Agenda

NHS Medway NHS Foundation Trust

Trust Board Meeting in Public

Wednesday, 14 May 2025 at 12:30 – 15:00 - Trust Board Room, Gundulph Offices and via MS Teams

Item	Subject	Presenter	Page	Time	Action
1.	**Preliminary Matters**				
1.1	Chair's Introduction and Apologies	Chair	Verbal	12:30	Note
1.2	Quorum				
1.3	Declarations of Interest – Register	Company Secretary	3	12:32	Approve
2.	**Minutes of last meeting and Action Log**				
2.1	Minutes of 12 March 2025	Chair	6	12:35	Approve
2.2	Action Log		16		Note
2.3	Constitution – Annual Review	Company Secretary	Verbal	12:40	Approve
2.4	Board and Committee Membership and Designations		17	12:45	Approve
3.	**Opening Matters**				
3.1	Chief Executive Update	Chief Executive	25	12:50	Note
3.2	Council of Governors Report	Lead Governor	Verbal	13:00	Assurance
	Board Story Presentation				
3.3	Staff Story: Neurodiversity with Matthew Taiano	Associate Director of Patient Experience	27	13:05	Note
4.	**Performance, Risk and Assurance**				
4.1a	Risk and Issue Register and Board Assurance Framework	IG/Company Secretary	33	13:20	Assurance
4.1b	Board Assurance Framework	Company Secretary	To Follow		Assurance
4.2	Quality Assurance Committee (Apr/May)	Chief Medical Officer Chief Nursing Officer Committee Chair	59 62	13:25	Assurance
4.3	People Committee (Mar)	Chief People Officer Committee Chair	66	13:30	Assurance
4.4	Finance, Planning and Performance Committee (Mar/Apr)	Chief Finance Officer Committee Chair	70 74	13:35	Assurance
4.5	Audit and Risk Committee (May)	Chief Finance Officer Committee Chair	79	13:40	Assurance

4.6	Integrated Quality Performance Report **APPENDIX 1**	Chief Delivery Officer	82	13:45	Assurance
4.7	Finance Report (Month 12) **APPENDIX 2**	Chief Financial Officer (Interim)	87	13:50	Note
4.8	Improving Financial Governance Tracker **APPENDIX 3**	Chief Delivery Officer	89	14:05	Note
~ WELLBEING BREAK – 10 minutes at 14:10 ~					
5. Papers					
5.1	Patient First Strategy – Refresh **APPENDIX 4**	Chief Delivery Officer	91	14:20	Approve
5.2	2025/26 Business Planning – Progress Update	Chief Delivery Officer	93	14:25	Note
5.3	Emergency Preparedness, Resilience and Response – Policy **APPENDIX 5**	Chief Operating Officer	99	14:30	Note
5.4	Green Plan – Annual Review	Chief Operating Officer	101	14:35	
5.5	RCP Rheumatology **APPENDIX 6**	Chief Medical Officer	107	14:40	Approve
5.6	CQC Feedback Letter	Chief Nursing Officer (Interim)	110	14:45	Note
6. Closing Matters					
6.1	Questions from the Council of Governors and Public	Chair	Verbal	14:50	Note
6.2	Escalations to the Council of Governors				
6.3	Any Other Business				
6.4	Reflections				
6.5	Date and time of next meeting: Wednesday, 23 July 2025				

Key – Patient First Domains

Quality
Patients
People
Sustainability
System and Partnership

NHS Medway NHS Foundation Trust

MEDWAY NHS FOUNDATION TRUST

TRUST BOARD REGISTER OF INTERESTS
MAY 2025

Name	Position	Organisation	Nature of Interest
John Goulston	**Chair**	Kent Community Health NHS Foundation Trust – Chair	Non-Financial Professional Interests from November 2018
		NHS London Procurement Partnership – Chair	Non-Financial Professional Interests from January 2019
		Medical Clinical Services Ltd – Advisor	Financial Interests from July 2023
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Jenny Chong	**Non-Executive Director/ Senior Independent Director**	Knightingale Consulting	Managing Partner from Sept 2019
		KogoPay	Advisor for Innovation and Data Analytics from November 2019
		Imperial College London, Imperial Venture Mentoring Services	Deputy Chair, Board Member, Mentor and Advisor since July 2020
		Imperial College London, Engineering Faculty, Imperial Technology Expert Services	Industry Expert since September 2020
		The Design Museum	Co-opted Member of the Finance and Operations Committee since November 2020
		Lightning Social Ventures	Board Advisor since Jan 2021
		NHS Innovation Accelerator	Mentor since October 2021
		Egypt Exploration Society	Trustee, co-opted Member of Finance Committee since Nov 2020
		Healthcare Excellence Through Technology	Steering Committee Member since Jan 2023
		Orthopaedic Research UK	Board Trustee 11 June 2023
		National Institute for Health Research: Invention for Innovation (i4i) Product Development Awards Committee B	Funding Panel Committee Member since 23 November 2023
		Shuri Network	Steering Committee Member since November 2023
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Paulette Lewis	**Non-Executive Director**	Croydon Health Care NHS Trust	Non-Executive Director since June 2020
		Caribbean Nurses and Midwives Association (UK)	President since January 2021
		Management/Leadership Consultant	Since September 2008
		Croydon BME Forum	Chair since April 2019
		Member CNO BME Strategic Committee	From 2008
		Non-Financial Fellow of the International Information Management	From 2024
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee

Name	Position	Organisation	Nature of Interest
Gary Lupton	**Non-Executive Director**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Mojgan Sani	**Non-Executive Director**	Hampshire and Isle of Wight ICB	Non-Executive Director since June 2022
		South East Coast Ambulance Service	Non-Executive Director
		University of Portsmouth	Visiting Professor (honorary role, no salary)
		Care Quality Commission (supporting inspections as required)	Specialist Advisor since 2016
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Helen Wiseman	**Non-Executive Director**	BID Corporation	Non-Executive Director on the Board
		SFI Investment Trust (Pty) Ltd	Director since September 2021
		INSEAD International Directors Network	President since December 2019
		INSEAD International Directors Club	Director since November 2022
		Imalia Pty Ltd Insurance Services	Executive Director since December 2010
		Wisewoman Pty Ltd – Consultancy	Executive Director since July 2004
		Cook Management Pty Ltd	Executive Director since July 2004
		Nine on Purpose Pty Ltd	Executive Director since July 2018
		Elancial Ltd – Consultancy	Executive Director since February 2022
		Canterbury Cathedral	Chair of Audit and Risk Committee
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Peter Conway	**Non-Executive Director**	Non-Executive Director West Kent Housing Organisation	Potential Shared Clients since September 2024.
		Non-Executive Director Kent and Medway Social Care Partnership	Trading/Potential Shared Clients since April 2020
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Jonathan Wade	**Chief Executive (Interim)**	Chief Executive of Dartford and Gravesham NHS Trust	September 2022
		Acute Hospital Member on the Kent and Medway ICB Board	April 2023
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Alison Davis	**Chief Medical Officer**	GIRFT National Co-lead for Ophthalmology	Secondary employment (NHSEI)
		Hospitaller, St Johns Ambulance, Kent County Priory Group	Non-financial personal interest
		CQC Specialist Advisor Ophthalmology	Secondary employment (CQC)
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Simon Wombwell	**Chief Finance Officer (Interim)**	Luxhay Ltd – Consultancy services to NHS	Director/Shareholder
		Worksights Ltd/Role My Shift	Partner is a Director/Shareholder
		St. Vincent's Consulting	Advisor
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Leon Hinton	**Chief People Officer**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee

Name	Position	Organisation	Nature of Interest
Sarah Vaux	**Chief Nursing Officer (Interim)**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Nick Sinclair	**Chief Operating Officer**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Gavin MacDonald	**Chief Delivery Officer**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Evonne Hunt	**Chief Nursing Officer (seconded Dec '23)**	Kent and Medway ICB	Husband works for Kent and Medway ICB
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee

Minutes of the Trust Board Meeting in Public

Wednesday, 12 March 2025 at 12:30 – 15:30

Medway Maritime Hospital, Windmill Road, Gillingham, Kent, ME7 5NY

Gundulph Boardroom and via MS Teams

PRESENT		
	Name:	**Job Title:**
Members:	John Goulston	Trust Chair
	Alison Davis	Chief Medical Officer
	Annyes Laheurte	Non-Executive Director
	Gary Lupton	Non-Executive Director
	Gavin MacDonald	Chief Delivery Officer
	Jayne Black	Chief Executive
	Leon Hinton	Chief People Officer
	Mojgan Sani	Non-Executive Director
	Nick Sinclair	Chief Operating Officer
	Sarah Vaux	Chief Nursing Officer (Interim)
	Simon Wombwell	Chief Financial Officer (Interim)
Attendees:	Alana Marie Almond	Deputy Company Secretary (Minutes)
	Ali Herron	Director of Midwifery (Item 5.4)
	Anan Shetty	Governor
	David Brake	Lead Governor
	Glynis Alexander	Director of Communications and Engagement.
	Ian Frankcom	Chugai Pharma UK Ltd, Health Solutions Partner (Observing)
	Jane Perry	Academic Non-Executive Director
	Karen Fegan	Governor
	Katie Goodwin	NHSE Improvement Director
	Lorna Gibson	Director of Development, Productivity and Efficiency
	Lorna Young	Patient Story (Item 3.3) and five additional guests
	Matt Capper	Director of Strategy and Partnership/Company Secretary
	Natasha Turner	Governor
	Nikki Lewis	Associate Director of Patient Experience (Item 3.3)

	Robin Harmer	Ocura Healthcare Furniture (observing)
	Yushreen Vadamootoo	Governor
Apologies:	Jenny Chong	Non-Executive Director/Senior Independent Director
	Paulette Lewis	Non-Executive Director
	Hari Aggarwal	Governor
	Jignesh Patel	Governor
	Joy Onuoha	Governor
	Tess Fenn	Governor
	Paul Stephens	Member of the Public

1. PRELIMINARY MATTERS

1.1 Chair's Introduction and Apologies

The Chair welcomed all present. Apologies for absence were noted as above. Chair noted the following items:

a) Annyes Laheurte is leaving on the 31 March 2025. Chair thanked Annyes for her hard work and efforts at the Trust. On behalf of the Board the Chair thanked Annyes for her contributions to helping the Trust over the last four years with the Board and for chairing the Charitable Funds Committee, Audit and Risk Committee and Finance, Planning and Performance Committee.
b) This may be Jayne Black's last Trust Board meeting, Chair congratulated Jayne on her appointment and on behalf of the Trust, Board and Council of Governors thanked her for everything during her time at the Trust.
c) The Trust is in the process of appointing two new NEDs, to replace Annyes Laheurte and Mark Spragg. Chair thanked the Governors who formed part of the interview panel and the Trust have two recommendations to present for approval to the Council of Governors meetings on 20 March 2025.
d) Sunday, 09 March 2025 was the fifth anniversary of Covid, the Board would particularly like to remember and thank those working here in 2020 and 2021, the March period was particularly tough and everyone worked hard and together.
e) Chair thanked Nikki Lewis for the patient story and for Lorna Young and Lisa's family for attending.

1.2 Quorum

The meeting was confirmed as quorate.

1.3 Declarations of Interest

There were no further declarations of interest.

2. Minutes of the Last Meeting, Action Log and Governance

2.1 The minutes of the meeting held on 15 January 2025 were **APPROVED** as a true and accurate record with following minor amendments:

Adjust Item 1.3 - Chair informed the Board that he will continue to be an Advisor to Medinet UK Clinical Services for another year – remove 'contracts'.
Adjust Item 7.2 – add 'Deteriorating' Financial Position

2.2 Action Log

The action log was reviewed, updated and is held under separate cover.

3 Opening Matters

3.1 Chief Executive Update

Jayne Black presented the update for noting, highlighting the following key points:

1) Emergency care update
2) Improving access to diagnostics
3) National recognition for our Patient First improvement approach
4) Driving improvements in patient feedback
5) Extending visiting hours
6) Additional vaccination support
7) Leadership arrangements
8) CQC Inspection

The Board **NOTED** the update.

3.1a CQC ED Report

Jayne Black and Sarah Vaux presented the report for noting. On Wednesday 05 March 2025 the Care Quality Commission (CQC) published its report following an inspection of the Emergency Department (ED) on 21 February 2024. Given that the publication is more than a year after the inspection, the CQC apologised for the length of time taken to publish the report, which was due to problems with systems and processes following changes at the CQC. Inspectors rated the services 'Good' for being Well-led, 'Requires Improvement' for being Effective, Responsive and Caring, and 'Inadequate' for safety. The service was rated 'Requires Improvement' overall. Following a previous inspection in 2022, it had been rated 'Good'.

The CQC commended the engagement and commented on the improvements that have begun, the care is better. There is still risk in the amount of waiting time in the ED but there are improvements being made. The Trust will continue to engage with the CQC, the Integrated Care Board (ICB), and NHS England (NHSE) as it pursues further improvements. The report is published on the CQC's website.

The Business Plan and Refresh of Patient First Breakthrough Objectives will be considered at the May Board. This will be triangulated to the ED Improvement Plan.

The Board **NOTED** the report.

3.2 Council of Governors Report

David Brake presented to the Board for noting.

a) The last Council of Governors was held on 20.02.25 and received reports from the Board committees, Executives and a range of strategic matters. The Governors were very pleased to welcome Simon Wombwell, who gave a comprehensive presentation on the financial

recovery plan. Governors would like to be part of cost savings they can contribute to and would welcome a meeting with the efficiencies/finance team as to where savings can be made. Lorna – welcomed this meeting and would organise outside of Board.
[Post meeting note: Lorna Gibson and David Brake were introduced via email]

b) Governors have been involved in patient experience groups and looking at care and scrutinising outcomes. Governors joined staff and others to discuss the programme and wish them well for future work.
c) Governors joined the Interview Panel for the new Non-Executive Directors and await the Council of Governors meeting to approve the recommendation.
d) Governor 'Coffee and Chat' sessions have given a new engagement opportunity with staff and public.
e) There are now over 6,000 members of the Trust due to the engagement work with the Governors, this far exceeds many of the hospitals in the country. Having the experience, communication and approval of the local communities is crucial.

The Board **NOTED** the update

Board Story Presentation

3.3 Experience of the late Lisa Scott and Breast Cancer Screening

Nikki Lewis introduced Lorna Young to the Board to present the Patient Story. Lorna (Lisa's cousin) gave the Board some background to Lisa's care and thanked the Board and all the care teams for caring so well for Lisa. Fred the Therapy Dog attended the meeting as he was part of Lisa's care.

Check and Challenge

a) Chair - the Board gave condolences and thanked Lorna and the family for attending and noted how brave it was of them to present. Great work with the Therapy Dogs, Learning Disability and Galton Day Unit teams. So good to hear that we cared for Lisa so well. The Board were incredibly thankful for the legacy left by Lisa.

4. Performance, Risk and Assurance

4.1 Trust Risk and Issues Register

Matt Capper presented the report accurate as of 03 March 2025. The Register has:

a) 68 approved risks in total of which, 6 are scoring 15 and above.
b) 7 new risks were raised in February of which; 1 is awaiting review, 1 has been approved and 5 are awaiting approval.
c) During the month of February: 5 risks were closed down, 8 risks have had the score reduced and 1 risk has had the score increased.
d) 87% of approved risks have had no movement in the last month.
e) 76% of the approved risks were reviewed within their timeframe (last month 86%),

Check and Challenge

a) Annyes – can you confirm to the Board that the controls that are in place are appropriate, working effectively and everything is complete as expected. Matt – this is a work in progress but need to upskill the Risk team as far as definitions of risk and issues in producing the register.
b) Chair – Page 43 Risk 2158 – review the risk after the capital plan discussion at FPPC in March. Matt – agreed, there will be a complete annual risk refresh.
c) Chair - Need target dates, forecast actions on the issues log. Matt – agreed

ACTION NO: TB/2025/001 – Matt Capper to action

The Board **NOTED** the report

4.2 Board Assurance Framework (BAF)

Matt Capper presented the report for assurance and noting.

The Board were **ASSURED** and **NOTED** the report

4.3 Integrated Quality Performance Report (IQPR)

Gavin MacDonald presented the IQPR for Month 10 (January 2025) for assurance and noting. The overall summary is as follows:

a) The Patients domain is now showing the highest % volume in metrics improving for Statistical Variance (53.8%), with the People domain achieving 53.6% metric improvement
b) The Sustainability domain is showing the highest number of metrics statistically showing concern (4), with 33.3% of all metrics flagging
c) The Patients Domain is showing the least amount of metrics showing concern (1), with ~4% against all metrics flagging.
d) The majority of the metrics (58%) in the Quality domain continue to show no significant statistical variation and as such are showing common variation.
e) Overall, 66 metrics are now showing improved statistical variance (-5 from last month) against 38 which are showing concern (+3 from last month).

Check and Challenge

a) Chair – one of the reasons A&E is overcrowding is due to delays of admission to a bed and the quantity of people coming in. Make IQPR metrics clear in supporting the breakthrough objectives. How is the Trust reducing the 12 hour wait time for admissions? Jayne – the Trust is working with the system to ensure that patients get to the right places, as this will help the admission flow.
ACTION NO: TB/2025/002 – Gavin MacDonald to action

The Board were **ASSURED** and **NOTED** the report

5 Papers

5.1 Finance Report (Month 10)

Simon Wombwell presented the report for noting. The key points in relation to the Month 10/January 2025 financial results were highlighted as follows:

a) In-month deficit of £4.9m worsens the Trust's reported YTD position to £18.5m deficit; this is adverse to Plan by £16.4m.
b) In-month performance was £0.3m / 0.9% worse than forecast.
c) The year-end forecast outturn position remains unchanged at £22.9m deficit as presented to Finance, Planning and Performance Committee in December. Risk to delivery is heightened due to income below expectations in December and January.
d) Efficiency plans are £0.2m adverse to the YTD plan of £17.3m, this includes a £1.3m adjustment for Elective Recovery Fund (ERF) over performance.
e) The capital plan is underspending, principally in relation to Community Diagnostic Centre leases being signed. Substitute schemes are being progressed.

f) Cash at the end of January was £7.0m – the cash forecast is under constant review given the forecast run-rate. Cash support application submitted in February.
g) The report provided further detail on debtors and creditors, which required further attention.

Check and Challenge

a) Chair – good to hear that the Forecast is still on track for delivery as promised in January 2025. However, there is still adverse variance of £20m therefore the Trust will not be exiting segment 4 in the Strategic Oversight Framework (SOF4). The Trust will need to reset the path to recovery with NHSE. A key part of this is the Financial Plan for 2025/26.
b) Chair - the Board notes the seriousness of the financial position and everything it needs to do in order to improve its position and maintain patient safety. Quality and Safety is a key theme alongside improving our financial position in the Trust's Business Plan for 2025/26, the plan will be presented at the Board meeting in May 2025.

The Board **NOTED** the report with **ACTION NO:** TB/2025/003 – Gavin MacDonald to action 2025/26 Business Plan to be completed, submitted to the Board and presented at the May Board meeting.

5.2 Improving Financial Governance

Gavin MacDonald presented to the Board for noting. The Board was asked to review the contents of the report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would recommend Executive Director to undertake.

Check and Challenge

a) Chair – Katie Goodwin from NHSE is helping to support the team on this. Simon – the first event for the Finance Team is at the end of March 2025. The team will attend a facilitated session and from that event the recommendations will be implemented. This will form the objectives for the Finance Team and how to help the wider Trust.
b) Gary – challenged the status of No. 9; what does reconfigured look like? Simon to bring this back through the Finance Planning and Performance Committee (FPPC).
[Post meeting note: a report on Cash was scheduled for the FPPC March 2025]

The Board were **ASSURED** by the report. **ACTION NO:** TB/2025/004 – Finance, Planning and Performance Committee to review progress against the action plan.

5.3 Learning from Deaths – Quarterly Update

Alison Davis presented to the Board for noting. The report outlined an overview of the Trust's mortality rates, together with outputs from the Learning from Deaths work that are continual on-going processes throughout the Trust, covering Quarter 3 (October – December 2024) of the financial year of 2024/25. The Trust recorded 386 adult deaths over Q3. 10.3% of deaths were reviewed via the Structured Judgement Review (SJR) process.

Check and Challenge

a) Mojgan – Please thank the team for their work on the actions from NICHE report. She asked in regard to the metrics on SJR percentages; the Trust is reporting at 7% and the target was 25% - where are we now? Alison – target is 12.5%, the initial work has worked well and this is what the Trust endeavours to achieve consistently.
b) Chair – how does the Trust systematically check clinicians are following the right pathway? Can we address this 'live'? Are there AI tools that feed into the EPR that could improve

patient safety? Sarah – it would be great to patent this. Jayne – will discuss at Provider Collaborative.
ACTION NO: TB/2025/005 – action for Gavin MacDonald, Sarah Vaux and Alison Davis

The Board **NOTED** the report.

5.4 Maternity Services Reports

5.4a Perinatal Quality Surveillance and Leadership Culture

Ali Herron presented the report to the Board for noting and to be assured of the findings of the report. Clinical Negligence Scheme for Trusts (CNST) Year 6 continues the expectation that the Board will receive quarterly reports on Perinatal Quality in line with the minimum data set of the Perinatal Quality Surveillance Model (PQSM). In addition to this, updates aligned with the minimum dataset of the PQSM to be submitted monthly via Integrated Quality Performance Review (IQPR) to Quality Patient Safety Committee (QPSSC) and Quality Assurance Committee (QAC). The report provided quarterly oversight for Q3 2024/25.

Check and Challenge

a) Jayne – the report demonstrates the hard work happening in Maternity, and thanked the team. Jayne offered support if needed. Alison – seconded.
b) Jane – really positive to hear such great work happening, is this disseminating across the ICB as good learning and could it benefit other trusts? Ali – yes, it is shared with the ICB and is shared to the wider system.
c) Chair – great to hear that the cultural transformation programme within Maternity is assisting with retention. Be good to capture this in the work that Sylvia Stevenson is doing. Potentially the lessons learnt within Maternity could benefit other areas in the Trust. Ali – yes, have already met with Sylvia.
ACTION NO: TB/2025/006 – Leon Hinton to action.

The Board **NOTED** the update and was **ASSURED** by the report.

5.4b Maternity; Claims, Incidents and Complaints Triangulation

Ali Herron presented the report which detailed the 2014 to 2024 Claims scorecard which was published in October 2024; with total of 52 maternity claims, 36 closed, 12 open and four incidents. The Board was asked to note and be assured of the findings of the report.

Check and Challenge

a) Matt - CNST Claim has been challenged and it is currently with the NHS Actuaries.
b) Sarah - the Maternity claims are quite low in comparison to other organisations, the Trust is not an outlier.

The Board **NOTED** the update and were **ASSURED** by the report.

~ The Board took a 10-minute Wellbeing Break ~

5.5 Response to the David Fuller Case

Alison Davis presented to the Board for assurance. Phase 1 of the Independent Inquiry into the issues raised by the David Fuller case, chaired by Sir Jonathan Michael was published in November 2023. This was established to investigate what happened in the Maidstone

and Tunbridge Wells NHS Trust (MTW) to allow Fuller to commit such awful crimes and to understand how his offending remained undetected for so long.

Phase 2 (interim) of the inquiry was published in October 2024 which considers the broader national picture and the wider lessons for the NHS and those organisations outside the NHS. The inquiry sped up its work on the funeral sector because of recent reports of cases of neglect in the sector. The published interim report therefore deals specifically with the funeral sector. For wider lessons for the NHS the Trust awaits the full Phase 2 report.

The Board was asked to note Phase 1 of the report which made 17 recommendations with the aim of preventing anything similar happening again at MTW. The Board was also asked to note that the mortuary at the Trust underwent a full security review and upgrade in response to the initial finding of the Fuller Inquiry in December 2021. At a recent unannounced Human Tissue Authority (HTA) inspection on 19 September 2024 security of the department was found to be 'fully compliant' with no shortfalls identified.

Check and Challenge

a) Gary – are we confident in the security provisions in the temporary mortuary structures in addition to the main infrastructure. Alison – will double check on this for assurance.
b) Chair – recognition to those involved in the HTA Inspection, please thank the team. Chair would like a GEMBA visit to the Mortuary.
[Post meeting note: Alana Almond will programme a Board GEMBA to the Mortuary as part of a Board Development Day, with Alison Davis]

The Board was **ASSURED** by the report.

5.6 Safer Staffing

Sarah Vaux and Steph Gorman presented for assurance. The Safer Staffing Nursing Establishment Review paper was to provide the Board with a high-level overview of the bi-annual review of nursing staffing levels on the Trusts inpatient adult and paediatric wards/areas. Safer Staffing will be reported to Board annually. Thorough analysis of the data from the various reports this has allowed for a clear recommendation and the next steps to include future management of staffing reviews and incorporating them into divisional business planning.

Check and Challenge

a) Chair – how does the Trust benchmark against other trusts in Kent and Medway? Steph – there is no tool for this but it is something that has been realised from this piece of work and will benchmark in the future. Sarah – sharing the Trust's work across the system has been helpful and is a reasonable benchmarking exercise.

The Board was **ASSURED** by the report

6. Board Assurance Reports

6.1 Quality Assurance Committee (QAC) – March 2025

Sarah Vaux presented the report for assurance.

The Board **NOTED** and were **ASSURED** by the report

6.2 People Committee (PC) – January 2025
Leon Hinton presented the report for assurance.

The Board **NOTED** and were **ASSURED** by the report

6.3 Finance, Planning and Performance Committee (FPPC) – January/February 2025
Simon Wombwell and Gary Lupton presented the report for assurance.

The Board **NOTED** and were **ASSURED** by the report

6.4 Strategy Road Map – Update
Matt Capper presented the Road Map for approval.

Check and Challenge

a) Jayne – on Page 139; Financial Recovery Plan – remove this and agree the timeline. This should report to the FPPC, then Board and COG.

ACTION NO: TB/2025/007 – Matt Capper and Simon Wombwell to action.

The Board **APPROVED** the Road Map and the virtual scrutiny and approval of selected strategies.

7 Closing Matters

7.1 Questions from the Council of Governors and Public

a) Martina Rowe - there was an increase in falls, can you provide more information on this? Sarah – this is a quality priority and a focus for the team to improve.
b) Martina – wheelchair availability; there are not enough and hard to locate on site? Jayne – the Executive Team has this as a project to find a solution.

There were no further questions submitted in advance or at the meeting.

7.2 Escalations to the Council of Governors

a) Financial Recovery Plan
b) Lorna Gibson – on cost improvements programme
c) ED Improvement Plan
d) Business Plan

7.3 Any Other Business
Chair reiterated his thanks to Annyes Laheurte and Jayne Black for their time at the Trust and wished them all the best for the future.

There were no matters of any other business.

7.4 Reflection
There were no reflections to note.

7.5 Date of next meeting
Wednesday, 14 May 2025

The meeting closed at 14:50

These minutes are agreed to be a correct record of the Board Meeting in PUBLIC of Medway NHS Foundation Trust held on Wednesday, 12 March 2025

Signed by the Chair …… Date: Wednesday, 14 May 2025

Public Trust Board
Action Log

Off trajectory - The action is behind schedule	Due date passed and action not complete	Action complete/ propose for closure	Action not yet due

Actions are RAG Rated as follows:

Meeting Date	Minute Ref / Action No	Action	Action Due Date	Owner	Current position	Status
12.03.25	**TB/2025/001**	**Risk and Issues Register:** a) training within the IG team on risk and issues b) Risk 2158 – review the risk after the capital plan discussion at FPPC in c) Annual risk refresh to be actioned d) add target dates and forecast actions on the issues log	14.05.25	Matt Capper, Director of Strategy and Partnerships/Company secretary	**PROPOSE TO CLOSE -** on agenda	Green
12.03.25	**TB/2025/002**	**IQPR:** Make IQPR metrics clear in supporting the breakthrough objectives.	14.05.25	Gavin MacDonald, Chief Delivery Officer	**PROPOSE TO CLOSE -** amended exec summary aligned to true north and breakthrough objective	Green
12.03.25	**TB/2025/003**	**Finance Report (Month 10):** 2025/26 Business Plan to be completed, submitted to the Board and presented at the May Board meeting.	14.05.25	Gavin MacDonald, Chief Delivery Officer	**PROPOSE TO CLOSE -** on agenda	Green
12.03.25	**TB/2025/004**	**Improving Financial Governance:** Finance, Planning and Performance Committee to review progress against the action plan.	14.05.25	Gavin MacDonald, Chief Delivery Officer	**PROPOSE TO CLOSE -** monitored through FPPC	Green
12.03.25	**TB/2025/005**	**Learning from Deaths:** investigate if there is a live/AI tool that feeds into EPR that would systematically check clinicians are following the right pathway and improve patient safety?	14.05.25	Gavin MacDonald, Chief Delivery Officer Sarah Vaux, Chief Nursing Officer (Interim) Alison Davis, Chief Medical Officer	**28.04.25 -** digital discussions are happening with the clinical leadership team. Findings are that no tool is currently available to support but there are clincal tools being implemented, such as iRefer to support the most accurate radiology exam being choosen, based on the clinical data being input by the end user. Digital team will continue to investigate as technology develops.	White
12.03.25	**TB/2025/006**	**Maternity Services Reports:** capture the Maternity cultural transformation lessons learnt, to benefit other areas of the Trust.	14.05.25	Leon Hinton, Chief People Officer	**PROPOSE TO CLOSE** - Maternity Services lessons learnt are part of the weekly Patient First Huddle, which is used as a forum for shared learning.	Green
12.03.25	**TB/2025/007**	**Strategy Road Map:** Page 139 of the papers; Financial Recovery Plan – remove this and agree the timeline. This should report to the FPPC, then Board and COG.	14.05.25	Matt Capper, Director of Strategy and Partnerships/Company secretary Simon Wombwell, Chief Finance Officer (Interim)	**30.04.25** - Simon to give verbal update to the Board	

Meeting of the Trust Board in Private
Wednesday, 14 May 2025

Title of Report	Board and Committee Membership and Designations from 01 May 2025	**Agenda Item**	2.4
Author	Matt Capper, Director of Strategy and Partnerships/Company Secretary		
Lead Executive Director	John Goulston, Trust Chair		
Executive Summary	This paper provides an update on Non-Executive Director designations and Board Committee membership to take account of the changes of the Chair and Non-Executive Directors in 2024/25, which were approved by the Council of Governors. This report also includes the up to date position on Executive Director designations and Committee membership. Following some updates from Board Members after the meeting on 09.04.25, this is the final amended version for Board sign off. This report also includes the up to date position on Executive Director designations and Committee membership.		
Proposal and/or key recommendation:	The Board is asked to APPROVE the final version.		

Purpose of the report (Please mark with 'X' the box to indicate)	Assurance		Approval	X
	Noting		Discussion	

Governance Process: Committee/Group and Date of Submission/approval:	Appointments ratified by the Council of Governors - Date: 20 March 2025 Trust Board - Date: 09.04.25

Patient First Domain/True North priorities (tick box to indicate):	*Please mark with 'X' the priorities the report aims to support:*				
	Priority 1: (Sustainability)	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	Priority 5: (Systems) X
Relevant CQC Domain:	*Please mark with 'X' the CQC domain the report aims to support:*				
	Safe:	Effective: X	Caring:	Responsive:	Well-Led: X

Identified Risks, issues and mitigations:	Risk – Poor succession planning can pose several significant risks to an organisation: a) Sudden departures of key leaders can leave a vacuum, causing instability. b) Loss of Institutional Knowledge and experience may be lost when long-serving members leave. c) Lack of diverse perspectives and fresh ideas can result in stagnation and poor strategic decisions. d) Reputation Damage through inconsistent leadership can harm the organisation's reputation with stakeholders Effective succession planning ensures continuity, stability, and the long-term success of the organisation. Mitigation – proposed in the attached paper.

	Risk - Not having the required champion roles on an NHS Board can lead to several risks: a) Lack of Specialised Oversight - Champion roles, such as those for maternity safety or wellbeing, provide focused oversight on critical areas. Without these roles, important issues might not receive the attention they need. b) Without designated champions, there is a risk of false assurance among board members. They might assume that critical areas are being adequately managed when they are not. c) Champion roles help ensure accountability for specific areas. Without them, it can be challenging to hold individuals or committees accountable for outcomes in these areas. d) The absence of champions can lead to gaps in governance, as these roles often bring specialised knowledge and focus that contribute to effective decision-making. e) Increased Risk of Non-Compliance as certain champion roles are essential for ensuring compliance with regulatory and safety standards. Without them, the board may struggle to meet these requirements. Ensuring that all required champion roles are filled is crucial for maintaining high standards of care, governance, and compliance within the NHS well-led framework.		
Resource implications:	The appointment of two new Non-Executives to replace the departure of one Non-Executive and the recruitment to a vacant position in 2024/25, therefore there are no additional costs.		
Sustainability and /or Public and patient engagement considerations:	N/A		
Integrated Impact assessment:	Not applicable		
Legal and Regulatory implications:	The recommendations contained within this report support requirements by NHS regulators or are recommended as part of a system of good governance.		
Appendices:	Board and Committee Membership and Designations – 01 May 2025 Appendix 1 - The role of the Senior Independent Director		
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act		
For further information please contact:	Name: Matthew Capper Job Title: Director of Strategy and Partnerships/Company Secretary Email: m.capper@nhs.net		
Please mark with 'X' - 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	X	There are no gaps in assurance

BOARD OF DIRECTORS – BOARD AND COMMITTEE MEMBERSHIP AND DESIGNATIONS From 01 May 2025

1. Introduction and purpose of the report

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

This paper provides an update on Non-Executive Director designations and Board Committee membership to take account of the changes of the Executive (including Chief Executive) and Non-Executive Directors in 2025, which were approved by the Council of Governors. This report also includes the up to date position on Executive Director designations and Committee membership.

2. Non-Executive Director Terms of Office

The appointment of Non-Executive Directors is the responsibility of the Council of Governors. The Council of Governors established the Nominations Committee to consider the appointment of two Non-Executive Directors, the Committee also met and agreed the arrangements for an interim Chief Executive and made recommendations to the Council of Governors.

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

From 31 March 2025 Annyes Laheurte, Non-Executive Director, has concluded her term and left the Board.

The terms of office for the Non-Executive Directors, as at 01 May 2025, are detailed in table 1 below.

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

Name	Surname	Start date	(re) Appointment to the Board	Period of appointment	End date appointment
John	Goulston	1/06/2024		3 years	31/05/2027
Paulette	Lewis	1/11/2022		3 years	31/10/2025
Jenny	Chong	1/04/2024		3 years	1/03/2028
Mojgan	Sani	1/09/2023		3 years	31/08/2026
Gary	Lupton	1/09/2023		3 years	31/08/2026
Helen	Wiseman	1/05/2025		3 years	30/04/2028
Peter	Conway	1/05/2025		3 years	30/04/2028
Associate Non-Executive (non-voting)					
Jane	Perry	1/11/2024		3 years	31/10/2027

3. Board Membership

The Constitution sets out that the Board is made up of a Non-Executive Chair, up to a maximum of six Non-Executive Directors (NEDs) and up to a maximum of six Executive Directors. Table 2 demonstrates that following the successful recruitment of two new Non-Executives we are now at the agreed establishment for the independent element of the Trust Board.

At this point the Chief Executive has the opportunity to change the voting membership of the Executive Directors by moving both the Chief Operating Officer, Nick Sinclair and the Chief People Officer, Leon Hinton from sharing a vote to each being a full voting member of the Board. This recommendation requires the approval of the Board.

The Board also has an Associate NED nominated by the University of Canterbury Christ Church University. The University's, Vice Chancellor nominated Prof. Jane Perry, Dean of the faculty of Medicine, Health and Social Care and Jane took up her role as Academic NED in November 2024. Associate NEDs are non-voting members of the Board.

Table 2 Board Composition

Non-Executive Directors (As at 01 May 2025)	**Executive Directors** (As at 01 May 2025)
John Goulston, Chair	
1. Paulette Lewis	Jon Wade, interim CEO
2. Jenny Chong	Alison Davis, CMO
3. Mojgan Sani	Sarah Vaux, interim CNO
4. Gary Lupton	Simon Wombwell, interim CFO
5. Helen Wiseman	Nick Sinclair, COO
6. Peter Conway	Leon Hinton, CPO
	Non-voting board members
Associate NED - Jane Perry (nominated by Canterbury Christ Church University)	Gavin MacDonald, CDO
	Matthew Capper, Director of Strategy, Partnerships and Company Secretary

The Director of Communications and Engagement, Glynis Alexander and the Director of development, Productivity and Efficiency, Lorna Gibson report to the Chief Executive and attend Board meetings.

4. Membership of Board Committees

From 1 May 2025, the membership of Board Committees is set out in table 3 below.

Table 3 - Membership of Board Committees from 1 May 2025

Board member	**Audit and Risk Committee** *(2 NEDs required for quoracy)*	**Corporate Trustee** *(1 NED required for quoracy)*	**Finance, Planning and Performance Committee** *(2 NEDs required for quoracy)*	**Quality Assurance Committee** *(2 NEDs required for quoracy)*	**People Committee** *(2 NEDs required for quoracy)*	**Nomination and Remuneration Committee**
John Goulston,		Attendance	Attendance	Attendance	Attendance	Member
Paulette Lewis		Member		**Chair**	Member	Member
Jenny Chong (SID)		Member		Member	**Chair**	**Chair**
Mojgan Sani	Member	Member		Member	Attendance	Member
Gary Lupton		**Chair**	Member		Member	Member
Helen Wiseman	Member	Member	**Chair**			Member
Peter Conway	**Chair**	Member	Member			Member

Jon Wade		Member				Attendance
Alison Davis		Member	Member	Member	Attendance	
Sarah Vaux	Attendance	Member	Attendance	Member	Member	
Simon Wombwell	Attendance	Member	Member			
Nick Sinclair		Member	Member	Attendance	Attendance	
Leon Hinton		Member	Attendance		Member	Attendance
Gavin MacDonald			Member			
Matt Capper	Attendance	Attendance	Attendance	Attendance	Attendance	Attendance
Glynis Alexander		Attendance				
Lorna Gibson			Attendance			

Executive directors will utilise their deputies where necessary to ensure attendance and use specific expertise. As part of good governance, the Chair and the Chief Executive are not members of any of the Board's assurance Committees, however, they may attend Board committee meetings. All Board members including the Chair and the Chief Executive are encouraged to attend at least one meeting per year of the Board's Assurance Committees that they are not formal members of.

5. Chairs and Deputies of Board Committees

As detailed in Table 4 each of the Board committees has a chair. In the interests of good governance, each committee should also have a deputy chair. Table 4 proposes the deputy chair for each Board committee.

Table 4 - Chairs and Deputy Chairs of Board Committees

Committee	Chair	Deputy Chair
Audit and Risk	Peter Conway	Mojgan Sani
Quality Assurance	Paulette Lewis	Mojgan Sani
Finance, Planning and Performance	Helen Wiseman	Peter Conway
People	Jenny Chong	Paulette Lewis
Corporate Trustees	Gary Lupton	Mojgan Sani
Nomination and Remuneration	John Goulston	Jenny Chong (SID)

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

6. Other Non-Executive Board Leadership responsibilities

6.1 Deputy Chair and Senior Independent Director

Paragraph 24.2 of the Trust's Constitution states that "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."

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

The Chair is in discussion with a NED regarding being nominated to the Council of Governors as Deputy Chair of the Trust.

The Senior Independent Director (SID) is appointed by the Board of Directors (Paragraph 2.11.1). The NHS England code of conduct for NHS providers recommends that the SID should not be the Chair of the Audit and Risk Committee. In January 2025 the Board of Directors approved the recommendation that Jenny Chong, Chair of the People Committee becomes the SID. Appendix 1 provides an overview of the SID role.

6.2 Non-Executive Director Champion roles

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

- Maternity – Paulette Lewis
- Staff Health and Wellbeing – Jenny Chong
- Freedom to Speak Up – Mojgan Sani
- Security Management – Gary Lupton

In addition, under the 2003 *'Maintaining High Professional Standards in the modern NHS: A Framework for the Initial Handling of Concerns about Doctors and Dentists in the NHS'* and the associated Directions on Disciplinary Procedures 2005, there is a requirement for chairs to designate a NED member as "the designated member" to oversee each case to ensure momentum is maintained. There is no specific requirement that this is the same NED for each case. The framework was issued to NHS foundation trusts as advice only. Medway NHS Foundation Trust follows the framework and will appoint a NED on a case by case basis to fulfil this role.

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

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

Table 5 – Committee leadership roles

Role	MFT Committee	Guide suggests
Hip fractures, falls and dementia	Quality	Quality
Palliative and end of life care	Quality	Quality
Resuscitation	Quality	Quality
Learning from deaths	Quality	Quality
Health and safety	Audit and Risk	Quality
Safeguarding	Quality	Quality
Safety and risk	Audit and Risk	Quality
Lead for children and young people	Quality	Quality
Counter fraud	Audit and Risk	Audit and Risk
Emergency preparedness	Audit and Risk	Audit and Risk

Role	MFT Committee	Guide suggests
Procurement	Finance, Performance & Planning	Finance
Cyber security	Executive	Finance/ Board
Security management – violence and aggression	People	Workforce

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

Similarly, cyber security is effectively overseen by the Executive Management Committee and whilst the Finance, Planning and Performance Committee (FPPC) oversees digital, the risk component sits best with Executive.

7. Recommendations

The Board is asked to approve:

7.1. The Non-Executive and Executive Director membership of committees as set out in section 4, Table 3 effective from 01 May 2025.

7.2. The changes to the Non-Executive directors' designations following the approval of the Council of Governors (see sections 5 and 6) covering:

7.2.1. The proposed appointment of deputy chairs to each Board Committee (see section 5, table 4)

7.2.2. The appointment of NED champions as detailed in section 6.2

8. Next steps

The Board is asked to note:

8.1. The composition of the Board and its voting membership as set out in section 3.

8.2. This report will be forwarded to the Council of Governors meeting on 22 May 2025 for the Council to note the updated Board designations and Committee membership.

8.3. The Chair will propose to the Nominations Committee of the Council of Governors the appointment of a Deputy Chair of the Trust.

01 April 2025

Chair, John Goulston

Medway NHS Foundation Trust

APPENDIX 1

The role of the Senior Independent Director

The senior independent director has a key role in supporting the chair in leading the board of directors and alongside the deputy chair, acting as a sounding board and source of advice for the chair. The senior independent director also has a role in supporting the chair as chair of the council of governors.

1.1 Role Description

The senior independent director is a non-executive director appointed by the board of directors as a whole in consultation with the council of governors to undertake the role described below. NHSE best practice guidance states that the senior independent director should not be the deputy chair or the chair of the Audit Committee of the board of directors.

The senior independent director will be available to members of the foundation trust and to governors, if they have concerns which contact through the usual channels of chair, chief executive, finance director and company secretary has failed to resolve or where it would be inappropriate to use such channels. The senior independent director should liaise with the lead governor in the areas where their roles are complementary. The senior independent director also has a role in supporting the chair as chair of the council of governors. The senior independent director should hold a meeting with the other non-executive directors in the absence of the chair at least annually as part of the appraisal process. There may be other circumstances where such meetings are appropriate. Examples might include informing the re-appointment process for the chair, where governors have expressed concern regarding the chair or when the board is experiencing a period of stress. While the council of governors determines the process for the annual appraisal of the chair, the senior independent director is responsible for carrying out the appraisal of the chair.

The senior independent director should also be available to governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the chair; chair's appraisal or setting the chair's objectives for example. In rare cases where there are concerns about the performance of the chair, the senior independent director should provide support and guidance to the council of governors in seeking to resolve concerns or, in the absence of a resolution, in taking formal action. The senior independent director should liaise with the lead governor in such circumstances.

In exceptional circumstances where the board is undergoing a period of great stress, the senior independent director has a vital role in intervening to resolve issues of significant concern. These exceptional circumstances might include unresolved concerns on the part of the council of governors regarding the chair's performance; where the relationship between the chair and chief executive is either too close or not sufficiently harmonious; where the trust's strategy is not supported by the whole board; where key decisions are being made without reference to the board or where succession planning is being ignored.

In the circumstances outlined above, the senior independent director will work with the chair, deputy chair, other directors and/or governors, to resolve significant issues. Boards of directors and councils of governors need to have a clear understanding of the circumstances when the senior independent director might intervene so that the senior independent director's intervention is not sought in respect of trivial or inappropriate matters.

Chief Executive's report: May 2025

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.

A warm welcome

I would like to sincerely thank staff and stakeholders for a very warm welcome since joining Medway as Interim Chief Executive in April, alongside my role at Chief Executive at Dartford and Gravesham NHS Trust. I have been impressed by my colleagues' commitment to improve patient care and staff experience, and it is clear to me how the Patient First improvement methodology is helping us do this.

There's a lot to celebrate and be proud of, but like the whole of the NHS, there are also significant challenges. With the recently announced changes to NHS England and Integrated Care Boards, there is also a requirement for trusts to be more efficient and productive so that we can treat patients sooner, and reduce costs to strengthen financial sustainability.

I am committed to working with colleagues to address these challenges and to identify opportunities where working more closely with our partners will help us do this, ensuring that we are doing all we can to deliver the best of care for our patients.

Improving access to diagnostics

Recent investments in diagnostic capacity – including endoscopy and CT scanning – have continued to bring down waiting times for tests and scans for patients. In March 91% of patients having their diagnostic within six weeks, exceeding the national target. This helps to speed up, or rule out, the diagnosis of conditions such as cancer and cardiovascular disease.

We continue to invest in new diagnostic capacity, with a brand-new MRI scanner opening this month at our Community Diagnostic Centre in Sheppey, further extending options for Swale patients to access vital diagnostics closer to home.

Patient First

There has been a lot of work in recent months to update our Patient First improvement priorities, building on the achievements over the last three years. It is right that we do this so that we continue to focus on the things that deliver the biggest impact to our patients and staff.

This includes refreshing our key goals for each of our True North domains – Patients, People, Quality, Sustainability, and Systems and Partnerships. We have updated Sustainability, and Systems and Partnerships, to reflect revised national standards and to provide timelier and more efficient patient care. We have been testing this with staff and patients recently to inform our refreshed Patient First strategy.

Visiting Charter

We have recently extended visiting times to 8am to 8pm (previously 1pm to 8pm) on most adult wards in response to a new national standard for visiting people in hospital and other care settings. This was informed by learning from the pandemic which showed that restricted visiting was detrimental to patients' wellbeing and recovery.

More than 800 people shared valuable feedback about extending visiting hours which has helped us consider how best to implement this important national standard. This feedback is informing a new Visiting Charter which will set out shared expectations and behaviours for staff, patients and visitors.

Localised visiting arrangements continue in specialist areas, such as maternity, paediatrics, our neonatal and adult intensive care units, and for patients receiving end of life care.

Neonatal unit accreditation success

I am pleased to report that following a thorough assessment process, The Oliver Fisher Neonatal Unit has received Level 3 accreditation under the UNICEF Baby Friendly Initiative (BFI). This award recognises colleagues' ongoing commitment to increase breastfeeding rates and improve care for families and babies on the neonatal unit.

Star Award finalists

I am delighted that 35 finalists have been selected from 167 nominations for this year's Medway Star Awards. These annual awards recognise staff who have gone the extra mile or shown great passion and commitment to improving care in line with our Patient First priorities.

I know the judging panel had a difficult task whittling nominations down to three finalists per category. So too our colleagues at the Kent Messenger Group, sponsors of the Hospital Hero award, who have selected five finalists from nominations from members of the public.

I would like to everyone who has been nominated for an award – it is fantastic to see how much our staff are appreciated for the excellent work they do.

Story to Board

Staff story and experience – Matt Taiano

Nikki Lewis, Associate Director of Patient Experience

Background

- I started my career in the NHS after I realised that Teacher Training was not for me!
- I became a nursing student in 2010 and qualified in 2013
- I was proud to be a newly qualified nurse on Keats ward where I worked until 2014
- In 2014 – 2018 I worked as a staff nurse in Critical Care (HDU)
- 2018 - 2022 I became a Clinical instructor across the UK, teaching staff and the public in adult and paediatric resuscitation
- 2022 – Present day- Resus Officer, Staff Governor and Staff Disability advocate.

Challenges

- **Training as a nurse** - Issues around admin, general organisation, general time management (Time blindness), oversleeping or not sleeping, poor timetable management and interpretation, shift work management, constant exhaustion coupled with weeks of not sleeping, excessive stress, anxiety, depression.

- **Staff nurse** - Ongoing performance management around admin, organisation, chaotic working, documentation, inconsistent working style, sleeping issues.

- **Current role** - First year of the role; significant issues around working in an office setting, time management, admin management, case load management, distractibility, sleeping issues, ongoing issues with HR/ER and Occupational Health input.

- However throughout all of this, I was more capable of achieving goals in my professional and personal life than I realised.

Improvement Journey

- Ongoing self improvement - Diagnosed with Dyslexia (2009) (2024), ADHD (2024) with probable Autistic traits.

- Long and ongoing journey with my manager and my team on how to achieve my full potential at work for both myself, my management and the service. We achieved this by working to my strengths and supporting and nurturing my weaknesses. Working with the tools we had, rather than the tools that are not fit for my situation.

- I worked with the Trust after a complicated HR / ER / Occupational Health process to create the Managers Guide to Neuro-Diversity, Reasonable Adjustments and Change to the Probation policies. In addition to development of a staff Facebook Group for Neuro-divergent Healthcare workers (now with over 300 members). This was such a positive development for myself but knowing I can help others in similar situations too.

- When time allows, I present talks within the Trust around working with Neuro-diversity in healthcare.

Next steps

- To continue support neurodivergent staff and their families
- Offer advice to managers on how they can improve their skills in an increasing neurodivergent workforce
- Continue to manage the closed Facebook group for MFT staff to talk and share their journey but to offer support for those seeking help
- To drive positive change within the Trust by driving larger conversations around the support on offer, in addition to the potential for the organisation to learn and improve.
- Network with other NHS Trusts share learning

Considerations going forwards

- What improved more cost effective support can be offered at the Trust?
- What support can be offered to staff and managers, to help to achieve the best out of our people for the benefit of the Trust?
- Offer of internal job coaching
- Encouraging awareness and support sessions to managers and others to support colleagues and neurodiversity in the workforce
- To rely less on the government “Access to Work Scheme” (This is costly and complicated). Support could be offered in a much simpler and effective way

Thank You

Any questions?

Meeting of the Trust Board in Public

Wednesday, 14 May 2025

NHS Medway NHS Foundation Trust

Title of Report	Trust Risk Register and Issues Log Report		**Agenda Item**	4.1
Author	Claire Cowell, Integrated Governance Lead			
Lead Executive Director	Sarah Vaux, Chief Nursing Officer (Interim)			
Executive Summary	The Trust Risk Register and Issues Log Report is intended to give assurance as to the current position of the Trusts risks management system. The report also responds to the regulatory and statutory duties such as those overseen by the Care Quality Commission (CQC), Ofsted and Health and Safety Executive to implement effective risk management systems. It also reflects the NHS Foundation Trust Code of Governance, and the Compliance Framework. The data provided in this report was current as of the 01 May 2025.			
Proposal and/or key recommendation:	To note this new format report and its contents.			
Purpose of the report (Please mark with 'X' the box to indicate)	Assurance		Approval	
	Noting	X	Discussion	
Governance Process: Committee/Group and Date of Submission/approval:	N/A			
Patient First Domain/True North priorities (tick box to indicate):	*Please mark with 'X' the priorities the report aims to support:*			
	Priority 1: (Sustainability)	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality) X	Priority 5: (Systems)
Relevant CQC Domain:	*Please mark with 'X' the CQC domain the report aims to support:*			
	Safe:	Effective: X	Caring:	Responsive:	Well-Led: X
Identified Risks, issues and mitigations:	N/A			
Resource implications:	N/A			
Sustainability and /or Public and patient engagement considerations:	N/A			
Integrated Impact assessment:	N/A			

Legal and Regulatory implications:	The report also responds to the regulatory and statutory duties such as those overseen by the Care Quality Commission (CQC), Ofsted and Health and Safety Executive to implement effective risk management systems.		
Appendices:	N/A		
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act		
For further information please contact:	Name: Claire Cowell Job Title: Integrated Governance Lead Email: claire.cowell@nhs.net		
Please mark with 'X' - 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	X	Assurance minor improvements needed.
	Significant Assurance		There are no gaps in assurance
	Not Applicable		No assurance required.

Risk Register Report

This report details new, current and closed risks rated at 8 and above.

A risk rating is undertaken using a five by five matrix according to their severity Consequence and Likelihood, as per the Trusts Risk Management Framework Handbook.

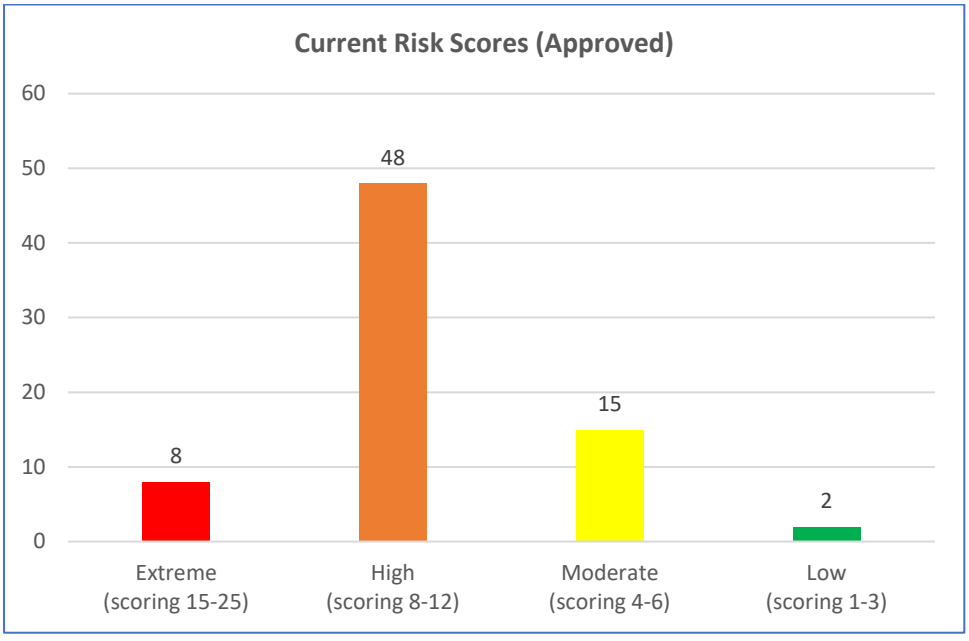
Risk Rating

The Trust uses three risk scores during the management of risks:

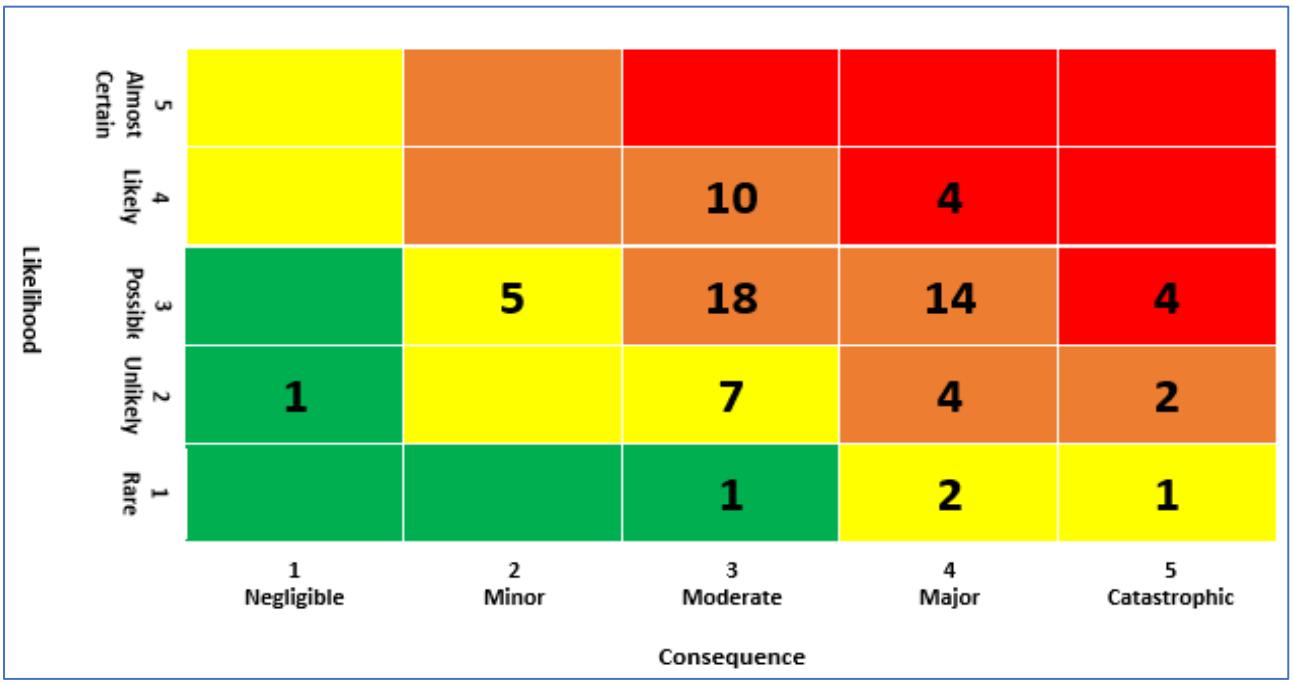
- **Initial Risk Score**: This is the score when the risk was first identified and is assessed with the current existing controls in place. This score will remain unchanged for the lifetime of the risk and is used as a benchmark against which the effect of risk mitigation can be measured.
- **Current Risk Score**: This is the score following the application of controls. Effective controls should always reduce the initial risk score. The current (residual) risk score is taken at the time the risk was last reviewed in line with the set review dates. It is expected that the current risk score will reduce and move toward the Target Risk Score as action plans and mitigating actions are developed and implemented.
- **Target Risk Score**: This is the score that is expected to be reached after the action plan and mitigating actions have been fully implemented to enable the risk to be reduced to a level which is tolerable.

The Risk Scoring and Matrix can be found at Appendix 1.

There are currently 73 approved risks for the Trust of which, 8 are scored 15 and above (Extreme).



The heat map below summarises the total number of approved risks assigned to each score.



Current Approved Risk Scores by Division/Area:

	Extreme	High	Moderate	Low	Total
Cancer and Core Clinical Services		13	1		14
Central Operations				1	1
Estates & Facilities	2	8	1		11
Exec Led Risk			1		1
Finance		1	3		4
Information Technology	2	7			9
Medical Directors Office		2	1		3
Medicine and Emergency Care		4	2	1	7
Nursing		4	4		8
Strategy Governance & Performance		1			1
Surgery and Anaesthetics	1	2			3
Women, Children and Young People	3	6	2		11

Risk Review Compliance

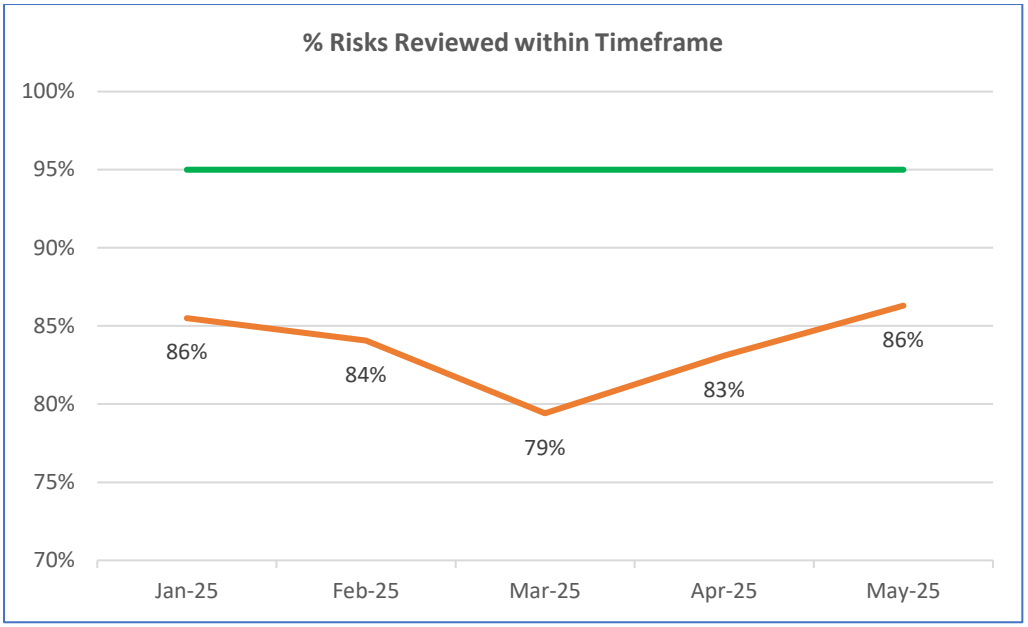
All risks must be reviewed as per the below review periods by the Operational Risk Owner.

If at the point of review the risk score is determined to be increased, this must be escalated to the Divisional owner for agreement. In the case that a risk score is increased to 15 or above, the Operational and Divisional Owner must seek approval from the Executive Owner.

The following minimum periods for review have been set for all risks and are aligned to the risk score.

Risk Score	Level	Review Period
(1 - 3)	Low Risk	Quarterly review
(4 - 6)	Moderate Risk	Two Monthly Review
(8 - 12)	High Risk	Monthly Review
(15 - 25)	Extreme Risk	Two Weekly Review

The Trust target is for 95% of risks to have been reviewed within timeframe, during the month of April there has been an increase in review compliance.



There is a total of 9 risks non-compliant for review of which, 3 are rated 15 and above and 6 are rated High. Extreme risks are to be reviewed fortnightly, one risk has not been reviewed for more than 7 weeks.

The below sets out risks non-compliant for review by area/department and rated 8+:

- Information Technology (2 – both are rated Extreme)

Risk ID	Risk Title	Rating (current)	Executive Owner	Last Review Date
2068	Limitations of EPR/EPMA System Functionality potentially impacting Patient Safety	16	CDO	10/04/2025
1965	There is a risk of the organisation being the target of a Cyber Attack, impacting information systems and/or IT infrastructure	15	CDO	11/04/2025

- Estates and Facilities (4 in total with no review taking place for more than 7 weeks)

Risk ID	Risk Title	Rating (current)	Executive Owner	Last Review Date
2158	Backlog Maintenance impacting on the infrastructure and clinical safety	16	COO	06/03/2025
2093	Non-Compliance with HTM02-01 Medical Gas Pipeline Systems	12	COO	06/03/2025
2135	Multiple areas of non-compliance with H&S legislation within E&F may lead to harm and/or enforcement action	12	COO	06/03/2025
2094	Non-Compliance with HTM03-01 Specialised Ventilation for Healthcare Premises	9	COO	06/03/2025

- Resus (1)

Risk ID	Risk Title	Rating (current)	Executive Owner	Last Review Date
1372	There is a Risk to Compliance with Trust Wide Resuscitation Training	12	CMO	25/03/2025

- Trauma (1)

Risk ID	Risk Title	Rating (current)	Executive Owner	Last Review Date
2324	Financial loss and Trust reputation could be impacted due to Trauma team's inability to meet key objectives	12	CMO	26/02/2025

- Diagnostics and Therapies (1)

Risk ID	Risk Title	Rating (current)	Executive Owner	Last Review Date
2042	Dual referring system (Inpatients and ED) may result in radiation incidents	9	COO	28/02/2025

Risk Movement

One risk has had a decrease in score, this is aligned to the current structure and function of the Information Governance Team and the potential for not meeting the statutory responsibilities under GDPR. The score has been reduced from 12 to 8 as the Information Commissioners Office (ICO) is satisfied that the Trust has been consistently addressing the backlog of SARS (Subject Access Requests) with additional resources in place. A meeting has been arranged with the ICO in September 2025 to provide assurance that the ongoing effectiveness of measures, including resourcing which has been implemented to address the backlog.

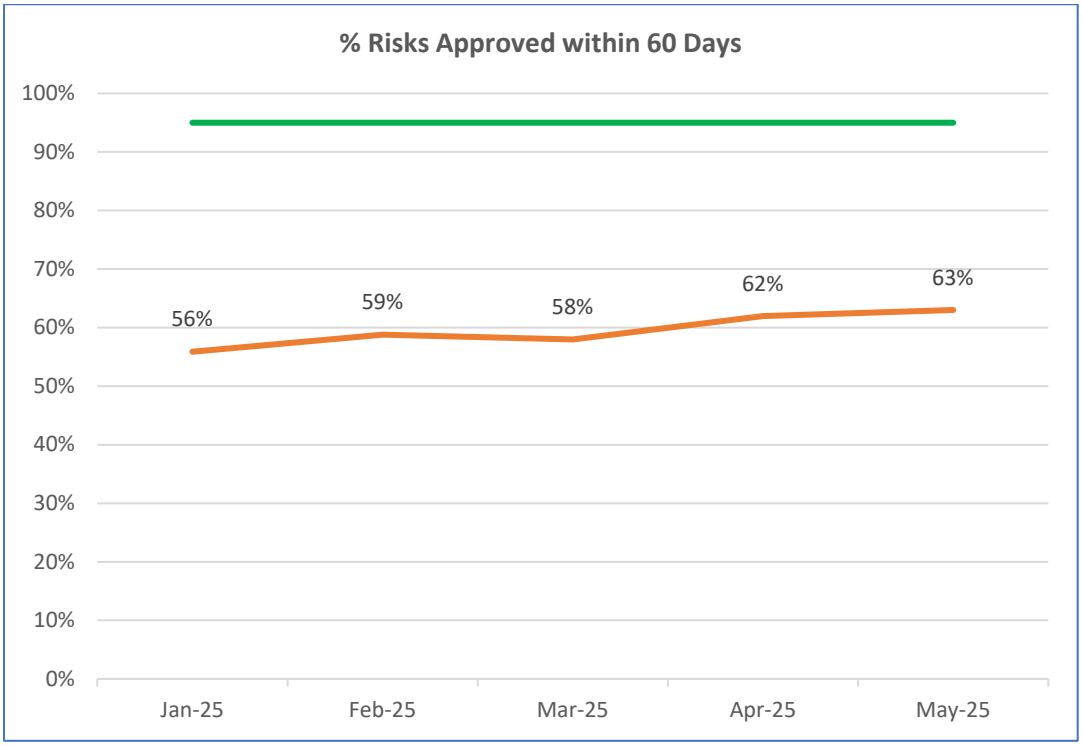
One risk has had their score increased, this is a risk aligned to Estates regarding the Trust car park and falls from height 'top deck', the risk score has been increased by the Chief Nursing Officer from 10 to 12. Appropriate mitigations and actions are in place i.e. CCTV coverage 24/7, access controls and barriers to car park stairwells, substantive 'top deck' officers etc.

71 (97%) risks have had no movement in the last month, 46 of these have had no movement in score for 6 months - 5 of these are rated Extreme as tabled below. Risks with no movement for 6 months or more are escalated by the Integrated Governance Team to the relevant groups and committees for monitoring to ensure that they are current and relevant.

Risk ID	Area/Dept	Risk Title	Rating (Initial)	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
2068	IT	Limitations of EPR/EPMA System Functionality potentially impacting Patient Safety	16	16	16	16	16	16	16
2158	Estates	Backlog Maintenance impacting on the infrastructure and clinical safety	20	16	16	16	16	16	16
1965	IT	There is a risk of the organisation being the target of a Cyber Attack, impacting information systems and/or IT infrastructure	15	15	15	15	15	15	15
1979	Critical Care	Risk of patient harm caused by Metavision failure due to unsupported IT systems	25	15	15	15	15	15	15
2166	Estates	Non-Compliance with HTM 05-01 Managing Healthcare Fire Safety	15	15	15	15	15	15	15

Risks Awaiting Review and Approval

The Trust target is for 95% of risks to have been reviewed and approved within 60 days of being raised. The current position is 63% ↑, this is often due to being limited by when Care Group and Divisional meetings take place or meeting cancellations.



There are no risks more than 60 days awaiting review.
There are currently 3 risks awaiting their first review and full population of mitigations and controls, 2 were raised in March and 1 in April. Owners are reminded of the importance of updating their risks in a timely manner and support offered.

There are currently 9 risks awaiting approval,

- 1 was raised in January and is rated Extreme, this has been approved by the Division and is now awaiting final approval by the Chief Operating Officer.
- 2 were raised in February of which, 1 is rated Extreme and although approved by the Division there has been challenge from the Exec Lead as to the current risk score and therefore, not approved. The other is awaiting Divisional approval, there have been delays due to cancellation of meetings.
- 5 were raised in March, all are rated High and awaiting Divisional approval – there have been delays in approval due to cancellations of meetings and therefore, being carried forward to May meetings.
- 1 was raised in April with a rating of High and scheduled for review with aim of approval at the May Divisional Board.

New Risks

The below sets out risks approved in April 2025 (4) with an initial score of 8 and above.

<table>
<tr><td>Date Added:</td><td colspan="4">03 February 2025</td></tr>
<tr><td>Date Approved:</td><td colspan="4">28 April 2025 (approved by Chief Medical Officer)</td></tr>
<tr><td>Proposed Date for Closure:</td><td colspan="4">TBC</td></tr>
<tr><td>Ref:</td><td colspan="4">2324</td></tr>
<tr><td>Division/Area:</td><td colspan="4">Trauma</td></tr>
<tr><td>Title:</td><td colspan="4">Financial loss and Trust reputation could be impacted due to Trauma team's inability to meet key objectives</td></tr>
<tr><td>Description:</td><td colspan="4">Peer review expected in 2025, a poor peer review could put the status as a trauma centre at risk.
1. Backlog of NMTR data
2. No rehabilitation coordinator
3. No Major Trauma Coordinator</td></tr>
<tr><td>Impact:</td><td colspan="4">Organisational</td></tr>
<tr><td>Domain:</td><td colspan="4">Reputation/Adverse Publicity</td></tr>
<tr><td>Owner:</td><td colspan="4">Dr Anota - Clinical Lead for Emergency Department</td></tr>
<tr><td>Exec Lead:</td><td colspan="4">Chief Medical Officer</td></tr>
<tr><td>Key Existing Controls:</td><td colspan="4">NMTR Data coordinator</td></tr>
<tr><td>Gaps in Controls:</td><td colspan="4">Backlog of NMTR data:
- Outstanding Feb 2024 to June 2024
- Outstanding Dec 2024 to date
- Outstanding June 2023 to Dec 2023: 263 audits
Additional support to NMTR Data Coordinator required
Major Trauma Coordinator required</td></tr>
<tr><td>Risk Treatment:</td><td colspan="4">TREAT: Take mitigating actions that will minimise the impact of the risk prior to its occurrence and/or reduce the likelihood of the risk occurring.</td></tr>
<tr><td>Risk Scoring:</td><td colspan="4"><table><tr><th></th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial (before controls):</td><td>3</td><td>4</td><td>12</td></tr><tr><td>Current (with current controls):</td><td>3</td><td>4</td><td>12</td></tr><tr><td>Target (after improved controls):</td><td>3</td><td>1</td><td>3</td></tr></table></td></tr>
<tr><td>Risk Appetite:</td><td colspan="4">Moderate (4-6)</td></tr>
<tr><td>Actions:</td><td colspan="3">1. Additional support to NMTR Coordinator required – Finance to locate Trauma Team budget to be able to progress into the recruitment of staff into post.</td><td>Due Date: 30/05/2025</td></tr>
</table>

Date Added:	24 February 2025
Date Approved:	15 April 2025 *(approved by Divisional Board)*
Proposed Date for Closure:	29 August 2025
Ref:	2356
Division/Area:	Cancer and Core Clinical Services - Imaging
Title:	There is a risk to staff wellbeing as a result of Sonographers repetitive movements during scanning
Description:	There is a risk to staff wellbeing as a result of Sonographers repetitive movements during scanning which might result in short/long term injury, such as WRULD (Work Related Upper Limb Disorder). One member of staff has already had to be redeployed because of this and one on long term sick.
Impact:	People (Staff)
Domain:	Human Resources/Staffing/OD/Competence
Owner:	Lorraine Becconsall - Head of imaging
Exec Lead:	Chief Operating Officer
Key Existing Controls:	Looking for positioning aids that may reduce stress on the arm and shoulder. Have had review by physio and manual handling team. Physio has given exercises to relive tension and pressure in the areas mentioned which are now displayed in all the rooms. Adequate breaks are already in their scanning schedule but these are now monitored to ensure they are taken.
Gaps in Controls:	The above helps but does not stop the issue and as such we will have to continue to continue to monitor the staff for further issue. There are no changes that will stop the need for the position of the arm during scanning and as such we have to manage as best as we can.
Risk Treatment:	TREAT: Take mitigating actions that will minimise the impact of the risk prior to its occurrence and/or reduce the likelihood of the risk occurring.
Risk Scoring:	

	Consequence	Likelihood	Score
Initial (before controls):	3	4	12
Current (with current controls):	3	4	12
Target (after improved controls):	3	1	3

Risk Appetite:	High (8-12)	
Actions:	1. Manual aid to support staff to be sourced.	Due Date: 30/04/2025

<table>
<tr><td>Date Added:</td><td>09 March 2025</td></tr>
<tr><td>Date Approved:</td><td>15 April 2025 (approved by Divisional Board)</td></tr>
<tr><td>Proposed Date for Closure:</td><td>31 July 2025</td></tr>
<tr><td>Ref:</td><td>2374</td></tr>
<tr><td>Division/Area:</td><td>Cancer and Core Clinical Services - Clinical Haematology</td></tr>
<tr><td>Title:</td><td>Lack of Capacity of Haematology CNS Team Generic Email Account</td></tr>
<tr><td>Description:</td><td>New emails won’t come through
Patient safety risk if communication fails
Main communication system between MDT, tertiary centres, internal professionals
Patients will also not be able to contact the team</td></tr>
<tr><td>Impact:</td><td>Patient</td></tr>
<tr><td>Domain:</td><td>Impact on the safety of Patients, Staff or Public (physical/psychological harm)</td></tr>
<tr><td>Owner:</td><td>Louise Farrow - Macmillan Lead Cancer Nurse</td></tr>
<tr><td>Exec Lead:</td><td>Chief Nursing Officer</td></tr>
<tr><td>Key Existing Controls:</td><td>Escalated to management
Highlighted to patient first team to try to find solutions to documentation issues.</td></tr>
<tr><td>Gaps in Controls:</td><td>Unable to increase capacity due to cost issue
Teams channel set up but this will be difficult to move over 100,000 emails
New generic email set up and plan to move all content over to new email to free up space in original generic email.</td></tr>
<tr><td>Risk Treatment:</td><td>TREAT: Take mitigating actions that will minimise the impact of the risk prior to its occurrence and/or reduce the likelihood of the risk occurring.</td></tr>
<tr><td>Risk Scoring:</td><td>
<table>
<tr><th></th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr>
<tr><td>Initial (before controls):</td><td>3</td><td>3</td><td>9</td></tr>
<tr><td>Current (with current controls):</td><td>3</td><td>3</td><td>9</td></tr>
<tr><td>Target (after improved controls):</td><td>3</td><td>1</td><td>3</td></tr>
</table>
</td></tr>
<tr><td>Risk Appetite:</td><td>Low (1-3)</td></tr>
<tr><td rowspan="2">Actions:</td><td>1. Create a new generic email account for the Haematology CNS Team.</td><td>Due Date: 30/04/2025</td></tr>
<tr><td>2. To create a Teams Channel to move all existing emails across to web-based storage.</td><td>Due Date: 30/04/2025</td></tr>
</table>

<table>
<tr><td>Date Added:</td><td>31 March 2025</td></tr>
<tr><td>Date Approved:</td><td>16 April 2025 (approved by Divisional Board)</td></tr>
<tr><td>Proposed Date for Closure:</td><td>30 May 2025</td></tr>
<tr><td>Ref:</td><td>2403</td></tr>
<tr><td>Division/Area:</td><td>Women, Children and Young People - Dolphin Ward</td></tr>
<tr><td>Title:</td><td>Fire Safety Risk (Paediatric Unit)</td></tr>
<tr><td>Description:</td><td>Should there be a fire on the Dolphin / Penguin ward evacuation of bed bound patients would be impeded.</td></tr>
<tr><td>Impact:</td><td>Patient</td></tr>
<tr><td>Domain:</td><td>Impact on the safety of Patients, Staff or Public (physical/psychological harm)</td></tr>
<tr><td>Owner:</td><td>Phil Williams - Senior Fire Safety Advisor</td></tr>
<tr><td>Exec Lead:</td><td>Chief Operating Officer</td></tr>
<tr><td>Key Existing Controls:</td><td>Handle put on fire escape door and nurse in charge carries a key.
Fire assessment completed and paperwork is awaiting collaborative approval by the ward sister and fire safety officer.
PDN contacted to ensure training schedule is in place.</td></tr>
<tr><td>Gaps in Controls:</td><td>Fire safety plans/maps not up to date, and do not show correct escape routes.
Lack of fire safety (green) signs directing staff and public to safe exit.
Fire safety’ doors, that when unlocked by a fire alarm trigger, open towards Dolphin ward that does not have a handle to pull open the door, impeding exit.
Alternate routes of escape to the above route hindered by doors that are too narrow hence unable to move beds through.
‘Fire safety’ doors that have no seal and large gaps between the 2 doors.
Lack of fire door ‘stickers’ so we are unaware of how long each room/door is fire safe for.</td></tr>
<tr><td>Risk Treatment:</td><td>TREAT: Take mitigating actions that will minimise the impact of the risk prior to its occurrence and/or reduce the likelihood of the risk occurring.</td></tr>
<tr><td>Risk Scoring:</td><td>
<table>
<tr><th></th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr>
<tr><td>Initial (before controls):</td><td>4</td><td>3</td><td>12</td></tr>
<tr><td>Current (with current controls):</td><td>4</td><td>3</td><td>12</td></tr>
<tr><td>Target (after improved controls):</td><td>4</td><td>1</td><td>4</td></tr>
</table>
</td></tr>
<tr><td>Risk Appetite:</td><td>Low (1-3)</td></tr>
<tr><td rowspan="2">Actions:</td><td>1. Fire safety team agreed to do a full risk assessment / new fire plan.</td><td>Due Date: 16/05/2025</td></tr>
<tr><td>2. All Paediatric Staff to undertake fire safety training on the ward.</td><td>Due Date: 30/05/2025</td></tr>
</table>

Risks Closed

1 Risk was closed in April.

<table>
<tr><td>Date Added:</td><td>30 April 2024</td></tr>
<tr><td>Date Closed:</td><td>30 April 2025</td></tr>
<tr><td>Ref:</td><td>2058</td></tr>
<tr><td>Division/Area:</td><td>Finance</td></tr>
<tr><td>Title:</td><td>Unchecked staff growth</td></tr>
<tr><td>Description:</td><td>The Trust has seen growth in worked WTEs in the 12 months to March 2024 of c9%. Continued growth without funding/additional income through tariff - particularly where this is unplanned or without appropriate oversight and scrutiny - will push the Trust into larger deficits.</td></tr>
<tr><td>Impact:</td><td>Organisational</td></tr>
<tr><td>Domain:</td><td>Finance (including Claims)</td></tr>
<tr><td>Owner:</td><td>Paul Kimber - Deputy Chief Financial Officer</td></tr>
<tr><td>Exec Lead:</td><td>Chief Financial Officer</td></tr>
<tr><td>Rationale for Closure:</td><td>Propose to close this risk and reset.
Trust has an efficiency programme which it must deliver, including a headcount reduction, which this risk will play a role. This includes corporate services challenge to revert back to spend from 2018/19.
Sustainability breakthrough objective is focused on headcount.
Services continue to expand, including fully operational CDCs, establishments to fill safety gaps, and possible transfer of MIU.</td></tr>
<tr><td>Risk Scoring:</td><td>
<table>
<tr><th></th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr>
<tr><td>Initial (before controls):</td><td>5</td><td>3</td><td>15</td></tr>
<tr><td>Current (with current controls):</td><td>4</td><td>3</td><td>12</td></tr>
<tr><td>Target (after improved controls):</td><td>5</td><td>1</td><td>5</td></tr>
</table>
</td></tr>
<tr><td>Risk Appetite:</td><td>High (8-12)</td></tr>
</table>

Risk Appetite

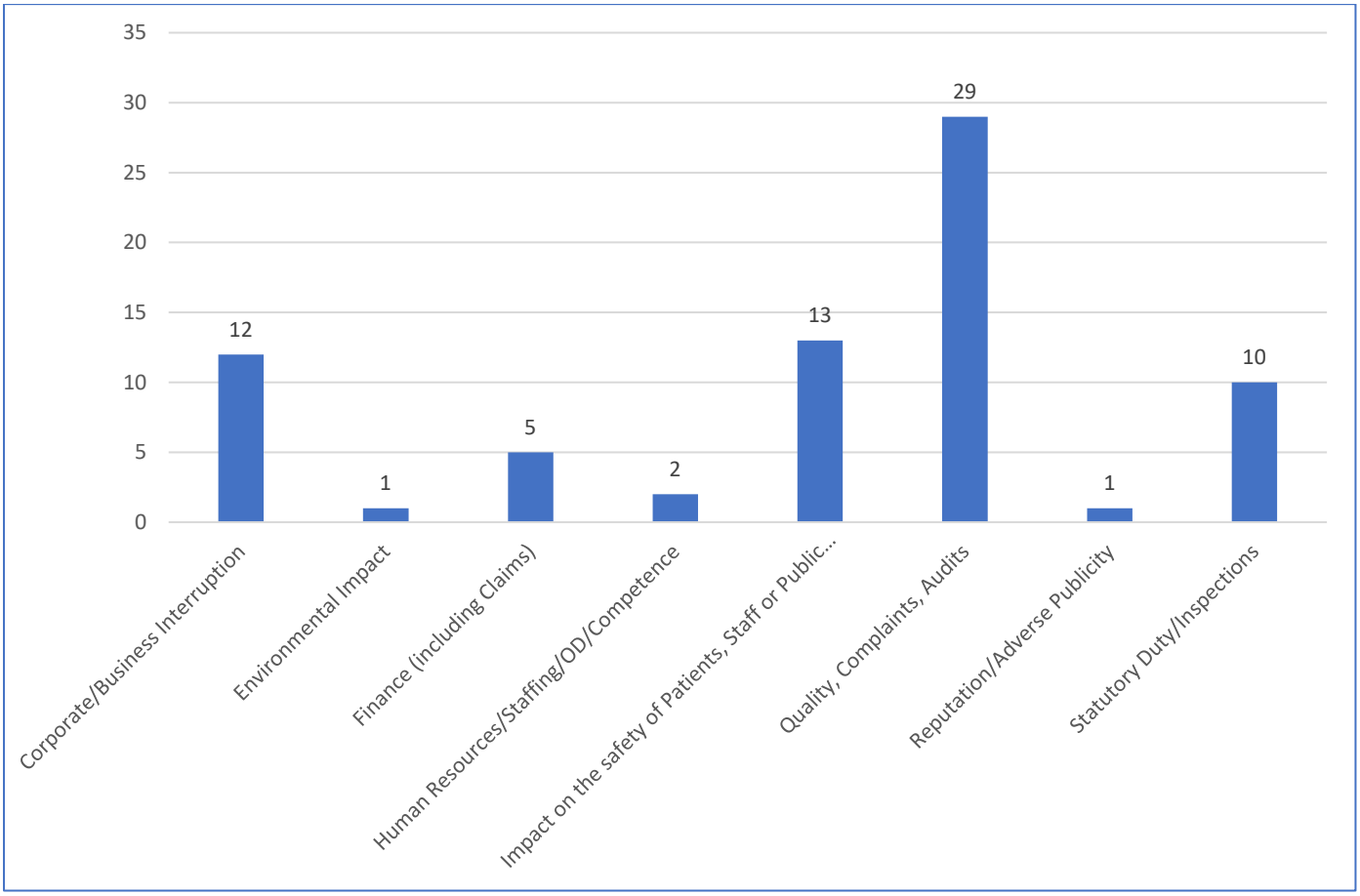
The Trust's cultural, attitude/approach toward the management of risk, including setting the level of organisational risk that the Trust is willing to accept after mitigating actions have been applied.

The risk appetites for each of the risk domains as agreed by the Board are:

Impacts	Domain	Risk Appetite	Score
Patient	Impact on the safety of patients, staff or public (physical / psychological harm)	Low	1 – 3
Patient	Quality, Complaints, Audits	Low	1 – 3
People (Staff)	Human Resources / Staffing / OD / Competence	High	8 – 12
Regulatory	Statutory Duty / Inspections	Low	1 – 3
Organisational	Reputation / Adverse Publicity	Moderate	4 – 6
	Corporate / Business Interruption	Moderate	4 – 6
	Environmental Impact	High	8 – 12
	Business Objectives / Projects	Moderate	4 – 6
	Finance (including claims)	High	8 – 12

Total Risks by Domain

A review of all risks is currently being undertaken to ensure that target scores are realistic.



Issues Log Report

This report details new, current and closed Issues rated 4 and above.

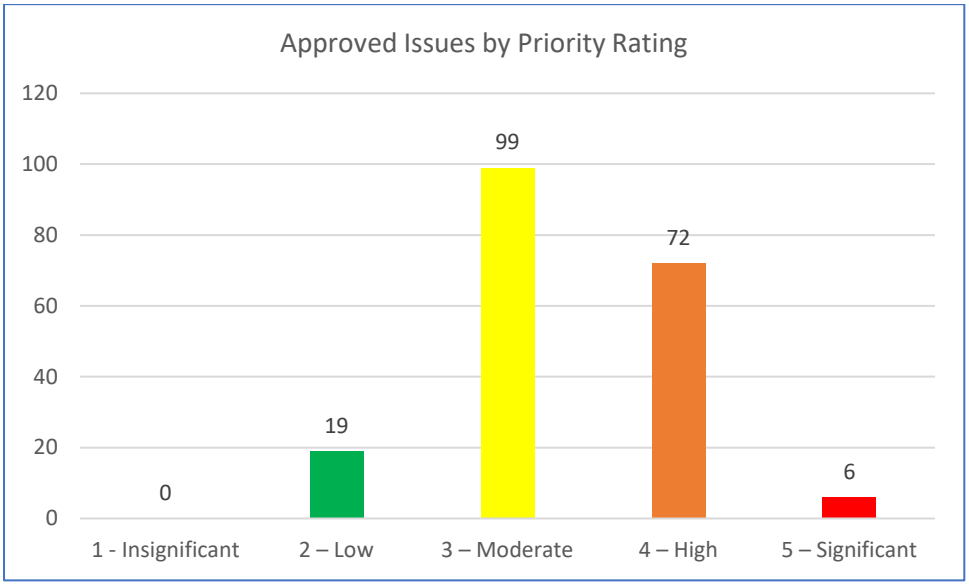
A rating is undertaken to indicate the priority of an issue as per the Trusts Risk Management Framework Handbook.

The majority of Issues should have the ability to reduce in priority rating and the relevant actions must be taken to mitigate issues to a suitable level in a timely way.

Issues are evaluated by defining a priority rating (1-5) as set out in Appendix 2.

A likelihood score is not considered when applying a priority rating. Instead the priority rating of issues considers consequence only.

There are currently 196 approved issues for the Trust of which, 6 are rated 5 - Significant.



Current Approved Issues by Division/Area:

	5 Significant	4 High	3 Moderate	2 Low	Total
Cancer and Core Clinical Services	1	18	17	3	39
Central Operations		1			1
Estates & Facilities			5	3	8
Finance	1	1	1	2	5
Human Resources			2	1	3
Information Technology	1	9	2		12
Medical Directors Office	1		1	2	4
Medicine and Emergency Care		12	26	4	42
Nursing	1	6	19		26
Strategy Governance & Performance		3			3
Surgery and Anaesthetics	2	7	15		24
Women, Children and Young People		14	11	4	29

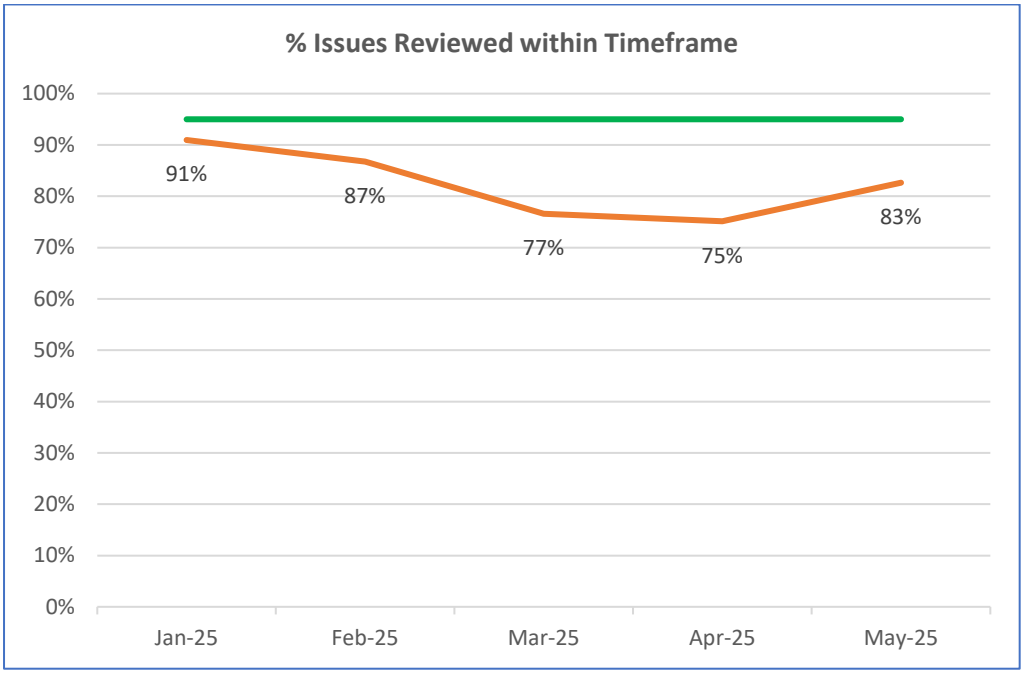
Issues Review Compliance

All issues must be reviewed as per the below review periods by the Operational Owner.
If at the point of review the issue score is determined to be increased, this MUST be escalated to the Divisional owner for agreement. In the case that an issue rating is increased to 5, the Operational and Divisional Owner must seek approval from the Executive Owner.

The following minimum periods for review have been set for all issues.

Issue Priority Rating	Level	Review Period
1-5	Issue	Monthly Review

The Trust target is for 95% of Issues to have been reviewed within timeframe, during the month of April there has been an increase in review compliance.



Of the 196 approved Issues, there is a total of 34 non-compliant for review of which, 0 are rated Significant;
17 are rated 4 – High (7 have not been reviewed since February)
11 are rated 3 – Moderate
6 are rated 2 – Low (1 has not been reviewed since January)

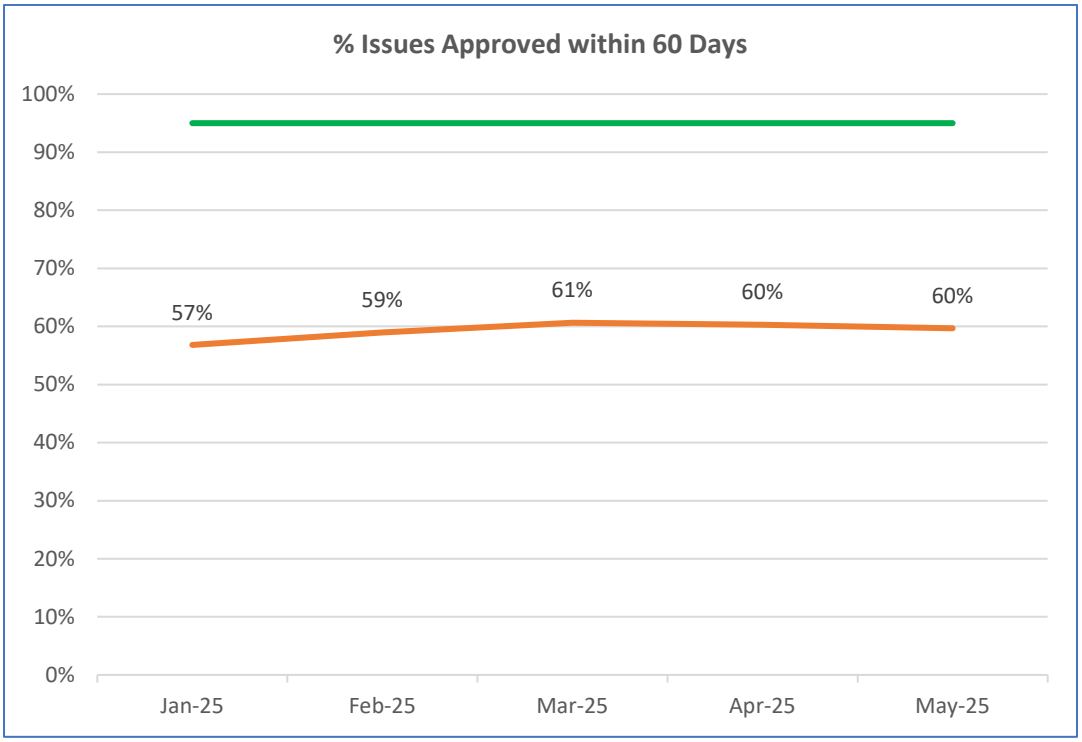
The below sets out Issues non-compliant for review by area/department:

	Total Non-Compliant for Review
Cancer and Core Clinical Services	7
Central Operations	1
Estates & Facilities	2
Finance	4
Human Resources	1
Information Technology	1

	Total Non-Compliant for Review
Medical Directors Office	2
Medicine and Emergency Care	9
Nursing	5
Strategy Governance & Performance	1
Surgery and Anaesthetics	0
Women, Children and Young People	1

Issues Awaiting Review and Approval

The Trust target is for 95% of Issues to have been reviewed and approved within 60 days of being raised. The current position is 60% →, this is often due to being limited by when Care Group and Divisional meetings take place or meeting cancellations.



There is 1 Issue that has been waiting more than 60 days for first review.
There are currently 8 Issues awaiting their first review and full population of mitigations. Owners are reminded of the importance of updating their Issues in a timely manner and support offered.

There are currently 15 Issues awaiting approval with the oldest being raised November 2024, this Issue is around the Green Plan Procurement Development. There have been delays with reviewing and approving the Issue due to the fact this can only be mitigated by NHS Supply Chain. The Issue is due for review of mitigations and actions at the next Green Sustainability Group.

New Issues

The below sets out Issues approved in April 2025 and the associated Exec Lead.

7 new Issues were approved in total.

Date Added	Date Approved	Division/Area	Issue Title	Priority Rating	Exec Lead
24/01/2025	15/04/2025	Imaging	No UPS back-up supporting the Interventional Radiology Machine.	4 High	COO
27/03/2025	16/04/2025	Theatres	Flooring integrity theatres	4 High	COO
03/03/2025	03/04/2025	Corporate Nursing	Lack of nationally recognised safe staffing tools for outpatients and specialist nursing	3 Moderate	CNO
04/03/2025	03/04/2025	Corporate Nursing	Lack of use of red flag system within safe care live	3 Moderate	CNO
26/03/2025	09/04/2025	Acute Response Team	Medicus Outreach upgrade fault	3 Moderate	COO
19/03/2025	08/04/2025	Pharmacy	Recruitment & retention of Band 2 Pharmacy Assistants	3 Moderate	COO
16/01/2025	03/04/2025	Estates and Facilities	Catering Hot Food Service Counters	2 Low	COO

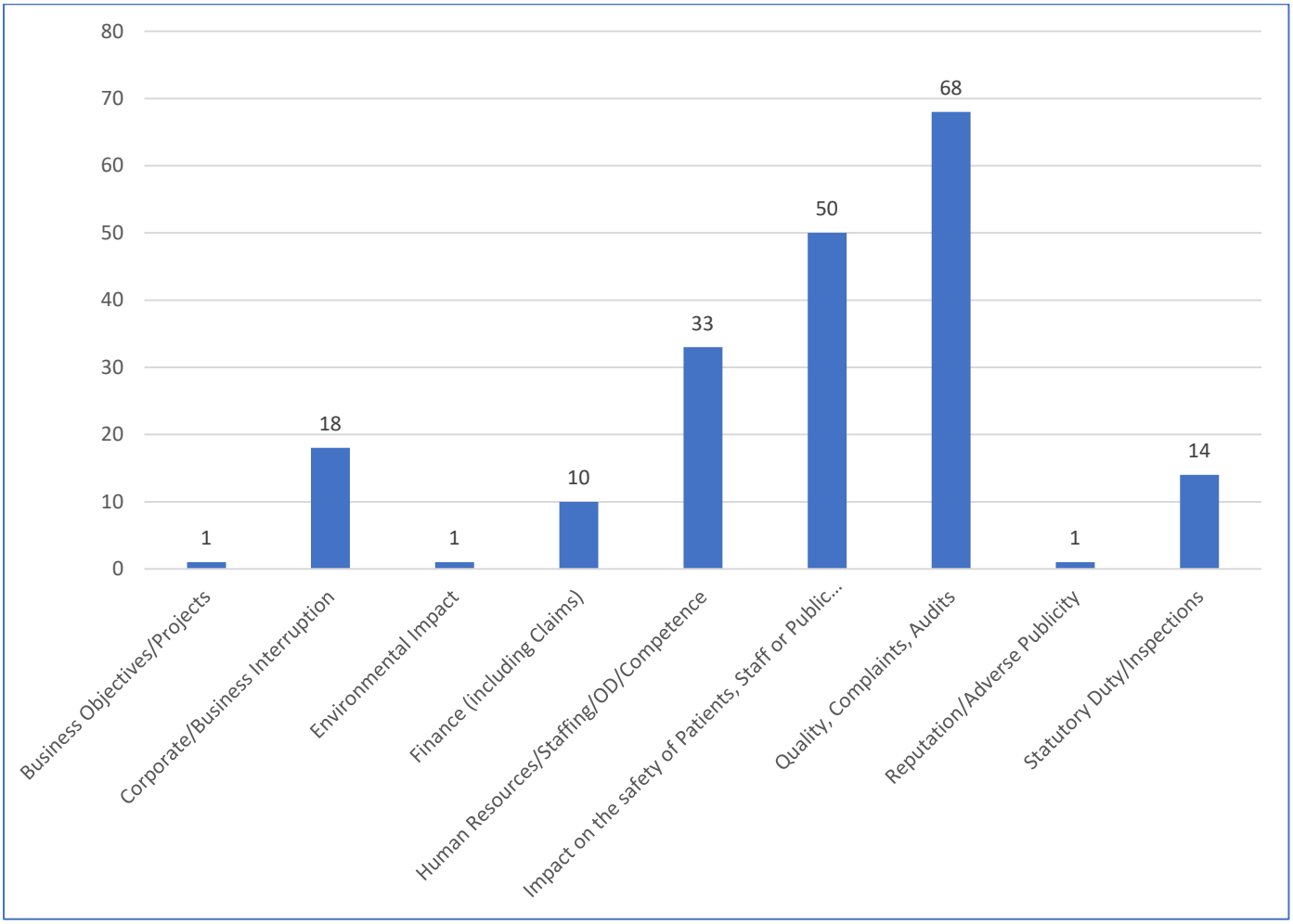
Issues Closed

6 Issues were closed in April as below.

Date Added	Date Closed	Division/Area	Issue Title	Rationale for Closure
31/08/2023	03/04/2025	Frailty	Unfunded Band 3 Posts on Tennyson, Byron & Milton Wards impacting nursing Budget	From 1st of March all CSWs will be funded as Band 3
10/09/2019	07/04/2025	Information Governance	Training Needs Analysis is not in place that covers information governance (IG) and cyber security	The Trust is following the e-lfh training for all staff.
01/08/2024	07/04/2025	Medical Directors Office	Deputy Chief Medical Officer Workforce	Second deputy has been appointed and commences post on 1 May.
08/03/2022	15/04/2025	Mortuary	Security of mortuary - swipe access, Security: risks to security of buildings, wards, offices	Issue can be closed as discussed and agreed at both HTAC and CBMB. - CCTV covering all areas of the mortuary, reviewed regularly - issues with CCTV are acted upon swiftly - access logs provided weekly for scrutiny, including all access events, attempts and lists of persons with access - Access lists are cross referenced with porters, site and fire responders every three months for accuracy and relevance. - Mortuary access only granted with permission of mortuary manager (and all requests for access are directed to Mortuary manager) - regular scheduled security and access audits on the mortuary audit calendar to comply with HTA issued guidance
15/11/2024	22/04/2025	Infection Prevention and Control	Breaching of our MRSA Bacteraemia Threshold for 2024/25	Risk was increased to an issue when we breached. The risk/issue was raised for the 2024/25-time frame. A new risk will be raised for the 2025/26

				time period. Discussed at IPCSAG dashboard meeting and agreed to close.
01/03/2024	30/04/2025	Pharmacy	Inadequate storage facilities for Medical Gas cylinders	Work completed to install new racking. Inventory much reduced and Issue fully mitigated

Total Issues by Domain



Appendix 1: Risk Scoring

Table of Consequences

Impacts	Consequence Score (severity levels) and examples of descriptors (taken from National Patient Safety Agency)					
	Domains	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
Patient	Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or no treatment	Minor injury or illness requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury resulting in long term incapacity/ disability resulting in time off of work for more than 14 days.	Incident leading to death.
		No time off of work required	Requiring time off of work for <3 days.	Requiring time off of work for 4 – 14 days.	Increase in hospital length of stay of >15 days.	Multiple permanent injuries or irreversible health effects.
			Increase in hospital length of stay by 1 to 3 days	Increase in length of hospital stay by 4 to 15 days.	Mismanagement of patient care with long term conditions	An event that would otherwise be classified as major but which impacts on a large number of patients when considered against the issue.
			An event that impacts on a single patient	RIDDOR/agency reportable incident.	An event that would otherwise be moderate, but impacts on a large number of patients	
				An event that impacts on a small number of patients		
	Quality, Complaints, Audits	Peripheral element of treatment or service sub-optimal.	Overall treatment of service sub optimal.	Treatment of service has significantly reduced effectiveness of service.	Non compliance with national standards with significant risk to patients if unresolved.	Incident leading to totally unacceptable level of quality or treatment/service.
		Informal complaint/inquiry	Formal complaint (Stage 1 – local resolution).	Formal complaint (Stage 2 – Local resolution with potential to go to independent review).	Multiple complaints.	Gross failure of patient safety if findings not acted upon.
			Single failure to meet internal standards.	Repeated failure to meet internal standards.	Independent Review.	Inquest or Ombudsman inquiry.
			Minor implications for patient safety if unresolved.	Major patient safety issues if findings are not acted on.	Low performance rating by official bodies.	Gross failure to meet national standards.
			Reduced performance rating if unresolved.	Non compliance with national standards.	Critical audit report	
Peo ple (staf	Human Resources / Staffing / OD / Competence	Short term low staffing level that temporarily reduces quality of service (no more than 1 day)	Low staffing level that reduces service quality, but has no	Late delivery of key objective/service due to lack of staff.	Delivery of key objective/staff uncertain due to lack of staff.	Non delivery of objective/service due to lack of staff.

			impact on key objectives / service	Unsafe staffing levels or competence (up to 5 days).	Unsafe staffing levels or competence (more than 5 days).	Ongoing unsafe staffing levels or competence.
				Low staff morale.	Loss of key staff.	Loss of several key staff.
				Poor staff attendance for mandatory / key training.	Very low staff morale.	No staff attendance for mandatory / key training on an ongoing basis.
					No staff attendance for mandatory / key training.	
Regulatory	Statutory duty / inspections	No or minimal impact or breech of guidance / statutory duty.	Breech of statutory legislation.	Single breech in statutory duty.	Enforcement action.	Multiple breeches in statutory duty.
			Reduced performance rating if unresolved.	Challenging external recommendations / improvement notice.	Multiple breeches in statutory duty.	Prosecution.
					More than one Improvement notice.	Complete systems change required.
					Low performance rating.	Zero performance rating.
					Critical inspection report.	Severely critical inspection report.
Organisational	Reputation /Adverse publicity	Rumours Potential for public concern	Local media coverage – short term reduction in public confidence.	Local media coverage – long term reduction in public confidence.	National media coverage with less than 3 days service well below reasonable public expectation.	National media coverage with more than 3 days service well below reasonable public expectation.
			Elements of public expectation not being met.			MP concerns (questions in the House)
						Total loss of public concern.
	Corporate/business interruption	Loss / interruption of business of up to 1 hour	Loss / interruption of business of up to 8 hours	Loss / interruption of business of up to 24 hours	Loss / interruption of business of up to 1 week	Loss / interruption of business over 1 week
	Environmental impact	Minimal / no impact on the environment	Minor impact on the environment	Moderate impact on the environment	Major impact on the environment	Catastrophic impact on the environment
	Business Objectives / Projects	Insignificant additional cost / schedule slippage	Up to 5% and less than £10k over project budget .	5 to 10% and less than £100k over project budget.	10 – 25% and less than £1m over project budget.	Over 25% or more than £1m over project budget.
			Schedule slippage up to 30 days	Schedule slippage over 30 days but no impact on key objectives	Schedule slippage with key objectives not being met.	Non delivery of project.

				Ability to understand impact on business objectives impaired but likelihood that impact on delivery is minimal	Ability to understand impact on business objectives impaired. likelihood that impact on delivery is considerable	Schedule slippage with key objectives not being met. Impact on corporate / wider service objectives.
	Finance, including claims	Loss / additional spend smaller than 0.1 percent of budget	Loss / additional spend of 0.1 – 0.25% of budget (no more than £10k).	Loss / additional spend of 0.25 – 0.5% of budget.	Loss / additional spend of 0.5 – 1% of budget	Loss / additional spend of > 1% of budget.
		Remote risk of claim	Claim less than £10k	Claim of £10k to £100k	Claim of £100k to £1m	Claim of >£1m

Table of Likelihood

	Likelihood				
Likelihood	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
Frequency How often might it/ does it happen	This will probably never happen / recur	Do not expect it to happen / recur but it is possible that it may do so	Might happen or recur occasionally	Will probably happen / recur, but it is not a persisting issue / circumstances	Will undoubtedly happen / recur, possibly frequently
Time based definitions	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability indicator	Less than 20%	20% to 40%	40% to 60%	60% to 80%	Over 80%

Risk Score Matrix

	Consequence

Likelihood	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
4 Likely	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
3 Possible	3 Low	6 Moderate	9 High	12 High	15 Extreme
2 Unlikely	2 Low	4 Moderate	6 Moderate	8 High	10 High
1 Rare	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

Colour	Descriptor
R	15 - 25 Extreme Risk
A	8 - 12 High Risk
Y	4 - 6 Moderate Risk
G	1 - 3 Low Risk

Appendix 2: Issue Priority Rating

Impacts	Priority Rating (severity levels) and examples of descriptors (taken from National Patient Safety Agency)					
	Domains	**1 Insignificant**	**2 Low**	**3 Moderate**	**4 High**	**5 Significant**
Patient	Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or no treatment	Minor injury or illness requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury resulting in long term incapacity/ disability resulting in time off of work for more than 14 days.	Incident leading to death.
		No time off of work required	Requiring time off of work for <3 days.	Requiring time off of work for 4 – 14 days.	Increase in hospital length of stay of >15 days.	Multiple permanent injuries or irreversible health effects.
			Increase in hospital length of stay by 1 to 3 days	Increase in length of hospital stay by 4 to 15 days.	Mismanagement of patient care with long term conditions	An event that would otherwise be classified as major but which impacts on a large number of patients when considered against the issue.
			An event that impacts on a single patient	RIDDOR/agency reportable incident.	An event that would otherwise be moderate, but impacts on a large number of patients	
				An event that impacts on a small number of patients		
	Quality, Complaints, Audits	Peripheral element of treatment or service sub-optimal.	Overall treatment of service sub optimal.	Treatment of service has significantly reduced effectiveness of service.	Non compliance with national standards with significant risk to patients if unresolved.	Incident leading to totally unacceptable level of quality or treatment/service.
		Informal complaint/inquiry	Formal complaint (Stage 1 – local resolution).	Formal complaint (Stage 2 – Local resolution with potential to go to independent review).	Multiple complaints.	Gross failure of patient safety if findings not acted upon.
			Single failure to meet internal standards.	Repeated failure to meet internal standards.	Independent Review.	Inquest or Ombudsman inquiry.
			Minor implications for patient safety if unresolved.	Major patient safety issues if findings are not acted on.	Low performance rating by official bodies.	Gross failure to meet national standards.
			Reduced performance rating if unresolved.	Non compliance with national standards.	Critical audit report	

People (staff)	Human Resources / Staffing / OD / Competence	Short term low staffing level that temporarily reduces quality of service (no more than 1 day)	Low staffing level that reduces service quality, but has no impact on key objectives / service	Late delivery of key objective/service due to lack of staff.	Delivery of key objective/staff uncertain due to lack of staff.	Non delivery of objective/service due to lack of staff.
				Unsafe staffing levels or competence (up to 5 days).	Unsafe staffing levels or competence (more than 5 days).	Ongoing unsafe staffing levels or competence.
				Low staff morale.	Loss of key staff.	Loss of several key staff.
				Poor staff attendance for mandatory / key training.	Very low staff morale.	No staff attendance for mandatory / key training on an ongoing basis.
					No staff attendance for mandatory / key training.	
Regulatory	Statutory duty / inspections	No or minimal impact or breech of guidance / statutory duty.	Breech of statutory legislation.	Single breech in statutory duty.	Enforcement action.	Multiple breeches in statutory duty.
			Reduced performance rating if unresolved.	Challenging external recommendations / improvement notice.	Multiple breeches in statutory duty.	Prosecution.
					More than one Improvement notice.	Complete systems change required.
					Low performance rating.	Zero performance rating.
					Critical inspection report.	Severely critical inspection report.
Organisational	Reputation /Adverse publicity	Rumours Potential for public concern	Local media coverage – short term reduction in public confidence.	Local media coverage – long term reduction in public confidence.	National media coverage with less than 3 days service well below reasonable public expectation.	National media coverage with more than 3 days service well below reasonable public expectation.
			Elements of public expectation not being met.			MP concerns (questions in the House)
						Total loss of public concern.
	Corporate/business interruption	Loss / interruption of business of up to 1 hour	Loss / interruption of business of up to 8 hours	Loss / interruption of business of up to 24 hours	Loss / interruption of business of up to 1 week	Loss / interruption of business over 1 week
	Environmental impact	Minimal / no impact on the environment	Minor impact on the environment	Moderate impact on the environment	Major impact on the environment	Catastrophic impact on the environment
	Business Objectives / Projects	Insignificant additional cost / schedule slippage	Up to 5% and less than £10k over project budget .	5 to 10% and less than £100k over project budget.	10 – 25% and less than £1m over project budget.	Over 25% or more than £1m over project budget.

			Schedule slippage up to 30 days	Schedule slippage over 30 days but no impact on key objectives	Schedule slippage with key objectives not being met.	Non delivery of project.
				Ability to understand impact on business objectives impaired but likelihood that impact on delivery is minimal	Ability to understand impact on business objectives impaired. likelihood that impact on delivery is considerable	Schedule slippage with key objectives not being met. Impact on corporate / wider service objectives.
	Finance, including claims	Loss / additional spend smaller than 0.1 percent of budget	Loss / additional spend of 0.1 – 0.25% of budget (no more than £10k).	Loss / additional spend of 0.25 – 0.5% of budget.	Loss / additional spend of 0.5 – 1% of budget	Loss / additional spend of > 1% of budget.
		Remote risk of claim	Claim less than £10k	Claim of £10k to £100k	Claim of £100k to £1m	Claim of >£1m

Meeting of the Board in Public
Wednesday, 14 May 2025

Title of Report	Quality Assurance Committee – 10 April 2025		**Agenda Item**	4.2a
Author	Emma Tench, Assistant Company Secretary			
Committee Chair	Paulette Lewis, Chair of Committee/NED			
Executive Summary	Assurance report to the Trust Board from the Quality Assurance Committee, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.			
Proposal and/or key recommendation:	Not applicable			
Purpose of the report (tick box to indicate)	Assurance	X	Approval	
	Noting		Discussion	
Committee/Group at which the paper has been submitted:	Quality Assurance Committee, 10 April 2025			
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:			
	Priority 1: (Sustainability)	Priority 2: (People) X	Priority 3: (Patients) X	Priority 4: (Quality) X	Priority 5: (Systems)
Relevant CQC Domain:	Tick CQC domain the report aims to support:			
	Safe: X	Effective: X	Caring: X	Responsive:	Well-Led: X
Integrated Impact assessment:	Where applicable, Individual considerations are provided at the QAC Committee.			
Legal and Regulatory implications:	Individual legal and regulatory implications are provided at the QAC 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:	Alison Davis: alison.davis20@nhs.net Sarah Vaux: sarah.vaux3@nhs.net Wayne Blowers: wayne.blowers@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.

ASSURANCE AND ESCALATION HIGHLIGHT REPORT

Number of Member Attendees	Number of apologies	Quorate	
		Yes	No
4	o	X	

Declarations of Interest Made

None

Items referred to another Group, Subcommittee and or Committee for decision or action

Item	Group, Subcommittee, Committee	Date
None		

Reports not received as per the annual workplan and action required

None	

Items/risks/issues for escalation

Issues and or Risks to note:

- None

Implications for the corporate risk register or Board Assurance Framework

None recorded

Key headlines – The reports were challenged by Committee Members, the answers received gave assurance unless noted below.	Assurance Level
Risk and Issues Register and BAF The Committee were **PARTIALLY ASSURED** and **NOTED** the report ○ Risk 2274 – Assurance given on progress being made and updated through divisions. ○ Risk 1871 – Assurance given that manual labelling is within benchmarking standards. ○ Narratives to be reviewed to avoid confusion with duplications in risks. ○ Impact of BAF1, in regards to budget, to be reviewed for impact on quality of care.	Partial Assurance
Health and Safety Strategy • The Committee did **NOT APPROVE** the Strategy ○ Strategy and Implementation Plan to be submitted to the committee in tandem. ○ Review on how to quantify outcomes	No Assurance Required
Research and Innovation Strategy • The Committee **APPROVED** the Strategy	No Assurance Required
Patient Experience Implementation Plan • The Committee **APPROVED** the Implementation Plan, to be reviewed by the committee in the next quarter for assurance.	No Assurance Required
Quality and Patient Safety Sub-Committee • The Committee were **ASSURED** by the report	Assurance

○ Clinical view and prioritisation of backlog from the Holter Monitor Review ○ Recruitment to 'falls' team to mitigate increase in number of patients, improve education and reduce unwitnessed falls. ○ Increase in Mental Health nurse establishment and staff to remain in CDU whilst patients are in the CDU.	
Learning from Deaths Assurance and Escalation Report, Niche Action Log • The Committee were **ASSURED** and **NOTED** the report	Assurance
First Draft of Quality Accounts • The Committee were **PARTIALLY ASSURED** and **NOTED** the report	Partially Assurance
ED Implementation Plan • The Committee were **ASSURED** and **NOTED** the report ○ Clear KPIs. Review and focus on longer term goals for divisions to manage locally. ○ Introduced quality weekly huddles, integral to staff understanding of implications.	Assurance
Integrated Quality Performance Report (IQPR) • The Committee **NOTED** the report	No Assurance Required
Successes to report from the previous month: • Learning from Deaths work is ensuring learning is being captured and improvements being made to improve quality and outcomes of care • Pressure ulcers reducing due to new mattresses, alongside work of the tissue viability team and volunteers.	No Assurance Required

Meeting of the Board in Public
Wednesday, 14 May 2025

Title of Report	Quality Assurance Committee – 01 May 2025		**Agenda Item**	4.2b
Author	Emma Tench, Assistant Company Secretary			
Committee Chair	Paulette Lewis, Chair of Committee/NED			
Executive Summary	Assurance report to the Trust Board from the Quality Assurance Committee, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.			
Proposal and/or key recommendation:	Not applicable			
Purpose of the report (tick box to indicate)	Assurance	X	Approval	
	Noting		Discussion	
Committee/Group at which the paper has been submitted:	Quality Assurance Committee, 01 May 2025			
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:			
	Priority 1: (Sustainability)	Priority 2: (People) X	Priority 3: (Patients) X	Priority 4: (Quality) X	Priority 5: (Systems)
Relevant CQC Domain:	Tick CQC domain the report aims to support:			
	Safe:	Effective:	Caring:	Responsive:	Well-Led: X
Integrated Impact assessment:	Where applicable, Individual considerations are provided at the QAC Committee.			
Legal and Regulatory implications:	Individual legal and regulatory implications are provided at the QAC 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:	Alison Davis: alison.davis20@nhs.net Sarah Vaux: sarah.vaux3@nhs.net Wayne Blowers: wayne.blowers@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.

ASSURANCE AND ESCALATION HIGHLIGHT REPORT

Number of Member Attendees	Number of apologies	Quorate	
		Yes	No
3	2	X	

Declarations of Interest Made

None

Items referred to another Group, Subcommittee and or Committee for decision or action

Item	Group, Subcommittee, Committee	Date
None		

Reports not received as per the annual workplan and action required

None	

Items/risks/issues for escalation

Issues and or Risks to note:

- The potential impact on quality and safety of the Trust's financial position, including risks related to estate and equipment and staffing budgets/ workforce was an area of focus for the committee and of escalation to the Board.

Implications for the corporate risk register or Board Assurance Framework

None recorded

Key headlines – The reports were challenged by Committee Members, the answers received gave assurance unless noted below.	Assurance Level
Risk & Issues Register and BAF • The Committee were **ASSURED** and **NOTED** the report ○ The committee requested an extended narrative for non-compliance Risks, and how the risk owners are addressing the delay within timeframes.	Assurance
Patient Story • The Committee **APPROVED** the story for presentation at the Board ○ The committee raised an action for People Committee to review how staff with neuro diversity are supported.	No Assurance Required
Information Governance Annual Report, Strategy and Implementation Plan • The Committee **NOTED** the report, the final version to be returned to the next Committee	Assurance
Final Quality Accounts and Quality Priorities for 2025/26 The Committee **APPROVED** the Implementation Plan, to be reviewed by the committee in the next quarter for assurance. ○ The Committee agreed to change the wording of the aim within the patient safety domain to 'our ambition' to achieve no patients coming to harm due to missed finding on imaging or being lost to follow up following a diagnostic test.	Assurance

○ The Remaining quality priorities for 25/26 were noted. Patient experience – improve the experience of patients receiving care in the emergency department by 10%. Clinical Effectiveness – reduce delayed admissions to the critical care unit from 17% to 11.4%. Clinical Effectiveness – GIRFT improvement programmes referenced within the clinical strategy will benchmark within the top 25% nationally.	
Professional Priorities for Nursing, Midwifery and Allied Health Professionals • The Committee **NOTED** the report and the ambition to launch a Trust wide strategy for NM&AHPs. The current jointly agreed priorities as set out within the paper relate to Professional Development, Professional Pride, Governance Oversight and Engagement ○ The Committee requested a breakdown of the demographics and banding for those staff receiving staff development supported by the corporate nursing CPD budget.	Assurance
Quality and Patient Safety Sub-Committee Assurance Report The Committee were **ASSURED** by the report and noted the areas highlighted to the Committee: ○ Ongoing work re: Sepsis/Antimicrobial leadership. Gaps remain in assurance ○ Critical Medicines improvement work – being overseen by CMO ○ Impact of financial position. Need to investigate further whether budgets are being set correctly in terms of staffing levels for the Trust ○ Preservation of Estate (maintenance/key equipment), including X-ray machine (Sittingbourne) and Mortuary upgrade investment ○ FP10 stationery compliance to be checked by all divisions following an issue raised within Paediatrics ○ Support for Divisional Governance remains of concern (HR, BI, Pharmacy, finance etc). ○ VTE compliance has dropped slightly. To be monitored. ○ Clinical Lead representation for key operational safeguarding meetings. ○ Breached MRSA/CDiff targets for 2024/25. MFT are not an outliner as this is an issue across the Country. Work in place to ensure targets are not breached for 2025/26	Assurance
PPH Data Accuracy • The Committee were **ASSURED** and **NOTED** the report ○ The Committee were given an update from the report presented 06 February 2025.	Assurance
Maternity and Neonatal Safety Champion Assurance Report • The Committee were **ASSURED** and **NOTED** the report	Assurance
RCP Rheumatology – Summary and Action Plan • The Committee **NOTED** the report ○ The Committee requested escalation to the Board regarding the impact of finances on recruitment of staff.	Assurance
Learning from Deaths Assurance and Escalation Report • The Committee were **ASSURED** and **NOTED** the report	Assurance

○ The Committee highlighted the Medication and Treatment gaps identified within the SJR Workshop in April 2025. This is being reviewed and supported by Morbidity and Mortality Group meetings and work across divisions as well as the weekly mortality and harm break through objective huddles.	
Integrated Quality Performance Report (IQPR) • The Committee **NOTED** the report and recognised the areas already discussed within the meeting. The response to patients presenting for emergency care in relation to sickle cell was discussed.	No Assurance Required
Successes to report from the previous month: • Extended visiting hours started on 01 May, from 8am to 8pm • All job evaluations for DBS checks have been completed successfully. • Staff Breast Feeding area is now open • Unannounced CQC visit took place 29 and 30 April, focusing on ED. A report to come back to QAC once available.	No Assurance Required

Meeting of the Board in Public
Wednesday, 14 May 2025

Title of Report	Assurance Report – People Committee - 27 March 2025		**Agenda Item**	4.3
Author	Leon Hinton, Chief People Officer			
Committee Chair	Jenny Chong, Chair of Committee/NED			
Executive Summary	Assurance report to the Trust Board from the People Committee, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.			
Proposal and/or key recommendation:	Not applicable			
Purpose of the report (tick box to indicate)	Assurance	X	Approval	
	Noting		Discussion	
Committee/Group at which the paper has been submitted:	People Committee, 27 March 2025			
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:			
	Priority 1: (Sustainability)	Priority 2: (People) X	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: X
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 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.

ASSURANCE AND ESCALATION HIGHLIGHT REPORT

Number of Member Attendees	Number of apologies	Quorate	
		Yes	No
3	4	X	

Declarations of Interest Made

None

Items referred to another Group, Subcommittee and or Committee for decision or action

Item	Group, Subcommittee, Committee	Date
None		

Reports not received as per the annual workplan and action required

None	

Items/risks/issues for escalation

Issues and or Risks to note: None
Reflection: (1) ensuring that attendance by members is met for quoracy, and that deputies are sent when Executives are unable to attend; (2) further curiosity for addressing 'did not attend' in StatMand courses; (3) reviewing employee relations and organisational development capacity to support a speaking up culture and sufficient resource to ensure investigations are completed in a timely manner; (4) welcome the positive improvement to staff engagement reported via the staff survey and its quartile improvement; (5) requesting a people promise closure report to provide learning and next steps; (6) accessibility to QPulse for policies needs addressing for all members of staff.

Implications for the corporate risk register or Board Assurance Framework

None recorded

Key headlines – The reports were challenged by Committee Members, the answers received gave assurance unless noted below.	Assurance Level
1. IQPR The Committee reviewed the refreshed patient first version of the IQPR. It reported on the workforce performance across all key performance indicators for February 2025. The Committee were **ASSURED** by the report: Highlights (by exception): • True North (Staff Engagement) – [6.74, 0.09 improvement, 0.19 below target] fourth successive increase; improved to third quartile nationally (target upper quartile); • Breakthrough (reducing incivilities) – [56, -0% no change, baseline to be reset]; • Staff appraisal – [88.6%, -1.1% deterioration, 1.4% off target] progress remains slow, late submission is resulting in previous months hitting target and underreporting of current month; • Vacancy rate – [6.7%, 0.4% improvement, on target]; • Voluntary turnover – [8.4%, -0.0% improvement, 0.4% off target] holding position, signification improvements forecast with recruitment pipeline for nursing and midwifery in particular; • Staff fill rates, Care Hours per Patient Day – [8.43, +0.22 improvement, 1.07 off target];	Assurance

• Sickness absence – [5.0%, -0.6% improvement, 1.0% off target] seven successive months of long-term sickness improvement; however, higher short-term sickness continues albeit improvement by 0.3% since January – addressing through occupational health investment and triangulation; • StatMan – [89.1%, +0.2% improvement, on target] with no improvement to moving and handling level 2 for non-medical staff but improving compliance for medics. Inconsistent compliance progress for most resuscitation courses. A deep-dive was presented into appraisal uptake by protected characteristic from the 2024 staff survey.	
2. StatMand Assurance Report The Committee received the new assurance report for StatMand providing oversight into the progress made over all StatMand compliance requirements. A detailed report highlighted the work to improve resuscitation training across the Trust ensuring sufficient capacity this included face-to-face attendance. The Committee were **ASSURED** by the report.	Partial Assurance
3. Board Assurance Framework (BAF) and Risk Register The Committee discussed the revised People BAF items, mitigations, actions and gaps in control for items five, six and seven. BAF 7 remains in development with the results of the 2024 staff survey following the commissioning of the Cultural Transformation programme. The Committee were **NOTED** the report.	Assurance
4. Anti-bullying and harassment group assurance report The Committee received the assurance reports covering the periods since the last committee. Employee relations data reporting the relative-likelihood of white and BAME staffing at different stages of policy was discussed. The Committee were **ASSURED** by the report.	Assurance
5. Policies for approval The Committee **APPROVED** the following policies following comment: • Modern day slavery policy.	Not Applicable
6. Freedom to Speak Up Implementation Plan The Committee received the plan for the freedom to speak up strategy implementation to create an environment and culture where speaking up and listening is business as usual. There has been a total of 63 cases raised from September 24 to date. The Committee were **ASSURED** by the report.	Significant Assurance
7. WRES/WDES update report The Committee received the workforce race and disability equality standards (WRES and WDES) update and action plan. The Committee reviewed the integrated EDI action plan for 2025 for WDES, WDES, Gender Pay Gap and High-Impact Actions. The Committee **APPROVED** the report.	Assurance
8. HR and OD Performance The Committee were **ASSURED** of HR and OD performance against workplan.	Partial Assurance

9. National Staff Survey 2024 The Committee received an update in relation the national staff survey 2024. The response rate was 46%; overall the Trust had made improvements across six of the seven elements, had improved for both staff engagement and morale. The Trust is below the national average for all areas except for 'we are always learning'. There was concern at worsening scores for staff experiencing bullying, harassment or abuse from patients and visitors, from staff and from managers – elements that are triangulated through the anti-bullying and harassment group and the breakthrough objective. The Committee **NOTED** the update.	Partial Assurance
10. People Promise update The Committee **NOTED** an update in to the People Promise Exemplar programme with all of the twelve focus areas on track with no new risks or barriers to delivery.	Full Assurance
11. Learning from cases The Committee **NOTED** an update in relation to initial findings from the Cultural Transformation programme's listening sessions, this included employee relations matters, ensuring managers understood Trust policies and applications (equity of application), performance management.	Not Applicable

Meeting of the Board in Public
Wednesday, 14 May 2025

Title of Report	Finance, Planning and Performance Committee Thursday, 27 March 2025		**Agenda Item**	4.4a
Author	Alana Marie Almond, Deputy Company Secretary			
Committee Chair	Gary Lupton, Chair of Committee/NED			
Executive Summary	Assurance report to the Trust Board from the Finance, Planning and Performance Committee (FPPC), ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.			
Proposal and/or key recommendation:	This report is to provide ASSURANCE to the Trust Board			
Purpose of the report (tick box to indicate)	Assurance	X	Approval	
	Noting		Discussion	
Committee/Group at which the paper has been submitted:	Finance, Planning and Performance Committee, 27 March 2025			
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:	Effective: X	Caring:	Responsive: X	Well-Led: X
Integrated Impact assessment:	Where applicable, individual considerations are provided at the FPPC Committee.			
Legal and Regulatory implications:	Individual legal and regulatory implications are provided at the FPPC 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:	Simon Wombwell, Chief Finance Officer (Interim) simon.wombwell@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.

ASSURANCE AND ESCALATION HIGHLIGHT REPORT

Number of Member Attendees	Number of apologies	Quorate	
		Yes	No
6	4	X	

Declarations of Interest Made

None

Items referred to another Group, Subcommittee and or Committee for decision or action

Item	Group, Subcommittee, Committee	Date
1)		

Reports not received as per the annual workplan and action required

None		

Items/risks/issues for escalation

Issues and or Risks to note:
No Issues or Risk from the committee to note.

Implications for the corporate risk register or Board Assurance Framework

None recorded

Key Headlines	Assurance Level
2.3 - Terms of Reference: Trust Investment Group and Investment Delivery Group Simon Wombwell presented the refreshed Terms of Reference for TIDG – the Committee reporting into FPPC, responsible for the executive review of the Capital Plan and business cases - to the Committee for approval. The Committee **APPROVED** the TIDG Terms of Reference.	N/A
3.1 - Business Plan 2025/26 – Final Version Sign-Off The Executive team presented to the Committee. The Committee **APPROVED** the Business Plan 2025/26 for onward submission to NHSE, FPPC in April and Trust Board in May 2025.	Significant Assurance
3.2 - Financial Report Month 11 a) **Income and Expenditure;** The headline position for February is £4.4m deficit. The adverse performance against forecast is £0.5m and arises due to low activity and hence income levels being below required levels. The overall deficit continues to reflect a mix of capacity and activity pressures driving spend levels, including maintaining our commitment to safe staffing levels; as well as write-off of the historic debts.	Partial Assurance

b) **Year to Date;** The YTD performance is a deficit of £22.9m – this means that the Trust must deliver a breakeven (or better) in month 12 to meet the forecast. The biggest risk at this point is that activity and income levels remain low. c) **Efficiency Programmes;** continue to show progress towards the target. The Reducing Waste weekly meeting includes an update against further rapid actions, including grip and control to achieve forecast. d) **Cash;** the cash level shows an in-month increase of £4.3m in February due to an ICB payment for 2023/24 ERF. Cash is however still £7.3m adverse to plan, driven by the unplanned deficit. An application to NHSE for additional cash support in March was rejected on the basis that the ICB are expected to settle 2024/25 ERF in March - a £7.2m payment has been notified. e) **Capital;** Capital is underspending (£12.1m) but this is targeted to recover by year end (reducing to £6m underspend). The underspends relate to IFRS16 leases, which will not be agreed until 2025/26. The Committee **NOTED** the reports.	
3.3 – 2024/25 Reducing Waste Programme The Reducing Waste Programme has been implemented with an efficiency target of £21.5m for 2024/25. As of Month 11, the in-year effect of budget out/income schemes is £20.2m (excluding run rate and operational efficiency initiatives) of which £15.3m is budget out and £4.9m is income. £12.6m of the identified schemes are recurrent and will continue to support the financial improvement of the organisation after this financial year. The combined Forecast Total of all schemes i.e. The Reducing Waste Programme (FYE), Run Rate and WTE reduction initiatives is £26,243,627. Plans are underway to meet a 2025/26 efficiency target of £25m, of which £5.3m has been via the panel process, with other schemes are being worked up. The Committee **NOTED** the report	Assurance
4.1 - Counting and Capture The programme is on track to deliver £2m of additional income to the Trust in 2024/25. An initial target of £1m for 2025/26 has been worked up and details of the areas affected were included in the report. The Committee **NOTED** the report	Assurance
5.1 - Risk and Issues Register – Board Assurance Framework The FPPC Risk Register has 12 approved risks in total with one risk scoring 15 and above. The Committee were **ASSURED** by the reports	Assurance
5.2 - Activity and Performance Pack The pack was reviewed for assurance. It was noted that the Quality Assurance Committee are dealing with the increase in pressure ulcers, which has risen quite dramatically. The Committee were **ASSURED** by the report	Assurance
5.3 - Strategy, Planning and Performance Group – Update The Committee was informed the group had been stood down, whilst the group was being scoped and requested removal from the agenda until it is reestablished. There is a new group being established and terms of reference being developed. The Committee **APPROVED** the removal in the short term.	N/A

6.1 - Benefits Analysis: TeleTracking The report was presented for assurance. The report detailed the first years benefits realisation; it highlighted the successes and outcomes and areas for improvement following the 'go live'. The Committee were **ASSURED** by the report	Assurance
6.2 - Benefits Analysis: Decarbonisation This paper was withdrawn from the pack as it did not meet all the necessary requirements. The paper to be resubmitted at a later date.	No Assurance
6.3 - CDC – Current Position Nick Sinclair gave a verbal update for noting. The Committee **NOTED** the report	Assurance
7.1 - Integrated Quality Performance Report (IQPR) The report was taken as read for noting. The Committee **NOTED** the report	Not Applicable

Meeting of the Board of Directors in Public
Wednesday, 14 May 2025

Title of Report	Finance, Planning and Performance Committee Thursday, 24 April 2025		**Agenda Item**	4.4b
Author	Alana Marie Almond, Deputy Company Secretary			
Committee Chair	Gary Lupton, Chair of Committee/NED			
Executive Summary	Assurance report to the Trust Board from the Finance, Planning and Performance Committee (FPPC), ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.			
Proposal and/or key recommendation:	This report is to provide ASSURANCE to the Trust Board			
Purpose of the report (tick box to indicate)	Assurance	X	Approval	
	Noting		Discussion	
Committee/Group at which the paper has been submitted:	Finance, Planning and Performance Committee, 24 April 2025			
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:	Effective: X	Caring:	Responsive: X	Well-Led: X
Integrated Impact assessment:	Where applicable, individual considerations are provided at the FPPC Committee.			
Legal and Regulatory implications:	Individual legal and regulatory implications are provided at the FPPC 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:	Simon Wombwell, Chief Finance Officer (Interim) simon.wombwell@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.

ASSURANCE AND ESCALATION HIGHLIGHT REPORT

Number of Member Attendees	Number of apologies	Quorate	
5	2	Yes	No
		X	

Declarations of Interest Made
None

Items referred to another Group, Subcommittee and or Committee for decision or action		
Item	Group, Subcommittee, Committee	Date
1)		

Reports not received as per the annual workplan and action required	
None	

Items/risks/issues for escalation
Issues and or Risks to note: No Issues or Risk from the committee to note.

Implications for the corporate risk register or Board Assurance Framework
None recorded

Key Headlines	Assurance Level
3.1 - Financial Report Month 12 1) **Income and Expenditure:** The headline position for March is £0.5m surplus, resulting in a full year deficit of £22.4m; this being £20m adverse to the submitted plan of £2.4m. This is an improvement on the £22.9m deficit forecast previously reported. The in-month favourable performance is, in the main, due to a series of one-off improvements, for example: a £3.5m car park VAT reclaim and a review of expenditure accruals judged as no longer required. The accounts and estimates will be reviewed as part of the external audit process. The overall deficit continues to reflect a mix of capacity and activity pressures driving spend levels, including maintaining the Trust's commitment to safe care, as well as income write-backs and some unfunded services. 2) **Efficiencies Programme:** The final efficiency programme position reports an adverse variance of £0.1m in-month and £1.3m at year end. Some further work to align the finance reporting and PMO data, expect this number to rise once completed to allow for activities in the final weeks of the year. 3) **Cash:** Cash level shows an in-month increase of £1.9m in March, although this is still £2.9m adverse to our plan as a result of the adverse I&E deficit. Closing cash value is £13.3m. Whilst this is a positive position relative to the I&E deficit, this is expected to reduce early in the new year as the capital invoices for deliveries last month will be due for payment in April/May. 4) **Capital:** Capital Outturn is £25.9m, being £6.8m below plan as agreed with the ICB to balance the K&M system capital position. £6m slippage relates to CDC leases which were unable to complete in year; now committed to complete in Q2 to Q3	Partial Assurance

2025/26. Values are yet to be confirmed, but, optimistically, cost may be lower than the 2024/25 planned estimate. £0.4m of slippage relates to Endoscopy PDC - accepted as an underspend on behalf of Kent and Medway - this funding will be added to the MFT capital allocation in 2025/26. The Committee **NOTED** the reports.	
3.2 - Improving Financial Governance Tracker The report gave an updated position relating to the amalgamation of various recommendations and actions taken from various Assurance Reports (including Margaret Pratt, KPMG, Grant Thornton and the February 2025 meeting with the Regional Director for NHSE) with a Status Update from the Executive Team to inform next steps and progress. The actions covered three themes: a) Trust Board and Board Governance b) Financial controls c) Financial recovery There are 44 actions of which two are fully implemented. All but five actions have passed their expected completion date. The Committee **NOTED** the report	Partial Assurance
3.3 – 2024/25 Reducing Waste Programme The CIP target for 2024/25 is £21.5m, and is reporting £27.2m overall. At M11, the in-year effect of budget out/income schemes is £23.8m (excluding run rate and operational efficiency initiatives) £15.3m is budget out and £8.5m is income. There is a £2.2m Run Rate reduction, for which 79% (£1.7m) is recurrent. The Committee asked to: a) Note the CIP actuals and learnings from 2024/25 b) Note the current risk to the 2025/26 efficiencies plan (internally and system requirements) c) Agree the continued pace and focus needed around 2025/26 efficiencies and productivity opportunities. The Committee **NOTED** the reports	Partial Assurance
4.1 - Summary of Recovery Support Programme ("RSP") Funding and Expenditure in 2024/25 The Trust is required to produce a year-end report - for both its own internal governance and for onward issuance to NHSE – setting out: a) Funding received from RSP b) How this has been spent; and c) The impact the funding had on the Trust. In 2024/25, MFT was awarded £765,000 in recovery support and spent £775,000 i.e. a small overspend of £10k (which is absorbed into the Trust cost base). The funding provides much needed support and capacity to generate greater financial clarity/insight and develop financial improvement initiatives. The Committee **NOTED** the report	Partial Assurance
4.2 – Standing Financial Instructions The Trust's SFI's have been updated in line with the review cycle period. The key changes are as follows:	N/A

a) The format and generic content has been updated to reflect good practice versions from elsewhere across the NHS. The content in general does remain the same/conveys the same messaging. b) The procurement process has been much simplified and reflects the requirements of the Procurement Act. c) Inclusion of scheme of delegations in the appendices. The financial authorisation limits are unchanged for each staff group/role, with the exception of an increase from £300,000 to £500,000 for PO orders for the Associate Director of Procurement given the current volume/value of orders via NHS Supply Chain. The Committee **NOTED** the report, asked for clarity and sign off with ARC	
4.3 – Finance Function Review This review was commissioned by the new interim Chief Finance Officer (CFO) in January 2025, and supported by the ICB and the region, following a significant deterioration in the Trust's financial position at the end of quarter three, and ongoing concerns about the team's bandwidth and ability to support the organisation in delivering a sustainable financial position. The Committee **NOTED** the report	
5.1 - Risk and Issues Register – Board Assurance Framework The FPPC Risk Register has 12 approved risks in total with two risks scoring 15 and above. The Committee were **ASSURED** by the reports	Assurance
5.2 - Activity and Performance Pack a) Combined view of all PODs shows over-performance against Plan in March 2025 (+8%) and Year to Date (+9%), with activity showing consistent levels. b) ED activity continues to be high vs Plan, mainly due to the introduction of Type 5 activity, which is now starting to stabilise and show consistent trend. Likewise, Non-Elective activity is starting to stabilise, albeit lower than plan, due to the Type 5 activity captured via the ED POD. Increase in Type 1 ED attendances over the last 2 months, this will be corrected for 2024/25. c) Elective Inpatient and Elective Day Case activity is continuing to show a over-performance of activity for March-25 at 13% and 8% respectively and Year-to-Date. Following flex and freeze dates February is no longer reporting an under performance d) Non-Elective average Length of Stay has decreased slight in March however further improvement is being impeded by an increasing NCTR average LOS which is now at 5.57 days and increase of 2 days over the past 12 months e) Bed Occupancy for NCTR patients indicates a fluctuating position, ranging from a high of ~30% to a low of ~16%. f) Cancer 28-day Faster diagnosis did drop between April to June, as expected, however the latest reported month shows another consistent position around ~70%. Further improvement in DM01 with performance at 91% the highest performance reported for MFT in >5 years The Committee were **ASSURED** by the reports	Assurance
6.1 – Kent and Medway Pathology Network (KMPN) Joint Venture Case for Change Presentation The Committee were given an overview of the development of the KMPN, including successes and challenges. It outlines the next steps to implement a formal joint venture to consolidate the clinical and managerial leadership into a single team. This will deliver	Significant Assurance

the benefits we believe are achievable, as outlined in the slides, and also ensure we achieve a 'mature' network status as is expected by NHSE. The FPPC was asked to approve the following: a) To set up, in 2025/26, a single governance and oversight structure for pathology services that replaces existing separate Trust oversight processes (Phase 1). b) This will include creating a new joint committee for pathology services which would become a formal sub-committee of the four Trust boards with an executive and non-executive representative from each organisation (Phase 1). c) To support a revised KMPN management structure (from October 2025) to ensure delivery of the current projects; including a new Head of Quality, Risk and Governance, and for current pathology managers to report directly into the joint oversight arrangements with line management from the KMPN managing director (Phase 2). d) To commit to working towards a fully consolidated joint venture following the delivery of the single LIMS programme (after April 2027) with a host employer for pathology staff and a full integrated management structure with specialty leadership for Kent and Medway (Phase 3). The Committee **APPROVED** the update	
7.1 - Integrated Quality Performance Report (IQPR) The report was taken as read for noting. The Committee **NOTED** the report	Not Applicable
8.2 – Any Other Business <u>Medinet – Extension of Contract</u> The Committee was asked to consider and approve this late paper sent to the Committee on 24 April 2025, to extend the current Medinet contract for 12 months which is on a current national procurement framework. The department is working through a long term plan for sustainability to manage the demand and capacity, encompassing recommendations from the NHSE Elective Care Improvement Support Team's demand and capacity review and the visit outcome from NHSE Regional Advisor for Imaging and a paper will be presented within the next six months detailing this. The contract was already one month out of date and it was challenged by the Committee, how this had happened; a discussion was necessary with Head of Procurement. A short extension was granted to allow time for a review of the contract and an additional FPPC paper The Committee **APPROVED** the shorter extension.	Assurance

Meeting of the Board in Public
Wednesday, 14 May 2025

Title of Report	Audit and Risk Committee – 08 May 2025		**Agenda Item**	4.5
Author	Emma Tench, Assistant Company Secretary			
Committee Chair	Peter Conway, Committee Chair/Non-Executive Director			
Executive Summary	Assurance report to the Board from the Audit and Risk Committee, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.			
Proposal and/or key recommendation:	To give the Board assurance from the Audit and Risk Committee (ARC) and highlight any risks, issues or escalations.			
Purpose of the report (tick box to indicate)	Assurance	X	Approval	
	Noting		Discussion	
Committee/Group at which the paper has been submitted:	Audit and Risk Committee 08.05.25 to submit to Trust Board in Public on 14.05.25			
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:	Responsive: X	Well-Led: X
Integrated Impact assessment:	Where applicable, individual considerations are provided at the Audit and Risk Committee.			
Legal and Regulatory implications:	Individual legal and regulatory implications are provided at the Audit and Risk 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:	Matt Capper, Director of Strategy and Partnerships/Company Secretary: m.capper@nhs.net Simon Wombwell, Chief Finance Officer (Interim): simon.wombwell@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.

ASSURANCE AND ESCALATION HIGHLIGHT REPORT

Number of Member Attendees	Number of apologies	Quorate	
		Yes	No
4	0	X	

Declarations of Interest Made

None

Items referred to another Group, Subcommittee and or Committee for decision or action

Item	Group, Subcommittee, Committee	Date
None		

Reports not received as per the annual workplan and action required

Annual Accounts circulated late on the day of Committee meeting (08.05.25), Chair asked for comments to be made via email post meeting.

Items/risks/issues for escalation

Issues, Risks and Actions to note:

a) Data quality and key hot spots – deep dive for December ARC to understand clinical data safety
b) Cyber Security – deep dive for September ARC to understand key risk and mitigations in place
c) Framing of questioning for ERostering – assurance that financial budgets match templates - to come to the June/September ARC.
d) Triangulation report for Fire Safety (Fire safety assessment, Risk Register and Estates Report)
e) Three high risks within Accounts regarding; outstanding receivables with MCH, payables with North Kent Pathology Service (NKPS) and the Car Park VAT claim

Implications for the corporate risk register or Board Assurance Framework

None recorded

Key headlines – The reports were challenged by Committee Members, the answers received gave assurance unless noted below.	Assurance Level
1. Internal Auditors - KPMG • Internal Audit Progress Report – **NOTED/ RECEIVED** by the Committee • Well Led Report – **NOTED/RECEIVED** by the Committee • Draft Annual Report and Head of Internal Audit Opinion – **NOTED/RECEIVED** by the Committee • 2025/26 Final Audit Plan – **APPROVED** by the Committee	Assurance
2. External Audit Report Update – Grant Thornton The Committee were **ASSURED** by the update. Audit Report and Value for Money work on track to be presented to the Committee at the June 2025 meeting	Assurance
3. Health and Safety Annual Report The Committee **NOTED** the content of the paper and **NOTED** the seven objectives set for 2025/26 within the Health and Safety Annual Report for onward reporting at the Trust Board	Assurance

4. Standing Financial Instructions and Scheme of Delegation (Refresh) The Committee **NOTED** the SFI's for approval at the July Board and **APPROVED** the Scheme of Delegation.	Assurance
5. Review of Unaudited Annual Accounts 2024/2025 The Committee **NOTED** the Unaudited Annual Accounts 2024/25. Annual Report and Accounts to come back in June.	Assurance

NHS
Medway
NHS Foundation Trust

Integrated Quality & Performance Report

March - 2025

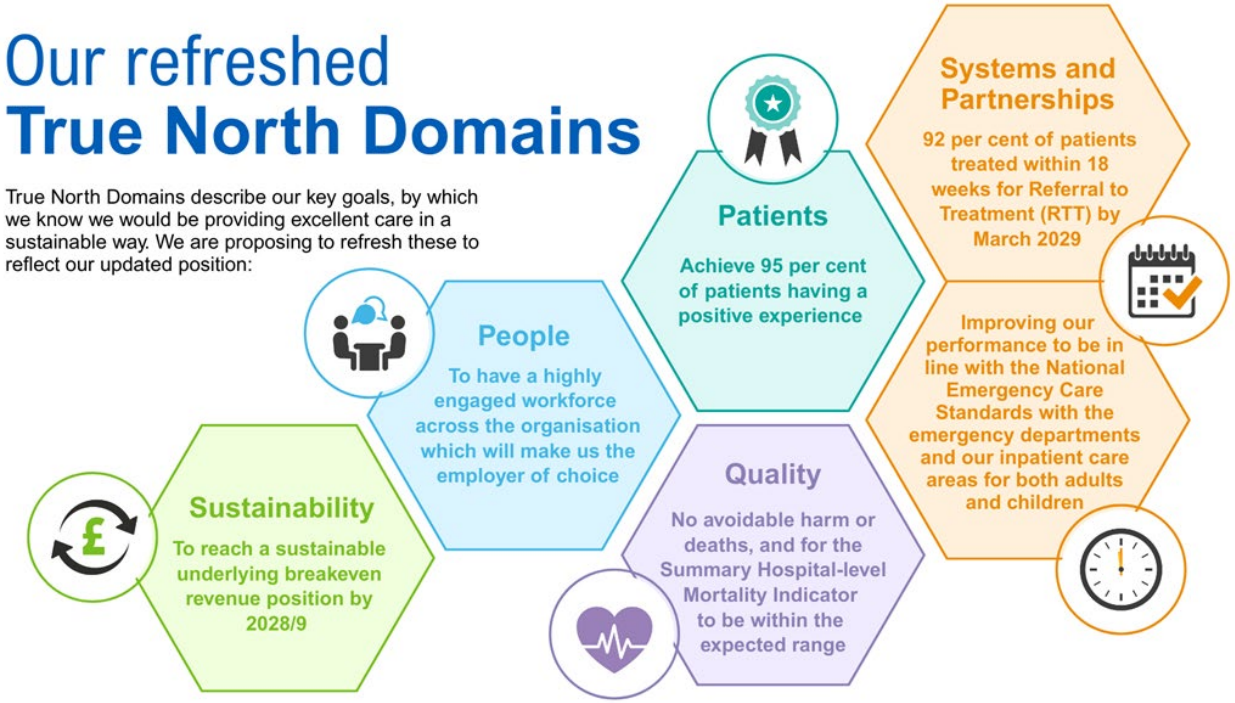
Patient FIRST

Executive Summary

Gavin MacDonald
Chief Delivery Officer

Our refreshed True North Domains

True North Domains describe our key goals, by which we know we would be providing excellent care in a sustainable way. We are proposing to refresh these to reflect our updated position:



True North	Variation: Common	Variation: Improve	Variation: Concern	Assurance: Common	Assurance: Improve	Assurance: Concern
People	20	33	3	20	15	14
Quality	47	13	18	14	5	3
Systems & Partnerships	21	8	9	18	3	7
Patients	8	16	3	5	1	3
Sustainability	4	4	4	7	0	0

Variation icons:
Orange indicates concerning **special cause variation,** requiring action. Blue indicates where improvement appears to lie. **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. **Grey** 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.

Executive Summary: True North Strategy and Supporting Breakthrough Objectives

NHS Medway NHS Foundation Trust

People

Ambition:

To be the employer of choice and have the most highly engaged staff within the NHS.

Vision:

We will have a highly-engaged workforce across the organisation which will make us the employer of choice.

We will recruit and keep the best people by having a culture of staff-led improvement and innovation.

Breakthrough Objective:

Reduction in the total number of reports relating to staff incivility & bullying or harassment reported by 50%.

Performance:

Type	BO	Key Performance Indicator	Threshold	V	A	Feb-25	Mar-25
		National Staff Engagement Score	6.93			6.74	
		Incivility Cases (Combined)	20			56	95

Patients

Ambition:

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

Vision:

Every time any of us interact with our patients, their families and carers, we should ensure our contacts are prompt and positive.

Breakthrough Objective:

To achieve a minimum of 95% positive experience of care in Outpatients and 80% for Emergency care services.

Performance:

Type	BO	Key Performance Indicator	Threshold	V	A	Mar-25
		Total FFT Recommend %	95.0%			90.5%
		Emergency Care FFT Recommend %	80.0%			73.7%
		Outpatient FFT Recommend %	95.0%			91.3%

Quality

Ambition:

Excellent outcomes ensuring no patient comes to harm and no patient dies who should not have.

Vision:

To have no patients die when it could have been prevented. Medway NHS would like to bring the Trust in line within the lowest quartile of the Hospital Standardised Mortality Ratio (HSMR) funnel plot by 2025/26.

Breakthrough Objective:

Reduce the number of patients coming to avoidable harm & reduce avoidable deaths in hospital of patients admitted via the emergency pathway.

Performance:

Type	BO	Key Performance Indicator	Threshold	V	A	Mar-25
		Low or No Harm Incidents %	95.0%			99.3%
		Crude Mortality Rate %	1.30%			1.62%

Systems and Partnerships

Ambition:

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

Vision:

Medway NHS to have a stable bed occupancy of 92% by 2028.

Improved timely access for patients on the Referral to Treatment (RTT) pathway.

Breakthrough Objective:

60% of patients will have their RTT pathways complete < 18 weeks by March 2026;
To achieve a maximum 6% in Type 1, 12-hour length of stay (LoS) in ED.

Performance:

Type	BO	Key Performance Indicator	Threshold	V	A	Mar-25
		RTT Incompletes Performance %	54.0%			53.0%
		RTT 65+ Week Waiters	0			80

Type	BO	Key Performance Indicator	Threshold	V	A	Mar-25
		Total EC 4 Hour Performance %	80.0%			77.4%
		Type 1 LOS > 12 Hours in EC %	6.0%			13.2%

Sustainability

Ambition:

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

Vision:

For Medway NHS to reach a sustainable underlying breakeven position within the next 5 years (by 2028/29).

Breakthrough Objective:

Reduce our cost base by £27m to contribute towards a productive, safe, affordable workforce.

Performance:

Type	BO	Key Performance Indicator	Threshold	V	A	Mar-25
		Breakeven Revenue Budget (£)	£0.00m			1.37m
		Total Financial Overspend (£)	£0.00m			4.04m

Executive Summary: Strategic Initiatives

Culture, Leadership and Behaviours – SRO Leon Hinton, CPO

- Unconscious bias workshop for Board in March 2025.
- 190+ attended confidential listening services.
- 230 completed anonymous survey.
- Board personal development plans updated with inclusive leadership focus.
- Board agreed collective improvement action plan following self-assessment.
- Senior leaders to undertake self-assessment in coming months to review their cultural awareness, inclusion, diversity, diligence and competence.

Patient First Programme – SRO Gavin MacDonald, CDO

- Overall status amber.
- Strategy Deployment Workstreams re-instated.
- Current delays to Breakthrough Objective cascade to Divisions/Corporate.
- Workstream roadmap actions underway, expected to return to green rating in the next 2-4 weeks.

Clinical Strategy – SRO Alison Davis, CMO

- Launched in April 2024 following full service review to understand key ambitions and priorities over 3-5 years
- Currently undergoing a review and refresh due to go to Board in October 2025, working closely with specialty leads and linking in to annual business planning and capital programming work in line with our Patient First ethos.
- All specialties have achieved one or more of their Year 1 priorities.

Access and Flow Productivity – SRO Nick Sinclair, COO

- March Data shows performance of 77.82%, surpassing National target of 76%, with notable peaks of 85.09%.
- Efforts continue to optimise care pathways and enhance patient flow.
- Incomplete performance improved to 52.3%, and patients waiting over 65w decreased to 80 by the end of March 2025 post validation..
- April goal for zero patients waiting over 65 weeks.
- Fortnightly Tier 2 meetings remain in place to oversee Elective Performance.
- Two supportive Corporate Projects: Elective Reform and Reducing Length of Stay.

Digital, Data and Technology (DDaT) - SRO Gavin MacDonald, CDO

- DDaT Strategy launched January 2024
- Current review and refresh to publish this year, along with stand alone Cyber Strategy to support National best practice.

Financial Recovery Plan (FRP) – SRO Simon Wombwell, CFO

- Trust has delivered against accepted forecast outturn for 24/25 using additional non-recurrent measures.
- Focus on 25/26 and applying rigorous control over expenditure.
- Significant efficiency target of operating expenditure for 25/26.
- Business Planning has highlighted a number of cost pressures that could jeopardise delivery of the £15.m deficit control total.
- Currently developing medium term FRP.

Executive Summary: Corporate Projects

Elective Reform, SRO Nick Sinclair, Chief Operating Officer

Key deliverables
- Review current clinic templates across all platforms.
- Review current utilisation of remote Patient Initiated Follow up appointment, advice & guidance and referral criteria.
- Develop new Patient Tracking List (PTL) Dashboard to support the validation of our PTL position.
- Maximise Clinical Diagnostic Centres opportunities.
- Optimise testing – Straight to test pathways and direct access referrals.
- Maximise the utilisation and functionality of the NHS App.

Previous 30 days focus
- Dashboard scoping and demo.
- Concise list established for reporting available from the data quality team for PTL management.
- Established Key Performance Indicators (KPIs) for each workstream.
- Continue to scope the detail of each.

Next 30 days focus
- Service teams to review dashboard and provide feedback/recommendations.
- Review of the PTL report by the service teams.
- KPIs finalised and agreed.
- Finalise the scope of all workstreams.

Reducing Length of Stay, SRO Lorna Gibson, Director of Efficiency, Productivity and Development

Key deliverables
- Rollout of new and improved board rounding across all wards.
- Streamline Electronic Discharge Notification (EDN) completion process to support medicine/dispensing efficiency.
- Enhancements to internal diagnostic requests and internal referral processes.
- Increase effective usage of Teletracking across the wards.
- Improve discharge process for all pathway 0 patients
- Enhanced Frailty Same Day Emergency Care..
- Development and utilisation of Criteria Led Discharge.

Previous 30 days focus
- Proactive patient management & Targeted Care workstream scope confirmed.
- Programme level KPIs agreed.
- Dashboard specification produced and working with Business Intelligence on the development.
- Implementing the new board rounding process in the Acute Medical Unit (AMU).

Next 30 days focus
- Workstream KPIs agreed.
- Dashboard drafted and shared with stakeholders for review.
- Review effectiveness of new board round processes in AMU and capture lessons learnt.
- Plan next wards to implement.

NHS Medway NHS Foundation Trust

Medical Productivity, SRO Alison Davis Chief Medical Officer

Key deliverables
- Validation of Team Job Plans.
- Approval of Team Job Plans.
- Development of individual Job Plans..
- Approval of Individual Job Plans.
- Development of Programmed Activity options Paper.
- Development of Rostering Options Paper.
- Recruitment & Retention A3.
- Development of Productivity Dashboard.

Previous 30 days focus
- Team Jobs plan reviews completed for 10 specialities.
- Rostering analysis and options developed – To be formally collated into an options paper.
- Productivity Dashboard scoped and specification approved – Data currently being pulled from various data sources.

Next 30 days focus
- Presentation of Team Job plans at consistency panels for sign off.
- Continue to schedule and complete team job plans.
- Recruitment and Retention A3 Session.
- Recruitment and Retention Workstream scoping – Agree Objective, Deliverables. KPIs and Risk.
- Draft dashboard developed and agreed.

Meeting of the Trust Board in Public
Wednesday, 14 May 2025

Title of Report	Finance Report Month 12		**Agenda Item**	4.7
Author	Dan Thompson, Finance Business Partner Matthew Chapman, Head of Financial Management Cleo Chella, Associate Director Income and Contracts Isla Fraser, Financial Controller Paul Kimber, Deputy Chief Financial Officer			
Lead Executive Director	Simon Wombwell, Chief Finance Officer (Interim)			
Executive Summary	Key points in relation to the Month 12 / March financial results: a) In-month surplus of £3.5m to give a reported YTD and full year deficit of £17.1m. Following technical adjustments, this is a full year control total deficit of £22.4m, being adverse to Plan by £20.0m. b) Efficiency plans have delivered over £20m in-year. c) The capital plan is underspent, as previously indicated, principally in relation to CDC leases being unsigned. d) Cash at the end of March was £13.3m – the cash forecast is under constant review given the forecast run-rate.			
Proposal and/or key recommendation:	The Committee is asked to note this report.			
Purpose of the report (Please mark with 'X' the box to indicate)	Assurance	✓	Approval	
	Noting	✓	Discussion	✓
Committee/Group submitted: **Date of Submission:**	Finance, Planning and Performance Committee, 24 April 2025			
Patient First Domain/True North priorities (tick box to indicate):	*Please mark with 'X' 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:	*Please mark with 'X' the 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. Income and cash support, with pro-active working capital / cash management and forecasting.			
Resource implications:	The report sets out the financial resources /performance / position of the Trust			
Sustainability and /or Public and patient engagement considerations:	N/A			

Integrated Impact assessment:	Not applicable		
Legal and Regulatory implications:	Achieving breakeven is a statutory duty. Failing to meet agreed financial targets means we are subject to regulatory conditions.		
Appendices:	N/A		
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act		
For further information please contact:	Name: Simon Wombwell Job Title: Chief Financial Officer Email: simon.wombwell@nhs.net		
Please mark with 'X' - 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.

Meeting of the Board in Private
Wednesday, 14 May 2025

Title of Report	Improving Financial Governance Tracker			**Agenda Item**	4.8
Author	Executive Team				
Lead Executive Director	Gavin MacDonald, Chief Delivery Officer				
Executive Summary	This report relates to an amalgamation of various recommendations and actions taken from various Assurance Reports (including Margaret Pratt, KPMG, Grant Thornton and the February 2025 meeting with the Regional Director for NHSE) with a Status Update from the Executive Team to inform next steps and progress. The actions cover three themes: 1. Trust Board and Board Governance 2. Financial controls 3. Financial recovery There are 44 actions of which two are fully implemented. All but 5 actions have passed their expected completion date and work is underway by the responsible Executive over the next month to review the expected date for completion. The Finance, Planning and Performance Committee is receiving monthly updates on progress and it providing oversight.				
Proposal and/or key recommendation:	The Board is asked to review the contents of the report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would recommend Executive Director to undertake.				
Purpose of the report (Please mark with 'X' the box to indicate)	Assurance	X	Approval		
	Noting	X	Discussion		
Governance Process: Committee/Group and Date of Submission/approval:	This will be monitored through the weekly Executive Group meeting and monthly Finance, Planning and Performance Committee.				
Patient First Domain/True North priorities (tick box to indicate):	*Please mark with 'X' 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:	*Please mark with 'X' the CQC domain the report aims to support:*				
	Safe:	Effective:	Caring:	Responsive:	Well-Led: X
Identified Risks, issues and mitigations:	Not applicable				

Resource implications:	Not applicable		
Sustainability and /or Public and patient engagement considerations:	Not applicable		
Integrated Impact assessment:	Not applicable		
Legal and Regulatory implications:	Not applicable		
Appendices:	Not applicable		
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act		
For further information please contact:	Gavin MacDonald Chief Delivery Officer gavin.macdonald3@nhs.net		
Please mark with 'X' - 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	X	Assurance minor improvements needed.
	Significant Assurance		There are no gaps in assurance
	Not Applicable		No assurance required.

Meeting of the Trust Board in Public
Wednesday, 14 May 2025

Title of Report	Patient First Strategy		**Agenda Item**	5.1
Author	Linda Longley, Director of Transformation Jacqui Leslie, Head of Transformation Lauren Pryor, Senior Strategy Development Officer			
Lead Executive Director	Gavin MacDonald, Chief Delivery Officer			
Executive Summary	Patient First is our Trust Strategy. It is our True North, which describes our shared purpose to put our patients first by providing the best of care through the best of people providing excellent care, every time. The Patient First Strategy has been refreshed to include the real successes we have made in the first two years and highlights our continued commitments in all areas of the hospital.			
Proposal and/or key recommendation:	This Strategy refresh is submitted for Board approval.			
Purpose of the report (tick box to indicate)	Assurance		Approval	X
	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:	Trust Executive Group			

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:	N/A
Resource implications:	N/A
Sustainability and /or Public and patient engagement considerations:	There has been extensive engagement for the refresh of this document including a questionnaire to all staff and socialisation of the strategic planning framework through dedicated events with staff, patients and families.

Integrated Impact assessment:	Not applicable		
Legal and Regulatory implications:	The strategy outlines our compliance with NHS England guidance.		
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:	Gavin MacDonald - gavin.macdonald3@nhs.net Lauren Pryor - lauren.pryor@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 of the Trust Board in Public
Wednesday, 14 May 2025

Title of Report	**2025/26 Business Planning – Progress Update**	**Agenda Item**	5.2
Author	Gemma Brignall, Director of Planning and Performance		
Lead Executive Director	Gavin MacDonald, Chief Delivery Officer		
Executive Summary	This presentation summarises the trust's progress on Business planning following presentations to FPPC in March and Trust Board in April this slide presents and update on progress with Business planning for 2025/26. **Progress** • Budgets based on 2024/25 M8 Forecast Outturn • CIP allocated to Divisions and Corporate Services based on proportion of Operating Expenditure (OPEX) • Income allocated at contract value – this is following confusion in 2024/25 where reported at PbR value • Budget sign off process started with a standardised form to complete • New CIP Tracker in place with clear definition of productivity, run rate, CIP, budget out and process to monitor QIA's • Vacancy control panel process review underway • Standardised reporting across divisions and consolidated into Trust reporting • Proposal to develop a Sustainability recovery board to replace Reducing Waste • Corporate projects including Job planning, LOS reduction and elective recovery **Key Targets** **Trust** • Control total £15.5m deficit (Not formally confirmed) • CIP target £27m (5% of OPEX) • WTE reduction • Additional £18m system related CIP target (All of the above to be loaded into budgets) **Performance targets** • 60% RTT • 1% 52wk waits • 67% patients waiting for 1st OPA <18wks • >12hr LOS in ED 9% • ED 4hr wait 80% • 62 days 75% • 28 days standard 80% by March 2026 **Q1 Mitigations and Assurance** 1. Corporate Vacancy Freeze in place from **24 April** – for one month initially. a) All existing job adverts not yet closed to be pulled from NHS Jobs. **(Leon)**		

	b) Corporate functions to confirm savings plans against targets within two weeks. **(All)** c) Corporate Savings delivery plans to be reviewed against the national target to reduce 50% of the corporate growth since 2018/19. This may lead to further plans being required**. (Lorna)** 2. Clinical Divisions to be subject to external recruitment vacancy freeze from Tuesday **29 April** – for one month initially. a) Vacancies can be filled internally only. **(Leon)** 1. Close 28 beds by end of May **(Nick to provide plan by 15 May)** 2. Establish financial targets for Patient First's Corporate Projects **(Simon to complete by 09 May)** Assurance 1. Sign off alignment of Nurse Rosters with Financial budget establishments **(Matt Chapman with Steph Gorman to complete by 31 May)** a) A list on a cost centre by cost centre basis to be completed and signed-off. 2. Sign off of Resident Doctors rosters with financial budget establishments **(Matt Reid with Matt Chapman to complete by 31 May)** 3. Sign off of Facilities key worker groups (Portering, Domestics and Security) confirming rosters match financial budget establishments **(Mona Kalsi with Matt Chapman to complete by 31 May)** 4. Comms to be agreed (note: announced by Simon W at Senior Leaders on Friday 25 April) **(Glynis to complete by 15 May)** 5. Create and stand up Sustainability Group ToRs **(Gavin to complete by 13 May)**
Proposal and/or key recommendation:	This paper is to note progress and discuss the Q1 mitigations.

Purpose of the report (Please mark with 'X' the box to indicate)				
	Assurance	X	Approval	
	Noting	X	Discussion	

Governance Process: Committee/Group and Date of Submission/approval:	Meeting: Finance Planning and Performance Committee Date 24 April 2025

Patient First Domain/True North priorities (tick box to indicate):	*Please mark with 'X' 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:	*Please mark with 'X' the CQC domain the report aims to support:*				
	Safe: X	Effective: X	Caring: X	Responsive: X	Well-Led: X

Identified Risks, issues and mitigations:	**Risks** • Circa £5m required to achieve 60% - Elective Recovery Fund (ERF) confirmed as capped in contract negotiations • Physical capacity to deliver 60% limited

	• £27m CIP target not completely identified with current position being validated following development of new CIP tracker • The has an efficiency target for 2025/26 of £42.0m this is made up of £27m Trust and £15.0m as part of ICB target distribution equating to 7.4% on Operating Expenditure (OPEX). (NB – a further £3.4m of system efficiency is anticipated to be devolved to the Trust.) • Proposed workforce reduction – linked to delivery of business plan • The Trust has an estates critical backlog maintenance of more than £100million. The Trust has been awarded an internal capital allocation by the system of £19.3m; in addition, we expect to be in receipt of £2.3m of Public Dividend Capital (PDC funding, £20.6m of capital grant income (noted on the income and expenditure slide) and £0.2m of charitable donations, giving a total programme of £42.4m. The majority of 2025/26 capital funding has already been allocated • Quality and safety impact delivery of efficiency targets **Mitigations** • Demand and capacity work undertaken as part of bottom up business planning. Funding requested to support Neon platform to automate Demand and Capacity and Tier 2 request to support a full validation exercise of total PTL and implementation of future training program • Working with the ICB on system mutual aid and opportunities to increase physical capacity using KMOC etc. Removal of ERF cap would support income and cost if this is distributed to organisations • Continuation and extension of vacancy freeze for corporate and non-clinical posts. Executive led vacancy control panel • Central support request for redundancies and/or MARS schemes • Workforce and HR support to ensure one version of the truth on establishment; rosters, ESR and ledger reconciled; workforce dashboard and improved workforce controls. • Continue support funding for Helen Bingley with job planning/ productivity programme • Transformation PMO Team dedicated to supporting the Efficiencies Programme • Potential consultancy engagement to support further identification and delivery of the CIP programme • Financial controls in place • Public Level Information Costing System (PLICS) / Service Line Reporting (SLR) costing analysis to equip the finance / BI team with analysis skills to better understand the business opportunities and so bolstering PMO support for the organisation • Development of an Estates Strategy • Capital prioritisation and Seek additional funding sources.
Resource implications:	N/A
Sustainability and /or Public and patient engagement considerations:	N/A
Integrated Impact assessment:	N/A
Legal and Regulatory implications:	N/A
Appendices:	N/A

Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act		
For further information please contact:	Name: Gemma Brignall Job Title: 07585554138 Email: gemma.brignall@nhs.net		
Please mark with 'X' - 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	X	Assurance minor improvements needed.
	Significant Assurance		There are no gaps in assurance
	Not Applicable		No assurance required.

Update on planning 25/26

Following presentations to FPPC in March and Trust Board in April this slide presents and update on progress with Business planning for 2025/26

Key Targets

Trust

- Control total £15.5m deficit (Not formally confirmed)
- CIP target £27m (5% of OPEX)
- Proposed WTE reduction
- Additional £18m system related CIP target

(All of the above to be loaded into budgets)

Performance targets

- 60% RTT
- 1% 52wk waits
- 67% patients waiting for 1st OPA <18wks
- >12hr LOS in ED 9%
- ED 4hr wait 80%
- 62 days 75%
- 28 days standard 80% by March 2026

Progress

- Budgets based on 24/25 M8 Forecast Outturn
- CIP allocated to Divisions and Corporate Services based on proportion of OPEX
- Income allocated at contract value – this is following confusion in 2024/25 where reported at PbR value
- Budget sign off process started with a standardised form to complete
- New CIP Tracker in place with clear definition of productivity, run rate, CIP, budget out and process to monitor QIA's
- Vacancy control panel process review underway
- Standardised reporting across divisions and consolidated into Trust reporting
- Proposal to develop a Sustainability recovery board to replace Reducing Waste
- Corporate projects including Job planning, LOS reduction and elective recovery

Mitigations

- Demand and capacity work undertaken as part of bottom up business planning. Funding requested to support Neon platform to automate Demand and Capacity and Tier 2 request to support a full validation exercise of total PTL and implementation of future training program
- Working with the ICB on system mutual aid and opportunities to increase physical capacity using KMOC etc. Removal of ERF cap would support income and cost if this is distributed to organisations
- Continuation and extension of vacancy freeze for corporate and non clinical posts. Executive led vacancy control panel
- Central support request for redundancies and/or MARS schemes
- Workforce and HR support to ensure one version of the truth on establishment; rosters, ESR and ledger reconciled; workforce dashboard and improved workforce controls.
- Continue support funding for Helen Bingley with job planning/productivity programme
- Transformation PMO Team dedicated to supporting the Efficiencies Programme
- Potential consultancy engagement to support further identification and delivery of the CIP programme
- Financial controls in place
- PLICS / SLR costing analysis to equip the finance / BI team with analysis skills to better understand the business opportunities and so bolstering PMO support for the organisation
- Development of an Estates Strategy
- Capital prioritisation and Seek additional funding sources.

Risks

- Circa £5m required to achieve 60% - ERF confirmed as Capped in contract negotiations
- Physical capacity to deliver 60% limited
- £27m CIP target not completely identified with current position being validated following development of new CIP tracker
- The has an efficiency target for 25/26 of £42.0m this is made up of £27m Trust and £15.0m as part of ICB target distribution equating to 7.4% on OPEX. (NB – a further £3.4m of system efficiency is anticipated to be devolved to the Trust.)
- Proposed workforce reduction – linked to delivery of business plan
- The Trust has a estates critical backlog maintenance of £100m+. The Trust has been awarded an internal capital allocation by the system of £19.3m; in addition, we expect to be in receipt of £2.3m of PDC funding, £20.6m of capital grant income (noted on the I&E slide) and £0.2m of charitable donations, giving a total programme of £42.4m. The majority of 25/26 capital funding has already been allocated
- Quality and safety impact delivery of efficiency targets

Q1 Mitigations and Assurance

NHS Medway NHS Foundation Trust

Mitigations

1. Corporate Vacancy Freeze in place from **24 April** – for one month initially.
   a) All existing job adverts not yet closed to be pulled from NHS Jobs. **(Leon)**
   b) Corporate functions to confirm savings plans against targets within two weeks. **(All)**
   c) Corporate Savings delivery plans to be reviewed against the national target to reduce 50% of the corporate growth since 2018/19. This may lead to further plans being required**. (Lorna)**
2. Clinical Divisions to be subject to external recruitment vacancy freeze from Tuesday **29 April** – for one month initially.
   a) Vacancies can be filled internally only. **(Leon)**
3. Proposal to move to three Divisions (from five, including Virtual Wards etc) **(Nick)**
   Plan and costing, date for implementation **09 May**
4. Close 28 beds by end of May **(Nick to provide plan by 15 May)**
5. Establish financial targets for Patient First's Corporate Projects **(Simon to complete by 09 May)**

Assurance

1. Sign off alignment of Nurse Rosters with Financial budget establishments **(Matt Chapman with Steph Gorman to complete by 31 May)**
   a) A list on a cost centre by cost centre basis to be completed and signed-off.
2. Sign off of Resident Doctors rosters with financial budget establishments **(Matt Reid with Matt Chapman to complete by 31 May)**
3. Sign off of Facilities key worker groups (Portering, Domestics and Security) confirming rosters match financial budget establishments **(Mona Kalsi with Matt Chapman to complete by 31 May)**
4. Comms to be agreed (note: announced by Simon W at Senior Leaders on Friday 25 April) **(Glynis to complete by 15 May)**
5. Create and stand up Sustainability Group ToRs **(Gavin to complete by 13 May)**

NHS Medway NHS Foundation Trust

Meeting of the Trust Board in Public
Wednesday, 14 May 2025

Title of Report	Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity Policy		**Agenda Item**	5.3
Author	Brian Williams, Head of Emergency Preparedness, Resilience and Response			
Lead Executive Director	Nick Sinclair, Chief Operating Officer			
Executive Summary	This policy ensures the Trust's compliance with its duties as a category one responder under the Civil Contingencies Act (2004). It outlines the roles, responsibilities, and delivery of EPRR to achieve organizational resilience in accordance with national legislation and local policies, guidance, and frameworks. Key issues include the Trust's preparedness to respond to and recover from incidents and emergencies, ensuring the safety and security of staff, patients, and visitors.			
Proposal and/or key recommendation:	The Board is asked to approve the updated EPRR policy, ensuring the Trust's continued compliance with statutory requirements and effective emergency response capabilities.			
Purpose of the report (Please mark with 'X' the box to indicate)	Assurance	x	Approval	x
	Noting		Discussion	
Governance Process: Committee/Group and Date of Submission/approval:	Meeting: Senior Operations Group Date: 31 June 23 Meeting: MFT Trust Management Board Date: 4 July 2023			
Patient First Domain/True North priorities (tick box to indicate):	*Please mark with 'X' 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:	*Please mark with 'X' the CQC domain the report aims to support:*			
	Safe: x	Effective:	Caring:	Responsive: x	Well-Led:
Identified Risks, issues and mitigations:	Major risks include the potential disruption to service delivery during emergencies. Mitigations involve comprehensive planning, training, and resource allocation to ensure effective response and recovery.			
Resource implications:	Continuing support requires commitment of resources, including staff training and development, and financial contributions as agreed with MFT finance staff.			
Sustainability and /or Public and patient engagement considerations:	The policy will align with the MFT green plan and sustainability strategy. Engagement with patients and the public where appropriate has been undertaken to ensure comprehensive preparedness and response plans.			
Integrated Impact assessment:	Not applicable			

Legal and Regulatory implications:	Compliance with the Civil Contingencies Act 2004, NHS Act 2006, Health and Care Act 2022, and NHS Core Standards for EPRR.		
Appendices:	Supporting information to the report should be listed here. Any supporting documents are to be provided as standalone documents and not embedded.		
Freedom of Information (FOI) status:	This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test. Medway Maritime Foundation Trust confirms that either of the following exemptions: s22 (information intended for future publication), s36 (prejudice to effective conduct of public affairs) and s43 (commercial interests) apply to this paper.		
For further information please contact:	Name: Brian Williams Job Title: Head of EPRR Email: brian.williams4@nhs.net		
Please mark with 'X' - 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	x	There are no gaps in assurance
	Not Applicable		No assurance required.

Meeting of the Trust Board in Public
Wednesday, 14 May 2025

Title of Report	Annual Green Plan update		**Agenda Item**	5.4
Author	Emma Cooper, Carbon Zero Delivery Manager			
Lead Executive Director	Nick Sinclair, Chief Operating Officer			
Executive Summary	NHS England has asked all Trusts to update their Green Plans by July 2025, and with support from the consultant Inspired for carbon footprint this is being completed. The NHS aims to be the world's first carbon net-zero health system due to the health impacts of climate change and air pollution. The NHS is a major carbon emitter, responsible for 40% of England's public sector emissions. Emissions are categorized into direct (Scope 1), indirect from energy (Scope 2), and indirect from the supply chain (Scope 3). The 'Delivering a Net Zero Health Service' report, backed by the Health and Care Act 2022, sets targets for net zero by 2040 for direct emissions and by 2045 for all emissions. The NHS also aims for an 80% reduction in emissions by 2028-2032 and 2036-2039, compared to 1990 levels. Greener Edge, in partnership with the NHS Kent and Medway Integrated Care Board, calculated our carbon footprint using a new method. This ensures consistency and establishes a baseline for progress. We are developing internal reporting processes, with quarterly updates to the ICB. Key achievements include a robust governance framework, the appointment of a Net Zero Lead, and the formation of groups to oversee the Green Plan. The Trust is advancing its Heat Decarbonisation Plan (HDP) fitting electric heat pumps, solar PV arrays, and double-glazed windows, funded by the PSDS and NEEF. Further PSDS funding has been applied for to complete the main site and remove the Combined Heat and Power (CHP) plant. The Trust recognises that if funding isn't available from PSDS, the Trust will need to finance the CHP removal by Capital funding to mitigate the risk of fines from the environmental agency for excessive carbon emissions.			
Proposal and/or key recommendation:	The Trust Board is asked to note the contents of this report.			
Purpose of the report (Please mark with 'X' the box to indicate)	Assurance	X	Approval	
	Noting	X	Discussion	
Governance Process: Committee/Group and Date of Submission/approval:	N/A			

Patient First Domain/True North priorities (tick box to indicate):	*Please mark with 'X' 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:	*Please mark with 'X' the CQC domain the report aims to support:*				
	Safe:	Effective:	Caring:	Responsive: X	Well-Led:
Identified Risks, issues and mitigations:	Not competing the NHS target of Net Zero – Risk 1730 Heat Decarbonation Plan Risk 2360 Climate Change				
Resource implications:	NA				
Sustainability and /or Public and patient engagement considerations:	This paper relates directly to the delivery of the Green Plan.				
Integrated Impact assessment:	Not applicable				
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:	NA				
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act				
For further information please contact:	Name: Neil Adams Job Title: Associate Director of Estates and Facilities Email: neil.adams5@nhs.net Name: Emma Cooper Job Title: Carbon Zero Delivery Manager Email: emma.cooper98@nhs.net				
Please mark with 'X' - 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		No assurance required.		

Meeting: Trust Board

Date: 14 May 2025

Title: GREEN PLAN 2025 (UPDATE)

Introduction

NHS England mandated all Trusts to review and update their Green Plans, with a publication deadline of July 2025. To support this initiative, we are collaborating with the consultant Inspired PLC for accurate carbon calculations and an updated Green Plan

The NHS aims to become the world's first carbon net-zero health system, driven by the increasing health impacts of climate change and air pollution. Climate change not only affects public health but also the NHS's capacity to deliver services both now and in the future. As a significant source of carbon dioxide in the UK, the NHS is responsible for 40% of England's public sector emissions.

Carbon emissions are categorized into three scopes there are mentioned in the report along with the NHS primary goals.
Furthermore, the NHS targets an 80% reduction in direct emissions between 2028 and 2032, and an 80% reduction in all emissions between 2036 and 2039, relative to 1990 levels. A carbon footprint quantifies the greenhouse gases we produce, and while the calculation strives for accuracy, it does have some uncertainties.

Greener Edge, in partnership with the NHS Kent and Medway Integrated Care Board, has introduced a new method for calculating our carbon footprint. Although these results need further refinement, this approach ensures consistency across local Trusts and aids in tracking progress. We are developing reporting processes, with quarterly calculations to be submitted to the ICB.
Over the past year, the Trust has made significant progress in sustainability, particularly in governance, funding, and energy efficiency. These efforts are essential in propelling the Medway NHS Foundation Trust towards its decarbonisation targets and contributing to the NHS's overarching goal of becoming the world's first carbon net-zero health system.

Overview

Carbon Emissions

NHS England have asked for all Trust to review and update their Green Plans, they are due to published in July 2025. We are undertaking this with a company Inspired PLC to support with the carbon calculations.

The NHS aims to be the world's first carbon net-zero health system due to the growing health impacts of climate change and air pollution. Climate change affects public health and the NHS's ability to provide services now and in the future. The NHS is a major source of carbon dioxide in the UK, responsible for 40% of England's public sector emissions.

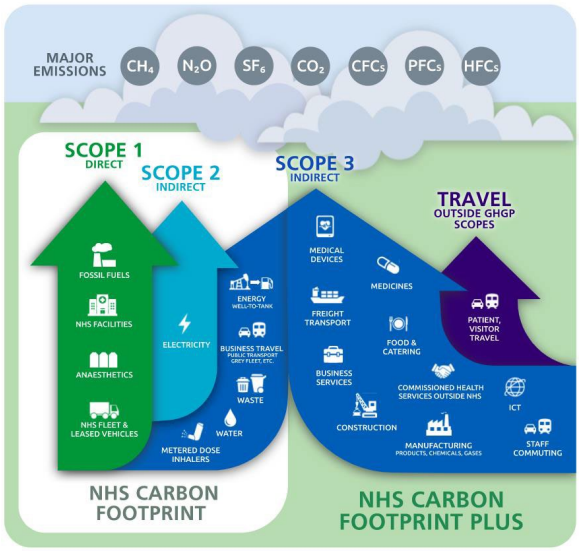
Carbon emissions are divided into three types:

Scope 1: Direct emissions from owned resources.
Scope 2: Indirect emissions from purchased energy.

Scope 3: Indirect emissions from the supply chain.
The 'Delivering a Net Zero Health Service' report sets legally required decarbonisation targets through the Health and Care Act 2022.

The NHS has two main goals:

Net zero by 2040 for its direct emissions.
Net zero by 2045 for all emissions, including supply chain.
Additionally, the NHS aims for an 80% reduction in direct emissions by 2028-2032 and an 80% reduction in all emissions by 2036-2039, compared to 1990 levels. The diagram below shows the details of each group.



A carbon footprint measures the greenhouse gases we produce. The calculation aims to be accurate but has some uncertainties.
The Trust has made great progress in sustainability over the past year. Here are some key highlights.

Key Areas

1 Governance

Throughout this year, significant strides have been made in advancing our sustainability objectives through the establishment of a robust governance and assurance framework to facilitate the delivery of our Green Plan.

Chief Operational Officer Nick Sinclair, who will oversee the resourcing and delivery of this Green Plan, has been appointed as the Trust's Net Zero Lead. As the Senior Responsible Officer (SRO) for our Green Plan, Neil McElduff, the Director of Estates and Facilities, is accountable for leading the Green Plan and reports into the NHS Kent and Medway Integrated Care Board Environmental Sustainability Steering Group.

The Green Sustainability Operational Group, convenes bi-monthly with the participation of 10 senior staff members, including Directors and Associate Directors of the Trust. Together, they are tasked with the implementation of the various workstreams and actions outlined in the Green Plan.

The Green Sustainability Strategic Group, comprising of the Trust's Executive Directors, and chaired by the Chief Executive, and assumes the responsibility of overseeing the activities of the Operational Group. This entails ensuring alignment with the Trust's strategic objectives. The group meets

quarterly and will receive performance updates on the workstreams and action plan of the Operational Group.

The Green Champion Network, has 40 Champions and is actively involved in championing sustainability initiatives. The Green Champions will identify initiatives at a grass roots level within the Trust and will lead on implementation of the projects that we are running.

2 Funding

The Trust is using its Heat Decarbonisation Plan (HDP) to provide a net zero framework, outlining several stages to guide our transition from fossil fuel-reliant heating systems to low carbon alternatives. The initial stage of the HDP, projected to result in 3,500 tonnes of annual carbon savings, is currently underway, thanks to the £25.9 million secured through the Public Sector Decarbonisation Scheme (PSDS), which is run by the Department for Energy Security and Net Zero and delivered by Salix. The proposed initiatives for this stage of the HDP include:

- De-steaming part of the hospital and replacing with electric heat pump systems using a zero carbon for business 100 percent tariff for electricity, work due to start June 2025.
- Installation of roof-mounted solar PV arrays across multiple buildings to provide around 0.8MW of electrical power, work due to start May 2025.
- Replacing single-glazed windows with double-glazed units, work due to start May 2025

The programme of work is a complex undertaking and is due to finish in 2026.

The Trust has applied for further Public Sector Decarbonisation Scheme funding (PSDS4) to de-steam the remaining parts of the site to keep a consistent flow of activity on site.
Funding has been secured and work complete to remove piped Nitrous Oxide from the Trust and move to canister gas to mitigate seepage of gas into the air; this will produce a carbon saving as well as a cost saving. The Trust is now exploring funding for the Entonox and Equinox.

Finally, the Trust secured £206,000 in January 2025 through the National Energy Efficiency Fund (NEEF). This funding supports the ongoing implementation of LED lighting throughout the Trust. LED lighting offers significant benefits over traditional lighting options, such as reduced energy consumption and carbon emissions.

3 Energy

During 2024/25, the Trust spent a total of around £4,252,707 on electricity and gas. There was a decrease in spending for 24-25 due to energy costs reducing in a volatile market.

Energy Usage and Costs 2022-2025

	Consumption			Costs		
	22-23	23-24	24-25	22-23	23-24	24-25
	KWH	KWH	KWH	£	£	£
Gas	46,214,831	40,064,445	47,774,886.52	3,300,348	4,016,482	2,172,447
Electricity	8,565,071	10,473,540	8,199,484	2,344,706	4,174,831	2,080,260
Total	**54,779,902**	**50,537,985**	**55,974,370.52**	**5,645,054**	**8,191,313**	**4,252,707**

The Combined Heat and Power (CHP) plant provide cost savings since gas yields a degree of unit price efficiency over electricity (Money supermarket 2025)

The CHP generates power and heat simultaneously. A CHP system can reduce carbon emissions by up to 30% compared to separate generation from a boiler and power station (Gov 2020). However, with improvements in power stations and a shift away from coal and oil, the Trust's emissions directly associated with electricity are now sourced from a zero carbon for business 100 percent tariff, allowing us to report a zero emissions factor for electricity.

As part of the HDP and our move towards decarbonisation, replacing the CHP is necessary in the long term. It is part of Phase Two and included in the application for funding for PSDS 4.

GOV (2020) accessed on 21.03.25 - Combined heat and power - GOV.UK

Money supermarket (2025) accessed of 21.03.25 - What is the energy price cap? | MoneySuperMarket

Conclusion and Recommendations

The NHS's commitment to becoming the world's first carbon net-zero health system is a crucial step in addressing the health impacts of climate change and air pollution. With the NHS responsible for 40% of England's public sector emissions, the updated Green Plans due in July 2025 are essential for achieving the ambitious decarbonisation targets set by the Health and Care Act 2022. The collaboration with Inspired for carbon calculations and the innovative methods used by Greener Edge and the NHS Kent and Medway Integrated Care Board will ensure consistency and accuracy in tracking progress.

Medway Hospital has made significant progress in its journey towards sustainability and achieving net-zero carbon emissions. The hospital's commitment to updating its Green Plan, in collaboration with Inspired PLC for carbon calculations, demonstrates a proactive approach to addressing the health impacts of climate change and air pollution. With the NHS responsible for a substantial portion of England's public sector emissions, Medway Hospital's efforts are crucial in contributing to the overall goal of becoming the world's first carbon net-zero health system.

The establishment of a robust governance framework, the strategic use of funding, and the focus on energy efficiency are key factors that will drive Medway NHS Foundation Trust towards its decarbonisation targets.
By continuing to engage and educate staff, enhance energy efficiency, and secure necessary funding, Medway NHS Foundation Trust is well-positioned to make significant strides in reducing its carbon footprint and contributing to a healthier environment for all.

Trust Board in Public
Wednesday, 14 May 2025

Title of Report	RCP Rheumatology – Summary and Action Plan	**Agenda Item**	5.5
Author	Shrawan Agrawal, Consultant Rheumatologist and Clinical Lead Chris Parokkaran, Divisional Medical Director		
Lead Executive Director	Alison Davis, Chief Medical Officer		
Executive Summary	The Chief Medical Officer at the Medway Foundation Trust Approached the Royal College of Physicians in April 2023 seeking an independent external review to resolve concerns that had long been raised within the Rheumatology team. The Trust was also seeking advice on the medium- and longer-term strategy for the service. The RCP had previously undertaken an invited review of a neighbouring rheumatology service at Darent Valley Hospital (DVH) in 2010, part of the Dartford and Gravesham NHS Trust, which had led to a service improvement plan. One of the key recommendations from the previous RCP invited review advised the Dartford and Gravesham NHS Trust to link the rheumatology services across MFT locations to prevent isolated working due to a geographical separation of the team. Whereas the two departments had combined in principle, there remained professional isolation between the two sites, with little evidence for multidisciplinary working and governance cooperation. Colleagues primarily based at MFT had good interdisciplinary working but functional governance arrangements across the two departments were limited by poor working relationships with the single colleague who continued to practice primarily out of out of DVH. This meant the usual clinical discussions amongst colleagues and relevant audits, that would be expected for a contemporary service, did not have cross site interaction. There were clinical concerns raised about the management of specific cases by colleagues at MFT, and conversely, the colleague at DVH expressed clinical anxieties about some of the MFT cases they had been involved in. Interprofessional concerns have been raised about the clinical management of different rheumatological conditions, with particular reference to Giant Cell Arteritis (GCA), Early Inflammatory Arthritis (EIA), and the management of osteoporosis induced by the use of long-term steroid medication. The report gives 25 recommendations to support the Rheumatology department moving forward, broken down into three timeframes- Immediate (0-3 months), Short term (0-6 months) and Long term (12-24 months). These recommendations are further broken down into sub-categories: • Immediate recommendations • Service design • Staffing and team working • Governance and audit • Pharmacy		

	Following receipt of the report regular meetings have been established to work through implementation of these actions, commencing Monday 07 October. The following actions have now been closed: 1, 2 and 24. We have good news to celebrate regarding the below actions: 4. Discussion on 'advice and guidance' programme is going to happen in the next 3-4 weeks. 5. Dr Jilani has developed early Arthritis referrals proforma and will lead on early arthritis pathway. Pathway implements will require further recruitment of whole Rheumatology team. 9. Temporal artery biopsy service is working fine. 10. Initial discussions around flexible clinic location have taken place and some Consultants working at Fleet site may begin to rotate into Medway. 11. Detailed, open and transparent team's job planning took place last year. We are in the process of another job plan for year 2025-2026. 14. Regular MDT (Virtual Biologic, ILD, Radiology, SECARD, Complex case Rheumatology MDT, Rheumatology Governance and Business meeting) are taking place. 19. One Rheumatology nurse can inject knee joint independently and another is almost ready to do so. One Rheumatology nurse is working towards some prescribing role. 20. Rheumatology clinical governance lead has been appointed last year, attending divisional governance meeting regularly and participating in department governance issues. A large number of the remaining outstanding actions will be resolved through the pending business case for increased resource. We are awaiting the outcomes to be shared following our medical productivity meeting, job planning and will be using this info alongside initial BI D+C modelling to identify our consultant and nursing gap and will progress the case once we have assurance on exact numbers of staff required. This will be across both Medical and Nursing and will include admin support to ensure we are able to remain on top of these processes. Initial work demonstrates that the case will self-fund in general due to the tariffs for first appointments. Use of point of care (POC) ultrasound has been stopped fully, until governance arrangement for storage of images been satisfied. Credentials of colleagues undertaking POC ultrasound need to be verified. We currently do not have a General Manager, but post has recently been advertised. Divisional medical director post would be vacant soon.
Proposal and/or key recommendation:	For assurance and noting.

Purpose of the report (Please mark with 'X' the box to indicate)	Assurance	X	Approval	
	Noting	X	Discussion	
Governance Process: Committee/Group and Date of Submission/approval:	Executive Team meeting Quality Assurance Committee – 01.05.25			

Patient First Domain/True North priorities (tick box to indicate):	*Please mark with 'X' the priorities the report aims to support:*				
	Priority 1: (Sustainability)	Priority 2: (People) X	Priority 3: (Patients) X	Priority 4: (Quality) X	Priority 5: (Systems) X
Relevant CQC Domain:	*Please mark with 'X' the CQC domain the report aims to support:*				
	Safe: X	Effective: X	Caring: X	Responsive: X	Well-Led: X
Identified Risks, issues and mitigations:	a) NEIAA Audit- Outlier and NICE recommended 3 week waiting time not met, impacting patient experience (risk no.1679). Also lack of admin assistant support to collect data at 3 month and 12 months. This depends on the urgent recruitment of Rheumatology staffs. b) Lack of workforce to review outstanding harm reviews within Rheumatology 52-week breaches (risk no. 1938) c) Lack of accredited workforce to undertake diagnostic ultrasounds leading to delay in diagnosis (risk no. 1915) d) Lack of coding process and workforce to process income stream for Rheumatology Specialist Nurse telephone advice line (risk no.2088)				
Resource implications:	The paper makes recommendation for increased staffing across both Medical, Nursing and Admin staff. Any requests to increase workforce will be aligned with Trust Demand and Capacity modelling and will follow correct Trust process.				
Sustainability and /or Public and patient engagement considerations:	The recommendations provide an expansion in provision of staff to support the Rheumatology department. An increased workforce will allow provision of attentive, timely and personalized care, reducing patient complications. Through increasing staff it is anticipated that there will be a reduction in turnover and staff burnout, resulting in economic stability going forward.				
Integrated Impact assessment:	Not applicable				
Legal and Regulatory implications:	Attached action plan is following RCP recommendations				
Appendices:	Rheumatology Action Plan attached				
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act				
For further information please contact:	Shrawan Agrawal (Consultant Rheumatologist and Clinical Lead) shrawanagrawal1@nhs.net Chris Parokkaran (Divisional Medical Director) c.parokkaran@nhs.net				
Please mark with 'X' - 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 of the Trust Board in Public
Wednesday, 14 May 2025

Title of Report	CQC inspection of Medway Maritime Hospital – Emergency Department	**Agenda Item**	5.6
Author	Wayne Blowers, Director of Quality (Interim)		
Lead Executive Director	Sarah Vaux, Chief Nursing Officer (Interim)		
Executive Summary	The CQC undertook an inspection of the Emergency Department on 29 and 30 April 2025. The inspection was in response to the previous unannounced inspection undertaken on 21 February 2024 (publication of the report on 05 March 2025) where the Trust was issued with a 29A warning notice, outlining the need for significant improvements. The Trust identified 49 actions that it would take to address the areas of concern raised by the CQC and improve the quality of care provided to patients. The actions focused on improvements in the following areas - Privacy, dignity and respect of patients in the ED - Reducing long waits before being admitted to an inpatient bed - Clear processes for staff for when patients are accommodated in non-designated areas of care - Sufficient numbers of suitably qualified nursing staff - Reporting of all incidents - Medicines management All actions had been achieved by April 2025. Following the CQC inspection on the 29 and 30 April 2025 the CQC thanked the Trust and its staff for the welcome they had received and for the cooperation they had experienced throughout their assessment. It was also fed back that it was clear that improvements had been made since 21 February 2024. The CQC fed back the following: <u>Positive findings:</u> • An improvement in staff feedback associated with visibility and escalation frameworks including incident protocols. • Positive feedback across all areas of the department from staff and patients. • Forward planning of flow requirements for the hospital emergency department. <u>Areas for improvement:</u> • The privacy and dignity of patients remains an ongoing concern despite some trust actions. The CDU and Majors are the primary areas. • The nursing assessments of patients in non-traditional care settings were not always completed. Primarily areas of concern were Majors Lodge and Same Day Emergency Care settings. • The security and safety of staff and patients in all areas of the department. • Long waits in the department continue to occur with some barriers found at referral to specialism level.		

	As part of the inspection process, the CQC is undertaking interviews with service leaders which, together with any additional information requested by the regulator, will also inform the content of the report. A draft inspection report will be sent once due processes have been completed, at which point we will have the opportunity to check the factual accuracy of the report.			
	The Board is asked to note and discuss the initial findings from the CQC on-site inspection.			
Purpose of the report (Please mark with 'X' the box to indicate)	Assurance		Approval	
	Noting	X	Discussion	X
Governance Process: Committee/Group and Date of Submission/approval:	N/A			
Patient First Domain/True North priorities (tick box to indicate):	*Please mark with 'X' the priorities the report aims to support:*			
	Priority 1: (Sustainability)	Priority 2: (People) X	Priority 3: (Patients) X	Priority 4: (Quality) X	Priority 5: (Systems)
Relevant CQC Domain:	*Please mark with 'X' the CQC domain the report aims to support:*			
	Safe: X	Effective: X	Caring: X	Responsive: X	Well-Led: X
Identified Risks, issues and mitigations:	N/A			
Resource implications:	N/A			
Sustainability and /or Public and patient engagement considerations:	N/A			
Integrated Impact assessment:	N/A			
Legal and Regulatory implications:	N/A			
Appendices:	N/A			
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act			
For further information please contact:	Name: Wayne Blowers Job Title: Director of Quality (Interim) Email: wayne.blowers@nhs.net			
Assurance Rating:	Partial Assurance	X	There are gaps in assurance	