UNCONFIRMED MINUTES OF THE ONE HUNDRED AND FOURTY SIXTH MEETING OF THE BOARD OF DIRECTORS (BoD) THURSDAY 9 OCTOBER 2025 12.45 PM HELD IN THE LECTURE THEATRE, EDUCATION CENTRE, QUEEN ELIZABETH THE QUEEN MOTHER HOSPITAL (QEQM), RAMSGATE ROAD, MARGATE, CT9 4BG AND BY WEBINAR VIDEOCONFERENCE

PRESENT:

Dr A Doherty	Trust Chair (Chair)/Nominations and Remuneration Committee (NRC) Chair	AD
Mr N Blissett	Chief People Officer (CPO)	NB
Dr A Catto	Non-Executive Director (NED)/Quality and Safety Committee (Q&SC) Chair/Integrated Audit and Governance Committee (IAGC) Member/ NRC Member	AC
Ms T Fletcher	Chief Executive (CE)	TF
Mr D Gibbs	Chief Operating Officer (COO)	DG
Ms F Griffith	NED/NRC Member/People and Culture Committee (P&CC) Member/ NED Maternity Safety Champion	FG
Dr D Holden	Chief Medical Officer (CMO)	DH
Mr R Musgrove	NED/Finance and Performance Committee (FPC) Member/ NRC Member/NED In-Common (2gether Support Solutions)	RM
Mr R Oirschot	NED/FPC Chair/Charitable Funds Committee (CFC) Member/ IAGC Member/NRC Member	RO
Dr O Olasode	NED/Senior Independent Director (SID)/IAGC Chair/NRC Member	OO
Mr B Stevens	Chief Strategy and Partnerships Officer (CSPO)	BS
Ms C Sykes	NED/CFC Chair/P&CC Chair/FPC member/IAGC Member/ NRC Member	CS
Ms A van der Lem	Chief Finance Officer (CFO)	AvdL
Mrs C Walker	NED/NRC Member/P&CC Member/Q&SC Member	CW

ATTENDEES:

Ms M Carliell	Head of Patient Voice and Involvement and Volunteering *(minute number 25/068)*	MCa
Ms M Cudjoe	Director of Midwifery (DoM) *(minute numbers 25/068 and 25/076)*	MC
Professor C Holland	Associate NED (non-voting Board member)/NRC Attendee/ P&CC Attendee/Q&SC Attendee	CH
Ms K Perry	Deputy Chief Nurse (DCN) *(representing Chief Nursing and Midwifery Officer (CNMO))*	KP
Mrs 'S'	Patient, Patient Story *(minute number 25/068)*	S
Miss Zoe Woodward	Associate Medical Director for Women's Health/Consultant Obstetrician and Gynaecologist *(minute number 25/068)*	ZW
Mrs N Yost	Executive Director of Communications and Engagement (EDC&E) (non-voting Board member)	NY

IN ATTENDANCE:

Mr B Doble	Business Manager to the CE	BD
Miss S Robson	Board Support Secretary (BSS) (Minutes)	SR

MEMBERS OF THE PUBLIC AND STAFF OBSERVING (BY WEBINAR):

Ms S Barton	Governor
Ms L Judd	Governor
Mr M Taylor	Member of the Public

MINUTE NO.		ACTION

25/062 **CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE**

The Chair opened the meeting, welcomed everyone present, and noted apologies received from the following:

- Ms S Hayes (SH), CNMO;
- Mr K Desai, Director of Corporate Governance (DCG) (non-voting Board member).

25/063 **CONFIRMATION OF QUORACY**

The Chair **NOTED** and confirmed the meeting was quorate.

25/064 **DECLARATION OF INTERESTS**

The Chair **NOTED** there were no new interests declared.

25/065 **MINUTES OF THE PREVIOUS MEETING HELD ON 31 JULY 2025**

DECISION: The BoD **APPROVED** the minutes of the previous meeting held on 31 July 2025 as an accurate record.

25/066 **BOARD OF DIRECTORS DECISIONS OUTSIDE THE BOARD**

The BoD **NOTED** the following decisions taken outside its meeting cycle:

- **NOTED** the use of £174k donation from East Kent Hospitals Charity (EKHC) to improve the environment and increase capacity to meet growing demand at the Celia Blakey Chemotherapy unit at William Harvey Hospital (WHH);
- **NOTE**D the Winter Plan for 2025/26 and the Board Assurance Statement (BAS).

25/067 **MATTERS ARISING FROM THE MINUTES ON 31 JULY 2025**

B/01/25 - Data information differentiating patient attendance against factors around health inequalities and deprivation
The NEDs noted this action remained work in progress in respect of the results being discussed at Board Committees. It was agreed this action would remain open and be reviewed following discussions at the Board Committees. It was noted data information was expected to be presented at the November 2025 Board Committee meetings.

The BoD **NOTED** the action log, **NOTED** the updates on actions, **NOTED** the action above for future Board meeting, and **APPROVED** the six actions recommended for closure.

25/068 **PATIENT STORY**

Mrs S highlighted the following key points following the cancellation of a gynaecological operation on 9 October and its impact:

- Works for the NHS and understood on occasions operations had to be cancelled and the pressures within the NHS and on its staff;

- Operation was “not life or death but needed to be done for quality of life”. Waiting since November 2024 when was re-referred after first operation not being successful;
- Received call on Thursday 25 September at 3.15 pm informing her the surgeon had cancelled his list for day of her operation (member of staff relayed this message in an empathic and caring manner);
- Mrs S asked “Whether the people making these decisions so close to the operation date had any knowledge of the impact caused and how many people it affected, not just the person who was due to have the operation?” To recognise there is a person behind the hospital number. Significant effort involved in having to make all these complex arrangements at home and work again around the date when the operation would be rescheduled;
- Cancellation impacted her as well as others; psychologically (mentally preparing for the operation), a carer for her elderly father who lived with her (made arrangements for her daughter to support him, who had childcare and work commitments of her own), work (had informed manager would be off for up to six weeks and rearranged meetings around this), friends (had arranged for a friend to take her to the hospital who had arranged time off work), husband (had rearranged his work commitments and booked time off work to provide post-operative care), grandchildren (supported her daughter who worked shift patterns in the NHS to look after her grandchildren);
- Had now been given another date for operation in two weeks, husband currently unable to get the time off work;
- Women were more likely to be carers of partners, parents and children. They juggled work, caring, their health, and as carers were more likely not to prioritise their own health;
- Good to ask patients if they would be happy to be included on a cancellation list to be notified at short notice if an earlier operation date became available. Had been provided with a previous date in August with two weeks’ notice but had been unable to plan and make necessary arrangements;
- Importance of providing appropriate training for administrative staff who had the difficult task of giving patients bad news and cancellations, recognising the impact and distress for these staff, as well as them being closely supervised and supported to ensure they felt supported and reduce any potential moral distress.

The Chair on behalf of the Trust apologised to Mrs S for her operation being cancelled, the poor experience and negative impact affecting her and others. She enquired what the Trust could have done to reduce the impact. Mrs S commented that providing a reason for the cancellation, also informing patients as soon as possible if it was known there was a possibility of cancellation and that notification was not at such short notice, helpful if at time of informing patients of cancellation would be good to provide a new date for operation.

The DoM reported the service were supportive around making future improvements for patients, acknowledging the importance of clear communication with patients, providing as much notice as possible when things could not go ahead as planned, and the reason why, enabling patients to plan.

The Associate NED emphasised utilising digital technology and providing patients with regular text messages providing updates on progress for their operation (e.g. as the NHS Blood Transfusion Services who provided text message where blood donation had been issued). Mrs S commented regular updates would provide assurance about progress, not been forgotten, stating phone calls with updates would be welcomed providing that personal contact, showed Trust was a caring organisation, and an opportunity for patients to raise any concerns or anxiety. Also good to add note in patient’s records about personal commitments e.g. if a carer.

ACTION: Explore feasibility of using digital system to provide regular text messages to patients providing operation progress updates. CSPO

The Chair thanked Mrs S for presenting and sharing her story with the Board, wished her well for her up coming operation and recovery, and for her hard work and commitment working for the NHS.

The BoD discussed and **NOTED** the Patient Story, the issues raised, and **AGREED**:

- The service review this patient's concern, consider actions that were needed to avoid, as far as possible, other patients having this suboptimal experience, and consider and implement effective mitigations the service could put in place to support this.

25/069 **CHAIR'S REPORT**

The Chair highlighted the following key points:

- September's successful Annual Members' Meeting (AMM), covering Trust's ongoing strategic and operational priorities, and performance. Opportunity to engage with Governors, Trust members and public;
- Implementation of a strengthened engagement plan with Governors;
- Key future priorities included financial sustainability, staff wellbeing, Emergency Department (ED) pressures (addressing corridor care, particularly at WHH), and patient experience;
- Trust's improved NHS Oversight Framework (NOF) rating moving from segment 4 to 3;
- Celebrated staff achievements through Trust's Staff Awards, and the Kent and Medway Medical School's (KMMS's) inaugural graduation ceremony;
- Continued development of Trust's strategy aligned with NHS 10-year Plan.

The BoD **NOTED** the Chair's report.

25/070 **CHIEF EXECUTIVE'S (CE's) REPORT**

The CE highlighted the following key issues:

- NHS Staff Survey: current response rate of 35% (3,500) with Trust-wide push to maximise participation;
- Flu vaccination campaign reached 30% staff uptake, supported by over 90 peer vaccinators, new online booking system, and a number of Board members received their vaccination that day prior to this meeting;
- Third annual update on Trust's response to 'Reading the Signals' independent investigation report, marking significant milestone in improving maternity and neonatal care services. Trust's inclusion in the national investigation led by Baroness Valerie Amos was welcomed;
- Trust's exit from the NHS Recovery Support Programme (RSP);
- Continued focus on achieving £80m cost improvement programme (CIP) target;
- Monitor impact of leadership transitions within NHS Kent and Medway Integrated Care Board (ICB) and NHS England (NHSE).

The NEDs raised the positive transition to digital-by-default patient communications, highlighting concerns about potential loss of personalisation and clarity. It was acknowledged the need for upstream training and cultural change among staff (particularly clinicians) to utilise digital technology.

The NEDs noted the £29m investment in Same Day Emergency Care (SDEC) facilities at Queen Elizabeth the Queen Mother Hospital (QEQM) and WHH, what changes this would present for patients, and the timescale for completion. The CE stated completion expected by June 2026, would provide better and larger environment for patients, facilitating more efficient and productive patient pathways, and patient triage for patients to be seen.

The BoD **NOTED** the CE's report, and the Three years on from the publication of Reading the signals.

25/071 **INTEGRATED PERFORMANCE REPORT (IPR)**

The Executive team highlighted the following key performance against metrics for Patients, Quality and Safety (Q&S), People, Sustainability and Maternity:

- 12-hour ED waits increased in August; improvement expected in subsequent months. QEQM ahead of recovery trajectory; WHH facing capacity challenges;
- Cancer rapid access performance dropped significantly due to capacity issues, particularly in breast services, with recovery plans in place;
- Challenges remained with achieving 52-week wait target for planned care, risk due to validation issues and limited external capacity;
- Healthcare-associated infections (HCAI) slightly above target, slightly high for E.coli, C-Dif and *Methicillin-resistant Staphylococcus aureus* (MRSA) (MRSA two cases to date – one in April and one in May);
- No never events reported in August;
- Reduction in mixed sex accommodation breaches;
- Overdue incident investigations increased;
- Mortality rates within expected range;
- National Institute for Health and Care Excellence (NICE) compliance improving;
- Workforce metrics stable;
- Statutory training compliance improved, especially among medical staff;
- Workforce metrics showed stable sickness absence and turnover rates.

The NEDs raised the need for clearer projections on performance trajectories and progress update against operational standards improvements to be presented to FPC. It was acknowledged some targets, such as the 12-hour ED wait reduction to 10%, might not be met within the current year. It was requested an update with assurance about the actions ensuring patients were kept safe whilst waiting in the EDs. Long-wait patients were discussed, with validation issues and limited external capacity identified as barriers.

ACTION: Present progress update against operational standards improvements to FPC providing assurance around clearer projections on performance trajectories and delivery against targets. — COO

ACTION: Provide update with assurance of the actions to ensure patients kept safe whilst waiting in EDs. — DCN/ CNMO

The NEDs commented on the need for more qualitative metrics to better capture patient experience. It was also stated the benefit of undertaking a deep dive review into Friends and Family Test (FFT) feedback to understand areas actively utilising this information to make improvements around themes. The CSPO agreed to look at this and explore additional measures.

ACTION: Explore and recommend additional measures around the inclusion of more qualitative metrics to better capture patient experience in the IPR, and deep dive review into FFT feedback to understand areas actively utilising this information to make improvements around themes. CSPO

The BoD agreed for a refresher session on Statistical Process Control (SPC) to be provided at a BoD Strategic Session.

ACTION: Identify date to provide a refresher session on Statistical Process Control (SPC) at a future BoD Strategic Session. DCG

The BoD discussed and **NOTED** the metrics reported in the IPR.

25/071.1 **MONTH 5 (M5) FINANCE REPORT**

The CFO reported on the following key issues:

- Year to date (YTD) deficit of £43.7m, £0.4 million favourable to plan;
- £16.5m cost improvement savings delivered, with £8.9m recurrent. Second half of financial year (FY) expected to be more challenging, requiring an acceleration in the delivery of cost improvement plans and a focus on increasing the proportion of recurrent savings;
- Full year deficit target of £64.2m supported by £57.6m in deficit support funding (DSF). Potential risks to Trust's financial position, including possibility of reduced DSF if wider Kent and Medway system failed to meet its financial targets;
- Continued demand pressures, particularly in non-elective care, and the impact of national funding mechanisms as areas requiring close monitoring;
- Capital expenditure at £7m against plan of £14.5 million, underperformance attributed to delays in major schemes, expected to be backloaded in the FY, assurance governance processes in place to manage delivery risks and ensure the capital programme delivered. Capital programme currently overcommitted by £0.95m, down from £3m;
- Risks identified in temporary staffing costs, non-pay efficiencies, and system-wide financial performance.

The BoD **NOTED** the financial performance of Month 5.

25/072 **INTEGRATED IMPROVEMENT PLAN (IIP) PERFORMANCE REPORTING**

The CSPO provided the following overview of the Trust's current position following its successful exit from RSP:

- Trust transitioned into Segment 3 of NOF, which, whilst indicating progress, still required ICB oversight and some regional input;
- Four key areas remained under local oversight and continued to be monitored through the IIP:
  - Urgent and Emergency Care (UEC);
  - Planned Care;
  - People & Culture (staff survey);
  - Finance.

The NEDs raised concern about the lack of interim performance trajectories, requesting more granular data to provide assurance on progress toward YE targets. The BoD emphasised the need for visibility on how underperforming areas would recover and where the Trust expected to be by December.

The BoD discussed the new NOF metrics noting the current reporting did not yet align with this framework. The CSPO agreed to review and align the IIP and IPR reporting with the new NOF metrics to ensure a single, coherent reporting structure.

ACTION: Review the new NOF framework and metrics, aligning these with the IIP and IPR reporting to ensure a single, coherent reporting structure, along with reviewing performance trajectories and providing progress updates against YE targets. CSPO

The BoD discussed the potential consequences of further deterioration in performance, particularly in elective care and finance. It was noted that a drop to Segment 4 could limit investment opportunities and trigger a return to a more intensive oversight regime under the Provider Improvement Programme. The importance of maintaining momentum in improvement was highlighted, with a particular focus on staff morale and culture change. It was acknowledged the significant progress made by the Trust, especially given its previous status as one of the most challenged in the country, and formally recognised and thanked staff for their hard work and contributions.

The BoD discussed and **NOTED** the IIP report.

25/073 **KENT AND MEDWAY PATHOLOGY NETWORK (KMPN) JOINT VENTURE (JV) CONTRACT**

The CSPO confirmed the proposed JV Contract was the formalisation of KMPN, following approval of the Memorandum of Understanding (MoU), and highlighted the following elements:

- Contract developed with legal input and reviewed by a cross-organisational corporate governance group, formalising governance and operational arrangements, marking the transition into Phase 2 of the JV;
- KMPN Joint Committee, chaired by Dr Andrew Catto, with delegated responsibilities including approval of contracts under £1m, recommendation of business cases over £1m, and decisions on service configuration;
- Clarification that whist decision-making responsibilities were delegated, legal liabilities remained with individual trusts until Phase 3, when full service and budget consolidation into a host Trust was expected;
- Ensure ongoing oversight of liability and governance arrangements during the transition from Phase 2 to Phase 3, particularly regarding legal responsibilities.

The BoD discussed the need to clarify the distinction between delegated authority and liability during the transition between phases. The CE questioned about the inclusion of phlebotomy services and the duration of the JV contract. The CSPO confirmed that phlebotomy services at East Kent were included, whilst those at other trusts were not. The contract length was queried and for this to be confirmed whether it was open-ended. Clarification on these points provided under Any Other Business at end of these minutes. The BoD expressed strong support for the collaborative progress made and the leadership shown by the pathology teams.

DECISION: The BoD formally **APPROVED** and authorised signature of the agreed JV Contract, subject to clarification of the outstanding points as noted above, on the terms summarised in the Cover Note as a member of KMPN and applying equally to all Partner Trust Boards as detailed in the report presented.

25/074 **PROVIDER CAPABILITY SELF-ASSESSMENT**

The CSPO highlighted the following key issues:

- New requirement under NHS Leadership Framework, with all NHS providers required to complete and submit self-assessment by 22 October 2025, evaluating their organisational capability across the following six domains:
  - Strategy, Leadership and Planning;
  - Quality of Care;
  - People and Culture;
  - Access and Delivery of Services;
  - Productivity and Value for Money;
  - Financial Performance and Oversight.
- Assessment to be reviewed by NHSE regional teams and used to inform the Trust's segmentation within NOF. A red rating (Not Met/Confirm) in this assessment, particularly for organisations already in Segment 4, could trigger further scrutiny or entry into the Provider Improvement Programme.

The BoD noted the self-assessment process conducted in three stages. First, Executive Directors developed narrative responses and gathered supporting evidence. Second, on 6 October, BoD reviewed and discussed the draft responses in groups, assessing each domain using a framework of Confirm (green), Partially Confirm (amber), or Not Met/Confirm (red). Final feedback from 6 October BoD being incorporated into the submission. The third and final stage would involve the BoD reviewing and approving the completed document ahead of submission.

Board members acknowledged the tight timeframe for completion, commended the work undertaken to date, and noted the process and next steps. It was agreed Board members would review the draft over the weekend, with a follow-up meeting to be scheduled the following week (week commencing 13 October) to finalise and approve submission.

The BoD **NOTED** the approach to undertaking the Provider Board Capability Self-assessment and commitment to submit this to the ICB by deadline of 22 October.

25/075 **SIGNIFICANT RISK REGISTER (SRR) REPORT**

The DCN highlighted the following key issues:

- 44 risks rated 15 or above, reviewed monthly by Executive leads, with oversight by Trust Management Committee (TMC) and relevant Board Committees;
- Five new risks added;
- One de-escalated due to effective mitigations;
- Three risks with overdue actions, most of which had since been updated and escalated to responsible leads.
- Delays with rollout of InPhase Quality Management System due to supplier issues, though testing progressing with subject matter expert and user acceptance testing scheduled for October.

The IAGC NED Chair noted the need to review and refresh the Trust's risk appetite at a future BoD Strategic Session.

The NEDs highlighted the cyber security risk, requesting an annual deep dive to enhance Board understanding, for scheduling at a future BoD Strategic Session.

ACTION: Identify date to deliver cyber security annual deep dive risk review and risk appetite review and refresh at future BoD Strategic Session. DCG

The CMO provided an update on risk about chemotherapy provision in the aseptic unit, with remedial works progressing well and no significant patient delays reported. The unit was expected to be recommissioned within the month.

The BoD acknowledged improvements in the risk review processes and the importance of embedding these into routine governance.

The BoD **NOTED** the SRR Report for assurance purposes and visibility of key risks facing the organisation.

25/076 **MATERNITY AND NEONATAL ASSURANCE BOARD (MNAB) CHAIR'S REPORT**

The DoM highlighted the following key points from the MNAB Chair's Report:

- Clinical Negligence Scheme for Trusts (CNST) Compliance
  - Avoiding Term Admissions into Neonatal Units (ATAIN)
  - Medical Workforce (Anaesthetic Workforce)
  - Saving Babies Lives (SBL)
  - Claims, complaints and incidents
    - Three of the four CNST related submissions demonstrated full compliance, including a 97% compliance rate with the SBL Care Bundle. Partial compliance in relation to anaesthetic workforce standards at WHH, where rota gaps had impacted CNST Safety Action 4. Improvements were underway, with increased recruitment and better rota fill rates, though full compliance was yet to be achieved.
- Perinatal Quality Surveillance Tool (PQST)
  - Data for June and July 2025: neonatal death and Hypoxic-ischaemic encephalopathy (HIE) rates remained below national benchmarks. Slight increase in stillbirths (Nationally also seen increase) prompted a deep dive, which found no common themes or disproportionate impact on specific groups. Compliance with 1:1 care in labour and supernumerary status for labour ward co-ordinators remained high. FFT response rates improved from 9.5% in June to 39.3% in July, attributed to enhanced data collection. Positive feedback across care areas, with communication and facilities identified for improvement.
- Maternity and Neonatal Improvement Programme (MNIP)
  - 74% of programme completed, risks to delivery included anaesthetic workforce compliance, delayed perinatal pelvic health project initiation, and Baby Friendly Initiative progress.
- NHSE Insight Visit
  - Visit in May 2025 yielded no red-rated actions and 21 recommendations, 50% of which had been addressed. Staff and student engagement in response to the national maternity investigation announcement positively welcomed, with proactive staff briefings, communication and support measures in place.

The NEDs enquired about assurance that Mothers had timely access to epidurals. The DoM reported timeliness of these was monitored and majority were received within 30 minutes, where there had been delays (particularly at WHH) conversations were held in relation to discussion about other forms of pain relief. It was noted no complaints received about this issue.

The Associate NED enquired whether all Mothers received equitable service and care experience, particularly those with mental health or physical health conditions. The DoM stated this was monitored closely when reviewing equality and inclusion against a scorecard, noting there were some issues around access to care with targeted quality improvements for this area. Teams working closely to support women with mental health conditions.

The BoD **NOTED** the MNAB Chair Assurance Report from the 12 August and 9 September 2025 MNAB meetings.

25/077 **NURSE STAFFING ESTABLISHMENT REVIEW FOR IN-PATIENT WARDS, ACUTE MEDICAL UNITS (AMUs) AND EDs**

The DCN highlighted the following key elements:

- Covered the period January to March 2025, provided assurance Trust's staffing review process complied with national guidance, including the National Quality Board (NQB) and Developing Workforce Safeguards;
- Review incorporated data from the Safer Nursing Care Tool (SNCT), professional judgement, and quality indicators;
- Report delayed due to national workforce priorities and internal reviews;
- Assured staffing levels monitored daily to maintain patient and staff safety;
- January 2024 review was implemented in HealthRoster in January 2025 and its full impact was still being realised. Therefore, whilst the current review included recommendations for changes in some areas, these were not being implemented immediately but would inform the June 2025 review;
- Review identified areas requiring adjustments to skill mix and staffing levels, particularly in response to patient acuity, ward layout, and quality indicators. Several wards were recommended for no change, while others were advised to adjust staffing through reallocation of Registered Nurses (RNs) and Health Care Support Workers (HCSWs), or to increase HCSW numbers to support enhanced care needs;
- Review also highlighted need to separate inpatient and outpatient activity within budgets to improve accuracy in Care Hours Per Patient Day (CHPPD) reporting. Trust's CHPPD remained above the national median, and further improvements expected as data accuracy improved;
- ED SNCT data to be treated with caution due to limitations in capturing extended patient stays and corridor care. Despite this, recommendation for both adult and paediatric EDs at WHH and QEQM was to maintain current staffing levels;
- Continue to ensure completion of Quality and Equality Impact Assessments (QEIAs) for all proposed staffing changes before implementation;
- Continue to monitor impact of staffing changes on quality indicators, particularly in wards with high patient dependency or recent changes in service configuration.

The Q&SC NED Chair confirmed the Q&SC had discussed in detail this review.

DECISION: The BoD:

- **NOTED** the content of the Nurse Staffing Establishment Review report , process and comprehensive methodology behind the review;
- Received **ASSURANCE** the safer staffing review had been undertaken in accordance with national guidance;
- **APPROVED** the recommendations made at the end of the review.

25/078 **SAFEGUARDING ANNUAL REPORT 2024/25**

The DCN highlighted the following key points:

- Confirmed Trust continued to meet its statutory safeguarding responsibilities under relevant legislation and the NHSE Safeguarding Accountability and Assurance Framework;
- Key achievements included Trust's transition to Level 3 of the NOF, improved site-based safeguarding presence, enhanced in-hours decision-making, and 85% compliance in safeguarding training (maintaining focus on continuing to improve safeguarding training compliance, particularly among medical staff);
- Strengthened operational structures;
- Launch of new Trust Safeguarding Strategy 2025/26, and digital transformation of safeguarding records;
- High volume safeguarding activity, reflecting demographic complexity of the local population, including high levels of deprivation and social exclusion.

The Chair enquired about engagement and working with social services. The DCN reported strengthened multi-agency collaborative working now in place, particularly with community and social care partners, to ensure timely and effective safeguarding responses.

The Associate NED highlighted the evolving statutory roles within ICBs and their potential implications for safeguarding governance. It was acknowledged the improvements made and the importance of maintaining continued robust safeguarding oversight.

DECISION: The BoD noted and **APPROVED** the Safeguarding Annual Report 2024/25 for publishing.

25/079 **PATIENT SAFETY INCIDENT INVESTIGATIONS (PSIIs)**

The DCN highlighted the following key elements:

- Successful adoption of PSIRF methodology, representing a significant cultural shift, focussed on systems-based learning and patient involvement rather than individual blame;
- Strengthened mechanisms for sharing learning from PSIIs across organisation to ensure measurable improvements;
- Enhanced patient and family involvement throughout investigation process, including structured engagement and feedback mechanisms, recognition more work was needed around involving families;
- 23 patient incidents identified for investigation, including nine that met national criteria , six Never Events, and 14 investigated under local requirements. Eleven investigations had been completed or were pending final oversight approval.

The Chair raised the importance of ensuring learning from incidents leading to measurable improvements with dissemination across the organisation.

The Associate NED highlighted the integration of triggers under Martha’s Law into patient safety reporting as an area for development and the need to continue to monitor and address vulnerabilities in systems that affect patients with additional needs, health inequalities and protected characteristics. The DCN agreed to consider inclusion of this in regular reports presented to TMC to ensure better integration of Martha’s Law triggers into patient safety reporting.

ACTION: Include Martha's Law reporting as part of the regular Quality Governance Compliance reports presented to TMC. DCN/ CNMO

The BoD **NOTED** the systems based approach to improvements as a result of PSIIs completed.

25/080 **CHIEF MEDICAL OFFICER'S (CMO's) REPORT: MEDICAL APPRAISAL AND REVALIDATION**

The CMO highlighted the following key elements:

- Provided assurance Trust continued to meet its statutory responsibilities under the Medical Profession (Responsible Officers) Regulations 2010;
- BoD asked to approve Statement of Compliance (SoC) confirming Trust's adherence to regulatory requirements;
- Trust currently had 1,007 connected doctors, with average appraisal compliance rate of 88.5% over the past 12 months;
- Revalidation performance had improved, with 82% of doctors receiving a positive recommendation, up from 72% in the previous year. The introduction of earlier portfolio reviews and a new e-portfolio system had contributed to this improvement. However, challenges remained in embedding peer reflection among appraisers and achieving higher levels of job planning compliance;
- Job planning compliance stood at 57% as of August 2025, with a target of 90% by the end of September.

The NEDs questioned whether there was a need for a more structured improvement plan, including clearer expectations for clinical leads to allocate time for job planning. The CMO acknowledged that whilst some teams might be ready to progress to team job planning, others may require more support.

The BoD discussed the importance of embedding Equality, Diversity and Inclusion (EDI) principles, improving digital tools, ensuring consistent application of professional standards, including embedding the Sexual Safety Charter and supporting staff to raise concerns safely.

ACTION: Revisit and provide progress update on implementation of the outstanding actions from the 2022 Higher-Level Responsible Officer (HLRO) visit. CMO

DECISION: The BoD **NOTED** the CMO Report: Medical Appraisal and Revalidation, and:

- **AGREED** the Statement of Compliance linked to this CMO report.

25/081 **WINTER PLANNING AND BOARD ASSURANCE STATEMENT (BAS) 2025/26**

The COO highlighted the following key elements:

- Plan approved at an extra-ordinary BoD meeting on 29 September to meet the national submission deadline of 30 September;
- Outlined Trust's preparedness for anticipated seasonal pressures, including a projected Trust-wide bed deficit of 109 beds in January 2026;
- In the absence of additional winter funding, internal mitigations identified, including improvements in length of stay (LoS), Acute Medical Unit (AMU) productivity, and reductions in complex and delayed discharges. If fully realised, these measures could reduce the projected deficit to 12 beds;

- Plan stress-tested through a live NHSE exercise incorporating feedback from system partners. Included detailed site-level escalation protocols, surge capacity planning, and operational pressure escalation levels (OPEL) procedures;
- Quality and equality impact assessments completed, and workforce, infection prevention and control, and communications strategies embedded;
- Improvement Weeks scheduled throughout the winter period to drive targeted operational enhancements and site-specific escalation protocols;
- Maintain oversight of performance against key winter metrics, including bed capacity, LoS, and discharge delays;
- Ensure ongoing engagement with system partners to support delivery of shared objectives and mitigate risks related to funding and capacity.

The Chair enquired when the Trust expected to receive feedback on the Plan and BAS. The COO commented expectation initial feedback would be provided from Regional team at a mid-year review scheduled to be held the following week (week commencing 13 October).

The BoD **NOTED** the Winter Plan for 2025/26 and the BAS.

25/082 **BOARD COMMITTEE – CHAIR ASSURANCE REPORTS:**

25/082.1 **NOMINATIONS AND REMUNERATION COMMITTEE (NRC) – CHAIR ASSURANCE REPORT**

The NRC Chair reported on the following key issues:

- Ratified decisions made outside the Committee, including senior appointments and salary ranges;
- Approved adoption and implementation of NHS Very Senior Manager (VSM) Pay Framework, and agreed to revise Trust's VSM Pay Policy;
- Approved 3.25% VSM pay uplift, with conditions for those under investigation;
- Approved reinstatement of Spencer Private Hospitals (SPH) bonus scheme and appointment of SPH's Managing Director to its Board. Re-established Trust's engagement with its subsidiaries;
- Assurance on 2024/25 performance reviews and 2025/26 objectives for the CE, Executive Directors, and NEDs, with a recommendation to apply Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) criteria.

The BoD **NOTED** the 22 September 2025 NRC Chair Assurance Report.

25/082.2 **QUALITY AND SAFETY COMMITTEE (Q&SC) – CHAIR ASSURANCE REPORT**

The Q&SC Chair reported on the following key issues:

- Assurance from Quality Governance Report, noting reduction in overdue incidents and improvements in incident management;
- Legal Services team remained under pressure, with ongoing challenges, welcomed appointment of substantive Head of Legal supporting continued metric improvements;
- Supported closure of national valproate alert, with ongoing audit for assurance;
- Improvements embedding standard operating procedures across care groups;

- Continued direct engagement from care groups, positively received;
- Need for continued improvement in statutory training compliance and documentation practices;
- Deep dive into the Kent & Canterbury and Royal Victoria Hospital care group, highlighting significant risks in renal services, including ageing dialysis equipment and insufficient haemodialysis capacity. Thematic review underway in response to missed/delayed care incidents in renal services;
- Updates on professional standards, patient safety incident response, non-RTT data quality, and organ donation performance, where Trust was found to be mid-range nationally.

The Chair queried about virtual ward occupancy, noting underperformance, which remained in the lower half regionally. The BoD noted a business case was being developed to expand virtual ward capacity, with a more detailed report to be presented to the November 2025 Q&SC meeting on virtual ward performance, including benchmarking and improvement plans.

The BoD **NOTED** the 15 July 2025 Q&SC Chair Assurance Report.

25/082.3 **FINANCE AND PERFORMANCE COMMITTEE (FPC) – CHAIR ASSURANCE REPORT**

- **RECONFIGURATION OF STROKE SERVICES FULL BUSINESS CASE (FBC)**

The Trust Chair/FPC Chair reported on the following key issues:

- Approved FBC reconfiguration of stroke services at WHH (capital component) recommending this for BoD approval;
- Requested detailed cost implications of 2025/26 Winter Plan for presentation at next FPC meeting;
- Noted potential VAT risk related to Section 41 and its impact on reclaiming VAT from subsidiaries;
- Requested reassessment of Trust's Financial Sustainability Plan (FSP) assumptions in light of current data;
- Need for early launch and robust support for 2026/27 CIP;
- Approved Thanet Community Diagnostic Centre (CDC) Business Case and Procurement to Payment Policy;
- Ongoing discussions regarding solar panel and pharmacy robot capital schemes;
- Agreed to receive a formal report on system partnership working at November 2025 FPC;
- Concerns about potential withdrawal of Deficit Support Funding (DSF) in Q3 and Q4;
- Concerns about increase in bank expenditure and need for care groups to clearly define the resources required to meet activity targets;
- CIP progress and workforce reduction plans, noting recent decline in substantive staff numbers and need for tighter workforce controls;
- Reduction in medical agency spend on track, establishment reviews underway to ensure staffing levels aligned with service demand, and a consistent, documented approach to these reviews was recommended;
- Operational performance metrics reviewed, particular concern raised about super stranded patients and those with no criteria to reside. Emergency Care Intensive Support Team (ECIST) engaged to support improvements, particularly at WHH.

The COO reported a potential risk of £1.5m impact on the winter plan 2025/26 forecast that would be closely monitored.

DECISION: The BoD **NOTED** the 2 and 30 September 2025 FPC Chair Assurance Reports and **APPROVED** the reconfiguration of stroke services incorporating a new build, stand-alone unit at the WHH.

25/082.4 **PEOPLE AND CULTURE COMMITTEE (P&CC) – CHAIR ASSURANCE REPORT**

The P&CC Chair reported on the following key issues:

- Welcomed input from Staff Congress Chair and members, raised early concerns about engagement and escalation routes. Supported this valuable mechanism for staff voice, requested a future report in six months on the effectiveness of internal communication methods;
- Reviewed the action plan for implementing Sexual Safety Charter, which included training for all Band 7 and above staff, suggestion provision of this training also to BoD, and rollout of active bystander training giving staff the tools address inappropriate behaviours and discrimination;
- Decline in appraisal completion (dropped to 74%, with the lowest compliance in corporate departments), and medical job planning rates (remained below target, though improvements were expected), need for continued Executive focus;
- £11 million gap in workforce savings and lack of assurance on achieving workforce reduction targets.

The NEDs enquired about progress with the Trust's Culture and Leadership Programme (CLP). It was confirmed that the CLP had been embedded into the People Strategy, with several initiatives now part of business-as-usual, including the Staff Congress and Freedom to Speak Up service.

The Chair questioned the long period to assess the outcome and feedback from the National Staff Survey, in respect of implementing necessary changes promptly. The CPO confirmed as much information would be shared as possible internally to identify and address action plan, acknowledging ongoing staff consultations and workforce changes might impact staff morale and engagement, and survey results. He emphasised cultural changes would take two to three years to fully embed.

ACTION: Schedule Sexual Safety Charter training at a future BoD Strategic Session. DCG

The BoD **NOTED** the 16 September 2025 P&CC Chair Assurance Report.

25/082.5 **INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) – CHAIR ASSURANCE REPORT**

The IAGC Chair reported on the following key issues:

- External audit annual audit processes progressed more smoothly than in previous years, with sufficient resources confirmed, and the need for this to be sustained in the next year's annual audit;
- Requested strengthened governance and risk escalation process for Trust's subsidiaries;
- Assurance on Well-Led Review preparations.

The BoD **NOTED** the IAGC Chair Assurance Report from the 1 August 2025 IAGC meeting.

25/083 **ANY OTHER BUSINESS**

KMPN Contract
The CSPO provided an update on the KMPN contractual arrangements, confirming the contract was open-ended, continuing until the network became a legal entity in its own right. The contract included milestone-based delivery dates. In respect of the query about the inclusion of phlebotomy services within the network. It was clarified phlebotomy was originally within the scope of the network across all sites. However, Maidstone and Tunbridge Wells NHS Trust (MTW) was currently excluded due to historical management decisions that led to phlebotomy services being managed outside of pathology in that organisation. The BoD discussed whether the current arrangements should be reconsidered, particularly in light of patient flow and the operational alignment of phlebotomy services with ward-based care. It was acknowledged that further work was needed to assess the most appropriate organisational structure for phlebotomy services. The discussion concluded with agreement to revisit the issue through KMPN and in collaboration with the relevant care group, to determine whether phlebotomy should be integrated into the network or remain separate.

ACTION: Initiate further discussions with KMPN in collaboration with the relevant care group to assess the optimal structure for phlebotomy services to determine whether phlebotomy should be integrated into the network or remain separate. Bring back Pathology Network for Decision. — CSPO

25/084 **QUESTIONS FROM THE PUBLIC**

The Chair reported the following question had been received:

Mr Newington raised concerns regarding his negative experience as a patient at WHH in 2021 and expressed dissatisfaction about his experience as a patient, the Trust's subsequent investigations into his complaints, including the outcomes of an independent third-party review. The Chair, acknowledged Mr Newington's concerns and offered a public apology that he had not had a positive experience with the Trust. It was noted the matter was currently with the Parliamentary and Health Service Ombudsman (PHSO), awaiting the PHSO's findings, and the Trust would fully comply with any requests or recommendations from the PHSO. Additionally, Mr Newington had highlighted that he had not received a response to a Subject Access Request (SAR) submitted on 27 March 2025. Following his correspondence to several members of the Trust, including the Chair, the Information Governance team had been asked to investigate. It was confirmed that contact had been made with Mr Newington on the day of this meeting to resolve the issue. The Chair apologised for the delay and thanked Mr Newington for raising the matter.

The Chair closed the meeting at 4.15 pm.

Date of next meeting: Thursday 4 December 2025