is subject to the vote must comprise a recommendation to, and be referred for approval by, the Trust Board.

7.4 Standards of Business Conduct

7.4.1 Trust policy and national guidance

All Trust staff and members of the Trust Board must comply with the Trust's Conflicts of interest policy and procedure [RWF-COR-COR-POL-2], the national guidance contained in HSG (93)5 on 'Standards of Business Conduct for NHS staff' (see Appendix 7), and the Bribery Act 2010.

Trust Board Members must also abide by the Code of Conduct in the NHS (Appendix 8) and Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England (Appendix 9).

7.4.2 Interests of Officers

i) The arrangements relating to interests of Trust Officers are covered via the Conflicts of interest policy and procedure [RWF-COR-COR-POL-2]

7.4.3 Canvassing of and Recommendations by Trust Board Members in Relation to Appointments

i) Canvassing of Trust Board Members or of any Committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

ii) Trust Board Members shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

iii) Informal discussions outside appointment panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

7.4.4 Relatives of Members or Officers

i) Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any member or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.

ii) The Chair and every member of the Trust Board shall disclose to the Trust Secretary any relationship between themselves and a candidate of whose candidature that member or officer is aware. It shall be the duty of the Trust Secretary to report to the Trust Board any such disclosure made.

iii) On appointment, (and prior to acceptance of an appointment in the case of Executive Directors) Trust Board Members should disclose to the Trust whether they are related to any other member or holder of any office under the Trust.

iv) Where the relationship to a member of the Trust is disclosed, the Standing Order headed 'Exclusion of Chair and members in proceedings on account of pecuniary interest' (SO 7.3) shall apply.

7.5 Acceptance of gifts by staff

7.5.1 The Deputy Chief Executive/Chief Finance Officer (supported by the Trust Secretary) shall ensure that all staff are made aware of the Trust Conflicts of interest policy and procedure [RWF-COR-COR-POL-2]. This policy follows the guidance contained in the Department of Health circular HSG (93) 5 'Standards

of Business Conduct for NHS Staff' (Annex B) and also takes into account the requirements of the Bribery Act 2010 and associated government guidance.

8. Custody of Seal, Sealing of documents and signature of documents

8.1 Custody of Seal

The common Seal of the Trust shall be kept by the Trust Secretary in a secure place.

8.2 Sealing of Documents

8.2.1 For NHS Trusts, the arrangements for the use of Seals is primarily guided by the National Health Service Act 2006. Affixing the Trust Seal is required in order for certain legal documents to be properly executed. Generally, the use of the Seal is reserved for Deeds. Requests for documents to have the Trust Seal affixed should be made to the Trust Secretary, using a Form that the Trust Secretary designs for that purpose. The Form will outline the purpose of the document, the financial values involved (if any) and the implications for the Trust.

8.2.2 If, following review of the Form referred to in 8.2.1, the Trust Secretary confirms that it is necessary for the document to be Sealed, the Seal shall be affixed in the presence of the Trust Secretary, and one Executive Director, and shall be attested by them. The Executive Director should not be from the department from which the document arises.

8.2.3 If the Trust Secretary is not available, and the Seal needs to be affixed to the document before they become available, the Seal can be affixed in the presence of two Executive Directors, who can then attest the document.

8.2.4 The requirements regarding the use of the Seal should be applied in addition to any requirements regarding the authorisation of contracts / Service Level Agreements, based on their value. For authorisation limits, please refer to the Reservation of Powers and Scheme of Delegation [RWF-OPPCS-NC-TM21].

8.2.5 Details of the documents where the Seal has been affixed shall be reported to the next available meeting of the Finance and Performance Committee, by the Trust Secretary.

8.2.6 The final/definitive version of documents where the Seal has been affixed (i.e. containing the Seal of all parties) will be held by the Solicitors that issued the document

8.3 Register of Sealing

The Trust Secretary shall keep a register in which they shall enter a record of the Sealing of every document, and of those attesting.

8.4 Signature of documents

8.4.1 Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Executive Director.

8.4.2 The Chief Executive, Deputy Chief Executive/Chief Finance Officer or other Executive Director shall be authorised, by resolution of the Trust Board, to sign on behalf of the Trust any agreement or other document (not required to be executed as a Deed, for which the Trust Seal is required – see 8.2), the subject matter of which has been reviewed by the person signing, and determined to be appropriate. This provision should be applied in addition to any requirements regarding the authorisation of contracts / Service Level Agreements, based on their value. For authorisation limits, please refer to the Reservation of Powers and Scheme of Delegation [RWF-OPPCS-NC-TM21].

8.4.3 In land transactions, the signing of certain supporting documents will be delegated to Senior Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a Deed, for which the Trust Seal is required – see 8.2).

9. Miscellaneous

9.1 Joint Finance Arrangements (see overlap with SFI No. 12.3)

The Trust Board may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under Section 28A of the NHS Act 1977. The Trust Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health-related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services, using its powers under Section 28A of the NHS Act 1977, as amended by section 29 of the Health Act 1999.

Process requirements

1.0 Implementation and awareness

1.1 Once ratified, the Trust Secretary will email this document to the Corporate Governance Assistant (CGA) who will upload it to the approved document management database on the intranet, under 'Policies & guidelines'.

1.2 A monthly publications table is produced by the CGA which is published on the Trust intranet under 'Policies & guidelines'. Notification of the posting is included on the intranet 'News Feed' and in the Chief Executive's newsletter.

1.3 On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.

2.0 Review

The Standing Orders will be reviewed annually.

3.0 Archiving

The Trust approved document management database on the intranet, under 'Policies & guidelines', retains all superseded files in an archive directory in order to maintain document history.

Appendix 2

CONSULTATION ON: Standing Orders
Version no.: 11.1
Please return comments to: The Assistant Trust Secretary
By date: 26/02/24

Job title:	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Corporate Governance Assistant	09/02/24	09/02/24	Y	Y
Staff-Side Chairs	09/02/24			
Emergency Planning team	09/02/24			
Head of Staff Engagement and Equality	09/02/24			
Health Records Manager	09/02/24			
Anti-Crime Specialist	09/02/24			
Head of Security Management	09/02/24			
Trust Operational Security Manager	09/02/24			
Director of Internal Audit	09/02/24	21/02/24	Y	Y
Deputy Chief Executive/Chief Finance Officer	09/02/24			
Chief Executive	09/02/24	09/02/24	N	N/A
Other Executive Directors	09/02/24			
Chair of the Trust Board	09/02/24	09/02/24	N	N/A
Non-Executive Directors	09/02/24			
Associate Non-Executive Directors	09/02/24	20/02/24	N	N/A
Risk and Compliance Manager	09/02/24			
Head of Information Governance	09/02/24			
Director of Quality Governance	09/02/24			
Head of Complaints (patient concerns)	09/02/24			
Clinical Audit Lead & NCEPOD Local Reporter	09/02/24	13/02/24	N	N/A
Head of Research and Innovation	09/02/24			
Chiefs of Service	09/02/24			
Deputy/Associate Chiefs of Service	09/02/24			
Clinical Directors	09/02/24			
Divisional Directors of Operations	09/02/24			
Deputy Director of Finance (Financial Performance)	09/02/24			
Divisional Directors of Nursing and Quality	09/02/24			
Deputy Medical Directors	09/02/24			
Director of IT	09/02/24			
Director of Estates and Capital Development	09/02/24			
Director of Emergency Planning & Response	09/02/24	09/02/24	N	N/A
Deputy Chief People Officer, Organisational Development	09/02/24			
Deputy Chief People Officer, People and Systems	09/02/24	09/02/24	N	N/A
Deputy Chief Operating Officer	09/02/24	15/02/24	N	N/A
Head of Fire, Safety & Environment	09/02/24			

Job title:	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Head of Financial Services	09/02/24			
Assistant Director of Business Intelligence	09/02/24			
Associate Director of Procurement	09/02/24			
Deputy Chief Nurses	09/02/24			
Director of Medical Physics	09/02/24			
Director of Improvement and Delivery	09/02/24			
Director of Medical Education (DME)	09/02/24			
E.M.E. & Technical Services Manager	09/02/24			
Heads of Performance & Delivery	09/02/24	13/02/24	N	N/A
Trust Lawyer	09/02/24			
General Managers (and equivalents)	09/02/24			
Programme Director for EPR (Sunrise) and Digital Transformation	09/02/24			
Chief Clinical Information Officer (CCIO)	09/02/24			
Guardian of Safe Working Hours	09/02/24			
Trust Lead Cancer Clinician	09/02/24			
Head of Charity	09/02/24			
Director of Communications	09/02/24			
Freedom to Speak Up Guardian	09/02/24			
The following staff have given consent for their names to be included in this policy and its appendices: Kevin Rowan				

Appendix 3

Equality impact assessment

This document includes everyone protected by the Equality Act 2010. People who share protected characteristics will not receive less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy status, race, religion or sexual orientation. The completion of the following table is therefore mandatory.

Title of document	Standing Orders
What are the aims of the document?	To describe the external statutory framework under which the Trust operates, and the overall internal corporate governance framework.
Is there any evidence that some groups are affected differently and what is/are the evidence sources?	No
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	**Is there an adverse impact or potential discrimination (yes/no). If yes give details.**
Gender identity	No
People of different ages	No
People of different ethnic groups	No
People of different religions and beliefs	No
People who do not speak English as a first language	No
People who have a physical or mental disability or care for people with disabilities	No
Pregnant women and individuals, or those on maternity leave	No
Sexual orientation (LGB)	No
Marriage and civil partnership	No
Gender reassignment	No
Armed Forces Community status (including: serving member of the forces; reservist; veteran; immediate family member of someone who has served or is serving)	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	N/A
When will you monitor and review your EqIA?	Alongside this document when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this document

Further appendices

The following appendices are published as related links to the document on the Trust approved document management database on the intranet, under 'Policies & guidelines':

No.	Title	Unique ID	Title and unique id of document that the appendix is primarily linked to
4	Procedures to comply with the "Fit and Proper Persons: Directors" Regulations and Fit and Proper Persons Test Framework	RWF-COR-COR-GUI-1	This document
5	Annual 'Fit and proper person' self-attestation for Trust Board Members	RWF-COR-COR-FOR-1	This document
6	Trust Committee structure	RWF-OWP-APP2	This document
7	Standards of Business conduct for NHS staff (reproduced from HSG (93)5)	RWF-COR-COR-APP-3	This document
8	Code of Conduct and Code of Accountability in the NHS	RWF-OWP-APP536	This document
9	Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England (Professional Standards Authority, 2013)	RWF-COR-COR-APP-2	This document

Procedures to comply with the "Fit and Proper Persons: Directors" Regulations (FPPR) and Fit and Proper Persons Test Framework (FPPT)

1. This procedure will apply to all Trust Board Members (as defined in the Standing Orders). The Chair of the Trust Board is responsible for ensuring that all Trust Board Members meet the fitness test and do not meet any of the 'unfit' criteria. A failure or refusal by a candidate for appointment to comply with any of the procedures set out below will immediately disqualify that person from the proposed appointment.

Process for new appointments

2. The Trust has in place robust processes for the recruitment of Trust Board Members. These processes include pre-employment checks in accordance with NHS Employers Employment Check Standards. All appointments to the Trust Board, whether permanent or temporary (including secondments), where greater than six weeks, require the following:[1]
   a. Identity checks
   b. Professional registration and qualification checks - Where specific qualifications are deemed by the Trust as necessary for a role, the Trust will make this clear and will only appoint those individuals that meet the required specification; including any requirements to be registered with a professional Regulator and the NHS Leadership Competency Framework (LCF) six competence categories. Consideration will be afforded to any training and development the Trust Board member has undergone or is undergoing in line with the duties they are required to perform.
   c. Right to work checks
   d. Disclosure and Barring Service (DBS) checks as appropriate to the role. To safeguard service users by identifying unsuitable candidates, any appointment will be dependent upon the satisfactory completion of a "Standard" disclosure through the DBS[2]. The level of check undertaken for Executive Directors will be determined by the type of activities required by their role and the level of unsupervised access this will allow them to patients. The Trust will apply the "DBS update" process to all Trust Board Members, for which Trust Board members will be required to provide written consent on a form held by the Trust Secretary's Office. The Update Service is an online subscription that, subject to the employee's consent, lets employers carry out a free, instant online check to view the status of an existing standard or enhanced DBS certificate. If the DBS update service lists the status of the DBS check as "This DBS certificate is no longer current" a further DBS check will be required to get the most up-to-date information, so the Trust Secretary's office will liaise with the relevant Trust Board member to understand the reason(s) why there has been a change. If the DBS check identifies any convictions that have not been declared, the Chair of the Trust Board will discuss the findings of the check with the individual (and the Chief Executive, for Executive Directors), and instigate

[1] For the initial appointment of the Chair of the Trust Board and Non-Executive Directors (excluding Associate Non-Executive Directors), NHS England will obtain Trust Board member references and carry out the initial social media checks.

[2] The role expected to be undertaken by most Trust Board Members does not justify "Enhanced" or "Enhanced with Barred list(s)" DBS checks being undertaken, based on the eligibility criteria for DBS checks (as described in the DBS' guides to adult and child workforce roles for registered bodies and employers)

appropriate action. The reasons for any decisions made under this process will be recorded and shared with those who need to be made aware.

e. At least two references, including references where the individual resigned or retired from a previous role, one being from the most recent employer, which should be provided on the NHS England Trust Board member reference template.[1] In such cases where references from previous employers are unattainable for the previous six years, additional character or personal references should be sought.
f. Work health assessment check - consideration will be given to the physical and mental health of Trust Board members in accordance with the demands of the role and good occupational health practice. If the individual has declared a disability or long-term health condition (physical or mental health related), an Occupational Health Assessment will be conducted. Occupational Health will, as part of the pre-appointment process, work with the individual to identify reasonable adjustments that will need to be made to support them to perform the tasks that are intrinsic to the office or position for which they are appointed. In the event that health conditions deteriorate over time requiring adjustments that are not felt to be reasonable, this may result in termination of the Trust Board member's employment.
g. Interview processes including panel interviews

   N.B. All of the checks listed above will be recorded and evidenced by the Trust Secretary's Office, in liaison with the Trust's People and Organisational Development Department.

h. Accounting within contracts of employment for all officer (i.e. employee) Trust Board Members for the fact that an individual cannot continue within the role should they meet any of the criteria for being "unfit"
i. Completion of a self-attestation (Appendix 5 of the Standing Orders: RWF-COR-COR-FOR-1), which includes, among other aspects, confirmation that none of the unfit criteria apply. If an individual is unable to sign the self-attestation, the reasons should be discussed with the Chair of the Trust Board (the Trust Secretary will also be available for an initial discussion). For Executive Directors, the discussion should involve the Chief Executive. If, on discussion, the individual is deemed suitable despite not meeting the characteristics outlined in Schedule 4, Part 2 of the Regulations, the self-attestation may be amended to reflect the specific circumstances of that individual and to enable them to sign it (providing this does not conflict with the Regulations). For example, the individual may have been convicted[3] in the UK of a minor offence, which would prevent them from the signing the self-attestation, but which, in the judgement of the Chair, would not mean that they were not of "good character". A record will be kept (by the Trust Secretary's Office) of the reasons for the decision and why the self-attestation form was amended. Information about the decision will be shared with those that need to be aware.

3. Additionally, the Trust Secretary's Office will ensure that 'due diligence' checks are undertaken for each Trust Board Member (via searching the relevant registers and other on-line information), to determine whether the individual:
   a. is an undischarged bankrupt;

[3] In the UK "conviction" means an admission of guilt or a finding of guilt in a criminal court whether by judge, jury, magistrate or certain tribunal Chairman conducting criminal cases. Therefore, fixed penalty notices and speeding fines are not convictions.

b. has had sequestration awarded (which has not been discharged) in respect of their estate;
c. is the subject of a bankruptcy restrictions order, or an interim bankruptcy restrictions order, or an order to like effect made in Scotland or Northern Ireland;
d. is a person to whom a moratorium period under a debt relief order applies (under Part VIIA (debt relief orders) of the Insolvency Act 1986(b));
e. has made a composition or arrangement with, or granted a trust deed for, creditors (and not been discharged in respect of it);
f. is not prohibited, by or under any enactment, from holding their office or position, or from carrying on any regulated activities;
g. has been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social work professionals;
h. has been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity; including, but not limited to:
   - fraud or theft
   - sexual harassment of staff
   - bullying or harassment
   - discrimination as per the Equality Act 2010
   - dishonest conduct including deliberately transmitting information to a public authority or to any other person, which is known to be false; or providing false information or references as part of the recruitment process
   - disregard for appropriate standards of governance
   - failure to make full and timely reports to the Trust Board of significant issues or incidents
i. has been disqualified from being a charity trustee or is listed on the Charity Commission's Register of Removed Trustees;
j. has been subject to an adverse finding on the Register of Judgments[4] (including any company of which they are the Director or Secretary);[5]
k. has been subject to a negative decision from an employment tribunal[5]
l. has posted anything on social media that could potentially bring the Trust into disrepute or conflict with the Trust's values.[5,1]

N.B. The social media checks for newly appointed Trust Board members will be conducted by an external analytics company, to ensure sufficient examination of all aspects of their entire online presence.[6]

4. Such 'due diligence' checking will also incorporate any specific qualification requirements for Executive roles (e.g. that the Chief People Officer be a member of the Chartered Institute of Personnel and Development), and will include (but not be limited to) publicly available registers, such as:
   a. the Individual Insolvency Register (IIR)
   b. the Companies House database of disqualified directors (under the Company Directors Disqualification Act 1986)

[4] This includes County Court Judgments, High Court Judgments, Tribunal Awards, Administration Orders, Fine Defaults and Child Support Agency Liability Orders
[5] This check is related to the FPPR requirements relating to "good character"
[6] Upon ratification of this procedure, in March 2024, the social media checks for all Trust Board members will be conducted by an external analytics company

c. the Insolvency Service's register of Directors they got disqualified
d. Register of Removed Charity Trustees
e. the List of Registered Medical Practitioners held by the General Medical Council (GMC)
f. Nursing and Midwifery Council (NMC) register
g. Other professional registers
h. Publicly available investigation reports of failings within health and social care provision

5. For those Trust Board members who have lived for periods abroad (non-UK) before joining the Trust the initial 'due diligence' checks, conducted by the Trust Secretary's Office, will incorporate the equivalent registers, if available, from the country of origin; however, the annual 'due diligence' checks thereafter will only include the relevant UK registers

6. Following completion of the 'due diligence' checks the Trust Secretary's Office, in conjunction with the Chair of the Trust Board, will complete the "Fit and Proper Persons Test" section on the Trust's Electronic Staff Record (ESR) to confirm that the required 'due diligence' checks were undertaken. Such information and accompanying references should be kept career long, which at a minimum should be until the 75th birthday of the Trust Board member.

Trust Board member references

7. The Trust Board member reference should provide evidence of broad competence across each of the six NHS Leadership Competency Framework domains and ensure there are no areas of significant lack of competence which may not be remedied through a development plan. The Annual 'Fit and proper person' self-attestation for Trust Board Members and the annual appraisal process will inform the evidence required for the Trust Board member reference; with the latter enabling the provision of a development plan to remedy any areas of concern.
8. The Trust Board member reference will be based on the outputs of the 'due diligence' checks and include information regarding any discontinued, outstanding, or upheld complaint(s) tantamount to gross misconduct or serious misconduct or mismanagement; confirmation of any discontinued, outstanding or upheld disciplinary actions under the Trust's disciplinary procedures; and any further information and concerns about the applicant's fitness and propriety, not previously covered, relevant to the FPPT to fulfil the role as a Trust Board member. Investigations declared will be limited to those which are applicable and potentially relevant to the FPPT; with the reason any investigation was discontinued to be clearly stated including whether an investigation was not started or stopped because a compromise, confidentiality or settlement agreement was then put in place (recognising that such an agreement is not necessarily a conclusion that the individual is not fit and proper)
9. The Trust will maintain complete and accurate Trust Board member references at the point where the Trust Board member departs, including in circumstances of retirement, irrespective of whether there has been a request from another NHS organisation (see paragraph 6).
10. Trust Board member references are required in the following instances:
    i. A new appointment that has been promoted within the Trust
    ii. An existing Trust Board member at another NHS organisation who transferred to the Trust to in the role of a Trust Board member

iii. An individual who has joined the Trust in the role of a Trust Board member for the first time from an organisation that is outside of the NHS
iv. An individual who has been a Trust Board member in an NHS organisation and joins the Trust in a role other than that of a Trust Board member, that is, they take a non-Board level role

Revising references

11. If the Trust has provided a reference to another NHS organisation about an employee or former employee, and has subsequently:
    - become aware of matters or circumstances that would require them to draft the reference differently
    - determined that there are matters arising relating to serious misconduct or mismanagement
    - determined that there are matters arising which would require them to take disciplinary action
    - concluded there are matters arising that would deem the person not to be 'fit or proper' for the purposes of Regulation 5 of the Regulations

    The Trust should make reasonable attempt to identify if the individual's current employer is an NHS organisation, and, if so, provide an updated reference / additional detail within a reasonable timeframe. Such updates should be reflected within the Trust Board member reference held by the Trust.

Assessment of on-going fitness

12. The annual appraisal process for all Trust Board members will incorporate a formal review and confirmation that the individual:
    a. continues to have the qualifications, competence, skills and experience which are necessary for the work to be performed by them; and
    b. continues to be able by reason of their health (after reasonable adjustments are made) of properly performing tasks which are intrinsic to the work for which they are employed

13. These aspects will be part of the formal documentation for such appraisals. This step is not intended to prevent any changes in an individual's circumstances being reviewed and responded to at the time such changes occur (i.e. relevant action should not be deferred until an individual's annual appraisal).

14. The Chief Executive will be responsible for appraising the Executive Directors, whilst the Chair of the Trust Board will be responsible for appraising the Non-Executive Directors and Associate Non-Executive Directors. The Chief Executive will be appraised by the Chair of the Trust Board. The appraisal of the Chair of the Trust Board will be undertaken in accordance with the framework for conducting annual appraisals of NHS Provider Chairs.

15. There will be an annual requirement for post holders to complete the annual self-attestation form described in point 2i. This will usually be scheduled to be undertaken towards the end of each financial year (i.e. 31st March).

16. The Trust Secretary's Office will also repeat the 'due diligence' checks outlined in paragraph 3 on an annual basis. The Trust will pay the costs for the fee charged for undertaking the checks of the Register of Judgments (www.trustonline.org.uk). The Trust Secretary's Office will also update the "Fit and Proper Persons Test" section on

the Trust's ESR, as outlined in paragraph 6, to reflect the outcome of the annual 'due diligence' checks.

17. The Trust Secretary's Office will check the DBS update service every six months to ascertain the status of Trust Board members' DBS certificates.

Joint appointments across different NHS organisations

18. In the event of a joint appointment, if the Trust is the designated host/employing NHS organisation the full 'due diligence' checks need to be completed and in concluding the assessment input will be required from the Chair of the other contracting NHS organisation to ensure that the Trust Board member is eligible to perform both roles. Where the joint appointment results in a new Trust Board member (for the NHS organisation in question), it will constitute a new appointment and as such, the Trust should provide a 'letter of confirmation' to the other NHS organisation(s). The template for the 'letter of confirmation' is available from NHS England and held by the Trust Secretary's Office.
19. Where there is a joint appointment, if the Trust was responsible for the 'due diligence' checks then the Trust should also lead on conducting the joint appraisal ensuring adequate input from the other contracting NHS organisation.
20. Where two or more NHS organisations employ or appoint an individual for two or more separate roles at the same time, each organisation has a responsibility to complete the 'due diligence' checks. If the Trust identifies any areas of concern within the 'due diligence' checks the other contracting NHS organisation should be informed and the rationale explained.

Shared roles within the same NHS organisation

21. Where two individuals share responsibility for the same Trust Board member role (e.g. a job share) at the Trust, both individuals will be required to undergo the 'due diligence' checks.

Temporary absence

22. A temporary absence is considered as leave for a period of six consecutive weeks or less and where the Trust is leaving the Trust Board position open for the Trust Board member to return. As such there is no requirement to approve another permanent appointment for the open Trust Board position.
23. Where there is a temporary absence, the Trust Secretary or Chief People Officer will liaise with the Chair of the Trust Board and/or Chief Executive to ensure temporary cover is provided; and to ensure that the Trust's ESR is adequately updated to record the start and projected end date of the temporary absence.
24. Where an individual is appointed on an interim basis, and has not undergone the associated 'due diligence' checks, the Trust should ensure appropriate support and mitigations are in place, as decided between the Chair of the Trust Board, Chief Executive and Trust Secretary (or an appropriate Deputy).
25. If the temporary appointment is for longer than six weeks then the full 'due diligence' checks should be conducted, as outlined within the "Process for new appointments" section.

Concerns regarding an individual's continued FPPR compliance

26. Where matters are raised, identified or declared that cause concerns relating to an individual being fit and proper to carry out their role, the Chair of the Trust Board will oversee an investigation which will be appropriate, timely and proportionate to the

matter raised. Any investigation will have due regard to the relevant Trust Policies and Procedures along with guidance issued by the Care Quality Commission (CQC) and the NHS England FPPT Framework. The Chair of the Trust Board may consult with the Trust's Chief People Officer and / or Senior Independent Director on this. If the matters raised relate to or involve the Chair of the Trust Board, responsibility for oversight of the investigation will fall to the Vice-Chair of the Trust Board supported by the Chief People Officer. If concerns are substantiated by evidence, proportionate, timely action will be taken to investigate this through either the FPPR or the Trust's "Disciplinary Policy and Procedure" or "Performance Management (Capability) Policy and Procedure", whichever is judged to be the most appropriate to the circumstances. As part of the investigation the individual may be requested to attend an interview to clarify any ambiguities, or provide further information, in relation to any potential concerns which are identified. Where an individual's fitness to carry out their role is being investigated appropriate interim measures will be considered to minimise any risk to patients or the Trust.

27. The final decision on whether the individual is fit and proper following an investigation under the FPPR lies with the Chair of the Trust Board. If the Chair determines that the individual does not or no longer meets the requirements of a fit and proper person, that person shall not be appointed, or their appointment will be terminated. Should the Chair determine that the individual is or remains a fit and proper person the reasons for this decision will be recorded and shared with those who need to be aware. If the matters raised relate to or involve the Chair of the Trust Board the final decision will rest with the Vice-Chair of the Trust Board

Sharing concerns with other bodies

28. Where appropriate, the Trust will also inform other organisations about concerns or findings relating to an individual's fitness, for example, professional regulators, the CQC and other relevant bodies and, if required, notify the outcome to NHS England for validation. The Trust will also support any related enquiries or investigations carried out by others.

Overseeing the role of the chair of the Trust Board

29. Annually, the Senior Independent Director (SID) or Vice-chair of the Trust Board, in conjunction with the Trust Secretary, will review and ensure that the Chair of the Trust Board continues to meet the requirements of the FPPR. If the SID and Vice-chair of the Trust Board are the same individual, another Non-Executive Director should be nominated to review the compliance of the Chair of the Trust Board with the FPPR on a rotational basis.

Annual reporting to NHS England

30. The Trust will submit, on an annual basis, details of the findings of the 'due diligence' checks, for both starters and leavers during the period, to the South East Regional Director of NHS England, using the "Annual NHS FPPT submission reporting template" which is available from NHS England and held by the Trust Secretary's Office.

Assurance to the Trust Board

31. The Trust Board will receive an annual report to confirm implementation of the FPPR for existing post holders. The Chair of the Trust Board is the responsible officer for ensuring compliance with the FPPT.

Inclusion in the Trust's Annual Report

32. The Trust will include a high-level overview of the outcome of the FPPT assessments within the annual report for the associated financial year, which, once approved, will be accessible to members of the public on the Trust's website

Requirements for Trust Board members leaving the Trust

33. At the end of the tenure of a Trust Board member a reference, informed by the annual appraisals of the previous three years, and aligned to the NHS England Leadership Competency Framework, should be completed, and retained by the Trust for provision, within 14-days of a request being received, to any future employer. The Trust Board member reference will be completed, by the Trust Secretary's Office in conjunction with representatives from the People Function, using the "Board member reference template", which is available from NHS England and held by the Trust Secretary's Office.

Internal audit/external review

34. At a minimum of every three years, the Trust will commission an internal audit review to assess the processes, controls and compliance supporting the FPPT assessments. The internal audit will include sample testing of FPPT assessments and associated documentation.

35. The Trust will consider, where appropriate, inclusion of FPPT process and testing in the specification for any commissioned external Well-Led/Board effectiveness reviews.

Processing of personal data

36. The basis for which the FPPT data contained with the ESR Is set out in Article 6(1)(e) of the UK General Data Protection Regulation (GDPR) (i.e. the processing of personal data is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller).

Annual 'Fit and proper person' self-attestation for Trust Board Members

In accordance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which requires that Directors (or equivalent) of health service bodies be "fit and proper persons", and the NHS England fit and proper person test framework for board members, I hereby declare that…

(a) I am of "good character". In this regard…
- … I have not been convicted[1] in the UK of any offence, or been convicted elsewhere of any offence which, if committed in any part of the UK, would constitute an offence
- … I have not been erased from, removed from, or struck-off, a register of professionals maintained by a regulator of health care or social work professionals.
- … I am not subject to an upheld or ongoing disciplinary finding; grievance finding, whistleblowing finding or finding pursuant to any of the Trust's policies or procedures concerning board member behaviour

(b) I have the qualifications, competence, skills and experience which are necessary for the work for which I am employed / relevant office or position for which I am appointed; including the requisite experience and skills to fulfil the minimum standards against the NHS Leadership Competency Framework six competency domains i.e.:
i. Setting strategy and delivering long term transformation.
ii. Leading for equality.
iii. Driving high quality, sustainable outcomes.
iv. Providing robust governance and assurance.
v. Creating a compassionate and inclusive culture.
vi. Building trusted relationships with partners and communities.

(c) I have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity[2] or providing a service elsewhere which, if provided in England, would be a regulated activity

(d) I am able by reason of my health (after reasonable adjustments are made) of properly performing tasks which are intrinsic to the work for which I am employed / office or position for which I am appointed

(e) I am not "unfit". In this regard…
- … I am not an undischarged bankrupt
- … I have not had sequestration awarded (which has not been discharged) in respect of my estate
- … I am not the subject of a bankruptcy restrictions order, or an interim bankruptcy restrictions order, or an order to like effect made in Scotland or Northern Ireland
- … I am not a person to whom a moratorium period under a debt relief order applies (under Part VIIA (debt relief orders) of the Insolvency Act 1986(b)).
- … I have not made a composition or arrangement with, or granted a trust deed for, creditors (and not been discharged in respect of it)
- … I am not included in the children's barred list or the adults' barred list, maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland
- … I am not prohibited, by or under any enactment, from holding my office or position, or from carrying on any regulated activities[2]

(f) I am not disqualified from being a charity trustee, or listed on the Charity Commission's Register of Removed Trustees.

[1] In the UK "conviction" means an admission of guilt or a finding of guilt in a criminal court whether by judge, jury, magistrate or certain tribunal Chairman conducting criminal cases. Therefore, fixed penalty notices and speeding fines are not convictions.

[2] Regulated activities are listed in Schedule 1 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They are: 'Personal care'; 'Accommodation for persons who require nursing or personal care'; 'Accommodation for persons who require treatment for substance misuse'; 'Treatment of disease, disorder or injury'; 'Assessment or medical treatment for persons detained under the Mental Health Act 1983'; 'Surgical procedures'; 'Diagnostic and screening procedures'; 'Management of supply of blood and blood-derived products etc.'; 'Transport services, triage and medical advice provided remotely'; 'Maternity and midwifery services'; 'Termination of pregnancies'; 'Services in slimming clinics'; 'Nursing care'; and 'Family planning services'. Any provider carrying on any of these activities in England must register with the Care Quality Commission.

(g) I (or any company of which I am the Director or Secretary) have not been issued with a County Court Judgement (CCJ)
(h) I will abide by the Professional Standards Authority's "Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England" at all times when at the service of the Trust.
(i) I will adhere to the Nolan Principles of Standards in Public Life.
(j) I have not posted anything on social media that could potentially bring the Trust into disrepute or conflict with the Trust's values (see section 2).

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the chair.

Full name	
Job title / role	
Professional registrations held (ref no.) (if relevant):	
Date of last appraisal, and by whom:	
Signature:	
Date of signature	
For completion by the Chair of the Trust Board	
Signature of the chair to confirm receipt:	
Date of signature of chair:	

Please direct any queries towards the Trust Secretary

Section 2: Confirmation of any existing social media presence

Social media is defined within the Trust's 'Social media policy and procedure' [RWF-OPPCS-NC-TM38] as the term commonly used for websites that allow people to interact with each other in virtual communities, by sharing information, videos, images, opinions, knowledge and interests. As the name implies, social media involves the building of online communities or networks, encouraging participation and engagement. Social networking websites (such as Facebook and Twitter) are perhaps the most well-known examples of social media, but the term covers other web-based services. Examples include:

- blogs (a contraction of the term web log - a regularly updated website or web page, typically run by an individual or small group, that is written in an informal or conversational style) and vlogs (a contraction of the term video log – a blog in which the postings are primarily in video form);
- closed groups or pages on Facebook;
- audio and video podcasts;
- 'wikis' (such as Wikipedia);
- message boards (forums);
- social bookmarking websites (such as del.icio.us);
- photo, document and video content sharing websites (such as Instagram, Flickr, TikTok and YouTube);
- micro-blogging services (such as X (formerly known as Twitter), Google+, LinkedIn, Facebook, Telegram, Threads); and
- Mobile messaging services[3] (such as video messaging application Snapchat) (N.B. WhatsApp has been deemed outside the scope the confirmation[4])

Based on the definition above do you now, or have you ever, had a social media account?

Yes / No Please delete as applicable

If yes, please confirm whether the social media account remains accessible (i.e. has not been archived): *Yes / No* Please delete as applicable

If one or more social media accounts remain accessible please complete the table below:

Social media platform (e.g. Facebook; Instagram; etc.)	**Profile / display name**	**Visibility** (delete as appropriate)
		Private / Public
		Private / Public
		Private / Public
		Private / Public
		Private / Public
		Private / Public
		Private / Public

In relation to statement (i) if you have ever posted anything on social media that could potentially bring the Trust into disrepute[5] please provide further details:

……

……

……

[3] This only applies to those mobile messaging services which could be accessed by members of the public

[4] WhatsApp has been deemed outside of the scope of the confirmation as a status can only be seen by someone if there is a reciprocal presence within both parties' address book.

[5] Consideration should be given to any messages / information which could be made available to the public by third parties. Guidance on the acceptable use of social media can be found within the 'Social media policy and procedure' [RWF-OPPCS-NC-TM38]

Confirmation of the outcome of the Trust's 'going concern' assessment	**Deputy Chief Executive / Chief Finance Officer**

Trust Management are required to consider each year whether the Trust's annual accounts for the year (2023/24) should be prepared on the assumption that the Trust is a "going concern". The principles applying in the NHS to a going concern judgement are set out in the Department of Health and Social Care (DHSC) Group Accounting Manual each year.

The Trust meets the criteria for preparing the accounts under the going concern principle, as set out in the accompanying paper.

The Trust Board is asked to review the report and formally conclude that the accounts should be prepared under the going concern principle.

Which Committees have reviewed the information prior to Trust Board submission?

- Executive Team Meeting, 05/03/24
- Finance and Performance Committee, 26/03/24

Reason for submission to the Trust Board (decision, discussion, information, assurance etc.) [1]

Decision

[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Going Concern

The DHSC Group Accounting Manual requires the management of the Trust to consider the following public sector interpretation of IAS 1 in respect of applying the going concern assumption when preparing its accounts. In paragraph 4.18 it states:

‘‘For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant body or DHSC sponsor of the intention for dissolution without transfer of services of function to another entity. A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up”.

The Trust is planning to compile the 2023/24 accounts on a “going concern” basis following consideration of the following:

- There has been no expectation raised in the public arena that healthcare services will not continue to be provided from the two hospital sites. There are no plans to dissolve the Trust or to cease services without transfer to any other NHS body.

- Draft National NHS Provider/Commissioner Planning guidance has been issued to Integrated Care Systems by NHSE that outlines the process and framework for funding arrangements within which NHS Commissioners and Providers will operate during 2024/25. Systems are working to agree initial planning positions in order to submit the first set of planning returns towards the end of March 2024.

- The Trust will be submitting a 5-year capital plan to the ICB which manages the overall resource level within the patch with final plans expected to be submitted in March 2024.

- The Trust is an active participant and fully engaged in financial planning with both ICS/ICB designate leads as well as locally within the West Kent Health and Care Partnership (HCP) locality.

- The Trust will have signed contracts in place for the provision of healthcare services in 2024/25. The Trust contracts will be held with the local commissioning bodies for patient care in Kent & Medway, Sussex, Surrey Heartlands and South East London. In addition, regional contracts for Specialised Commissioning, Public Health and Health and Justice will be agreed, signed and effective from April 2024 with NHS England. The planned financial regime provides certainty for income and cash flows for the full financial year 2024/25.

- The Trust has no working capital loans and is not anticipating requiring support in 2024/25.

- The Trust does not consider that there are any material uncertainties to the going concern basis.

For these reasons, the Trust is proposing to prepare its Accounts using the going concern basis in line with the GAM guidance.

The Trust Board are asked to consider the proposal and agree its application for the 2023/24 Accounts.