Agenda

NHS Medway NHS Foundation Trust

Trust Board Meeting in Public

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

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: 03.09.20	Chair	7	12:45	Approve
2.2	Matters arising and actions from: 03.09.20	Chair	21		Discuss
3.	**Clinical Presentation**				
3.1	Trauma and Orthopaedics *(Presented by Howard Cottam, Specialty Lead for Trauma and Orthopaedics)*	Chief Medical Officer	-	12:50	Note
4.	**Governance**				
4.1	Board Assurance Framework	Deputy CE/ Company Secretary	23	13:15	Note
4.2	Corporate Risk Register Summary	Deputy Chief Executive	39	13:30	Note
4.3	Annual Review of Directors' Code of Conduct	Company Secretary	45	13:40	Approve
5.	**High Quality Care**				
5.1	Integrated Quality Performance Report	Deputy Chief Executive	53	13:45	Note
5.2	Quality Assurance Committee Assurance Report	Chair of Committee/ Chief Nursing and Quality Officer	83	14:05	Note
6.	**Financial Stability**				
6.1	Finance Report - Month 5	Chief Finance Officer (Interim)	89	14:55	Note
6.2	Finance Committee Assurance Report	Chair of Committee/ Chief Finance Officer (Interim)	107	15:10	Note
7.	**Innovation**				
7.1	Trust Improvement Plan	Chief Executive	111	14:10	Note
7.2	Annual Research and Innovation Report (*Presented by Edyta McCallum*)	Head of Research and Innovation	123	14:20	Approve
8.	**Integrated Health Care**				
8.1	Sustainability and Transformation Plan Update	Strategic Commander	163	14:30	Note
8.2	Covid-19 Update - Wave 2 Plan	Strategic Commander	167	14:40	Note
9.	**Our People**				
9.1	People Committee Assurance Report	Chair of Committee/ Chief People Officer	177	15:15	Note
10.	**Any Other Business**				
10.1	BAF Reflection	Chair	Verbal	15:20	Discuss
10.2	Any Other Business	Chair	Verbal	15:25	Note

Medway
NHS Foundation Trust

Chief Executive's Report – October 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
The number of cases remains low within the hospital. However, we continue to monitor the development of the virus, to ensure that we are able to meet increases in demand.

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 the seasonal flu, we must do all we can to prepare.
Our colleagues have considerable experience in preparing for increases in demands for our services, but it is also critical that our community joins with us to manage these challenges together. We recently placed a half-page in the local newspaper to encourage our community to help us by doing the following:

1) Having their flu vaccination.
2) Using our emergency services appropriately.
3) Continuing to wash hands regularly, wear a face mask and maintain social distancing.

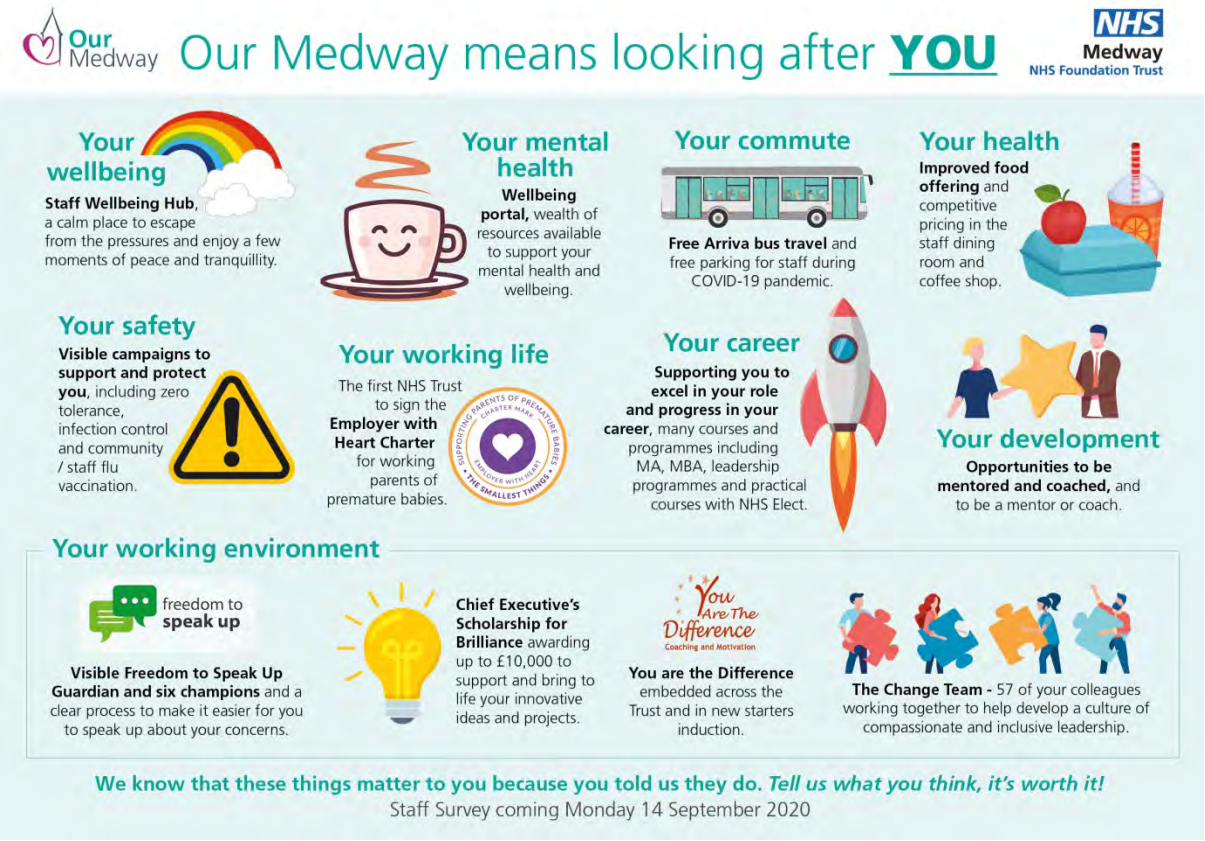
Trust Improvement Plan
Following the Board's approval of the Trust's Improvement Plan we have been implementing projects across the five pillars – High Quality Care, Integrated Health Care, Our People, Innovation and Financial Stability. We have shared the plan widely and begun regular communications about progress.

We were delighted to hold a very successful event for colleagues to formally launch the plan which gave them the opportunity to can find out more about each of the pillars.
We are also connecting with our community to engage with them about the improvements we are carrying out.

Our Medway Annual Staff Awards
Our staff have been exceptional over the last six months (and beyond) and it has been personally very disappointing for me that because of COVID we had to cancel our usual annual staff awards.

That is why I am delighted that we will be holding a virtual staff awards in October to recognise the fantastic work of our colleagues across the organisation. We have launched a communications campaign to encourage colleagues to nominate and have some very special things planned for the award announcements.

Looking after our staff
The happiness and welfare of our colleagues is something that is incredibly important to me and I am extremely proud that since I became Chief Executive we have been able to launch a number of initiatives to improve their working lives. Our Communications Team produced this excellent infographic to highlight some of these areas.



A number of these initiatives have been developed as a direct result of staff feedback, so it is incredibly important that staff continue to have the mechanisms to feedback about their experiences of working at Medway.

One way of doing this is the National Staff Survey which is currently taking place and we are working hard to ensure that staff are aware of the survey and are encouraged to take part.

Different Not Less
We were proud to launch 'Different Not Less', a campaign that aims to improve care for people with learning disabilities or autism. The campaign was created by Consultant Vascular Surgeon Ginny Bowbrick, who is the mother of two autistic twins with severe learning disabilities, after she watched the horrific scenes from Whorlton Hall in the Panorama programme in May 2019.

We were pleased to gain extensive media coverage on the campaign and we are also speaking to other trusts who are interested in launching the campaign in their own organisations.

Annual Members' Meeting
This year's Annual Members' Meeting was a new experience for us all – it was hosted entirely virtually.

I am pleased to say that the change of format did not dampen proceedings and we had an excellent attendance and were able to provide an update to our community and stakeholders about the work that has happened over the last 12 months at Medway and our aspirations for the future.

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.

NHS
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Communications Update
October 2020

Photos of the month

Total social media impressions

167,846

Total media reach

29,704,424

Media mentions

35

Minutes of the Trust Board PUBLIC Meeting

Thursday, 03 September 2020 at 12:30 – 16:30

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
	Gary Lupton	Director of Estates and Facilities
	Glynis Alexander	Director of Communications and Engagement
	Harvey McEnroe	Strategic Commander/Winter Director
	Jack Tabner	Director of Transformation/IT
	Jenny Chong	Associate Non-Executive Director
	Rama Thirunamachandran	Academic Non-Executive Director
Attendees:	Alana Marie Almond	Assistant Company Secretary (Minutes)
	David Seabrooke	Interim Company Secretary
	Glyn Allen	Lead Governor
	Ian Renwick	Intensive Improvement Director NHSEI
	Jay Hettiarachchi	Presenting Item 3.1 - Respiratory Medicine
	Kirtida Mukherjee	Presenting Item 5.6 - Annual Medical Appraisal and Revalidation Report
	Ginny Bowbrick	Presenting Item 5.8 - Annual Me Ed Report
Observing:	Carol Atkins	MFT
	Paul Stephens	Patient/Member of the Public
Apologies:	Gurjit Mahil	Deputy Chief Executive (Annual Leave)

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. Chair hopes that the Board can meet face to face soon when it is safe to do so.

1.1.1 The hospital has been able to return to some pre-Covid normality on site and it was a great day when the Trust was able to welcome visitors back on site albeit within certain guidelines as it so important that patients are able to see their loved ones while they are recovering. While it is necessary to do this in a restricted way, it is hoped that the hospital will be able to ease this in the coming weeks and months.

1.1.2 There is never any respite in the NHS and following the great work from Trust colleagues during the height of the pandemic, they are now turning their attention towards winter. Winter is always a time of considerable pressure in the NHS, but with the twin threat of Covid and seasonal flu, the Trust must be more prepared than ever. It is encouraging to see colleagues enacting their well-rehearsed winter contingency plans and Chair has every confidence in their ability to meet the challenges ahead.

1.1.3 The Trust needs to ask the public for their help to get their flu vaccination use our emergency services appropriately and continue to follow the government guidance on Covid-19.

1.1.4 Chair stated that together, as a community, she has every faith that we can work together to protect services as the colder weather approaches.

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.

1.4.1 <u>Covid-19</u>

Over a number of weeks the Trust has seen the number of patients with Covid-19 down to single figures, which is extremely good news. James was delighted to confirm a number of volunteers are also now back in the hospital, providing a warm welcome on site, and offering support around the hospital in a number of different ways. The team continues to maintain areas for the care of patients with the virus, and closely monitor statistics to ensure the Trust is able to safely manage any increase.

1.4.2 <u>Restart and Recovery</u>

Senior leaders have been focused on restarting Trust services, so that people waiting for surgery or diagnostics receive their appointments, this work was progressed quickly and smoothly to minimise the disruption to our patients. Trust has made good progress especially in diagnostic work.

1.4.3 Planning for winter

In parallel with the restart programme, the Trust is well advanced with winter plans so that it is in the best possible position for an increase in demand and also for any second or subsequent waves of Covid-19.

The Trust will shortly be launching its campaign to encourage colleagues to have the flu vaccination, which plays a vital role in protecting our patients and colleagues from flu over winter. This year, more than ever, it will be important for as many colleagues as possible to have the vaccination. This extends to the local community and there is a campaign is being led by Glynis Alexander.

The Trust continues its communications to remind colleagues, patients and visitors of the importance of hand hygiene, face masks and social distancing, which all help reduce the spread of infection, not just for Covid, but for all infections. There will be more updates with the flu vaccinations over the coming months to the Board.

1.4.4 Trust Improvement Plan

Following the Board's approval of the Trust's Improvement Plan at the last meeting, the Trust has been implementing projects across the five pillars – High Quality Care, Integrated Health Care, Our People, Innovation and Finance. Some projects are already underway, and others are just beginning or due to start. It will take time to achieve all the improvements the Trust is keen to see, but the important thing is that the Trust has the commitment and engagement of our clinical colleagues who will be instrumental in improving the experience for our patients.

The plan has been shared widely and there is regular communications about progress. On 10 September there is an event that staff can find out more about each of the pillars; ongoing updates will demonstrate the difference we are making across all areas.

As well as working closely with colleagues who are delivering the plan, the Trust is also liaising with partners in the health and care system, and other stakeholders who have a keen interest, such as councillors and local MPs. Much of the communications is now virtual and seems to be working well whist we cannot be face to face. Glynis Alexander and the team are exploring more ways to communicate to colleagues.

1.4.5 Colleague Networks

Colleague networks are important forums for connecting with colleagues across the Trust, gaining insight and providing support. Following the successful relaunch of the Black, Asian and Minority Ethnic Colleague Network earlier this year, the Trust is now working towards the relaunch of the Colleague LGBTQI and Colleague Disability Networks. Leon Hinton will keep the People Committee updated with progress with these Colleague Networks.

1.4.6 Communicating with colleagues and the community

While engaging colleagues and local residents in the work of the Trust has been more challenging during the pandemic, the Trust has held some virtual events which have been well received. There has been an online engagement event for members, discussing our improvement plan, opportunities to engage with a number of community groups, and James has been invited to speak at several meetings. There has been plenty to communicate about through our regular newsletters, the media and social media.

1.4.7 Ewan reminded the Board that the Trust Charity can always support with funding with projects if necessary.

2 Minutes of the previous meeting and matters arising

2.1 The minutes of the last meeting, held on 06 August 2020 was reviewed by the Board. 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:
TB/2019/030, 60, 83, 98, 99, 100, 101, 102, 103 and 104

3 Specialty Presentation

3.1 Respiratory Medicine

David Sulch, Chief Medical Officer, introduced Jay Hettiarachchi who presented to the Board. This presentation was for the Board to hear from clinicians about their specialties in line with the clinically led principles of the Trust. The presentation included:

1) Who the Department of Respiratory Medicine consists of and an introduction to the team.
2) Scope of Work in the department and what the team does.
3) Recent achievements
4) Challenges
5) Opportunities
6) Covid Effort

[Post meeting note: the presentation was filed and emailed to the Board via email from Alana Almond]

3.2 Chair thanked the entire team for their skill and experience for how they have worked through the crisis. The entire service is excellent. Ewan seconded the Boards admiration and deep. Ewan asked that the Boards thanks are passed on to all.

3.3 Tony Ullman asked how the Trust can assist with reducing the risks. Jay stated that a rethink on the way that the team works and recruitment is really important.

3.4 Chair stated that she will discuss with James Devine how to put in place a mechanism for issues highlighted to the Board as part of the clinical presentations to be progressed by the executive team.

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. Integrated care was discussed at the Integrated Audit Committee.

4.1.2 Workforce BAF; the following changes have been made:
a) All risks have updated assurance activities and actions

4.1.3 Quality BAF; the following changes have been made:
a) The Quality risks have been reviewed and updated to ensure controls are clear and appropriate.
b) 5a – Risk reduced from 16 to 12.

c) 5b – Risk reduced from 16 to 9.
d) 5c – Has been updated to include the impact of Covid restart plan.
e) 5d – Risk reduced from 12 to 9.
f) 5e – New risk added regarding loss of or temporary moves of clinical services – Risk reduced from 20 to 6.

4.1.4 Process is working well and the sub groups are taking this seriously. David will speak to Gurjit Mahil on the frequency that the BAF comes to Board.

4.1.5 Tony Ullman 5a and 5b the Quality Assurance Committee (QAC) were delighted to see a reduction in these risks but will remain monitored. 5e will come back to the Committee. Tony will take this to be reviewed as an action for QAC.

4.2 Integrated Audit Committee Assurance Report

Mark Spragg, Chair of the Integrated Audit Committee, gave the Board an update on the Committee meeting held on 27 August 2020. The paper was noted and taken as read.

4.2.1 Internal Auditors Report – Serious Incidents; Partial assurance was given. New processes were in place from September 2019 but they still need to be embedded and developed, the plans in place address the root cause. Jane Murkin is lead on this and the Committee will review progress with these improvements. The time frame for reporting needs improvement.

4.2.2 Qualification in the accounts for the end of last year; limitation of scope, this arose because the Trust could not have a physical stock take due to Covid, so the auditors had to qualify the accounts as the stock valuation was above the materiality threshold. So we start this year with the same qualification which will appear in the accounts for March 2021, this is unavoidable. The Committee asked that all steps are taken to not have this happen again and for early planning to be in place.

4.3 Updating the Constitution

David Seabrooke, Company Secretary, informed the Board that a further review of the Constitution has been undertaken, the last review being in 2017 . The details were reviewed by the July meeting of the Council of Governors and there are no matters to report. David confirmed there has been no fresh legal advice on the changes as yet. David asked the Board to approve the update as follows:

4.3.1 A number of suggested amendments have been identified and the material matters are described below:

a) The Trust should consider relaxing current prohibitions on individuals having roles on other Boards, or being governors on other foundation trusts (e.g. paragraph 16 of the governors' disqualification criteria; paragraph 30 for the Board).
b) The Chair should appoint the Vice-Chair and Senior Independent Director, subject to consultation with the Council of Governors. (e.g. Annex 5 paragraph 2.5; Annex 6, paragraphs 2.4. and 2.5)
c) The process for the removal of a governor becomes a function of the Council of Governors, assisted by the Company Secretary.
d) Page 38, Election rules and promotion.

Chair asked that the Board noted the principles as above.

4.3.2 David confirmed that the full Constitution was made available with Board papers.

4.3.3 Glynis Alexander, as Lead Executive for the Council of Governors, thanked David for his work on the Constitution.

4.3.4 The Board **APPROVED** the proposed changes and asked that David organises an external legal review. **Action No: TBPU/20/105:** David Seabrooke to action.

5 Trust Board Business

5.1 Covid-19 Update/Restore and Recovery

Angela Gallagher, Chief Operating officer and Harvey McEnroe, Strategic Commander gave the Board an update for assurance.

5.1.1 The report provided the Trust Board with an update on the Covid19 response and next steps linked to the Phase 3 letter. The first draft of the plan will come to the Board in October 2020.

5.1.2 Restore and Recovery Programme

5.1.3 Urgent and local care

The main driver for the urgent and emergency care workstream is to work together as system partners to provide patients with a service which is responsive to meeting the emergency care standards in an environment which meets new infection control measures. The ambulance service, Medway NHS Foundation Trust, Medway Community Healthcare, mental health, social care and the CCG are working closely.

The key workstreams to support pathways ensure patients are seen by the right team are:

a) Direct Access Booking from 111 into the emergency department, same day emergency care and the urgent treatment centre. The Trust is working to introduce direct access booking into Medway NHS Foundation Trust by September 2020.
b) Direct communication between paramedics and ED consultants. The Trust is exploring the use of a digital solution for paramedics to dial in to gain consultant advice on whether the patient needs to be directed to ED or an alternative urgent care environment.
c) Maintaining improved flow of hospital beds while adhering to infection prevention and control regulations.

5.1.4 Elective Care

The focus for the elective care workstream has been to restore elective services for patients at both Medway Maritime Hospital and independent sector hospitals so patients can confidently attend clinic appointments, attend their diagnostic procedures and be admitted for elective surgery. Collectively the teams have worked together undertaking risk assessments, redesigning pathways, changing working patterns and set patient way finders to services throughout the hospital. Under the guidance of clinical, quality and infection control measures patients can now attend outpatients, diagnostics and attend for surgery within the acute hospital.

5.1.5 Outpatients

During the coronavirus pandemic, the Trust introduced a virtual outpatient appointment process to enable patients, where appropriate, to continue to have their outpatient appointments with the clinical teams. Since the end of June, following completion of all necessary changes within the outpatient department areas, patients have attended face to face appointments. Marshalls based at the front entrance of the hospital and in clinical areas welcome and signpost patients, minimising crossover of patients and colleagues walking around the hospital. Additionally extra capacity has been created outside of the hospital to hold outpatient appointments for some specialties where required.

5.1.6 Diagnostics

The Trust has restarted all diagnostic and imaging services for elective patients. The Medway and Swale Local and Primary Care teams are focused on six areas:

1) Early cancer diagnosis
2) Population Health Management
3) Meeting health inequalities
4) Improve access to services for patients
5) Supporting the development of Primary Care Networks
6) Early cancer diagnosis

5.1.7 Phase 3 – Sir Simon Stevens letter

This work focuses on the efforts to reduce unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels. The Trust is now open to all Cancer services back to pre-pandemic levels.

5.1.8 Winter Preparation and Covid wave2

Whilst the Trust appreciates that there are lessons to be learnt and maintaining benefits from news ways of working, it also recognises that telephone/video consultations will not be right for some people and some types of appointment. They would not replace the ability to see a clinician face to face but they are offering more convenience and flexibility for people and reducing the need for people to travel to healthcare settings.

With any plans for restart that may involve adopting new ways of working we will be considering patient and public engagement requirements to ensure the views of local people have shaped our plans.

5.1.9 The Trust has commenced its winter plan for winter 2020, which will include:

a) Surge planning for winter pressure
b) Covid wave2 impact plan
c) EU transition plan
d) PHE surge plan and incident response plan

The national team via the Kent and Medway ICS has requested that the Trust and the ICP winter plan consider a number of options, which will feature in the Winter Plan.

5.1.10 Covid19 Wave2 planning

Working with the regional and national teams across the NHS and PHE the Trust is well underway on its Covid second wave impact plan. The wave2 plan will focus on three regional scenarios, working from the reasonable worst case through to the reasonable best case. The Covid wave2 plan will pull upon the lessons learned from wave one and will pull in all partners.

Harvey confirmed that a first draft of this plan will be ready for 14.09.20 with executive review on 17.09.20; this will come to the Board in October 2020.

5.2 Sustainability and Transformation Update

Harvey McEnroe, asked the Board to note the update. The report was taken as read and provided an update to the MFT Trust Board on the STP and its transition into the ICS. The update and report provided a summary on:

a) Update on STP transition to ICS
b) STP/ICS Vision Summary
c) ICS Executive Structure

5.2.1 Glynis wanted to clarify to the Board that on page 46 and 47 of the board papers in Section 4, titled 'ICS Executive Structure', the information is showing the CCG executive team. Just to clarify the roles named are the CCG team who support ICS but they are not specifically an ICS executive team.

5.3 Integrated Quality Performance Report

Jane Murkin, David Sulch and Angela Gallagher presented on behalf of Gurjit Mahil, Deputy Chief Executive, and 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.

5.3.1 This report informs Board Members of the quality and operational performance across key performance indicators for July 2020. Angela Gallagher gave an update on the following:

5.3.2 Effective

VTE performance for July sits at 94.1% against the 95% national target. Fractured NOF procedures within 36 hours performance remains at 72% and 7 day readmission rates remain below the a national standard (10%) at 6.5%.

5.3.3 Responsive

The Trust saw the 4 hour performance standard reaching 90.7% for July 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 2 week wait performance for June continues to be achieving national standards at 98.05%; 62 day performance is recorded as 61.76%.

5.3.4 Ewan Carmichael asked how the hospital feels at the moment. David Sulch said that it was reasonably quiet at the weekend for general medicine; colleagues have been able to have a break. There is a general nervousness about the uncertainty of what may come with Covid and the winter period. There are still challenges with flow. Jane Murkin confirmed that communication and support for colleagues is ongoing. James Devine agreed with this, there are some risks going forward into the winter period due to national decisions made and the enhanced critical care capacity not being approved. Just need to plan ahead for these things and the Trust must keep people informed, motivated and resilient.

5.3.5 Jane Murkin gave an update on the following:
Quality; The QAC is monitoring quality and Quality Strategy with robust updates and discussions. The Quality and Safety Board is now established, which focuses on harm from falls. There is a focus on mixed sex accommodations.

5.3.6 David Sulch gave an update on the following:
Mortality HSMR is below 100. There is a call with Dr Foster next week on Covid mortality. First cut of data looks promising at the moment. Fractured Neck of Femur is in the low 70 and there will be a robust discussion on this at QAC. Hospital acquired infections is running lower than at the same time as 2019.

5.4 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, 28 July 2020. The paper was taken as read. Escalation items were noted as:
- Note the improvement in the assurance ratings

- Risks around planned care into winter
- IPC and CoSHH
- Recommendation on the CQC actions

5.5 Dermatology Service Update

Jane Murkin, Chief Nursing and Quality Officer, asked the Board to note the update.

5.5.1 Following the identification of concerns relating to a significant number of patients waiting for urgent procedures, approximately 1800 patients and approximately 7500 patients on a backlog waiting list who had waited over and above NHS mandated waiting times for routine and urgent treatment. The dermatology service for Medway patients was prior to its suspension of contract provided by DMC Healthcare.

5.5.2 The Chief Executive and Chief Nursing Officer for MFT formally contacted the CCG Accountable Officer and Chief Nurse to raise their concerns relating to the dermatology service and the impact of the delays on the quality of care for patients, including the significant number of patients that might have a potential cancer diagnosis.

5.5.3 On 22 June 2020 the DMC dermatology contract was formally suspended by Kent and Medway Clinical Commissioning Group (CCG) due to serious concerns regarding patient care. This paper provides the background information, relevant details and actions taken to ensure an effective interim service is in place.

5.5.4 This report was an agenda item at the Quality Assurance Committee on 18 August 2020.

5.6 Annual Medical Appraisal and Revalidation Report

Presented by Kirtida Mukherjee, she informed the Board that the paper was submitted to;

1) Provide assurance to the Board as part of the Responsible Officer's Regulations.
2) To seek approval of the statement of compliance confirming Medway NHS Foundation Trust is in compliance with the regulations.

The paper was taken as read.

5.6.1 Medway NHS Foundation Trust has 402 doctors contracted as at 31st March 2020. 363(90.2%) of the Doctors have completed an appraisal for the reporting year. 36(8.9%) of the Doctors had an approved missed or incomplete appraisal for the reporting year. 3(0.8%) had unapproved missed appraisals.

5.6.2 For the year ending 31 March 2020, there were 109 doctors due to revalidate. 103 Doctors received a positive recommendation for revalidation, 10 doctors received recommendation for deferral, out of which five doctors were revalidated within the mentioned appraisal year (these have been counted in the figure above). The Trust made a non-engagement recommendation for two doctors, who subsequently engaged.

5.6.3 External Quality Assurance Review of Appraisal Portfolios (conducted by MIAD HealthCare) was commissioned in January 2020 which concluded that the output for the appraisers working with the Trust DB during 2019/20 appraisal years is of a very high and consistent standard. Several recommendations have been made to further improve the quality of appraisals which will be fed back to the doctors and included in the internal quality check.

5.6.4 Mark Spragg asked how do we know doctors are who they are and are they safe to practice. Leon Hinton is going to check on the KPMG Audit that was done for assurance, the GMC register is checked and Kirti confirmed there are robust check and referencing systems in place.

5.6.5 The Board **APPROVED** the paper for submission.

5.7 Rare Diseases Update

David Sulch, Chief Medical Officer, asked the Board to note and discuss the paper.

5.7.1 The Trust Board heard a patient story at the September 2019 meeting from Armaan Jameel and his mother. Armaan told the Board about his experiences living with a rare disease; *beta-thalassemia major* and the challenges this posed when he was admitted to the Trust for treatment. The Board asked for more information on how the Trust should approach the process of care for patients with rare diseases and what improvements could be made.

5.7.2 The Trust should do more work to empower patients and their families to be more involved with management of their healthcare, as they are experts in their care, especially with rare diseases.

5.7.3 The paper details how the Trust can take this forward and includes bringing in experts in their field to broaden knowledge.

5.7.4 Chair suggested that this transfers to the QAC Work Plan and the Board has periodic updates.

5.8 Annual Medical Education Report

Presented by Ginny Bowbrick, the paper was taken as read, she informed the Board of:

a) The structure of Medical Education
b) Medical Education strategy, with progress against objectives with current opportunities, focus for improvements and potential threats to delivery
c) Medical Education response to and experience of COVID19
d) Update on HEKSS Quality Visit action plans
e) Educational Supervision
f) KMMS progress

5.8.1 MFT has one Director of Medical Education supported by one Deputy Director of Medical Education and Medical Education Manager to oversee medical training, with educational leads within different programmes and specialties to oversee delivery. The DME is accountable to the Trust Medical Director and Health Education Kent Surrey Sussex Postgraduate Dean.

5.8.2 At present Medical Education is being hampered by the lack of progress over our budget discussions with the Finance Department. Any provision for improvements whether that is related to the Medical Education Centre, teaching or association with KMMS is at present suspended until this can be resolved.

5.8.3 The Chief Registrar role in Planned Care will be vacant from October 2020 this role is crucial and Ginny urged management to have this resolved.

5.8.4 Finances; Ginny stated that she cannot move forward with the business case or accept students until this is resolved and asked for urgent resolution on this matter. James Devine confirmed that this is not for Board escalation at present. The Board is committed to doing what it needs to do to make Medway an attractive place for students and Junior Doctors. James also stated that these Junior Doctors have decided to stay on after the Covid crisis which is a testament to the Trust.

5.8.5 Should commend all the Junior Doctors for their flexibility and hard work during the crisis.

5.8.6 The Board was requested to:

1) Be aware of the risks identified within Medical Education, which are:

- Delayed configuration of the Medical Education Centre
- Oversight of budget

2) Receive an update on Medical Education's response to COVID19
3) Receive an update on HEEKSS Quality Visits
4) Receive an update on Educational Supervision in the Trust

5.8.7 The Board thanked Ginny for the comprehensive update to the Board and **NOTED** the paper.

5.9a Fire Update

Gary Lupton, Director of Estates and Facilities, asked the Board to note the performance reported and consider as is appropriate. The report was taken as read. The Trust Board has extensively kept under review fire safety risks at Medway Maritime Hospital. The Trust Board recognise improvements in fire safety are required and has committed to putting these in place, ensuring that capital funding is ring-fenced in order to do this.

The Fire Assurance Group undertook monitoring on behalf of the Trust Board until the completion of the cladding replacement project. This assurance will now come from the Fire Safety Capital Programme Board via the Strategic Health and Safety Committee.

The key highlights were:

a) Internal plaster boarding completed in 474 rooms.
b) Cladding replacement Completed, project wrap up in process.
c) Installation of a permanent platform lift enabling bed and incubator evacuation without the need to transfer patients across the roof of Arethusa between level 4 Green Zone, and Level 5 Red Zone.
d) Installation of a network of Advance fire alarm panels across the site and connections made to areas undergoing refurbishment. Fire lighting is also included in this.
e) Investment in the existing fire alarm system to maintain its functionality during the replacement project.
f) Commencement of a lift refurbishment programme, including increasing the provision of lifts with dual supplies.
g) A further £7.44m bid for capital was submitted due to a level of previously underestimated costs and additional works identified. In lieu of this funding, the trust Board has committed to ring fence monies from future capital allocations to ensure the projects continue.
h) Fire door maintenance is ongoing.
i) Kent Fire and Rescue Service gave some feedback and stated that they were: "Happy with what they see when they attend Medway, so will not audit this year"; this does give us a good level of confidence but the Trust will not be complacent and will continue to monitor and maintain closely. Gary welcomes their monthly informal visits.

5.9b Health and Safety Update

Gary Lupton, Director of Estates and Facilities, asked the Board to note and approve the contents of the report which aimed to ensure the Chief Executive and the Board, are updated of the Trust activities relating to Health & Safety compliance during the period of 04 June 2020 and 03 September 2020. The paper was taken as read and the key highlights were as follows:

a) Section 2.3 – importance to have the Health and Safety Key Workers around the organisation. There needs to be more of this and more people appointed to these roles. These people need to be trained and given time as part of their working week to do this work for the Trust. This has been raised at Executive Group and is being dealt with through virtual training.

b) Table 7 – number of incidents is down but there needs to be caution on this particular area as patient footfall has been reduced this year.

Chair asked that Gary comes back if there is need for any support.

5.10 Committee Effectiveness Reviews 2020

David Seabrooke, Company Secretary, gave a verbal update to the Board; the Committees need to do this for governance reasons. This year the self-assessment reviews will be done through the online software of Survey Monkey. The next to action is QAC he will send an email to Committee members to explain.

5.11 EPRR BC Policy

Angela Gallagher, Chief Operating Officer, asked the Board to approve the policy which was a combination of the EPRR Policy and the BC Policy and an expansion on both previous versions to include:

a) Mandatory training for colleague groups
b) Specific section that addresses funding
c) Risk Assessment

The paper was taken as read. James Devine brought Page 9 of the Policy to the Board's attention, as it shows the Trust Board's responsibility. Angela Gallagher added that there will be regular table top exercises to test that the business continuity aspect are feasible. Training is a key part of this and clarity of roles and responsibilities.

Harvey McEnroe said that he is leading but he will pick this up with David Seabrooke. James asked that an addendum is added rather than further changes.

The Board **APPROVED** the policy subject to the change above.

6 Innovation

6.1 Trust Improvement Plan – Monthly Update: IPC and CoSHH

James Devine, Chief Executive and Jane Murkin, Chief Nursing and Quality Officer, took the paper as read and asked the Board to note the performance reported and consider as appropriate.

6.2 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, pump controlled dispensers, colleague behaviour and understanding the need to improve at pace to ensure long-term sustained changes are implemented, recent evidence suggests some improvements and additional planned physical controls should greatly contribute to improving the results. This result whilst also dealing with Covid is an achievement. The IPC Action Plan (led by Jane Murkin, David Sulch and Ian Hosein) is a work in progress; the practice is being embedded in everyday life.

6.3 The improvements will continue to be measured from these key areas; routine monthly Health and Safety team led auditing, training of local Health and Safety link workers, local monitoring and guidance from ward leadership and departmental Health and Safety link workers on each ward undertaking regular audits. Housekeeping supervisors will include auditing of COSHH into their daily routine. There is an improving position with results from these audits.

6.4 Management involvement is critical to making these changes, they will need to actively drive the completion of training and make colleagues available to undertake the role of the Health and Safety link worker for their area.

6.5 Committees and sub-groups will now track the IPC and CoSHH issues.

6.6 Jane Murkin confirmed that there is a comprehensive approach taken and a range of assurances that are taken to Executives, Committees and to Board. Gary Lupton agreed.

6.7 Chair offered the Board's full support on this matter. Good progress is being made and there is still work to be done. The Board **NOTED** the paper with more work to be done.

7 Financial Stability

7.1 Finance Report – Month 4

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

7.1.1 The Trust reports a deficit of £10k in month and £43k year to date, which adjusts to break even against the NHSE/I control total.

7.1.2 CIP

Schemes delivered to date relate to the full year effect of schemes from 19/20, efficient use of theatres, as well procurement and pharmacy savings from nationally agreed prices. The CIP forecast is currently as per budget, the gap at the end of July to the total plan has reduced to £0.7million. Over achievement against plan is due to timing differences of schemes delivered.

7.1.3 Capital

Capital expenditure is currently behind plan YTD due to contractor delays and reprioritisation of schemes. Recently the Trust has been awarded a further £4.3million of PDC from the national Critical Infrastructure Fund (CIF) and this is reflected in the forecast. Since the month end a further £0.9million has been awarded for ED projects, but this is not yet reflected in the forecast.

7.1.4 Cash

Cash balances held at 31 July were £28.9million in excess of the plan. This is mainly due to temporary Covid related changes to contract payment profile and delays in the capital programme. Additional contracts have been received one month in advance and monthly top up funding received in replacement of quarterly FRF and MRET payments.

7.1.5 Activity

Clinical income based on the consultation tariff would have reported a year to date position of £61.0million, this being £21.5million adverse to the draft budget. In month performance excluding high cost drugs is £20.9million compared to a Q1 monthly average of £13.4million; this is a significant improvement following the restart programme and in-month is under performing against plan by 4 percent.

7.1.7 Covid Capital Funding

Monies in respect of Covid capital claims are still unapproved from NHSEI. This is a national position. If this not funded by NHSEI, funds will need to be drawn from the Trust's capital allocation.

7.2 Finance Committee Assurance Report

Jo Palmer, Chair, took the paper as read and informed the Board of the following key issues.

7.2.1 The risks to note are; capital expenditure and additional funds from the centre plus concentration risk from construction partners.

7.2.2 The Trust has requested that no more than 30 percent of the available construction work is allocated to a single supplier, to address supplier concentration risk. The Trust will be taking appropriate legal advice to ensure compliance with all applicable law.

7.2.3 The other area to highlight was the implementation of the Best Flow recommendations.

8 Our People

8.1 People Committee Assurance Report

Sue Mackenzie, Chair of the People Committee, gave the Board an update on the Committee meeting held on 18 August 2020. The paper was taken as read.

8.2 This was the second meeting of the Committee and it had a more focused agenda. The next meeting will be on 21 September 2020.

8.3 Sue asked the Board to note that within the NHS People Plan there are 89 actions that are applicable to trusts. The Committee has agreed to take smaller segments to focus on at each meeting and the HR team will look at the People Programme.

9 Any Other Business

9.1 Council of Governors Update

Glyn Allen, Lead Governor gave the Board a verbal update.

a) The Council of Governors continues to meet virtually on MS Teams; the Council looks forward to the day when they can meet physically.
b) The Governor Elections for the two positions in the Medway Constituency is now open; there are 8 candidates and the results will be declared on 15 September 2020.
c) A virtual Members meeting was held to engage in July 2020, which focused on the Trust Improvement Plan. Was well presented but not as well attended. The next one focuses on Infection Prevention Control.
d) The Annual Members Meeting on 17 September will be held virtually. Engaging with the local community has been difficult during the pandemic. Glynis Alexander and the Comms team have continued to communicate, through the work of the Community Engagement Officer.
e) The appointment of a substantive Trust Chair has been revitalised by recruitment agency, Harvey Nash. The Shortlist Panel is on 16 September 2020 with Interviews taking place on 06 October 2020.

9.2 BAF Reflection

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

a) Nothing should be changed from today's meeting
b) Tony Ullman confirmed that he will take 'Loss of Services' will go back through QAC.

9.3 Questions from the Public

No questions from the public.

9.4 Any Other Business

There were no matters of any other business.

10 Date and time of next meeting

The next meeting will be held on Thursday, 01 October 2020, 12:30 – 15:30.

The meeting closed at 16:25

These minutes are agreed to be a correct record of the Trust Board of Medway NHS Foundation Trust held on Thursday, 03 September 2020

Signed …….. Date …….
Chair

Board of Directors in Public
Action Log

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

Actions are RAG Rated as follows:

Meeting Date	Minute Ref / Action No	Action	Action Due Date	Owner	Current position	Status
02-Jul-20	TBPU/20/85	MFT Research Project Report	05-Nov-20	Iram Ahmed, Senior Clinical Research Practitioner	Propose to close - added to work plan	Green
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.	01-Oct-20 ~~06-Aug-20~~	Jane Murkin, Chief Nursing and Quality Officer	Update on position at October meeting - JM to bring action plan and analysis report after submission to Execs and QAC	
03-Sep-20	TBPU/20/105	**Updating the Constitution:** organise for an external lawyer to review the Constitution with the current changes.	01-Oct-20	David Seabrooke, Company Secretary	Propose to close - Conversation with Sintons has been held and advice received.	Green

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

Title of Report	**Board Assurance Framework Update**	**Agenda Item**	4.1
Report Author	Gurjit Mahil, Deputy Chief Executive Officer		
Lead Director	Gurjit Mahil, Deputy Chief Executive Officer		
Executive Summary	The Board Assurance Framework (BAF) is the means by which the Board holds itself to account and defends its patients and staff as well as the trust. It helps to clarify what risks will compromise the Trust's strategic objectives.		
Resource Implications	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 – Board Assurance Framework		

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)	**3 x 3 = 9 (Moderate)**	3 x 3 = 9 (Moderate)	3 x 3 = 9 (Moderate)
2c – Funding for investment	3 x 3 = 9 (Moderate)	**3 x 3 = 9 (Moderate)**	3 x 3 = 9 (Moderate)	3 x 3 = 9 (Moderate)

No further changes.

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)	**3 x 3 = 9 (Moderate)**	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 3 = 12 (Moderate)	**4 x 1 = 4 (Very Low)**	4 x 1 = 4 (Very Low)	4 x 1 = 4 (Very Low)

No further changes.

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)

All risks have updated assurances and actions.

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)**	3 x 2 = 6 (Low)
5c – Patient flow – Capacity and demand	3 x 4 = 12 (Moderate)	**3 x 4 = 12 (Moderate)**	**3 x 4 = 12 (Moderate)**	3 x 2 = 6 (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

The Quality risks have been reviewed and updated to ensure controls are clear and appropriate.

5e – Rating to be reviewed by the Executive Team.

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: Innovation										
EXECUTIVE LEAD: Director of Transformation/ Digital										
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 and the organisation's role therein.	Trust may slow down investment in digital innovation to keep to the pace of the STP.	4 x 4 = 16 **High**	1. Establish Digital Delivery Group in the Trust which will also consider the wider interfaces to the STP and the emerging ICS and ICP. 2. Maintain priority and focus on the investment on digital technology within the Trust which supports the Trust wider transformation agenda.	Senior IT and Transformation Team Weekly CIO call with all provider Trusts.	Digital Delivery Group in place. Reporting to the Executive Team Reporting to the Executive Team every fortnight.	NHS X / E/I, and NHS Digital reviews.	Development of longer term Digital and innovations Strategy Agree Digital Governance	**3 x 3 = 9 Moderate**	**3 x 2 = 6 Low**	Partial
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**	3. Prioritisation of digital programmes to support key transformation deliverables. 4. Review and restructure IT Services department undertaking a capability and skills assessment 5. Seek private sector partners to support the delivery of foundation services	IT services have undertaken a skills review with a proposed new structure, further work with HR required deploying.	Trust Improvement Board – Innovation Pillar	NHS X / E/I, and NHS Digital reviews.	Development of longer term Digital and innovations Strategy System approach to IT services	**4 x 3 = 12 Moderate**	**3 x 3 = 9 Moderate**	Partial
2c There is a risk that the Trust will be unable to secure sufficient funding for investment in clinical research. 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**	6. Trust investment in the R and D 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. 7. Partnering arrangements being secured for managed services in a number of areas to enable cost of innovation to be spread over the life, as well as ensuring there is sufficient expertise for optimum implementation and adoption. 8. Continue to work with the STP (ICS) and NHS England, NHS X, and NHS Digital to apply for digital innovation funds when released. 9. Work with the ICP, CCG and other external partners to secure funding to support collaborative working. 10. Agree the capital programme for the delivery of digital innovation and foundation IT services. 11. Ensure that best value is being delivered through current contracts. 12. New IT solutions in place during Covid lockdown. a. MS Teams b. Virtual outpatients	Senior IT and Transformation Team	Trust Improvement Board – Innovation Pillar	NHS X / E/I, and NHS Digital reviews.	On-going discussions with I/E regarding funding.	**3 x 3 = 9 Moderate**	**3 x 3 = 9 Moderate**	Partial

COMPOSITE RISK: Finance										
EXECUTIVE LEAD: Director of Finance										
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.		3 x 3 = 9 **High** **April 2020** (Previous risk rating: Mar 2020 3 x 4 = 12 **High)**	3 x 3 = 9 **Moderate** (Previous target risk rating: Mar 2020 3 x 2 = 6 **Moderate)**	Partial
			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** April 2020 (Previous risk rating: Mar 2020 4 x 4 = 16 **Extreme)**	4 x 3 = 12 **Moderate**	

COMPOSITE RISK: Finance										
EXECUTIVE LEAD: Director of Finance										
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 **Moderate April 2020** (Previous risk rating: Mar 2020 4 x 4 = 16 **Extreme)**	4 x 1 = 4 **Very Low** (Previous target risk rating: Mar 2020 4 x 3 = 12 **High)**	**Partial**
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 **Very Low**	4 x 1 = 4 **Very Low**	**Full**

COMPOSITE RISK: Finance										
EXECUTIVE LEAD: Director of Finance										
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: 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)	2019-22 People Strategy in place with monitored delivery plans. (People Committee)		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] To review actions following the publication of the NHS People Plan 2020/21 (due August 2020).	**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 13%. 2. Sickness rate 4.2% 3. Substantive workforce 85%					
			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 4% 4. Bank workforce 11%					
			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 117 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.	People Committee		Local survey action plans to be developed and discussed through PRM processes. March 2020-August 2020 Delivery of Freedom to Speak Up strategy [Mar 21] To review actions following the publication of the NHS People Plan 2020/21 (due August 2020).	**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.	1. You are the difference (YATD) commenced in Q2 18/19, Phase 2 implemented February 2019 2. YATD Ambassador programme implemented to further embed ethos locally and sustain the programme.						
			Staff Communications: a. Weekly Chief Executive communications email; b. Monthly Chief Executive all staff session (December 2018 onwards); c. Senior Team briefing pack monthly.	Communications routes well-established in Trust.						
			Staff Survey results: Annual report to Board demonstrating: c. Trust scores across key domains; d. Comparative results from previous years and other organisations; e. Heat maps for targeted interventions. f. 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. Promoting professionalism pyramid for peer messaging concerns, actions and behaviours; c. Respect: countering bullying in the workplace policy; d. Joint staff (JSC) and local negotiating committees (JLNC) to engage with the workforce.	1. Freedom to speak up guardians in place; 2. Promoting professional pyramid in place, training for peer messengers continuing; 3. Respect policy in place; 4. 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.	1. Employee assistance programme launched and live; 2. Advice, education and Connect 5 programmes live.						

			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 since June 2018; 2. Qualitative and quantitative values-based appraisal in place since April 2018.						
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.	People Committee		Delivery of Freedom to Speak Up strategy [Mar 21] To review actions following the publication of the NHS People Plan 2020/21 (due August 2020).	**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 StatMan (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 >92% 2. Appraisal rate >88%						
			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 since June 2018; 2. Qualitative and quantitative values-based appraisal in place since April 2018; 3. Promoting professional pyramid in place, training for peer messengers continuing; 4. Respect policy in place.						
			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 temporary staffing usage at PRMs; c. Reporting to Board of substantive to temporary staffing paybill.	1. Trust vacancy rate at 13%; 2. Substantive workforce 85%; 3. Monthly PRM including discussion on workforce, vacancies, 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.						

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	Quality Panel Governance in place 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	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 Report on the first eight ward visits completed to be undertaken by end of August – report produced for September Executive Group meeting and QAC	**4 x 3 =12 Moderate August 2020**	**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 Matrons Development Programme in place Heads of Nursing Development Programme in place Aspiring ward leaders programme commissioned to commence 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.						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. 'Big room' event held on 17 July in partnership with the Innovation Institute celebrating improvements in pressure ulcer reduction. f. Second 'big room' event planned for 18 September with a focus on nutrition	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 Second 'big room' event planned for 18 September with a focus on nutrition			Partial
			4. Audit and review processes d. Clinical Audit programme and monitoring e. Daily MSA breach reporting and validation f. PLACE, COSHH and environmental audits	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

			g. Timetable of audits to support CQC action plan in place and being implemented								
			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. 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 averaging 50% 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 bacteremia, 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		**3 x 4 = 12 Moderate** **June 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

NHS Medway NHS Foundation Trust

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

Title of Report	Corporate Risk Register	**Agenda Item**	4.2
Report Author	Tracy Kelly - Assistant Head of Corporate Governance and Legal Paul Mullane - Head of Corporate Governance and Legal		
Lead Director	Gurjit Mahil – Deputy Chief Executive		
Executive Summary	A summary of the Corporate risk register as of the 17 September 2020 is presented below. Changes in 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 Trust's principal risks are:		

Risk	Target Score	Initial Score	Sep-20	Actions Taken
Delivery of CIP	6	15	**16**	Continued support for all areas. Focus on the red schemes to ensure all the appropriate checks have been taken place in order to ensure delivery. Further support being provided by Finance Improvement Director.
Mental Health Pathways	4	16	**16**	The Trust has clear actions in place for this patient group. Performance and processes are given oversight in the Local Accident and Emergency Delivery Board (LAEDB) with system partners.
Covid 19	4	16	**16**	The risk is related to the reduced ability to manage the day to day activity within the Trust. Actions are in place through the restore and recover work that is currently being undertaken.
NKPS	4	16	**16**	Processes and escalations have been updated and the Trust is currently reviewing the performance before any further

				changes are applied to the score.
Management and Control of Secure Areas and COSHH	2	16	**16**	COSHH audits in place. Estates now working on sensor applications.
Operational Performance and Delivery of Standards	4	16	**16**	Restore and recover plans currently in place.

Committees or Groups at which the paper has been submitted	Executive Group
Resource Implications	N/A
Legal Implications/Regulatory Requirements	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 authorisation. 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.
Quality Impact Assessment	N/A
Recommendation/ Actions required	The Board is asked to note the report for assurance regarding the processes in place around risk management.

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

Appendices	None

1 Risk Assurance Group (RAG)

1.1 The Risk Assurance Group has the objective to provide scrutiny, oversight and management of risk to ensure they are adequately described and mitigated.

2 Corporate Risk Register

2.1 There are a total of 20 risks on the risk register with 84 linked divisional risks scoring 15 and above.

2.2 Changes to risks are detailed below:

6 with decreased score

Risk Domain		Target Score	Initial Score	Aug-20	Sep-20	Actions Taken
Patient Safety	IPC Compliance	4	16	16	**9**	IPC Action plan in place and outcomes being monitored.
	Un-investigated open Datix	4	16	12	**6**	Sustained reduction in number of backlog incidents with support from the central team.
Service / Business Interruption	Estates	4	16	9	**6**	Backlog is being managed through the capital programme and investments have been made.
	Equipment Failure	4	12	9	**6**	Audit completed. Failure rates are within normal range, some areas of investment required.
Fire / Safety /Security	ED Staff Security	4	16	16	**12**	Analysis has shown a decrease in incidents as numbers of patients have reduced. To be monitored as patient attendances increase.
Corporate Compliance	CQC Compliance	4	16	16	**12**	Framework for monitoring actions in place.

1 with an increased score

Risk Domain		Target Score	Initial Score	Aug-20	Sep-20	Actions Taken
Finance	Delivery of CIP	6	15	12	**16**	Continued support for all areas. Focus on the red schemes to ensure all the appropriate checks have been taken place in order to ensure delivery. Further support being provided by Finance Improvement Director.

13 with no movement in risk score

Risk Domain		Target Score	Initial Score	Aug-20	Sep-20	Actions Taken
Patient Safety	Safe Medical Staffing	4	12	8	**8**	Known risk with the Deanery in terms of number of junior doctors allocated to the Trust and the clinical services. Early engagement processes in place to identify gaps in services.
	Fire Safety Risks	4	15	15	**15**	Fire Safety Programme in place. Large amount of estates work

						has been completed and action plan to be monitored through the Fire Capital Programme Board.
	Lift Availability	4	16	12	**12**	Clear actions in place to replace key lifts and installation of new lifts. Managed through the Fire Safety Programme.
	Weekend Mortality	4	15	15	**15**	Weekend consultant model has been reviewed, additional on-site consultants in place to cover weekend sessions in key pathways. This risk is reviewed in Quality Assurance Committee.
	Mental Health Pathways	4	16	16	**16**	The Trust has clear actions in place for this patient group. Performance and processes are given oversight in the Local Accident and Emergency Delivery Board (LAEDB) with system partners.
	Covid 19	4	16	16	**16**	The risk is related to the reduced ability to manage the day to day activity within the Trust. Actions are in place through the restore and recover work that is currently being undertaken.
	eDNs	3	12	15	**15**	Business Intelligence Team are reviewing the data capture methods of completion of eDNs in conjunction with the medical director's team.
Service / Business Interruption	Innovation and Digital Technology	9	16	12	**12**	Work has been completed in the development of the Digital Strategy which indicates milestones for key IT projects.
	NKPS	4	16	16	**16**	Processes and escalations have been updated and the Trust is currently reviewing the performance before any further changes are applied to the score.
Quality and Audit	Learning from Incidents, Claims and Complaints	4	12	9	**9**	Complaints process review currently underway. Results and actions to be determined post completion. Systems being reviewed in order

						to ensure triangulation of all information.
	Breaching Deprivation of Liberty Safeguards Legislation	4	16	12	**12**	Working with system partners to ensure appropriate pathways are in place, further work is required by the Local Authority in order to improve the process time of the referrals.
	Management and Control of Secure Areas and COSHH	2	16	16	**16**	COSHH audits in place. Estates now working on sensor applications.
	Operational Performance and Delivery of Standards	4	16	16	**16**	Restore and recover plans currently in place.

3 Conclusion and Next Steps

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

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

Title of Report	**Code of Conduct Review**	**Agenda Item**	4.3
Report Author	David Seabrooke, Company Secretary		
Lead Director	Gurjit Mahil, Deputy Chief Executive		
Executive Summary	The Board Code of Conduct has, as part of its routine review, 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. The Conflicts of Interest (CoI) Policy emphasises that as the NHS landscape changes, CoIs potential/CoIs should be declared and then appropriately managed.		
Resource Implications	None		
Quality Impact Assessment	Not required.		
Recommendation/ Actions required	To approve the revised Code of Conduct for Board Members		
	Approval ☒	**Assurance** ☐	**Discussion** ☐	**Noting** ☐
Appendices	Code of Conduct Declarations of Interest form Board Register of Interests at September 2020		

BOARD OF DIRECTORS CODE OF CONDUCT

INTRODUCTION

Public service values are and must remain at the heart of the National Health Service. High standards of corporate and personal conduct based on a recognition that patients come first, have been a requirement throughout the NHS since its inception. Moreover, since the NHS is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of those public funds.

Medway NHS Foundation Trust is required by its provider Licence to comply with the principles of best practice applicable to corporate governance in the NHS/Health Sector and with any relevant code of practice.

The expectations of the NHS in respect of standards of corporate conduct are set out in guidance issued by NHS England.

This Code of Conduct applies to all Board Directors (Executive and Non-Executive). It also applies to other non-Board Directors of the Trust who regularly attend and participate in Board discussions.

PUBLIC SERVICE VALUES

All directors and employees are expected to abide by the Nolan principles of: selflessness, integrity, objectivity, accountability, honesty, transparency and leadership:

Selflessness

Holders of public office should take decisions solely in terms of public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in their performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of the public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and

actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of the public office should promote and support these principles by leadership and example.

GENERAL PRINCIPLES

Public service values matter in the NHS and those who work in it have a duty to conduct NHS business with probity. They have a responsibility to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct. The success of this Code depends on a vigorous and visible example from the Trust Board and the consequential influence on the behaviour of all those who work within the Trust. The Board accepts its clear responsibility for corporate standards of conduct and expects that this Code will inform and govern the decisions and conduct of all Board directors.

Openness and Public Responsibilities

Health needs and patterns of provision of health care do not stand still. There should be a willingness to be open with the public, patients and with staff as the need for change emerges. It is a requirement that major changes are consulted upon before decisions are reached. Information supporting those decisions should be made available, in a way that is understandable, and positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation.

NHS business should be conducted in a way that is socially responsible. As a large employer in the local community, the Trust should forge an open and positive relationship with the local community and should work with staff and partners to set out a vision for the organisation in line with the expectations of patients, members and the public. The Trust will seek to demonstrate to the public that it is concerned with the wider health of the population including the impact of the Trust's activities on the environment.

The Trust has adopted policies and procedures to protect confidentiality of personal Information and to ensure compliance with the Data Protection Act, the

Freedom of Information Act and other relevant legislation which will be followed at all times by Board directors and all staff.

Public Service Values in Management

It is unacceptable for the board of any NHS organisation, or any individual within the organisation for which the board is responsible, to ignore public service values in achieving results. Members of the Board have a duty to ensure that public funds are properly safeguarded and that at all times the Board conducts its business as economically, efficiently and effectively as possible - as required by statute.

Accounting, tendering and employment practices within the Trust must therefore reflect the highest professional standards. Public statements and reports issued by or on behalf of the Board should be clear, comprehensive and balanced, and should fully represent the facts. Annual and other key reports should be issued in good time to all individuals and groups in the community who have a legitimate interest in health issues to allow full consideration by those wishing to attend public meetings on local health issues.

The standards of conduct expected by the Trust are set out in the Conflicts of Interest Policy.

Legal Duty to avoid Conflicts of Interest

Under Section 18B of the National Health Act 2006, directors have a duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the corporation. Under Section 18C if a director of a public benefit corporation has in any way a direct or indirect interest in a proposed transaction or arrangement with the corporation, the director must declare the nature and extent of that interest to the other directors.

Staff

The Board acknowledges that staff must have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature.

The Board affirms that:

- staff who have concerns should raise these reasonably and responsibly with the right parties as identified by the Trust;
- the Trust gives a clear commitment that staff concerns will be taken seriously and investigated;
- the Trust gives an unequivocal guarantee that staff who raise concerns responsibly and reasonably in accordance with its policies will be protected against victimisation.

The Board has adopted a Raising Concerns / Freedom to Speak Up Policy on raising matters of concern which will be followed at all times by Board directors and all staff.

CODE PROVISIONS

Directors must:

- Act in the best interests of the Trust and adhere to its values and this Code of Conduct.
- Respect others and treat them with dignity and fairness.
- Seek to ensure that no one is unlawfully discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social and economic status or national origin.
- Promote equal opportunities and social inclusion.
- Be honest and act with integrity and probity.
- Contribute to the workings of the Board of Directors in order for it to fulfil its role and functions.
- Recognise that the Board of Directors is collectively responsible for the exercise of its powers and the performance of the Trust, but raise concerns about the running of the Trust or a proposed action where appropriate.
- Recognise the differing roles of the Chair, Senior Independent Director, Chief Executive, Executive Directors, Non-Executive Directors and Governors.
- To commit to attend all meetings unless prior agreement has been approved by the Chair.
- Adhere to good practice in respect of the conduct of meetings and respect the views of others and behave accordingly to the Nolan Principles.
- Take and consider advice on issues where appropriate.
- Acknowledge the responsibility of the Council of Governors to represent the interests of the Trust's members and partner organisations in the local health economy in the governance of the Trust, and to have regard to the views of the Council of Governors.
- Respect the confidentiality of the information they are made privy to as a result of their role as a director.
- Declare any conflict of interest to the Board of Directors as soon as they become aware of it.
- Not use their position for personal advantage or seek to gain preferential treatment.
- Comply with the Trust's Conflicts of Interests Policy in relation to the acceptance of gifts and hospitality.
- Conduct themselves in such a manner as to reflect positively on the Trust, and be ambassadors of the Trust when attending events in their role as a director.
- To only speak or take action on behalf of the Board of Directors or the Trust after agreement with the Chair or the Board of Directors.

- Accept responsibility for their performance, learning and development.

BREACH OF CODE OF CONDUCT – ACTIONS

In the event that an individual Director breaches the principles of the Code, certain sanctions will apply and these will result in either a reprimand, suspension or ultimately dismissal.

The process will differ depending on whether the breach is due to an Executive Director or a Non-Executive Director.

Executive Directors

In the case of an Executive Director the matter will be dealt with by the Chief Executive.

Non-Executive Directors

Where a Non-Executive Director breaches the Code, the matter will be dealt with by the Chair and where considered appropriate the Council of Governors.

Chair

In the event of the Chair being in breach of the Code, the matter will be handled by the Senior Independent Director (SID), and if considered appropriate the SID will raise the matter with the Council of Governors.

Company Secretary

The Company Secretary will provide technical support to either the Trust Chair or the Senior Independent Director as and when required.

COMPLIANCE

The members of the Board will satisfy themselves that the actions of the Board and its directors in conducting Board business fully reflect the values, general principles and provisions in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon.

All Board directors, on appointment, will therefore be required to subscribe to this Code of Conduct.

I the undersigned duly acknowledge the content of the Board of Directors Code of Conduct.

Signed: ……

Print: ……

Date ……

The content of the Code of Conduct will be reviewed on an annual basis and Board members will also be required to sign it on an annual basis.

Meeting of the Board of Directors in Public
Thursday, 01 October 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, higher than the national compliance levels. The Friends and Family response rates varies across the Trust from 12.62 per cent to 31.22 per cent. The recommended rates remain close or above the national standard of 85 per cent (Inpatients: 77.42 per cent, ED: 80.02 per cent, Maternity: 99.5 per cent, Outpatients: 88.43 per cent) Work is being progressed to develop a Patient Experience Strategy. **Effective** Venous Thromboembolism (VTE) performance for July sits at 91.7 per cent against the 95 per cent national target. Fractured Neck of Femur procedures within 36 hours performance remains at 71 per cent and seven-day readmission rates remain below the a national standard (10 per cent) at 6.2 per cent. **Responsive** The Trust saw the four-hour performance standard reaching 87.61 per cent 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 per cent, with 95 52-week breaches. Clinical harm reviews have been completed for these patients. Diagnostics has been recorded for July as 73.04 per cent. Cancer two-week wait performance for July continues to be achieving national standards at 97.5 per cent, 62-day performance is recorded as 81.51 per cent. **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 2020/2021, 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: August 2020

NHS
Medway
NHS Foundation Trust

Contents

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	0	0	0	0	2	1	0	1	0
Outpatients Care	1	1	0	0	0	1	1	0	0
Effective									
Best Practice	2	0	2	0	1	1	2	2	0
Maternity	4	0	1	0	0	0	2	2	1
Stroke	0	2	0	0	1	0	2	0	1
Safe									
Harm Free Care	2	0	0	0	0	2	0	0	0
Incident Reporting	1	0	1	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	2	0	0	0	3	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	1	0	1	0	2	0	2	2	0
Elective Access	0	1	1	0	0	0	1	1	0
Theatres & Critical Care	2	0	0	0	0	0	0	2	0
Well Led									
Staff Experience	1	0	0	0	1	0	0	2	0
Workforce	3	0	2	2	1	0	1	6	1

Domain: Caring Dashboard

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

NHS Medway NHS Foundation Trust

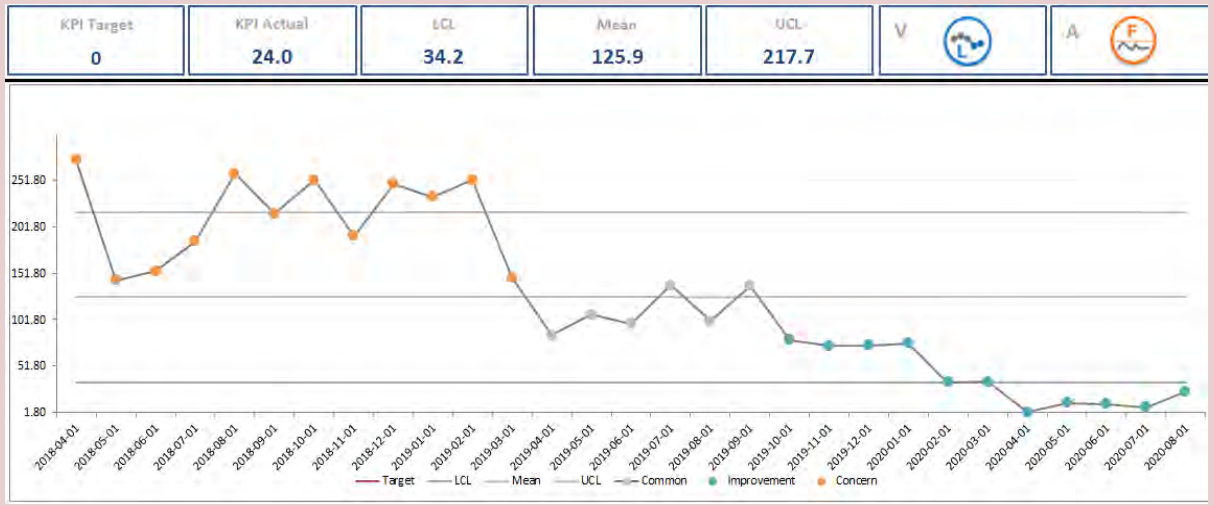
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assuranc
Caring	Admitted Care	Mixed Sex Accommodation Breaches	Aug-20	0	24.00	34.16	125.93	217.70		
		MSA %	Aug-20	0%	0.19%	0.23%	0.84%	1.45%		
		% of EDNs Completed Within 24hrs	Aug-20	100%	76.34%	69.53%	74.66%	79.80%		
		Inpatients Friends & Family % Recommended	Aug-20	85%	77.42%	79.15%	85.73%	92.31%		
		Inpatients Friends & Family Response Rate	Aug-20	22%	18.22%	15.83%	20.50%	25.18%		
	ED Care	ED Friends & Family % Recommended	Aug-20	85%	80.02%	71.64%	78.67%	85.70%		
		ED Friends & Family Response Rate	Aug-20	22%	14.82%	11.91%	14.57%	17.23%		
	Maternity Care	Maternity Friends & Family % Recommended	Aug-20	85%	99.54%	97.14%	99.23%	100.00%		
		Maternity Friends & Family Response Rate	Aug-20	22%	31.22%	10.95%	26.02%	41.09%		
	Outpatient Care	Outpatients Friends & Family % Recommended	Aug-20	85%	88.43%	87.89%	90.26%	92.63%		
		Outpatients Friends & Family Response Rate	Aug-20	22%	12.62%	11.93%	14.03%	16.14%		

Domain: Caring Insights

Executive Lead: Jane Murkin – Chief Nursing & Quality Officer
Operational Lead: Simone Hay – 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. Assurance indicates that the KPI is consistently failing to achieve target.

Actions:

All previous actions maintained.
A rapid rapid review has been completed for the breach in Harvey Ward.

Outcomes:

MSA for August: 24 total.
6 for ICU, affecting 3 patients. Longest wait 3 days for a medical bed (over weekend).
10 for HDU, affecting 8 patients. Longest wait was 2 days, for general medicine bed.
McCulloch have 2 breaches and Harvey have 6 breaches.

Underlying issues and risks:

Availability of beds in both divisions, along with adherence to covid and non-covid pathways has caused an increase in MSA breeches for August.

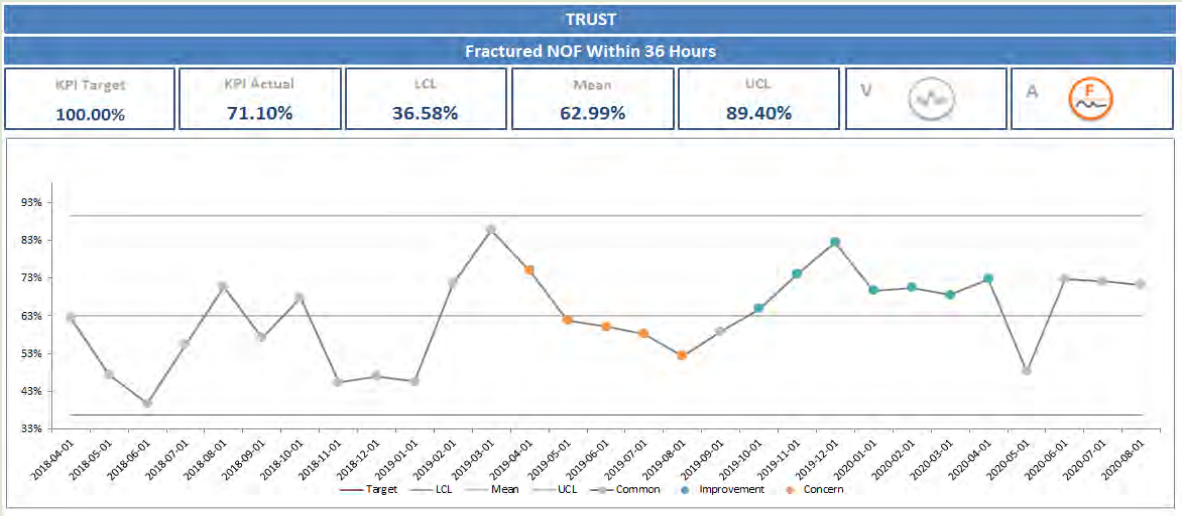
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Effective	Best Practice	7 Day Readmission Rate	Jul-20	10%	6.23%	4.01%	5.59%	7.17%		
		30 Day Readmission Rate	Jul-20	10%	12.40%	9.00%	11.22%	13.44%		
		Discharges Before Noon	Aug-20	25%	15.89%	12.52%	15.08%	17.64%		
		Fractured NOF Within 36 Hours	Aug-20	100%	71.10%	36.58%	62.99%	89.40%		
		VTE Risk Assessment % Completed	Aug-20	95%	91.71%	74.06%	85.65%	97.23%		
	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	Mar-20	90%	81.61%	77.31%	83.11%	88.91%		

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: Fractured NOF Within 36 Hours



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 consultants in progress by Mr Cottam, to be progressed through the Division al Governance routes within the next 6 months.

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 & Quality Officer
David Sulch – Chief Medical Officer
Sub Groups : Quality Assurance Committee

NHS Medway NHS Foundation Trust

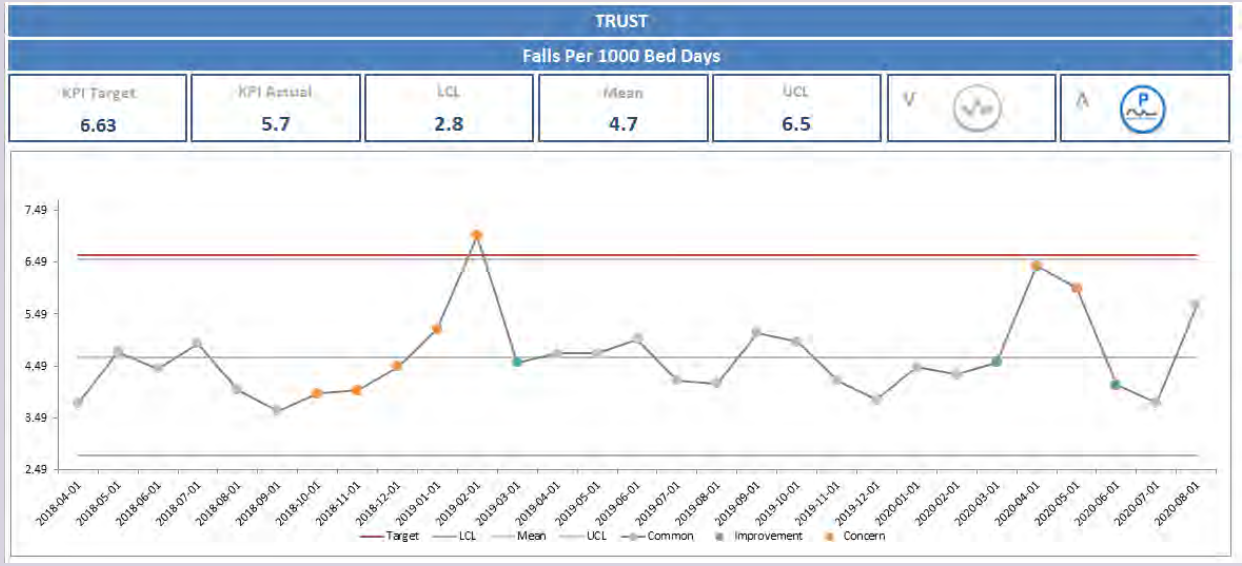
TRUST										
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Safe	Harm Free	Pressure Ulcer Incidence Per 1000 days (Moderate and High Harm)	Jul-20	1.04	0.00	0.00	0.06	0.25		
	Incident Reporting	Never Events	Aug-20	0	0.00	0.00	0.14	0.90		
		No of SIs on STEIS	Aug-20	90	17.00	1.05	10.93	20.81		
		% of SIs Responded To In 60 Days	Aug-20	0%	100.00%	92.03%	98.05%	100.00%		
	Infection Control	MRSA Bacteraemia (Trust Attributable)	Jul-20	5	0.00	0.00	0.57	2.84		
		C-Diff Acquisitions (Trust Attributable, Post 48 Hours)	Aug-20	43	4.00	0.00	2.82	9.97		
		C-Diff: Hospital Onset Hospital Acquired (HOHA)	Aug-20	0	1.00	0.00	1.41	5.40		
		E-coli (Trust Acquired) Infections	Aug-20	30	5.00	0.00	4.48	10.28		
	Mortality	Crude Mortality Rate	Jul-20	3%	1.30%	0.53%	1.66%	2.79%		
		HSMR (All)	May-20	100	100.36	94.66	106.14	106.59		
		HSMR (Weekday)	May-20	100	96.38	89.94	103.28	103.47		
		HSMR (Weekend)	May-20	100	111.70	99.83	113.95	124.99		
		SHMI	Apr-20	1	1.11	1.07	1.09	1.11		

Domain: Safe Insights

Executive Lead: Jane Murkin – Chief Nursing & 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 continues to be below the national average for falls per 1000 bed days.

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:

Post fall "Grab Boxes" initiative has been launched in the trust(24/09/20). These boxes provide all the necessary equipment and paperwork needed following a fall including post fall assessment paperwork a torch and a small number of dressings. This provides the staff with all the equipment needed to manage a patient's fall in one place.

50 Falls sensor pads have been requested and are awaiting sign off

Outcomes:

6 patients (8%) had a confirmed diagnosis of Dementia
14 incidents (18%) involved patients with increased alcohol consumption
9 patients (12%) had confirmed delirium
There were 3 falls categorised as moderate harm and above. Byron ward, wrist fracture and hip fracture and Tennyson ward laceration requiring sutures.

Underlying issues and risks:

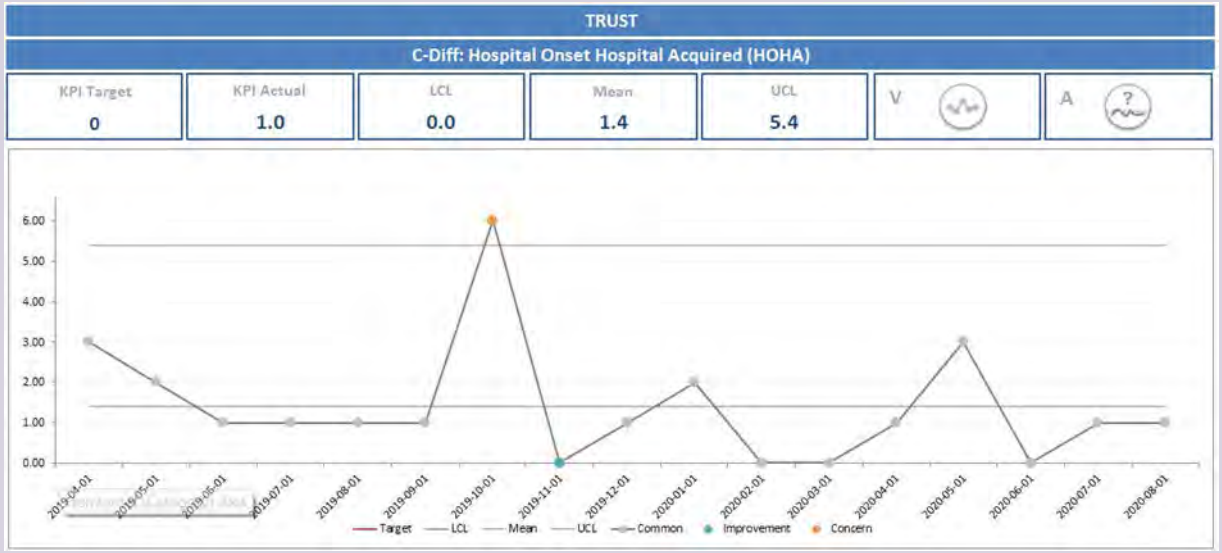
The number of repeat fallers increased in August. One patient fell 5 times due to withdrawing from alcohol. Detoxification regimes can include medication which also increases risk of falls .

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:

The SPC data point is showing common cause variation however we had 4 cases acquired in August .

Actions:

Junior doctors and ward pharmacists are now undertaking weekly audits of antibiotic utilisation to improve prescribing practices.
The assurance of ward safety measures in daily work is vital and must include ways to prevent patients ingesting C difficile.

Outcomes:

Audit data will be forthcoming via the Antimicrobial Stewardship Group .
Posters have been placed in patient toilets to encourage handwashing since alcohol gel is inactive against C. difficile.
Work to encourage patient handwashing prior to any food consumption is underway.

Underlying issues and risks:

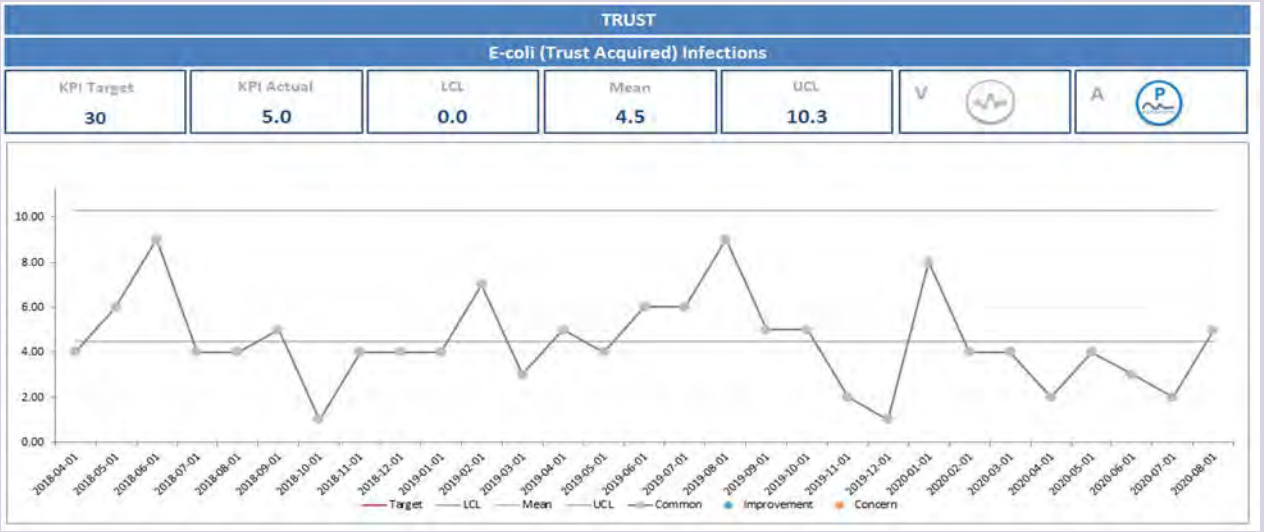
Antibiotic usage increased in the sector and hospital because of Covid and will again increase with winter.
Staffing pressures and intensity of care may cause lapses in hygiene and equipment decontamination .
The assurance of 24/7 “fitness” to care akin the WHO checklist for surgery and what is used for airlines is an aspiration.

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:

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

Actions:

Improve utilisation of vascular access devices

Outcomes:

Ward safety metrics include checks on use of vascular access devices

Underlying issues and risks:

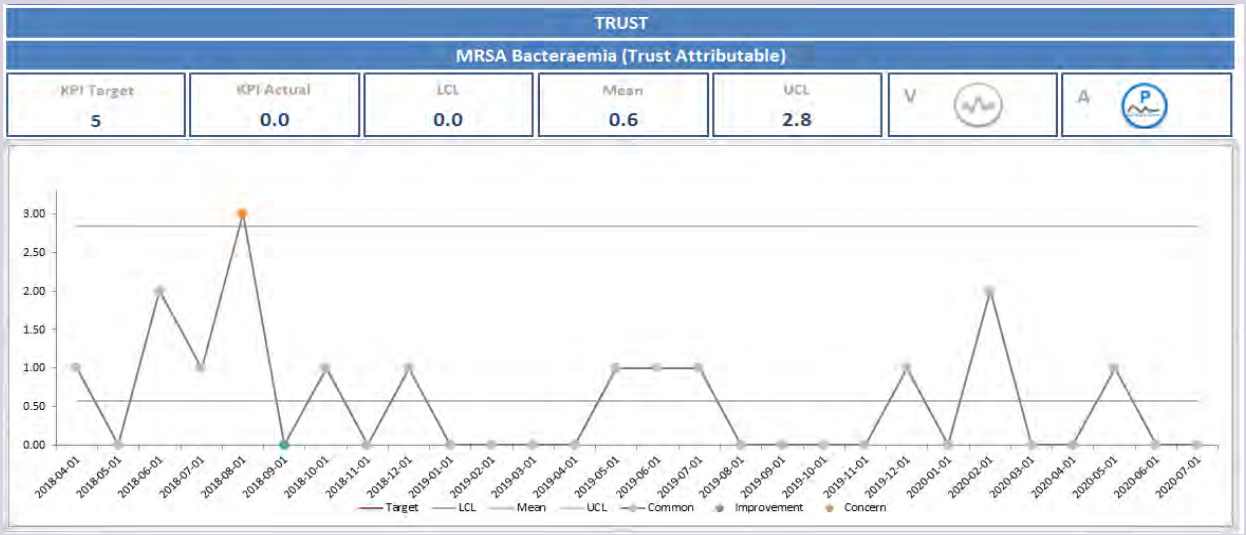
It is important that patient safety is seen as owned by clinical teams and not any single professional group to provide oversight in care.

Domain: Safe Insights

Executive Lead: David Sulch – Chief Medical Officer
Operational Lead: Ian Hosien
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:

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

Actions:

Blood culture packs are being sourced which have all the items needed for this procedure in order to reduce blood culture contamination with MRSA .
Work is underway to improve admission screening rates for MRSA .
Junior doctors have been altered to the risks posed by vascular access devices and soft tissue ulcers

Outcomes:

Blood culture packs will be distributed within the next 4 weeks
Better posters on blood culture technique have been distributed
Microbiology guidance on management of vascular device and ulcer infection with MRSA has been issued to prevent blood stream infection

Underlying issues and risks:

MRSA admission screening must increase to > 95% ; whilst the data is being analysed further, we are currently circa 60-85% .

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

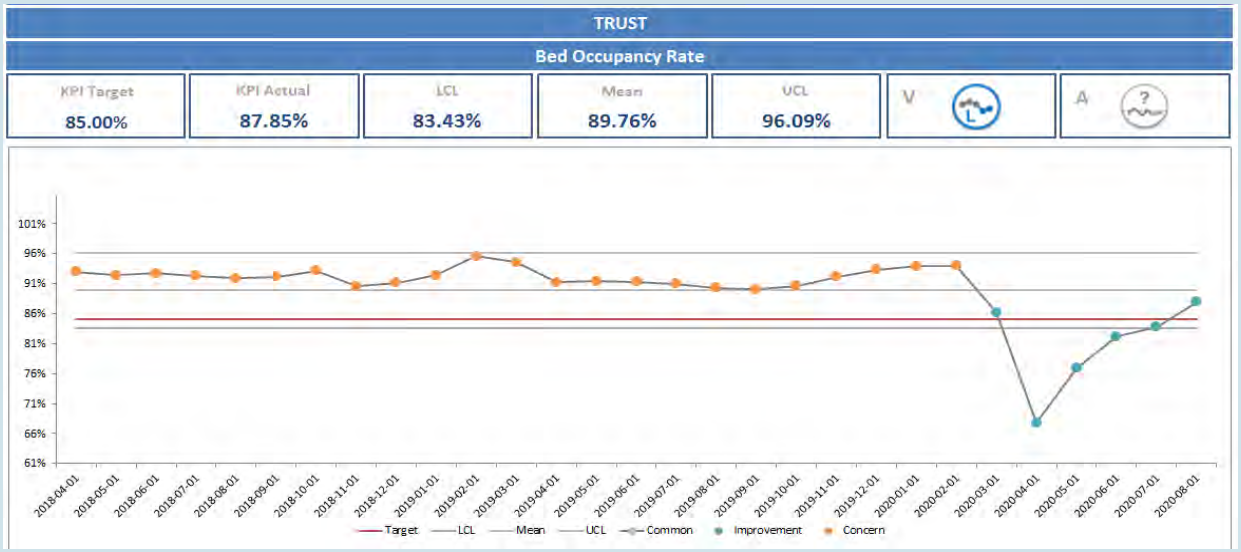
TRUST										
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Responsive – Non Elective	Bed Management	Bed Occupancy Rate	Aug-20	85%	87.85%	83.43%	89.76%	96.09%		
		Average Elective Length of Stay	Aug-20	5	2.33	1.45	2.31	3.17		
		Average Non-Elective Length of Stay	Aug-20	5	8.25	7.28	8.49	9.69		
		% 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	Aug-20	7%	10.61%	15.03%	18.52%	22.02%		
	ED Access	ED 4 Hour Performance All Types	Aug-20	95%	87.64%	77.18%	83.88%	90.59%		
		ED 4 Hour Performance Type 1	Aug-20	95%	78.82%	67.28%	76.23%	85.18%		
		ED 12 hour DTA Breaches	Aug-20	0	0.00	0.00	12.79	48.99		
		60 Mins Ambulance Handover Delays	Aug-20	0	109.00	0.00	83.48	181.33		

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:

Preparing mission 1 deployment as part of Trust Integrated Care Board. This will allow us to baseline areas with sub-optimal SAFER;
New flow roles and responsibilities alongside revised site rhythm to launch on 28/09;
SDEC utilisation and conversion improving through RESTART. Type 1 Length of Stay in ED (SD01 CQC) performance being maintained;
MFFD clearance remains effective through Integrated Care Partnership (ICP) working;
Bed modelling as part of winter planning ongoing;

Outcomes:

NEL occupancy regularly >98% versus EL bed occupancy <90%;
Sub-optimal pull from assessment units remains;
NEL patient discharge typically >1300hrs;
Weekend discharges still sub-optimal (target >92);
Initial bed modelling indicates -51 beds against Q3 and Q4 demand (non-Covid19);
Post-Covid19 acuity driving increased LoS in planned care specialties;

Underlying issues and risks:

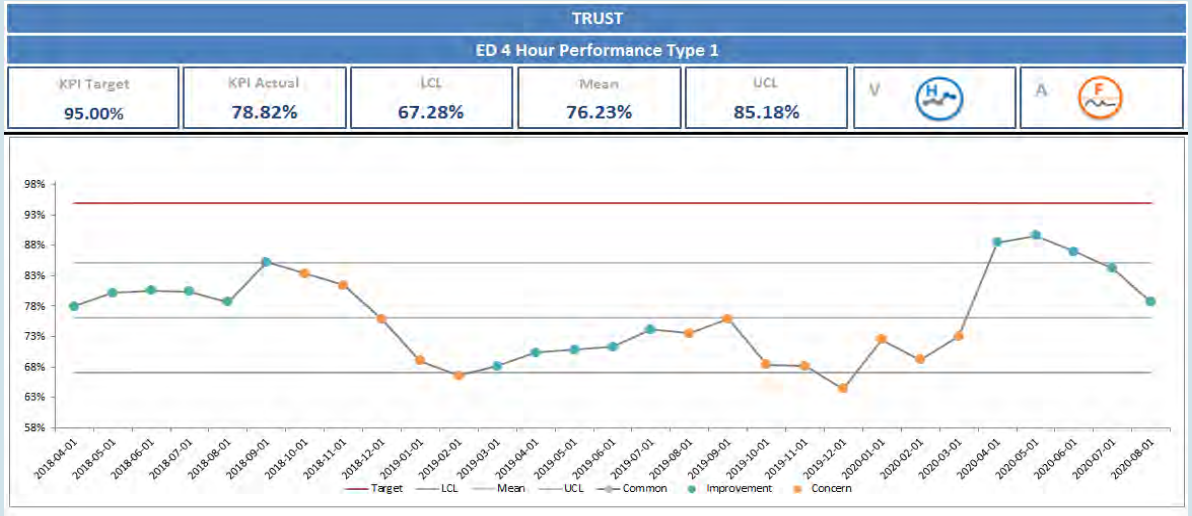
SAFER bundle compliance is unknown within both Divisions;
Occupancy in NEL pathways is driving increased APDM in ED for admitted patients;
SAU congestion is creating cubicle block in the UTC 'see and treat' zone impacting on non-admitted flow;
Delayed handover from SDEC pIV estate;
Post-Covid19 acuity is driving LoS increase in NEL pathways;
Negative bed modelling continues amidst demanding real estate configuration;

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:

Activity remains down by 9% against last year but increased in-month by 1%. Ambulance demand remain highest in region (>106 per day); The continued embedding of the new UTC model maintained 98% 4hr ECS performance; During August the Majors area was split to create HOT &COLD areas whilst the temporary Majors area was prepared for a move that took place on the end of August. This move increased COLD capacity by +1 space; Close liaison with Planned Care to place patients with a DTA into SDEC pathways;

Outcomes:

Month	Non-Admitted Performance	UIC Admitted Performance	PC Admitted Performance
Jun-20	90.33%	59.43%	40.63%
Jul-20	89.33%	44.84%	31.61%
Aug-20	85.77%	30.17%	29.19%

Patient experience survey conducted by UEC shows very favourable satisfaction with new UTC model;
Type 3 performance is on ICP trajectory (>95%);
All types performance 2.4% below trajectory (90%) due to decline in non-admitted and significant decline in admitted performance;

Underlying issues and risks:

Acute medical refer & move protocol remains rate limited due to estates configuration. Marginal increase in APDM for medical take within ED – aiming for co-location in M8;
Frailty patients wait an average 10hrs in our ED. Aiming for F-SDEC mid-Nov subject to OBC;
Congestion in SAU (ambulatory & admitted) has led to significant deterioration in PC 4hrs performance;
RCEM linked productivity in Emergency Medicine T1, T2, AP and MG team now under surveillance;

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

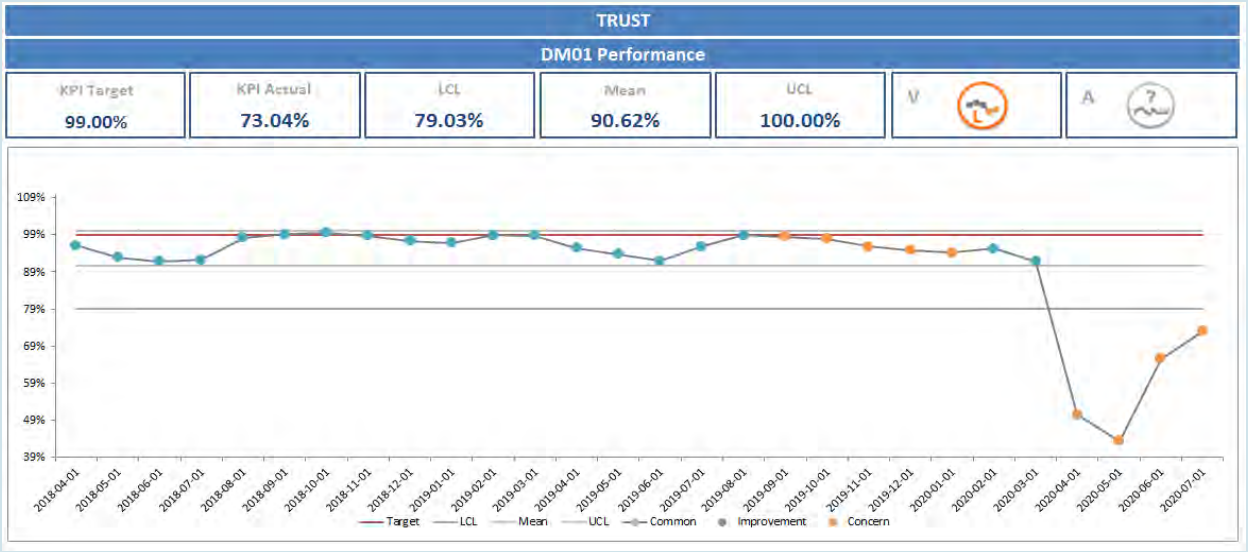
TRUST										
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Responsive - Elective	Diagnostic Access	DM01 Performance	Jul-20	99%	73.04%	79.03%	90.62%	100.00%		
	Elective Access	18 Weeks RTT Incomplete Performance	Jul-20	92%	52.50%	74.62%	79.15%	83.68%		
		18 Weeks RTT Over 52 Week Breaches	Jul-20	0	95.00	0.00	11.93	29.66		
	Theatre & Critical Care	Operations Cancelled By Hospital on Day	Aug-20	0	12.00	0.00	22.52	50.92		
		Cancelled Operations Not Rescheduled < 28 days	Aug-20	0	0.00	0.00	5.03	13.11		

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:

Weekly DM01 PTL in place – SRO DoOps for UIC, chaired by GM for DCSS
Recovery trajectories compliance reviewed weekly
Service summary and update provided in detail weekly, including capacity challenges and demand update
Weekly breech report validation ongoing for all diagnostic areas (enables validation weekly, management of breeches and clearing of 'dirty data')
Monthly predictor available on week by week basis, to review hot spots and recognise strong performance
Imaging and Endoscopy Network projects underway for system wide long term solution
Imaging and Endoscopy Recovery projects underway for sharing, learning and system wide response
?over booking against DNA volume
Restart GA MRI patient lists
Endoscopy, Imaging and Audiology booking in clear urgency, then referral date process

Outcomes:

System in attendance at DM01 meetings, enabling collaborative review of capacity challenges and opportunities across whole estate
Recovery trajectories have been written for all DM01 services have been written and agreed, supported by BI BP, submitted to CCG / ICP
Additional capacity created in a number of services, including: Audiology (IS and amendments to MFT booths), Endoscopy (insourcing and IS), MRI (van, scan protocol and IS), USS (BMUS criteria, increased evening and weekend capacity)
IPC support to clear obstacles in restarting Audiology – enabled further 3 rooms to come on line

Underlying issues and risks:

C19 second wave resulting in further shutdown
Loss of any / all IS capacity
Patient compliance of attendance for examinations and procedures
Changing clinical priorities, due to length of time waiting for exam
Patients who no longer require exam (alternative diagnostic complete, private pathway sought or condition changed)
Swabbing for Endoscopy and IR procedures

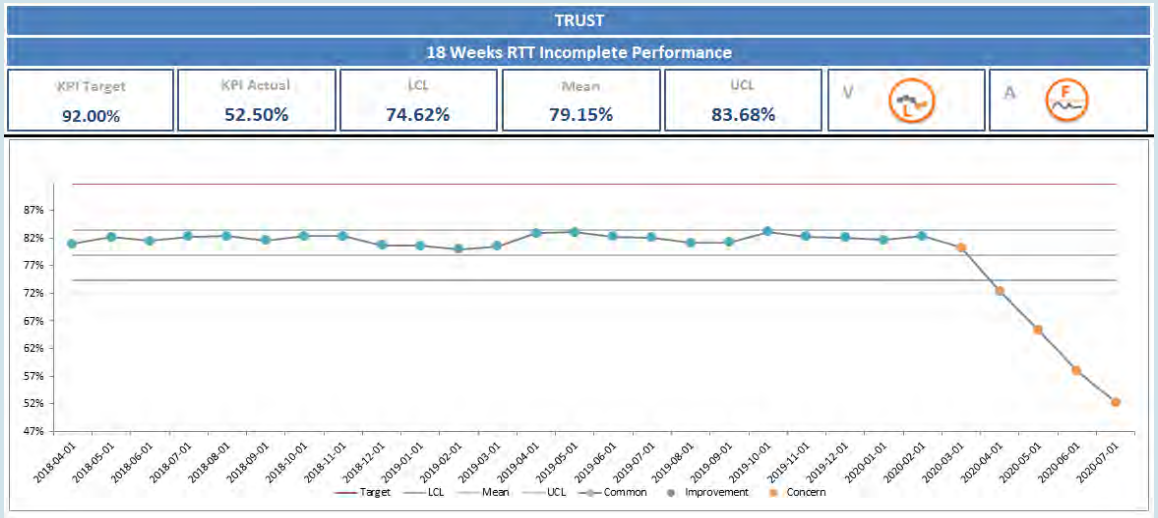
Best of care Best of people

Domain: Responsive – Elective Insights

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

NHS Medway NHS Foundation Trust

Indicator: 18 Weeks RTT 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 has restarted with the volume of face to face appointments steadily increasing (70%) in August and plan to move to 100% by October 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:

Specialities will have sufficient capacity (Virtual and Face to Face) to manage the backlogs
Patient waiting for joint surgery can now be treated safely
Oversite of speciality plans to reduce to zero by the end of November 2020, the number of patients waiting over 52 weeks and plans to achieve zero 40 week waits by March 2021

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

NHS Medway NHS Foundation Trust

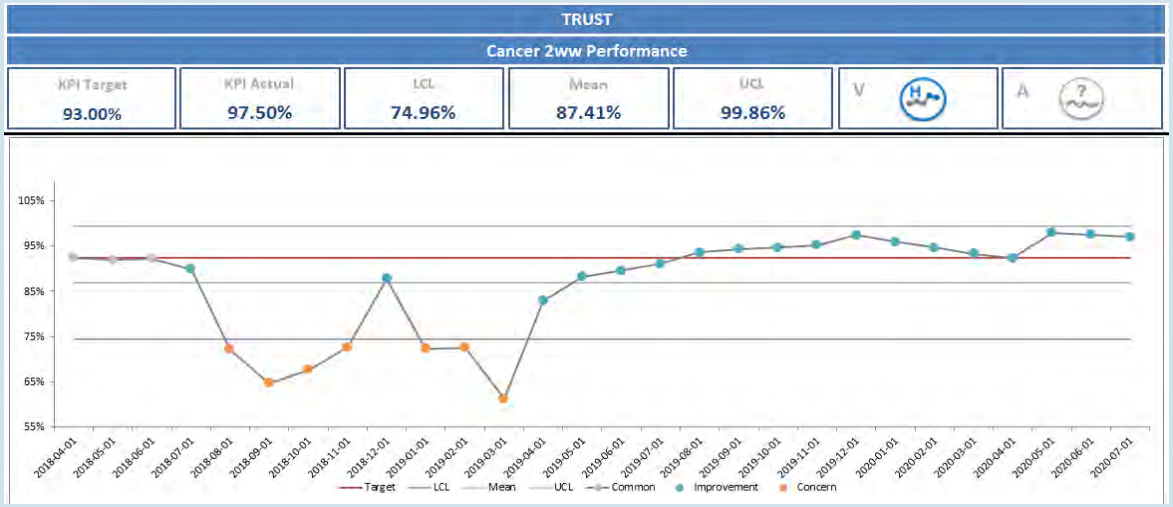
TRUST										
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assuranc
Responsive - Cancer & Complaints	Cancer Access	Cancer 2ww Performance	Jul-20	93%	97.50%	74.96%	87.41%	99.86%		
		Cancer 2ww Performance - Breast Symptomatic	Jul-20	93%	96.05%	48.91%	78.49%	100.00%		
		Cancer 31 Day First Treatment Performance	Jul-20	96%	97.22%	89.82%	96.28%	100.00%		
		Cancer 62 Day Treatment - GP Refs	Jul-20	85%	81.51%	62.79%	78.16%	93.52%		
		104 Day Cancer Waits	Jul-20	0	3.00	0.00	5.14	10.96		
	Complaints Management	Number of Complaints	Aug-20	41	63.00	27.54	61.17	94.80		
		% Complaints Responded to Within 30 Days	Aug-20	85%	76.74%	38.13%	67.23%	96.32%		

Domain: Responsive – Cancer

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

NHS Medway NHS Foundation Trust

Indicator: Cancer 2ww Performance



Indicator Background:

The proportion of patients urgently referred by GPs/GDPs for suspected cancer and 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 has maintained compliance against this KPI since August 2019 (11 consecutive months)

The Cancer Referral Office escalate any capacity issues in real time.

Live performance data shared with the Booking team to ensure they are sighted on current performance and aware or remedial action required in real time.

The Booking team are working to an internal stretch target of 7 days.

Outcomes:

Capacity issues are identified in real time allowing remedial action to be taken ensuring compliance against this KPI is maintained.

Clearly defined escalation processes have been implemented and booking team know who to contact at each stage of escalation, as well as expected response times.

Booking team are more pro-active with 2WW breach avoidance helping to maintain compliance.

Underlying issues and risks:

Off site services have tried to extend polling range for C&B patients.

Some services have high volumes of Locum A/L due to them not being able to take this during pandemic, this is pushing booking day to 13 (trust has been working to internal target of 7 days)

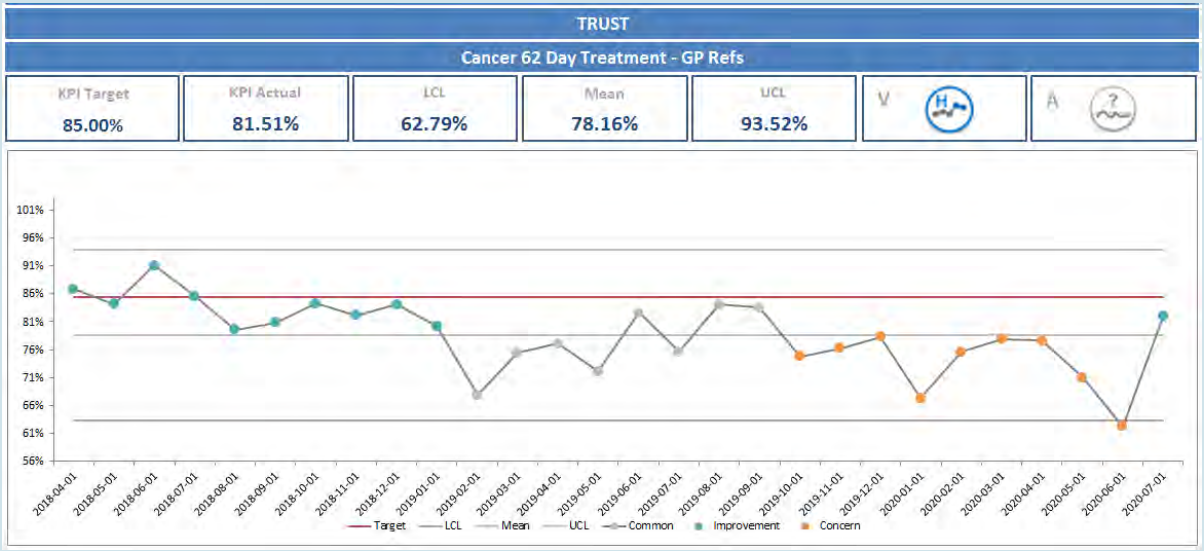
Social distancing guidelines mean clinic templates/capacity is reduced making it difficult to maintain 2WW F2F Capacity.

Domain: Responsive – Cancer

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:

Trust has focused efforts on removing legacy (Patients beyond day 104 from PTL) 90% reduction since 23/06. Trust will implement a monthly meeting where all GM's and clinical leads of tumour sites below 85% standard will attend to better understand CWT guidelines and how to operate within the standard.

Buddy system is in trial phase and the MDTC's will be feeding back on their experience of the system and suggesting ways to improve optimise system to make it more effective.

Outcomes:

Focus will continue on patients on the PTL beyond day 62 in order to get these patients to diagnosis and or discharge without any of them hitting the 104 day category.

PTL meeting to focus on the patients in the diagnostic phase to ensure that every patient must be progressing along their pathways.. Zero tolerance on 62 day breaches must be shared by all.

Monthly feedback on tumour specific performance to be reviewed with each MDT lead.

Underlying issues and risks:

GI Breaches attribute 63% of total MFT breaches in July 2020. Endoscopy capacity is sues continue to be a limiting factor with the trust being compliant with the 62d standard.

UGI tumour group need support to deliver the expected turnaround of patients on the diagnostic elements of the pathway.

DVH continue to not see patients F2F which is impacting capacity for H&N patients at MFT.

Domain: Well Led – Dashboard

Executive Lead: Leon Hinton – Chief People Officer
Operational Lead: N/A
Sub Groups : N/A

NHS Medway NHS Foundation Trust

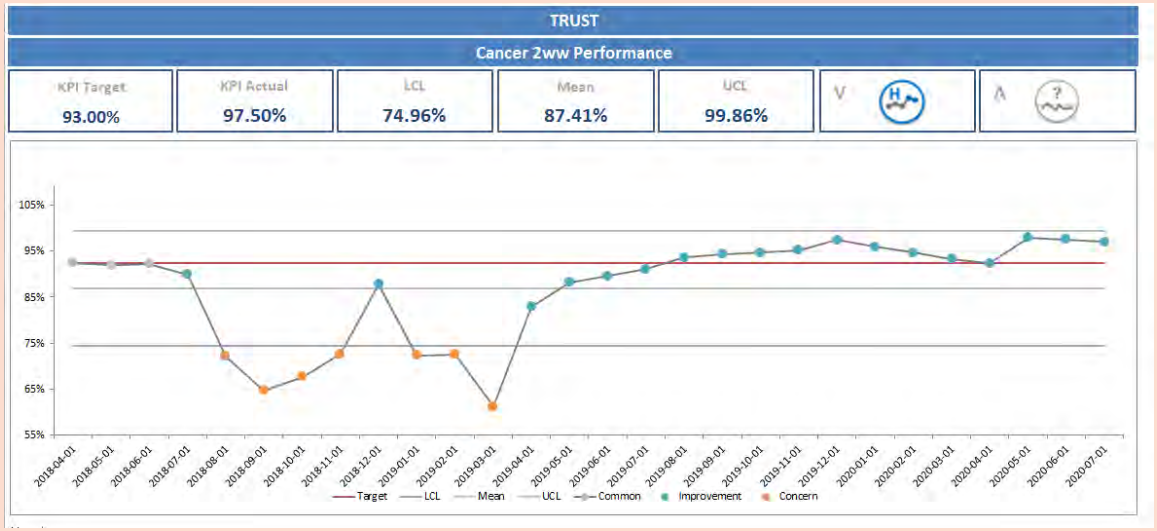
TRUST										
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Well Led	Staff Experience	Staff Friends & Family - Recommend Place to Work	Mar-20	62%	56.84%	13.11%	37.86%	62.61%		
		Staff Friends & Family - Recommend Care of Treatment	Mar-20	79%	68.97%	18.62%	50.46%	82.30%		
	Workforce	Appraisal % (Current Reporting Month)	Aug-20	85%	87.44%	81.56%	86.18%	90.80%		
		Sickness Rate (Current Reporting Month, FTE%)	Jul-20	4%	4.44%	4.02%	4.19%	4.36%		
		Voluntary Turnover Rate - (Current Reporting Month) (FTE Not Headcount) (exc. Junior Drs)	Aug-20	12%	12.64%	10.78%	12.03%	13.27%		
		Contractual Staff in Post (FTE) (Current Reporting Month)	Aug-20		4046.13	3753.44	3866.18	3978.91		
		StatMan Compliance (Current Reporting Month)	Aug-20	85%	88.82%	60.17%	78.06%	95.94%		
		Agency Spend as % Paybill (Current Reporting Month)	Jul-20	4%	2.03%	2.00%	3.97%	5.95%		
		Bank Spend as % Paybill (Current Reporting Month)	Jul-20	9%	11.09%	7.72%	12.64%	17.56%		
		Temp Staffing Fill Rate - Nurse & Midwifery (Current Reporting Month)	Jul-20	75%	81.53%	64.53%	73.97%	83.41%		

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:

3566 members of staff have an in-date appraisal with objectives and personal development plan outlined (from a total of 4078).

Underlying issues and risks:

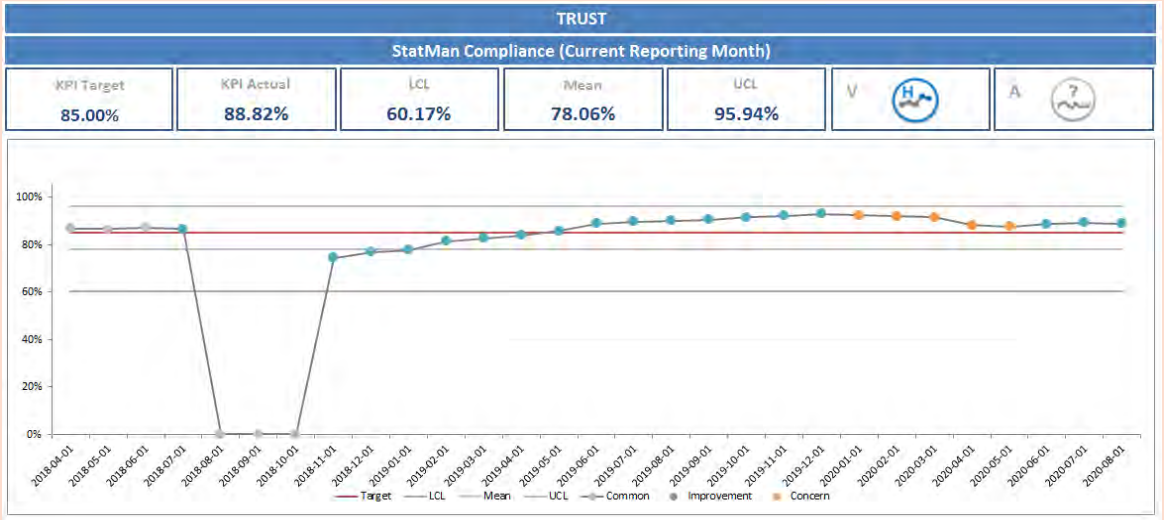
- Current COVID-19 is interrupting clinical area's capacity to carry out appraisals in a timely fashion.
- Continued COVID-19 disruption is likely to continue to negatively affect appraisal completion for clinical areas.
- Failure to appraise staff timely reduces the opportunity to identify skills requirement 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: Jane Murkin – Chief Nursing & Quality Officer
Operational Lead: Simone Hay and Karen McIntyre
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: Safe Staffing

	Day		Night		CHPPD
	Average fill rate - Registered staff (%)	Average fill rate - Care staff (%)	Average fill rate - Registered staff (%)	Average fill rate - Care staff (%)	Overall
Arethusa Ward	94%	97%	96%	97%	10.28
Bryon Ward	95%	103%	100%	146%	7.27
CCU	90%	99%	100%		16.11
Harvey Ward	101%	109%	111%	124%	8.94
ICU	85%		91%		26.19
Keats Ward	109%	118%	118%	141%	7.39
Kingfisher/SAU	93%	97%	98%	110%	14.4
Lawrence Ward	99%	99%	99%	99%	9.79
Lister	88%	87%	105%	109%	7.24
McCulloch Ward	100%	98%	102%	86%	12.91
Milton Ward	97%	103%	97%	138%	7.18
Nelson Ward	87%	92%	99%	100%	8.02
Pembroke Ward	97%	100%	99%	106%	8.32
Phoenix Ward	98%	117%	114%	131%	7.34
Sapphire Ward	97%	101%	99%	111%	7
Surgical HDU	99%	98%	102%		17.21
Tennyson Ward	99%	131%	100%	181%	7.28
Victory Ward	82%	98%	91%	100%	9.48
Wakeley Ward	98%	117%	107%	135%	7.37
Will Adams Ward	100%	144%	103%	156%	7.62

Safer Staffing
The table shows the average fill rates for both Registered and unregistered staff across the Trust along with the Care Hours per Patient Day.
Overall the fill rates are very positive with the majority achieving over 90% for both days and nights with the occasional fall in fill rate to a low of 82% (Victory Ward).
There are grey sections indicating Clinical support workers are not used in the clinical area i.e. ICU and CCU as there is limited function for this grade of staff in these areas during those hours.
Those areas where there is a high level of fill rate particularly on night duty is a reflection of the need to increase the number of staff to manage highly dependent vulnerable patients especially those who may require one to one supervision due to their clinical condition.

CHPPD
Care hours per patient day (CHPPD) are calculated by dividing the total numbers of nursing hours on a ward or unit by the number of patients in beds at the **midnight** census. This calculation provides the average number of care hours available for each patient on the ward or unit
CHPPD is most useful at ward level and managers can compare workforce deployment over time with similar wards in the trust or at other trusts If they find wide variation between similar wards, they may investigate to make sure the right staff are being used in the right way in the right numbers.
The table shows Those wards with high dependency patients ICU /CCU/ Surgical HDU have a high amount of care hours which would be expected and are comparable with most high dependency units.
Our other wards are also showing on average a consistency in care hours ranging from 7.2 – 9.7. Giving assurance the wards are staffed according to the average level of dependency and acuity.

Domain: Well Led - Financial Position

Executive Lead: Richard Eley – Interim Chief Finance Officer
Operational Lead: Paul Kimber – Deputy Director of Finance
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	615	604	(11)	1,708	2,231	523
Capital	(1,671)	(248)	1,423	(9,327)	(5,860)	3,467

Indicator Background:

The Trust reports a £9k deficit position for August; 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
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 in month are £1.0m (£8.0m year to date).
- In month "true-up" income accrued to achieve breakeven is £0.9m (£7.4m year to date).

Underlying issues and risks:

Clinical income on a cost and volume basis is £24.7m adverse to plan YTD , this being 9.5% lower August last year due to reduced activity as a result of Covid.
The gap in the £12m CIP programme is £0.6m and of the £11.4m identified, £2.4m are BRAG rated as amber or red. Baseline income budgets for 20/21 have not yet been published.
Forecast based for 20/21 with known cost pressures is £5.9m deficit.

Guide to Statistical Process Control (SPC)

NHS Medway NHS Foundation Trust

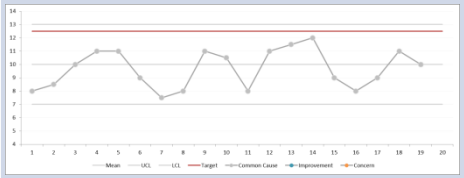
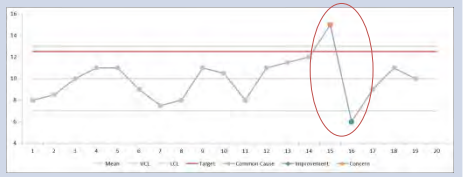
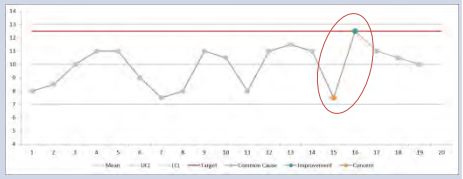
Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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.

Meeting of the Board of Directors in Public

Thursday, 01 October 2020

Assurance Report from Committees

Title of Committee:	**Quality Assurance Committee**	**Agenda Item**	**5.2**
Committee Chair:	Tony Ullman, Non-Executive Director/Chair of Committee		
Date of Meeting:	Tuesday, 15 September 2020		
Lead Director:	Jane Murkin, Chief Nursing and Quality Officer		
Report Author:	Joanne Adams, Business Support Manager		

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

Key headlines and assurance level	
Key headlines	**Assurance Level**
1. Quality report The committee received the quality report and noted that there had been positive feedback from a meeting with the CQC on the 8th September in relation to the progress the Trust has made in addressing the CQC Must do and Should do's. Progress continues to be tracked by the executive through the governance groups that oversee the implementation with oversight by QAC. The forthcoming review of maternity services, which will assess patient safety for the pro-active approach of the service for initiating the review. The report contained progress on the work being progressed across the Trust to address the in-patient hospital survey results and discussed other ways of gaining patient feedback other than by the national survey and how this will be a focus of the newly appointed Associate Director of Patient Experience. The committee were updated on the continuing work to improve IPC. It was recognised that the Trust has a small team for IPC, and is intending to strengthen the team leadership and overall infrastructure. The committee were provided by Gary Lupton, Director of Estates and Facilities with an	**Green**

update on the significant continuing work on the issues relating to CoSSH, and were informed of auditing compliance There are still challenges. Gary is looking at automated systems and strengthening locks, but there are still areas of poor practice highlighted through the audits. A review of CoSSH products is underway to reduce the number of products being used and looking at ways to improve the safe use of the products The committee were also advised that washing up liquid pumps are being installed across the Trust. The committee requested a progress update at the next meeting. The report also provided an update on the quality visits undertaken; the Committee were encouraged to see the improvements from the visits and enquired about how feedback is provided. Members were informed that immediate feedback is provided and acted up by the matron, this is followed up by a written report within a week that is fed back to the clinical area and that the divisional directors of nursing have a process by which the heads of nursing and matrons are picking up their relevant findings and addressing them, the action plans and evidence are then submitted to the quality panel to show the issues are being addressed. The committee discussed the proposed recommendations within the report on safeguarding mandatory training, paediatric life support training and ensuring waste is handled in line with national guidelines. The committee requested an update on these items for the next meeting and requested that the People Committee consider the issues raised regarding compliance with statutory and mandatory training.	
2. Serious incidents quarterly report The committee received the serious incident quarterly report and were informed of the significant amount of work that has been progressed in the last 8 to 10 months across the Trust. There is work to do to ensure the changes brought about are embedded, this also links to the KPMG audit report recommendations. The committee were informed of the project within the high quality care programme board which is looking at incident management and the patient safety incident response framework which will address some of the issues.	**Green**
3. KPMG serious incident audit report and action plan The committee were advised that the KPMG serious incident audit report and action plan had been presented to the last audit committee and that the plan has been developed to address the key recommendations set out in the report. The action plan is a draft and members were invited to provide comment. The committee were informed that the action plan report and action plan is also being presented at the next Quality and Patient Safety Group. Implementation of the recommendations and progress will be reported back to the committee and executive team to ensure the oversight of the action plan and recommendations through to implementation. The committee requested a further update at its November meeting.	**Green**
4. Infection Prevention and Control – implementation of the Board IPC improvement plan The committee received the infection prevention and control improvement plan to see the scope and breadth of the plan. The plan, initially produced last year, has recently been reviewed and updated. Progress is reviewed and monitored at the Infection Prevention and Control Committee every month with focus on progress against the actions. The committee were keen for the training on IV lines to be progressed, and acknowledged the work of Ian Hosein since his arrival at the Trust. The committee requested that exceptions and red areas be reported at a future meeting.	**Amber/Green**
5. Sodium Valporate Steve Cook, Chief Pharmacist presented on compliance with monitoring of Sodium Valproate. Steve stated that this is a well-known issue, with this drug used in the treatment	**Green**

of epilepsy and bi-polar disorder causing birth defects, delays of development, and autism. Steve explained the Trust has a process to ensure we can reduce the risk of development disorders as much as possible; the mechanism in place ensures we capture all of our sodium valproate patients of women of child bearing potential defined as being 18 to 45 years old to ensure they have met the requirements of having effective pregnancy prevention program in place; and also to have an annual specialist review and within that review there is an acknowledgement form of the risk to pregnancy. The Trust worked to identify and track these patients and GPs. The specialist pharmacist is carrying out the risk assessment of each of these patients and effectively triaging them and having a face to face review, the higher risk patient's fall into the primary risk category. The reviews started a month ago and 85 patients have been triaged and about 35% fall into the high risk group for a face to face consultation and 10% in the bottom group who are no longer a risk. Steve explained the mechanism in place at the Trust to capture in-patients taking valproate to ensure they receive a review. Steve also explained the pathway in place to link into mental health services (KMPT) when the drug is being used to treat bi-polar. The committee received assurance that patient safety alerts and medication safety alert are monitored via the medicines management group that reports into the quality and patient safety group and also provides reports to the divisional governance groups.	
6. Quality and patient safety group highlight report The committee were informed that the attendance and membership at the last meeting was inquorate. They were also informed that the group is a parent group to a number of sub-groups and undertook a review of their terms of reference and work plans. The terms of reference and work plans were considered not fit for purpose and the Director of Nursing Quality and Professional Standards took an action to meet with the chairs of the sub-group to review and improve upon the terms of reference and work plans. The committee expressed its concern about the level of involvement and impact of the group and requested that the divisional directors of nursing, with input from their relevant divisional medical directors and directors of operations review the membership and attendance to make sure there is consistent attendance at the meeting and to feed back to the next quality assurance committee on the actions taken.	**Red**
7. Winter planning The committee received an update from the Strategic Commander and Winter Director on winter planning and COVID. The report provided updates on what the next 30 weeks at the Trust will look like including preparing for flu pandemic, EU transition, winter planning and COVID. The report outlined the system wide approach and governance arrangements. Issues raised by the Committee included access to testing; impact on staffing and sickness absence; and admission numbers and trends. An update will be provided to Public Board.	**Green**
8. Maternity Transformation – quality priorities The committee received 2 comprehensive presentations from Professor Ranjit Akolekar, Clinical Lead for Fetal Medicine, and Dot Smith, Head of Midwifery on maternity services and fetal medicine. The presentations highlighted how the Trust compares with partners in Kent and other NHS providers in England for national and regional benchmarking, for screening for many abnormalities in pregnancy. For every abnormality we over perform compared to our peers in Kent and nationally. Ranjit provided examples of performance for heart defects and reducing still births. The presentations covered the effectiveness of the services, patient safety, staffing and structure within the teams and compliance to training, duty of candour, serious incidents and learning from incidents.	**Green**

Ranjit stated that at a recent meeting with specialist commissioners from South East of England, there are 22 hospitals in England which are commissioned for fetal medicine, Medway being the specialist provider accepted for fetal medicine in the South East. We have patients that are referred to us from neighbouring hospitals to receive specialist care. We have the ambition of developing a centre of excellence at Medway and we need to have a service that is a 7 day service in line with national expectations and one or two more consultants to be able to achieve this. It was acknowledged that the trust has an excellent fetal medicine service which is exactly what is needed given the high risk of our local population and patients that we look after. The committee agreed that development of services to be considered as specialist centres was a discussion for the Board.	
9. Self-assessment / review of effectiveness The Company Secretary advised the committee that it needs to undertake its annual review of the effectiveness of the committee, which is now underway.	**Green**
10. BAF – quality The committee reviewed the updated BAF-quality and were informed this is regularly reviewed and had been reassessed with the ratings reviewed. The committee Chair re-enforced the comments from Trust Board who were pleased that they felt in a confident position to review the ratings in relation to 5a and 5b. The chair requested that in light of the discussion we have had about future reviews of services with the ICS 5d be reviewed as this remains a more significant risk than we are talking about in relation to potential future service reviews. The Deputy Chief Executive will lead the executive team on the review of risk 5b.	**Amber/Green**
11. Reclaiming the nursing landscape The committee received the Reclaiming the Nursing Landscape paper. The matrons have completed their leadership development programme and we launched last week the trust wide matron leadership role focusing on improving quality, nursing fundamental standards and patient safety and it is pleasing to see that we have had 26 days with no hospital acquired pressure ulcers across the trust and this work is fundamentally linked to our investment in development of our nursing leaders and the re-prioritisation of the focus on nursing fundamentals standards. The nursing and midwifery strategy is also being developed. The committee thanked the Chief Nursing and Quality Officer for the excellent paper and the work on these important fundamental issues and recognised that quality nursing is the foundation on which the excellence of medicine can be practiced. The committee will receive a final update at the December meeting.	**Green**
12. Quality IQPR The committee received the quality IQPR. Simon Bailey, Director of Business Intelligence, Planning & Performance joined the meeting to discuss the plans to improve the production of the data. The Medical Director advised the committee that the relative risk of death for the standardised hospital mortality (SHMI) for the country is higher than average, this is because the baseline has not yet been recalculated to take into account for COVID, so HSMR has gone up and this is the case for all hospitals. The HSMR excludes COVID.	**Amber/Green**
13. Annual complaints report The committee received the annual complaints report and were advised that the Chief Nursing and Quality Officer have commissioned a trust wide review of complaints. The committee requested an update on the review of complaints for its November	**Green**

committee meeting.	
14. Quality Assurance Committee work plan The committee received the revised work plan which had been reviewed and amended following the period of COVID-19 response. The committee approved the revised work plan.	**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: 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.	

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

Title of Report	**Finance Report**	**Agenda Item**	6.1
Report Author	Richard Eley, Chief Finance Officer (Interim) 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 £52k year to date, which adjusts to breakeven against the NHSE/I control total.		
Committee Approval:	Name of Committee: Finance Committee Date of approval: Thursday, 24 September 2020		
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 – Month 5		

Finance report

For the period ending 31 August 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 August; after adjusting for donated asset depreciation the Trust reports breakeven in line with the NHSE/I control total.
YTD (NHSE/I)	-	-	-	
In-month (budget)	(4,653)	(9)	4,626	
YTD (budget)	(10,641)	(52)	10,589	
Forecast	-	-	-	

	£'m
Covid spend	**1.0**
Base underspend	**(0.2)**
True-up income accrued	**(0.9)**
Other adjustments	**0.1**
Reported against control total	**(0.0)**

CIP				
In-month	615	604	(11)	Schemes delivered to date 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. 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.
YTD	1,708	2,231	523	
Forecast	12,000	12,000	-	
Capital				
In-month	1,671	248	(1,423)	The adverse YTD 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 YTD not reflected in this table this relates to COVID so is not to be monitored against the £24.4m CRL at this stage. A bid for funding has been submitted - 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 this snapshot.
YTD	9,327	5,860	(3,467)	
Forecast	24,414	24,414	-	
Cash				
Month end	16,262	50,392	34,130	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.

1. Executive summary (continued)

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 £79.1m, this being £24.7m adverse to the draft budget. In month performance excluding high cost drugs is £17.6m compared to a M1 to M4 average of £15.4m, higher by £2.2m but lower than M5 of last year by 9.5%.

Pay costs are higher than expected	Normalised pay costs have increased in month by £0.2m due to increased demand for bank staff to cover annual leave. The position remains adverse to plan by £1.1m, 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.

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	20,588	209	101,898	101,800	(98)
High cost drugs	1,876	1,616	(260)	9,378	9,080	(298)
Other income	1,982	1,621	(361)	9,910	8,187	(1,723)
Top-up income	4,417	4,417	-	22,085	22,096	11
True-up income	-	920	920	-	7,415	7,415
Total income	**28,654**	**29,161**	**507**	**143,271**	**148,578**	**5,307**
Nursing	(5,927)	(7,567)	(1,640)	(29,635)	(37,489)	(7,854)
Medical	(5,640)	(6,197)	(557)	(28,200)	(30,439)	(2,240)
Other	(6,649)	(5,285)	1,364	(33,244)	(26,122)	7,122
Total pay	**(18,216)**	**(19,050)**	**(834)**	**(91,079)**	**(94,051)**	**(2,972)**
Clinical supplies	(3,774)	(3,275)	499	(18,871)	(17,022)	1,850
Drugs	(701)	(609)	92	(3,505)	(3,067)	439
High cost drugs	(1,925)	(1,616)	310	(9,627)	(9,083)	543
Other	(2,701)	(3,260)	(559)	(13,503)	(18,534)	(5,031)
Total non-pay	**(9,101)**	**(8,759)**	**342**	**(45,506)**	**(47,706)**	**(2,200)**
EBITDA	**1,337**	**1,352**	**15**	**6,686**	**6,821**	**135**
Depreciation	(834)	(824)	10	(4,171)	(4,138)	34
Net finance income/(cost)	39	5	(34)	195	(25)	(221)
PDC dividend	(542)	(542)	-	(2,710)	(2,710)	0
Non-operating exp.	**(1,337)**	**(1,361)**	**(24)**	**(6,686)**	**(6,873)**	**(187)**
Reported surplus/(deficit)	**-**	**(9)**	**(9)**	**-**	**(52)**	**(52)**
Adj. to control total	-	9	9	-	52	52
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 £1.0m in-month; £0.5m of this is reported in non-pay and £0.5m in pay (£3.6m and £4.5m YTD respectively). The South East of England is not in the top 10 of total Covid spend by region. 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	20,474	20,588	114	103,814	101,800	(2,015)
High cost drugs	1,955	1,616	(340)	9,916	9,080	(836)
Other income	2,122	1,621	(501)	10,504	8,187	(2,317)
FRF/MRET	769	5,337	4,568	15,683	29,511	13,828
Total income	**25,320**	**29,161**	**3,841**	**139,917**	**148,578**	**8,661**
Nursing	(7,478)	(7,567)	(90)	(36,661)	(37,489)	(829)
Medical	(5,579)	(6,197)	(618)	(27,898)	(30,439)	(2,541)
Other	(4,928)	(5,285)	(357)	(25,832)	(26,122)	(290)
Total pay	**(17,984)**	**(19,050)**	**(1,065)**	**(90,391)**	**(94,051)**	**(3,660)**
Clinical supplies	(3,017)	(3,275)	(258)	(15,254)	(17,022)	(1,768)
Drugs	(2,584)	(609)	1,975	(13,102)	(3,067)	10,035
High cost drugs	(1,923)	(1,616)	307	(9,751)	(9,083)	667
Other	(2,906)	(3,260)	(354)	(14,355)	(18,534)	(4,178)
Total non-pay	**(10,430)**	**(8,759)**	**1,670**	**(52,462)**	**(47,706)**	**4,757**
EBITDA	**(3,094)**	**1,352**	**4,446**	**(2,937)**	**6,821**	**9,758**
Depreciation	(958)	(824)	134	(4,790)	(4,138)	652
Net finance income/(cost)	(41)	5	46	(205)	(25)	180
PDC dividend	(542)	(542)	-	(2,710)	(2,710)	-
Non-operating exp.	**(1,541)**	**(1,361)**	**180**	**(7,705)**	**(6,873)**	**832**
Reported surplus/(deficit)	**(4,635)**	**(9)**	**4,626**	**(10,641)**	**(52)**	**10,589**

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 August.

3. If income had been earned on a cost and volume basis (based on consultation tariff), excluding high cost drugs the Trust would have reported clinical income of £17.5m in month; this is £2.2m higher than the monthly average for the first 4 months and 14% underperformance to plan in month. This is below the income delivered in M5 of last year by 9.5% due to the Covid 19 pandemic

4. Total expenditure includes the incremental cost of Covid, this being £1.0m in month and £8.0m year to date.

5. Safer staffing increased establishments totalling £1.3m per annum have been included in this month's figures, this equates to £0.9m in the current year and £0.1m 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	1,720	142	(4,264)	(4,262)	2	(2,686)	(2,542)	144
Specialist Medicine	296	32	(265)	(2,261)	(2,134)	126	(1,964)	(2,103)	(138)
Therapies & Older Persons	3	0	(3)	(1,463)	(1,308)	155	(1,460)	(1,308)	152
Unplanned & Integrated Care	112	38	(74)	(1,148)	(1,065)	83	(1,036)	(1,028)	9
Urgent & Emergency Care	74	27	(48)	(2,229)	(2,251)	(22)	(2,154)	(2,224)	(70)
Sub-total	**2,064**	**1,816**	**(247)**	**(11,364)**	**(11,020)**	**344**	**(9,301)**	**(9,204)**	**97**
Planned care									
Cancer Services	353	401	48	(837)	(852)	(15)	(484)	(451)	33
Critical Care & Perioperative	163	-	(163)	(3,157)	(183)	2,973	(2,994)	(183)	2,810
Planned Care Infrastructure	56	76	19	(3,093)	(2,692)	401	(3,037)	(2,616)	421
Surgical Services	-	41	41	(210)	(2,945)	(2,735)	(210)	(2,904)	(2,694)
Women & Children	68	33	(35)	(3,030)	(3,328)	(298)	(2,962)	(3,295)	(333)
Sub-total	**640**	**550**	**(90)**	**(10,327)**	**(10,000)**	**327**	**(9,686)**	**(9,450)**	**237**
Corporate									
Communications	-	9	9	(38)	(52)	(14)	(38)	(43)	(5)
Finance	4	(2)	(6)	(287)	(68)	219	(283)	(70)	213
HR & OD	132	116	(16)	(388)	(351)	37	(256)	(235)	21
IT	-	2	2	(311)	(327)	(16)	(311)	(326)	(14)
Medical Director	797	839	42	(452)	(462)	(10)	346	377	31
Nursing	-	(27)	(27)	(315)	(342)	(27)	(315)	(369)	(54)
Strategy, Governance & Perform	-	-	-	(252)	(240)	12	(252)	(240)	12
Transformation	-	-	-	(42)	(63)	(22)	(42)	(63)	(22)
Trust Executive & Board	-	-	-	(271)	(305)	(34)	(271)	(305)	(34)
Sub-total	**934**	**937**	**3**	**(2,356)**	**(2,211)**	**144**	**(1,422)**	**(1,274)**	**148**
E&F									
E&F	**440**	**266**	**(174)**	**(1,923)**	**(2,176)**	**(253)**	**(1,483)**	**(1,911)**	**(428)**
Central									
Central	**24,576**	**25,592**	**1,016**	**(2,684)**	**(3,762)**	**(1,078)**	**21,892**	**21,830**	**(62)**
TOTAL	**28,654**	**29,161**	**507**	**(28,654)**	**(29,170)**	**(516)**	**-**	**(9)**	**(9)**
Donated Asset Adjustment			**-**		**9**	**9**	**-**	**9**	**9**
Control total	**28,654**	**29,161**	**507**	**(28,654)**	**(29,161)**	**(507)**	**-**	**-**	**-**

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	7,890	8,230	339	(21,320)	(21,693)	(373)	(13,430)	(13,463)	(33)
Specialist Medicine	1,481	756	(725)	(11,303)	(9,673)	1,630	(9,822)	(8,918)	904
Therapies & Older Persons	16	23	8	(7,314)	(7,067)	248	(7,299)	(7,043)	255
Unplanned & Integrated Care	560	208	(353)	(5,740)	(5,297)	443	(5,180)	(5,090)	91
Urgent & Emergency Care	371	142	(229)	(11,143)	(10,718)	425	(10,772)	(10,576)	196
Sub-total	**10,318**	**9,358**	**(960)**	**(56,821)**	**(54,448)**	**2,373**	**(46,503)**	**(45,090)**	**1,413**
Planned care									
Cancer Services	1,765	2,033	268	(4,185)	(4,346)	(162)	(2,419)	(2,313)	106
Critical Care & Perioperative	815	-	(815)	(15,783)	(857)	14,927	(14,968)	(857)	14,112
Planned Care Infrastructure	281	381	100	(15,467)	(13,371)	2,096	(15,185)	(12,990)	2,195
Surgical Services	-	215	215	(1,050)	(14,276)	(13,227)	(1,050)	(14,062)	(13,012)
Women & Children	341	316	(25)	(15,150)	(15,919)	(769)	(14,809)	(15,603)	(793)
Sub-total	**3,202**	**2,945**	**(257)**	**(51,634)**	**(48,769)**	**2,865**	**(48,432)**	**(45,824)**	**2,608**
Corporate									
Communications	-	9	9	(188)	(220)	(31)	(188)	(211)	(22)
Finance	21	15	(6)	(1,436)	(1,297)	140	(1,416)	(1,282)	134
HR & OD	661	616	(45)	(1,942)	(1,825)	117	(1,281)	(1,209)	71
IT	-	28	28	(1,556)	(1,723)	(166)	(1,556)	(1,694)	(138)
Medical Director	3,987	4,092	105	(2,258)	(2,182)	76	1,729	1,911	181
Nursing	-	2	2	(1,576)	(1,664)	(88)	(1,576)	(1,662)	(86)
Strategy, Governance & Perform	-	-	-	(1,261)	(1,235)	26	(1,261)	(1,235)	26
Transformation	-	-	-	(208)	(446)	(239)	(208)	(446)	(239)
Trust Executive & Board	-	-	-	(1,353)	(1,359)	(6)	(1,353)	(1,359)	(6)
Sub-total	**4,669**	**4,762**	**93**	**(11,779)**	**(11,950)**	**(171)**	**(7,110)**	**(7,188)**	**(79)**
E&F									
E&F	**2,200**	**1,176**	**(1,024)**	**(9,615)**	**(9,777)**	**(162)**	**(7,415)**	**(8,601)**	**(1,186)**
Central									
Central	**122,880**	**130,336**	**7,456**	**(13,421)**	**(23,685)**	**(10,264)**	**109,459**	**106,652**	**(2,808)**
TOTAL	**143,270**	**148,578**	**5,308**	**(143,270)**	**(148,629)**	**(5,359)**	**-**	**(52)**	**(52)**
Donated Asset Adjustment	**-**	**-**	**-**	**-**	**52**	**52**	**-**	**52**	**52**
Control total	**143,270**	**148,578**	**5,308**	**(143,270)**	**(148,578)**	**(5,308)**	**-**	**-**	**-**

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	3,067	1,720	(1,347)	(4,398)	(4,262)	136	(1,332)	(2,542)	(1,210)
Specialist Medicine	2,500	32	(2,469)	(2,205)	(2,134)	71	295	(2,103)	(2,398)
Therapies & Older Persons	778	0	(778)	(1,469)	(1,308)	161	(691)	(1,308)	(616)
Unplanned & Integrated Care	101	38	(63)	(919)	(1,065)	(147)	(818)	(1,028)	(210)
Urgent & Emergency Care	4,676	27	(4,650)	(2,217)	(2,251)	(34)	2,460	(2,224)	(4,684)
Sub-total	**11,122**	**1,816**	**(9,306)**	**(11,208)**	**(11,020)**	**188**	**(85)**	**(9,204)**	**(9,118)**
Planned care									
Cancer Services	727	401	(326)	(857)	(852)	5	(130)	(451)	(321)
Critical Care & Perioperative	150	-	(150)	(209)	(183)	25	(59)	(183)	(125)
Planned Care Infrastructure	5,335	76	(5,259)	(2,960)	(2,692)	267	2,375	(2,616)	(4,992)
Surgical Services	1,051	41	(1,010)	(3,053)	(2,945)	109	(2,002)	(2,904)	(902)
Women & Children	5,013	33	(4,980)	(3,159)	(3,328)	(168)	1,854	(3,295)	(5,148)
Sub-total	**12,277**	**550**	**(11,726)**	**(10,238)**	**(10,000)**	**238**	**2,039**	**(9,450)**	**(11,488)**
Corporate									
Communications	-	9	9	(43)	(52)	(9)	(43)	(43)	(0)
Finance	(4)	(2)	3	(81)	(68)	13	(85)	(70)	16
HR & OD	148	116	(32)	(398)	(351)	47	(250)	(235)	15
IT	-	2	2	(347)	(327)	20	(347)	(326)	22
Medical Director	827	839	12	(491)	(462)	29	336	377	41
Nursing	(27)	(27)	(0)	(324)	(342)	(18)	(351)	(369)	(18)
Strategy, Governance & Perform	0	-	(0)	(245)	(240)	4	(245)	(240)	4
Transformation	-	-	-	(56)	(63)	(7)	(56)	(63)	(7)
Trust Executive & Board	-	-	-	(383)	(305)	78	(383)	(305)	78
Sub-total	**945**	**937**	**(8)**	**(2,369)**	**(2,211)**	**158**	**(1,425)**	**(1,274)**	**151**
E&F									
E&F	**453**	**266**	**(187)**	**(2,185)**	**(2,176)**	**8**	**(1,732)**	**(1,911)**	**(179)**
Central									
Central	**524**	**25,592**	**25,068**	**(3,955)**	**(3,762)**	**193**	**(3,431)**	**21,830**	**25,261**
TOTAL	**25,320**	**29,161**	**3,841**	**(29,955)**	**(29,170)**	**785**	**(4,635)**	**(9)**	**4,626**

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	15,392	8,230	(7,162)	(22,161)	(21,693)	468	(6,769)	(13,463)	(6,694)
30,542	(26,536)	4,005	Specialist Medicine	12,673	756	(11,917)	(11,066)	(9,673)	1,393	1,607	(8,918)	(10,524)
9,505	(17,500)	(7,994)	Therapies & Older Persons	3,944	23	(3,920)	(7,217)	(7,067)	151	(3,274)	(7,043)	(3,770)
1,237	(11,025)	(9,789)	Unplanned & Integrated Care	513	208	(306)	(4,594)	(5,297)	(703)	(4,081)	(5,090)	(1,009)
57,144	(26,368)	30,776	Urgent & Emergency Care	23,709	142	(23,567)	(10,847)	(10,718)	130	12,862	(10,576)	(23,438)
135,505	**(134,641)**	**865**	**Sub-total**	**56,231**	**9,358**	**(46,872)**	**(55,886)**	**(54,448)**	**1,438**	**344**	**(45,090)**	**(45,434)**
			Planned care									
8,884	(10,344)	(1,459)	Cancer Services	3,686	2,033	(1,653)	(4,283)	(4,346)	(63)	(597)	(2,313)	(1,716)
1,800	(854)	946	Critical Care & Perioperative	750	-	(750)	(1,053)	(857)	196	(303)	(857)	(554)
65,191	(35,700)	29,491	Planned Care Infrastructure	27,048	381	(26,667)	(14,888)	(13,371)	1,517	12,160	(12,990)	(25,150)
12,837	(36,628)	(23,791)	Surgical Services	5,327	215	(5,112)	(15,171)	(14,276)	894	(9,844)	(14,062)	(4,218)
61,242	(37,959)	23,283	Women & Children	25,411	316	(25,095)	(15,768)	(15,919)	(151)	9,644	(15,603)	(25,246)
149,955	**(121,484)**	**28,471**	**Sub-total**	**62,223**	**2,945**	**(59,278)**	**(51,162)**	**(48,769)**	**2,393**	**11,060**	**(45,824)**	**(56,884)**
			Corporate									
-	(455)	(455)	Communications	-	9	9	(206)	(220)	(14)	(206)	(211)	(5)
4	(2,957)	(2,953)	Finance	4	15	11	(1,321)	(1,297)	24	(1,317)	(1,282)	35
1,778	(4,780)	(3,002)	HR & OD	741	616	(125)	(1,992)	(1,825)	167	(1,251)	(1,209)	42
-	(4,025)	(4,025)	IT	-	28	28	(1,677)	(1,723)	(46)	(1,677)	(1,694)	(17)
9,930	(5,809)	4,121	Medical Director	4,137	4,092	(45)	(2,440)	(2,182)	259	1,697	1,911	214
4	(3,897)	(3,893)	Nursing	3	2	(1)	(1,625)	(1,664)	(39)	(1,623)	(1,662)	(39)
0	(2,936)	(2,936)	Strategy, Governance & Perform	0	-	(0)	(1,223)	(1,235)	(12)	(1,223)	(1,235)	(12)
-	(832)	(832)	Transformation	-	-	-	(440)	(446)	(6)	(440)	(446)	(6)
-	(3,062)	(3,062)	Trust Executive & Board	-	-	-	(1,281)	(1,359)	(78)	(1,281)	(1,359)	(78)
11,716	**(28,752)**	**(17,036)**	**Sub-total**	**4,885**	**4,762**	**(123)**	**(12,206)**	**(11,950)**	**255**	**(7,321)**	**(7,188)**	**133**
			E&F									
5,355	**(24,399)**	**(19,044)**	**E&F**	**2,225**	**1,176**	**(1,049)**	**(10,081)**	**(9,777)**	**304**	**(7,855)**	**(8,601)**	**(746)**
			Central									
53,976	**(47,232)**	**6,744**	**Central**	**14,353**	**130,336**	**115,983**	**(21,223)**	**(23,685)**	**(2,462)**	**(6,869)**	**106,652**	**113,521**
356,508	**(356,508)**	**-**	**TOTAL**	**139,917**	**148,578**	**8,661**	**(150,558)**	**(148,629)**	**1,929**	**(10,641)**	**(52)**	**10,589**

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 August to September being submitted to the STP.

- Further meetings and scrutiny of plans is ongoing with a final submission required in October.
- 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 released.
- 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	Mitigated target	Gap	Budget	Gap
Planned care	446	2,225	71	759	3,501	**5,100**	(1,599)	**4,682**	(1,181)
UIC	500	3,282	944	306	5,032	**5,505**	(473)	**4,253**	779
E&F	-	801	-	-	801	**800**	1	**661**	140
Corporate	363	107	-	323	793	**1,709**	(916)	**1,113**	(320)
Procurement	1,291	-	-	-	1,291	**1,291**	-	**1,291**	0
Total	**2,600**	**6,415**	**1,015**	**1,388**	**11,418**	**14,405**	**(2,987)**	**12,000**	**(582)**

Summary £'000	In-month			Year-to-date			Outturn		
	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Forecast	Var.
Trust total	**615**	**604**	**(11)**	**1,708**	**2,231**	**523**	**12,000**	**12,000**	**-**

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 works 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 the 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 August, the CIP plan had not changed significantly from the position reported last month with £9.0m of savings have been BRAG rated as blue or green, and further £2.3m of schemes are assessed as amber or red; the remaining £0.7m gap to achieve the NHSE/I plan are schemes in progress or yet to be identified.

CIP schemes are being developed through CIP panels and the QIA assessment process. Due to the change in activities and the Covid response, some savings programmes continue to encounter delays; the plan is regularly updated.

The PMO team continue to work with Divisions and the Finance Business Partners to identify and quantify CIP schemes whilst working towards a stretch 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 £2.2m and favourable to plan by £0.5m; 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. This 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**	**217,820**	**207,252**	**(10,288)**
6,306	Inventory	7,400	5,833	(1,567)
36,687	Trade and other receivables	30,486	23,803	(6,683)
12,385	Cash	16,262	50,392	34,130
55,378	**Current assets**	**54,148**	**80,028**	**25,880**
(24,478)	Trade and other payables	(38,370)	(24,417)	13,953
(292,111)	Borrowings	(1,481)	(291,495)	(290,014)
(4,519)	Other liabilities	(23,314)	(32,606)	(9,292)
(321,108)	**Current liabilities**	**(63,165)**	**(348,518)**	**(285,353)**
(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**	**184,630**	**(64,553)**	**(249,183)**
140,581	Public dividend capital	410,790	140,613	(270,177)
41,366	Revaluation reserve	47,336	41,366	(5,970)
(246,481)	Retained earnings	(268,861)	(246,532)	26,964
(64,534)	**Total taxpayers' equity**	**184,630**	**(64,553)**	**(249,183)**

Key messages:

1. Cash is £34.13m 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) - £9.29m greater than planned due to additional advanced contracted payments to ease cash pressures over the pandemic.
     As a result the Trust is not expecting to receive contract payments in March 2021.

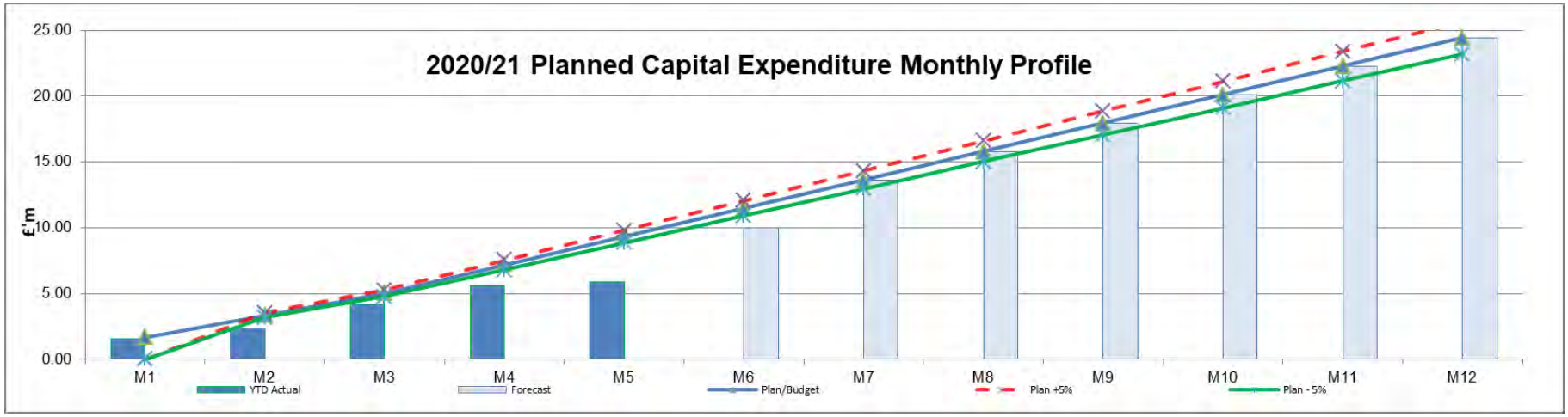
   A cash balance of approx. £30m will need to be retained to meet payroll and supplier commitments in that month.
   Whilst the Trust has high cash balances it will continue to pay suppliers on immediate terms instead of the NHS standard 30 days.

2. Borrowings are significantly off plan due to revisions and clarification of the interim loan conversion to PDC. The plan anticipated revenue loans only and for the conversion to take place in April.
   PDC has in fact been issued in September for capital and revenue loans.

3. Medway is currently operating with net liabilities of £64.5m. Next month with the loan conversion in place this is expected to change to net assets of approximately £226m.

6. Capital

£'000	In-month			Year To Date			Annual			Funding		
	Budget	Actual	Var.	Plan	Actual	Var.	Plan	Forecast	Var.	Internal	PDC	CIF PDC
Backlog Maintenance	230	244	(14)	1,800	3,093	(1,293)	5,671	5,671	0	690	0	4,981
Routine Maintenance	87	(1)	88	435	59	376	1,046	1,046	0	691	0	355
Fire Safety	476	56	420	2,380	829	1,551	5,720	5,720	0	366	4,252	1,102
IT	228	188	40	1,140	348	792	2,730	2,730	0	2,730	0	0
ED	320	21	299	1,922	(121)	2,043	5,283	5,283	0	835	3,000	1,448
Plant & Equipment	330	(259)	589	1,650	1,653	(3)	3,964	3,964	0	2,860	1,104	0
Total Planned Capex	**1,671**	**248**	**1,423**	**9,327**	**5,860**	**3,467**	**24,414**	**24,414**	**0**	**8,172**	**8,356**	**7,886**
COVID	160	815	(655)	160	815	(655)	1,967	1,967	0	0	1,967	0
IT KMCR	0	0	0	0	0	0	190	190	0	0	190	0
ED Capital award	0	0	0	0	0	0	TBC	TBC	0	0	TBC	0
Wave 2 Diagnostics	0	0	0	0	0	0	TBC	TBC	0	0	TBC	0
Total Additional Capex	**160**	**815**	**(655)**	**160**	**815**	**(655)**	**2,157**	**2,157**	**0**	**0**	**2,157**	**0**
Total Capex	**1,831**	**1,063**	**768**	**9,487**	**6,675**	**2,812**	**26,571**	**26,571**	**0**	**8,172**	**10,513**	**7,886**



6. Capital (continued)

Capital expenditure consists of:

• Planned YTD expenditure of £5.86m, with actual expenditure £3.47m behind plan. All programmes except equipment replacement and 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.

• £0.82m of unplanned YTD expenditure in relation to COVID schemes, of which only £0.16m has approved funding to date. Further 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 are in progress. It should be noted that if approved 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. 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 themselves now converted to PDC, bringing the Trust back to a net asset position.

7. Cash

13 Week Forecast

w/e

£m	Actual 31/07/20	07/08/20	14/08/20	21/08/20	28/08/20	Forecast 04/09/20	11/09/20	18/09/20	25/09/20	02/10/20	09/10/20	16/10/20	23/10/20	30/10/20	06/11/20	13/11/20	20/11/20	27/11/20
BANK BALANCE B/FWD	**59.62**	**50.10**	**48.27**	**74.47**	**70.26**	**50.35**	**49.35**	**46.86**	**69.27**	**55.30**	**44.14**	**41.66**	**74.83**	**61.38**	**50.73**	**47.94**	**72.68**	**66.79**
Receipts																		
NHS Contract Income	0.06	0.06	28.16	0.55	0.20	0.39	0.00	28.46	0.00	0.00	0.00	27.17	0.00	0.00	0.00	27.17	0.00	0.00
Other	0.56	0.35	0.96	0.07	0.35	0.15	0.56	2.17	0.25	0.25	0.56	2.99	0.25	0.25	0.25	0.61	0.25	0.25
Total receipts	**0.62**	**0.40**	**29.11**	**0.62**	**0.55**	**0.54**	**0.56**	**30.63**	**0.25**	**0.25**	**0.56**	**30.16**	**0.25**	**0.25**	**0.25**	**27.78**	**0.25**	**0.25**
Payments																		
Pay Expenditure (excl. Agency)	(7.95)	(0.33)	(0.37)	(0.45)	(17.02)	(0.31)	(0.35)	(0.35)	(9.56)	(8.22)	(0.34)	(0.34)	(9.55)	(8.20)	(0.34)	(0.34)	(0.41)	(9.47)
Non Pay Expenditure	(0.50)	(1.90)	(2.55)	(4.39)	(2.44)	(1.22)	(2.70)	(4.20)	(4.65)	(1.47)	(2.70)	(4.20)	(4.15)	(0.97)	(2.70)	(2.70)	(5.65)	(2.70)
Capital Expenditure	(1.69)	0.00	0.00	0.00	(0.45)	0.00	0.00	0.00	0.00	(1.73)	0.00	0.00	0.00	(1.73)	0.00	0.00	0.00	0.00
Total payments	**(10.14)**	**(2.23)**	**(2.92)**	**(4.83)**	**(19.91)**	**(1.54)**	**(3.05)**	**(4.55)**	**(14.21)**	**(11.42)**	**(3.04)**	**(4.54)**	**(13.70)**	**(10.90)**	**(3.04)**	**(3.04)**	**(6.06)**	**(12.17)**
Net Receipts/ (Payments)	**(9.52)**	**(1.83)**	**26.20**	**(4.21)**	**(19.36)**	**(1.00)**	**(2.49)**	**26.08**	**(13.96)**	**(11.17)**	**(2.48)**	**25.61**	**(13.45)**	**(10.65)**	**(2.79)**	**24.74**	**(5.81)**	**(11.92)**
Funding Flows																		
PDC Capital	0.00	0.00	0.00	0.00	0.00	291.00	0.00	0.00	0.00	0.00	0.00	7.56	0.00	0.00	0.00	0.00	0.00	0.00
Loan Repayment/Interest payable	0.00	0.00	0.00	0.00	(0.55)	(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
Dividend payable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(3.25)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funding	**0.00**	**0.00**	**0.00**	**0.00**	**(0.55)**	**0.00**	**0.00**	**(3.67)**	**0.00**	**0.00**	**0.00**	**7.56**	**0.00**	**0.00**	**0.00**	**0.00**	**(0.08)**	**0.00**
BANK BALANCE C/FWD	**50.10**	**48.27**	**74.47**	**70.26**	**50.35**	**49.35**	**46.86**	**69.27**	**55.30**	**44.14**	**41.66**	**74.83**	**61.38**	**50.73**	**47.94**	**72.68**	**66.79**	**54.87**

Cash Flow, 12 months ahead

£m	Actual Apr-20	May-20	Jun-20	Jul-20	Aug-20	Forecast Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
BANK BALANCE B/FWD	**12.37**	**37.57**	**47.46**	**43.44**	**50.09**	**50.33**	**46.33**	**50.72**	**47.05**	**40.45**	**39.55**	**37.93**	**7.79**	**41.96**	**42.12**	**39.83**	**46.01**
Receipts																	
NHS Contract Income	45.11	22.70	24.52	22.99	22.28	22.52	22.52	22.52	22.52	22.52	22.52	0.70	53.95	27.12	28.94	26.94	26.94
NHS Top Up	8.84	6.28	2.39	10.15	6.01	5.62	4.42	4.42	4.42	4.42	4.42	4.42	0.00	0.00	0.00	0.00	0.00
Other	4.66	1.56	1.53	3.65	2.39	3.99	4.38	1.64	1.64	4.33	1.64	1.74	4.23	1.46	1.30	4.52	1.69
Total receipts	**58.61**	**30.54**	**28.44**	**36.79**	**30.68**	**32.13**	**31.32**	**28.58**	**28.58**	**31.27**	**28.58**	**6.86**	**58.18**	**28.58**	**30.24**	**31.46**	**28.63**
Payments																	
Pay Expenditure (excl. Agency)	(18.79)	(18.57)	(18.58)	(18.76)	(18.16)	(18.44)	(18.79)	(18.42)	(18.73)	(18.39)	(18.37)	(18.35)	(19.68)	(19.05)	(18.91)	(19.54)	(18.90)
Non Pay Expenditure	(11.35)	(8.41)	(12.44)	(9.72)	(11.28)	(12.29)	(13.97)	(12.02)	(14.72)	(12.24)	(10.96)	(14.46)	(13.36)	(8.37)	(12.70)	(14.77)	(12.22)
Capital Expenditure	(3.27)	(1.08)	(1.44)	(1.69)	(0.45)	(1.73)	(1.73)	(1.73)	(1.73)	(1.73)	(1.73)	(1.73)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)
Total payments	**(33.41)**	**(28.06)**	**(32.46)**	**(30.17)**	**(29.89)**	**(32.46)**	**(34.49)**	**(32.17)**	**(35.18)**	**(32.36)**	**(31.06)**	**(34.54)**	**(33.96)**	**(28.34)**	**(32.53)**	**(35.23)**	**(32.04)**
Net Receipts/ (Payments)	**37.57**	**40.05**	**43.44**	**50.06**	**50.88**	**50.00**	**43.16**	**47.13**	**40.45**	**39.36**	**37.07**	**10.25**	**32.01**	**42.20**	**39.83**	**36.06**	**42.60**
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
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
PDC Capital	0.00	0.00	0.00	0.03	0.00	291.00	7.56	0.00	0.00	0.19	0.86	0.80	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
Dividend payable	0.00	0.00	0.00	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
Total Funding	**0.00**	**7.41**	**0.00**	**0.03**	**(0.55)**	**(3.67)**	**7.56**	**(0.08)**	**0.00**	**0.19**	**0.86**	**(2.46)**	**9.95**	**(0.08)**	**0.00**	**9.95**	**0.00**
BANK BALANCE C/FWD	**37.57**	**47.46**	**43.44**	**50.09**	**50.33**	**46.33**	**50.72**	**47.05**	**40.45**	**39.55**	**37.93**	**7.79**	**41.96**	**42.12**	**39.83**	**46.01**	**42.60**

Prior year end	£'000	Month end plan	Month end actual	Var.
12,385	Cash	16,262	50,392	34,130

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

- £9.29m 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.

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 (planning)	There remains a gap between RAG rated CIP programmes and the draft budget requirement of £12m.	£582	CIP meetings continue to be held by the Director of Improvement. Oversight moved from Transformation to Finance. Return of CIP governance following pause during Covid pandemic.	Richard Eley, Mark Hackett
Staff costs	Staff costs remain high; unchecked, this could drive a need for additional CIP and/or additional true-up income from NHSE/I 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 £52k 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 £0.9m of true-up funding being accrued after incurring £1.0m of incremental expenditure related to Covid.

Richard Eley
Director of Finance
September 2020

Meeting of the Board of Directors in Public

Thursday, 01 October 2020

Assurance Report from Committees

Title of Committee:	**Finance Committee**	**Agenda Item**	**6.2**
Committee Chair:	Jo Palmer, Chair of Committee		
Date of Meeting:	Thursday, 24 September 2020		
Lead Director:	Richard Eley, Chief Finance Officer (Interim)		
Report Author:	Paul Kimber, Deputy Director of Finance		

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

Key headlines and assurance level	
Key headline	**Assurance Level** **(use appropriate colour code as above)**
1. BAF strategic risks The BAF scores remained unchanged since the last meeting. It was noted that further contracting guidance had been released in the last week; once this has been assimilated, these risks will be fully reviewed.	**Amber/Green**
2. Risk register The risk register was noted. The CIP risk had been increased from 12 to 16 on the basis of slippage against the plans and delivery to achieve the full year target. Further measures were outlined seeking to mitigate this risk with the support of executive directors.	**Amber/Red**

Key headlines and assurance level	
Key headline	**Assurance Level** **(use appropriate colour code as above)**
3. Finance report The Chief Finance Officer highlighted the following in the report: • The Trust is meeting its control total as set by NHSE/I; the incremental Covid expenditure in-month was £1.0m and true-up income of £0.9m was also accrued. • The Chief Finance Officer noted that activity remained high in August following "restart" work. • CIP is currently ahead of plan, but the emerging issue as per the risk register discussion was noted. • Capital expenditure is behind plan this year; it is noted that we have been awarded additional funding for further projects during 2020/21. • Progress has been made in addressing the age/value of the outstanding debt, particularly with our partners in the STP. • In September the Trust has received its new Public Dividend Capital and subsequently repaid c£290m of loans.	**Amber/Green**
4. Budget setting update / "Restart" A presentation was "tabled" on the national contracting arrangements that will apply for months 7-12 of this financial year. Work is ongoing to understand the impact for the Trust and the STP system within which it works, including how the top-up, Covid and growth monies awarded to the system are allocated to individual organisations.	**Amber/Green**
5. Capital plans and performance The Executive Director of Estates and Facilities welcomed the additional funding being made available for capital projects; he noted however that often these come with very short timeframes within which to deliver the project and so a fast track process is necessary. It was noted that given the year to date slippage against planned expenditure the Trust is seeking to bring forward other projects into this financial year. The committee heard that the Trust Capital Group is beginning now to pull together a strategic capital plan covering the next 3-5 years. It also heard how the critical infrastructure/backlog maintenance has been updated and will be kept under annual review to maintain the safety of the site.	**Amber/Green**
6. Overseas visitors policy The revised policy was presented, noting that there were minimal changes that had been made/were necessary. The policy was **APPROVED** by the committee.	**Green**

Key headlines and assurance level	
Key headline	**Assurance Level** **(use appropriate colour code as above)**
7. Drivers of deficit The paper from the Chief Finance Officer looked at what would need to be in place for the Trust to achieve a breakeven position. This focussed on three key areas: • The systemic deficit – this being that all providers in the region operate at a loss and therefore the "system" (both local, regional and national) must identify how this can be addressed. • The income gap – this being a full understanding of how money in the Medway health economy is spent in the most effective way, including payment for work undertaken on a cost and volume basis. • Cost reductions – this being internal efficiencies to the organization, using a variety of benchmark tools, such as Model Hospital. It was **AGREED** that the paper should be presented and discussed at the Trust Executive Group and the Trust Board.	**Green**
8. Model Hospital The General Manager for urgent and emergency care – together with the clinical lead and nursing lead for the service - 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 coding of activity.	**Amber/Green**
Decisions made The committee **APPROVED** the overseas visitors' policy. It was **AGREED** that the "drivers of deficit" report be presented at the Trust Executive Group and November Trust Board.	
Further Risks Identified None other than as set out.	
Escalations to the Board or other Committee There are no matters to escalate.	

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	Linda Longley – Head of Portfolio of Management Office Gurjit Mahil – Deputy Chief Executive Officer		
Lead Director	James Devine - Chief Executive Officer		
Executive Summary	This paper provides the Trust Board with an update on the progress against the Trust Improvement Plan's five pillars. The paper shows the early successes the next steps and the current RAG status.		

Pillar	RAG Status	Next Steps
Our People		Completion of Culture and Leadership Programme
High Quality Care		Completion of four key reviews and four strategies / policies.
Financial Stability		Focus on CIP delivery, reset financial expectations from months 7-12.
Innovation		Development of EPR business case.
Integrated Care		Implementation of Winter Plan and continuous monitoring of Restore and Recover plan.

Link to strategic Objectives 2019/20	**Innovation:** We will embrace innovation and digital technology to support the best of care	☒
	Finance: We will deliver financial sustainability and create value in all we do	☒
	People: We will enable our people to give their best and achieve their best	☒
	Integrated Health Care: We will work collaboratively with our system partners to establish an Integrated Care Partnership	☒
	High Quality Care: We will consistently provide high quality care	☒
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

Progress Update – 18 September 2020

Linda Longley, Head of Portfolio Management Office

Best of care
Best of people

Our Medway

Summary

Following staff engagement events and feedback received, the draft Trust Improvement Plan has now been formally adopted and launched.

The five programmes have been mobilised, programme governance agreed and while each programme represents a specific pillar of the improvement plan, regular cross programme huddles ensure that we don't work in silos.

Early successes .....

NHS Medway NHS Foundation Trust

HIGH QUALITY CARE

We are already seeing a real difference from the measures in the plan. For example, as a direct result of improvements piloted from the High Quality Care programme we have seen a reduction in the number of hospital acquired pressure ulcers on our wards.

INNOVATION

Working hand in glove, the Integrated Health Care and Innovation programmes have set up virtual clinics which have enabled our patients to continue to receive outpatient services from the comfort their own homes. 20% of our outpatient activity is now virtual with the aim to achieve a 30% conversion by March 2021.

INTEGRATED HEALTHCARE

FINANCIAL STABILITY

We have started our QSIR journey. We have worked collaboratively with the Act Academy to develop some virtual training from their very successful existing Quality, Service Improvement and Redesign programme. Skilling our staff in service improvement techniques will really embed our culture of continual improvement. Our first cohort start on the QSIR Virtual programme this month.

OUR PEOPLE

The slides that follow give more programme level examples of successes so far

Our People

Early successes

- Relaunch of the Spirit of Medway is giving newly inducted staff the opportunity to feedback on their experience in joining the Trust.
- Culture and Leadership Programme – 57 staff members across the Trust signed up to participate in the programme to become Change Teams members
- Executive Directors engaged by the Change Team and interviews taken place through September.
- Equality and Diversity – all three staff networks have met and engagement has been encouraging, with action plans drafted and out for comment within the network which will be shared with Executive Group.

What's next

- Culture and leadership programme facilitated sessions on the following subjects:
    - Vision and Values – Constant Commitment to Quality – 28 September and 7 October
    - Goals and Performance – Effective, efficient, high quality performance – 29 September and 5 October
    - Support and Compassion – Support, compassion and inclusion for all patients and staff – 1 October and 21 October
    - Learning and Innovation – Continuous learning, quality improvement & innovation – 8 October and 15 October
    - Team Work – Enthusiastic, cooperation, team working and support across the organisation – 14 and 27 October

Current Rag Rating

High Quality Care programme

Early successes

- Successfully launched “Reclaiming the Nursing Landscape” initiative, developing and upskilling our nursing leaders.
- Focus on quality of care and the fundamentals of nursing care has led to a reduction in hospital acquired pressure ulcers
- Executive level Safeguarding training complete
- Patient Care Rounds are now embedded into daily practice by ward managers, nurses and AHPs
- Associate Director of Patient Experience has been appointed
- Quality and Safety Boards rolled out across the Trust, highlighting good nursing practice
- “What matters to me” Boards are now being piloted – giving patients the opportunity to input into their health care plan.

What’s next

- Implementing actions/recommendations from the reviews on:
    - Safeguarding
    - Complaints process
    - Inpatient Survey Response
    - Patient experience listening events
- Completion of the following strategies and policies:
    - Complaints policy
    - Patient Safety Incident Review Framework
    - Patient Experience Strategy
    - Nursing and Midwifery Strategy

Current Rag Rating

Financial Stability

Early successes

- All true-up monies for revenue Covid expenditure successfully reclaimed to date enabling us to deliver against our NHS England/Improvement set targets for income and expenditure
- Successful claims for additional capital expenditure funding to deliver our ambitious programme of work
- Benchmarking work progressing well, including presentation at Finance Committee of individual care groups on their Model Hospital opportunities
- Re-prioritisation of backlog maintenance, with a significant reduction seen in the critical works

What's next

- Refresh/simplification of investment governance pathways and templates
- Renewed focus on development and delivery of Cost Improvement Plans
- Ongoing tight management of expenditure, particular staff costs
- Reset financial expectations following the release of updated national contract arrangements for October to March 2021

Current Rag Rating

Innovation

INNOVATION

NHS Medway NHS Foundation Trust

Early successes

- Replacement of old and unstable digital infrastructure is a key deliverable of the innovation programme and we have already:
    - successfully replaced the old switchboard/telephony with a new modern cloud based system fit for the future
    - Updated our software licenses to ensure compliance and security
    - Updated licenses and effected improvements to our cyber security ensuring 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
- Worked collaboratively with the Integrated Health programme in the rapid set up of virtual outpatient clinics 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 72 improvement project ideas registered as well as launching a new training curriculum focused on coaching and QI

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 the Trust to embrace whole pathway analytics and artificial intelligence tools.
- 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

Current Rag Rating

Integrated Health Care

Early successes

- Outpatient activity has returned more than 80% of pre Covid levels (80% achieved by end August)
- Emergency Department and Same Day Emergency Care (SDEC) activity has returned almost fully to pre-Covid activity levels with a steady trajectory of improvement against the 4-hour ED access standard (week to date = 92.4%)
- ED Phase 3 build to refurbish ED Majors including specialist Mental Health area has commenced (completion July 2021)
- Launch of Direct Access Booking (DAB) 111 for UTC / SDEC on 16 September 2020.
- New process implemented to ensure all outpatient clinics are 'outcomed' within 24 hours to optimise income for activity
- Elective Orthopaedic activity has recommenced on site and will occupy a newly refurbished "ultra-clean" unit in Ocelot from early December

What's next

- Trust Winter Plan submission to the ICP by the end of September (following Corporate and Operations Check and Challenge sessions)
- Relocatable MRI to be sited by mid-October to further improve diagnostic capacity on site
- 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

Current Rag Rating

Next steps (portfolio governance)

HIGH QUALITY CARE

INNOVATION

INTEGRATED HEALTHCARE

FINANCIAL STABILITY

OUR PEOPLE

- Confirming all lower level metrics to ensure projects deliver successful programme outcomes
- Completing the portfolio dashboard to ensure that progress against the plan is reported in a clear and consistent way across each of the five programmes.
- Integrated impact assessments to be completed for all change initiatives. This will ensure that quality and equality considerations are formally risk assessed and approved through a panel chaired by the Chief Medical Officer and Chief Nursing and Quality Officer.

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

Title of Report	**Research and Innovation Annual Report 2019-20**	**Agenda Item**	7.2
Report Author	Dr Edyta McCallum, Head of Research and Innovation (R&I)		
Lead Director	David Sulch, Chief Medical Officer		
Executive Summary	This paper describes the research activity at Medway NHS Foundation Trust (MFT) 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. MFT remains the leading recruiter to research in the Kent Surrey and Sussex research area, recruiting 5042 patients to studies in 2019-20 against a target of 3528. 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 specialities and clinical areas (notably reproductive / foetal medicine and cancer) and Professor Ranjit Akolekar, Clinical Lead for R&I is engaged in a process of appointing Research Leads for other Care Groups and specialities to enhance the development of research in those areas. 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.		
Due Diligence	To give the Trust Board assurance, please complete the following:		
Executive Group Approval:	Date of Approval: 16 September 2020		
National Guidelines compliance:	Conforms to national R+I best practice		
Resource Implications	No resource implications		
Legal Implications/Regulatory Requirements	None		
QIA	Not required		
Recommendation/ Actions required	The Board is asked to: state decision required i.e. review, approve, note. [For example: The Board is asked to approve the Safeguarding Policy].		

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

Appendices	No appendices other than those referenced in the body of the annual report.

Research & Innovation

Annual Report 2019-2020

TABLE OF CONTENTS

1. Executive Summary

1.1. Medway NHS Foundation Trust (MFT) is committed to Research and Innovation recognizing the benefits these bring to patient care, general public health, education, staff retention and development of the Trust.

1.2. This report outlines progress and achievements over the last 12 months (1st April 2019 to 31st March 2020) and provides some up to date information.

2. Performance

2.1. Research studies conducted

2.1.1 In 2019/2020, a total of 136 research studies were conducted at MFT. Compared to the previous report, the total number of studies increased by 28 studies.

2.1.2 The highest number of studies were conducted in Cancer (48), followed by children (10) and Reproductive Health and Childbirth (10).

2.1.3 **Figure 1** (**Appendix A**) presents the number of studies in each specialty.

2.1.4 **Figure 2** (**Appendix A**) outlines the number of studies that MFT participated in over seven years, from 1st April 2013 to 31st March 2020.

2.2. Recruitment in research studies

2.2.1 For a sixth consecutive year, MFT was the *highest* performing Trust at recruiting patients into clinical Trials in Kent, Surrey and Sussex Clinical Research Network (CRN) (out of 20 member organisations).

2.2.2 In 2019/2020, the Trust recruited 5,042 patients into National Institute for Health Research (NIHR) studies, against the target of 3,528. The total recruitment of MFT to research studies was 143% against the agreed target with the NIHR.

2.2.3 Research in Reproductive Health and Childbirth, led by Professor Akolekar is by far the highest performing specialty and is supported by research midwives (One Band 7 and two Band 6) funded by the NIHR.

2.2.4 **Figure 3** (**Appendix A**) represents the annual recruitment target and the actual number of patients at MFT recruited into the NIHR adopted studies over seven year period, from 1st April 2013 to 31st March 2020.

2.3 Specialty and staff engagement

2.3.1 During 2019/20, approximately 100 clinical staff participated in the conduct of research approved by the Health Research Authority (HRA) at MFT across 22 disease areas as well studies looking into Health Services Research.

2.3.2 In the period between 1st April 2019 and 31st March 2020 the Investigators at MFT published 80 articles (**Appendix F**).

2.3.3 The Clinical Lead for R&I continues discussions with the Speciality Directors regarding appointment of the R&I Research Lead in each speciality and transparent allocation of R&I PA's.

3 Finances

3.1 Funding support from National Institute of Health Research (NIHR)

3.1.1 The Clinical Research Network Kent Surrey and Sussex (CRN KSS) receives its annual funding allocation from the National Institute for Health Research (NIHR), which in turn are funded by the Department of Health and Social Care (DHSC).

3.1.2 The CRN KSS makes funding allocations to the partners based on agreed funding model. It is linked to the previous year's research activity (calculated as weighted recruits).

3.1.3 The funding allocation by the DHSC to the NIHR in 2019/2020 was £14,077,051.00 and by CRN KSS to the Trust £942,890.

3.1.4 The allocation from the DHSC to the NIHR for 2020/2021 was awarded at £14,205,553.00.

3.1.5 The CRN KSS funding model for the KSS partners in 2020/2021 is follows:

- An uplift of 0.9% based on performance in 2019/2020.
- An uplift of 3% to offset the changes of NHS pay awards to reduce the impact of cost pressures to all partner organisations.
- Value For Money (VFM) adjustment (+/- 5% or 10%) capped and collared at £60K for Partner A organisations only.

3.1.6 Based on the model, the Trust qualified for two uplifts – performance in 2019/2020, and support with NHS pay awards cost pressures.

3.1.7 Total funding allocation to the MFT in 2020/2021 is therefore £979,663.

3.1.8 **Table 1** (**Appendix B**) presents core funding allocations to all partners within KSS in 2020/2021.

3.2 Investigators accounts

3.2.1 A total income of £362,983.49 is accumulated in the Investigator accounts.

3.2.2 A Standard Operating Procedure (SOP) on distribution of research income and cost allocations has been implemented. It facilitates transparency in research income distribution and efficient utilization of income for research purposes, outlining how funds can be spent in operation.

3.2.3 In addition SOP outlining how Support Programmed Activities (SPAs) for research and/or innovation are allocated to the Consultants have been recently updated and approved by the Medical Director.

3.2.4 Where available the Investigator's accounts will be the primary source of that funding.

3.2.5 R&I income and outgoings are monitored by the Research & Innovation Governance Group (RI GG) which reports to the Trust Executive Group.

3.2.6 **Table 2** (**Appendix B**) provides details of the exact balance in each PI account.

4 Research governance and safety

4.1 Research governance

4.1.1 All research carried out at the Trust must be in accordance with the principles set in UK policy framework for health and social care research and the Medicines for Human Use (Clinical Trials) Regulations 2004 and Amendment Regulations 2006.

4.1.2 Health Research Authority (HRA) Approval is required for all project based research involving the NHS and Health and Social Care that is being led from England.

4.1.3 It brings together the HRA's assessment of governance and legal compliance with the independent ethical opinion by a Research Ethics Committee (REC).

4.1.4 R&I Governance Team ensures that any research project conducted within the Trust has the required approvals (HRA approval and any other regulatory approvals as required) in place prior to providing the local R&I approval for the conduct of the study.

4.1.5 Any research and/or innovation related incidences are reported to the RI GG which in turn gets reported to the Trust Executive Group.

4.1.6 To remind staff that no research and/or innovation should be conducted without Trust approval, the R&I Department continues to distribute reminders via Trust global newsletter.

4.2 R&I internal audit 2019/2020

4.2.1 R&I Department performed an internal audit on its NIHR, open, recruiting research studies during the financial year 2019/2020.

4.2.2 The audit was conducted under the leadership of the Audit Leads, Aimee Harris and Helen Harizaj, and the guidance of the R&I Strategy and Operations Manager, Dr Swapna Thomas.

4.2.3 It was completed in a timely manner as per the Internal Audit 2019/2020 plan approved by the RI GG on 13 June 2019.

4.2.4 The primary focus of the audit was the upkeep of Investigator Site File (ISF).

4.2.5 10% of the studies were selected based on random sampling in each risk category – ‘high’, ‘medium’, ‘low’ (as per the SOP on Audit of Research Studies).

4.2.6 The audit revealed inadequate upkeep of Investigator Site Files (ISF).

4.2.7 Report on findings including corrective actions taken for the projects audited can be found in the respective ISF (hard copy) and research study folder on EDGE.

4.2.8 A summary of the key findings across the performed audits and the recommendations are listed in **Table 3** (**Appendix C**).

4.2.9. A plan for Internal Audit for 2020/2021 is currently being finalised and will be based on Patient Consenting to participate in research.

4.3 Safety in research

4.3.1 The R&I Department complete a DATIX entry for each and every serious adverse event related to research.

4.3.2. The patients involved and engaged in research studies do suffer from critical illnesses and so the incidences are 'expected'.

4.3.3 Out of 13 incidences reported in 2019/2020, 8 were Serious Adverse Events (SAEs), but none of these were a result of research practice.

4.3.4 Other reported incidences (5) relate to non-serious governance errors or operational issues.

4.3.5 The R&I Department treat every incidence with equal seriousness and ensure that following an investigation, preventative measures are put in place. The practice is evident through decline from 60 incidences in 2018/2019 to 13 in 2019/2020.

5 Academic activities and collaborations

5.1 Kent and Medway Joint Research Operation (KM JRO)

5.1.1 The idea was initiated by Dr Edyta McCallum, Head of R&I at MFT, a couple of years ago.

5.1.2 As the NHS is engaging in new models of care provided in people's homes and in the community, and barriers between services are broken down, this should be mirrored in systems that support development and implementation of scientific medical and sociocultural treatments offered by the NHS and related service providers such as social care.

5.1.2 Across England, a growing number of JROs are formed between NHS providers and Universities and are seen as an important vehicle for enhancing the potential for attracting and maintaining larger scale investment in research infrastructure and for developing project portfolios and programmes for JRO member organisations.

5.1.3 Following self-assessment - achieved by visiting other JROs and analysing feedback from a workshop (organised by the MFT) amongst Kent and Medway NHS partners - it was concluded that there are distinct benefits of moving towards a JRO model, including harnessing current strengths, addressing gaps, rationalising provision, and aligning R&I support and building on the recent successes of Kent and Medway Medical School (KMMS) and the NIHR Applied Research Collaboration Kent Surrey and Sussex (ARC-KSS).

5.1.4 Recently completed anonymous ballot amongst members (EKHUFT, MTW, KMPT, DVH, Canterbury Christ Church University (CCCU), University of Kent (UoK),

University of Greenwich (UoG), KCHFT, MCH, Academic Health Science Network (AHSN), CRN KSS), re-elected Dr Edyta McCallum as the Chair of the group.

5.1.5 Another workshop, mapping current operational pathways at each member organisation, identifying duplications and seeking efficiencies is being planned in September 2020.

5.1.6 Terms of Reference and Non-Disclosure Agreement have been finalised and approved by all members.

5.1.7 The group is continually expanding and new members proposed to join in September 2020 are from the Kent and Medway Medical School (KMMS), Kent and Medway County Council and CCG.

5.2 Kent and Medway Project Review Group (PRG)

5.2.1 During the Coronavirus pandemic there was an influx of COVID-19 related proposals and the MFT R&I Department approached MFT Clinical Effectiveness Department, the University of Kent (UoK) and Canterbury Christ Church University (CCCU) to form a panel where these proposals could be jointly reviewed.

5.2.2 The approach allowed centralised and coordinated review of the projects.

5.2.3 The review incorporated agreement whether the proposals are Service Evaluation, Audit or Research, evaluation of the ideas based on academic, clinical knowledge and experience, and assessment of feasibility and governance.

5.2.4 When the existence of the group was mentioned at the Kent and Medway Joint Research Group (KM JRO) in April 2020, other partners asked whether they could join the meetings with proposals from their institutions.

5.2.5 Since then the scope of the projects was extended to the non-COVID-19 topic.

5.2.6 The group is based on open membership so that all staff have access to an expert advice to develop their project(s).

5.2.7 The PRG occurs weekly and is extremely popular as evidenced through high level of attendance.

5.2.8 The PRG is managed by the MFT R&I Department with Senior Governance Officer, Hayley Beresford, as the Chair.

5.3 Other notable collaborations

5.3.1 Shared Health and Care Analytics Board (SHCAB)

5.3.1.2 Use of data and information generated within the Kent and Medway health and social care system is essential for robust strategic, tactical and operational health and care service planning and commissioning, and informed decision-making.

5.3.2.3 The SHCAB brings enthusiastic and dedicated health and care professionals and data analysts together as a professional community and network in order to understand the impact and monitor the progress of new models of care and provide opportunities for research and insight.

5.3.3.4 An example of positive outcome is Dr Abraham George, Consultant in Public Health, Kent County Council who recently approached the Trust asking whether we are interested in developing consistent and up to date system for bed review across local hospital sites that can be managed/led internally.

5.3.2 Medway Innovation Institute (MII)

5.3.2.1 Dr Edyta McCallum is one of the co-founders.

5.3.2.2 The R&I Department have long recognised the importance of Quality Improvement (QI) on patient care and are very supportive of the initiative.

5.3.2.3 Dr McCallum has recently completed an MSc in QI and Patient Safety to be able to support the scheme further.

5.4 Home grown research

5.4.1 In 2019/2020 14 new projects were opened and 11 were in ‘development’.

5.4.2 9 funding applications were submitted, 3 of which the MFT was lead applicant on. Out of the 3, 2 were successful.

5.4.3 Between April 2020 and now, 4 more funding applications were submitted. Currently waiting for an outcome.

5.4.4 3 new applications are currently being prepped for submission.

5.4.5 **Table 4** (**Appendix D**) provides details of funding applications and their outcomes submitted from 2019 until now.

6 R&I Department priorities for 2020/2021

6.1 Recovery post 1st Coronavirus pandemic

6.1.2 The importance of having MFT Trust R&I Department was highlighted through the Coronavirus pandemic.

6.1.3 An engagement in national clinical trials such as RECOVERY (Dexamethasone, Azithromycin, Tocilizumab, Convalescent plasma) gave the Trust medical team access to treatments that they would not otherwise have.

6.1.4 Regarding R&I portfolio, within a very short period of time it had to be revised, suspending recruitment to all projects considered as non-essential.

6.1.5 According to the NIHR message at the time, the only studies expected to continue were the ones whose discontinuation would have detrimental effects on the ongoing care of individual participants involved in those studies. No further advice was provided, and so clinical decisions had to be made on a case-by-case basis, by local decision makers on the basis of local risk and capacity assessments.

6.1.6 As a result, percentage of suspended studies was as follows:

- 90% of open recruiting studies
- 21% of studies with patients in follow up treatment
- 24 studies that were planned to be open were also put on hold

6.1.7 All effort is being made to re-open those activities.

6.1.8 The number and types of COVID-19 related studies currently *open* at MFT are summarised in **Table 5** (**Appendix E**).

6.1.9 The number and types of COVID-19 related studies *proposed* to be open at MFT are listed in **Table 6** (**Appendix E**).

6.2 Relocation of the R&I Department to the Post Graduate Centre

6.2.1 The move is planned for the beginning of November 2020 and is essential for number of reasons:

- The Gate Lodge building where the R&I Delivery currently reside is unsafe as a result of regular leaks and flooding.
- It supports Trust's strategy to create Research and Education Centre.
- The CRN KSS approached the Trust numerous times that they would welcome being hosted by the Trust. The benefit of such arrangement would be considerable, including financial reward(s).

6.3 Public Awareness and Patient Engagement

6.3.1 The R&I Department are extremely grateful to the Trust Charity (notably: Donna Law and Glynis Alexander) who together with Dr Gough and Dr Aldouri (from their charitable accounts) agreed to fund substantial R&I display that will include revolving DNA helix in the atrium.

6.3.2 The public will be made aware of the Trust's fantastic achievements in research as well as that when they are cared for at MFT they have access to most up to date, novel clinical treatments.

6.3.2 The R&I Department will continue to collaborate with Patient Research Ambassadors appointed to improve patient engagement.

6.3.3 The Medway Innovation Institute are extremely competent at marketing and through the collaboration the R&I Department are anticipating greater public and staff engagement in R&I.

7 Appendices

Appendix A: Research Performance of Medway NHS Foundation Trust

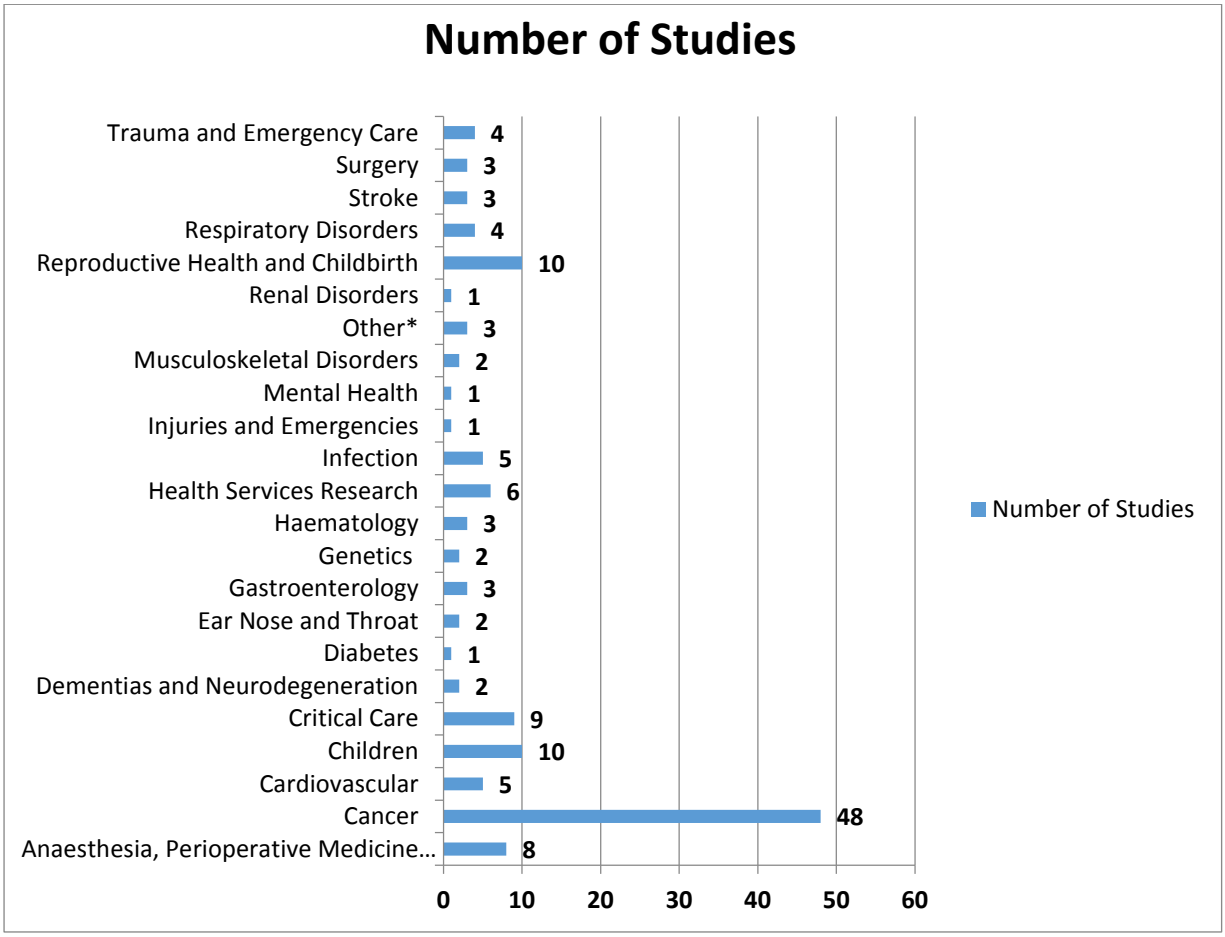


Figure 1: Total number of studies conducted in each speciality in 2019/2020.
*Studies outside of clinical speciality for example educational studies or research into overall patient experience.

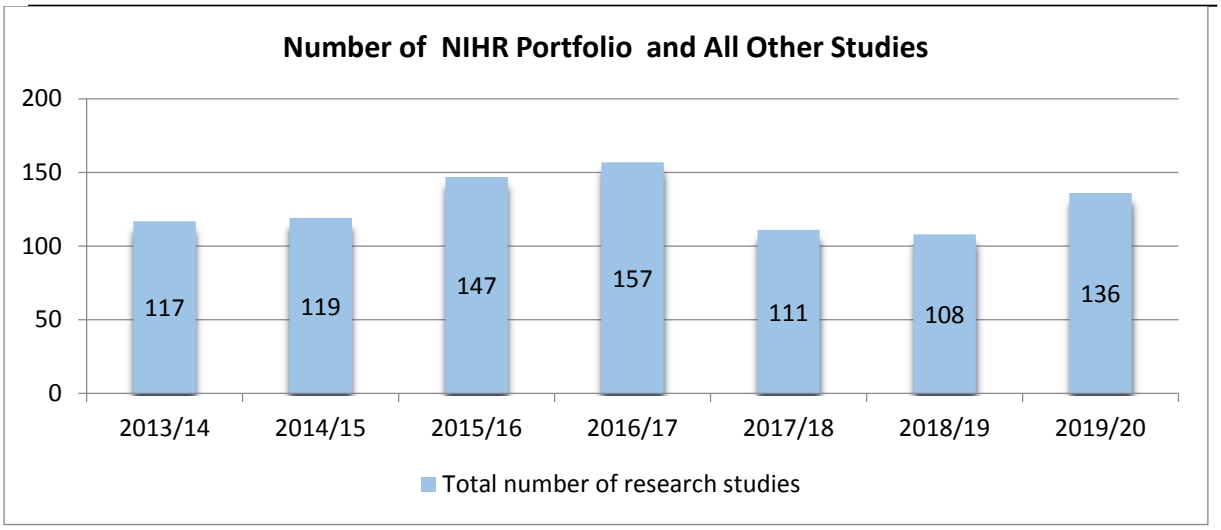


Figure 2: The number of studies that Medway NHS Foundation Trust participated in between 1 April 2013 and 31 March 2020.

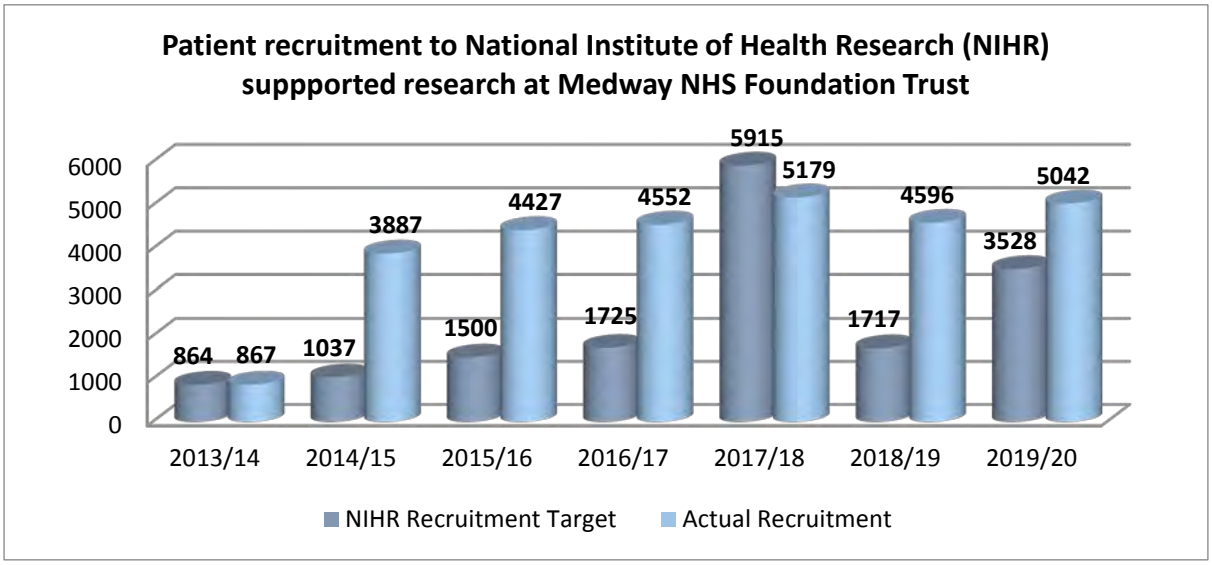


Figure 3: The annual recruitment target and the actual number of patients recruited into the NIHR adopted studies between 1 April 2013 and 31March 2020.

Appendix B: Financial details

Ashford and St Peter's Hospitals NHS Foundation Trust **(ASPH)**	£ 579,483	£ 23,179	£ 602,662	-£ 23,179	£ 579,483
Brighton and Sussex University Hospitals NHS Trust **(BSUH)**	£ 1,805,707	£ 72,228	£ 1,877,935	-£ 72,228	£ 1,805,707
Dartford and Gravesham NHS Trust **(DAG)**	£ 342,029	£ 13,681	£ 355,710	-£ 13,681	£ 342,029
East Kent Hospitals University NHS Foundation Trust **(EKHUFT)**	£ 1,068,594	£ 42,744	£ 1,111,338	-£ 42,744	£ 1,068,594
East Sussex Healthcare NHS Trust **(ESHT)**	£ 371,106	£ 14,844	£ 385,950	-£ 14,844	£ 371,106
Frimley Park Hospital NHS Foundation Trust **(FHFT)**	£ 704,627	£ 28,185	£ 732,812	-£ 28,185	£ 704,627
Kent And Medway NHS and Social Care Partnership Trust **(KMPT)**	£ 361,218	£ 14,449	£ 375,667	-£ 14,449	£ 361,218
Kent Community Health NHS Trust **(KCHFT)**	£ 151,657	£ 6,066	£ 157,723	-£ 6,066	£ 151,657
Maidstone and Tunbridge Wells NHS Trust **(MTW)**	£ 780,079	£ 31,203	£ 811,282	-£ 31,203	£ 780,079
Medway NHS Foundation Trust **(MFT)**	£ 979,663	£ 39,187	£ 1,018,850	-£ 39,187	£ 979,663
Queen Victoria Hospital NHS Foundation Trust **(QVH)**	£ 187,643	£ 7,506	£ 195,149	-£ 7,506	£ 187,643
Royal Surrey County Hospital Trust **(RSCH)**	£ 1,052,218	£ 42,089	£ 1,094,307	-£ 42,089	£ 1,052,218
South East Coast Ambulance Service NHS Foundation Trust **(SECAMB)**	£ 93,844	£ 3,754	£ 97,598	-£ 3,754	£ 93,844
Surrey and Borders Partnership NHS Foundation Trust **(SABPT)**	£ 474,834	£ 18,993	£ 493,827	-£ 18,993	£ 474,834
Surrey and Sussex Healthcare NHS Trust **(SASH)**	£ 484,679	£ 19,387	£ 504,066	-£ 19,387	£ 484,679
Sussex Community NHS Trust **(SCT)**	£ 268,083	£ 10,723	£ 278,806	-£ 10,723	£ 268,083
Sussex Partnership NHS Foundation Trust **(SPFT)**	£ 921,381	£ 36,855	£ 958,236	-£ 36,855	£ 921,381
Western Sussex Hospitals NHS Foundation Trust **(WSHFT)**	£ 831,044	£ 33,242	£ 864,286	-£ 33,242	£ 831,044
Non NHS K&M (Hospices)	£ 103,404	£ 4,136	£ 107,541	-£ 4,136	£ 103,404
Primary Care **(PC)**	£ 266,935	£ 10,677	£ 277,612	-£ 10,677	£ 266,935
Medway Local Authority	£ 59,223	£ 2,369	£ 61,592	-£ 2,369	£ 59,223
Medway Community Health CIC **(MCH)**	£ 119,549	£ 4,782	£ 124,331	-£ 4,782	£ 119,549

Table 1. Funding allocation of KSS-CRN Partners for 2020/2021.

Closing Balance	Budget Manager
-3,617.18	Ashike Choudhury
-18,266.40	Ashike Choudhury
-2,406.93	Sharon Griffin
-3,516.40	SrinivasanSrirangan
-10,734.84	Maadh Aldouri
-405.60	Rajesh Hembron
-1,103.58	Andrew Gough
-70.00	Dr Meeta Durve
-225.00	Dr Maam Mamun
-2,467.80	Dr Tara Rampal
-4,232.92	Felicity Brokke
-6,528.00	Ms Kim Selby
-8,491.94	Dr Tara Rampal
-2,317.50	Santosh Pattnayak
-100.00	Alfred Sime
-350.00	Dr Sarah Hare
-31.50	Dr Maher Hadaki

-192.63	Alfred Sime
-54.60	Dr Vijay Dhanapal
-3,708.43	Mr Anil Madhaven
-52.50	Mr Tahil Bhat
-421.50	Prof Ranjit Akolekar
-2,596.73	Dr Lisa Vincent-Smith
-578.51	Dr Sarah Arnott
-518.00	Prof Ranjit Akolekar
-161.00	Dr Afzal Mahmood
-9,600.00	Dr Victor Oguntolu
-28.00	Dr Samuel Sanmuganathan
-1,000.00	Pharmacy HRA
-267.33	957 STROLLERS
-35.00	Dr Nandita Divekar
-29,947.62	Jonathan Duckett

Table 2. Details of Principal Investigator (PI) funds.

Appendix C: R&I Internal Audit 2019/2020

Main Findings	Recommendations
ISF Contents List missing	The Clinical Research Practitioners should ensure that ISF Contents list is used for all the studies they are in charge of. If a study specific ISF contents list is not provided by the sponsor, a standard template of contents list provided by the National Institute of Health Research (NIHR) for Clinical Trial of an Investigational Medicinal Product (CTIMP) or Non-CTIMP should be used (Appendix 2 and Appendix 3) depending on the type of the study.
Not all versions of the required documentation were present in the ISF • Protocol • Patient Information Leaflet • Patient Informed Consent Form • Amendments	The Clinical Research Practitioners should review the ISF of all studies they are currently in charge of (excluding the ones audited in 2019-20 and the archived ones) using the ISF checklist (Appendix 2 - Audit of Research Studies -SOP0093.) and ensure the following. • All the required documentation detailed in the ISF checklist is filed in the respective ISF. • If any documentation listed on ISF checklist is not applicable to the trial, check the 'Not Applicable' section and provide the explanation on the 'Comments' section of the ISF checklist. • File the completed ISF checklist in the front of the respective trial ISF. The Clinical Research Manager is asked to prepare a plan on when each project will be reviewed and updated. The EDGE workflow for study set-up and amendments designed and implemented recently would help maintain the upkeep of ISF going forward for any new set up and amendments of research studies. For any new study for which a Clinical Research Practitioner is in charge of, the line manager (Senior Clinical Research

	Practitioner/Clinical Research Manager) should oversee the research delivery process of the first recruit to ensure all documentation is completed and filed properly.
Destruction of hard copies of superseded versions of required documents in ISF due to files being saved electronically in shared drive	• A hard copy of all the superseded versions of the protocol should be present in the study ISF at any time and should not be destroyed unless the sponsor agrees for an e-ISF at the initial stage of the study set-up. • Ensure the study set up workflow incorporates the ISF attribute if it is electronic or hard copy on EDGE. • Incorporate a step in the EDGE set-up workflow for the research practitioner in charge to check with the sponsor if electronic ISF (preferable to MFT moving forward) is acceptable for the study. • If e-ISF is applicable, add the Standard/customised Sponsor e-ISF content list in the study folder in shared drive.
For relevant documentation not present in ISF, file Notes signposting location of the required documentation were not present in the ISF	If any required documentation is not filed within the ISF, a file note should be in place detailing the reason of absence and the exact location of the documentation. In such cases, state 'see file note' in the relevant comments section of the ISF checklist.
Subject/Patient Screening Log Missing	The Research Practitioner in charge should ensure that participant screening log is available and used for the study. • If a study specific Subject/Patient Screening log is not provided by the sponsor, the screening log available on EDGE should be used
To confirm proper consenting on samples selected as per SOP, a check on the patient notes is not required for Audit on ISF.	Audit SOP to be amended clarifying that patient notes need not be reviewed if the focus of the study is ISF.
No relevant documentation filed in the Correspondence section of ISF	Real time filing of relevant correspondence (eg: any email pertaining a decision/agreement/amendment in the trial pathway/patient care or safety etc.) in trial ISF is required. If in doubt about the content, confirm with the line manager.
Wording on Compliment slip not a replica of the REC approved	The Research Practitioner in charge should ensure that any wording on the compliment slip for patients is a replica of the wording in the

document	HRA approved patient facing documents of the respective study.
Indemnity Insurance Expired	Renewal of Indemnity insurance is the responsibility of sponsor and is regulated by Health Regulatory Authority. Indemnity insurance is applicable only for Non-NHS sites and hence the section of Indemnity Insurance in the Audit tool should include 'if applicable'. It is not part of the Local Information Pack which is required for local R&I approval. If Indemnity Insurance is applicable, the research practitioner is responsible for the upkeep of the valid Indemnity certificate in ISF at any time. In the case of non-availability of the renewed certificate from the sponsor following the expiry of the valid certificate, the Research Practitioner should file the relevant email correspondence with the sponsor in the ISF.
Categorisation of Audit Findings not uniform across Audited studies	A workshop is required to train the Auditor with examples to help them determine/categorise the Audit findings.

Table 3. Main findings and recommendations of internal audit 2019/2020.

Appendix D: Information on home grown studies

CI/PI Investigator	Ownership	Study title	Funder	Submission date	Total Project cost	Status
Dr Tara Rampal	Partner	Personalised digital prehabilitation to improve wellbeing for the individual, leading to better surgical outcomes and wider economic benefits at scale	Innovate UK: Notification Digital health technology catalyst round 2	09/04/2019	429,999	Unsuccessful
Dr Lex Mauger (UoK)	Collaborator	Can Infi-Tex smart-insoles detect changes in walking gait arising from MSK pain?	EIRA Research & Development Grant	07/04/2019	49,906	Successful
Dr Dennis Douroumis (MSOP)/ Dr Lisa Vincent-Smith	Observer	Trans-national implementation of a smart self-management e-health application to reduce the number and impact of exacerbations in patients with COPD	Interreg	07/04/2019	?	Unknown
Prof Ranjit Akolekar	Lead	Implementation of two-stage screening programme for Vasa Praevia: A prospective multi-site feasibility study (IMPROVE)	NIHR: Research for Patient Benefit	20/11/2019	£248,120	Unsuccessful
Dr John Dickinson UoK/Dr Shanthi Paramothayan)	Collaborator	Understanding how a multi-functional respiratory assessment device can enhance the diagnosis and management of asthma	Asthma UK/Innovate UK Diagnostics Project Grants 2019	10/01/2020	£149,919	Awaiting Outcome
Dr Tara Rampal	Lead	Multi-Modal Perioperative Management for Frailty: A Randomized Controlled Feasibility Study	NIHR Greenshoots 2020	14/02/2020	10,000	Successful

Dr Tara Rampal/ Dr Tristi Brown & Prof Chris Burton (CCCU)	Partner	Investigating Loneliness and Healthcare Outcomes (ILAHO)	CCCU The Research & Knowledge Exchange (RKE) Internship Programme 2020	31/01/2020	£2,684	Successful
K&M JRO (UoK Lead)	Partner	Kent & Medway Joint Research Office	The Health Foundation: Common Ambition call	31/03/2020	EoI	Unsuccessful
MFT/ICCI & CHSS (UoK)	Lead	MFT Prehab: community expansion	The Health Foundation: Common Ambition call	31/03/2020	EoI	Unsuccessful
MFT/UoG	Partner	DART MS and NMR Spectroscopy Analysis of Clinical Samples from Covid-19 and other Respiratory Disease Patients for Diagnosis and Prognosis	DHSC/UKRI COVID-19 Rapid Response Initiative	30/06/2020	£81,091	Unsuccessful
MFT/UoK	Partner	Using Chest and Abdomen wall movements to characterise asthma and dysfunctional breathing patterns	UKRI MRC Biomedical Catalyst the Developmental Pathway Funding Scheme (DPFS),	21/07/2020	?	Awaiting Outcome
MFT (Ms Caris Grimes)	Lead	Timing of non-elective colectomies in England: A retrospective analysis of practice and outcomes described in the Hospital Episode Statistics database	Royal College of Surgeons Pump-priming grants for newly appointed Consultants, Senior Lecturers and Post Doctoral trainees in Surgery	?	£9,996	Awaiting Outcome

MFT (Dr Ekaterina Rodrigues	Lead	Development and implementation of the "Dignity" pathway dedicated to end-of-life care in the Emergency Department for patients > 18 years of age.	Royal College of Emergency Medicine Research Grant	14/08/2020	£10,000	Awaiting Outcome

Table 4. Details of funding applications submitted from 2019 until now.

Appendix E: COVID-19 studies at MFT as per 5th September 2020

Project Short title	Project Full title	Principal Investigator	Recruited (org)	NIHR Portfolio Banding
ISARIC	Clinical Characterisation Protocol for Severe Emerging Infection	Vincent-Smith, Dr Lisa	390	Large Scale Study
RECOVERY trial	Randomised Evaluation of COVID-19 Therapy (RECOVERY)	Sarkar, Dr Rahul	107	Large Scale Study
REMAP-CAP	Randomized, Embedded, Multifactorial, Adaptive Platform trial for Community-Acquired Pneumonia	Makowski, Dr Arystarch	6	Interventional
RECOVERY - Respiratory Support	Ventilation Strategies in COVID-19; CPAP, High-flow, and standard care	Sanctuary, Dr Thomas	0	Interventional
COPE Study	COPE study: COVID-19 in Older PEople – the influence of frailty and multimorbidity on survival. A multi-centre, international observational study.	Rampal, Dr Tarannum	79	Observational
GenOMICC	Genetics of susceptibility and mortality in critical care (GenOMICC)	Bhatia, Dr Nikhil	10	Observational
Recovery from critical illness associated with COVID-19	COVID-OR – An Observational study of Recovery from critical illness in the COVID-19 Pandemic	Elliott, Sarah	TBD	Observational

Table 5. COVID-19 related studies *open* at MFT as at 5th September 2020.

Project Short title	Project Full title	Principal Investigator
Association between Vitamin D deficiency and COVID-19_Service Evaluation	Association between Vitamin D deficiency and COVID-19_Service Evaluation	Sighakoli, Dr Sameer
CholeCOVID	An International multi-centre appraisal of the management of acute CHOLEcystitis during the COVID-19 pandemic: The CHOLECOVID Audit	,
COVIDTrach National Service Evaluation	COVIDTrach National Service Evaluation	Misztal, Dr Beata
ReCaP Study	Rectal Cancer Management during the COVID-19 Pandemic	Dickson-Lowe, Richard
The PAWS-COVID-19 (Pediatric AirWay complicationS COVID-19) Registry	Pediatric airway management complications during the COVID-19 pandemic. An International, Multicenter, Observational registry	Black, Dr Samantha
ILIAD-7 Version 1.2 - Cohort UK	Recombinant InterLeukin-7 (CYT107) to Improve clinical outcomes in lymphopenic pAtients with COVID-19 infection “ILIAD 7 trial”	Vincent-Smith, Dr Lisa
ARCADIA Trial_SGS1656.201_V1.0	A Phase II, randomised, double-blind, placebo-controlled clinical trial to assess the safety and efficacy of AZD1656 in diabetic patients hospitalised with suspected or confirmed COVID-19.	Sighakoli, Dr Sameer
SARS-COV2 immunity and reinfection evaluation (SIREN)	SIREN - SARS-COV2 immunity and reinfection evaluation; The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers	,

Table 6. COVID-19 related studies *proposed* to be open at MFT as at 5th September 2020.

Appendix F: List of publications between 1st April 2019 and 31st March 2020

Subject **Cardiology**

Title A case of wide complex tachycardia with regular fusion beats

Author/s Chatterjee D

Reference EP Europace, Sep 2019, 21/9 (1368)

MMH Staff member/s Debjit Chatterjee

Subject **Cardiology**

Title Atrial fibrillation screening in care homes by clinical pharmacists using pulse palpation and single-lead ECG: a feasibility study

Author/s Savickas V, Stewart A, Short V, Mathie A, Bhamra S, Corlett S, Veale E

Reference European Heart Journal, Oct 2019, 40/Supp 1, E-pub

MMH Staff member/s Adrian J Stewart

Subject **Critical Care; Surgery**

Title Role of critical care in improving outcomes for high-risk surgical patients

Author/s Hare S, Hayden P

Reference British Journal of Surgery, Jan 2020, 107 /2 (e15-e16) E-pub

MMH Staff member/s Sarah Hare

Subject **Dermatology**

Title A rare case of a tattoo-induced morphoea reaction

Author/s Mehrtens S, Fleming A, Shall L

Reference Clinical and Experimental Dermatology, Jun 2019, 44/4 (467-469)

MMH Staff member/s Sarah Mehrtens, Ann Fleming, Larry Shall

Subject **Dermatology**

Title Sweet's syndrome with pulmonary involvement

Author/s Mehrtens S, Hasan Z, Halpern S, McLornan D

Reference BMJ Case Reports, Aug 2019, 12/8 E-pub

MMH Staff member/s Sarah Mehrtens, Zeeshan Ul Hasan, Saul Halpern

Subject **Drug Therapy; Oncology**

Title Veliparib in ovarian cancer: a new synthetically lethal therapeutic approach

Author/s Boussios S, Karihtala P, Moschetta, M, Abson C, Karathanasi A, Zakynthinakis-Kyriakou N, Ryan J E, Sheriff M, Rassy E, Pavlidis N

Reference Investigational New Drugs, Oct 2019, E-pub ahead of print

MMH Staff member/s Stergios Boussios, Afroditi Karathanasi, Matin Sheriff

Subject **Emergency Medicine**

Title Chest drain troubleshooting by trainee physicians: an easily deliverable multi-component training module

Author/s Patel T, Munro A, Hettiarachchi G, Sarkar R

Reference Thorax, Nov 2019, 74/Supp 2 (A151)

MMH Staff member/s T Patel, A Munro, Gihan Hettiarachchi, Rahuldeb Sarkar

Subject **ENT**

Title A local guideline reduces inappropriate requests for CT imaging of the paranasal sinuses

Author/s Pennell D, McClelland E, Sayer C, Bhutta M, James Watts S

Reference Clinical Otolaryngology, Aug 2019, E-pub ahead of print

MMH Staff member/s Emma McClelland, Simon James Watts

Subject **ENT; Audiology**

Title Menière's disease treated by grommet insertion

Author/s Kanegaonkar R, Najuko-Mafemera A, Hone R, Tikka T

Reference Annals of the Royal College of Surgeons of England, Sep 2019, (1-4) E-pub ahead of print

MMH Staff member/s Rahul Kanegaonkar, Audrey Najuko-Mafemera, Robert Hone

Subject **Haematology**

Title Effect of low-level BCR-ABL1 kinase domain mutations identified by next-generation sequencing in patients with chronic myeloid

leukaemia: a population-based study

Author/s Kizilors A, Crisà E, Lea N, Passera R, Mian S, Anwar J, Best S, Nicolini F, Ireland R, Aldouri M, Pocock C, Corbett T, Gale R, Bart-Smith E,

Weston-Smith S, Wykes C, Kulasekararaj M, Jackson S, Harrington P, McLornan D, Raj K, Pagliuca A, Mufti G et al

Reference The Lancet Haematology, May 2019, 6/5 (e276-e284) E-pub

MMH Staff member/s Maadh Aldouri

Subject **Haematology**

Title Efficacy and safety of carfilzomib at 56mg/m2 with cyclophosphamide and dexamethasone (K56Cd) in newly diagnosed multiple

myeloma patients followed By ASCT or K56Cd consolidation: initial results of the Phase 2 Cardamon Study

Author/s Yong K, Popat R, Wilson W, Pang G, Jenner R, De Tute R, Ramasamy K, Streetly M, Cavenagh J, Sive J, Chapman M, Bygrave C, Phillips

B, Chavda S, Virchis A, Benjamin R, Arnott S, Willis F, Hassan S, Moore S, Clifton-Hadley L, Owen R

Reference Blood, Nov 2019, 134/Supp 1 (861)

MMH Staff member/s Sarah Arnott

Subject **Intensive Care**

Title Improving patient diary use in intensive care: a quality improvement report

Author/s Veloso Costa A, Padfield O, Elliott S, Hayden P

Reference Journal of the Intensive Care Society, Oct 2019, E-pub

MMH Staff member/s Sarah Elliott, Paul Hayden

Subject **Junior Doctors**

Title Taking back control: a better deal for junior doctor engagement in rota design using e-Delphi and Assignment Problem Algorithm

Author/s Szeto M, Mann J

Reference Future Healthcare Journal, Jun 2019, 6/2 (s85-s86)

MMH Staff member/s Matthew Szeto, Jasmine Mann

Subject **Medical Education**

Title Clinical specialty training in UK undergraduate medical schools: a retrospective observational study

Author/s Vaidya H, Emery A, Alexander E, McDonnell A, Burford C, Bulsara M

Reference BMJ Open, Jul 2019, 9/7, E-pub

MMH Staff member/s Hrisheekesh J Vaidya, Alexander W Emery

Subject **Medical Research**

Title Consensus workshops on the development of an ADHD medication management protocol using QbTest: developing a clinical trial

protocol with multidisciplinary stakeholders

Author/s Hall C, Brown S, James M, Martin J, Brown N, Selby K, Clarke J, Williams L, Sayal K, Hollis C, Groom M

Reference BMC Medical Research Methodology, Jun 2019, 19/1 (126-138)

MMH Staff member/s Kim Selby

Subject **Musculoskeletal**

Title Prevalence of musculoskeletal disorders among brewery workers in South-West Nigeria

Author/s Osonuga A, Osonuga A, Onuorah J, Dacosta A

Reference International Journal of Medical Research & Health Sciences, Dec 2019, 8/6 (99-105)

MMH Staff member/s Adebayo Dacosta

Subject **Neonatology**

Title Optimising the delivery of parenteral nutrition in newborn care

Author/s Milner Y, Stagg W, McElroy H

Reference Infant, May 2019, 15/3 (96-99)

MMH Staff member/s Yasmin Milner, William Stagg, Helen McElroy

Subject **Neonatology**

Title Social brain functional maturation in newborn infants with and without a family history of Autism Spectrum Disorder

Author/s Ciarrusta J, O'Muircheartaigh J, Dimitrova R, Batalle D, Cordero-Grande L, Price A, Hughes E, Steinweg J, Kangas J, Perry E, Javed A,

Stoencheva V, Akolekar R, Victor S, Hajnal J, Murphy D, Edwards D, Arichi T, McAlonan G

Reference JAMA network open, Apr 2019 2/4 (e191868)

MMH Staff member/s Ranjit Akolekar

Subject **Neonatology**

Title Therapeutic hypothermia initiated within 6 hours of birth is associated with reduced brain injury on MR biomarkers in mild hypoxic-ischaemic encephalopathy: a non-randomised cohort study

Author/s Montaldo P, Lally P, Oliveira V, Swamy R, Mendoza J, Atreja G, Kariholu U, Shivamurthappa V, Liow N, Teiserskas J, Pryce R, Soe A,

Shankaran S, Thayyil S

Reference Archives of Disease in Childhood. Fetal and Neonatal Edition, Sep 2019, 104/5 (F515-F520)

MMH Staff member/s Russell Pryce, Aung Soe

Subject **Neonatology**

Title Therapeutic hypothermia initiated within 6 hours of birth is associated with reduced brain injury on MR biomarkers in mild hypoxic-ischaemic encephalopathy: a non-randomised cohort study

Author/s Montaldo P, Lally P, Oliveira V, Swamy R, Mendoza J, Atreja G, Kariholu U, Shivamurthappa V, Liow N, Teiserskas J, Pryce R, Soe A,

Shankaran S, Thayyil S

Reference Archives of Disease in Childhood. Fetal and Neonatal Edition, Sep 2019, 104/5 (F515-F520)

MMH Staff member/s Aung Soe

Subject **Neonatology**

Title Whole blood gene expression reveals specific transcriptome changes in neonatal encephalopathy

Author/s Montaldo P, Kaforou M, Pollara G, Hervás-Marín D, Calabria I, Panadero J, Pedrola L, Lally P, Oliveira V, Kage A, Atreja G, Mendoza J,

Soe A, Pattnayak S, Shankaran S, Vento M, Herberg J, Thayyil S

Reference Neonatology, Jan 2019, 115 (68-76)

MMH Staff member/s Santosh Pattnayak, Aung Soe

Subject **Neonatology; Immunisation**

Title Neonatal seizures: case definition & guidelines for data collection, analysis, and presentation of immunization safety data

Author/s Pellegrin S, Munoz F, Padula M, Heath P, Meller L, Top K, Wilmshurst J, Wiznitzer M, Das M, Hahn C, Kucuku M, Oleske J, Vinayan K,

Yozawitz E, Aneja S, Bhat N, Boylan G, Sesay S, Shrestha A, Soul J, Tagbo B, Joshi J, Soe A, Maltezou H, Gidudu J, Kochhar S

Reference Vaccine, Dec 2019, 37/52 (7596-7609)

MMH Staff member/s Aung Soe

Subject **Neurology**

Title Seroprevalence and clinical phenotype of MOG-IgG-associated disorders in Sri Lanka

Author/s Senanayake B, Jitprapaikulsan J, Aravinthan M, Wijesekera J, Ranawaka U, Riffsy M, Paramanathan T, Sagen J, Fryer J, Schmeling J,

Majed M, Flanagan E, Pittock S

Reference Journal of Neurology, Neurosurgery, and Psychiatry, Aug 2019, E-pub

MMH Staff member/s Jagath Chandra Wijesekera

Subject **Neurology**

Title Short-term memory impairment in vestibular patients can arise independently of psychiatric impairment, fatigue and sleeplessness

Author/s Smith L, Wilkinson D, Bodani M, Bicknell R, Surenthiran S

Reference Journal of Neuropsychology, Sep 2019, 13/3 (417-431)

MMH Staff member/s S Surenthiran

Subject **Obstetrics & Gynaecology**

Title Biomarkers of impaired placentation at 35-37 weeks' gestation in the prediction of adverse perinatal outcome

Author/s Ciobanou A, Jabak S, De Castro H, Frei L, Akolekar R, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, May 2019, E-pub ahead of print

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Comparison of different methods of measuring angle of progression in the prediction of labor outcome

Author/s Frick A, Kostiv V, Vojtassakova D, Akolekar R, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Nov 2019, E-pub ahead of print

MMH Staff member/s Vira Kostiv, Denisa Vojtassakova, Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Diagnosis of fetal defects in twin pregnancies at routine ultrasound examination at 11-13 weeks' gestation

Author/s Syngelaki A, Cimpoca B, Litwinska E, Akolekar R, Nicolaides KH

Reference Ultrasound in Obstetrics & Gynecology, Dec 2019, E-pub ahead of print

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Diagnosis of fetal non-chromosomal abnormalities on routine ultrasound examination at 11-13 weeks' gestation

Author/s Syngelaki A, Hammami A, Bower S, Zidere V, Akolekar R, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Oct 2019, 54/5 (468-476)

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Diagnosis of major heart defects by routine first trimester ultrasound examination: association with high nuchal translucency,

tricuspid regurgitation and abnormal flow in the ductus venosus

Author/s Minnella G, Crupano F, Syngelaki A, Zidere V, Akolekar R, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Dec 2019, E-pub ahead of print

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Fetal intra-abdominal bowel dilation in prediction of complex gastroschisis.

Author/s Andrade W, Brizot M, Francisco R, Tannuri A, Syngelaki A, Akolekar R, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Jun 2019, E-pub ahead of print

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title First-trimester screening for trisomies by cfDNA testing of maternal blood in singleton and twin pregnancies: factors affecting test

Author/s Galeva S, Gil MDM, Konstantinidou L, Akolekar R, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Apr 2019, E-pub ahead of print

MMH Staff member/s Slavyana Galeva, Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Impact of prospective measurement of outflow tracts in the prediction of coarctation of the aorta

Author/s Vigneswaran T, Zidere V, Chivers S, Charakida M, Akolekar R, Simpson J

Reference Ultrasound in Obstetrics & Gynecology, Dec 2019, E-pub ahead of print

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Management of complications arising from the use of mesh for stress urinary incontinence—International Urogynecology

Association Research and Development Committee opinion

Author/s Duckett J, Bodner-Adler B, Rachaneni S, Latthe P

Reference International Urogynecology Journal, Sep 2019, 30/9 (1413-1417)

MMH Staff member/s Jonathan Duckett

Subject **Obstetrics & Gynaecology**

Title Maternal and neonatal complications of fetal macrosomia

Author/s Beta J, Khan N, Fiolna M, Khalil A, Ramadan G, Akolekar R

Reference Ultrasound in Obstetrics & Gynecology, Apr 2019, E-pub

MMH Staff member/s Jaroslaw Beta, Naila Khan, Ahmed Khalil, Magdalena Fiolna, Ghada Ramadan, Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Perioperative changes in superficial Pelvic Organ Prolapse Quantification system measurements after prolapse surgery

Author/s Durnea C, Basu M, Dadhwal K, Gayle Y, Gauthaman N, Khunda A, Doumouchtsis S

Reference International Journal of Gynaecology & Obstetrics, May 2019, 145/2 (239-243)

MMH Staff member/s Maya Basu

Subject **Obstetrics & Gynaecology**

Title Prediction of adverse perinatal outcomes by serum placental growth factor and soluble fms-like tyrosine kinase in women undergoing induction of labor

Author/s Fiolna M, Machuca M, Karampitsakos T, Akolekar R, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Aug 2019, E-pub ahead of print

MMH Staff member/s Magdalena Fiolna, Mirian Machuca, Theodoros Karampitsakos, Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Prediction of large-for-gestational-age neonate by routine third-trimester ultrasound

Author/s Khan N, Ciobanu A, Karampitsakos T, Akolekar R, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Jun 2019, E-pub ahead of print

MMH Staff member/s N Khan, T Karampitsakos, Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Prediction of small for gestational age neonates: screening by maternal factors, fetal biometry, and biomarkers at 35-37 weeks'

Author/s Ciobanu A, Rouvali A, Syngelaki A, Akolekar R, Nicolaides K

Reference American Journal of Obstetrics and Gynecology, May 2019, 220/5 (486.e1-486.e11)

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Prevention of stillbirths: impact of a two-stage screening for vasa previa

Author/s Zhang W, Geris S, Beta J, Ramadan G, Nicolaides K, Akolekar R

Reference Ultrasound in Obstetrics & Gynecology, Dec 2019, E-pub ahead of print

MMH Staff member/s Weiyu Zhang, Samar Geris, Jaroslaw Beta, Ghada Ramadan, Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Procedure related risk of miscarriage from chorionic villus sampling and amniocentesis

Author/s Beta J, Zhang W, Geris S, Kostiv V, Akolekar R

Reference Ultrasound in Obstetrics & Gynecology, Apr 2019, E-pub ahead of print

MMH Staff member/s Jaroslaw Beta, Weiyu Zhang, Samar Geris, Vira Kostiv, Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Reply [To letter regarding article Routine assessment of cerebroplacental ratio at 35-37 weeks' gestation in the prediction of

adverse perinatal outcome]

Author/s Akolekar R, Nicolaides K

Reference American Journal of Obstetrics and Gynecology, Dec 2019, 221/6 (659)

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Risk of miscarriage following amniocentesis or chorionic villus sampling: systematic review of the literature and updated meta-

Author/s Salomon L, Sotiriadis A, Wulff C, Odibo A, Akolekar R

Reference Ultrasound in Obstetrics & Gynecology, May 2019, E-pub

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Routine assessment of cerebroplacental ratio at 35-37 weeks' gestation in the prediction of adverse perinatal outcome

Author/s Akolekar R, Nicolaides K

Reference American Journal of Obstetrics and Gynecology, Aug 2019, E-pub

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Screening for trisomies by cfDNA testing of maternal blood in twin pregnancy: update of The Fetal Medicine Foundation results and meta-analysis

Author/s Gil M, Galeva S, Jani J, Konstantinidou L, Akolekar R, Plana M, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Jun 2019, 53/6 (734-742)

MMH Staff member/s Slavyana Galeva, Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title The influence of in utero exposure to metformin on body composition and cardiovascular phenotype in offspring; Metformin in Obese non diabetic Pregnant women (MOP) follow up

Author/s Panagiotopoulou O, Syngelaki A, Akolekar R, Balani J, Hyer S, Shehata H, Nicolaides K, Charakida M

Reference Cardiology in the Young, May 2019, 29/Supp 1 (S13)

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Two-stage approach for prediction of small for gestational age neonates and adverse perinatal outcome by routine ultrasoundexamination at 35-37 weeks' gestation

Author/s Akolekar R, Panaitescu A, Ciobanu A, Syngelaki A, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Jul 2019, E-pub ahead of print

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Value of routine ultrasound examination at 35-37 weeks' gestation in diagnosis of fetal abnormalities

Author/s Ficara A, Syngelaki A, Hammami A, Akolekar R, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Oct 2019, E-pub

MMH Staff member/s Ranjit Akolekar

Subject **Obstetrics & Gynaecology**

Title Value of routine ultrasound examination at 35-37 weeks' gestation in diagnosis of non-cephalic presentation

Author/s De Castro H, Ciobanu A, Formuso C, Akolekar R, Nicolaides K

Reference Ultrasound in Obstetrics & Gynecology, Oct 2019, E-pub

MMH Staff member/s Ranjit Akolekar

Subject **Oncology**

Title Combined Strategies with Poly (ADP-Ribose) Polymerase (PARP) Inhibitors for the Treatment of Ovarian Cancer: A Literature Review

Author/s Boussios S, Karihtala P, Moschetta M, Karathanasi A, Sadauskaite A, Rassy E, Pavlidis N

Reference Diagnostics (Basel, Switzerland), Aug 2019, 9/3 (87-)

MMH Staff member/s Stergios Boussios, Afroditi Karathanasi, Agne Sadauskaite

Subject **Oncology**

Title Consecutive transperineal prostatic template biopsies employing cognitive and systematic approach: a single center study

Author/s Bhat Z, Bhat A, Mahmalji W

Reference The Aging Male, Jul 2019, E-pub

MMH Staff member/s Zubair Bhat, Arshad Bhat

Subject **Oncology**

Title PARP Inhibitors in ovarian cancer: The Route to "Ithaca"

Author/s Boussios S, Karathanasi A, Cooke D, Neille C, Sadauskaite A, Moschetta M, Zakynthinakis-Kyriakou N, Pavlidis N

Reference Diagnostics, May 2019, 9/2, E-pub ahead of print

MMH Staff member/s Stergios Boussios, Afroditi Karathanasi, Deirdre Cooke, Cherie Neille, Agne Sadauskaite

Subject **Oncology**

Title Patient-reported outcome results rrom the open-label, randomized Phase III Myeloma X Trial evaluating salvage autologous stem-cell transplantation in relapsed multiple myeloma

Author/s Ahmedzai S, Snowden J, Ashcroft A, Cairns D, Williams C, Hockaday A, Cavenagh J, Ademokun D, Tholouli E, Allotey D, Dhanapal V,

Jenner M, Yong K, Cavet J, Hunter H, Bird J, Pratt G, Parrish C, Brown J, Morris T, Cook G

Reference Journal of Clinical Oncology, Apr 2019, E-pub ahead of print

MMH Staff member/s Vijayavalli Dhanapal

Subject **Orthopaedics**

Title Bone block procedures for glenohumeral joint instability

Author/s Nzeako O, Bakti N, Bawale R, Singh B

Reference Journal of Clinical Orthopaedics and Trauma, Mar-Apr 2019, 10/2 (231-235)

MMH Staff member/s Obinna Nzeako, Nik Bakti, Rajesh Bawale, Bijayendra Singh

Subject **Orthopaedics**

Title Current concepts in management of ACJ injuries

Author/s Phadke A, Bakti N, Bawale R, Singh B

Reference Journal of Clinical Orthopaedics and Trauma, May-Jun 2019, 10/3 (480-485)

MMH Staff member/s Akshay Phadke, Nik Bakti, Rajesh Bawale, Bijayendra Singh

Subject **Orthopaedics**

Title Early versus delayed mobilization following rotator cuff repair

Author/s Bakti N, Antonios T, Phadke A, Singh B

Reference Journal of Clinical Orthopaedics and Trauma, Mar-Apr 2019, 10/2 (257-260)

MMH Staff member/s Nik Bakti, Akshay Phadke, Bijayendra Singh

Subject **Orthopaedics**

Title Outcomes following fixation for proximal humeral fractures

Author/s Antonios T, Bakti N, Nzeako O, Mohanlal P, Singh B

Reference Journal of Clinical Orthopaedics and Trauma, May-Jun 2019, 10/3 (468-473)

MMH Staff member/s Nik Bakti, Bijayendra Singh

Subject **Orthopaedics**

Title Quantitative predictive imaging biomarkers of lumbar intervertebral disc degeneration

Author/s Vadapalli R, Mulukutla R,Vadapalli A, Vedula R

Reference Asian Spine Journal, Apr 2019, E-pub ahead of print

MMH Staff member/s Abhinav Sriram Vadapalli

Subject **Orthopaedics**

Title Role of platelet rich plasma in rotator cuff tendinopathy- clinical application and review of literature

Author/s Phadke A, Singh B, Bakti N

Reference Journal of Clinical Orthopaedics and Trauma, Mar-Apr 2019, 10/2 (244-247)

MMH Staff member/s Akshay Phadke, Bijayendra Singh, Nik Bakti

Subject **Orthopaedics**

Title Single vs double row repair in rotator cuff tears - a review and analysis of current evidence

Author/s Khoriati A, Antonios T, Gulihar A, Singh B

Reference Journal of Clinical Orthopaedics and Trauma, Mar-Apr 2019, 10/2 (236-240)

MMH Staff member/s Bijayendra Singh

Subject **Paediatrics**

Title New onset unilateral arm swelling in a child with periorbital oedema

Author/s Cherfi Y F Z, Szanto K, Cansick J

Reference BMJ (Clinical research ed), Jan 2020, 368 (l5988)

MMH Staff member/s Janette Cansick

Subject **Paediatrics**

Title Pediatric musculoskeletal ultrasonography

Author/s El Miedany Y

Reference Springer International, 2019 (9783030178239)

MMH Staff member/s Yasser El Miedany (editor)

Subject **Paediatrics**

Title Toe-Tourniquet Syndrome; a previously unreported association in extreme prematurity

Author/s Verma A, Hashem R, Ramadan G

Reference EC Paediatrics, Jul 2019, 8/8 (693-695)

MMH Staff member/s Aarti Verma, Reham Hashem, Ghada Ramadan

Subject **Palliative Care**

Title Tools measuring quality of death, dying, and care, completed after death: systematic review of psychometric properties

Author/s Kupeli N, Candy B, Tamura-Rose G, Schofield G, Webber N, Hicks S, Floyd T, Vivat B, Sampson E, Stone P, Aspden T

Reference The Patient, Apr 2019, 12/2 (183-197)

MMH Staff member/s Theodore Floyd

Subject **Patient Care**

Title Hospital at weekends: improving continuity of care

Author/s Wakefield L-A, Lewiston K, Szeto M C H

Reference BMJ Leader, Nov 2019, 3/Supp 1 (A21-A22)

MMH Staff member/s Leigh-Ann Wakefield, Katherine Lewiston, Matthew Chak Hin Szeto

Subject **Patient Safety; Patient Care**

Title Hospital-level evaluation of the effect of a national quality improvement programme: time-series analysis of registry data

Author/s Stephens T, Peden C, Haines R, Grocott M, Murray D, Cromwell D, Johnston C, Hare S, Lourtie J, Drake S, Martin G, Pearse R

Reference BMJ Quality & Safety, Sep 2019, E-pub

MMH Staff member/s Sarah Hare

Subject **Radiology**

Title Outsourced PET-CT: are they reaching NHSE benchmark for reporting times?

Author/s Pettit W, Meriman S, Soneji N

Reference Clinical Radiology, Oct 2019, 74/Supp 2 (e31-e32) E-pub

MMH Staff member/s William Pettit

Subject **Respiratory**

Title Effect of thoracoscopic talc poudrage vs talc slurry via chest tube on pleurodesis failure rate among patients with malignant pleural

effusions: a randomized clinical trial

Author/s Bhatnagar R, Piotrowska H, Laskawiec-Szkonter M, Kahan B, Luengo-Fernandez R, Pepperell J, Evison M, Holme J, Al-Aloul M,

Psallidas I, Lim W, Blyth K, Roberts M, Hettiarachchi G, Chakrabarti B, Kavidasan A et al

Reference JAMA, Dec 2019, Epub ahead of print

MMH Staff member/s Gihan Hettiarachchi

Subject **Respiratory**

Title Investigating the challenges faced in asthma management, a tertiary care center experience

Author/s Irfan M, Haque A S, Naeem E, Zubair S M, Naeem M, Zubairi A B S, Khan J A

Reference EC Pulmonology and Respiratory Medicine, Aug 2019, 8/9 (639-647)

MMH Staff member/s Ahmed Suleman Haque

Subject **Rheumatology**

Title Shared decision-making aid for juvenile idiopathic arthritis: moving from informative patient education to interactive critical thinking

Author/s El Miedany Y, El Gaafary M, Lotfy H, El Aroussy N, Mekkawy D, Nasef S, Farag Y, Almedany S, Wassif G

Reference Clinical Rheumatology, Jul 2019, E-pub

MMH Staff member/s Yasser El Miedany

Subject **Surgery**

Title Retrograde open superior mesenteric artery stenting: a novel approach to managing occluded ilio-superior mesenteric artery grafts

Author/s Fadel M G, Andrews B

Reference BMJ Case Reports, Dec 2019, 12/12, E-pub

MMH Staff member/s Brian Andrews

Subject **Surgery; Patient Safety**

Title Improving the quality of operation notes with electronic proformas

Author/s Whiting D, Mohamed M

Reference Journal of Perioperative Practice, Jul 2019, 29/7-8 (223-227)

MMH Staff member/s Danielle Whiting, Mohamed Mohamed

Subject **Surgery; Urology**

Title Caecal volvulus following left-side laparoscopic retroperitoneal nephroureterectomy

Author/s Abdoolraheem M, Quraishi M, Tonsi A, Henderson A

Reference BMJ Case Reports, Jul 2019, 12/7, E-pub

MMH Staff member/s Alfredo Tonsi

Subject **Urology**

Title A rare case of hyperammonaemic encephalopathy

Author/s Pang Y, Day S, Sumner D, Adegoke K

Reference BMJ Case Reports, Jul 2019, 12/7, E-pub

MMH Staff member/s Daniel Sumner

Subject **Urology**

Title Comparative analysis of immediate and delayed insertion of flexible cystoscope after application of topical anaesthetic lubricant on patient comfort

Author/s Bhat Z, Wani M

Reference International Surgery Journal, Sep 2019, 6/9 (3096-3100)

MMH Staff member/s Zubair Bhat, Mudassir Wani

Subject **Urology**

Title Interim results from the IMPACT study: evidence for prostate-specific antigen screening in BRCA2 mutation carriers

Author/s Page E, Bancroft E, Brook M, Assel M, Hassan Al Battat M, Thomas S, Taylor N, Chamberlain A, Pope J, Raghallaigh H, Evans D, Rothwell

J, Maehle L, Grindedal E, James P, Mascarenhas L, Mikropoulos C, Mitra A, Moynihan C, Rennert G et al

Reference European urology, Dec 2019, 76/6 (831-842)

MMH Staff member/s Christos Mikropoulos

Subject **Urology**

Title Management of nocturia: overcoming the challenges of nocturnal polyuria

Author/s Suman S, Robinson D, Bhal N, Fraser S, MacCormick A, Williams A, Tadtayev S

Reference British Journal of Hospital Medicine (London, England : 2005), Sep 2019, 80/9 (517-524)

MMH Staff member/s Sanjay Suman

Subject Urology; **Gynaecology**

Title Geographical variation in rates of surgical treatment for female stress urinary incontinence in England: a national cohort study

Author/s Mamza J, Geary R, El-Hamamsy D, Cromwell D, Duckett J, Monga A, Toozs-Hobson P, Mahmood T, Wilson A, Tincello DG, van der

Meulen J, Gurol Urganci I

Reference BMJ Open, Jul 2019, E-pub

MMH Staff member/s Jonathan Duckett

Subject Urology; **Gynaecology**

Title National BSUG audit of stress urinary incontinence surgery in England

Author/s Jha S, Hillard T, Monga A, Duckett J

Reference International Urogynecology Journal, Aug 2019, 30/8 (1337-1341)

MMH Staff member/s Jonathan Duckett

Subject Urology; **Gynaecology**

Title Response to letter to the editor regarding "Utility of patient decision aids (PDA) in stress urinary incontinence surgery"

Author/s Jha S, Duckett J

Reference International Urogynecology Journal, Dec 2019, E-pub ahead of print

MMH Staff member/s Jonathan Duckett

Subject **Urology; Gynaecology**

Title Utility of patient decision aids (PDA) in stress urinary incontinence surgery

Author/s Jha S, Duckett J

Reference International Urogynecology Journal, Sep 2019, 30/9 (1483-1486)

MMH Staff member/s Jonathan Duckett

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

Title of Report	**Sustainability and Transformation Partnership Update**	**Agenda Item**	8.1
Report Author	Harvey McEnroe – Regional Strategic Commander and Winter Director		
Lead Director	Harvey McEnroe – Regional Strategic Commander and Winter Director		
Executive Summary	This report provides an update to the Trust Board on the STP and its transition into the Integrated Care System. The report provides a summary on: • Update on STP transition to ICS • STP/ICS Vision Summary • ICS executive structure		
Resource Implications	None		
Legal Implications/Regulatory Requirements	None		
Quality Impact Assessment	None		
Recommendation/ Actions required	The Board is asked to note the update.		
	Approval ☐	**Assurance** ☐	**Discussion** ☐	**Noting** ☒
Appendices	STP accreditation update – to follow		

1 Updated on the STP transition to the ICS

1.1 Kent and Medway is on the journey to becoming an Integrated Care System (ICS) to support the delivery of joined up and personalised care and to drive consistency of outcomes across Kent and Medway.

1.2 The Sustainability and Transformation Partnership is aiming to achieve ICS accreditation in December 2020, which means they will start the process with a submission in September (currently underway).

1.3 A workshop was held on 20 July with members of the System Transformation Executive Board (STEB) and guests to consider the vision and principles for Kent and Medway ICS.

2 STP vision summary

2.1 Discussion at the extended System Transformation Executive Board indicated that the following things were important to the system leaders present:

2.1.1 The vision should be a small number of points that relate to the population and our system intentions rather than a single short, generic statement;

2.1.2 We need to recognise place and purpose to reflect where people live but also what might bind them in respect of, for example, disease orientated groups.

2.1.3 The vision statements should be ambitious but mindful that we may be starting from a more challenging place post Covid.

2.1.4 We must talk about people and not patients

2.1.5 We must use the word 'partnership' in our vision statements and purpose. Reducing health inequalities must be visible in our statements

2.1.6 We must be clear that our vision spans physical and mental health

3 STP/ICS COVID-19 RESPONSE

3.1 All critical services identified as part of national priority areas have been restored with the exception of Breast and Bowel screening which have plans in place to address capacity issues.

3.2 Demand and capacity across the system are both being modelled at provider and CCG levels with initial capacity outputs being available for the Acute and Mental Health providers as of the WC 13/07.

3.3 The first cut of capacity modelling for other workstreams will be available in a phased manner during July and August.

3.4 All restart plans are, to varying degrees, constrained by a common set of factors: Workforce (including wellbeing), Estates, Infection Prevention and Control measures, availability of PPE and drugs.

3.5 Both capital and revenue pressures are being quantified and will cause system / regional pressure as the restart plans mature.

4 ICS Executive Structure

4.1 This structure brings together the Executive function into one Kent and Medway team.

4.2 The aim of the structure is to build system leadership capability to lead and influence the Kent and Medway system to become a high performing system, delivering Quality of Care, Quality of Life to our communities whilst supporting the Governing Body to fulfil the CCG organisational ambition to improve the health and wellbeing of Kent and Medway's communities and the need to discharge its statutory accountabilities (cover the functions expected of a CCG).

Director	Initial responsibilities
Chief Nurse **Paula Wilkins**	Leading on development of a ICS quality and safety framework Lead with Clinical Chair from the CCG on the Clinical & Professional Board
Director of Health Improvement **Caroline Selkirk**	Lead for the Restart programme Leading on the refresh of the primary care and local care strategies Lead from the CCG on health improvement Lead from the CCG for the Joint Health and Wellbeing Board/HOSC/HASC
Director of Strategy and Population Health **Rachel Jones**	Leading on the development of the ICS strategy, vision and priorities Lead for the Transform programme Lead from the CCG for the Partnership Board
Director of System Development and Assurance **Lisa Keslake**	Lead for ICS, ICP and PCN development and assurance framework Lead for the system performance framework Lead from the CCG for the STEB
Chief Finance Officer **Ivor Duffy**	ICS financial strategy and ICS budget CCG lead for ICP contracting arrangements Lead for the ICS Finance Group
Director of Corporate Affairs **Mike Gilbert**	ICS governance arrangements and review Lead from the CCG for the Non-Executive Group
Director of People and Organisational Development **Becca Bradd**	Lead for ICS organisational development, workforce and communications & engagement Lead from the CCG on the ICS OD, comms & engagement and workforce strategies Lead for the ICS Workforce Group
Director of Digital Transformation Appointment to follow	Lead for ICS digital strategy and transformation Lead of the ICS Digital Group

Executive team portfolios – CCG responsibilities

Director	Responsible for
Chief Nurse **Paula Wilkins**	Quality assurance; patient safety; safeguarding; Looked After Children and SEND; primary care quality; special assessment placement team; infection and prevention control; personalised care; medicines optimisation
Director of Health Improvement **Caroline Selkirk**	Restart programme; commissioning functions including: cancer; children; mental health; LD and autism; stroke; primary care; ICP facing teams; 3rd sector; joint commissioning with local authorities; annual operating plan; health improvement
Director of Strategy and Population Health **Rachel Jones**	Transform programme; East Kent, Long Term Plan, population health management development
Director of System Development and Assurance **Lisa Keslake**	System role
Chief Finance Officer **Ivor Duffy**	CCG strategic financial planning; financial governance of the CCG transformation programme; contracting; audit ICP facing financial business partnering; estates
Director of Corporate Affairs **Mike Gilbert**	Corporate governance; Information governance; Emergency Preparedness, Resilience and Response (EPRR); complaints and Freedom of Information; SIRO, CCG governance and constitutional matters, risk management and legal services
Director of People and Organisational Development **Becca Bradd**	CCG HR; CCG organisational development; CCG and system communications and engagement; freedom to speak up; equality and diversity
Director of Digital Transformation Appointment to follow	CCG information management; data analytics and information systems

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

Title of Report	**Covid-19 Update – Wave 2 Plan**	Agenda Item	**8.2**
Lead Director	Harvey McEnroe - Regional Strategic Commander and Winter Director		
Report Author	Harvey McEnroe - Regional Strategic Commander and Winter Director		
Executive Summary	This report provides the Trust Board with an update on Covid-19 and Wave 2 Plan		
Committees or Groups at which the paper has been submitted	Quality Assurance Committee – Winter planning update		
Resource Implications	N/A		
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 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.

1.2 The Trust winter plan is in final stages of draft and will be formally presented to the Board in October, once approved by the A&E delivery board and the ICP executive team.

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

2 Current Covid19 position

2.1 The number of positive tests has risen recently in most districts, particularly in West Kent, Dartford and Swale and less so in East Kent. This could now be softening in some areas but needs to be seen in the context of widely reported testing capacity issues.

2.2 Most cases are now single individuals or small family clusters, rather than multi person outbreaks. This is notable as it has the potential to create a more general 'swell' within the population.

2.3 Positive cases now are increasing in all age groups, including the older populations.

2.4 Hospital admissions are not especially up but they are now being seen, most notably in Medway and Swale. With those who are older now becoming infected (in low numbers), hospital admissions are likely to be seen more often.

2.5 The number of 111 calls related to COVID is notably rising across Kent and Medway to levels not seen since the beginning of May. In West Kent the 111 activity is near that seen at peak.

2.6 Given the number of modelled cases occurring every day in Kent & Medway, the new cases coming through the TTI service is estimated to be around 12% based on a 7 day average, slightly down from last week.

2.7 Care Homes are not seeing many Covid cases and the cases being seen are more in staff than residents, although the most recent data indicates a potential move away from clustered cases to dispersed singular cases.

2.8 In addition to infection control measures, targeted messaging by Public Health colleagues will be undertaken in key hotspot areas.

3 Wave2 Planning

3.1 Command and control structure

3.1.1 The trust will work in line with the ICP incident management model (see attached appendix). This is in keeping with the previous Covid19 incident management model, with the only change being that strategic command operates at cross service IPC level, thus ensuring that we have joined up working between health, social care and community services at ICP level.

3.2 Workforce, testing and home working

3.2.1 The trust continues to provide onsite testing for all staff groups, which in many cases means that staff are able to obtain testing on the day with results within 36 to 48 hours.

3.2.2 The Trust is in the end stage of deploying a robust home working policy which will facilitate staff groups who are able to work from home the ability to do so 60% of the week to reduce footfall on the site and support staff in staying well.

3.3 PPE and stock management

3.3.1 The Trust will be working with NHSE/I and the local push stock teams to maintain stock levels of PPE and stock related to ICP.

3.3.2 In addition to the push stock option, the Trust will be seeking to hold around 28 days of stock on PPE and products related to IPC. This will not pull on the central NHSE/I stock so will not impact on national or regional stock control.

3.4 Continuing to protect elective care

3.4.1 In line with the restart and recovery programme the Trust continues to maintain ‘green’ elective care pathways with all elective services up and running post the pause through the C19 peak.

3.4.2 Robust waiting list management is in place and the management of the profile of our waiting list. We are working on reducing 52 week breaches and reducing delays above 40 weeks as well as ensure that all patients who have seen a deterioration in their care are treated as a priority – we will always ensure those patients with the greatest risk are treated promptly and safely.

Medway and Swale **Covid19 Response**

Covid19 Strategic Incident Management September 2020

Harvey McEnroe

Strategic Commander and Accountable Emergency Officer
Executive

Our oversight structure

Strategic Command

- ICP level group
- Setting strategic direction and a 'system level'
- Tracking trends and deploying national recommendations
- Meets x3 weekly
- Provides upward escalation and briefing to ICS and regional teams

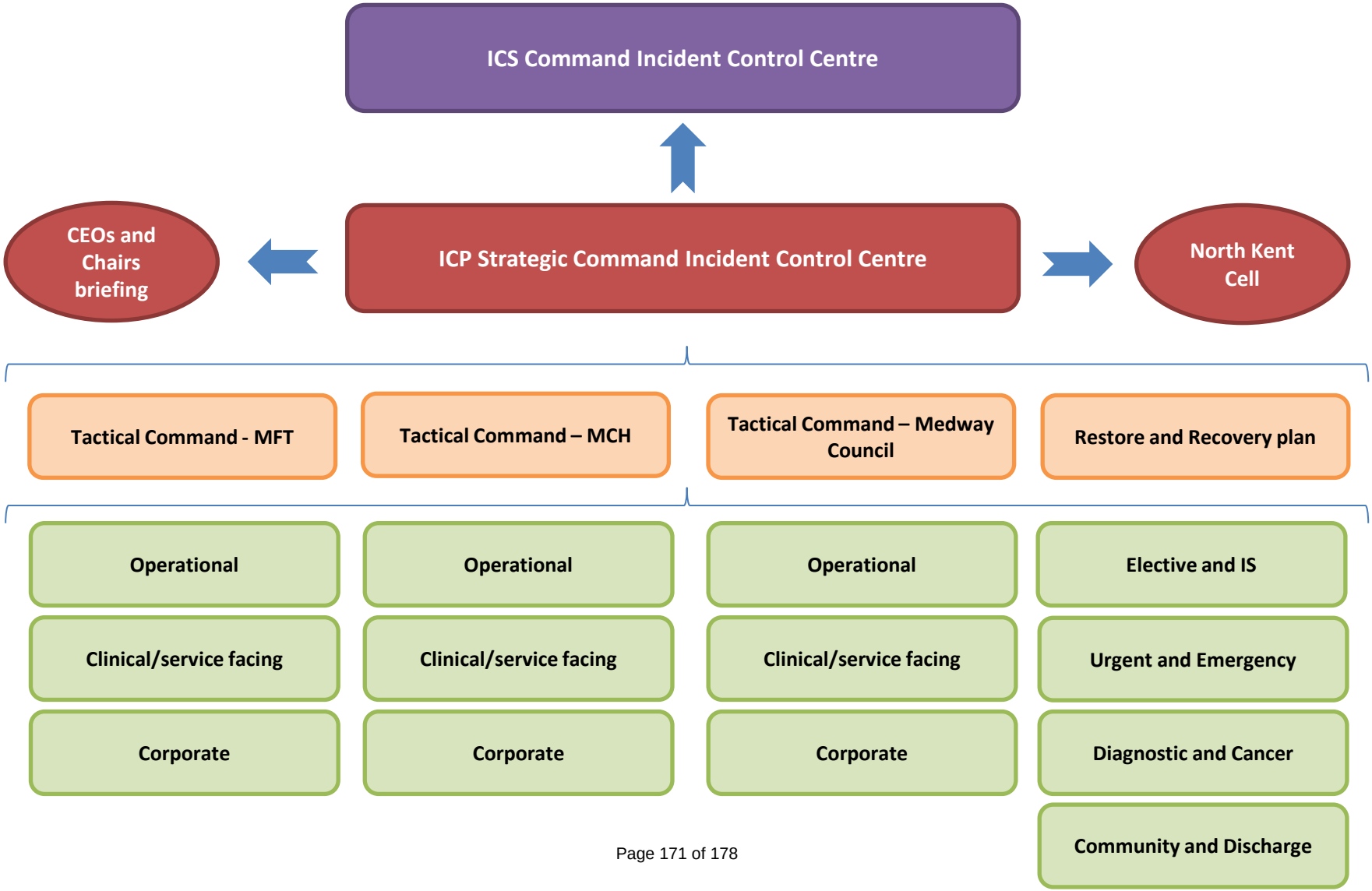
Tactical Command

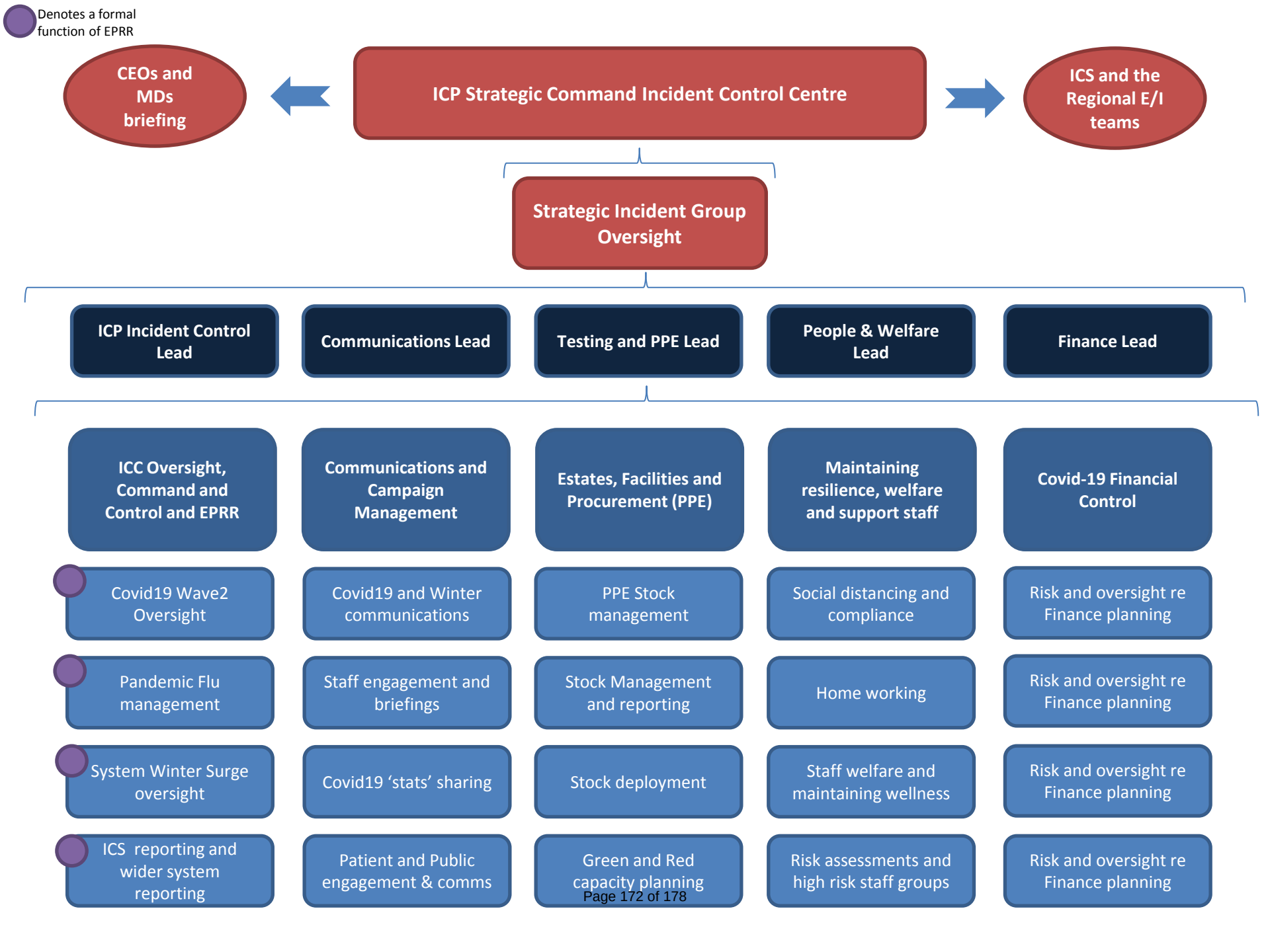
- Organisational level group
- Deploys strategic plans and ensures organisations are following guidance
- Maintains BAU and escalates when impacts go beyond agreed deployment
- Meets x5 weekly
- Provides updates to ICP

Operational Command

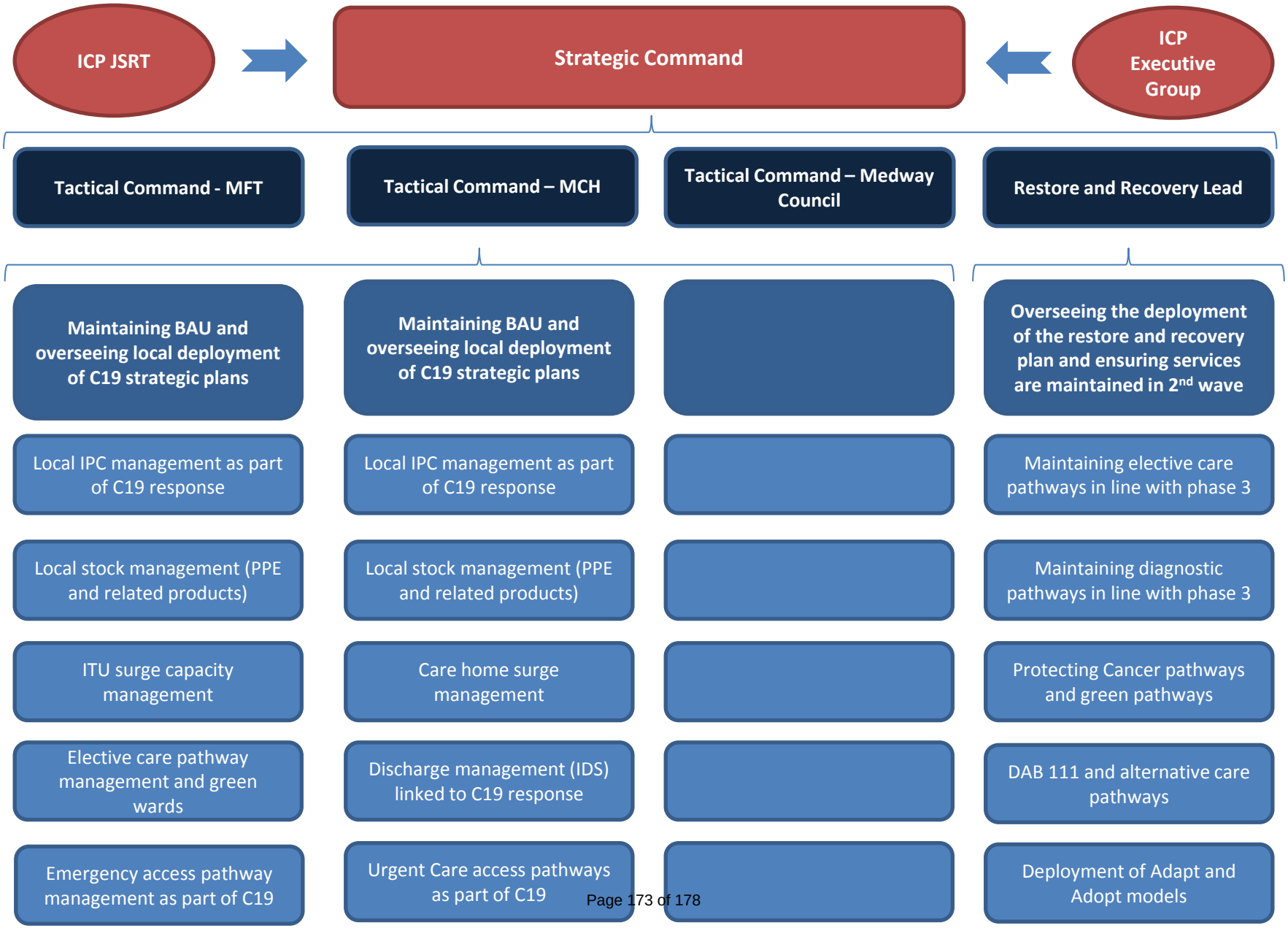
- Operates at service level (with orgs.) and deploys tactical plans to maintain BAU and deliver safe services
- Escalates to tactical if plans are off plan/at risk
- Maintains service level and responds locally to surge and demand
- Meets X5 weekly

Winter Strategic and Tactical structure

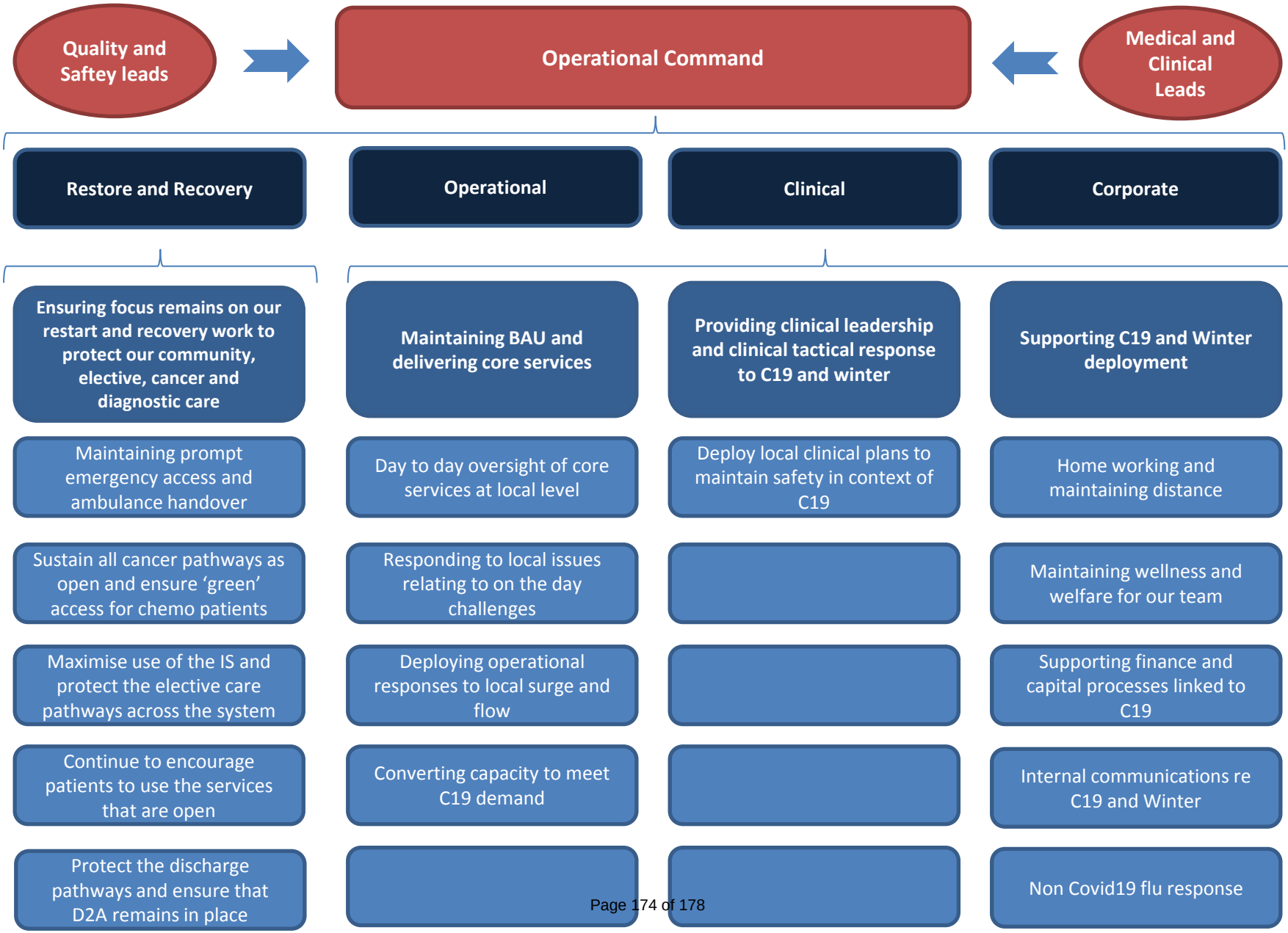



Denotes a formal function of EPRR
CEOs and MDs briefing
ICP Strategic Command Incident Control Centre
ICS and the Regional E/I teams
Strategic Incident Group Oversight
ICP Incident Control Lead
Communications Lead
Testing and PPE Lead
People & Welfare Lead
Finance Lead
ICC Oversight, Command and Control and EPRR
Communications and Campaign Management
Estates, Facilities and Procurement (PPE)
Maintaining resilience, welfare and support staff
Covid-19 Financial Control
Covid19 Wave2 Oversight
Covid19 and Winter communications
PPE Stock management
Social distancing and compliance
Risk and oversight re Finance planning
Pandemic Flu management
Staff engagement and briefings
Stock Management and reporting
Home working
Risk and oversight re Finance planning
System Winter Surge oversight
Covid19 'stats' sharing
Stock deployment
Staff welfare and maintaining wellness
Risk and oversight re Finance planning
ICS reporting and wider system reporting
Patient and Public engagement & comms
Green and Red capacity planning
Risk assessments and high risk staff groups
Risk and oversight re Finance planning

Covid19 and Winter Tactical Command Structure



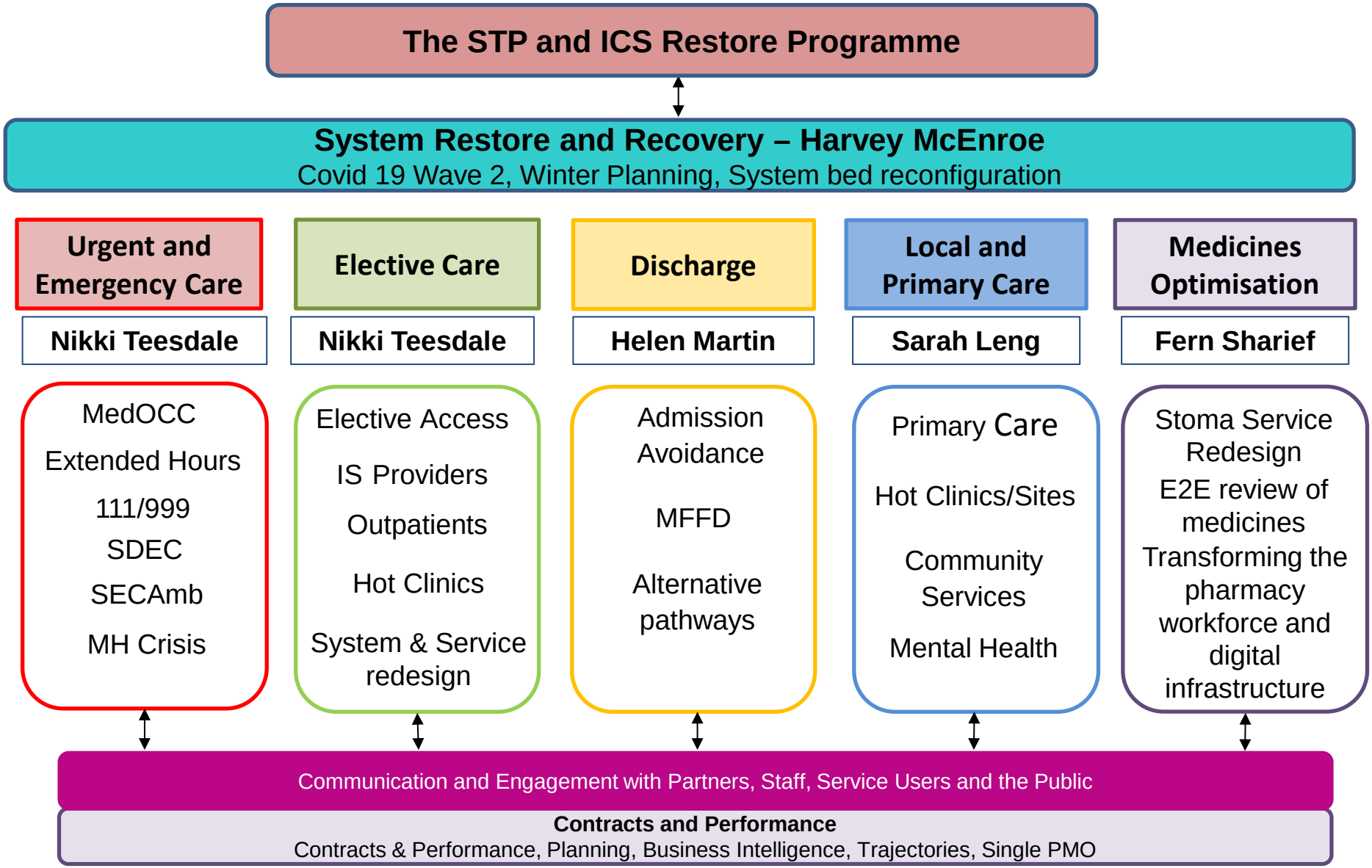
Covid19 and Winter Operational Command Structure



Overview on Restore and Recovery

September 2020

Restart and recovery priorities for operational services across the ICP



Meeting of the Board of Directors in Public

Thursday, 01 October 2020

Assurance Report from Committee

Title of Committee:	**People Committee**	**Agenda Item**	**9.1**
Committee Chair:	Sue Mackenzie, Non-Executive Director/Chair of Committee		
Date of Meeting:	21 September 2020		
Lead Director:	Leon Hinton, Chief People Officer		
Report Author:	Leon Hinton, Chief People Officer		

Key headlines and assurance level	
Key headline	**Assurance Level**
1. Risk assessments for staff It was noted that 92% of all employees had a risk assessment in place; 89% of 'at risk' staff had a risk assessment in place; and, 97% of all staff with a BAME background had a risk assessment in place.	**Green**
2. IQPR – People Key highlights were noted as follows: 1) Sickness had remained +0.4% over target, which is the same level as Covid-related sickness reason increase and mirrored increases across Trusts in Kent, Surrey and Sussex – all sickness cases were actively being managed. 2) Elevated numbers of sickness due to Covid-related symptoms and absences due to isolations were reported as totalling 76. 3) Voluntary turnover had incrementally increased and was connected with a low intake of nurse hires during August; however, 52 new hires were confirmed for September and October mitigating the low hires in August. 4) A slight decrease in StatMan 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.	**Amber/Red**
3. Resourcing and Temporary Staffing Key highlights were noted as follows: 1) All registered nursing vacancies have increased, by 68 FTE, following the inclusion of additional posts following the Q1 safe staffing review. Pipeline remains strong for band 5 nursing posts in the medium term; however starter numbers in August 2020 were exceptionally low across all bands. 2) No significant movement to top five specialties with consultant vacancies.	**Amber/Green**

4. Trust Improvement Plan – Our People Programme Key highlights were noted as follows: 1) The 92 NHS People Plan actions had been reviewed and consolidated to 26 projects which have been adopted into the Trust's Our People Programme and will be reported on a monthly basis to the Trust Improvement Board. 2) Three main task forces have been established to support the delivery of larger impact areas being the overhaul of recruitment processes to ensure diversity reflects community and labour markets; introducing working flexible the default; and, supporting home-working.	**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 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. Freedom to Speak Up Report The Lead Freedom to Speak Up Guardian presented to the Committee: 1) 21 concerns were raised through Q1 2020/21, which was a decrease by one from the previous quarter all of which are being managed. 2) There were no reported individuals suffering detriment as a result of speaking up in Q1. 3) There is a launch in October 2020 for 'Freedom To Speak Up Month', this comes from the National FTSU Guardian's office. There are some big engagement events planned for the month using the main staff entrance and restaurant. 4) The Trust is working with NHS England and Improvement's Freedom to Speak Up Lead Guardian to support the Trust's strategy due to be refreshed in April 21.	**Green**
7. People Committee Work Plan The Committee noted the work plan. The Chair stated that the People Committee would move to bi-monthly in 2021 after a year-end review.	**Green**
Decisions made: none to report	
Further Risks Identified: none to report	
Escalations to the Board or other Committee: none	