

Agenda

Public Trust Board Meeting

Wednesday, 10 May 2023 at 12:30 – 15:30 in the Trust Boardroom and via MS TEAMS

Item	Subject	Presenter	Page	Time	Action
Opening Matters					
1.	Chair's Introduction, Update and Apologies	Chair	Verbal	12:30	Note
2.	Quorum		Verbal		Note
3.	Declarations of Interest		Verbal		Note
4.	Minutes of the last meeting held on 29 March 2023, and matters arising/actions		3 and 11		Approve
5.	Chief executive update	Chief Executive Officer	13	12:40	Assurance
Council of Governor Update					
6.	Council of Governors Update	Lead Governor	Verbal	13:05	Note
Wellbeing Break					
Assurance Items					
7.	Committee updates: <ul style="list-style-type: none"> Quality and Assurance Finance, Planning and Performance Audit and Risk Assurance -verbal People 	Lead Executive and NED Chair of each Committee	17 and verbal	13:15	Assurance
8.	Integrated Quality performance Report	All Executives	39	13:50	Assurance
9.	Annual Business Plan	Chief Financial Officer	77	14:10	Assurance
10.	Green Plan (update)		91	14:20	Assurance
11.	Finance Report		99	14:30	Assurance
Wellbeing Break					
Escalation or Decision Items					
12.	MFT Constitution	Company Secretary	115	14:50	Approve
Closing Matters					
13.	Questions from the public	Chair	Verbal	15:00	Discussion
14.	Any other business			15:25	Note
15.	Board review of meeting				

Minutes of the Trust Board PUBLIC Meeting
Wednesday, 29 March 2023, 12:30-15:30
Hybrid Meeting with TEAMS and Exec Meeting Room (Gundulf)

Members	Name	Job Title
Voting:	Jo Palmer	Trust Chair
	Adrian Ward	Non-Executive Director
	Alison Davis	Chief Medical Officer
	Annyes Laheurte	Non-Executive Director
	Jayne Black	Chief Executive
	Leon Hinton	Chief People Officer
	Gavin MacDonald	Chief Operating Officer (Interim)
	Mark Spragg	Non-Executive Director
	Alan Davies	Chief Financial Officer
	Paulette Lewis	Non-Executive Director
	Sue Mackenzie	Non-Executive Director
	Alison Davis	Chief Medical Officer
Non-Voting:	Glynis Alexander	Director of Communications and Engagement
	Jenny Chong	Associate Non-Executive Director
	Rama Thirunamachandran	Academic Non-Executive Director, left the meeting at 15:00
Attendees:	David Brake	Lead Governor, left the meeting at 15:00
	Emma Tench	Assistant Company Secretary (Minutes)
	Matt Capper	Director of Strategy and Partnership
	Nikki Lewis	Associate Director of Patient Experience
	Temi Magbagbeola	Deputy Chief Nursing Officer – deputising for Evonne Hunt
	Alison Herron	Director of Midwifery
	Jay Patel	Governor
	Zoe Van Dyke	Governor
Apologies:	Evonne Hunt	Chief Nursing Officer

Minutes

Opening Matters

1. Chair’s Welcome and Apologies

The Chair welcomed all present and apologies were given as listed above.

The Chair welcomed all to the Public Trust Board, highlighting the following key points:

- The impact on patients whose appointments have been rescheduled due to the Junior Doctor industrial action.
- Reduced need for disposable face masks in some areas of the hospital.
- UK Award received for Excellence in Organ and Tissue Donation and Transplantation.

2. Quorum

The meeting was confirmed to be quorate.

3. Declarations of Interest

There were no conflicts of interest declared in relation to items on the agenda

4. Minutes of the previous meeting and matters arising/actions

The minutes of the last meeting, held on 01 February 2023 were reviewed by the Board. The minutes were **APPROVED** as a true and accurate record.

Action log: reviewed and updated.

5. Chief Executive Update

Jayne Black, Chief Executive presented her report in line with the paper provided.

Patient and Staff Experience

6. Patient Story Presentation – Newman Family

Temi Magbagbeola, Deputy Chief Nursing Officer, introduced the Patient Story element of the agenda which presented the Newman family's lived experience of the Medway NHS Foundation Trust Maternity service. Mr and Mrs Newman contacted the Trust to comment that the antenatal care, delivery and postnatal care they received had been outstanding and that they felt they were kept well informed throughout all aspects of their care. Baby George was safely delivered by C-Section on 29 December 2022.

The Board thanked the Newman family for taking the time and effort to share their experience.

7. Council of Governors Update

David Brake updated the Board on Governor Engagement, highlighting the following key points:

- Annual Quality Priority event, sharing an overview of Patient First and Quality Priorities for 2022/23.
- Engagement sessions in January at the new Sheppey Frailty Unit. Three Governors attended weekly operational meetings prior to the unit opening.
- Hosting engagement stands in various locations around Medway.
- Visited students at the university campuses.
- Medway Voluntary Action and Macmillan 'Year of Listening' coffee morning supporting World Cancer Day.
- Preparation for Adulthood Fair at Medway Park on 7 March.
- Clinical Strategy Focus Group on 21 March.
- In April, Governors will be attending the Medway Neurological Network fundraising event at Brook Open Space in Chatham.

Assurance Items

8. Committee Updates

8.1 Quality and Assurance Committee (QAC) Update

Paulette Lewis, Non-Executive Director and Chair of QAC, highlighted key points from the assurance report, in line with the paper provided.

- a) Paulette Lewis commented it would be beneficial to have trajectories within the Integrated Quality Progress Report (IQPR) in order to track progress.

Jayne Black, Chief Executive, observed that there is a gap between what is happening operationally and being implemented and what is being reported through to the committee. Jayne Black advised that there needs to be a change in how the data is presented, and how issues are then escalated to the Board.

ACTION TB/007/2023: CEO to review how data is recorded and presented to Committees via the Trust's root cause improvement methodology (known as A3)

- b) Alison Davis, Chief Medical Officer, updated the Board on the Standardised Hospital Mortality Ratio (HMSR) data, highlighting the following points:

- The HMSR is in the higher-than-expected range for November 2021 to October 2022
- National approach 'deep dives' have confirmed no deaths are as a result of failures of care. Further deep dives will be completed and will be reviewed by the QPSSC and QAC in April 2023.
- Data is provided month by month and is 3 months in arrears due to the data validation processes. Current data indicates the trust is now in the national expected range.
- Lack of robust data recording practices impacts on the trust's ability to identify issues that may affect the ratio without the need to undertake a deep dive.
- Work continues to ensure coding and data collection through the electronic patient record is correct. This also includes ensuring patients are recorded under the correct consultant when arriving into the Emergency Department.
- Recording of palliative care, part of Patient First A3 approach, will be ready for review by the appropriate quality forums in April 2023.
- The trusts breakthrough objective of reducing avoidable 2222 (deteriorating patients) is leading to a reduction in the number of calls. A new dashboard has been implemented which allows patient observation scores to be viewed across the whole organisation.
- A refresh of A3 objectives being completed; this will be updated through the patient first governance structure.

- c) Jo Palmer, Trust Chair, summarised the comments made about the HMSR ratio and asked for final confirmation that there is no failure in care, and that the ratio increase is due to the recording of data and documentation.

Alison Davis confirmed this is the case, however the work will continue with deep dives, whether the organisation is inside or outside of the range. Quality of care work will never stop.

- d) Jo Palmer commented the three months HMSR data is now in range, but the IQPR doesn't reflect the most recent three months performance. Alison Davis advised the data is on a twelve-month rolling average and not month by month. Action is being taken to resolve issues with data to

assure the Board. Data is measured against National Information standard. The data will be reviewed at the Quality Assurance Committee (QAC) to ensure controls are in place.

- e) Annyes Laheurte, Non-Executive Director, asked if there was any correlation between HMSR and increased waiting times for patients.

Gavin MacDonald, interim Chief Operating Officer, confirmed that 'harm' reviews are carried out for patients who experience long waits. To date, no harm has been identified.

8.2 Finance, Planning and Performance Committee (FPPC) Update

Annyes Laheurte, Non-Executive Director and Chair of FPPC, highlighted key points from the assurance report in line with the paper provided.

8.3 People Committee Update

Leon Hinton, and the Chair of the People Committee, summarized the meeting held on 23 March. The following key points were highlighted:

- IQPR and compliance report – There is an improvement in the staff engagement score and a consistently improving vacancy rate. There is an improving long-term sickness rate, however, the short term sickness remains above target. The StatMan training rate of 86% remains on target but there is an observed deterioration in fire safety compliance.
- 2022 Staff Survey – no change in response rate from 2021, bank staff included with 18% response. The survey has shown improvement in five of the seven domains. Patient First watch metric of 'I can make improvement to my own area' has continued to improve significantly; however, 'I would recommend my organisation as a place for treatment' has deteriorated. Locally owned action plans to be developed with monitoring through the people sub-committee.
- Trust's preparedness for industrial action – management will be through the EPRR (emergency preparedness) processes.
- Equality, diversity and inclusion update – Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) action plan for submission in May 2023. WRES better than average indicators across BAME representation. Harassment, bullying and abuse is in the higher quantile of results.

9. Board Assurance Framework (BAF)

Temi Magbagbeola, Deputy Chief Nursing Officer, presented the report providing an update of the main risks to the Trust True North/Breakthrough Objectives. There are currently 21 risks. The aim of the BAF is to provide a detailed overview of the risks to the trust strategic objectives. Countermeasures are identified within the report.

- a) Jo Palmer, Trust Chair, asked if Risk 2a, relating to deteriorating patients, would be reviewed and refreshed.

Jayne Black, Chief Executive, confirmed it would be reviewed around evidence.

ACTION TB/008/2023: Risk 2a to be reviewed and refreshed and updated on the BAF.

- b) Jo Palmer commented Risk 3a and 3c contradict the willing to be treated score. Is there enough progress for 3a to review?

Leon Hinton, Chief People Officer, confirmed there is currently not enough data to describe a trend to re-score the rating.

- c) Jo Palmer commented it would be useful to understand why Risk 4d has plateaued.
Gavin MacDonald, interim Chief Operating Officer, advised there have been real benefits in terms of capacity in the system, with a positive impact in ambulance handovers and improvements in Heath and Care Partnership.
- d) Annyes Laheurte, Non-Executive Director, commented on the Key Performance Metrics (KPM), observing they are two months late, with some risks without any KPM. It was commented that the lack of data consistency directly impacts the level of assurance to the Board.
ACTION TB/009/2023: Company Secretary to work with Director Integrated Governance, Quality & Patient Safety on consistency of KPM within the BAF.
- e) Paulette Lewis, Non-Executive Director, regarding Risks 3a and 3c, enquired what scoring method is used and what the impact is on quality and staffing.
Leon Hinton advised that 3c is associated with morale and staff engagement where as 3a is about the trusts ability to recruit.

10. Maternity

10.1 Digital Framework

Alison Heron, Director of Midwifery, presented the report introducing the newly developed maternity digital framework for approval in line with the paper provided.

- a) Paulette Lewis, Non-Executive Director, enquired with the current staffing issues, will midwives need to provide the digital service or can this be implemented by other members of staff.
Alison Heron confirmed there will need to a midwife on the team, but other members of staff can deliver the digital framework, ensuring midwives are still on the wards.
- b) Mark Spragg, Non-Executive Director, commented on how incredibly important the digital framework will be throughout the Trust, recommending a session, for NEDs, on data connectivity and IT, focusing on how the objectives are being met.
ACTION TB/010/2023: Digital Framework Trust wide session for NEDs to explore data connectivity, IT and Trust objectives.

10.2 Perinatal Quality Surveillance Quarterly Report

Alison Heron, Director of Midwifery, presented the report providing an update and assurance on the quarterly Perinatal Quality Surveillance Data in line with the paper provided.

- a) Jo Palmer, Trust Chair, raised a concern regarding rates of emergency Cesarean Sections (C-sections).
Alison Heron advised that the rate for Medway is high and a concern, and therefore still reported within the IQPR. Deep dives into the reasons for C-Sections have been carried out at the point of labour, and found not to be relevant; however deep dives into the causes of c-sections prior to labour commencing are relevant and changes are being implemented. Changes in fetal

monitoring have seen rises in C-Sections. An audit has been requested to go through the governance stream, through A3 modelling. This will be reported at the next Board meeting.

ACTION TB/011/2023: Audit for C-Section rates at Medway to come to the next Board meeting, 10 May.

- b) Adrian Ward, Non-Executive Director, asked if there were comparators with other fetal medicine units and what their C-Section rates are.

ACTION TB/012/2023: Comparators with other fetal medicine units to be included in the next Perinatal Quality Surveillance Report.

10.3 Maternity Transformation and Quality Improvement Update

Alison Heron, Director of Midwifery, presented the report providing an update on the current maternity transformation and quality improvement programmes in line with the paper provided.

Escalation or Decision Items

11. Draft Annual Accounts Trajectories and Delegation of Amendments to Audit Chair

Alan Davies, Chief Finance Officer, presented the report and provided an update on the Trusts financial performance in month 11. The Trust forecasts an outturn deficit of £6m. The month 12 run-rate, particularly due to the junior doctor's strike, will be crucial to delivery of the £6m outturn deficit target. The acceptance of the pay offer for 2022/23 by union members could also impact on that forecast position, although NHS England has indicated that this is likely to be funded for Trusts. Non-recurrent accruals and provisions benefits assumed in the reforecast position will also need to be delivered.

The Board **APPROVED** the Delegation of Audit of Accounts.

The Board **NOTED** the report.

12. Draft Annual Operating Plan 23/24

Alan Davies, Chief Finance Officer, presented the report setting out the Trust's process, progress and current position against planning requirements for 2023. The report highlights the timetable of submissions which the Trust must meet and sets out the ambitious programme of work which will be required to meet the Trust's obligations in terms of activity and finance. Attention is drawn to the risks associated with delivery, key agreements upon which assumptions have been based and the timeline for delivery.

The Board **APPROVED** the position of the Draft Annual Operating Plan for 2023/24

13. Digital Clinical Capacity Bed Management (tele-tracking) approval

Temi, Deputy Chief Nursing Officer, presented the report providing information on how the business case aims to tackle challenges the Trust is facing in relation to patient flow.

The development of a system will help support in tackling delays due to inefficiencies in the patient pathway, prioritising those that are in the Trust's direct control, with target impact being to reduce the Length of Stay (LoS) with the outcome of releasing bed capacity within the Trust's core bed base. The system will also support as an enabler to the work carried out by 'The Flow and Discharge Corporate Project' that also has identified that inefficiencies in emergency care

and elective care pathways is causing patients to experience avoidable 'delays' in their assessment, treatment and discharge processes.

The process will ensure the Trust can tackle root causes relating to patient flow through confronting inefficiencies such as patients experiencing unavoidable delays, the amount of time patients occupy beds, reducing the risk of patients deteriorating due to there being scarce bed capacity and reducing the number of escalation beds the Trust has open.

The Board **APPROVED** the Digital Clinical Capacity Bed Management.

14. Harvey Ward Business Case

Alan Davies, Chief Financial Officer, presented the business case recommending investing £1.7m to fully refurbish Harvey Ward, and carry out minor modifications to enhance mixed sex flexibility and improve the patient environment. Funding sources for the scheme are to be derived from in year capital plan, latest view on slippage, plus £500k priority allocation from the 2023/24 Capital plan. The project is expected to complete in June 2023.

The Board **APPROVED** the Harvey Ward Business Case

15. Integrated Quality Performance Report (IQPR)

Executives updated the Board for Systems and Partnerships, Sustainability, People, Patients and Quality in line with the IQPR paper provided.

Jayne Black, Chief Executive, commented on pressure ulcers, grade 3 and 4 has been zero and this needs to be maintained, the focus is now on grade 1 and 2.

Closing Matters

16. Questions from the public

No questions from the public at this meeting.

17. Any other business

No other business at this meeting.

18. Board review of meeting

- The Board approved the Delegation of sign-off of the annual Accounts to the Chair of the Audit and Risk Committee.
- The Board approved the position of the Draft Annual Operating Plan for 2023/24.
- The Board approved the Digital Clinical Capacity Bed Management.
- The Board approved the Harvey Ward Business Case.

19. Date and time of next meeting

10 May 2023 – Formal Trust Board meeting.

20. Date of next meeting: 10 May 2023 – Formal Trust Board

These minutes are agreed to be a correct record of the Trust Board of Medway NHS Foundation Trust held on Wednesday, 29 March 2023
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Signed Date

Board of Directors in Public Action Log

Actions are RAG Rated as follows:

Off trajectory
- The action
is behind
schedule

Due date passed
and action not
complete

Action complete/
propose for
closure

Action not
yet due

Meeting Date	Minute Ref / Action No	Action	Action Due Date	Owner	Current position	Status
01.02.2023	TB/005/2023	Steering group reviewing whole Trust data to feed through to QAC and cascade to Board	29.03.2023	CNO	Meeting held with Directors to discuss. Update 29.03.23 Co.Sec to schedule meeting with CNO, focus on sustainability of data	Amber
29.03.23	TB/007/2023	CEO to review how data is recorded and presented to Committees via A3.	10.05.23	CEO	Patient First session on 2 May to review how A3 can be used in committees	Green
29.03.2023	TB/008/2023	Risk 2a (BAF) to be reviewed and refreshed	10.05.23	CMO	James Alegbeleye is reviewing.	Amber
29.03.2023	TB/009/2023	Co.Sec to work with Director of Integrated Governance on consistency of KPM within the BAF	10.05.23	Co.Sec	Updated by DRH, within revised document.	Green
29.03.23	TB/010/2023	NEDs to be invited to a Digital Framework session to explore data connectivity, IT and Trust objectives	10.05.23	CEO	Date to be confirmed for digital framework session. Gavin McDonald now in post as Interim CDO responsible for IT and Data. JB to meet with Mark Spragg following Trust Board.	Green
29.03.23	TB/011/2023	Audit for c-section rates at Medway to come to the next Board meeting	12.07.2023	Director of Midwifery	UPDATED 05.04.23 - CS Audit to go to MNSCAB on 5.5.23 then to QPSSC and QAC, then to Board in July .	White
29.03.23	TB/012/2023	Comparators with fetal medicine unit and c-section to be included in next Perinatal Quality Surveillance report	12.07.2023	Director of Midwifery	UPDATED 05.04.23 - to be incorporated into the next quarterly PQSM or within CS audit in July 23	White

Chief Executive's Report – May 2023

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.

The Board is asked to note the content of this report.

Junior doctors' industrial action

Junior doctors across the country took part in further industrial action in April.

To ensure patient safety, we made the difficult decision to cancel some non-urgent outpatient and elective procedures.

Colleagues are currently working hard to ensure that re-scheduled appointments go ahead as soon as possible; we would like to apologise to any patients that were impacted.

CQC Maternity Service Report

The Care Quality Commission (CQC) recently published a report following an inspection of maternity services at Medway Maritime Hospital in December 2022.

The CQC noted good practice in several areas, with positive comments within the report about the care provided in the hospital's maternity unit. Maternity services were rated as 'Good', maintaining their previous rating following the last inspection.

On this occasion the CQC did not inspect other services, and therefore the rating for the Trust remains as 'Requires Improvement'.

The report commends the maternity services offered, including initiatives such as the 24-hour-a-day triage phone service called Call the Midwife, and Team Aurelia which focuses on elective caesarean births.

Bereavement facilities, which include a dedicated sound-proofed space for families to spend time after a baby loss, were described as outstanding.

We know there is still more that we can do to improve, and where the CQC has identified this, we will work hard to put their recommendations in to practice. The whole team remains committed to providing the outstanding service that the people of Medway and Swale expect and deserve.

Thank you to the whole team for their hard work and ongoing commitment to providing better and safer care to our patients.

Medway Annual Staff Awards

Last month we were delighted to recognise the achievements of our colleagues at the Medway Annual Staff Awards.

The awards recognise and reward those who have gone the extra mile or shown great passion and commitment to making our work environment the best it can be for both colleagues and patients.

Welcome to our new Chief Operating Officer

Last month we welcomed Nick Sinclair, our new Chief Operating Officer, to the Medway family. Nick joined us from Maidstone and Tunbridge Wells NHS Trust where he was Director of Operations, having started at the organisation in 2016. Earlier in his career Nick was a paramedic before progressing to various roles in the Southeast Coast Ambulance Service.

I would also like to take this opportunity to thank Gavin MacDonald for all he has done as Interim Chief Operating Officer over a very challenging winter. I'm delighted to say that Gavin will remain with us as Interim Chief Delivery Officer.

Thank you to Sam

I'd like to give a special mention to Sam Moynes who helped save the life of a grandfather, who had suffered a cardiac arrest, while she was off-duty.

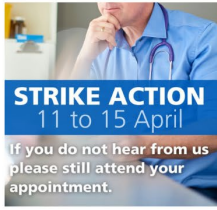
The Senior Sister who works for the Trust's Acute Response Team, had just arrived at her daughter's primary school when she spotted a man on the floor close to the main gate. Sam performed chest compressions and used an external defibrillator to re-establish a pulse before emergency services arrived and continued treatment.

I'm pleased to say thanks to everyone's efforts the patient, who is called Geof, is doing well. It is a truly remarkable story that helps highlight the importance of people learning cardiopulmonary resuscitation - also known as CPR. Well done to Sam and everyone involved with saving Geof's life.

Communicating with colleagues and the community

The graphic below gives a flavour of some of the work we have done to communicate with our staff and community over the last month.

Photo gallery



Communications update

50,000

total social media impressions



123

media mentions



Meeting of the Trust Board (Public)

Date: Wednesday, 10th May 2023

Title of Report	Quality Assurance Committee – Assurance Report	Agenda Item	7		
Prepared by:	Joanne Adams, Business Support Manager				
Approved by:	Paulette Lewis, Non-Executive Director (Chair of QAC) Dan Rennie-Hale, Director of Integrated Governance, Quality and Patient Safety				
Lead Executive Director	Evonne Hunt, Chief Nursing Officer				
Executive Summary	Assurance report to the Trust Board from the Quality Assurance Committee held on Tuesday 28 th March 2023, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee, and papers to be escalated to the Board.				
Proposal and/or key recommendation:	The Committee approved the following papers for onward sharing with Trust Board:- <ul style="list-style-type: none"> • Integrated Quality Performance Report (IQPR) • Patient Story 				
Purpose of the report (tick box to indicate)	Assurance	<input checked="" type="checkbox"/>	Approval		
	Noting		Discussion		
(If appropriate) state reason for submission to Private section of Board:	Patient Confidentiality:	Staff Confidentiality:	Commercially Sensitive:	Exceptional Circumstances:	
Committee/Group at which the paper has been submitted:	Quality Assurance Committee				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability)	Priority 2: (People)	Priority 3: (Patients) <input checked="" type="checkbox"/>	Priority 4: (Quality) <input checked="" type="checkbox"/>	Priority 5: (Systems)
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe:	Effective:	Caring:	Responsive:	Well-Led:

					X
Identified Risks, issues and mitigations:	See escalations within the report.				
Resource implications:	NIL				
Sustainability and /or Public and patient engagement considerations:	NIL				
Integrated Impact assessment:	<p>Please tick the correct box and provide required information. Has the quality and equality assessment been undertaken?</p> <p><input type="checkbox"/> Yes (<i>please attach the action plan to this paper</i>) <input checked="" type="checkbox"/> Not applicable (<i>please indicate why an equality assessment was not required</i>)</p>				
Legal and Regulatory implications:	NIL				
Appendices:	Key headlines and assurance level listed below.				
Freedom of Information (FOI) status:	State either: This paper is disclosable under the FOI Act.				
For further information or any enquires relating to this paper please contact:	Evonne Hunt, Chief Nursing Officer Evonne.hunt1@nhs.net				
Reports require an assurance rating to guide the discussion:	No Assurance	There are significant gaps in assurance or actions			
	Partial Assurance	There are gaps in assurance			
	Assurance	Assurance with minor improvements needed.			
	Significant Assurance	There are no gaps in assurance			
	Not Applicable	No assurance required.			

Key headlines	Assurance Level
<p>1. Assurance and Escalation report from Quality and Patient Safety Sub-Committee (QPSSC)</p> <p>The Committee received the assurance and escalation report from the Quality and Patient Safety Sub-committee that took place on Monday 20th March 2023.</p> <p>The Committee were informed about the discussions that took place, actions taken and decisions made.</p> <p>The committee were assured by the report which provided a summary of the discussions and the things QPSSC are assured about and those where further work is required.</p>	Green
<p>2. Integrated Quality Performance Report (IQPR)</p> <p>The committee received and discussed the integrated quality performance report (IQPR).</p> <p>This paper is presented to the Board.</p>	Amber / Green
<p>3. Learning from Deaths report</p> <p>The committee received the Learning from Deaths report which provided an update on the work taking place to understanding the increase to the trusts Hospital Standardised Mortality Ratios (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI) rates.</p> <p>The committee were informed about a number of deep dives that have taken place which have not highlighted any lapses in care of our patients. The increase to HSMR is linking to data coding and capturing co-morbidities and palliative care coding. Work continues to triangulate the data.</p> <p>The committee will receive a focused report at the May QAC.</p>	Amber / Green
<p>4. IPC BAF</p> <p>The committee received the IPC BAF. 75 actions have been closed. There are no more overdue actions. The remaining actions are on track to be closed by July 2023.</p>	Green
<p>5. Gap Analysis - CQC - Experiences of being in hospital for people with a learning disability and autistic people</p> <p>The committee received a gap analysis report undertaken for the trust against a CQC report relating to experiences of being in hospital for people with a learning disability and autistic people.</p>	Amber/Green

<p>The Trust reviewed the 6 aspects within the report and the gaps identified have been added to the safeguarding BAF and progress on the actions will be monitored by the safeguarding assurance group.</p>	
<p>6. Patient Story</p> <p>The committee were presented with a patient story about the care a family received in maternity. The patient story will be presented to Trust Board on 29th March.</p>	<p>Green</p>
<p>7. Benchmark against East Kent Hospital Maternity CQC concerns</p> <p>The committee received the benchmark against East Kent Hospital maternity CQC concerns report which provided assurance that the trust is compliant against all the issues noted by the CQC at East Kent.</p>	<p>Green</p>
<p>8. Perinatal quality surveillance quarterly report</p> <p>The committee were assured by the perinatal quality surveillance quarterly report which provided an update on perinatal surveillance, incidents, risks, SI's, quality improvement work, midwifery workforce, Ockenden actions a number have moved to red rag rating:</p> <ul style="list-style-type: none"> • IEA 1 – workforce planning and sustainability: financing a safe maternity workforce. The workforce report for 2022 completed and presented to board in October 2022. Funding for full external birthrate plus workforce review commences in March 2023. Target date Aug 22, revised target April 2023. • IEA1: workforce planning and sustainability: training: Induction and preceptorship package strengthened. Community Induction pack approved and development of similar packs for all areas completed – including role/band specific information. Develop progression packages for staff to support advanced decision-making. Engagement and alignment of practices for AHPs Trust wide. Target date Dec 22, revised target April 2023. • IEA3: escalation and accountability: Develop conflict of clinical opinion policy and ensure psychological safety amongst the workforce. Elements have been incorporated into new fetal monitoring training package which was launched Jan 2023. Target date Nov 22, revised target April 2023. • IEA6: Learning from maternal deaths: Maternal death guideline completed including relevant checklists updated – for sign off at LWF. Awaiting national guidance on the allocation of maternal cases to expert pathologist in maternal physiology. Target date Aug 22, revised target April 2023. • IEA8: Complex Antenatal Care: Review pre-conception care with Primary Care. Case note audit to confirm compliance with guidance for diabetes and hypertension. Target date Dec 22, revised target April 2023. • IEA11: Obstetric anaesthesia: Formalise postnatal anaesthetic follow-up for women and birthing people and review need for local 	<p>Green</p>

<p>guidelines for anaesthetic roles. Target date Dec 22, revised target April 2023.</p> <ul style="list-style-type: none"> • IEA13: Bereavement care: Current workforce covering 7 days where possible. Bereavement champions being identified who will attend additional training to support them in their role. Target date Nov 22, revised target April 2023. • IEA14: Neonatal care: Audit to confirm compliance with ODN requirements including born in appropriate location, outcomes of in-utero transfers. Target date Dec 22, revised target May 2023. 	
<p>9. Draft Quality Account Priorities 2022/23</p> <p>The committee were advised the delivery plan for the quality account is on track. The committee will receive the first draft of the quality account will be shared at the next April QAC meeting.</p>	<p>Green</p>
<p>10. BAF – patient and quality</p> <p>The committee noted the BAF – patient and quality elements. The committee requested risk Quality 2a – Lack of timely escalation and treatment of deteriorating patients, be reviewed as the risk score is 20 and this seems high.</p> <p>The committee were informed that each section of the BAF will be reviewed at relevant committees before it is shared with Board.</p>	<p>Green</p>
<p>Risks and Escalations to Board</p> <p>The quality assurance committee informs the board of the following matters and mitigating actions:</p> <p>Post-partum haemorrhage (PPH) and c-section rates: A3 thinking is being used to look at PPH and c-section rates and a paper will be shared with QAC.</p> <p>Ockenden actions: A number of actions on the Ockenden action plan have moved to a red rag rating:</p> <ul style="list-style-type: none"> • IEA 1 – workforce planning and sustainability: financing a safe maternity workforce. The workforce report for 2022 completed and presented to board in October 2022. Funding for full external birthrate plus workforce review commences in March 2023. Target date Aug 22, revised target April 2023. • IEA1: workforce planning and sustainability: training: Induction and preceptorship package strengthened. Community Induction pack approved and development of similar packs for all areas completed – including role/band specific information. Develop progression packages for staff to support advanced decision-making. Engagement and alignment of practices for AHPs Trust wide. Target date Dec 22, revised target April 2023. • IEA3: escalation and accountability: Develop conflict of clinical opinion policy and ensure psychological safety amongst the 	

workforce. Elements have been incorporated into new fetal monitoring training package which was launched Jan 2023. Target date Nov 22, revised target April 2023.

- IEA6: Learning from maternal deaths: Maternal death guideline completed including relevant checklists updated – for sign off at LWF. Awaiting national guidance on the allocation of maternal cases to expert pathologist in maternal physiology. Target date Aug 22, revised target April 2023.
- IEA8: Complex Antenatal Care: Review pre-conception care with Primary Care. Case note audit to confirm compliance with guidance for diabetes and hypertension. Target date Dec 22, revised target April 2023.
- IEA11: Obstetric anaesthesia: Formalise postnatal anaesthetic follow-up for women and birthing people and review need for local guidelines for anaesthetic roles. Target date Dec 22, revised target April 2023.
- IEA13: Bereavement care: Current workforce covering 7 days where possible. Bereavement champions being identified who will attend additional training to support them in their role. Target date Nov 22, revised target April 2023.
- IEA14: Neonatal care: Audit to confirm compliance with ODN requirements including born in appropriate location, outcomes of in-utero transfers. Target date Dec 22, revised target May 2023.

BAF – patient and quality: Quality 2a – Lack of timely escalation and treatment of deteriorating patients, be reviewed as the risk score is 20 and this seems high.

Data capture in EPR: work is taking place with the EPR team to capture coding within the system and one place for VTE to be captured within a patients notes.

Mixed sex accommodation breaches (MSA): the committee has requested a trajectory and timeline for the MSA process and policy.

Delivery of safeguarding level 2 training: the committee has requested a trajectory and timeline for the delivery of safeguarding level 2 training.

Workforce in maternity: work is taking place in maternity to look at ways to fill vacancy rates and the number of staff on maternity leave within the department.

Nutrition and hydration: A3 methodology is being undertaken and has been split into 3 work streams to address nutrition and hydration. The committee will received a detailed report.

Unfilled enhanced care shifts: the committee continues to monitor unfilled enhance care shifts. Work is taking place with the workforce team to look at ways of filling the shifts.

Pressure ulcers and falls: the committee continues to monitor pressure ulcer and falls numbers.

Mortality HSMR and SHMI: the committee will monitor the progress of the A3 thinking and deep dives taking place to triangulate coding and the impact to HSMR and SHMI.

Meeting of the Trust Board (Public) Wednesday, 10 May 2023

Title of Report	Quality Assurance Committee – Assurance Report	Agenda Item	7		
Prepared by:	Joanne Adams, Business Support Manager				
Approved by:	Jo Palmer, Trust Chair (Chair of QAC) Dan Rennie-Hale, Director of Integrated Governance, Quality and Patient Safety				
Lead Executive Director	Evonne Hunt, Chief Nursing Officer				
Executive Summary	Assurance report to the Trust Board from the Quality Assurance Committee held on Wednesday 26 th April 2023, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee, and papers to be escalated to the Board.				
Proposal and/or key recommendation:	The Committee approved the following papers for onward sharing with Trust Board:- <ul style="list-style-type: none"> Integrated Quality Performance Report (IQPR) 				
Purpose of the report (tick box to indicate)	Assurance	<input checked="" type="checkbox"/>	Approval		
	Noting		Discussion		
(If appropriate) state reason for submission to Private section of Board:	Patient Confidentiality:	Staff Confidentiality:	Commercially Sensitive:	Exceptional Circumstances:	
Committee/Group at which the paper has been submitted:					
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability)	Priority 2: (People)	Priority 3: (Patients) <input checked="" type="checkbox"/>	Priority 4: (Quality) <input checked="" type="checkbox"/>	Priority 5: (Systems)
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe:	Effective:	Caring:	Responsive:	Well-Led: X

Identified Risks, issues and mitigations:	The committee identified the following matters to inform the Board: <ul style="list-style-type: none"> • Mixed sex accommodation breaches; detailed paper setting out issues and trajectories has been requested by quality and patient safety sub-committee, the paper will come to the May QAC. • Mortality; work is taking place to understand the data issues resulting in a rise in the Trust's HSMR and SHMI. • Complaints; to note increase in backlog and work to address this • SI's; explanation of data • Infection, Prevention and Control; the trust breached its C.Diff and MRSA target thresholds for 2022/23. 	
Resource implications:	NIL	
Sustainability and /or Public and patient engagement considerations:	NIL	
Integrated Impact assessment:	<p>Please tick the correct box and provide required information. Has the quality and equality assessment been undertaken?</p> <input type="checkbox"/> Yes (<i>please attach the action plan to this paper</i>) <input checked="" type="checkbox"/> Not applicable (<i>please indicate why an equality assessment was not required</i>)	
Legal and Regulatory implications:	NIL	
Appendices:	Key headlines and assurance level listed below.	
Freedom of Information (FOI) status:	State either: This paper is disclosable under the FOI Act.	
For further information or any enquires relating to this paper please contact:	Evonne Hunt, Chief Nursing Officer evonne.hunt1@nhs.net	
Reports require an assurance rating to guide the discussion:	No Assurance	There are significant gaps in assurance or actions
	Partial Assurance	There are gaps in assurance
	Assurance	Assurance with minor improvements needed.
	Significant Assurance	There are no gaps in assurance
	Not Applicable	No assurance required.

Key headlines	Assurance Level
<p>1. Assurance and Escalation report from Quality and Patient Safety Sub-Committee (QPSSC)</p> <p>The Committee received the assurance and escalation report from the Quality and Patient Safety Sub-committee that took place on Thursday 21st April 2023.</p> <p>The Committee were informed about the discussions, actions taken and decisions made.</p> <p>The committee were assured by the report which provided a summary of the discussions and the things QPSSC are assured about and those where further work is required.</p>	Green
<p>2. Integrated Quality Performance Report (IQPR)</p> <p>The committee received and discussed the integrated quality performance report (IQPR) in depth, with focus on the following areas:</p> <ul style="list-style-type: none"> • Friends and family test and work to increase response rates and would recommend rates. • Mixed sex accommodation breaches and work taking place to reduce this across the trust, validation of the data with the business intelligence team. Improvement on numbers is expected next month. • Complaints and the increase in breaching response rates which is linked to complaints being paused during COVID which produced a backlog of complaints and completion of investigations during periods of operational pressures. Processes have been streamlined and trajectories have been set to clear the backlog. • Mortality and work taking place to understand the rise in the trusts HSMR and SHMI rates as these are both outside the alert levels. An early warning dashboard is being developed to allow the trust to see trends in the rates earlier as HSMR and SHMI as nationally there is a 3 month lag in reporting the data. A task and finish group has been set up understand data and coding, harm reviews and looking at other trusts depth of coding. • Data quality and QIP for a corporate project to address data quality issues. • Number of unclosed incidents, health and safety and drop in cancer target. The committee were informed that all health and safety incidents are being reviewed daily to ensure they are coded correctly. The committee were advised that there has been targeted work in the division and the cancer figures has increased this month to 93%. The committee were advised that the number of unclosed incidents has been raised in the divisions and work is underway to close these. <p>The committee expressed its concern about HSMR and SHMI rates and asked for harm reviews to be completed until the rates are back within expected ranges. The committee asked for a robust process to be</p>	Red/Amber

<p>developed to address the data issues as the trust has been in the same position in the past.</p>	
<p>3. Integrated Quality Performance Report – quarter 4</p> <p>The committee received and discussed the quarter 4 integrated quality performance report which provided an update on incident reporting, incidents reported by month, pressure ulcers, number of open serious incidents and number with ICB for closure, centralised audits and allocation of audits to junior doctors, complaints and steps identified to bring breached complaints back on track, delays is RIDOR reporting and capturing compliments data.</p>	<p>Amber/Green</p>
<p>4. Infection Prevention and Control update</p> <p>The committee received the infection prevention and control update which provide updates on:-</p> <ul style="list-style-type: none"> • Breached C.Diff threshold of 34 with year-end position of 42, of which only 4 cases were avoidable. • MRSA target breached with one case in April 2022. • COVID numbers have plateaued since the beginning of the year. • Audit scores with focus on MRSA screening and symptom checker. • Cleanliness linked to friends and family test feedback will be reviewed at the cleaning group to triangulate audit scores and what patients are telling us. • Change to Mpox vaccinations as these are no longer required. • Spring COVID booster program • Publication of new IPC BAF which will be taken to quality and patient safety group then shared with the committee in May. 	<p>Green</p>
<p>5. A3 – this is me</p> <p>The committee received and discussed the A3 ‘this is me’ which looked at the challenges and barriers in completing the document. ‘This is me’ is a nationally recognised document that provides likes, dislikes and normal behaviours for patients with dementia. The completed document enables hospitals to be able to provide patients with outstanding care.</p> <p>The committee were pleased about the focused work in this vulnerable patient group and thanked the team for the work.</p> <p>The committee will received an update on the work as it progresses.</p>	<p>Green</p>
<p>6. Patient/service Story for Board – process and register</p> <p>The patient/service story for board paper set out the process for identifying patient and service stories to be shared at trust Board.</p> <p>The committee put forward a proposal for a patient story to be shared at public board and for a colleague story to be shared at private board.</p>	<p>Green</p>

<p>7. First Draft – Quality Account 2023/24</p> <p>The committee received the first draft of the quality account 2023/24 and were informed the timeline for producing the account is on track for sign off in June.</p> <p>The committee will review the quality account and send its comments to the Director of Integrated Governance, Quality and Patient Safety.</p> <p>The committee will receive an updated document for further review at the May meeting.</p>	<p>Green</p>
<p>8. Kent and Medway Systems Quality Group meeting update</p> <p>The committee were provided with a update from the recent Kent and Medway Systems Quality Group meeting which focused on:-</p> <ul style="list-style-type: none"> • Its priorities for this year ensuring they link to local and regional priorities. • Harm review meeting to look at how harm reviews are completed across the system. • Audit work on harm reviews of patients with 12 hour breaches in ED and if harm occurred further into their course of treatment. This will help create criteria and steer regionally and nationally to reduce the burden of 12 hour breach harm reviews. <p>The committee will receive an update on the harm reviews once completed.</p>	<p>Green</p>
<p>9. QA Screening visit to Maternity</p> <p>The committee were informed that the Screening Quality Assurance Service (SQAS) undertook a Quality assurance visit to maternity Antenatal and Newborn Screening (ANNB) on Tuesday 18 April 2023.</p> <p>Positive feedback was given on the day and the trust will receive a full report within 6 weeks for factual accuracy and final report by ten weeks.</p> <p>The committee will receive the full report once published.</p>	<p>Green</p>
<p>Risks and Escalations to Board</p> <p>The quality assurance committee informs the Board of the following matters:</p> <ul style="list-style-type: none"> • Mixed sex accommodation breaches; detailed paper setting out issues and trajectories has been requested by quality and patient safety sub-committee, the paper will come to the May QAC. • Mortality; work is taking place to understand the data issues resulting in a rise in the Trust's HSMR and SHMI. • Complaints; to note increase in backlog and work to address this • SI's; explanation of data • Infection, Prevention and Control; the trust breached its C.Diff and MRSA target thresholds for 2022/23. 	

Meeting of the Trust Board

Wednesday, 10 May 2023

Title of Report	Finance, Planning and Performance Committee Assurance Report for 23 February 2023	Agenda Item	7		
Author	Matthew Chapman – Head of Financial Management				
Lead Executive Director	Alan Davies, Chief Financial Officer Annyes Laheurte, Non-Executive Director				
Executive Summary	The enclosed report sets out the key discussions held at the Finance, Planning and Performance Committee. These included a review of the financial performance, capital expenditure, delivery of efficiencies, the key risks and Board Assurance Framework extracts, and a business planning update.				
Proposal and/or key recommendation:	The Trust Board is asked to note this report.				
Purpose of the report (tick box to indicate)	Assurance		Approval		
	Noting	X	Discussion		
(If appropriate) state reason for submission to Private section of Board:	Patient Confidentiality:	Staff Confidentiality:	Commercially Sensitive:	Exceptional Circumstances:	
Committee/Group at which the paper has been submitted:	The Finance, Planning and Performance Committee - 23 February 2023.				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability) X	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	Priority 5: (Systems)
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe:	Effective: X	Caring:	Responsive:	Well-Led: X
Identified Risks, issues and mitigations:	The Committee noted the key risk that the Trust may not meet its control total.				
Resource implications:	The report sets out the use of financial resources.				
Sustainability and /or Public and patient engagement considerations:	The report sets out the financial performance and hence the sustainability.				

Integrated Impact assessment:	<p>Please tick the correct box and provide required information. Has the quality and equality assessment been undertaken? <input type="checkbox"/> Yes (<i>please attach the action plan to this paper</i>) <input checked="" type="checkbox"/> Not applicable</p>		
Legal and Regulatory implications:	The Trust has a statutory duty to breakeven – the discussions held indicated that the Trust has a high risk of this not being achieved in 222/23.		
Appendices:	See enclosed report		
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act		
For further information or any enquires relating to this paper please contact:	Alan Davies, Chief Financial Officer alan.davies13@nhs.net Paul Kimber, Deputy Chief Financial Officer paul.kimber1@nhs.net		
Reports require an assurance rating to guide the discussion:	No Assurance		There are significant gaps in assurance or actions
	Partial Assurance		There are gaps in assurance
	Assurance		Assurance minor improvements needed.
	Significant Assurance		There are no gaps in assurance
	Not Applicable	X	No assurance required.

Meeting: Finance, Planning & Performance Committee

Date: 23/03/2023

Title: Finance Assurance Report – Month 11

Introduction

The original plan for the year was to achieve a breakeven position; however, due to operational pressures, escalation areas being opened over the winter period and overspending (mainly on medical staff, drugs and clinical supplies) plus a shortfall against the efficiency programme delivery, a revised forecast position has been agreed with the Integrated Care Board (ICB) and NHS England (NHSE) of £6.0m. This includes £9m of financial support funding to reduce the previously agreed outturn of £15m.

The Executive Leads and their recovery actions continue to make progress to address each of the key financial risks, including divisional overspendings and efficiencies.

Current Status

Financial Performance

- The Trust reports a £4.6m surplus in February; this being £9.8m adverse to the submitted plan year to date.
- The reported position includes £4.5m of the agreed £9.0m support funding, this being required to support the £6.0m deficit forecast outturn position for the 2022/2023 reporting period.
- The delivered efficiency programme position of £6.6m to date includes £3.6m of the approved cross cutting themes and £0.3m full year effect of schemes continuing from 2021/22. The £2.3m adverse variance to plan includes the £0.8m / 0.5% stretch target.
- The original system capital funding was £11m; this has increased during the last 3 months by £2.3m (£0.6m EPR, £1m gamma camera, £0.7m medical equipment). Not all of the additional funding will be spent by 31 March on its intended purpose but was accepted and a contingency plan implemented to retain the funding, committing the Trust to complete the Projects through internal funds during the 2023/2024 reporting period.
- Delivery of the £6m deficit position continues with specific risks for the Trust which include delivery of the enhanced controls over elective activity, greater scrutiny of vacancies and agency staffing, closure of escalation capacity and resolution of debt disputes in our favour.

Efficiency Programme 2022/23

The Efficiency Programme for 2022/2023 has under delivered by £3.0m from the planned position year to date. The overall delivery for the year being impacted by the forecast outturn for both Theatres and Outpatients reducing to nil.

Annual Business Plan 2023/24

- The draft business plan has been submitted to the ICB and NHSE in accordance with the national timetable. The overall I&E position is a proposed deficit of £17.7m, with an efficiency

target of £26m, internal capital allocation of £12.6m and additional capital Public Dividend Capital (PDC) funding of £10.0m. The plan was discussed and noted by the committee.

Business Assurance Framework (BAF)

- The scores on the BAF were increased back to their previous levels given the adverse performance to plan, irrespective of the revised and agreed forecast. These will continue to be monitored over the coming weeks.

Performance report

- The performance report was presented to the committee, this included a comprehensive slide pack detailing performance across key business performance metrics of emergency demand, patient flow, RTT, cancer and diagnostics.

Goal / Aims

Further scrutiny and diagnosis of why the Trust is performing off plan continues. A draft finance plan has been submitted to the ICB for 2023/2024 with an estimated £17.7m deficit, this includes £26m efficiency programme. The efficiency programme continues to be prioritised with more project management resource made available. Services will continue to identify and develop additional schemes, some of which will be implemented for 2023/24.

Countermeasures

Current financial performance is £9.8m adverse to plan Year To Date (YTD). The Executive Team have agreed and implemented measures to ensure the Trust achieves the proposed £15m forecast, prior to the additional support funding reducing the position to £6m.

Meeting of the Board of Directors in Public Wednesday, 29 March 2023

Title of Report	Assurance report – People Committee 23 March 2023	Agenda Item	7
Author	Leon Hinton, Chief People Officer		
Committee Chair	Sue Mackenzie, Chair of Committee/NED		
Key headline and assurance level	Key headline	Assurance Level	
	<p>1. IQPR and compliance report</p> <p>The Committee reviewed the refreshed patient first version of the IQPR. It reported on the HR performance across all key performance indicators for February 2023. The Committee NOTED the report:</p> <ul style="list-style-type: none"> • An improvement to the staff engagement score (true north) from 6.56 to 6.63 (against target of 6.93) in conjunction with two-successive months of meeting the appraisal and wellbeing rate target of 90% (breakthrough objective); • A consistently improving vacancy rate (8.6% against 9% target); • A deteriorating voluntary turnover rate of 12.6% against 8% target; • An improving long-term sickness rate (on target at 2%); short-term sickness remains above target with a review to determine changes between 2019 and 2023. • An on-target StatMan rate of 86.8% (against 85% target); however, this included a deteriorating fire safety compliance (80%, training needs assessment requirement under review), below target moving and handling level 2 compliance; below target but slightly improving resuscitation compliance (part of patient first breakthrough); safeguarding adults level 3 having being split into parts 1 and 2 now demonstrate 56% and 73% compliance respectively. 	Partial Assurance	
	<p>2. 2022 Staff Survey results</p> <p>The Committee reviewed the national results from the 2022 staff survey. The Committee NOTED the report:</p> <ul style="list-style-type: none"> • There was no change to the response rate from 2021 of 40% (4% below average) for staff and 18% for bank; 	Assurance	

- The Trust improved across five of the seven domains including compassionate/inclusive, having a voice that counts, safe and healthy, always learning (above national average) and we are a team. Working flexibly was unchanged whilst reward and recognition deteriorated by 0.1, the latter mirroring national results.
- Staff morale and staff engagement (true north) both improved by 0.1.
- Of particular note, patient first watch metrics of 'I can make improvements to my own area' have continued to improve significantly; however, 'I would recommend my organisation as a place for treatment...' has deteriorated similar to the national picture.
- The HR and OD team will work with care groups, corporate teams and divisions to develop locally owned action plans with monitoring through the people sub-committee. Teams receive information relating to their care groups, professional groups and other demographic breakdowns to support local engagement events and networks.

3. People Strategy and Projects update

The Committee reviewed the summary of the strategic projects for the HR and OD directorate, including:

- Culture and leadership (leadership and staff compact; culture, values and behaviours; equality, diversity and inclusion; anti-harassment and bullying; just learning culture);
- Employee experience (surveys, staff engagement, retention and new induction processes);
- Talent management and succession planning (career progression, apprenticeships and management competencies);
- Becoming employer of choice (anchor institution, work experience, internships and T levels, positive action and employer brand).

The Committee **NOTED** the report.

4. Trust's preparedness for industrial action

The Committee received an update in relation to key actions the Trust is taking in preparedness for possible industrial action including management through EPRR (emergency preparedness) including trade union engagement, exemptions and derogations, tactical command group structure, redeployment, national EPRR exercises and communicating with staff. Strike action occurred on 26 January 2023 (Chartered Society of Physiotherapists), followed

No assurance required

Partial Assurance

	by 72-hour strike action by the BMA across 13-15 March 2023 resulted in between 62-69% of doctors participating in strike action. The Committee NOTED the report.			
	5. Equality, diversity and inclusion update The Committee received a report updating the Trust's action plan (due to submission May 2023) for the Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) including results from the 2022 staff survey by demographic groups demonstrating improvements across a number of areas for staff with a long lasting health condition or illness and very minor improvements to results for BAME staff. Results from both demonstrate minor progress to experiences of bullying and harassment (from service users and/or colleagues) which will be used by the anti-bullying and harassment group and networks to develop countermeasures. The Committee received an analysis of WRES indicators across various benchmark groups indicating better than average indicators across BAME representation across bands and low disparity for recruitment processes, disciplinary processes and access to training; however, harassment, bullying and abuse with the highest quartile results and lower than average BAME voting members on the Board. The Committee NOTED the report.			Assurance
	Decisions made: 1) None			
	Further Risks Identified: None to report			
	Escalations to the Board or other Committee: None			
Proposal and/or key recommendation:				
Purpose of the report (tick box to indicate)	Assurance	✓	Approval	
	Noting		Discussion	
(If appropriate) state reason for submission to	Patient Confidentiality:	Staff Confidentiality:	Commercially Sensitive:	Exceptional Circumstances:

Private section of Board:					
Committee/Group at which the paper has been submitted:	People Committee, 23 March 2023				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability)	Priority 2: (People) ✓	Priority 3: (Patients)	Priority 4: (Quality)	Priority 5: (Systems)
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe:	Effective:	Caring:	Responsive:	Well-Led: ✓
Identified Risks, issues and mitigations:	All risk, issues and mitigations are reference in the Board Assurance Framework item.				
Resource implications:	Individual resource considerations are provided at the People Committee.				
Sustainability and /or Public and patient engagement considerations:	Individual considerations are provided at the People Committee.				
Integrated Impact assessment:	Where applicable, Individual considerations are provided at the People Committee.				
Legal and Regulatory implications:	Individual legal and regulatory implications are provided at the People Committee.				
Appendices:	None				
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act				
For further information or any enquires relating to this paper please contact:	Leon Hinton, leon.hinton@nhs.net				
Reports require an assurance rating to	No Assurance		There are significant gaps in assurance or actions		
	Partial Assurance		There are gaps in assurance		

guide the discussion:	Assurance	Assurance with minor improvements needed.
	Significant Assurance	There are no gaps in assurance
	Not Applicable	No assurance required.

Integrated Quality & Performance Report

March - 2023



Executive Summary



Jayne Black
Chief Executive

True North	Sub Domain	Variation			Assurance			
Patients	Complaints	4	0	2	0	1	1	
	FFT	5	2	3	0	9	1	
	PALS	2	1	1	0	0	0	
	Patient Experience	0	0	2	0	0	2	
	PHSO	3	0	1	0	0	0	
People	Workforce	5	5	4	1	4	5	
	Quality	Falls	6	0	1	0	0	3
Incident Management		13	5	3	1	3	1	
IPC		5	2	3	1	0	3	
Maternity		7	1	0	0	0	0	
Medicines		2	0	0	1	0	0	
Mortality		7	1	5	1	3	4	
Pressure Ulcer		4	1	3	0	0	2	
Risk & Policy		3	0	3	0	0	0	
VTE		0	0	1	0	0	1	
Sustainability		Financial Position	4	4	5	0	0	8
Systems & Partnerships		Access	14	1	10	3	4	11
		Emergency Care	0	4	7	1	3	5

Patients



Evonne Hunt
Chief Nursing Officer

Operational Lead:

Dan Rennie-Hale - *Director of Quality & Patient Safety*

Nicola Lewis - *Associate Director of Patient Experience*

Committees:

Quality Assurance Committee (QAC)





Patients

Ambition: Providing outstanding, compassionate care for our patients and their families, every time



FFT

Total FFT Recommend %

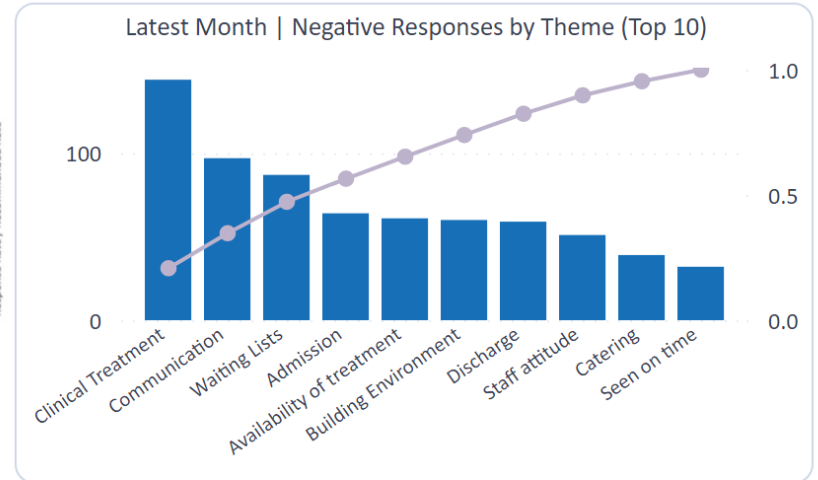
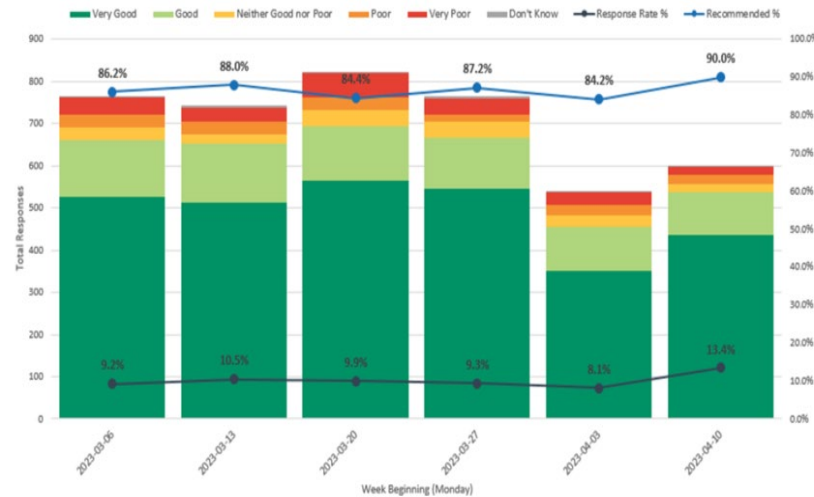
Type	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	95.0%			80.9%	81.3%	81.4%	79.2%	78.9%	84.0%	74.6%	84.9%	84.3%	87.9%	87.7%	87.5%

True North Domain: | **Patients**

KPI Threshold: | 95.0%

Sub Domain KPIs: | 10

Variation Summary:



Key Messages

- The latest reporting shows Maternity FFT has exceeded the 45% response rate and 95% recommend rate.
- The recommend rate for ED and inpatient remains static
- Inpatient response rate has slightly increased
- The top 3 reported themes and trends for why patients are recommending the Trust remain the same as last month
- The Heads of Nursing from both planned and unplanned care division will be attending Maternity department's huddle to observe how FFT is discussed and actions taken

Issues, Concerns & Gaps

- Of the text messages sent out only 14.7% are completed.
- FFT survey completion using paper remains a challenge in one area of the organisation due the nature of the patients.
- There is a delay in producing the 'You said, We did' posters in clinical areas
- FFT has not been fully rolled out across all clinical areas, therefore having an impact on staff's engagement with themes and trends identified

Actions & Improvements

- Patient engagement to understand the reasons for low uptake of survey completion via text message to be undertaken by the Associate Director of Patient Experience
- 'Hard Stop' applied to the clinical area continuing to use paper survey
- QR Code above all patient bed space to be carried out
- Work underway to utilise Volunteers to support and encourage the increase in survey completion
- Deep dive into the top 3 overarching themes for why patients will not recommend the Trust to be undertaken
- Planned care team are piloting the use of FFT champions on each shift: effectiveness to be further reviewed
- Patient First Trust-wide roll out continues



Patients

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23				
Patients	FFT			Total FFT Recommend %	95.0%			80.9%	81.3%	81.4%	79.2%	78.9%	84.0%	74.6%	84.9%	84.3%	87.9%	87.7%	87.5%				
				Total FFT Response Rate %	45.0%			9.6%	9.9%	11.2%	10.5%	10.4%	9.5%	11.2%	8.1%	10.6%	9.8%	9.8%	9.9%				
				Inpatients FFT Recommend %	95.0%			74.1%	73.2%	83.5%	65.8%	75.6%	75.6%	70.3%	90.7%	86.0%	87.6%	89.1%	85.6%				
				Inpatients FFT Response Rate %	45.0%			18.9%	18.2%	21.2%	17.2%	19.3%	15.8%	18.8%	10.3%	14.7%	14.1%	15.2%	16.6%				
				Emergency Care FFT Recommend %	95.0%			70.8%	69.2%	65.1%	66.5%	52.6%	70.9%	61.3%	66.8%	67.3%	75.7%	73.5%	73.5%				
				Emergency Care FFT Response Rate %	45.0%			14.3%	14.2%	14.0%	13.8%	15.0%	12.3%	12.7%	8.4%	9.0%	7.9%	7.3%	7.0%				
				Outpatient FFT Recommend %	95.0%			89.3%	89.5%	88.4%	88.0%	88.9%	88.5%	89.7%	90.0%	90.3%	91.4%	91.1%	91.7%				
				Outpatient FFT Response Rate %	45.0%			6.7%	7.4%	8.1%	8.3%	8.1%	8.0%	8.5%	7.5%	10.5%	9.1%	9.3%	8.8%				
				Maternity FFT Recommend %	95.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	88.2%	55.6%	97.3%	92.5%	95.1%			
				Maternity FFT Response Rate %	45.0%			18.5%	25.4%	28.1%	28.4%	27.1%	28.7%	10.8%	4.3%	2.4%	31.2%	21.0%	53.6%				
				Patient Experience				Mixed Sex Accommodation (MSA) Compliance %	0.0%			0.4%	0.5%	0.4%	0.5%	0.8%	0.8%	1.2%	2.0%	2.0%	2.1%	5.1%	4.4%
								Mixed Sex Accommodation Breaches	0			67	92	69	93	140	139	211	346	348	389	835	805
				Complaints				Complaints	-			37	39	38	28	49	39	50	37	37	32	51	41



Patients

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Patients	Complaints		-	Complaints Closed	-			45	32	59	59	26	34	25	20	21	44	42	31	
			-	Complaints Open - Month End	-			151	158	137	106	129	134	159	176	192	180	190	201	
			-	Complaints Re-Opened	-			4	1	2	1	0	1	0	8	0	2	3	6	
			95.0%	Complaints Acknowledged Within 3 Working Days %	95.0%			100.0%	94.9%	100.0%	96.4%	95.9%	100.0%	92.0%	94.6%	94.6%	90.6%	98.0%	97.6%	
			5.0%	Complaints Breached %	5.0%			73.7%	87.5%	61.3%	42.0%	53.1%	67.5%	69.2%	80.0%	75.0%	73.0%	77.3%	82.1%	
	PALS		-	Patient Advice and Liaison Service (PALS) Concerns	-			419	460	418	441	467	406	469	507	367	432	377	347	
			-	PALS Closed	-			358	423	376	379	433	1,811	451	478	345	358	258	256	
			-	PALS Open - Month End	-			1,248	1,285	1,327	1,389	1,423	18	36	65	87	162	281	372	
			-	PALS Converted to Complaints	-			0	1	0	3	6	3	2	1	6	4	7	4	
	PHSO		-	Parliamentary and Health Service Ombudsman (PHSO) Cases	-			1	1	2	1	1	1	1	1	0	2	2	3	
			-	PHSO Cases Closed - Partially Upheld	-			-	-	-	-	-	-	-	-	-	-	-	-	-
			-	PHSO Cases Closed - Upheld	-			-	-	-	-	-	-	-	-	-	-	-	-	-
			-	PHSO Cases Closed - Not Upheld	-			0	0	0	0	0	0	0	0	1	0	0	0	0
			-	PHSO Cases Closed - Upheld	-			-	-	-	-	-	-	-	-	-	-	-	-	-

SIOR - Patients



Successful Deliverables

- PAHU has been closed during the end of the reporting period which has been a large contributor in the rise in data.
- Complaints Acknowledged within 3 Working days target continues to be met

Next Steps

Aim for 0 MSA breaches by June 2023

Opportunities

- MSA education and awareness sessions to be provided to staff at appropriate forums such as, governance, nursing and midwifery group
- Opportunity to reduce the number of month end open PALs through improved responses, resolution and closure by operational teams

Next Steps

- As outlined in the Identified Challenges sessions above

Identified Challenges

- There has been a delay in the implementation of the revised MSA policy due to capacity challenges
- There still remains a backlog of complaints which require action and closure.
- Absence leave within the PALs & Complaints Team has had an impact on the Trust's ability to reduce open complaints
- There is high numbers of PALs enquiries which have the potential to convert to complaints. This is due to local resolution approach not being utilised before escalation to PALs

Next Steps

- Deep dive using the Trust's A3 Thinking methodology has been commenced. This will provide better understanding of the root causes around the lack of full implementation of MSA principles
- Completion of the revision of the MSA policy: this has been drafted, consultation is underway, with the aim for completion by June 2023
- Vacancies in the complaints team have now been recruited to and absence leave has returned to normal
- Development of a 'don't take your troubles home' complaints management programme for staff is underway

Risks

- Lack of robustness in the management approach of MSA. This has been reflected in the Patient Experience risk register as a 12 risk score
- The Trust is not currently compliant with statutory timeframes for complaint resolution. This is CQC Regulation 16 and has been reflected in the Quality risk register as a 20 risk score

Next Steps

- As outlined in the Identified Challenges sessions above

Quality



Evonne Hunt
Chief Nursing Officer



Alison Davis
Chief Medical Officer

Operational Leads:

Dan Rennie-Hale - *Director of Quality & Patient Safety*

Vacant - *Medical Director for Quality & Safety*

Committees:

Quality Assurance Committee (QAC)





Quality

Ambition: Excellent outcomes, ensuring no patient comes to harm and no patient dies who should not have



Incident Management

Low or No Harm Incidents %

Type	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	95.0%			98.5%	99.4%	99.0%	99.3%	99.1%	98.9%	98.6%	98.6%	98.8%	98.8%	99.5%	99.4%

True North Domain: | **Quality**

KPI Threshold: | 95.0%

Sub Domain KPIs: | 21

Variation Summary:

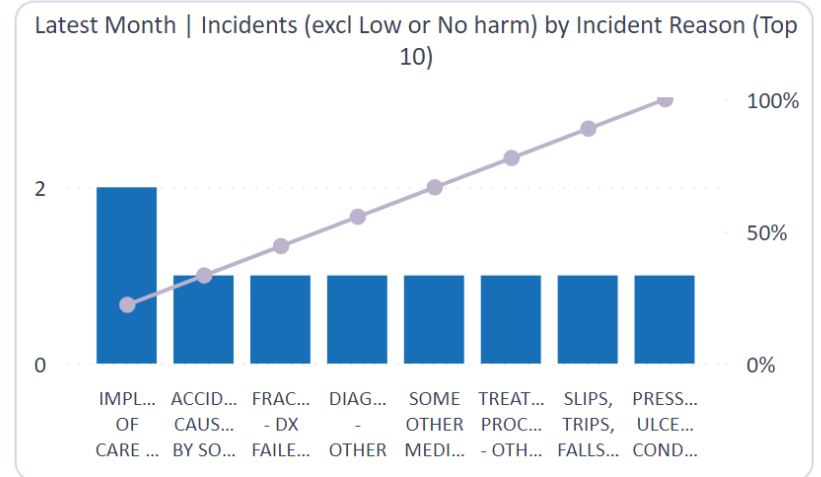
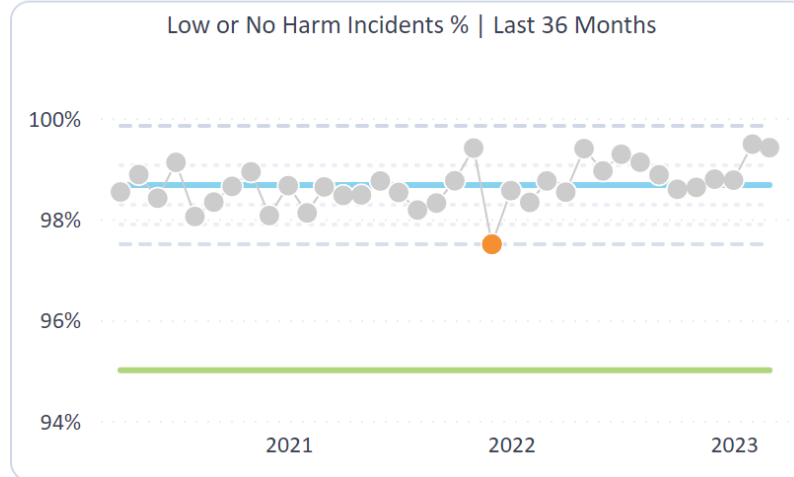
13

1

2

1

4



Key Messages

- Patient harms remain variable but above target. Moderate and above harms remain consistent at less than 2% of total reporting.
- Incident reporting has increased again, with the highest reporting month on record.
- Slips, trips and falls remain a high reporting incident category for harm incidents.
- Live validation form for 12 hour breaches is now live and in use. This will allow better collation of themes for targeted improvement.

Issues, Concerns & Gaps

- Learn From Patient Safety Events was due to be introduced onto the datix test system by end of Q4. This deadline was not achieved. This will need testing and implementation by the end of Q2 2023-2024. The impact of this on reporting is as yet unknown but work to make reporting as simple as possible for staff will continue.
- Work to move the Trust towards PSIRF will be commencing. This will require multiple work-streams including involving patients in patient safety, revisions of the incident management policy and collaboration with the ICB.

Actions & Improvements

- New datix form continues to embed with additional reporting functions being added including; migration of the security officer form and a safeguarding tab to capture safeguarding investigations. The possibility of capturing SJR discussions on this is also under consideration to support the learning from death lead and improve triangulation.
- Data quality issues are being resolved to improve data quality and assurance provided.



Quality

Ambition: Excellent outcomes, ensuring no patient comes to harm and no patient dies who should not have



Mortality

Crude Mortality Rate %

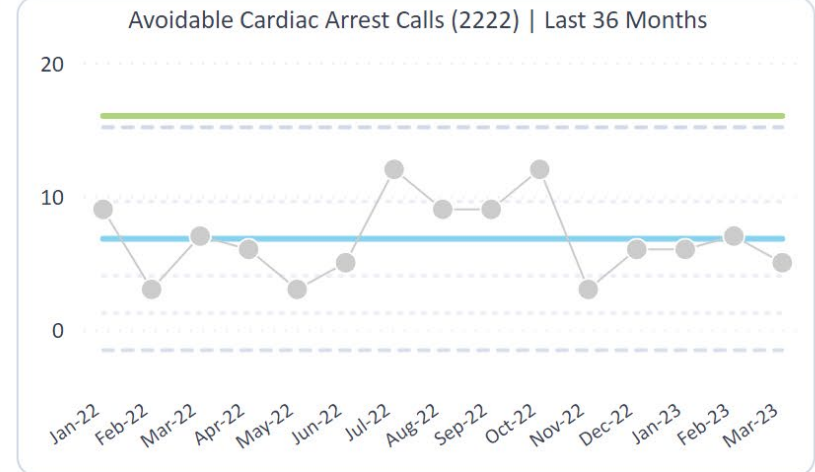
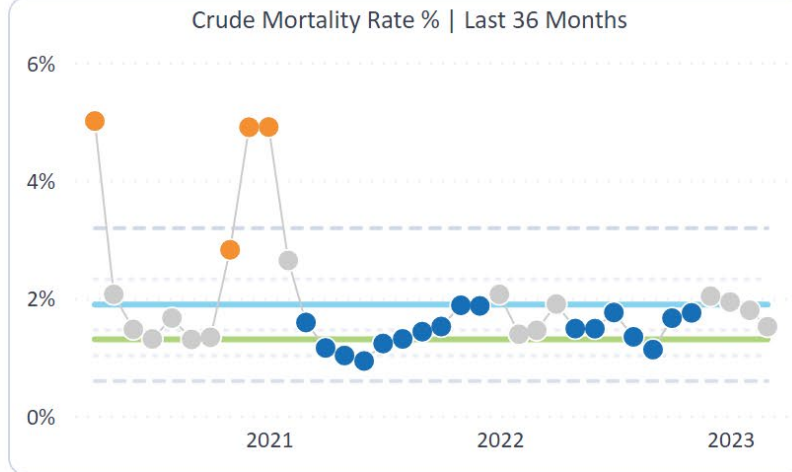
Type	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	1.3%			1.9%	1.5%	1.5%	1.8%	1.3%	1.1%	1.7%	1.7%	2.0%	1.9%	1.8%	1.5%

True North Domain: | **Quality**

KPI Threshold: | 1.3%

Sub Domain KPIs: | 13

Variation Summary:



Key Messages

- HSMR for Dec 21- Nov 22 is 115.5 and 'higher than expected'
- Nov 22 HSMR is 130.9 and 'higher than expected'. November is now one of the worst performing months, along with Apr 22, May 22 and Jul 22 which are contributing to the rise in HSMR.
- The expected has fallen to its lowest at 3.57% and is indicative that the continued deterioration is related to depth of coding and documentation issues.
- SHMI is 112.53 and 'higher than expected' which was anticipated as it is likely the issues effecting the HSMR are effecting the SHMI

Issues, Concerns & Gaps

- SHMI has now entered the 'higher than expected' banding
- The low expected rate indicates documentation and depth of coding continues to have a significant impact.
- The % of non- elective spells with palliative care coding at the Trust is 2.08% which is the first time Medway are lower than the national rate, compared to previous financial years where Medway is higher.
- % of symptom and signs and spells with Charlson comorbidity scores shows gradual improvements in depth of coding but contextualised with the decline in palliative care activity means the expected rate is being significantly impacted by the changes in palliative documentation

Actions & Improvements

- Deep dives underway and final reviews being completed
- To date, there are no failings in care
- Working group with EPR, coding and Palliative care underway to ascertain ways to improve recording of palliative care patients on EPR to ensure they are coded.
- Mortality Task and Finish Group which will meet weekly with actions on improvements underway
- Recent depth of coding and Charlson comorbidity coding data provided by Clinical coding has shown improvements in these areas within the last few months and this should soon start to reflect in HSMR/SHMI



Quality

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Quality	Incident Management			Low or No Harm Incidents %	95.0%			98.5%	99.4%	99.0%	99.3%	99.1%	98.9%	98.6%	98.6%	98.8%	98.8%	99.5%	99.4%	
				Total Incidents Reported	-			954	1,158	955	1,117	1,029	1,157	1,489	1,311	1,405	1,464	1,358	1,538	
				Incidents with Harm (Moderate and above)	0			14	7	10	8	9	13	21	18	17	18	7	9	
				Incidents Open (Reported Date)	-			2	1	1	6	6	8	12	28	39	77	153	389	
				Incidents Open - Month End	-			734	689	527	794	758	900	1,095	831	1,018	1,337	945	1,016	
				Incidents Overdue - Month End	-			474	449	376	628	571	583	887	733	985	1,453	1,285	1,073	
				Serious Incidents	-			9	9	3	0	7	7	9	15	9	8	11	10	
				Serious Incidents Closed	-			6	3	6	6	6	2	5	5	11	9	2	9	
				Serious Incidents Open - Month End	-			86	89	80	71	69	74	77	87	84	82	90	85	
				Serious Incidents Responded to Within 60 Days %	95.0%			33.3%	0.0%	0.0%		28.6%	42.9%	44.4%	26.7%	22.2%	0.0%	100.0%	100.0%	
				Serious Incidents Closed by ICB 1st Time %	-			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%
				Never Events	0			1	0	0	0	1	1	0	0	0	0	0	0	0
				Duty of Candour Compliance Stage 1 %	-			33.3%	16.7%	0.0%	66.7%	50.0%	55.6%	94.7%	92.3%	90.9%	71.4%	87.5%	75.0%	



Quality

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23		
Quality	Incident Management		-	Duty of Candour Compliance Stage 2 %	-			0.0%	50.0%	60.0%	60.0%	83.3%	66.7%	100.0%	25.0%	37.5%	75.0%	0.0%	12.5%		
			-	RIDDOR Incidents	-			0	0	0	0	0	0	0	1	0	2	5	3	1	
			-	RIDDOR Compliance %	-			-	-	-	-	-	-	-	0.0%	-	0.0%	0.0%	0.0%	0.0%	
			-	Health & Safety Incidents	-			3	2	12	43	28	5	4	9	43	38	32	17		
			-	Sharps Injuries	-			1	6	7	3	7	9	8	3	6	10	7	8		
			-	Violence & Aggression Incidents	-			55	64	33	50	40	56	57	45	45	56	54	60		
			-	Assaults - Patient on Staff	-			20	26	9	22	16	15	36	11	24	23	27	36		
	Falls		90.0%		EDNs Completed Within 24hrs %	90.0%			69.1%	69.4%	68.7%	69.1%	68.2%	65.0%	51.1%	58.6%	66.2%	67.2%	67.6%	68.7%	
			95.0%		Low or No Harm Falls %	95.0%			97.8%	100.0%	98.7%	98.7%	100.0%	94.7%	98.0%	91.7%	96.8%	99.1%	95.5%	98.9%	
			-		Falls - Total	-			93	80	75	75	82	76	98	96	94	107	89	88	
			-		Falls - Low Harm	-			30	18	28	15	25	26	26	19	23	23	24	22	
			-		Falls - Moderate Harm	-			1	0	0	1	0	2	1	5	2	1	4	0	
			0		Falls - Severe Harm	0			1	0	1	0	0	0	2	1	2	1	0	0	1



Quality

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23					
Quality	Falls			Falls Resulting in Death	0			0	0	0	0	0	0	0	1	0	0	0	0					
				Falls per 1,000 Bed days	-			6.41	5.39	5.23	5.11	5.55	5.28	6.45	6.50	6.11	6.72	6.33	5.73					
	Pressure Ulcer				Pressure Ulcers - Total	-			23	26	15	15	18	23	25	45	28	36	51	38				
					Pressure Ulcers - Grade 1	-			0	0	0	0	0	0	0	0	0	7	12	15				
					Pressure Ulcers - Grade 2	-			8	7	5	4	6	6	5	14	6	5	11	6				
					Pressure Ulcers - Grade 3	0			0	0	0	0	1	0	0	0	0	0	0	0	0			
					Pressure Ulcers - Grade 4	0			0	0	0	0	0	0	2	1	0	0	0	0	0			
					Pressure Ulcers - Unstageable	-			8	9	4	7	4	10	12	15	11	12	19	10				
					Pressure Ulcers - Deep Tissue Injury	-			7	10	6	4	7	7	6	15	11	12	9	7				
					Pressure Ulcers per 1,000 Bed Days	-			1.59	1.75	1.05	1.02	1.22	1.60	1.65	3.05	1.82	2.26	3.63	2.48				
					Medicines				Medicine Errors - Total	-			54	88	64	66	68	77	98	83	64	73	66	87
									Low or No Harm Medicine Errors %	95.0%			98.1%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%
	IPC				IPC Incidents	-			42	36	27	31	23	42	26	15	21	22	9	19				



Quality

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Quality	IPC			C-Diff Cases - Hospital Acquired Total	-			3	4	4	4	3	5	3	6	6	3	1	4	
				C-Diff Cases - Hospital Acquired YTD (Cumulative)	35			3	7	11	15	18	23	26	32	38	41	42	46	
				C-Diff Cases - Hospital Acquired (HOHA)	-			3	3	4	3	3	5	3	5	2	2	1	2	
				E.coli Cases - Hospital Acquired	-			8	5	5	4	4	6	2	2	3	5	3	3	
				E.coli Cases - Hospital Acquired YTD (Cumulative)	77			8	13	18	22	26	32	34	36	39	44	47	50	
				MRSA Cases - Hospital Acquired	0			1	0	0	0	0	0	0	0	0	0	0	0	0
				MSSA Cases - Hospital Acquired	-			2	4	1	1	2	3	1	3	6	0	2	0	
				MSSA Cases - Hospital Acquired YTD (Cumulative)	-			2	6	7	8	10	13	14	17	23	23	25	25	
				Covid-19 Diagnosed - Total	0			587	143	105	449	134	107	241	57	135	94	151	190	
		Mortality				Crude Mortality Rate %	1.3%			1.9%	1.5%	1.5%	1.8%	1.3%	1.1%	1.7%	1.7%	2.0%	1.9%	1.8%
				Avoidable Cardiac Arrest Calls (2222)	16			6	3	5	12	9	9	12	3	6	6	7	5	
				HSMR (All)	100			103.40	107	109.60	114.38	116.47	117.86	119.13	120.40					
				HSMR - Weekday	100			101.06	103.99	106.59	111.81	113.81	115.03	115.99	117.62					
				HSMR - Weekend	100			107.64	113.15	116.15	119.09	121.07	122.15	123.73	124.15					



Quality

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23			
Quality	Mortality			Expected Death Rate %	-			3.7%	3.7%	3.7%	3.7%	3.7%	3.6%	3.6%	3.6%							
				SHMI	1			1.05	1.07	1.09	1.10	1.11	1.11	1.13								
				Fractured NOF Within 36 Hours	92.0%			68.2%	78.1%	69.2%	52.2%	71.9%	55.0%	79.3%	73.0%	73.7%	83.3%	56.1%				
				Number of Deaths Reviewed via SJR	-			5	20	12	12	11	9	20	13	9	18	13	9			
				SJR's Completed %	25.0%			3.4%	16.3%	10.0%	8.3%	10.0%	9.9%	14.7%	8.9%	5.1%	11.5%	9.7%	6.7%			
				Total Number of Deaths Due to Failings in Care	-			0	1	0	1	2	0	1	0	0	1	0	0	1	0	0
				Number of LD Deaths Reviewed via SJR	-			1	1	0	1	1	1	1	1	0	0	1	3	0		
				Total Number of LD Deaths Due to Failings in Care	-			0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
				VTE	VTE Risk Assessment Completed %	95.0%			95.2%	94.4%	89.1%	94.4%	92.7%	87.9%	72.3%	94.1%	82.6%	73.7%	73.2%	81.5%		
				Maternity	Caesarean Section %	-			41.9%	46.0%	47.2%	44.8%	45.6%	45.8%	50.4%	53.3%	50.1%	44.6%	52.5%	40.5%		
Elective C-Section %	-				16.5%	17.4%	17.4%	16.0%	18.5%	18.2%	17.2%	19.3%	19.1%	17.6%	22.7%	15.9%						
Emergency C-Section %	-				25.4%	28.6%	29.8%	28.8%	27.1%	27.6%	33.2%	34.0%	31.1%	27.0%	29.8%	24.7%						
PPH greater than 1000mls	-				33	53	51	39	40	35	46	47	36	52	35	34						



Quality

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Quality	Maternity			Total Number of Still Births Greater Than 24 weeks Gestation	-			0	0	0	0	0	0	0	0	0	0	0	0
				Neonatal Deaths	-			3	2	2	2	1	3	1	0	1	1	0	0
				Maternity Serious Incidents	-			0	0	1	0	1	1	1	1	0	2	2	1
				Maternity HSIB Referrals	-			0	0	0	0	0	0	0	0	0	0	0	0
	Risk & Policy			Risks	-			5	9	14	26	13	9	16	24	38	21	26	33
				Risks - Low	-			0	0	1	0	1	0	0	1	1	0	1	0
				Risks - Moderate	-			3	0	2	7	4	0	8	3	3	2	0	1
				Risks - High	-			1	5	10	11	4	3	5	19	29	15	18	27
				Risks - Extreme	-			1	4	1	8	4	6	3	1	5	4	7	5
				Risks - Closed	-			7	7	5	1	9	31	22	5	22	8	0	3

Successful Deliverables

- The second round of testing the effectiveness of the VTE alert system has been completed
- There has been significant reduction of HAPU made on Pembroke Ward, Planned Care Division. This demonstrated improvement is as a result of targeted pilot focused work using Patient First A3 approach
- E.Coli, Klebsiella and Psuedomonas targets remain below the threshold at end of the financial year for
- There has been no outbreaks for COVID declared in March 2023, with the previous outbreak in February now closed
- The wearing of mask has now been reduced in many clinical areas with the exception of high risk areas such as ED, assessment units, critical care haematology/oncology and respiratory ward.

Next Steps

- Await go live date for the VTE flag on EPR
- Roll out learning from Pembroke Ward across all inpatient wards in the Trust
- Awaiting the NHSE contract for healthcare associated infection targets for 23/24
- 36 patients in total with fractured neck of femur with 66% compliance with surgery with prompt surgery

Opportunities

- Education programme to be developed once the VTE clinical nurse specialist has commenced the role
- Recruitment of 2 ortho geriatricians to support the medical care of orthopaedic patients is underway
- Ortho geriatric support for orthopaedic patients

Next Steps

- Recruitment of 2 ortho gertiaticans to support the medical care of orthopaedic patients is underway
- Increase of surgical beds with Harvey ward re opening will provide extra capacity to support all of surgical pathways

Identified Challenges

- VTE clinical nurse specialist post remains vacant
- Discrepancies in VTE data reporting has been identified. This is due to lack of consistent monitoring
- C.Difficiles threshold has been breached for 22/23, with the Trust ending with 8 more C-diff cases than expected: the target was 34
- From infection control investigation of c-diff cases has identified a new theme around poor documentation of stool
- 12 (33%) fractured neck of femur patients were for delayed for logistical reasons due to combination of junior doctor industrial action and the numbers of non-hip trauma patients requiring surgery.

Next Steps

- Expedite recruitment for the VTE clinical nurse specialist
- Trust to receive 51 mattresses repatriated from the national Covid-19 NHS Nightingale Hospital stock. This will replace damaged mattresses
- An audit tool to understand performance around poor documentation will be developed and carried out
- New Diarrhoea Assessment tool was launched in April 2023. This will support decision making around when to isolate patients and samples to be sent off to the laboratory

Risks

- Lack of robustness in the management approach of VTE. This has been reflected in the Quality risk register as a 15 risk score and will therefore be escalated to the Trust risk register
- Lack of theatre capacity for orthopaedic trauma

Next Steps

- Ongoing review of theatre capacity and utilisation

Successful Deliverables

- All eligible deaths reported to MBRRACE
- Induction of Labour (IOL) improvement work demonstrating reduction in delays
- Q1 Carbetocin project commenced with a view to reduce PPH
- Early Pregnancy Advisory Centre sonography service now supporting early scans for recurrent miscarriage patients

Next Steps

- Caesarean section audit and A3 being completed and for presentation and discussion at MNSCAB May 23.
- Overall CS % has reduced in month by 10% - monitoring over the next few months will continue to ascertain whether this is an anomaly in month or sustained for a longer term and/or linked to data validation work under way.

Opportunities

- Trajectory for Continuity of Carer teams in place for 2023-2024 with LMNS/ICB request to have 1 team in place by end of Q2 2023 if safe staffing in place - with aim to improve outcomes and quality of care.
- Consultant midwives are in the process of collecting data and planning a Continuity Team which be focussed on women from Black, Asian and mixed ethnicity backgrounds, where outcomes have been significantly poorer than among white women (MBRRACE 2022).
- Pathway and criteria review commenced plus focus sessions with staff to improve access to the birth centre, increase activity in midwifery led setting and enable it to remain open in periods of high activity/escalation

Next Steps

- Launch The Birth Place revised pathway and staffing model in May 2023
- Caesarean section audit to be presented and discussed at May MNSCAB
- Progress IOL and PPH A3 to countermeasures and actions for May MNSCAB

Identified Challenges

- Data issues continue with inaccuracies in IQPR reports
- Stillbirth data inaccurate – local data is 1 from March 2023 (MFT not an outlier)
- SI data incorrect. March 23= 1
- PPH data incorrect = March 23 = 28
- The activity within maternity services is dynamic and can change rapidly, acuity increased in last few years.
- Regular divert of the Maternity Led Unit within escalation process

Next Steps

- Dashboard validation work underway with BIU, and digital midwife
- Updated escalation policy in place in line with the South East OPEL Framework

Risks

- Dashboard data inconsistencies in accuracy of reported figures, validation process needs review and implementation to ensure data accurate prior to reporting in IQPR/externally. This is on the Maternity risk register as 12 risk score
- High Ischaemic Encephalopathy still to be added to IQPR for compliance to National reporting for CNST/Ockenden/PQSM

Next Steps

- Dashboard data accuracy and validation is being reviewed within Trust and across K&M LMNS.
- BIU team to incorporate HIE rate within IQPR for future reports.

Systems & Partnerships



Nick Sinclair
Chief Operating Officer

Operational Leads:

Benn Best - *Divisional Director - Planned Care*

Holly Reid - *Divisional Director - Unplanned and Integrated Care*

Committees:

Finance & Performance Committee





Systems & Partnerships



Ambition: Delivering timely, appropriate access to acute care as part of a wider integrated care system

Access

RTT Incompletes Performance %

Type	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	92.0%			61.4%	63.6%	62.6%	61.7%	61.9%	60.9%	61.5%	62.3%	60.0%	60.9%	61.4%	60.3%

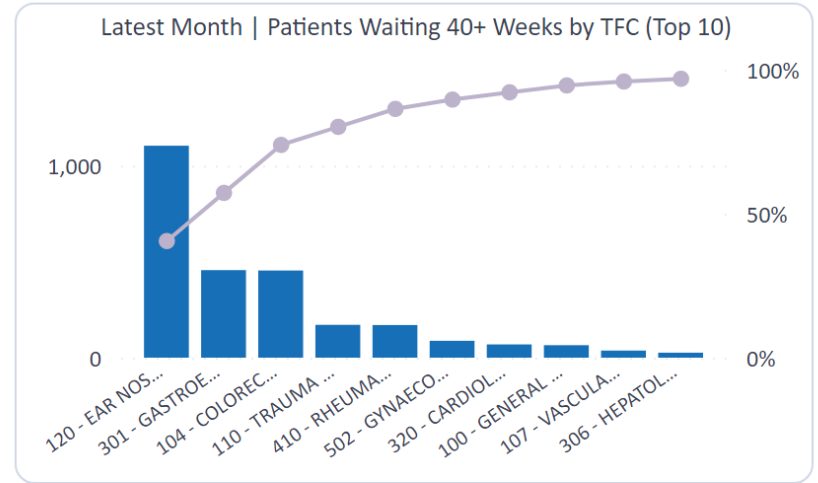
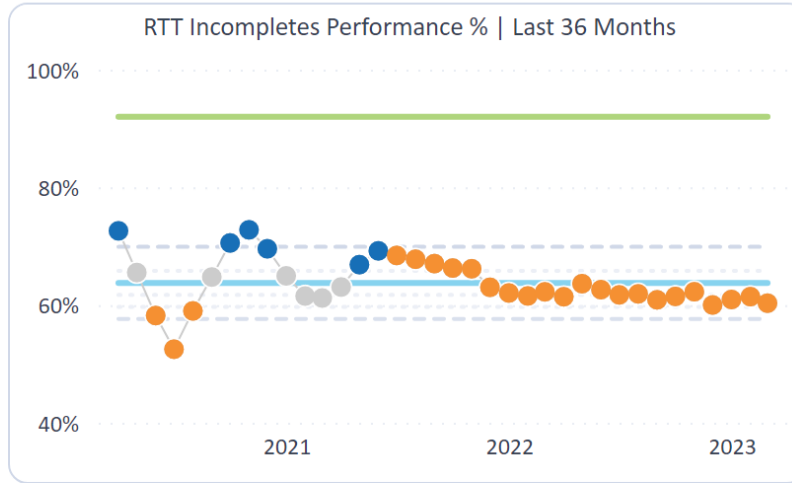
True North Domain: **Systems & Partnerships**

KPI Threshold: 92.0%

Sub Domain KPIs: 25

Variation Summary:

14	3	7	1	0



Key Messages

- Recent improvements (4 Weeks) in ENT 52 week waits
- In March 2023 the number of patients waiting over 52 weeks for treatment reduced from 561 (February) to 475
- Additional outpatient activity planned for ENT and Gastroenterology

Issues, Concerns & Gaps

- Colorectal and Gastroenterology 52 week waits are increasing due to limited Endoscopy capacity
- ENT will continue to be a challenge for 52 week plus and 78 week plus patients
- Recent Industrial action has led to significant cancellations of elective care which will impact performance moving forward. Recovery plans are in place and patients are being re-booked

Actions & Improvements

- Potential for ENT activity to be sent to the Independent Sector. This is being scoped with the ICB's support DM01
- MTW offering weekend capacity for Endoscopy
- Corporate projects, using Patients First, for Theatres and Outpatients are in place and are being refreshed currently. These will look to improve the efficiency and throughput and will be referenced going forward.



Systems & Partnerships

Ambition: Delivering timely, appropriate access to acute care as part of a wider integrated care system



Emergency Care

Total EC 4 Hour Performance %

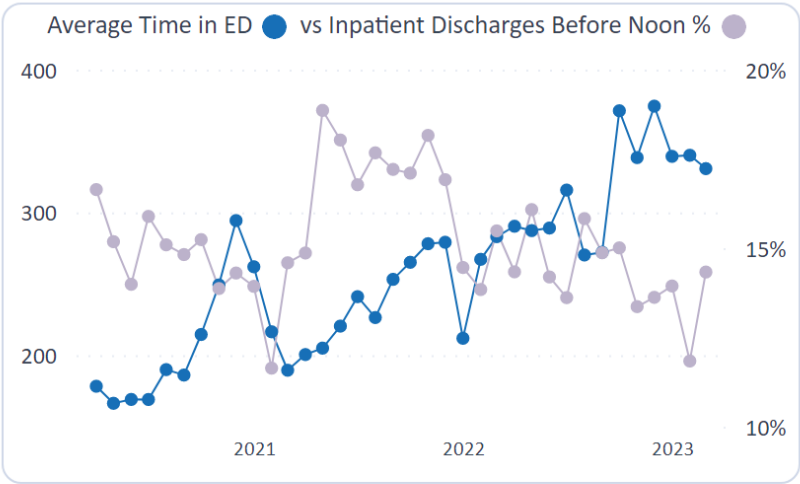
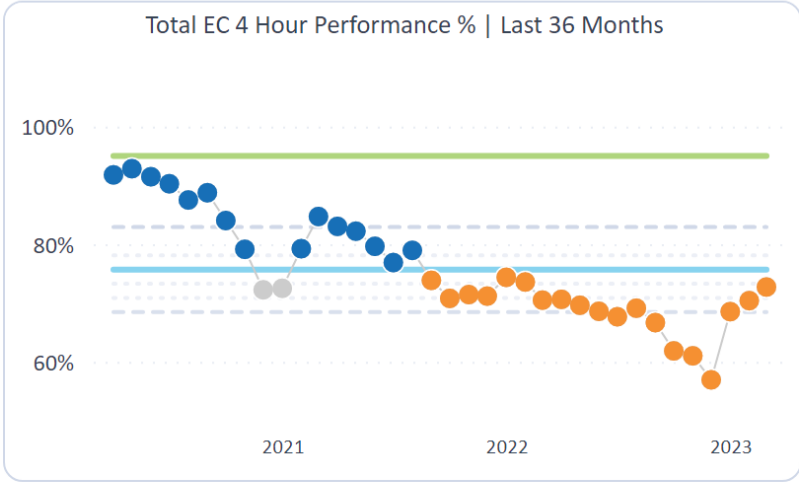
Type	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	95.0%			70.6%	69.6%	68.6%	67.6%	69.1%	66.7%	61.8%	61.0%	56.9%	68.5%	70.4%	72.7%

True North Domain: | **Systems & Partnerships**

KPI Threshold: | 95.0%

Sub Domain KPIs: | 11

Variation Summary: 0 3 4 4 0



Key Messages

Total 4 hour performance deteriorated from Sept 2022 to mid Dec 2022. It stabilised throughout January and has achieved consistent incremental improvement since 07/01/23. March saw the highest average total 4 hour performance at 72.7%, since Aug 22 (73.8%), and have achieved the national target of 76% in 12 out of 17 days in April 23 (as at 18/04/23).

Issues, Concerns & Gaps

- Flow out of the acute floor continues to be a key contributor, with the Trust not yet achieving 40% of discharges by midday, caring for large numbers of medically fit for discharge patients, and caring for a number of mental health patients waiting placement
- For non-admitted performance, escalation and space continue to be a key contributor, with our assessment spaces partially being used for inpatient capacity and mental health capacity.

Actions & Improvements

We strive to achieve continuous, incremental improvement in our patients journey through acute care, and have taken the following actions:

- Two of our key escalation areas (PAHU and Discharge Lounge) have been fully de-escalated, allowing the closure of PAHU and the appropriate use of Discharge Lounge
- De-escalation of capacity within Frailty, enabling the proper utilisation of our frailty pathways and providing a Frailty Assessment Unit
- Progress on internal works to improve the experience of patients on a mental health pathway
- Corporate project re Flow and Discharge in place, currently being refreshed and will be referenced going forward



Systems & Partnerships

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Systems & Partnerships	Access			RTT Incompletes Performance %	92.0%			61.4%	63.6%	62.6%	61.7%	61.9%	60.9%	61.5%	62.3%	60.0%	60.9%	61.4%	60.3%
				RTT 40+ Week Waiters	-			2,186	2,310	2,188	2,336	2,175	2,135	1,935	1,930	2,258	2,370	2,569	2,726
				RTT Waiting List Size	-			31,154	31,687	32,075	32,675	33,076	33,936	34,347	34,433	34,615	35,403	35,991	36,835
				RTT 52 Week Breaches	0			187	158	202	271	383	422	504	567	603	590	560	471
				OP Average Time to First Appointment (days)	60			65.63	73.61	79.08	79.93	91.14	86.38	88.43	93.23	85.43	87.44	89.83	88.63
				Outpatient DNA Rate %	10.0%			8.6%	7.7%	8.0%	8.2%	7.7%	7.7%	7.8%	7.5%	8.6%	7.4%	7.1%	7.4%
				OP First to Follow Up Ratio	-			2.22	2.19	2.11	1.89	1.93	1.96	1.83	1.82	1.85	1.95	1.81	1.82
				Operations Cancelled by Hospital on Day	0			11	5	5	17	3	13	10	18	19	10	8	29
				Cancelled Operations Not Rescheduled < 28 Days %	-			54.5%	40.0%	60.0%	64.7%	33.3%	84.6%	60.0%	61.1%	57.9%	70.0%	62.5%	37.9%
				Urgent Operations Cancelled for 2nd Time	0			1	3	5	7	2	4	11	5	9	5	1	10
				Day Case Rate %	-			83.8%	84.2%	84.1%	84.6%	85.0%	84.7%	85.1%	84.8%	84.8%	85.7%	84.9%	84.8%
				Average Elective Length of Stay (days)	3			0.36	0.35	0.35	0.32	0.39	0.30	0.33	0.38	0.32	0.29	0.29	0.36
				Average Non-Elective Length of Stay (days)	10			4.49	4.04	4.26	4.29	4.75	4.48	4.71	4.64	4.59	4.76	4.58	4.59



Systems & Partnerships

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Systems & Partnerships	Access			104 Day Cancer Waits	-			3	1	2	4	5	7	4	5	3	5	4		
				Cancer 2ww Performance %	93.0%			93.3%	96.3%	95.6%	95.0%	93.2%	95.4%	93.3%	89.6%	92.8%	84.6%	70.7%		
				Cancer 2ww Performance - Breast Symptomatic %	93.0%			78.6%	93.2%	85.7%	93.1%	88.1%	85.7%	80.0%	74.3%	68.1%	44.4%	6.9%		
				Cancer 31 Day First Treatment Performance %	96.0%			99.3%	100.0%	96.9%	97.2%	96.7%	98.2%	96.4%	98.1%	98.2%	100.0%	98.2%		
				Cancer 31 Day Subsequent Treatments - Drugs %	98.0%			95.5%	100.0%	100.0%	100.0%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	90.9%		
				Cancer 31 Day Subsequent Treatments - Surgery %	94.0%			100.0%	100.0%	100.0%	100.0%	95.7%	90.9%	100.0%	89.5%	96.6%	88.9%	91.3%		
				Cancer 62 Day Treatment - GP Refs %	85.0%			86.7%	88.0%	84.9%	82.1%	82.5%	85.6%	85.0%	80.6%	84.8%	71.9%	85.6%		
				Cancer 62 Day Treatment - Cons Upgrades %	50.0%			70.8%	70.6%	53.3%	44.7%	61.3%	76.2%	76.7%	80.0%	76.2%	66.7%	75.0%		
				Cancer 62 Day Treatment - Screening Refs %	90.0%			79.5%	85.0%	87.0%	88.9%	90.0%	88.0%	75.0%	90.9%	66.7%	75.9%	72.7%		
				Cancer 28 Faster Diagnosis %	75.5%			79.2%	79.8%	76.9%	81.8%	77.4%	74.5%	71.5%	71.8%	62.4%	61.2%	75.3%		
				Cancer 28 Faster Diagnosis Screening %	-			50.9%	65.9%	73.4%	40.5%	45.3%	24.2%	40.0%	60.5%	56.3%	73.9%	86.2%		
				DM01 Performance %	99.0%			78.1%	75.8%	72.7%	66.7%	68.7%	73.2%	79.1%	79.3%	74.7%	71.1%	72.4%	72.2%	
				Emergency Care			Total EC 4 Hour Performance %	95.0%			70.6%	69.6%	68.6%	67.6%	69.1%	66.7%	61.8%	61.0%	56.9%	68.5%



Systems & Partnerships

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Systems & Partnerships	Emergency Care			IP Discharged Before Noon % (Inc transfers to ADL)	40.0%			14.3%	16.1%	14.2%	13.6%	15.8%	14.9%	15.0%	13.4%	13.6%	13.9%	11.8%	14.3%
				Type 1 EC 4 Hour Performance %	75.0%			58.6%	59.8%	58.5%	56.9%	57.3%	54.2%	45.4%	48.3%	46.4%	52.1%	58.3%	58.2%
				Total EC 12 Hour Breaches	0			84	40	23	139	148	166	420	263	561	422	428	540
				Average Time in EC Department (mins)	200			290.36	287.29	289.11	315.69	270.23	272.14	371.21	338.43	374.45	339.29	340.05	330.71
				Number of ED Arrivals by Ambulance	-			2,988	3,252	2,980	2,975	2,963	2,922	2,940	2,350	2,984	2,896	2,704	2,915
				Ambulance Handover Delays (> 30 mins)	-			431	530	424	653	446	512	679	150	277	103	111	77
				Ambulance Handover Delays (> 60 mins)	0			162	172	136	260	151	242	304	10	37	8	5	3
				Bed Occupancy - General & Acute %	92.0%			89.5%	89.5%	90.3%	91.0%	91.2%	91.4%	92.4%	91.7%	91.8%	92.1%	94.1%	93.4%
				Medically Fit for Discharge Patients %	9.0%			10.3%	9.6%	11.6%	10.3%	10.2%	10.0%	9.3%	9.9%	10.1%	10.1%	8.6%	9.5%
				30 Day Readmission Rate	13.0%			11.8%	10.4%	10.4%	10.3%	10.1%	10.0%	8.5%	8.4%	9.3%	9.6%	9.7%	9.7%

Successful Deliverables

ED - Non-Admitted: Recent and sustained improvements in 4 hour non-admitted performance, regularly achieving upwards of 76%; Admitted: Maintained performance with small incremental improvements in March; Overall monthly performance now at highest since August 2022

Cancer - Cancer Performance for February (validated and submitted 31.03.2023) achieved 28 day FDS, 31 day and 62 day national targets / Breast Cancer recovery continued in line with trajectory and now to clear backlog and be 2ww compliant by end of March

RTT - Recent improvements (4 Weeks) in ENT 52 week waits / In March 2023 the number of patients waiting over 52 weeks for treatment reduced from 561 (February) to 475 / Additional outpatient activity planned for ENT and Gastroenterology

DM01 - Performance in Imaging maintained with only Endoscopy a risk to performance.

Next Steps

ED - Non-Admitted: Achieve further incremental improvement through implementation of CDA pathways for ambulant patients requiring observations / Progress with capital works to improve experience and flow for patients requiring mental health input; Admitted: Further progress on development of flow and discharge corporate project, focusing on inpatient stay and discharge

Cancer - To sustain cancer performance going forward month on month / To continue with breast cancer 2 week wait compliance / New focus on Endoscopy

RTT - Re-launch Patient Initiated Follow-up (PIFU) to reduce Outpatient follow-ups and increase new appointment capacity

Opportunities

ED - LAEDB and HARIS project(s), looking at alternatives to ED in a collaborative system level working group; Non-Admitted: Mental health pathways, enabling new model for CDU/A to be utilised; Admitted: Development of work-streams focussing on improving flow and discharge; De-escalation allowing Refer and Move work-stream, for rapid flow from ED for patients to referred specialties

Cancer - 19 bids submitted to Kent & Medway Cancer Alliance (KMCA) for funding for 23/24. Bids ranged from Cancer Support Workers to ST4 to support with treatments on GDU and Lawrence Ward

RTT - Potential for ENT activity to be sent to the Independent Sector. This is being scoped with the ICB's support DM01 - MTW offering weekend capacity for Endoscopy

Next Steps

ED - Sustain and continue incremental improvement in non-admitted performance; Non-Admitted: Progress on works to physical capacity for relocation of space for mental health, implement CDU model; Admitted: Full de-escalation of frailty assessment capacity / Further progress on HARIS work-streams – in-reach and hot clinics

Cancer - Await confirmation of successful bids from KMCA (expected late April)

RTT - Follow-up with ICB for potential ENT capacity

DM01 - Contract for additional Colonoscopy capacity at MTW being finalised

Identified Challenges

ED - Non-Admitted: Physical capacity; Admitted: Flow from acute floor to admitted wards / MFFD Numbers / Misalignment of demand (attendances/admissions) and capacity (flow/discharge)

Cancer - Endoscopy capacity, Ongoing challenges related to poor capacity within Endoscopy having detrimental effect on LGI and UGI performance across all of the national cancer targets / Sustainability of Breast cancer 2ww performance, need to continue insourcing (reduced) to maintain performance whilst medium and long term plan is signed off.

RTT - ENT will continue to be a challenge for 52 week plus and 78 week plus patients / Colorectal and Gastroenterology 52 week waits are increasing due to limited Endoscopy capacity

DM01 - Endoscopy capacity and activity with PPG (outsourced provider) has reduced recently. Improvement plans in place

Next Steps

ED - Non-Admitted: Progress on approved case for change (mental health capacity and flow); Admitted: Improvement work-stream for FLOW processes, initial focus on 'golden' discharges / Increase in utilisation of refer and move model / MFFD Numbers, improved processes for communication on community capacity and time of discharge to placement / Time of discharge not aligning with demand for beds, refresh and focus on top contributors

Cancer - Focused cross divisional Patient First A3 and Task & Finish group to be set up with aim of addressing issues within Endoscopy

RTT - Additional clinics for ENT and Gastroenterology are being set-up for longest waiting patients

DM01 - Regular meetings taking place to identify and resolve PPG endoscopy issues / Potential for additional Endoscopy insourcing (18 Week Support) secured for Quarter 1 / Scope independent sector capacity for Audiology

Risks

ED - System capacity; Operational capacity to enact change and improvements, competing priorities; Availability of funding for capital changes, and invest to save models

Cancer - LGI and UGI performance at risk due to delays within Endoscopy

RTT - The Trust is still unable to monitor ENT pathways at DVH due to data issues with the BI team (at DVH). Activity reports are being developed. Senior operational meetings are taking place to resolve the situation.

Next Steps

ED - Clarity on funding available as part of UEC Recovery Plan 2023, to best align projects in being able to access this; Agreement on organisational priorities for 2023/24, and alignment of service developments to these and the national planning guidance; Divisional and Organisational prioritisation for schemes best placed to provide flow/alternatives to ED/ admission avoidance/ / pathway discharge

Cancer - Focused cross divisional Patient First A3 and Task & Finish group to be set up with aim of addressing issues within Endoscopy

RTT - DVH ENT contract discussions need to take place at a senior level to progress access to RTT data

People

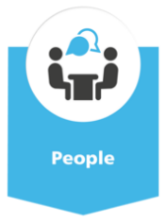


Leon Hinton
Chief People Officer

Operational Lead:
Dominika Kimber - *Deputy Director of HR & Organisational Development*

Committees:
People Committee





People

Ambition: To be the employer of choice and have the most highly engaged staff in the NHS



Workforce

National Staff Engagement Score

Type	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	6.93			6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63

True North Domain: | **People**

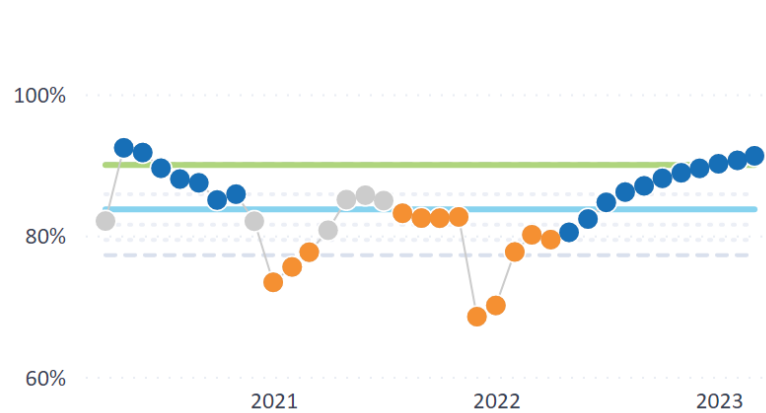
KPI Threshold: | 6.93

Sub Domain KPIs: | 14

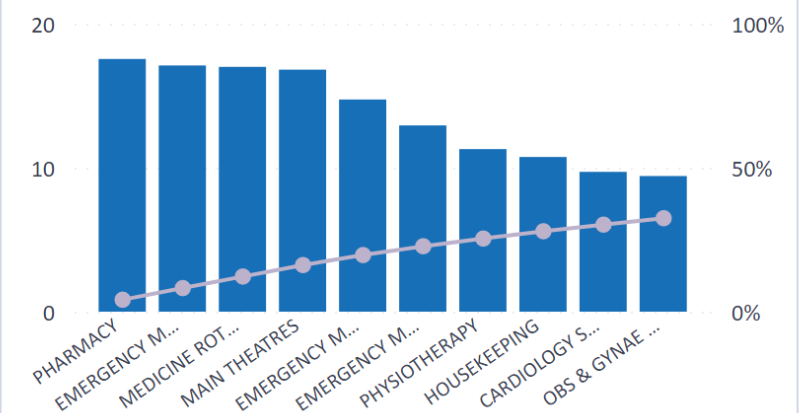
Variation Summary:



Staff Appraisal Rate % | Last 36 Months



Latest Month | Staff Not Appraised by Cost Centre (Top 10)



Key Messages

The Trust's True North objective is to be in the top 25% of Trusts nationally for staff engagement reported through the national staff survey.

Continuation of appraisal KPI breakthrough objective being met (>90%) and a further improvement to 91.3% (3 months being met, 6 required to meet business rules).

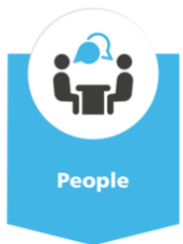
An appraisal quality audit remains in pilot.

Issues, Concerns & Gaps

- Capacity challenges, particularly through winter, remain an issue for front line teams;
- Quality of wellbeing conversation and appraisal is currently anecdotal and requires regular and objective audit to ensure a quality conversation is in place;
- Resilience of recording methodology under review between the CMO's office and Human Resources;
- Resources to ensure appraisal quality audit is carried out.

Actions & Improvements

- Local staff survey action plans due to be reported to May's People Committee.
- Enhanced appraisal rollout (wellbeing objectives) completed Q3 2022/23;
- Reporting improvements rolled out, completed Q3 2022/23;
- Driver meeting feedback ongoing for new issues;
- Audit methodology (assessing quality of appraisals) to be in place by Q2 2023/24;
- Particular focus across unplanned and integrated care division to meet 90% target).

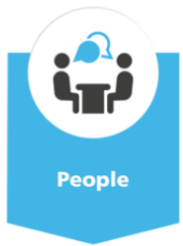


People

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
People	Workforce			National Staff Engagement Score	6.93			6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63	6.63
				Staff Appraisal Rate %	90.0%			79.4%	80.5%	82.3%	84.7%	86.2%	87.0%	88.1%	88.9%	89.5%	90.2%	90.6%	91.3%
				Staff in Post (FTE)	-			4,538.19	4,460.02	4,491.40	4,586.36	4,611.43	4,539.68	4,605.74	4,613.87	4,687.23	4,684.24	4,677.89	4,768.36
				Staff Leavers (FTE)	-			52.04	59.08	50.68	89.85	163.34	88.08	78.59	51.76	56.66	64.77	53.81	58.56
				Staff Starters (FTE)	-			73.53	65.35	63.95	39.24	190.18	82.31	113.06	80.43	46.69	93.05	71	86.72
				Vacancy Rate %	9.0%			9.0%	10.9%	10.3%	8.4%	7.9%	9.4%	8.1%	7.9%	6.6%	6.8%	6.7%	4.9%
				Voluntary Turnover %	8.0%			12.4%	12.7%	12.5%	12.8%	12.7%	13.0%	12.7%	12.3%	12.2%	12.7%	12.6%	12.1%
				Staff Fill Rate - Total %	85.0%			81.3%	83.1%	83.0%	79.9%	79.7%	84.3%	81.9%	83.7%	81.1%	81.3%	85.3%	85.5%
				Staff Fill Rate % (Total) - Registered Nurse	-			79.3%	83.0%	81.6%	78.5%	77.7%	82.1%	81.8%	82.0%	80.0%	78.8%	82.1%	82.8%
				Care Hours per Patient Day (CHPPD)	9.50			8.44	8.59	8.50	8.12	8.25	8.28	7.82	8.04	8.38	8.25	8.55	8.46
				Sickness Absence Rate - Total %	4.0%			4.9%	4.3%	4.6%	6.0%	4.5%	4.5%	5.1%	4.7%	5.7%	4.9%	4.7%	4.7%
				Sickness Absence Rate - Short Term %	2.0%			2.8%	2.2%	2.6%	3.7%	2.3%	2.5%	3.0%	2.5%	3.5%	2.5%	2.5%	2.6%
				Sickness Absence Rate - Long Term %	2.0%			2.1%	2.1%	2.0%	2.2%	2.2%	2.0%	2.0%	2.2%	2.3%	2.4%	2.2%	2.1%



People

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
People	Workforce			StatMan Training Compliance %	85.0%			85.0%	85.3%	85.0%	85.3%	85.9%	86.3%	86.3%	87.0%	87.2%	87.1%	86.8%	87.1%

Successful Deliverables

- Appraisal rate (patient first breakthrough objective) met for three successive months (>90%) and audit process remains in pilot;
- Vacancy rate continuing to improve (target met for five successive months) correlating with improvement to voluntary turnover and improved long-term sickness rate.
- Trust met the international nurse recruitment target for 2022 (NHSE) and achieved Veteran Healthcare Covenant Accreditation.

Next Steps

- First People Sub-Committee scheduled May 2023;
- Staff survey action plans to be reported to People Committee in May 2023 following engagement with the care groups and staff groups to develop local plans using patient first methodology;
- Appraisal process to be further augmented with health surveillance as part of health and wellbeing.

Opportunities

- Further development of our international recruitment across other clinical specialties;
- Task and finish group for line-by-line review of agency and long-term bank assignments to ensure recruitment plan in place and effectiveness review;
- Review of end-to-end recruitment process with a focus on employee experience and brand;
- First meeting of the anti-bullying and harassment group.

Next Steps

- Initial task and finish group for recruitment process – March 2023;
- Re-engagement with staff networks to support the Trust's anti-bullying and harassment commitment and actions

Identified Challenges

- Domestic skills shortage across all clinical professions continues dependency on international recruitment;
- Band 6 nursing, clinical support workers, radiographers, critical care consultants remain the highest vacancy levels;
- Profile indicates lower proportional diversity at senior levels;
- Staff engagement scores only collected annually (at representational levels of response);
- Effects of ongoing industrial action within Trust and the wider system on capacity.

Next Steps

- Continued international recruitment with NHSE support (through 2023/24);
- Anti-discrimination statement finalisation and publication (Q4, 2022/23)
- Workforce planning triangulation with activity, capacity and finance to meet the clinical strategy to ensure educational commissioning with HEIs (through 2023/24);
- Debriefing following March 2023 industrial action;
- Enactment of the EDI action plan in conjunction with staff networks.

Risks

- Capacity of occupational health (shortage of occupational health clinical staff) and impact to recruitment of hospital staff and retention (moderate but improving);
- Underutilisation of apprenticeship levy (moderate), although meeting headcount number, spend is lower than 100%. The Trust is supporting the Health and Care Partnership through sharing levy;
- Organisational capacity due to ongoing or prolonged industrial action. The Trust has completed and will monitor the impact assessment and effectiveness of its business continuity planning whilst liaising with unions

Next Steps

- Completing hires for occupational health appointments;
- Apprenticeship levy sharing conversations with the voluntary sectors across the Medway and Swale voluntary sector

Sustainability



Alan Davies
Chief Financial Officer

Operational Lead:
Paul Kimber - Deputy Chief Financial Officer

Committees:
Finance & Performance Committee
Audit & Risk Committee





Sustainability

Ambition: Living within our means providing high quality services through optimising the use of our resources



Financial Position

Breakeven Revenue Budget (£)

Type	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	£0			0.00m	0.00m	0.00m	0.00m	0.98m	2.46m	2.94m	4.08m	2.10m	1.76m	-4.53m	-3.75m

True North Domain: | **Sustainability**

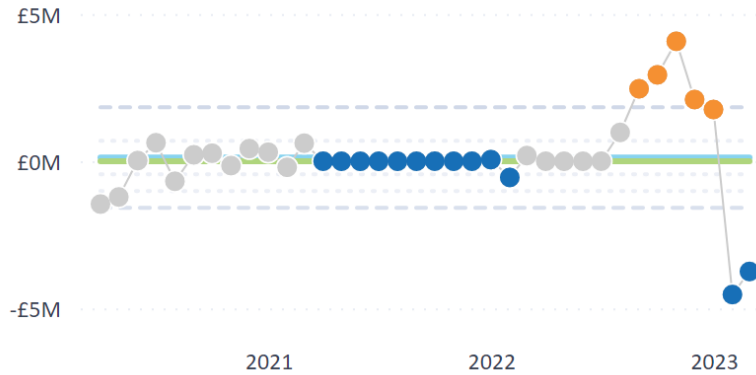
KPI Threshold: | £0

Sub Domain KPIs: | 13

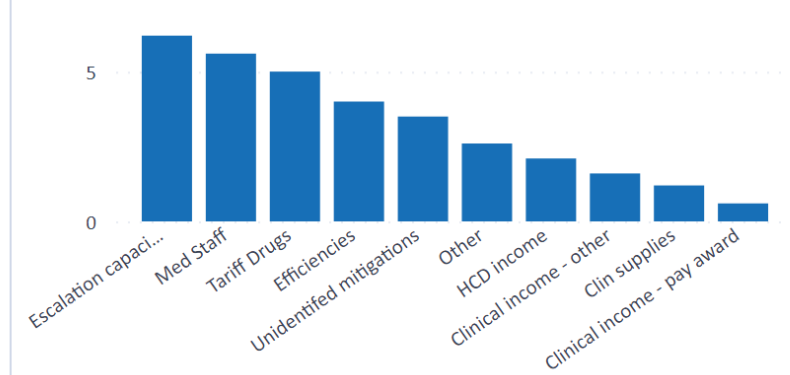
Variation Summary:



Breakeven Revenue Budget (£) | Last 36 Months



YTD Variance to Budget (£m) by I & E Category (Top 10)



Key Messages

The Trust's financial performance in month 12 was a surplus of £4.8m (£3.8m favourable to plan), with a YTD deficit of £6.0m (£6.0m adverse to the submitted plan), the position includes £9.0m of support funding from the ICB (including £4.5m received in March).

The adverse financial performance means that the Trust currently remains in SOF4.

Issues, Concerns & Gaps

The Trust delivered the agreed forecast outturn position of £6m deficit for the year, this is mainly supported by non-recurrent mitigations being released into the position.

The underlying overspending continued to be primarily driven by the unbudgeted cost of escalation capacity, overspendings on medical staff, drugs and clinical supplies and shortfall against efficiencies target, together with unidentified mitigations of £3.5m for the year (see graph above right). The impact from the strike action in March is an estimated cost of £0.3m with income of £0.5m.

Actions & Improvements

The 'control of overspending' breakthrough objective huddle continues to meet weekly. 'A3s' have been completed for 3 of the main overspending areas; medical staffing, medicines and clinical supplies, with a root cause analysis of the key drivers of the overspending identified, as well as countermeasures.

The Executive team continues to meet weekly to scrutinise vacancies, additional sessions, agency requests and increased controls have been implemented on discretionary non-pay. Services continue to identify efficiencies for 2023/24 with support from the Strategy & Transformation Team as well as Finance Business Partners.



Sustainability

KPI Scorecard



Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Sustainability	Financial Position			Breakeven Revenue Budget (£)	£0			0.00m	0.00m	0.00m	0.00m	0.98m	2.46m	2.94m	4.08m	2.10m	1.76m	-4.53m	-3.75m
				Agency Spend %	3.7%			3.3%	3.7%	2.6%	3.7%	3.5%	3.0%	3.1%	3.1%	2.8%	2.5%	3.5%	1.9%
				Bank Spend %	10.0%			14.0%	9.8%	16.6%	13.8%	13.4%	10.2%	11.9%	12.2%	11.2%	12.7%	11.5%	7.8%
				(Surplus) / Deficit (£)	£0			0.55m	0.45m	0.43m	0.21m	1.19m	1.65m	3.04m	4.18m	2.20m	1.76m	-4.63m	-4.85m
				Agency Spend (£)	-			0.67m	0.76m	0.52m	0.75m	0.77m	0.76m	0.71m	0.70m	0.63m	0.56m	0.78m	0.80m
				Income (£)	-			-31.59m	-33.15m	-31.95m	-32.48m	-32.62m	-35.65m	-32.64m	-33.03m	-34.20m	-34.37m	-39.66m	-60.70m
				Income (£) vs Budget	£0			0.34m	-1.31m	0.86m	-0.29m	-0.42m	-3.26m	-0.41m	-0.69m	-1.93m	-1.65m	-7.35m	-27.40m
				Total Pay Spend (£)	-			20.39m	20.25m	19.85m	20.09m	21.91m	25.22m	22.74m	22.74m	22.26m	22.69m	22.54m	42.47m
				Total Pay Spend (£) vs Budget	£0			-0.18m	-0.25m	-0.64m	-0.33m	1.49m	2.42m	2.28m	2.22m	1.78m	1.85m	2.02m	22.03m
				Total Non-Pay Spend (£)	-			10.07m	11.50m	10.77m	10.35m	10.03m	10.23m	11.19m	12.65m	12.32m	11.14m	10.99m	11.00m
				Total Non-Pay Spend (£) vs Budget	£0			-0.01m	1.56m	-0.08m	0.28m	-0.08m	3.32m	1.20m	2.61m	2.30m	1.13m	1.17m	1.11m
				Establishment WTE	-			4,870.10	4,722.18	4,989.22	4,934.96	4,935.05	4,911.91	4,952.63	5,017.52	5,001.50	4,999.98	5,102.29	5,227.19
				Establishment WTE vs Budget	0			-130.11	-296.99	-28.30	-87.63	-91.70	-111.65	-70.95	-5.15	-31.02	-38.51	68.30	192.45

Successful Deliverables

The level of expenditure in month 12 has increased significantly although this was primarily due to the accrued £8.2m non-consolidated pay award estimated cost, £10m for the 6.3% additional pension contribution and £1m Department of Health PPE stock issues; these costs were all offset with additional income agreed. There were further additional costs in March including £0.4m net impact from clinical excellence awards, and £0.3m temporary staff to cover the medical strike action.

Next Steps

Focus on the finalisation of budget setting and the efficiencies programme for 2023/24 and delivery of then 2023/24 operating plan.

Opportunities

The Trust expects to be in receipt of c£9m of capital monies with supporting revenue funding to convert and open additional ward capacity.

Next Steps

A project team is being stood up to progress the NHSE submission and deliver the project

Identified Challenges

The operating plan agreed with the ICB is for a £15m deficit based on 22/23 outturn. This excludes £2.7m for energy price increases, which is currently unfunded, although it is anticipated that additional funding for this will be forthcoming from NHSE.

The key challenge now faced by the Trust is the delivery of the 2023/24 operating/financial plan, as this includes significant risk to achieve the £15m deficit position, as well as a significant efficiency programme still being fully developed

Next Steps

Finalisation of the efficiencies programme, including the bed de-escalation programme. Deadline for finalisation of plans for the £14m Phase 1 of the efficiencies programme is 31/4. The additional stretch programme of £10-12m to get to the £15m plan is also being worked up, with outline plans also expected by 31/4. Finalise plans for delivery of the ERSF activity to achieve the income level included in the submitted plan.

Risks

The risks from 2022/23 will continue into the new financial year, as well as some new risks that have been identified. Some of the main risks include:

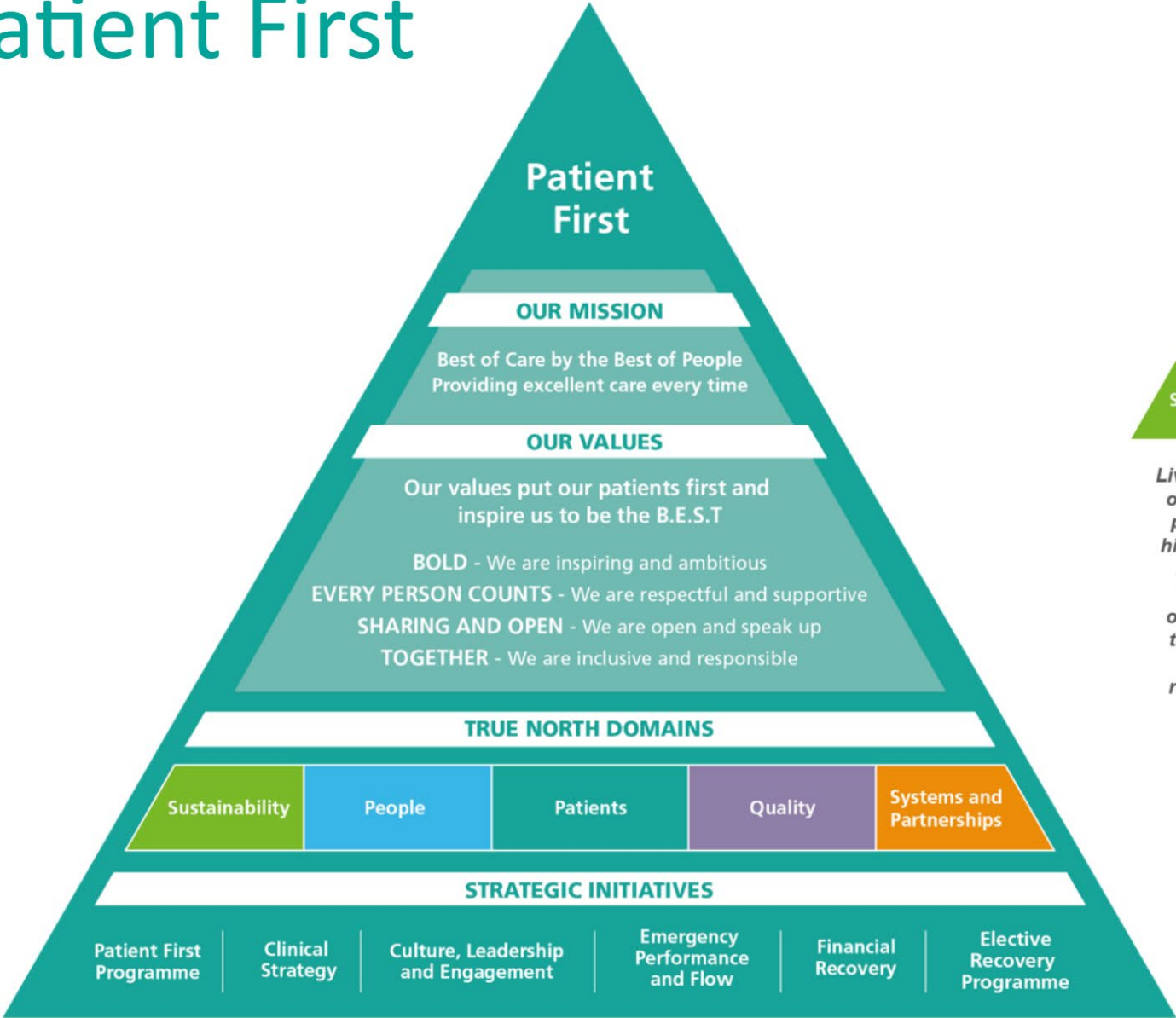
- Delivery of the bed de-escalation plan, virtual wards and Sheppey Ward.
- Full identification and delivery of the efficiency programme for 2023/24.
- Delivery of the Elective Services Recovery Fund activity as included in the activity and financial plans.
- Ongoing control of recruitment, agency spend, additional sessions, independent sector costs and non-pay.

Next Steps

Ongoing monitoring and reporting of risks through to Execs and FPPC.

Useful Information





Sustainability	People	Patients	Quality	Systems and Partnerships
<i>Living within our means providing high quality services through optimising the use of our resources</i>	<i>To be the employer of choice and have the most highly engaged staff within the NHS</i>	<i>Providing outstanding, compassionate care for our patients and their families, every time</i>	<i>Excellent outcomes ensuring no patient comes to harm and no patient dies who should not have</i>	<i>Delivering timely, appropriate access to acute care as part of a wider integrated care system</i>

Patient First - Guidance



Patient First - Metric Types

	True North Metric	<ul style="list-style-type: none"> The measures that form the whole focus of improvement with regards to Patient First
	Driver Metric	<ul style="list-style-type: none"> The measure you will choose to actively work on to 'drive' improvement. This is typically selected as areas that have the highest impact on True North domain.
	Watch Metric	<ul style="list-style-type: none"> Watch metrics will be monitored monthly We will watch for adverse trends (i.e. more than 4 months) in performance, at which time we may decide to actively work to improve it
	Breakthrough Objective	<ul style="list-style-type: none"> A metric that is targeted for significant improvement (30+%). It is selected on the evidence base of what will impact True North domain the most.

RAG Status & Thresholds

For every Key Performance Indicator, each monthly position is given a Red/Green status based on performance vs the relevant agreed threshold. If a threshold has not been set or is not required, then no Red/Green status will be applied to the monthly values and the threshold will show as -

Patient First - Business Rules

No.	Rule Description	Expected Actions
1	Driver is green for latest reporting period	Share success and move on
2	Driver is green for 6 reporting periods	<ul style="list-style-type: none"> Switch to watch metric Increase threshold
3	Driver is for red latest reporting period	Share top contributing reason and the amount this contributor impacts the metric
4	Driver is for red for 2 reporting periods	Produce countermeasure summary performance report
5	Watch is green for latest reporting period	Continue too maintain performance
6	Watch is a concern for latest reporting period	Share top contributing reason (e.g special / significant event)
7	Watch is red for 4 reporting periods	<ul style="list-style-type: none"> Switch to driver metric (replace existing driver metric and amend to a watch metric) Review Thresholds
8	Specific Watch is above or below 1 standard deviation in latest reporting month	Share top contributing reason (e.g special / significant event)

Patient First - Guidance



NHSI 'Plot the Dots' Guidance

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **Orange** indicates concerning **special cause variation** requiring action; **Blue** indicates where improvement appears to lie, and grey indicates no significant change (**common cause variation**).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A grey icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

Meeting of the Board of Directors in Public Wednesday, 10 May 2023

Title of Report	Business Planning 2023/24			Agenda Item	9
Author	Alan Davies, Chief Financial Officer Gail Arnold, Director of Delivery Paul Kimber, Deputy Chief Financial Officer				
Lead Executive Director	Alan Davies, Chief Financial Officer				
Executive Summary	This paper provides an update on progress with the Trust's planning process for 2023/4 and the current position against planning requirements. It builds on previous month's reports and highlights the timetable of submissions going forward and sets out the ambitious programme of work which will be required to meet the Trust's increased obligations in terms of activity and finance. Attention is drawn to the risks associated with delivery, key agreements upon which assumptions have been based and the timeline for delivery.				
Proposal and/or key recommendation:	The paper is provided to the Trust Board for assurance.				
Purpose of the report (tick box to indicate)	Assurance	X	Approval		
	Noting		Discussion		
(If appropriate) state reason for submission to Private section of Board:	Patient Confidentiality:	Staff Confidentiality:	Commercially Sensitive:	Exceptional Circumstances:	
Committee/Group at which the paper has been submitted:	Finance, Performance and Planning Committee – 27 April 2023				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability) X	Priority 2: (People) X	Priority 3: (Patients) X	Priority 4: (Quality) X	Priority 5: (Systems) X
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe: X	Effective: X	Caring: X	Responsive: X	Well-Led: X

Identified Risks, issues and mitigations:	See section 8.1; these include: delivery of elective activity; virtual wards income; non-elective activity pressures; unknown inflationary pressures; delivery of the efficiency programme; harmonisation of bank rates across the system; capital.	
Resource implications:	The paper sets out the proposed application of resources at the Trust in 2023/24.	
Sustainability and /or Public and patient engagement considerations:	The business plan will be a key driver of the Trust's ability to achieve financial sustainability.	
Integrated Impact assessment:	<p>Please tick the correct box and provide required information. Has the quality and equality assessment been undertaken?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable	
Legal and Regulatory implications:	The Trust has a statutory duty to breakeven, which it is not planning to achieve in 2023/24.	
Appendices:	Appendix 1 – Detailed bridge Appendix 2 – Planning benchmarking	
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act	
For further information or any enquires relating to this paper please contact:	Alan Davies Gail Arnold	
Reports require an assurance rating to guide the discussion:	No Assurance	There are significant gaps in assurance or actions
	Partial Assurance	X There are gaps in assurance
	Assurance	Assurance minor improvements needed.
	Significant Assurance	There are no gaps in assurance
	Not Applicable	No assurance required.

1 Executive Overview

- 1.1 This paper provides an update on progress with the Trust's planning process for 2023/4 and the current position against planning requirements. It builds on previous month's reports and highlights the timetable of submissions going forward and sets out the ambitious programme of work which will be required to meet the Trust's increased obligations in terms of activity and finance. Attention is drawn to the risks associated with delivery, key agreements upon which assumptions have been based and the timeline for delivery.

2 Overview

- 2.1 The Trust's planning for 2023/4 continues within an overall strategic narrative which reflects the Trust's Patient First priorities.

- 2.2 The national operating planning guidance was issued on 23rd December 2022; this was summarised at previous Committees. The Trust made its initial planning submission as a baseline position in full knowledge that this did not yet meet the national and local requirements and that a considerable amount of work was required in the following 6 weeks. Some informal feedback was received and further clarity provided. The final submission of our activity and capacity return was made on 16th March and the financial plan submitted on 30th March. Feedback has been received on this submission and the position of MFT within the context of the regional position.

- 2.3 In the meantime the Trust has continued to identify and work up programmes of delivery, progress supporting projects and identify additional schemes to bring into the plan.

- 2.4 It is essential that:

- The Trust can see consistent ownership of the plan and its baseline assumptions across divisions;
- There is a robust mechanism and governance in place for assessing, approving and signing off movements from the baseline position submitted;
- There is complete read across between activity, finance (including capital), quality, digital and workforce;
- Plans are rooted in Patient First both from a vision and culture and a methodology perspective;
- There are agreed metrics around impact against which performance will be measured;
- The Trust is satisfied that the plan results in delivery of the required performance standards set out in guidance nationally and locally.
- There is sign off on key enablers which have been assumed in working through activity and capacity, as listed below; these have been agreed by the Trust Executive team.
- Opening of additional theatre capacity – agreed trajectory for opening Theatre 5
- Ring-fencing of beds to protect them for elective surgical work – agreed trajectory for estates work and then opening of these beds
- Discharge lounge reinstated and protected – this has now re-opened
- Achievement of appropriate length of digital session access and single login – in work up stage
- Significant progress on EPR and tele-tracking (impact on discharges) – in work up stage
- Protected assessment areas – in work up stage
- The creation of a small Project Management Office (PMO) team to provide effective monitoring and reporting – in work up stage
- Sufficient project management capacity and capability to ensure implementation – in work up stage linked to PMO point above

- 2.5 Work continues to confirm the level of recurrent cost pressures included in baseline budgets to ensure there is clarity on the true level of financial impact for the Trust of any scheme. This work is anticipated to be completed by 28th April.
- 2.6 All potential opportunities need to remain on the table (no matter how feasible they feel) whilst consideration is given to certainty in identifying c. £18m of efficiencies, thereby allowing a margin for later start dates and slippage in year still allowing delivery of £14m. A further stretch list of projects has now been identified and work continues with the divisions to identify and work up contributory schemes.
- 2.7 Scoping work is beginning on a separate focus on the capture and coding of activity in the Trust which will look at themes highlighted from data packs, benchmarking and also other areas where what we know about the population of Medway does not seem to come through in Trust data. Some areas for improvement have already been identified and these will need to be assessed for any financial impact which will result from correctly capturing activity, e.g. diagnoses, POD, telephone clinics.
- 2.8 A deep dive is beginning into ensuring that all activity performed in the Trust results in an appropriate payment. Some areas have been identified where this may not be working optimally and these will be quickly pursued and rectified if necessary.
- 2.9 A separate piece of work has commenced to better understand the price and cost of activity and therefore the margins which can contribute to improving the overall financial position of MFT.

3 Capacity and Activity

- 3.1 The methodology for setting out capacity and activity within MFT has been described in previous papers.
- 3.2 The final activity submission has been made so this will not change. We will now be monitored against this submission for 2023/4.
- 3.3 Notable progress since the last meeting:
- The capacity and activity modelled has now been fully costed. It was anticipated that the modelled activity levels in previous submissions would equate to 104% in financial terms of 2019/20. We now know that the activity proposed should yield 114% in financial terms equating to c£5m more. A reserve had been created for the cost of this – therefore the degree to which this activity generates a margin will contribute towards closing the financial gap.
 - Work is ongoing to attach activity and financial values to the lists of stretch projects. This work is anticipated to be completed by 28th April.
 - Agreement has been reached with the ICB to fund MFT's bid for additional bed capacity using Ruby, Christina Rosetti and the IDT office area. This capacity will now be worked through and profiled in our activity plans.
 - An extension has been secured to the funding of the medically fit wards beyond Q1. This amounts to £2.5m benefit to our position.

4 Finance – income and expenditure

- 4.1 The Trust has been set a deficit target of no more than £15m for 2023/24. We have met this target with the exception of unfunded energy inflationary cost pressures of £2.7m, hence report a £17.7m deficit plan. We anticipate funding for this pressure may be forthcoming in the near future. Based on a deficit of £17.7m, this represents a reduction of £11.7m compared to the first draft submission of a £29.4m deficit.
- 4.2 The evolution of this position (and impact on the efficiency programme) is shown in the table below.

£'000	Deficit	Efficiencies
Draft (Feb) submission	(29,419)	14,000
Cancer drugs cost pressure removed	300	0
Stretch 1 - to reach £23m deficit	6,000	6,000
HCD expense - match to notified income	0	700
UIC check and challenge adjustments	99	0
Stretch 2 - to reach £17.7m deficit	5,300	5,300
Final (Mar) submission	(17,720)	26,000

- 4.3 The 2022/23 forecast outturn deficit of £6m does not reflect the underlying position of the Trust, which is significantly worse due to the non-recurrent mitigations applied (including balance sheet flexibilities), the value of top-up/support funding received and given the under performance against the contract baseline on a Payment by Results basis. The table below reconciles the reported position in each year back to the underlying performance. The non-recurrent plan mitigations for 2023/24 represents the increase in the efficiency programme and a high level assumption at this time that these will be non-recurrent. A detailed bridge is included in appendix 1.

£'000	2021/22	2022/23 (fcst)	2023/24 (plan)
Reported surplus/(deficit)	53	(6,150)	(17,720)
Adjust for:			
Capital donations/grants	(471)	150	144
DHSC consumables	496	-	-
Gains on disposal	-	-	-
Impairments	(78)	-	-
NHSE template measure	-	(6,000)	(17,576)
Non-recurrent plan mitigations		(12,942)	(12,000)
Non-recurrent funding (net)		(21,257)	(2,541)
Underlying deficit before further N/R	-	(40,199)	(32,117)

- 4.4 The cost pressures and financial risks essentially remain unchanged from the March reporting. However we note that:
- 4.4.1 The efficiencies risk has grown due to the inclusion of a further £12m of as yet unidentified schemes to deliver the £17.7m deficit.
- 4.4.2 A further £5m of income has been recognised for the Elective Services Recovery Fund (based on activity above) with corresponding £5m cost reserve created to deliver this.

- 4.5 Regional analysis of plans by NHSE shows a below average level of growth in whole time equivalents and pay spend since 2019/20. Compared to 19/20 our increase in pay ranks 27th in the Region and our increase in FTE ranks as 23rd.
- 4.6 From the further NHSE analysis on the 2023/24 operating plans, we note:
- 4.6.1 Our % deficit ranks 9th of 29 Trusts in the Region (4.3% compared to the Regional average of 3.2%).
 - 4.6.2 Our efficiency requirement at 5.9% is the highest in the Region, which has an average of 4.3%.
 - 4.6.3 Our planned increase in total spend next year of 1.5% ranks 25th (i.e. 5th lowest), and increase in pay spend 29th, i.e. lowest in the Region.

The detailed tables showing the above can be found in appendix 2.

5 Efficiencies

- 5.1 Total in-year opportunities identified currently are £18.3m (£23.8m Full Year), RAG rated for risk (as below) signifying their stage of development. There is a significant pipeline of opportunities that continue to be worked-up to further mitigate against delivery risks.

Progress since last month	Target	Total Savings Identified (Year)	In-Year Savings Identified	Remaining Gap	Budget Reduction/Income	Overspend Reduction	Ideal/Pipeline (G1)	Opportunity Scoping (G2)	Plans In Progress (G3)	Fully Developed (G4)	In Delivery
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
16-Feb-23	14,000	12,457	9,478	4,522	6,498	2,980	0	7,066	789	0	1,620
14-Apr-23	26,000	23,796	18,322	7,678	14,561	3,761	0	7,060	7,880	1,758	1,620
Movement	12,000	11,339	8,844	3,156	8,063	781	0	(6)	7,092	1,758	

- 5.2 Divisional and corporate opportunities have been scoped using benchmarking sources such as Model Hospital/Health System, GIRFT Reports, NHSEI Productivity Analysis, and existing insights from the recent work on variance analysis (using Patient First A3 approach), FRP, and known efficiencies, to identify key areas of focus for efficiency and productivity opportunities. The Divisions and Corporate functions are continuing to develop their individual bottom-up schemes. The key work streams/projects in the Efficiency Programme are made-up of key cross-cutting schemes and Divisional bottom-up schemes:

Patient Flow and Discharge/LOS	Planned care
Theatres Efficiencies	Unplanned Care
Outpatients Efficiencies	Estates and Facilities
Workforce Productivity (Medical/Nursing/AHP/Ops/Admin/Corporate)	Corporate
Medicines Management	Central
Procurement	
Income	
IT and Digital Health	
ICS projects	

- 5.3 The additional pipeline of opportunities that continue to be worked on to further mitigate against delivery risks include:

- 5.3.1 Income gain from LOS reduction below trim-point earning higher tariff.
- 5.3.2 Divisional bottom-up schemes – Planned and Unplanned Care pipeline of schemes being worked-up.
- 5.3.3 Estates and Facilities – further schemes such as additional car parking income, energy efficiency.

- 5.3.4 Corporate – further schemes being worked-up.
 - 5.3.5 IT and Digital Health – further schemes being worked-up.
 - 5.3.6 Stretch targets for LOS reduction, Theatres, Outpatients and Workforce.
 - 5.3.7 ICS schemes – list of schemes being worked through to ensure we avoid any double-counts.
- 5.4 Specifically there remain further opportunities as follows:
- 5.4.1 Additional elective work e.g. by creating additional capacity which generates further income and could include repatriation to the Trust of previously outsourced work.
 - 5.4.2 Stretch/over delivery against efficiency plans.
 - 5.4.3 Impact of the digital bed management/tele-tracking case.
 - 5.4.4 Endoscopy expansion.
 - 5.4.5 Suppress cost inflation below reserved levels.
 - 5.4.6 System transformation efficiencies.
 - 5.4.7 Move to the community of medically fit wards, reducing revenue costs.
 - 5.4.8 Bid for additional funding for virtual wards.
 - 5.4.9 Seek additional funding for financial impact of unavoidable inflationary uplifts.
- 5.5 The current status of completion of project Workbooks for cross-cutting themes is summarised below. The RAG status indicates the stage of completion and remaining work to be done to meet project governance standards. These are on a trajectory for consideration at Efficiencies Approval Panel in early May.

Workbook Completion Status Detail Path to Green



The current status of completion of project Workbooks containing the detailed signed off plans ready for Approval Panel is shown in the following 2 slides. The RAG status indicates the stage of completion and remaining work to be done to meet project governance standards.

Not started/ Early stages	In Progress/ Progressing at pace	Completed/ Near Completion	Total
Financial scoping and analysis requiring operational plans to refine	Operational plans in development	Fully developed and signed off plans through governance	
5	7	2	14
36%	50%	14%	100%

The workbooks require completion of the following 11 key details before they are ready for Approval Panel:

Project Brief	Summary A3	Finance Profile	Activity Profile	Milestones	KPIs	Risk Register	Issues Log	Interdependencies	Communications Plan	IIA
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- 5.6 A further detailed report on the efficiencies programme was considered at the EDG meeting on 20/4/23. Work to complete the cross-cutting schemes documentation and quantification is due by 28th April.

6 Capital

- 6.1 The Trust has been given a capital resource allocation from the ICB for 2023/24 of £12.4m. In addition to this there are £18.2m of externally funded schemes (e.g. via public dividend capital) programmed for the year.
- 6.2 A draft capital programme for 23/24 was presented to the Executive Team in March but with agreement that full details would come back for final review and agreement. This will include those schemes deemed high risk but currently above the affordability of the allocation.
- 6.3 A full list of capital priorities will be updated following finalisation of the 2022/23 closedown/annual accounts preparation, including for any schemes slipped in to 2023/24 or that have been brought forward into 2022/23, with risk ratings and prioritisation scores for each scheme.
- 6.4 The list will be updated to reflect operational conditions, including:
 - 6.4.1 Reopening of Theatre 5 in line with the elective recovery plan.
 - 6.4.2 Incorporating additional schemes (to be funded nationally) for additional bed capacity, as follows:
 - a) Ruby ward (KMPT vacating by July) £2.5m
 - b) Conversion of IDT offices to ward £2.7m
 - c) Christina Rosetti conversion to Cath lab and beds £2.7m
 - 6.4.3 Endoscopy Business Case and implications for 2023/24 programme
 - 6.4.4 Finalise plans for CDCs and incorporate in to Trust Governance process
 - 6.4.5 Provide assurance on fire safety schemes in terms of mitigating key risks.
- 6.5 A full timeline for all projects, including timescale sign off of PIDs/business cases at Investment Group/FPPC, will be requested.
 - 6.5.1 The current list of internally funded capital projects is as follows:

Commitments	£'000
Prior Year Externally Funded	7,743
Internally funded to complete	2,800
Committed funds	10,543
Uncommitted funded, currently distributed to Project staffing & Fire urgency	1,872

TRUST/ ICB Priority Score	Project Name	Risk Register Rating	23/24 Estimated Cost	Deferred Value	PY EXTERNALLY FUNDED	To complete	Comments
5	MRI Enabling	25	1,800		Y	Y	22/23 NHSE funded replacement - Vested March 23
5	Additional Endoscopy Rooms	16	2,225		Y	Y	NHSE Business Case- In progress, equipment ordered
5	X-ray installation & enabling works (2 rooms)	20	500		Y	Y	21/22 NHS funded replacement - Vested March 22
5	Cyber Security	15	50		N	Y	In progress priority project- cost to complete
5	Edge Network Provision	15	100		N	Y	In progress priority project- cost to complete
5	Electronic Patient Record (EPR)	15	800		Y	Y	NHSE & Trust funded long term project in progress
5	Gamma Camera replacement & installation	16	2,000		Y	N	22/23 ICS funded replacement - Camera 32 years old
5	Harvey Ward	9	500		N	Y	In progress priority project- cost to complete
5	Fire Urgency Works	15	1,322	3,353	N	N	FIRE PRIORITY - Bfwd year on year until complete
5	Legionella works: TMV replacement with TMT	0	100		N	Y	In progress priority project- cost to complete
5	PAS Upgrade 2-way PDS/CU5	12	70		N	Y	In progress priority project- cost to complete
5	Courtyard Lifts	15	1,480		N	Y	In progress priority project- cost to complete
5	Safersleep	0	10		Y	Y	21/22 NHSE funded - cost to complete
5	Teletracking	15	100		Y	Y	22/23 NHSE funded - cost to complete
5	PACS/RIS	0	82		Y	Y	22/23 NHSE funded - cost to complete
5	Postgraduate refurbishment	N/A	226		Y	N	22/23 HEE revenue funded - to honour income
5	Capital Projects Team (ESTATES)	0	400		N	N/A	Staffing costs of all projects
5	Capital Projects Team (IT)	0	150		N	N/A	Staffing costs of all projects
5	Pharmacy Robot Replacement - Equipment & Enabling	16	500		N	Y	In progress priority project- cost to complete
2023/24 Capital Plan proposal			12,415	3,353			

7 Workforce

- 7.1 The Trust's People Strategy details the delivery plans to support the organisation to achieve its strategic objectives; not only 'our people' objectives, but clinical, quality and financial too. The Trust is currently developing its clinical strategy as part of the Trust's strategy framework and builds upon the delivered progress from the existing People Strategy (2019 to 2022) and has been developed alongside the counterpart quality, clinical and finance strategies. The workforce plan is a product of the delivery plans of the strategies in order to provide a Trust approach to workforce, clinical and quality challenges faced by the organisation and has been refreshed to triangulate the delivery of the clinical directorate's key priorities for the forthcoming year, service changes, transformative changes and workforce plans.
- 7.2 The numerical workforce plan, as part of the operational plan, is based on the triangulated demand of skills and competencies as a result of capacity planning by specialities to meet the patient demand, investigate productivity opportunities and translate into capacity. Gap analysis of skills and competencies for future workforce demand is used to determine our education commissioning (of specific roles and new roles); training plans to equip existing workforce with additional skills; and recruitment plans for the future. The workforce plans are local, live documents that are used to monitor progress against plan.
- 7.3 Plans for 2023/24 reflect the transfer of vascular services to East Kent Hospitals NHS Foundation Trust together with the impact of virtual wards and community diagnostic centres. There is a strong pipeline of nursing recruitment.
- 7.4 The critical care consultant roles at the Trust are proving difficult to recruit to at this time, however the Trust has managed to successfully recruit to ENT and neurology consultants which were risk areas for 2022.

- 7.5 Staff retention remains a key cornerstone of the workforce plan and ties back to one of the primary drivers of deficit in the Financial Recovery Plan. We are partners with the ICB in taking forwards its programme of work in this area, which builds on the Trust’s own “spirit of Medway” conversations, exit interview and “stay” conversations.
- 7.6 Over the last six years, the Trust has seen a dramatic shift in its temporary staffing profile with over a 78% reduction in its average monthly agency spend. The last two years during Covid has seen the Trust expenditure on temporary increase due to additional capacity being opened, however through Q3 2022/23, temporary staffing returned to pre-Covid levels. The Trust is currently spending c2.8% of its pay on agency staffing; the national target for 2023/24 is 3.5%. Across the ICB the Trust has some of the lowest bank rates and hence harmonisation of these at system-level could present a financial risk.

8 Risks, opportunities and mitigations

8.1 They key risks are:

- 8.1.1 Delivery of the elective activity could prove to be challenging given the capacity constraints at the hospital. This could risk the level of ERF funding currently estimated to achieve 112%. Similarly, if the costs of delivering that activity prove to be higher than have been budgeted, e.g. through a need to outsource or use of high cost agency, then the contribution could be adversely impacted.
- 8.1.2 Delivery of the efficiency programme will continue to be a risk; the target is significantly greater than that delivered in 2022/23, against a backdrop of a below average cost per WAU, below system average WTE growth and below system and national average real terms cost growth.
- 8.1.3 Continued activity pressures could give rise to escalation capacity requiring to be opened for longer than budgeted.
- 8.1.4 The system is proposing harmonisation of bank rates – this would give rise to an estimated cost pressure of £2-3m at the Trust due to us having lower rates than other organisations. We would seek for this to be funded by the system if we were to harmonise our rates upwards under this directive.
- 8.1.5 Virtual wards income and expenditure of £1.3m has been included on the basis of notification from the ICB; originally the funding was planned to be derived from the HCP growth monies (£1.7m) together with £1.7m of matched funding from the ICB (via national monies). The HCP must therefore revisit its plans to identify operational plans to deliver within the new funding envelope.
- 8.1.6 Unknown inflationary pressures could give rise to expenditure exceeding the baseline budgets and associated inflation reserve.
- 8.1.7 From a capital perspective, the risk of not securing additional funding/resource allocation could put pressure on the internal programme and/or require the deferral of high priority capital projects into later years.

8.2 The key opportunities are:

- 8.2.1 Subject to funding agreements for the endoscopy expansion, the inclusion of income and expenditure for this service development could give rise to a positive financial contribution.
- 8.2.2 No costs or cash releasing benefits from the digital bed management system have been included at this time. The business case has been approved at the Trust’s Finance, Performance and Planning Committee and is due to be considered/ratified by the Trust Board on 29th March. There should be further benefits from EPR implementation that have yet to be worked through.

- 8.2.3 Subject to national allocations and local agreements thereon, there may be the following opportunities materialising:
- H2 funding of Ruby ward (20 beds); whilst this would create additional capacity, there would be an incremental cost impact, unless alternative capacity could be closed behind it; the impact of this is yet to be defined.
 - H1 funding of two medically fit wards (40 beds) totalling £2.3m before those wards transfer to Amhurst. The costs of these wards are by and large included within current baselines.
- 8.2.4 Income benefits from counting & coding review
- 8.2.5 Extend scope of workforce productivity review to all specialties/care groups (currently focussed on 3 care groups/4 specialties – with key focus on identifying root causes of loss in productivity since 19/20 and taking countermeasures to improve (Patient First approach)
- 8.2.6 Review of commercial opportunities
- 8.2.7 Review of rota management systems for medical staff
- 8.2.8 Further review of balance sheet flexibilities (although mainly released in 22/23)

8.3 The further “difficult decisions” that the Trust may need to consider in order to bring the deficit down to £15m may include:

- 8.3.1 Hold no contingency reserve and utilisation of uncommitted non-pay inflation reserve
- 8.3.2 Close escalation capacity (although operational/clinical risk and potential double count against efficiency schemes)
- 8.3.3 Cease outsourcing/additional sessions, although the knock on impact on elective income and performance would need to be understood and agreed
- 8.3.4 Cease or significantly reduce additional sessions (as outcome of capacity planning and and job planning review)
- 8.3.5 Review agreed service developments
- 8.3.6 Review of all contracts, with focus on stopping loss making services
- 8.3.7 The Trust will continue with the enhanced controls implemented in 22/23, including weekly Exec VCP and review of additional sessions.

9 Conclusion and Next Steps

- 9.1 Work will continue into May to identify further opportunities to reduce costs, increase income and deliver the full efficiency programme. PIDs continue to be worked up on the pipeline of identified opportunities. A schedule showing the timeline for these to be considered at the approval panel is being compiled.
- 9.2 We anticipate a national finance resubmission will be required in due course and are awaiting further information.
- 9.3 Work is ongoing to determine the split between budget out efficiency and run rate.

Appendix 1 – Detailed bridge

MFT Bridge 22/23 FOT to Underlying Plan 23/24		£'000	£'000
Forecast outturn 2022/23			(6,000)
Non-recurrent accounting adjustments (£8m planned):			
- Annual leave accrual	(4,432)		
- GRNI	(1,629)		
- Other accruals	(1,516)		
- Bad debt provisions	(800)		
- NHS Prop Co.	(500)		
- Income credit notes and similar	(1,154)		
- Other	(123)		
Sub-total			(10,154)
Other non-recurrent adjustments:			
- Enhanced control mitigations	(1,558)		
- Discharge/winter funding	(1,812)		
- Risk management	582		
Sub-total			(2,788)
ERF:			
- Income	(9,946)		
- Expenditure	7,351		
Sub-total			(2,596)
Covid:			
- Income	(8,426)		
- Expenditure	1,776		
Sub-total			(6,650)
Other:			
- NHSE ERF Additional Income	(825)		
- Minster Ward Income	(525)		
- Minster Ward Cost	270		
- NHSE Ockenden	(45)		
- NHSE NEL Additional Support	(74)		
- CMDU	(390)		
- Financial Support Funding	(9,000)		
- Prior year benefit	(591)		
- Non recurrent support 22/23	(1,000)		
- Discharge funding	(2,498)		
- Costs assoc with discharge funding	2,159		
- Capital revenue support	(249)		
- RSP funding (growth money so no cost against it)	(135)		
- RSP Funding	(207)		
- 2nd MRI Scanner	198		
- 2nd MRI Scanner	300		
- CMDU	118		
- CMDU	272		
- Patient First - KPMG	1,073		
- Patient First - KPMG	(1,147)		
- Removing one-off Oxipalatin cost pressure	300		
- NHSE Excess Treatment (Clinical Trials)	(14)		
Sub-total			(12,011)
Underlying financial performance surplus/(deficit) outturn year			(40,199)

MFT Bridge 22/23 FOT to Underlying Plan 23/24		£'000	£'000
2023/24 Bridging items			
- Covid Income		2,541	
- CDH Income		9,977	
- CDH Costs		(9,977)	
- Ockenden additional income		143	
- Ockenden additional cost		(143)	
- Minster Ward income		1,283	
- Minster Ward costs		(1,283)	
- Vascular Income		(3,415)	
- Vascular stranded costs		1,415	
- Vascular costs		1,759	
- Public Health Baseline reduction		(375)	
- Income inflation		9,547	
- Tariff efficiencies		(3,621)	
- Remove N.I. Increase		2,474	
- Social care levy reduction		582	
- Depn / Divis		(129)	
- Excluded devices (other income)		(973)	
- ERF Income		15,891	
- ERF Costs		(15,891)	
- Inflation Pay		(4,937)	
- Energy inflation		(2,700)	
- Inflation Non-pay		(3,967)	
- Contingency		(1,525)	
- balance		(53)	
- Efficiencies		26,000	
Sub-total			22,623
Adjusted financial performance surplus/(deficit) planning year			
			(17,576)
Efficiency forecast		(12,000)	
Covid Income		(2,541)	
ERF Income		(15,891)	
ERF cost		15,891	
Sub-total			(14,541)
Underlying financial performance surplus/(deficit) planning year			
			(32,117)

Appendix 2 – Planning benchmarking

Provider	M12 19/20 WTE	22/23 Total WTE	23/24 Total WTE Average - final	19/20 to 23/24 Final growth %	22/23 to 23/24 growth WTE	22/23 to 23/24 growth %
Berkshire Healthcare	4,213	4,729	4,679	11.1%	(50)	-1.1%
Buckinghamshire Healthcare	5,863	6,621	6,576	12.2%	(45)	-0.7%
Oxford Health	5,505	6,638	6,388	16.0%	(250)	-3.8%
Oxford University Hosp	13,036	13,926	13,940	6.9%	14	0.1%
Royal Berkshire	5,341	6,130	6,188	15.9%	58	0.9%
Frimley Health	9,684	11,302	11,093	14.6%	(209)	-1.8%
Hampshire Hospitals	6,514	7,581	7,427	14.0%	(154)	-2.0%
Isle of Wight NHS Trust	3,093	3,982	4,021	30.0%	39	1.0%
Portsmouth Hospitals Uni	7,526	8,534	8,047	6.9%	(487)	-5.7%
Solent NHS Trust	3,255	3,920	4,013	23.3%	93	2.4%
South Central Ambulance	3,937	4,324	4,374	11.1%	49	1.1%
Southern Health	5,671	6,483	6,597	16.3%	114	1.8%
Uni Hospital Southampton	10,812	13,275	13,267	22.7%	(9)	-0.1%
Dartford & Gravesham	3,428	4,415	4,395	28.2%	(20)	-0.5%
East Kent Hospitals Uni	8,302	9,963	9,914	19.4%	(49)	-0.5%
Kent & Medway Social Care	3,503	3,816	3,833	9.4%	17	0.5%
Kent Community Health	4,560	4,768	4,776	4.7%	8	0.2%
Maidstone & Tunbr. Wells	6,256	7,469	7,332	17.2%	(136)	-1.8%
Medway	4,645	5,010	5,071	9.2%	61	1.2%
Ashford & St Peter's Hosp	4,472	4,590	4,578	2.4%	(12)	-0.3%
Royal Surrey	4,629	4,918	4,924	6.4%	6	0.1%
South East Coast Ambulance	3,979	4,327	4,459	12.1%	132	3.1%
Surrey & Borders Part.	2,964	3,517	3,655	23.3%	138	3.9%
Surrey & Sussex Healthc.	4,833	5,418	5,363	11.0%	(55)	-1.0%
East Sussex Healthcare	7,058	7,704	7,743	9.7%	39	0.5%
Queen Victoria Hospital	1,004	1,061	1,065	6.0%	4	0.4%
Sussex Community	4,269	4,891	4,848	13.6%	(44)	-0.9%
Sussex Partnership	5,124	6,245	6,246	21.9%	1	0.0%
Uni Hospitals Sussex	15,474	16,199	16,084	3.9%	(115)	-0.7%
Total	168,948	191,758	190,896	13.0%	(861)	-0.4%

Provider	19/20 Actual £000	22/23 FOT £000	23/24 Final Plan £000	23/24 Final - 22/23 FOT Var £000	23/24 Final - 22/23 FOT Var %	23/24 - 19/20 Var %
Berkshire Healthcare	196,572	241,116	255,843	14,726	6.1%	30.2%
Buckinghamshire Healthcare	284,561	347,730	354,323	6,593	1.9%	24.5%
Oxford Health	263,076	353,418	346,883	(6,535)	-1.8%	31.9%
Oxford University Hosp	705,115	824,550	840,257	15,707	1.9%	19.2%
Royal Berkshire	266,139	329,265	332,620	3,355	1.0%	25.0%
Frimley Health	471,528	592,107	586,024	(6,083)	-1.0%	24.3%
Hampshire Hospitals	314,759	391,136	398,940	7,804	2.0%	26.7%
Isle of Wight NHS Trust	150,704	202,152	203,521	1,369	0.7%	35.0%
Portsmouth Hospitals Uni	363,506	445,722	441,519	(4,203)	-0.9%	21.5%
Solent NHS Trust	137,558	182,438	190,600	8,162	4.5%	38.6%
South Central Ambulance	156,271	201,317	212,489	11,172	5.5%	36.0%
Southern Health	247,627	317,119	335,761	18,642	5.9%	35.6%
Uni Hospital Southampton	531,629	667,572	700,815	33,243	5.0%	31.8%
Dartford & Gravesham	174,587	234,392	237,579	3,187	1.4%	36.1%
East Kent Hospitals Uni	452,317	607,285	603,272	(4,013)	-0.7%	33.4%
Kent & Medway Social Care	150,318	183,530	187,272	3,743	2.0%	24.6%
Kent Community Health	177,527	202,041	213,814	11,773	5.8%	20.4%
Maidstone & Tunbr. Wells	299,931	395,814	402,906	7,092	1.8%	34.3%
Medway	216,428	262,505	256,731	(5,774)	-2.2%	18.6%
Ashford & St Peter's Hosp	214,932	263,132	267,020	3,888	1.5%	24.2%
Royal Surrey	247,224	291,324	291,960	636	0.2%	18.1%
South East Coast Ambulance	176,092	219,473	222,315	2,842	1.3%	26.2%
Surrey & Borders Part.	138,821	190,610	200,983	10,373	5.4%	44.8%
Surrey & Sussex Healthc.	240,287	294,103	298,784	4,681	1.6%	24.3%
East Sussex Healthcare	316,865	371,598	399,471	27,873	7.5%	26.1%
Queen Victoria Hospital	52,892	59,147	60,500	1,353	2.3%	14.4%
Sussex Community	183,806	224,004	230,845	6,841	3.1%	25.6%
Sussex Partnership	227,963	313,577	322,989	9,412	3.0%	41.7%
Uni Hospitals Sussex	748,226	875,680	911,855	36,175	4.1%	21.9%
SOUTH EAST (Total/average)	8,107,261	10,083,858	10,307,891	224,033	2.2%	27.1%

Provider	System	Provider Plan £000	Provider Plan As A % Of Total Income	Provider Efficiency %
Surrey & Sussex Healthc.	Surrey Heartlands H&C	(41,698)	-10.0%	5.0%
Isle of Wight NHS Trust	Hampshire & Isle Of Wight	(26,007)	-9.2%	4.8%
East Kent Hospitals Uni	Kent & Medway	(72,486)	-8.4%	4.1%
Ashford & St Peter's Hosp	Surrey Heartlands H&C	(27,515)	-6.9%	4.8%
Surrey & Borders Part.	Surrey Heartlands H&C	(18,900)	-5.7%	5.1%
Hampshire Hospitals	Hampshire & Isle Of Wight	(29,907)	-5.2%	4.5%
Buckinghamshire Healthcare	Bucks, Oxfordsh & Berksh W	(28,938)	-5.1%	5.0%
South Central Ambulance	Hampshire & Isle Of Wight	(16,414)	-4.9%	3.6%
Medway	Kent & Medway	(17,576)	-4.3%	5.9%
Royal Berkshire	Bucks, Oxfordsh & Berksh W	(23,000)	-4.1%	2.5%
Portsmouth Hospitals Uni	Hampshire & Isle Of Wight	(31,224)	-4.0%	5.8%
Sussex Partnership	Sussex H&C Partnership	(18,145)	-3.7%	4.5%
Solent NHS Trust	Hampshire & Isle Of Wight	(8,461)	-3.4%	5.5%
East Sussex Healthcare	Sussex H&C Partnership	(16,749)	-2.9%	4.6%
Uni Hospital Southampton	Hampshire & Isle Of Wight	(35,000)	-2.8%	4.5%
Oxford University Hosp	Bucks, Oxfordsh & Berksh W	(29,766)	-2.0%	4.1%
Maidstone & Tunbr. Wells	Kent & Medway	(12,900)	-1.9%	4.3%
Frimley Health	Frimley Health & Care	(17,500)	-1.9%	3.4%
Uni Hospitals Sussex	Sussex H&C Partnership	(24,860)	-1.8%	4.0%
Dartford & Gravesham	Kent & Medway	(7,000)	-1.8%	3.7%
South East Coast Ambulance	Surrey Heartlands H&C	(4,530)	-1.5%	2.8%
Kent Community Health	Kent & Medway	(2,260)	-0.8%	4.6%
Berkshire Healthcare	Bucks, Oxfordsh & Berksh W	(2,051)	-0.6%	3.4%
Royal Surrey	Surrey Heartlands H&C	(2,800)	-0.6%	3.9%
Oxford Health	Bucks, Oxfordsh & Berksh W	(2,859)	-0.5%	2.7%
Kent & Medway Social Care	Kent & Medway	0	0.0%	4.3%
Queen Victoria Hospital	Sussex H&C Partnership	0	0.0%	5.5%
Southern Health	Hampshire & Isle Of Wight	0	0.0%	4.2%
Sussex Community	Sussex H&C Partnership	0	0.0%	4.4%
Total		(518,546)	-3.2%	4.3%

Organisation Name	23/24 Plan £000	22/23 M01-M10 Extrapolated £000	Expenditure Change £000	Expenditure Change %
Berkshire Healthcare NHS Foundation Trust	339,761	319,613	20,148	6.3%
Buckinghamshire Healthcare NHS Trust	572,511	562,016	10,495	1.9%
Oxford Health NHS Foundation Trust	579,096	578,033	1,063	0.2%
Oxford University Hospitals NHS Foundation Trust	1,467,120	1,415,125	51,995	3.7%
Royal Berkshire NHS Foundation Trust	574,999	553,890	21,109	3.8%
Frimley Health NHS Foundation Trust	952,342	948,221	4,121	0.4%
Hampshire Hospitals NHS Foundation Trust	603,102	584,662	18,440	3.2%
Isle of Wight NHS Trust	304,274	290,465	13,809	4.8%
Portsmouth Hospitals University NHS Trust	781,400	763,577	17,823	2.3%
Solent NHS Trust	255,526	247,949	7,577	3.1%
South Central Ambulance Service NHS Foundation Trust	346,727	328,544	18,183	5.5%
Southern Health NHS Foundation Trust	435,375	415,405	19,970	4.8%
University Hospital Southampton NHS Foundation Trust	1,259,039	1,200,769	58,270	4.9%
Dartford and Gravesham NHS Trust	383,259	365,561	17,698	4.8%
East Kent Hospitals University NHS Foundation Trust	927,887	900,631	27,256	3.0%
Kent and Medway NHS and Social Care Partnership Trust	243,056	237,670	5,386	2.3%
Kent Community Health NHS Foundation Trust	286,131	274,198	11,933	4.4%
Maidstone and Tunbridge Wells NHS Trust	671,304	629,822	41,482	6.6%
Medway NHS Foundation Trust	415,892	409,776	6,116	1.5%
Ashford and St Peter's Hospitals NHS Foundation Trust	418,681	413,161	5,520	1.3%
Royal Surrey NHS Foundation Trust	504,252	496,987	7,265	1.5%
South East Coast Ambulance Service NHS Foundation Trust	314,389	304,336	10,053	3.3%
Surrey and Borders Partnership NHS Foundation Trust	346,852	331,592	15,260	4.6%
Surrey and Sussex Healthcare NHS Trust	453,532	443,057	10,475	2.4%
East Sussex Healthcare NHS Trust	593,318	581,581	11,737	2.0%
Queen Victoria Hospital NHS Foundation Trust	94,160	91,969	2,191	2.4%
Sussex Community NHS Foundation Trust	304,764	297,983	6,781	2.3%
Sussex Partnership NHS Foundation Trust	499,775	499,787	(12)	0.0%
University Hospitals Sussex NHS Foundation Trust	1,489,982	1,344,451	145,531	10.8%
Total	16,418,506	15,830,831	587,675	3.6%

Meeting of the Trust Board

Wednesday, 10 May 2023

Title of Report	Green Plan (update)			Agenda Item	10
Author	Louise Stewart, Sustainability and Business Performance Manager Adrian Stolton, Estates and Facilities Compliance and Performance Manager				
Lead Executive Director	Alan Davies, Chief Financial Officer				
Executive Summary	<p>The Greener NHS National Programme published its new strategy, 'Delivering a Net Zero NHS' in October 2020. The report sets out trajectories and actions for the NHS to reach net zero carbon emissions by 2040 for the emissions it controls directly, (Carbon Footprint targets) and 2045 for those it can only influence such as those embedded within the supply chain, (Carbon Footprint Plus targets).</p> <p>The Trust's formal Green Plan first issued during 2020-21 provides an organisation-wide strategy that outlines the Trust's plan of action necessary to achieve the targets within the Greener NHS Net Zero Programme.</p> <p>This report summarises and reports upon progress to date and recommends the establishment of a Strategic Sustainability Committee.</p>				
Proposal and/or key recommendation:	The Trust Board is asked to note the contents of this report.				
Purpose of the report (tick box to indicate)	Assurance	X	Approval		
	Noting		Discussion		
(If appropriate) state reason for submission to Private section of Board:	Patient Confidentiality:	Staff Confidentiality:	Commercially Sensitive:	Exceptional Circumstances:	
Committee/Group at which the paper has been submitted:	N/a				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability) ✓	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	Priority 5: (Systems)
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe:	Effective: ✓	Caring:	Responsive:	Well-Led: ✓

Identified Risks, issues and mitigations:																
Resource implications:	N/a															
Sustainability and /or Public and patient engagement considerations:	This paper relates directly to the delivery of the Green Plan.															
Integrated Impact assessment:	<p>Please tick the correct box and provide required information. Has the quality and equality assessment been undertaken?</p> <p><input type="checkbox"/> Yes (<i>please attach the action plan to this paper</i>) <input checked="" type="checkbox"/> Not applicable (<i>please indicate why an equality assessment was not required</i>)</p>															
Legal and Regulatory implications:	The National Greener NHS Programme requires each NHS Trust to publish a Green Plan. NHS net zero targets are embedded into legislation as statutory guidance															
Appendices:																
Freedom of Information (FOI) status:	State either: This paper is disclosable under the FOI Act, or															
For further information or any enquires relating to this paper please contact:	Neil Adams neil.adams5@nhs.net Louise Stewart louise.stewart36@nhs.net															
Reports require an assurance rating to guide the discussion:	<table border="1"> <tr> <td>No Assurance</td> <td></td> <td style="background-color: #FF0000; color: white;">There are significant gaps in assurance or actions</td> </tr> <tr> <td>Partial Assurance</td> <td></td> <td style="background-color: #FFC000;">There are gaps in assurance</td> </tr> <tr> <td>Assurance</td> <td></td> <td style="background-color: #FFA500;">Assurance minor improvements needed.</td> </tr> <tr> <td>Significant Assurance</td> <td style="text-align: center;">✓</td> <td style="background-color: #008000; color: white;">There are no gaps in assurance</td> </tr> <tr> <td>Not Applicable</td> <td></td> <td>No assurance required.</td> </tr> </table>	No Assurance		There are significant gaps in assurance or actions	Partial Assurance		There are gaps in assurance	Assurance		Assurance minor improvements needed.	Significant Assurance	✓	There are no gaps in assurance	Not Applicable		No assurance required.
No Assurance		There are significant gaps in assurance or actions														
Partial Assurance		There are gaps in assurance														
Assurance		Assurance minor improvements needed.														
Significant Assurance	✓	There are no gaps in assurance														
Not Applicable		No assurance required.														

Meeting: Trust Board

Date: 10th May 2023

Title: Green Plan (update)

Introduction

The Greener NHS National Programme published its strategy, 'Delivering a Net Zero NHS' in October 2020. The report set out trajectories and actions for the NHS to reach net zero carbon emissions by 2040 in relation to the emissions it controls directly, (**NHS Carbon Footprint targets**) and by 2045 for those emissions, it can only influence (**NHS Carbon Footprint Plus targets**).

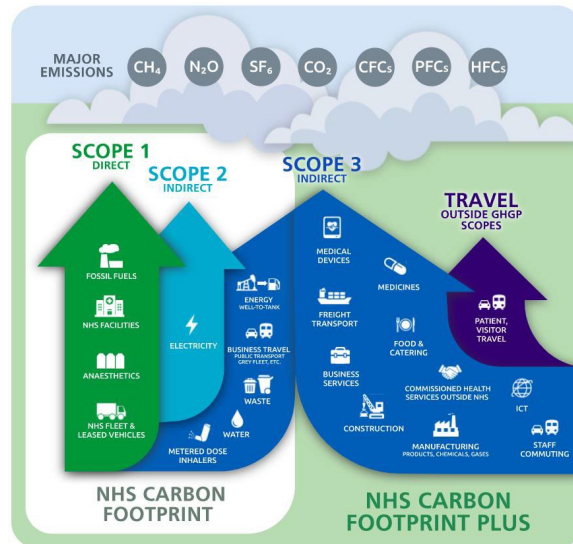
The Trust's formal Green Plan, first issued during 2020-21, provides an organisation-wide strategy that outlines the Trust's plan of action that are necessary to achieve the targets within the Greener NHS Net Zero Programme.

This report summarises and reports upon progress to date and recommends the establishment of a 'Strategic Sustainability Committee'. Such a committee would formulate an action plan, as well as manage, govern and report upon the achievements of the Green Plan and the Net Zero Programme, thus embedding Sustainability at the Trust.

Overview

Carbon Emissions

Carbon emissions are categorised into three scopes; scope 1 emissions (direct from owned resources), scope 2 emissions (indirect, through the generation of purchased energy) and scope 3 emissions (indirect, within the value chain). As the largest public sector emitter of carbon emissions, the NHS has a duty to respond to the targets for decarbonisation that are now embedded within law. The NHS has committed to be net zero by 2040 for the emissions that are directly controlled, (**NHS carbon footprint**), and to be net zero by 2045 for the emissions that are influenced, rather than directly controlled, (**NHS carbon footprint plus**). In addition to this target, the NHS is committed to reaching an interim target of an 80% reduction by 2028 to 2032 for the **NHS Carbon Footprint** and an 80% reduction by 2036 to 2039 for the **NHS Carbon Footprint Plus**. Both reductions are measured against a 1990 baseline. The following diagram illustrates the constituent elements of each group.



The computations of the **Carbon Footprint** are calculated with high degree of certainty and are largely based upon accurate quantitative data. However, in contrast, calculations for the **Carbon Footprint Plus** have a high degree of uncertainty and at this stage are intended to be only indicative. Whilst the **Carbon Footprint Plus** cannot at this stage be considered as sufficiently definitive to report upon, it does identify categories of high emissions and suppliers that are worthy of further investigation.

Previous estimates of Medway’s **Carbon Footprint Plus** have indicated total annual emissions of around 88,000 tCO2 with around 78,000 tCO2 of this relating to emissions arising from procurement sources. More recent estimates however indicate that this original measurement was conservative and as a consequence Greener Edge have recently been commissioned to re-calculate the Trust’s current carbon emissions. This will help to develop a baseline from which progress can be tracked. The analysis, currently underway, is however likely to show that the various constituent elements of Medway’s footprint do continue to reflect the national picture and as a consequence the key drivers and areas of opportunities for carbon emissions will be as follows

NHS Footprint emissions :- Fossil fuels and electricity, medical gases, waste and water.

NHS Footprint Plus emissions:- Medical devices, the procurement and usage of medicines and chemicals, construction and manufacturing, food and catering procurement, patient, staff and visitor travel and the procurement of ICT.

The current performance and plans for improvement within some of these key areas are as follows.

Key Areas

1 Energy

During the most recent year, 22/23, the Trust spent a total of around £5.6m on Electricity and Gas which, in terms of cost alone, represents an increase of just over 101%. This movement in total costs is however made up of both an increase in the total volume of energy used, which accounts for 21% of the increased total costs, and increases in the unit price of energy which accounts for around 80% of the total increase in costs.

Energy Usage and Costs 21-22 to 22-23				
	Consumption		Costs	
	21-22	22-23	21-22	22-23
	KWH	KWH	£	£
Gas	36,491,997	46,214,831	874,698	3,300,348
Electricity	12,558,811	8,565,071	1,924,119	2,344,706
Total	49,050,809	54,779,902	2,798,817	5,645,054

The two principal factors causing these cost and volume increases are as follows:-

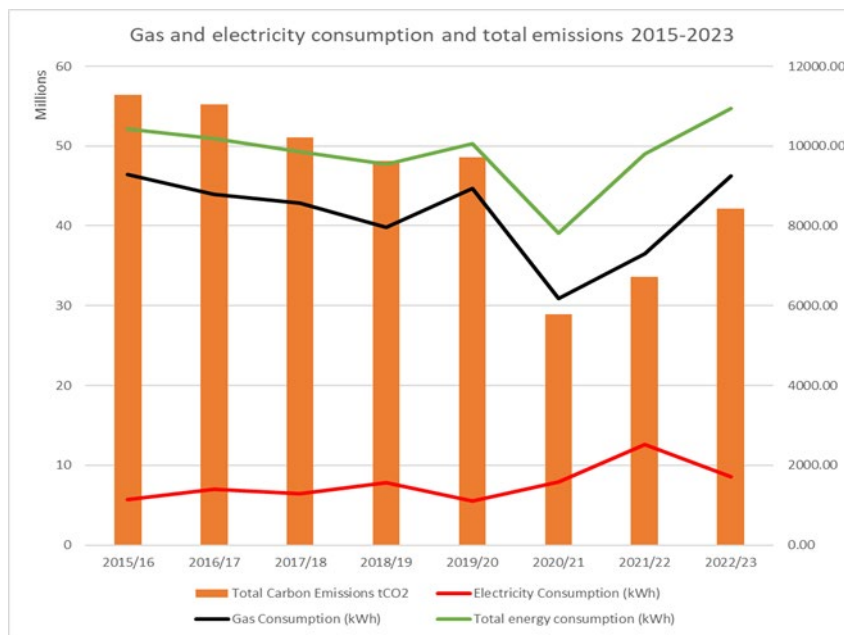
- Recovery from the COVID 19 Pandemic has seen significant increases in the level of operational activity on site and the return to site based work for many employees. These

specific issues have had a direct impact upon the overall volume increases in energy consumption

- International supply pressures upon gas and generated electricity have led directly to very significant increases in unit costs charged by suppliers.

With regard to the emissions arising from energy consumption, the past year has seen an increase of just over 26% in the level of CO2 emitted. An element of this is related to the overall increase in consumption, as mentioned above. However the overall increase in carbon also relates to the fact that during the last year the Trust has increased its use of gas as opposed to electricity. During the preceding two years the Combined Heat and Power plant (CHP) has only been operating intermittently pending re-fitting works. However in 22/23 this plant was fully recommissioned and as it is gas fired this has led to the increase in carbon emitting gas consumption and a reduction in zero carbon electricity. Whilst the CHP is now some 15 years old it is currently still used as gas continues to yield a degree of unit price efficiency over electricity. It should be noted however that the disparity in gas and electricity price increases over the past year have now rendered the CHP advantage marginal and the Trust will review the ongoing use of the CHP.

Despite the turbulence of the past two years the emissions trend over the past eight years continues to show a medium to long term reduction as shown in the following graph.



2 Anaesthetic gases and measured dose inhalers.

According to recent research, operating theatres are often three to six times more energy-intensive than the rest of a hospital and are major contributors of waste. Anaesthetic gases alone account for 2% of NHS emissions and 5% of a typical hospital's emissions. The NHS has committed to reducing greenhouse gas emissions from anaesthetic gases and inhalers by both switching to alternative inhalers, and reducing the proportion of desflurane used in surgery to 2% or less by volume, across 2023/24, as a whole. The longer-term objective is the total elimination of desflurane and within this Trust Greener Edge recently undertook a nitrous oxide waste review. The Trust is currently awaiting the results of this review, which are expected to provide recommendations for rapid implementation via the action plans of the Medical Gases Group.

3 Procurement processes

In accordance with national recommendations, this Trust has included a 10% social value weighting within the tender assessment process in order to reflect the potential supplier's impact upon local employment, the community, well-being and decarbonisation.

From 1 April 2023, the NHS requires all suppliers of goods, services and works bidding new contracts above £5 million per annum to have a published Carbon Reduction Plan (CRP) in place, in line with the guidance published by the NHS.

4 Waste

Domestic waste recycling increased by 41% between 20/21 and 21/22 yielding a reduction in carbon emissions of 1.5 tonnes. Figures for 22/23 are not yet available, however they are expected to show increased levels of recycling and reduction in emissions. This is a result of recent focus upon segregation of waste.

Recycling posters have been reviewed and up-dated, clinical posters are currently being reviewed. The waste contractor held a waste roadshow in Below Deck Dining in October 2022. This was a sustainability themed lunchtime event raising awareness with staff on environmental issues such as recycling.

5 Catering

The Catering Team continues to recycle oil and food waste and introduced new recycling bins in Below Deck Dining in March 2023. The bins, funded by the League of Friends, have an additional aperture to allow food waste segregation and were rolled out as part of Global Recycling Day. From November 2022 to March 2023, the Catering Team actively reduced 88,125 items of plastic from the catering department.

The Trust will be participating in the NHS England Pilot on measuring food waste. Collating spoilage and plate wastage to identify food waste reduction and avoidance opportunities.

6 Walking Aids

The nationally set target is that within the coming 5-year period 40% of all walking aids used will be refurbished. This Trust procures walking aids through an equipment loans scheme from Medequip and NRS Healthcare. This service promotes a circular economy approach through the return of equipment for refurbishment and reuse, helping the Trust to reduce our carbon emissions and meet the 40% national target. Further work to reduce emissions will include the inclusion of orthopaedic crutches. From November 2021 to March 2023, 467 items were returned to the Trust with 301 of those being recycled.

7 Travel and Transport

New Lease Car scheme

The Trust launched a new car lease scheme in collaboration with Fleet Solutions in April 2023 limited to providing fully electric cars.

8 Staff Transport

A Staff Transport Group was created in January 2023. The work streams for this group will include travel for staff and developing the the Cycle to Work Scheme, the Season Ticket Loan Scheme and the Car Share Scheme.

9 Air quality

The Trust is in partnership with Medway Council regarding outdoor air quality monitoring. Medway Council will supply diffusion tubes to measure pollutant concentrations in the atmosphere.

10 Heat Decarbonisation Plan

A Heat Decarbonisation Plan (HDP) is a stipulation within our Green Plan, a requirement of the NHS Estates Net Zero Carbon Delivery Plan and will also enable the Trust to work towards a number of other NHS decarbonisation requirements. An HDP is a starting point for an organisation to plan how it intends to replace fossil fuel reliant heating systems with low carbon alternatives. The HDP will define the status of the Trust's energy use, and provide a future framework to meet the challenge of net zero and decarbonise its buildings. The Trust has applied and is awaiting notification of funding to appoint a consultant to create an HDP.

11 Communications and Engagement Plan

A comprehensive Communications and Engagement Plan is supporting the Green Plan, highlighting a number of initiatives and environmental awareness days. Regular posts have been raising awareness on a number of different social media platforms, internally and external to the Trust.

Conclusion and Recommendations

The levels of operating turbulence within health care services and within the wider economy, during the past year, has in part had a detrimental impact upon the ability of the Trust to rapidly progress the implementation of the Green plan. It is also noted that a key element of the Trust's arrangements for delivering the Net Zero Plan were implemented only within the second half of 22/23 following the appointment of a Sustainability and Business Improvement Manager in September.

Whilst specific progress has since been made it is recommended that, in order to make further material gains and to embed the necessary sustainability culture and commitment at all levels within the Trust, a 'Strategic Sustainability Committee' is established as a priority. The proposed role of this committee would be to formulate an overarching action plan for the Net Zero Programme and to oversee, manage, govern and report upon the achievements of the Green Plan and the Net Zero Programme. This will ensure that Sustainability is embedded within the Trust's strategic and operational decision-making and reporting processes and it will ensure that any required investments in Sustainability will achieve both the necessary carbon reductions and long term recurrent costs savings.

Meeting of the Board of Directors in Public

Wednesday, 10 May 2023

Title of Report	Finance Report – month 12			Agenda Item	11
Author	Alan Davies, Chief Finance Officer Matthew Chapman, Head of Financial Management Cleo Chella, Associate Director Income and Contracts Isla Fraser, Financial Controller				
Lead Executive Director	Alan Davies – Chief Finance Officer				
Executive Summary	<ul style="list-style-type: none"> The Trust reports a £4.9m surplus for month 12, this being £3.9m favourable to the final plan submitted to NHSE for the month. The year to date (YTD) and final (unaudited) 2022/23 outturn performance is adverse by £6.0m compared to the NHSE plan, being a deficit of £6m. This YTD deficit is in line with the reforecast protocol and is as agreed with the ICB and NHSE. 				
Proposal and/or key recommendation:	This report is provided for assurance				
Purpose of the report (tick box to indicate)	Assurance	<input checked="" type="checkbox"/>	Approval		
	Noting	<input type="checkbox"/>	Discussion		
(If appropriate) state reason for submission to Private section of Board:	Patient Confidentiality:	Staff Confidentiality:	Commercially Sensitive:	Exceptional Circumstances:	
Committee/Group at which the paper has been submitted:	Finance, Performance and Planning Committee – 27 April 2023				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability)	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	Priority 5: (Systems)
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe:	Effective:	Caring:	Responsive:	Well-Led: ✓
Identified Risks, issues and mitigations:	Non-delivery of the breakeven control total				
Resource implications:	N/A				
Sustainability and /or Public and patient engagement considerations:	N/A				
Integrated Impact assessment:	<p>Please tick the correct box and provide required information. Has the quality and equality assessment been undertaken?</p> <p><input type="checkbox"/> Yes (<i>please attach the action plan to this paper</i>) <input checked="" type="checkbox"/> Not applicable (<i>please indicate why an equality assessment was not required</i>)</p>				
Legal and Regulatory implications:	Achieving breakeven is a statutory duty				
Appendices:	N/A				
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act				
For further information or any enquires relating to this paper please contact:	Alan Davies – Chief Finance Officer Alan.Davies13@nhs.net				
Reports require an assurance rating to guide the discussion:	No Assurance	There are significant gaps in assurance or actions			
	Partial Assurance	There are gaps in assurance			
	Assurance	Assurance with minor improvements needed.			
	Significant Assurance	There are no gaps in assurance			
	Not Applicable	No assurance required.			

Finance report

For the period ending 31 March 2023

Contents

1. Executive summary
2. Income and expenditure
3. Income and Activity
4. Efficiency programme
5. Balance sheet summary
6. Capital summary
7. Cash
8. Conclusions

1. Executive summary

£'000	Budget	Actual	Var.	
Trust surplus/(deficit)				
In-month	1,101	4,835	3,734	The Trust reports a £4,844k surplus position for March; increasing to £4,963k after making the technical adjustments for donated assets. This results in a £6m deficit YTD and adverse performance of the same to the submitted plan, albeit this is in line with the revised forecast outturn. The reported position includes £9.0m financial support funding, this being required to support the £6.0m deficit. The position also includes Elective Services Recovery Funding (ESRF) income of £9.6m year to date, plus an additional £0.9m of the additional funding from NHSE. The improvement in the run rate is mainly due to non-recurrent mitigation actions.
Donated Asset Depreciation	13	165	152	
In-month total	1,114	4,954	3,886	
YTD total (adjusted)	-	(5,998)	(5,998)	
Efficiencies Programme				
In-month	897	442	(455)	The delivered efficiency programme position of £7m for the year includes £3.6m of the approved cross cutting themes and £0.3m full year effect of schemes continuing from 2021/22. The adverse £3.5m adverse variance to plan includes the £0.8m / 0.5% stretch target that was included for the second half of the financial year. The remaining efficiencies continue to be predominantly from the Corporate functions £0.7m, Facilities and Estates £0.9m as well as the Unplanned Care division £2.8m.
YTD	10,484	7,005	(3,479)	
Cash				
Month end	29,896	34,742	(4,896)	The Trust cash balance is £4,896k higher than plan due to withdrawal of £12,452k of PDC capital funding in March, of which approx. 50% has not been spent in cash terms. Payables and accruals will turn into cash spend in April to May so this increase is only temporary.

1. Executive summary (continued)

Capital				
In-month	13,924	15,006	1,082	The original capital allocation from the ICB was £10,970k, in year additional funds totalling £2,319k were issued to fund a replacement Gamma camera, an internal EPR shortfall of £593k and priority medical equipment replacement. The Trust has spent all system capital allocated.
Outturn	26,933	25,928	(1,004)	
System Capital	13,289	13,289	NIL	PDC funding of £13,542k was also allocated to the Trust in year for Community Diagnostics, Endoscopy, EPR, Teletracking, MRI replacement, UTC and various smaller schemes. Some schemes have underspent/not completed and Trust slippage plans have been implemented to utilise as much of this as possible; in doing this funds will need to be set aside in the 23/24 plan to complete, which is a condition of the MOU signed by the Trust when accepting the PDC. However £1,002k of CDC PDC could not be spent and has been declared as an underspend to the ICB and NHSE. The cash has already been drawn for this and it may need to be repaid in 23/24, we are of the understanding that it will not be required to cover the potential future shortfall in the project.
Donations Capital	102	100	(2)	
PDC Capital	13,542	12,540	(1,002)	

2. Income and expenditure (reporting against NHSE plan)

£'000	In-month			Year-to-date*		
	Plan	Actual	Var.	Plan	Actual	Var.
Clinical income	28,914	42,448	13,534	336,103	362,695	26,593
High cost drugs	1,888	2,318	430	22,653	24,712	2,058
Other income	2,500	14,991	12,491	29,764	43,671	13,907
Donated Asset Adjustment	-	944	944	-	968	968
Total income	33,302	60,700	27,398	388,520	432,046	43,526
Nursing	(8,744)	(9,519)	(775)	(105,412)	(107,822)	(2,410)
Medical	(6,688)	(8,134)	(1,446)	(80,873)	(87,531)	(6,658)
Other	(5,002)	(24,836)	(19,834)	(62,155)	(87,814)	(25,659)
Total pay	(20,435)	(42,561)	(22,126)	(248,439)	(283,238)	(34,799)
Clinical supplies	(3,976)	(4,782)	(806)	(45,660)	(49,689)	(4,029)
Drugs	(632)	(1,038)	(406)	(7,584)	(12,617)	(5,033)
High cost drugs	(1,888)	(2,310)	(422)	(22,654)	(24,711)	(2,057)
Other	(3,397)	(3,031)	366	(41,849)	(45,387)	(3,539)
Total non-pay	(9,893)	(11,161)	(1,268)	(117,747)	(132,404)	(14,657)
EBITDA	2,975	7,078	4,103	22,334	16,503	(5,831)
Depreciation	(1,253)	(1,335)	(83)	(15,034)	(15,331)	(297)
Donated asset adjustment	(13)	(119)	(106)	(160)	(160)	0
Net finance income/(cost)	(1)	291	292	(6)	952	958
PDC dividend	(607)	(1,080)	(473)	(7,290)	(8,168)	(878)
Non-operating exp.	(1,874)	(2,244)	(370)	(22,490)	(22,707)	(217)
Reported surplus/(deficit)	1,101	4,835	3,734	(156)	(6,204)	(6,048)
Adj. to control total	13	165	152	156	206	50
Control total	1,114	5,000	3,886	-	(5,998)	(5,998)

- The YTD clinical income favourable variance includes additional funding for the pay award £5.6m, £1.0m additional ESRF funding agreed with NHSE, £0.5m Sheppey Ward income, RSP funding £0.2m, capital to revenue funds £0.2m, £1.0m of discharge funding and £9.0m of financial support funding to achieve the revised £6.0m forecast outturn position.
- The in-month (and YTD) position also includes income for the additional 6.3% pension costs £10m and an estimate of £8.2m for the non-consolidated pay award offer; these items are offset with cost accrued into the other pay category.
- Other income includes recharges for pass through clinical supplies and drugs costs that are recorded in the relevant non-pay category. Also included are the NHS provider to provider contracts, car parking income, F&E retail income and medical education contribution to overheads.
- The ESRF income year to date in total is £10.8m, with the associated cost to the independent sector healthcare providers and additional consultant sessions being £3.6m.
- Pay budgets are reporting a £35.7m adverse position YTD; of this, £10m is due to the additional pension contributions, £8.2m due to the non-consolidated pay award and the adverse impact of the month 6 pay award of £5.6m. These items are offset by clinical income.
- The pay spend position includes £4.7m benefit from the non-recurrent release of accruals, with the main drivers of the overall reported deficit position continuing to be unbudgeted escalation capacity, premium costs for junior doctors to cover vacancies within the medical rota, temporary theatres staff, and non-delivery of the efficiency programme.
- Covid costs have remained constant at £0.1m in month following executive action to control spend.

3. SLA Activity and Income

POD Group	Planned care			Unplanned & Integrated Care			Totals		
	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
A&E	0	0	0	16,842	17,039	197	16,842	17,039	197
Adult Critical Care	10,203	9,458	(745)	0	0	0	10,203	9,458	(745)
Block Contracts	1,704	1,704	0	1,365	1,365	0	3,069	3,069	0
Chemotherapy	2,070	2,331	261	1	60	60	2,070	2,391	321
Day Cases	15,211	14,407	(804)	7,993	7,030	(963)	23,204	21,437	(1,767)
Direct Access	1,327	987	(340)	8,590	11,848	3,257	9,917	12,835	2,917
Elective Inpatient	20,594	17,144	(3,450)	908	662	(246)	21,502	17,806	(3,696)
Excess Bed Days	1,756	2,658	902	2,232	5,161	2,929	3,988	7,819	3,831
Excluded Devices	428	209	(219)	1,742	1,892	150	2,170	2,101	(69)
HCD	6,572	6,542	(30)	16,082	18,138	2,056	22,653	24,680	2,026
Maternity Pathway	11,388	12,106	718	0	0	0	11,388	12,106	718
Neonatal Critical Care	10,445	10,984	539	0	0	0	10,445	10,984	539
Non Elective Inpatient	56,349	56,420	71	62,306	54,254	(8,052)	118,655	110,674	(7,982)
Other cost per case	2,793	2,400	(393)	1,388	1,959	571	4,180	4,358	178
Outpatients	27,595	28,987	1,392	23,556	19,601	(3,955)	51,151	48,588	(2,563)
Paediatric Critical Care	675	298	(377)	0	0	0	675	298	(377)
Total PbR Income	169,108	166,632	(2,476)	143,005	139,010	(3,996)	312,114	305,642	(6,472)
Cancer Drug Fund							(1,396)	(1,840)	(444)
Block Adjustment K&M ICB							47,436	59,180	11,744
Block Adjustment SEL ICB							(24)	(498)	(473)
Block Adjustment Spec Comm							(184)	(217)	(33)
Block Adjustment NHSE Other							971	215	(756)
Block Adjustment LVA							(893)	(4,459)	(3,566)
Total Block Adjustments	0	0	0	0	0	0	45,909	52,381	6,472
Total Block Income	169,108	166,632	(2,476)	143,005	139,010	(3,996)	358,023	358,023	0

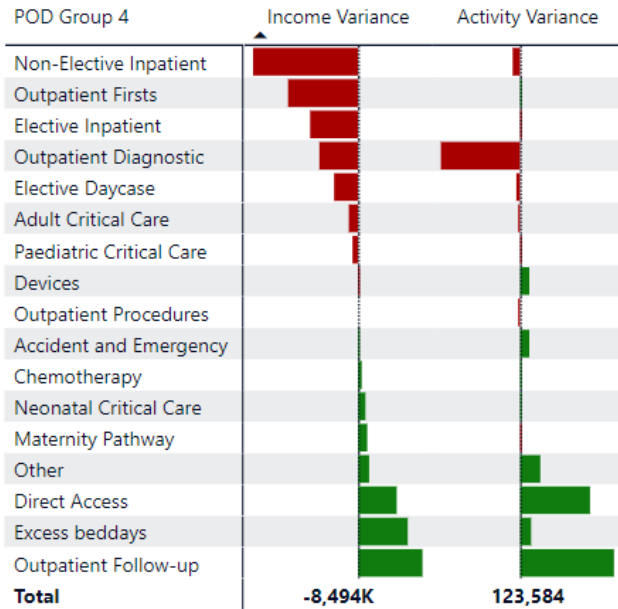
Providers have been funded on block contracts for 22/23 for most services except for elective patient care. Elective patient care is funded as part of the Elective Services Recovery Fund (ESRF) based on the national tariff.

The table sets out the income and activity performance for the Trust at point of delivery (POD) as at month 12. The Trust is below plan by £6.5m overall including HCD.

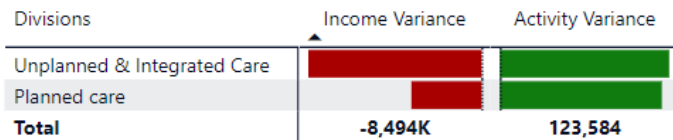
- In 22/23 all clinical income has been devolved to divisions based on activity plans priced at national tariff (or local prices in the absence of a national tariff).
- MFT received a benefit of £52.3m in income compared to funding activity on national tariff. Most of the benefit is related to the annual top-up income of £53m
- Planned Care division is £2.4m below plan driven by underperformance in elective inpatients of £3.5m, £0.8m in day cases and £0.7m in Adult Critical Care. This is largely offset by over performance in Neonatal critical care of £0.5m, Outpatients of £1.4m and Maternity of £0.7m.
- Unplanned care is £4m below plan, driven by non-elective underperformance £8m and outpatients of £4m. This is offset by over performance in excess bed days of £3m, direct access of £3.3m and HCD of £2m.

M12 Income and activity by POD (excl. HCD)

The underperformance in M12 for the SLA income based on national tariff is £8.5m YTD (excluding high cost drugs).



POD Group 4	Income Plan	Income Actual	Income Variance	Activity Plan	Activity Actual	Activity Variance
Non-Elective Inpatient	£118,655K	£110,674K	-7,982K	52,710	46,193	-6,517
Outpatient Firsts	£21,566K	£16,306K	-5,260K	102,127	104,288	2,161
Elective Inpatient	£21,502K	£17,806K	-3,696K	5,184	4,668	-516
Outpatient Diagnostic	£8,087K	£5,157K	-2,930K	124,871	50,304	-74,567
Elective Daycase	£23,204K	£21,437K	-1,767K	27,052	24,471	-2,581
Adult Critical Care	£10,203K	£9,458K	-745K	9,338	7,926	-1,412
Paediatric Critical Care	£675K	£298K	-377K	913	408	-505
Devices	£2,170K	£2,101K	-69K	68,186	77,913	9,727
Outpatient Procedures	£8,430K	£8,421K	-9K	42,713	40,945	-1,768
Accident and Emergency	£16,842K	£17,039K	197K	86,469	95,647	9,178
Chemotherapy	£2,070K	£2,391K	321K	13,530	15,067	1,537
Neonatal Critical Care	£10,445K	£10,984K	539K	10,830	10,991	161
Maternity Pathway	£9,860K	£10,593K	733K	5,381	5,239	-142
Other	£8,977K	£9,843K	865K	83,458	103,989	20,531
Direct Access	£9,917K	£12,835K	2,917K	2,466,425	2,533,351	66,926
Excess beddays	£3,988K	£7,819K	3,831K	12,165	23,912	11,747
Outpatient Follow-up	£12,869K	£17,806K	4,938K	121,795	211,421	89,626
Total	£289,460K	£280,966K	-8,494K	3,233,149	3,356,733	123,584



Divisions	Income Plan	Income Actual	Income Variance	Activity Plan	Activity Actual	Activity Variance
Unplanned & Integrated Care	£126,924K	£120,876K	-6,048K	2,902,208	2,965,299	63,090
Planned care	£162,536K	£160,090K	-2,446K	330,941	391,435	60,494
Total	£289,460K	£280,966K	-8,494K	3,233,149	3,356,733	123,584

M12 Income and activity by POD (excl. HCD)

Inpatient activity is driving the underperformance because services have not recovered to pre-pandemic activity levels of 19/20.

- The main underperformance is within elective, day cases, non-elective inpatients and outpatient first attendances.
- Non-elective underperformance is £8m of which £8.9m is in General Medicine driven by a lower than planned case mix in Respiratory cases and infectious diseases. The underperformance is also driven in part by Stroke inpatient activity (£2.4m). Stroke services have moved to MTW and DVH but the activity and income remains within the budgets for MFT. The funding is covering costs in other areas, work will be done with commissioners to reallocate this funding to other services. Other underperformance is sitting in Paediatric Surgery £1.2m, Respiratory Medicine £1m and Midwife Episodes £1.9m. There is offsetting over performance in A&E short stay admissions of £3.1m and activity over performance of 1,693 spells. This activity of a lower case mix is the reason for low activity underperformance despite the high financial adverse variance. There is another £2.9m over performance in Obstetrics and £1.8m in Vascular.
- Elective inpatients and day cases are £5.5m below plan, an improvement of £0.7m on the the position reported last month. The underperformance is mainly driven by reduced surgical activity due to the lack of anaesthetists and cancellation of some planned work due to winter pressures during December. T&O is below plan by £2.5m, ENT by £0.8m and Colorectal surgery £1.0m.
- Outpatient's income for first attendances is below plan of £5.3m YTD mainly driven by low activity in General Medicine £2.5m, Gynae £1m and ENT £1.1m. The underperformance in General medicine is a result of coding all outpatient activity as follow up. There is ongoing work by BI to review and correct this next year.
- Outpatient's income for follow up attendances is significantly above plan of £4.9m YTD mainly driven by high virtual activity in General Medicine. Coding of some of the follow up activity is being reviewed for accuracy.
- Chemotherapy treatments are above the activity and financial plan of £0.3m YTD. This has been paid as part of the ERF achievement by NHSE.
- Direct access activity is above plan by £2.9m caused by Radiology specifically due to MRIs £0.8m and x-rays £1m however there is offsetting underperformance in Outpatients unbundled radiology.
- Neonatal cot days are above plan and resulting in a favourable income of £0.5m YTD and 161 days above plan.

4. Efficiency programme (status and summary)

Status £'000	Blue	Green	Amber	Red	Cross Cutting Schemes	Sub-total Identified	Over Identified / (Unidentified)	Plan Target	YTD Plan	YTD Delivery	Variance
Planned care	10	735	84	0	1,593	2,422	(1,203)	3,625	3,625	686	(2,939)
UIC	144	658	0	321	3,000	4,124	893	3,231	3,231	2,796	(435)
E&F	89	833	0	0	0	922	236	686	686	927	241
Corporate	42	540	0	0	156	738	115	623	738	739	1
Central	0	47	0	0	1,419	1,466	0	1,466	1,353	1,857	504
Sub Total	284	2,814	84	321	6,168	9,670	39	9,631	9,633	7,005	(2,628)
Stretch target 0.5%						0	(851)	851	851	0	(851)
Total for 22/23	284	2,814	84	321	6,168	9,670	(812)	10,482	10,484	7,005	(3,479)

Summary £'000	In-month			Year-to-date			Outturn		
	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Forecast	Var.
Trust total	897	442	(455)	10,484	7,005	(3,479)	10,484	7,005	(3,479)

Process

1. Efficiency schemes are the responsibility of the budget holders.
2. The Improvement team supports the budget holders to deliver both quality and cost improvements.
3. The S&T team oversees these programmes, supporting with PID writing/management and works to fill the programme.
4. The finance department counts the extent to which the financial improvements have been made.
5. The Chief Finance Officer monitors and works with budget-holders to achieve targets.

The delivered efficiency programme position for the year is £7.0m, this includes £3.8m from 8 of the cross cutting schemes; in addition, corporate functions have delivered a total of £0.7m and F&E £0.9m which includes the additional staff car parking charges. The position includes £0.9m impact from the stretch target in H2; with previously reported schemes for Jade Ward length of stay, outpatients including virtual clinics and theatres redesign continuing to under delivery against plan.

The efficiency programme continues to be prioritised with more project management resource made available. Services continue to identify and develop more schemes, some of which will be implemented for 2023/24. Further detail is provided within the Business Planning paper.

5. Balance sheet summary

Prior year end	£'000	Month end actual	Var on PY.
240,295	Non-current assets	273,519	33,224
5,996	Inventory	6,375	379
13,889	Trade and other receivables	29,089	15,200
33,455	Cash	34,742	(1,287)
53,340	Current assets	70,206	16,866
(136)	Borrowings	(953)	(817)
(28,147)	Trade and other payables	(50,284)	(22,137)
(2,116)	Other liabilities	(1,320)	796
(30,399)	Current liabilities	(52,557)	(22,158)
(2,025)	Borrowings	(1,952)	73
(1,248)	Other liabilities	(1,031)	217
(3,273)	Non-current liabilities	(2,983)	290
259,963	Net assets employed	288,185	28,222
461,656	Public dividend capital	475,198	13,542
(245,218)	Retained earnings	(251,419)	(6,201)
43,525	Revaluation reserve	64,406	20,881
259,963	Total taxpayers' equity	288,185	28,222

Key messages:

1. Non-current assets have undertaken an annual revaluation which has resulted in an increase of £23m on NBVs of land and buildings at 31st March; further to this, capital spend was £10m in excess of depreciation. The main reason for the increase in the valuation is inflation, which affects the BCIS used to calculate.
2. Receivables have increased by £15.2m from the prior year, this is mainly due to an accrual for the proposed pay settlement being negotiated and late allocations of central funding yet to be paid.

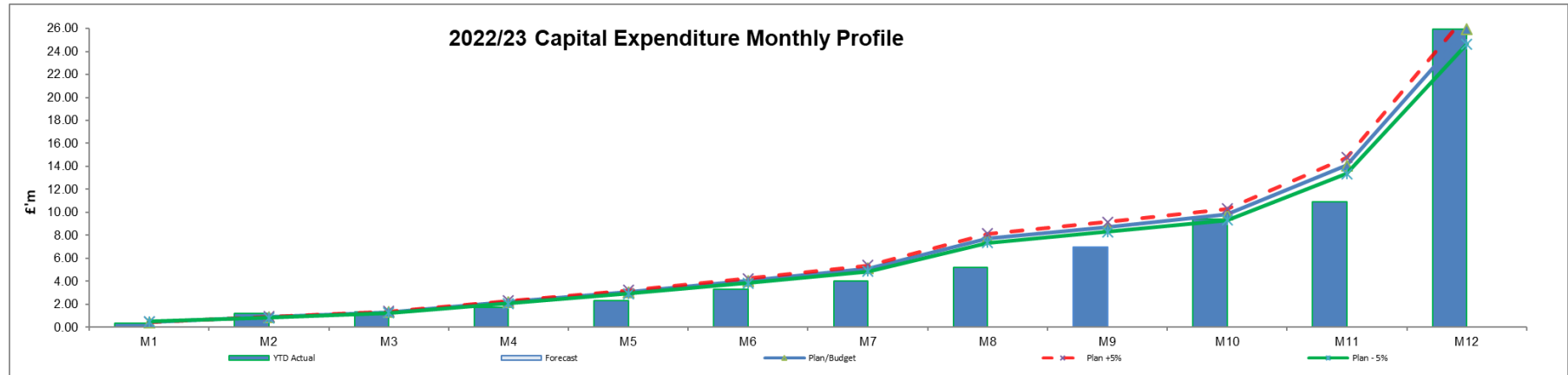
The current balance represents approximately 90% of one month's average turnover (£32.5m).
3. Payables have increased by £22.0m from the prior year. This increase relates to an increase in capital payables/accruals for the late allocation of PDC, accruals for the proposed pay settlement and PDC dividend accruals which have been affected by the increase in the site valuation. Current payables balance represents 165% of one month's average turnover.
4. Public dividend capital has increased by £13,542k which is the value of funding allocated to the Trust in 2023/24. This increases the 3.5% dividend payable of relevant net assets,
5. Revaluation reserve, this shows the impact net of depreciation reversals and impairments.

6. Capital

2022/23 Capital Expenditure

£'000	In-month			Year To Date			Annual					Funding		
	Plan	Actual	Var.	Plan	Actual	Var.	NHSI Plan	Revised Trust Plan	OUTTURN ADJ	NHSE OUTTURN	NHSE Reported Variance	Internal (system capital)	PDC	OTHER
Backlog Maintenance	283	519	236	2,675	2,040	(635)	0	2,675	(658)	1,382	(1,293)	1,382	0	0
Emergency Department	0	(198)	(198)	74	(584)	(658)	0	74	658	74	0	74	0	0
Fire Urgency Works	267	1,563	1,296	2,100	2,505	405	0	2,100		2,505	405	2,505	0	0
Information Technology	34	412	378	1,220	1,463	243	2,619	1,220	1,018	2,481	1,261	2,481	0	0
Medical and Surgical Equipment Programme	161	964	803	1,394	1,421	27	1,086	1,394		1,421	27	1,421	0	0
Routine Maintenance	20	311	291	435	377	(58)	0	435		377	(58)	377	0	0
Service Developments	895	1,312	417	3,072	2,985	(87)	0	3,072	(249)	2,736	(336)	2,736	0	0
Unfunded projects	0	(155)	(155)	0	(255)	(255)	0	0	249	(6)	(6)	(6)	0	0
Phasing Adjustment to align to NHSI Plan*	0	0	0	0	0	0				0		0	0	0
Total System Capital	1,660	4,729	3,069	10,970	9,952	(1,018)	3,705	10,970	1,018	10,970	0	10,970	0	0
UTC	500	200	(300)	500	402	(98)	0	500	98	500	0	0	500	0
Unspecified PDC Schemes	0	0	0	0	0	0	80	0		0	0	0	0	0
Total Planned Additional Capital	500	200	(300)	500	402	(98)	80	500	98	500	0	0	500	0
Total Planned Capital	2,160	4,928	2,769	11,470	10,354	(1,116)	3,785	11,470	1,116	11,470	0	10,970	500	0
EPR - PDC	1,840	0	(1,840)	1,840	1,850	10	0	1,840	(10)	1,840	0	0	1,840	0
EPR - Additional System Capital	148	466	318	593	2,130	1,537	0	593	(1,537)	593	0	593	0	0
Ultrasound	0	0	0	90	90	0	0	90		90	0	0	90	0
PACS/RIS (Image sharing)	54	69	14	272	231	(41)	0	272	41	272	0	0	272	0
Endoscopy	0	2,082	2,082	2,200	2,160	(40)	0	2,200	40	2,200	0	0	2,200	0
CDC brokerage CR Upgrades	0	0	0	0	0	0	0	0		0	0	0	0	0
MRI	3,000	1,182	(1,818)	3,000	1,182	(1,818)	0	3,000	1,818	3,000	0	0	3,000	0
Injector pumps etc	240	146	(94)	240	146	(94)	0	240	94	240	0	0	240	0
Gamma Camera	250	0	(250)	1,000	0	(1,000)	0	1,000	1,000	1,000	0	1,000	0	0
IR Suite - ICB NOT AGREED - Bid sent to NHSE!	0	0	0	0	0	0	0	0		0	0	0	0	0
Donated Equipment	(7)	6	13	102	100	(2)	0	102		100	(2)	0	0	100
Irefer	6	29	23	29	29	0	0	29		29	0	0	29	0
CDC Business Case	4,095	1,327	(2,768)	4,095	2,600	(1,495)	0	4,095	493	3,093	(1,002)	0	3,093	0
Patient Portals	228	273	45	228	273	45	0	228	(45)	228	0	0	228	0
Discharge capital - withdrawn	0	0	0	0	0	0	0	0		0	0	0	0	0
Cyber	48	0	(48)	48	48	0	0	48		48	0	0	48	0
Additional Equipment Replacement - slippage	726	677	(49)	726	677	(49)	0	726	49	726	0	726	0	0
MRI & Injector - slippage schemes	0	1,415	1,415	0	1,659	1,659	0	0	(1,659)	0	0	0	0	0
Gamma - slippage schemes	0	1,200	1,200	0	1,200	1,200	0	0	(1,200)	0	0	0	0	0
Teletracking	1,000	1,199	199	1,000	1,199	199	0	1,000	(199)	1,000	0	0	1,000	0
Total Additional Capex	11,628	10,070	(1,558)	15,463	15,574	111	0	15,463	(1,116)	14,459	(1,004)	2,319	12,040	100
Total Capex	13,788	14,999	1,210	26,933	25,928	(1,005)	3,785	26,933	0	25,929	(1,004)	13,289	12,540	100

6. Capital Continued



6.1 System Capital – Outturn £13,289k

Overall on plan but various contingency plans had to be implemented to achieve this with key projects such as courtyard lifts and Harvey ward not being completed and deferred into 2023/24.

6.2 PDC & Donation Capital – Outturn £14,459k, £1,004k underspent

£1,002k of £4,095k allocated to the Trust for phase one of the Community Diagnostics Hubs has not been spent, this is entirely due to building works profiled in the business case not being achievable. This is mainly because the properties being used for the hubs do not belong to the Trust. Equipment expenditure was brought forward where possible but this value could not be covered by contingency.

£2,081k of PDC funds have been spent on contingency projects to ensure funds were not lost, this will need to be ring fenced in the 2023/24 capital plan to complete.

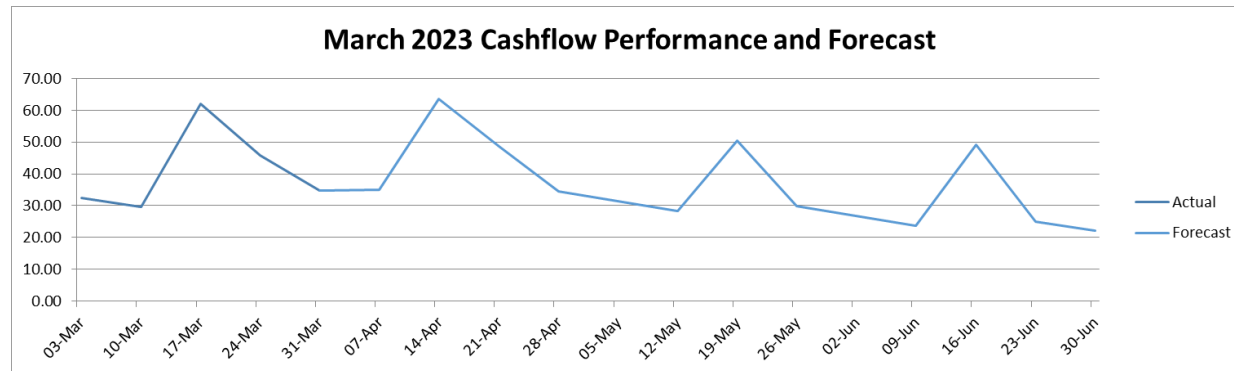
£453k was rebadged to utilised CDC funds, however patient portals and teletracking overspent by £244k to offset and allow future monies to be diverted back to the CDC project should they be required.

7. Cash

13 Week Forecast

w/e

£m	Actual					Forecast													
	03/03/23	10/03/23	17/03/23	24/03/23	31/03/23	07/04/23	14/04/23	21/04/23	28/04/23	05/05/23	12/05/23	19/05/23	26/05/23	02/06/23	09/06/23	16/06/23	23/06/23	30/06/23	
BANK BALANCE B/FWD	27.65	32.40	29.65	62.16	45.75	34.65	35.08	63.50	48.55	34.38	31.43	28.42	50.43	29.78	26.75	23.79	49.22	24.90	
Receipts																			
NHS Contract Income	4.95	0.76	30.10	4.93	0.00	0.78	32.76	0.00	0.00	0.00	0.00	30.11	0.00	0.00	0.00	30.11	0.00	0.00	
Other	3.08	0.19	1.03	0.90	0.28	0.21	0.25	0.25	0.58	0.31	0.25	0.38	0.58	0.25	0.31	0.38	0.25	0.58	
Total receipts	8.03	0.95	31.13	5.83	0.28	0.98	33.01	0.25	0.58	0.31	0.25	30.49	0.58	0.25	0.31	30.49	0.25	0.58	
Payments																			
Pay Expenditure (excl. Agency)	(0.45)	(0.50)	(3.80)	(18.04)	(0.48)	(0.50)	(0.49)	(10.59)	(11.96)	(0.46)	(0.46)	(3.79)	(18.43)	(0.49)	(0.46)	(0.46)	(21.77)	(0.49)	
Non Pay Expenditure	(2.80)	(2.79)	(2.99)	(2.89)	(3.77)	(0.05)	(4.09)	(4.61)	(2.80)	(2.80)	(2.80)	(4.61)	(2.80)	(2.80)	(2.80)	(4.61)	(2.80)	(2.80)	
Capital Expenditure	(0.03)	(0.41)	(0.18)	(1.32)	(7.12)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total payments	(3.28)	(3.70)	(6.96)	(22.25)	(11.37)	(0.56)	(4.59)	(15.20)	(14.76)	(3.26)	(3.26)	(8.40)	(21.23)	(3.29)	(3.26)	(5.07)	(24.57)	(3.29)	
Net Receipts/ (Payments)	4.75	(2.74)	24.17	(16.42)	(11.10)	0.43	28.42	(14.95)	(14.18)	(2.95)	(3.01)	22.09	(20.65)	(3.04)	(2.95)	25.42	(24.32)	(2.71)	
Funding Flows																			
PDC Capital	0.00	0.00	12.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Loan Repayment/Interest payable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	0.00	0.00	0.00	0.00	0.00	
Dividend payable	0.00	0.00	(4.11)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total Funding	0.00	0.00	8.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	0.00	0.00	0.00	0.00	0.00	
BANK BALANCE C/FWD	32.40	29.65	62.16	45.75	34.65	35.08	63.50	48.55	34.38	31.43	28.42	50.43	29.78	26.75	23.79	49.22	24.90	22.20	



Prior year end	£'000	Month end actual	Var.
33,455	Cash	34,742	1,287

The overall cash balance has increased by £9.7m in March

£58.6m of cash was received in month

£40.7m NHS contract income for the month, £2.8m quarterly education funding, £12.5m PDC and £2.6m cash receipts in relation to trading activities and settlement of prior period sales invoices.

£48.9m of cash was paid out by the Trust in month

£13.9m (37%) in direct salary costs to substantive and bank employees.

£9.4m (27%) employer costs to HMRC and NHSP - now paid as due rather than prepaid.

£4.1m (11%) half yearly PDC dividend

£21.5m (36%) in supplier payments, including NHSR, Agency staff, capital and revenue non-pay.

8. Conclusions

The Finance Committee is asked to note the report and financial performance, which is £4.8m surplus in-month, £6.2k deficit year to date, reducing to £6.0m deficit for the year after adjusting for donated assets; this delivers the revised deficit position as agreed with the ICB and NHSE.

The final efficiency programme is £3.5m adverse to plan, with a delivery of £7.0m for the year; the plan includes £0.8m of the stretch target. Total ESRF income of £10.8m has been included with the costs increasing to £3.8m for activity delivered by the independent sector and additional consultant sessions.

The Executive Leads and their actions continue to make progress to address the ongoing key financial risks, including divisional overspendings and the efficiency programme for 2023.24.

Alan Davies
Chief Financial Officer
April 2023

Public Trust Board Meeting

Wednesday, 10 May 2023

Title of Report	Constitution Review			Agenda Item	12
Author	Matthew Capper, Director of Strategy and Partnership & Company Secretary				
Lead Executive Director	Jayne Black, Chief Executive				
Executive Summary	<p>An NHS foundation trust's constitution is the central document which establishes the fundamental principles and processes the directors and council of governors of a foundation trust must follow. Whilst much of the front-end of the constitution is mandated by the requirements set out in Health and Care Act 2022, the annexes to the constitution provide the trust with an opportunity to set out how its board and council of governors will function and work together.</p> <p>A constitution with inadequate or outdated provisions will result in difficulties when it comes to implementing change and making decisions. It is also a statutory and regulatory requirement - reviewed by our regulators under the banner of "well led" - to have a constitution and it is therefore important that the constitution is regularly reviewed and updated to reflect best practice.</p>				
Proposal and/or key recommendation:	The Council of Governors are asked to approve the amendments to the trusts constitution.				
Purpose of the report (tick box to indicate)	Assurance		Approval	✓	
	Noting		Discussion		
(If appropriate) state reason for submission to Private section of Board:	Patient Confidentiality:	Staff Confidentiality:	Commercially Sensitive:	Exceptional Circumstances:	
Committee/Group at which the paper has been submitted:	<p>As described by the trusts constitution, the amendments to this document have been through and approved by the following groups and committees:</p> <ul style="list-style-type: none"> • Executive Team – 08 December 2022 • Audit Committee – 15 December 2022 • Council of Governors – 26 April 2023 				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability)	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	Priority 5: (Systems) ✓

Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe:	Effective:	Caring:	Responsive:	Well-Led: ✓
Identified Risks, issues and mitigations:	Amendments to any aspects of the constitution that cover the operation of the council of governors are required to be submitted to NHS England for approval. The amendments made to the document for approval do not make changes to the operation of the council of governors.				
Resource implications:	There are no resource implications to refreshing the constitution.				
Sustainability and /or Public and patient engagement considerations:	<p>The revised constitution follows the national model template and has therefore been approved by the secretary of State that it meets the required equality tests. There are no green sustainability elements to this document.</p> <p>The engagement considerations have been covered by the approvals process followed (see committee/group sign off route above)</p>				
Integrated Impact assessment:	<p>Please tick the correct box and provide required information. Has the quality and equality assessment been undertaken?</p> <p><input type="checkbox"/> Yes (<i>please attach the action plan to this paper</i>)</p> <p><input checked="" type="checkbox"/> Not applicable (<i>please indicate why an equality assessment was not required</i>)</p> <ul style="list-style-type: none"> National template used. 				
Legal and Regulatory implications:	The trust has an existing approved constitution so there is no legal implication with non-approval of this version.				
Appendices:	<ul style="list-style-type: none"> A summary of the amendments made Constitution document 				
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act.				
For further information or any enquires relating to this paper please contact:	Matthew Capper. m.capper@nhs.net				
Reports require an assurance rating to guide the discussion:	Insert Tick				
	No Assurance		There are significant gaps in assurance or actions		
	Partial Assurance		There are gaps in assurance		
	Assurance		Assurance minor improvements needed.		
	Significant Assurance		There are no gaps in assurance		
	Not Applicable	✓	No assurance required.		

Amendment summary:

Document location	Description of amendment
General	<p>The entire document has been moved onto the national model constitution template. The Standing Orders for the Council of Governors and the Board of Directors have been placed in the appendices and some clauses have been split out (reflected in the contents)</p> <p>The document has also been updated to reflect the new Health and Care Act 2022 and the revised Code of Governance (April 2023).</p>
1	Interpretation and definitions - Updated to reflect the new legislation and corrects a mistake with the trusts name – Medway NHS Foundation Trust
2	Name - The name of the trust has been amended to reflect the legally recognised of the trust – Medway NHS Foundation Trust
4	Powers – Updated for the new legislation
22	Board of Directors – the number of Non-Executive and Executives has been updated to reflect the agreed board composition, this also makes it explicit that the Non-Executive element of the board will be in majority.
23	Board of Directors, general duties – the word “future versions” added in reference to the Code of governance 2014 to ensure future proofing against other amendments.
24	<p>Board of Directors, appointment and removal of Non-Executive Director – the approval level required is brought into alignment with common best practice (two thirds from three quarters).</p> <p>The appointment and removal process has been broadened and makes specific reference to Associate Non-Executive Directors in addition to Non-Executive Directors and the Chair.</p> <p>The distinction between the roles and responsibilities of the trust boards Remuneration and Nominations Committee and the council of governors Remuneration and Nominations Committee is clarified and mapped to the standing orders.</p> <p>24.8 – Title amendment to maintain consistency with defined tile of Trust Chair</p>
26	Board of Directors appointment and removal of the Chief Executive and other Executive Directors – The responsibility and process for this has been simplified, clarified and now follows best practice.
27	Board of Directors, disqualification – Updated to the model template list of disqualifications.
28	Board of Directors, meetings – The phrase “special reason” has been deleted as there is no definition for this. This has been mapped to the standing orders.
30	Board of Directors, remuneration and terms of office – The role of the trusts Remuneration and Nominations Committee has been clarified.
40	Instruments – The authority and use of the Trusts seal has been clarified.
42	Mergers etc. – This section has been brought into line with the model template.
Annex 5 – Standing Orders for the Board of Directors	
General	<p>Updates reflect new legislation, role of NHS England and the amalgamation of previous organisations (monitor, TDA etc.) and adoption of national best practice.</p> <p>Links to the trusts scheme of reservation and delegation and the primary financial policies and standing financial instructions.</p>

SO1	Interpretation – Consistent language changes, specifically around “Accounting Officer” and “Accountable Officer”. The latter is the agreed form and used throughout the document.
SO2	2.11.2 and 2.11.3 Expanded include Senior Independent Director.
SO3	3.16.8 Removal of the undefined term “Corporate”
SO8	Standards of Business Conduct – linked to the trust policy.

*Other word changes, typing errors and formatting have been applied but not listed above.

Medway NHS Foundation Trust

Constitution

Table of Contents

Paragraph	Page
1. Interpretations and definitions	4
2. Name	6
3. Principal purpose	6
4. Powers	6
5. Membership and constituencies	6
6. Application for membership	6
7. Public constituency	7
8. Staff constituency	7
9. Restriction on membership and termination of membership	8
10. Annual Members Meeting	9
11. Council of Governors - composition	9
12. Council of Governors - election of Governors	9
13. Council of Governors - tenure	9
14. Council of Governors - disqualification and removal	10
15. Appointment of a lead governor	12
16. Casual vacancies	12
17. Indemnity	12
18. Dispute resolution procedure	12
19. Council of Governors - duties of governors	13
20. Council of Governors – meetings of governors	13
21. Council of Governors – travel expenses	14
22. Board of Directors – composition	14
23. Board of Directors - General duties	14
24. Board of Directors - appointment and removal of Non-Executive Directors, including the Chair	14
25. Board of Directors - appointment of Deputy Chair	15
26. Board of Directors - appointment and removal of the Chief Executive and other Executive Directors	15
27. Board of Directors – disqualification	16
28. Board of Directors – meetings	17
29. Board of Directors - conflicts of interest of Directors	17
30. Board of Directors - remuneration and terms of office	18
31. Registers	18
32. Admission to and removal from the registers	18
33. Registers - inspection and copies	18
34. Documents available for public inspection	19
35. Auditor	19
36. Audit and Risk Committee	19
37. Annual accounts	19
38. Annual report, forward plans and non-NHS work	19
39. Presentation of the Annual Accounts and Reports to the Governors and members	20
40. Instruments	20
41. Amending the Constitution	21
42. Mergers etc., significant transactions	22

ANNEX 1 - THE PUBLIC CONSTITUENCY	23
ANNEX 2 - THE STAFF CONSTITUENCY	24
ANNEX 3 - COMPOSITION OF COUNCIL OF GOVERNORS	25
ANNEX 4 – STANDING ORDERS – COUNCIL OF GOVERNORS	26
ANNEX 5 - STANDING ORDERS - BOARD OF DIRECTORS	40

1. Interpretation and definitions

1.1 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022.

1.2 Words importing the masculine gender only shall include the feminine gender; words importing the singular shall include the plural and vice-versa.

1.3 In this constitution:

The 2006 Act Means the National Health Service Act 2006.

The 2012 Act Means the Health and Social Care Act 2012.

The 2022 Act Means the Health and Care Act 2022.

Accounting officer/Accountable?? officer means the person who from time to time discharges the functions specified in paragraph 25 (5) of Schedule 7 to the 2006 Act

Annual Members Meeting is defined in paragraph 10 of the constitution

Auditor means the person appointed to audit the accounts of the Foundation Trust, who is called the auditor in the 2006 Act

Board of Directors means the Board of Directors as constituted in accordance with this constitution

Constitution means this constitution and all annexes to it

Co-opted Governor means those governors appointed by partners of the Foundation Trust

Council of Governors means the Council of Governors as constituted in accordance with this constitution, which has the same meaning as the board of governors in the 2006 Act

Director means a member of the Board of Directors

Elected Governors means those Governors elected by the public and the classes of the staff constituency

Financial year means each successive period of 12 months beginning on 1 April

The Trust	means Medway NHS Foundation Trust
Health Service Body	shall have the meaning ascribed to it in Section 65 (1) of the 2006 Act
License	means a license issued by NHS England under Section 88 of the Health and Social Care Act 2012
Member	Means a member of the Foundation Trust
NHS Foundation Trust Code of Governance	means the Code of Governance published by NHS England or such similar or further guidance as may be published from time to time
Public Governor	means a Governor elected by the members of one of the public constituencies
Registered dentist	means a registered dentist within the meaning of the Dentists Act 1984
Registered medical practitioner	means a fully registered person within the meaning of the Medicines Act 1983 who holds a licence to practice under that Act
Regulatory framework	means the 2006 Act, the 2012 Act, the constitution and the Trust's licence as granted by NHS England
Secretary	means the Company Secretary of the Foundation Trust or any other person appointed to perform the duties of the Company Secretary, including a joint, assistant or deputy secretary
Significant Transaction	Means investments, divestments or other transactions comprising more than 25% of the assets, income or capital of the NHS foundation Trust in line with NHS England's Compliance Framework.
Staff constituency	means (collectively) those members comprising the staff constituency
Staff governor	means a Governor elected by the members of one of the classes of the staff constituency

This document should be read in conjunction with the model rules for the elections for Governors.

2. Name

2.1 The name of this foundation Trust is Medway NHS Foundation Trust (the Trust).

3. Principal purpose

3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

3.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

3.3 The Trust may provide goods and services for any purposes related to:

3.3.1 The provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 The promotion and protection of public health

3.4 The Trust may also carry on activities, other than those mentioned in the above paragraph, for the purpose of making additional income available in order better to carry on its principal purpose.

4. Powers

4.1 The powers of the Trust are set out in the 2006 Act, the 2012 Act and the 2022 Act.

4.2 The powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

4.3 Any of these powers may be delegated to a committee of directors or to an executive director.

5. Membership and constituencies

5.1 The Trust shall have members, each of whom shall be a member of one of the following constituencies:

5.1.1 A public constituency

5.1.2 A staff constituency

6. Application for membership

6.1 An individual who is eligible to become a member of the Trust may do so on application to the Trust.

7. Public Constituency

- 7.1 An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a member of the Trust.
- 7.2 Those individuals who live in an area specified as an area for any public constituency are referred to collectively as the Public Constituency.
- 7.3 The minimum number of members in each area for the Public Constituency is specified in Annex 1.
- 7.4 Membership of a public constituency is subject to Section 9 (Restriction on membership and Termination of Membership).

8. Staff Constituency

- 8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided they:
 - 8.1.1 are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
 - 8.1.2 have been continuously employed by the Trust under a contract of employment for at least 12 months
- 8.2 Individuals who exercise functions for the purposes of the Trust otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.
- 8.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Staff Constituency.
- 8.4 The Staff Constituency shall be divided into nine descriptions of individuals who are eligible for membership of the Staff Constituency, each description of individuals being specified in Annex 2 and being referred to as a class within the Staff Constituency.
- 8.5 The minimum number of members in each class of the Staff Constituency is specified in Annex 2.
- 8.6 An individual who is:
 - 8.6.1 Eligible to become a member of the staff Constituency; and
 - 8.6.2 Invited by the Trust to become a member of the Staff Constituency and a member of the appropriate class within the Staff Constituency, shall become a member of the Trust as a member of the Staff Constituency and appropriate class within the Staff Constituency without an application being made, unless they inform the Trust that they do not wish to do so.
- 8.7 Membership of the staff constituency is subject to Section 9 (Restriction on membership and Termination of Membership).

9. Restriction on membership and Termination of membership

- 9.1 An individual who is a member of a constituency or of a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.
- 9.2 An individual who ceases to reside in any area specified in Annex 1 shall cease to be a member of the constituency.
- 9.3 A person may not become or continue as a member of the Trust if they;
 - 9.3.1 are under 16 years of age;
 - 9.3.2 are detained at one of Her Majesty's prisons;
 - 9.3.3 have had his/her name added to and not removed from a list prepared under the Sexual Offenders Act 1997;
 - 9.3.4 fail or cease to fulfil the criteria for membership of any of the constituencies;
 - 9.3.5 have been involved in an act of violence against staff or other members of the Trust or an act of damage against its property;
 - 9.3.6 have been identified as a vexatious complainant against the Trust;
 - 9.3.7 do not uphold the values of the Trust;
 - 9.3.8 have been previously expelled from membership and have not been subsequently re-admitted by the Council of Governors.
- 9.4 The Trust's decision is final as to whether or not an individual qualifies for membership of the constituency.
- 9.5 A member of the Trust will cease to be a member if they;
 - 9.5.1 resign by notice to the Membership Officer;
 - 9.5.2 fail to demonstrate that they wish to continue as a member following enquiries made in accordance with a process approved by the Council of Governors;
 - 9.5.3 dies;
 - 9.5.4 are expelled from membership by a resolution of two-thirds of the Council of Governors. Once expelled no person will be re-admitted as a member unless a resolution to that effect is approved by a resolution of more than half of the Council of Governors.
- 9.6 It is the responsibility of each member to ensure that they are and remain eligible for membership of the Trust and if a member becomes aware of their ineligibility they should inform the Trust as soon as practicable. However, if the Trust is on notice that a member may be disqualified from membership, the Trust shall make reasonable enquiries to establish the case.

9.7 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

10. Annual Members' Meeting

10.1 The Trust shall hold an annual meeting of its members ('Annual Members' Meeting'). The Annual Members' Meeting shall be open to members of the public.

11. Council of Governors – composition

11.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed Governors.

11.2 The composition of the Council of Governors is specified in Annex 3.

11.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of Governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 3.

12. Council of Governors - election of Governors

12.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Rules for Elections.

12.2 The Model Rules for Elections, as published from time to time by the Department of Health, form part of this constitution. The Model Election Rules should be read in conjunction with this constitution.

12.3 A subsequent variation of the Model Election Rules by the Department of Health shall not constitute a variation of the terms of this constitution for the purposes of paragraph 41 of the constitution (amendment of the constitution).

12.4 An election, if contested, shall be by secret ballot.

13. Council of Governors – tenure

13.1 An elected Governor may hold office for a period of up to 3 years.

13.2 An elected Governor shall be eligible for re-election at the end of his/her 3-year term.

13.3 An elected Governor shall only be able to serve a maximum of two terms or 6 (six) years.

13.4 An elected Governor shall cease to hold office if they cease to be a member of the constituency or class by which they was elected.

13.5 An appointed Governor may hold office for a period of up to 3 years.

13.6 An appointed Governor shall be eligible for re-appointment at the end of his/her 3-year term.

13.7 An appointed Governor shall only be able to serve a maximum of two terms or 6 (six) 9 years.

- 13.8 An appointed Governor shall cease to hold office if the appointing organisation withdraws its sponsorship of him/her.

14. Council of Governors - disqualification and removal

- 14.1 A person may not become or continue as a member of the Council of Governors if they have, or are:
- 14.1.1 been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.
 - 14.1.2 had a moratorium period under a debt relief order applied (under Part 7A of the Insolvency Act).
 - 14.1.3 made a composition or arrangement with, or granted a Trust deed for, his/her creditors and has not been discharged in respect of it.
 - 14.1.4 within the preceding five years been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her.
 - 14.1.5 failed to attend three general meetings of the Council of Governors in a 12 month period, unless the Council of Governors is satisfied that the absences were due to reasonable causes and that attendance at future meetings will begin again immediately or within a reasonable period of time.
 - 14.1.6 been dismissed within the preceding two years, otherwise than by reasons of redundancy, from employment with a public body (paid or otherwise).
 - 14.1.7 been appointed as an executive or non-executive Director of the Trust or a Governor, non-executive Director, Chair or Chief Executive of another NHS organisation.
 - 14.1.8 the spouse, partner, parent or child of a Governor.
 - 14.1.9 a member of a Local Authority's Scrutiny Committee covering health matters.
 - 14.1.10 a person who is a medical practitioner and who has been removed from the register of medical practitioners held by the General Medical Council in accordance with the Medical Act 1983, or has been suspended from that register, and not subsequently had his/her name returned to that register.
 - 14.1.11 incapable by reason of continuing mental incapacity, illness or injury of managing and administering his/her property and affairs.
 - 14.1.12 refused to sign a declaration in the form specified by the nominated Member's Office of the particulars of their qualification to vote as a member and that they are not prevented from being a member.

- 14.1.13 refused to undertake without reasonable cause any training that the Council of Governors requires all Governors to undertake.
- 14.1.14 failed to sign and deliver to the Nominated Officer a statement in the prescribed form confirming acceptance of the Code of Conduct for Governors.
- 14.1.15 any conflicts of interest that may make them unsuitable.
- 14.1.16 fail to disclose any conflict of interest required to be disclosed in meetings of the Council of Governors.
- 14.1.17 a person whose name has been added to and not removed from a list prepared under the Sexual Offences Act 1997.
- 14.1.18 no longer eligible to be a member of a constituency or if appointed, that person is no longer sponsored by the relevant organisation.
- 14.1.19 had their name removed from a relevant list of medical practitioners pursuant to Paragraph 10 of the National Health Service (Performers Lists) Regulations 2004 or Section 151 of the 2006 Act (or similar provision elsewhere), and has not subsequently had their name included in such a list.
- 14.1.20 subject to disqualification under the Company Directors Disqualification Act 1986.
- 14.1.21 been convicted of an offence under the Bribery Act 2010, the modern Slavery Act 2015 or a crime involving dishonesty.
- 14.2 Governors must be at least 16 years of age at the date that they are nominated for election or appointment.
- 14.3 A Governor may resign from office at any time during his/her term of office by giving notice in writing to the Chair such notice specifying the date of resignation.
- 14.4 A Governor may be removed from office by resolution of two-thirds of governors present at a Council of Governors General Meeting in the following circumstances:
 - 14.4.1 For any of the reasons listed in section 14.1 above.
 - 14.4.2 They is found to act in way which contravenes the Code of Conduct.
 - 14.4.3 They acts in a way that is incompatible with the values of the Trust or is prejudicial to the reputation of the Trust or the NHS or fails to discharge his/her responsibilities as a Governor.
- 14.5 A staff Governor who is suspended from staff duties for any reason will also be suspended from their role as a Governor for the duration of their suspension. Whilst a staff Governor is under suspension, They cannot attend meetings of the Council of Governors in any capacity, but missing any meetings of the Council of Governors will not count as failure to attend for the purpose of 14.1.5 above

15. Appointment of a Lead Governor

- 15.1 The Trust may appoint a Lead Governor.
- 15.2 The duties of the Lead Governor shall be:
 - 15.2.1 To lead the Council of Governors only in circumstances where it is not appropriate for the Chair, the Deputy-Chair / Senior Independent Director or other non- executive Director to do so.
 - 15.2.2 To act as the point of contact for the regulator in circumstances where it would inappropriate for the regulator to contact the Chair.
- 15.3 The Lead Governor shall have no other duties unless agreed otherwise by the Board of Directors and the Council of Governors.
- 15.4 The Lead Governor shall normally hold office for a period of two years

16. Casual Vacancies

- 16.1 A casual vacancy is a vacancy that arises because a Governor does not complete his/her term of office for any reason. A vacancy that arises because the term of office of a governor has expired and they has not been re-elected or re-appointed is not a casual vacancy.
- 16.2 The validity of any act of the Council of Governors is not affected by any vacancy amongst the Council of Governors or by any defect in the appointment of any Governor.
- 16.3 Where there is a casual vacancy of the Council of Governors for whatever reason:
 - 16.3.1 Where the vacancy is for an appointed Governor, the appointing organisation will be requested to appoint a replacement to hold office for the remainder of the term in accordance with the agreed appointment processes; and
 - 16.3.2 Where the vacancy is for an elected Governor, the next highest polling candidate at the most recent elections to fill the seat will be invited to take up the seat for the remainder of the period of office at which time they may seek re-election.

17. Indemnity

- 17.1 Members of the Council of Governors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their official functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust. The Trust may purchase and maintain insurance against this liability for its own benefit and for the benefit of the members of the Council of Governors.

18. Dispute resolution procedure

- 18.1 The Trust is to establish a dispute resolution procedure in respect of any disputes arising between the Council of Governors and the Board of Directors that shall be approved by both the Council of Governors and the Board of Directors.

19. Council of Governors – duties of Governors

19.1 The duties of the Council of Governors as set out in the amendments to the 2006 Act made by the 2012 Act are:

19.1.1 To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors. Refer to the Terms of Reference for the Council of Governors for further detail on the mechanisms which enable the Non-Executive Directors to be held to account.

19.1.2 To represent the interests of the members of the Trust as a whole and the interests of the public.

19.2 The duties of the Council of Governors as set out in the 2006 Act are:

19.2.1 To appoint or remove the Chair and the other non-executive directors at a general meeting.

19.2.2 Decide the remuneration and allowances, and the other terms and conditions of office, of the non-executive directors.

19.2.3 Appoint or remove the auditor at a general meeting.

19.2.4 Approve the appointment of a chief executive.

19.2.5 Receive the annual accounts, any report of the auditor relating to the annual accounts, and the annual report at a general meeting.

19.2.6 Provide their views to the Board of Directors in relation to the forward plan for the Trust.

19.2.7 Approve significant transactions.

19.2.8 Approve mergers, acquisitions or dissolutions.

19.2.9 Consider and vote on amendments to the constitution.

19.3 The Trust must take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

20. Council of Governors - meetings of Governors

20.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 24) or, in his/her absence, the Deputy Chair (appointed in accordance with the provisions of paragraph 25), shall preside at meetings of the Council of Governors.

20.2 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

20.3 For the purposes of obtaining information about the Trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the Trust's or directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting.

- 20.4 The standing orders for the practice and procedure of the Council of Governors, as may be varied from time to time, are attached at Annex 4.

21. Council of Governors - travel expenses

- 21.1 Governors shall not receive remuneration for acting as Governors but the Trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the Board of Directors.

22. Board of Directors – composition

- 22.1 The Trust is to have a Board of Directors, which shall comprise both executive and non-executive Directors.

- 22.2 The Board of Directors is to comprise:

22.2.1 A Non-Executive Director Chair

22.2.2 No fewer than 6 (six) nor more than 7 (seven) other non-executive Directors; and

22.2.3 A maximum of 5 (five) executive Directors.

- 22.3 The Chief Executive shall be the Accounting Officer.

- 22.4 One of the Executive Directors shall be the Chief Finance Officer.

- 22.5 One of the Executive Directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

- 22.6 One of the Executive Directors is to be a registered nurse or a registered midwife.

- 22.7 The Board of Directors should include an appropriate combination of Executive and Non-Executive Directors (and in particular, independent Non-Executive Directors) such that the Non-Executive Directors should be in a majority.

- 22.8 The Board of Directors may appoint suitable persons from Academic institutions or from industry or commerce as Associate Non-Executive Directors as required from time to time to assist the Board and its Committees. The Associate Non-Executive Directors shall not be voting members of the Board nor count towards a quorum and attend only by invitation from the Board.

23. Board of Directors – General Duty

- 23.1 The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the Trust as a whole and for the public.

- 23.2 The Board of Directors will also have regard to the content of the NHS Foundation Trust Code of Governance 2014 and any future versions.

24. Board of Directors - appointment and removal of Non-Executive Directors, Associate Non-Executive Directors, including the Chair

- 24.1 A person may be appointed as a Non-Executive Director, Associate Non-Executive Director only if:
- 24.1.1 They are a member of the Public or patient Constituency, or
 - 24.1.2 They are not disqualified by virtue of paragraph 27 below.
- 24.2 The Council of Governors at a general meeting of the Council of Governors shall appoint the Chair of the Trust and the other Non-Executive Directors, Associate Non-Executive Directors, by approval of a majority of those present.
- 24.3 Removal of the Chair or another Non-Executive Director, Associate Non-Executive Director shall require the approval of two-thirds of those present at a Council of Governors' General Meeting.
- 24.4 The appointment and terms of appointment of a Non-Executive Director, Associate Non-Executive Director, including the Chair, will be overseen by a Governors Nominations and Remuneration Committee as set out in Annex 4 of this constitution and will be overseen by the Chair of Council of Governors.
- 24.5 Non-Executive Directors, Associate Non-Executive Director, including the Chair, should be determined as independent on appointment. The Chair's independence on appointment to the role of Chair should consider any previous tenure served as a non-Executive Director. The criteria for independence are set out in the NHS Foundation Trust Code of Governance.
- 24.6 The Council of Governors should keep the independence of Non-Executive Directors and Associate Non-Executive Directors under review. This will predominantly be undertaken by the Governors Nominations and Remuneration Committee, overseen by the Council of Governors.
- 24.7 Non-Executive Directors and Associate Non-Executive Directors should serve a maximum of two three-year terms. Only in exceptional circumstances should a further term of 12 (twelve) months be granted. If a Non-Executive Director is appointed as Chair through the process described in this Constitution then the term for appointment is reset.
- 24.8 A Governors Nominations and Remuneration Committee overseen by the Chair will review the appointments process in advance of each recruitment process, however this will include as a minimum:
- 24.8.1 A shortlisting and interview panel comprised of four to six Governors.
 - 24.8.2 Inclusion of non-voting panel members at each stage of the process to include an external advisor, the Chief People Officer (or deputy), the Chair or Senior Independent Director, and Company Secretary (or deputy).
- 25. Board of Directors - appointment of the Deputy Chair**
- 25.1 The Non-Executives and the Council of Governors will be consulted by the Chair in relation to the appointment of a Deputy Chair.
- 26. Board of Directors - appointment and removal of the Chief Executive and other Executive Directors**
- 26.1 The Non-Executive Directors shall appoint or remove the Chief Executive Officer.

- 26.2 The appointment of the Chief Executive Officer shall require the approval of a simple majority of the Council of Governors.
- 26.3 The Trust Nominations and Remuneration Committee shall appoint or remove the other Executive Directors.

27. Board of Directors – disqualification

- 27.1 A person may not become or continue as a member of the Board of Directors who:
- 27.1.1 has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.
 - 27.1.2 a moratorium period under a debt relief order applied (under Part 7A of the Insolvency Act 1986).
 - 27.1.3 has made a composition or arrangement with, or granted a Trust deed for, his/her creditors and has not been discharged in respect of it.
 - 27.1.4 within the preceding five years has been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him;
 - 27.1.5 Is a member of the Council of Governors;
 - 27.1.6 Is the spouse, partner, parent or child of a member of the Board of Directors;
 - 27.1.7 Is the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
 - 27.1.8 is a medical practitioner and who has been removed from the register of medical practitioners held by the General Medical Council in accordance with the Medical Act 1983, or has been suspended from that register, and not subsequently had his/her name returned to that register;
 - 27.1.9 In the case of a non-executive Directors they are no longer a member of one of the public or patient constituencies;
 - 27.1.10 has within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
 - 27.1.11 has had a tenure of office as a Chair or as a member or Director of a health service body terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings or for non-disclosure of a pecuniary interest;
 - 27.1.12 In the case of a non-executive Director they have refused without reasonable cause to fulfil any training requirement established by the Board of Directors;

27.1.13 has refused to sign and deliver to the Nominated Officer a statement in the prescribed format confirming acceptance of a Code of Conduct for Directors.

28. Board of Directors – meetings

28.1 Meetings of the Board of Directors shall be held in public unless the Board determines otherwise.

28.2 Before holding a meeting in public, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting in public, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.

28.3 The standing orders for the practice and procedure of the Board of Directors are attached at Annex 5.

29 Board of Directors - conflicts of interest of Directors

29.1 The duties that a Director of the Trust has by virtue of being a director include the duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust. A duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity:

29.3.1 The duty referred to in sub-paragraph 29.1 is not infringed; if

29.3.2 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or

29.3.3 The matter has been authorized in accordance with the constitution

29.3.4 The duty referred to in sub-paragraph 29.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

29.3.5 In sub-paragraph 29.2, “third party” means a person other than:

29.1.1.1 The Trust

29.1.1.2 A person acting on its behalf

29.3.6 If a director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors.

29.3.7 If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

29.3.8 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

29.3.9 This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.

29.3.10 A director need not declare an interest:

29.1.1.3 If it cannot reasonably be regarded as likely to give rise to a conflict of interest.

29.1.1.4 If, or the extent that, the directors are already aware of it.

29.1.1.5 If, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered.

- By a meeting of the Board of Directors, or
- By a committee of the directors appointed for the purpose under the constitution

30 Board of Directors - remuneration and terms of office

30.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other non-executive Directors.

30.2 The Trust Nomination and Remuneration Committee shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors.

31 Registers

31.1 The Trust shall have:

31.1.1 a register of members showing, in respect of each member, the constituency to which They belongs and, where there are classes within it, the class to which They belongs;

31.1.2 A register of members of the Council of Governors;

31.1.3 A register of interests of Governors;

31.1.4 A register of Directors and Non-Executive Directors; and

31.1.5 A register of interests of the Directors and Non-Executive Directors.

32 Admission to and removal from the registers

32.1 The Trust Secretary will oversee the arrangements for additions and removals from the registers.

33 Registers - inspection and copies

33.1 The Trust shall make the registers specified in paragraph 31 above available for inspection by members of the public, except in the circumstances set out at paragraph 34 or as otherwise prescribed by regulations.

33.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of:

33.2.1 Any other member of the Trust, if they so requests.

33.3 So far as the registers are required to be made available:

33.3.1 They are to be available for inspection free of charge at all reasonable times; and

33.3.2 A person who requests a copy of or extract from the registers is to be provided with a copy or extract.

33.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

34 Documents available for public inspection

34.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

- i. A copy of the current constitution;
- ii. A copy of the latest annual accounts and of any report of the auditor on them;
- iii. A copy of the latest annual report;

34.2 All documents required by paragraphs 22(1)(g) to 22(10)(p) inclusive of Schedule 7 to the 2006 Act (relating to special administration) shall be available for inspection by members of the public free of charge at all reasonable times.

34.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

34.4 If the person requesting a copy or extract under this paragraph is not a Member of the Trust, the Trust may impose a reasonable charge for providing the copy or extract.

35 Auditor

35.1 The Trust shall have an auditor.

35.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors by approval of a simple majority of those present.

36 Audit and Risk committee

36.1 The Trust shall establish a committee of non-executive Directors as an Audit and Risk Committee to perform such monitoring, reviewing and other functions as are appropriate.

37 Annual accounts

37.1 The Trust must keep proper accounts and proper records in relation to the accounts.

37.2 NHS England may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

37.3 The accounts are to be audited by the Trust's auditor.

37.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHS England may with the approval of the Secretary of State direct. 19

37.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

38 Annual report, forward plans and non-NHS work

38.1 The Trust shall prepare an Annual Report and send it to NHS England.

38.2 The Trust shall give information as to its forward planning in respect of each financial year to NHS England and the Integrated Care Board.

38.3 The document containing the information with respect to forward planning referred to in paragraph 38.5 shall be prepared by the directors.

38.4 In preparing the document, the directors shall have regard to the views of the Council of Governors.

38.5 Each forward plan must include information about –

- i. The activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on; and
- ii. The income it expects to receive from doing so.

38.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 38.5.1 the Council of Governors must:

- i. Determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions, and
- ii. Notify the directors of the Trust of its determination.

38.7 A Trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

39 Presentation of the Annual Accounts and Reports to the Governors and members

39.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

- i. The annual accounts
- ii. Any report of the auditor on them
- iii. The annual report

39.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

39.3 The Trust may combine a meeting of the Council of Governors with the Annual Members' Meeting.

40 Instruments

40.1 The Trust shall have a seal.

40.2 The seal shall not be affixed except under the authority of the Company Secretary or the Chief Executive of the Trust.

41 Amending the Constitution

41.1 The Trust may make amendments of its constitution only if:

- i. More than half of the members of the Council of Governors of the Trust voting approve the amendments, and
- ii. More than half of the members of the Board of Directors of the Trust voting approve the amendments.
- iii. Amendments made under paragraph 41.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.
- iv. Where an amendment is made to the constitution in relation the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):
 1. At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and
 2. The Trust must give the members an opportunity to vote on whether they approve the amendment.
 3. If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.
 4. Amendments by the Trust of its constitution are to be notified to NHS England. For the avoidance of doubt, NHS England's functions do not include a power or duty to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

42 Mergers etc., significant transactions

42.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the council of governors.

42.2 The Trust may enter into a Significant Transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transition.

42.3 In paragraph 42.2, the following words have the following meanings:

21

- i. “Significant Transaction” means a transaction which meets all of any one of the tests below:
 1. The fixed asset test; or
 2. The turnover test; or
 3. The gross capital test (relating to acquisitions or divestments).
- ii. The fixed asset test is met if the assets which are subject of the transaction exceed 25% of the fixed assets of the Trust.
- iii. The turnover test is met if, following the completion of the relevant transaction, the income of the Trust will increase or decrease by more than 25%.
- iv. The gross capital test is met if the gross capital of the company or business being acquired or divested represents more than 25% of the capital of the Trust following completion (where “gross capital” is the market value of the relevant company or business shares and debt securities, plus the excess of current liabilities over current assets, and the Trust’s capital is determined by reference to its balance sheet).
- v. For the purposes of calculating the tests in this paragraph 42, figures used to classify assets and profits must be the figures shown in the latest published audited consolidated accounts.
- vi. A transaction:
 1. Includes all agreements (including amendments to agreements) entered into by the Trust.
 2. Excludes a transaction in the ordinary course of business (including the renewal, extension or entering into an agreement in respect of healthcare services carried out by the Trust).
 3. Excludes any agreement or changes to healthcare services carried out by the Trust following a reconfiguration of services led by the commissioners of such services.
 4. Excludes any grant of public dividend capital or the entering into of a working capital facility or other loan, which does not involve the acquisition or disposal of any fixed asset of the Trust.

ANNEX 1 - THE PUBLIC CONSTITUENCY

1.1 The Trust has three public constituencies. Members of the public shall be eligible for membership of the Public Constituencies as shown in the table below:

Area	Minimum number of members
Medway	70
Swale	30
Rest of England and Wales	10

The overall number of public members will not fall below 400 in total nor below the minimum in each area identified in this Annex.

ANNEX 2 - THE STAFF CONSTITUENCY

2.1 The minimum number of Members for the Staff Constituency is set out below:

Staff Constituency	Minimum number
Total	1,950

ANNEX 3 - COMPOSITION OF COUNCIL OF GOVERNORS

3.1 The Council of Governors will consist of 25 Governors, which shall comprise of both elected Governors and appointed Governors as set out below:

Appointed Governors	Number
Local Authority (represented by a member of the Kent Health and Wellbeing Board)	1
Local Authority (represented by a member of the Medway Health and Wellbeing Board)	1
Local Authority – Swale Borough Council	1
University of Kent	1
Canterbury Christchurch University	1
University of Greenwich	1
Charity Representative (League of Friends)	1
Elected Governors (staff members)	Number
Staff Members	5
Elected Governors	Number
Medway	9
Swale	4
Rest of England and Wales	1

ANNEX 4 - STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

CONTENTS

- 1. Statutory Authority**
- 2. Interpretation**
- 3. Composition of the Council of Governors**
 - 3.1 Composition of the Council of Governors
 - 3.2 Role of the Chair of the Trust
 - 3.3 Role of the Deputy-Chair of the Trust
 - 3.4 Removal of the Chair and Deputy-Chair
- 4. Meetings of the Council of Governors**
 - 4.1 Frequency of Meetings
 - 4.2 Duration of Meetings
 - 4.3 Admission of the Press and Public
 - 4.4 Calling Meetings
 - 4.5 Notice of Meetings
 - 4.6 Setting the Agenda
 - 4.7 Chair of the Meeting
 - 4.8 Notices of Questions
 - 4.9 Notices of Motions
 - 4.10 Chair's Ruling
 - 4.11 Voting
 - 4.12 Minutes
 - 4.13 Suspension of Standing Orders
 - 4.14 Record of Attendance
 - 4.15 Quorum
- 5. Arrangements for the Exercise of Functions by Delegation**
 - 5.1 Emergency Powers
 - 5.2 Appointment of Committees
- 6. Confidentiality**
- 7. Declaration of Interests and Register of Interests**
 - 7.1 Declaration of Interest
 - 7.2 Register of Interests
- 8. Disability of Governors in proceedings on account of pecuniary interest**
- 9. Disputes between the Council of Governors and Board of Directors**
- 10. Variation and Amendment of Standing Orders**

1. STATUTORY AUTHORITY

- 1.1. Medway NHS Foundation Trust is a public benefit corporation established under the NHS Act 2006 and authorised by NHS England on 1 August 2006 to act as an NHS Foundation Trust.
- 1.2. The Constitution requires the Council of Governors to adopt Standing Orders for the regulation of its procedures and business. These Standing Orders have been agreed by the Board of Directors and the Council of Governors and have been approved by NHS England.
- 1.3. Governors are required to comply with the requirements of these Standing Orders at all times.

2. INTERPRETATION

- 2.1. Save as permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive and Trust Secretary).
- 2.2. Words importing the masculine gender only shall include the feminine gender and words importing the singular shall import the plural and vice-versa.
- 2.3. Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition:
 - a) **Accounting OFFICER** shall be the officer responsible and accountable for funds entrusted to the Trust. They shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.
 - b) **BOARD** means the Board of Directors, formally constituted in accordance with this Constitution and consisting of a Chair, and Non-executive Directors, appointed by the Council of Governors and the Executive Directors, appointed by the Non-executive Directors and (except for his/her own appointment) by the Chief Executive.
 - c) **BUDGET** shall mean a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
 - d) **CHAIR** is the person appointed by the Council of Governors as a Non-Executive Chair to lead the Board of Directors, and Council of Governors, to ensure it successfully discharges its overall responsibility for the Trust as a whole.
 - e) **CHIEF EXECUTIVE** shall mean the Accounting officer of the Trust.
 - f) **COMMITTEE OF THE COUNCIL OF GOVERNORS** means a committee formed by the Council of Governors with specific Terms of Reference, chair and membership.

- g) **COMMITTEE OF THE BOARD** means a committee formed by the Board with specific Terms of Reference, Chair and Membership.
- h) **DIRECTOR** means a person appointed to the Board of Directors
- i) **DIRECTOR OF FINANCE** shall mean the Chief Finance Officer of the Trust who will ensure compliance with Standing Financial Instructions.
- j) **FUNDS HELD ON TRUST** shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Schedule 3 and 4 para 14.1c National Health Service Act 2006. Such funds may or may not be charitable.
- k) **GOVERNOR** means a person elected or appointed to the Council of Governors.
- l) **COUNCIL OF GOVERNORS** means the Council of Governors, formally constituted in accordance with this Constitution meeting in public and presided over by the Chair.
- m) **MEMBER** means a person registered as a member of one of the constituencies of the Trust as outlined in this Constitution.
- n) **NHS ENGLAND** is the body corporate known as NHS England under the 2022 Act.
- o) **MOTION** means a formal proposition to be discussed and voted on during the course of a meeting.
- p) **NOMINATED OFFICER** means an officer charged with the responsibility for discharging specific tasks within Standing Orders in line with the Health Acts.
- q) **NON-EXECUTIVE DIRECTOR** is a person appointed by the Council of Governors to be a member of the Board of Directors. This includes the Chair of the Trust.
- r) **OFFICER** means an employee of the Trust
- s) **SOs** means Standing Orders
- t) **SFIs** means Standing Financial Instructions
- u) **TRUST** means Medway NHS Foundation Trust.
- v) **TRUST SECRETARY** this role will act as independent adviser to the Board and NHS England the Trust's compliance with its terms of authorisation and constitution.
- w) **DEPUTY-CHAIR** means the Non-Executive Director appointed by the Council of Governors to carry out the duties of the Chair if they are absent for any reason.

3. COMPOSITION OF THE COUNCIL OF GOVERNORS

3.1 The composition of the Council of Governors shall be in accordance with the Trust's Constitution.

3.2 Role of the Chair of the Trust

The Chair shall not be a member of the Council of Governors however, in accordance with the regulatory framework; they will preside over meetings of the Council of Governors.

3.3 Role of the Deputy-Chair of the Trust

In respect of meetings of the Council of Governors, where the Chair has died or has otherwise ceased to hold office or where they have been unable to perform his/her duties as a Chair owing to illness, absence from England and Wales or any other cause, references to the Chair shall, so long as there is no Chair able to perform his/her duties, be taken to include the Deputy-Chair.

3.4 Removal of the Chair or Deputy-Chair of the Trust

It shall be for the Council of Governors to determine the period of office for the Chair and Deputy-Chair, which shall normally be for a period of up to three years after which the Council of Governors shall review the appointment. Should there be the requirement to remove the Chair or Deputy-Chair of the Council of Governors this shall be carried out in accordance with SO 4.9.6.

4. MEETINGS OF THE COUNCIL OF GOVERNORS

4.1 Frequency of Meetings

The Council of Governors will meet in a general meeting on no less than four occasions each year at times and places that the Council of Governors may determine.

4.2 Duration of Meetings

The business of meetings will be conducted efficiently and in a timely manner and will not last longer than three hours. Any business not conducted within three hours will be adjourned until the next meeting.

4.3 Admission of the Public and Press

4.3.1 Meetings shall be open to members of the public and the press. Members of the public and press shall be required to withdraw from the meeting upon the Council of Governors resolving as follows:

“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 business to be transacted, publicity on which would be prejudicial to the public interest.”

- 4.3.2 The Chair shall give such directions as They thinks fit in regard to the arrangements for meetings and accommodation of the public and the press so as to ensure that the business of the Council of Governors is conducted without interruption and disruption. Without prejudice to the power to exclude on the grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Council of Governors resolving as follows:

“That in the interests of public order the meeting adjourn for [the period specified] to enable the Council of Governors to complete business without the presence of the public.”

- 4.3.3 The Chair may exclude any member of the public from a meeting of the Council of Governors if they are interfering with or preventing the reasonable conduct of the meeting.
- 4.3.4 Nothing in these Standing Orders shall require the Council of Governors to allow members of the public or press to record proceedings in any manner, other than in writing, or to make any oral report of proceedings as they take place without the prior agreement of the Council of Governors.
- 4.3.5 The Council of Governors may invite the Chief Executive and Directors of the Trust to attend any meeting of the Council of Governors to respond to questions from Governors on the affairs of the Trust.

4.4 **Calling Meetings**

Notwithstanding section 4.1 above, the Chair may call a meeting of the Council of Governors at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Governors, has been presented to him, or if without so refusing, the Chair does not call a meeting within fourteen days after such requisition to do so, such one-third or more Governors may call a meeting forthwith. A requisition from Governors under this section may be submitted electronically provided that such requisition includes the names and electronic signatures of the Governors issuing it.

4.5 **Notice of Meetings**

- 4.5.1 Before each meeting of the Council of Governors, a notice of the meeting, specifying the business proposed to be transacted at it and signed by the Chair or by an officer of the Trust authorised by the Chair to sign on his/her behalf, shall be delivered to every Governor or sent by post to the normal place of residence of such Governor to arrive at least five clear working days before the meeting.
- 4.5.2 Lack of service of the notice on any Governor shall not affect the validity of the meeting.
- 4.5.3 In the case of a meeting called by the Governors in default of the Chair, the notice shall be signed by those Governors and no business shall be transacted at the meeting other than that specified in the notice.
- 4.5.4 Before each meeting of the Council of Governors a public notice of the time and place of the meeting, along with the agenda, shall be available on the

Trust's website, at least seven days before the meeting.

4.6 **Setting the Agenda**

- 4.6.1 The Council of Governors may determine that certain matters shall appear on every agenda for a meeting of the Council of Governors.
- 4.6.2 A Governor who wishes for an item to be included on an agenda for a meeting of the Council of Governors shall make a written request to the Chair at least ten clear working days before the meeting. Requests made less than ten clear working days before a meeting may be included on the agenda solely at the discretion of the Chair.
- 4.6.3 The Council of Governors will agree an annual schedule of work proposed by the Board of Directors to ensure that the Council of Governors discharge their statutory responsibilities as Governors.

4.7 **Chair of the Meeting**

- 4.7.1 At any meeting of the Council of Governors, the Chair, if present, shall preside. If the Chair is absent from the meeting, or if they are disqualified from participating because of a declared conflict of interest, the Deputy- Chair, if they are present, shall preside. If both the Chair and Deputy- Chair are absent or disqualified, the Council of Governors may choose an appropriate individual from among the remaining non-executive Directors or the Lead Governor to preside.

4.8 **Notice of Questions**

- 4.8.1 Governors may ask the Chair, a Non-Executive Director, another Governor or Executive Director questions about matters which are directly in relation to a matter over which the Council of Governors has powers or duties or which affects the area covered by the Trust.
- 4.8.2 A Governor may only ask a question under paragraph 4.8.1 if either;
- a) they have given at least 14 working days' notice in writing of the question to the Trust Secretary. For the purposes of this Standing Order, receipt of any such questions via electronic means is considered acceptable;
 - b) the question relates to urgent matters, they have the consent of the person to whom the question is to be put and the content of the question is given to the Company Secretary by 10.00am on the day of the meeting (if the meeting is scheduled for the afternoon) or by 2.00pm on the preceding day (if the meeting is scheduled for the morning). Urgent is defined as a matter which will adversely affect the Trust within the next seven days.
- 4.8.3 A Governor may ask any question through the Chair without notice upon a report from an Executive Director, or other officer of the Trust, when that item is being received or under consideration by the Council of Governors. Unless the Chair decides otherwise no statements will be made other than those

which are strictly essential to define the question, which should last no longer than three minutes. The Chair may reject any question from any Governor if in his/her opinion the question is substantially the same as the question which has already been put to the meeting or a previous meeting of the Council of Governors.

- 4.8.4 An answer may take the form of a direct oral answer; where the desired information is in a publication of the Trust or other published work, a reference to that publication; where the reply cannot conveniently be given orally, a written answer circulated later to the questioner; or a brief oral answer supplemented by a written answer circulated later to the Governor who has raised the question.
- 4.8.5 A Governor asking a question under paragraphs 4.8.1 above may ask one supplementary question (lasting no longer than three minutes) without notice of the person to whom the first question was asked. The supplemental question must arise directly out of the reply

4.9 Notices of Motion

- 4.9.1 A Governor of the Trust desiring to move a motion shall send a written notice thereof at least ten clear days before the meeting to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda, subject to SO 4.5.
- 4.9.2 A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.
- 4.9.3 Notice of motion to amend or 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 members of the Council of Governors who give it and also the signature of four other members of the Council of Governors. When any such motion has been disposed of by the Council of Governors it shall not be competent for any member of the Council of Governors, other than the Chair, to propose a motion to the same effect within six months.
- 4.9.4 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto. The mover of a motion shall have strictly no more than five minutes to move a motion and strictly no more than three minutes for a right of reply.
- 4.9.5 When a motion is under discussion or immediately prior to discussion it shall be open to a member of the Council of Governors to move:
 - a) An amendment to the motion.
 - b) The adjournment of the discussion or the meeting.
 - c) That the meeting proceeds to the next business.

- d) That the motion shall be now put.

Such a motion, if seconded, shall be disposed of before the motion which was originally under discussion or about to be discussed.

No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

In the case of motions under c) and d), to ensure objectivity motions may only be put by a member of the Council of Governors who has not previously taken part in the debate.

- 4.9.6 A motion to remove the Chair or a non-executive Director must be seconded by 10 members of the Council of Governors.

- 4.9.7 The following motions may be moved without notice:

- a) in relation to the accuracy of the minutes;
- b) to change the order of business in the agenda;
- c) to refer something to an appropriate body or individual;
- d) to appoint a working group arising from an item on the agenda for the meeting;
- e) to receive reports or adopt recommendations made by the Board of Directors;
- f) to withdraw a motion;
- g) to amend a motion;
- h) to proceed to the next business;
- i) that the question be now put;
- j) to adjourn a debate;
- k) to adjourn a meeting;
- l) to suspend a particular Standing Order; a rule may be suspended by motion on notice or without notice if at least one half of the whole number of Governors of the Council of Governors are present. Suspension can only be for the duration of the meeting;
- m) to exclude the public and press in accordance with Standing Orders 4.3
- n) to not hear further a Governor, or to exclude them from the meeting. If a Governor persistently disregards the ruling of the Chair by behaving improperly or offensively or deliberately obstructs business, the Chair may move that the Governor be not heard further. If seconded, the motion will be voted on without discussion. If the Governor continues to behave improperly after such a motion is carried, the Chair may move that either the Governor leaves the meeting

room or that the meeting is adjourned for a specified period. If seconded, the motion will be voted on without discussion;

- o) to give the consent of the Council of Governors where its consent is required by the Constitution.

4.10 Chair's Ruling

4.10.1 Statements of members or Governors made at the meetings of the Council of Governors shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.

4.11 Voting

4.11.1 Every question at a meeting shall be determined by a majority of the votes of the Governors present and voting on the question with the exception of a decision to remove the Chair or a non-executive Director which requires the approval of two thirds of the Governors present and voting.

4.11.2 In the case of an equality of votes, the person presiding over the meeting shall have a second or casting vote.

4.11.3 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request.

4.11.4 If at least one-third of the Governors present so request, the voting on any question may be recorded to show how each Governor present voted or abstained.

4.11.5 In no circumstances may a Governor, who is absent at the time of the vote, vote by proxy.

4.12 Minutes

4.12.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.

4.12.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

4.12.3 Minutes shall be circulated to all Governors. The minutes of meetings shall be made available to the public except for minutes relating to business conducted when members of the public are excluded under the terms of section 4.3 of these Standing Orders.

4.13 Suspension of Standing Orders

4.13.1 Except where this would contravene any statutory provision, any one or more of the Standing Orders may be suspended at any meeting, providing

that at least two-thirds of the Governors are present and that a majority of those present vote in favour of suspension.

4.13.2 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

4.13.3 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Governors.

4.13.4 No formal business may be transacted while Standing Orders are suspended.

4.13.5 The Audit and Risk Committee shall review every decision to suspend Standing Orders.

4.14 Record of Attendance

4.14.1 The names of the Governors present at the meeting shall be recorded in the minutes.

4.15 Quorum

4.15.1 No formal business shall be transacted at a general meeting of the Council of Governors unless at least one-third of the Governors are present including at least one-third of the Governors from the public constituency.

4.15.2 If a Governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest, they shall no longer count towards the quorum. If a quorum is not then 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 the meeting. Such a position shall be recorded in the minutes of the meeting. The meeting will then proceed to the next business.

4.15.3 For the clarification of doubt, the requirements of this section will not apply to development meetings of the Council of Governors, held for briefing and training purposes, unless such a meeting intends to act as a general meeting and transact formal business. In that event these Standing Orders apply in full to the consideration of any such business.

4.15.3 The Chair of a meeting of the Council of Governors may adjourn a meeting of the body if a quorum is either not present within thirty minutes of the appointed time of commencement or is not maintained for the duration of the meeting.

5. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

5.1 Emergency Powers

5.1. The powers which the Council of Governors has retained to itself within these Standing Orders may in emergency be exercised by the Chair after having consulted at least five elected members of the Council of Governors. The exercise of such powers by the Chair shall be reported to the next formal meeting of the Council of Governors for ratification.

5.2 **Appointment of Committees**

- 5.2.1 The Council of Governors may appoint to the committees described in section 5.2.5 of these Standing Orders, consisting wholly of Governors.
- 5.2.2 The Standing Orders of the Council of Governors, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees or sub-committees established by the Council of Governors.
- 5.2.3 Each committee shall have such terms of reference and powers and be subject to such conditions as the Council of Governors shall determine. Such terms of reference shall have effect as if incorporated into the Standing Orders.
- 5.2.4 The Council of Governors shall approve the appointments to each of the committees it has constituted.
- 5.2.5 The standing committees to be established by the Council of Governors are:
 - a) (Governors) Nominations, Remuneration Committee

6 **CONFIDENTIALITY**

- 6.1 A member of the Council of Governors or an attendee on a committee of the Council of Governors shall not disclose a matter dealt with by, or brought before, the committee without its permission or until the committee shall have reported to the Council of Governors or shall otherwise have concluded on that matter.
- 6.2 A member of the Council of Governors or a non-member of the Council of Governors in attendance at a committee shall not disclose any matter dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Council of Governors or committee resolves that it is confidential.

7 **DECLARATIONS OF INTERESTS AND REGISTER OF INTERESTS**

7.1 **Declaration of Interests**

If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the members of the Council of Governors as soon as They becomes aware of it.

- 7.1.1 Interests referred to in 7.1 which should be regarded as “relevant and material” include but are not restricted to:
 - a) Directorships, including non-executive directorships held in limited companies (with the exception of dormant companies);
 - b) Ownership, part-ownership or directorships of companies, businesses or consultancies that carry out or are likely to carry out business with the Trust;

- c) Majority or controlling shareholdings in an organisation that carries out business with the Trust or is likely to carry out business with the Trust;
- d) A position of authority in a charity or voluntary organisation in the field of health or social care that carries out business with the Trust or is likely to carry out business with the Trust;
- e) Any connection with a voluntary or other organisation contracting or likely to contract for Trust services;
- f) To the extent not covered above, any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks.

7.1.2 If Governors have any doubt about the relevance of an interest, this should be discussed with the Chair or Trust Secretary who will advise on whether or not the interest should be disclosed.

7.1.3 For the avoidance of doubt, the above relevant and material interests extend to the spouse or partner of a Governor and declaration of such interests will be required.

7.1.4 At the time Governors' interests are declared, they should be recorded in the minutes of the Governor Body meetings. Any changes in interests should be declared at the next board meeting following the change occurring.

7.1.5 During the course of a meeting, if a conflict of interest is established, the Governor concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

7.2 Register of Interests

7.2.1 The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Governors. The Register will include details of all directorships and other relevant and material interests which have been declared by Governors, as defined in SO 7.1.

7.2.2 Governors must notify the Trust Secretary of any changes to their declared interests. Such notification must be made to the Trust Secretary within seven days of the change becoming known.

7.2.3 The Trust Secretary will ensure that such notifications are entered into the Register within seven days.

7.2.4 The Trust Secretary will conduct an annual review of the Register and report the outcome to the Council of Governors

7.2.5 The Register will be available for inspection by members of the public at the Trust's headquarters.

8. DISABILITY OF GOVERNORS IN PROCEEDINGS ON ACCOUNT OF

PECUNIARY INTEREST

- 8.1 Subject to the following provisions of this Standing Order, if a Governor has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Council of Governors at which the contract or other 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 contract or other matter or vote on any question with respect to it.
- 8.2 The Trust shall exclude a Governor from a meeting of the Council of Governors while any contract, proposed contract or other matter in which They has a pecuniary interest, is under consideration.
- 8.3 For the purpose of this Standing Order a Governor shall be treated, subject to SO 8.4, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:
- They, or a nominee of his/her, is a Director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or
 - They is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration; and
 - In the case of married persons living together the interest of one spouse shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.
- 8.4 A Governor shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:
- Of his/her membership of a company or other body, if they have no beneficial interest in any securities of that company or other body.
 - Of an interest in any company, body or person with which They is connected as mentioned in SO 7.3 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.
- 8.5 Where a Governor:
- Has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and
 - The total nominal value of those securities does not exceed 5% of the total nominal value of the issued share capital of the company or body.
 - If the share capital is of more than one class, the total nominal value of shares of any one class in which They has a beneficial interest does not exceed one-

hundredth of the total issued share capital of that class

- This Standing Order shall not prohibit him from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it without prejudice however to his/her duty to disclose his/her interest.

8.6 Standing Order 8 applies to a committee or sub-committee of the Council of Governors as it applies to the Council of Governors itself and applies to any member of any such committee or sub-committee (whether or not They is also a Governor) as it applies to a Governor.

9 DISPUTES BETWEEN THE COUNCIL OF GOVERNORS AND THE BOARD OF DIRECTORS

9.1 Conflicts between the Board of Directors and the Council of Governors will be resolved through the Trust's Dispute Resolution Procedure.

10. VARIATION AND AMENDMENT OF STANDING ORDERS

10.1 These Standing Orders shall be amended only if:

10.1.1 A notice of motion under Standing Order 4.8 has been given; and

10.1.2 A majority of three-quarters of Governors present at the meeting at which the matter is put vote in favour of the changes; and

10.1.3 The variation proposed does not contravene a statutory provision or a direction made by the Regulator of NHS Foundation Trusts; and

10.1.4 The amendment is agreed by the Board of Directors; and

10.1.5 The amendments agreed by the Board of Directors are approved by NHS England.

ANNEX 5 - STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

CONTENTS

- 1. Introduction**
 - a. Statutory Framework
 - b. Delegation of Powers
- 2. Standing Orders**
 - SO1 Interpretation
 - SO2 The Board of Directors
 - SO3 Meetings of the Board of Directors
 - SO4 Arrangements for the exercise of functions by Delegation
 - SO5 Committees
 - SO6 Declaration of interests and register of interests
 - SO7 Disability of Directors in proceedings on account of pecuniary interest
 - SO8 Standards of Business Conduct
 - SO9 Standards of Business Conduct
 - SO10 Signature of Documents
 - SO11 Miscellaneous

1. Introduction

a) Statutory Framework

The Medway NHS Foundation Trust (the Trust) is a public benefit corporation which is established under the NHS Act 2006 and authorised by NHS England on 1 August 2006 to act as a NHS Foundation Trust. The principal places of business of the Trust is Medway Maritime Hospital.

The Constitution requires the Board to adopt Standing Orders for the regulation of its proceedings and business. In addition the “Directions on Financial Management in England” (HSG (96)12) require health bodies to adopt Standing Financial Instructions setting out the responsibility of individuals. Although not mandatory on NHS Foundation Trusts, the Board will continue to apply them as a key element of its governance arrangements.

b) Delegation of Powers

Under the Standing Orders relating to the Arrangements for the Exercise of Functions SO 4 the Board exercises its powers to make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee appointed by virtue of SO 5 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit or as NHS England may direct. Delegated Powers are covered in a separate document (Reservation of Powers to the Board and Delegation of Powers). That document has effect as if incorporated into the Standing Orders.

2. Standing Orders

SO1 Interpretation

- 1.1 Save as permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive and Company Secretary).
- 1.2 Words importing the masculine gender only shall include the feminine gender and words importing the singular shall import the plural and vice-versa.
- 1.3 Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition:
 - a) **ACCOUNTABLE OFFICER** shall be the officer responsible and accountable for funds entrusted to the Trust. They shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.
 - b) **BOARD** means the Board of Directors, formally constituted in accordance with this Constitution and consisting of a Chair, and Non-Executive Directors, appointed by the Governors’ Body and the Executive Directors, appointed by the Non-Executive Directors and (except for his/her own appointment) by the Chief Executive.

- c) **BUDGET** shall mean a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
- d) **CHAIR** is the person appointed by the Council of Governors as a Non-Executive Chair to lead the Board of Directors, and Council of Governors, to ensure it successfully discharges its overall responsibility for the Trust as a whole.
- e) **CHIEF EXECUTIVE** shall mean the accountable officer of the Trust.
- f) **COMMITTEE OF THE COUNCIL OF GOVERNORS** means a committee formed by the Council of Governors with specific Terms of Reference, chair and membership.
- g) **COMMITTEE OF THE BOARD** means a committee formed by the Board with specific Terms of Reference, Chair and Membership.
- h) **DIRECTOR** means a person appointed to the Board of Directors
- i) **DIRECTOR OF FINANCE** shall mean the Chief Finance Officer of the Trust who will ensure compliance with Standing Financial Instructions.
- j) **FUNDS HELD ON TRUST** shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Schedule 3 and 4 para 14.1c National Health Service Act 2006. Such funds may or may not be charitable.
- k) **GOVERNOR** means a person elected or appointed to the Council of Governors.
- l) **COUNCIL OF GOVERNORS** means the Council of Governors, formally constituted in accordance with this Constitution meeting in public and presided over by the Chair.
- m) **MEMBER** means a person registered as a member of one of the constituencies of the Trust as outlined in this Constitution.
- n) **NHS ENGLAND** is the Independent Regulator of NHS Foundation Trusts appointed under the Health and Care Act 2022.
- o) **MOTION** means a formal proposition to be discussed and voted on during the course of a meeting.
- p) **NOMINATED OFFICER** means an officer charged with the responsibility for discharging specific tasks within Standing Orders in line with the Health Act.
- q) **NON-EXECUTIVE DIRECTOR** is a person appointed by the Council of Governors

to be a member of the Board of Directors. This includes the Chair of the Trust.

- r) **OFFICER** means an employee of the Trust
- s) **SOs** means Standing Orders
- t) **SFIs** means Standing Financial Instructions
- u) **TRUST** means Medway NHS Foundation Trust.
- v) **TRUST/COMPANY SECRETARY** this role will act as independent advisor to the Board and NHS England on the Trust's compliance with its terms of authorisation and constitution.
- w) Trust Nominations and Remuneration Committee means a Committee of the Non-Executive Directors.
- x) **DEPUTY-CHAIR** means the Non-Executive Director appointed by the Chair to carry out the duties of the Chair if they are absent for any reason.

SO2 The Board of Director

- 2.1 All business shall be conducted in the name of the Trust.
- 2.2 All funds received in Trust shall be in the name of the Trust as Corporate Trustee. In relation to funds held on Trust, powers exercised by the Trust as Corporate Trustee shall be exercised separately and distinctly from those powers exercised as a Trust.
- 2.3 The Trust has the functions conferred on it by the NHS Act 2006, 2012 and 2022 and by its authorisation.
- 2.4 The Board of Directors is the Corporate Trustee for the Charity. Accountability for charitable funds held on Trust is to the Charity Commission and to the Secretary of State for Health. Accountability for non-charitable funds held on Trust is only to NHS England.
- 2.5 The Trust has resolved that certain powers and decisions may only be exercised or made by the Board in formal session. These powers and decisions are set out in "Reservation of Powers to the Board" and have effect as if incorporated into the Standing Orders.
- 2.6 The Board of Directors will function as a unitary Board. The Board is collectively responsible for discharging the powers and for the performance of the Trust. Executive and non-executive Directors will have joint responsibility for every decision of the Board regardless of their individual skills or status.
- 2.7 The Role of Directors:

- 2.7.1 The role of the Directors as members of the Board is to set the direction of the Trust and NHS England and manage its performance in carrying out its statutory and other functions.
- 2.7.2 The executive Directors will exercise their authority in accordance with the terms of these Standing Orders, the Trust's Standing Financial Instructions, the Scheme of Reservation and Delegation.
- 2.7.3 The Chief Executive is responsible for the overall performance of the executive functions of the Trust. They is the Accounting Officer for the Trust and is responsible for ensuring that the requirements of the NHS Accounting Officer Memorandum are met.
- 2.7.4 The Chief Finance Officer is responsible for the provision of financial advice to the Trust and for the supervision of systems for financial accounting and control.
- 2.7.5 The Non-Executive Directors will not be granted nor seek to exercise any individual executive powers on behalf of the Trust. They may exercise authority when acting as members of, or when chairing, a committee of the Trust which has delegated powers.
- 2.7.6 The Chair is responsible for the operation and performance of the Board and will chair meetings of the Board when present. The Chair has certain delegated powers and must act within the terms of his/her appointment, the Standing Orders and the Standing Financial Instructions in exercising those powers and carrying out his/her duties.
- 2.7.7 The Chair will ensure that the business of the Board is dealt with in an effective and timely manner and that the Board is provided with appropriate information and advice to inform debate and decision.
- 2.7.8 The Board shall approve and keep under review a Statement of Division of Responsibility between the Chair and the Chief Executive which sets out the division of responsibility between them.
- 2.7.9 The Chair is also responsible for the leadership of the Council of Governors and for ensuring that it and the Board work effectively together.

2.8 **Composition of the Board of Directors**

- 2.8.1 The composition of the Board of Directors is set out in section 22 of the Trust's Constitution:
- A non-executive Director Chair

- A maximum of seven other non-executive Directors; and
- A maximum of five executive Directors including:
 - The Chief Executive Officer (the Chief Accounting Officer)
 - One Executive Director of Finance (the Chief Finance Officer)
 - One Executive Director who is a registered medical or dental practitioner
 - One Executive Director who is a registered nurse or midwife

2.8.2 The Trust Secretary (or nominated deputy) will be in attendance at all meetings of the Board.

2.8.3 Other officers of the Trust may attend meetings of the Board by invitation.

2.9 Appointment of the Chair and Directors

2.9.1 The Chair and Non-Executive Directors are appointed by the Governors Nominations and remuneration Committee overseen by the Lead Governor of the Council of Governors.

2.9.2 The Trust Nominations and Remuneration Committee will appoint the Chief Executive Officer of the Trust subject to the approval of the Council of Governors.

2.9.3 The Trust Nominations and Remuneration Committee will appoint the Executive Directors.

2.10 Terms of Office of the Chair and Directors

2.10.1 The remuneration and terms of office of the Chair and Non-Executive Directors shall be decided by the Governors Nominations and Remuneration Committee.

2.10.2 The remuneration and terms of office of the Executive Directors will be determined by Trust Nominations and Remuneration Committee.

2.11 Appointment of Deputy- Chair and Senior Independent Director

2.11.1 The Chair may appoint one of the Non-Executive Directors to be Deputy-Chair for such a period, not exceeding the remainder of their term as Non-Executive Director of the Trust, as they may specify on appointing him/her.

2.11.2 The Chair may appoint one of the Non-Executive Directors to be Senior

Independent Director for such a period, not exceeding the remainder of their term as Non-Executive Director of the Trust, as they may specify on appointing him/her.

- 2.11.3 Any Non-Executive Director so elected to the above roles, may at any time resign from the office by giving notice in writing to the Chair, and the Directors of the Trust may thereupon appoint another Non-Executive Director as Deputy-Chair and/or Senior Independent Director in accordance with paragraph 2.9.

2.12 Powers of the Deputy- Chair

Where the Chair of an NHS Trust has died or has otherwise ceased to hold office or where They has been unable to perform their duties as Chair owing to illness, absence from England and Wales or any other cause, references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform their duties, be taken to include references to the Deputy-Chair. The Deputy Chair will normally be the chair of the Trust Nominations and Remuneration Committee and the Governors Nominations and Remuneration Committee.

2.13 The role of the Senior Independent Director

- 2.13.1 The Senior Independent Director ('SID') is a role undertaken by one of the Trust's independent Non-Executive Directors. The SID should be available to all stakeholders, particularly governors and members, should they have concerns which they feel unable to resolve via normal channels, such as through contact with the Chair or Chief Executive, or in circumstances in which such contact would be inappropriate.
- 2.13.2 The Senior Independent Director shall meet with the Trust Chair at least annually to evaluate their performance.

2.14 Joint Directors

Where more than one person is appointed jointly to a post in the Trust which qualifies the holder for executive directorship or in relation to which an executive Director is to be appointed, those persons shall become appointed as an executive Director jointly, and shall count as one person for the purpose of Standing Order 2.9.

3 MEETINGS OF THE BOARD OF DIRECTORS

- 3.1** The Board will meet at sufficient intervals to properly discharge its duties. Meetings of the Board will be held in public unless the Board determines otherwise.
- 3.2** The public and representatives of the press shall be afforded the opportunity to attend all formal public meetings of the Board of Directors but shall be required to withdraw upon the Board resolving as follows:

- 3.2.1** *"That representatives of the press and other members of the 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" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)."*

3.2.2 The Chair shall give such direction as seen fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on the grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Board resolving as follows:

3.2.3 *"That in the interests of public order, the meeting adjourn for (the period) to enable the Board to complete business without the presence of the public" (Section 1(8) Public Bodies (Admission to Meetings) Act 1960)."*

3.3 Nothing in these Standing Orders shall require the Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Board.

3.4 Where the public is invited to attend a meeting of the Board, the Chair may exclude any member of the public from that meeting if they are interfering with or preventing the proper and reasonable conduct of the meeting.

3.5 Attendance at meetings by members of the press or public does not confer any right to ask questions or otherwise participate in the meeting unless invited to do so by the Chair.

3.6 Calling Meetings

3.6.1 Meetings of the Board shall be held at such times and places as the Board may determine.

3.6.2 The Chair may call a meeting of the Board at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Directors, has been presented to him, or if without so refusing, the Chair does not call a meeting within seven days after such requisition has been presented to him, at the Trust's Headquarters, such one third or more Directors may forthwith call a meeting.

3.7 Notice of Meetings

3.7.1 Before each meeting of the Board, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chair or by an officer of the Trust authorised by the Chair to sign on his/her behalf shall be delivered to every Director, or sent by post to the usual place of residence of such Director, so as to be available to him at least five clear working days before the meeting.

3.7.2 Lack of service of the notice on any Director shall not affect the validity of a meeting.

3.7.3 In the case of a meeting called by Directors in default of the Chair, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice.

3.7.4 Failure to serve such a notice on more than three Directors will invalidate the meeting. A notice shall be presumed to have been served at the time at which

the notice would be delivered in the ordinary course of the post.

3.7.5 A public notice of the time and place of the meeting shall be displayed on the Trust's website at least five working days before the meeting.

3.7.6 Before holding a meeting, the Board of Directors will send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.

3.8 Setting the Agenda

3.8.1 The Board may determine that certain matters shall appear on every agenda for a meeting of the Board and shall be addressed prior to any other business being conducted.

3.8.2 A director desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least ten clear working days before the meeting, subject to Standing Order 3.6. Requests made less than ten days before a meeting may be included on the agenda at the discretion of the Chair.

3.9 Chair of Meeting

3.9.1 At any meeting of the Board, the Chair, if present, shall preside. If the Chair is absent from the meeting the Deputy-Chair, if there is one and they is present, shall preside. If the Chair and Deputy-Chair are absent such Non-Executive Director as the Directors present shall choose shall preside.

3.9.2 If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Deputy-Chair, if present, shall preside. If the Chair and Deputy-Chair are absent, or are disqualified from participating, such Non-Executive Director as the Directors present shall choose shall preside.

3.10 Annual Members Meeting

3.10.1 The Trust will publicise and hold an annual members meeting, in accordance with the terms of the Constitution.

3.11 Notices of Motion

3.11.1 A Director desiring to move or amend a motion shall send a written notice thereof at least ten clear days before the meeting to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda subject to Standing Order 3.6.

3.12 Withdrawal of Motion or Amendments

A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

3.13 Motion to Rescind a Resolution

Notice of motion to amend or 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 Director(s) who gives it and also the signature of four other Directors. When any such motion has been disposed of by the Board, it shall not be competent for any Director other than the Chair to propose a motion to the same effect within six months

3.14 Motions

3.14.1 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

3.14.2 When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:

- a) An amendment to the motion
- b) The adjournment of the discussion or the meeting
- c) That the meeting proceed to the next business
- d) The appointment of an ad hoc committee to deal with a specific item of business
- e) That the motion be now put

No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

3.15 Chair's Ruling

Statements of Directors made at meetings of the Board shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevance, regularity and any other matters shall be observed at the meeting.

3.16 Voting

3.16.1 Every question at a meeting shall be determined by a majority of the votes of the Directors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

3.16.2 The arrangements for the casting of votes by joint Directors is set out in 3.17 below

3.16.3 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.

3.16.4 If at least one-third of the voting Directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each

Director present voted or abstained.

3.16.5 If a Director so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).

3.16.6 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.

3.16.7 An officer who has been appointed formally by the Board to act up for an executive Director during a period of incapacity or temporarily to fill an executive Director vacancy, shall be entitled to exercise the voting rights of the executive Director. An officer attending the Board to represent an executive Director 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.

3.16.8 Directors on the Board of Directors will have no formal voting rights on a decision nor the personal accountabilities associated with full Board membership.

3.16.9 No resolution shall be passed if it is opposed by all the Non-Executive Directors present or by all of the executive Directors present.

3.17 Joint Directors - Where a post of executive Director is shared by more than one person:

3.17.1 Both persons shall be entitled to attend meetings of the Trust; either of those persons shall be eligible to vote in the case of agreement between them;

3.17.2 In the case of disagreement between them no vote should be cast;

3.17.3 The presence of either or both of those persons shall count as one person for the purposes of determining the quorum of the meeting.

3.18 Minutes

3.18.1 The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.

3.18.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

3.18.3 Minutes shall be circulated in accordance with the wishes of the Board and made available to the public.

3.19 Suspension of Standing Orders

3.19.1 Except where this would contravene any statutory provision or any direction made by NHS England, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Board are present, including one executive Director and one non-executive Director, and that a majority of those present vote in favour of suspension.

3.19.2 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

3.19.3 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Directors.

3.19.4 No formal business may be transacted while Standing Orders are suspended.

3.19.5 The Audit Committee shall review every decision to suspend Standing Orders.

3.20 Variation and Amendment of Standing Orders

3.20.1 These Standing Orders shall be amended only if:

- A notice of motion under Standing Order 3.11 has been given;
- No fewer than half the total of the Trust's non-executive Directors vote in favour of amendment;
- At least two-thirds of the voting Directors are present;
- The variation proposed does not contravene a statutory provision or provision of the authorisation or of the Constitution

3.21 Record of Attendance

The names of the Directors present at the meeting shall be recorded in the minutes.

3.22 Quorum

3.22.1 No business shall be transacted at a meeting of the Board unless at least one-third of the whole number of the voting Directors are present including at least one executive Director and one non-executive Director.

3.22.2 An officer in attendance for an executive Director but without formal acting up status may not count towards the quorum.

3.22.3 If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see Standing Order 6 and 7) They 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. The above requirement for at least one executive Director to form part of the quorum shall not apply where the executive Directors are excluded from a meeting (for example, when the Board considers the recommendations of the Remuneration and Terms of Service Committee).

3.22.4 The Chair may adjourn a meeting of the Board if a quorum is either not present within thirty minutes of the appointed time of commencement or is not maintained for the duration of the meeting.

4. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

4.1 **General Provision**

Subject to a provision in the authorisation or the Constitution, the Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee, appointed by virtue of SO 5 below or by a Director or an officer of the Trust in each case subject to such restrictions and conditions as the Board thinks fit.

4.2 **Emergency Powers**

The powers which the Board has retained to itself within these Standing Orders (SO 2) may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two non-executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board for ratification.

4.3 **Delegation to Committees**

The Board shall agree from time to time to the delegation of executive powers to be exercised by committees or sub-committees, which it has formally constituted. The constitution and terms of reference of these committees, or sub-committees, and their specific executive powers shall be approved by the Board.

4.4 **Delegation to Officers – Scheme of Delegation and Reservation of Powers**

4.4.1 Those functions of the Trust which have not been retained as reserved by the Board or delegated to an executive committee or sub-committee shall be exercised on behalf of the Board 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 be accountable to the Board.

4.4.2 The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board as indicated above.

4.4.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board or the Director of Finance or other executive Directors to provide information and advise the Board in accordance with any statutory requirements.

4.4.4 The arrangements made by the Board as set out in the "Reservation of Powers to the Board and Delegation of Powers" shall have effect as if incorporated in these Standing Orders.

5. **COMMITTEES**

5.1 **Appointment of Committees**

5.1.1 Subject to SO 2 and such directions as may be given by the regulator, the Trust may and, if directed by him, shall appoint committees of the Trust, consisting

wholly or partly of Directors of the Trust or wholly of persons who are not Directors of the Trust.

- 5.1.2 A committee appointed under SO 5.1.1 may, subject to such directions as may be given by the regulator or the Board appoint sub-committees consisting wholly or partly of members of the committee (whether or not they include Directors of the Trust) or wholly of persons who are not members of the Board committee (whether or not they include Directors of the Trust).
- 5.1.3 The Standing Orders of the Board, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees or sub-committee established by the Board.
- 5.1.4 Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions, as the Board shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders.
- 5.1.5 Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the Board.
- 5.1.6 The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines that persons, who are neither Directors nor officers, shall be appointed to a committee, the terms of such appointment shall be determined by the Board.
- 5.1.7 Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State or NHS England, and where such appointments are to operate independently of the Trust such appointment shall be made in accordance with the regulations laid down by the Secretary of State.
- 5.1.8 Without prejudice to the formation of any other committees or sub-committees as the Board may see fit, the following committees shall be established by the Board:
- Audit and Risk Committee
 - Trust Nominations and Remuneration Committee
 - Charitable Funds Committee

5.2 Confidentiality

- 5.2.1 A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the Board or shall otherwise have concluded on that matter.
- 5.2.2 A Director of the Trust or a member of a committee shall not disclose any matter reported to the Board or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Board or committee shall resolve that it is confidential.

6. DECLARATIONS OF INTERESTS AND REGISTER OF INTERESTS

6.1 Declaration of Interests

6.1.1 If a Director has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board, the Director shall disclose that interest to the Board as soon as They becomes aware of it.

6.1.2 Interests which should be regarded as "relevant and material" are:

- a) Directorships, including non-executive directorships held in limited companies (with the exception of dormant companies);
- b) Ownership, part-ownership or directorships of companies, businesses or consultancies that carry out or are likely to carry out business with the Trust;
- c) Majority or controlling shareholdings in an organisation that carries out business with the Trust or is likely to carry out business with the Trust;
- d) A position of authority in a charity or voluntary organisation in the field of health or social care that carries out business with the Trust or is likely to carry out business with the Trust;
- e) Any connection with a voluntary or other organisation contracting or likely to contract for Trust services;
- f) To the extent not covered above, any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks.

6.1.3 If Directors have any doubt about the relevance of an interest, this should be discussed with the Chair.

6.1.4 At the time Directors' interests are declared, they should be recorded in the board minutes. Any changes in interests should be declared at the next board meeting following the change occurring.

6.1.5 Board directors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the board's annual report.

6.1.6 During the course of a board meeting, if a conflict of interest is established, the Director concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

6.2 Register of Interests

6.2.1 The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Directors. The Register will include details of all directorships and other relevant and material interests which have been declared by Directors, as defined in SO 6.1.

6.2.2 Directors must notify the Trust Secretary of any changes to their declared interests. Such notification must be made to the Trust Secretary within ten days of the change becoming known.

6.2.3 The Trust Secretary will ensure that such notifications are entered into the

Register within seven days.

6.2.4 The Trust Secretary will conduct an annual review of the Register and will report the outcome to the Board.

6.2.5 The Register will be available for inspection by the public at the Trust's headquarters.

7. DISABILITY OF DIRECTORS IN PROCEEDINGS ON ACCOUNT OF PECUNIARY INTEREST

7.1 Subject to the following provisions of this Standing Order, if a Director has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other 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 contract or other matter or vote on any question with respect to it.

7.2 The Board shall exclude a Director from a meeting of the Board while any contract, proposed contract or other matter in which They has a pecuniary interest, is under consideration.

7.3 For the purpose of this Standing Order a Director shall be treated, subject to SO 7.4, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

- They, or a nominee of his/her, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or
- They is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration; and
- In the case of married persons living together the interest of one spouse shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

7.4 A Director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

- Of his/her membership of a company or other body, if They has no beneficial interest in any securities of that company or other body;
- Of an interest in any company, body or person with which he/her is connected as mentioned in SO 7.3 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

7.5 Where a Director:

- Has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and
- The total nominal value of those securities does not exceed 5% of the total nominal value of the issued share capital of the company or body, and

- If the share capital is of more than one class, the total nominal value of shares of any one class in which he/her has a beneficial interest does not exceed 5% of the total issued share capital of that class,

7.6 Standing Order 7 applies to a committee or sub-committee of the Board as it applies to the Board itself and applies to any member of any such committee or sub-committee (whether or not he/her is also a Director of the Trust) as it applies to a Director of the Trust.

8. STANDARDS OF BUSINESS CONDUCT

8.1 All staff must comply with the requirements of the Trust's Policy on Business Conduct and Ethical Standards for Commercial Sponsorship. The following provisions should be read in conjunction with this document.

8.2 If it comes to the knowledge of a Director or an officer of the Trust that a contract in which he/her has any pecuniary interest not being a contract to which he/her is himself a party, has been, or is proposed to be, entered into by the Trust he/her shall, at once, give notice in writing to the Chief Executive of the fact that he/her is interested therein. In the case of married persons [or persons] living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

8.3 An officer must also declare to the Chief Executive any other employment or business or other relationship of his/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.

8.4 The Chief Executive will ensure that the interests, employment or relationships declared by staff shall be entered in a register of interests of staff. The Register of Interests of Staff will be maintained by the Trust Secretary.

8.5 Canvassing of Directors of the Trust or members 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.

8.6 A Director of the Trust 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 Director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

8.7 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

8.8 Candidates for any staff appointment shall when making application disclose in writing whether they are related to any director 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.

8.9 The Directors and every officer of the Trust shall disclose to the Chief Executive any relationship with a candidate of whose candidature that director or officer is aware. It shall be the duty of the Chief Executive to report to the Trust any such disclosure made.

8.10 On appointment, Directors (and prior to acceptance of an appointment in the case of executive Directors) should disclose to the Trust whether they are related to any other

Director or holder of any office under the Trust.

- 8.11 Where the relationship of an officer or another director to a Director of the Trust is disclosed, the Standing Order headed 'Disability of Directors in proceedings on account of pecuniary interest' (SO 7) shall apply.

9. CUSTODY OF SEAL AND SEALING OF DOCUMENTS

- 9.1 The Common Seal of the Trust shall be kept by the Trust Secretary in a secure place.
- 9.2 The Seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board, or of a committee thereof, or where the Board has delegated its powers.
- 9.3 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Director of Finance (or an officer nominated by him) and authorised and countersigned by the Chief Executive (or an officer nominated by him who shall not be within the originating directorate).
- 9.4 An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealing shall be made to the Trust at least quarterly. (The report shall contain details of the seal number, the description of the document and date of sealing).

10. SIGNATURE OF DOCUMENTS

- 10.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.
- 10.2 The Chief Executive or nominated officers shall be authorised, by resolution of the Board, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board or committee or sub-committee to which the Board has delegated appropriate authority.

11. MISCELLANEOUS

- 11.1 It is the duty of the Chief Executive to ensure that existing Directors and officers and all new appointees are notified of and understand their responsibilities within Standing Orders and SFIs. Updated copies shall be issued to staff designated by the Chief Executive. New designated officers shall be informed in writing and shall receive copies where appropriate of SOs.
- 11.2 Standing Financial Instructions and Reservation of Powers to the Board and Delegation of Powers shall have the effect as if incorporated into Standing Orders.
- 11.3 Standing Orders shall be reviewed annually by the Trust. The requirement for review extends to all documents having the effect as if incorporated in Standing Orders.