Trust Board Meeting in Public

Date: Thursday, 05 November 2020 at 12:30 – 16:00

Meeting via MS Teams

Subject		Presenter	Page	Time	Action
1.	**Preliminary Matters**				
1.1	Chair's Welcome and Apologies	Chair	Verbal	12:30	Note
1.2	Quorum				
1.3	Conflicts of Interest				
1.4	Chief Executive Update	Chief Executive	3	12:35	Note
2.	**Minutes of the previous meeting and matters arising**				
2.1	Minutes of the previous meeting: 01.10.20	Chair	7	12:45	Approve
2.2	Matters arising and actions from: 01.10.20	Chair	17		Discuss
3.	**Clinical Presentation**				
3.1	Quality Board Presentations (*Presented by Jane Murkin, Penny Horton and Ryan Kendall*)	Chief Nursing and Quality Officer	Present -ation	12:50	Note
4. Governance					
4.1a	Infection Prevention Control and CoSHH Update	Director of Estates and Facilities	19	13:10	Assure
4.1b	IPC Annual Report	Chief Medical Officer	27	13:15	Approve
4.2	Board Assurance Framework	All	47	13:25	Assure
4.3	Updating the Trust Constitution	Company Secretary	67	13:35	Approve
5. High Quality Care					
5.1	Integrated Quality Performance Report	Chief Nursing and Quality Officer/ Chief Medical Officer/ Chief Operating Officer	71	13:45	Note
5.2	Quality Assurance Committee Assurance Report	Chair of Committee/ Chief Nursing and Quality Officer	103	13:55	Note
6. Financial Stability					
6.1	Finance Report - Month 6	Chief Finance Officer (Interim)	107	14:05	Note
6.2	Finance Committee Assurance Report	Chair of Committee/ Chief Finance Officer (Interim)	125	14:15	Note
7.	**Innovation**				
7.1	Trust Improvement Plan	Chief Executive	129	14:20	Note
8. Our People					
8.1	People Committee Assurance Report - CQC Report – Well-Led: *Executive Development*	Chair of Committee/ Chief People Officer	175	14:30	Note
8.2	Flu Programme Self-Assessment	Chief People Officer	191	14:40	Note
8.3	Modern Slavery Policy	Chief People Officer	195	14:45	Approve

9. Integrated Health Care					
9.1	Covid-19 Update - Wave 2 Plan	Strategic Commander	199	14:50	Note
9.2	Sustainability and Transformation Plan Update - ICS Accreditation Report	Strategic Commander/ CCG Responsible Officer	205	15:00	Note
10. Any Other Business					
10.1	Council of Governors Update	Lead Governor	Verbal	15:15	Note
10.2	Questions from the Public	Chair	Verbal	15:20	Note
10.3	Any Other Business	Chair	Verbal	15:25	Note
11. Strategy					
11.1	Future Population Health Requirements	James Williams, Medway Council	Presentation	15:30	Note

Chief Executive's Report – November 2020

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.

In and around Medway

COVID-19

Over the last few weeks we have seen an increase in the number of patients who have tested positive for COVID-19 on our wards.
Given the national context, this is not unexpected, and we are working hard to ensure that we continue to manage our services in the way we have since March 2020.

At the time of writing we are caring for our COVID-19 patients in three 'hot' wards – Byron, Harvey and Tennyson wards. Extensive infection prevention and control measures are fully in place for all patients and colleagues on these wards. Unfortunately, due to the increased risk of infection, we have made the decision to restrict visiting in these areas, except in compassionate circumstances.

I am pleased to say that our services remain open as usual and we have not had to cancel any outpatient appointments or surgical procedures as a result of this rise in COVID-19 cases.

It is extremely important that we ensure that our colleagues are well supported during this challenging period and we have a regular bulletin that ensures they have up-to-date information on COVID-19. We are also using all of our communications channels to promote the extensive programme of initiatives we have in place to support their wellbeing.

Planning for winter

Winter is the time that we often see a seasonal increase in demand for our services; with the continuing risk from COVID and seasonal flu, we must do all we can to prepare.
We are continuing to use our external communication channels (including the local media) to remind the public about the actions that they can take to help support the hospital during winter. This includes:

- Having their flu vaccination.
- Using our emergency services appropriately.
- Continuing to wash hands regularly, wearing a face mask and maintaining social distancing.

It is equally important that our colleagues ensure that they have their flu vaccination, and we are currently running a campaign to raise awareness of this in the hospital; more than 50% of our colleagues have had their vaccination.

Trust Improvement Plan

Work continues to deliver improvements in the Trust through the 'Our Medway' Improvement Plan. We are really pleased to say that we are beginning to see a number of improvements being delivered that are having a real impact on the quality of care that we provide at the Trust.

We are developing engagement plans and have made progress with this work in support of our Digital Strategy. A People's Panel has been formed to involve our community in the programme, with 46 volunteers having expressed an in participating and working in partnership with the Trust. This panel aims to ensure that everyone's voice is heard. Feedback from patients/public will be used to inform changes to current pathways and the development of new services.

Our Medway Annual Staff Awards (7,000 views)

As a result of the pandemic we have not been able to celebrate our staff awards in the traditional way; however, this month we held extremely successful 'virtual' awards.
I had the privilege of going around the hospital with my Executive Team colleagues to surprise award winners and we had the pleasure of watching these special moments back on video. I am pleased to say that colleagues have been really positive about the format and we have had more than 7,000 views of the videos.

If you would like to view the videos you can find the links below:

- Best Supporting Service – Procurement
- Best Innovation – Oliver Fisher Special Care Baby Unit
- High Quality Care – Breast Screening Team
- Best Volunteer – Dementia Buddy Team and Paul Dickinson (joint winners)
- Our People Best Professional Development – Helen Reid
- Chair and Chief Executive Special Recognition – Sharon Kaur and Mel Hales, 'Skype Angels'
- Team of the Year – Tiny Tugs Nursery
- Employee of the Year – Rochelle Gopee
- Hospital Hero – Sharon Kaur and Mel Hales, 'Skype Angels'

Engaging with Colleagues

As part of our regular visits to areas around the Trust, members of the Executive Team often go to see colleagues to learn more about what they do and engage with them in person. These visits are our chance to listen to colleagues and hear what is going well, and what is hindering progress so that we can support improvements to help patients as well as colleagues.

I am delighted to say that Leon Hinton, Chief People Officer, and Harvey McEnroe, Regional Strategic Commander, had very productive and hands-on trips to the Laundry and Catering departments this month.

Colleagues from these areas are often referred to as the 'unsung heroes' of the hospital, and after hearing more about the vital work they do every day to support our clinical teams, it is clear to see why.

Black History Month

We were absolutely delighted to celebrate Black History Month with our colleagues across the organisation in October and there were a series of events, including a very special traditional dress lunch and seminar.

We stand with our BAME colleagues, volunteers, service users and the communities of Medway and Swale against racism and hate crime, and as a Trust, we promote a culture of equality and inclusion, and aim to provide an environment free from discrimination, harassment or victimisation. We will continue to listen to, and learn from, our BAME colleagues in the knowledge that there is always more that we can do; we will never be complacent.

Freedom to Speak Up

Ensuring colleagues feel empowered and able to raise concerns about patient care, quality and safety is crucial to improving services for all patients as well as providing a good working environment for everyone at the Trust.

October was Freedom to Speak up month and while feeling free and able to speak up is a priority at all times, this was a good time to reflect on what speaking up means to our colleagues. We shared the ABCs of speaking up throughout the month – from Anonymity to Zero tolerance, 26 days in which to explore what speaking up means in our hospital.

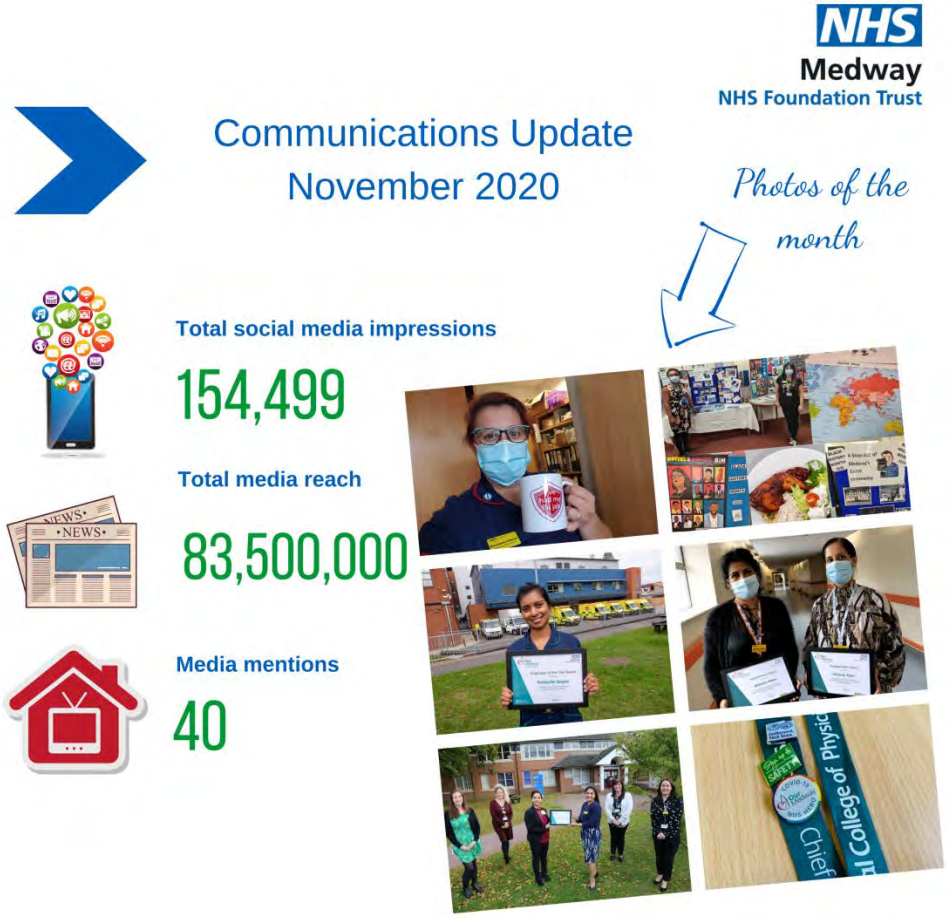
Making Medway a brilliant place to work

Our Trust-wide Culture and Leadership programme and all the great work that our Change Team is doing to help develop our organisation's culture is a very important focus for the Trust. We have held a number of focus groups for colleagues to give them an opportunity to have their say and help lead this change.

Completing an NHS Staff Survey is another effective way of telling us what really matters to our colleagues and we have been encouraging them, through an internal campaign, to fill out their surveys.

Communicating with colleagues and the community

As always, there has been plenty for us to communicate about through our regular newsletters, the media and social media – the graphic below gives a flavour.



Minutes of the Trust Board PUBLIC Meeting

Thursday, 01 October 2020 at 12:30 – 15:30

Meeting via MS Teams

Members	Name	Job Title
Voting:	Jo Palmer	Acting Chair
	Mark Spragg	Deputy Chair, SID, Non-Executive Director
	Adrian Ward	Non-Executive Director
	David Sulch	Chief Medical Officer
	Ewan Carmichael	Non-Executive Director
	James Devine	Chief Executive
	Jane Murkin	Chief Nursing and Quality Officer
	Leon Hinton	Chief People Officer
	Richard Eley	Chief Finance Officer (Interim)
	Sue Mackenzie	Non-Executive Director
	Tony Ullman	Non-Executive Director
Non-Voting:	Angela Gallagher	Chief Operating Officer (Interim)
	Gary Lupton	Director of Estates and Facilities
	Glynis Alexander	Director of Communications and Engagement
	Gurjit Mahil	Deputy Chief Executive
	Harvey McEnroe	Strategic Commander/Winter Director
	Jack Tabner	Director of Transformation/IT
	Jenny Chong	Associate Non-Executive Director
	Rama Thirunamachandran	Academic Non-Executive Director (Left at 14:00)
Attendees:	Alana Marie Almond	Assistant Company Secretary (Minutes)
	David Seabrooke	Company Secretary
	Glyn Allen	Lead Governor
	Nye Harries	NHSEI Improvement Director (Acting)
	Howard Cottam	Consultant Trauma and Orthopaedics *Presenting Item 3.1*
	Edyta McCallum	Head of Research and Innovation *Presenting Item 7.2*
Observing:	David Hurrell	Deputy Director of HR and OD
	Paul Stephens	Patient/Member of the Public
	Rushwet Motsi	Observer
	Temi Alao	HR Business Partner

1 Preliminary Matters

1.1 Chair's Welcome and Apologies

The Chair welcomed all present and thanked everyone for their efforts to make the meeting on MS Teams and for the Board's flexibility in using the technology to enable it to conduct its business.

1.1.1 Chair was pleased to welcome Howard Cottam, Specialty Lead for Trauma and Orthopaedics, who is going to give us a presentation on this very important area of work. It is always good to gain insight of Trust services and the teams who provide them, to hear about their challenges and improvements introduced to deliver the best of care. These first-hand accounts can really help the Board understand what is important to patients, and enable learning, both from positive experiences and from those that have fallen short of usual standards.

1.1.2 Chair thanked colleagues for all they do and for their resilience as the Trust prepares for winter and the challenges that lie ahead. Chair went on to thank Trust volunteers who have returned to the hospital to support colleagues. Volunteer support is greatly valued and they are very much thought of as part of the Medway family.

1.1.3 Chair informed the Board of another group of people who have continued to demonstrate their commitment to the Trust: the Governors, who continue to act as ambassadors for the hospital as they connect with the community. Chair particularly thanked Vivien Bouttell and Matt Durcan who have recently completed their terms of office. She welcomed six new public and staff governors who have been elected since the last Board meeting and assumed office today.

1.1.4 Chair informed the Board at the Annual Members' Meeting, held on 17 September 2020, the past year was reflected on and the achievements that have been seen. The meeting today will give more detail on the plans in progress to make further improvements for patients and how the Trust is preparing for winter and a potential second wave of Covid-19.

1.1.5 Finally Chair informed the Board at the commemorative event in September, it was reflected on that Covid-19 has already been with us for more than half a year. As the Trust accepts it will be here for some time to come, it is good to know that once again, the hospital has the best of people caring for patients, the colleagues who made us so very proud when we first encountered the virus, and who inspired the confidence of the community we serve. Chair was very proud to be part of this and of colleagues, also delighted to be able to give a small token of thanks.

1.2 Quorum

The meeting was confirmed to be quorate.

1.3 Conflicts of Interest

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

1.4 Chief Executive Update

James Devine, Chief Executive, gave an update to the 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 was asked to note the content of this report, which provided a high level summary of the past month within the hospital. James drew particular attention to a number of items for the Board:

1.4.1 Winter Preparedness and Covid-19; James stated that over the past week or so, there has been an increase in patients presenting to the hospital. Harvey McEnroe in his Strategic

Commander capacity will provide further detail on this during his update. Harvey will also talk the Board through the planning associated with the next 3-6 months across the ICP. The message however must be one of calm leadership, and that does not mean complacency or not taking the pandemic with the seriousness it deserves. The Trust appreciates that colleagues and the local community will be feeling anxious, particularly if there is further lock down measures over the coming weeks and months. The Trust will be repeating the messages about face masks, flu jabs, social distancing and good hand hygiene. Colleagues will have seen videos on this over the past few days.

1.4.2 **Commemorative Event;** The Trust held a commemorative event a couple of weeks ago, and took the opportunity to provide cream teas for colleagues, and importantly gave a thank you card and a commemorative pin badge to show our appreciation for their work over the past six months. The Board gives its thanks to the hospital Charity for supporting this.

1.4.3 **Annual Members Meeting;** The AMM was held in September 2020; James gave his thanks again to the teams that worked behind the scenes in making it a success given the circumstances. It was encouraging to see a good number of the community listening in.

1.4.4 **Improvement Plan;** James confirmed he would provide a more detailed summary with the support of executive colleagues on the improvement plan later in the agenda, but stated that it is progressing well. Jane Murkin will advise the Board of the quality developments in particular during her update. As the Trust focuses on winter and the impact of the second wave of C19, it will also remain focused on delivering the improvements required across each of the pillars. The work of the Innovation Institute is becoming an integral and credible vehicle to expedite change, as well as supporting clinicians in particular to get more involved in improving clinical models.

1.4.5 **CE Scholarship Award;** James gave congratulations to Professor Has Ahmed who was the winner of this year's Chief Executive's Scholarship Award, for his application to progress deep infiltrating endometriosis. Colleagues would have seen his acceptance speech at the AMM which was a real advocate message about what is so good about Medway.

1.4.6 **Corporate Risk Register;** The register shows that delivery of the cost improvement plan is a greater risk this month and Richard Eley will provide more detail on this during the finance update. It is imperative that the Trust continues to build on the financial success of the last two years in meeting control totals and CIP targets. There are plans being developed to mitigate this position and monitored through the Finance Committee, but it is right that the Board is aware of this emerging risk.

James advised that the management of CoSHH is on the risk register. He asked that any question on this to be answered by Gary Lupton and Jane Murkin in respect of the improvement plan. Whilst there is more work to do to embed the change in practice, it is equally pleasing to see particular wards being 100% compliant routinely.

1.4.7 **Operational Standards;** James confirmed that Angela Gallagher will address the operational standards and the work undertaken with regard to the phase 3 letter during the IQPR discussion, but it is worth highlighting that whilst the Trust is largely on track, there are risks associated with the plan, including the potential of seeing a rise in Covid patients that reduce our theatre capacity. This issue is not unique to Medway but it is right that Harvey McEnroe and Angela Gallagher plan for how this scenario would be managed across the ICP and ICS. Angela will also update on the work she is leading on with the 62 day cancer target particularly given its slight deteriorating position, and the position on 52 week breaches. Jane Murkin and

David Sulch will contribute to the discussion in respect of harm reviews and Jane will address the rise in falls during her summary.

Gary Lupton and his team should be congratulated for the estates works during recent weeks, which will not only see a closing of the 'should do and must do' actions, but also provide a better patient environment to provide care. Angela Gallagher can answer any questions on the reconfiguration work.

1.4.8 Wellbeing and Resilience; The Board has spoken many times about the continuing support it offers to colleagues across the hospital, and need to continue offering in respect of wellbeing and resilience. Leon Hinton can describe the recent impact on staff absence due to covid, and the People Committee is reviewing the rates of statutory mandatory training and appraisal.

1.4.9 Finance; James advised that Richard Eley would discuss this month's financial report and asked that he advise the Board on the position in respect of months seven to twelve and the challenges, risks and opportunities in this regard.

1.4.11 Final Thoughts; On a final point, James wanted to reiterate his thanks to everyone working hard across the hospital and in services provided away from the hospital site. These are challenging times for the NHS, yet what we continue to see at Medway is what Professor Ahmed referred to as the "Dunkirk spirit, compassion and dedication".

1.4.10 Ewan Carmichael, NED congratulated James Devine, David Sulch and Jane Murkin for their clear and encouraging messaging to colleagues. James extended thanks to Glynis Alexander for her support.

2 Minutes of the previous meeting and matters arising

2.1 The minutes of the last meeting, held on 03 September 2020 were reviewed by the Board.

a) **Item 5.4** - Tony Ullman requested one amend to Page 14 of the Board papers, the date for the Quality Assurance Committee should state the 18 August 2020 not the 28 July. Alana Almond would amend this and with this change, the minutes of the last meeting were **APPROVED** as a true and accurate record.

2.2 Matters arising and actions from the last meeting
The action log was reviewed and the Board agreed to CLOSE the following actions:
TBPU/20/85 and 105.

3 Specialty Presentation

3.1 Trauma and Orthopaedics

Howard Cottam, Specialty Lead for Trauma and Orthopaedics presented to the Board. The presentation included:

a) What is Trauma and Orthopaedics
b) Who are Trauma and Orthopaedics
c) Virtual Fracture Clinic
d) Challenges in VFC
e) Getting It Right First Time Initiative and their last visit
f) Challenges around Trauma and Problems with targets
g) Proposal – Howard asked for Executive support with progressing this.
h) Challenges in Trauma – Covid-19
i) 7-Day Physiotherapy Service – Business Case – Howard asked for Executive support with this.
j) Improved RTT Performance – Weekend Operating and the impact of Covid-19
k) Challenges to Elective Orthopaedics

l) Staff Experiences of Covid-19
m) Support from the Board and Final Thoughts
[Post meeting note: Alana Almond circulated presentation to the Board via email]

3.2 Jane Murkin, Chief Nursing and Quality Officer, offered her support to Howard and his team. She also would like to discuss the 7-Day Physiotherapy Service, Business Case. She will organise a meeting with Howard. *[Post meeting note: Alana Almond asked Jo Adams to organise the meeting on Jane's behalf]*

3.3 Tony Ullman, NED, asked what the future impact of Covid-19 will be, David Sulch said that this is unknown at the moment. He did say however that he can start to look at data now. With the second wave the Trust must learn from the first wave and not cancel elective care procedures.

3.4 David Sulch, Chief Medical Officer, stated that the Trust needs to give more support on decision making to ensure that these areas do progress.

3.5 Richard Eley, Chief Finance Officer (Interim) invited Howard Cottam to discuss some of his financial concerns with him prior to the Finance Committee later in October 2020.

3.6 Chair thanked Howard and his team for joining the Board today. Chair has agreed with James Devine that any concerns that are raised at the clinical presentations will be picked up by the Executive Team under the leadership of Gurjit Mahil.

4 Governance

4.1 Board Assurance Framework

David Seabrooke, Company Secretary presented on behalf of Gurjit Mahil, Deputy Chief Executive, and asked the Board to note the discussions that have taken place and discuss any further changes required on the BAF. The Board Assurance Framework (BAF) is the means by which the Board holds itself to account, protect its patients and colleagues as well as the Trust. It helps to clarify what risks will compromise the achievement of the Trust's strategic objectives. The report was taken as read.

4.1.1 No further changes to Integrated Healthcare, Innovation and Finance.
Jack Tabner updated the Board on the Innovation risks. The scores are not moving too quickly and relate more to infrastructure. Jack will submit an impact report to the Board in the next few months. *[Post meeting note: Alana Almond added the impact report to the Board work plan]*

4.1.2 Workforce risks have updated assurances and actions.

4.1.3 Quality risks have been reviewed and updated to ensure controls are clear and appropriate.
- Risk 5e: Rating to be reviewed by the Executive Team.
- Tony Ullman NED, asked if integrated health care can be added to the QAC risks

4.2 Corporate Risk Register Summary

Gurjit Mahil, Deputy Chief Executive, asked the Board to note the summary of the Corporate Risk Register as of the 17 September 2020, it is a live document. Changes in the score or risk status on the Corporate Risk Register are shown in the summary corporate risk register report. The current Corporate Risk Register format is that of themed significant risks, with links to Trust wide risks scoring 15 or above. The Board was asked to note the report for assurance regarding the processes in place around risk management.

4.2.1 The Board is responsible for ensuring that the organisation has appropriate risk management processes in place to deliver its strategic and operational plans and comply with the registration

requirements of the quality regulator. This includes systematically assessing and managing its risks. These include financial, corporate and clinical risks. For Foundation Trusts, this also includes risks to compliance with the terms of the Licence. The Trust Board is accountable for ensuring a system of internal control and stewardship is in place which supports the achievement of the organisation's objectives.

4.2.2 Tony Ullman and Sue Mackenzie, NEDs, asked Gurjit Mahil for some explanation on how the BAF and Corporate Risk Register relate to each other. *[Post meeting note: Alana Almond asked Nicola McPherson to organise on Gurjit's behalf]*

4.3 Annual Review of Directors' Code of Conduct

David Seabrooke, Company Secretary, asked the Board to approve the revised Code of Conduct for Board Members.

4.3.1 The Board Code of Conduct, as part of its routine review, has been updated to take full account of the introduction of the corporate Conflicts of Interest Policy and also the changing context of the NHS. The Code reminds Directors of the legal duty to avoid conflicts of interest and to declare them.

4.3.2 The Conflicts of Interest (CoI) Policy emphasises that as the NHS landscape changes, CoIs and potential CoIs should be declared and then appropriately managed.

4.3.3 The Board was supplied with:

a) Code of Conduct
b) Declarations of Interest form – David asked that the Board complete and return their forms
c) Board Register of Interests, at September 2020

4.3.4 The Board **APPROVED** the Directors' Code of Conduct.

5 High Quality Care

5.1 Integrated Quality Performance Report

Gurjit Mahil, Deputy Chief Executive, asked the Board to note the report and discuss the content. The refreshed version of the IQPR uses Statistical Process Control charts to display the data within the report. The report was the refreshed version of the IQPR in using Statistical Process Control charts to display the data. The report informed Board Members of the quality and operational performance across key performance indicators for July and August 2020.

5.1.1 Jane Murkin, Chief Nursing and Quality Officer, informed the Board of the key highlights from the report;

a) Falls
b) Reduce harm from falls

The Board has received a question from a member of the public (Mr Paul Stephens) on the data in the September Board papers in regard to falls. Jane Murkin will send a letter to Mr Stephens after the Board meeting addressing his question.

5.1.2 James Devine asked how to bring together the data on falls and fractured neck of femur. James asked that this is picked up at the Quality Assurance Committee, Tony Ullman agreed.

5.1.3 Jane Murkin informed the Board of a good news story; it has been 118 days without a hospital acquired pressure ulcer.

5.1.4 David Sulch, Chief Medical Officer, informed the Board that in terms of key hospital acquired infection, the Trust is running at a lower/same rate as previous years. James Devine supported this as it is a significant improvement, especially in a pandemic.

5.1.5 James Devine asked for assurance on the rise on C-section rates, they have gone up from our normal threshold.

5.1.6 Chair thanked Gurjit and team; there are definitely signs of improvement. It is good to see trajectories going in the right direction.

5.2 Quality Assurance Committee Assurance Report

Tony Ullman, Chair of the Quality Assurance Committee, gave the Board an update on the Committee meetings held on Tuesday, 15 September 2020 and asked for the Board to note. The paper was taken as read.

5.2.1 Escalation items to the Board were noted as:

1) People Committee to be requested to report to Board on compliance rates with statutory and mandatory training; and as well to continue to monitor staff absences as a consequence of COVID and access to testing.
2) Maternity; good work being undertaken within the service and pro-active review of services.

6 Financial Stability

6.1 Finance Report – Month 5

Richard Eley, Chief Finance Officer (Interim), asked the Board to note the report which sets out the summary financial position to the end of August 2020. The paper was taken as read.

6.1.1 Trust Surplus; The Trust reported a £9k deficit position for August; after adjusting for donated asset depreciation the Trust reports breakeven in line with the NHSEI control total.

6.1.2 CIP; Schemes delivered to date relate to the full year effect of schemes from 2019/20, efficient use of theatres, reduced orthopaedic insourcing, as well procurement and pharmacy savings from nationally agreed prices. The gap between identified schemes and the total planned at the end of August is £0.7m. Over achievement against plan is due to timing differences of schemes delivered. The forecast position is to achieve plan, although there is a £1m risk identified with Unplanned Care that some temporary staffing schemes will not deliver; this is being scrutinised. Consequently the Risk Register has been updated to a score of 16 representing the identification and forecast delivery of the total CIP target in the financial year.

6.1.3 Capital; the adverse year to date performance is due to contractor delays and reprioritisation of schemes; a detailed forecasting exercise is underway to determine if this will result in slippage for the year. There is an additional £0.8m of capital expenditure year to date, not reflected in the report, which relates to Covid, so is not to be monitored against the £24.4m CRL at this stage. A bid for funding has been submitted and approval is pending. Bids for numerous other PDC funded schemes in relation to IT, A&E and diagnostics are also in progress, as PDC has not yet been issued they are not reflected in the report.

6.1.4 Cash; the favourable variance is mainly due to a higher than anticipated brought forward balance from the prior year and temporary Covid related changes to contract payment profiles.

6.2 Finance Committee Assurance Report

Jo Palmer, Chair, took the paper as read and informed the Board of the following key issues from the Finance Committee meeting of Thursday, 24 September 2020 for the Board to note.

6.2.1 Chair seconded Richard Eley's concerns about the Cost Improvement Programme (CIP) and this has been discussed at the Finance Committee. They are critical issues to deal with and there are actions to close. Chair has asked James Devine to review activities with PMO Team and to consider other options in order to achieve the Trusts financial target. James confirmed he will be working on the schemes through the People Committee with Leon Hinton and Sue Mackenzie. James wanted to reassure the Board that this issue is in hand and will be managed.

6.2.2 Chair would like colleagues to be encouraged to go back to the budget control disciplines that were in place prior to Covid-19.

7 Innovation

7.1 Trust Improvement Plan

James Devine, Chief Executive, took the paper as read and asked the Board to note the current position for assurance.

7.1.1 The Executive Summary gave the Board the information on the current position. Chair asked for a formal check point on the plan and a more in depth review in December. Chair also asked that the Executive Team continue with their focus on this work.

7.1.2 Tony Ullman, NED, suggested that with the high quality care programme the areas of focus should be more than just nursing. He added with the integrated health care programme that it would be good to see more integration. James Devine suggested that Harvey McEnroe is involved with this and Harvey agreed to take this forward.

7.2 Annual Research and Innovation Report

Edyta McCallum, Head of Research and Innovation, asked the Board to approve the Annual Research and Innovation Report.

7.2.1 The report describes the research activity at the Trust during the year 2019/20 (although it also includes some remarks on the research activity associated with COVID-19) and the governance associated with this. The Trust remains the leading recruiter to research in the Kent Surrey and Sussex research area, recruiting 5,042 patients to studies in 2019/20 against a target of 3,528.

7.2.2 The research activity has attracted uplift to the Trust's funding from the National Institute of Health Research, which stands at £979k. Activity is concentrated in a small number of specialties and clinical areas (notably reproductive/fetal medicine and cancer). Professor Ranjit Akolekar, Clinical Lead for R&I is engaged in a process of appointing Research Leads for other Care Groups and specialties to enhance the development of research in those areas.

7.2.3 R&I maintain robust governance over all research activity, and have introduced a revised process to manage research funds in 2019/20. Audit work has been carried out which has revealed a need to improve the upkeep of the Investigator Site Files. All serious incidents are investigated: the number of incidents associated with research has greatly reduced in 2019/20.

7.2.4 Mark Spragg asked a question on Appendix C, the findings of the internal audit. There are a number of matters listed that are administrative. Mark asked for Board assurance that these matters are being attended to and that there will be improvements next time. Edyta confirmed that there is a robust plan to cover these matters and it has been reinstated since Covid. There is staff checking this work is complete, so there will be an update. In preparation for the new audit in two months' time there will be two ways of checking. There will be a theme every year to show that things are being monitored. This is also submitted to the R&I Governance group which is attended by the Chief Medical Officer.

7.2.5 Chair said that the Trust is so lucky to have a community that is so willing to be involved to help others. Chair thanked Edyta and her team for their excellent work. James Devine and Jenny Chong seconded this.

8 Integrated Health Care

8.1 Sustainability and Transformation Plan Update

Harvey McEnroe, Strategic Commander, asked the Board to note the update. The report provided an update to the Trust Board on the STP and its transition into the Integrated Care System. The report provided a summary on:

1) Update on STP transition to ICS
2) STP/ICS Vision Summary
3) ICS executive structure

8.1.1 The ICS Accreditation information will come to the Board at a later date; Tony Ullman and the Chair have been working on this. The paper will come to November 2020 Board.

8.2 Covid-19 Update – Wave 2 Plan

Harvey McEnroe, Strategic Commander, asked the Board to note the report and update.

8.2.1 The Trust is now in week three (at the point of submitting) of the 30 week winter plan which incorporates the Wave2 Covid19 planning and the broader response to winter surge and pressures.

8.2.2 The Trust winter plan is in final stages of draft and will be formally presented to the Board in November 2020, once approved by the A&E Delivery Board and the ICP Executive Team.

8.2.3 The Covid19 wave 2 is a component part of the winter plan and is governed by the strategic oversight structure as per wave 1.

8.2.4 Harvey confirmed that stock management levels are at a good level across the hospital. He added that the team is working to protect elective care.

8.2.6 Tony Ullman, NED, asked if future reports can include what is happening with activity. Tony has written to the Business Intelligence team on this. Harvey confirmed this will happen on the weekly updates and the monthly Board meetings.

9 Our People

9.1 People Committee Assurance Report

Sue Mackenzie, Chair of the People Committee, gave the Board an update on the Committee meeting held on Monday, 21 September 2020. The paper was taken as read.

9.1.1 Sue confirmed that the Committee has picked up from QAC the statutory mandatory compliance issue, especially on the CoSHH training.

9.1.2 Sue confirmed that there is now a weekly report from Leon Hinton on the covid absences and isolations. Leon and Sue are analysing this at the moment and the Committee will look at data trends.

9.1.3 Leon Hinton, Chief People Officer, confirmed that it is Freedom to Speak Up month in October 2020. This campaign is encouraging colleagues to speak up and informing them of the strategy over the next 12 months.

10 Any Other Business

10.1 BAF Reflection

The Chair stated that the areas that need highlighting are as follows and the actions from today will take us forward with the risk ratings:

a) Integrated Health Care; would be picked up by the Quality Assurance Committee with Tony Ullman as lead.
b) Innovation; will see more risks when the digital strategy comes back to Board in November.
c) Finance; the two areas that were highlighted by Richard Eley would be monitored – financial control total and CIP delivery.
d) Capital; Gary Lupton confirmed that capital spend plans must be held to trajectories.
e) Workforce; this is one of the lowest risk areas; however the People Committee will monitor these risks through Covid and the winter period.
f) Quality; there is an ongoing concern with CoSHH; therefore the Quality Assurance Committee will continue to monitor this area closely. Tony Ullman, NED, added that the Quality Risk 5e; the loss of clinical services will be monitored by the Quality Assurance Committee through the BAF but will need to come back to the Board in November.

10.1.1 Corporate Risk Register

Chair asked that the following risks are added to and brought back to the November Board:

1) North Kent Pathology Service
2) Mental Health Service

10.2 Any Other Business

10.2.1 Council of Governors Update

There was nothing to update from the Lead Governor on the Council of Governors.

10.2.2 Questions from the Public

James Devine confirmed that there was a question submitted by Paul Stephens. Jane Murkin has written a response to be sent to him and will send the response to the Company Secretariat for the Board files.

10.2.3 There were no matters of any other business.

11 Date and time of next meeting

The next meeting will be held on Thursday, 05 November 2020, 12:30 – 15:30.

The meeting closed at 15:45

These minutes are agreed to be a correct record of the Trust Board of Medway NHS Foundation Trust held on Thursday, 01 October 2020

Signed …….. Date ……
Chair

Actions are RAG Rated as follows:

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

Meeting Date	Minute Ref / Action No	Action	Action Due Date	Owner	Current position	Status
02-Jul-20	TBPU/20/88	Submit an action plan and analysis report regarding the outcome of the investigation on the Inpatient Survey and letter from CQC (25 June 2020). Submit to the Exec. Team, QAC, then to Board.	05-Nov-20 ~~01-Oct-20~~ ~~06-Aug-20~~	Jane Murkin, Chief Nursing and Quality Officer	Update on position at November meeting - JM to bring action plan and analysis report after submission to Execs and QAC	

Meeting of the Board of Directors in Public
Thursday, 05 November 2020

Title of Report	Trust Improvement Plan - Control of Substances Hazardous to Health (CoSSH)	**Agenda Item**	**4.1a**
Lead Director	Gary Lupton, Director of Estates and Facilities		
Report Author	Gary Lupton, Director of Estates and Facilities		
Executive Summary	The trust continues to work to improve its current performance in relation to the management of COSHH products. The physical infrastructure is being enhanced with additional controls around locks and alarms when doors are left open and changes being made to sink tops so as to dispense COSHH liquids from a container secured in the cabinet underneath. The near completion of these works has potentially contributed to an improved set of audit results for October. The improvements continue to be measured from these key areas; routine monthly H&S team led auditing, training of local H&S link workers, local monitoring and guidance from ward leadership / departmental Health and Safety link workers on each ward undertaking regular audits. Housekeeping Supervisor's to include auditing of COSHH into daily routine. Management involvement is critical to making these changes effective; they will need to actively drive the completion of training. Staff availability to undertake the role of the Health and Safety link worker for their area has been enhanced through one to one correspondence with line managers setting out the Boards clear expectation 37.5 hours per annum is to be freed up from the daily workload of link workers so as to solely focus on H&S monitoring which COSHH is one aspect of.		
Committees or Groups at which the paper has been submitted	The Quality Assurance Committee continues to scrutinise CoSHH and infection control performance.		
Legal Implications/Regulatory Requirements	CoSHH compliance is a key regulatory concern.		
QIA	Not Required at this stage		
Recommendation/ Actions required	The Board is asked to note the improved performance reported and consider as is appropriate.		
	Approval ☐	**Assurance** ☒	**Discussion** ☐	**Noting** ☐
Appendices	1. COSHH Spot Check Audit: Overall Compliance Results (2020)		

1 Audit Results

Amber / Green

1.1 The Health & Safety team undertakes a monthly audit across all accessible wards to check that there are secure areas to keep COSHH products in and that staff are using them. The audit questions are to establish if the basic rule 'keep COSHH products secure' is being followed. These audits have been reported separately to all other COSHH audits undertaken and therefore are only a reflection of that time and day these audits are undertaken. However having reviewed all the other audits undertaken these confirm consistently the problems around kitchens especially but does expand the lack of compliance to all staff groups not meeting the required standards as staff wash up their own cutlery for example.

1.2 Six monthly rounds of auditing have now been completed (Appendix1) and the results show an improved position from that reported at the last Board meeting.

1.2.1 68% in May

1.2.2 86% in June

1.2.3 16% in July

1.2.4 54% August

1.2.5 48% September

1.2.6 76% October

The target in the CQC action plan is 95%, however an expectation of 100% compliance is the only way we can ensure the safety of all our patients.

5 of 21 wards failed on the October audit, but with positive evidence of much tighter controls over locks.

Areas to highlight:-
- 1 lock not engaged in the locked position
- 3 failures in kitchens with products on counter
- 1 staff room cupboard unlocked, potentially accessible to patients

2 Training Trajectory

Amber /Red

2.1 Keeping COSHH products secure is one aspect of ensuring staff and patient safety. Staff awareness and understanding of what COSHH products are and how they should be used is critical if we are to prevent accidents when the products are in use.

2.2 On the 1st June the Trust implemented a COSHH training e-learning package for all staff to supplement the Health Education England approved statutory 'Health, Safety and Welfare' module. The training is more detailed and tests the staff members understanding of the topic.

2.3 It is still a local responsibility to ensure employees are trained in the specific COSHH products used in their workplace as each product will have specific usage instructions and emergency procedures associated with it.

2.4 The training objective was to achieve 95% of all staff by September 2020 with the following trajectory.

Table 1:

	June	6th July	27th July	August to-date	16th October
Target	**10%**	**65%**		**85%**	**95%**
Organisation	**8.98%**	**14.31%***	**26.33%**	**35.91%**	**50.37%**
Corporate	-	*20.37%*	*32.49%*	*39.07%*	*62.81%*
E&F	-	*6.98%*	*65.00%*	*73.61%*	*84.11%*
Planned	-	*12.22%*	*18.78%*	*26.67%*	*41.18%*
Unplanned	-	*14.31%*	*22.19%*	*34.94%*	*47.37%*

2.5 Organisation Development provides two weekly reporting for divisions and departments.

2.6 Some departments still struggle to access the correct part of the trust training module and further details are being sent to remind staff how to access this.

3 Health and Safety Keyworkers

Amber / Green

3.1 All relevant Ward and department managers of link/key workers have received a letter from the Director of Estates & Facilities reminding them they are responsible for identifying Health and Safety link workers and must help them fulfil their responsibilities under the Health and Safety Policy. It also confirms that the Trust Board have approved that 37.5 hours per annum is the allocated time within working hours for them to be able to meet their responsibilities which includes the monitoring of COSHH. Managers have been asked to confirm receipt and acceptance of these responsibilities.

3.2 Health and Safety link workers are there to assist the managers with; mandatory risk assessments, workplace health and safety audits, quarterly workplace inspections, providing low risk health and safety advice and maintaining the health and safety folder.

3.3 The Health and Safety team will monitor the link worker audits and pick up on any exceptions, and on a monthly basis look more deeply into the local management arrangements on each ward. The link workers can then be used to facilitate any improvements.

4 Conclusion and Next Steps - CoSHH

4.1 At present the Trust is not meeting its target COSHH audit score of 95% and training remains behind trajectory.

4.2 In order for the Trust to improve its performance, all nursing staff have been written to via the Divisional senior leadership teams by the Chief Nursing & Quality Officer seeking an improved level of training compliance within nursing (42% end of September) ward and department managers need to ensure that three objectives are met:

- COSHH products are kept secure.
- Employees complete their COSHH training.
- Link workers are appointed and trained.

4.3 The following risks need to be managed:

- Doors to be closed and locked

- Unattended COSHH products must be removed and secured safely
- Online training compliance levels remain too low

4.4 Pumps to replace washing up liquid being left outside of the cupboards

- Roll out is now completed as concept has been proven as per below

Door Alarms

- Roll out nearing completion circa 75% to-date fitted
- Doors have to be pushed closed and the lock engaged to avoid the alarm being raised

Alarm SOP completed, daily reporting started to check the criteria that has been set is appropriate and escalation results in the appropriate changes in behaviours, the model we are following is the fridge temperature process which has proven to be hugely successful in managing those risks.

4.5 Replacement of 60 housekeeping cleaning trolleys with lockable versions – All have been delivered and deployed. No reportable failures in the recent audit highlighted for unattended trolleys with products accessible to the public/patients.

4.6 The Chief Nursing and Quality Officer continues a programme of joint ward visits with the Executive Director of Estates and Facilities at which compliance with IPC and COSHH is assessed, any issues immediately dealt with and results fed back to the ward and any additional environmental actions agreed with the Estates Team.

Appendix 1

COSHH Spot Check Audit: Overall Compliance Results (2020)

Spot check audit Criteria	May	Jun	Jul	Aug	Sept	Oct	
Total Number of Wards	27	28	28	28	28	28	YTD Trend Analysis
Total Number of Wards Available	19	23	19	24	24	21	78%
Number of Wards Audited	19	23	19	24	24	21	100%

	Target %	May	Jun	Jul	Aug	Sept	Oct	YTD Trend Analysis
Are locks fitted to cleaners stores?	100%	100%	100%	100%	100%	100%	100%	100%
Are the locks in use and all products not in use secured?	100%	95%	95%	68%	100%	96%	100%	92%
Do the sluice rooms have a lockable cupboard/s?	100%	100%	100%	100%	100%	100%	100%	100%
Are the locks in use and all products not in use secured?	100%	95%	100%	79%	92%	87%	95%	91%
Do the kitchens have a lockable cupboard/s?	100%	100%	100%	100%	100%	100%	100%	100%
Are the locks in use and all products not in use secured?	100%	74%	95%	63%	75%	65%	86%	76%
Are all other rooms/cupboards that are required to be kept secure, shut and locked?	100%	79%	95%	68%	83%	87%	95%	85%
Compliance Rate	100%	68%	86%	16%	54%	48%	76%	58%

Ward Overall Compliance results	Target	May	Jun	Jul	Aug	Sept	Oct	YTD Trend Analysis
Bronte Ward	100%	0%	0%	0%	0%	0%	0%	NA
Byron Ward	100%	71%	N/A	N/A	100%	86%	100%	89%

Keats Ward	**100%**	100%	100%	100%	100%	100%	100%	**100%**
Tennyson Ward	**100%**	100%	N/A	N/A	100%	100%	100%	**100%**
Milton Ward	**100%**	100%	100%	86%	86%	100%	100%	**95%**
Sapphire (SAFU)Ward	**100%**	86%	100%	71%	100%	57%	86%	**83%**
Wakeley Ward	**100%**	N/A	100%	86%	100%	100%	N/A	**96%**
Nelson Ward	**100%**	N/A	100%	N/A	86%	100%	100%	**96%**
Harvey Ward	**100%**	100%	100%	100%	N/A	N/A	N/A	**100%**
Jade Ward	**100%**	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
Lawrence Ward	**100%**	100%	100%	N/A	100%	86%	100%	**97%**
Ocelot Ward	**100%**	86%	86%	86%	100%	100%	100%	**93%**
Dolphin Ward	**100%**	100%	100%	86%	100%	86%	86%	**93%**
Lister Ward	**100%**	71%	100%	71%	86%	100%	100%	**88%**
Arethusa Ward	**100%**	N/A	N/A	86%	86%	N/A	100%	**90%**
Pembroke Ward	**100%**	100%	100%	71%	86%	86%	86%	**88%**
Kent Ward	**100%**	100%	100%	57%	86%	86%	N/A	**86%**
Birthplace	**100%**	100%	100%	71%	100%	86%	100%	**93%**
Pearl Ward	**100%**	100%	100%	71%	71%	71%	100%	**86%**
Oliver Fisher	**100%**	100%	100%	100%	100%	86%	100%	**98%**
Delivery Suite	**100%**	100%	100%	86%	86%	100%	100%	**95%**
Kingfisher Ward	**100%**	100%	100%	86%	86%	100%	86%	**91%**
McCulloch Ward	**100%**	N/A	100%	N/A	N/A	86%	N/A	**93%**
Trafalgar Ward	**100%**	N/A	100%	86%	86%	100%	86%	**91%**
Victory Ward	**100%**	71%	86%	86%	100%	86%	N/A	**86%**
Phoenix Ward	**100%**	57%	86%	86%	100%	100%	100%	**88%**
ICU/CCU	**100%**	N/A	100%	N/A	86%	86%	100%	**93%**
Will Adams	**100%**	N/A	100%	86%	100%	86%	100%	**94%**

Meeting of the Board of Directors in Public
Thursday, 05 November 2020

Title of Report	**Infection Prevention and Control Annual Report and Update**	**Agenda Item**	4.1b
Report Author	Ian Hosein, Director of Infection Prevention and Control		
Lead Director	David Sulch, Chief Medical Officer		
Executive Summary	This report describes the performance of MFT in Infection Prevention & Control (IP&C) during the last financial year and, in view of the challenges posed by COVID-19 from March 2020, also updates the Board on status in the current financial year. It will include the views of regulators and outline how the Trust has been responding to these. IP&C is a distributed requirement within an organisation so reports from departments which are vital to IP&C delivery such as Facilities and Occupational Health are included here. The objective of this report is to give a fair, balanced and easily understood overview on key items for an assessment of improvement, continuing risks, and steps required to mitigate such risks.		
Due Diligence	To give the Trust Board assurance, please complete the following:		
Committee Approval:	Name of Committee: Infection Prevention and Control Committee Date of approval: Tuesday, 25 August 2020		
Executive Group Approval:	Date of Approval: Friday, 23 October 2020		
National Guidelines compliance:	N/A		
Resource Implications	The Infection Prevention & Control Team needs support to manage day-to-day issues within an operational management framework.		
Legal Implications/Regulatory Requirements	The Healthcare Act 2008 requires that there is effective Infection Prevention & Control		
Quality Impact Assessment	State whether a Quality Impact Analysis has been undertaken or is proposed		
Recommendation/ Actions required	The Board is asked to approve.		
	Approval ☒	**Assurance** ☐	**Discussion** ☐	**Noting** ☐
Appendices	IPC Annual Report		

Infection Prevention and Control Annual report and Update

Dr Ian K Hosein MD MA FCAP FRCPath MBA
Director of Infection Prevention and Control

For Period : 01/04/2019 – 30/09/2020

Best of care
Best of people

Contents

1 INTRODUCTION

1.1 This report describes the performance of Medway NHS Foundation Trust (MFT) in Infection Prevention & Control (IP&C) during the last financial year and, in view of the challenges posed by COVID-19 from March 2020, also updates the Board on status in the current financial year. It will include the views of regulators and outline how the Trust has been responding to these. IP&C is a distributed requirement within an organisation so reports from departments which are vital to IP&C delivery such as Facilities and Occupational Health are included here. The objective of this report is to give a fair, balanced and easily understood overview on key items for an assessment of improvement, continuing risks, and steps required to mitigate such risks.

2 DIRECTOR'S REPORT

2.1 MFT faced a difficult situation in respect of IP&C at the start of 2019-20. Concerns over the standard of practice and governance led to a request to NHSEI and the CCG from the Chief Nurse to organise a review of IP&C services at MFT. In response to this review a variety of changes were made to IP&C leadership. The former DIPC retired from the Trust, and the Medical Director took on the role of DIPC. He was supported in this role by a newly appointed Head of IP&C (Band 8c).

2.2 A range of changes and improvements to IP&C governance were introduced. Nevertheless MFT had a challenging year in the period 1st April 2019 to March 31st 2020. The Trust failed to deliver on the zero tolerance with MRSA bacteremia, six cases being reported in the year. The Trust did achieve the required tolerance with C. difficile infection, reporting 32 hospital associated infections compared to a tolerance of 43.

2.3 In March 2020, the Trust was at the start of the UK COVID-19 outbreak with all the challenges around patient and staff protection and national shortages of PPE. Thus, improvement plans for core IP&C had to additionally incorporate strategies and actions for COVID-19. The Trust's approach to IP&C was therefore adjusted to improve all IP&C including optimising controls for COVID-19. The following key planks were derived from an analysis of MFTs performance, assessments of core competencies, and a status diagnostic by the new DIPC and these include:

- 2.3.1 To ensure that there is organisational understanding of IP&C to enable organisational learning and better implementation of operational controls.
- 2.3.2 To refocus the IP&C Team away from data generation to information generation
- 2.3.3 To have more IP&C Team engagement with front-line clinical staff
- 2.3.4 The enable more effective team-working in clinical services with ownership of clinical quality assurance and patient safety

2.4 With the onset of COVID-19, crisis management approaches were observed across MFT which gave the opportunity for all the above highlighted items to be

addressed by the organisation with a good effort. A range of challenges were faced during this period of time. These included underlying weaknesses in understanding of IP&C, insufficient team-working and ownership of prevention requirement and gaps in laboratory support for timely diagnosis of COVID-19 infection.

2.5 At the outset of the pandemic the Trust faced a difficult task in ensuring that clinical staff had been FIT tested for FFP3 masks, a task which had not been effectively addressed over the previous few years. At the beginning of March only two members of Trust staff were trained to FIT test. A rapid programme of education developed a cohort of nearly 50 FIT testers by the beginning of April. Challenges continued however with the supply from central NHS stock of a range of different FFP3 masks, necessitating repeat testing for multiple staff members.

2.6 Anxiety about PPE supplies and appropriate use was a constant feature of the pandemic, with changes in guidance from Public Health England and some issues with supply (particularly at one stage of surgical gowns) contributing to this anxiety. Other challenges for the Trust included the estate with a relatively low number of side rooms available to manage patients prior to confirmation of the diagnosis of COVID-19.

2.7 From April 1st 2020 to present, MFT's performance with COVID-19 has been good and performance with other pathogens e.g. MRSA and C difficile, has shown signs of improvement when considered against the clinical challenges posed by COVID-19.

2.8 However, with preparations for winter 2020-2021, the following risks may have a significant impact on MFT's performance in IP&C (COVID-19 and other agents).

2.9 **These risks include:**

2.9.1 Ward supplies of PPE to include FFP3 facemasks and respirators

2.9.2 Efficient fit testing of staff

2.9.3 Supplies of alcohol gel and decontaminating agents

2.9.4 Efficient laboratory diagnosis for Covid and Influenza in both patients and staff

2.9.5 Insufficient staff uptake of influenza vaccination

2.9.6 Effective patient placement and tracking of those exposed to Covid within the hospital

2.9.7 Patient acquired infection in mixed areas such as bays with Covid positive and those who might be infected.

2.9.8 Compliance with clinical controls to include staff use of PPE , hand hygiene, equipment decontamination; risk reduction in clinical care episodes involving use of vascular access devices, urinary catheters, antibiotics, hygiene in serving of food and oral medications, encouragement of patient handwashing, and regular cleaning of patient and staff toilets.

2.9.9 The good MFT response in the first COVID-19 wave bodes well for our response in the coming winter but all the above must be assured since

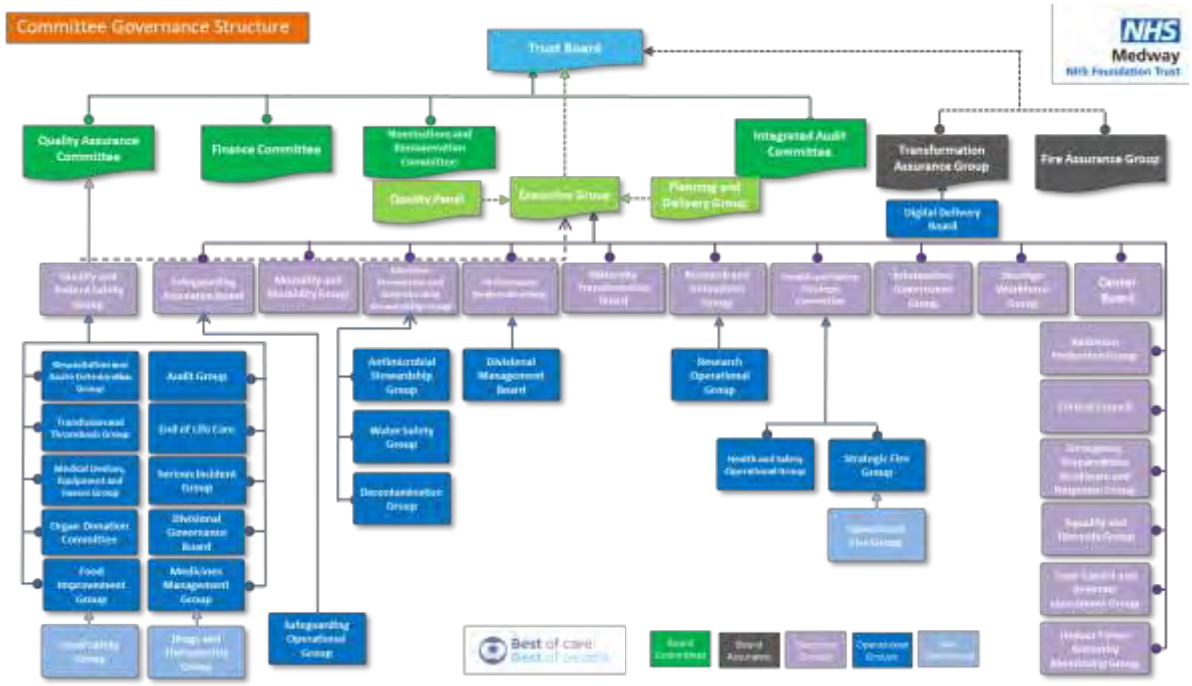
the threat level is higher with the added burden of winter-related clinical challenges including Influenza.

2.9.10 Efforts are being made to address all the above within the core IP&C improvement plan and MFT COVID-19 planning.

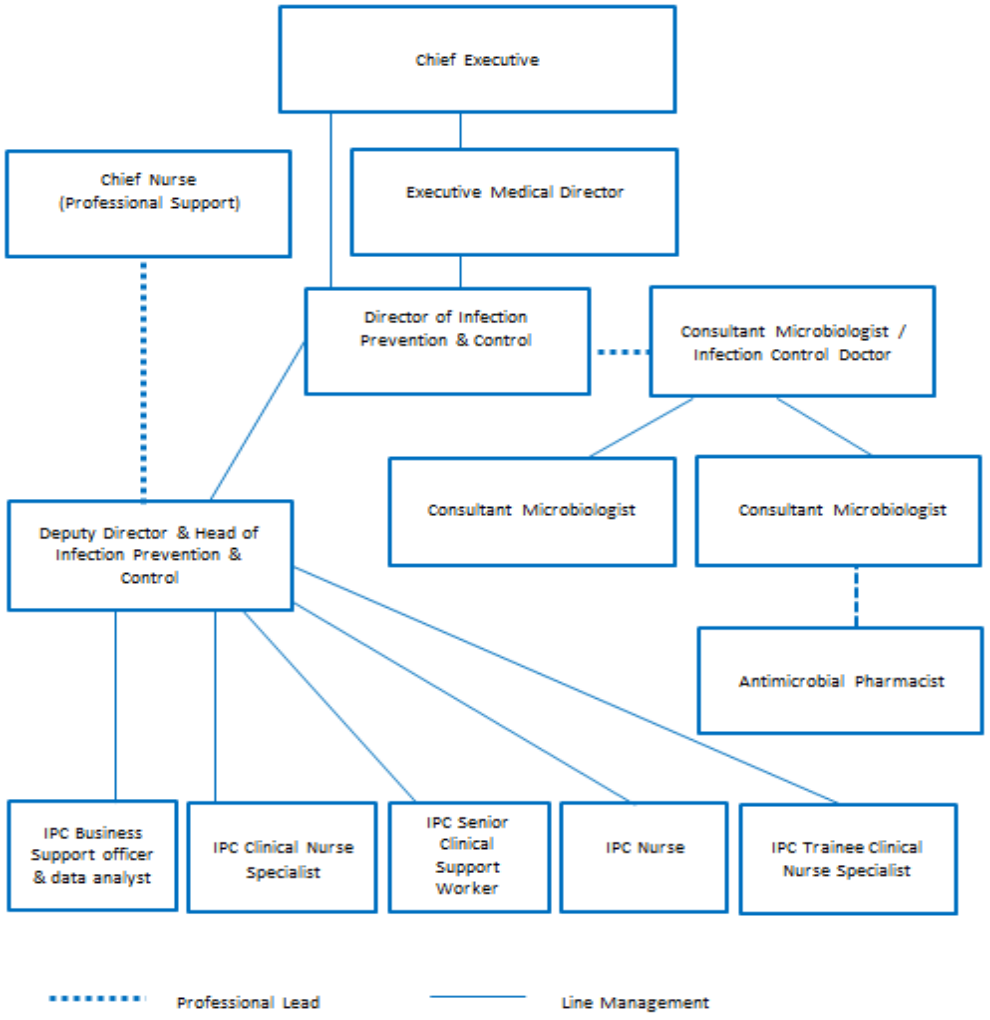
3 INFECTION PREVENTION & CONTROL ORGANIZATION

3.1 Delivery of Infection Prevention & Control sits within all departments and clinical services since it is fundamental to patient care. To enable this delivery, the Trust has an organizational structure which oversees required actions and these are outlined Figures 1 and 2 which give the reporting framework for the Infection Prevention & Control Committee and the structure of the Infection Prevention & Control Team which is an effector arm of the IP&C Committee.

3.2 ***Figure 1, Trust Committee Governance Structure***



3.3 ***Figure 2, Infection Prevention and Control Team Structure***



4 REGULATOR ASSESSMENTS

4.1 Concerns over the governance and effectiveness of IP&C practice at the Trust led to the former Chief Nurse requesting a review of IP&C from NHSEI and the CCG. The review was carried out in May 2019 and was critical of the Trust for a range of issues pertaining to governance, regularity and quoracy of meetings, timeliness of post infection reviews, outcomes in terms of MRSA bacteremia and C difficile infections and observed practice at ward level.

4.2 A commentary on the issues is contained in the 2018-19 Annual Report for further details.

4.3 A range of changes were made to IP&C leadership following this review. Most importantly the Trust's Medical Director assumed the role of DIPC and took over Executive responsibility for IP&C. The Trust had already appointed a Head of IP&C to lead the IP&C team. The Sector DIPC was seconded to the Trust for two days per week to support the improvements in IP&C, and also led on the development of an IP&C Improvement Plan, focusing on the delivery of the ten criteria within the Hygiene Code of the Health and Social Care Act.

4.4 An enhanced governance structure was established, with the commencement of monthly meetings of the Infection Prevention and Control Committee (IPCC), and a focus on prompt post infection reviews following cases of hospital acquired infections with appropriate engagement from the treating clinical teams.

4.5 A focus was emphasized on the compliance with IP&C Mandatory Training, with staff informed that they would not be able to work without appropriate training in this area. Compliance improved from a position of around 70% to a consistent level of more than 95%.

4.6 A review visit was arranged in November 2019. Although improvements in governance were noted, significant concerns remained regarding the staff's ability to apply theoretical knowledge into practice. As a result, the Trust recruited the current DIPC who has extensive experience at turning around IPC performance in Trusts facing challenges.

5 ALERT CONDITION TRENDS

5.1 The following graphs indicate some improvement tendencies, but these must be sustained in autumn and winter with the risk of COVID-19 surges together with Influenza and Norovirus threats. Antibiotic usage tends to increase in winter with more chest infections however COVID-19 infected patients frequently require antibiotics with broader cover and which are given for longer durations. In May and June 2020 we had the highest monthly quantities of antibiotics used compared to previous years – this did not tally with the maximum bed occupancy from COVID-19 patients which occurred during April. Such an increase in antimicrobial use was observed across the NHS and benchmarking indicated that our usage was at the mean with comparators.

5.2 Comments :

5.2.1 **C.*difficile* Infections** - trend is downward but winter will bring more antibiotic usage and bed pressures with quick movement of patients so risk of going up. The tolerance for 2019/2020 was 43 cases of hospital-acquired infection and we had a total of 32 cases.

5.2.2 **MRSA Infections** - trend is downward but winter will present challenge and risks. There is zero tolerance in place for MRSA bloodstream infections nationally. The Trust had 6 cases of MRSA bacteraemia for 2019/2020. At the time of writing only one case of MRSA bacteremia occurred in 2020-21.

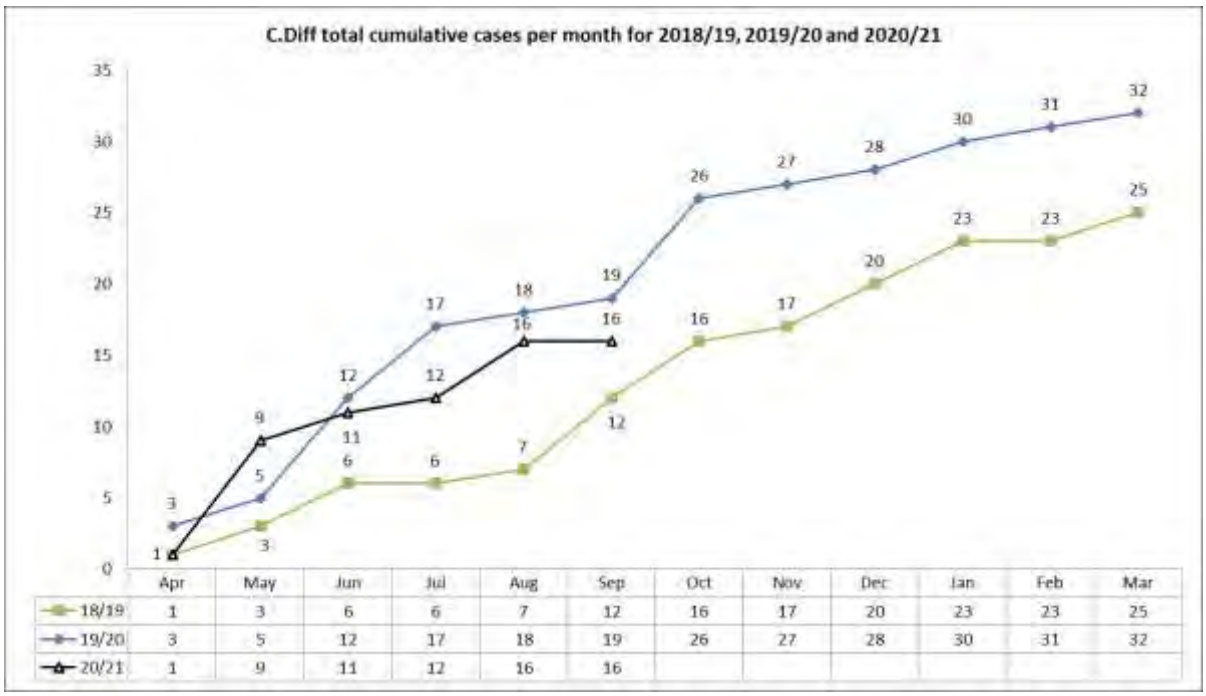
5.2.3 **MSSA, E.coli, Klebsiella and Pseudomonas Blood Stream Infections** - trends are downward but winter will present challenges and risks. It will be noted that these infections occurred at a higher rate during the winter of 2019-20 than in the previous winter, although community prescribing practice does play a significant part in the incidence of gram negative blood stream infections (particularly E coli).

5.3 With all the above conditions, mitigation of risks of infection that might be acquired in hospital depends on sound operational controls in clinical areas since transmission from patient to patient and invasion of deeper tissue occurs within a

clinical context. What is required is rigorous compliance with required actions with effective monitoring.

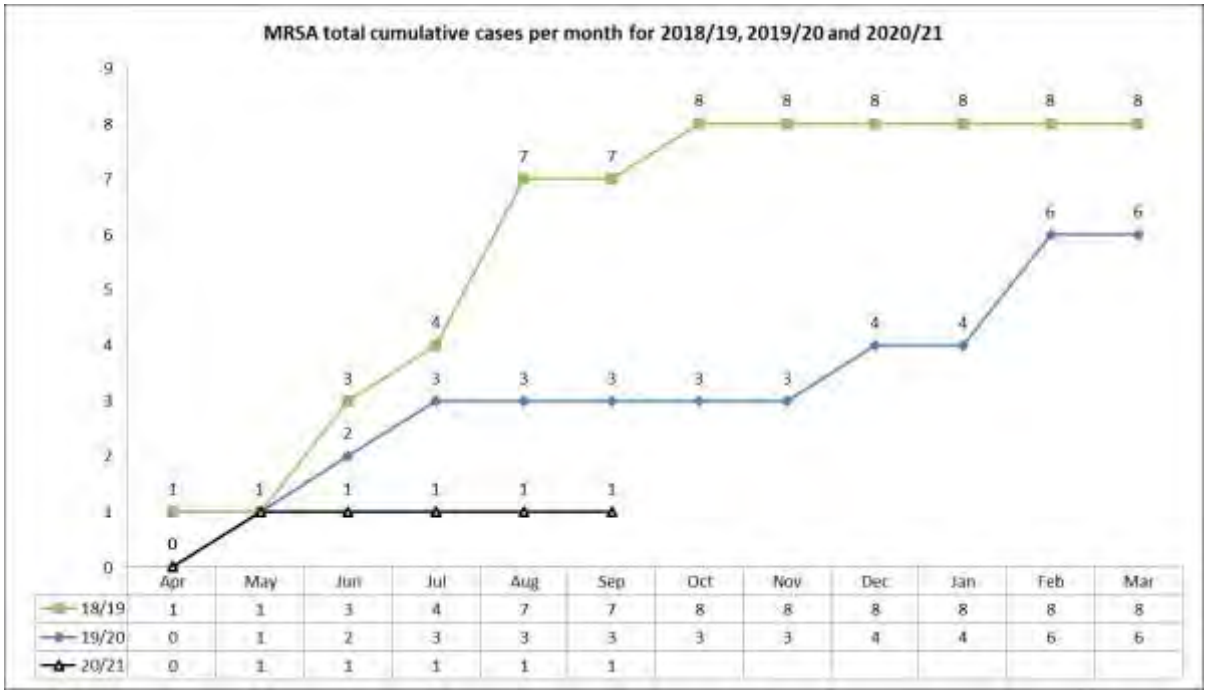
5.4 Front-line staff training is ongoing by the DIPC, Senior Nursing, IP&C, and Pharmacy teams but ***it is vital that the delivery of IP&C actions is seen as part of daily clinical practice in all areas.***

5.5 ***Figure 2, Clostridium difficile cases comparison from 2019/20 and 2020/21***



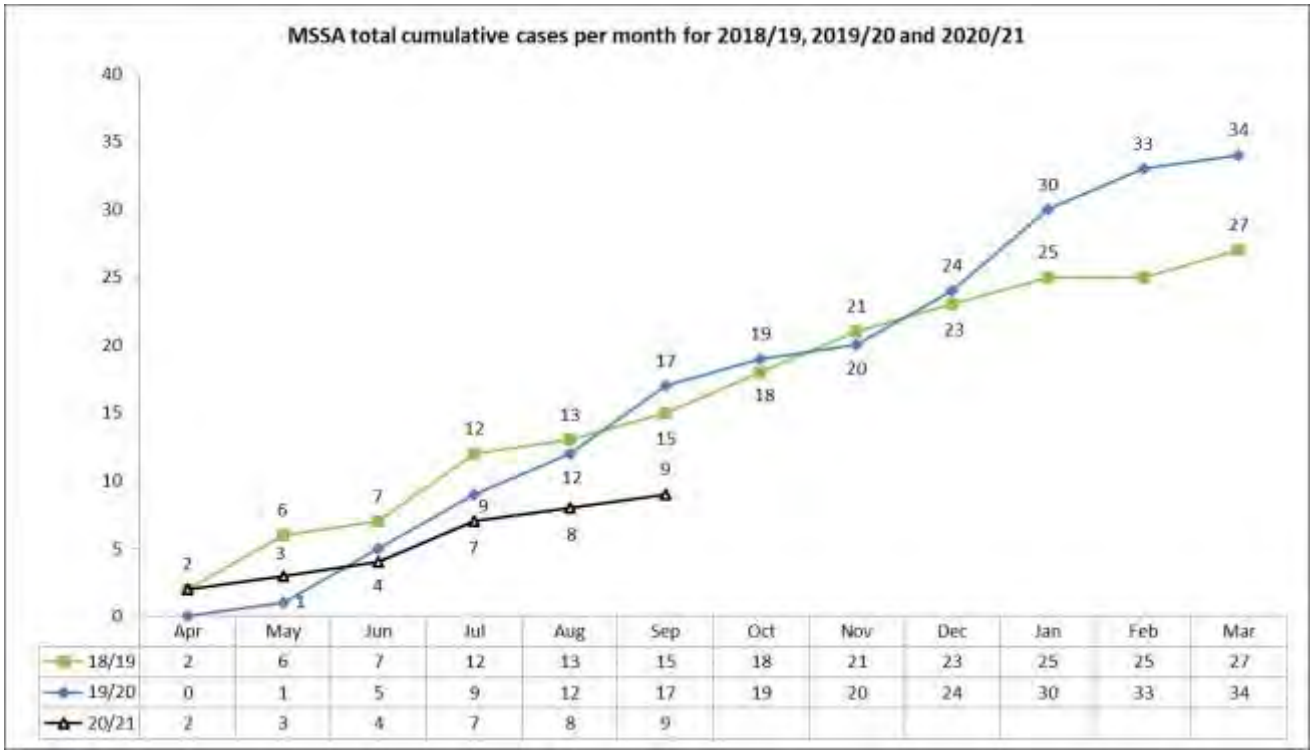
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	1	3	6	6	7	12	16	17	20	23	23	25
19/20	3	5	12	17	18	19	26	27	28	30	31	32
20/21	1	9	11	12	16	16						

5.6 ***Figure 3, MRSA cases comparison from 2018/19, 2019/20 and 2020/21***



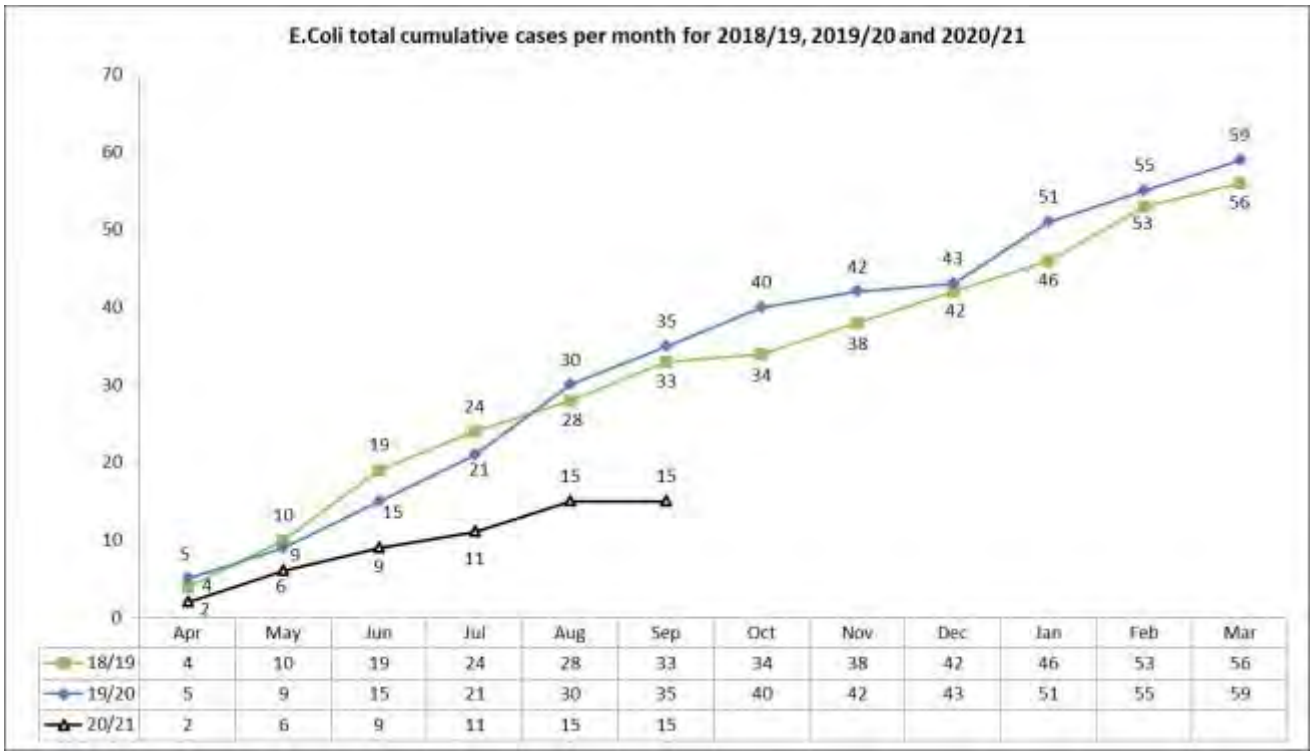
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	1	1	3	4	7	7	8	8	8	8	8	8
19/20	0	1	2	3	3	3	3	3	4	4	6	6
20/21	0	1	1	1	1	1						

5.7 ***Figure 4, MSSA cases comparison from 2018/19, 2019/20 and 2020/21***



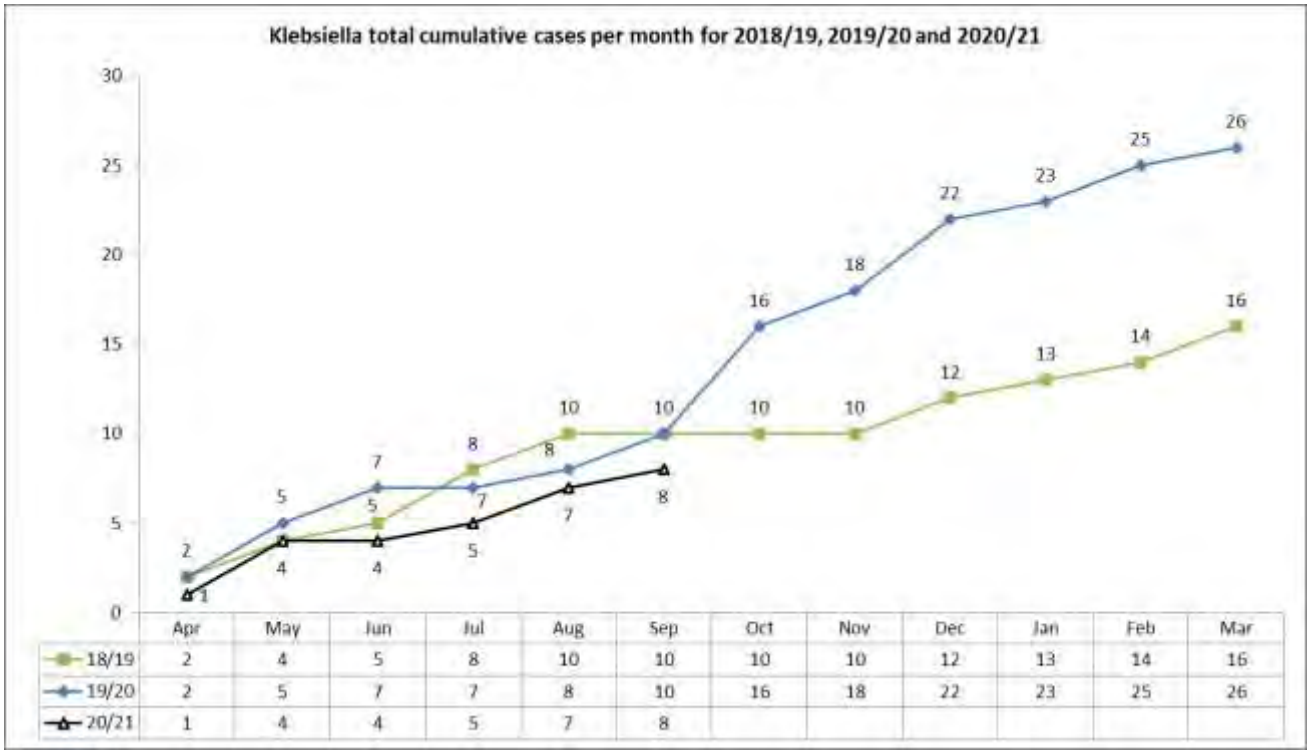
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	2	6	7	12	13	15	18	21	23	25	25	27
19/20	0	1	5	9	12	17	19	20	24	30	33	34
20/21	2	3	4	7	8	9						

5.8 ***Figure 5, E.Coli cases comparison from 2018/19, 2019/20 and 2020/21***



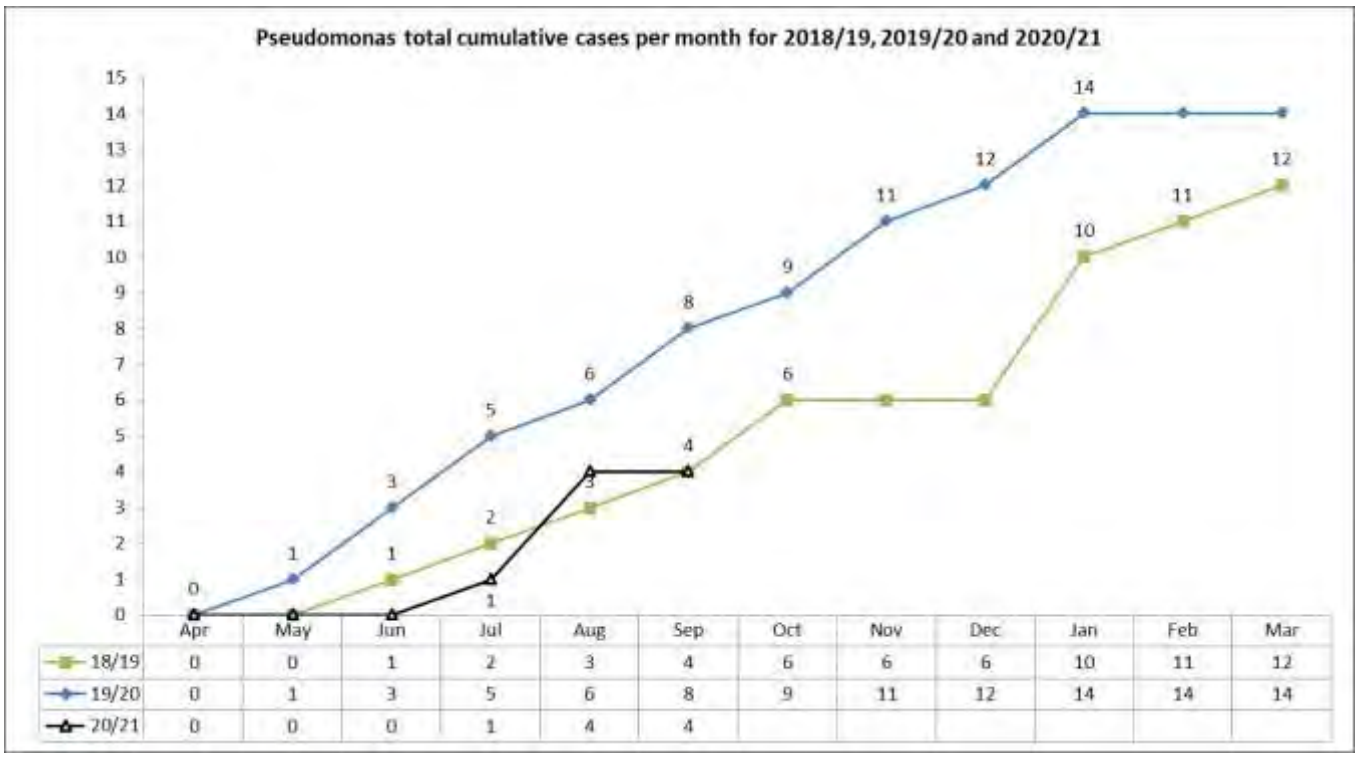
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	4	10	19	24	28	33	34	38	42	46	53	56
19/20	5	9	15	21	30	35	40	42	43	51	55	59
20/21	2	6	9	11	15	15						

5.9 ***Figure 6, Klebsiella cases comparison from 2018/19, 2019/20 and 2020/21***



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	2	4	5	8	10	10	10	10	12	13	14	16
19/20	2	5	7	7	8	10	16	18	22	23	25	26
20/21	1	4	4	5	7	8						

5.10 ***Figure 7, Pseudomonas cases comparison from 2018/19, 2019/20 and 2020/21***



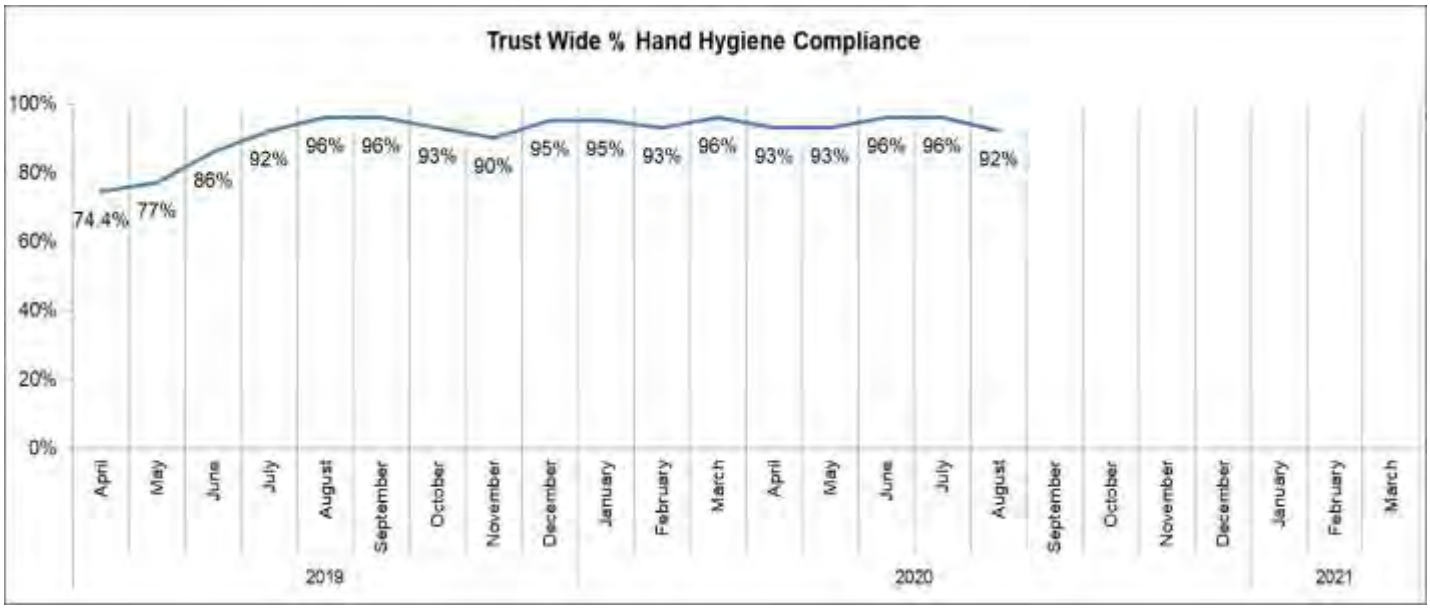
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	0	0	1	2	3	4	6	6	6	10	11	12
19/20	0	1	3	5	6	8	9	11	12	14	14	14
20/21	0	0	0	1	4	4						

6 HAND HYGIENE

6.1 By “Hand hygiene” we mean being bare-below-the-elbows in clinical areas including appropriate use of gloves, handwashing, and alcohol gel. The emphasis on staff hand hygiene arises since touching is so frequent in healthcare activities and many different types of organisms can contaminate the hands. Thus, investment in hand hygiene compliance is highly cost-effective in preventing infections.

6.2 Difficulties arise though in the measurement of this modality since variation may occur over a 24 h period, 7 days per week. The data from ward audits done by the IP&C Team indicates high compliance but this is not concordant with data from regulator and MFT senior staff observations on ward visits. What is required is the triangulation of data with an emphasis on ward observations being fed back to the IP&C team and the matrons would be critical in this effort. Data to hand would suggest that true compliance is off the order of 85-95% and efforts are ongoing to both improve compliance and to reduce variation. A key aspect of the current training strategy with hand hygiene and other operational controls is to give clear explanations as to “why”. By example, staff must understand the limitations of alcohol gel – whilst highly effective against the agents of COVID-19 and Influenza, it is not effective against C. difficile or Norovirus. All of these organisms can be removed by effective handwashing done by staff and patients.

6.3 ***Figure 8, Trust wide Hand Hygiene Compliance for 2019/20 and 2020/21 (to date)***



7 STAFF TRAINING

7.1 **All Staff**:

7.1.1 Online training is undertaken by staff in core aspects of Infection Prevention & Control and this includes antibiotic stewardship. Interactions with clinical staff during ward visits and incident reviews suggested that online training was not resonating enough in required safety behaviours in patient care and hence direct training sessions have been undertaken with an emphasis on understanding, roles and required delivery.

7.1.2 For COVID-19, staff bulletins were sent out on daily/weekly as new information on COVID-19 became available from authorised bodies. Additional training was undertaken directly in various tactical and strategic groups which were being used to address COVID-19.

7.1.3 At the time of writing the Trust wide compliance with Level 1 IP&C training is over 97%, and with Level 2 IP&C training is just under 92%.

7.2 **Nurses**:

7.2.1 The Nurse Director organised several training sessions in IP&C by NHSI for matrons and deputy directors of nursing; it is hoped that these staff will then reinforce knowledge and skills in clinical areas

7.3 **Junior Doctors and Consultants**:

7.3.1 Training has been given by the DIPC and is continuing with an emphasis on patient-care interactions. In addition the Chief Medical Officer stresses the importance of excellent IP&C practice at his introductory talks at the induction sessions for all rotating junior medical trainees.

7.4 **Pharmacists**:

7.4.1 Training has been provided to ward pharmacists by the DIPC and senior pharmacists to enable them to engage in discussions with junior doctors for better antibiotic use.

7.5 **Non-clinical Staff:**

7.5.1 Infection Prevention and Control Level 1 training is available as an ESR module and is a mandatory requirement for all non-clinical staff.

7.5.2 Infection Prevention and Control is also part of the Trust Induction itinerary.

7.5.3 A clause is present in all members of staff contracts to remind them of their role in the prevention of infection transmission.

7.5.4 Volunteers are issued a hand book for Infection Prevention and Control which must be completed.

7.5.5 Estates have a permit to work which includes Infection Prevention and Control instructions, plus contractors must report to the nurse in charge before any work is undertaken. Section 5 of the Health & Safety Pre-Construction Information for Minor Works is based on Control of Infection and Dust Control.

8 COVID-19 OPERATIONAL RESPONSE

8.1 COVID-19 is an infectious disease caused by a newly discovered coronavirus.

8.2 Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

8.3 The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes and controls in hospital mitigate the risks by use of PPE and good hygiene.

8.4 Currently, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments.

8.5 **MFT position**

8.5.1 During the first phase of COVID-19, MFT made significant changes across all aspects of the Trust, including but not excluding the re-allocation of wards, extended critical care function, the stoppage of all non-emergency procedures and clinics, staff re-training, swabbing and extended services supporting all elements.

8.5.2 The Trust set up several separate tactical groups to help manage COVID-19 including a medical group, a nurse group, and an operational group. These all fed into an overall strategic group led by the COO and executive decisions were made accordingly.

8.5.3 The expectation is that the principles of planning and delivery during the first wave would be re-applied in future outbreaks, except where new information or learning has directed a different approach.

8.5.4 The Trust reported a total of 184 deaths associated with COVID-19.

8.6 The board has already seen the COVID-19 Risk Assessment and BAF so information will not be duplicated here. The view of the DIPC is that the MFT response was as good considering the constraints and staff stresses which arose from national PPE shortages, laboratory testing limitations, and the clinical difficulties in distinguishing and hence isolating true COVID-19 from non- COVID-19 infected patients. Whilst we did have some in-hospital transmission of COVID-19, no cases of such transmission have occurred since July 2020 and no outbreaks were detected.

9 ESTATES WATER SAFETY REPORT (Submitted by Peter Graves, Head of Estates)

9.1 **Assessment:**

9.1.1 The Trust is in overall compliance with Statutory Requirements and Health Care Technical Memoranda relating to water safety.

9.2 **Background:**

9.2.1 MFT has a duly constituted Water Safety Group (WSG) to oversee national requirements relating to water safety in our distribution systems which identifies water-related hazards, assesses risks, identifies and monitors control measures, and develops incident protocols. There is also an Independent Trust Authorising Engineer for water safety.

9.2.2 The Trust's Water Safety Policy and Safety Plan and Legionella Risk Assessments were reviewed and updated. Legionella sampling undertaken satisfied statutory requirements- no pathogenic legionella species were detected in water sampling until September 2020 and remedial actions are in place (there have been no cases of legionella infection).

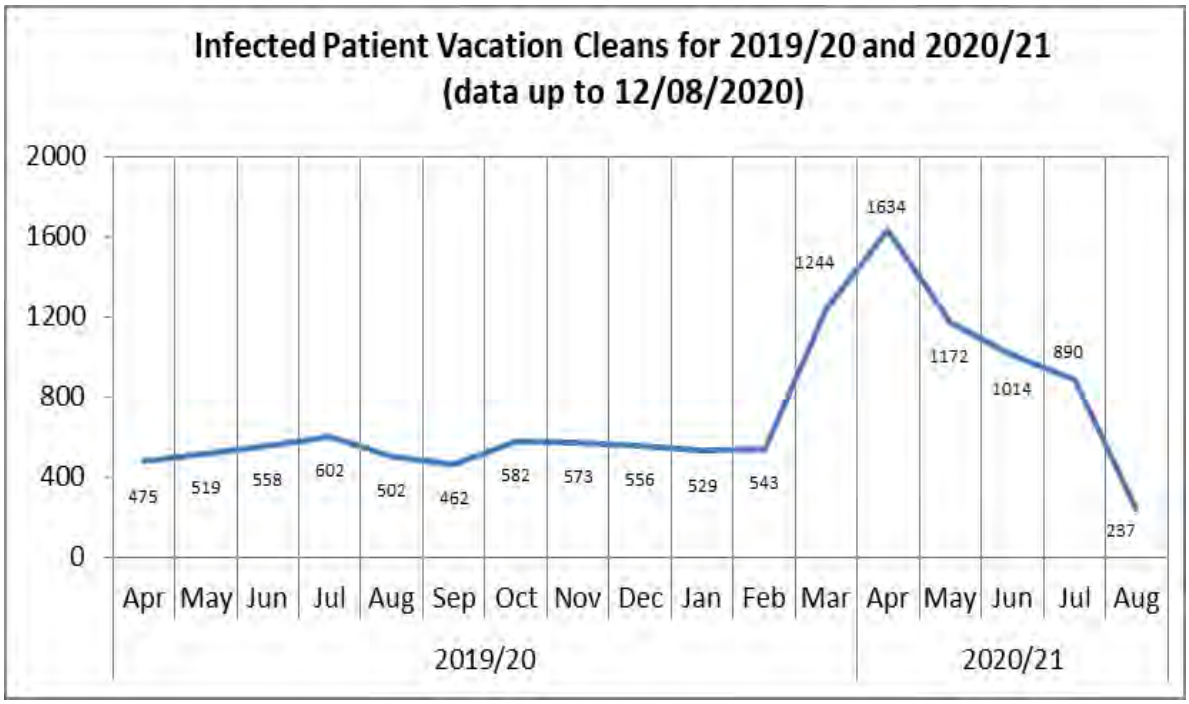
9.2.3 Pseudomonas sampling was undertaken as required and 11 positive sites were identified- by the end of the last financial year all but one site were clear and at date, this last site has also been clear. There have been no related infections.

10 FACILITIES REPORT (Submitted by David Moore, Head of Hotel Services)

10.1 2019/2020 cleans saw a gradual increase for the first quarter maintaining an average number of requests throughout the winter period. Due to the pandemic we experienced a massive increase in March. We worked with the IPC team on our decontamination process and took the decision to use Ultra Violet equipment for decontamination of infected patient areas.

10.2 In April 2020 we continued to increase to as much as 200% over our usual numbers, this has started to reduce as expected and in line with the number of suspected/positive cases in the hospital.

10.3 ***Figure 9, Trust wide Infected Patient Vacation Cleans for 2019/20 and 2020/21 (to 12/08/2020)***



10.4 **2019/2020**

10.4.1 In order to support the importance of Hand Hygiene we posted hand sanitizer instruction posters at the entrance to every ward/department and installed additional hand sanitiser dispensers throughout the Hospital.

10.4.2 Frequency of cleaning audits in Very High Risk areas improved this year but was still below the national standards.

10.4.3 Requests from the IPC Team for additional cleaning measures in suspected outbreak areas were delivered as per the requests received.

10.5 **2020/2021**

10.5.1 Due to the pandemic and in agreement with IPC we temporarily increased our cleaning staff headcount by 15% to ensure we stayed compliant with National Cleanliness standards and to increase high touch point cleaning in public areas.

10.5.2 All wards for the treatment of COVID-19 patients had the Functional Risk category increased to Very High risk and the cleaning schedules were adjusted to reflect this.

10.5.3 With advice and agreement from NHSI IPC we are maintaining the increased levels of public area cleaning to help prevent/control further spread of infection as patient/visitor activity increases in the hospital.

10.5.4 Protocols for safe segregation of COVID-19 waste were followed as per national guidelines without incident.

10.5.5 As of the start of July frequency of all cleaning audits is in line with the National Cleaning Standards.

11 OCCUPATIONAL HEALTH REPORT (Submitted by Gemma Nauman, HR Business Development Manager (Occupational Health, Wellbeing & Nursery))

11.1 **2019/2020**

11.1.1 During 2019/20, there were no significant staff infections with which Occupational Health were involved.

11.1.2 The flu vaccination campaign was particularly challenging however the target of 75% was achieved with an overall uptake of 76% amongst frontline workers. In line with previous years, the highest uptake was amongst support to clinical staff with this amounting to a little over 65% being vaccinated. The lowest uptake was again amongst medical staff with 55% being vaccinated.

11.2 **2020/2021**

11.2.1 The focus of the department for 2020/21, from an infection control perspective, has to date been linked directly to COVID-19. The service commenced swabbing of symptomatic staff and their household members. This service was then extended to swabbing of our community partners and more recently of patients prior to their entry to the hospital for procedures. The table below sets out the numbers of swabs carried out to date (Figure 9).

11.3 ***Figure 10, Total number of swabs taken by Occupational Health Department to date for COVID-19 and rate of positivity of samples (%).***

		Positivity Rate
Staff / Household Member	1367	13.02%
Community Partners	1065	13.89%
Patients	4887	-

11.4 Additionally the team have been responsible for antibody testing (Figure 10).

11.5 ***Figure 11, Total number of antibody tests undertaken by Occupational Health Department to date and rate of positivity of samples (%).***

	Total Tested	Positivity Rate
Medway NHS Foundation Trust	3799	14.89%
Community Partners	1048	14.31%

11.6 Plans are now underway for the 2020/21 flu campaign with a target of 95% vaccine uptake amongst frontline staff. The campaign will commence on Monday 21st September. Due to Covid-19 the campaign will take a different format to that of previous years whereby ward walking will present several challenges. As such, a booking system similar to that of the antibody testing system is being implemented which will offer appointments at 5 minute intervals to ensure social distancing can be adhered to. This will allow for 180 appointments per day, 7 days per week. After the initial two week period, vaccination clinics will also be set up, with a similar structure, in various centrally located areas.

12 ANTIBIOTIC STEWARDSHIP (Submitted by Tolu Akinrujomu, Antimicrobial Pharmacist)

12.1 By Antimicrobial Stewardship we mean processes to ensure that antimicrobials are prescribed appropriately with proper reviews of duration of use in patients.

12.2 To facilitate this, all ward pharmacists are involved antimicrobial stewardship by escalating any antibiotic prescriptions (including management of complex antibiotic prescriptions) requiring review to the Antimicrobial Pharmacist. The Antimicrobial Pharmacist and consultant microbiologists work closely to ensure that these escalated patients are being discussed with ward doctors looking after these patients daily during an antimicrobial ward round.

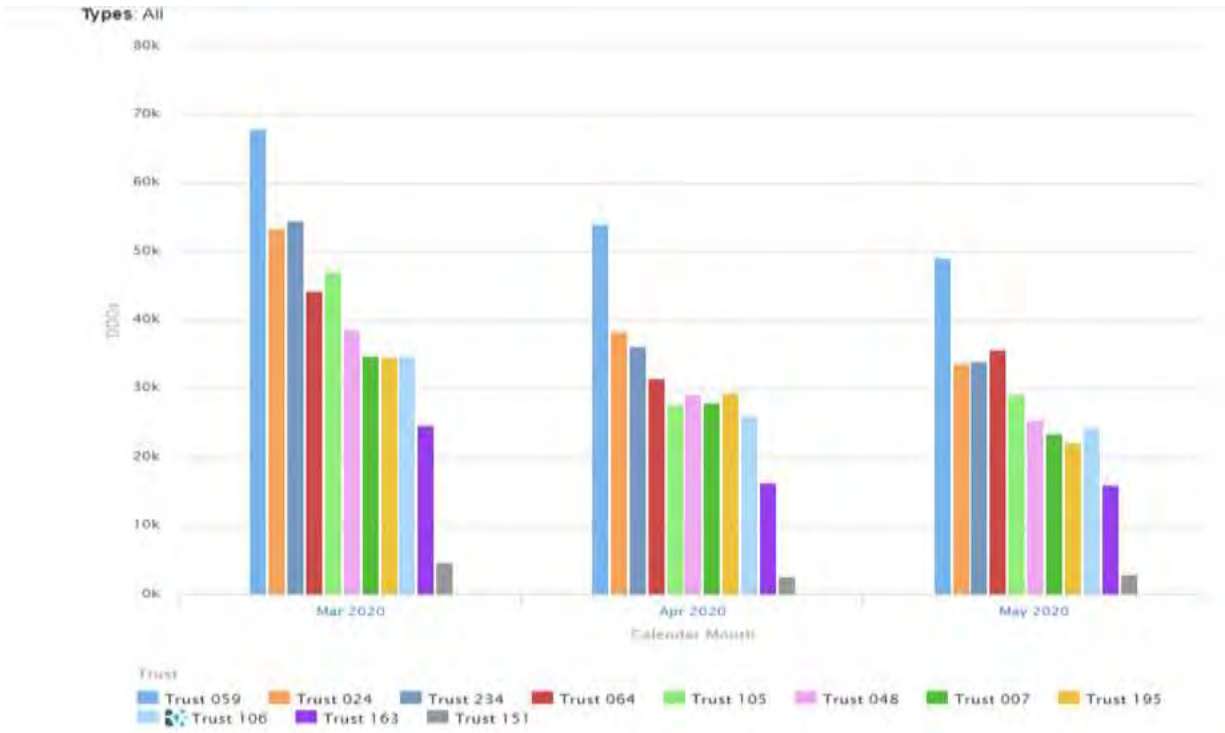
12.3 During the COVID-19 pandemic, the antimicrobial ward round had significantly reduced due to the following reasons:

12.3.1 Physically visiting the ward was no longer possible due to the risk of transmission of the infection this was also the practice in other Trusts as well.

12.3.2 One of the Trust's consultant microbiologists was off for a long period and another left the Trust thus reducing the capacity of the microbiology consultant team to only one consultant.

12.4 During the COVID-19 pandemic especially in March and April 2020, the use of antibiotics increased significantly; this was on par with other Trusts within South Eastern England region as shown in Figure 11.

12.5 ***Figure 12, the increase in use of antimicrobials across the South Eastern England Region, MFT is represented by the number 106 (light blue, located third from the left.) (%)***



12.6 With winter approaching, all our ward pharmacists have had antimicrobial teaching sessions to enable them to engage more with junior doctors with clear guidance on how to achieve this through weekly antimicrobial safety huddles. This is to enable improved ward-level antimicrobial stewardship with better communication amongst doctors, nurses and pharmacists.

12.7 This will also ensure that all antimicrobials prescribed are in line with the Trust's antimicrobial guidelines/recommendations with appropriate duration, with more complex cases escalated to a consultant microbiologist through the antimicrobial pharmacist.

12.8 We now have 3 consultant microbiologists in the Trust to support the antimicrobial stewardship working alongside the ward pharmacists and antimicrobial pharmacist.

13 DECONTAMINATION

13.1 Decontamination in this context refers to the removal and destruction microbial agents that can cause infections from reusable medical devices and instruments. The provision of sterile services for surgical instruments is outsourced with oversight from the MFT theatre services and is assured at date. A decontamination committee is in place chaired by the deputy CEO and a manager

has been appointed for interim (management) support with professional support from the DIPC.

13.2 The Trust engaged an interim decontamination expert from November 2019 to March 2020, and her input was key in dealing with some outmoded practices and in rationalising the range of different decontamination wipes used within the Trust.

14 CONCLUDING REMARKS

14.1 It is hoped that this report has provided information on the performance of MFT regarding Infection Prevention & Control during the last financial year and, in view of the challenges posed by COVID-19 from March 2020 to date, updates the Board on status in the current financial year. It includes the views of regulators and states how the Trust has been responding to these. Since IP&C is a distributed requirement within the organization, reports from departments which are vital to IP&C delivery such as from Facilities and Occupational Health are included here. The objective is to give a fair, balanced and understandable overview on key items for an assessment of improvement, continuing risks, and steps required to mitigate such risks.

END OF REPORT

Meeting of the Trust Board in Public
Thursday, 05 November 2020

Title of Report	**Board Assurance Framework**	Agenda Item	**4.2**
Lead Director	Gurjit Mahil, Deputy Chief Executive		
Report Author	David Seabrooke, Company Secretary		
Executive Summary	**Finance** The committee agreed to increase the BAF risk rating for "delivery of financial control total" from 9 to 16. An amendment was submitted to recognise that the Trust was due to submit its plan for the six months to 31 March 2021 no later than 22 October 2020. **Quality** The Committee has reviewed a number of updates to risk 5a. Risk 5a was reduced to 12 - due to progress on delivery of actions including the significant investment in the leadership development of senior nursing staff including aspiring ward managers and a development programme for AHPs. Risk 5b needs updating in light of the outbreak of COVID and non-compliance to training. A verbal update will be given to the Trust Board. 5c risk rating reduced to 9 as progress has been made. **People** Review by Chief People Officer highlighting progress with the "Our People" programme and the work towards engaging with the NHS Improvement cultural change programme. No change to the scores. **Integrated Care** No change since last update **Innovation** Updated section included – two Current scores reduced to 6 – better than target of 9.		
Resource Implications	None at this time		
Legal Implications/ Regulatory Requirements	None at this time		
QIA	N/A		
Recommendation/ Actions required	The Board is asked to note this report.		
	Approval ☐	Assurance ☒	Discussion ☐	Noting ☒
Appendices	None		

1 Integrated Healthcare

Executive Lead – Chief Operating Officer

Risk	Initial Score	Current Score	Previous Month Score	Target Score
1a – Failure of system integration	4 x 4 = 16 (High)	4 x 3 = 12 (Moderate)	4 x 3 = 12 (Moderate)	3 x 2 = 6 (Low)

No further changes.

2 Innovation

Executive Lead – Director of Transformation/IT

Risk	Initial Score	Current Score	Previous Month Score	Target Score
2a – Future IT strategy	4 x 4 = 16 (High)	3 x 3 = 9 (Moderate)	3 x 3 = 9 (Moderate)	3 x 2 = 6 (Low)
2b – Capacity and Capability	3 x 3 = 9 (Moderate)	2 x 3 = 6 Low	3 x 3 = 9 (Moderate)	3 x 3 = 9 (Moderate)
2c – Funding for investment	3 x 3 = 9 (Moderate)	2 x 3 = 6 Low	3 x 3 = 9 (Moderate)	3 x 3 = 9 (Moderate)

3 Finance

Executive Lead – Chief Finance Officer (Interim)

Risk	Initial Score	Current Score	Previous Month Score	Target Score
3a – Delivery of financial control total	4 x 4 = 16 (High)	4x4 = 16 High	3 x 3 = 9 (Moderate)	3 x 3 = 9 (Moderate)
3b – Capital Investment	4 x 4 = 16 (High)	5 x 4 = 20 (High)	5 x 4 = 20 (High)	4 x 3 = 12 (Moderate)
3c – Failure to achieve long term financial sustainability	4 x 4 = 16 (High)	4 x 3 = 12 (Moderate)	4 x 3 = 12 (High)	4 x 1 = 4 (Very Low)
3d – Going concern	4 x 4 = 16 (High)	4 x 1 = 4 (Very Low)	4 x 1 = 4 (Very Low)	4 x 1 = 4 (Very Low)

4 Workforce

Executive Lead – Chief People Officer

Risk	Initial Score	Current Score	Previous Month Score	Target Score
4a – Sufficient staffing of clinical areas	4 x 4 = 16 (High)	3 x 4 = 12 (Moderate)	3 x 4 = 12 (Moderate)	3 x 2 = 6 (Low)
4b – Staff engagement	3 x 4 = 12 (Moderate)	3 x 4 = 12 (Moderate)	3 x 4 = 12 (Moderate)	3 x 2 = 6 (Low)
4c – Best staff to deliver the best care	3 x 4 = 12 (Moderate)	3 x 2 = 6 (Low)	3 x 2 = 6 (Low)	3 x 2 = 6 (Low)

5 Quality

Executive Lead – Chief Nursing and Quality Officer

Risk	Initial Score	Current Score	Previous Month Score	Target Score
5a – CQC Progress	4 x 4 = 16 (High)	4 x 3 = 12 (Moderate)	4 x 3 = 12 (Moderate)	2 x 2 (Very Low)
5b – Failure to meet requirements of Health and Social Care Act	4 x 4 = 16 (High)	3 x 3 = 9 (Moderate)	3 x 3 = 9 (Moderate)	2 x 2 = 4 (Very Low)
5c – Patient flow – Capacity and demand	3 x 4 = 12 (Moderate)	3 x 3 = 9 (Moderate)	3 x 4 = 12 (Moderate)	2 x 2 = 4 (Very Low)
5d – Quality Governance	3 x 4 = 12 (Moderate)	3 x 3 = 9 (Moderate)	3 x 3 = 9 (Moderate)	2 x 2 = 4 (Very Low)
5e - Loss or temporary moves of key clinical services off the MFT site.	5 x 4 = 20 (High)	2 x 3 = 6 (Low)	2 x 3 = 6 (Low)	2 x 2 = 4 (very Low)

COMPOSITE RISK: Innovation										
EXECUTIVE LEAD: Director of Transformation/IT										
LINKS TO STRATEGIC OBJECTIVE: Objective Two - Innovation: We will embrace innovation and digital technology to support the best of care										
				Assurance						
Risk Number / Description	**Cause and Impact**	**Initial Risk Rating**	**Mitigations / Controls**	**Level 1 (Operational Management)**	**Level 2 (Oversight Functions – Committees)**	**Level 3 (Independent)**	**Actions to be Taken**	**Current Risk Rating**	**Target Risk Rating**	**Overall Assurance F, P, N**
2a There may be difficulty in making appropriate decisions with imperfect information on the future clinical and IT strategy of the STP/ICS and the organisation's role therein.	Trust may slow down investment in digital innovation to keep to the pace with new technologies, other organisations locally and the ICP and ICS/STP.	4 x 4 = 16 **High**	1. Author a Digital Strategy that is well socialised across the region and well engaged with by teams internally. 2. Develop a roadmap to a single Electronic Patient Record. 3. Focus initially on key projects and investments to stabilise IT services (telephony, networks, end user devices, licenses, systems upgrades, service desk). This will provide a strong technology and information foundation to build upon: EPR, innovation, whole system analytics, specialist services. 4. Seek Regulator support for IT investments and longer-term Digital Strategy	Director of Transformation and Digital, CIO and Senior Digital Team Weekly CIO call with all Kent & Medway provider Trusts	Reporting to the Executive Team Reporting to the Innovation Board, Trust Improvement Board Reporting to Finance Committee as part of Committee work plan	ICP Digital Strategy group (re-forming from October 2020) ICS CIO NHS E/I South East Digital team NHS Digital (TSSM, Cyber) NHS X	Formally publish Digital Strategy and EPR business case, ratified by Board Participate well in ICP Digital Strategy Group Form Digital First Team Appoint CCIO Re-launch Digital/IT team Continue to work closely with Regulators	**3 x 3 = 9 Moderate**	**3 x 2 = 6 Low**	P
2b There is a risk that the Trust does not have sufficient capacity and capability to implement the required technology.	Transformational change will be held back which may impact also quality improvements and meeting financial targets.	3 x 3 = 9 **Moderate**	5. Deploy an Electronic Patient Record – to reduce the paper burden on the organisation and consolidate the number of IT systems 6. Appoint a Director of IT 7. Work in collaboration with neighbouring providers (MTW, EKHUFT) where necessary and to support infrastructure convergence 8. Complete IT team recruitment drive to substantiate bank/agency staff 9. Work more proactively with suppliers 10. Train and upskill Digital teams – closely align Digital with Transformation 11. Pursue PoCs and pilots via the Medway Innovation Institute to evidence benefits of key technologies on a small scale	Director of Transformation and Digital, CIO and Senior Digital Team	Reporting to the Executive Team Reporting to the Innovation Board, Trust Improvement Board Medway Innovation Institute Steering Committee	ICP Digital Strategy group (re-forming from October 2020) ICS CIO NHS E/I South East Digital team NHS Digital (TSSM, Cyber) NHS X	Progress Electronic Patient Record FBC Confirm plans for IT leadership structure Form Digital First Team Appoint CCIO Re-launch Digital/IT team Continue to work closely with Regulators	**2 x 3 = 6 Low** **(October – was 3x3=9)**	**3 x 3 = 9 Moderate**	F

Risk Number / Description	Cause and Impact	Initial Risk Rating	Mitigations / Controls	Level 1 (Operational Management)	Level 2 (Oversight Functions – Committees)	Level 3 (Independent)	Actions to be Taken	Current Risk Rating	Target Risk Rating	Overall Assurance F, P, N
2c There is a risk that the Trust will be unable to secure sufficient funding for investment in new technologies and clinical research. Specifically, there is a risk that the Trust will be unable to secure sufficient capital to invest in the desired new technologies.	The Trust may become less attractive for new medical and clinical staff The Trust may not deliver the transformation required at pace	3 x 3 = 9 **Moderate**	12. Develop longer-term [3-5 year] capital and investments plan, aligned to Digital Strategy and EPR deployment plan. 13. Continue to work with the STP (ICS) and NHS England, NHS X, and NHS Digital to apply for digital innovation funds when released e.g. HSLI, EPMA, Cyber. Horizon scan for any new funding avenues e.g. GDE becoming Digital Aspirants. 14. Investment in the R&I department which has shown success attracting NHS and private funding for trials. Ensuring communication and engagement with patients eligible for trials so they are aware of opportunities to join trials. 15. Continue to develop Medway Innovation Institute for Proof of Concepts and to attract external funding and investment. 16. Close working with innovation hubs and accelerators for potential funding routes e.g. Academic Health Science Networks	Director of Transformation and Digital, CIO and Senior Digital Team	Reporting to the Executive Team Reporting to the Innovation Board, Trust Improvement Board Capital and Investments Group Reporting to Finance Committee as part of Committee work plan R&I Annual Report to Trust Board Medway Innovation Institute Steering Committee	ICP Digital Strategy group (re-forming from October 2020) ICS CIO NHS E/I South East Digital team NHS Digital (TSSM, Cyber) NHS X NIHR Clinical Research Network Joint Research Office (Kent, Surrey Sussex) KSS AHSN	Progress EPR FBC ICS and HSLI funding discussions ongoing EPMA bid ongoing Adopting Innovation bid ongoing	**2 x 3 = 6** **Low** **(October – was 3x3=9)**	**3 x 3 = 9** **Moderate**	F

COMPOSITE RISK: Finance										
EXECUTIVE LEAD: Chief Finance Officer										
LINKS TO STRATEGIC OBJECTIVE: Objective Three - Financial Stability: We will deliver financial sustainability and create value in all we do										
				Assurance						
Risk Number / Description	**Cause and Impact**	**Initial Risk Rating**	**Mitigations / Controls**	**Level 1 (Operational Management)**	**Level 2 (Oversight Functions – Committees)**	**Level 3 (Independent)**	**Actions to be Taken**	**Current Risk Rating**	**Target Risk Rating**	**Overall Assurance**
3a Delivery of Financial Control Total	If there is insufficient financial awareness, management, control and oversight within the Trust it may lead to an inability to deliver the financial control total, leading to a reputational impact. If the STP does not meet its control total then the Trust will lose up to 50% of its FRF allocation, resulting in a variance to reported plan of up to £23.7m in 2020/21.	4 x 4 = 16 **Very High**	1. Monthly reporting of financial position to finance committee and Board, demonstrating: a. substantive fill rates are increasing with a decrease in bank and agency usage b. improving run rate during the year c. live monitoring of cost improvement programme d. rebasing of directorate plans	Internal accountability framework at programme level.	Monitoring controls: Monthly reporting of actual v budget performance for review at Performance Review Meetings (PRMs) and presented to the Board.	Monthly Integrated Assurance Meetings with regulators. NHSE/I is providing funding to enable providers to achieve breakeven from 1 April 2020 to 31 July 2020. The eight CCGs in Kent have merged with effect from 1 April 2020, enabling them the scale and reach to support management of the system as a whole.	STP plan submission for months 7-12 2020/21 to be made by 20 October 2020 with Trust submission on 22 October 2020.	4 x4 = 16 **High** (Previous risk rating: October 3 x 3 = 9)	3 x 3 = 9 **High** (Previous target risk rating: Mar 2020 3 x 2 = 6 **Moderate)**	
			2. Programme Management Office and scrutiny by Financial Improvement Director to track operational delivery and financial consequences of those actions.	Financial improvement director in place.						
3b Capital Investment	If there is insufficient cash to invest in new technologies, equipment and the Trust estate there is a risk to the transformation plan.	4 x 4 = 16 **Very High**	1. Governed entirely by the availability of cash, obtaining Public Dividend Capital (or loans) for significant investment will require business cases to be signed off by the STP and regulators unless affordable within the existing capital programme or through a revenue stream. (**Note**: Risk not fully mitigated from the Trusts perspective until it starts to generate a cash surplus).	Standard business case process and templates	Project reviews by Finance Committee Scrutiny of the overall capital programme by the Capital Group, Finance Committee and Board.		1. Trust strategy for innovation together with Care Group /directorate strategies to be developed. 2. National shortage of capital funding recognised. Will potentially need some key choices to be made by the Board during 2020/21 3. Clarity and	5 x 4 = 20 **Extreme** (Previous risk rating: Mar 2020 4 x 4 = 16 **Extreme)**	4 x 3 = 12 **High**	

COMPOSITE RISK: Finance										
EXECUTIVE LEAD: Chief Finance Officer										
LINKS TO STRATEGIC OBJECTIVE: Objective Three - Financial Stability: We will deliver financial sustainability and create value in all we do										
				Assurance						
Risk Number / Description	**Cause and Impact**	**Initial Risk Rating**	**Mitigations / Controls**	**Level 1 (Operational Management)**	**Level 2 (Oversight Functions – Committees)**	**Level 3 (Independent)**	**Actions to be Taken**	**Current Risk Rating**	**Target Risk Rating**	**Overall Assurance**
							support from STP is required for capital prioritisation / funding from 20/21.			
3c **Failure to achieve long term financial sustainability**	If the Trust does not achieve financial sustainability could lead to reputational damage, difficulty in recruitment into key roles, further licence conditions and potential regulatory action.	4 x 4 = 16 **Very High**	1. Establishment of System Delivery Board with System Recovery as key cornerstone of the programme monitoring delivery and engaging with partners. 2. Multi-year control total agreement with NHSE/I that does not require return to financial breakeven without national support.	Development of longer term financial model based on impact of 2019/20 delivery on 5 year programme, including sensitivity analysis. Developing planning tools to better triangulate resources with activity. (Linked Capacity, Activity, Financial and Workforce plans).	Reporting of identified risks and pressures alongside CIP and financial performance to Finance Committee regularly.	Current national policy is to provide Financial Recovery Fund support to achieve breakeven for those organisations with an agreed deficit. NHSE/I have in principal set an agreed deficit control total up to and including 2023/24 with FR funding to support a breakeven position.	Development of system wide financial narrative and joint plans with commissioners and other key stakeholders.	4 x 3 = 12 **High** (Previous risk rating: Mar 2020 4 x 4 = 16 **Extreme)**	4 x 1 = 4 **Low** (Previous target risk rating: Mar 2020 4 x 3 = 12 **High)**	
3d **Going concern**	If the Trust is unable to improve on the proportionality of the continued and sustained deficits there is a risk that it could lead to further licence conditions and potential regulatory action.	4 x 4 = 16 **Very High**	1. Interaction with regulators for Public Dividend Capital (and loans) to support deficit and capital requirements has mitigated this risk. 2. National policy in 20/21 to write-off all interim debt financing through issuance of Public Dividend Capital. 3. Management of cash reserves. (**Note:** Risk may increase with a national context with working capital needing to be managed effectively to maintain the supply chain).		Considered by the Integrated Audit Committee and by the Board as part of the annual report and accounts approval.	Change would be required in national context. STP and national regulatory bodies have not indicated intentions to divest services. A statement from NHSE/I on 27 May 2020 in light of Covid contracting arrangements it stated:		4 x 1 = 4 **Low**	4 x 1 = 4 **Low**	

COMPOSITE RISK: Finance										
EXECUTIVE LEAD: Chief Finance Officer										
LINKS TO STRATEGIC OBJECTIVE: Objective Three - Financial Stability: We will deliver financial sustainability and create value in all we do										
				Assurance						
Risk Number / Description	**Cause and Impact**	**Initial Risk Rating**	**Mitigations / Controls**	**Level 1 (Operational Management)**	**Level 2 (Oversight Functions – Committees)**	**Level 3 (Independent)**	**Actions to be Taken**	**Current Risk Rating**	**Target Risk Rating**	**Overall Assurance**
						"Providers can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned. While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded, and government funding is in place for this. DHSC has confirmed that temporary revenue support arrangements will continue, in order to support providers with demonstrable cash needs."				

COMPOSITE RISK: Quality

EXECUTIVE LEAD: Chief Nursing and Quality Officer

LINKS TO STRATEGIC OBJECTIVE: Objective Five - High Quality Care: We will consistently provide high quality care

				Assurance							
Risk Number / Description	**Cause and Impact**	**Initial Risk Rating**	**Mitigations / Controls**	**Level 1 (Operational Management)**	**Level 2 (Oversight Functions – Committees)**	**Level 3 (Independent)**	**Gaps in Assurance/ Controls**	**Actions to be Taken**	**Current Risk Rating**	**Target Risk Rating**	**Overall Assurance F, P, N**
5a Failure to consistently achieve delivery of high quality care. Failure to meet the statutory requirements of the Health and Social Care Act	**Cause:** 1. Ineffective leadership, oversight and timely remedial action of the quality standards. 2. Lack of effective governance systems and processes. 3. Too much focus on flow versus quality standards. **Impact:** 1. Regulatory action by CQC &/ or NHSI 2. Loss of confidence in the Trust by the wider healthcare system. 3. Poor staff morale and engagement. **4.** Inability to reduce avoidable harms to patients	**4 x 4 = 16 High**	1. CQC action plan developed and being implemented 2. Programme of ward assurance visits commenced , 2 wards per week 3. Associate Director of Patient Experience recruited, to commence October 2020 4. Review of Dickens ward undertaken – report being written. 5. Substantive Associate Director of Quality and Patient Safety recruited, to commence in December 2020 6.Terms of Reference for Maternity Services Review agreed and draft KLOE 7. Terms of Reference in final revision and date for commencing in negotiation with CCG. 8. Substantive Deputy Chief Nurse recruited – to commence in January 2021.	Quality Panel Governance in place fortnightly meetings. CQC Evidence panel in place with fortnightly meetings	Regular progress reports to Executive Group, Quality Assurance Committee and Trust Board CQC Evidence panel in place. High Quality care Programme Board established. Ward Assurance Visits in place. Programme of Matron competence assessment being implemented Report on the first twelve ward assurance visits completed and report produced for September Executive Group meeting and QAC	Internal Audit and External Quality Audit. IPAS Meetings (NHS I/E) CCG Quality Meetings CQC Engagement Meetings Safeguarding Review underway Complaints Review underway	Evidence sent thus far being quality assured	Complete QA process	**4 x 3 =12 Moderate**	**2 x 2 = 4 Very Low**	Partial
			Annual quality goals and priorities agreed and being implemented through the quality strategy Leadership for Safety & Quality Ward Managers programme implemented cohort 3 being recruited to. Matrons Development Programme in place February – September 2020. Programme currently being evaluated. Heads of Nursing Development Programme in place May – November 2020 Aspiring ward leaders programme commissioned commenced 1 October 2020 Trust wide Matron Leadership Roles implemented for nursing fundamentals and quality priorities QI Development session held with Matrons 4 September 2020	Programme of continuous quality improvement: a. Improvement huddles b. Improvement Specialists c. Local improvement Projects	Quality Report and Accounts AGM to take place in September 2020.			Reflection and Recognition event for Matrons and Heads of Nursing planned for 27 November 2020			Partial
			3. Quality metrics reported via: a. IQPR and directorate scorecards b. Quality strategy c. Ward to board assurance framework approved by Executive Group 15/07/2020 d. Quality boards on wards piloted. Now being rolled out across all areas. Launch 1 September 2020 e. Quality and Safety Boards now on all adult in-patient wards	New Scorecard developed. Quality strategy priorities reported to QAC Fortnightly Matron assurance reports Monthly Heads of Nursing Assurance Report Monthly DDON assurance reports to the Chief Nursing and Quality Officer	Monthly Performance Review Meetings. Updates to Executive Group, QAC and Trust Board. High Quality care Programme Board		PRMs for 20-21 commenced 27 May 2020 Ward to board assurance framework approved by Executive Group 15/07/2020	First PRM 27 May 2020. Ward to board assurance framework to be in place 30 June 2020 – Completed			Partial

			f. 'Big room' event held on 17 July in partnership with the Innovation Institute celebrating improvements in pressure ulcer reduction. g. Second multidisciplinary 'big room' event held on 18 September with a follow up on pressure ulcers and a focus on nutrition. Increasing numbers of 'days between' pressure ulcer acquisition on a number of wards					Second 'big room' event planned for 18 September with a focus on nutrition			
			4. Audit and review processes d. Clinical Audit programme and monitoring e. Daily MSA breach reporting and validation f. PLACE, COSHH and environmental audits g. Timetable of audits to support CQC action plan in place and being implemented	Revised Quality and Patient Safety Group Divisional Governance Boards	Integrated Audit Committee QAC		PLACE audit outcomes not yet seen by QAC	To determine when this will be presented			Partial
			5. Central and local oversight of quality h. Complaints management i. Incident management, including Serious Incident (SI) processes and monitoring j. Compliance with Duty of Candour policy and training Refreshed SI Framework being developed, development workshop planned for 12 October 2020 Complaints review process approved and in progress. Safeguarding review currently underway	Centralisation of the Divisional Quality Governance Teams Divisional Governance Boards	Regular reports to the Executive Group. Quality and Patient Safety Group		Compliance with 48 hour SI reporting to StEIS deteriorating. Further process mapping of the issue underway. Maternity services review scoped and TOR agreed, date to be confirmed	Divisions have a plan in place to rectify.			Partial

				Assurance							
Risk Number / Description	**Cause and Impact**	**Initial Risk Rating**	**Mitigations / Controls**	**Level 1 (Operational Management)**	**Level 2 (Oversight Functions – Committees)**	**Level 3 (Independent)**	**Gaps in assurance / controls**	**Actions to be Taken**	**Current Risk Rating**	**Target Risk Rating**	**Overall Assurance F, P, N**
5b Failure to meet the statutory requirements of the Health and Social Care Act (Hygiene Code) will result in a risk to patient safety.	The result may be sub optimal outcomes and patient harm with potential regulatory action. Patients may be harmed	4x4 = 16 High	1. IPC Improvement plans	IPC policies, procedures and protocols being reviewed. Scottish Infection Control manual adopted by MFT, reducing number of out-of-date policies from 46 to 18. IPC Improvement Plan rewritten and forms basis for ongoing work. Mandatory IPC training compliance at over 95% for the majority of the last several months. First draft of practical ward based training plan completed. Directorate and programme scorecards with key IPC indicators	Infection Prevention and Control Committee Antimicrobial Stewardship Committee Quality Panel: Evidence review panel in place and considered IPC evidence on 13/08/20 High Quality Care Programme commenced of which IPC is within Mission 1. Safe Care Quality Assurance Committee	IPAS (I/E) meeting Oversight from system DIPC	The total number of all key hospital acquired infections (MRSA bacteraemia, C difficile, gram negative blood stream infections) is lower for Apr-Jul 2020 than for the corresponding period in 2019. MFT has had no outbreaks of hospital acquired COVID-19. 18 IPC policies currently undergoing review. Resumption of antimicrobial audits in June 2020Review of IPC team structure under way – Associate Director role being introduced. Decontamination group to restart in August 2020	Support secured from CCG to update all policies PIR's completed. Medical Director to consider contingency plan	**3 x 3 = 9 Moderate August 2020**	**2 x 2 = 4 Very Low**	Partial

				Assurance							
Risk Number / Description	**Cause and Impact**	**Initial Risk Rating**	**Mitigations / Controls**	**Level 1 (Operational Management)**	**Level 2 (Oversight Functions – Committees)**	**Level 3 (Independent)**	**Gaps in assurance / controls**	**Actions to be Taken**	**Current Risk Rating**	**Target Risk Rating**	**Overall Assurance F, P, N**
5c There is a risk that the Trust processes as well as the clinical and managerial leadership regarding patient flow are not sufficiently developed to manage the emergency demand effectively through the available capacity. This subsequently impacts on the elective capacity reducing the level of planned operations and procedures that can take place. poor patient flow and weak capacity and demand planning will fail to achieve the required performance standards (constitutional standards: 4 hour access, RTT, DM01 and Cancer)	Sustained failure to achieve constitutional standards may result in substantial delays to the treatment of patients, poor patient experience, potential patient harm and a possible breach of license.	**3 x 4 = 12 Moderate**	1. The restart programme has included a refresh of the demand and capacity across all specialties. 2. Pathways have been reviewed to ensure patients receive their care in the most appropriate settings including non-face to face, independent setting and at MFT. 3. Emergency pathways have been further developed to include the range of assessment options through frailty, acute assessment and Same Day Emergency Care (SDEC). 4. A bed reconfiguration programme has been undertaken to profile the planned and unplanned beds based on expected demand & full ring-fencing of elective capacity. 5. The Trust has a renewed focus on length of stay to ensure that patients get the most effective care during as short a stay in hospital as is appropriate for their care. 6. In summary: a. Elective, Outpatients & cancer care modelling underway to ensure patients with a prolonged wait for treatment are appropriately managed and that the new physical distancing and pre-hospital preparations are clear. b. The recovery programme is being managed through the System approach to ensure that all out-of hospital capacity ad opportunities are highlighted and used appropriately.	Recovery plans including agreed trajectories for all constitutional standards Weekly Best Flow Programme Board Weekly ED performance review Daily check points for activity & flow Trajectories for all constitutional standards in place.	Reviews and updates discussed at Executive Group, TAG and Board National planning tools being used.	External reviews by NHS I/E	Weekly Best Flow Programme Board has not met during COVID-19		**3x 3 = 9** **Moderate** (3 x 4 = 12 Moderate **(September 2020)**	**2 x 2 = 4 Very Low**	Partial

				Assurance							
Risk Number / Description	**Cause and Impact**	**Initial Risk Rating**	**Mitigations / Controls**	**Level 1 (Operational Management)**	**Level 2 (Oversight Functions – Committees)**	**Level 3 (Independent)**	**Gaps in assurance / controls**	**Actions to be Taken**	**Current Risk Rating**	**Target Risk Rating**	**Overall Assurance F, P, N**
5d If quality governance is not sufficiently understood or embedded there is a risk that the Trust may not deliver our quality priorities.	Risks to quality and safety of care may not be identified or controlled resulting in poor patient experience, sub optimal outcomes and patient harm with potential regulatory action.	**3 x 4 = 12 Moderate**	1. Quality ambitions a. Quality goals and priorities agreed for 2019/20 b. Quality Account	Quality governance groups established for delivery and monitoring quality Patient Safety Patient experience Clinical Effectiveness and Research Medicines Management Mortality Safeguarding	Executive Group and Quality Assurance Committee Risk Assurance Group in place	IPAS (I/E) meeting	None	Ensure full embedding of the RAG processes.	**3 x 3 = 9 Moderate August 2020** **3 x 4 = 12 Moderate June 2020**	**2 x 2 = 4 Very Low**	Partial
			2. Key leadership roles in place a. Corporate business critical posts in place providing governance, quality and safety leadership b. Directorate and programme clinical governance, quality and patient safety leads in place c. Quality Governance teams in place centrally and within directorates	Divisional Governance Boards in place	Executive Group	Internal and external audit reviews	New processes have not yet had a chance to embed	Maintain oversight of Divisional Governance effectiveness and provide support and training as required.			Partial
			3. Quality Governance monitoring a. CQC Assure b. Risk registers c. Quality Impact Assessments	Divisional and corporate risk meetings in place	Risk Assurance committee in place reporting to executive team.	CQC	CQC Compliance Framework not in place	CQC compliance framework being developed			Partial
5e **Loss or temporary moves of key clinical services off the MFT site.**	The risk to clinical services and interdependencies with other clinical risks. Risks to quality and safety of patients and teams effected. (Stroke and Vascular)	**5 x 4 = 20 High**	1. Key strategic decisions being made around clinical services are discussed at Clinical Council, Executive, Board and System levels. 2. This is to ensure that there is no disruption to the services and to ensure safety. 3. Clear links with neighbouring Trusts to ensure patient safety and Programme Board meetings are in place for key services.	Executive Group	Quality Assurance Committee and Trust Board	IPAS (I/E) Meeting		Maintain oversight on patients that are transferred.	**2x 3 = 6 Low July 2020** **(5 x 4 = 20 High June 2020)**	**2 x 2 = 4 Very Low**	Full

COMPOSITE RISK: Lack of System Integration										
EXECUTIVE LEAD: Chief Operating Officer										
LINKS TO STRATEGIC OBJECTIVE: Objective One - Integrated Health and Social Care: We will work collaboratively with our system partners to ensure our population receive the best health and social care in the most appropriate place										
				Assurance						
Risk Number / Description	**Cause and Impact**	**Initial Risk Rating**	**Mitigations / Controls**	**Level 1 (Operational Management)**	**Level 2 (Oversight Functions – Committees)**	**Level 3 (Independent)**	**Actions to be Taken**	**Current Risk Rating**	**Target Risk Rating**	**Overall Assurance Full, Partial, None**
1a There is a risk that the Medway and Swale system cannot enable true partnership working which designs a long term population based, integrated health and social care system with the patients at its centre. Thus leading to a failure to deliver systems integration, stability and better patient services via the enablement of clinically led patients centred system redesign.	The trust is unable to achieve its strategic objective of working within an Integrated Care System (ICS) and at a locality level within Medway and Swale that is based on a joint strategic needs assessment. We will therefore not leverage the ability to redesign the system for better quality of care to be provided to those we serve in the short and long term.	**4 x 4 = 16 High**	1. Systems wide strategic vision written in partnership with all organisations. Agreed Intergraded Care Partnership (ICP) model in place with systems partners actively working to mobilise key collaborative elements. 2. Current work through Covid structures is placing a key focus on the system partnerships to ensure timely decision making, for example the reduction in MFFD patients.	Governance arrangements for the Medway and Swale system agreed. Weekly calls between all Partners and NHS I/E regarding MFFD patient pathways.	Regular updates against milestones submitted to Executive and Board of Directors meetings.	Progress against system recovery and integration plans monitored independently via NHS England and NHS Improvement Integrated Performance Assurance		**4 x 3 = 12 Moderate March 2020**	**3 x 2 = 6 Low**	Partial
			3. The ICPs agreed ambition is as follows and will have detailed population health outcome measures developed as part of the multi-agency development work which will read across to the ICS and ICP Joint Strategic Needs .	1. Monthly Medway and Swale System Delivery Board. a. Chair alternates between the Clinical Commissioning Group Accountable Officer and Medway Foundation Trust (MFT) Chief Executive. b. Membership is made up of executive from provider and commissioning organisation						

COMPOSITE RISK: Workforce										
EXECUTIVE LEAD: Director of Human Resources and Organisational Development										
LINKS TO STRATEGIC OBJECTIVE: Objective Four – We will enable our people to give their best and achieve their best										
				Assurance						
Risk Number / Description	Cause and Impact	Initial Risk Rating	Mitigations / Controls	Level 1 (Operational Management)	Level 2 (Oversight Functions – Committees)	Level 3 (Independent)	Actions to be Taken	Current Risk Rating	Target Risk Rating	Overall Assurance
4a There is a risk that the Trust may be unable to staff clinical and corporate areas sufficiently to function.	This may lead to an impact on patient experience, quality, staff morale and safety	**4 x 4 = 16** **High**	1. Strategy: People Strategy in place to address current workforce pressures, link to strategic objectives and national directives.	2019-22 People Strategy in place with monitored delivery plans. (HR&OD performance meeting) 'Our People' programme fortnightly review meeting which includes the NHS People Plan	2019-22 People Strategy in place with monitored delivery plans. (People Committee) 'Our People' programme reviewed through the Trust Improvement Board		Trust-wide culture, engagement and leadership programme to provide staff and leaders with skills to motivate, retain and develop staff. [Oct 22] QSIR (Quality improvement methodology) to be introduced to ensure staff have the opportunity, permission and skills to make value-adding change through continuous improvement [Oct 21] Staff networks are further developed, in addition to BAME staff networks, for disability and LGBTQ networks to narrow differentials to disciplinaries, access to CPD and shortlist to hire [Mar 21]	**3 x 4 = 12** **Moderate**	**3 x 2 = 6** **Low**	
			2. Vacancy Reporting: Bi-monthly reporting to Board demonstrating: a. Current contractual vacancy levels (workforce report) b. Sickness, turnover, starters leavers (Integrated Quality and Performance Report (IQPR)) Monthly reporting to services or all HR metrics and KPIs via HR Business Partners. Retention programmes across Trust.		KPI Board oversight 1. Trust vacancy rate at 11.4%. 2. Sickness rate 4.4% 3. Substantive workforce 83.6%					
			3. Monitoring controls: a. Monthly reporting of vacancies and temporary staffing usage at PRMs; b. Daily temporary staffing reports to services and departments against establishment; c. Daily pressure report during winter periods for transparency of gaps.	Monthly PRM including discussion on workforce, vacancies, recruitment plan and temporary staffing. Temporary staffing and daily pressure/gap report in operation.						
			4. Attraction: Resourcing plans based on local, national and international recruitment. Progress on recruitment reported to Board. Employment benefits expanded.	Care group nursing recruitment plan: Number of substantive nurses currently at highest point since 2015. C.200 international nursing offers in place.	People Committee resourcing report – All staff groups recruitment					

			5. Temporary staffing delivery: a. NHSI agency ceiling reporting to Board; b. Weekly breach report to NHSI; c. Reporting to Board of substantive to temporary staffing paybill.		People Committee reporting 1. £6m favourable to ceiling; 2. Averaging 30 breaches per week compared to c1000 in 2016 3. Agency workforce 3% 4. Bank workforce 13%					
			6. Workforce redesign: a. PRM review of hard to recruit posts and introduction of new roles; b. Reporting to Board apprenticeship levy and apprenticeships.	OD Performance report 131 apprentices of 101 target	People Committee					
			7. Operational: a. Operational KPIs for HR processes and teams reported monthly.	HR & OD performance meeting 85% of operational HR KPIs met						

				Assurance						
Risk Number / Description	Cause and Impact	Initial Risk Rating	Mitigations / Controls	Level 1 (Operational Management)	Level 2 (Oversight Functions – Committees)	Level 3 (Independent)	Actions to be Taken	Current Risk Rating	Target Risk Rating	Overall Assurance
4b Staff engagement Should there be a deterioration of staff engagement with the Trust due to lack of confidence, this may lead to worsening morale and subsequent increase in turnover	This may lead to an impact on patient experience, quality, safety and risk the Trust's aim to be an employer of choice	**3 x 4 = 12 (Moderate)**	Strategy: People Strategy in place to address the underlying cultural issues within the Trust, to ensure freedom to speak up guardians are embedded and deliver the 'Best Culture'.	2019-22 People Strategy in place with monitored delivery plans. (HR&OD performance meeting) 'Our People' programme fortnightly review meeting which includes the NHS People Plan	2019-22 People Strategy in place with monitored delivery plans. (People Committee) 'Our People' programme reviewed through the Trust Improvement Board		Refresh of Freedom to Speak Up strategy [Apr 21] Trust-wide culture, engagement and leadership programme to provide staff and leaders with skills to motivate, retain and develop staff. [Oct 22] Working across the STP to implement TRiM (Trauma and Injury Management) processes in the Trust as part of #HAY [Dec 21]	**3 x 4 = 12 (Moderate)**	**3 x 2 = 6 (Low)**	
			Culture Intervention: The Trust has embedded the delivery of 'You are the difference' culture programme to instil tools for personal interventions to workplace culture and a parallel programme for managers to support individuals to own change. The Trust is currently implementing the NHSEI Culture, Engagement and Leadership programme.	1. You are the difference (YATD) embedded in induction 2. NHSEI Culture, Engagement and Leadership Programme Board						
			Staff Communications: a. Weekly Chief Executive communications email; b. Monthly Chief Executive all staff session; c. Senior Team briefing pack monthly.	Communications routes well-established in Trust.						
			Staff Survey results: Annual report to Board demonstrating: a. Trust scores across key domains; b. Comparative results from previous years and other organisations; c. Heat maps for targeted interventions. d. Local survey action plans to address key concerns.	Survey 2018 staff engagement score, 6.4 – lower than average 7						
			Leadership development programmes: a. Implemented to ensure leadership skills and techniques in place.	1. Trust has become an ILM-accredited centre; 2. Programme in fourth year; 3. Henley Business School MA leadership						

				programme launched in Q4 2018/19.						
			Policies, processes and staff committees in place: a. Freedom To Speak Up Guardian route to Chief Executive; b. Respect: countering bullying in the workplace policy; c. Joint staff (JSC) and local negotiating committees (JLNC) to engage with the workforce.	1. Freedom to speak up guardians in place; 2. Respect policy in place; 3. JSC and JLNC in place.						
			Well-being interventions in place: a. Employee assistance programme and counselling; b. Advice and health education programmes; c. Connect 5 training front line staff to help people improve mental wellbeing and signpost to specialist support. d. National #How are you (HAY) wellbeing framework implemented	1. Employee assistance programme launched and live; 2. Advice, education and Connect 5 programmes live. 3. #HAY implemented and monitored						
			Values embedded into the Trust and culture: a. Values-based recruitment (VBR) in place for medical and non-medical positions; b. Values-based appraisal in conjunction with performance.	1. VBR in place Qualitative and quantitative values-based appraisal						
4c Best staff to deliver the best of care Should the Trust lack the right skills and the right values, this may lead to poor performance, poor care, worsening morale and subsequent increase in turnover. **IMPACT:** This may lead to an impact on patient experience, quality, safety and risk the Trust's aim to be an employer of choice.	This may lead to an impact on patient experience, quality, safety and risk the Trust's aim to be an employer of choice.	**3 x 4 = 12 (Moderate)**	Strategy: People Strategy in place to address the underlying cultural issues within the Trust, to ensure freedom to speak up guardians are embedded and deliver the 'Best Culture'.	2019-22 People Strategy in place with monitored delivery plans. (HR&OD performance meeting) 'Our People' programme fortnightly review meeting which includes the NHS People Plan	2019-22 People Strategy in place with monitored delivery plans. (People Committee) 'Our People' programme reviewed through the Trust Improvement Board		Refresh of Freedom to Speak Up strategy [Apr 21]	**3 x 2 = 6 (Low)**	**3 x 2 = 6 (Low)**	
			Right skills: The Trust has a fully-mapped competency profile for each position within the Trust and monitored against individual competency. Overall statutory and mandatory training compliance report to Board (bi-monthly) and internally weekly.	Competency profile in place for all positions. Competency compliance to be linked to incremental pay progression from April 2019 (policy implemented). 1. StatMan compliance >89% 2. Appraisal rate >85%						
			Right attitude and values: a. Values-based recruitment (VBR) in place for medical and non-medical positions; b. Values-based appraisal in conjunction with performance; c. Promoting professionalism pyramid for peer messaging concerns, actions and behaviours; d. Respect – countering bullying in the workplace policy.	1. VBR in place Qualitative and quantitative values-based appraisal in place; 2. Promoting professional pyramid in place, training for peer messengers continuing; 3. Respect policy in place. 4.						
			Continuity of care: The Trust monitors its substantive workforce numbers and recruits permanently whilst retaining flexibility of need and acuity: a. Current contractual vacancy levels (workforce report) b. Monthly reporting of vacancies and	1. Trust vacancy rate at 11.4%; 2. Substantive workforce 83.6%; 3. Monthly PRM including discussion on workforce, vacancies,						

			temporary staffing usage at PRMs; c. Reporting to Board of substantive to temporary staffing paybill.	recruitment plan and temporary staffing;						
			Leadership development programmes implemented to ensure leadership skills and techniques in place.	1. Trust has become an ILM-accredited centre; 2. Programme in fourth year; 3. Henley Business School MA leadership programme launched in Q4 18/19.						

Meeting of the Board of Directors in Public
Thursday, 05 November 2020

Title of Report	**Updating the Constitution**	**Agenda Item**	4.3
Report Author	David Seabrooke, Company Secretary		
Lead Director	Gurjit Mahil, Deputy Chief Executive		
Executive Summary	Following the appointment of Jo Palmer as Chair of the Trust by the Council of Governors on 20 October, an amendment to give full effect to the three year term of the appointment is required. The change has been agreed by the Council of Governors at its 20 October meeting. Board approval is also required. There is a restriction in the constitution of seven on the total number of years a Chair or NED can serve on the Board. Jo Palmer had already served just over five years. Recent advice from NHS Improvement indicates that there is no objection to the Trust regarding the Chair role as distinct from that of NED and in effect starting from zero years served for this purpose. Finally, the Board recently approved a three-yearly review of the Constitution, subject to legal advice. The proposed changes have been discussed with Sinton's and there are no issues arising to report. The new Constitution will be brought into effect subject to this report being approved by the Board and the Council.		
Resource Implications	None		
Legal Implications/Regulatory Requirements	The most relevant extracts of the Code of Governance are set out below: A.3.1. The chairperson should, on appointment by the council of governors, meet the independence criteria set out in B.1.1. B.1.1. The board of directors should identify in the annual report each non-executive director it considers to be independent. The board should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. The board of directors should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination, including if the director: […]		

	• has served on the board of the NHS foundation trust for more than six years from the date of their first appointment; B.1.2 At least half the board, excluding the chairperson, should comprise nonexecutive directors determined by the board to be independent. B.7.1. In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence. B.7.4 Non-executive directors, including the chairperson should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.
Quality Impact Assessment	None
Recommendation/ Actions required	The Board is asked to APPROVE the proposed amendment to the Constitution: Paragraph 29.1 to read.

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

1 Constitution paragraph 29.1

1.1 As set out, the Constitution imposes a seven year limit on the duration of Chair and NED appointments. The proposal is to remove this restriction in the instance where an existing NED is appointed as Chair.

Existing Wording (emphasis added)

> 29.1 The non-executive Directors (including the Chairman) shall be eligible for appointment for two three year terms of office, and in exceptional circumstances a further term of twelve months. No non executive Director (including the Chairman) shall be appointed to that office for a total period which exceeds **seven** years in aggregate.
>
> 29.2 The executive Directors including the Chief Executive and the Finance Director shall hold office for a period in accordance with the terms and conditions of office decided by the relevant committee of non-executive Directors.

1.2 Proposed:

> 29.1 The non-executive Directors (including the Chairman) shall be eligible for appointment for two three year terms of office, and in exceptional circumstances a further term of twelve months. No non executive Director ~~(including the Chairman)~~ shall be appointed to that office for a total period which exceeds seven years in aggregate.
>
> 29.2 In the event that an existing NED is appointed by the Council as Chair of the Trust, following an open, competitive selection process, the individual's previous service with the Trust may be disregarded in determining their term of office in accordance with this paragraph. The approach taken will be explained as necessary in the Annual Report.
>
> (Existing para 29.2 above becomes 29.3)

Meeting of the Board of Directors in Public
Thursday, 05 November 2020

Title of Report	**Integrated Quality and Performance Report (IQPR)**	**Agenda Item**	5.1
Report Author	Jane Murkin – Chief Nursing and Quality Officer David Sulch – Chief Medical Officer Angela Gallagher – Chief Operating Officer		
Lead Director	Gurjit Mahil, Deputy Chief Executive Officer		
Executive Summary	This report informs Board Members of the quality and operational performance across key performance indicators for July and August 2020. **Safe** Our Infection Prevention and Control performance For July shows that the Trust has had zero MRSA bacteraemia cases and four C-diff cases in August. The March Hospital Standardised Mortality Ratio (HSMR) figure now sits at 100.36 (96.38 – weekday and 111.7 – weekend). The SHMI sits at 1.11 **Caring** Mixed Sex Accommodation (MSA) continues to demonstrate an improvement; however in August 24 breaches were recorded in Critical Care and two ward areas due to occupancy and bed related pressures in the Trust. The Friends and Family response rates varies across the Trust from 12.62% to 31.22%. The recommended rates remain close or above the national standard of 85% (Inpatients: 77.42%, ED: 80.02%, Maternity: 99.5%, Outpatients: 88.43%) Work is underway to design and develop a Patient Experience Strategy. **Effective** Venous Thromboembolism (VTE) performance for July sits at 91.7% against the 95% national target. Fractured Neck of Femur procedures within 36 hours performance remains at 71% and seven-day readmission rates remain below the a national standard (10%) at 6.2% **Responsive** The Trust saw the four-hour performance standard reaching 87.61% for August 2020. Due to the pause in elective work the 18-weeks Referral To Treatment (RTT) performance for July is recorded at 52.5%, with 95 52-week breaches. Clinical harm reviews have been completed for these patients. Diagnostics has been recorded for July as 73.04%. Cancer two-week wait performance for July continues to be achieving national standards at 97.5%, 62-day performance is recorded as 81.51%. **Well Led** We have maintained compliance with Trust target for appraisal and statutory and mandatory training. The Trust has also achieved the control total for month five of 2020/21, exceeding the Cost Improvement Plan target but behind on capital expenditure with clear actions to address and recover.		

Resource Implications	None			
Legal Implications/Regulatory Requirements	None			
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 2020			

NHS
Medway
NHS Foundation Trust

Integrated Quality and Performance Report

Reporting Period: September 2020

NHS
Medway
NHS Foundation Trust

Guide to Statistical Process Control (SPC)

NHS Medway NHS Foundation Trust

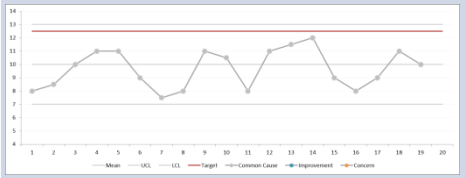
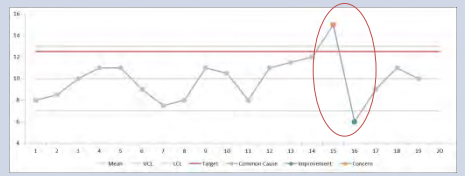
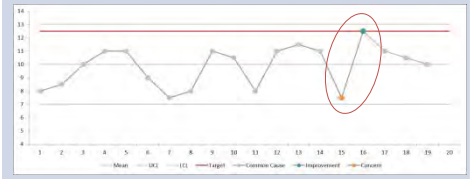
Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

The main aim 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.

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.

NHS Improvement have published two documents '**Making Data Count**' which will provide further information on SPC. Please click on the More Info box in the bottom right hand corner to access the documents.

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

Common cause	7 consecutive points above mean	7 Consecutive points below mean	Astronomical points outside CL
			
7 consecutive descending	**7 consecutive ascending**	**2 out of 3 sigma points**	**More Info Click here**
			NHS Improvement 'Making data count'

Guide to Statistical Process Control (SPC) Icons

Extract of how the SPC Icons have been included into the IQPR

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.

Safe

Caring

Effective

Responsive

Well Led

Executive Summary

Trust Domains	Variation					Assurance			
		L	H	L	H	P	F	?	●
Caring									
Admitted Care	2	1	0	2	0	0	3	2	0
ED Care	1	0	0	0	1	0	1	1	0
Maternity Care	2	0	0	0	0	1	0	1	0
Outpatients Care	0	2	0	0	0	1	1	0	0
Effective									
Best Practice	2	0	2	0	1	1	2	2	0
Maternity	3	0	1	0	1	0	1	3	1
Safe									
Harm Free Care	2	0	0	0	0	2	0	0	0
Incident Reporting	2	0	0	0	1	1	0	1	1
Infection Control	4	0	0	0	0	3	0	0	1
Mortality	1	0	1	3	0	0	1	4	0
Responsive									
Bed Management	2	0	0	3	0	2	2	1	0
Cancer Access	3	0	0	0	2	0	0	5	0
Complaints Management	2	0	0	0	0	0	0	2	0
Diagnostic Access	0	1	0	0	0	0	0	1	0
ED Access	3	0	0	0	1	0	2	2	0
Elective Access	0	1	1	0	0	0	1	1	0
Theatres & Critical Care	1	0	0	1	0	0	0	2	0
Well Led									
Staff Experience	1	0	0	0	1	0	0	2	0
Workforce	2	1	2	2	1	0	1	6	1

Domain: Caring Dashboard

Executive Lead: Jane Murkin – Chief Nursing and Quality Officer
Operational Lead: N/A
Sub Groups : Quality Assurance Committee

NHS Medway NHS Foundation Trust

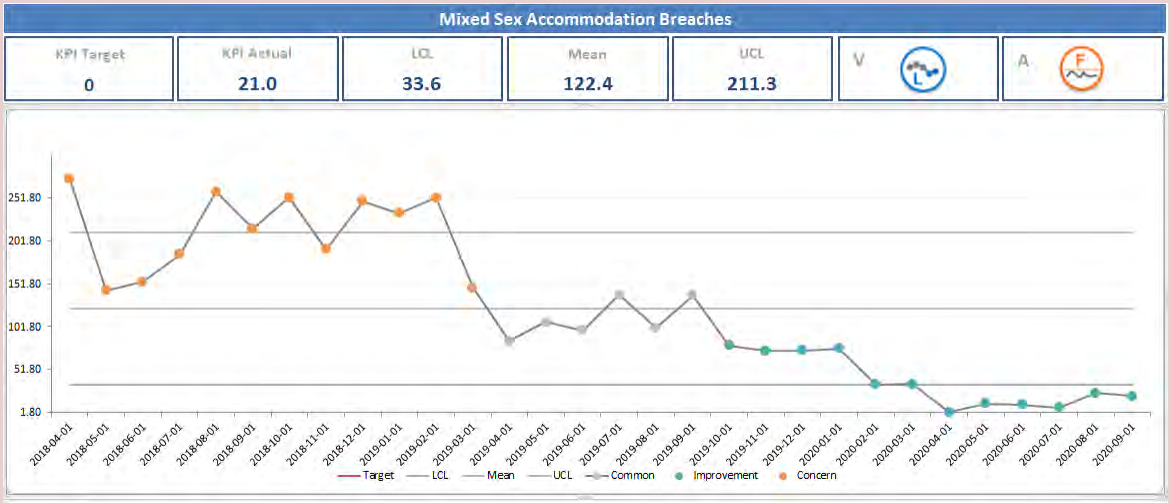
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assuranc
Caring	Admitted Care	Mixed Sex Accommodation Breaches	Sep-20	0	21.00	33.55	122.43	211.31		
		MSA %	Sep-20	0%	0.17%	0.22%	0.82%	1.41%		
		% of EDNs Completed Within 24hrs	Sep-20	100%	74.57%	69.65%	74.58%	79.51%		
		Inpatients Friends & Family % Recommended	Sep-20	85%	77.69%	79.08%	85.46%	91.84%		
		Inpatients Friends & Family Response Rate	Sep-20	22%	18.64%	15.89%	20.44%	25.00%		
	ED Care	ED Friends & Family % Recommended	Sep-20	85%	82.91%	71.76%	78.81%	85.87%		
		ED Friends & Family Response Rate	Sep-20	22%	15.49%	11.97%	14.60%	17.23%		
	Maternity Care	Maternity Friends & Family % Recommended	Sep-20	85%	100.00%	97.19%	99.25%	100.00%		
		Maternity Friends & Family Response Rate	Sep-20	22%	33.92%	11.48%	26.28%	41.08%		
	Outpatient Care	Outpatients Friends & Family % Recommended	Sep-20	85%	87.65%	87.81%	90.17%	92.53%		
		Outpatients Friends & Family Response Rate	Sep-20	22%	13.07%	11.93%	14.00%	16.08%		

Domain: Caring Insights

Executive Lead: Jane Murkin – Chief Nursing and Quality Officer
Operational Lead: Dan West – Divisional Director of Nursing
Sub Groups : Quality Assurance Committee

NHS Medway NHS Foundation Trust

Indicator: Mixed Sex Accommodation Breaches



Indicator Background:

The number of patient breaches by day of mixed-sex accommodation (MSA)

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a low improving nature. Whilst the reduction in MSA overtime has been improving, recent numbers indicate slight increases in MSA BREECHES

Actions:

Same sex accommodation breaches are highlighted at thrice daily site meetings with the expectation placement of these patients is prioritised alongside patients being admitted to the wards.
Privacy and dignity maintained and information provided to patients.

Outcomes:

21 breaches of same sex accommodation.
1 breach Nelson ward
1 breach intensive care unit
19 breaches high dependency unit affecting 15 patients. 7 breaches occurred over the weekend period where bed occupancy within the organisation was high.

Underlying issues and risks:

Bed occupancy has presented challenges to step down patients from critical care units into ward based care.
Increase in emergency surgical admissions and the requirement to maintain red and green pathways for elective and emergency surgical patients placed further pressure with patient placement.

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assuranc
Effective	Best Practice	7 Day Readmission Rate	Aug-20	10%	6.35%	4.07%	5.61%	7.15%		
		30 Day Readmission Rate	Aug-20	10%	12.38%	9.12%	11.26%	13.40%		
		Discharges Before Noon	Sep-20	25%	14.82%	12.44%	15.05%	17.66%		
		Fractured NOF Within 36 Hours	Sep-20	100%	67.50%	37.31%	63.14%	88.97%		
		VTE Risk Assessment % Completed	Sep-20	95%	92.55%	74.86%	85.98%	97.09%		
	Maternity	Elective C-Section Rate	Aug-20	13%	13.76%	9.76%	13.13%	16.50%		
		Average occupancy	Aug-20	15%	21.96%	15.52%	19.08%	22.64%		
		Total C-Section Rate	Aug-20	28%	35.98%	27.86%	32.23%	36.59%		
		Number of Deliveries (Count of Mothers)	Aug-20	0	378.00	346.88	408.34	469.81		
		12+6 Risk Assessment	Jun-20	90%	88.73%	54.61%	77.16%	99.72%		

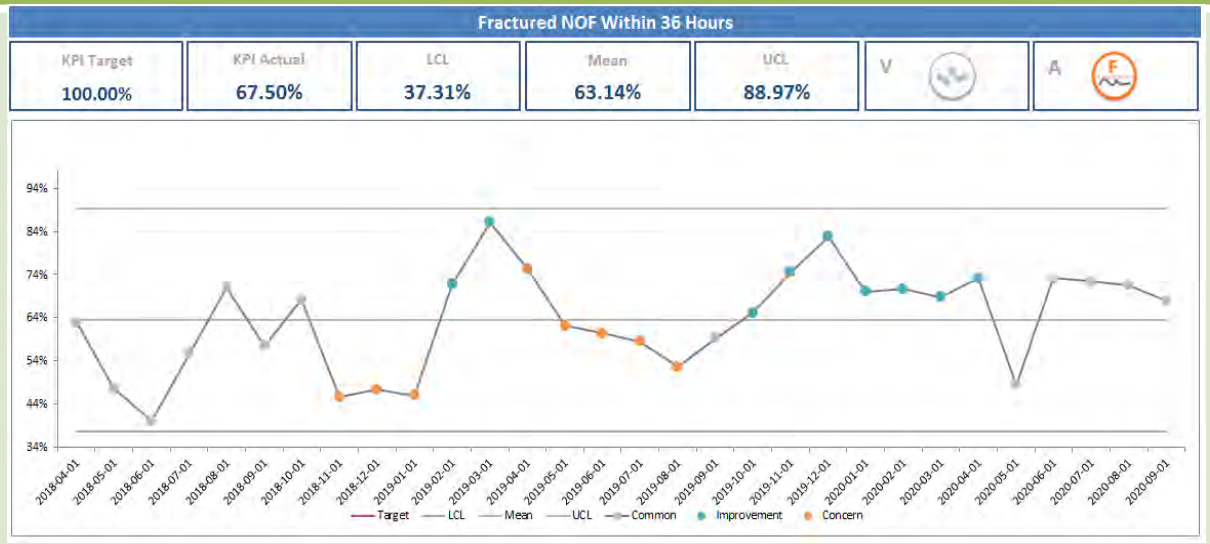
**Please note due to technical issues with the Euroking Maternity system Upgrade the most recent validated maternity data position is August 2020.*

Domain: Effective Insights

Executive Lead: David Sulch – Chief Medical Officer
Operational Lead: Dr Graeme Sanders & Mr Neil Kukreja
Sub Groups : Orthopaedics, Anaesthesia, Orthogeriatrics

NHS Medway NHS Foundation Trust

Indicator:



Indicator Background:

The proportion of patients admitted with fractured neck of femur (NOF) and had surgery within 36 hours of admission.

What the Chart is Telling Us:

The SPC data point is showing common cause variation indicating no significant change. Assurance indicates that the KPI is consistently failing to achieve target.

Actions:

An extra half day trauma theatre has been sporadically provided Mon-Fri since the beginning of July 2020. This has been made regular since August 2020.

Revamp of orthopaedic staffing underway. Need to employ two more surgeons on a permanent basis.

Outcomes:

No impact on NOF within 36-hours pathway, but other frailty trauma has been operated on earlier.

Business case for new trauma consultants is with Execs next week for approval. It was signed off at Divisional level.

Underlying issues and risks:

Two orthopaedic surgeons have been shielding.
Lack of trauma theatre capacity.
High volumes of sub-specialty frail non-NOF trauma, equally deserving prompt surgery.

Domain: Safe Dashboard

Executive Lead: Jane Murkin – Chief Nursing and Quality Officer
David Sulch – Chief Medical Officer
Sub Groups : Quality Assurance Committee

NHS Medway NHS Foundation Trust

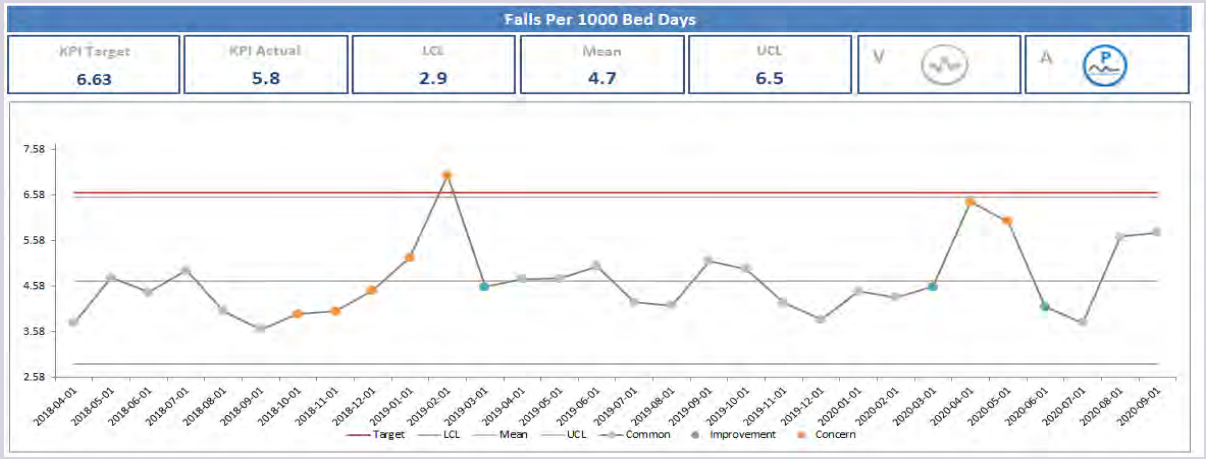
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Safe	Harm Free	Falls Per 1000 Bed Days	Sep-20	6.63	5.75	2.86	4.69	6.53		
		Pressure Ulcer Incidence Per 1000 days (Moderate and High Harm)	Sep-20	1.04	0.00	0.00	0.05	0.23		
	Incident Reporting	Never Events	Sep-20	0	0.00	0.00	0.13	0.87		
		No of SIs on STEIS	Sep-20	90	14.00	1.22	11.03	20.85		
		% of SIs Responded To In 60 Days	Sep-20	0%	100.00%	92.30%	98.11%	100.00%		
	Infection Control	MRSA Bacteraemia (Trust Attributable)	Sep-20	5	0.00	0.00	0.53	2.64		
		C-Diff Acquisitions (Trust Attributable, Post 48 Hours)	Sep-20	43	3.00	0.00	2.83	9.72		
		C-Diff: Hospital Onset Hospital Acquired (HOHA)	Sep-20	0	3.00	0.00	1.50	5.57		
		E-coli (Trust Acquired) Infections	Sep-20	30	4.00	0.00	4.47	10.15		
	Mortality	Crude Mortality Rate	Aug-20	3%	1.67%	0.54%	1.66%	2.78%		
		HSMR (All)	Jun-20	100	100.72	94.96	105.82	107.08		
		HSMR (Weekday)	Jun-20	100	99.66	93.19	103.03	106.96		
		HSMR (Weekend)	Jun-20	100	110.03	98.07	113.67	123.44		
		SHMI	Apr-20	1	1.11	1.07	1.09	1.11		

Domain: Safe Insights

Executive Lead: Jane Murkin – Chief Nursing and Quality Officer
Operational Lead: Kerry O'Neill
Sub Groups : Quality Assurance Committee

NHS Medway NHS Foundation Trust

Indicator: Falls Per 1000 Bed Days



Indicator Background:

The number of patient falls per 1000 bed days. The Trust remains below the national average .

What the Chart is Telling Us:

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

Actions:

Quality Strategy improvement work continues to focus on the reliable implementation of the Falls bundle known to reduce harm from Falls
Post fall " Grab boxes" have now been distributed with positive feedback.
Collaboration with Equipment Services to develop an equipment tracking system to enable prompt oversight of available equipment and indication of expiry date

Outcomes:

The patients who Fall are reviewed to ascertain any contributory factors and learning so actions can be taken to address the information below outlines the patient factors that can contribute to Falls
1 patient was COVID positive
9 incidents (13%) were patients with alcohol related conditions
7 patients (10%) had a confirmed diagnosis of Dementia and 10 patients (14%) with Delirium falls. One patient sustained a vertebral fracture

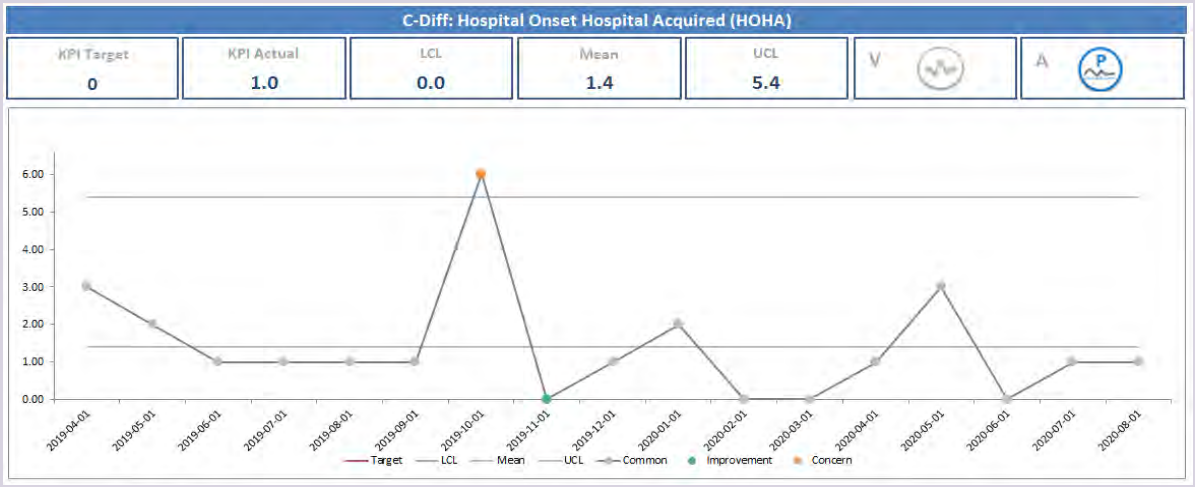
Underlying issues and risks:

Domain: Safe Insights

Executive Lead: David Sulch – Chief Medical Officer
Operational Lead: Ian Hosein
Sub Groups : Quality Assurance Committee

NHS Medway NHS Foundation Trust

Indicator: C-Diff Acquisitions HAI (HOHA + COHA)



Indicator Background:

The number of Clostridium difficile (C-Diff) cases.

What the Chart is Telling Us:

C diff case rates match the onset of COVID surges . There were 7 cases in September and the total as at October 26th 2020 gives a ytd number of 26 cases which is exactly what the total number of cases was at this time in 19/20.

Actions:

Rapid reviews of all recent cases to determine themes in causation

Desired Outcomes:

Reinforcement of key controls with daily monitoring on all wards will lead to a reduction in C diff rates.

Underlying issues and risks:

C diff is limited in the number of ways it can develop – if these are controlled , rates will drop. The Infection Prevention & Control team has no capability or capacity to undertake the required work or assure ward controls . Since wards are managed, we need ward doctors, nurses and pharmacists assuring controls such as antibiotic prescribing and prevention of faecal-oral transmission.

Domain: Safe Insights

Executive Lead: David Sulch – Chief Medical Officer
Operational Lead: Ian Hosein
Sub Groups : Quality Assurance Committee

NHS Medway NHS Foundation Trust

Indicator: E-coli blood stream hospital associated infections

Indicator Background:

The number of Escherichia coli (E. coli) cases.

What the Chart is Telling Us:

E coli rates are low and lower than ytd in 19/20

Actions:

E coli is a bowel organism and hence faecal-oral hygiene can block a transmissible element .
Blood Stream invasion can be via IV access devices
Hygienic behaviour, environmental decontamination ,and patient safety assurance such as with use of IV devices must be Business As Usual in all clinical areas with daily monitoring for assurance of implementation

Desirable Outcomes:

Rates remain low

Underlying issues and risks:

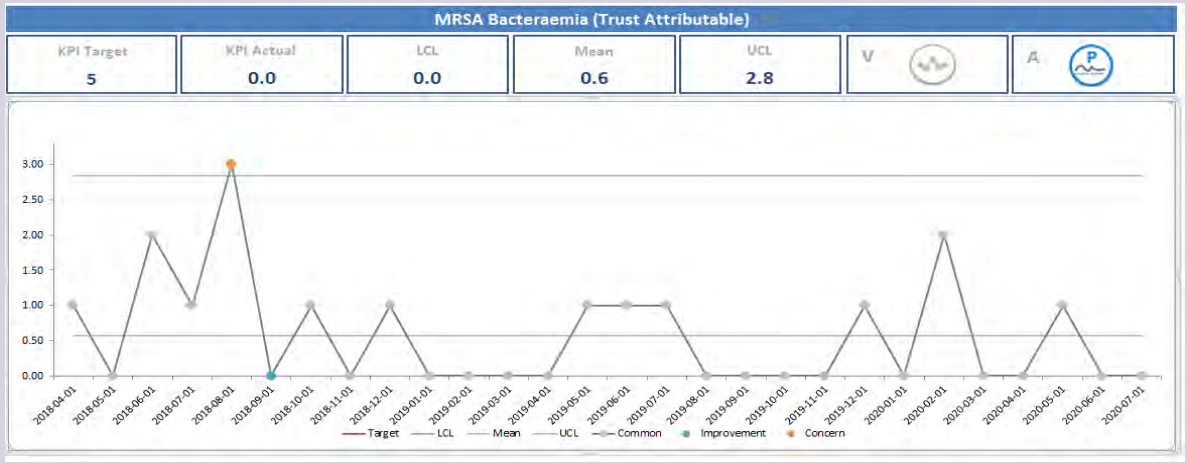
Hygienic behaviour and equipment decontamination in clinical areas were not satisfactory during the first Covid wave since wards reported significant levels of stress in dealing with COVID patients and from the threat of acquiring Covid infection. Ward teams must own their own behaviour and assurance of patient safety at all times (with resurgent Covid.)

Domain: Safe Insights

Executive Lead: David Sulch – Chief Medical Officer
Operational Lead: Ian Hosein
Sub Groups : Quality Assurance Committee

NHS Medway NHS Foundation Trust

Indicator: MRSA Bacteraemia (Trust Attributable)



Indicator Background:

The number of Meticillin-resistant Staphylococcus aureus (MRSA) cases.

What the Chart is Telling Us:

There has been one case ytd of MRSA Blood Stream Infection so it is not clear why the graph is showing spikes. The ytd figure for 19/20 was 3.

Actions:

MRSA spreads from person to person and it invades the blood stream via vascular access devices and breaks in the skin.

1. Ward hygienic behaviour must be assured 24/7/365.
2. Use of vascular access devices must be within safety standards at all times
3. All patients must have their MRSA screening status known at all times.

Outcomes:

No further cases this year

Underlying issues and risks:

If the underlying drivers of MRSA spread and invasion are not controlled, rates will rise.

Domain: Responsive – Non Elective Dashboard

Executive Lead: Angela Gallagher – Chief Operating Officer (Interim)
Operational Lead: N/A
Sub Groups : N/A

NHS Medway NHS Foundation Trust

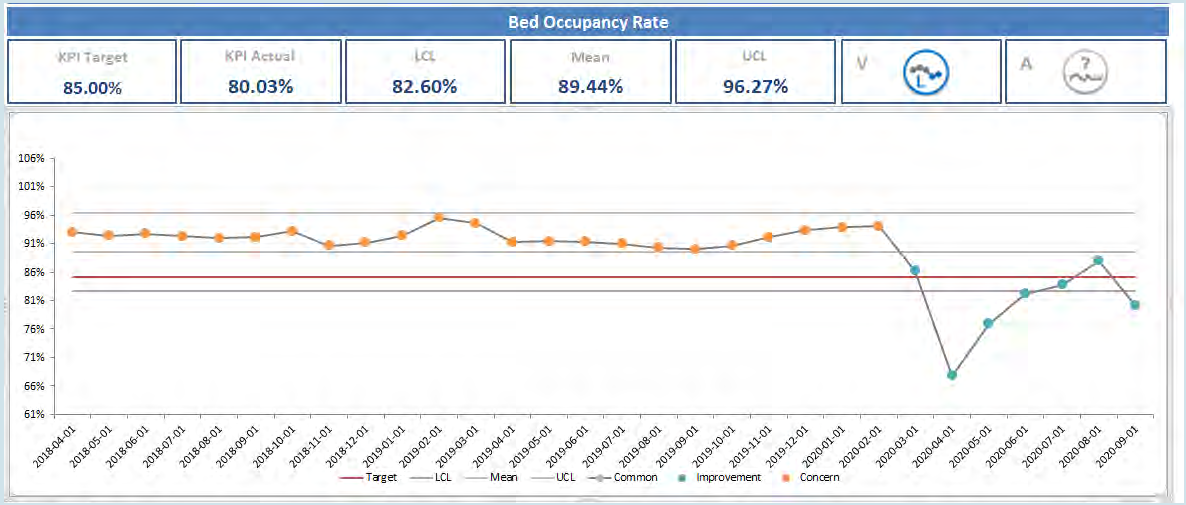
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Responsive – Non Elective	Bed Management	Bed Occupancy Rate	Sep-20	85%	80.03%	82.60%	89.44%	96.27%		
		Average Elective Length of Stay	Sep-20	5	2.33	1.49	2.31	3.12		
		Average Non-Elective Length of Stay	Sep-20	5	7.75	7.24	8.46	9.67		
		% of Delayed Transfer of Care Point Prevalence in Month	Aug-20	4%	0.00%	0.34%	1.42%	2.49%		
		% Medically Fit For Discharge Point Prevalence in Month	Sep-20	7%	10.30%	15.11%	18.69%	22.26%		
	ED Access	ED 4 Hour Performance All Types	Sep-20	95%	88.96%	77.46%	84.05%	90.65%		
		ED 4 Hour Performance Type 1	Sep-20	95%	81.25%	67.53%	76.39%	85.26%		
		ED 12 hour DTA Breaches	Sep-20	0	0.00	0.00	12.37	47.31		
		60 Mins Ambulance Handover Delays	Sep-20	0	104.00	0.00	84.17	179.10		

Domain: Responsive – Non Elective Insights

Executive Lead: Angela Gallagher – Chief Operating Officer (Interim)
Operational Lead: Kevin Cairney, Director of Operations, UIC
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: Bed Occupancy Rate



Indicator Background:

The proportion of beds occupied at midnight.

What the Chart is Telling Us:

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

Actions:

Continued utilisation of SDEC to decompress surgery when SAU blocked. Medical utilisation of SDEC continues to improve following estates handover;
OPEL 3 and 4 actions to reduce bed occupancy where required as per SHREWD;
Conversion rate static;
POCT to enable differentiation in ED and selection of admitted pathway is off trajectory. Figurative date is 28th November 2020;
COVID19 beds remain at 24 on Harvey and 6 on McCulloch with tactical use of Pheonix for surgery;
Mission 1 (bed ocucpancy) yet to mobilise;

Outcomes:

NEL bed occupancy >95%;
UIC NEL admitted performance <34%;
PC NEL admitted performance 17.4%
EL bed occupancy <88%;
Utilisation of PCR for Covid19;
Non-utilised beds in EL pathways > 30 in-month;

Underlying issues and risks:

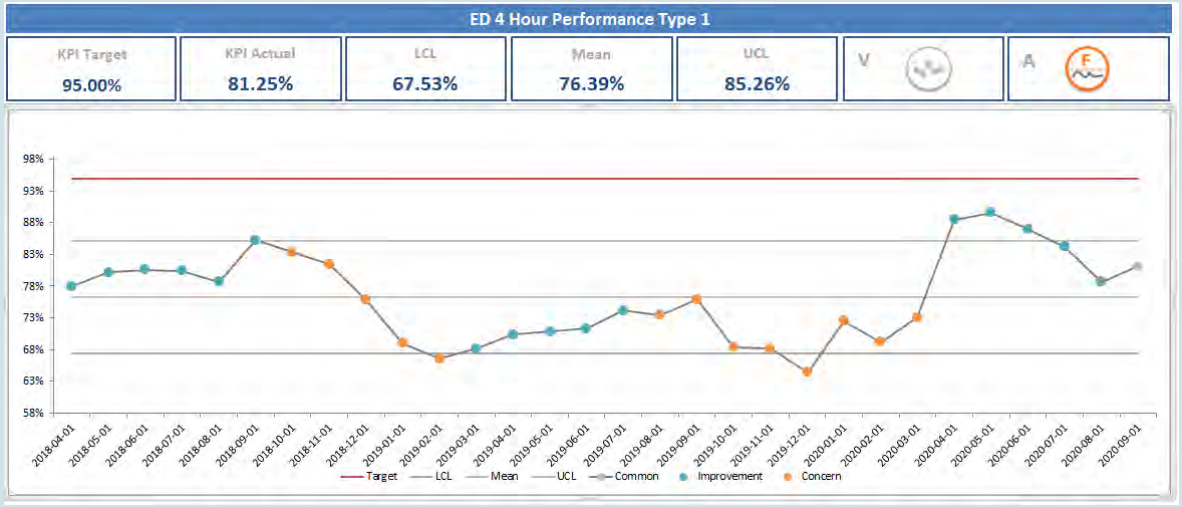
Mixed sex breach occurrence will increase with NEL bed occupancy of >98%;
IPC and Covid19 issues will increase with current bed occupancy levels;
Admitted performance decline has driven flow risk into ambulance handover bay. This will result in increased mean handover time and 60 minute breaches;
Staff fatigue as a result of the above is now on the UIC risk register;

Domain: Responsive – Non Elective Insights

Executive Lead: Angela Gallagher – Chief Operating Officer (Interim)
Operational Lead: Kevin Cairney, 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. Assurance indicates that the KPI is consistently failing to achieve target.

Actions:

Non-admitted performance and good utilisation of SDEC has been maintained through focus operational and nursing control of ED flow (following revision of R&R);
Admitted performance driven by bed occupancy and potential increased LoS is now <20%. Divisions managing this through FCP 3 and 4 actions daily;
Secondary breach profile 31% ED and 69% non-ED.
Primary ED breach is delayed referral or decision.
Primary non-ED breach is awaiting bed;

Outcomes:

All types performance for M6 is 88.9% against target of 90%;
Type 1 performance is 81%;
Type 3 performance is >98%;
QTD performance is 89%;
Attendances increased by 1% in month; but still 9% down against last year;
SDEC utilisation remains circa 55 patients per day (1/3 ED and 2/3 primary care)

Underlying issues and risks:

Non-admitted performance is being maintained by ED despite admitted pressures and resultant cubicle block;
Covid19 and standard acuity attends expected to increase exponentially in Q3;
Ambulance demand is increasing exponentially;
Present of exit-block;

Domain: Responsive – Elective Dashboard

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

NHS Medway NHS Foundation Trust

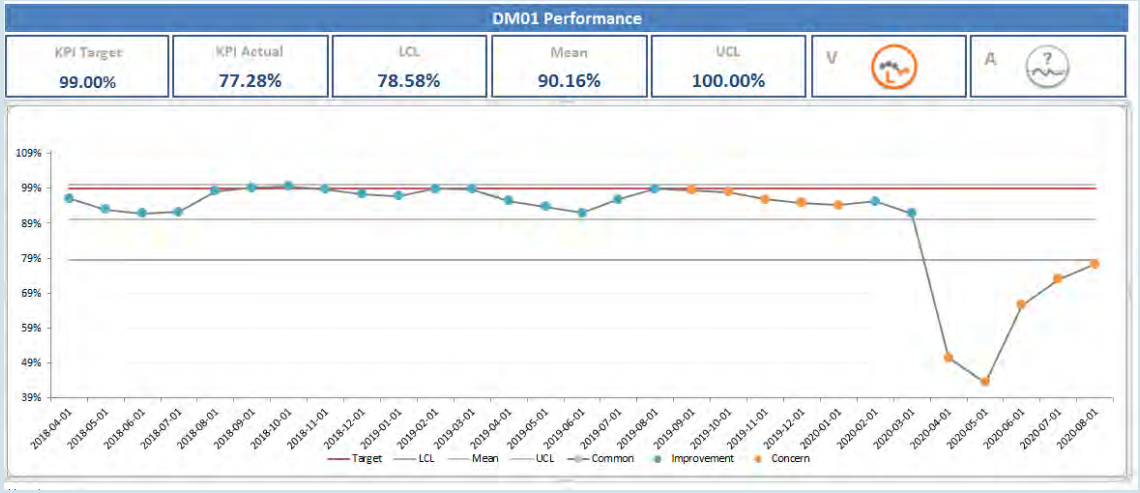
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assuranc
Responsive - Elective	Diagnostic Access	DM01 Performance	Aug-20	99%	77.28%	78.58%	90.16%	100.00%		
	Elective Access	18 Weeks RTT Incomplete Performance	Aug-20	92%	59.00%	73.47%	78.46%	83.44%		
		18 Weeks RTT Over 52 Week Breaches	Aug-20	0	109.00	0.00	15.28	33.71		
	Theatre & Critical Care	Operations Cancelled By Hospital on Day	Sep-20	0	6.00	0.00	21.97	49.94		
		Cancelled Operations Not Rescheduled < 28 days	Sep-20	0	0.00	0.00	4.87	12.66		

Domain: Responsive – Elective Insights

Executive Lead: Angela Gallagher – Chief Operating Officer (Interim)
Operational Lead: Kevin Cairney, Director of Operations, UIC
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: DMO1 Performance



Indicator Background:

The proportion of patients that are currently waiting for a diagnostic test for less than 6 weeks from referral.

What the Chart is Telling Us:

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

Actions:

DM01 PTL Meetings are held weekly to provide support and control for all DM01 modalities
Recovery trajectories for diagnostic modalities are being monitored in the PTL meeting with any actions tracked weekly
Endoscopy plan continues using insourcing and outsourcing capacity

Outcomes:

Improvements in DM01 performance and support for any operational/system issues
Oversite of recovery plan allows for support for modalities that
Increase in Endoscopy capacity is supporting improvements in Cancer and Upper/Lower GI performance

Underlying issues and risks:

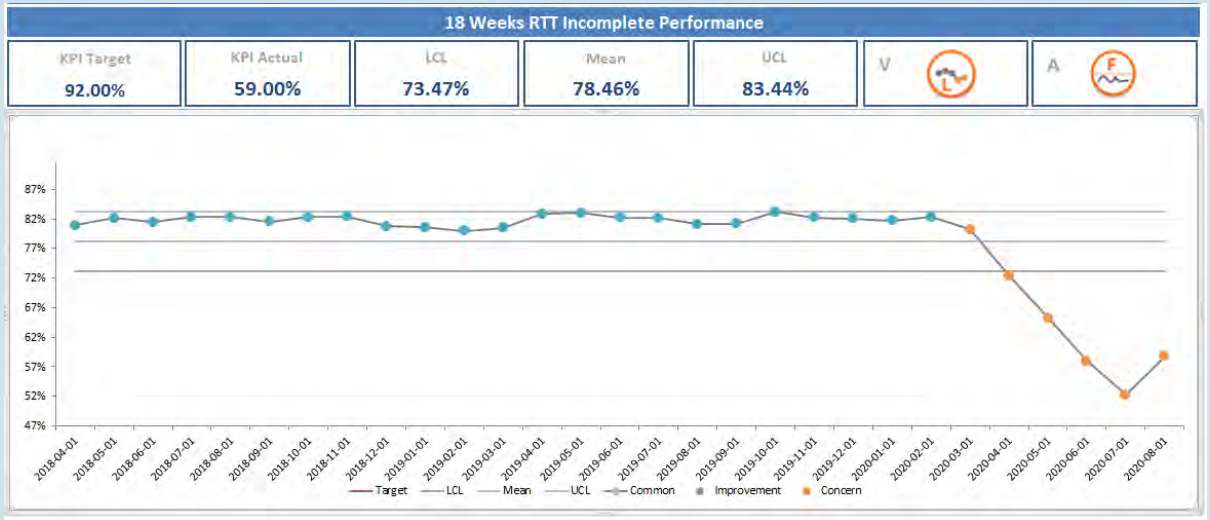
Potential impact of second Covid-19 surge on diagnostic capacity
Endoscopy capacity limitations for patients not suitable for IS Provider

Domain: Responsive – Elective Insights

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

NHS Medway NHS Foundation Trust

Indicator: 18 Weeks RTT Incomplete Performance



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. Assurance indicates that the KPI is consistently failing to achieve target.

Actions:

- Elective outpatient activity for all specialities continues with the volume of face to face now at 90% for September 2020
- Orthopaedic wards have reopened providing a 'Green pathway' (Covid-19 free) for patients requiring overnight admission
- Speciality level 52 Week wait trajectories developed to ensure that specialities are at zero 52 week waits by November 2020 (exceptions are due to patient choice)
- Weekly PTL meetings to provide oversight and support of all specialities

Outcomes:

- Increased capacity to see new referrals and manage any remaining non-admitted backlogs
- Orthopaedic performance has continued to improve
- Majority of services are on track to be at zero 52 week waits by November - Recovery plans developed for services at risk
- Service level support for specialities

Underlying issues and risks:

- Potential impact of second Covid-19 surge on elective activity
- Patients choosing to delay treatment due to concerns over Covid-19

Domain: Responsive – Cancer and Complaints Dashboard

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

NHS Medway NHS Foundation Trust

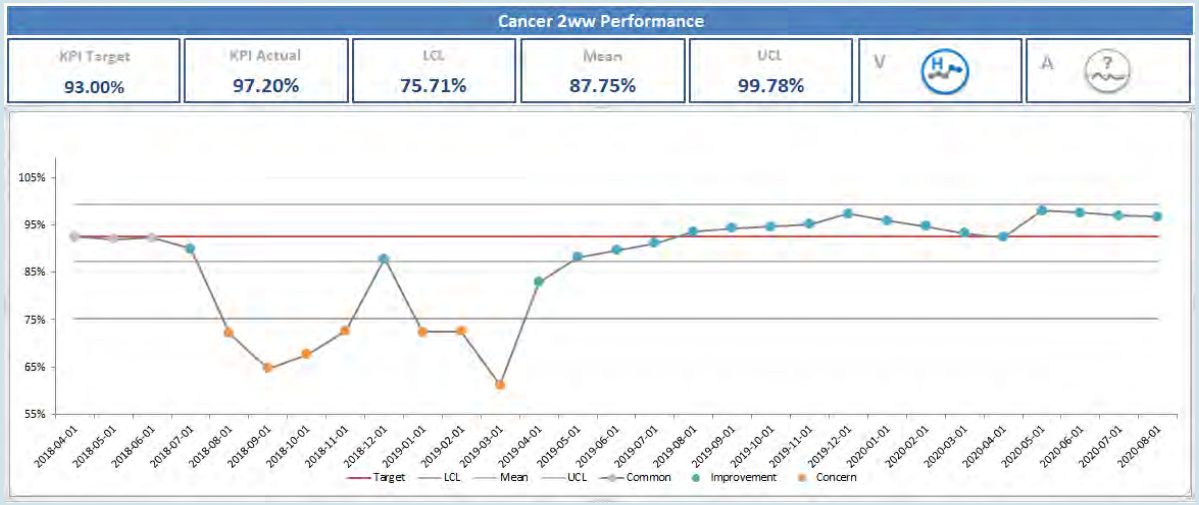
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assuranc
Responsive - Cancer & Complaints	Cancer Access	Cancer 2ww Performance	Aug-20	93%	97.20%	75.71%	87.75%	99.78%		
		Cancer 2ww Performance - Breast Symptomatic	Aug-20	93%	98.15%	50.45%	79.17%	100.00%		
		Cancer 31 Day First Treatment Performance	Aug-20	96%	97.67%	90.06%	96.33%	100.00%		
		Cancer 62 Day Treatment - GP Refs	Aug-20	85%	76.92%	62.86%	78.11%	93.36%		
		104 Day Cancer Waits	Aug-20	0	3.00	0.00	5.07	10.67		
	Complaints Management	Number of Complaints	Sep-20	41	39.00	25.76	60.43	95.11		
		% Complaints Responded to Within 30 Days	Sep-20	85%	84.31%	39.01%	67.80%	96.58%		

Domain: Responsive – Cancer and Complaints Insights

Executive Lead: Angela Gallagher – Chief Operating Officer (Interim)
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 first 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 Inconsistently achieving target.

Actions:

The trust is working to an internal Stretch Target of 7 days. Any service unable to facilitate 1st OPA in 14 days or less will be escalated to the Service manager and if required the General Manager for that Service.
Real time performance is shared with the Referral booking office allowing them to take remedial action where necessary to remain compliant with the KPI.
Weekly referral numbers and day of booking shared with each service, allowing them to flex capacity in response to demand in real time.
Regular meetings with service managers to ensure that there is adequate capacity to manage demand and that clinic templates are reflective of demand on each service.

Outcomes:

The Trust has been compliant with the operational Standard of 93% for 2 week wait first OPA for 12 consecutive months. The service is now more responsive to peaks in demand for OPA's and will flex capacity to accommodate peaks as they occur.

Underlying issues and risks:

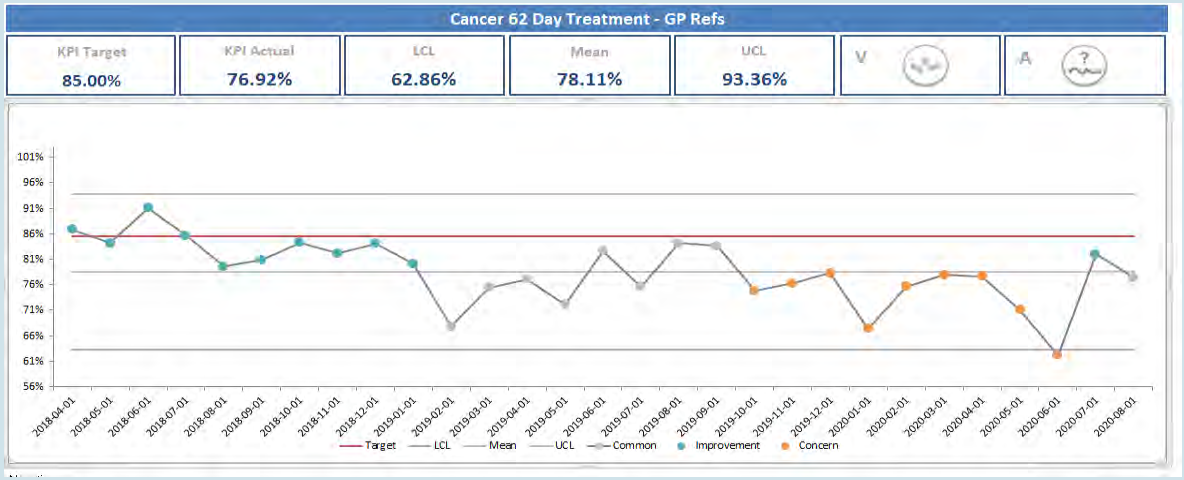
Due to social distancing measures combined with referral numbers slowly returning to pre-COVID levels delivering on the 7 day target is difficult to adhere too

Domain: Responsive – Cancer and Complaints Insights

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

NHS Medway NHS Foundation Trust

Indicator: Cancer 62 Days Treatment – GP Ref



Indicator Background:

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

What the Chart is Telling Us:

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

Actions:

Daily PTL meetings are now being held with these services in order to ensure that any issues/bottlenecks in the pathway are identified and resolved in real time thus preventing breaches where possible. These meetings will be mandatory and the SM or GM from each service will take actions back and report with updates. These meetings will also have members from the diagnostic teams present so they can report back on any issues within diagnostics. PTL lists now include a field for Cancer Status which will allow adequate levels of focus to be placed on patients with a confirmed Cancer diagnosis.
The UGI and LGI services are encouraged to work to the specifications of the National optimal timed pathways, thus being in a position to offer diagnosis to patients by day 28.

Outcomes:

The performance against this KPI was 76.92% in August 2020. In August 50% (4 of 8) of the tumour sites that recorded activity were above the operational standard. All tumour sites that were compliant achieved 100% performance , of the 4 tumour sites that failed to meet the operational standard 3 had 2 breaches or less within their service.

Underlying issues and risks:

Upper and Lower GI services continue to detrimentally impact the trust with regards to 62 day performance , in August 75% (8 out of 12) trust breaches were within these services.

Domain: Well Led – Dashboard

Executive Lead: Leon Hinton – Director of HR & OD
Operational Lead: N/A
Sub Groups : N/A

NHS Medway NHS Foundation Trust

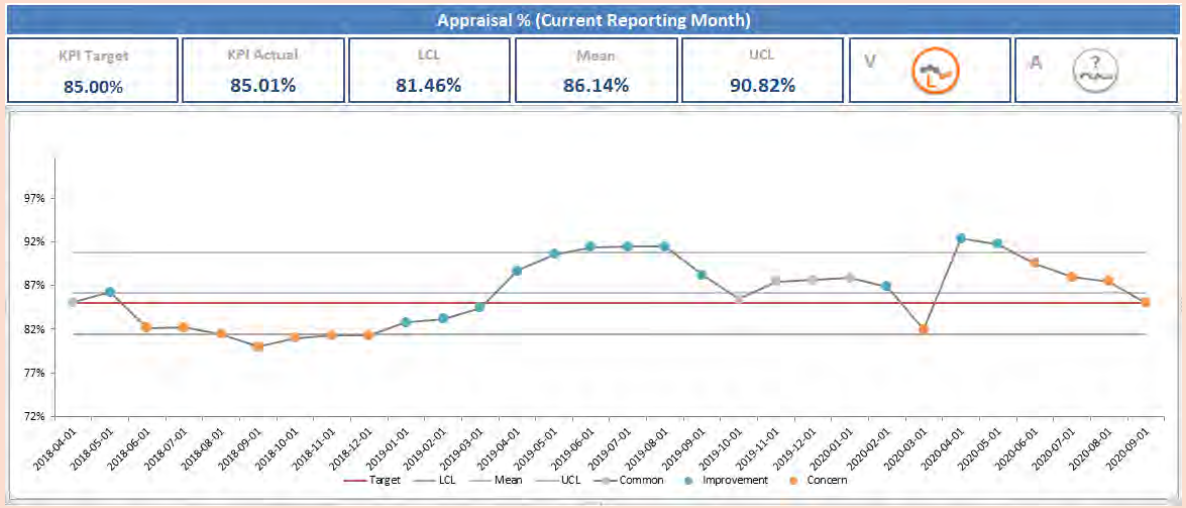
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Well Led	Workforce	Appraisal % (Current Reporting Month)	Sep-20	85%	85.01%	81.46%	86.14%	90.82%		
		Sickness Rate (Current Reporting Month, FTE%)	Sep-20	4%	4.53%	4.04%	4.21%	4.37%		
		Voluntary Turnover Rate – (Current Reporting Month) (FTE Not Headcount) (exc. Junior Drs)	Sep-20	12%	12.17%	10.79%	12.03%	13.28%		
		Contractual Staff in Post (FTE) (Current Reporting Month)	Sep-20	0	4048.41	3763.20	3872.25	3981.30		
		StatMan Compliance (Current Reporting Month)	Sep-20	85%	88.78%	61.14%	78.41%	95.68%		
		Agency Spend as % Paybill (Current Reporting Month)	Sep-20	4%	2.37%	1.91%	3.89%	5.86%		
		Bank Spend as % Paybill (Current Reporting Month)	Sep-20	9%	1.31%	6.40%	11.88%	17.36%		
		Temp Staffing Fill Rate – Nurse & Midwifery (Current Reporting Month)	Sep-20	75%	72.00%	64.45%	74.12%	83.78%		

Domain: 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 proportion of staff that has completed the appraisal process.

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 (nationally suspended due to Covid)

Outcomes:

3477 members of staff have an in-date appraisal with objectives and personal development plan outlined (from a total of 4072).

Underlying issues and risks:

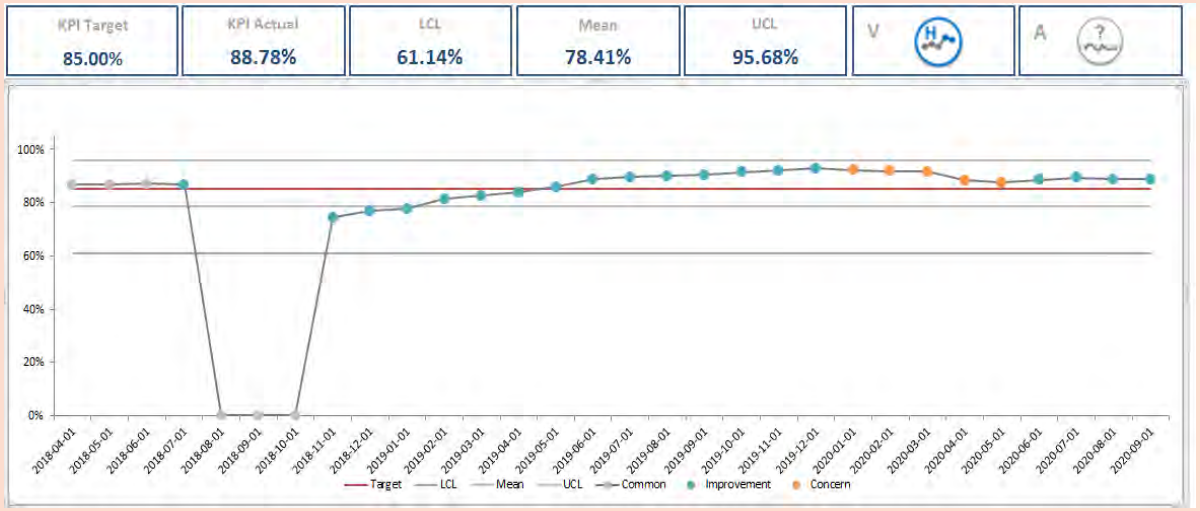
Current COVID-19 is interrupting clinical area's capacity to carry out appraisals in a timely fashion. Continued COVID-19 disruption is likely to continue to negatively affect appraisal completion for clinical areas.
Failure to appraise staff timely reduces the opportunity to identify skills requirement 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 – 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: StatMan Compliance (Current Reporting Month)



Indicator Background:

The proportion of staff that has completed their appropriate training to comply with their statutory and mandatory requirements.

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);
Significant number of classroom-based learning events moved to webinar or video to support remote working and flexible access to StatMan content due to Covid. Reviewing the impact of quality and learning post-covid – and delivery of course content in future.
Pay progression policy linked to StatMan completion in place (nationally suspended due to Covid)

Outcomes:

Competencies, on average, being met (>85%) includes conflict resolution; equality and diversity; health and safety; infection, prevention and control (L1, 2); moving and handling (L1); information governance; prevent (basic, WRAP); safeguarding children (L1,2); safeguarding adults (L1,2)
Competencies, on average, not being met (<85%) includes fire; safeguarding children (L3), resuscitation (L2,3 adult, L2,3 paediatrics, L2 newborn); moving and handling (L2)

Underlying issues and risks:

Current COVID-19 is interrupting clinical staff's capacity to carry out StatMan in a timely fashion.
Continued COVID-19 disruption is likely to continue to negatively affect StatMan completion for clinical areas.
Uneven StatMan renewal cycles can impact on the training capacity thereby limiting the availability for timely compliance.
Failure for staff to be compliant with StatMan can negatively affect staff and patient safety, patient quality and experience and clinical skills.
Low StatMan compliance can be linked to higher number of incidents and negatively impacts a safety culture.

Domain: 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: Safe Staffing

		Day		Night		
		Average fill rate - registered staff (%)	*Average fill rate - care staff (%)*	Average fill rate - registered staff (%)	Average fill rate - care staff (%)	CHPPD
WARD	Beds					Overall
Byron Ward	26	*94%*	*112%*	*98%*	*160%*	7.25
Harvey Ward	25	*86%*	*97%*	*99%*	*118%*	8.73
Keats Ward	26	*92%*	*104%*	*103%*	*126%*	7.16
Lawrence Ward	19	*95%*	*99%*	*97%*	*96%*	9.12
Lister Assessment Unit	9	*84%*	*86%*	*97%*	*107%*	7.20
Milton Ward	27	*82%*	*100%*	*93%*	*118%*	7.37
Nelson Ward	18	*85%*	*86%*	*100%*	*100%*	8.26
Sapphire Ward	27	*86%*	*92%*	*98%*	*104%*	6.95
Tennyson Ward	27	*84%*	*126%*	*93%*	*155%*	7.83
Wakeley Ward	25	*89%*	*105%*	*100%*	*124%*	6.79
Will Adams Ward	26	*94%*	*133%*	*102%*	*166%*	7.57
Arethusa Ward	27	*78%*	*65%*	*80%*	*79%*	11.59
Kingfisher SAU	21	*96%*	*103%*	*104%*	*157%*	15.50
McCulloch Ward	19	*91%*	*90%*	*103%*	*82%*	11.06
Pembroke Ward	27	*93%*	*103%*	*105%*	*101%*	8.60
Phoenix Ward	30	*96%*	*104%*	*112%*	*130%*	7.68
Victory Ward	16	*69%*	*89%*	*78%*	*94%*	8.73

Domain: Well Led - Financial Position

Executive Lead: Richard Eley – Chief Finance Officer (Interim)
Operational Lead: Paul Kimber – Deputy Chief Finance Officer
Sub Groups : Finance Committee

NHS Medway NHS Foundation Trust

Indicator: Financial Position

Income & Expenditure £k	In-month NHSE/I Baseline	In-month Actual	In-month Variance	YTD NHSE/I Baseline	YTD Actual	YTD Variance
Income	28,654	29,161	507	143,271	148,578	5,307
Pay	(18,216)	(19,050)	(834)	(91,079)	(94,051)	(2,972)
Total non-pay	(9,101)	(8,759)	342	(45,506)	(47,706)	(2,200)
Non-operating expense	(1,337)	(1,361)	(24)	(6,686)	(6,873)	(187)
Reported surplus/(deficit)	**0**	**(9)**	**(9)**	**0**	**(52)**	**(52)**
Donated asset deprecation	0	9	9	0	52	52
Control total	**0**	**0**	**0**	**0**	**0**	**0**

Other financial stability work streams £k	In-month Plan	In-month Actual	In-month Variance	YTD Plan	YTD Actual	YTD Variance
Cost Improvement Programme	715	1,021	306	2,423	3,479	1,056
Capital	1,671	1,703	32	11,484	8,377	(3,107)

Indicator Background:

The Trust reports a £9k deficit position for September; after adjusting for donated asset depreciation the Trust reports breakeven in line with the NHSE/I control total.

What the Chart is Telling Us:

The Trust is reporting breakeven against its control total.
CIP is achieving ahead of plan due to timing differences on schemes.
Capital programme is underspent, due to a delay with the ED project however this is expected to recover.

Actions:

- Review the portfolio of services.
- Review detailed run rate within divisions.
- Continued work with divisions to assess the financial impact of revised ward configuration and impact on safer staffing budgets.
- CIP development and implementation of efficiencies within divisions.

Outcomes:

The Trust has met its control total, however this includes:
Incremental costs associated with Covid-19 of £8.4m year to date.
"True-up" income accrued to achieve breakeven is £9.7m year to date.

Underlying issues and risks:

September was the 6th and final month where true-up income was available to support providers achieve breakeven. New arrangements come into force from 1 October 2020 for the second half of the year, with control of top-up, Covid and growth monies now held at STP level.
Staff costs remain adverse to budget and NHSE/I baseline; agreed plans for months 7-12 are essential.
CIP forecasts are significantly below plan having recently seen a reduction in value; work invigorated to develop mitigations.
Capex is behind plan with significant new funding streams being awarded for additional projects – pipeline developed.

Meeting of the Board of Directors in Public

Thursday, 05 November 2020

Assurance Report from Committees

Title of Committee:	**Quality Assurance Committee**	**Agenda Item**	**5.2**
Committee Chair:	Tony Ullman, Chair of Committee/NED		
Date of Meeting:	Tuesday, 20 October 2020		
Lead Director:	Jane Murkin, Chief Nursing and Quality Officer		
Report Author:	Joanne Adams, Business Support Manager		

Key headlines and assurance level

Key headlines	**Assurance Level**
1. Quality report The Committee noted the Quality report which included a progress update on delivery of the Trusts CQC action plan, with increasing closure of actions and over 93% of Must Do and Should Do actions on track to deliver and progress on key patient safety metrics. Progress on delivery of the CQC action plan and Trust Improvement Plan will be included at the 90 day forum this week, with an update from ED on mitigations of risks to patients within the department following an enquiry from the CQC. The Committee were informed of the continuing issues around 48hour reporting compliance with SI's and the actions the Chief Nursing & Quality Officer had commissioned to address the poor compliance which includes process mapping to understand the gaps in the process and contributory factors and initiate changes to streamline the process and therefore improve compliance. The Committee were informed of the challenges with compliance on NICE national audits, which reporting on had been paused during the pandemic. Issues relating to compliance with national audits has been escalated and raised with the divisional leadership teams to be addressed and progress will be reported at the next quality and patient safety group meeting.	**Green**
2. Outbreak of hospital acquired COVID The Committee were updated on the outbreak of hospital acquired COVID which became apparent last week where initially six patients were infected. The trust has implemented its outbreak management protocol to reduce the risk of further transmission and to contain and isolate the outbreak in line with local and national requirements and best practice. The Trust has put in place daily outbreak management meetings Chaired by the Chief Nursing & Quality Officer that includes representation from Public Health England, NHSE/I and CCG stakeholders who have noted that they are assured that the trust is doing everything to effectively manage the outbreak and mitigate any further transmission. Early rapid review of cases has identified themes relating to Ward moves, swabbing, reporting of results and effective and timely communication with actions implemented to address the related issues. A thematic analysis of all cases will now be undertaken led by	**Green**

the Central Patient Safety team. Three wards had to be closed to admissions in effectively managing the outbreak and four staff members were identified as being positive and actions taken to self-isolate. The Committee were advised on the steps being taken to consider reducing elective work and step up COVID wards along with the impact of patient flow, availability of beds and increased pressure to the emergency department due to the 3 ward closures.	
3. Triangulation of complaints, SI and Coroner Cases The Committee received the second report relating to the triangulation of complaints, SI and coroner cases noting the improvements in collaborative working since the last paper that was presented to the Committee. During the last 6 months of 2019/20 56 serious incidents were reviewed and the analysis of this period identified themes that are consistent with the report presented in November 2019 relating to infection control, falls, sub-optimal care of the deteriorating patient and delay in treatment. The committee noted and welcomed the triangulation report and the work being progressed to update the datix incident management system to support easier reporting and triangulation of data form multiple sources. The Committee were ASSURED on the strengthening of the processes and requested a report back on a recent Regulation 28 coroner case relating to the child death at the November meeting.	**Green**
4. Safeguarding Assurance Group Highlight Report The Committee noted the safeguarding assurance group highlight report. The Chief Nursing and Quality Officer updated the committee on the Trust wide Safeguarding review which is nearing completion, and updated on the requested thematic review of cases relating to patients with learning disabilities who had died. The Committee will receive an update on the safeguarding review and the review of deaths of patients with learning disabilities at the November Committee meeting.	**Green**
5. Quality and Patient Safety Group Highlight Report The Committee noted the Quality and Patient Safety Group highlight report. The terms of reference and membership of the quality and patient safety group will be reviewed to ensure the group is fulfilling its purpose and focusing in quality and patient safety matters. The Committee will be informed on progress. The group has requested the Head of Clinical Effectiveness to undertake a deep dive into the compliance with NICE guidelines and will receive an update at its next meeting.	**Amber/Green**
6. Medicine Management – Quarterly Report The Committee noted the Medicine Management – Quarterly Report. Key highlights: From the end of July to September the group has approved 23 policies and SOPs, three are outstanding for review and approval. From the end of July to September the group has approved 13 PGDs, with only 2 outstanding. There have been a number of insulin medication safety incidents with errors in insulin administration; work is underway with Dr Oguntolu, Consultant Endocrinologist for training for staff in insulin education with 2 NICE guidelines sitting with pharmacy team relating to controlled drugs and medicines optimisation for review. The Committee will receive a further report in February 2021.	**Green**
7. Developing the patient experience strategy – Progress Update The Committee were advised that Karen McIntyre is now in post as the Associate Director of Patient Experience and will be supporting the Chief Nursing & Quality Officer focusing on the design, development and consultation of the patient experience strategy. The Committee were informed that the intentional rounds are being implemented along with other activities and actions on the wards to improve the experience of our patients aligned to the in hospital patient survey results. The Committee will receive a full update Nov' 20.	**Green**

8. End of Life Care – Quarterly Report The Committee noted the End of Life Quarterly Report from the Chief Nursing & Quality Officer who noted the service received a good rating at the CQC inspection in 2019, with three must do / should do actions contained within the CQC Action plan. These related to staff training; development of an education and training plan, which has been developed and consulted on and the requirement to employ a specialist palliative care consultant who will support and assist in the delivery of a 7 day service, which the Chief Medical Officer is progressing with a business case under development.	**Green**
9. Board Assurance Framework – Quality Risks The Committee noted and reviewed the BAF Quality Risks. The following are changes to ratings: - 5a reduced to 12 - due to progress on delivery of actions including the significant investment in the leadership development of senior nursing staff including aspiring ward managers and a development programme for AHPs. - 5b needs updating in light of the outbreak of COVID and non-compliance to training. A verbal update will be given to the Trust Board. - 5d risk rating reduced to 9 as progress has been made. - 5e risk is unlikely to change until December when risk appetite statement and process changes.	**Amber/Green**
10. Quality IQPR The Committee noted the Quality IQPR and noted the narrative that had not been completed due to the tight timeline of the data availability and for staff to provide the relevant narrative whilst also managing the recent COVID outbreak. Key highlights: - A focus on continuing to improve patient outcomes with reductions in Falls with harm and hospital acquired pressure ulcers and demonstrate reduction in harms and improvements - Mixed sex accommodation breaches, linked to Covid, have increased with 21 during September, discussions take place in the site meetings to reduce mixed sex accommodation breaches, and challenges with increasing demand and patient flow have impacted. - RTT tracking 144 52 week breaches this week 120 ENT with a recovery plan in place which will reduce the breaches to 30 / 40 by the end of November.	**Amber/Green**
11. Organ Donation Committee The Committee noted the Organ Donation Committee (ODC). It was stated that the pandemic has impacted on the organ donation register nationally putting it back by five years. However, the Trust is a level 2 organ donation hospital which means we perform better with organ and tissue donations than some larger trusts. The ODC is working with the BAME group at the Trust and working to add donor names to the art work in the atrium. The ODC continues to feel supported by the Trust Board, Executives and Non-Executive Directors and is presenting the trust Board on 02 December 2020.	**Green**
12. Quality Assurance Committee Effectiveness Survey The Committee noted the QAC Effectiveness Survey, with overall consistent positive feedback, in regard to reporting, quality of reports and challenging and adherence to the work plan. The Committee will complete the effectiveness survey annually.	**Green**
Further Risks Identified There were no further risks identified.	
Escalations to the Board or other Committee The quality assurance committee escalates the following issues to the Trust Board: • Outbreak of hospital acquired COVID • Pressure on the emergency department	

Meeting of the Board of Directors in Public
Thursday, 05 November 2020

Title of Report	**Finance Report**	**Agenda Item**	6.1
Report Author	Richard Eley, Director of Finance Paul Kimber, Deputy Director of Finance		
Lead Director	Richard Eley, Director of Finance		
Executive Summary	The Trust reports a deficit of £9k in month and £60k year to date, which adjusts to breakeven against the NHSE/I control total. September was the sixth and final month where true-up income was available to support providers achieve breakeven. New arrangements come into force from 1 October 2020 for the second half of the year, with control of top-up, Covid and growth monies now held at STP level.		
Due Diligence	To give the Trust Board assurance, please complete the following:		
Committee Approval:	Name of Committee: Finance Committee Date of approval: Thursday, 22 October 2020		
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		

Finance report

For the period ending 30 September 2020

Contents

Appendices

1. Executive summary

£'000	Budget	Actual	Var.	
Trust surplus/(deficit)				
In-month (NHSE/I)	-	-	-	The Trust reports a £9k deficit position for September; after adjusting for donated asset depreciation the Trust reports breakeven in line with the NHSE/I control total.
YTD (NHSE/I)	-	-	-	
In-month (budget)	8,101	(9)	(8,110)	
YTD (budget)	(2,540)	(60)	(2,480)	
Forecast	-	-	-	
CIP				
In-month	715	1,021	306	Schemes delivered to so far in the year mainly relate to the full year effect of schemes from 19/20, efficient use of theatres, reduced orthopaedic insourcing, as well procurement and pharmacy savings from nationally agreed prices. Year to date performance reports an over achievement against plan due to timing differences of schemes delivered. The forecast position of actual delivery has been updated with the scheme owners identifying £8.5m to achieving the £12m plan.
YTD	2,423	3,479	1,056	
Forecast	12,000	8,461	(3,539)	
Capital				
In-month	1,671	797	(874)	Capital continues to underspend and is now 42% behind the original plan agreed with the STP. ED and other ward refurbishment works have accelerated in the last month and a r eview is underway to ensure there are contingency schemes should any projects experience permanent in year delays. There is an ad ditional £1.7m of capital expenditure YTD not reflected in this table relating to COVID. This is not to be monitored against the £24.4m CRL at this stage. A bid for funding has been submitted - approval is pending. £2.2m of bids for numerous other PDC funded schemes in relation to IT, A&E and diagnostics have been approved by NHSI, as PDC has not yet been issued they are not yet reflected in this snapshot. When all funding has been fully agreed and drawn the overall programme is expected to total £29.7m, funded by £12.5m normal PDC, £7.9m Critical Infrastructure Fund and the balance £9.3 from internally generated funds (depreciation).
YTD	11,484	6,657	(4,827)	
Forecast	24,414	24,414	-	

	£'m
Covid spend	**0.4**
Base overspend	**0.5**
True-up income accrued	**(2.3)**
Senior medical pay award	**0.5**
Non-recurrent adjustments	**0.9**
Reported against control total	**(0.0)**

1. Executive summary (continued)

£'000	Budget	Actual	Var.	
Cash				
Month end	21,424	55,136	33,712	The favourable variance is mainly due to a higher than anticipated brought forward balance from the prior year, HMRC salary related payments of £5.2m not being prepaid in the month due to timing of data and temporary COVID related changes to contract payment profiles. Contractual cash is not expected in March as a result of these advances – although this is yet to be confirmed nationally; the Trust must therefore hold sufficient cash to meet commitments in March.
Activity is below draft budgeted levels as a result of Covid				Clinical income based on the consultation tariff would have reported a year to date position of £99.4m, this being £24.4m adverse to the draft budget. In month performance excluding high cost drugs is £20.6m compared to a M1 to M5 average of £15.7m, higher by £5.2m but lower than M6 of last year by 5.6%.
Pay costs are higher than expected				Total pay costs have increased in month by £0.3m due to the senior medical pay award backdated to March. On a normalised basis spreading the cost of the pay award over the previous months, pay costs have decreased in month by £0.2m due to a reduction for temporary staffing requirements. The position remains adverse to plan by £1.3m, of this £0.5m is due to incremental Covid costs, the remainder is predominantly a consequence of non-achievement of CIP plans where budget has been removed from the divisions as well as the medical pay award.
Reporting is proposed to mirror national contracting moving forwards and show M1-6 as a sub-total and M7-12 as a separate sub-total				Under current contracting arrangements, funding is through a block contract, top-up payment and true-up payment to cover Covid costs and ensure the Trust breaks even. From October, commissioning arrangements change with funding based at an STP level. Plans have been submitted for October to March including identifiable cost pressures and service developments with a resulting £39m deficit that the Trust is requesting funding for.

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

£'000	In-month			Year-to-date		
	Baseline	Actual	Var.	Baseline	Actual	Var.
Clinical income	20,380	19,344	(1,036)	122,277	121,144	(1,134)
High cost drugs	1,876	2,316	440	11,253	11,395	142
Other income	1,982	1,595	(387)	11,892	9,782	(2,110)
Top-up income	4,417	4,417	-	26,502	26,516	14
True-up income	-	2,278	2,278	-	9,690	9,690
Total income	**28,654**	**29,950**	**1,296**	**171,925**	**178,528**	**6,603**
Nursing	(5,927)	(7,432)	(1,505)	(35,562)	(44,921)	(9,359)
Medical	(5,640)	(6,539)	(899)	(33,840)	(36,978)	(3,138)
Other	(6,649)	(5,344)	1,304	(39,893)	(31,467)	8,426
Total pay	**(18,216)**	**(19,315)**	**(1,099)**	**(109,295)**	**(113,366)**	**(4,071)**
Clinical supplies	(3,774)	(3,730)	45	(22,646)	(20,751)	1,894
Drugs	(701)	(435)	266	(4,206)	(3,502)	704
High cost drugs	(1,925)	(2,316)	(390)	(11,552)	(11,399)	153
Other	(2,701)	(2,790)	(89)	(16,204)	(21,323)	(5,120)
Total non-pay	**(9,101)**	**(9,270)**	**(169)**	**(54,607)**	**(56,976)**	**(2,368)**
EBITDA	**1,337**	**1,365**	**28**	**8,023**	**8,186**	**163**
Depreciation	(834)	(829)	5	(5,005)	(4,967)	38
Net finance income/(cost)	39	(2)	(41)	235	(28)	(262)
PDC dividend	(542)	(542)	0	(3,252)	(3,252)	0
Non-operating exp.	**(1,337)**	**(1,374)**	**(37)**	**(8,023)**	**(8,247)**	**(224)**
Reported surplus/(deficit)	**-**	**(9)**	**(9)**	**-**	**(60)**	**(60)**
Adj. to control total	-	9	9	-	60	60
Control total	**-**	**-**	**-**	**-**	**-**	**-**

Key messages:

1. NHSE/I baseline budgets are calculated centrally and are based on average financial performance for defined periods during 2019/20, uplifted for inflation or known pressures where applicable.
2. The Trust continues to invoice other provider organisations in Kent using the same methodology applied by NHSE/I in calculating their baseline.
3. The top-up and true-up income are reported under "FRF/MRET" income in the table on the following page.
4. Total expenditure includes the incremental cost of Covid-19, being £0.8m in-month, reduced to £0.4m after adjusting for capital transfers; £0.4m of this is reported in pay and £0.4m in non-pay (£4.9m and £3.5m YTD respectively). The total spend is not deemed extraordinary compared to other providers within the STP.
5. Further details of incremental Covid-19 costs are included in Appendix 11.

2. Income and expenditure (reporting against draft budget)

£'000	In-month			Year-to-date		
	Budget	Actual	Var.	Budget	Actual	Var.
Clinical income	21,194	19,344	(1,850)	125,008	121,144	(3,864)
High cost drugs	2,025	2,316	291	11,941	11,395	(545)
Other income	2,128	1,595	(533)	12,632	9,782	(2,850)
FRF/MRET	12,607	6,695	(5,912)	28,290	36,206	7,916
Total income	**37,954**	**29,950**	**(8,004)**	**177,871**	**178,528**	**657**
Nursing	(7,458)	(7,432)	26	(44,119)	(44,921)	(802)
Medical	(5,574)	(6,539)	(964)	(33,473)	(36,978)	(3,505)
Other	(4,966)	(5,344)	(378)	(30,799)	(31,467)	(668)
Total pay	**(17,999)**	**(19,315)**	**(1,316)**	**(108,390)**	**(113,366)**	**(4,976)**
Clinical supplies	(3,101)	(3,730)	(629)	(18,355)	(20,751)	(2,396)
Drugs	(2,675)	(435)	2,240	(15,777)	(3,502)	12,275
High cost drugs	(1,991)	(2,316)	(325)	(11,742)	(11,399)	342
Other	(2,547)	(2,790)	(243)	(16,902)	(21,323)	(4,421)
Total non-pay	**(10,313)**	**(9,270)**	**1,043**	**(62,776)**	**(56,976)**	**5,800**
EBITDA	**9,642**	**1,365**	**(8,277)**	**6,706**	**8,186**	**1,481**
Depreciation	(958)	(829)	129	(5,748)	(4,967)	781
Net finance income/(cost)	(41)	(2)	39	(246)	(28)	218
PDC dividend	(542)	(542)	-	(3,252)	(3,252)	-
Non-operating exp.	**(1,541)**	**(1,374)**	**167**	**(9,246)**	**(8,247)**	**999**
Reported surplus/(deficit)	**8,101**	**(9)**	**(8,110)**	**(2,540)**	**(60)**	**2,480**

Key messages:

1. The Trust continues to maintain internal budgets for probity. Divisions, care groups, specialties and cost centres are being monitored against their agreed expenditure budget but not against income during the period of nationally executed contracting.

2. Total income YTD is higher than the draft budget primarily as a result of the NHSE/I requirement to breakeven each month from April to September; **this requirement is removed from 1 October**.

3. If income had been earned on a cost and volume basis (based on consultation tariff), excluding HCD the Trust would have reported clinical income of £20.9m in month; this is £5.2m higher than the monthly average for the first 5 months and 0.4% underperformance to plan in month. This is below the income delivered in M6 of last year by 5.6% due to the Covid 19 pandemic.

4. Total expenditure includes the incremental cost of Covid, this being £0.8m in month, reduced to £0.4m after revenue to capital transfers. Total Covid spend is £8.4m year to date.

2. Income and expenditure delegated budgets (NHSE/I: in-month)

£'000	In-month								
	Income			Expenditure			Contribution		
	B.line	Actual	Var.	B.line	Actual	Var.	B.line	Actual	Var.
UIC									
Diagnostics & Clinical Support	1,578	1,600	22	(4,264)	(4,552)	(288)	(2,686)	(2,951)	(265)
Specialist Medicine	296	314	17	(2,261)	(2,215)	45	(1,964)	(1,902)	63
Therapies & Older Persons	3	17	14	(1,463)	(1,406)	57	(1,460)	(1,389)	71
Unplanned & Integrated Care	112	52	(60)	(1,148)	(1,068)	80	(1,036)	(1,016)	20
Urgent & Emergency Care	74	117	42	(2,229)	(2,367)	(138)	(2,154)	(2,250)	(96)
Sub-total	**2,064**	**2,099**	**35**	**(11,364)**	**(11,607)**	**(243)**	**(9,301)**	**(9,508)**	**(208)**
Planned care									
Cancer Services	353	422	69	(837)	(919)	(82)	(484)	(496)	(12)
Critical Care & Perioperative	163	-	(163)	(3,157)	(145)	3,012	(2,994)	(145)	2,849
Planned Care Infrastructure	56	109	52	(3,093)	(2,878)	216	(3,037)	(2,769)	268
Surgical Services	-	44	44	(210)	(3,253)	(3,043)	(210)	(3,209)	(2,999)
Women & Children	68	148	79	(3,030)	(3,361)	(331)	(2,962)	(3,214)	(252)
Sub-total	**640**	**722**	**81**	**(10,327)**	**(10,555)**	**(228)**	**(9,686)**	**(9,833)**	**(147)**
Corporate									
Communications	-	2	2	(38)	(43)	(5)	(38)	(41)	(4)
Finance	4	1	(3)	(287)	(233)	54	(283)	(232)	51
HR & OD	132	109	(24)	(388)	(366)	23	(256)	(257)	(1)
IT	-	2	2	(311)	(347)	(35)	(311)	(345)	(34)
Medical Director	797	849	51	(452)	(507)	(55)	346	342	(4)
Nursing	-	-	-	(315)	(321)	(6)	(315)	(321)	(6)
Strategy, Governance & Perform	-	-	-	(252)	(247)	5	(252)	(247)	5
Transformation	-	-	-	(42)	(46)	(5)	(42)	(46)	(5)
Trust Executive & Board	-	-	-	(271)	(275)	(4)	(271)	(275)	(4)
Sub-total	**934**	**962**	**28**	**(2,356)**	**(2,385)**	**(29)**	**(1,422)**	**(1,423)**	**(1)**
E&F									
E&F	**440**	**270**	**(170)**	**(1,923)**	**(2,082)**	**(159)**	**(1,483)**	**(1,813)**	**(330)**
Central									
Central	**24,576**	**25,897**	**1,321**	**(2,684)**	**(3,329)**	**(645)**	**21,892**	**22,568**	**676**
TOTAL	**28,654**	**29,950**	**1,296**	**(28,654)**	**(29,958)**	**(1,304)**	**-**	**(9)**	**(9)**
Donated Asset Adjustment			**-**		**9**	**9**	**-**	**9**	**9**
Control total	**28,654**	**29,950**	**1,296**	**(28,654)**	**(29,950)**	**(1,296)**	**-**	**-**	**-**

The commissioner block income, top-up income and true-up income are all reported through "Central" during these Covid arrangements.

2. Income and expenditure delegated budgets (NHSE/I: year to date)

£'000	Year to date								
	Income			Expenditure			Contribution		
	B.line	Actual	Var.	B.line	Actual	Var.	B.line	Actual	Var.
UIC									
Diagnostics & Clinical Support	9,468	9,830	362	(25,584)	(26,245)	(660)	(16,116)	(16,415)	(298)
Specialist Medicine	1,777	1,069	(708)	(13,564)	(11,889)	1,675	(11,786)	(10,819)	967
Therapies & Older Persons	19	40	21	(8,777)	(8,472)	305	(8,758)	(8,432)	326
Unplanned & Integrated Care	672	260	(413)	(6,888)	(6,365)	523	(6,216)	(6,105)	111
Urgent & Emergency Care	445	259	(187)	(13,371)	(13,085)	287	(12,926)	(12,826)	100
Sub-total	**12,382**	**11,458**	**(925)**	**(68,185)**	**(66,055)**	**2,130**	**(55,803)**	**(54,598)**	**1,205**
Planned care									
Cancer Services	2,118	2,455	337	(5,021)	(5,265)	(244)	(2,903)	(2,810)	94
Critical Care & Perioperative	978	-	(978)	(18,940)	(1,001)	17,939	(17,962)	(1,001)	16,961
Planned Care Infrastructure	338	490	152	(18,560)	(16,249)	2,311	(18,222)	(15,759)	2,463
Surgical Services	-	258	258	(1,260)	(17,529)	(16,270)	(1,260)	(17,271)	(16,011)
Women & Children	409	464	55	(18,180)	(19,280)	(1,100)	(17,771)	(18,816)	(1,045)
Sub-total	**3,843**	**3,667**	**(176)**	**(61,961)**	**(59,324)**	**2,637**	**(58,118)**	**(55,657)**	**2,461**
Corporate									
Communications	-	11	11	(226)	(263)	(37)	(226)	(252)	(26)
Finance	25	17	(8)	(1,724)	(1,530)	194	(1,699)	(1,514)	185
HR & OD	794	724	(69)	(2,330)	(2,191)	140	(1,537)	(1,466)	70
IT	-	30	30	(1,868)	(2,069)	(202)	(1,868)	(2,039)	(171)
Medical Director	4,784	4,941	157	(2,709)	(2,688)	21	2,075	2,253	178
Nursing	-	2	2	(1,892)	(1,985)	(94)	(1,892)	(1,984)	(92)
Strategy, Governance & Perform	-	-	-	(1,513)	(1,482)	31	(1,513)	(1,482)	31
Transformation	-	-	-	(249)	(493)	(244)	(249)	(493)	(244)
Trust Executive & Board	-	-	-	(1,624)	(1,634)	(10)	(1,624)	(1,634)	(10)
Sub-total	**5,603**	**5,724**	**121**	**(14,135)**	**(14,336)**	**(201)**	**(8,532)**	**(8,611)**	**(80)**
E&F									
E&F	**2,640**	**1,445**	**(1,195)**	**(11,538)**	**(11,859)**	**(321)**	**(8,898)**	**(10,414)**	**(1,516)**
Central									
Central	**147,456**	**156,233**	**8,777**	**(16,105)**	**(27,014)**	**(10,909)**	**131,351**	**129,220**	**(2,132)**
TOTAL	**171,924**	**178,528**	**6,604**	**(171,924)**	**(178,588)**	**(6,664)**	**-**	**(60)**	**(60)**
Donated Asset Adjustment	**-**	**-**	**-**	**-**	**60**	**60**	**-**	**60**	**60**
Control total	**171,924**	**178,528**	**6,604**	**(171,924)**	**(178,528)**	**(6,604)**	**-**	**-**	**-**

The commissioner block income, top-up income and true-up income are all reported through "Central" during these Covid arrangements.

2. Income and expenditure delegated budgets (draft budgets: in-month)

£'000	In-month								
	Income			Expenditure			Contribution		
	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Actual	Var.
UIC									
Diagnostics & Clinical Support	3,135	1,600	(1,535)	(4,438)	(4,552)	(113)	(1,303)	(2,951)	(1,648)
Specialist Medicine	2,586	314	(2,273)	(2,213)	(2,215)	(2)	373	(1,902)	(2,275)
Therapies & Older Persons	805	17	(788)	(1,469)	(1,406)	63	(664)	(1,389)	(725)
Unplanned & Integrated Care	105	52	(53)	(919)	(1,068)	(149)	(814)	(1,016)	(202)
Urgent & Emergency Care	4,840	117	(4,723)	(2,217)	(2,367)	(149)	2,622	(2,250)	(4,873)
Sub-total	**11,471**	**2,099**	**(9,372)**	**(11,257)**	**(11,607)**	**(351)**	**215**	**(9,508)**	**(9,723)**
Planned care									
Cancer Services	753	422	(330)	(871)	(919)	(48)	(118)	(496)	(378)
Critical Care & Perioperative	150	-	(150)	(178)	(145)	33	(28)	(145)	(117)
Planned Care Infrastructure	5,522	109	(5,413)	(2,975)	(2,878)	98	2,546	(2,769)	(5,315)
Surgical Services	1,087	44	(1,043)	(3,071)	(3,253)	(181)	(1,985)	(3,209)	(1,224)
Women & Children	5,186	148	(5,038)	(3,171)	(3,361)	(190)	2,015	(3,214)	(5,228)
Sub-total	**12,697**	**722**	**(11,975)**	**(10,266)**	**(10,555)**	**(289)**	**2,431**	**(9,833)**	**(12,264)**
Corporate									
Communications	-	2	2	(44)	(43)	0	(44)	(41)	2
Finance	-	1	1	(234)	(233)	0	(234)	(232)	2
HR & OD	148	109	(40)	(398)	(366)	33	(250)	(257)	(7)
IT	-	2	2	(357)	(347)	11	(357)	(345)	12
Medical Director	827	849	21	(481)	(507)	(26)	346	342	(4)
Nursing	0	-	(0)	(329)	(321)	8	(329)	(321)	8
Strategy, Governance & Perform	0	-	(0)	(245)	(247)	(2)	(245)	(247)	(2)
Transformation	-	-	-	(56)	(46)	10	(56)	(46)	10
Trust Executive & Board	-	-	-	(254)	(275)	(21)	(254)	(275)	(21)
Sub-total	**976**	**962**	**(14)**	**(2,399)**	**(2,385)**	**14**	**(1,423)**	**(1,423)**	**-**
E&F									
E&F	**447**	**270**	**(178)**	**(2,029)**	**(2,082)**	**(53)**	**(1,582)**	**(1,813)**	**(231)**
Central									
Central	**12,363**	**25,897**	**13,534**	**(3,903)**	**(3,329)**	**574**	**8,460**	**22,568**	**14,108**
TOTAL	**37,954**	**29,950**	**(8,004)**	**(29,853)**	**(29,958)**	**(105)**	**8,101**	**(9)**	**(8,110)**

The commissioner block income, top-up income and true-up income are all reported through "Central" during these Covid arrangements.

2. Income and expenditure delegated budgets (draft budgets: year to date)

Annual plan				Year to date								
				Income			Expenditure			Contribution		
Income	Exp.	Contr.	£'000	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Actual	Var.
			UIC									
37,078	(53,211)	(16,133)	Diagnostics & Clinical Support	18,527	9,830	(8,697)	(26,599)	(26,245)	355	(8,072)	(16,415)	(8,342)
30,542	(26,536)	4,005	Specialist Medicine	15,259	1,069	(14,189)	(13,279)	(11,889)	1,391	1,979	(10,819)	(12,799)
9,505	(17,500)	(7,994)	Therapies & Older Persons	4,749	40	(4,709)	(8,686)	(8,472)	214	(3,938)	(8,432)	(4,495)
1,237	(11,025)	(9,789)	Unplanned & Integrated Care	618	260	(358)	(5,513)	(6,365)	(852)	(4,895)	(6,105)	(1,211)
57,144	(26,368)	30,776	Urgent & Emergency Care	28,549	259	(28,291)	(13,065)	(13,085)	(20)	15,484	(12,826)	(28,310)
135,505	**(134,641)**	**865**	**Sub-total**	**67,702**	**11,458**	**(56,244)**	**(67,143)**	**(66,055)**	**1,087**	**559**	**(54,598)**	**(55,157)**
			Planned care									
8,884	(10,344)	(1,459)	Cancer Services	4,439	2,455	(1,983)	(5,154)	(5,265)	(111)	(716)	(2,810)	(2,094)
1,800	(854)	946	Critical Care & Perioperative	900	-	(900)	(1,230)	(1,001)	229	(330)	(1,001)	(671)
65,191	(35,700)	29,491	Planned Care Infrastructure	32,570	490	(32,080)	(17,864)	(16,249)	1,615	14,706	(15,759)	(30,465)
12,837	(36,628)	(23,791)	Surgical Services	6,414	258	(6,155)	(18,242)	(17,529)	713	(11,828)	(17,271)	(5,443)
61,242	(37,959)	23,283	Women & Children	30,597	464	(30,134)	(18,939)	(19,280)	(341)	11,658	(18,816)	(30,475)
149,955	**(121,484)**	**28,471**	**Sub-total**	**74,919**	**3,667**	**(71,252)**	**(61,429)**	**(59,324)**	**2,104**	**13,491**	**(55,657)**	**(69,148)**
			Corporate									
-	(463)	(463)	Communications	-	11	11	(249)	(263)	(13)	(249)	(252)	(3)
4	(2,957)	(2,953)	Finance	4	17	12	(1,555)	(1,530)	25	(1,551)	(1,514)	37
1,778	(4,780)	(3,002)	HR & OD	889	724	(165)	(2,390)	(2,191)	199	(1,501)	(1,466)	35
-	(4,069)	(4,069)	IT	-	30	30	(2,034)	(2,069)	(35)	(2,034)	(2,039)	(5)
9,930	(5,809)	4,121	Medical Director	4,965	4,941	(24)	(2,922)	(2,688)	233	2,043	2,253	209
4	(3,907)	(3,903)	Nursing	3	2	(1)	(1,955)	(1,985)	(31)	(1,952)	(1,984)	(32)
0	(2,936)	(2,936)	Strategy, Governance & Perform	0	-	(0)	(1,468)	(1,482)	(14)	(1,468)	(1,482)	(14)
-	(832)	(832)	Transformation	-	-	-	(496)	(493)	3	(496)	(493)	3
-	(3,062)	(3,062)	Trust Executive & Board	-	-	-	(1,535)	(1,634)	(99)	(1,535)	(1,634)	(99)
11,716	**(28,814)**	**(17,098)**	**Sub-total**	**5,861**	**5,724**	**(136)**	**(14,605)**	**(14,336)**	**269**	**(8,744)**	**(8,611)**	**132**
			E&F									
5,355	**(24,609)**	**(19,254)**	**E&F**	**2,672**	**1,445**	**(1,227)**	**(12,110)**	**(11,859)**	**250**	**(9,437)**	**(10,414)**	**(977)**
			Central									
53,976	**(46,958)**	**7,016**	**Central**	**26,716**	**156,233**	**129,517**	**(25,126)**	**(27,014)**	**(1,888)**	**1,591**	**129,220**	**127,629**
356,508	**(356,508)**	**-**	**TOTAL**	**177,871**	**178,528**	**657**	**(180,411)**	**(178,588)**	**1,823**	**(2,540)**	**(60)**	**2,480**

The commissioner block income, top-up income and true-up income are all reported through "Central" during these Covid arrangements.

3. Forecast

Further discussions have taken place within the ICS with activity and financial plans for the remaining six months of the year being submitted to the STP.

- Further meetings and scrutiny of plans is ongoing with a final submission required in October.
- Draft plans for October to March submitted to the STP identified a £39.0m deficit. Although not finalised this will require funding at an STP level from top-up, growth and Covid funding allocations.
- The current position for the ICS has identified a £32m deficit. Organisations have been allocated a further efficiency target to reduce the total deficit to £16m (being the reduction in "other income" due to the pandemic); of this the Trust is required to improve the position by £2.2m.
- The period to 30 September 2020 will be funded by way of true-up income to allow the Trust to achieve a control total of breakeven; the contracting principles beyond this date has been notified but at the time of writing the detail has not been agreed within the STP.
- The Trust is undertaking a number of ward reconfigurations which, until finalised with adjusted rosters, create uncertainty in forecasting veracity.

The Trust remains committed to delivering a full year control total of breakeven and will work with its commissioners, partners and regulators through developments over the coming days, weeks and months.

4. CIP (status and summary)

Status £'000	Blue	Green	Amber	Red	Sub-total	Budget	Gap	Mitigated target	Gap
Planned care	446	2,151	399	9	3,005	**4,682**	(1,677)	**5,100**	(2,095)
UIC	501	2,264	123	187	3,075	**4,253**	(1,178)	**5,505**	(2,430)
E&F	-	492	-	-	492	**661**	(169)	**800**	(308)
Corporate	363	43	-	192	598	**1,113**	(515)	**1,709**	(1,111)
Procurement	1,291	-	-	-	1,291	**1,291**	-	**1,291**	0
Total	**2,600**	**4,950**	**522**	**388**	**8,461**	**12,000**	**(3,539)**	**14,405**	**(5,944)**

Summary £'000	In-month			Year-to-date			Outturn		
	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Forecast	Var.
Trust total	**715**	**1,021**	**306**	**2,423**	**3,479**	**1,056**	**12,000**	**8,461**	**(3,539)**

Process

1. CIPs 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 w orks to fill the programme.
4. The Finance department counts the extent to which the financial improvements have been made.
5. The Director of Finance and t he Director of Improvement monitor and work with budget-holders to achieve targets.

The total CIP included in the draft budget from March is £12m. Of this, the majority of CIPS are phased to be realised in the second half of the financial year.

At the end of September, the total CIP plan identified had not changed significantly from the position reported last month with a gap of £0.6m. Following a detailed review of how schemes are performing and further discussions with scheme owners, the actual forecast delivery of savings increases the gap by a further £2.9m to a total of £3.5m.

CIP schemes continue to be developed through CIP panels and the QIA assessment process as due to the change in activities and the Covid response, some savings programmes continue to encounter delays.

The PMO team continue to work with Divisions and the Finance Business Partners to identify and quantify CIP schemes whilst working towards a s tretch target of £14.4 million (this being 20% higher than the required CIP to mitigate the risk of individual scheme failure). Delivery to date is £3.5m and favourable to plan by £1.1m; this over achievement has mainly due to full year effect of 19/20 schemes for agency rate reductions, as well as lean use of theatres and procurement and pharmacy national pricing measures exceeding the original plan £0.5m. T his is expected to be a timing difference only.

Further detail of CIP schemes by Division is presented in Appendix 6.

5. Balance sheet summary

Prior year end	£'000	Month end plan	Month end actual	Var.
204,790	**Non-current assets**	**218,428**	**208,403**	**(10,025)**
6,306	Inventory	7,400	6,007	(1,393)
36,687	Trade and other receivables	32,017	23,570	(8,447)
12,385	Cash	21,424	55,136	33,712
55,378	**Current assets**	**60,841**	**84,713**	**23,872**
(24,478)	Trade and other payables	(38,370)	(31,179)	7,191
(292,111)	Borrowings	(1,393)	(78)	1,315
(4,519)	Other liabilities	(22,602)	(31,832)	(9,230)
(321,108)	**Current liabilities**	**(62,365)**	**(63,089)**	**(724)**
(2,278)	Borrowings	(23,273)	(2,278)	20,995
(1,317)	Other liabilities	(900)	(1,317)	(417)
(3,595)	**Non-current liabilities**	**(24,173)**	**(3,595)**	**20,578**
(64,534)	**Net liabilities employed**	**192,731**	**226,435**	**33,704**
140,581	Public dividend capital	410,790	431,610	20,820
41,366	Revaluation reserve	47,336	41,366	(5,970)
(246,481)	Retained earnings	(265,395)	(246,541)	18,854
(64,534)	**Total taxpayers' equity**	**192,731**	**226,435**	**33,704**

Key messages:

1. Cash is £33.71m higher than plan due to
   - Top-up and true-up NHSI payments received monthly in place of FRF payments planned to be received quarterly in arrears.
   - Higher brought forward cash balance from the prior year
   - Increased levels of deferred income (other current liabilities) - £8.97m greater than planned due to additional advanced contracted payments to ease cash pressures over the pandemic.

   A cash balance of approx. £30m will need to be retained to meet payroll and supplier commitments in March 2021 on the assumption that there will not be a block payment that month.
   Whilst the Trust has high cash balances it will continue to pay suppliers on immediate terms instead of the NHS standard 30 days.

2. Payables have increased by £5m on the prior month due to delayed payment of salary related HMRC payments.

3. Borrowings have reduced significantly from the prior month as the debt conversion to PDC has now taken place. £291.4m of loans have effectively been written off by DH issuing PDC funding to enable repayment.

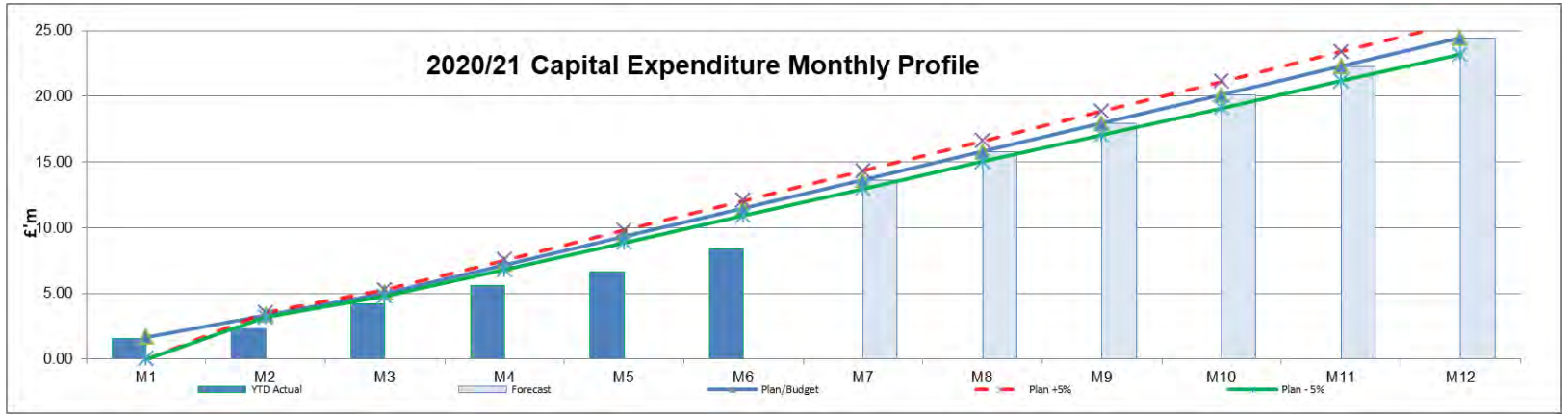
4. Medway is currently operating with net assets of £226.4m. The Trust is required to make PDC dividend repayments of 3.5% per annum against 'relevant net assets' when in a net asset position. This is estimated at £6.2m for 2020/21.

6. Capital

£'000	In-month			Year To Date			Annual			Funding		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Forecast	Var.	Internal	PDC	CIF PDC
Backlog Maintenance	230	720	(490)	2,355	3,812	(1,457)	5,671	5,671	0	690	0	4,981
Routine Maintenance	87	1	86	522	59	463	1,046	1,046	0	691	0	355
Fire Safety	476	159	317	2,856	988	1,868	5,720	5,720	0	366	4,252	1,102
IT	228	64	164	1,368	412	956	2,730	2,730	0	2,730	0	0
ED	320	6	314	2,403	(115)	2,518	5,283	5,283	0	835	3,000	1,448
Plant & Equipment**	330	(153)	483	1,980	1,499	481	3,964	3,964	0	3,964	0	0
Total Planned Capex	**1,671**	**797**	**874**	**11,484**	**6,657**	**4,827**	**24,414**	**24,414**	**0**	**9,276**	**7,252**	**7,886**
COVID*	0	906	(906)	0	1,721	(1,721)	1,967	1,967	0	0	1,967	0
IT MOU	0	0	0	0	0	0	190	190	0	0	190	0
A&E MOU	0	0	0	0	0	0	857	857	0	0	857	0
Diagnostic equipment MOU	0	0	0	0	0	0	1,173	1,173	0	0	1,173	0
ITU MOU	0	0	0	0	0	0	1,104	1,104	0	0	1,104	0
Total Additional Capex	**0**	**906**	**(906)**	**0**	**1,721**	**(1,721)**	**5,291**	**5,291**	**0**	**0**	**5,291**	**0**
Total Capex	**1,671**	**1,703**	**(32)**	**11,484**	**8,377**	**3,107**	**29,705**	**29,705**	**0**	**9,276**	**12,543**	**7,886**

* £160k of COVID funding agreed, £1,807k decision pending

** £1.3m of capital funding is being held back for STP contingency



6. Capital (continued)

Capital expenditure consists of:

• Planned YTD expenditure of £6.66m, with actual expenditure £4.83m behind plan. All programmes except backlog maintenance are currently behind. Work has recently resumed on the ED project and IT schemes are planned to accelerate in the next quarter. A detailed forecasting exercise is underway to ensure all projects will be able to catch up and/or identify permanent slippage which could be reallocated to new schemes.

• £1.72m of unplanned YTD expenditure in relation to COVID schemes, of which only £0.16m has approved funding to date. Bids totalling £1.81m have been submitted to NHSI to fund the remaining projects, which are already committed and have incurred expenditure. If this funding is not approved these schemes are currently unfunded and will need to be resourced from within the original £24.4m capital resource limit (CRL).

• A number of other 'funding' applications as listed in the table above have been approved by NHSI. The Trust CRL will increase in line with the PDC issued and annual dividends of 3.5% (i.e. £35k pa for every £1m granted) will be payable, PDC issued for COVID related assets do not attract this charge. In the last few years this has not been applicable to Medway as dividends are only payable by organisations with relevant net assets. Medway has held net liabilities due to the level of revenue borrowings which have now converted to PDC, bringing the Trust back to a net asset position.

7. Cash

13 Week Forecast w/e

£m	Actual 04/09/20	11/09/20	18/09/20	25/09/20	02/10/20	Forecast 09/10/20	16/10/20	23/10/20	30/10/20	06/11/20	13/11/20	20/11/20	27/11/20	04/12/20	11/12/20	18/12/20	25/12/20	01/01/21
BANK BALANCE B/FWD	**50.35**	**49.35**	**49.35**	**72.61**	**59.66**	**49.80**	**49.60**	**73.64**	**63.30**	**52.54**	**49.74**	**74.86**	**76.71**	**64.56**	**53.90**	**51.41**	**71.82**	**58.10**
Receipts																		
NHS Contract Income	0.39	0.11	27.64	0.28	0.33	0.00	27.93	0.00	0.00	0.00	27.57	0.00	0.00	0.00	0.00	27.07	0.00	0.00
Other	0.15	0.25	0.26	0.25	0.30	1.62	2.17	2.94	0.25	0.25	0.61	0.25	0.25	0.25	0.56	0.30	0.20	0.15
Total receipts	**0.54**	**0.36**	**27.90**	**0.52**	**0.62**	**1.62**	**30.11**	**2.94**	**0.25**	**0.25**	**28.18**	**0.25**	**0.25**	**0.25**	**0.56**	**27.37**	**0.20**	**0.15**
Payments																		
Pay Expenditure (excl. Agency)	(0.31)	(0.35)	(0.36)	(9.75)	(8.43)	(0.38)	(0.35)	(9.77)	(8.32)	(0.35)	(0.35)	(0.42)	(9.70)	(8.22)	(0.35)	(0.35)	(9.77)	(8.31)
Non Pay Expenditure	(1.04)	0.18	(3.41)	(3.00)	(1.68)	(1.12)	(5.72)	(3.50)	(1.68)	(2.70)	(2.70)	(5.65)	(2.70)	(0.97)	(2.70)	(4.20)	(4.15)	(1.38)
Capital Expenditure	(0.18)	(0.19)	(0.45)	(0.73)	(0.37)	(0.33)	0.00	0.00	(1.02)	0.00	0.00	0.00	0.00	(1.73)	0.00	0.00	0.00	(1.73)
Total payments	**(1.54)**	**(0.36)**	**(4.22)**	**(13.48)**	**(10.47)**	**(1.83)**	**(6.07)**	**(13.27)**	**(11.02)**	**(3.05)**	**(3.05)**	**(6.08)**	**(12.40)**	**(10.92)**	**(3.05)**	**(4.55)**	**(13.92)**	**(11.42)**
Net Receipts/ (Payments)	**(1.00)**	**(0.01)**	**23.68**	**(12.95)**	**(9.85)**	**(0.21)**	**24.04**	**(10.33)**	**(10.77)**	**(2.80)**	**25.13**	**(5.83)**	**(12.15)**	**(10.67)**	**(2.49)**	**22.81**	**(13.72)**	**(11.27)**
Funding Flows																		
PDC Capital	291.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.75	0.00	0.00	0.00	0.86	0.00	0.00
Loan Repayment/Interest payable	(291.00)	0.00	(0.42)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	0.00	0.00	0.00	0.00	0.00
Dividend payable	0.00	0.00	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	(3.25)	0.00	0.00
Total Funding	**0.00**	**0.00**	**(0.42)**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**7.67**	**0.00**	**0.00**	**0.00**	**(2.40)**	**0.00**	**0.00**
BANK BALANCE C/FWD	**49.35**	**49.35**	**72.61**	**59.66**	**49.80**	**49.60**	**73.64**	**63.30**	**52.54**	**49.74**	**74.86**	**76.71**	**64.56**	**53.90**	**51.41**	**71.82**	**58.10**	**46.83**

Cash Flow, 12 months ahead

£m	Actual Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Forecast Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
BANK BALANCE B/FWD	**12.37**	**37.57**	**47.46**	**43.44**	**50.09**	**50.33**	**55.09**	**52.53**	**56.74**	**46.84**	**43.84**	**40.91**	**9.95**	**44.12**	**44.28**	**41.99**	**48.17**	**44.76**	**38.18**	**44.39**	**41.00**	**34.58**	**43.94**	**42.17**
Receipts																								
NHS Contract Income	45.11	22.70	24.52	22.99	22.28	22.09	22.45	22.42	22.42	22.42	22.42	0.50	53.95	27.12	28.94	26.94	26.94	26.94	26.94	26.94	26.94	26.94	26.94	5.92
NHS Top Up	8.84	6.28	2.39	10.15	6.01	5.62	5.34	4.92	4.42	4.42	4.42	4.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	4.66	1.56	1.53	3.65	2.39	1.95	7.41	1.64	1.64	4.33	1.64	1.74	4.23	1.46	1.30	4.52	1.69	1.75	4.46	1.69	1.69	4.35	1.64	1.80
Total receipts	**58.61**	**30.54**	**28.44**	**36.79**	**30.68**	**29.66**	**35.20**	**28.98**	**28.48**	**31.17**	**28.48**	**6.66**	**58.18**	**28.58**	**30.24**	**31.46**	**28.63**	**28.69**	**31.40**	**28.63**	**28.63**	**31.29**	**28.58**	**7.72**
Payments																								
Pay Expenditure (excl. Agency)	(18.79)	(18.57)	(18.58)	(18.76)	(18.16)	(13.64)	(24.37)	(18.69)	(19.13)	(18.78)	(18.69)	(18.78)	(19.68)	(19.05)	(18.91)	(19.54)	(18.90)	(18.87)	(19.45)	(18.80)	(19.36)	(18.74)	(18.71)	(18.68)
Non Pay Expenditure	(11.35)	(8.41)	(12.44)	(9.72)	(11.28)	(9.29)	(11.68)	(12.02)	(15.13)	(13.66)	(12.16)	(14.66)	(13.36)	(8.37)	(12.70)	(14.77)	(12.22)	(12.22)	(14.77)	(12.22)	(14.77)	(12.22)	(10.72)	(12.67)
Capital Expenditure	(3.27)	(1.08)	(1.44)	(1.69)	(0.45)	(1.55)	(1.71)	(1.73)	(1.73)	(1.73)	(1.73)	(1.73)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)
Total payments	**(33.41)**	**(28.06)**	**(32.46)**	**(30.17)**	**(29.89)**	**(24.48)**	**(37.76)**	**(32.44)**	**(35.99)**	**(34.17)**	**(32.58)**	**(35.17)**	**(33.96)**	**(28.34)**	**(32.53)**	**(35.23)**	**(32.04)**	**(32.01)**	**(35.14)**	**(31.94)**	**(35.05)**	**(31.88)**	**(30.35)**	**(32.27)**
Net Receipts/ (Payments)	**37.57**	**40.05**	**43.44**	**50.06**	**50.88**	**55.51**	**52.53**	**49.07**	**49.23**	**43.84**	**39.74**	**12.40**	**34.17**	**44.36**	**41.99**	**38.22**	**44.76**	**41.44**	**34.44**	**41.08**	**34.58**	**33.99**	**42.17**	**17.62**
Funding Flows																								
DOH - FRF/Revenue Support	0.00	5.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.95	0.00	0.00	9.95	0.00	0.00	9.95	0.00	0.00	9.95	0.00	0.00
PSF	0.00	2.31	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	0.00	0.00	0.00	0.00
PDC Capital	0.00	0.00	0.00	0.03	0.00	291.00	0.00	7.75	0.86	0.00	1.17	0.80	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	(0.08)	0.00	0.00	(0.55)	(291.42)	0.00	(0.08)	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	0.00	0.00	0.00
Dividend payable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(3.25)	0.00	0.00	(3.25)	0.00	0.00	0.00	0.00	0.00	(3.26)	0.00	0.00	0.00	0.00	0.00	(3.26)
Total Funding	**0.00**	**7.41**	**0.00**	**0.03**	**(0.55)**	**(0.42)**	**0.00**	**7.67**	**(2.39)**	**0.00**	**1.17**	**(2.45)**	**9.95**	**(0.08)**	**0.00**	**9.95**	**0.00**	**(3.26)**	**9.95**	**(0.08)**	**0.00**	**9.95**	**0.00**	**(3.26)**
BANK BALANCE C/FWD	**37.57**	**47.46**	**43.44**	**50.09**	**50.33**	**55.09**	**52.53**	**56.74**	**46.84**	**43.84**	**40.91**	**9.95**	**44.12**	**44.28**	**41.99**	**48.17**	**44.76**	**38.18**	**44.39**	**41.00**	**34.58**	**43.94**	**42.17**	**14.36**

Prior year end	£'000	Month end plan	Month end actual	Var.
12,385	Cash	21,424	55,136	33,712

Cash balances held are in excess of the plan due to:

- £8.97m additional contract advances
- £7.30m higher than planned cash brought forward from the prior year
- £15m difference between monthly top up payments and quarterly in arrears FRF/MRET etc.
- £5.2m HMRC salary payments not prepaid in month.

8. Risks

Title	Description	£'000	Mitigation(s)	Lead(s)
Loss of stroke service	The Trust has agreed to transfer its stroke activity to other providers given the local issues. Current indications are that this could leave a contribution gap of up to £1.8m (FYE).	£1,325	Work with the STP is underway to validate the budgeted and actual income, expenditure and activity of the service.	Richard Eley
CIP (delivery)	The risk been updated to reflect the forecast position. There remains a gap between RAG rated CIP programmes and the draft budget requirement of £12m.	£3,539	CIP meetings continue to be held by the Director of Improvement. Return of CIP governance following pause during Covid pandemic. Increased focus to achieve total efficiency target.	Richard Eley, Mark Hackett
Staff costs	Staff costs remain high; unchecked, this could drive a need for additional CIP and/or the Trust missing its control total.	-	Deep dive paper submitted to the July Finance Committee meeting. Continued monitoring through Finance Business Partners and the Finance Committee. Financial Stability project.	Divisional Directors
Ward reconfiguration	As part of the restart planning wards will need to change at pace. The changing nature, specialty and bed bases could impact cost and efficiency.	TBC	Re-mapping of budgets and rosters is underway. Proposed increases to budgets will require a business case.	Richard Eley, Angela Gallagher, Mark Hackett
Microsoft licensing	The Trust was part of a government licensing arrangement for MS products. Licensing arrangements have subsequently changed and were originally intended to be addressed as part of ITaaS.	£300	STP is seeking a collaborative and united approach for all providers.	Michael Beckett
Covid capital	Monies in respect of Covid capital claims are still unapproved from NHSE/I. This is a national position.	c.£1,800	If not funded by NHSE/I this will need to be drawn from the Trust's capital allocation.	Richard Eley, Gary Lupton

9. Conclusions

The Finance Committee is asked to note the report and financial performance which is £9k deficit in-month and £60k deficit year to date, reducing to breakeven after removing the adjustment for donated asset depreciation. This financial performance is as per the NHSE/I control total. The in-month performance has been achieved through £2.2m of true-up funding being accrued after incurring £0.4m of incremental expenditure related to Covid, £1.0m of non-recurrent items, £0.5m senior medical pay award and £0.3m adverse high cost drugs compared to income included in the block contract.

The year to date CIP programme delivery is £1.1m favourable; this is mainly due to the timing of schemes being delivered ahead of the plan. The forecast total efficiency is £8.5m, this being £3.5m adverse to the target £12.0m. Across the Trust, the PMO Team and scheme holders are increasing their efforts with a view to achieving the total.

Richard Eley
Chief Financial Officer
October 2020

Meeting of the Board of Directors in Public

Thursday, 05 November 2020

Assurance Report from Committees

Title of Committee:	**Finance Committee**	**Agenda Item**	**6.2**
Committee Chair:	Jo Palmer, Chair		
Date of Meeting:	Thursday, 22 October 2020		
Lead Director:	Richard Eley, Chief Finance Officer (Interim)		
Report Author:	Paul Kimber, Deputy Chief Financial Officer		

Key headlines and assurance level	
Key headline	**Assurance Level**
1. BAF strategic risks The BAF scores remained unchanged since the last meeting. However, given the latest planning round and contracting arrangements in place for months 7-12 of 2020/21, the Interim Chief Financial Officer recommended increasing the score on "delivery of financial control total" from 9 to 16. This was on the basis that true-up income is no longer available and consequently there is an increased risk to meeting our plan. This is a concern as we have been asked to find additional efficiencies which reduces the STP deficit from £32m to £17m. It was **AGREED** that this risk score should be increased as recommended.	**Amber/Red**
2. Risk register The risk register was noted and scores remain unchanged at 16. The CIP forecast is currently at £8.5m against a target of £14.4m; work continues to bridge this gap. However, it was acknowledged that it is more difficult under the current contracting conditions to generate some CIP, e.g. best practice tariffs. The Committee Chair asked the executives to collectively address the CIP issue and mitigate against this gap.	**Amber/Red**
3. Finance report The Interim Chief Financial Officer took the Committee through the report, with the key highlights as being: • The Trust is meeting its control total as set by NHSE/I; the incremental Covid expenditure in-month was £0.4m and true-up income of £2.3m was accrued. • The medical pay award and additional provisioning requirements have meant that for the first time the Trust is claiming more in	**Amber/Green**

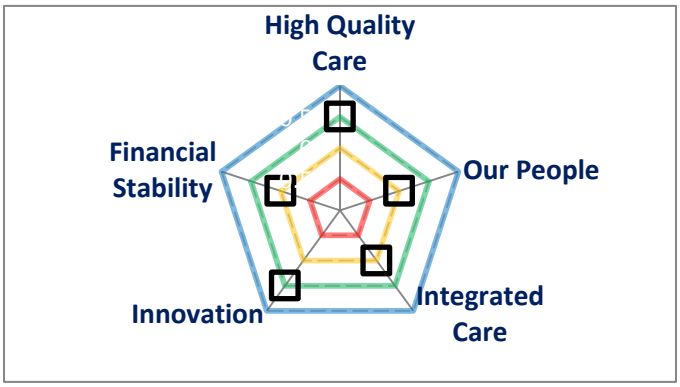
Key headlines and assurance level	
Key headline	**Assurance Level**
true-up income than its incremental costs of Covid. It was noted however that despite the additional provisioning, the accounts receivables balances are being worked on with progress noted. • The Interim Chief Financial Officer noted that activity remained high in September following "restart" work. The Chair acknowledged the efforts of the Chief Operating Officer and others in delivering this work. • CIP is currently ahead of plan as a result of planning/timing differences, but the issue as per the risk register discussion was noted. Meetings are taking place with the clinical divisions to undertake rigorous scrutiny of both planning and delivery of schemes, including working up those schemes which are still in the "ideas" phase. • Capital expenditure is behind plan this year; it is noted that we have been awarded additional funding for further projects during 2020/21. • It was **AGREED** that the Committee should be provided with a monthly schedule that discloses the overspends by project. • Cash remains high due to the payments in advance under the current contracting arrangements. It was noted that we would carefully consider the drawdown of PDC for capital projects as a result. • The position of aged receivables was noted. Whilst a lot of work had been undertaken in to reduce these sums it was noted that the size of debt more than 6 months overdue is growing. It was to **ESCALATE** this to the Board. • The Committee asked – and was told – about the additional controls in place to ensure tight control of staff costs, including at the executive vacancy control panel and through the divisional performance meetings.	
4. Budget setting update / "Restart" The Committee received a presentation setting out the Trust's plan for months 7-12 of 2020/21, as agreed with the STP.	**Amber/Green**
5. STP 2020-22 plan and budget This paper was presented before going to the Trust Board for approval; it has already been approved by the STP Board. The Committee heard how the proposal set out the key commitments and work plan over the period, with largely unchanged budget values. This budget was **APPROVE** and recommended to the Trust Board.	**Green**
6. Model Hospital The General Manager for orthopaedic and spinal surgery presented a report which set out how the Model Hospital data was being used as a means to signpost areas to improve efficiency, such as improving length of stay and weekend insourcing costs. The Committee was particularly	**Amber/Green**

Key headlines and assurance level	
Key headline	**Assurance Level**
interested in the potential opportunity indicated in nursing staff for the service.	
7. Business case – cardiac catheter suite ("CCS") The business case to replace the CCS was presented by the service triumvirate. The case for change included that for five days in the last thirty the service has not been able to operate due to equipment failure. It was noted that the CCS is now well past its useful economic life and a future proofed service is required. It was noted that the non-recurrent outsourcing costs expected to be incurred whilst the CCS is replaced may be eligible to be met from the national drawdown contract. The Committee **APPROVED** the case subject to concluding that the work could be outsourced to the independent sector and those costs be met through the national IS contract. It was **AGREED** that further independent review should be undertaken and report to the Trust Board; an individual nominated.	**Amber/Green**
8 Business case – electronic patient record ("EPR") The outline business case was noted and acknowledged that this has been presented in other forums (Capital & Investments Group, Executive Team, Governors). The benefits and need to implement an EPR were recognised. The Committee approved a small spend to support the further development of the EPR proposal and (ii) recommends to Board that the EPR Outline Business Case be approved. A copy of the Outline Business Case has been circulated to board members as background; the full business case will, if approved by the committee, be presented to the board in 2021.	**Green**
Decisions made The Committee **AGREED** to increase the BAF risk rating for "delivery of financial control total" from 9 to 16. It was **AGREED** that the Committee would receive a monthly report on all capital projects that are overspending against their original allocations. The Committee **APPROVED** the STP budget and recommends to the Trust Board that it also approves the same. The business case for the CCS was **APPROVED** subject to independent review of the case and assurance over the contracting of the outsourcing requirement.	
Further Risks Identified None other than as set out.	
Escalations to the Board or other Committee The Committee asks the Board to note the increased ageing of the accounts receivable and to support efforts to recover these sums. The Trust Board is recommended to approve the STP budget for the next financial year. Subject to the independent review and assurance over the contracting of the activity outsourcing requirement,	

Key headlines and assurance level	
Key headline	**Assurance Level**
the Trust Board is recommended to approve the CCS business case. The Committee recommends approval of the EPR business case to the Trust Board.	

Meeting of the Board of Directors in Public
Thursday, 01 October 2020

Title of Report	**Trust Improvement Plan Update**	**Agenda Item**	7.1
Report Author	Gurjit Mahil – Deputy Chief Executive		
Lead Director	James Devine - Chief Executive		
Executive Summary	This paper provides the Trust Board with an update on the progress against the Trust Improvement Plan's five pillars.		



High Quality Care:
Curently rated as green with a number of workstreams and prioties progressing well.
Currently no risks or challenges to escalate.

Our People:
Currently rated as amber.
Current challenges:

1. *Best of People*: Restrictions imposed by some countries in allowing nurses to travel as a result of covid 19, which may impact on the speed of filling vacancies.
2. *Best of Culture*: Culture and Leadership programme staff engagement due to time constraints and availbility of those involved with restart and second wave of covd 19 which will impact on availability of staff. The Trust has also been asked to temporarily suspend the staff FFT during the pandemic, therefore no data submissions until further notice.

Integrated Care:
Currently rated as amber.
Current challenges:

1. *Bed Occupancy*: Current chanllenges being addressed are the stability of the covid swabbing pathway, ward reconfiguration plans, winter planning and elective pathways.
2. *Cancer*: Polling ranges are currently approaching day 13 for the first appointment, this is being adressed with each tumour group. Endoscopy optimisation to address upper and lower gastrointestinal pathways remains challenging, further plans being reviewed.

	3. *System by default*: Current challenges with funding to support winter planning initiatives, which will be reviewed following completion of costings. **Innovation:** Curently rated as green with a number of workstreams and prioties progressing well. Currently no risks or challenges to escalate. **Financial Stability:** Currently rated as amber. Current challenges: 1. *Achieving financial target*: New contract funding may be insufficient to meet the cost base of the Trust. Continued /increasing revenue costs as a result of covid. 2. *Improve value for tax payer's money*: Delivery of CIP. Capacity of staff to pursue commercial plans in this current climate. 3. *Plan for investments*: Need to adopt a change in the business case process review capacity and resources to reduce the scale of backlog maintenance at pace.
Resource Implications	None
Legal Implications/Regulatory Requirements	NA
Quality Impact Assessment	Not required.
Recommendation/ Actions required	The Board is asked to note the current position for assurance.

Approval	Assurance	Discussion	Noting
☐	☒	☐	☒

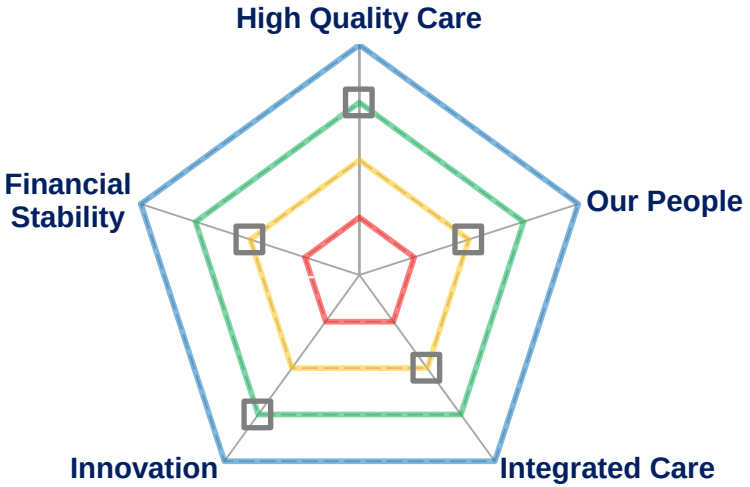
Appendices	Appendix 1 – Trust Improvement Plan Progress Update

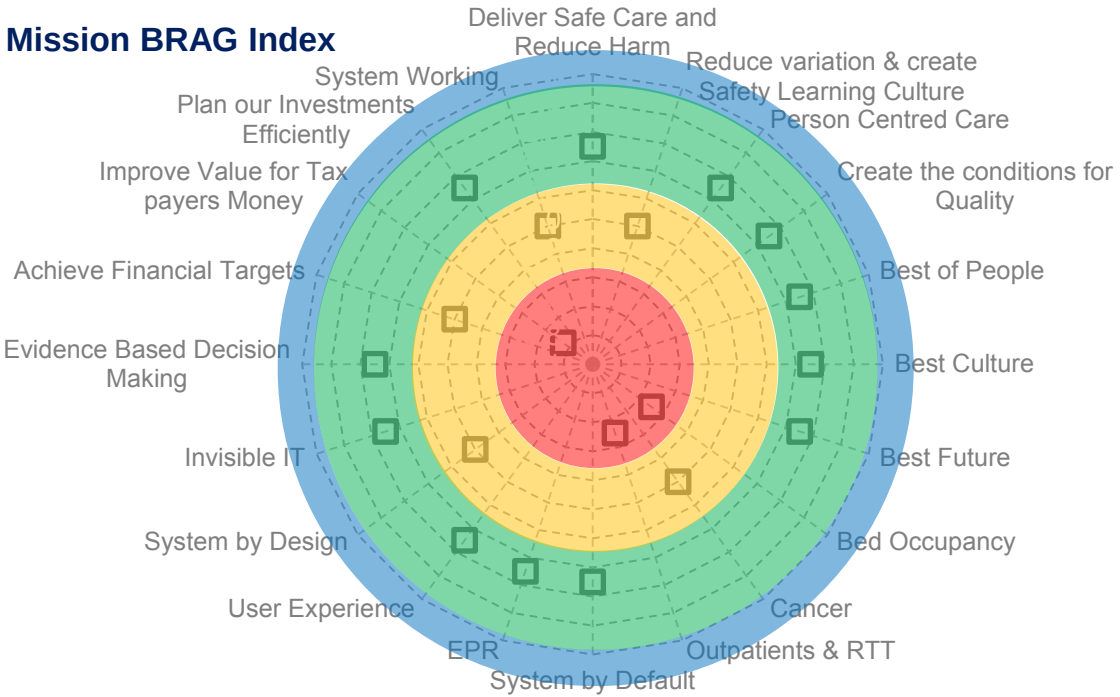
NHS Medway NHS Foundation Trust

TRUST IMPROVEMENT PLAN UPDATES

James Devine - CEO

Trust Improvement Plan Summary





Best of care Best of people

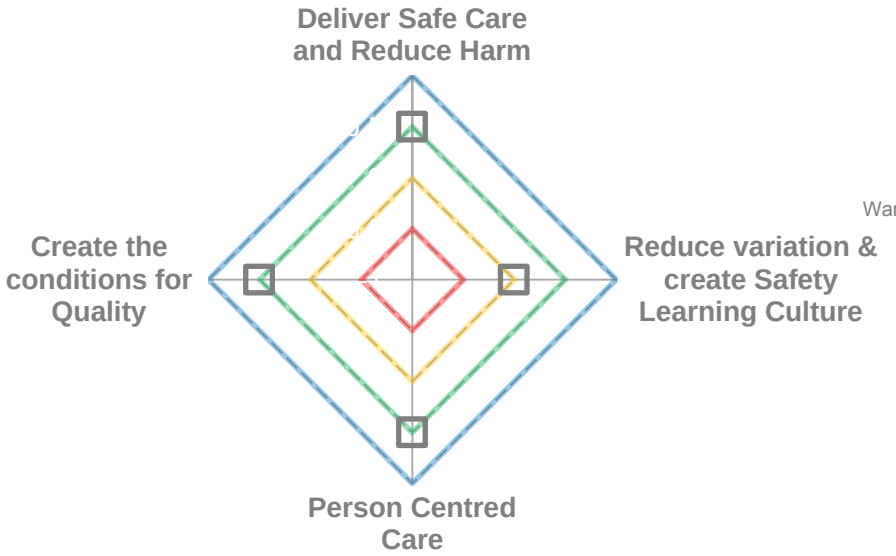
Our Medway

NHS
Medway
NHS Foundation Trust

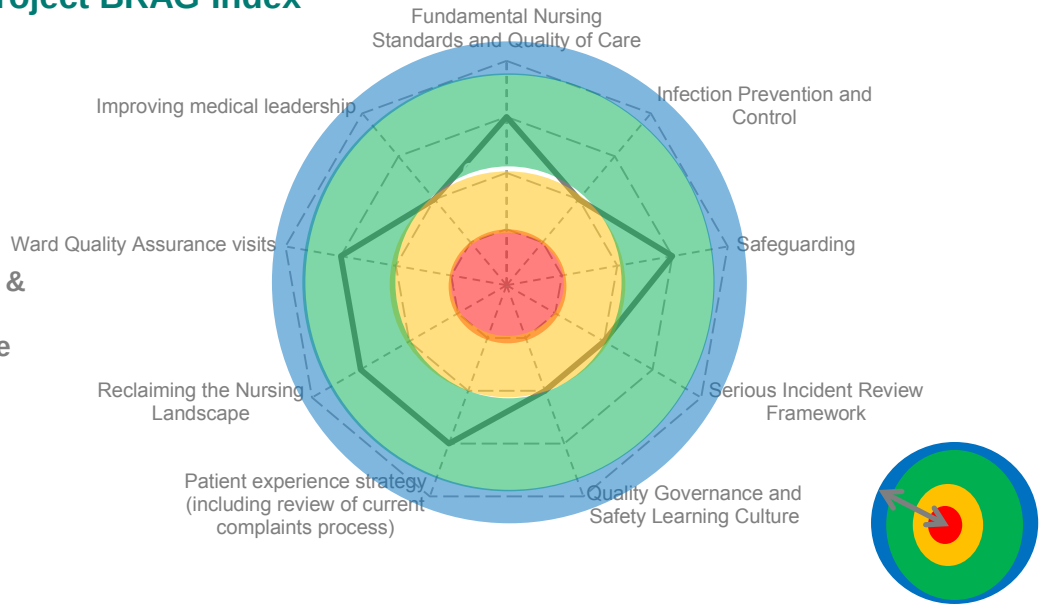
HIGH QUALITY CARE

Jane Murkin - Chief Nursing & Quality Officer

High Quality Care



Project BRAG Index



Progress to date CQC Action Plan

NHS Medway NHS Foundation Trust

- 11 ‘must do’ actions completed and closed
- Improvements in nursing risk assessments and days between incidents
- Compliance with control of substances hazardous to health (COSHH)
- Infection Prevention Control investment and progress

93 % Actions On Track

	Must Do (24)	Should Do (19)	Total
Red (overdue)	2 (1)	1 (1)	3 (2)
Amber – off track but with actions to deliver	3 (4)	6 (6)	9 (10)
Green – action is on track	10 (16)	10 (10)	20 (26)
Blue - action completed	9 (3)	2 (2)	11 (5)
Total	24	19	43

Continuing to Strengthen Nursing Leadership

NHS Medway NHS Foundation Trust

Launch Event October 2nd - Aspiring Ward Managers development programme,

- designed to build leadership capability, knowledge & skills
- support succession planning for our next generation of ward and department leaders.
- aimed at current clinical sisters & charge nurses who aspire to develop their careers & progress to become a ward / department leader within 2 to 18 months.
-

Matron designated Trust-wide leadership role for quality and nursing fundamental standards

NHS Medway NHS Foundation Trust

As part of our approach to improve fundamental nursing standards across the Trust and support delivery of nursing and midwifery strategic priorities, the Trust's Quality Strategy, the CQC Action Plan and Our Medway Improvement Plan, Jane Murkin, Chief Nursing and Quality has identified the opportunity for each Matron to undertake a designated lead role for each quality priority and nursing fundamental standards.

Reducing harm from pressure ulcers

Sarah Llewellyn

- Improving the process of ownership and learning from SWARM events related to hospital acquired pressure ulcers

Reducing harm from falls

Jane Fenlon

- Reducing the number of patients that fall in toilets post-interventional procedures by improving the recording of lying and standing blood pressure, commencing with a pilot on Arethusa and Keats Wards

Improving nutritional care

James Hatfield

- Reviewing the arrangements for protected mealtimes and the responsibilities for delivering patient meals and hot drinks to ensure greater nursing ownership, commencing with a pilot on Phoenix and Will Adams Wards
- Achieve 95% reliability with the four nutritional strategic priorities on four pilot wards: McCulloch, Pembroke, Sapphire and Wakely

Reducing hospital acquired infections and improving IPC standards

Sue Gillham

- Create and lead on a six month programme of activities focusing on consistently achieving 95% compliance with the WHO '5 key moments for hand hygiene'

End PJ Paralysis

Jane Westhead

- Ensuring patients are encouraged to get dressed into their own clothes during the day commencing with a pilot on Victory Ward and one Frailty Ward (TBC)
- Ensuring patients are encouraged to eat meals out of bed commencing with a pilot on Victory Ward and Byron Ward

Learning from patient safety incidents and SI's

Rochelle Gopee and Lisa Price

- To work in partnership with the Head of Patient Safety and support the implementation and delivery of the national Patient Safety Incident Review Framework (PSIRF) and support sharing of learning from incidents

Best of care Best of people

Our Medway

NHS Medway NHS Foundation Trust

Best of care Best of people

Our Medway

Improving care for patients with dementia and delirium

Haley Wawrzewska

- To improve the reliability of completing the Dementia 4AT and 'this is me' bundle by incorporating this into the ward safety huddles, commencing with a pilot on Milton and Wakely wards

Effective discharge planning

Kim Hoskins

- Consistently and reliably setting expected discharge dates within 24 hours of admission and keeping patients informed of any changes, commencing with a pilot on Kingfisher/ SAU, Lister and Sapphire Wards

Improving recognition and response to deteriorating patients

Kate Harris and Anna Francis

- To reduce the number of term babies admitted to NICU with hypothermia to a best practice level of <5%
- Kate Harris to identify and work with NICU champions, Anna Francis with Maternity Champions

Safeguarding

Sharon Malloy

- To establish and implement a Safeguarding link practitioner role and forum trust wide

Improving care for patients at End of Life

Heidi Jeffreys

- Design, procure and implement an 'End of Life Care box' for nurses to give to the families and carers of patients who are receiving End of Life care, commencing with a pilot on Pembroke and Tennyson Wards
- Procure and implement 'tea trays' for the families and carers of patients who are receiving End of Life care, commencing with a pilot on Pembroke and Tennyson Wards

Improving the experience of our patients

Karen Dobson and Vicky Kidner

- To support the delivery of the improved patient care rounds on five wards; Victory, Harvey, Lawrence, Byron and McCulloch wards

Best of care Best of people

Our Medway

NHS Medway NHS Foundation Trust

Best of care Best of people

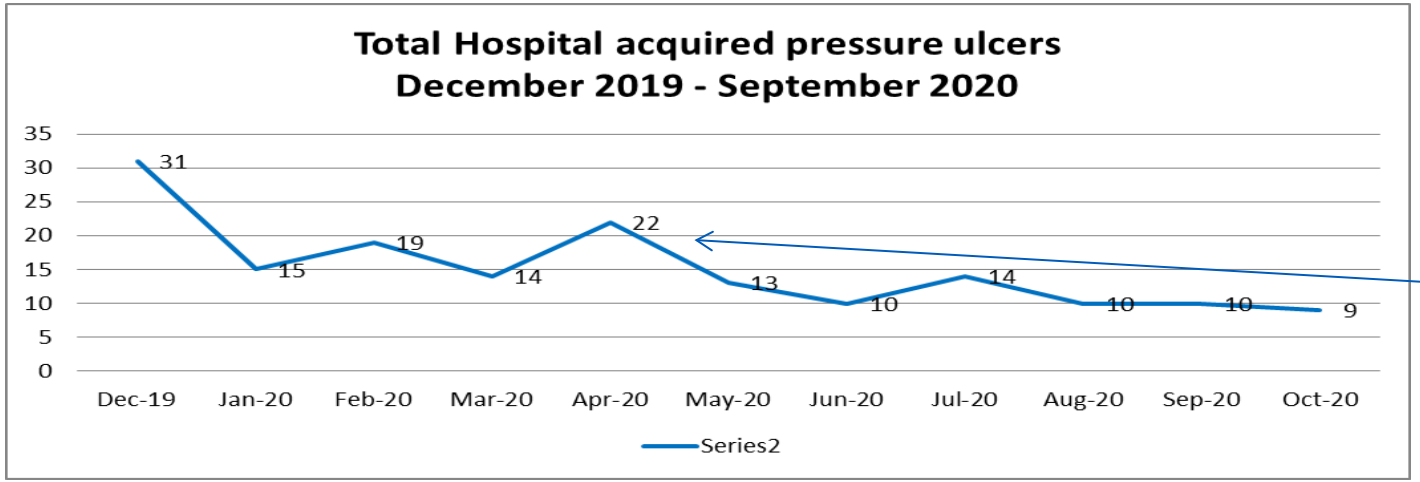
Our Medway

Care Certificate Implementation

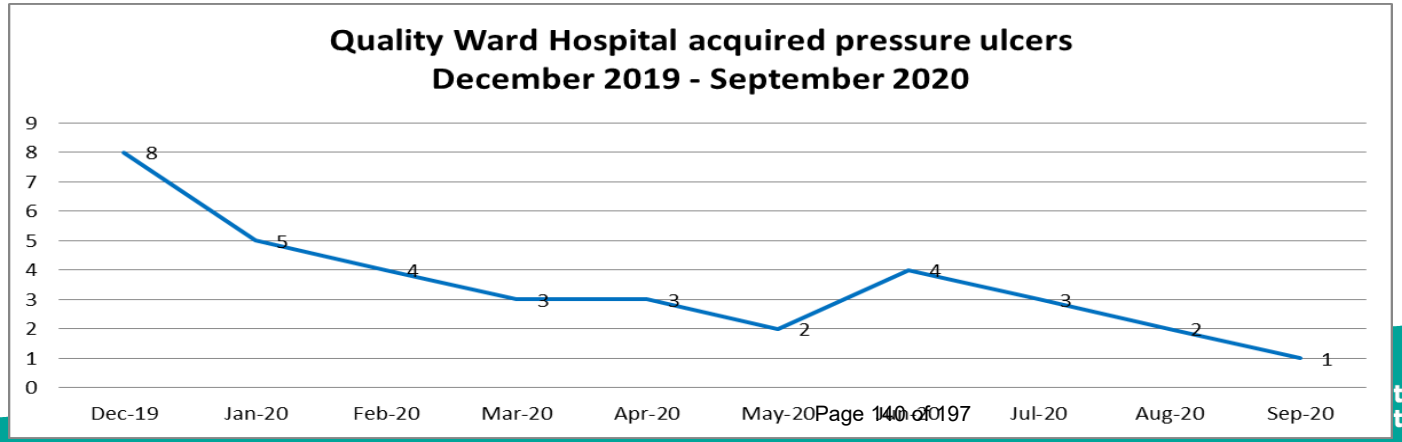
NHS Medway NHS Foundation Trust

- Care Certificate Implementation Plan developed & first cohort commences October 26 2020
- Trajectories set to ensure all CSWs complete
- Preparation and planning phase facilitated workshop for key staff to ensure roles and responsibilities understood

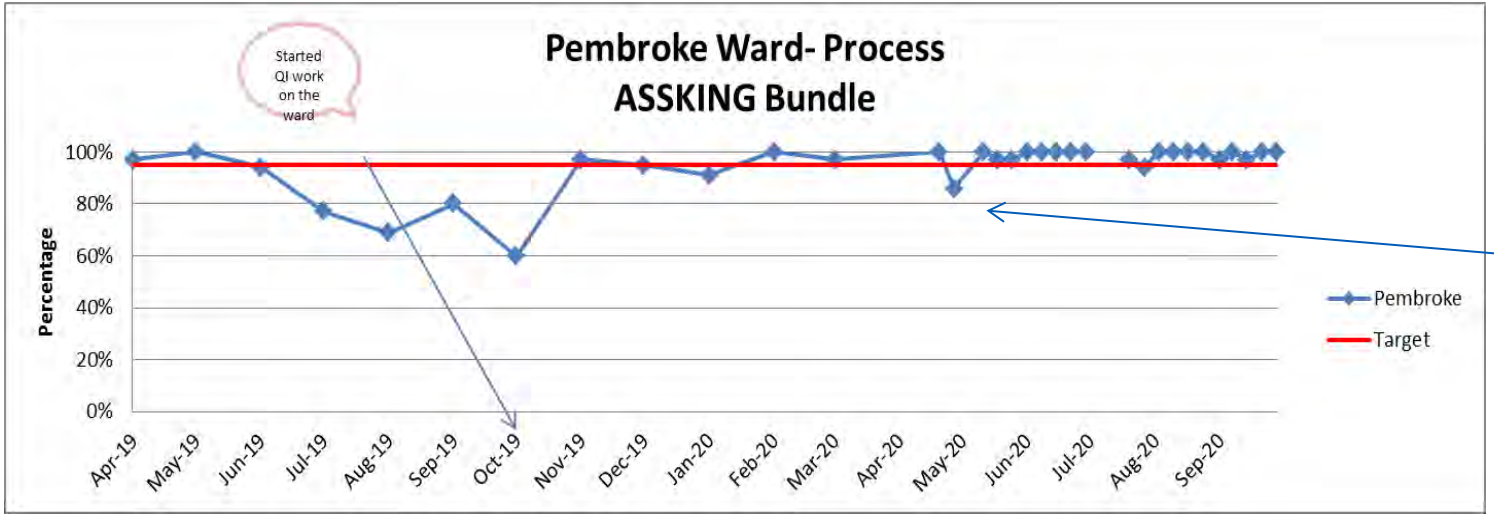
Reducing Harm- Improving Patient Outcomes

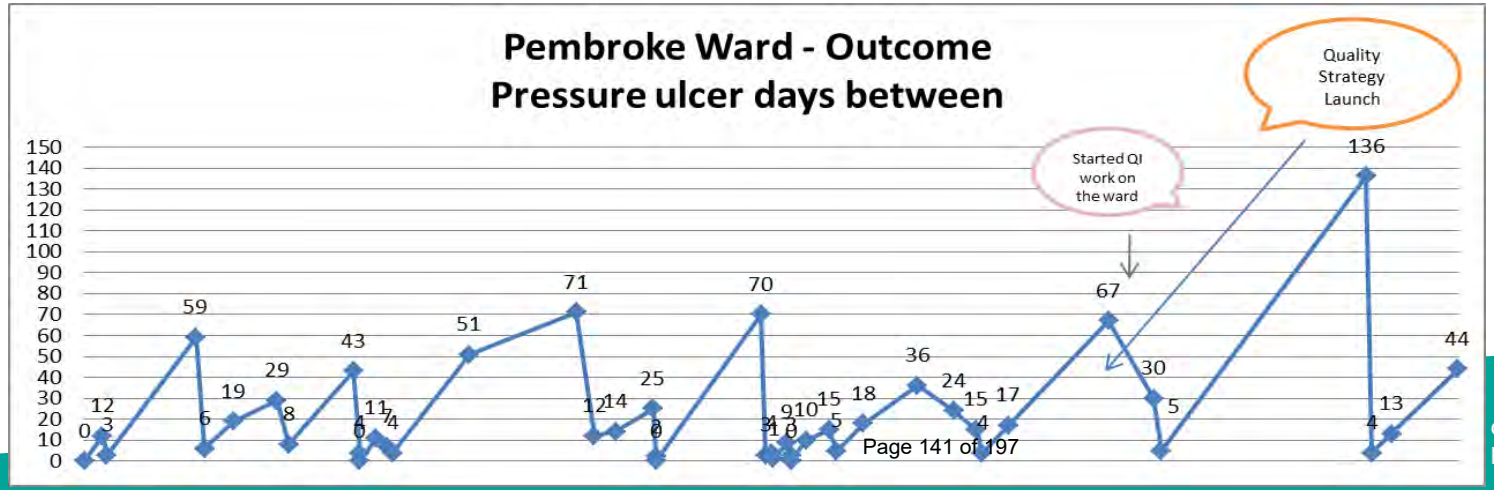


14 cases in ICU, COVID-19 related



Dec 31 Hospital Acquired Pu to 9 cases in October





NHS Medway NHS Foundation Trust

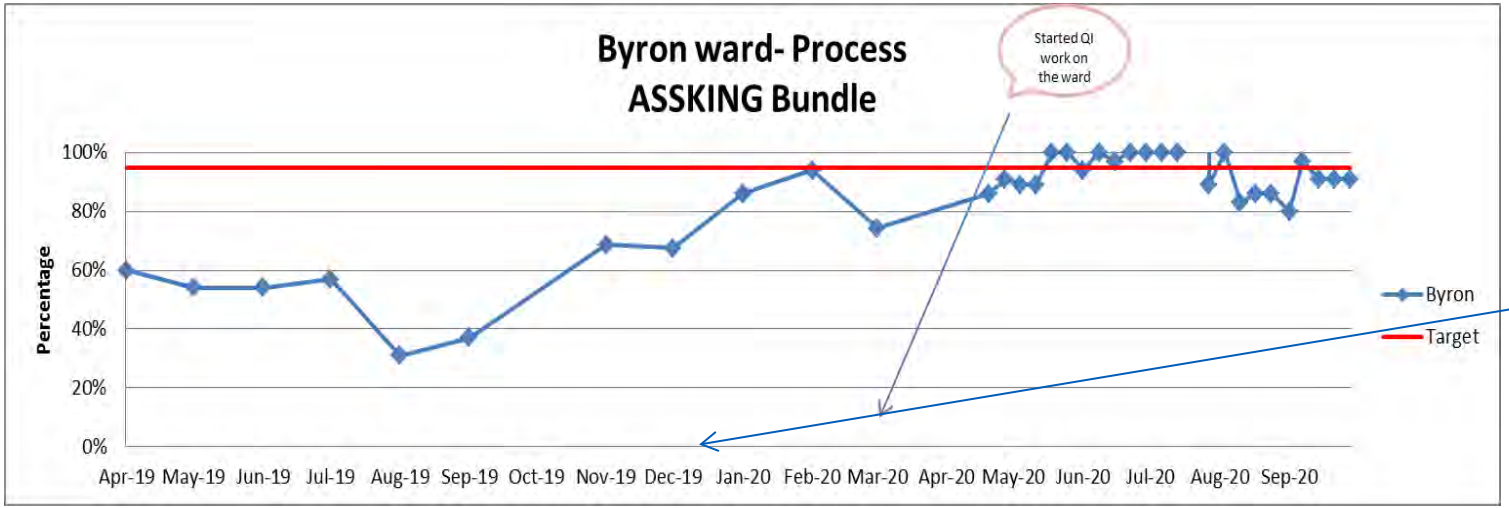
Change to COVID + Medical ward April 2020

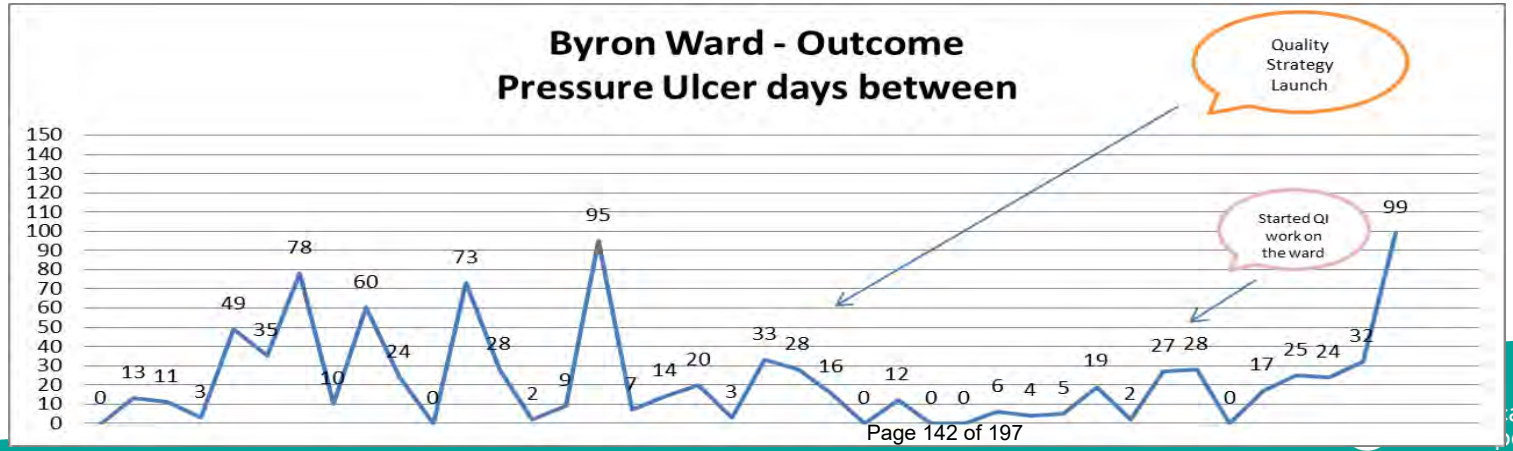
Achieved **136** days between Hospital acquired pressure ulcers

One hospital acquired pressure ulcer October 2020, currently under investigation

care people

Our Medway





NHS Medway NHS Foundation Trust

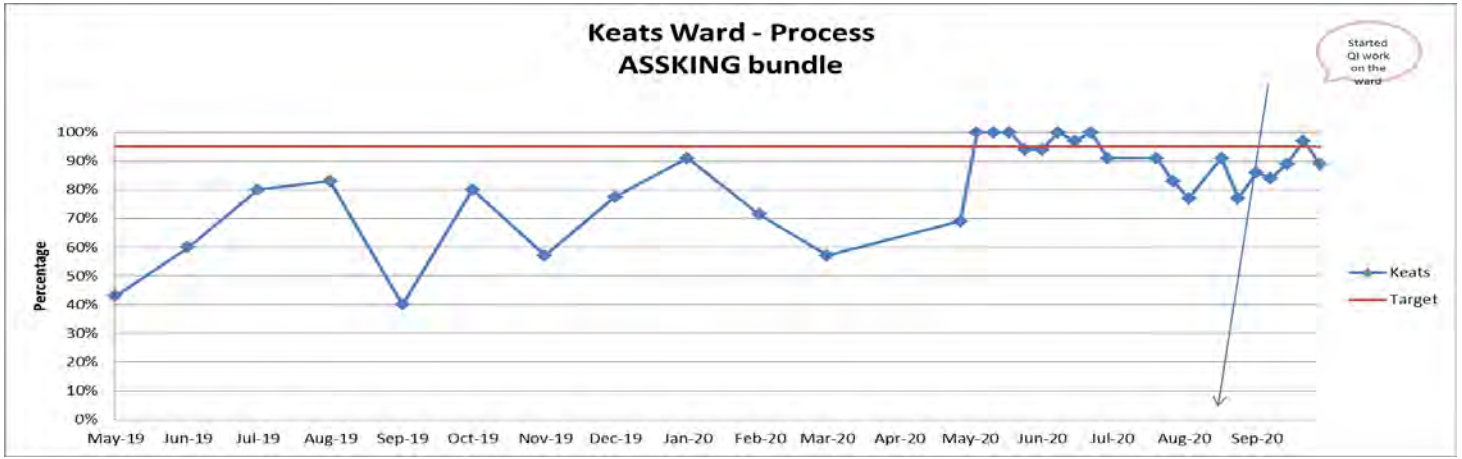
Ward management change December 19

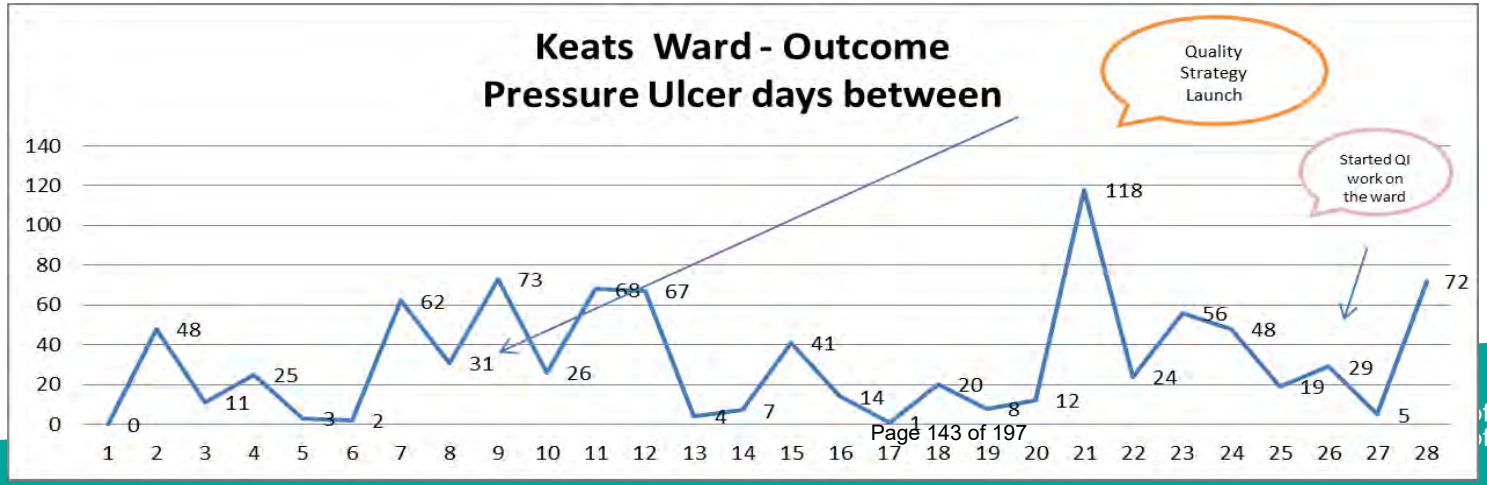
99 days between Hospital acquired pressure ulcer

Two hospital acquired pressure ulcer October 2020, currently under investigation

Our Medway

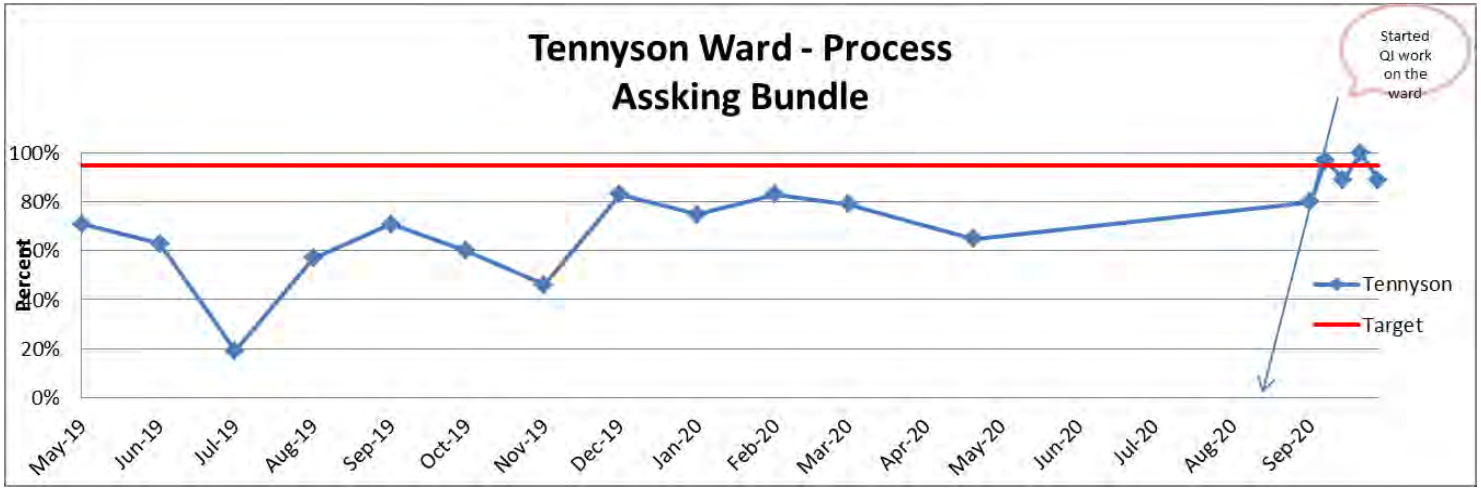
Spread Strategy – On boarding New Pilot Teams

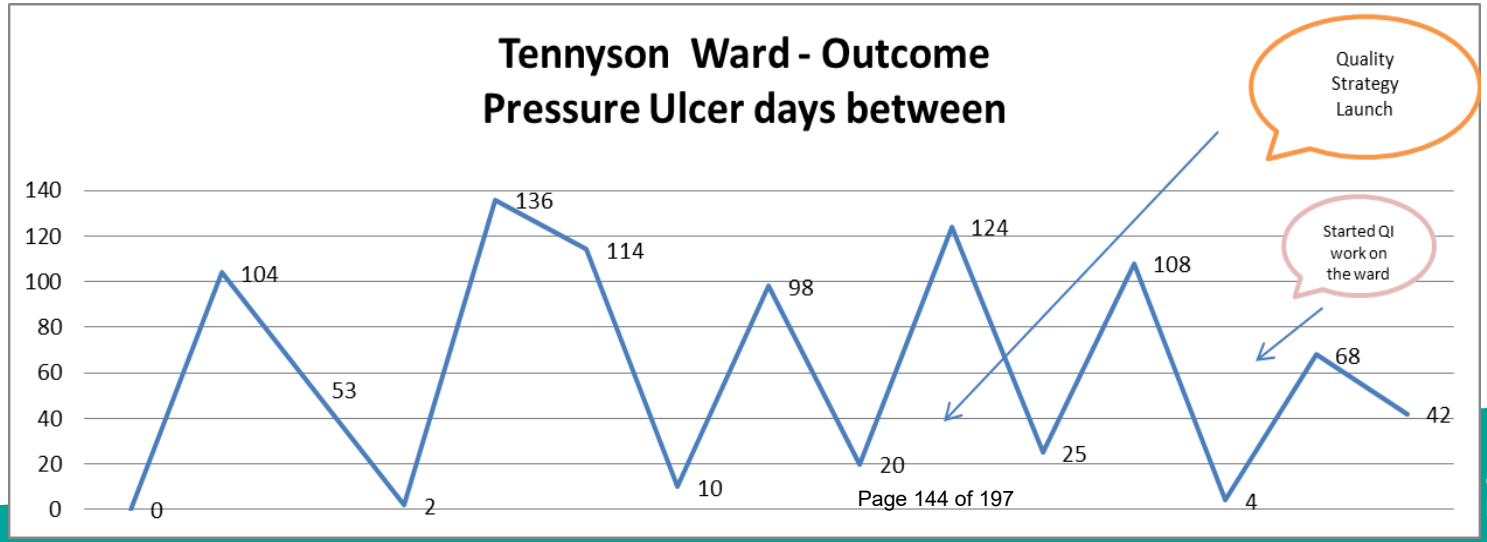




118 days between Hospital acquired pressure ulcer day free

No hospital acquired pressure ulcer October 2020.





NHS Medway NHS Foundation Trust

Longest 136 days Hospital acquired pressure ulcer day free

One hospital acquired pressure ulcer October 2020, currently under investigation

care people

Our Medway

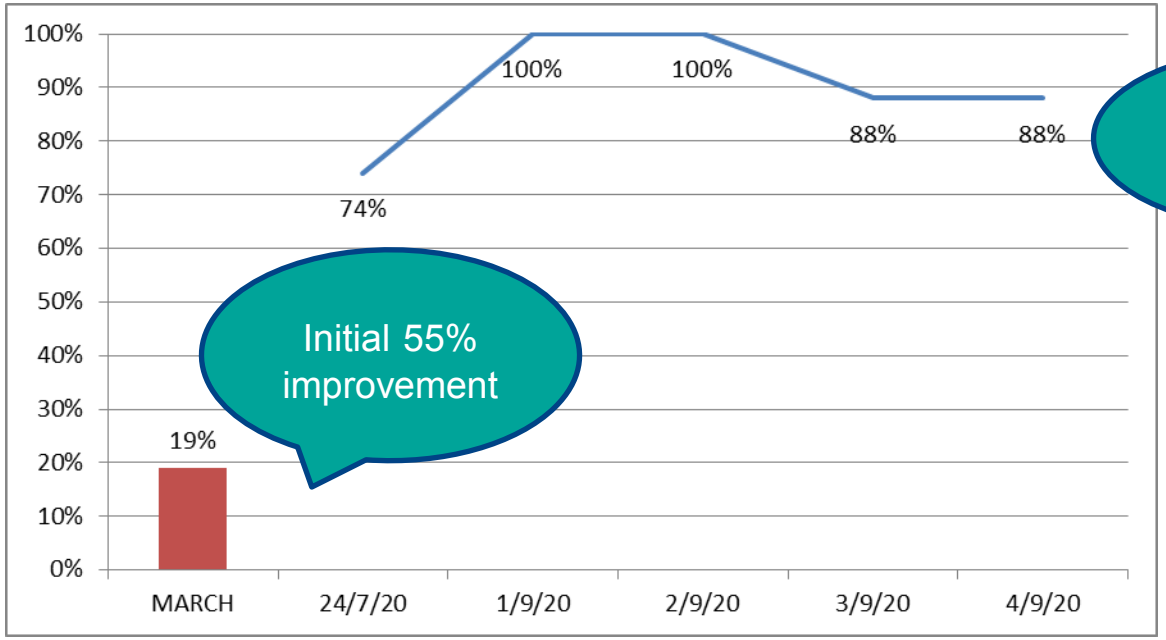
Quality Big Room Event- Improving Nutrition and Hydration

NHS Medway NHS Foundation Trust

- Led By Chief Nursing & Quality Officer in partnership with Director of Transformation – supported by Medway Innovation Institute
- Multidisciplinary Event focusing on improvement work with Pilot wards since the launch of the Quality Strategy
- Improving key processes known to impact on patient outcomes
- Opportunity to share and celebrate achievements

Byron Ward Improving Nutritional Assessment

NHS Medway NHS Foundation Trust



Lowest audit score in Trust wide audit

Initial 55% improvement

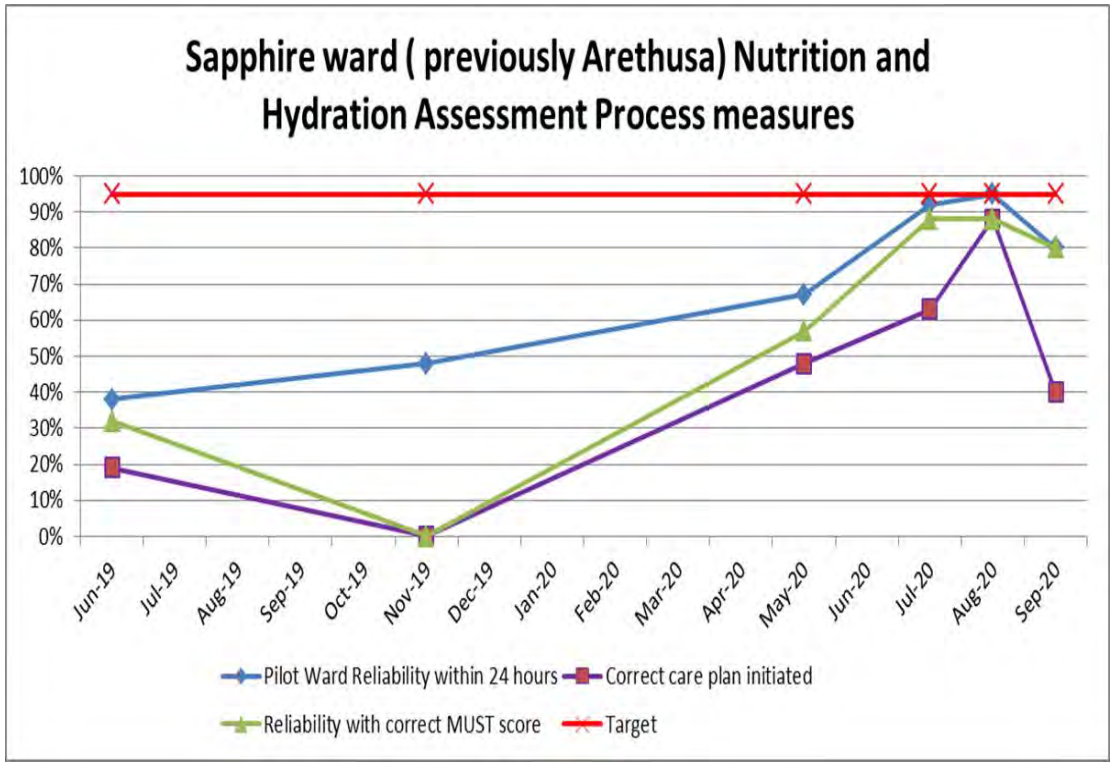
69% improvement since March

Audit involved the question has a Nutrition assessment been completed?

Best of care Best of people

Our Medway

Sapphire Ward Nutrition Assessment

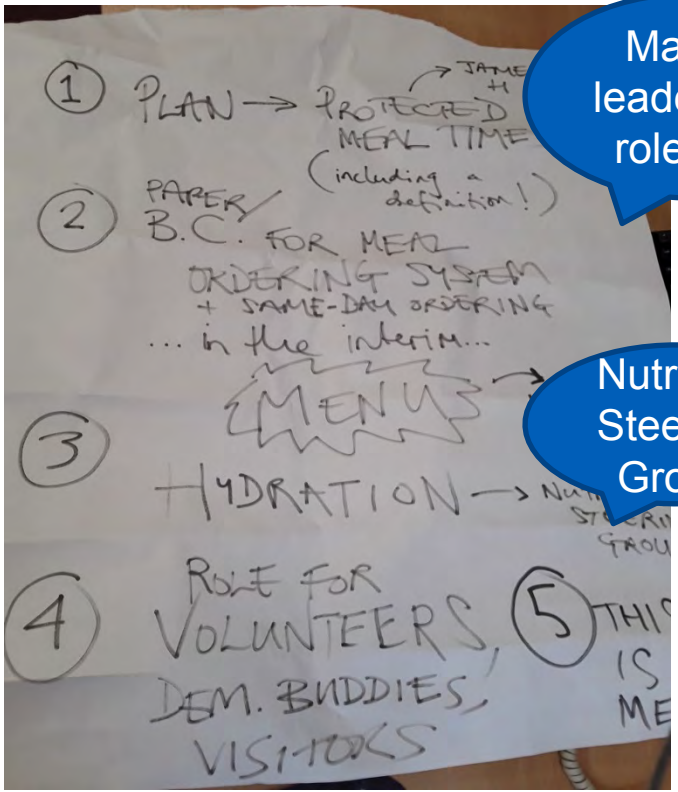


Nutrition Assessment Audits now also include

- Has a nutritional assessment been completed within 24 hours?
- Is the nutritional assessment correct?
- Has a nutritional care plan been implemented?

Improvement Actions from our Quality Event

NHS Medway NHS Foundation Trust



Matron leadership role role

Nutrition Steering Group

Hydration Working Group

- Define protected mealtimes & reintroduce
- Menus
- Hydration
- Role for volunteers
- “This is me” document nutrition section for patients with Dementia

To compliment work alongside our Quality strategy priorities

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Our Medway

Improvement plans-

Medway NHS Foundation Trust

Audit Schedule

STAFF SURVEYS

EDUCATION

BAPEN
Nutritional Screening
A 'MUST' for all Hospitals

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Our Medway

Matron Sharing Achievements to date

NHS Medway NHS Foundation Trust

- Executive and senior leadership support
- Collaborative working with catering team to transform meal service
- Training Dementia Buddies to assist with meal times
- Multidisciplinary Nutrition steering group established
- Co- developed electronic weight and nutrition assessment tool for use on tablets.
- Improved number of referrals to dietitian (28% increase in first half 2020 compared to same period 2019)
- Improved dietetic response time for new referrals: form 2 days to 1 for urgent and from 5 days to 2 for non-urgent
- Successful recruitment drive and business case approval to increase dietetic team to meet service demands

- Creation of matron escalation email to alert senior nursing staff of patients requiring a medical plan for nutrition.
- Implementation of a paediatric nutritional screening tool and use of growth charts
- Nutrition training part of induction
- Improved system for stock of supplements on wards avoiding missed doses of prescribed supplements
- Trust implementation of NBM policy to avoid unnecessary delays in nutrition for pts
- COVID-
    - rapid implementation of nutrition protocols on critical care and ward level
    - Food packages created for at risk pts going home alone / needing to isolate

Actions to date

NHS Medway NHS Foundation Trust

- Review of safeguarding nearing completion
- Review of complaints at report drafting stage
- Review of Dickens report being finalised
- Associate Director of Patient Experience commenced in post Oct
- Quality Assurance Visits (QAV) tested & implemented Trust wide – 14 visits to date
- Evidence panel continues to QA CQC evidence
- Pressure Ulcer second big room event held to celebrate achievements & share best practice
- NMC Referral Policy implemented
- Launch of celebration tree – year of the nurse and midwife
- Staff – Patient Experience Listening event
- Improvements in nursing risk assessments and further increases in days between incidents
- Nursing Governance - Ward to Board Assurance Framework developed & approved
- Improved compliance with control of substances hazardous to health (COSHH)
- Investment in Infection Prevention Control & progress
- QI session facilitated for Matrons to support improvement delivery of priorities
- Quality & safety boards in place positively reviewed
- Trust wide Matron Leadership Roles for fundamental standards projects progressing
- Launch of bronze, silver and old award scheme to celebrate days between evetns on wards

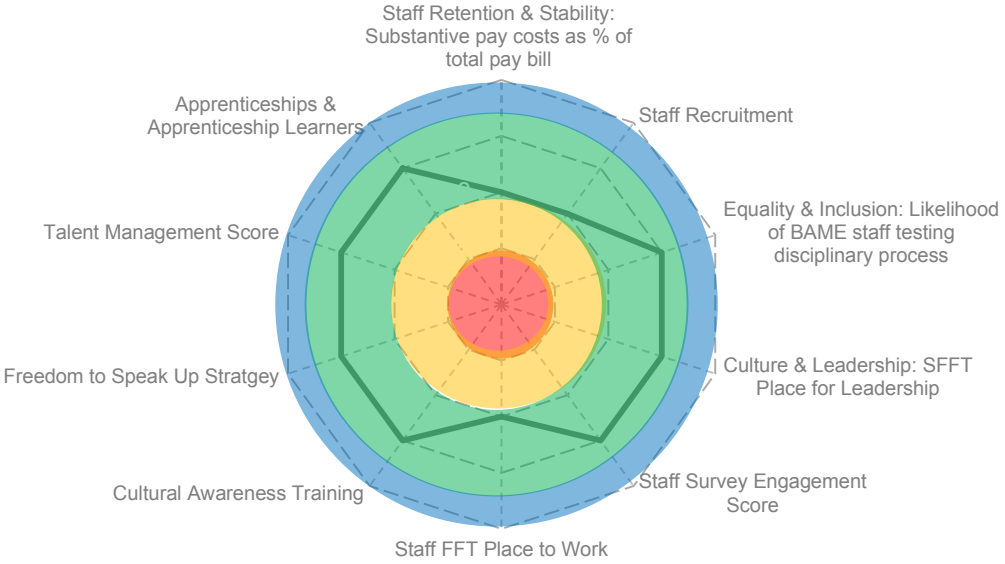
NHS Medway NHS Foundation Trust

OUR PEOPLE

Leon Hinton – Chief People Officer

Our People


Best of People
Best Future
Best Culture


Staff Retention & Stability: Substantive pay costs as % of total pay bill
Staff Recruitment
Equality & Inclusion: Likelihood of BAME staff testing disciplinary process
Culture & Leadership: SFFT Place for Leadership
Staff Survey Engagement Score
Staff FFT Place to Work
Cultural Awareness Training
Freedom to Speak Up Stratgey
Talent Management Score
Apprenticeships & Apprenticeship Learners

Our People – Projects

NHS Medway NHS Foundation Trust

1. Flu Plan PID
2. Pre-Employment OH considerations for Covid PID
3. Home-working PID
4. B&H, Zero tolerance to violence toolkit or FTSU toolkit
5. Staff Travel Plan PID (inc disabled parking)
6. Wellbeing Strategy PID
7. Absence policy review PID
8. Flexible Working Taskforce PID
9. Recruitment Working Taskforce PID
10. Career development and appraisal taskforce PID
11. EDI PID
12. Staff Network PID
13. Kark Review - Board performance and governance PID
14. EDI Well-led PID
15. FTSU Strategy PID
16. Line Management Development PID
17. Digital staff passport/moving across orgs PID
18. Temporary staffing PID
19. Predictive Workforce Analytics PID
20. [Nursing Directorate] Return to Practice
21. International recruitment hub PID
22. Apprenticeship PID
23. [Pharmacy] Developing Clinical Pharmacists PID
24. CPD Utilisation PID
25. [Nursing Directorate] Volunteer development PID
26. Mass temporary redeployment policy PID

The 92 people plan actions have now been thematically grouped and prioritised initially by deadline and then by key stakeholder areas; this has enabled the team to move to 26 groupings. The next steps are writing up project initiation documents to identify KPIs and products and/or outcomes associated with each with the expectation that delivery of the NHS People Plan's outcomes are the minimum.

In an attempt to drive a system-consistent NHS People Plan outcome, we have reached out to the STP to develop some of these PIDs and outcomes as a system, these include (not exhaustive):

- Bullying and Harassment/ Zero tolerance to violence toolkit and campaign;
- Digital staff passport/moving across organisations;
- Predictive workforce analytics;
- CPD utilisation;
- Mass temporary redeployment policy.

Best of People – programme update

NHS Medway NHS Foundation Trust

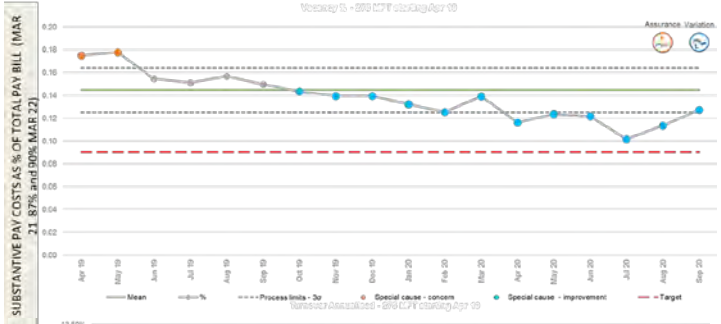
Mission deliverables (products)

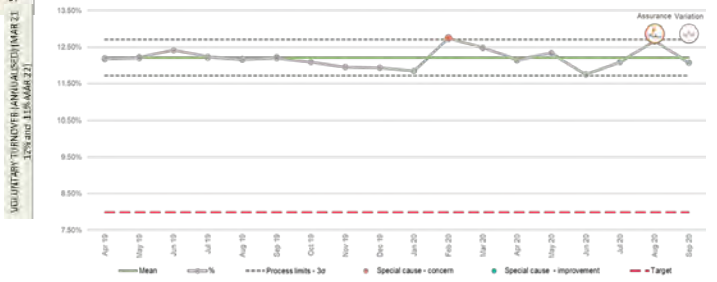
Staff retention and stability
- *[MI] Formalise Spirit of Medway sessions with MI quarterly report. [MI] Utilise AI flight risk reports. [Protocol] Create intervention pathway process for managers.*

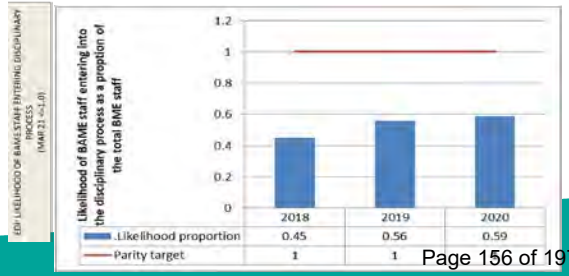
Local, national and international recruitment:
- *[Policy] New recruitment policy and process to ensure staffing reflects diversity. [MI] Develop a reporting suite to report on results against targets;*
- *[Pipeline] Establish revised international pipeline in light of Covid and new safe staffing levels.*
- *[Procure] Agree and implement contracts with head-hunters to source hard to fill consultant posts.*

Equality and inclusion:
- *[Action plan and review] Publish and review quarterly the WRES and WDES action plans, to track progress [Network meetings] (BAME, LGBT+ and Disability). [Model Employer reporting].*

NHS People Plan actions:
- Work ongoing to integrate all NHS People Plan actions into the various mission elements of the Our People Plan







Achieved	Action	Challenges
Restart of the international Nurse recruitment plan. 12 international landing at end of September 2020 and 12 every five weeks thereafter. Recruitment working group established to overhaul recruitment processes. Spirit of Medway sessions scheduled for the remainder of 2020/21. 18 Consultant /NHS locum Consultants at offer stage.	Overhaul of Recruitment processes . Revamp Recruiting managers training programme (end Oct 2020). Refresh values interview questions. Review advert and JD templates to ensure they promote Diversity and Inclusion (Oct 2020). Review advert and JD templates to ensure they promote Diversity and Inclusion	Backlog at the OSCE test centres will see a challenge in obtaining slots for nurses who need to be assessed within 12 weeks of starting the course. Restrictions imposed by other countries on allowing nurses to travel may impact on speed of filling vacancies.
Strong engagement of BAME network on developing WRES action plan	Finalise WRES action plan 2020	

Best of care Best of people

Best of Medway

Best Culture – programme update

NHS Medway NHS Foundation Trust

Mission deliverables (products)

Culture and Leadership Programme

- *[Programme delivery] Utilise the NHSEI Culture, Engagement and Leadership programme to create a multi-disciplinary change team of at least 10-15 staff by May 2020 and supports the design and implementation of a collective leadership strategy during 2020-21 and 2021-22.*

Staff Survey and SFFT:

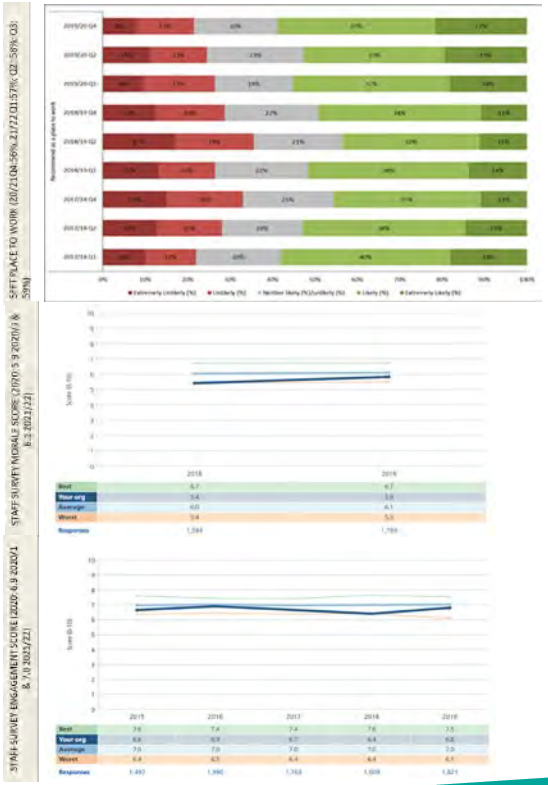
- *[Project delivery, action plans] We aim to ensure the Trust learns from its staff survey and embeds outcomes to improve the staff experience. Care group/service action plans produced*
- *[Pulse survey] review national pulse survey options.*

Cultural Awareness:

- *[Training programme] Cultural awareness, unconscious bias and cultural competence learning embedded in management development programmes.*

Freedom to Speak Up Strategy:

- *[Training] Rollout national FTSU training when available*
- *[MI] Work with ER and EDI to establish a quarterly triangulation report.*



Achieved	Action	Challenges
YATD embedded into Corporate Induction [Jan 19]. HEE Best Place to Work programme: board interviews, staff focus groups, Clever Together online conversation [Q2 19/20]. Recruited 57 change team members [Q1 20/21] Held five change team workshops [Q2 20/21]	C&L Programme launch event 03/09/20 Change team interview training events [Sep 20]. Executive team interviews [Sep 20] Change team synthesis event [Dec 20]. Change team presentation to board [Jan 21]. Leadership strategy [2021-22].	C&L programme staff engagement due to time constraints and availability of those involved with restart

Best of care Best of people

Our Medway

Best Future – programme update

NHS Medway NHS Foundation Trust

Mission deliverables (products)

Talent Management:

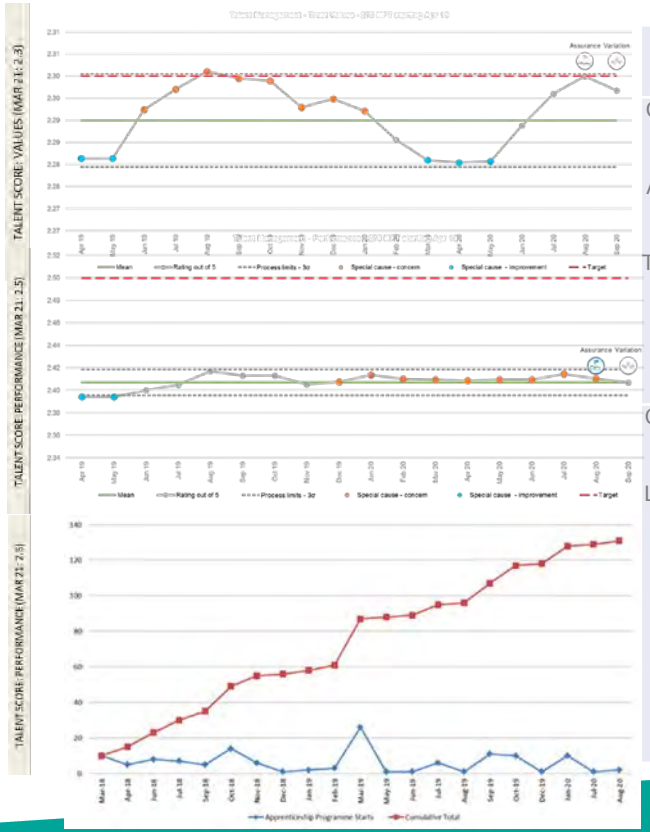
- *Talent management and successions planning aims to deliver a workforce that is ready to meet the Trust's current and future needs by:*
  - ❑ *[leadership programme] developing an inclusive leadership development offer and pathway of learning.*
  - ❑ *[coaching and mentoring register] available for all levels across the organisation.*
  - ❑ *establishing a [talent pool] across the Trust linked to succession planning.*
  - ❑ *building upon the [appraisal system] launched in April 2018 to understand the workforce profile of performance against objectives, and individual behaviours.*

Apprenticeships:

- *[Recruit apprentices] Increase the number and variety of apprenticeships within the Trust utilising the levy and meet target compliance of 101 on an annual basis.*

NHS People Plan actions:

- *Work ongoing to integrate all NHS People Plan actions into the various mission elements of the Our People Plan*



Achieved	Action	Challenges
Coaching and mentoring register online Sep 18. Appraisal form capturing TM data Apr 18. Talent map available Sep 18. Triumvirate succession plans produced Oct 18 and Jul 19.	MBA cohort (4) start Sep 20. MA cohort (24) start Nov 20. TLP cohort (10) starts Sep 20, Jan 21, May 21, Aug 21, Jan 22. TM map Sep 20, Mar 21, Sep 21, Mar 22.	Ensuring the 'quality' of appraisals are robust to feed into the talent management planning. Ensuring managers understand and deliver the role of talent management in promoting equality of opportunity.
Clinical apprenticeship programmes x 7 Levels 2-6 (Mar 18 – Jul 20). Leadership apprenticeship programmes x 4 Levels 3-7 (Mar 18 – Jul 20). Non-clinical apprenticeship programmes x 10 Levels 2-6 (Mar 18 – Jul 20). Accredited ILM Centre Dec 2018 delivering L5 Certificate in Leadership & Management. Approved apprenticeship provider Jun 2019 delivering L5 Diploma in Leadership & Management.		Incentivised apprenticeship programmes (4) start Sep 20.

Best of care Best of people

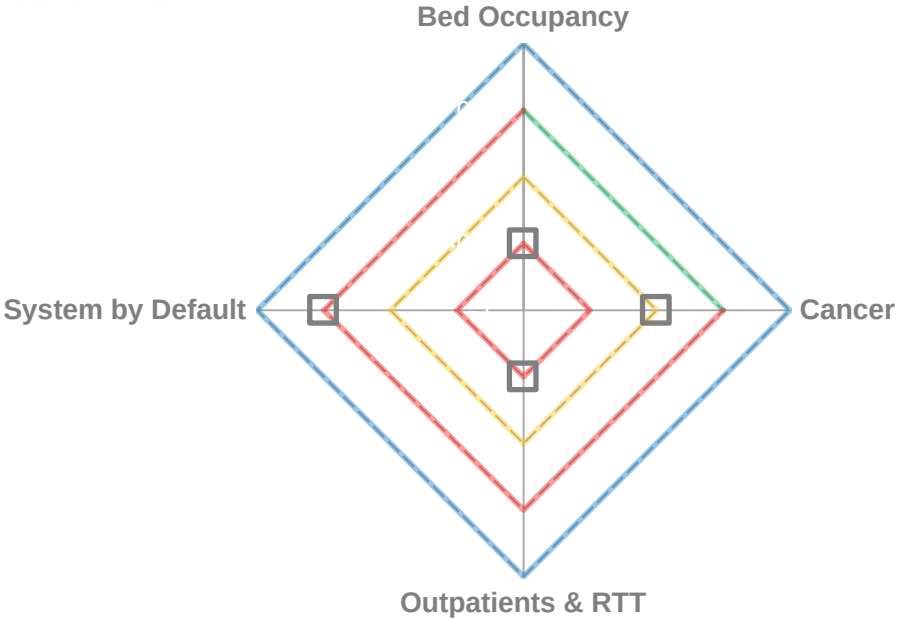
Our Medway

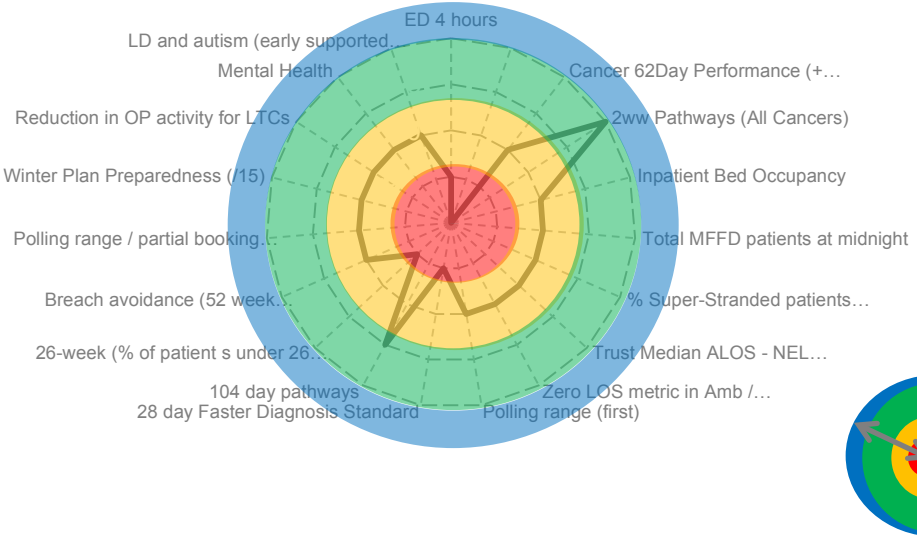
NHS Medway NHS Foundation Trust

INTEGRATED CARE

Angela Gallagher – Interim Chief Operating Officer

Integrated Care





Integrated Care Summary

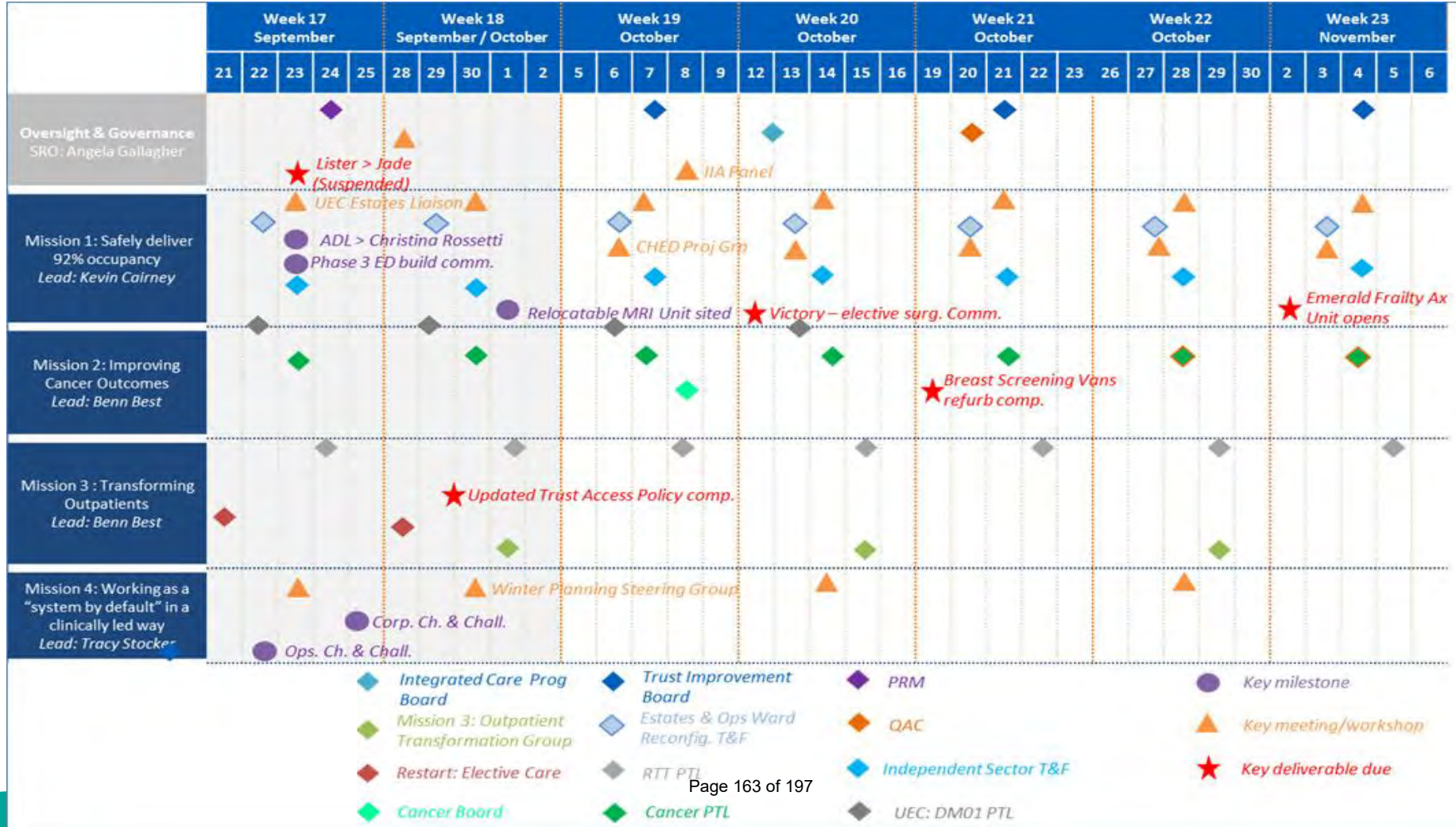
NHS Medway NHS Foundation Trust

Early achievements

- Diagnostics pathways are fully open across all services
- Capacity in diagnostics is at 80% of pre-covid levels.
- All cancer pathways are fully open.
- Elective care is in the ramp up phase, with pre op testing still a challenge and the final ward reconfiguration to achieve the permanent green zone.
- All outpatient clinics have started and are running at +90%.
- Virtual service remain operational and working towards 20% for new and 80% for follow ups.
- Risk remains around the size of the backlog and long waiting patients on the PTL
- All urgent care pathways are now reopened.
- Overall demand is at 88% with a steady increase in admitted pathway demand.
- Ambulance activity is bak to pre-covid levels.
- The Trust is working with SECAmb on alternative care pathways
- Admission levels are at 85% of pre-covid levels.
- Risk remains regarding 111 access and direct booking and the ambulance activity set (we remain the busiest site in Kent and Medway.

What's next

- Trust Winter Plan submission to the ICP by the end of September (following Corporate and Operations Check & Challenge sessions)
- Phased rollout of the Virtual Outpatient pathway for the Prison Service following completion of current testing phase
- Planning phase continues for Patient Initiated Follow-up (PIFU) within Outpatients
- Virtual Outpatient activity is expected to optimise up to planned target of 30% of all activity
- In line with Winter Plan preparations, the review of the Full Capacity Protocol is due for completion within the next 4 weeks
- Emerald Frailty Unit (Frailty Assessment Unit direct from ED) scheduled for mobilisation from mid-October
- Children's ED mobilised into the current Discharge Lounge location from early December
- Work currently underway regarding Clinical Strategy internally and at ICP/ICS level with system partners.


Week 17 September
Week 18 September / October
Week 19 October
Week 20 October
Week 21 October
Week 22 October
Week 23 November
21 22 23 24 25 28 29 30 1 2 5 6 7 8 9 12 13 14 15 16 19 20 21 22 23 26 27 28 29 30 2 3 4 5 6
Oversight & Governance
SRO: Angela Gallagher
Lister > Jade (Suspended)
IIA Panel
Mission 1: Safely deliver 92% occupancy
Lead: Kevin Cairney
UEC Estates Liaison
ADL > Christina Rossetti
Phase 3 ED build comm.
CHED Proj Grp
Relocatable MRI Unit sited
Victory – elective surg. Comm.
Emerald Frailty Ax Unit opens
Mission 2: Improving Cancer Outcomes
Lead: Benn Best
Breast Screening Vans refurb comp.
Mission 3 : Transforming Outpatients
Lead: Benn Best
Updated Trust Access Policy comp.
Mission 4: Working as a "system by default" in a clinically led way
Lead: Tracy Stocker
Winter Planning Steering Group
Corp. Ch. & Chall.
Ops. Ch. & Chall.
Integrated Care Prog Board
Trust Improvement Board
PRM
Key milestone
Mission 3: Outpatient Transformation Group
Estates & Ops Ward Reconfig. T&F
QAC
Key meeting/workshop
Restart: Elective Care
RTT PTL
Independent Sector T&F
Key deliverable due
Cancer Board
Cancer PTL
UEC: DM01 PTL

NHS Medway NHS Foundation Trust

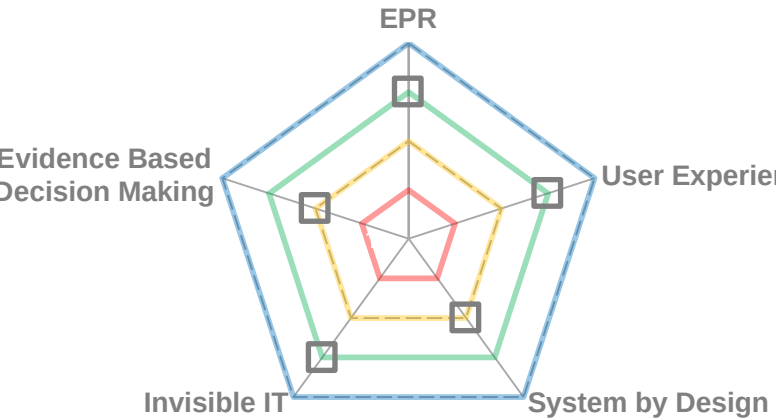
INNOVATION

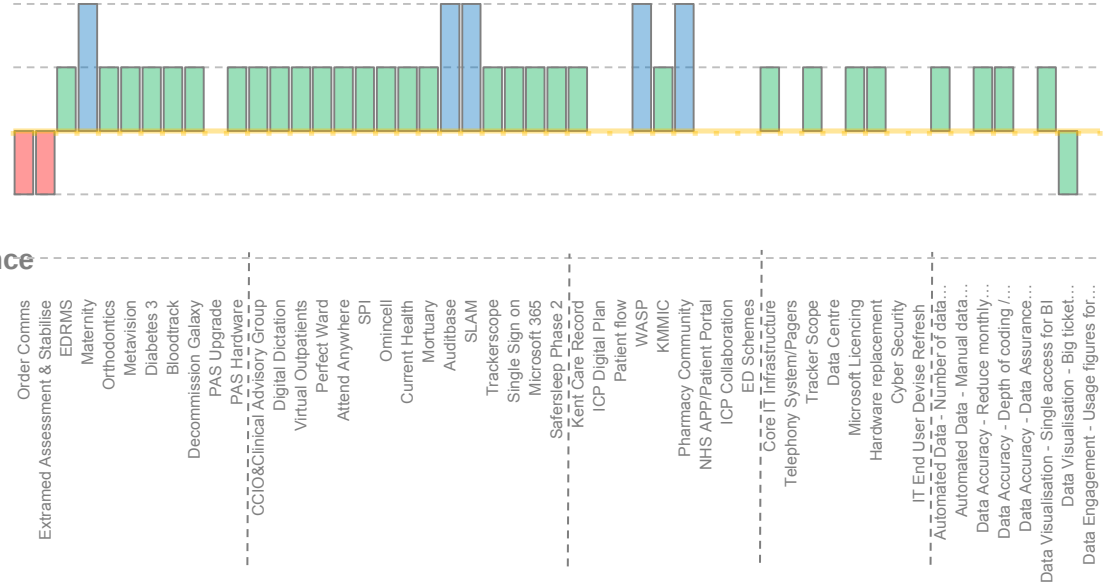
Jack Tabner – Executive Director of Transformation and IT

INNOVATION

Innovation

NHS Medway NHS Foundation Trust





Best of care Best of people

Our Medway

Innovation Summary

NHS Medway NHS Foundation Trust

Aim 1: Use technology and data to drive innovation within the Trust to enhance services, improve patient experience and support our clinical staff

Aim 2: Deliver the supporting infrastructure for proactive innovation and improvement across the Trust

Programme Leadership:

SRO: Jack Tabner

RO: Michael Beckett

Prog. Manager: Kerensa De Roberto

Clinical Leadership:

- Mr Sunil Jain (IT Patient Safety), Professor Ranjit Akolekar (Research), Professor Has Ahmed (Education), Jane Westhead (Engagement)
- *Digital First Team*

Innovation programme

NHS Medway NHS Foundation Trust

Early achievements

- The replacement and/or upgrade of old and unstable **digital infrastructure** is a key deliverable of the innovation programme and we have already:
    - Successfully replaced the old **switchboard/telephony** system with a modern cloud-based system (8x8) fit for the future
    - Upgraded our **PAS** and delivered stability improvements to key systems e.g. ExtraMed
    - Updated server licenses and consolidated the number of **Data Warehouses** to ensure our data remains safe
- Implementation of a new **maternity system** means that we now have a fully integrated maternity health record
- Rolled-out hardware and software that enabled a significant number of our non-front line workforce to **work effectively and productively from home**. A further £400k of capital will be invested in end user devices (laptops, tablets, WoWs) this year.
- Worked collaboratively with the Integrated Care programme in the rapid set up of **virtual outpatient clinics (Attend Anywhere)** which enabled the safe and effective delivery of outpatient services throughout the pandemic
- Launched the ***Medway Innovation Institute*** - a clinically led innovation accelerator for our staff and partners to turn good ideas into impactful quality improvements. Since the July launch we have had >80 improvement project ideas registered as well as launching a new training curriculum focused on coaching and QI

Innovation programme

NHS Medway NHS Foundation Trust

What's next?

- The development of the **business case for an electronic patient record (EPR)** system. This will be our flagship project and will integrate many of our clinical systems, improving safety and reliability of our data, reducing duplication and freeing up valuable clinician time. EPR paves the way for MFT to embrace whole pathway analytics and artificial intelligence tools.
- We are launching our **public and patient panel**, to ensure our Digital Strategy is well engaged with by service users and to build co-design and co-production into the way we work at the outset. Our virtual webinar series entitled "The patient will see you now" launches in October.
- Out to procurement for a **Single Sign-On** system which will remove the frustration of staff who access multiple systems and result in an all round quicker login process. Single Sign On should be in place by March 2021.
- Further work to improve the **user experience** and grow the functionality of key clinical systems e.g. Perfect Ward, Mobile Medic
- Supporting ***Medway Innovation Institute*** projects and PoCs from idea to impact – and increasingly working across the system e.g. ICP Digital Strategy.
- ***Medway Innovation Institute –*** First 100 days report completed and attached to the presentation.

NHS Medway NHS Foundation Trust

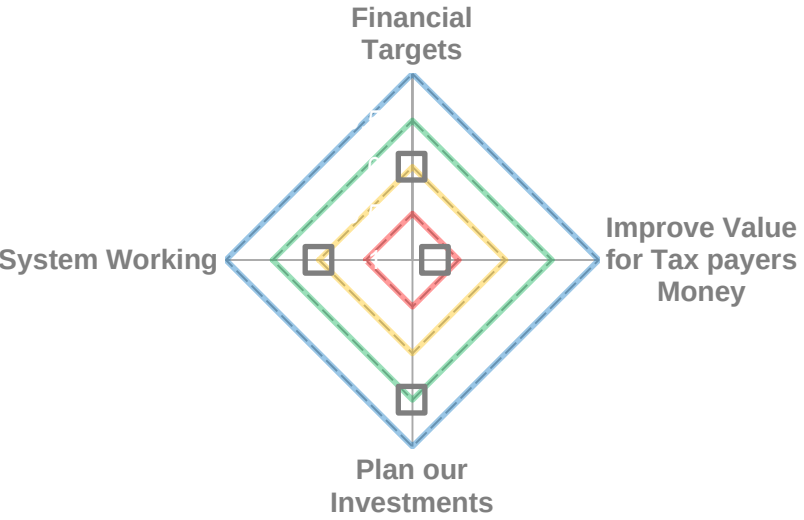
FINANCIAL STABILITY

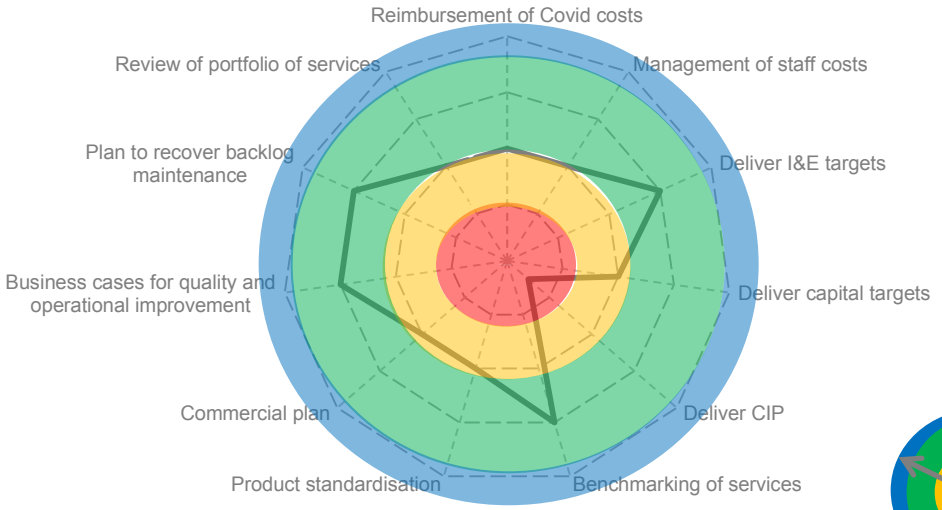
Richard Eley – Interim Chief Finance Officer

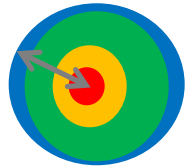
FINANCIAL STABILITY

Financial Stability

NHS Medway NHS Foundation Trust







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Our Medway

Financial Stability Summary

NHS Medway NHS Foundation Trust

Five months to 31 August 2020	Budget £'000	Actual £'000	Variance £'000	
Surplus/(deficit)	-	-	-	The Trust is meeting its control total, but in doing so has incurred £8.0m of incremental Covid expenditure and reported £7.4m of "true-up" income.
CIP	1,708	2,231	523	The Trust is reporting ahead of plan against its CIP; however, the forecast to year end currently indicates a gap of c£4m against the £12m budget.
Capital expenditure	9,327	5,860	(3,467)	Capex has been affected by the availability of contractors to be on site during the early part of the year due to Covid. However, the Trust has a large pipeline of schemes and is working to deliver a full programme of work against its allocation by year end.

Financial stability – successes and impacts

NHS Medway NHS Foundation Trust

Mission	Success	Impact
1	All true-up monies for revenue Covid expenditure successfully reclaimed to date enabling us to deliver against our NHSE/I set targets for I&E.	Cash flow remains strong, enabling prompt payments to suppliers and therefore allowing for seamless purchasing/delivery of goods and services.
2	Benchmarking work progressing well, including presentation at Finance Committee of individual care groups on their Model Hospital opportunities.	Care groups are challenging their processes and pathways for delivering care in order to identify areas for improvement, including conducting peer-to-peer visits.
3	Successful claims for additional capital expenditure funding to deliver our ambitious programme of work.	Improvements being taken forward to improve the environment for staff and patients, including purchase of latest equipment and technology.
3	Re-prioritisation of backlog maintenance, with a significant reduction seen in the critical works.	Assurance that the Trust is providing a safer physical environment for staff and patients.

Financial stability - risks

Risk	Consequence	Mitigation
New contracting arrangements disadvantage MFT.	The Trust is unable to meet its share of the STP control total, potentially damaging reputation and future financial settlements.	Clear and realistic forecasts to the STP, seeking at least “fair share” of pooled funding for Covid, top-up and growth.
Staff costs are not managed within budget.	The Trust is unable to meet its share of the STP control total, as above.	Real time FTE reporting with weekly scrutiny of performance.
Covid capex submissions are not funded.	The Trust must use its own capital funding sources for these assets, delaying other improvement projects.	Support for the bid received from NHSE/I regional team.
CIP schemes are not identified/delivered to close the gap to budget.	The Trust is unable to meet its share of the STP control total, as above.	As above. Renewed focus from all staff, led by the CFO and Financial Improvement Director.

Meeting of the Board of Directors in Public

Thursday, 05 November 2020

Assurance Report from Committee

Title of Committee:	**People Committee**	**Agenda Item**	**8.1**
Committee Chair:	Sue Mackenzie, Chair of Committee/NED		
Date of Meeting:	Monday, 19 October 2020		
Lead Director:	Leon Hinton, Chief People Officer		
Report Author:	Leon Hinton, Chief People Officer		

Key headlines and assurance level	
Key headline	**Assurance Level** **(use appropriate colour code as above)**
1. **Training Programme and Staff Retention in ED** The committee received a presentation by Cliff Evans, ED Nurse Consultant regarding the measurable positive impact of the ED nursing workforce strategy 2015-2021. Successes and portable learning was discussed.	**Green**
2. **IQPR – People** Key highlights were noted as follows: • Sickness remained elevated with decrease to stress/anxiety but increases to genito-urinary/gynaecological and cold/flu (includes potential covid) mirrored increases across Trusts in Kent, Surrey and Sussex – all sickness cases were actively being managed; • Appraisal compliance deteriorated to minimum target following cessation of national pause on appraisals. Focus for HR Business Partners to raise profile through divisional and care group management teams, along with responsible directors; • A slight decrease in StatMan compliance was highlighted with a focus for the Trust to increase compliance with Control of Substances Hazardous to Health (COSHH) as part of health and safety training; • A detailed ward breakdown across all HR KPIs was presented. The committee requested the information to move to an assurance dataset and triangulated with the claims reporting.	**Amber/Red**
3. **Resourcing and Temporary Staffing** Key highlights were noted as follows: • Pipeline remains strong for band 5 nursing posts in the medium	**Amber/Green**

term; with 22 nurses commencing in September and five band 6s. • Recruitment pipelines remain strong in cardiology, older people and emergency to reduce vacancies to nil. Progress made in recruiting to respiratory consultants (one in pipeline). ENT remains a significant risk due to vacancies.	
4. **Trust Improvement Plan – Our People Programme** Key highlights were noted as follows: • Several of the project plans are dependent on the approval of the workforce race and disability equality standards (WRES and WDES respectively) action plans. • An update was given on the implementation of a financial wellbeing solution bolstering the Trust's current offerings to staff to support them at this time.	**Amber/Green**
5. **CQC Well Led** The committee was presented with an overview of the approach to the Executive Directors' development plan, which encompassed building on the CQC well-led report, the well-led framework, link with the existing development plans and connections to the wider Board development plan. The Executive Directors' development plan focuses on resetting behaviours, resetting objectives and leadership development – whilst aligning to traits of high-performing executive teams.	**Amber/Green**
6. **Workforce Race and Disability Equality Standards (WRES/WDES) Action Plans** Alister McClure, Head of Equality and Inclusion, presented the paper, joined by Victor Anota, Chair of the BAME Network. The Committee **APPROVED** the Workforce Race Equality and Disability Standards' Action Plans for submission to the NHS England WRES/WDES Portal and the Trust's website. The action plans focus on higher level actions in 2020. The BAME staff network gave its thanks to the Committee and Trust for its support; the network is still learning and will continue to work closely with the Head of Equality and Inclusion on the action plans going into 2021.	**Green**
7. **Future committee dates** The Committee noted the move to bi-monthly from 2021 and would look to move the current dates to match reporting cycles.	**Green**
Decisions made: none to report	
Further Risks Identified: none to report	
Escalations to the Board or other Committee: 8. COSHH training compliance remained low with three care groups/directorates meeting the minimum 85% target and 19 below target. Progress with training needs to accelerate significantly to meet internal project plans.	

Trust total compliance	50.37%
Corporate	62.81%
>> Communications	100%
>> Finance	35.56%
>> HR & OD	89.87%
>> IT	54.00%
>> Medical Directorate	56.36%
>> Nursing Directorate	52.11%
>> Strategy, Governance	71.43%
>> Transformation	16.67%
>> Trust Executive	65.00%
Estates and Facilities	84.11%
>> Estates Management	71.43%
>> Hard FM	75.86%
>> Soft FM	86.54%

Planned Care	41.18%
>> Cancer Services	52.43%
>> Perioperative and CC	45.47%
>> Planned Care Management	84.62%
>> Surgical Services	34.62%
>> Women's and Children's	38.82%
Unplanned Care	47.37%
>> Diagnostics and CSS	43.00%
>> Specialist Medicine	45.06%
>> Therapies and Older Persons	57.40%
>> Unplanned Care Management	30.83%
>> Urgent and Emergency Care	50.68%

9. The Board is asked to note the content of the Executive Development plan 2021-22 as part of the well-led action plan (appendix I).

NHS
Medway
NHS Foundation Trust

EXECUTIVE DEVELOPMENT

2020 to 2021

Best of care
Best of people

Our Medway

Objectives

- To take remedial actions to the items raised through the well-led section of the 2020 CQC report as a minimum;
- To ensure objectives for Executives are defined with critical success factors identified and are aligned to the strategic objectives;
- To build executive leadership through:
  - Resetting behaviours (team dynamics, resilience, trust);
  - Resetting expectations (alignment, stretch, role clarity);
  - Building leadership (gap identification, personal and team development plans)

Approach

Aligned to traits of a high-performing executive team:

Best of care Best of people

Our Medway

Approach – Culture and Leadership Programme alignment

NHS Medway NHS Foundation Trust

Leadership behaviours		Cultural elements
Facilitating shared agreement about direction, priorities and objectives	Encouraging pride, positivity and identity in the team / organisation	**Vision and values** Constant commitment to quality of care
Ensuring effective performance	Ensuring necessary resources are available and used well	**Goals and performance** Effective, efficient, high quality performance
Modelling support & compassion	Valuing diversity and fairness	**Support and compassion** Support, compassion & inclusion for all patients and staff
Enabling learning and innovation	Helping people to grow and lead	**Learning and innovation** Continuous learning, quality improvement and innovation
Building cohesive and effective team working	Building partnerships between teams, departments, and organisations	**Team work** Enthusiastic cooperation, team working & support within & across orgs.

Using the existing frameworks of the NHSEI's leadership and culture programme – ensure consistency of approach and alignment for well-led development and the wider programme.

KLoE 1: Leadership capacity and capability

NHS Medway NHS Foundation Trust

CQC

- Executive experience to deal with challenges
- Executives worked in isolation
- Executives lacked time to do strategic thinking
- No CoSec
- Executives cited on significant issues/ due concern
- Nursing leadership, lack of nurse strategy

Intervention

- Overhaul of executive objective setting
- Access to NHS Providers' director induction programme
- Overhaul of executive strategy time, and informal time
- Appointment of CoSec
- IQPR overhaul, risk management assurance review (Risk Assurance Group)
- Creation of Nursing Strategy

KLoE 2: Vision and strategy

NHS Medway NHS Foundation Trust

CQC

- IQPR plans for redesign
- No estates strategy
- No patient experience strategy

Intervention

- IQPR overhaul
- Creation of estates strategy
- Creation of patient experience strategy

KLoE 3: Culture (of high-quality, sustainable care)

CQC

- Low medical engagement with the Executive;
- Executive visibility
- Executives working in silos and lacked cohesiveness
- Some individuals not aware of Freedom to Speak Up

Intervention

- Medical engagement survey, refocus of clinical council
- Overhaul of Gemba/Executive walkarounds
- Overhaul of executive strategy time, and informal time
- Work with NHSEI to refresh the Freedom to Speak Up strategy

KLoE 4: Clear roles, accountability and good governance

NHS Medway NHS Foundation Trust

CQC

- IQPR plans for redesign
- Executives showing signs of limited engagement in committees (emailing/ mobile phones)

Intervention

- IQPR overhaul
- Overhaul of meeting etiquette procedure

KLoE 5: Managing risks, issues and performance

CQC

- Effectiveness of Gemba/ walkabouts
- Visibility of senior nursing leadership
- Executive team unable to describe process of getting risks onto the corporate risk register

Intervention

- Overhaul of Gemba/Executive walkarounds
- Risk management assurance review (Risk Assurance Group)

KLoE 6: Information processed, challenged and acted on

NHS Medway NHS Foundation Trust

CQC
- IQPR plans for redesign

Intervention
- IQPR overhaul

KLoE 7: People, staff and external partners engaged

CQC
- IQPR plans for redesign
- Executive visibility
- QI engagement

Intervention
- IQPR overhaul
- Overhaul of Gemba/Executive walkarounds
- Executive-level QSIR training.

KLoE 8: Learning, improvement and innovation

NHS Medway NHS Foundation Trust

CQC

- Executive lack of time for strategic thinking
- Improvements slow to be made. CQC not assured the Executive had the capability or capacity to make and sustain improvements

Intervention

- Using a executive reflection session, review the existing meeting times for executives – identify strategic, development and informal discussion time.
- Executive-level QSIR training.
- Review of SRO oversight, # of programmes and capacity.

Discovery Phase (enacted):

NHS Medway NHS Foundation Trust

Vision and Values

- Objective setting
- Psychometric testing (Lumina)
- Board Insights

Goals and Performance

- Reflective Practice
- Team Resilience survey

Support and Compassion

- Engagement Sessions Green Pea
- Reflective Practice
- NED Buddy
- Board Insights

Learning and Innovation

- Objective setting
- 360 appraisal
- Coaching
- Reflective Practice
- Board Insights
- Psychometric testing (Lumina)

Team Work

- Reconfiguration of exec time
- Weekly coffee in restaurant
- Team resilience survey
- Board Insights
- Reflective Practice
- Green Pea Engagement session

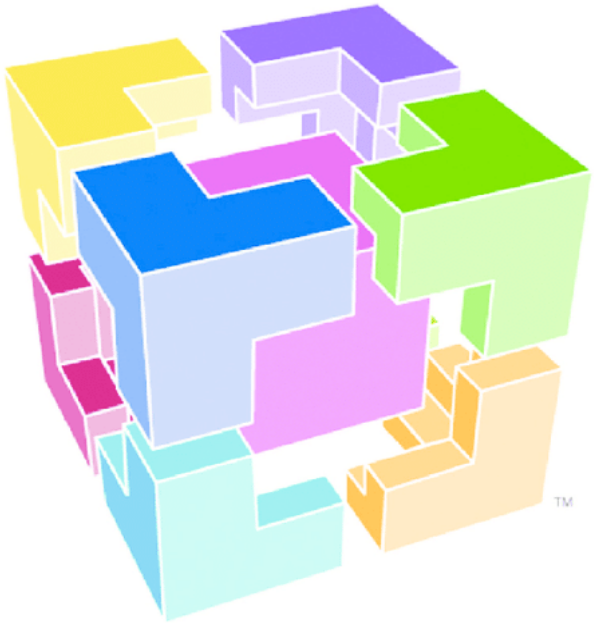
Best of Best of

Our Medway

Next Steps

- Continue to learn and grow from the Trust-wide Culture and Leadership programme discovery phase;
- Develop or access a wellbeing programme to support resilience, team-working and prevent burn out;
- Commission a development programme using the intelligence gathered from the ‘discovery phase’ with an external supplier to build on:
  - The disconnect between the Executive team and staff;
  - Breakdown of silos;
  - Role-modelling of behaviours and trust;
  - Create protected time to meet and share ideas, experiences and strategise.

Design and Implementation



1. Inspiring shared purpose
2. Leading with care
3. Evaluating information
4. Connecting our service
5. Sharing the vision
6. Engaging the team
7. Holding to account
8. Developing capability
9. Influencing for results

Executive Directors have now had a 360º appraisal via the NHS Leadership Academy. The programme will utilise the strengths and gaps from those reports across the nine domains.

Design and Implementation

NHS Medway NHS Foundation Trust

	Commissioned modules	KLoE			KLoE
Accountability Maintain primary loyalty Honest communication	1. What does good leadership look like? [inclusivity, building on diagnostics, communication style, equality and diversity]	1, 2, 3, 4		7. Reflective Practice	
	2. Reflective Practice			8. Wellbeing and resilience [NHS People programme]	
Deal with problems or conflicts quickly Honest communication	3. Culture – what is it like for you and the team? [NHSEI CEL, team behaviours, setting culture, honest conversations]	3	Honest communication	9. Communication and engagement	3, 4, 7
Clarify roles and responsibilities Honest communication	4. Problem solving as a collective [Collaboration versus silo, strategy co-development]	1, 4, 5, 6, 8	Clear mission and positive vision Clear goals Maintain primary loyalty	10. Sharing the vision – how do your behaviours represent this?	1, 2, 3
Pick the right people	5. Team coaching			11. The conversation	
Accountability Clear goals Honest communication Accomplish goals	6. Holding each other to account	3, 4, 5	Accountability Accomplish goals	12. Managing change as a team	5, 7, 8

Best of care Best of people

Our Medway

Meeting of the Board of Directors in Public
Thursday, 05 November 2020

Title of Report	**Health Care Worker Flu Vaccination Campaign 2020/21 – High level plan**	**Agenda Item**	8.2
Lead Director	Leon Hinton, Chief People Officer		
Report Author	Gemma Nauman, Covid Oversight Operational Manager		
Executive Summary	This paper provides a high level plan for the healthcare worker flu vaccination campaign for 2020/21 which will be in line with the best practice management checklist for public assurance via Trust boards (see Appendix 1). Healthcare workers with direct patient contact need to be vaccinated to ensure protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful. NHS organisations are being asked to identify the 'higher-risk' clinical areas and take more robust steps to limit exposure of patients to unvaccinated staff. In these higher-risk areas, Trusts are expected to take appropriate steps to maintain safety of the service including redeployment of staffing to maintain safe operation of the service. The covid-19 pandemic creates a more challenging operating context for this year's campaign compared to previous years. It is more important than ever to make strong plans with the following measures – Committed leadership, Communication plan and Incentives.		
Committees or Groups at which the paper has been submitted	Draft (through Executive Group) Flu Group		
Resource Implications	Any actions should be achieved within existing resources.		
Legal Implications/Regulatory Requirements	Possible risks include: • Patients with specific immune-suppressed conditions being exposed to unvaccinated staff; • Flu-related staff sickness affecting service delivery, impacting on patients and other staff ; • Adverse financial impact as a result of increased use of temporary workforce backfilling staff who are off sick with flu. NHSEI have mandated the reporting of the self-assessment plans to Board and the publication of the self-assessment.		
QIA	Not applicable		
Recommendation/ Actions required	The Board is asked to note the content of this report.		
	Approval ☐	**Assurance** ☐	**Discussion** ☐	**Noting** ☒
Appendices	Appendix I – Health Care Worker Flu Vaccination Self-Assessment 2020-21		

1 Introduction

1.1 The importance of healthcare workers protecting themselves, their patients, their colleagues and their families by being vaccinated against seasonal flu is widely known and even more important in the current covid-19 national pandemic. The focus this year (winter of 2020-21) is to achieve 100% of healthcare workers with direct patient contact being vaccinated. This winter Trusts are required to use the quadrivalent (QIV) vaccine for the broadest protection.

1.2 Healthcare workers with direct patient contact need to be vaccinated to ensure protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful. NHS organisations are being asked to identify the 'higher-risk' clinical areas and take more robust steps to limit exposure of patients to unvaccinated staff. In these higher-risk areas, Trusts are expected to take appropriate steps to maintain safety of the service including redeployment of staffing to maintain safe operation of the service.

1.3 To help organisations achieve the highest possible numbers of staff vaccinated this winter, 2020-21, NHS England and NHS Improvement (NHSEI) have updated the best practice management checklist for healthcare worker vaccination asking Trusts to carry out a self-assessment against measures provided with a requirement to publish outcome in board papers.

1.4 This paper **presents a proposal for approval** to ensure the Trust is able to self-assess favourably on healthcare worker flu vaccination best practice management against the following four measures – Committed leadership, Communications plan, Flexible accessibility and Incentives (see Appendix 1).

2 Healthcare Worker Flu Vaccination Best Practice Management Checklist

2.1 The Trust will complete the self-assessment of the healthcare worker flu vaccination best practice management checklist against the four measures – Committed leadership, Communications plan, Flexible accessibility and Incentives. Proposals for evidence against each measure is below:

2.1.1 Committed Leadership Measure

The Chief People Officer is to be the named board champion and ensure the required vaccine is available. A task and finish group with senior leadership membership and representation across both divisions will meet bi-weekly to evaluate progress, discuss challenges and put in place required mitigations. A dedicated team from Occupational Health is used to cover all areas across the Trust. Higher risk areas will be targeted as part of ensuring high compliance and mitigating risk to patients.

2.1.2 Communications Plan Measure

The Trust reviews and updates last year's communication strategy of the flu campaign, with clear reference to learning from previous years. Posters and screensaver flu campaign messages will be designed. Social media avenues including twitter will also be used to drive uptake. Directors will have their flu vaccinations with photographs and videos shared with staff via the weekly global message.

2.1.3 Flexible Accessibility Measure

This measure will be more challenging than previous years due to the operational impact and constraints of mobile clinics during the covid-19 pandemic. In previous years, the flu campaign teams led by Occupational Health nursing staff attended all clinical areas. As a result of Covid-19, the campaign will be managed differently for 2020/21 to ensure safe vaccination for all staff. A booking portal has been developed whereby all staff can complete the consent process online before scheduling their appointment. This will reduce the time required when obtaining the vaccination but similarly minimise queuing.

The service will operate seven days a week, with the first three weeks being Occupational Health based. This will capture the staff keenest to be vaccinated. In weeks three and four Occupational Health nurses will commence ward rounds ensuring distancing is maintained. This will cover all ward areas at varying times inclusive of evening, night shifts and weekends for maximum coverage.

The proposed schedule allows for 180 vaccinations a day although this will need to be monitored in line with the phased deliveries of the vaccine.

2.1.4 Incentives Measure

The Trust will replicate incentives for the uptake of the flu vaccination from previous years, including mugs, pens and confectionery. Success and progress communications will remain central to our communications strategy.

3 Inpatient and Outpatient Flu Vaccination – Programme Extension

3.1 In line with NSHEI's letter of 25 August 2020, the Trust is working through the delivery plan for the extended flu programme to those clinical at risk eligible patients attending in/out-patient appointments through the Chief Medical Officer and the Chief Nursing and Quality Officer.

Appendix I: Healthcare worker flu vaccination best practice management checklist

A	Committed leadership	Trust self-assessment
	(number in brackets relates to references listed below the table)	
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	
A3	Board receive an ev aluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	
A4	Agree on a board champion for flu campaign	
A5	All board members receive flu vaccination and publicise this	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Flu team to meet regularly from September 2020	
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	As part of later strategy
B3	Board and senior managers having their vaccinations to be publicised	
B4	Flu vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters and social media	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	As part of later strategy
C2	Schedule for easy access drop in clinics agreed	
C3	Schedule for 24 hour mobile vaccinations to be agreed	
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	To commence when 50%+

Meeting of the Board of Directors in Public
Thursday, 05 November 2020

Title of Report	**Modern Day Slavery Update**	**Agenda Item**	**8.3**
Lead Director	Leon Hinton, Chief People Officer		
Report Author	Andrew Martin, Head of Employee Relations		
Executive Summary	The Modern Slavery Act 2015 requires organisations to prepare a slavery and human trafficking statement for each financial year. In September 2019 the Trust published a Modern Day Slavery Policy for financial year 2019/20 in accordance with s.54 of the Modern Slavery Act 2015. For the financial year 2019/20, no reports were received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified. This report therefore summarises the review and refresh of the Trust's Modern Day Slavery Statement and the Board is requested to approve publication of the statement for financial year 2020/21.		
Committees or Groups at which the paper has been submitted	Human Resources and Organisational Development Senior Team.		
Resource Implications	None identified at this stage. Any actions should be achieved within existing resources.		
Legal Implications/ Regulatory Requirements	Section 54 of the Modern Slavery Act 2015 requires all employers to prepare a slavery and human trafficking statement for each financial year.		
QIA	Not applicable		
Recommendation/ Actions required	The Board is asked to APPROVE the statement for 2020/21 and note the reported monitoring.		
	Approval ☒	Assurance ☐	Discussion ☐	Noting ☐
Appendices	None		

1 Executive Overview

1.1 The main purpose of the Modern Slavery Act 2015 is to prevent slavery, servitude, forced or compulsory labour, human trafficking and exploitation offences.

1.2 Section 54 of the Modern Slavery Act 2015 requires organisations to prepare and publish a slavery and human trafficking statement for each financial year.

1.3 The Trust published a Modern Day Slavery Policy statement for financial year 2019/20 and this is due for review and publication in financial year 2020/21.

1.4 For the financial year 2019/20, no reports were received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

2 Background

2.1 The Trust last published a Modern Day Slavery Policy statement in 2018/19. Section 54 of the legislation requires an annual review and republication of the policy statement.

3 Key Findings

3.1 The Trust's Modern Day Slavery Policy was reviewed in September 2020 and remains fit for purpose.

4 Modern Slavery Act Trust Statement 2020/21

4.1 The Trust is aware of our responsibilities towards patients, service users, employees and the local community and expects all suppliers to the Trust to adhere to the same ethical principles. We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business. Our internal policies replicate our commitment to acting ethically and with integrity in all our business relationships.

4.2 Currently, all awarded suppliers sign up to our terms and conditions of contract which contain a provision around Good Industry Practice to ensure each supplier's commitment to anti-slavery and human trafficking in their supply chains; and that they conduct their businesses in a manner that is consistent with the Trust's stance on anti-slavery. In addition, an increasing number of suppliers are implementing the Labour Standards Assurance System (LSAS) as a condition of contract for tenders within high risk sectors and product categories and indeed this has been referenced in the Government's Modern Slavery Strategy. Many aspects of the LSAS align to the seven reporting areas that the Government has outlined and should appear within any slavery and human trafficking statement.

4.3 We operate a number of internal policies to ensure that we are conducting business in an ethical and transparent manner. These include:

4.3.1 Recruitment policy. We operate a robust recruitment policy, including conducting eligibility to work in the UK checks for all directly employed staff, and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will

4.3.2 Equal Opportunities. We have a range of controls to protect colleagues from poor treatment and/or exploitation, which comply with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment, and access to training and development opportunities

4.3.3 Safeguarding policies. We adhere to the principles inherent within both our safeguarding children and adults policies. These are compliant with Medway multiagency agreements and provide clear guidance so that our employees are clear on how to raise safeguarding concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain

4.3.4 Whistleblowing policy. We operate a Freedom to Speak Up, Raising Concerns at Work and Whistleblowing Policy so that all employees know that they can raise concerns about how

colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals

4.3.5 Standards of business conduct. This code explains the manner in which we behave as an organisation and how we expect our employees and suppliers to act

4.4 Our approach to procurement and our supply chain includes:

4.4.1 Ensuring that our suppliers are carefully selected through our robust supplier selection criteria/processes

4.4.2 Requiring that the main contractor provides details of its sub-contractor(s) to enable the Trust to check their credentials

4.4.3 Random requests that the main contractor provides details of its supply chain

4.4.4 Ensuring invitation to tender documents contain a clause on human rights issues

4.4.5 Ensuring invitation to tender documents also contain clauses giving the Trust the right to terminate a contract for failure to comply with labour laws

4.4.6 Using the standard Supplier Selection Questionnaire (SQ) that has been introduced (which includes a section on Modern Day Slavery)

4.5 Trust staff must contact and work with the Procurement department when looking to work with new suppliers so appropriate checks can be undertaken.

4.6 Supplier adherence to our values: we are zero tolerant to slavery and human trafficking and thereby expect all our direct and indirect suppliers/contractors to follow suit.

4.7 Where it is verified that a subcontractor has breached the child labour laws or human trafficking, then this subcontractor will be excluded in accordance with Regulation 57 of the Public Contracts Regulations 2015. The Trust will require that the main contractor substitute a new subcontractor.

5 Next Steps

5.1 The Trust's Modern Day Slavery statement has been updated for 2020/21 and in accordance with the legislation should be published on the Trust's website.

6 Action Plan

	Direction of Travel compared to:			Action	Timeframe	Responsibility
	2019	2018	2017			
1 – Formal Policy Statement	↔	↔	↑	Continue to publish policy statement on public website	Current and ongoing	Documentation Compliance Manager

7 Recommendation

7.1 It is recommended that the updated Modern Day Slavery Act Statement be approved for publication on the Trust's website to replace the 2019/20 version.

Meeting of the Trust Board in Public
Thursday, 05 November 2020

Title of Report	**Covid-19 Update – Wave 2 Plan**	Agenda Item	**9.1**
Lead Director	Harvey McEnroe, Regional Strategic Commander and Winter Director		
Report Authors	Steve Arrowsmith, Head of EPRR Gemma Brignall, Deputy Director of Business Intelligence Harvey McEnroe, Regional Strategic Commander and Winter Director		
Executive Summary	This report provides the Trust Board with an update on Covid-19, Wave 2 Planning		
Committees or Groups at which the paper has been submitted	N/A		
Resource Implications	Yes – linked to staffing additional escalation beds, as part of the winter plan		
Legal Implications/ Regulatory Requirements	N/A		
Quality Impact Assessment	N/A		
Recommendation/ Actions required	The Board is asked note the current response plan.		
	Approval ☐	Assurance ☒	Discussion ☐	Noting ☒
Appendices	None		

Reports to committees will require an assurance rating to guide the Committee's discussion and aid key issues reporting to the Board	
The key headlines and levels of assurance are set out 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
Where a heading has been rated 'Red' or 'Amber-Red', actions taken/ to be taken for improvement with timeline (where applicable), should be included in the report.	

1 Executive Overview

1.1 Following Covid19 wave1 the Trust has been preparing for a second wave and the potential for an outbreak in the hospital.

1.2 With numbers rising nationally in October 2020 we officially entered wave 2 of the COVID pandemic with numbers rising across the county.

1.3 While the national picture shows that we are two weeks behind the northern counties, the South East region is beginning to see an increase in the number of positives reported, coupled with a hospital acquired outbreak the Trust has moved to a level 4 internal incident for the management of the incident.

2 Local and regional position

2.1 The Trust has recently begun to see an increase in admissions.

2.2 The Medway case load has seen an increase in the past 10 days compared with the same reporting period last month and over the past three months. This is in keeping with North Kent health economy.

2.3 Across the Kent and Medway region numbers have started increase following similar patterns to wave 1 with DGT seeing the beginning of the increase roughly three days earlier than Medway

2.4 EKHUFT then seeing the increase around three days after and MTW seeing an increase around 10 days after the increase at DGT.

2.5 Deaths

Over the past seven days there were five deaths in acute sites and 0 deaths in community hospitals/hospice, bringing the K&M total acute to 1,038 and total community to 132.

Acute			
Total COVID-19 Deaths since 01 March 2020	Daily COVID-19 Deaths	Daily New COVID-19 Positive Pts	**Total New COVID-19 Positive Pts since 27 March 2020**
1,038	0	8	**3,050**

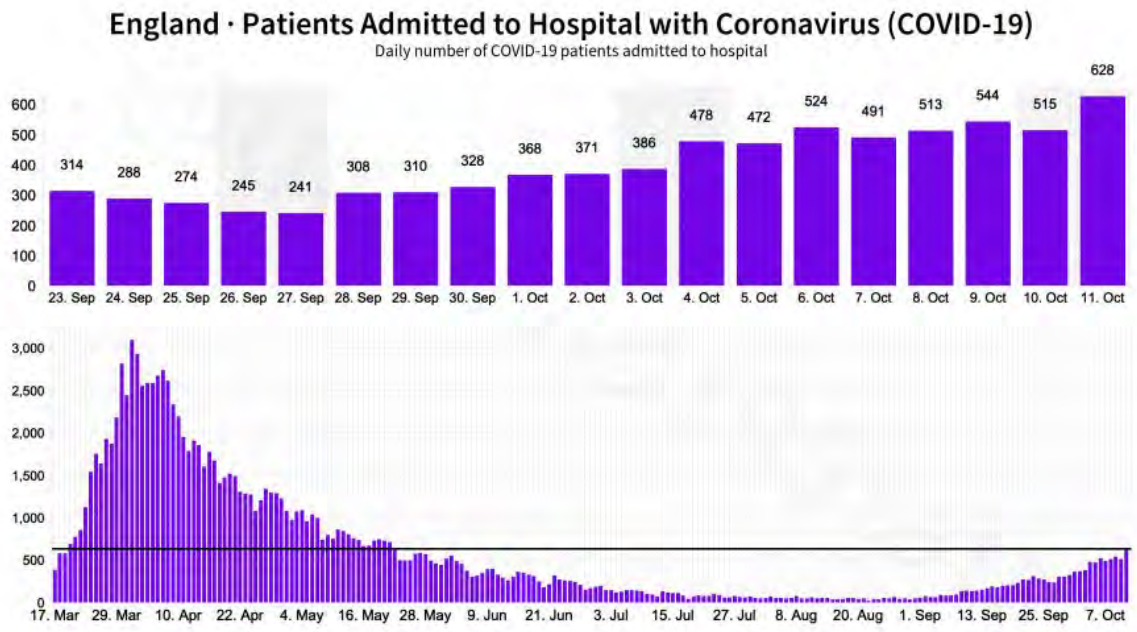
Acute, Community & MH			
Total COVID-19 Deaths since 01 March 2020	Daily COVID-19 Deaths	Daily New COVID-19 Positive Pts	**Total New COVID-19 Positive Pts since 27 March 2020**
1,170	0	8	**3,506**

3 National position

Red

3.1 Since 27 September the numbers have been rising across the country.

3.2 The control processes for the country have now been defined into three tiers. Eight per cent of the UK is currently in tier 1 or tier 2, but 20 per cent, which is mostly the North East and North West is in tier 3. Medway and Swale remain in tier 1 (at the point of writing this report).


England · Patients Admitted to Hospital with Coronavirus (COVID-19)
Daily number of COVID-19 patients admitted to hospital
600
500
400
300
200
100
0
314
288
274
245
241
308
310
328
368
371
386
478
472
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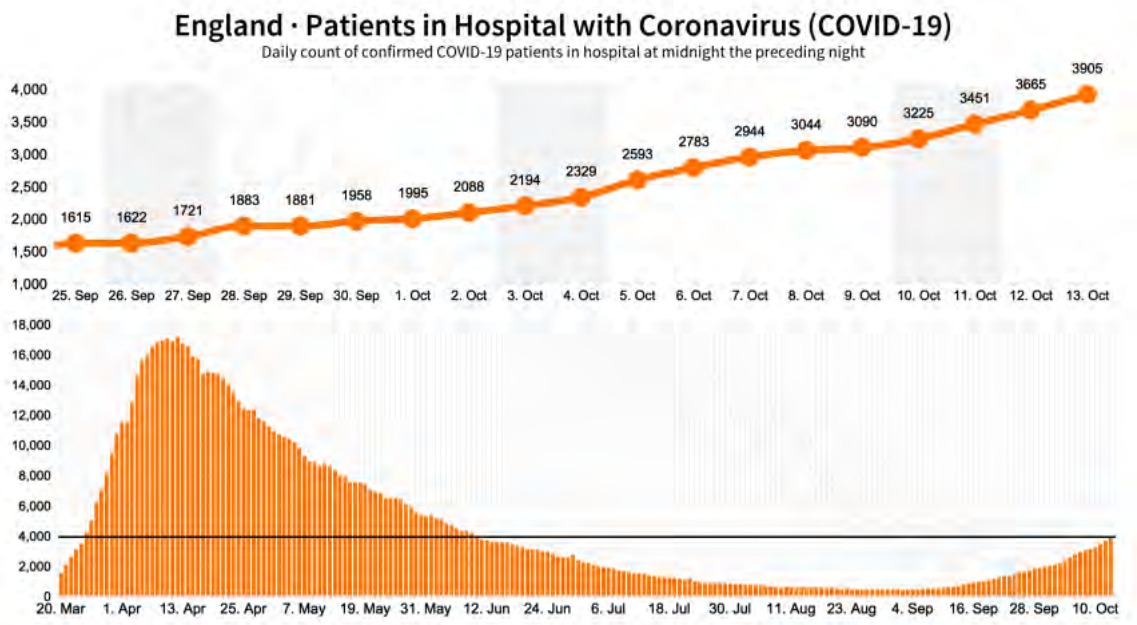
England · Patients in Hospital with Coronavirus (COVID-19)
Daily count of confirmed COVID-19 patients in hospital at midnight the preceding night
4,000
3,500
3,000
2,500
2,000
1,500
1,000
1615
1622
1721
1883
1881
1958
1995
2088
2194
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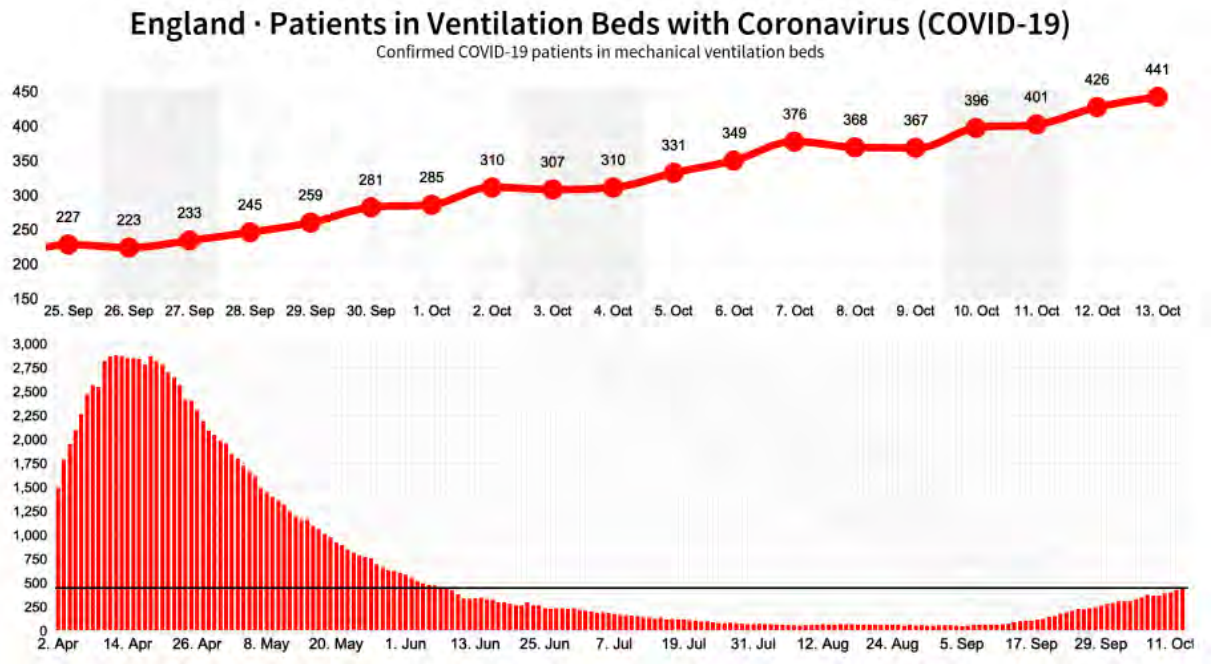
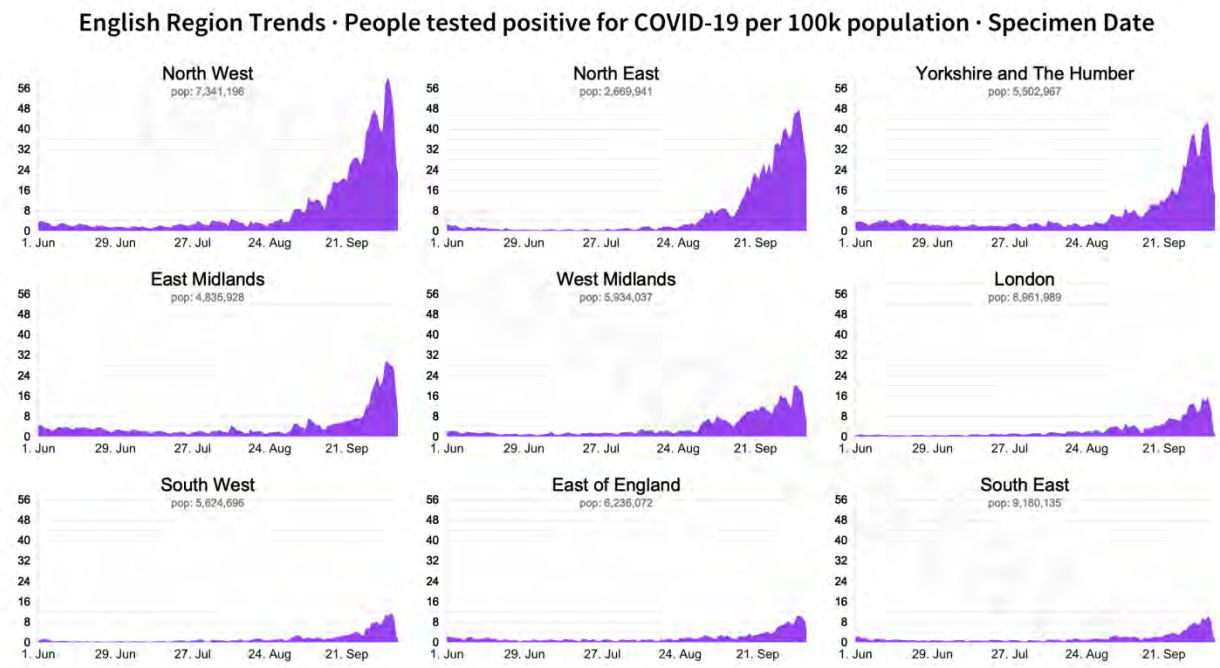
28. Sep
10. Oct



3.3 Regional Trend data is as follows:



4 Hospital Acquired Covid19 – October Outbreak

Red

4.1 On Tuesday 13 October it was identified that a potential hospital acquired infection had occurred on Will Adams Ward following notification from Microbiology the ward was closed to admissions and visitors. Following the investigation contacts were identified on Jade Ward and Wakeley Ward and as such all patients on these wards were swabbed. Unfortunately a number of positives have come back.

4.2 As a result of the above and the increase in confirmed community cases, Strategic Command and control was instigated to manage the incident.

5 Wave2 oversight and local incident management

Amber /Red

5.1 Learning lessons from the Covid-19 first wave, the command and control structure for the Trust during future emergencies will follow standard incident command and control which will include one incident management team at the tactical level. There has been a development of a Watchtower 2 document acting as a Standard Operating Procedure for the management of Wave 2 and any additional threats over the course of this period such as EU exit and winter.

5.2 All reporting has been stood up and improved from wave1 ensuring that we have early monitoring and warning systems for the management of PPE, Staffing, Oxygen capacity and operational risks. This will be closely monitored with the Chief Nursing and Quality Officer and Chief Medical Officer to ensure patient safety is maintained at all times.

5.3 The Incident Management Team will manage the direct threats that are expected over the next nine months these include;

1) High level Winter Surge (above predefined acceptable levels i.e. OPEL 4)
2) Covid-19 Second Wave (above current acceptable arrangements)
3) EU Transition (Business continuity incident management)
4) Overlapping Incidents (Business Continuity, Critical and Major Incidents).

5.4 Primacy of authority will depend on the escalation of the incident at the time as to what is required. For instance with Covid-19, whilst there is not an issue with capacity for ICU beds or Covid-19 positive patient numbers remain low, the business as usual management function will exist.

5.5 However, if the threat of Covid-19 positive patients overwhelms existing predefined levels of resource then management of the situation will be via the incident management team, who will lead as an incident response.

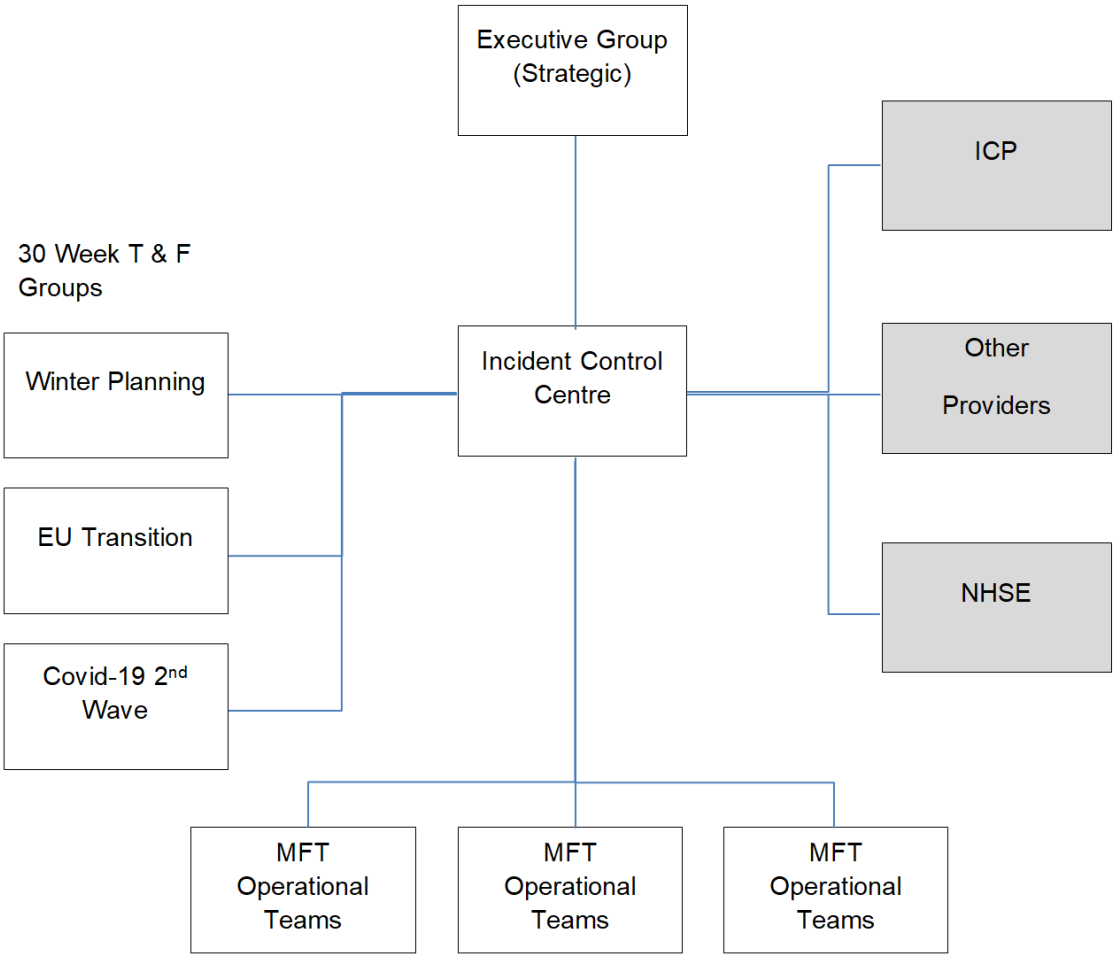
5.6 This proposed structure removes the previous Tactical Groups created as a result of Covid-19 and reverts to the standard command and control structure. This structure will sit for the entirety of the next nine months with task and finish groups being created and dissolved as appropriate.

5.7 This arrangement will be monitored every six weeks to ensure it is effective and efficient. Feedback from command debriefing will inform this arrangement.

5.8 As the incident develops the 10am Strategic meetings will be held with the following membership to allow for monitoring and oversight with information supplied by Business Intelligence:

Chief Medical Officer, Chief Nurse and Quality Officer, Chief Operating Officer, Deputy Chief Executive, Chief People Officer, Chief Finance Officer, IPC Director, Head of EPRR, Director of Communications and Engagement and a Loggist.

5.9 The agenda will be as follows and maybe built upon as the incident develops and the objectives of this meeting are clearly logged below:



Meeting of the Trust Board in Public
Thursday, 05 November 2020

Title of Report	**Sustainability and Transformation Plan Update – Integrated Care System Accreditation update**	Agenda Item	**9.2**
Lead Director	Harvey McEnroe, Regional Strategic Commander and Winter Director		
Report Author	Harvey McEnroe, Regional Strategic Commander and Winter Director		
Executive Summary	The Board is asked **to NOTE** Kent and Medway's submission to be accredited as an Integrated Care System. The submission is being shared with Boards for **INFORMATION** only.		
Committees or Groups at which the paper has been submitted	None		
Resource Implications	None		
Legal Implications/ Regulatory Requirements	None		
Quality Impact Assessment	None		
Recommendation/ Actions required	The Board is asked **to NOTE** the report		
	Approval ☐	Assurance ☐	Discussion ☐	Noting ☒
Appendices	None		

1 Executive Overview

1.1 The 'Kent & Medway ICS accreditation submission' has been prepared for NHS England and NHS Improvement (NHSEI). Currently, the Kent and Medway system is a Sustainability and Transformation Partnership (STP). ICSs are more advanced forms of STPs, with greater responsibilities for working as a system and for holding regionally delegated authorities/autonomies (as agreed with NHSEI) that further facilitate the integration of care.

1.2 The NHS Long Term Plan, published in January 2019, set out the intention that all systems across England would become Integrated Care Systems by April 2021. The onset of the COVID-19 pandemic delayed the submission of K&M's application to be accredited as an ICS, and it was jointly agreed between the STP Partnership Board and NHSEI that a submission would be made in the autumn of 2020.

1.3 As this document has been prepared for NHSEI it is technical in nature. At the point of being accredited as an Integrated Care System, the STP will publish an accessible and meaningful summary of what being an ICS will mean in Kent and Medway and the benefits for the population.

1.4 This document has been developed to demonstrate evidence of the STPs readiness for accreditation against the NHSEI minimum operating requirements and ICS Maturity Matrix. It is therefore necessarily comprehensive.

1.5 The document also provides helpful context about the system's achievements to date, direction of travel as a system, and on-going development activities. The document was endorsed by the STP/ICS Partnership Board at a meeting on 18 September 2020.

1.6 In evidencing the STPs readiness to be accredited as an integrated care system, the main submission contains the building blocks of a strategy and plan. However, it is important to note that this submission is not the STPs refreshed strategy or full plan. In the STP's response to the Long Term Plan in autumn 2019, they committed to a strategy refresh process planned to commence in spring 2020. Due to the COVID-19 pandemic, the timeframe has been amended to Q3/Q4 of this year.

2 How the ICS accreditation has been developed

2.1 The submission is a reflection and summation of the work to date of the Kent and Medway STP. In setting out the ICS readiness to be accredited as an Integrated Care System, they have needed to describe the achievements and progress to date of the STP. Much of this was set out in their draft Strategy Delivery Plan 2019/20 to 2023/24 – their local response to the national NHS Long Term Plan. There is therefore clear alignment between the ICS accreditation submission and the Strategy Delivery Plan.

2.2 Following its development by a large range of stakeholders, the Strategy Delivery Plan was submitted to NHSEI in the autumn of 2019. Publication and discussion of the plan at the Health & Wellbeing Boards was impacted by both the 2019 election (purdah) and the COVID-19 pandemic, with systems being advised by NHSEI to delay publication. As outlined above, locally they will be producing a refreshed ICS strategy in Q3/Q4 of this year and we will liaise with NHSEI to understand the national process for future publication and discussion.

2.3 The ICS accreditation was discussed at a dedicated workshop of the K&M STP/ICS System Development Group on 08 September 2020. The System Development Group is comprised of membership from; four ICPs, the Kent and Medway CCG, Kent County Council, Medway Council and the Local Medical Committee. Included within the ICS accreditation is a vision, purpose and set of principles to guide the system development, which was developed by the System Development Group in dedicated workshops in July and August 2020.

3 Key messages from the ICS accreditation submission (as per the document)

"We have a clear vision for system working across the system, Integrated Care Partnerships and Primary Care Networks. A key enabler is to agree the delegation of authority and responsibility to the system from NHSEI that will allow system leaders to align incentives, sanctions and decision making. This is essential in order to secure progress towards our vision. The system has developed considerably in recent years and now meets the 'maturing level' of the NHSEI ICS maturity matrix. We will work together to make health and wellbeing better than any partner can do alone"

3.1 Primary Care Networks (PCNs) are the foundational building blocks of the ICS. Primary care needs to be resilient and built on a strong foundation. However, PCNs are about more than integrated primary

and community care, the Trust will develop networks around neighbourhoods working closely with local government and the third sector. The delivery of Local Care is also heavily dependent on a strong community services infrastructure at both the neighbourhood level and at higher levels of scale/critical mass where this is necessary to provide effective and high quality care.

3.2 Integrated Care Partnerships (ICPs) are the engine room for change – increasingly the Trust will see decisions made at place level to re-align available resources to enhance integration and improve outcomes with clinical input at the heart of these decisions. ICPs are focusing on redesigning pathways so that patients get the best care from the most appropriate services, delivered in the right place. Out of hospital care will be the default, to the benefit of both patients and the system. This will drive improvements in the health and wellbeing of local populations through prioritising keeping people safely at home, independent and self-managing; with the need to visit a hospital kept to circumstances when emergency or specialist care is required.

3.3 The ICS/STP Partnership Board will become the decision making forum of the ICS (within applicable statutory boundaries), providing oversight of whether the ICS is achieving its vision, purpose and priorities. It will be supported by a System Delivery Group (initially focused on COVID-19 recovery of services) and a System Development Group. The separation of these groups is to ensure sufficient focus on these two important agendas. The 'end state' governance for the ICS is currently being developed and will involve looking at the interactions between CCG committees and future committees of the ICS, to ensure the governance is streamlined.

3.4 The Trust will apply the principle of subsidiarity, by which it means that tasks and decisions should only be undertaken at system level when these cannot effectively or meaningfully be performed at local level. Examples of areas needing a system approach are where the Trust is likely to need a critical mass of scale or expertise beyond the place level; where all places are experiencing similar challenges (potentially to different degrees) which may benefit from collective problem solving; where it is believed that working together will create greater power / influence / impact rather than the Trust working alone. Underpinning all of these circumstances, is the underlying driver that by working together as a system the Trust will deliver better outcomes.

3.5 The Health and Wellbeing Board and oversight and scrutiny committees will remain a critical part of the infrastructure for strategy setting, decision making and oversight. Local authorities and the NHS, through the CCG, will continue to have a duty to prepare a joint strategic needs assessment and health and well-being strategies for the population, overseen by the Joint Health and Well-Being Board. Scrutiny Committees will continue to examine the provision of health and care services, act as a critical-friend and where required hold organisations to account in ensuring the care needs, quality and experiences of the local community are fully considered.

3.6 The CCG will act as a servant and enabler of system working – beyond its statutory responsibilities the CCG now has a central role in supporting and resourcing development of the system; this will be through a clear focus on 'central' resources supporting wider system development and the increasing alignment of staff to work as part of ICPs. The system developer role will become a core purpose for the new CCG. Key areas for focus are supporting PCN development; supporting the service transformation agenda both at place level and for a small number of issues at ICS level; reducing formal financial contracting activity to a minimum.

4 ICS proposed key ways of working, outlined in the overview plan

4.1 An increased focus on addressing variation.

4.2 The best systems focus on standardisation and directly address unwarranted variation – this must cover differences in outcomes/quality, differences in access and differences in productivity and cost base. It will be achieved through:

1) A data driven and data supported approach to improvement – this is a fundamental building block, which will be supported through sharing of data through a common platform having a single source of truth.
2) A common approach and system wide framework for Quality Improvement – all partners agree that a Quality Improvement approach is essential and most organisations have or are considering adopting a single methodology (with many organisations adopting the NHSE/I Act Academy's Quality, Service Improvement and Redesign approach - QSIR). Clinical and patient-engagement will be a central thread, along with understanding root causes.

4.3 A new approach to commissioning – Commissioning will be about transformation and not transaction. It will be light touch, focused on service improvement and increasingly shifting to a population health management approach that sets outcomes as the target for services. Resources are being aligned progressively with ICPs and this has already commenced following the creation of ICP facing resources as part of the merger of the eight legacy CCGs.

4.4 Living by ICS values and behaviors: The Trust has started work on its ICS values and behaviors, including a dedicated leadership event on this in September 2020. We have been working with NHSEI and the NHS Leadership Academy on a programme of work for system wide organisational development which has been approved.

4.5 Greater integration leads to better quality of care and better outcomes for our population;
Our overriding focus will be integrated service delivery for defined populations, with an agnostic view on how integration is achieved in organisational terms, identifying opportunities for shared budgets and aligned workforce approaches across employers where possible but with the main focus being on integrated care delivery. Integration is being pursued across organisations and sectors, with integration of physical and mental health and with health and social care. Together, the system can be more than the sum of the parts and we will achieve more for the health and wellbeing of our population by maximising the integration of services.

4.6 Clinical and service professional engagement must be at the heart of what we do;
Strategic initiatives should be led / supported by clinical and professional leaders across health and social care; we will develop and nurture clinical alliances and networks as a means of driving change with a focus on shared learning and improvement founded in a desire to eliminate unwarranted variation, ensure safety and maximise quality. We are building on the work to date of the STP Clinical and Professional Board and recent appointment of system wide clinical leads for services/programmes.

4.7 Engaging with and meaningfully supporting the third sector;
The voluntary sector plays an important role in care delivery and integration and is a vital link to local communities. As Primary Care Networks further develop we will place the involvement of the voluntary sector very much at its heart. This will include the need to consider the impact that COVID-19 has had on the viability of some voluntary and third sector partners and how we can best support them.

4.8 Meaningful and realistic engagement with local government;
Local government is critical members of the Integrated Care System and our councils are longstanding members of our STP/ICS Partnership Board and groups throughout our governance structure. We have many examples of great integration initiatives in both commissioning and delivery of services, but we recognise that there is more we can do, both strategically and operationally to drive greater integration. Initial discussions with both KCC and Medway Council suggest that we can further align around Health

and Wellbeing strategies as the focus for agreeing our areas of strategic common focus for Kent and Medway as a whole.

5 Conclusion and Next Steps

5.1 This document was submitted to NHSEI on 19 October 2020. The next step is a regional assessment discussion on 04 November; further assessment processes will be determined following the discussion on 04 November. The outcome of the bid to be accredited will likely be communicated in December 2020 (TBC by NHSEI).