Agenda

NHS Medway NHS Foundation Trust

Trust Board Meeting in Public

Date: Thursday, 07 October 2021 at 14:00 – 16:00

Meeting via MS Teams

Subject		Presenter	Page	Time	Action
1.	**Preliminary Matters**				
1.1	Chair's Welcome and Apologies	Chair	Verbal	14:00	Note
1.2	Quorum				
1.3	Declarations of Interest				
1.4	Chief Executive's Update	Chief Executive	3	14:05	Note
2.	**Minutes of the previous meeting and matters arising**				
2.1	Minutes of the previous meeting: 09.09.21	Chair	7	14:20	Approve
2.2	Matters Arising and Action Log: 09.09.21	Chair	17		Discuss
3.	**High Quality Care**				
3.1	Integrated Quality Performance Report	COO, CNQO, CMO	19	14.30	Note
3.2	Quality Assurance Committee Assurance Report: 21.09.21	Chair of Committee/ Chief Nursing and Quality Officer	45	14:45	Assure
4.	**Financial Stability**				
4.1	Finance Report - Month 5	Chief Finance Officer	49	14:50	Note
4.2	Finance Committee Assurance Report: 23.09.21	Chair of Committee/ Chief Finance Officer	65	15:00	Assure
4.3	Integrated Audit Committee Assurance Report: 23.09.21	Chair of Committee/ Chief Finance Officer	69	15:10	Assure
5.	**System resilience**				
5.1	EPRR Annual Sign-off	Chief Operating Officer	73	15:20	Note
6.	**Our People**				
6.1	People Committee Assurance Report: 23.09.21	Chair of Committee/ Chief People Officer	79	15:40	Assure
7.	**Any Other Business**				
7.1	Council of Governors Update	Lead Governor	Verbal	15:50	Note
7.2	Questions from the Public	Chair	Verbal		Note
7.3	Any Other Business	Chair	Verbal		Note
7.4	Date and time of next meeting: 04 November 2021, 12:30 – 15:30				

Chief Executive's Report – October 2021

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.

COVID-19

Over the last month we have seen a stabilisation in the number of COVID-19 patients within the hospital; this number is significantly lower than we have experienced in the other waves, but there is no doubt that the virus still poses a significant threat to the health of our community.

As you will be aware, the Government has advised that a booster vaccination should be administered to the most vulnerable; this includes those aged over 50, care home residents and frontline health and social care workers. From the end of September, we began to offer the COVID booster vaccination and the flu vaccination to colleagues. I would encourage all members of our community who are eligible to receive a COVID booster vaccination or flu vaccination to come forward and have theirs when invited.

As has always been the case, we continue to practise robust infection control procedures on site.

Preparing for winter

This winter, with the ongoing threat of COVID-19 and the resurgence of other respiratory conditions, is likely to be one of significant challenge for the NHS. That is why colleagues have been working hard with system partners to develop a robust winter contingency plan. This plan builds on lessons that learnt from previous waves and will ensure we are prepared for a potential surge of patients in the winter months. I am confident we have a good plan in place and the important thing now will be to ensure all teams and our system partners are able to deliver. We will of course, need to closely monitor demand in line with Covid modelling as we move into autumn.

Patient First

We remain focused on making improvements to the care received by our patients. We have been delivering improvements through the five pillars that make up the Our Medway Improvement Plan for some time, but now we are looking ahead to the next phase of the programme.

Over the coming months we will be moving into a new approach to quality improvement called Patient First, which brings together our values, vision, objectives and priorities to focus all our energy on delivering the best of care for patients, and making sure nothing is standing in the way.

Patient First is not just an improvement plan, it is a full methodology based on evidence and is data-driven – colleagues will be fully trained in this methodology and encouraged to drive improvements in their working areas. Patient First has a good track record of working in other trusts and we have every confidence that it will be a success here at Medway.

Work is now underway to decide on our strategic themes, objectives and priority initiatives. Most importantly of all, we will ensure that our patients are at the very centre of all our decisions.

Annual Members' Meeting
Last month we held our virtual Annual Members' Meeting with around 75 Governors and members of the public in attendance.

I was extremely proud to speak at the meeting, my first since joining Medway. I took the opportunity to reflect on a very busy, but significant year for Medway, highlighting the important role colleagues have played at the front and centre of the response to the COVID-19 pandemic.

At the end of the evening, I was also very pleased to announce the winner of this year's Chief Executive's Scholarship for Brilliance – Advanced Critical Care Practitioner, Joe Wood, who will be using the £10,000 scholarship to develop an ultrasound assessment programme in perioperative and critical care to provide quick, efficient, and accurate diagnosis by the bedside.

New outdoor space for staff
In September we were delighted to open our new staff courtyard. The area has had an impressive makeover and provides another space for colleagues to relax and recoup during their breaks.

Thank you to the Medway Hospital Charity, NHS Charities Together and the Medway Sunlight Rotary Club for funding this project, and to the Estates and Charity Teams for making it happen. I know it will be greatly appreciated by all of us.

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

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NHS Foundation Trust

Communications Update
October 2021

Total social media impressions

80,000

Media mentions

90

Minutes of the Trust Board PUBLIC Meeting

Thursday, 09 September 2021 at 13:00 - 16:00

St George's Centre, Chatham Maritime

Members	Name	Job Title
Voting:	Jo Palmer	Chair
	Adrian Ward	Non-Executive Director
	Alan Davies	Chief Finance Officer
	Angela Gallagher	Chief Operating Officer (Interim)
	David Sulch	Chief Medical Officer
	Ewan Carmichael	Non-Executive Director
	George Findlay	Chief Executive
	Jane Murkin	Chief Nursing and Quality Officer
	Leon Hinton	Chief People Officer
	Mark Spragg	Deputy Chair/Senior Independent Director/NED
	Tony Ullman	Non-Executive Director
Non-Voting:	Gary Lupton	Director of Estates and Facilities
	Glynis Alexander	Director of Communications and Engagement
	Jenny Chong	Associate Non-Executive Director
	Paula Tinniswood	Chief of Staff
Attendees:	David Brake	Lead Governor
	David Seabrooke	Company Secretary (Minutes)
	Diane Hill	Governor
	Kirti Mukherjee	Revalidation Lead
	Sheila Adam	NHSE/I Improvement Director
	Sue Lang	Radiology Transformation Programme Manager, East Kent Hospitals
	Zoe van Dyke	Governor
Apologies:	Annyes Laheurte	Non-Executive Director
	Gurjit Mahil	Deputy Chief Executive
	Rama Thirunamachandran	Academic Non-Executive Director
	Sue Mackenzie	Non-Executive Director

1 Preliminary Matters

1.1 Chair's Welcome and Apologies

The Chair welcomed all present to the Board meeting held in person at the St George's Centre, with the improving COVID-19 picture, Chair hoped to hold more meetings in person. Chair continued with the following highlights:

Sadly, since the Board last met in July, we have seen the number of COVID-19 inpatients rise with a small number needing critical care. However, numbers are not as high as in the first or second waves, thanks to the vaccination programme.

She thanked all colleagues who continue to provide the best of care for these patients, as well as those looking after patients who come to the hospital with a whole range of other conditions.

As we look ahead to winter, we see that during the summer we experienced a period of intense demand, and at the same time colleagues have been working hard and making progress with reducing the backlog of patients awaiting treatment.

She thanked the Chief Operating Officer, Angela Gallagher, who is attending her last Board meeting before leaving the Trust at the end of October. She welcomed Cllr David Brake into his role as Lead Governor.

The Trust would be holding its Annual Members' meeting on 16 September; this was a virtual event.

1.2 Quorum

The meeting was confirmed to be quorate with at least one-third of the whole number of the Directors (including at least one Executive Director and one Non-Executive Director) being present.

1.3 Conflicts of Interest

There were no conflicts of interest raised.

1.4 Chief Executive Update

George Findlay, Chief Executive gave an update to the Board providing 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. He echoed a number of points made by the Chair in relation to the handling of the Covid pandemic. The Board was asked to note the report and George gave the following key highlights:

a) **Covid-19:**

Care Quality Commission report At the end of July the Care Quality Commission published a report following visits to the hospital, and George Finlay was pleased to see improvements noted within the inspection team's feedback.

The CQC had visited in April and May to carry out inspections of Medical and Older People's services, and Children and Young People's services. They also reviewed the leadership of the Trust under Well Led which was requires improvement. Work continues within the Trust and in partnership to make the required improvements.

It was noted that Trust's overall rating remains unchanged as 'requires improvement' but the CQC has acknowledged improvements leading to positive changes in some domains, including:

- Services for children and young people are now rated as 'good' in the safe domain.
- Medical care is now rated as 'requires improvement' from 'inadequate'.
- The Trust's well-led rating is now rated as 'requires improvement' from 'inadequate'.

Recovery Support Programme

The Trust has for some time been receiving support from colleagues at NHS England/ Improvement to help improve care in areas that have been particularly challenged. Nationally an

NHS System Oversight Framework has now been created, combining the previously separate oversight and improvement arrangements for Trusts, and we will in future be taking advantage of support through this new Recovery Support Programme in the coming months.

Engagement of front-line staff was a key priority and he highlighted the Rapid Improvement week held in July that had engaged a range of staff. Some changes and improvements generated had resulted in better quality.

Ruby Ward
A public consultation led by Kent and Medway Clinical Commissioning Group will run until midnight on Tuesday 21 September on proposals to relocate Ruby Ward, the inpatient mental health ward, from Medway to a new purpose-built unit in Maidstone. Ruby Ward is currently run by Kent and Medway NHS and Social Care Partnership Trust (KMPT), caring for older women with functional mental illness. Freeing up the area occupied by KMPT within the hospital will provide more space for patient care and support our estates strategy.

3 Patient Story – Elizabeth's Story

The Chair introduced the Patient Story which was a video of Elizabeth's daughter Sarah describing her experiences with the hospital. Elizabeth, aged 90, had been brought into hospital by ambulance following a fall; she remained in hospital until she sadly passed away five days later.

Initially the family felt that Elizabeth was well cared for by the Emergency Department and the Trauma and Orthopaedic teams. They had felt included and involved in decision-making and understood the risks associated with surgery in view of Elizabeth's age and existing health conditions.

Elizabeth was moved to Pembroke ward after the operation where her condition deteriorated and sadly she passed away. Sarah and her family have great respect for the NHS, however they did not feel included in decisions about her care or listened to when Elizabeth's condition deteriorated. There had not been a chance to say goodbye.

Sarah describes how she wanted to talk to somebody about her experience, she was did not to make a formal complaint, but felt that those staff that she spoke to were not responsive and guided her towards the formal complaints route.

The complaint was responded to, however Sarah was unsatisfied with the response as the response was not empathetic and did not fully address her concerns. Sarah referred the case to the Parliamentary and Health Service Ombudsman (PHSO). There are some key messages from this story in relation to the importance of including relatives on the journey of care and how we deal with immediate patient concerns.

Jane Murkin, Chief nursing and Quality Officer commented that; 'What Matters To Me' boards had been rolled out across all adult in-patient areas with a focus on non-clinical personal and emotional factors; empathy training had been completed. Tony Ullman suggested there may be more work needed to ensure staff were using them properly. A new patient experience strategy was being developed. There was greater encouragement of early engagement about potential complaints. A Patient Experience Steering Group was being established to strengthen patient involvement.

David Sulch added that in relevant cases the Medical Examiner system could provide support to patients. A more open approach to visiting was being put in place; there were many benefits

from visiting. David Sulch reflected on prolonged grief reactions because they had not been able to spend time with a loved one.

Chair emphasised that the family knew the patient best and that this family had not wished to make a formal complaint. She highlighted in these difficult circumstances, the need for effective End of Life care is important and that patients who may be under stress, may need help in understanding risk. Chair reminded the Board that; it is not necessarily, what you say or do but how you make people feel.

Jane Murkin undertook to pass on the Board's thanks to the patient's family for sharing her story.

2 Minutes of the previous meeting and matters arising

2.1 The minutes of the last meeting, held on 08 July 2021 were reviewed by the Board. The minutes were **APPROVED** as a true and accurate record.

2.2 Matters arising and actions from the last meeting. The action log was reviewed as follows:

124 Jane Murkin advised that the review on C-Section rates would come to September Quality Assurance Committee.
125 The Board accepted the update from Jane Murkin and the action was closed.
127 Jane Murkin updated on progress with the CQC recommendations and the action was closed with the Quality Assurance Committee to monitor the closure of the remaining actions.
128 Jane Murkin confirmed that the maternity service was committed to meeting the target and a fuller update would be provided to the next meeting of the Board.

High Quality Care

3.1 Integrated Quality Performance Report

The Board received the report for July. The paper was taken as read with the following key highlights:

a) Angela Gallagher, Chief Operating Officer presented to the Board.
The ED 4 hour performance was for July 71% and August 73% which was below trajectory; actions were in place to embed change and improvement; there was a development programme for ED nurses. The Priority Admissions Unit had recently opened. This was a key indicator to support discharge and flow.

There were no 12 hour breaches in July; 5 in August. Ambulance handover delays had improved, but this remained an issue for the Trust. Issues were affected by discharge and flow issues.

The waiting list continued to be a focus with an action plan focusing on the specialties affected.

Suspensions in elective activity had affected 52 weeks indicators for treatment. Work is on trajectory to treat patients as soon as possible.

62 day cancer performance had been impacted by the pandemic. June, July and subject to validation, August had seen improvement. DM01 was progressing well in reducing waiting times. The high demand in cardiology is under review.

George Findlay said that some benchmarked regional comparisons would be useful. There was good progress being made in relation to other trusts locally. He added that the Trust needed to increase its patient experience focus.

b) Jane Murkin, Chief Nursing and Quality Officer, presented to the Board.
Patient harm resulting from falls and pressure ulcers was reducing. Capacity and flow issued had affected mix sex accommodation breaches.

Our Infection Prevention and Control performance for June shows that the Trust has had 0 MRSA bacteraemia cases and 4 hospital acquired C-diff cases.

The Friends and Family recommended rates for three areas, remain close or above the national standard of 85% (Inpatients: 81.64%, Maternity: 98.7%, Outpatients: 87.71%). The ED recommended rates have reduced to 73.59%, the feedback received is currently under review to identify themes. There were variations in response rates.

c) David Sulch, Chief Medical Officer, presented to the Board.
HSMR has climbed for four months up to February. There has been no update for June due to data supply from Dr Foster. The data indicates that mortality was stable. Current data showed the position was better than previous years in this review.

Ewan Carmichael asked about the level of consultant involvement in this – David Sulch acknowledged that broadening engagement was a challenge. The medical examiners were not reporting any specific trends. There would be more patient level analysis in the October update.

3.2 Fire Prevention Update

The Board received a report summarising activity in this area. It was noted that the Trust's Authorising Engineer (Fire) has recently audited the fire safety management arrangements at Medway, and Kent Fire and Rescue Services (KFRS) have inspected parts of the site; no significant deficiencies in fire safety management have been found.

The Chair invited Mark Spragg as chair of the Fire Assurance Group to comment. Mark Spragg highlighted the positive comments from the Fire Officer and Authorised Engineer. He reflected on the continual work to improve the position on lifts and compartmentisation.

The Trust is beginning to resume its normal fire safety training activities following the implementation of Covid restrictions; a new Safety Trainer facilitates this training. Capital investment in fire safety continues, but further progress is proving difficult as ward areas need releasing for works to take place. This is proving to be challenging given current high levels of bed occupancy and increased unplanned admissions.

The Board NOTED the report.

3.3 Medical Appraisal and Revalidation Annual Report

The Board received the report from the Chief Medical Officer detailing the completion of medical revalidation at the Trust. The process had been affected by the pandemic; the normal requirement for an Annual Organisation Audit had been stood down in 2020-21 and the focus was on producing and signing-off the Compliance Report, included in the Board papers.

The Chair welcomed Kirti Mukherjee, Deputy Medical Director and Responsible Officer who highlighted that over 90% of the 409 doctors connected to the Trust for revalidation purposes had completed an appraisal in the year ended 31 March 2021. The report detailed the status of

the remaining doctors. Two had missed appraisals – one had left and the other had been off sick but had completed their appraisal later. Three had received a recommendation for deferral.

Doctors in training were connected to the Post-graduate Dean. Ewan Carmichael offered the Board's thanks for the report; the Chair reflected that Dr Mukherjee was leaving later in 2021 and thanked her for her contribution to the Trust over many years.

The Board APPROVED the Statement of Compliance for submission to NHS England.

3.4 Committee Assurance Report - Quality Assurance Committee -
The Board received the report of the meeting held on 20 July and 17 August 2021. The Chairman, Tony Ullman highlighted the escalation matters – capacity and system pressures, duty of candour and patient experience. The Board was sighted on capacity issues via the BAF; there was an agreed Kent/Medway approach to Duty of Candour. The Committee had discussed the in-patient survey and the Datix backlog.

3.5 Safe Staffing and Workforce Review Update
The Board received the report from Jane Murkin, Chief Nursing and Quality Officer. The paper provided a high level progress update on the annual review of nurse staffing levels and associated timelines for the completion with a formal report to the Trust Board. This paper also highlights additional areas related to safe nurse and midwifery staffing at Medway. The annual safe staffing review commenced on the 08 July 2021 and has been delayed this year due to external training and validation that was brokered by the Chief Nursing and Quality Officer through the national safe staffing team.

George Findlay commented on a discussion at Clinical Council about the clinical staffing rates.

4 Strategy and Resilience

4.1 Integrated Care System Update
The Board received a report summarising the development of Integrated Care Systems nationally and in relation to Kent and Medway. The Integrated Care System would have a Board and would establish an Integrated Care Partnership as a Committee. The legislation was currently going through Parliament.

The Board noted that NHS England were appointing Chairs of the new organisations and that the appointments of Chief Executives are underway.

The Chair and CEO were attending Kent and Medway ICS design meetings, George Findlay emphasised that the ICS would focus on strategy and assurance and that delivery would be at place or provider level. He also mentioned an upcoming meeting around primary care that would involve hospital trusts.

4.2 Board Assurance Framework
The Board received the updated Board Assurance Framework, which had been reviewed by Executives and Board committees. The principal risks, to the achievement of objectives all rated as 16 were assessed as patient flow, delivery of financial control total and capital planning. Risks were currently stable overall in terms of current score and the Residual Risk to Target Gap. The top risks were being actively managed.

In the current reporting period the Trust has seen the increase of one risk: 5c – Patient Flow. Patient Flow is being managed through with the clinical and operational teams and continued work with the rapid improvement event with the transformation team, which has seen changes in the delivery of key pathways to improve patient care. Financial risks are being managed

through the planning rounds within the Trust and the wider system with the clinical and corporate areas.

On the Innovation section, Tony Ullman noted that in some instances the current rating was ahead of the target. Chair stated this would be reviewed as part of a wider review of risk appetite later in the year. George Findlay noted that there was external support from NHS E/I on discharge and flow that should be added to the BAF as a mitigation.

4.3 Winter Plan 2021/22

The Board received a report from the Chief Operating Officer providing an update on the development of the Winter Plan 2021/22.

It seeks to preserve, for as long as possible, business as usual. However it is inevitable that additional escalation capacity will be required. The plan details the identified capacity and the implications of introducing it on our performance, partners, workforce and, most importantly, our patients.

Our business as usual bed deficit is in the range of 12 to 24 beds and therefore the difference is likely to be an adverse variance of circa 55 beds which we will mitigate in the final plan through improving timely discharge, working closely with partners in the community and reviewing how we use parts of the hospital to maximise bed space. There were some measures the Trust might have to take to increase capacity, for which workforce was a challenge. George Findlay emphasised flow and discharge as a means of maintaining capacity and mitigating the gap.

The Board NOTED the report.

4.4 Medway Innovation Institute

The Board received the report on the activities of the Medway Innovation Institute since its formation, first discussed in late 2019. The report described the methods developed to promote innovation and improvements and delivered projects such as virtual bed bureau and autism awareness. The Institute provided a support mechanism for learning and innovation – training and funding.

5 Financial Stability

5.1 Finance Report - Month 4

The Board received the finance report and Alan Davies summarised the key points. Month 4 was reported as breakeven. Month 5 draft accounts should be in a similar position. The outlook for H1 was also to break even. He highlighted confirmed elective recovery fund receipts of c£3m. This would mitigate additional costs.

Over-spends on pay were being reviewed with the divisions.

Work continued to identify efficiency programmes – this was £316k behind plan YTD. Cross-cutting efficiency themes were being worked-up into plans for H2. There were thought to be opportunities in length of stay and workforce. The Finance Committee would be considering the H2 budget. An executive led Efficiency Delivery Group had been formed.

The risks identified with the financial position for the financial year ahead include:

- Managing cost pressures & service developments within financial envelope
- Delivery of efficiencies targets
- Managing the incremental cost of elective recovery and Covid costs within plan as well as the receipt of Elective Recovery Fund income at the higher figure.

Mitigations to reduce the risk:

- Efficiency programme showcases and increased focus on delivering efficiencies using Model Hospital data.
- ERF income of £4.9m, this being an increase from the previous month of £1.1m following confirmation from NHSE/I of £3.1m.
- M4 contingency £1.0m, forecast for H1 £1.4m.

The Trust Capital Resource Limit (CRL) was set by the STP, at £13,877k for 2021/22. In July an additional £440k has been authorised for diagnostics, £420k to be funded from additional PDC and £20k from the Trusts own cash reserves.

The capital programme is currently £1,205k behind plan due to budget phasing; schemes totalling £1,311k have been approved in excess of the budget.

5.2 Finance Committee Assurance Report. Meetings on 29.7.21 and 26.08.21

On behalf of Annyes Laheurte, Mark Spragg and Alan Davies presented the circulated reports from the Finance Committee.

Alan Davies highlighted a letter from NHS England asking the Trust to improve its position under the Better Payments standard. The Committee would monitor performance. The Committee had reviewed the Trust's aged debtors with a view to reducing these.

The BAF had been reviewed around the capital programme and the delivery of the control total.

The Chair welcomed Sue Lang. The existing RIS Contract was due for renewal in June 2023. The Trust was partnered through the Kent and Medway Imaging Network with East Kent and Maidstone & Tunbridge Wells. The 2020 Richards review of diagnostic services had made a number of recommendations that would be supported by a new system.

On 26 August the Committee had considered the Picture Archiving Communication System Radiology Information System ("RIS") outline business case (OBC). The Committee recommended to the Board that the project should now proceed to full business case. Over a 10 year contract the investment is expected to be £30 Million split between the participating Trusts, to be calculated on the size of the population and the number of images and storage required per trust.

The project plan would see a Full Business Case produced in early 2022; subject to approval the project would be rolled out in spring 2023. The Board ENDORSED the Finance Committee's recommendation to approve the Outline Business Case.

6 Our People

6.1 People Committee assurance report - Meeting on 20.07.21

The Board received the report of the 20 July meeting of the People Committee presented by Mark Spragg on Sue Mackenzie's behalf. The only matter of escalation was on medical revalidation.

Red/amber ratings were given for the Freedom to Speak Up Strategy, Gender Pay and the Workforce Equality Scheme. A FSUG Strategy was due to the Committee in September. Work continued with the Workforce Race Equality Scheme and the Workforce Disability Scheme. Clinical Excellence Awards contributed to the gender pay gap. Chair said the Trust should support clinicians in producing good quality applications, with peer review. David Sulch noted that recent CEA rounds had not been done on a competitive basis. A process of reviewing long-standing CEAs may also address this.

7 Any Other Business

7.1 Council of Governors Update

Cllr David Brake, Lead Governor had been elected by the Council of Governors as Lead Governor with effect from 1 September. He welcomed the Board to the St George's facility. Twelve new governors had been elected and there was commitment to supporting the hospital. Ward visits were resuming.

The Trust continued to engage with the ICS, which was very welcome. George Findlay added that the Trust would need to develop its clinical strategy in support of this. Cllr Brake also commented positively on the ward visits

7.2 Questions from the Public

Zoe van Dyke, public governor asked about staff perceptions around equalities and what work was ongoing with trade unions.

Leon Hinton outlined the role of the staff networks, which had made some progress; trade union representatives attended; these networks supported the improvement actions on equalities. The Trust ensures there are diverse selection panels for senior roles; there was greater support for national initiatives like Black History. Ewan Carmichael added that deaths of patients with learning disabilities were closely reviewed. David Brake highlighted a new Council initiative around recognising non-visible disabilities. George Findlay added that there was an equivalent scheme at the hospital.

7.3 Any Other Business

There were no matters of any other business.

7.4 Date and time of next meeting

The next public meeting will be held on Thursday, 07 October 2021.

The meeting closed at 16:00

These minutes are agreed to be a correct record of the Trust Board of Medway NHS Foundation Trust held on Thursday, 09 September 2021

Signed …….. Date ……

Chair

Board of Directors in Public
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
15-Apr-21	TBPU/21/118	Submit the Patient Experience Strategy to the Board	04-Nov-21 ~~08-July-21~~ ~~06-May-21~~	Jane Murkin, Chief Nursing and Quality Officer	An extension to the deadline was agreed by the Executive Team and QAC - the refreshed timelines will be draft in Sept then come to Board in **November** - the work plan will be updated by CoSec	Amber
08-Jul-21	TBPU/21/128	Look at the mandatory training rates (Maternity/CNST), as the Board would expect 100% compliance, colleagues must be encouraged to complete training.	07-Oct-21 ~~09-Sep-21~~	Jane Murkin, Chief Nursing and Quality Officer	**Update to October board**	Amber

Meeting of the Board of Directors in Public
Thursday, 07 October 2021

Title of Report	**Integrated Quality and Performance Report (IQPR)**	**Agenda Item**	3.1
Report Author	Jane Murkin – Chief Nursing and Quality Officer David Sulch – Medical Director Angela Gallagher – Chief Operating Officer		
Lead Director	Jane Murkin – Chief Nursing and Quality Officer Gurjit Mahil – Deputy CEO		
Executive Summary	This report informs Board Members of the quality and operational performance across key performance indicators. **Safe** Our Infection Prevention and Control performance for July shows that the Trust has had 0 MRSA bacteraemia cases and 4 hospital acquired C-diff cases. March's overall HSMR rate is 108.10, the weekend HSMR rate is at 115.16 and links to risks during the weekends with Bed Occupancy. **Caring** Unfortunately, whilst MSA had shown improvement, August has seen that 133 breaches were recorded. This has mainly been in the high dependency unit and at weekend periods where bed occupancy within the organisation was high. The Friends and Family recommended rates for three areas, remain close or above the national standard of 85% (Inpatients: 77.41%, Maternity: 99.53%, Outpatients: 88.80%). The ED recommended rates have increased from 73.59% to 80.91%, the feedback received is currently being under review to identify themes. **Effective** Discharges before Noon, whilst close to the Mean are still below at 16.24% and significantly below the Target of 25%, this is being reviewed through the rapid improvement work. **Responsive** The Trust continues to deliver the elective programme working with system partners for key clinical pathways. In July the RTT standard was 67.79% and the Trust recorded 221 52 week breaches which is lower than previous months. ED (Type 1) 4 hour performance as a result of site pressures reported 70.43% in August. Additionally, the Trust saw 126 Ambulance Handover delays of +60mins. The DM01 Diagnostics performance is at 88.98% for August 2021.		

	In July 2021, 96.13% of patients were seen within 2 weeks of their referrals into the cancer pathways and 77.27% of patients were treated within 62 days. **<u>Well Led</u>** We have seen a stable position in appraisal rates, reporting 82.47% and the Trust has maintained compliance statutory and mandatory training at 89.14%. To note: • The maternity 12+6 indicator is calculated by NHS I/E/D and is currently showing a delay. • The SHMI data is currently showing March – this is reliant on MHS I/E/D and is 3 to 4 months in arrears. • The HSMR is currently showing March data, this is reliant on Dr Foster and this is 3 to 4 months in arrears. • The bed occupancy includes all beds within the Trust including maternity and paediatrics.
Resource Implications	None
Legal Implications/Regulatory Requirements	State whether there are any legal implications
Quality Impact Assessment	Not required.
Recommendation/ Actions required	The Board is asked to note the discussions that have taken place and discuss any further changes required.

Approval	**Assurance**	**Discussion**	**Noting**
☒	☒	☒	☒

Appendices	Appendix 1 – IQPR – August 2021

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Integrated Quality and Performance Report

Reporting Period: August 2021

What is Statistical Process Control (SPC)?

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

The IQPR incorporates the use of SPC charts to identify **Common Cause** and **Special Cause** variation and NHS Improvement SPC Icons, which replaces the traditional RAG rating format in favour of Icons to show SPC **variation (trend)** and **assurance (target)** to provide an aggregated view of how each KPI is performing with statistical rigor.

The main aims of using Statistical Process Control (SPC) charts is to understand what is **different** and what is **normal** to be able to determine where work needs to be concentrated to make a change. The charts also allow us to monitor whether KPIs are improving.

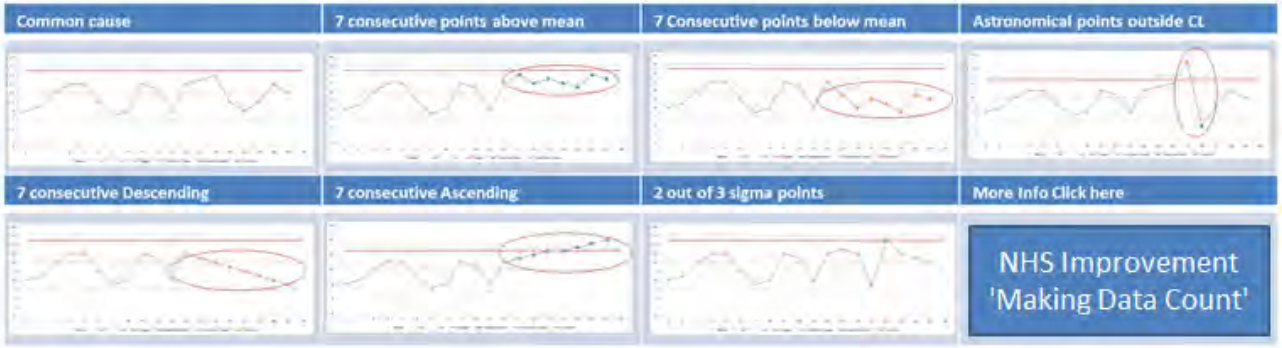
Key Facts about a SPC Chart:

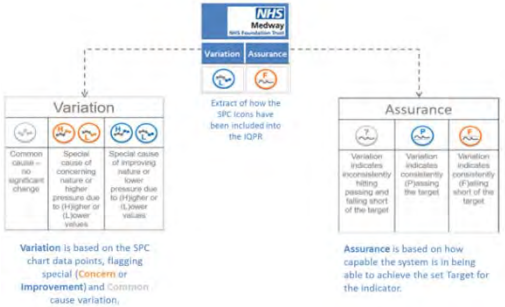
Minimum of 15 - 20 + data points are needed for a statistical process control (SPC) chart to have meaningful insight. Less than 15 data points will generate a run chart containing a mean line until enough data points have been recorded to produce a SPC Chart.

Contains a mean (the average), **lower and upper confidence levels**. 99% of all data will fall between the lower and upper confidence levels. If a data point falls outside these levels, an investigation would be triggered.

Contains two types of trend variation: Special Cause (Concern or Improvement) and Common Cause.

Below are examples of SPC trends that define common or special variation which will support understanding the variation Icons:





	Success	Challenge
Trust	• Vital Signs improvement (VTE, PU, Falls)	• Flow, Emergency & Elective Pathways
Caring	• The Friends and Family recommended rates for Maternity services and Outpatients are above the national standard of 85%. • Whilst above plan, number of complaints has consistently shown an improved position	• High number of breaches in Mixed Sex Accommodation continues • EDNs completed within 24hrs is below LCL's, has continuously decreased and not met the target set • % Complaints responded to within target has declined
Effective	• VTE Risk Assessment % Completed, whilst still under target, has continued to show improvement • Maternity 12+6 Risk Assessments, whilst still slightly under target, has shown improvement and remains very close to achieving	• High statistical variance in Readmission rates evidenced • Discharges before Noon are significantly below the target of 25% and have continuously not met this. • Total C-Section Rate is continuing to increase and is above UCL and Target
Safe	• Falls per 1,000 Bed Days, together with PU Incidence, continuously passes (achieves under) the target set • Trust Attributable MRSA cases have reported 0 since Feb-20	• Overall HSMR levels above the national threshold (100) • 1 Never Event reported • % of SIs response rate has dipped to below 100% (Target) for the third consecutive month • Trust attributable Cdiff cases above plan in Jul-21
Responsive	• Cancer 2ww & 31day Performance has exceeded the target • Whilst still above target, RTT over 52 week breaches continues to decrease for a 4th consecutive month • 60 min Ambulance improving	• ED 4-hr compliance has decreased and increase in 12hr DTAs • RTT Incomplete Performance decreased plus the PTL size is showing signs of increasing • Cancer 62day metric showing under-performance
Well Led	• Maintained compliance with Trust target for StatMan Compliance. • Appraisal %, Sickness rates & Turnover - whilst all slightly above plan, are showing improvement against YTD position	• Agency spend has stabilised in month but bank spend has increased considerably • CIP schemes currently shows an under plan position

NHS Medway NHS Foundation Trust

TRUST – Executive Summary	Variation					Assurance			
Trust Domains									
Caring									
Admitted Care	4	1	0	0	0	0	1	4	0
ED Care	2	0	0	0	0	0	1	1	0
Maternity Care	1	0	0	0	1	1	0	1	0
Outpatients Care	1	1	0	0	0	1	1	0	0
Effective									
Best Practice	2	0	1	0	2	0	2	3	0
Maternity	3	0	1	0	0	0	3	1	0
Safe									
Harm Free Care	2	0	0	0	0	2	0	0	0
Incident Reporting	1	1	1	0	0	1	0	1	1
Infection Control	3	0	0	1	0	0	0	3	1
Mortality	2	0	2	1	0	0	3	2	0
Responsive									
Bed Management	3	0	0	2	0	2	2	1	0
Cancer Access	4	0	0	0	1	0	0	5	0
Complaints Management	0	1	0	1	0	0	0	2	0
Diagnostic Access	1	0	0	0	0	0	0	1	0
ED Access	1	1	0	2	0	0	2	2	0
Elective Access	0	1	2	0	0	0	2	1	0
Theatres & Critical Care	2	0	0	0	0	0	0	2	0
Well Led									
Staff Experience	0	0	0	0	2	0	2	0	0
Workforce	3	0	2	8	1	0	0	13	1

Variation

Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values

Variation is based on the SPC chart data points, flagging special (Concern or **Improvement**) and Common cause variation.

Assurance

Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Assurance is based on how capable the system is in being able to achieve the set Target for the indicator.

Executive Summary

NHS Medway NHS Foundation Trust

Safe			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
S1	Number of C-diff (Trust Attributable)	Jul-21	3	4	43	48		
S2	Number of C-diff (HAI)	Jul-21	0	4	0	35		-
S3	MRSA Bacteraemia (Trust Attributable)	Jul-21	0	0	5	0		
S4	E-coli (Trust Acquired)	Jul-21	2	2	30	54		
S5	Falls per 1000 bed days	Aug-21	6.63	3.71	6.63	4.87		
S6	Pressure Ulcer incidence per 1000 days (M/H)	Aug-21	1.04	0.00	1.04	0.03		
S7	Never Events	Aug-21	0	1	0	3		
S8	% of SIs responded to in 60 days	Aug-21	100%	71%	100%	96%		-
S9	HSMR (overall)	Mar-21	100	108.10	100	100.70		
S10	HSMR (weekday)	Mar-21	100	105.56	100	97.82		
S11	HSMR (weekend)	Mar-21	100	115.16	100	108.90		
S12	SHMI	Mar-21	1	1.05	-	-		

Caring			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
C1	Mixed Sex Accommodation Breaches	Aug-21	0	133	0	1794		
C2	New Complaints	Aug-21	41	54	-	749		
C3	% Complaints responded to within target	Aug-21	85%	43.24%	85%	62.00%		
C4	% EDNs completed within 24 hours	Aug-21	100%	69.33%	100%	68.71%		
C5	Inpatients Friends and Family Response rate	Aug-21	22%	17.35%	22%	19.01%		
C6	Inpatients Friends and Family % recommended	Aug-21	85%	77.41%	85%	81.37%		
C7	ED Friends and Family Response rate	Aug-21	22%	13.65%	22%	15.17%		
C8	ED Friends and Family % recommended	Aug-21	85%	80.91%	85%	83.08%		
C9	Maternity Friends and Family Response rate	Aug-21	22%	52.85%	22%	31.46%		
C10	Maternity Friends and Family % recommended	Aug-21	85%	99.53%	85%	97.99%		
C11	Outpatients Friends and Family Response rate	Aug-21	22%	8.30%	22%	10.71%		
C12	Outpatients Friends and Family % recommended	Aug-21	85%	88.80%	85%	89.05%		

Responsive - Non-Elective			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
R1	Bed Occupancy	Aug-21	85%	86.12%	85%	81.39%		
R2	Average Length of stay (Non-elective)	Aug-21	5	9.19	5	9.10		
R3	Average Length of stay (Elective)	Aug-21	5	2.20	5	2.48		
R4	% of Delayed Transfers of Care	Aug-21	4%	1.53%	4%	0.56%		
R5	% Medically Fit For Discharge	Aug-21	7%	13.03%	7%	10.93%		
R6	ED 4 hour performance (All)	Aug-21	95%	78.95%	95%	83.10%		
R7	ED 4 hour performance (Type 1)	Aug-21	95%	70.43%	95%	74.03%		
R8	ED 12 hour DTA Breaches	Aug-21	0	5	0	433		
R9	Ambulance Attendances	Aug-21	-	3,173	-	54,082	-	-
R10	60 minute handover delays	Aug-21	0	126	0	3249		

Effective			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
E1	7 day readmission rate	Jul-21	5%	5.92%	5%	6.87%		
E2	30 day readmission rate	Jul-21	10%	11.82%	10%	13.22%		
E3	Discharges before noon	Aug-21	25%	16.24%	25%	15.96%		
E4	Fractured NOF within 36 hours	May-21	100%	84.60%	100%	73.29%		
E5	VTE risk assessment % completed	Aug-21	95%	90.05%	95%	95.19%		
E6	Elective C-section rate	Aug-21	13%	15.38%	13%	14.81%		
E7	Total C-Section rate	Aug-21	28%	35.82%	28%	37.10%		
E8	Average Occupancy (maternity)	Aug-21	15%	20.43%	15%	22.27%	-	-
E9	12+6 risk assessments	May-21	90%	82.76%	90%	86.09%		
E10	Number of deliveries	Aug-21	-	416	-	6609	-	-

Responsive - Elective			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
R11	DM01 performance	Aug-21	99%	88.98%	99%	78.88%		
R12	18 weeks RTT Incomplete Performance	Aug-21	92%	67.79%	92%	65.26%		
R13	18 Weeks over 52 week breaches	Aug-21	0	221	0	4143		
R14	Operations cancelled by hospital - on the day	Aug-21	0	19	0	211		
R15	Cancelled operations not rescheduled <28	Aug-21	0	4	0	38		
R16	Cancer 2ww performance	Jul-21	93%	96.13%	93%	96.27%		
R17	Cancer 2ww performance - breast symptomatic	Jul-21	93%	86.92%	93%	93.15%		
R18	Cancer 31 day first definitive treatment	Jul-21	96%	97.14%	96%	96.98%		
R19	Cancer 62 day treatment - GP referrals	Jul-21	85%	77.27%	85%	71.26%		
R20	104 day cancer waits	Jul-21	0	3	-	41		

Well Led			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
W1	Surplus (Deficit)	Dec-20	0	8	0		-	-
W2	CIP savings	Dec-20	£1,521k	£851k	£5,978k		-	-
W3	Appraisal %	Aug-21	85%	82.47%	85%	84.34%		
W4	Sickness Rate	Aug-21	4%	4.63%	4%	4.60%		
W5	Turnover rate	Aug-21	12%	13.12%	12%	12.25%		
W6	StatMan compliance	Aug-21	85%	89.14%	85%	88.96%		
W7	Contractual staff in post	Aug-21	-	4215.12	-	70044.07	-	-
W8	Agency spend as % pay bill	Aug-21	4%	3.51%	4%	3.53%		
W9	Bank spend as % pay bill	Aug-21	9%	14.01%	9%	12.43%		
W10	Overall safe staffing fill rate	Dec-20					-	-

Domain: Caring Dashboard	**Executive Lead:** Jane Murkin – Chief Nursing & Quality Officer **Operational Lead:** N/A **Sub Groups :** Quality Assurance Committee

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variatio	Assurance
Caring	Admitted Care	Mixed Sex Accommodation Breaches	Aug-21	0	133.00	0.00	131.46	263.73		
		MSA %	Aug-21	0%	0.88%	0.00%	0.89%	1.80%		
		% of EDNs Completed Within 24hrs	Aug-21	100%	69.33%	66.87%	72.47%	78.07%		
		Inpatients Friends & Family % Recommended	Aug-21	85%	77.41%	76.30%	83.76%	90.63%		
		Inpatients Friends & Family Response Rate	Aug-21	22%	17.35%	15.26%	19.92%	24.59%		
	ED Care	ED Friends & Family % Recommended	Aug-21	85%	80.31%	71.90%	79.74%	87.58%		
		ED Friends & Family Response Rate	Aug-21	22%	13.65%	12.20%	14.62%	17.05%		
	Maternity Care	Maternity Friends & Family % Recommended	Aug-21	85%	99.53%	94.36%	98.83%	100.00%		
		Maternity Friends & Family Response Rate	Aug-21	22%	52.85%	11.40%	27.37%	43.34%		
	Outpatient Care	Outpatients Friends & Family % Recommended	Aug-21	85%	88.80%	87.35%	89.93%	92.51%		
		Outpatients Friends & Family Response Rate	Aug-21	22%	8.30%	10.84%	12.91%	14.98%		

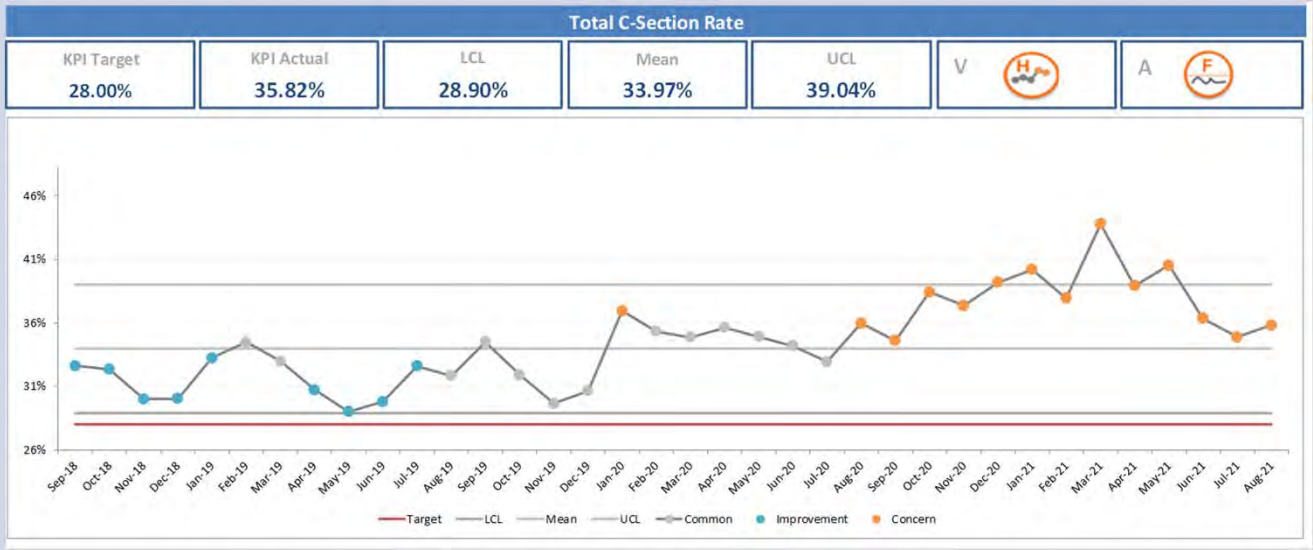
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variatio	Assurance
Effective	Best Practice	7 Day Readmission Rate	Jul-21	5%	5.92%	4.42%	5.96%	7.49%		
		30 Day Readmission Rate	Jul-21	10%	11.82%	9.67%	11.76%	13.86%		
		Discharges Before Noon	Aug-21	25%	16.24%	12.77%	15.53%	18.41%		
		Fractured NOF Within 36 Hours	May-21	100%	84.60%	36.06%	66.21%	96.37%		
		VTE Risk Assessment % Completed	Aug-21	95%	90.05%	79.97%	88.92%	97.87%		
	Maternity	Elective C-Section Rate	Aug-21	13%	15.38%	9.89%	13.72%	17.56%		
		Emergency C-Section Rate	Aug-21	15%	20.43%	15.25%	20.23%	25.21%		
		Total C-Section Rate	Aug-21	28%	35.82%	28.90%	33.97%	39.04%		
		12+6 Risk Assessment	May-21	90%	82.76%	79.03%	84.19%	89.36%		

Effective: Total C-Section Rate
Aim: TBC
Latest Period: August – 2021

Executive Lead: Jane Murkin – Chief Nursing & Quality Officer
Operational Lead: Not applicable
Sub Groups: Quality Assurance Committee

NHS Medway NHS Foundation Trust

Outcome Measure: Total C-Section Rate



What changes have been implemented and improvements made?

The elective and emergency caesarean rates must be considered on their own merit. Clinical decision making and counselling in an acute situation must be responsive to the emerging risk to mother and baby. This graph clearly illustrates that the total caesarean section rate is influenced by the rise in the emergency section rate. The details of these cases will be understood following the planned case review, which will be shared and an appropriate action plan agreed.

An audit of non elective sections was also discussed at the Quality Assurance Committee with clear indicators and measures.

What do the measures show?

The % of births that were elective or emergency c-sections.

The caesarean section rate is monitored by the Care Group on a monthly basis via the maternity dashboard. It has been recognised that there has been a gradual rise caesarean section rate since September 2020, with December 2020 being the highest. The Matron and Consultant for Intrapartum Care have commenced a case review for September to December 2020 to better understand details of case management and clinical decision making.

It is anticipated that the locally implemented KPI of 28% is no longer realistic or reflective to the national ambition to reduce stillbirths by 50%, resulting in an increased induction of labour rate. In response to Ockenden (2020) the LMS is reinstating work to develop a LMS dashboard to support the Perinatal Surveillance too/model.

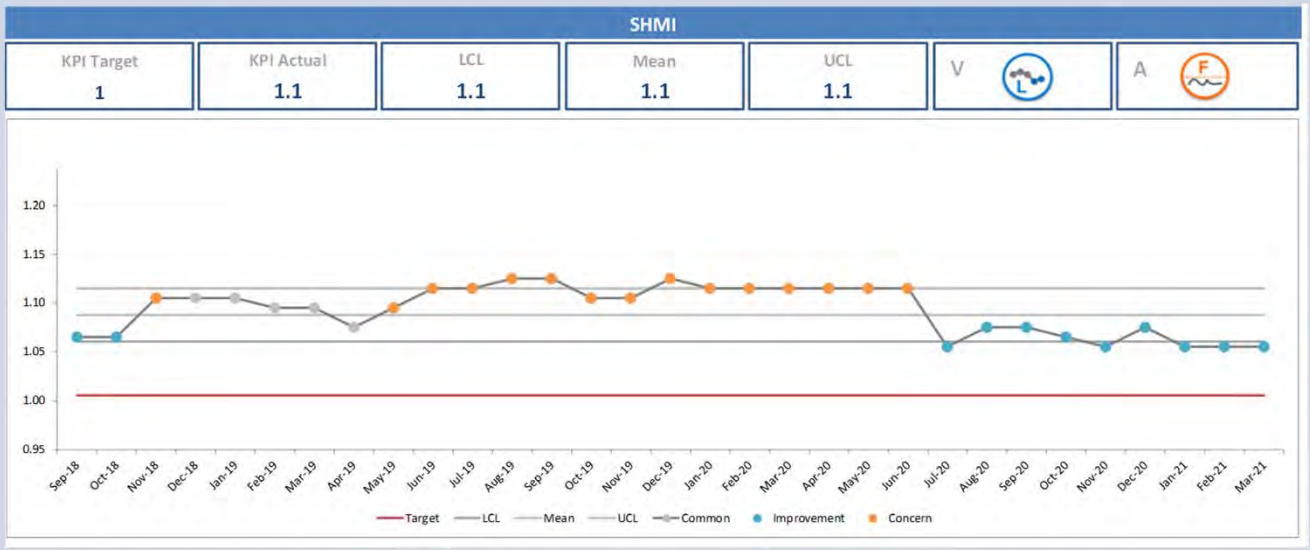
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Safe	Harm Free	Falls Per 1000 Bed Days	Aug-21	6.63	3.71	2.85	4.70	6.55		
		Pressure Ulcer Incidence Per 1000 days (Moderate and High Harm)	Aug-21	1.04	0.00	0.00	0.05	0.21		
	Incident Reporting	Never Events	Aug-21	0	1.00	0.00	0.15	0.86		
		No of SIs on STEIS	Aug-21	30	13.00	0.00	12.78	27.01		
		% of SIs Responded To In 60 Days	Aug-21	0%	71.43%	86.18%	96.70%	100.00%		
	Infection Control	MRSA Bacteraemia (Trust Attributable)	Jul-21	1 (5)	0.00	0.00	0.38	1.81		
		C-Diff Acquisitions (Trust Attributable, Post 48 Hours)	Jul-21	4 (43)	4.00	0.00	2.86	9.06		
		C-Diff: Hospital Onset Hospital Acquired (HOHA)	Jul-21	0	4.00	0.00	1.88	6.33		
		E-coli (Trust Acquired) Infections	Jul-21	0	2.00	0.00	4.20	10.20		
	Mortality	Crude Mortality Rate	Jul-21	3%	1.21%	0.43%	1.80%	3.16%		
		HSMR (All)	Mar-21	100	106.10	101.13	104.58	115.42		
		HSMR (Weekday)	Mar-21	100	105.56	97.70	101.76	114.10		
		HSMR (Weekend)	Mar-21	100	115.16	101.08	112.26	129.37		
		SHMI	Mar-21	1	1.05	1.06	1.08	1.11		

Safe: Mortality
Aim: TBC
Latest Period: April – 2021

Executive Lead: David Sulch – Chief Medical Officer
Operational Lead: Not applicable
Sub Groups: Quality Assurance Committee

NHS Medway NHS Foundation Trust

Outcome Measure: Mortality – HSMR All



What changes have been implemented and improvements made?

Changes in the medical model at the weekend include the splitting of the weekend take between a general medical consultant and an acute physician. This essentially splits the entire take into three at the weekend (the GIM take, acute medicine take and frailty take), whereas one consultant was responsible for the entire take prior to the change in the medical model in June 2018.

The difference between the mortality for Medway and Swale patients observed particularly at the weekend, but also to a lesser extent during the week is being investigated via a prospective audit from the Frailty and Acute Medicine teams. This audit will report initial findings to the September meeting of the Mortality and Morbidity Committee.

What do the measures show?

HSMR showed an encouraging trend until October 2020, with the steady reduction in the level being mirrored by a fall in observed deaths within the Trust. The difference between weekday and weekend mortality continues to be addressed via alterations to the medical take process for the weekends: the current position shows a reduction in weekend mortality.

SHMI has shown a reduction over the last few months, and latest information from Dr Foster suggests that this has continued with the SHMI for the 12 months to April being 104.3. Conditions where the SHMI is higher than expected – although not significantly raised – include cancer of the bronchus (SHMI 120.8) and acute myocardial infarction (132.0). These conditions are being reviewed as part of a granular deep dive into overall mortality trends during COVID.

Domain: Responsive – Non Elective Dashboard	**Executive Lead:** Angela Gallagher – Interim Chief Operating Officer **Operational Lead:** N/A **Sub Groups :** N/A	NHS Medway NHS Foundation Trust

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variatio	Assurance
Responsive – Non Elective	Bed Management	Bed Occupancy Rate	Aug-21	85%	86.12%	80.41%	87.49%	94.57%		
		Average Elective Length of Stay	Aug-21	5	2.20	1.32	2.39	3.46		
		Average Non-Elective Length of Stay	Aug-21	5	3.19	5.74	8.61	11.89		
		% of Delayed Transfer of Care Point Prevalence in Month	Aug-21	4%	1.53%	0.26%	1.23%	2.18%		
		% Medically Fit For Discharge Point Prevalence in Month	Aug-21	7%	13.03%	13.50%	16.62%	19.73%		
	ED Access	ED 4 Hour Performance All Types	Aug-21	95%	78.95%	75.02%	82.55%	90.09%		
		ED 4 Hour Performance Type 1	Aug-21	95%	70.43%	63.80%	73.98%	84.16%		
		ED 12 hour DTA Breaches	Aug-21	0	5.00	0.00	19.61	70.02		
		60 Mins Ambulance Handover Delays	Aug-21	0	126.00	0.00	131.07	296.72		

Domain: Responsive – Elective Dashboard	**Executive Lead:** Angela Gallagher – Interim Chief Operating Officer **Operational Lead:** Benn Best – DDO Planned Care **Sub Groups :** N/A

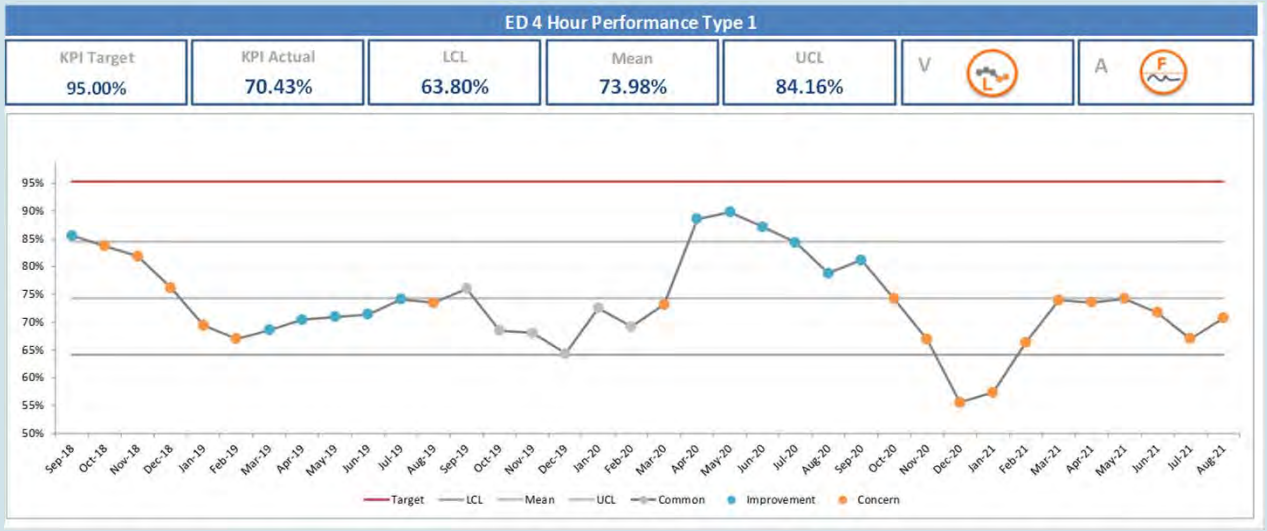
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variatio	Assuranc
Responsive - Elective	Diagnostic Access	DM01 Performance	Aug-21	99%	88.36%	77.40%	89.64%	100.00%		
	Elective Access	PTL Size	Aug-21	22477	26430	20425	21686	22947		
		18 Weeks RTT Incomplete Performance	Aug-21	92%	67.73%	69.22%	75.03%	80.83%		
		18 Weeks RTT Over 52 Week Breaches	Aug-21	0	221.00	11.33	105.10	198.86		
	Theatre & Critical Care	Operations Cancelled By Hospital on Day	Aug-21	0	13.00	0.00	20.24	45.78		
		Cancelled Operations Not Rescheduled < 28 days	Aug-21	0	4.00	0.00	4.20	11.58		

Responsive: – Non Elective Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Shane Morrison-Mccabe - Interim Director of Operations, UIC
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: ED 4 Hour Performance Type 1



Indicator Background:

The proportion of Accident & Emergency (A&E) attendances that are admitted, transferred or discharged within 4 hours of arrival.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a high improving nature.

Actions:

- Improved compliance with Internal Professional Standards through the ACT and since Rapid Improvement Week.
- Staff development programme and mediation process
- Consistent application and deployment of ACT actions
- Improved and expedited decision-making for specialty referrals.
- Improved consistency of escalation of long stay Mental Health patients in CDU to facilitate mobilisation of CDU model
- Focus on earlier discharges to reduce admitted pathway breaches
- To re-introduce the 'refer and move' flow principle to surgical, frailty and medical assessment areas;
- Improved pathway to refer patients to SDEC
- Implementation of the Priority Admission Unit (APHU).

Outcomes:

- Fewer patients having a prolonged wait / stay in ED.
- Increased compliance with the 4 hour standard
- Fewer patients affected by ambulance handover delays.

Underlying issues and risks:

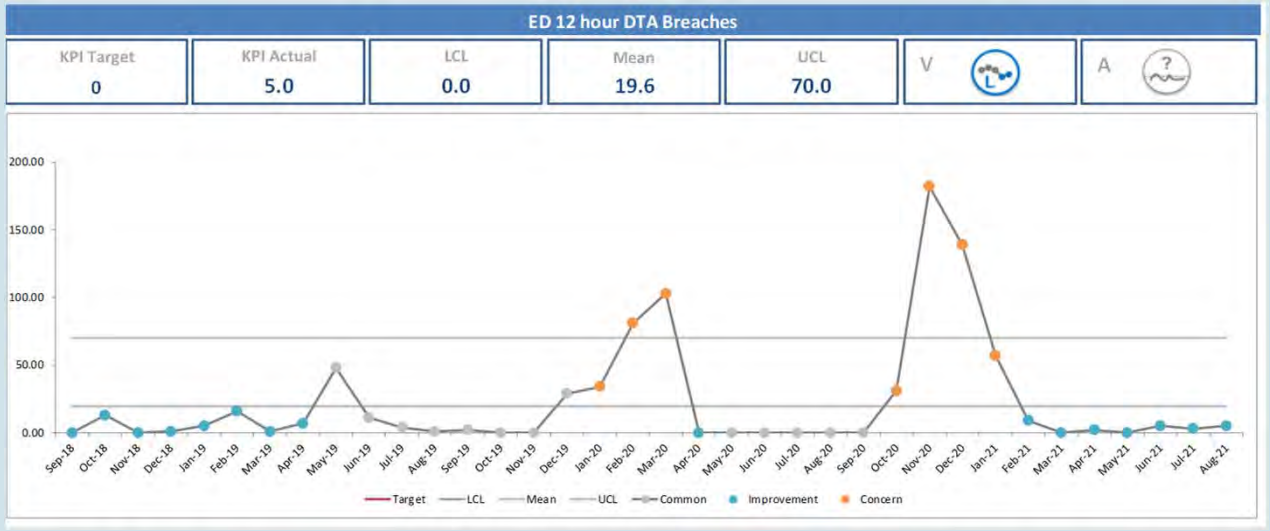
- Loss of AAU function due to reduced discharges, increased LOS high and bed occupancy level (95%+)
- Capacity in POCT to meet peaks of demand.
- Evening demand leading to a backlog of speciality decisions (DTAs) and delays in accessing inpatient beds when they are available in the absence of an Acute Assessment unit
- Gaps in Senior ED leadership

Responsive: – Non Elective Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Shane Morrison-Mccabe - Interim Director of Operations, UIC
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: ED 12 hour DTA Breaches



Indicator Background:

The proportion of Accident & Emergency (A&E) attendances that are admitted, transferred or discharged within 12 hours of arrival.

What the Chart is Telling Us:

The chart illustrates the considerable improvement over the past few months as a result of the interventions and action in place mainly through the patient first programme.

Actions:

- Daily senior operations review of patient flow and issues relating to demand and capacity, with agreed interventions as appropriate.
- Regular ED and Site management huddles in place to highlight potential issues and agree interventions.
- Escalation by ED to site team of patients who have decisions regarding their treatment and /or onward .
- Continued engagement with ECIST in relation to ED pathways and use of assessment units.

Outcomes:

- Zero 12hr DTA breaches
- Reduction in total time in department to <150mins
- Appropriate and timely patient revews and decision making

Underlying issues and risks:

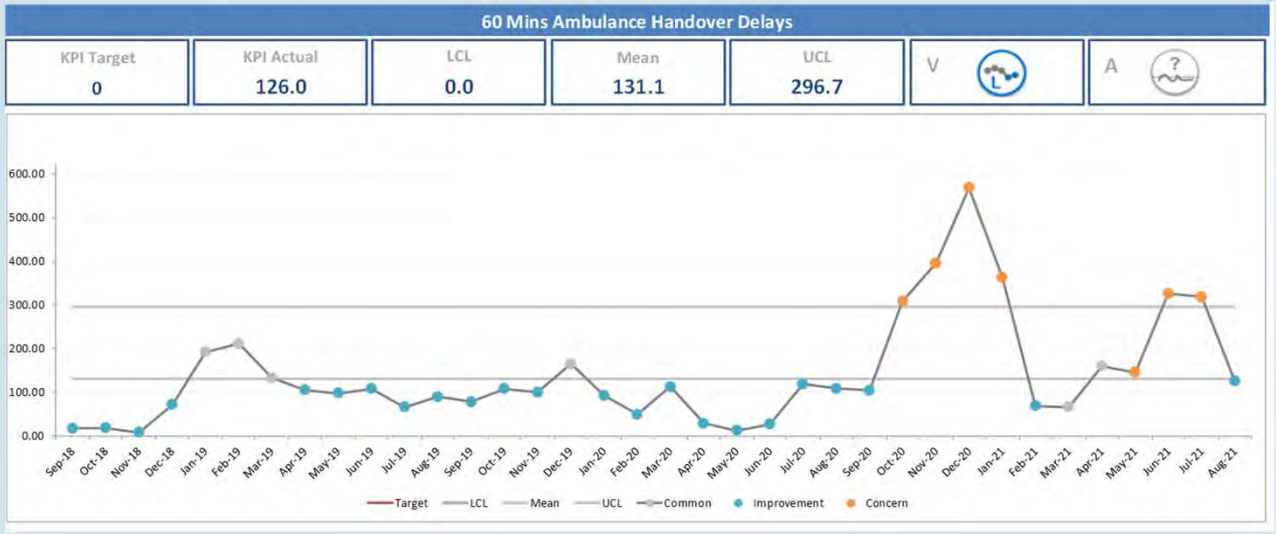
- Covid19 IPC regulation has slowed bed-flow and increased the decision making complexity.
- Slow re-launch of acute assessment due to capacity, IPC considerations and staffing.
- Consultant gaps in acute medicine with the new medical model

Responsive: – Non Elective Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Shane Morrison-Mccabe - Interim Director of Operations, UIC
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: 60mins Ambulance Handover Delays



Indicator Background:

The proportion of Accident & Emergency (A&E) attendances that are admitted, transferred or discharged within 12 hours of arrival.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a high improving nature.

Actions:

- Continue to drive the improvements agreed in the Acute Care Transformation workstream in relation to demand, capacity, use of assessment areas & distribution of workforce.
- Adoption of the revised escalation and FCP actions and triggers aligned to the Ambulance handover SOP
- Continued engagement with the ICP and ICS through the Local A&E Deliver Board on schemes to reduce conveyance rates to ED through alternate pathways as appropriate.
- Triage in place as part of escalation when delays are foreseen.
- Continuous review of capapcity when there is a change in the RED / AMBER Demand.
- Continuous collaboration with colleagues across the specialties to promote effective and timely discharges from in-patient beds.
- Deliver the patient cohorting protocol appropriately.

Outcomes:

- Better management of flow to avoid AMB handover delays & subsequent delays to patients starting treatment.

Underlying issues and risks:

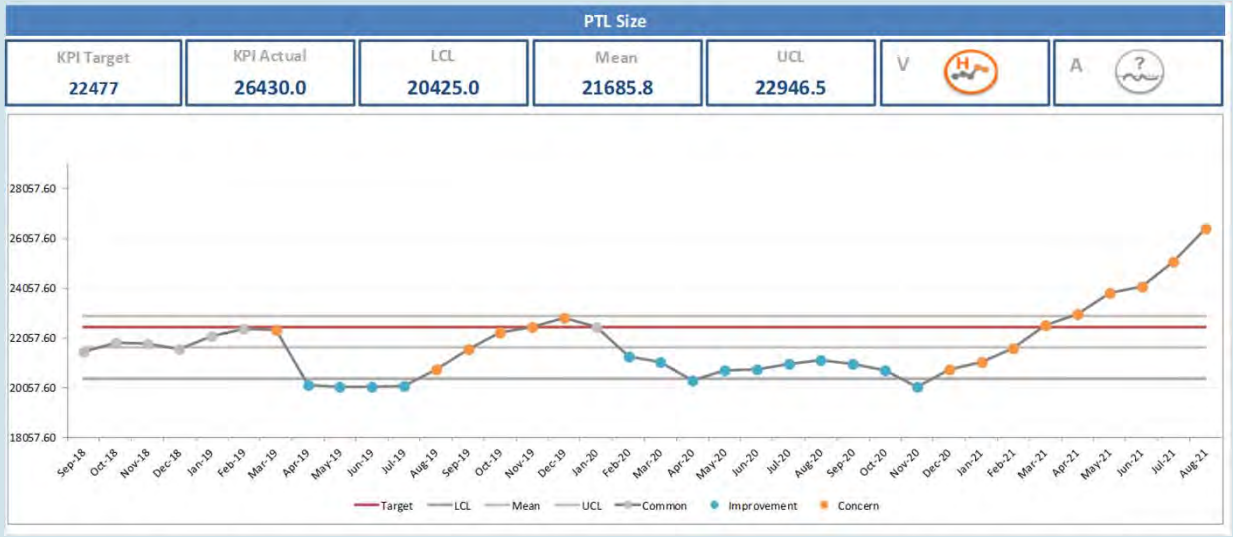
- Restrictions on meeting Red and Amber pathways through current IPC requirements.
- Capacity in POCT to meet peaks of demand.
- Insufficient discharges from in-patient beds before noon and too many discharges later in the day to accommodate ED demand through peak attendance.
- Capacity allocation in the evening is not sufficient or is out of sync with the non-elective demand (1800 onwards)

Responsive: Elective Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Benn Best – DDO Planned Care
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: PTL Size



Indicator Background:

The proportion of patients on a Referral to Treatment (RTT) pathway that are currently waiting for treatment for less than 18 weeks from referral

What the Chart is Telling Us:

- The SPC data point is showing special cause variation of a low concerning nature. The increase in PTL size is directly related to
- the pandemic which impacted elective capacity and has changed the referral profile from Primary Care
- Assumptions identified by NHSI to be used in planning have exceeded what has actually happened.

Actions:

- Review with ICP partners re referral assumptions and adjust trajectory accordingly.
- Agree system-wide interventions re controls for referral increases.
- Start to map impact of increased referrals on PTLs for Q4 and 2022-23
- Maximise current capacity, including using agreed transformation approaches to keep pace where possible with elective activity.

Outcomes:

- Delivery of H1 planning performance targets (phase four guidance) and reduction in outpatient backlogs
- Delivery of 52 week trajectories and reduction in admitted surgical backlogs
- Delivery of DM01 trajectory and management of inpatient and 2ww waiting lists

Underlying issues and risks:

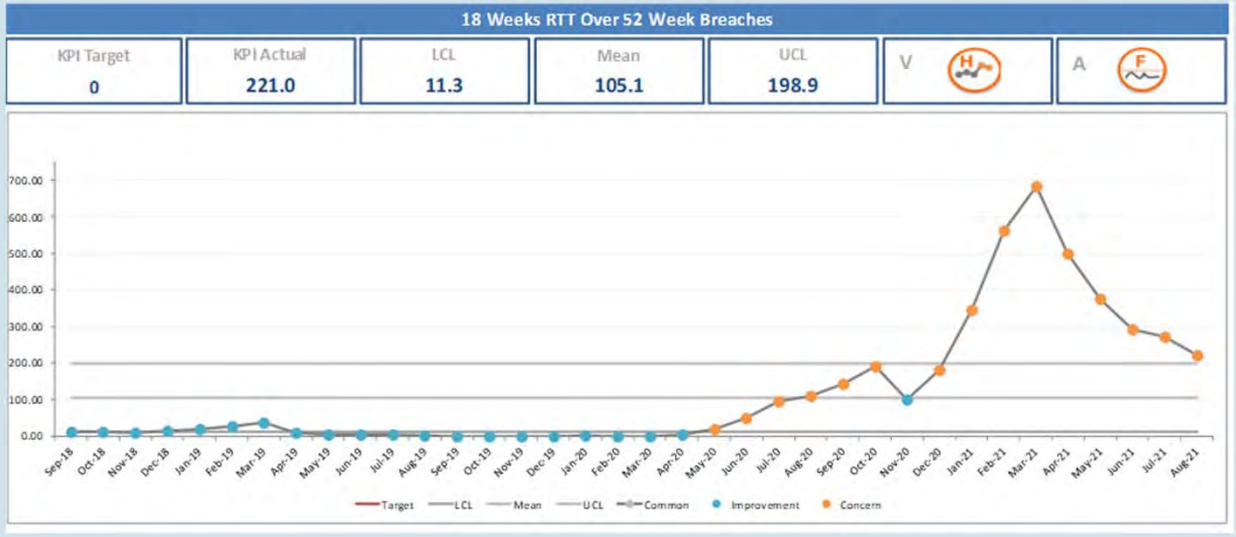
- Potential of third COVID wave resulting in increased NEL demand beyond modelled levels impacting on ability to continue same levels of elective work.
- Increased sickness absence driven by pressure of work and /or Covid related isolation or illness.

Responsive: Elective Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Benn Best – DDO Planned Care
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: 18 Weeks RTT Over 52 Week Breaches



Indicator Background:

The proportion of patients on a Referral to Treatment (RTT) pathway that are currently waiting for treatment for less than 18 weeks from referral.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a low concerning nature. The increase in 52 week waits is directly related to the pandemic and a reduction has been consistent since restart.

Actions:

- Demand and capacity modelling completed.
- Activity plans in place for all specialties reflecting the standards and targets for all elective activity and performance trajectories.
- All patients on the waiting list have an identified priority category (P) which is reviewed and updated regularly.
- Continuous validation of patients with long waiting times and harm review process established.
- Independent sector capacity used extensively where available to manage waiting times and increase volumes of activity. This includes both insourcing and outsourcing of activity in a number of specialties.

Outcomes:

- Zero capacity related 52-week waiting patients by end of March 2022 at the latest.
- Clarity on patients and treatment in accordance with clinical priority (all patients will have a designated P category)
- All elective patients will be managed via safe green pathway including appropriate isolation and pre-op swabbing.
- Elective capacity will be preserved for as long as possible within the winter and covid planning model.

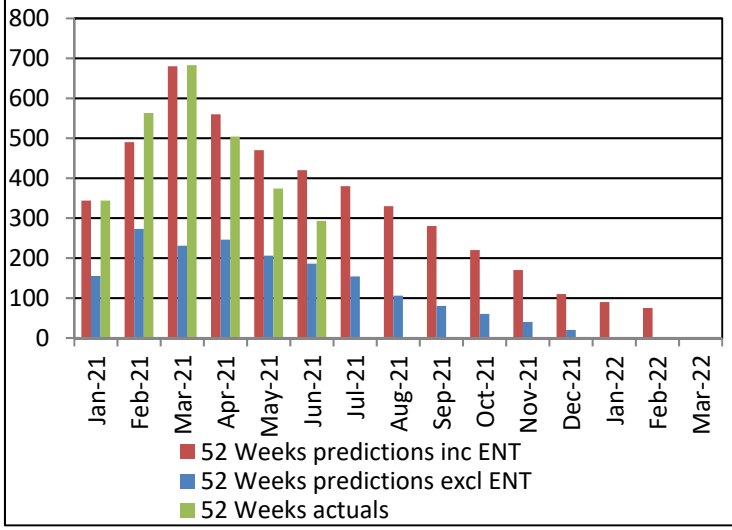
Underlying issues and risks:

- Estate programme relating to the completion of ED phase 3 and release of Ocelot for elective orthopaedics.
- Uncertainty on covid and other NEL activity and associated impact on elective plans.

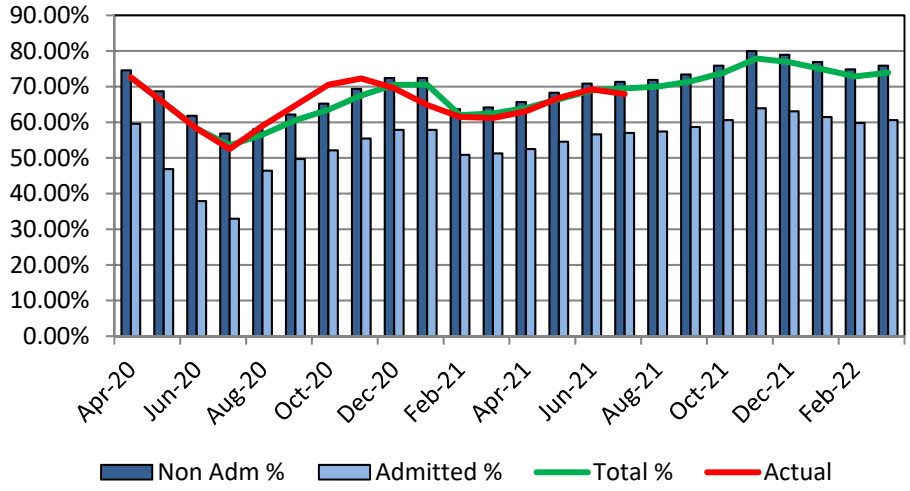
Responsive: Elective Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Benn Best –Divisional Director of Operations Planned Care
Sub Groups : N/A

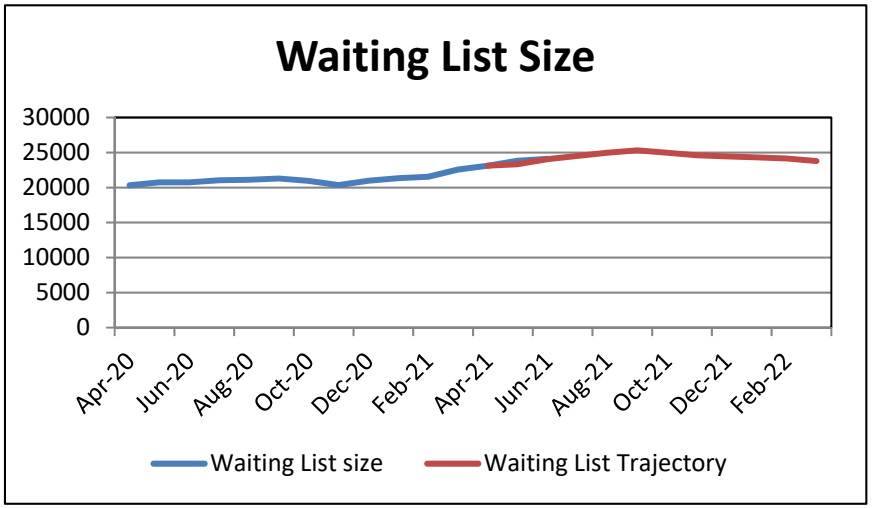
52wk Trajectory

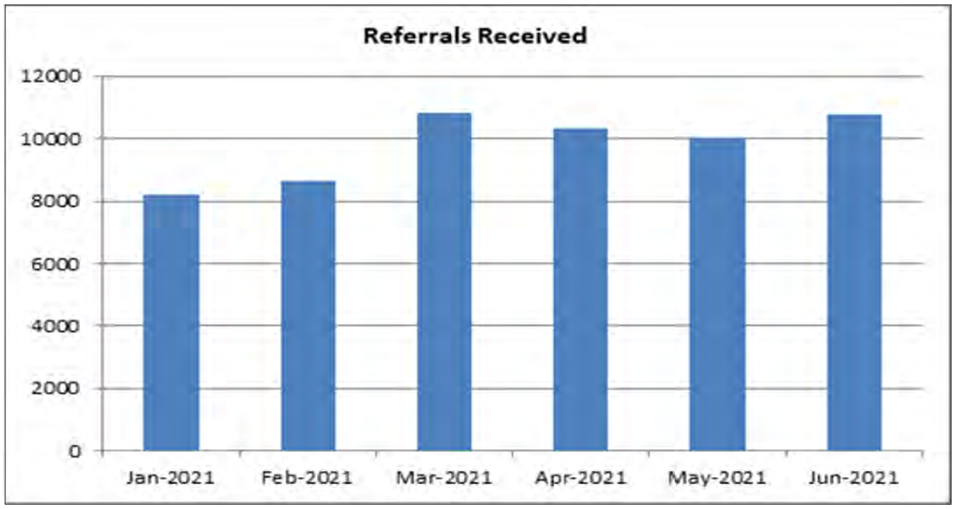


Performance Trajectory vs Actual



Waiting List Size



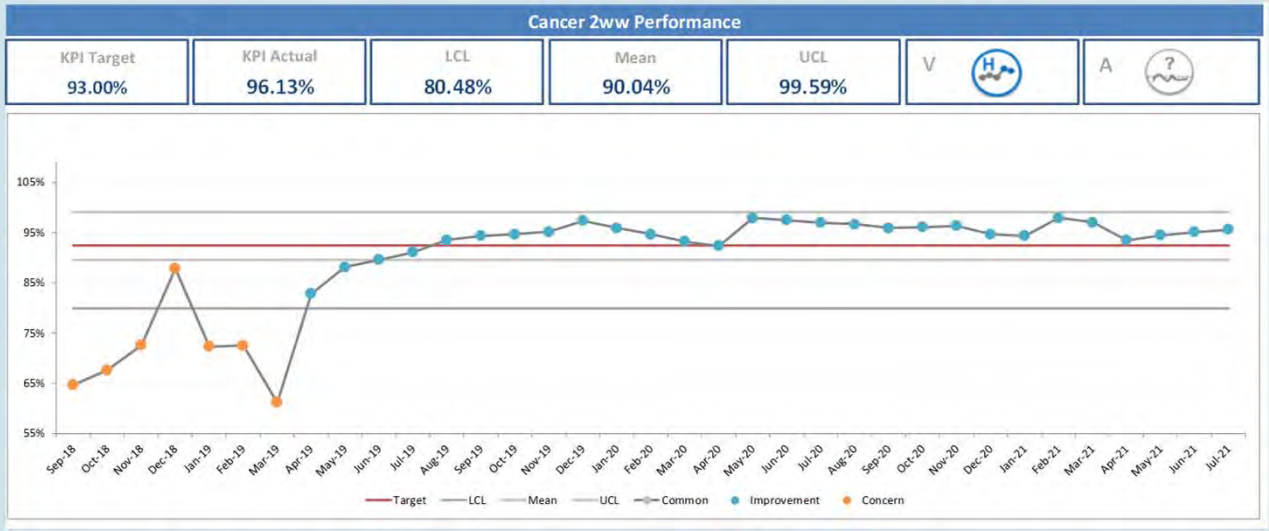


Responsive: Cancer and Complaints Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Benn Best – DDO Planned Care
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: Cancer 2ww Performance



Indicator Background:

The proportion of patients urgently referred by GPs/GDPs for suspected cancer and who should be seen within 14 days from referral.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a high improving nature. Assurance indicates that the KPI is consistently achieving target.

Actions:

- Working to an internal stretch target of 7 Days to first appointment.
- Providing regular real time updates on demand (referrals received) to Cancer Board and Tumour Site leads.
- Undertake daily and weekly Patient Target List review meetings at specialty level.
- Advance escalations made to all services considered at risk of breaching 14 Day target
- Weekly referral numbers and day of OPA shared with each service.

Outcomes:

- Trust has remained compliant with this KPI since August 2019 (22 Consecutive Months)
- Daily escalations facilitated early remedial actions allowing service to remain compliant.
- Effective communications and collaboration between Cancer Manager and service managers .
- Regular meetings with Service Managers ensure that there is adequate capacity to facilitate demand.

Underlying issues and risks:

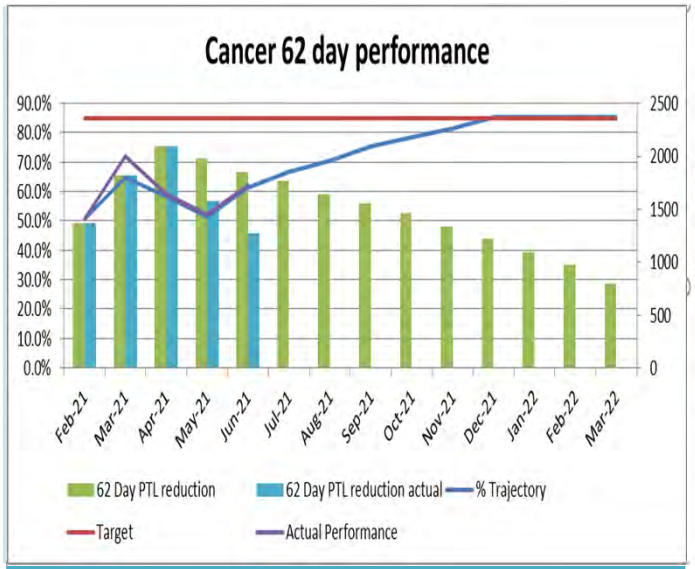
- Internal Stretch target of 7 Days is now being achieved by a number of specialties on a regular basis
- Work continues with primary care to ensure referrals are sent on appropriate pathways.
- Outpatient clinic capacity challenged as referral numbers in general are increasing.
- A further wave of Covid impacting on service provision.

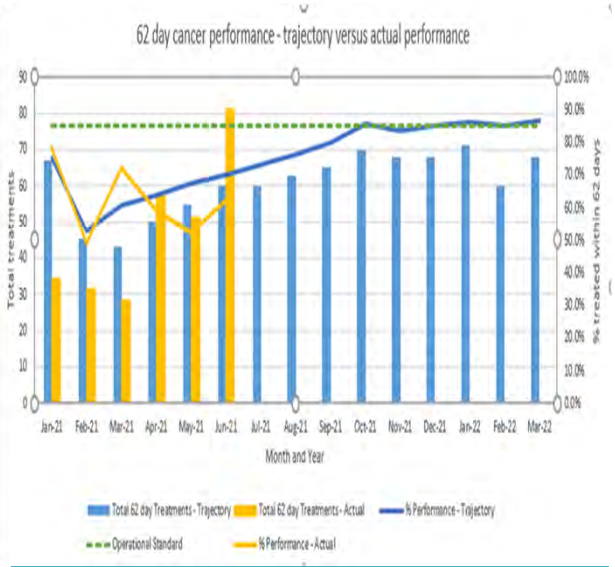
Responsive: Cancer Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Benn Best – Divisional Director of Operations Planned Care
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: Cancer 62 Days First Definitive Treatment.





Actions:

- Revised improvement plan in place which is addressing the underlying issues with diagnostic pathway.
- Change in senior leadership of the Cancer Care Group.
- Revised trajectory for activity and performance developed and submitted to ICS.
- All roles and responsibilities within the care group under review and relaunched with clarity of function and objectives (e.g MDT co-ordinator & pathway navigators).
- Revised specification for tumour-site clinical leads.
- Revised focus of weekly cancer PTL and daily progress reviews for patients waiting their next event.
- All patients who are waiting +62 days have a clear plan in place and reviewed daily until treatment date or alternate pathway agreed.
- Weekly review with COO regarding progress with action plan and delivery of weekly recovery actions.
- Implementation o f straight to test service for LGI suspected cancer patients.

Outcomes:

- Confirmed Cancer patients are being identified on the PTL much earlier in the pathway.
- More patients being investigate d via “faster diagnostic” pathway.
- Increased number of patients being “ready willing and able to progress with treatment plan earlier in their referral pathway.
- More clinical lead engagement with tumour specific challenges to find solutions.

Indicator Background:

The proportion of patients urgently referred by GPs/GDPs for suspected cancer and receive their first definitive treatment within 62 days from referral. The standard is 85% and MFT is currently delivering at 72% (June data)

What the Chart is Telling Us:

The 62 day FTD % is volatile following the resumption of the full range of activity in March. The recovery action plan is focused on

- Reducing the overall PTL to optimal size.
- Increasing the number of monthly treatments
- Reducing the number of patients waiting over 62 days.
- Incrementally increasing the FDT %

Underlying issues and risks:

- Sufficient diagnostics and outpatient capacity to clear the backlog of patients waiting.
- Further pandemic related reduction or suspension of activity.
- Workforce gaps in some specialties.

Best of care Best of people

Domain: Well Led – Dashboard	**Executive Lead:** Leon Hinton – Chief People Officer **Operational Lead:** N/A **Sub Groups :** N/A	NHS Medway NHS Foundation Trust

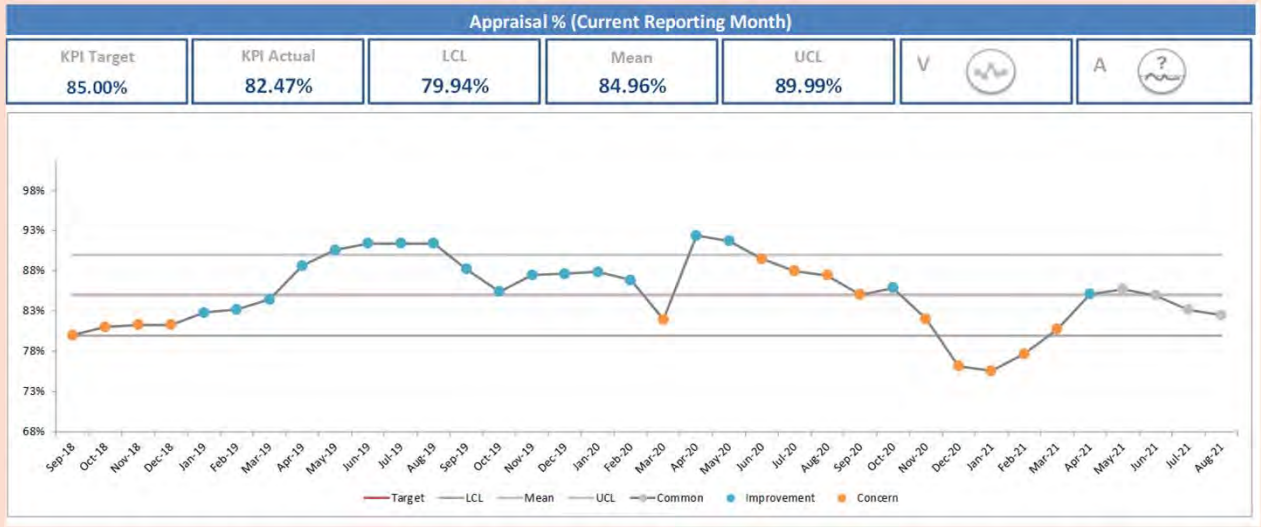
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variatio	Assuranc
Well Led	Staff Experience	Staff Friends & Family - Recommend Place to Work	Mar-21	62%	63.00%	1.62%	26.99%	52.36%		
		Staff Friends & Family - Recommend Care of Treatment	Mar-21	73%	74.00%	3.91%	35.70%	67.49%		
	Workforce	Appraisal % (Current Reporting Month)	Aug-21	85%	82.47%	79.94%	84.96%	89.99%		
		Sickness Rate (Current Reporting Month, FTE%)	Aug-21	4%	4.63%	3.36%	4.47%	5.59%		
		Voluntary Turnover Rate - (Current Reporting Month) (FTE Not Headcount) (exc. Junior Drs)	Aug-21	12%	13.12%	10.99%	12.09%	13.20%		
		Contractual Staff in Post (FTE) (Current Reporting Month)	Aug-21	0	4215.12	3856.05	3946.72	4037.39		
		StatMan Compliance (Current Reporting Month)	Aug-21	85%	89.14%	66.53%	81.30%	96.06%		
		Agency Spend as % Paybill (Current Reporting Month)	Aug-21	4%	3.51%	1.84%	3.62%	5.40%		
		Bank Spend as % Paybill (Current Reporting Month)	Aug-21	9%	14.01%	7.30%	12.56%	17.85%		
		Temp Staffing Fill Rate - Nurse & Midwifery (Current Reporting Month)	Aug-21	75%	58.39%	0.00%	83.60%	100.00%		

Well Led: Workforce - Insights

Executive Lead: Leon Hinton – Chief People Officer
Operational Lead: Ayesha Feroz, Unplanned Care, Temi Alao, Planned
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: Appraisal % (Current Reporting Month)



Indicator Background:

The percentage of staff who have had an appraisal in the last 12-months compared to the total number of staff.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a high improving nature. Assurance indicates that the KPI is inconsistently achieving target.

Actions:

- Weekly reporting in place;
- Automated reminders in place;
- Weekly and monthly progress to form actions with care group leaders in place;
- Matrons, senior sisters and line managers required to build appraisal trajectory to correct current position (recovery plans);
- Appraisal workshops provided with good uptake;
- Pay progression policy linked to appraisal completion in place
- HR Business Partners continue to work with their respective Divisions to produce improvement plans before the end of October 2021.

Outcomes:

3210 members of staff have an in-date appraisal with objectives and personal development plan outlined (from a total of 3960).

Underlying issues and risks:

- Current COVID-19 is interrupting clinical area's capacity to carry out appraisals in a timely fashion.
- Continued COVID-19 disruption is likely to continue to negatively affect appraisal completion for clinical areas.
- Recent increase in sickness levels across the Trust has had a negative impact on compliance
- Failure to appraise staff timely reduces the opportunity to identify skills requirement for development, succession planning and talent management. Low appraisal rate are linked to high turnover of staff, low staff engagement and low team-working.

Domain: Well Led - Financial Position

Executive Lead: Alan Davies – Chief Financial Officer
Operational Lead: Paul Kimber – Deputy Chief Financial Officer
Sub Groups : Finance Committee

NHS Medway NHS Foundation Trust

Indicator: Financial Position

Income & Expenditure £k	In-month			YTD		
	Baseline budget	Actual	Variance	Baseline budget	Actual	Variance
Income	31,960	31,412	(548)	92,286	93,405	1,120
Pay	(19,154)	(19,240)	(85)	(57,614)	(58,345)	(730)
Total non-pay	(11,370)	(10,714)	656	(30,360)	(30,752)	(392)
Non-operating expense	(1,445)	(1,466)	(21)	(4,335)	(4,331)	4
Reported surplus/(deficit)	**(9)**	**(7)**	**2**	**(24)**	**(23)**	**1**
Donated Asset / DHSC Stock Adj.	8	7	(0)	24	22	(1)
Control total	**(1)**	**0**	**1**	**(0)**	**(1)**	**(0)**

Other financial stability work streams £k	In-month			YTD			Annual
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Cost Improvement Programme	119	95	(25)	357	236	(121)	5,171
Capital	1,866	1,484	(382)	4,394	4,265	(129)	13,877

Indicator Background:

The Trust reports a £7k deficit position for June; after adjusting for donated asset depreciation the Trust reports breakeven in line with the plan control total.

What the Chart is Telling Us:

The Trust has reported breakeven for the year to date. The efficiency programme is £121k adverse to plan, this is expected to recover as services focus on implementing schemes. Capital spend is £129k behind the budgeted plan year to date, although overall the programme is on track to achieve the £13.9m plan.

Actions:

- Efficiency programme development for 2021/22.
- Monitor performance of activity against 2019/20 thresholds to achieve ERF, along with associated costs increases.
- Monitor impact of higher Covid activity on staff sickness and cost.
- Develop and agree income & expenditure plans for Oct-Mar'22.

Outcomes:

The Trust has met its control total, however this includes:

- Incremental costs associated with Covid-19 of £1.3m year to date. Funding is included within the affordability envelope.
- ERF Income has been accrued into the position to achieve breakeven of £1.1m. The forecast is £4.8m income for the half year reporting period.
- 21/22 forecast outturn for the Trust over the first 6 months is breakeven.

Underlying issues and risks:

Funding arrangements have been agreed for the period Apr-Sep. A plan was resubmitted to NHSE/I based on a calculated budget required to deliver the activity plan for the first half of the financial year. This replaced the previous plan that used 20/21 quarter 3 results.
The incremental cost of delivery ERF activity thresholds is increasing, this is predominantly to the independent sector for insourcing and outsourcing totalling £1.1m. This has been matched by ERF income. The efficiency programme for the 6 months is £5.1m in total, £0.3m of this relates to FYE schemes from 2020/21.

Meeting of the Board of Directors in Public

Thursday, 07 October 2021

Assurance Report from Committees

Title of Committee:	**Quality Assurance Committee**	**Agenda Item**	3.2
Committee Chair:	Tony Ullman, Chair of Committee/NED		
Date of Meeting:	Tuesday 21 September 2021		
Lead Director:	Jane Murkin, Chief Nursing and Quality Officer		
Report Author:	Joanne Adams, Business Support Manager		

The key headlines and levels of assurance are set out below, and are graded as follows:	
Assurance Level	**Colour to use in 'assurance level' column below**
No assurance	Red - there are significant gaps in assurance and we are not assured as to the adequacy of current action plans
Partial assurance	Amber/ Red - there are gaps in assurance
Assurance	Amber/ Green - Assurance with minor improvements required
Significant Assurance	Green – there are no gaps in assurance
Not Applicable	White - no assurance is required

Key headlines and assurance level	
Key headline	**Assurance Level**
1. Quality report The Committee received the quality report, which provided an update on progress for the month of August, and delivery on the Trusts CQC Action plans for ED and IPC, CQC information requests, quality assurance visits, patient safety issues, implementation of the quality strategy and clinical effectiveness. The Committee were informed about a never event relating to a misplaced Nasogastric tube in a premature baby. A Serious Incident investigation is underway within the Planned Care Division. The Committee will receive an update at the next meeting. The Committee was briefed on a proposal to address the backlog of incidents with a trajectory set to clear the backlog of the end of October. The Committee recognised the potential risk of distraction from other activity and workforce to address the backlog in the timeframe and requested the risk and mitigations be raised.	**Red/Amber**

The Committee requested progress reported to the next Board and the next Committee meeting.	
2. Infection Prevention and Control – improvement plan and IPC BAF The Committee were informed of the progress against the IPC improvement plan and were particularly pleased to note the recommendations made by the IPC National team following their last visit on 12 August is that the Trust exit the Infection Prevention & Control Safety Support programme. The Committee received the updated IPC BAF, which has been to the Infection Control Committee. The IPC BAF to be presented at Board, with a date to be agreed.	**Green**
3. C-section audit The Committee received a comprehensive paper and presentation on audit of C-section rates (CS) which included detail on root causes for the increased CS rates. The audit demonstrated that the main cause of increased CS rates is due to increase in emergency rather than elective CS. The main contributing cause in the emergency group was CS for failure to progress in labour. The audit also noted that majority of CS are carried out of hours when there is no Consultant obstetrician on-site. The audit coincided with the recent RCOG workforce document, which outlines the roles and responsibilities for Consultant obstetricians who are providing care on labour ward. Based on the Audit, there is a proposal changes to the on-call rota and expectations for when a Consultant is on-call. The Committee fully supported the proposal to the changes to the on-call rota acknowledging the proposal will need to go through the governance and approval processes of divisional approval and approval at the business case review group.	**Green**
4. End of Life Care – quarter one report The Committee received the End of Life Care quarter one report noting its content. The Committee discussed the importance of recognising patient's wishes on their preferred place to die and noted that conversations with patients and their families can be difficult to have and need to take place earlier. The Committee was informed there is a fast track system working with local partners to enable patients to get home the same day with the necessary support and equipment should they wish to die at home.	**Green**
5. Safeguarding – quarter one report The Committee received the safeguarding quarter one report, which provided a status update on the recommendations from the safeguarding review and the work progressing with Liberty Protection Safeguards (LPS) and the agreement for additional expert support to the teams on legislative changes. The Committee expressed concern about referrals of financial abuse and was advised the incidents relate to money missing from patients and an incident of a family member committing financial mis-use. These incidents were reported to the Executive Team and the Police and are under investigation. The Committee noted the recommendation from the safeguarding review to have a NED safeguarding champion.	**Green**

The Committee noted the bespoke safeguarding training for board and non-executives scheduled for the 04 October and requested additional sessions for those not able to attend. The Committee also gave consideration for this training to be mandatory.	
6. Quality IQPR The Committee received the Quality IQPR and noted performance against metrics and improvement to the analysis. The Committee noted the need for a plan and timeline to bring mixed sex accommodation breaches back to pre-pandemic levels, acknowledging the balance of demand and capacity. The Committee acknowledged the ongoing challenges with discharges and pressure within the local system to support patients who need domiciliary packages of care.	**Amber/Green**
7. Quality and Patient Safety Group – key issues report The Committee received the key issues report from the Quality and Patient Safety meeting held on the 07 September meeting noting its content.	**Green**
• **Escalation to Board** The Committee escalates the following to Trust Board:- • Incident reporting and noting the proposals brought to the Committee and monitoring of progress against the plan. • The good progress against the IPC improvement plan with the Trust exiting the Infection Prevention and Control Safety Support programme. The Committee request the Board note:- • The C-section audit results and discussions at the Committee to increase consultant presence on the labour ward, the business case proposal and support given on this recommendation from the Committee.	

Meeting of the Board of Directors in Public
Thursday, 07 October 2021

Title of Report	**Finance Report**	**Agenda Item**	4.1
Report Author	Alan Davies, Chief Finance Officer Paul Kimber, Deputy Chief Finance Officer Isla Fraser, Financial Controller Matthew Chapman, Head of Financial Management Cleo Chella, Associate Director of Income and Contracting		
Lead Director	Alan Davies, Chief Finance Officer		
Executive Summary	The Trust reports a breakeven against the NHSE/I control total.		
Due Diligence	To give the Trust Board assurance, please complete the following:		
Committee Approval:	Name of Committee: Finance Committee Date of approval: Thursday 26 August 2021		
Executive Group Approval:	Date of Approval: N/A		
National Guidelines compliance:	Does the paper conform to National Guidelines (please state): Yes		
Resource Implications	None.		
Legal Implications/Regulatory Requirements	The Trust has met its regulatory control total.		
Quality Impact Assessment	N/A		
Recommendation/ Actions required	The Board is asked to note this report.		
	Approval ☐	**Assurance** ☐	**Discussion** ☐	**Noting** ☒
Appendices	Finance report		

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Finance report

For the period ending 31 August 2021

Contents

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1. Executive summary

£'000	Budget	Actual	Var.	
Trust surplus/(deficit)				
In-month	(8)	(7)	1	The Trust reports a £7k deficit position for August; reducing to breakeven after making the technical adjustment for donated asset depreciation to report against control total. The reported position includes accrued Elective Recovery Funding (ERF) income of £4.3m - this being the April and May figure notified from NHSE/I plus an estimate for June of £1.2m – the contingency of £1.0m has not changed since month 4. Total pay costs have increased further from July by £0.5m, the majority of this is driven by emergency care increased demand as well as services recovering from the pandemic and delivering activity similar to that of 2019/20 levels. * Please note, since the time of closing the month 5 position and writing this report, the CCG have notified an ERF income figure increase of £0.9m to £5.1m, this would consequently also increase the contingency reserve from £1.0m to £1.9m. The tables in this paper do not reflect this late notification.
Donated Asset Depreciation	8	7	(1)	
Control Total	**-**	**-**	**-**	
Efficiencies Programme				
In-month	278	78	(200)	For the second consecutive month there are no further schemes being approved and implemented in August as services continue to focus on the recovery programme and managing the rise in Covid positive patients. All divisions together with support from the corporate functions are developing the 9 cross cutting efficiency schemes presented at the efficiency showcase meeting, these will be reported in future as they are implemented.
YTD	914	406	(508)	

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Capital				
In-month	1,263	1,156	(107)	The Trust Capital Resource Limit (CRL) was set at £13,877k for 2021/22 by the STP; in July an additional £440k CRL has been authorised for diagnostics (£420k to be funded from additional PDC and £20k from the Trusts own cash reserves). The programme is currently £1,313k behind plan - this is mainly due to slippage across Backlog Maintenance and Fire Safety Programme due to a delay in scoping; this is now complete and works are expected to accelerate in the next couple of months. Schemes totalling £1,637k have been approved in excess of the budget available which will be funded from slippage as it arises, using current detailed forecasts provided by project leads £1,280k of slippage is expected, leaving a £357k risk. Additional slippage is expected to materialise in the last 2 quarters so the forecast is still currently on plan. The Trust has highlighted a further £10m of high priority schemes to the ICS which we would wish to critically pursue should any additional resources become available.
YTD	7,240	5,927	(1,313)	
Annual	14,317	14,317	0	

£'000	PY	Actual	Var.	
Cash				
Month end	49,184	43,015	(6,169)	Cash balances have slightly increased by £0.2m in month. Cash balances are expected to be maintained at a similar level (£40m to £50m) throughout the year.

Activity is below draft budgeted levels as a result of Covid	Clinical income based on the 21/22 consultation tariff would have reported a year to date position of £108.8m, this being £3.2m lower than income in the same period of 19/20. In month performance excluding high cost drugs is £20.4m which is £3.9m higher compared to M4 reported figure.

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2. Income and expenditure (reporting against NHSE/I plan)

£'000	In-month			Year-to-date*		
	Plan	Actual	Var.	Plan	Actual	Var.
Clinical income	28,469	28,000	(469)	138,699	138,078	(620)
High cost drugs	1,814	1,773	(40)	9,068	9,013	(55)
Other income	1,678	2,107	429	8,442	9,890	1,448
PSF/MRET/FRP	0	0	0	0	0	0
Donated Asset Adjustment	0	0	0	0	0	0
Total income	**31,961**	**31,880**	**(81)**	**156,208**	**156,981**	**772**
Nursing	(7,820)	(7,987)	(167)	(39,790)	(39,203)	588
Medical	(6,295)	(6,543)	(248)	(31,282)	(31,300)	(18)
Other	(4,990)	(5,725)	(735)	(24,772)	(27,884)	(3,112)
Total pay	**(19,105)**	**(20,255)**	**(1,150)**	**(95,845)**	**(98,387)**	**(2,542)**
Clinical supplies	(3,934)	(4,251)	(318)	(19,669)	(21,101)	(1,432)
Drugs	(598)	(778)	(180)	(2,991)	(4,083)	(1,093)
High cost drugs	(1,821)	(1,837)	(17)	(9,103)	(9,123)	(20)
Other	(5,066)	(3,309)	1,757	(21,416)	(17,079)	4,337
Total non-pay	**(11,419)**	**(10,176)**	**1,243**	**(53,178)**	**(51,386)**	**1,792**
EBITDA	**1,437**	**1,449**	**12**	**7,185**	**7,208**	**23**
Depreciation	(895)	(903)	(8)	(4,476)	(4,478)	(2)
Donated asset adjustment	(8)	(7)	0	(39)	(37)	2
Net finance income/(cost)	2	(3)	(4)	8	(13)	(21)
PDC dividend	(544)	(544)	0	(2,718)	(2,718)	1
Non-operating exp.	**(1,445)**	**(1,457)**	**(12)**	**(7,225)**	**(7,245)**	**(20)**
Reported surplus/(deficit)	**(8)**	**(7)**	**1**	**(40)**	**(37)**	**2**
Adj. to control total	8	7	(0)	40	37	(2)
Control total	**(0)**	**(0)**	**0**	**(0)**	**(0)**	**0**

1. Funding arrangements for 6 month period have been agreed with the Kent & Medway CCG. The Trust plans to breakeven for Apr-Sep.
2. Overall pay budgets are overspending by £2.5m, of this £0.5m is the pay contingency, £0.5m is attributable to unfound efficiencies, £0.5m to additional specialling costs and £1.0m relating to budget changes since the NHSE/I plan resubmission that were included in non-pay reserves; in the table this is offset by underspending against reserves in other non-pay.
3. Nursing pay is underspending year to date mainly from vacancies that are now being recruited to or filled with bank staff. Pay budgets were set using costed establishments, there is no premium included for higher temporary staff costs.
4. Pay costs in month have increased by £0.5m. The main drivers for this increase are non-elective activity and pressures within the Emergency Department (E.D.) as well as the hospital running at OPEL 3 & 4 for most of the month. This has impacted on patient flow from the E.D. to inpatient services requiring additional clinical staff to care until a bed has been found.
5. The other income favourable position includes overseas and private patient's income £0.3m, vaccination and quarantine costs £0.3m, medical education contribution to overheads £0.3m and drugs recharges offsetting costs in the divisions.
6. YTD ERF income recognised is £4.3m; this is £1.2m increase in month relating to meeting activity thresholds for the month of June.
7. Total expenditure includes the £0.4m of incremental Covid costs (£2.1m YTD).

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3. Efficiency Programme (status and summary)

Status £'000	Blue	Green	Amber	Red	Sub-total	Budget	Unidentified
Planned care	70	0	0	203	273	**2,132**	(1,859)
UIC	179	0	89	200	468	**2,190**	(1,722)
E&F	21	350	0	30	401	**434**	(33)
Corporate	73	56	0	0	129	**415**	(286)
Total	**343**	**406**	**89**	**433**	**1,271**	**5,171**	**(3,900)**
Previous Month Total	343	406	89	433	1,271	**5,171**	(3,900)

Summary £'000	In-month			Year-to-date			Outturn		
	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Forecast	Var.
Trust total	**278**	**78**	**(200)**	**914**	**406**	**(508)**	**5,171**	**5,171**	**0**

Process

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

The total efficiencies included in the draft budget for the first 6 months are £0.9m; this increases to £4.8m for the 12 month period as the need for efficiencies increases in the second half of the financial year. In addition to this there is the full year effect impact of 20/21 schemes totalling £0.3m.

For the 2nd consecutive month, no additional schemes have been signed off as deliverable in August as services continue to focus on operational issues and the restart programme. The most recent showcase event identified 9 cross-cutting efficiency schemes along with nominated leads Trust. This will support the development of an efficiency plan for the period of October to March as well as the following financial year. In addition, the PMO team and Finance Business Partners are continuing to support the services to identify potential areas of efficiency using Model Hospital data and benchmarking tools.

The main efficiencies have been achieved from the full year effect of 20/21 schemes as well as Facilities and Estates division schemes linked to patient meals costs, Corporate division schemes reducing printing costs and I.T. contracts, as well procurement measures over price increases and inflation.

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4. Balance sheet summary

Prior year end	£'000	Month end actual	Var on PY.
221,951	**Non-current assets**	**222,459**	**508**
6,962	Inventory	7,175	213
16,216	Trade and other receivables	22,986	6,770
49,184	Cash	43,015	(6,169)
72,362	**Current assets**	**73,176**	**814**
(137)	Borrowings	(71)	66
(37,101))	Trade and other payables	(32,106)	4,995
(8,839)	Other liabilities	(15,257)	(6,418)
(46,077)	**Current liabilities**	**(47.434)**	**(1,357)**
(2,151)	Borrowings	(2,151)	0
(1,424)	Other liabilities	(1,425)	(1)
(3,575)	**Non-current liabilities**	**(3,576)**	**(1)**
244,661	**Net assets employed**	**244,625**	**(36)**
453,870	Public dividend capital	453,870	0
(245,271)	Retained earnings	(245,307)	(36)
36,062	Revaluation reserve	36,062	0
244,661	**Total taxpayers' equity**	**244,625**	**(36)**

Key messages:

1. Receivables have increased by £6.8m from the prior year mainly due to:
   - Increase in prepayments of £2.7m, which is expected; many contracts are paid a quarter/year in advance.
   - Increase in income accruals due to ERF, actuals payments are expected in quarter 3.
2. Payables have decreased by £5.0m from the prior year due to the receipt and payment of material capital invoices
3. Other liabilities have increased by £6.4m from the prior year due to an increase in payments in advance from NHS Commissioners
4. Total Trust borrowings are £2.2m and relate to long term capital loans issued by DHSC in a prior year.

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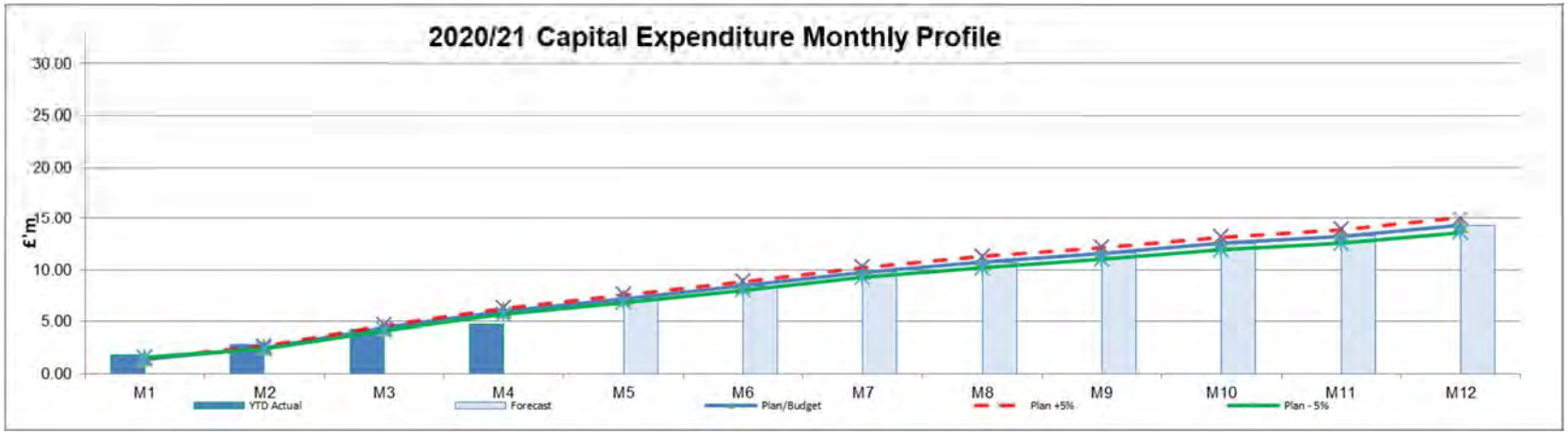
5. Capital

£'000	In-month			Year To Date M1-M5			Annual			Funding (PLAN)		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Forecast	Var.	Internal	PDC	CIF PDC
Backlog Maintenance	455	240	(215)	2,387	1,484	(902)	3,014	3,014	0	3,014	0	0
Fire Urgency Works	312	74	(239)	836	198	(638)	2,331	2,331	0	2,331	0	0
Emergency Department	0	3	3	1,211	1,385	174	1,211	1,211	0	1,211	0	0
Information Technology	308	516	208	1,978	2,094	115	4,023	4,023	0	4,023	0	0
Medical and Surgical Equipment Programme	8	0	(8)	38	(0)	(38)	142	142	0	142	0	0
Service Developments	180	304	124	680	740	60	1,919	1,919	0	1,919	0	0
Routine Maintenance	0	12	12	110	98	(12)	130	130	0	130	0	0
Specific Business cases pending UTC	0	0	0	0	(0)	(0)	1,107	1,107	0	0	1,107	0
Total Planned Capex	**1,263**	**1,149**	**(114)**	**7,240**	**5,999**	**(1,241)**	**13,877**	**13,877**	**0**	**12,770**	**1,107**	**0**
Unfunded	0	6	6	0	(71)	(71)	0	0	0	0	0	0
Diagnostics	0	0	0	0	0	0	440	440	0	440	0	0
Total Additional Capex	**0**	**6**	**6**	**0**	**(71)**	**(71)**	**440**	**440**	**0**	**440**	**0**	**0**
Total Capex	**1,263**	**1,156**	**(107)**	**7,240**	**5,927**	**(1,313)**	**14,317**	**14,317**	**0**	**13,210**	**1,107**	**0**
Grant/Donation Funded Capex	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Capex	**1,263**	**1,156**	**(107)**	**7,240**	**5,927**	**(1,313)**	**14,317**	**14,317**	**0**	**13,210**	**1,107**	**0**



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The Capital programme is currently 41% complete, £1,313k behind projected expenditure plan.

- **Backlog Maintenance, £902k behind plan, forecast for year is on plan.**
  Main schemes generating this slippage are;
  - Mortuary roof - £330k slippage, after some contractor delays; this project is expected to complete within the next month.
  - Lifts - £140k slippage, whole project value is £1,000k. Delays have occurred due to access issues and as a result £200k of the project is now expected to be incurred in 21/22, creating slippage for the current financial year but a pressure on the next.
  - Social Club - £161k slippage, this project is almost complete but an asbestos complication has arisen delaying the final IT cabling works. Additional resources will be required to complete, a case for which is being presented to TCG next month.
  - Accommodation upgrades - £114k slippage, work is ongoing and expected to catch up in the next couple of months.
  - Ocelot Ventilation - £125k slippage, this work is now almost complete but some additional scoping and design is now required to finalise.

- **Fire Urgency Works £638k behind plan, forecast for year is on plan.**
  Main schemes generating this slippage are;
  - Compartmentation, £199k slippage
  - Fire Alarm, £115k slippage

  Access to certain areas within the Trust have resulted in works delays across both of these projects, as areas are now available work is back underway and still on course to complete this financial year.
  - X Rays doors, £150k slippage, delayed development and approval of the PID has resulted in a delayed start. The project is now underway and will complete in 2021/22.
  - CSSD, £100k slippage, asbestos issues have caused a delay in scoping, these are now resolved and the pre-start contractor meeting is happening in the nest week. The project will catch up and complete in 2021/22.

- **Emergency Department, £174k overspent**, with annual budget fully utilised. VAT credits are expected to offset this overspend

- **IT schemes £115k ahead of plan forecast for year is on plan.**
  There appears to be duplicate billing (although not payment) within the end user devices project which is currently being investigated with the supplier. The duplicate costs have been left in expenditure whilst under investigation.

- **Service Developments £60k ahead of plan, forecast for year is on plan**
  Over and underspends in this area mainly relate to balances from the prior year, VAT adjustments or work that continued into the new financial year that was budgeted for. These schemes are under review and will be moved to ‘unfunded’ programme to offset against other VAT credits as they are verified.

- **Routine Maintenance £12k behind plan, forecast for year is on plan**
  Slippage relates to the boundary wall project which is complete but there are some issues with the conservation officer requiring the Trust to withhold approval of works until resolved.

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- **Unfunded, £71k underspent**
  Unfunded summaries transactions relating to prior year projects, currently the value of credits from supplier, VAT and accrual slippage returns a balance of £71k credit.

- **Additional Funding**
  Currently the Trust has applied for;

  - £440k diagnostics CRL, £420k PDC, which will attract 3.5% dividend repayments and £20k internal resources
    Provisionally allocated to this area in July. This funding is to advance the conversion from CR, Computed Radiology to DR, Digital Radiology to bring Medway in line with its peers who already utilise this technology. The trust awaits final approval of the PDC from NHSI before works can progress, a plan is currently being developed in readiness.

  - £500k IT Digital aspirants funding which will be used to fund existing projects, this would also be PDC attracting 3.5% dividends but as yet no provisional agreement or MOU has been issued by NHSE/I.

- **Overall capital forecast is still on plan but with a risk of £1,637k,** slippage of £1,280k has been identified in project manager forecasts to date, meaning the unmitigated risk is currently £357k.

Risks

Approval Category	Project Ref	Project Name	Pressure £'000
Original Plan	N/A	IT slippage - to date unidentified	503
Original Plan	N/A	F&E slippage target - to date unidentified	503
PY	N/A	Coffee Shop	84
TCG Approval - June	21/22-077-001	Equip - Lifestart	19
TCG Approval - June	21/22-077-002	Equip - Orthfix	57
TCG Approval - June	21/22-136	Children's ED	41
TCG Approval - June	21/22-137	Dolphin	300
TCG Approval - July	21/22-136	Children's ED	5
TCG Approval - July	21/22-138	Keates Ward	60
TCG Approval - July	21/22-077	30 x VP infusion pumps - Panda/Dolphin	39
TCG Approval - August	21/22-139	Main Entrance Reception Demolition	26
			1,637

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Mitigations

Approval Category	Project Ref	Mitigations	£'000
Original Plan	21/22-027	Bronte Ward deferred to 22/23	500
Original Plan	21/22-033	Lister Ward deferred to 22/23	500
TCG Approval - June	21/22-077-001	Equip - Lifestart - Charity Funding	14
Original Plan	21/22-036	Maternity Soundproofing deferred to 22/23	30
Original Plan	21/22-008	Lifts Upgrade - part deferred	130
Original Plan	Various	other forecast slippage	106
			1,280
		Shortfall	357

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- **Additional Priority schemes,**

£765k of additional priority capital schemes have been approved by TCG YTD pending funding being made available. If further funding is not available in 2021/22 then these schemes will take precedence in the 2022/23 capital programme.

TCG Approved subject to funding being made available

Approval Category	Project Ref	Project Name	Estimated Cost £'000
TCG Approval - June	21/22-011	Generators	360
TCG Approval - June	21/22-014	TMV to TVT	300
TCG Approval - June	21/22-007	Social Club	68
TCG Approval - July	21/22-077	3x Monitor Recovery - Delivery Suite	37
			765

£230k of additional priority schemes where presented to TCG and approved in principle subject to final scoping work being re-presented to TCG. These schemes will be added to risk when final values are confirmed.

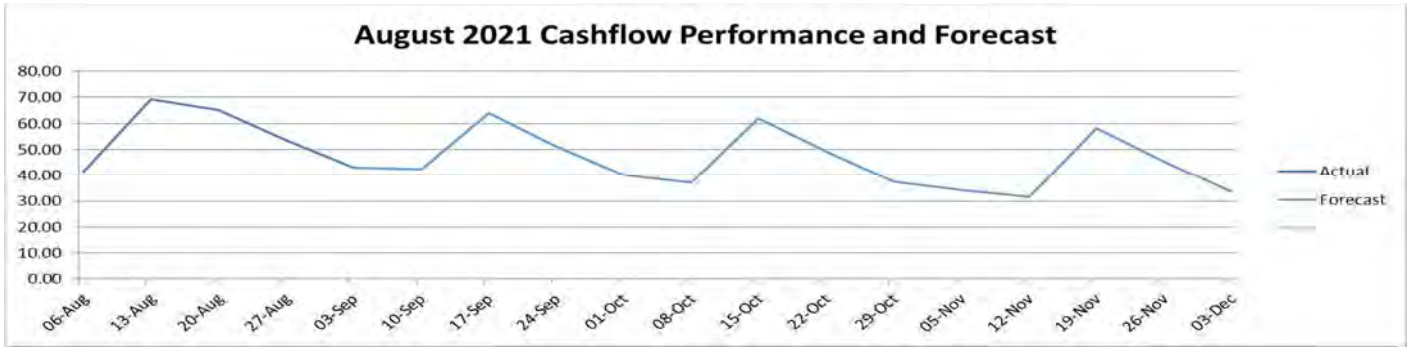
Risks - awaiting further approval

Approval Category	Project Ref	Project Name	Pressure £'000
TCG Approval - August (in principle only r	21/22-137	Dolphin Ward	208
TCG Approval - August (in principle only r	TBC	Maternity Neonates Infant Abduction	22
			230

6. Cash

13 Week Forecast w/e

£m	Actual 06/08/21	13/08/21	20/08/21	27/08/21	03/09/21	Forecast 10/09/21	17/09/21	24/09/21	01/10/21	08/10/21	15/10/21	22/10/21	29/10/21	05/11/21	12/11/21	19/11/21	26/11/21	03/12/21
BANK BALANCE B/FWD	**42.78**	**41.45**	**69.29**	**65.30**	**53.57**	**43.02**	**42.53**	**63.86**	**51.17**	**39.96**	**37.18**	**61.88**	**49.19**	**37.48**	**34.37**	**31.58**	**58.07**	**45.38**
Receipts																		
NHS Contract Income	0.17	29.08	0.36	0.12	0.32	0.00	28.90	0.00	0.00	0.00	29.34	0.00	0.00	0.00	0.00	28.90	0.00	0.00
Other	0.17	1.14	0.19	0.24	0.17	2.88	0.35	0.25	0.25	0.58	0.35	0.25	0.25	0.25	0.58	2.65	0.25	0.25
Total receipts	**0.35**	**30.22**	**0.55**	**0.36**	**0.49**	**2.88**	**29.25**	**0.25**	**0.25**	**0.58**	**29.69**	**0.25**	**0.25**	**0.25**	**0.58**	**31.55**	**0.25**	**0.25**
Payments																		
Pay Expenditure (excl. Agency)	(0.41)	(0.42)	(0.39)	(9.87)	(8.57)	(0.36)	(0.36)	(9.94)	(8.46)	(0.36)	(0.36)	(9.94)	(8.46)	(0.36)	(0.36)	(0.36)	(9.94)	(8.46)
Non Pay Expenditure	(0.90)	(1.78)	(3.96)	(2.17)	(1.14)	(2.50)	(4.13)	(2.50)	(2.50)	(2.50)	(4.13)	(2.50)	(3.00)	(2.50)	(2.50)	(4.13)	(2.50)	(3.00)
Capital Expenditure	(0.37)	(0.18)	(0.19)	(0.06)	(1.33)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)
Total payments	**(1.68)**	**(2.38)**	**(4.54)**	**(12.09)**	**(11.04)**	**(3.36)**	**(4.99)**	**(12.94)**	**(11.46)**	**(3.36)**	**(4.99)**	**(12.94)**	**(11.96)**	**(3.36)**	**(3.36)**	**(4.99)**	**(12.94)**	**(11.96)**
Net Receipts/ (Payments)	**(1.33)**	**27.84**	**(3.99)**	**(11.73)**	**(10.56)**	**(0.48)**	**24.26**	**(12.69)**	**(11.21)**	**(2.79)**	**24.70**	**(12.69)**	**(11.71)**	**(3.11)**	**(2.79)**	**26.56**	**(12.69)**	**(11.71)**
Funding Flows																		
DOH - FRF/Revenue Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MRET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PSF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DOH/FTFF - Capital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PDC Capital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Loan Repayment/Interest payable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	0.00
Dividend payable	0.00	0.00	0.00	0.00	0.00	0.00	(2.94)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funding	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**(2.94)**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**(0.08)**	**0.00**	**0.00**
BANK BALANCE C/FWD	**41.45**	**69.29**	**65.30**	**53.57**	**43.02**	**42.53**	**63.86**	**51.17**	**39.96**	**37.18**	**61.88**	**49.19**	**37.48**	**34.37**	**31.58**	**58.07**	**45.38**	**33.67**



A full year forecast cannot be shared at this point due to lack of agreement on contracting arrangements from Month 7 (October). Based upon current arrangements cash would be maintained around current levels, £40m to £50m with fluctuations dependant on working balances.

Prior year end	£'000	Month end actual	Var.
49,184	Cash	43,015	(6,169)

Cash balances have moved from the prior year due to

- £6.6m additional cash due to increase in income paid in advance
- £2.7m additional cash payments made in advance of contracts
- £11.5m reduction in capital payables, most of which will have been paid out in cash.

We note that the half year pDC dividend of £2.9m will be taken in September.

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7. Forecast, risk and mitigations

£'000	Actuals					Forecast		Budget	H1
	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	H1 21/22	H1 21	Variance
Clinical income	27,174	27,519	27,400	27,984	28,000	28,090	166,168	167,168	(1,000)
Donated Asset Adjustment	222	1	(222)	0	0	0	0	0	0
High cost drugs	1,677	1,776	1,954	1,832	1,773	1,369	10,381	10,881	(500)
Other income	1,821	1,804	2,280	1,878	2,107	1,900	11,790	10,120	1,670
PSF/MRET/FRP	0	0	0	0	0	0	0	0	0
Income Total	**30,893**	**31,100**	**31,412**	**31,695**	**31,880**	**31,275**	**188,256**	**188,170**	**86**
Medical	(6,053)	(6,250)	(5,940)	(6,514)	(6,543)	(6,269)	(37,569)	(37,544)	(25)
Nursing	(7,529)	(7,832)	(7,799)	(8,056)	(7,987)	(7,811)	(47,014)	(47,596)	582
Other	(5,892)	(5,549)	(5,501)	(5,217)	(5,725)	(5,447)	(33,331)	(29,810)	(3,521)
Pay Total	**(19,474)**	**(19,630)**	**(19,240)**	**(19,787)**	**(20,255)**	**(19,527)**	**(117,913)**	**(114,950)**	**(2,963)**
Clinical supplies	(3,818)	(4,144)	(4,416)	(4,471)	(4,287)	(4,042)	(25,179)	(23,603)	(1,576)
Drugs	(714)	(793)	(912)	(887)	(778)	(903)	(4,987)	(3,589)	(1,398)
High cost drugs	(1,677)	(1,784)	(1,967)	(1,857)	(1,837)	(1,800)	(10,923)	(10,924)	1
Other	(3,785)	(3,324)	(3,419)	(3,243)	(3,273)	(3,635)	(20,678)	(26,482)	5,804
Non Pay Total	**(9,993)**	**(10,044)**	**(10,714)**	**(10,459)**	**(10,176)**	**(10,298)**	**(61,684)**	**(64,597)**	**2,913**
Depreciation	(880)	(880)	(912)	(903)	(903)	(903)	(5,381)	(5,371)	(10)
Donated Asset Adjustment	(7)	(7)	(7)	(7)	(7)	(8)	(45)	(47)	2
Net finance income/(cost)	(4)	(1)	(2)	(3)	(3)	(3)	(15)	10	(25)
PDC dividend	(542)	(545)	(544)	(544)	(544)	(545)	(3,263)	(3,262)	(1)
Post EBITDA Total	**(1,433)**	**(1,433)**	**(1,466)**	**(1,457)**	**(1,457)**	**(1,459)**	**(8,704)**	**(8,670)**	**(34)**
Surplus/(deficit)	**(7)**	**(7)**	**(7)**	**(7)**	**(7)**	**(8)**	**(46)**	**(48)**	**2**
Remove Donated Asset Depn.	7	7	7	7	7	8	46	48	(2)
Control Total	**(0)**	**0**	**0**	**0**	**(0)**	**0**	**(0)**	**0**	**(0)**

The key matters to note from this forecast are:

- Based on run-rate.
- Adjustments for non-recurrent items / known issues.
- Control total forecast to be met.
- ERF income assumed of £5.1m an increase of £0.2m from month 4, of this £4.3m has been included for Apr-Jun.
- Contingency included of £1.3m (decrease of £0.1m from month 4)
- No new CIP delivered
- No significant service developments before H2.
- Clinical supplies & drugs adverse variance due to restart activity and insourcing / outsourcing costs.
- Favourable variance on the "other" category includes £4.6m ERF reserve that was included in the re-submitted plan. Total ERF planned income is £5.9m with forecast actual income of £5.1m.

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The table below sets out the forecast variance to budget for all divisions.

£'000	Forecast Variance to Budget					
	Unplanned & Integrated Care	Planned Care	Corporate	Facilities & Estates	Central & Trust Income	Total
Clinical income	1,503	1,569	0	0	(4,072)	**(1,000)**
Donated Asset Adjustment	0	0	0	0	0	**0**
High cost drugs	(1,474)	106	0	0	868	**(500)**
Other income	(162)	679	278	238	637	**1,670**
PSF/MRET/FRP	0	0	0	0	0	**0**
Income Total	**(133)**	**2,354**	**278**	**238**	**(2,567)**	**170**
Medical	(465)	(900)	(206)	0	1,547	**(25)**
Nursing	(1,368)	1,132	173	0	645	**582**
Other	70	(730)	97	192	(3,149)	**(3,521)**
Pay Total	**(1,764)**	**(499)**	**64**	**192**	**(957)**	**(2,963)**
Clinical supplies	(180)	(1,400)	(258)	(262)	524	**(1,576)**
Drugs	(996)	(703)	9	0	293	**(1,398)**
High cost drugs	1,474	(106)	0	0	(1,367)	**(0)**
Other	(67)	(306)	300	(734)	6,611	**5,804**
Non Pay Total	**231**	**(2,514)**	**50**	**(996)**	**6,060**	**2,830**
Depreciation	0	0	0	0	(10)	**(10)**
Donated Asset Adjustment	0	0	0	0	2	**2**
Net finance income/(cost)	0	0	0	0	(25)	**(25)**
PDC dividend	0	0	0	0	(1)	**(1)**
Post EBITDA Total	**0**	**0**	**0**	**0**	**(34)**	**(34)**
Surplus/(deficit)	**(1,665)**	**(659)**	**392**	**(567)**	**2,502**	**2**
Remove Donated Asset Depn.	0	0	0	0	(2)	**(2)**
Control Total	**(1,665)**	**(659)**	**392**	**(567)**	**2,500**	**(0)**

Unplanned Care income mainly includes £0.6m ERF, an increase of £0.3m from Month 4, as well as homecare provider drugs, the budget for ERF is held within Trust income. The pass through costs that are recharged to the CCG for drugs and medical devices are included in the non-pay forecast as well as adverse variances for increased medical staffing pressures and the escalation ward.

Planned Care includes £1.4m ERF income, an increase of £0.7m from month 4. The favourable variance in the division is offset by insourcing costs as well as premium costs for temporary medical staff, clinical supplies and drugs expenditure increases due to higher activity levels associated with the restart programme.

Corporate services favourable variance is mainly due to the contribution to overheads from Medical Education and vacancies across the various functions.

Facilities & Estates adverse variance is driven by higher energy costs due to the CHP equipment not functioning as well as high minor works costs and medical equipment. The division is addressing this issue and awaiting a specific part needed for the fix to be delivered from Italy.

The contingency budget included in “other” includes 4.6m additional ERF income. This is used to fund budget transfers from reserves; the remaining £5.0m favourable variance offsetting adverse variances across divisions and cost pressures in reserves. The adverse income variance includes £0.8m ERF income under-recovery and £0.5m high cost drugs.

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7. Forecast, risk and mitigations (continued)

Title	Risk description	RAG	£'000	Mitigation(s)	Lead(s)
ERF income - receipt	Early indications were that ERF income may not accrue due to gateway planning targets being undefined/unmet at a system level. The full £4.2 has remained as a risk in case of retraction as the actual payment has not yet been received.		4,200 (month 1+2+3)	NHSE/I are due to imminently make payment of ERF for April and May with indications of values for June expected. The CCG has agreed to underwrite any additional costs incurred to deliver against the elective targets.	Cleo Chella
ERF income - threshold	It has been confirmed that with effect from 1 July the threshold for ERF would be increased from 85% to 95%.		700 (predicted H1 impact)	The Trust is not penalised if it does not meet the threshold target. The CCG has agreed to underwrite any additional costs incurred to deliver against the elective targets.	Cleo Chella
Efficiency	Cross-cutting schemes from the showcase are being scoped. Divisional schemes are still being developed.		4,800 (full year)	Further efficiency showcase event on 23 July is rescheduled to 18 August. Project teams being established to take forward the cross-cutting schemes.	Alan Davies
Covid	Covid patient numbers have been low, although they are now starting to rise and restrictions are being lifted. The H1 funding has exceeded incremental cost; H2 funding will be adjusted (anticipated downwards) to reflect activity.		n/a	Use of contingency reserve. H2 funding negotiation/settlement.	Alan Davies
ED activity / patient flow	Increased activity from the Emergency Department (ED) while waiting for inpatient beds to be available. This can restrict patient flow through the hospital.		n/a	Opening of Priority Admission Unit (PAHU)	Alan Davies

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8. Conclusions

The Finance Committee is asked to note the report and financial performance which is £7k deficit in-month reducing to breakeven after removing the adjustment for donated asset depreciation and income. This financial performance is as per the plan submitted to the Kent & Medway STP and forecast to breakeven for the first six months in line with the control total. The year to date efficiency programme is adverse to plan and the majority of delivery is from the full year effect of schemes that started in the previous financial year. ERF income of £4.3m has been included; this is the figure notified by NHSE/I and based on the Trust delivering the activity thresholds in April and May of £3.1m, as well as an estimate of June £1.2m.

The Trust continues to forecast a breakeven position as planned for the first half of the financial year.

The risks identified with the financial position for the financial year ahead include:

- Managing cost pressures & service developments within financial envelope
- Delivery of efficiencies targets
- Managing the incremental cost of elective recovery and covid costs within plan as well as the receipt of ERF income at the higher figure.

Mitigations to reduce the risk:

- Development and implementation of the 9 cross-cutting efficiency schemes.
- Use of benchmarking data including the Model Hospital to drive efficiencies.
- ERF income of £5.1m, this being an increase from the previous month of £0.2m following confirmation from NHSE/I of £3.1m.
- M5 contingency £1.0m, forecast for H1 £1.3m.

Alan Davies
Chief Financial Officer
September 2021

Meeting of the Board of Directors in Public

Thursday, 07 October 2021

Assurance Report from Committees

Title of Committee:	**Finance Committee**	**Agenda Item**	**4.2**
Committee Chair:	Annyes Laheurte		
Date of Meeting:	Thursday 23 September 2021		
Lead Director:	Alan Davies, Chief Finance Officer		
Report Author:	Paul Kimber, Deputy Chief Finance Officer		

The key headlines and levels of assurance are set out below, and are graded as follows:	
Assurance Level	**Colour to use in 'assurance level' column below**
No assurance	Red - there are significant gaps in assurance and we are not assured as to the adequacy of current action plans
Partial assurance	Amber/ Red - there are gaps in assurance
Assurance	Amber/ Green - Assurance with minor improvements required
Significant Assurance	Green – there are no gaps in assurance
Not Applicable	White - no assurance is required

Key headlines and assurance level	
Key headline	**Assurance Level**
1. BAF strategic risks The BAF scores were noted as being unchanged. The uncertainty of the financial regime for the second half of the year – noting the forecast to deliver a breakeven in the first half of the year – is the key driver in respect of "3a Delivery of Financial Control Total". This uncertainty includes no national guidance having yet been released nor the funding allocations announced; this, coupled with continuing challenges of the efficiency scheme and emerging cost pressures, have meant no change in this risk score was felt appropriate. The limited capital resource allocation meant the scores for "3a Delivery of Financial Control Total" and "3b Capital Investment" remained at 16. A risk assessed plan was agreed at the beginning of the year and is being closely monitored; whilst the programme is currently over-subscribed it is felt that this can be managed to within the resource limit alongside bid submissions for further capital funding.	**Amber/Green**

Key headlines and assurance level	
Key headline	**Assurance Level**
With regards to risk "3c Failure to Achieve Long Term Financial Sustainability" concern was raised at the lack of progress against the efficiency programme in 2021/22 and thus will be monitored even more closely at future meetings, as well as through the newly created Efficiencies Delivery Group. Work on the Financial Recovery Plan was noted as ongoing with system partners.	
2. Corporate risk register There was one item scoring 16 or higher with regards to the capital resource limit for the year. There had been no change from the previous month.	**Amber/Green**
3. Finance report – month 5 The Chief Financial Officer took the Committee through the report, with the key highlights being: • The Trust has met its control total of breakeven in month 5 and for the year to date. • ERF income of £4.3m has been realised in YTD position and the benefit for months 1 and 2 has been paid. • Contingency of c£1m is held at the end of month 5. • The growth in pay spend was noted as a concern; a significant portion of this is within the Unplanned and Integrated Care division. A deep dive has been arranged but broadly this pressure has arisen due to pressures on the Emergency Department, nurse specialling and junior doctor vacancies. • There were no new efficiency schemes identified/implemented in month and remains a concern. • It was noted that although there was some capital slippage in the year to date position this was primarily due to phasing and early supplier engagement. As noted under the BAF section, an over-subscribed plan is being managed to the resource limit. The key risks were noted as being the ERF income following confirmation form the system that it does not expect to meet its threshold target in Q2 (thus impacting the Trust by up to £0.5m) and the progress and delivery of efficiency schemes. A stronger stance on creditors to improve the Better Payment Practice Code is being taken and performance closer to the standard is expected over the next several months. Further work is being undertaken to recover the debtors position, although these are now being escalated internally and with the counter-parties.	**Amber/Green**
4. Efficiency programme update The Chief Financial Officer noted the work that had taken place to refocus and reenergise the efficiency programme. The showcase events had therefore developed a number of cross-cutting themes to be taken forward.	**Amber/Red**

Key headlines and assurance level	
Key headline	**Assurance Level**
The report set out those areas that were considered viable (in particular in this financial year) and the scope of the projects therein. The Efficiencies Delivery Group was noted as meeting on Monday 27 September for the first time to scrutinise those plans in more detail. The report set out schemes totalling c£2.4m and thus short of the planned £3.9m. The extent of the risk would be better understood once the funding allocations for H2 had been announced. It was noted that it may be necessary to review the extent of the service developments agreed in principle for 2021/22 together with more stringent cost control.	
5. Drivers of deficit The Deputy Chief Financial Officer presented this paper, which was a high level update on the prior year report. This considered the progress and improvement made to date on reducing the underlying deficit of the organisation and the likely impact of not taking further action into the future. The report noted that income-drive solutions were unlikely to resolve the issue as this would simply recycle the deficit through system partners. In addition, the payment regime is almost certainly changing in the future and as such, once confirmed, will have a different impact on the analysis. The Trust acknowledged that there are further efficiencies available to it by way of a number of benchmarking tools, including Model Health Systems, but that these alone would be insufficient to achieve financial sustainability. One of the conclusions was therefore that system intervention and transformation would also be required, such as Population Health Management. Finally, it was noted that other providers in the system also faced underlying financial issues and that the commissioner was not in receipt of its fair-share allocation and hence there was also a role for the regulator in the solution.	**Amber/Green**
6. H2 budget setting 2021/22 The Deputy Chief Financial Officer presented this paper, noting that the current draft position was presented, noting that this had not yet been scrutinised by the Trust executive. The national guidance and system funding allocation had not been released and so a final assessment against that cannot yet be undertaken. The draft H2 budget had been developed through adjustments to the H1 rollover position, recognising some of the emerging risks, the efficiency requirements and cost pressures. The draft position was balanced but this was subject to finalisation of the allocation and additional risks/assumptions made. The Committee will continue to receive reports on the H2 budget as this is finalised.	**Amber/Red**
7. Post project assessment: Clinical Decision Unit ("CDU") The Deputy Chief Operating Officer presented the report to the Committee, noting that the use of the space has changed to meet the demands of the pandemic, although this has now reverted back to its original purpose. It was noted however that a number of the patients	**Amber/Green**

Key headlines and assurance level	
Key headline	**Assurance Level**
currently using this area are typically those requiring mental health support. Whilst not strictly anticipated, this does support patient flow and easing of the pressure on the Emergency Department. Assurance was provided that only clinically appropriate patients are moved into the CDU. The project was a capital only scheme and that funding has been spent in line with plans (being the Emergency Department phase 2 rebuild). There were no revenue costs included in the case; a review of staffing in the Emergency Department as a whole is being undertaken and is a key learning point for this and other business cases, i.e. complete consideration of incremental costs. Assurance was provided that the investment governance process is more robust now and would be expected to identify such issues. It was **AGREED** that a post project assessment of the Emergency Department as a whole (incorporating CDU) would be undertaken in March 2022 to understand the holistic outcomes.	
8. Sustainability paper The Executive Director of Estates and Facilities noted that the Green Plan was approved by the Trust Board at its April meeting and took the Committee through some of the highlights of this report. These included work being undertaken in respect of the on-site storage, procurement assessments of green credentials as part of business case decision making, reuse of furniture and equipment, etc.	**Green**
Decisions made It was **AGREED** that a post project assessment of the Emergency Department as a whole (incorporating CDU) would be undertaken in March 2022 to understand the holistic outcomes.	
Further Risks Identified None other than as set out.	
Escalations to the Board or other Committee Not matters to escalate.	

Meeting of the Board of Directors in Public

Thursday, 07 October 2021

Assurance Report from Committees

Title of Committee:	**Integrated Audit Committee**	**Agenda Item**	**4.3**
Committee Chair:	Mark Spragg, Non-Executive Director		
Date of Meeting:	Thursday 23 September 2021		
Lead Director:	Alan Davies, Chief Financial Officer		
Report Author:	Paul Kimber, Deputy Chief Financial Officer		

The key headlines and levels of assurance are set out below, and are graded as follows:	
Assurance Level	**Colour to use in 'assurance level' column below**
No assurance	Red - there are significant gaps in assurance and we are not assured as to the adequacy of current action plans
Partial assurance	Amber/ Red - there are gaps in assurance
Assurance	Amber/ Green - Assurance with minor improvements required
Significant Assurance	Green – there are no gaps in assurance
Not Applicable	White - no assurance is required

Key headlines and assurance level	
Key headline	**Assurance Level**
1. Internal audit KPMG presented their summary report and progress against their audit plan; the following reports and their rating were also presented with ensuing discussion: • Statutory and mandatory training – partial assurance with improvements required • Business continuity – partial assurance with improvements required The action tracker was also discussed, including those recommendations/actions that were now overdue for implementation. The local counter fraud specialist presented a plan of their work for 2021/22 together with an outline strategic plan to 2026. The Committee **APPROVED** the counter fraud plan.	**Amber/Green**

An update on the counter fraud work was also presented, including an update on the proactive and reactive investigations being undertaken.	
2. External audit Grant Thornton presented a report on the outcome of their value for money opinion related to 202021. It was noted that this was the first time such a report has been made following a significant change in the scope of work required nationally from external audit in this area. The opinion covers: 1. Improving economy, efficiency and effectiveness 2. Financial sustainability 3. Governance The overall opinion for the Trust was that there are "no significant weaknesses in arrangements identified, but improvement recommendation made". The timing of the reporting of the value for money opinion was noted as requiring careful management in future years such that it does not affect laying the annual report before Parliament or the Annual Members Meeting.	**Amber/Green**
3. BAF focus - finance The Chief Financial Officer presented the report, noting that this is routinely scrutinised by the senior finance team each month before submission to the Finance Committee as an agenda item at its monthly meetings. The risks themselves were discussed and assurance received over the actions being taken to mitigate them.	**Amber/Green**
4. Declaration of interests, gifts and hospitality The Company Secretary presented the report of those new declarations made since April 2021. Concern was raised that the Committee expected there to have been more entries than was presented and so a number of options were discussed to promote the requirement to declare, including the use of internal audit/local counter fraud specialist.	**Amber/Red**
5. Corporate risk register The Deputy Chief Executive presented the report, with a focus on those risks scoring 16 or above. In particular it was noted that a number of these risks had remained at the same level for a sustained period of time and hence focus would be on how we manage/mitigate those. Assurance was provided over the functioning of the Risk Assurance Group, although it was noted that embedding consistent review and use of risk registers at local level may take a further 6 months.	**Amber/Green**
6. Committee effectiveness review The Company Secretary guided the members and attendees through an on-line survey to undertake its annual assessment of effectiveness. The results will be discussed with the Committee Chair in due course.	**White**
Decisions made The committee **APPROVED** the counter fraud plan for 2021/22.	

Further Risks Identified None, other than as noted.
Escalations to the Board or other Committee None.

Meeting of the Board of Directors in Public
Thursday, 07 October 2021

Title of Report	**Annual Emergency Preparedness, Resilience and Response (EPRR) assurance**	**Agenda Item**	5.1
Report Author	Keith Soper, Deputy Chief Operating Officer		
Lead Director	Angela Gallagher, Chief Operating Officer (Interim)		
Executive Summary	The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. NHS England (NHSE) has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer (at Medway NHS Foundation Trust this is the Chief Operating Officer) in each organisation is responsible for making sure these standards are met. As part of the national EPRR assurance process for 2021/22, we have assessed compliance against the core standards. The outcome of our self-assessment shows that against 46 of the applicable core standards, Medway NHS Foundation Trust is fully compliant with all 46 standards. The attached improvement plan sets out actions against all core standards where full compliance has yet to be achieved. The overall rating is: **Full Assurance**		
Due Diligence	To give the Trust Board assurance, please complete the following:		
Committee Approval:	Senior Operational Group 23 September 2021		
Executive Group Approval:	Not applicable		
National Guidelines compliance:	Yes		
Resource Implications	None		
Legal Implications/Regulatory Requirements	The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining delivery of services.		
Quality Impact Assessment	Not applicable		
Recommendation/	The Board is asked to note the outcome of the self-assessment.		

Actions required	Approval ☐	Assurance ☐	Discussion ☐	Noting ☒
Appendices	Appendix 1 EPRR Assurance Template Appendix 2 Core Standards assessment			

1 Executive Overview

Due to the impact of the response to COVID 19 in 2020/21 the annual NHSE EPRR Assurance Process was not undertaken in full in 2020. For 2021 NHSE reduced the assurance toolkit in recognition of the protracted and ongoing pressures upon healthcare system partners.

On the 23 July 2021 NHSE published its toolkit and accompanying Guidance letter. This detailed a 'lighter touch' self-assessment mechanism for EPRR Assurance and gives freedoms to health systems as to how they manage and deliver the process to gather suitable levels of assurance.

2 Process

In recognition of the NHSE Guidance letter the following process was agreed within Kent and Medway.

- Each provider organisation to complete and submit the NHSE self-assessment tool and by 15th September 2021 along with the following supporting evidence items:
  - A copy of the completed self-assessment tool
  - A copy of the report taken or to be taken to a public board or governing body meeting for agreement
  - A copy of the completed NHSE Statement of Compliance template
  - A 2021/22 EPRR Assurance Improvement Plan to address all standards assessed as partial or non-compliant
  - Copies or access to copies which are being relied upon as evidence to support self-assessed levels of compliance
  - A completed Overview position statement template

We submitted our full return on 15th September 2021 and self-assessed as being fully compliant with the relevant core standards. A copy of the return is included with these papers.

3 Conclusion and Next Steps

We will present an overview position statement on the standard template provided, for peer review and discussion the Local Health Resilience Partners (LHRP) Delivery Group meeting on 11th October 2021. This will have particular focus on items of best practice, areas for improvement and allow for shared learning. Key items identified will be incorporated into the LHRP Work Plan for 2021/22.

Organisations included in this health care system:

CCG Lead:			
Organisation name:	AEO:	EPRR Lead:	Healthcare type
Medway NHS Foundation Trust	Angela Gallagher	Steve Arrowsmith	Acute

Kent Local Health Resilience Partnership
EPRR Assurance 2021: **Provider's summary**

Organisation:	Medway NHS Foundation Trust
Accountable Emergency Officer (AEO):	Angela Gallagher
EPRR lead:	Steve Arrowsmith
Date of Sign Off by Governing Body:	7th October 2021
Compliance achieved:	Full Compliance (46 of 46)

	Core Standard	Example of Good Practice
Areas of Strength (1)	Standard 56 – Telephony Advice for CBRNe Exposure	• Clear concise one pager owned by the ED Team and copies held in the ICC
Areas of Strength (2)	Standard 54 – BCMS Continuous improvement process	• Recommendation Tracker held and fed into planning for the annual plan
Areas of Strength (3)	Standard 5 – EPRR Resource	• Additional Resource invested into the EPRR Team the Team now consists of 1 x b8a, 1 x b7 (vacant) and 1 x b5 which is inline with the ration to larger Trusts
	Core Standard	**Key areas for improvement**
Areas for improvement (1)		• Business Continuity Governance (Non standard requirement)
Areas for improvement (2)		• Business Continuity Assurance Group oversight (Non Standard Requirement)

Ref	Domain	Standard	Detail	Evidence - examples listed below	Organisational Evidence	Self assessment RAG **Red (not compliant) =** Not compliant with the core standard. The organisation's work programme shows compliance will not be reached within the next 12 months. **Amber (partially compliant) =** Not compliant with core standard. However, the organisation's work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. **Green (fully compliant) =** Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
Deep Dive - Oxygen Supply **Domain: Oxygen Suuply**										
DD1	**Oxygen Supply**	**Medical gasses - governance**	The organisation has in place an effective Medical Gas Committee as described in Health Technical Memorandum HTM02-01 Part B.	• Committee meets annually as a minimum • Committee has signed off terms of reference • Minutes of Committee meetings are maintained • Actions from the Committee are managed effectively • Committee reports progress and any issues to the Chief Executive • Committee develops and maintains organisational policies and procedures • Committee develops site resilience/contingency plans with related standard operating procedures (SOPs) • Committee escalates risk onto the organisational risk register and Board Assurance Framework where appropriate • The Committee receives Authorising Engineer's annual report and prepares an action plan to address issues, there being evidence that this is reported to the organisation's Board	Minutes from the Medical Gas Systems meeting 27/04/21 Minutes from the medical Gas Systems meeting 25/08/21 Terms of Reference - Review Date 6/1/22	Fully compliant				
DD2	**Oxygen Supply**	**Medical gasses - planning**	The organisation has robust and tested Business Continuity and/or Disaster Recovery plans for medical gases	• The organisation has reviewed and updated the plans and are they available for view • The organisation has assessed its maximum anticipated flow rate using the national toolkit • The organisation has documented plans (agreed with suppliers) to achieve rectification of identified shortfalls in infrastructure capacity requirements. • The organisation has documented a pipework survey that provides assurance of oxygen supply capacity in designated wards across the site • The organisation has clear plans for where oxygen cylinders are used and this has been discussed and there should be an agreement with the supplier to know the location and distribution so they can advise on storage and risk, on delivery times and numbers of cylinders and any escalation procedure in the event of an emergency (e.g. understand if there is a maximum limit to the number of cylinders the supplier has available) • Standard Operating Procedures exist and are available for staff regarding the use, storage and operation of cylinders that meet safety and security policies • The organisation has breaching points available to support access for additional equipment as required • The organisation has a developed plan for ward level education and training on good housekeeping practices • The organisation has available a comprehensive needs assessment to identify training and education requirements for safe management of medical gases	SOP for Medical Gases piped system failure Review Date November 2021	Fully compliant				
DD3	**Oxygen Supply**	**Medical gasses - planning**	The organisation has used Appendix H to the HTM 0201 part A to support the planning, installing, upgrading of its cryogenic liquid supply system.	• The organisation has clear guidance that includes delivery frequency for medical gases that identifies key requirements for safe and secure deliveries • The organisation has policy to support consistent calculation for medical gas consumption to support supply mechanisms • The organisation has a policy for the maintenance of pipework and systems that includes regular checking for leaks and having de-icing regimes • Organisation has utilised the checklist retrospectively as part of an assurance or audit process	Management of Medical Gases and Medical Gas pipeline systems operational policy	Fully compliant				
DD4	**Oxygen Supply**	**Medical gasses -workforce**	The organisation has reviewed the skills and competencies of identified roles within the HTM and has assurance of resilience for these functions.	• Job descriptions/person specifications are available to cover each identified role • Rotating of staff to ensure staff leave/ shift patterns are planned around availability of key personnel e.g. ensuring QC (MGPS) availability for commissioning upgrade work. • Education and training packages are available for all identified roles and attendance is monitored on compliance to training requirements • Medical gas training forms part of the induction package for all staff.	Piped oxygen business continuity response plan Review Date January 2024 Certifiacte of Training - MW Expirey 2022 Certificate of Training - SH Certificte of Training - KL Certificate of Trainnig - MC	Fully compliant				
DD5	**Oxygen Supply**	**Oxygen systems - escalation**	The organisation has a clear escalation plan and processes for management of surge in oxygen demand	• SOPs exist, and have been reviewed and updated, for 'stand up' of weekly/ daily multi-disciplinary oxygen rounds • Staff are informed and aware of the requirements for increasing de-icing of vaporisers • SOPs are available for the 'good housekeeping' practices identified during the pandemic surge and include, for example, Medical Director sign off for the use of HFNO.	SOP - Medical Gas pipeline System - Expiry december 2023	Fully compliant				
DD6	**Oxygen Supply**	**Oxygen systems**	Organisation has an accurate and up to date technical file on its oxygen supply system with the relevant instruction for use (IFU)	• Reviewed and updated instructions for use (IFU), where required as part of Authorising Engineer's annual verification and report	Piping instrumentation diagram Email service carried out 5/1/21	Fully compliant				
DD7	**Oxygen Supply**	**Oxygen systems**	The organisation has undertaken as risk assessment in the development of the medical oxygen installation to produce a safe and practical design and ensure that a safe supply of oxygen is available for patient use at all times as described in Health Technical Memorandum HTM02-01 6.6	• Organisation has a risk assessment as per section 6.6 of the HTM 02-01 • Organisation has undertaken an annual review of the risk assessment as per section 6.134 of the HTM 02-01 (please indicated in the organisational evidence column the date of your last review)	Medical Gas systems compliance report -Aether Medical Gases Lmtd	Fully compliant				

Meeting of the Board of Directors in Public

Thursday, 07 October 2021

Assurance Report from Committees

Title of Committee:	**People Committee**	**Agenda Item**	**6.1**
Committee Chair:	Sue Mackenzie, Chair of Committee/NED		
Date of Meeting:	Thursday, 23 September 2021		
Lead Director:	Leon Hinton, Chief People Officer		
Report Author:	Leon Hinton, Chief People Officer		

Key headlines and assurance level	
Key headline	**Assurance Level**
1.IQPR – People KPIs Key highlights were noted as follows: 1) Total Sickness (monthly) although improving, down to 4.66%, remains higher than seasonal average. Usage of occupational health services remains high for anxiety and stress with additional service capacity added to the end of September. Underlying sickness in August: 0.9% due to stress/anxiety (down from 1%) 0.5% due to MSK (down from 0.9%) 2) Temporary staff spend, as percentage of the paybill, has increased through July and August as a result of additional capacity through wave 3 Covid; however, escalations have largely ended in September. 3) Appraisal rates have been falling (to 82.5%) and no longer meet the target of 85% with a requirement for the organisation to prioritise appraisals to ensure health and wellbeing conversations are occurring, in addition to pay progression requirements.	**Amber/Green**
2. HR Resourcing Dashboard 1) International recruitment for nursing is above trajectory (four hires above plan) along with clinical support worker recruitment (30 hires above plan). 2) The top five specialties with highest/most difficult to recruit to consultant vacancies reported a slightly improving position for neonatology and ICU. ENT remains a difficult to recruit to speciality. Respiratory has now moved off the list due to successful recruitment.	**Amber/Green**
3. Culture and Leadership programme 1) The 'big six' staff survey responses remain on track for delivery through September and October, with the exception of the leadership	**Amber/Red**

compact which is under review nationally. The Trust values relaunch campaign has resulted in refreshed imagery throughout the Trust. 2) The first results of the People Pulse survey results have been received, with an average response rate; however, with results below national average for recommend as a place to work with varying results by staff group. Results are communicated to the Trust via 'you said, we did'. 3) The Staff survey is to be launched week commencing 27 September 2021 with an associated programme of communications and a move to more paper-based surveys to improve response rate and availability.	
4. Freedom to speak up strategy refresh 1) The refreshed strategy is a three-year strategy to support the Trust's aim to improve its Freedom to Speak Up mechanisms, confidence, usage and performance; building on the previous two iterations. 2) The strategy builds on three missions: Safe and confident: We aim for our people to feel safe and confident to speak up through a respectful and supportive experience. Investigating concerns promptly, fairly and fully: We aim for our people to be confident that their concerns will be promptly, fairly and fully investigated with appropriate actions, learning and feedback. A freedom to speak up culture: We will develop a culture where speaking up is everyone's business and is fundamental to everything we do. 3) The new strategy will accompany an overhaul of the assurance report to Board by introducing operational performance KPIs and thematic concerns narrative with lessons learnt, in addition to the existing case number reporting (National Guardian's Office report). 4) The Committee APPROVED the Strategy Refresh	**Green**
5. Committee terms of reference review 1) The Committee reviewed the terms of reference with updates on attendance, membership and titles. Chair is to have suitable background and knowledge in the areas of the committee. 2) The Committee APPROVED the Terms of Reference.	**Green**
Decisions made: None to report	
Further Risks Identified: None to report	
Escalations to the Board or other Committee: 1) Deteriorating appraisal rates, particularly across corporate areas with a challenge to improve corporates rates to over 90%. *[Post-committee note: rates deteriorated further to 82.1%]*	