

Agenda

Trust Board Meeting in Public

Date: Thursday, 04 February 2021 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 - Updated Register of Interest – January 2021	Chair	3		Approve
1.4	Chief Executive Update	Chief Executive	5	12:35	Note
2. Minutes of the previous meeting and matters arising					
2.1	Minutes of the previous meeting: 14.01.21	Chair	7	12:55	Approve
2.2	Matters arising and Action Log: 14.01.21	Chair	17		Discuss
3. Governance					
3.1	Integrated Care System Update	Chief Executive	Verbal	13:00	Note
4. High Quality Care					
4.1	Integrated Quality Performance Report	COO, CNQO, CMO	19	13:10	Note
4.2	Quality Assurance Committee Assurance Report: Meeting on 19 January 2021	Chair of Committee/ Chief Nursing and Quality Officer	45	13:35	Assure
4.3	Nurse Safe Staffing Review – Update	Chief Nursing and Quality Officer	49	13:45	Note
4.4	CNST (Clinical Negligence)	Chief Nursing and Quality Officer	55	14:00	Note
4.5	CoSHH Update	Director of Estates and Facilities	67	14:15	Note
5. Strategy and Resilience					
5.1	Emergency Planning Resilience and Response Annual Report	Chief Operating Officer (Interim)	69	14:25	Approve
6. Financial Stability					
6.1	Finance Report - Month 9	Chief Finance Officer	73	14:40	Note
6.2	Finance Committee Assurance Report: Meeting on 28 January 2021	Chair of Committee/ Chief Finance Officer	91	14:50	Assure
7. Innovation					
7.1	Trust Improvement Plan	Deputy Chief Executive	95	15:00	Note
8. Our People					
8.1	People Committee Assurance Report: Meeting on 18 January 2021	Chair of Committee/ Chief People Officer	129	15:10	Assure
9. Any Other Business					
9.1	Council of Governors Update	Lead Governor	Verbal	15:20	Note
9.2	Questions from the Public	Chair	Verbal		Note
9.3	Any Other Business	Chair	Verbal		Note
9.4	Date and time of next meeting: Thursday, 04 March 2021, 12:30 – 15:30				

MEDWAY NHS FOUNDATION TRUST

TRUST BOARD REGISTER OF INTERESTS

FEBRUARY 2021

Name	Position	Organisation	Nature of Interest
Joanne Palmer	Chair	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
		Sutton Valence School	Governor
Ewan Carmichael	Non-Executive Director	Medway NHS Foundation Trust	Chair of Charitable Funds Committee
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Mark Spragg	Non-Executive Director	Marcela Trust	Trustee
		Sisi and Savita Charitable Trust	Trustee
		Mark Spragg Limited	Director
		Faculty of Medical Leadership and Management	Lay Trustee/ Director
		Medway NHS Foundation Trust	Chair Integrated Audit Committee
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Adrian Ward	Non-Executive Director	Award Veterinary Sciences Limited	Director
		Nursing and Midwifery Council	Chair Fitness to Practise Panel
		RCVS Preliminary Investigation Committee	Member
		BSAVA Scientific Committee	Member
		Medway NHS Foundation Trust	Member of the Quality Assurance Committee
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Tony Ullman	Non-Executive Director	Kent and Canterbury Hospital, East Kent NHS Foundation Trust	Partner is a part-time Specialty Doctor
Sue Mackenzie	Non-Executive Director	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee

Rama Thirunamachandran	Academic Non-Executive Director	Canterbury Christchurch University	Vice-Chancellor and Principal Director and Trustee
		Universities UK	Director and Trustee
		Million Plus (Lobby Group for HE)	Chair
Jenny Chong	Associate Non-Executive Director	Knightingale Consulting	Managing Partner
		KogoPay	CTO, Head of Innovation
		Imperial College London	Advisor to IVMS (Imperial Venture Mentoring Service) and ITES (Imperial Technology Experts Service)
		The Design Museum	Co-opted Member of the Finance & Operations Committee
		Egypt Exploration Society	Co-opted Member of the Collections Committee
James Devine	Chief Executive	London Board for the Healthcare People Management Association	Member
		Medway Health and Well-Being board	Member
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
David Sulch	Chief Medical Officer	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Leon Hinton	Chief People Officer	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Jane Murkin	Chief Nursing and Quality Officer	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Alan Davies (30.10.20 start date)	Chief Finance Officer	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Richard Eley (01.11.20 left MFT)	Chief Finance Officer Interim	<i>Medway NHS Foundation Trust Charitable Funds</i>	<i>Member of the Corporate Trustee</i>

Chief Executive's Report – February 2021

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting. The Board is asked to note the content of this report.

In and around Medway

COVID-19

The hospital continues to experience intense pressure as a result of the pandemic. However, in recent weeks we have started to see a levelling off of cases, and, in fact, a gradual reduction in patients with COVID-19 both being admitted through our Emergency Department into wards, and within our critical care unit.

Since the beginning of the second wave at the end of October we saw a steep rise in cases through to the New Year, with the peak being earlier and sustaining longer than in other parts of the country. This may well have been due to the new variant which emerged first in Kent.

Our colleagues in the Emergency Department, in critical care, on our Covid wards, and across the whole hospital are doing an amazing job in a challenging situation, and I thank them for providing consistently compassionate care.

On 17 December we became one of the first hospitals in the country to begin administering COVID-19 vaccinations to priority groups, specifically patients over 80, care home staff, and hospital colleagues. Towards the end January we increased our capacity so we could vaccinate around 700 people per day, and I am proud that we have now provided the jab to thousands of people,

The team in our vaccination hub are a credit to the Trust for the way they mobilised to deliver the vaccine, and how they have managed this process.

Our improvements

In spite of the pressures the hospital has been under, we continue to make progress in improving care within the hospital. We have introduced a programme entitled Patient First, which focuses on enhancing patient care and safety. In particular, the programme will create improvements in the flow of patients through the hospital, from ambulance handovers and care in the Emergency Department, through to discharge. Patient First was devised by the Care Quality Commission and is based on the principle that patients must come first and safety cannot be compromised.

Staff wellbeing

We are very conscious of the impact the pandemic has had on our colleagues, particularly those on the frontline. With this in mind we are holding sessions with staff to hear their experiences of working during this unprecedented period.

We have also made available a range of wellbeing resources and psychological support, and in addition have established our well-being hub, provided lunches for colleagues, and supported visits by Project Wingman to provide refreshments in a relaxing environment. We are also planning to establish a staff gym using charitable donations.

Engaging with our community

During the second wave of the pandemic we have worked hard to ensure our community are kept informed about the hospital, including the pressures we are under, and the measures they can take to help stop the spread of infection.

We have also briefed stakeholders such as MPs and local councillors, and our Governors have held online sessions where members of the public were able to raise questions.

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



Minutes of the Trust Board PUBLIC Meeting

Thursday, 14 January 2021 at 12:30 – 15:30

Meeting via MS Teams

Members	Name	Job Title
Voting:	Jo Palmer	Chair
	Adrian Ward	Non-Executive Director
	Alan Davies	Chief Finance Officer
	Mark Spragg	Deputy Chair, SID, Non-Executive Director
	David Sulch	Chief Medical Officer
	Ewan Carmichael	Non-Executive Director
	Gurjit Mahil	Deputy Chief Executive
	James Devine	Chief Executive
	Jane Murkin	Chief Nursing and Quality Officer
	Leon Hinton	Chief People Officer
	Sue Mackenzie	Non-Executive Director
	Tony Ullman	Non-Executive Director
Non-Voting:	Angela Gallagher	Chief Operating Officer (Interim)
	Gary Lupton	Director of Estates and Facilities
	Glynis Alexander	Director of Communications and Engagement
	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	Company Secretary
	Ghada Ramadan	Specialty Lead for Neonatal Services (Item 1.5)
	Glyn Allen	Lead Governor
	Nye Harries	NHSEI Improvement Director
Observing:	Katie May Nelson	Local Democracy Reporter, Medway (Kent Online)
	Paula Tinniswood	Chief Staff Officer (Interim)
	Temi Alao	HR Business Partner
Apologies:	Harvey McEnroe	Strategic Commander/Winter Director

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 especially during this second lockdown period. There were no apologies sent prior to the meeting.

- 1.1.1 Chair took this opportunity to wish everyone a very Happy New Year and put on record the Board's continuing appreciation for the staff who worked over the Christmas and New Year to care for patients.
- 1.1.2 As the hospital moves into 2021, it does so with some very significant challenges. Winter is always a time of considerable demand in the NHS but this pressure has reached unprecedented levels with the surge in Covid-19 cases across Medway and Swale. The significant increase in cases, which has been replicated across the country, has led to the national lockdown which aims to protect our NHS from becoming overwhelmed.
- 1.1.3 Despite this difficult situation, the Trust remains confident of a return to the pre-Covid 'normal' in 2021. There is every reason to believe that if the lockdown is adhered to, the pressures on the NHS will reduce, and as we speak, people up and down the country (including in Medway and Swale) are receiving their Covid-19 vaccinations.
- 1.1.4 The Chair asked the public for their help; please ensure that you use the hospital's emergency services appropriately and continue to follow the government's guidance on Covid. Together, as a community, Chair has every faith that we can work together to protect our services and see the end of this terrible virus.
- 1.1.5 Chair advised the Board of the plans for the Trust to install a lasting memorial at the hospital for colleagues and the community. Ewan Carmichael, NED, will be leading on this project on behalf of the Trust.
- 1.1.6 The Trust was saddened to hear of the passing of Stella Dick, former Lead Governor, who lost her battle against cancer. She was a much loved member of the community and supportive member of the Council of Governors. The Trust thanks her for her support over many years.
- 1.1.7 Chair gave her sincere thanks to all Trust colleagues. Their dedication to providing care for patients in the most challenging of environments has been astounding and we all owe them a tremendous debt of gratitude. The Trust cannot begin to describe the amount of pressure they are working under as they support and deliver care, thanks also to colleagues who support the clinical teams behind the scenes.

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

- 1.4.1 James Devine, Chief Executive, gave an update to the Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting. The Board was asked to note the content of this report, which provided a high level summary of the past month within the hospital. He drew particular attention to a number of salient points for the Board:
- 1.4.2 James gave his New Year wishes to the board, Trust colleagues and the community, thanking everyone for their ongoing support.

- 1.4.3 James on behalf of the Board and Trust wanted to pay our respects to colleagues that were lost in December 2020 and January 2021.

Angela Holmes died after developing Covid-19. Angela was a Vascular Pathway-Coordinator and had worked for the Trust for more than a decade.

Sarah Montgomery sadly passed away due to cancer, at the end of the year. Sarah had worked at the Trust for nine years as an emergency department practitioner.

Chris Sherwood who worked for the Trust for more than 30 years in our Estates Department sadly died after a long illness. It is incredibly sad to lose colleagues, and the Trust would like to offer its sincere condolences to Angela's, Sarah's and Chris' family, friends and colleagues. The Board would like to say thank you to those colleagues who despite grieving, have continued to come to work to care for our patients.

With that in mind James said that with a very heavy heart we pay respects and thank them for their service, the Board held a minute's silence.

- 1.4.4 The winter period has been exceptionally busy, with particularly high demand for emergency, frailty and intensive care services being in excess of that was experienced in the first wave of the pandemic. This has meant that the hospital has temporarily converted many of its wards to care for patients with coronavirus, and reduced the level of elective and outpatient activity.
- 1.4.5 The Trust has continued to undertake some elective and cancer work, but recognises the impact this has on its patients, that any delay in care can have on their physical and mental health. The Board continues to work with clinical colleagues in managing the risks associated with these decisions. The Trust thanks its community for their support and patience; the hospital is aware that cancelling operations or having long waits in the Emergency Department is far from ideal and the team is doing absolutely everything they can to minimise the disruption faced by patients during this unprecedented time.
- 1.4.6 The Trust has seen high prevalence of the virus within the communities across Medway and Swale, and it has been well publicised that until recently, Medway and Swale had the highest level of infection per 100,000 residents in the country. For this reason, it is so vitally important that the Trust continues to reinforce the message about good infection control practice, wearing of face masks, and social distancing, both within the hospital, and within the community.
- 1.4.7 Last month, the Trust was extremely proud to become one of the first hospitals in the country to begin administering Covid-19 vaccinations to priority groups, specifically patients over 80, care home staff, and hospital colleagues. The Board would like to thank teams for their incredible efforts, not just for the planning and preparation involved in getting the vaccine ready for distribution but for the care they have provided to patients throughout this pandemic. The vaccine is certainly an encouraging step towards some degree of normality, but as a country we are still a long way from this pandemic being over and reminding colleagues, patients and public about actions they can take to help support the hospital during winter, is crucial.
- 1.4.8 The Trust is helping to keep colleagues and patients safe by providing lateral flow test kits for all staff. These kits enable colleagues to test themselves twice per week for Covid infection; the Trust also held a mass testing event for all asymptomatic staff, which was kindly supported by the Department of Health and Social Care.
- 1.4.9 James stated that whilst much of the Trust's efforts have been focused on managing the demands of the pandemic, it has also continued to make progress on its improvement plan.

The Trust has advanced the business case on the electronic patient record and saw further improvements across hospital wards in relation to milestones for the number of days without infection and pressure ulcers. There is much more to do, but these are encouraging signs that the Trust is improving the quality of care it provides and is focusing its efforts on the long-term future of the hospital.

- 1.4.10 The Trust's financial position remains on plan at month eight but will require prudent management as it heads towards the end of the financial year; notwithstanding the need to invest in the resource to manage to provide safe, effective and person-centred care.
- 1.4.11 James added that the Trust has been grateful to system partners for their support over recent months, as we move toward working as a truly integrated care system.
- 1.4.12 James on behalf of the Board, wished everyone a happier 2021 and hopes that it is a better year for all.
- 1.4.13 Chair thanked James for his report to the Board.
- 1.4.14 The Board was informed that Harvey McEnroe, Strategic Commander was unwell but is being covered by Gary Lupton, who is taking the role as Strategic Commander for the period of his absence and Angela Gallagher, Chief Operating Officer (Interim) will support. The Board sent its well wishes to Harvey.

1.5 Clinical Presentation – Neonatal Unit

Chair welcomed Ghada Ramadan, Specialty Lead for Neonatal Services to the meeting and stated that the Neonatal Unit is one of the most joyous units at the Hospital and is delighted that she has joined us to present to the Board.

- 1.5.1 Ghada presented to the Board on the work of the Neonatal Unit. The presentation included:
 - 1) Service Outline
 - 2) Number of Cots
 - 3) The Neonatal Team
 - 4) Neonatal Unit Activity
 - 5) Referrals
 - 6) Neonatal Community Outreach (Team NOAH)
 - 7) Achievements
 - 8) Excellent Patient and Family Experience
 - 9) Quality Strategy
 - 10) OFNU Quality Strategy
 - 11) Improving Medications Safety in NICU Project
 - 12) Challenges
 - 13) GIRFT
 - 14) Business Planning and Post Covid NICU

[Post meeting note: Alana Almond circulated presentation to the Board via email]

- 1.5.2 Chair thanked Ghada for her work and presentation, it is very impressive work.
- 1.5.3 Jenny Chong, thanked Ghada for an amazing presentation, there has been so much accomplished despite the crisis. There is so much innovation with a forward thinking mindset and very much patient centered. Jenny has seen first-hand how well run the unit is.

- 1.5.4 Jane Murkin is working with Ghada on the training and funding, they will discuss how to solve some of the challenges.
- 1.5.5 James Devine stated that the unit is one of the happiest and warmest places in the hospital, with colleagues genuinely wanting to get these babies home to their families. The Executive team is happy to work with Ghada on the business plan and welcomes any input from her and the team on what extra support they need to get to the next level of accreditation.
- 1.5.6 Ghada thanked the Board for all of the support the team will be delighted to hear this. The unit is now in the right place to moving the BFI Accreditation to Level 2, just need a date for the second visit.

2 Minutes of the previous meeting and matters arising

- 2.1 The minutes of the last meeting, held on 02 December 2020 were reviewed by the Board. The minutes were **APPROVED** as a true and accurate record.
- 2.2 Matters arising and actions from the last meeting
The action log was reviewed and the Board agreed to CLOSE the following actions:
106, 108, 109, 110, 111 and 112
[Post meeting note: Alana Mare Almond transferred Action Nos: 110 and 111 to the Finance Committee Action Log to manage, and actions closed through the Board]

3 Governance

3.1 Integrated Audit Committee Assurance Report: Meeting on 07 January 2021

Mark Spragg, Chair of Committee, gave the Board an update on the Committee meeting held on Thursday, 07 January 2021. The paper was taken as read and **NOTED**.

3.2 Risk Management Policy and Strategy

Gurjit Mahil, Deputy Chief Executive, presented to the Board for approval, The Corporate Risk Management Strategy and Policy. 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.

- 3.2.1 The paper was taken as read and the Board **APPROVED**.

4 High Quality Care

4.1 Integrated Quality Performance Report

The Board was asked 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 informed Board Members of the quality and operational performance across key performance indicators.

- 4.1.1 Angela Gallagher referenced the report and reiterated to the Board that the Trust does not tolerate long delays in the Emergency Department or with ambulance waiting times. With that said, there are improvements on a day to day basis in both areas. There have been changes in the last six weeks to support these improvements and she will continue to report this through to the Board. It is also reviewed daily through the Strategic Command Structure.

- 4.1.2 David Sulch informed the Board that the Electronic Discharge Notices report would go to the Quality Assurance Committee and then would form part of the IQPR at February Board.
- 4.1.3 Leon Hinton informed the Board that Stat Man Training compliance is being held at the current level. E-learning has assisted with keeping the Trust compliant. The physical training sessions are not as compliant due to Covid, staff pressures, sickness rates and being able to release staff from wards. Leon is working with Jane Murkin on this.
Appraisals; there has been a slight decrease in numbers due to the national pause. The streamlining of appraisals is being implemented, this was work that was put into place in 2017 and other organisations are taking learning from the Trust. 300 appraisals per month are required to take place to remain compliant.
Both appraisals and stat man training are monitored at the People Committee and the Quality Panel.
- 4.1.4 Jane Murkin stated that the Trust's Infection Prevention and Control performance for November shows that the Trust has had 0 MRSA bacteraemia cases and 2 hospital acquired C-diff cases. Lessons learnt are being worked on through the divisions now.
- a) Unfortunately, whilst MSA had shown improvement in previous months, November has seen that 197 breaches were recorded. This has mainly been in the high dependency unit and at weekend periods where bed occupancy within the organisation was high. Mitigations are in place to protect patient's dignity with safety in mind.
 - b) Falls remains below the national average.
 - c) Chair thanked Jane for her work on IPC and for the sustained position coming through. The breaches on MSA, whilst not what we would wish to see, are understandable with the current position.
- 4.1.5 James Devine asked for Jane, David, Angela and Leon to provide some clarity to see what areas may deteriorate, where we may see changes. How can the team quantify the indicators that may go off track with Covid? Also add a specific metric in the IQPR for the Emergency Department.
Action No: TBPU/21/112: to be actioned by Jane Murkin, David Sulch, Angela Gallagher and Leon Hinton
- 4.1.6 Tony Ullman confirmed that the Quality Assurance Committee would deal with these areas and would ask for more updates at the meetings on time delay breaches and will monitor over the next few months.
- 4.1.7 Currently the Executive team is working on a more dynamic IQPR that will track what is being done in the coming weeks and months which will assist with management.
- 4.1.8 The Board was asked to specifically note within the paper:
- a) The maternity 12+6 indicator is now showing in real time. This indicator is calculated by NHS I/E/D and was previously reporting 3 months in arrears.
 - b) The SHMI data is currently showing August – this is reliant on NHS I/E/D and is 3 to 4 months in arrears.
 - c) The HSMR is currently showing August data, this is reliant on Dr Foster and this is 3 to 4 months in arrears.
 - d) Bed occupancy as reported in the IQPR relates to all inpatient beds within the Trust including Maternity and Paediatrics, the General and Acute bed occupancy for all patient pathways is recorded as 94%.

- e) The Cancer metrics are reported one month in arrears as per the national guidance.

4.2 Quality Assurance Committee Assurance Report: Meeting on 15 December 2020

Tony Ullman, Chair of Committee, gave the Board an update on the Committee meeting held on Tuesday, 15 December 2020. The paper was taken as read and **NOTED**.

4.2.1 Tony Ullman asked the Board to note the following escalations:

- a) Pressure on emergency pathways and CQC visit
- b) The report included the IPC plan and asked for the board to note and give comments back to Jane Murkin/Tony Ullman if necessary.

4.3 Board Assurance Framework

Gurjit Mahil, Deputy Chief Executive, presented to the Board to note the summary up to the 23 December 2020.

4.3.1 Summary page now shows the current risks including the Covid-19 risk.

4.3.2 Integrated Healthcare, Innovation, Finance, Workforce; risk ratings all remain the same.

4.3.3 Quality risks were reviewed and there was a proposed increase to 5c from 9 to 16 (patient flow) and an additional risk added 5f.

4.3.4 The Board decided that:

- a) Review the Workforce Risk Rating - 4a - potentially with a view to increase from 12 - Leon Hinton to lead discussions. Transferred from Public Board 14.01.21 to the People Committee for 18 January 2021
- b) Review the Quality Risk Rating - 5f - Covid-19 - how to quantify this and split the risk into three subheadings - Gurjit Mahil to lead discussions. Transferred from Public Board 14.01.21 to the People Committee for 18 January 2021

[Post meeting note: Alana Almond transferred to the People Committee and were discussed on 18.01.21]

4.3.7 The Board APPROVED the Board Assurance Framework.

4.4 Risk Register Quarterly Review

Gurjit Mahil, Deputy Chief Executive, presented to the Board to note the summary of the Corporate Risk Register as of 10 December 2020 so there have been changes since submission. The current Corporate Risk Register format is that of themed significant risks, with links to Trust wide risks scoring 15 or above. The Board was asked to note the report for assurance regarding the processes in place around risk management.

4.4.1 The Trust currently has 20 overarching risks; the Trust is making sure that the right mitigations are in place and the Risk Assurance Group are overseeing this. All risks will be reviewed on a six monthly basis and high risks reviewed every four months.

4.4.2 The Board was asked to note the next steps for the risk register:

- a) Going forward all linked risks on the corporate risk register will be unlinked in order to ensure all risks scored 16+ are visible.
- b) Risks going forward will be dynamically moved between risk registers dependent on grading:
- c) Very low and Low (1-4, 5-8) risks to be managed locally on care group risk registers.
- d) Moderate (9-15) risks to be managed at divisional level.
- e) High risks (16+) to be managed at corporate level.

- f) All closed risks will be reviewed every six months.
- g) All risks with no movement will be reviewed every 4 months.
- h) The target scores for each domain and therefore each risk will be updated after the approval of the Corporate Risk Management Strategy Policy and Risk Appetite. If approved this will bring the total target risk score to 110, total risk score of 233 and a residual gap of 123.
- i) The above changes will be governed through the Risk Assurance Group via the Corporate Risk Management Policy and Strategy.
- j) Risk reports will be aligned on Risk Assure to manage the above.

4.4.3 Chair asked for a CoSHH update to be added to the February Board agenda.
[Post meeting note: Alana Marie Almond added to the February 2021 agenda]

5 Financial Stability

5.1 Finance Report – Month 7

Alan Davies, Chief Finance Officer, asked the Board to note the report which sets out the summary financial position to the end of November 2020. The paper was taken as read. The Trust reports a deficit of £8k in month and £77k year to date, which adjusts to breakeven against the NHSE/I control total.

- 5.1.1 New arrangements came into force from 01 October 2020 for the second half of the year, with control of top-up, Covid and growth monies now held at STP level. Alan gave the Board the following key highlights from the report:
- 5.1.2 For the period of October to March, £7.6m of funding to cover incremental Covid costs has been approved. Of this, £1.7m has been required from October to November, this being £0.7m within the agreed allocation to date. The Trust's position will be presented to the Finance Committee and to the Executive team by the end of January 2021. An update will come back to the Board in the Finance Report in February 2021.
- 5.1.3 CIP; The forecast position of actual delivery has been updated with the scheme owners identifying £9.0m of the £12m plan; this is a decrease of £1.3m from prior month as non-CIP underspends previously included in the forecast have now been removed, leaving only schemes implemented as a result of change or control over cost as efficiencies.
- 5.1.4 Capital; The 2020/21 capital plan includes £24.4m STP capital allocation plus additional business cases and COVID. The Trust has agreed with the STP to underspend against plan by £1.3m so monies can be reallocated to priority schemes in other Trusts which have not received CIF funding. Gary and the team are confident they can deliver by the end of the financial year, this will be monitored by the Finance Committee.
- 5.1.5 Cash remains up from budget at £45m.
- 5.1.6 Tracking clinical income; activity is below draft budgeted levels as a result of Covid.
- 5.1.7 Alan stated that he is still confident that the Trust will hit the financial plan target for year end, however there are still risks. A detailed forecast will be submitted to the Finance Committee and Executive Group. There is a continued need for focus over the coming weeks. The Trust will continue to track the impact of the changes and analyse/manage this impact going forward within the control total.
- 5.1.8 Chair thanked Alan and team for their work.

5.2 Finance Committee Assurance Report: Meeting on 22 December 2020

Jo Palmer, Chair, took the paper as read and informed the Board of the following key issues from the Finance Committee meeting of Tuesday, 22 December 2020 for the Board to note. The paper was taken as read and **NOTED**. Chair gave the following key highlights:

- 5.2.1 The Electronic Patient Records business case was approved to proceed to implementation and the Committee agreed to oversight this to monitor progress closely.
- 5.2.2 The Committee agreed that the Cardiac Catheter Suite business case was approved to proceed to implementation but that a refreshed business case covering matters discussed should be presented back to the Committee in January 2021.
- 5.2.3 The Committee agreed to postpone the review of the Committee's Terms of Reference until after the Trust's Standing Financial Instructions had undergone their annual review at the Integrated Audit Committee, expected to be submitted in February 2021.
- 5.2.4 The Committee agreed the process for budget setting and the annual plan.

6 Innovation

6.1 Trust Improvement Plan

Gurjit Mahil, Deputy Chief Executive, took the paper as read and asked the Board to note the current position for assurance. This paper provided the Board with an update on the progress against the Trust Improvement Plan's five pillars in the Executive Summary.

- 6.1.1 Gurjit presented on the Trust's Phase 1 Deliverables; completed and in progress. Key red items, which are being monitored through the Improvement Board:
 - a) Innovation items have been paused to covid pressures
 - b) Financial stability
- 6.1.2 James Devine informed the Board that the 90 Day Forum was initiated six months ago; it is a review forum, with an aim to review progress within the Trust against the Improvement Plan. The Plan has been shared across the hospital and to system partners.
- 6.1.3 Included in the report:
 - a) What has Trust achieved since the plan was signed off
 - b) Things the Trust has not achieved
 - c) What support does the Trust need from a resource perspective, in the coming months up to April 2021
- 6.1.4 James stated that there is still a lot of work to embed change over the next 90 days. The Trust does not want the plan to be something that has been seen before, it must also be collaborative. The Trust needs to provide further evidence and assurance to regulators, colleagues and to the board and to show that we are going through this together.

7 Any Other Business

7.1 Council of Governors Update

Glyn Allen, Lead Governor gave the Board an update on the Council of Governors to note.

- 7.1.1 Glyn on behalf of the Governors expressed their sadness at the loss of Stella Dick and sent condolences to her family and friends.
- 7.1.2 Thanks from the Governors to the hospital and its staff for their work through this difficult time, they truly appreciate all that is being done.

7.1.3 Governors continue to engage with the community virtually. The first virtual 'coffee morning meeting' was a success and the next will be held on the 27 January 2021. Glyn will continue to attend virtual Governor Workshops run by NHSP.

7.1.4 The Governors would like to support further in any way that they can. Chair thanked Glyn for this kind offer and stated that the Trust would think more on this subject and get back to him. Chair thanked Glyn and Governors for their ongoing support.

7.2 Questions from the Public

There were no questions from the public submitted to the Board.

7.3 Any Other Business

7.3.1 Angela Gallagher gave a brief update on the Vaccination Programme. It was established just before Christmas 2020 and there was a three day break over the Christmas holiday. Otherwise work at the Hub has been continuous, daily for 12 hours a day. The Trust has vaccinated almost 4,500 staff also other organisations, community health care and care home staff. This week the Trust has also responded to the requirement from Medway Council.

Work started on the second dose vaccination but was halted due to the guidelines set by the Government and NHS England. There have been no issues with storage or supply and there has been very little waste. Thanks go to Steve Cook and Gemma Nauman and their teams for their efforts and slick operation.

7.3.2 There were no matters of any other business.

7.4 Date and time of next meeting

The next meeting will be held on Thursday, 04 February 2021, 12:30 – 15:30.

The meeting closed at 14:45

These minutes are agreed to be a correct record of the Trust Board of Medway NHS Foundation Trust held on Thursday, 14 January 2021

Signed Date
Chair

Board of Directors in Public Action Log

Actions are RAG Rated as follows:

Off
trajectory -
The action
is behind
schedule

Due date passed
and action not
complete

Action complete/
propose for
closure

Action
not yet
due

[illegible]

Meeting of the Board of Directors in Public

Thursday, 04 February 2021

Title of Report	Integrated Quality and Performance Report (IQPR)	Agenda Item	4.1
Report Author	Jane Murkin – Chief Nursing and Quality Officer David Sulch – Medical Director Angela Gallagher – Chief Operating Officer		
Lead Director	Jane Murkin – Chief Nursing & Quality Officer		
Executive Summary	<p>This report informs Board Members of the quality and operational performance across key performance indicators.</p> <p><u>Safe</u> Our Infection Prevention and Control performance for December shows that the Trust has had 0 MRSA bacteraemia cases and 3 hospital acquired C-diff cases.</p> <p>Whilst, September's overall HSMR rate is currently at 100.84 and below the national threshold, the weekend HSMR rate is at 108.05 and links to risks during the weekends with Bed Occupancy and MSA also increasing.</p> <p><u>Caring</u> Unfortunately, whilst MSA has shown improvement in previous months, December has seen that 236 breaches were recorded. This has mainly been in the high dependency unit and at weekend periods where bed occupancy within the organisation was high.</p> <p>The Friends and Family recommended rates remain close or above the national standard of 85% (Inpatients: 76.62%, ED: 80.33%, Maternity: 100%, Outpatients: 88.74%). Whilst Inpatients remains relatively static, improvements have been seen in ED, Maternity and Outpatients.</p> <p><u>Effective</u> Discharges before Noon, whilst close to the Mean are still below at 15.61% and significantly below the Target of 25%.</p> <p><u>Responsive</u> Unfortunately, due in part to the lower discharges before noon rate and the pause in elective work the 18 weeks Referral to treatment (RTT) performance for December is recorded at 69.57%, with 180 +52 week breaches, clinical harm reviews have been completed for these patients. Additionally, the Trust has seen 10 Operations cancelled by the hospital on the day. .</p> <p>ED (Type 1) 4 hour performance as a result of site pressures reported 55.58% in November. Additionally, the Trust saw 569 Ambulance Handover delays of +60mins.</p> <p>However, DM01 Diagnostics performance is continuing to improve at 81.81%</p>		

	<p>for November.</p> <p><u>Well Led</u></p> <p>We have seen a reduction in appraisal rates at 76.1% however the Trust has maintained compliance statutory and mandatory training.</p> <p>To note:</p> <ul style="list-style-type: none"> • The maternity 12+6 indicator is now showing in real time. This indicator is calculated by NHS I/E/D and was previously reporting 3 months in arrears. • The SHMI data is currently showing August – this is reliant on MHS I/E/D and is 3 to 4 months in arrears. • The HSMR is currently showing September data, this is reliant on Dr Foster and this is 3 to 4 months in arrears. 			
Resource Implications	None			
Legal Implications/Regulatory Requirements	State whether there are any legal implications			
Quality Impact Assessment	Not required.			
Recommendation/ Actions required	The Board is asked to NOTE the discussions that have taken place and discuss any further changes required.			
	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Noting <input checked="" type="checkbox"/>
Appendices	Appendix 1 – IQPR – Reporting Period: December 2020			

Integrated Quality and Performance Report

Reporting Period: December 2020



How to...

What is Statistical Process Control (SPC)?

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

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

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

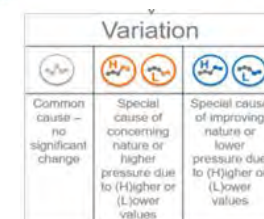
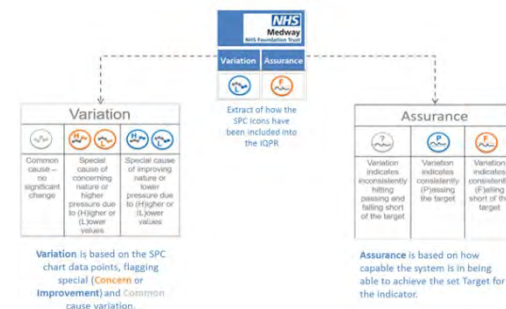
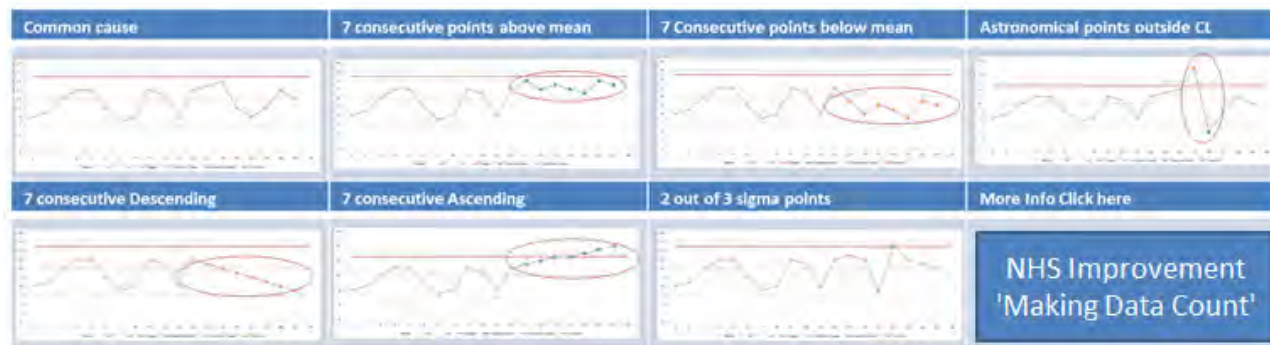
Key Facts about a SPC Chart:

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

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

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

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



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



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

Topic	Overview	Deep Dive
Executive Summary	4	5
Caring	7	7
Effective	8	9
Safe	10	11
Responsive	13	15
Well Led	21	22

Success

Challenge

Trust	Success	Challenge
Caring	<ul style="list-style-type: none"> Vital Signs improvement (VTE, PU, Falls) 	<ul style="list-style-type: none"> ED & Flow
Effective	<ul style="list-style-type: none"> The Friends and Family recommended rates for Maternity services and Outpatients remain above the national standard of 85%. Inpatient FFT has also improved in month. 	<ul style="list-style-type: none"> October, November & December have seen high numbers of breaches recorded EDNs completed within 24hrs is below LCL's, has continuously decreased and not met the target set
Safe	<ul style="list-style-type: none"> VTE Risk Assessment % Completed, whilst still under target, has continued to show improvement Maternity 12+6 Risk Assessment has improved and is exceeding target set 	<ul style="list-style-type: none"> Discharges before Noon are significantly below the target of 25% and have continuously not met this. Both 7 and 30 day readmission rates have increased in month
Responsive	<ul style="list-style-type: none"> Falls per 1,000 Bed Days, together with PU Incidence, continuously passes (achieves under) the target set Although still just above the national threshold (100), the overall HSMR levels have dropped slightly to 100.84 	<ul style="list-style-type: none"> 1 reported Never Event in month, bringing the total YTD to 2. Infection data shows spikes in E-Coli and C-Diff cases throughout November
Well Led	<ul style="list-style-type: none"> DM01 Diagnostics performance has remained stable at ~92% for Nov-20 RTT Incomplete Performance increased again in Nov-20 and is now slightly above LCL. Although still in 180 +52wk breaches, this is down from 191 in Oct-20 	<ul style="list-style-type: none"> ED 4 hour performance reported another decrease at 72.4% for Dec-20, with 139 +12 Hour DTA Breaches in ED and a huge increase in Ambulance Handover delays of +60mins to 569 in month.
	<ul style="list-style-type: none"> Maintained compliance with Trust target for StatMan Compliance Whilst CIP savings are just under planned position in month, YTD shows actuals are above planned levels 	<ul style="list-style-type: none"> Sickness Rate above target and average (continuous area of increase) Appraisal % has continued to fall below target and is now below the LCL position

Trust Domains	Variation					Assurance			
Caring									
Admitted Care	1	2	2	0	0	0	3	2	0
ED Care	1	0	0	0	1	0	1	1	0
Maternity Care	2	0	0	0	0	1	0	1	0
Outpatients Care	1	1	0	0	0	1	1	0	0
Effective									
Best Practice	2	0	2	0	1	0	2	3	0
Maternity	2	0	2	0	0	0	3	1	0
Safe									
Harm Free Care	1	0	0	1	0	2	0	0	0
Incident Reporting	0	0	2	0	1	1	0	1	1
Infection Control	4	0	0	0	0	3	0	0	1
Mortality	0	0	2	3	0	0	0	5	0
Responsive									
Bed Management	1	0	1	3	0	2	2	1	0
Cancer Access	4	0	0	0	1	0	0	5	0
Complaints Management	2	0	0	0	0	0	0	2	0
Diagnostic Access	1	0	0	0	0	0	0	1	0
ED Access	0	2	2	0	0	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	1	1	2	3	1	0	0	7	1

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

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

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

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

Executive Summary

Safe			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
S1	Number of C-diff (Trust Attributable)	Dec-20	3	3	43	27		
S2	Number of C-diff (HAI)	Dec-20	0	5	0	22		
S3	MRSA Bacteraemia (Trust Attributable)	Dec-20	0	0	5	1		
S4	E-coli (Trust Acquired)	Dec-20	2	7	30	32		
S5	Falls per 1000 bed days	Dec-20	6.63	5.64	6.63	5.30		
S6	Pressure Ulcer incidence per 1000 days (M/H)	Dec-20	1.04	0	1.04	0.03		
S7	Never Events	Dec-20	0	1	0	2		
S8	% of Sis responded to in 60 days	Dec-20	100%	100%	100%	100%		
S9	HSMR (overall)	Sep-20	100	100.84	100	98.97		
S10	HSMR (weekday)	Sep-20	100	98.36	100	95.70		
S11	HSMR (weekend)	Sep-20	100	108.05	100	108.76		
S12	SHMI	Jul-20	1	1.05	-	-		

Caring			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
C1	Mixed Sex Accommodation Breaches	Dec-20	0	236	0	578		
C2	New Complaints	Dec-20	41	46	-	405		
C3	% Complaints responded to within target	Dec-20	85%	64.1%	85%	71%		
C4	% EDNs completed within 24 hours	Dec-20	100%	65.20%	100%	71.8%		
C5	Inpatients Friends and Family Response rate	Dec-20	22%	15.63%	22%	19.2%		
C6	Inpatients Friends and Family % recommended	Dec-20	85%	76.62%	85%	82.4%		
C7	ED Friends and Family Response rate	Dec-20	22%	15.68%	22%	15.9%		
C8	ED Friends and Family % recommended	Dec-20	85%	80.33%	85%	84.3%		
C9	Maternity Friends and Family Response rate	Dec-20	22%	24.79%	22%	33.1%		
C10	Maternity Friends and Family % recommended	Dec-20	85%	100%	85%	99.6%		
C11	Outpatients Friends and Family Response rate	Dec-20	22%	9.92%	22%	12.5%		
C12	Outpatients Friends and Family % recommended	Dec-20	85%	88.74%	85%	88.9%		

Responsive - Non-Elective			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
R1	Bed Occupancy	Dec-20	85%	77.45%	85%	79.83%		
R2	Average Length of stay (Non-elective)	Dec-20	5	8.88	5	8.02		
R3	Average Length of stay (Elective)	Dec-20	5	3.09	5	2.58		
R4	% of Delayed Transfers of Care	Dec-20	4%	0.27%	4%	0.37%		
R5	% Medically Fit For Discharge	Dec-20	7%	9.48%	7%	10.57%		
R6	ED 4 hour performance (All)	Dec-20	95%	72.43%	95%	86.79%		
R7	Ed 4 hour performance (Type 1)	Dec-20	95%	55.58%	95%	78.85%		
R8	ED 12 hour DTA Breaches	Dec-20	0	139	0	352		
R9	Ambulance Attendances	Dec-20	-	2,948	-	29,077		
R10	60 minute handover delays	Dec-20	0	569	0	1,674		

Effective			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
E1	7 day readmission rate	Nov-20	5%	7.36%	5%	6.99%		
E2	30 day readmission rate	Nov-20	10%	12.75%	10%	13.46%		
E3	Discharges before noon	Dec-20	25%	15.61%	25%	14.46%		
E4	Fractured NOF within 36 hours	Nov-20	100%	58.80%	100%	69.57%		
E5	VTE risk assessment % completed	Dec-20	95%	87.66%	95%	94%		
E6	Elective C-section rate	Dec-20	13%	13.97%	13%	15%		
E7	Total C-Section rate	Dec-20	28%	39.18%	28%	36%		
E8	Average Occupancy (maternity)	Dec-20	15%	25.2%	15%	21%		
E9	12+6 risk assessments	Nov-20	90%	92.46%	90%	88%		
E10	Number of deliveries	Dec-20	-	365	-	3,491		

Responsive - Elective			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
R11	DM01 performance	Dec-20	99%	81.81%	99%	70.96%		
R12	18 weeks RTT Incomplete Performance	Dec-20	92%	69.57%	92%	64.98%		
R13	18 Weeks over 52 week breaches	Dec-20	0	180	0	893		
R14	Operations cancelled by hospital - on the day	Dec-20	0	5	0	97		
R15	Cancelled operations not rescheduled <28	Dec-20	0	10	0	25		
R16	Cancer 2ww performance	Nov-20	93%	96.91%	93%	97%		
R17	Cancer 2ww performance - breast symptomatic	Nov-20	93%	94.25%	93%	96%		
R18	Cancer 31 day first definitive treatment	Nov-20	96%	95.41%	96%	97%		
R19	Cancer 62 day treatment - GP referrals	Nov-20	85%	70.59%	85%	75.4%		
R20	104 day cancer waits	Nov-20	0	2	-	8		

Well Led			Current Month		YTD			
ID	KPI	Period	Plan	Actual	Plan	Actual	Variation	Assurance
W1	Surplus (Deficit)	Dec-20	0	8	0	85	-	-
W2	CIP savings	Dec-20	£1,521k	£851k	£5,978k	£6,306		
W3	Appraisal %	Dec-20	85%	76.1%	85%	86.5%		
W4	Sickness Rate	Dec-20	4%	4.71%	4%	4%		
W5	Turnover rate	Dec-20	12%	12.25%	12%	12%		
W6	StatMan compliance	Dec-20	85%	88.83%	85%	89%		
W7	Contractual staff in post	Dec-20	-	4057.41	-	-		
W8	Agency spend as % pay bill	Dec-20	4%	2.20%	4%	2.55%		
W9	Bank spend as % pay bill	Dec-20	9%	15.90%	9%	13.66%		
W10	Overall safe staffing fill rate	Dec-20						

Domain: Caring Dashboard

Executive Lead: Jane Murkin – Chief Nursing & Quality Officer

Operational Lead: N/A

Sub Groups : Quality Assurance Committee

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variatio	Accuracy
Caring	Admitted Care	Mixed Sex Accommodation Breaches	Dec-20	0	236.00	28.06	126.48	224.90		
		MSA %	Dec-20	0%	1.76%	0.19%	0.86%	1.53%		
		% of EDNs Completed Within 24hrs	Dec-20	100%	65.20%	68.77%	74.02%	79.27%		
		Inpatients Friends & Family % Recommended	Dec-20	85%	76.62%	77.98%	84.54%	91.11%		
		Inpatients Friends & Family Response Rate	Dec-20	22%	15.63%	15.47%	20.21%	24.94%		
	ED Care	ED Friends & Family % Recommended	Dec-20	85%	80.33%	72.29%	79.16%	86.03%		
		ED Friends & Family Response Rate	Dec-20	22%	15.68%	12.06%	14.63%	17.20%		
	Maternity Care	Maternity Friends & Family % Recommended	Dec-20	85%	100.00%	97.37%	99.30%	100.00%		
		Maternity Friends & Family Response Rate	Dec-20	22%	24.79%	11.72%	26.95%	42.18%		
	Outpatient Care	Outpatients Friends & Family % Recommended	Dec-20	85%	88.74%	87.45%	90.08%	92.72%		
		Outpatients Friends & Family Response Rate	Dec-20	22%	9.92%	11.60%	13.75%	15.90%		

Domain: Effective Dashboard

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

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Effective	Best Practice	7 Day Readmission Rate	Nov-20	5%	7.36%	4.27%	5.74%	7.21%		
		30 Day Readmission Rate	Nov-20	10%	12.75%	9.33%	11.43%	13.54%		
		Discharges Before Noon	Dec-20	25%	15.61%	12.45%	14.95%	17.45%		
		Fractured NOF Within 36 Hours	Nov-20	100%	60.00%	34.63%	64.01%	93.38%		
		VTE Risk Assessment % Completed	Dec-20	95%	87.66%	76.05%	86.56%	97.08%		
	Maternity	Elective C-Section Rate	Dec-20	13%	13.97%	9.90%	13.36%	16.82%		
		Emergency C-Section Rate	Dec-20	15%	25.21%	15.25%	19.49%	23.73%		
		Total C-Section Rate	Dec-20	28%	39.18%	28.41%	32.86%	37.31%		
		12+6 Risk Assessment	Aug-20	90%	87.18%	78.06%	83.83%	89.60%		

Effective: Maternity

Aim: TBC – Currently Under Development

Latest Period: December - 2020

Executive Lead: Jane Murkin – Chief Nursing & Quality Officer

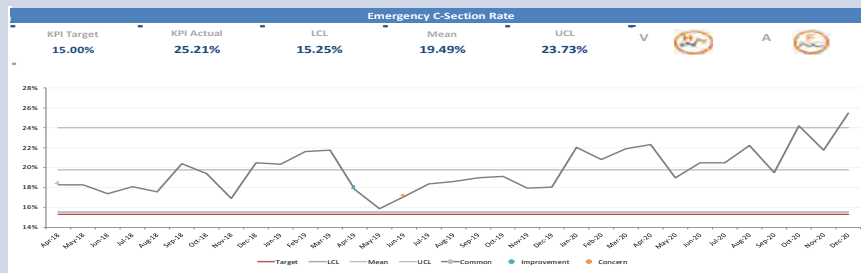
Operational Lead: Not applicable

Sub Groups: Quality Assurance Committee

Outcome Measure: Total Elective & Emergency C-Section Rate



Outcome Measure: Elective and Emergency C-Section Rate



What does the measure show?

The caesarean section rate is monitored by the Care Group on a monthly basis via the maternity dashboard. It has been recognised that there has been a gradual rise in the caesarean section rate since September 2020, with December 2020 being the highest. The Chief Nursing & Quality Officer has commissioned a review to come to the Quality Assurance Committee

What changes have been implemented and improvements made?

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

The emergency rate should be considered along side the MBRRACE reported stillbirth rate, which is below national average. An improvement plan will be implemented in response to the case review and recommendations of Ockenden's Immediate and Essential Actions relating to the management of complex cases.

Domain: Safe Dashboard

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

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variatio	Assurance
Safe	Harm Free	Falls Per 1000 Bed Days	Dec-20	8.63	5.64	2.92	4.76	6.59		
		Pressure Ulcer Incidence Per 1000 days (Moderate and High Harm)	Dec-20	1.04	0.00	0.00	0.05	0.21		
	Incident Reporting	Never Events	Dec-20	0	1.00	0.00	0.15	0.90		
		No of SIs on STEIS	Dec-20	90	57.00	0.00	12.70	25.50		
		% of SIs Responded To In 60 Days	Dec-20	0%	100.00%	93.02%	98.28%	100.00%		
	Infection Control	MRSA Bacteraemia (Trust Attributable)	Dec-20	5	0.00	0.00	0.48	2.40		
		C-Diff Acquisitions (Trust Attributable, Post 48 Hours)	Dec-20	43	2.00	0.00	2.71	8.97		
		C-Diff: Hospital Onset Hospital Acquired (HOHA)	Dec-20	0	3.00	0.00	1.86	6.65		
		E-coli (Trust Acquired) Infections	Dec-20	30	7.00	0.00	4.42	10.49		
	Mortality	Crude Mortality Rate	Nov-20	3%	2.83%	0.50%	1.67%	2.85%		
		HSMR (All)	Sep-20	100	100.84	94.98	104.83	107.21		
		HSMR (Weekday)	Sep-20	100	98.36	91.55	102.00	105.54		
		HSMR (Weekend)	Sep-20	100	108.06	96.02	112.76	121.19		
		SHMI	Jul-20	1	1.05	0.78	1.01	1.24		

Safe: Pressure Damage Reduction

Aim: 10% Reduction in Hospital Acquired Pressure Ulcers

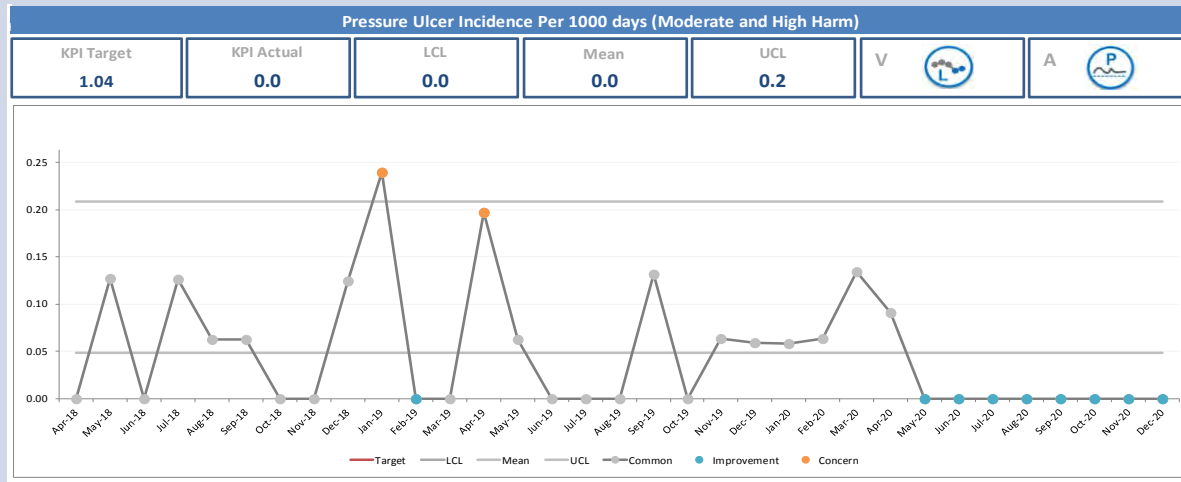
Latest Period: December - 2020

Executive Lead: Jane Murkin – Chief Nursing & Quality Officer

Operational Lead: Not applicable

Sub Groups: Quality Assurance Committee

Outcome Measure: Pressure Ulcer Incidence Per 1000 days (Moderate and High Harm)



What do the outcome measures show?

The Quality strategy aim to hospital acquired pressure ulcer incidents by 10% continues to show progress towards being achieved with increasing days between PU in pilot wards The focus to is on achieving a 95 % reliability in ASSKING care bundle process which in turn will Increase the days between Pressure ulcer incidents per ward.

What do the process measures show?

There were no hospital acquired category 3 or 4 pressure ulcer.

What changes have been implemented and improvements made?

- Pilot teams continue to focus on the reliability of the evidence based ASSKING bundle with the new Quality and safety boards displaying achievement and the measurement of days between a hospital acquired PU. This month Sapphire Ward was awarded a gold star for achieving 239 days since there last hospital acquired Pressure Ulcer.
- 8 other pilot wards achieved bronze stars which is 50 days between a hospital acquired PU. Weekly audit for ASSKING bundle continues on 4 of the quality strategy pilot wards. Byron ward, Bronte ward, Pembroke ward and Phoenix ward. Pembroke ward and Bronte ward continue to meet targets each week.

Safe: Mortality

Aim: TBC

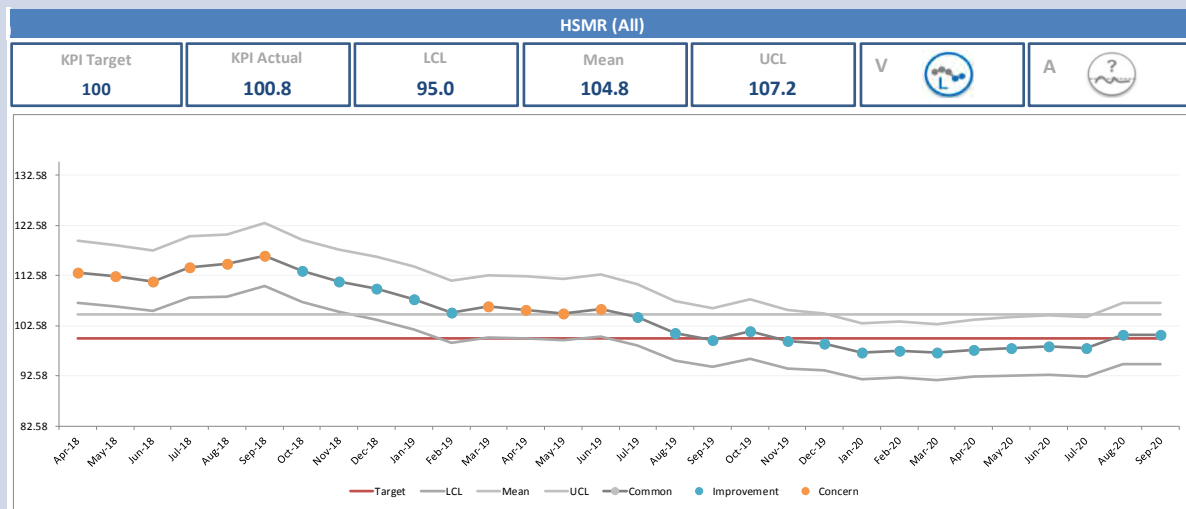
Latest Period: September- 2020

Executive Lead: David Sulch – Chief Medical Officer

Operational Lead: Not applicable

Sub Groups: Quality Assurance Committee

Outcome Measure: Mortality - HSMR



What changes have been implemented and improvements made?

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

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

What do the measures show?

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

The SHMI has not shown a similar reduction, although the level remains within the accepted confidence intervals. In fact the SHMI has worsened over the last year – this is because a reduction in observed deaths (of around 150 in the last year) has been outstripped by a greater reduction in expected deaths. The reasons for this are under investigation.

Domain: Responsive – Non Elective Dashboard

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

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variatio	Assurance
Responsive – Non Elective	Bed Management	Bed Occupancy Rate	Dec-20	85%	77.45%	81.71%	88.57%	95.43%		
		Average Elective Length of Stay	Dec-20	5	3.09	1.50	2.37	3.24		
		Average Non-Elective Length of Stay	Dec-20	5	8.88	7.31	8.45	9.60		
		% of Delayed Transfer of Care Point Prevalence in Month	Dec-20	4%	0.27%	0.36%	1.35%	2.34%		
		% Medically Fit For Discharge Point Prevalence in Month	Dec-20	7%	9.48%	14.51%	17.92%	21.33%		
	ED Access	ED 4 Hour Performance All Types	Dec-20	95%	72.43%	76.21%	83.57%	90.92%		
		ED 4 Hour Performance Type 1	Dec-20	95%	55.58%	65.25%	75.42%	85.58%		
		ED 12 hour DTA Breaches	Dec-20	0	139.00	0.00	21.91	72.28		
		60 Mins Ambulance Handover Delays	Dec-20	0	569.00	0.00	115.12	239.81		

Domain: Responsive – Elective Dashboard

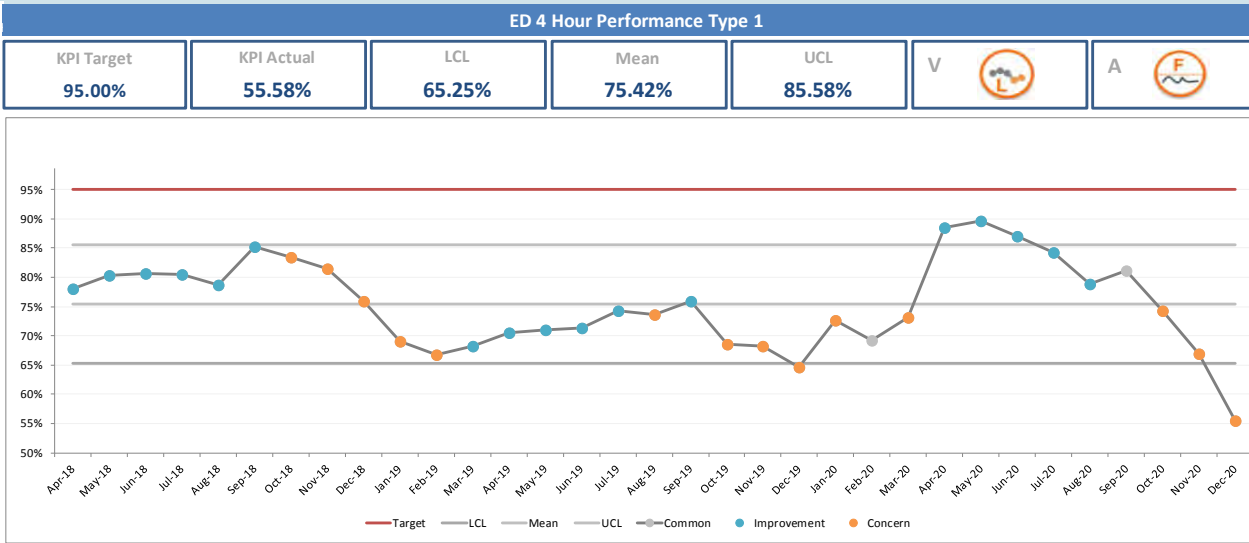
Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Benn Best – DDO Planned Care
Sub Groups : N/A

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variatio	Adherence
Responsive - Elective	Diagnostic Access	DM01 Performance	Dec-20	99%	81.81%	77.68%	89.96%	100.00%		
	Elective Access	18 Weeks RTT Incomplete Performance	Dec-20	92%	89.57%	71.59%	77.36%	83.14%		
		18 Weeks RTT Over 52 Week Breaches	Dec-20	0	180.00	0.00	32.09	69.08		
	Theatre & Critical Care	Operations Cancelled By Hospital on Day	Dec-20	0	5.00	0.00	21.85	51.27		
		Cancelled Operations Not Rescheduled < 28 days	Dec-20	0	10.00	0.00	4.85	12.75		
Responsive - Cancer & Complaints	Cancer Access	Cancer 2ww Performance	Nov-20	93%	96.91%	77.61%	88.58%	99.56%		
		Cancer 2ww Performance - Breast Symptomatic	Nov-20	93%	94.25%	49.59%	80.16%	100.00%		
		Cancer 31 Day First Treatment Performance	Nov-20	96%	95.41%	90.33%	96.42%	100.00%		
		Cancer 62 Day Treatment - GP Refs	Nov-20	85%	70.59%	62.79%	77.91%	93.04%		
		104 Day Cancer Waits	Nov-20	0	2.00	0.00	2.16	5.42		
	Complaints Management	Number of Complaints	Dec-20	41	46.00	17.37	60.85	104.32		
		% Complaints Responded to Within 30 Days	Dec-20	85%	64.10%	38.80%	63.18%	93.56%		

Responsive: – Non Elective Insights

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

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:

- To reduce LOS in ED waiting for Critical Care and Respiratory beds additional AGP bays were planned to be opened from early Jan;
- SDEC has supported emergency care flow through mitigating against blockages in SAU and stretched criteria to accept medical Take admissions, many on admission pathways;
- Sporadic use of Clinical Decision Unit pending workforce;
- Inconsistent application of swabbing protocol and TAT in laboratory has increased LOS for admitted patients;

Outcomes:

- Demand is reduced by 6% with ambulances reduced by 2%;
- Admitted performance in M9 ranged 2-7%;
- Non-admitted performance circa 86%;
- Close correlation between trends in admitted and non-admitted performance due to excess LOS in ED reducing access to type 1 cubicles;
- CDU utilisation has reduced from 18 per day in M7 to less than 5 per day in M9;
- TTT metric remains RCEM compliant at 74%;

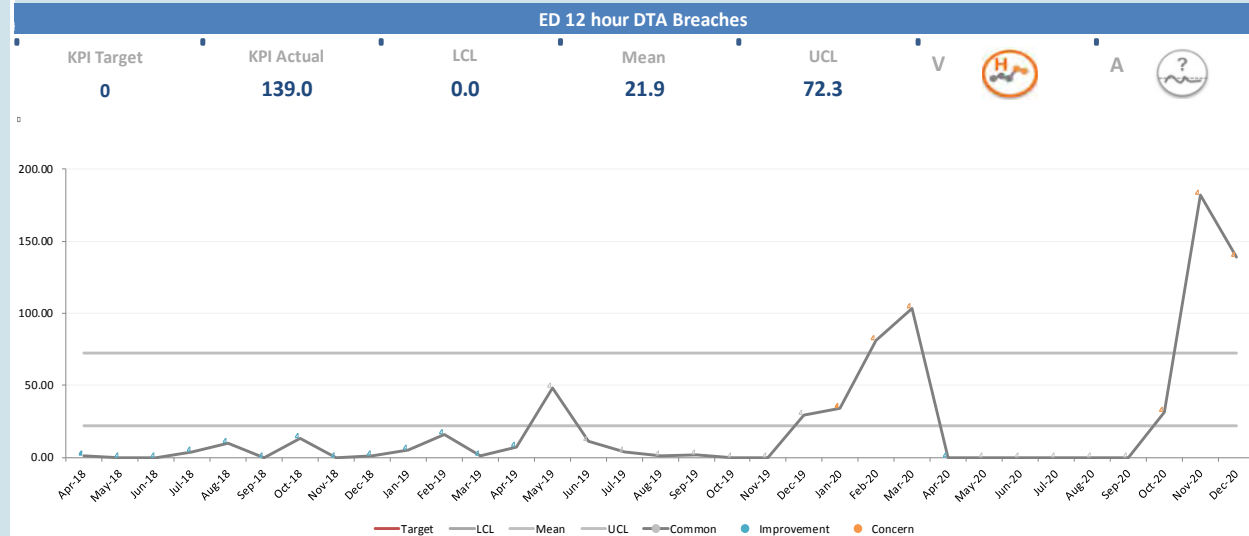
Underlying issues and risks:

- Workforce gaps in acute medicine has meant increased LOS for referred patients. This wouldn't be a problem if we had Refer and Move capacity available on Lister. AAU capacity reduced by 50% in M9;
- Intermittent availability of SAU pathways as a failure to empty. Medical outliers consistently >30 (was >60 in M10 2020);
- Excess admitted and non-admitted breaches between 2100 – 0300. ED have re-introduced night MG position though uptake % is sporadic;

Responsive: – Non Elective Insights

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

Indicator: ED 12 hour DTA Breaches



Indicator Background:

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

What the Chart is Telling Us:

The 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:

- To reduce risks to patient safety, ED has increased the use of physical beds in the department for extended LOS patients;
- A MADE event was held in late December to reduce inpatient occupancy to reduce the risk of prolonged stay in ED;
- NHSI have reviewed our operational validation policy. Our nursing and governance team continue to improve the 12hr breach clinical review process;

Outcomes:

- Despite the increased LOS in ED of specialty patients, we are assured that our Quality & Safety plans provide patients with a standard of ward based care;
- Bed occupancy in excess of 98% and failure to discharge patients <1200hrs means that the majority of 12 hour breaches occur at 0800 - 1200hrs;
- Covid19 linked AGP, mental health and frailty have remained the highest risk of 12 hour DTA breaches;

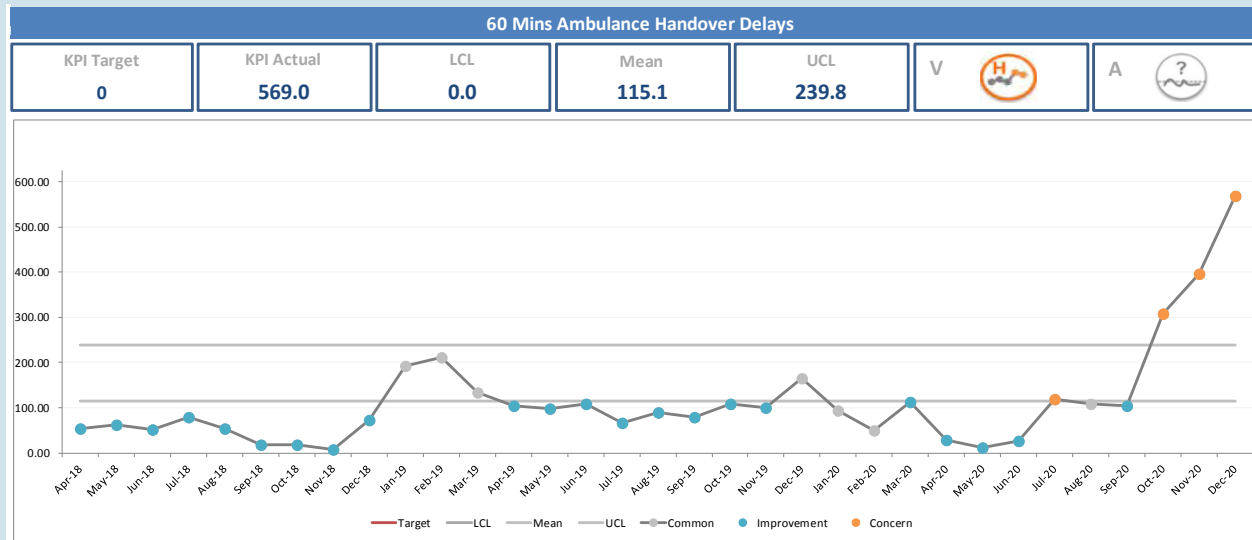
Underlying issues and risks:

- AGP capacity has increased in terms of turnover and availability and this has reduced patients on AGP waiting for a bed;
- Covid19 IPC regulation has slowed bed-flow and increased the decision making complexity. We established more refer and move capacity in Acute Medicine by +14 beds;
- Bed occupancy continues >98% will present an increased risk of 12 hour DTA breaches when combined with IPC regulation;
- There is a significant resource requirement to manage the governance around 12hr breaches and complete value adding investigations that are system linked;

Responsive: – Non Elective Insights

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

Indicator: 60mins Ambulance Handover Delays



Indicator Background:

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

What the Chart is Telling Us:

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

Actions:

- Ambulance handover is subject to CQC notice due to excessive delays and decompensation of ED pathways due to clinically significant exit-block (induced by occupancy and slow process);
- RAU process remains effective in terms of pre-arrival streaming and Fit2Sit;
- Inconsistent decompression into CDU during peak load surge. SOP formalised to establish risk mitigated corridor care;
- Additional oversight of operational team in support of clinical team. This includes a revision of FCP actions to maintain clinical assessment and treatment on ambulance platform (OPEL 4);

Outcomes:

- Hear and treat / see and treat pathways from SECAMB have improved utilisation in M8 and M9;
- Actions to monitor and respond to patient deterioration are improved and refined. This includes access by order of clinical priority;
- Excessive ambulance handover times have been supported with ICS dynamic conveyancing;
- We have increased RAU to N=8 cubicles with Covid19 pathway specification ;

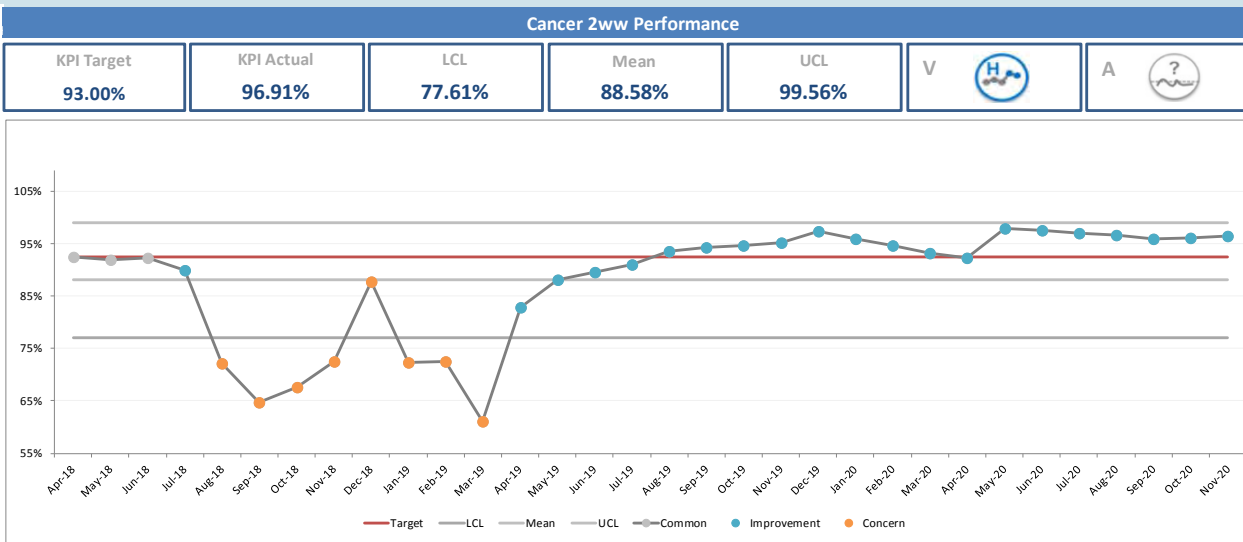
Underlying issues and risks:

- Reverse triage (FCP action) carries a risk to quality and dignity of care for type 1 patients;
- On platform clinical assessment agreed by Chief Medic and ED Consultants following escalation of concern;
- Care Group led and clinically-led solution for internal ED decompression during surge required to compliment operational oversight;
- Ambulance handover viewed as an ED risk with minimal Site operations oversight post-escalation;

Responsive: Cancer and Complaints Insights

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

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 been compliant with the operational Standard of 93% for 2 week wait first OPA for 16 consecutive months.
- The service is now more responsive to peaks in demand for OPA's and will flex capacity to accommodate peaks as they occur.
- Real time performance is shared with the Referral Booking office allowing them to take remedial action where necessary to remain compliant with the KPI.
- Weekly referral numbers and day of booking shared with each service, allowing them to flex capacity in response to demand in real time.

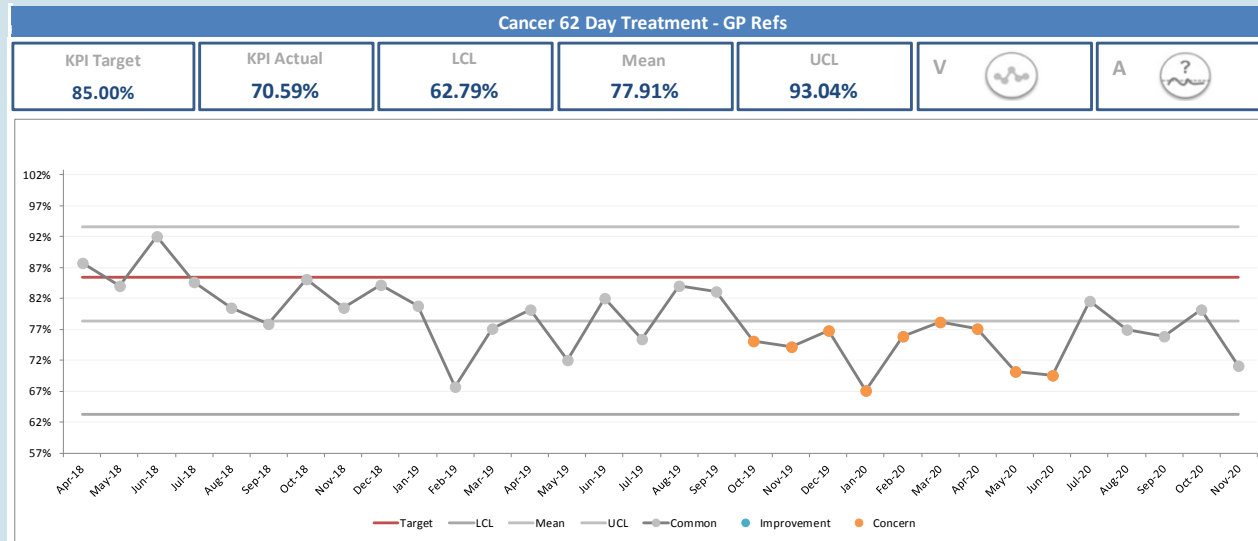
Outcomes:

- The trust is working to an internal Stretch Target of 7 Days, due to social distancing measures combined with referral numbers slowly returning to pre-COVID levels delivering on the 7 day target is difficult to adhere too however no service is booking beyond day 14
- Any service unable to facilitate 1st OPA in 14 days or less will be escalated to the Service manager and if required the General Manager for that Service.

Underlying issues and risks:

- Impact of covid wave 2
- Impact of current staffing levels from an absence and shielding point of view.

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:

- Focus will continue to be on the earlier diagnosis of these patients, if patients can get to their Diagnosis/Decision to treat by day 31 then the trust will have greater success in ensuring treatment within 62 days.
- Upper and Lower GI are the key services that require in depth support to ensure completion of pathways within the appropriate timescale.

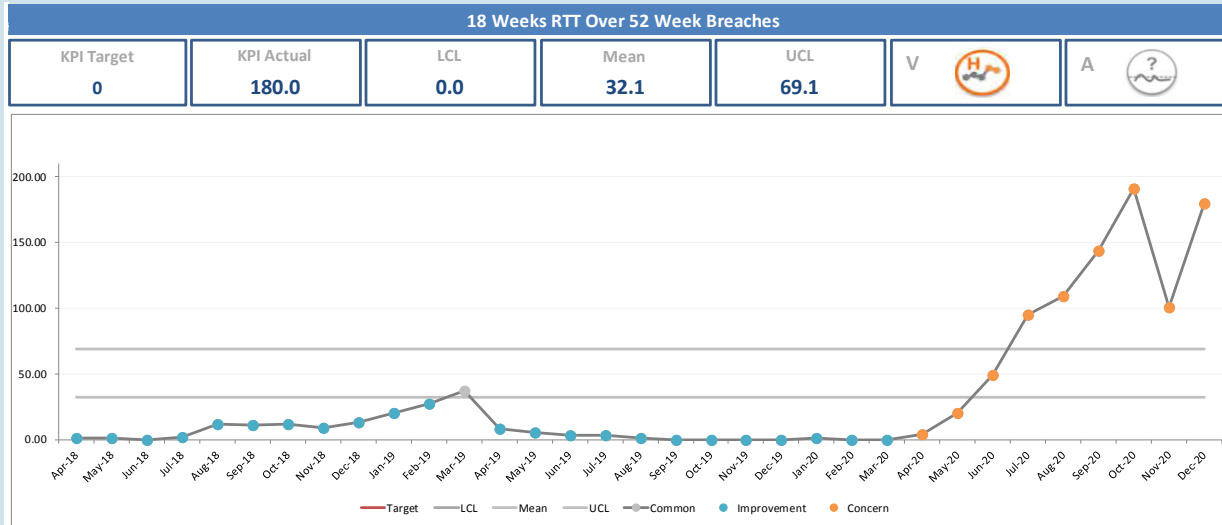
Outcomes:

- The UGI and LGI services are encouraged to work to the specifications of the National optimal timed pathways.

Underlying issues and risks:

- Impact of covid wave 2
- Impact of current staffing levels from an absence and shielding point of view.

Indicator: 18 Weeks RTT Over 52 Week Breaches



Indicator Background:

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

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a low concerning nature. Assurance indicates that the KPI is consistently failing to achieve target.

Actions:

- Restart plan is currently being worked through.
- Clinical harm reviews being completed for all patients waiting over 52 weeks.
- RTT PTL meetings are back in place to manage all long waiting patients.
- Independent sector work is still in place.
- Virtual outpatients still in place.

Outcomes:

- Trajectories will be recalculated as part of the Restart 2.0 programme
- Recovery plans have been developed to deliver the zero trajectory
- Increased 'Green Zone' Elective capacity in the Independent Sector

Underlying issues and risks:

- Impact of covid wave 2
- Impact of current staffing levels from an absence and shielding point of view.

Domain: Well Led – Dashboard

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

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variatio	Performance
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 or Treatment	Mar-20	79%	68.97%	18.62%	50.46%	82.30%		
		Appraisal % (Current Reporting Month)	Dec-20	85%	76.14%	80.58%	85.70%	90.82%		
	Workforce	Sickness Rate (Current Reporting Month, FTE%)	Dec-20	4%	4.71%	3.18%	4.10%	5.01%		
		Voluntary Turnover Rate – (Current Reporting Month) (FTE Not Headcount) (exc. Junior Drs)	Dec-20	12%	12.25%	10.88%	12.07%	13.26%		
		Contractual Staff in Post (FTE) (Current Reporting Month)	Dec-20	-	4057.41	3789.00	3889.23	3989.47		
		StatMan Compliance (Current Reporting Month)	Dec-20	85%	88.83%	63.64%	79.37%	95.09%		
		Agency Spend as % Paybill (Current Reporting Month)	Dec-20	4%	2.20%	2.05%	3.79%	5.53%		
		Bank Spend as % Paybill (Current Reporting Month)	Dec-20	9%	15.90%	8.49%	12.94%	17.39%		
		Temp Staffing Fill Rate – Nurse & Midwifery (Current Reporting Month)	Dec-20	75%	41.15%	60.80%	72.65%	84.49%		

Indicator: Financial Position

Income & Expenditure £k	In-month			YTD		
	December Plan	Actual	Variance	NHSE/ Baseline + Plan	Actual	Variance
Income	30,057	31,222	1,165	261,811	269,013	7,202
Pay	(19,332)	(19,729)	(397)	(167,082)	(171,057)	(3,975)
Total non-pay	(9,351)	(10,132)	(781)	(82,585)	(85,687)	(3,101)
Non-operating expense	(1,374)	(1,368)	5	(12,143)	(12,354)	(211)
Reported surplus/(deficit)	(0)	(8)	(8)	(0)	(85)	(85)
Donated asset deprecation	0	8	8	0	85	85
Control total	(0)	(0)	(0)	(0)	0	0

Other financial stability work streams £k	In-month			YTD			Annual
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Cost Improvement Programme	1,521	851	(670)	5,978	6,306	328	12,000
Capital	(2,157)	(1,119)	1,038	(17,955)	(13,572)	4,383	(31,833)

Indicator Background:

The Trust reports a £8k deficit position for December; after adjusting for donated asset depreciation the Trust reports breakeven in line with the revised plan control total.

What the Chart is Telling Us:

The Trust is reporting breakeven against its control total. CIP is achieving ahead of plan due to timing differences on schemes. The forecast CIP for 20/21 is £9.0m, £3.0m adverse to the £12.0m plan. Capital programme is underspent, mainly due to a delay in planned schemes, this is expected to recover.

Actions:

- Review detailed run rate within the divisions with CFO, as well as assess the forecast outturn for 20/21.
- Assess the financial impact of higher staff sickness due to Covid, as well as increased Covid activity and service reconfiguration within the services.
- CIP development and implementation of efficiencies.

Outcomes:

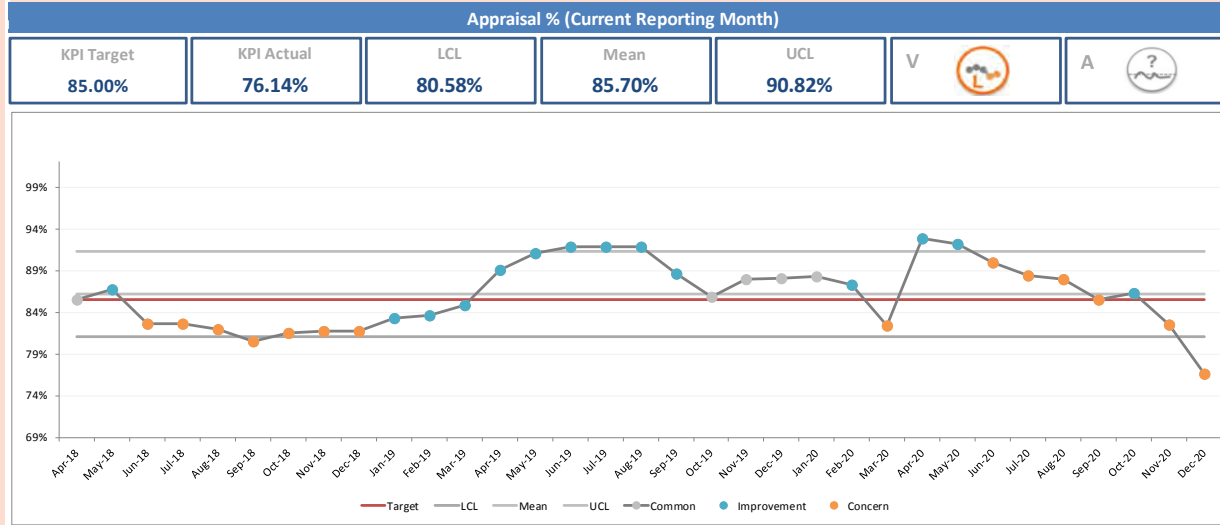
The Trust has met its control total, however this includes:

- Incremental costs associated with Covid-19 of £12.6m year to date. In month £4.1m of the £7.6m Covid funding available for Oct-Mar has been required.
- Of the Kent & Medway STP deficit for Oct-Mar, £3.7m is due the Trust's annual leave carry forward accrual.
- 20/21 forecast outturn for the Trust is breakeven excluding annual leave accrual.

Underlying issues and risks:

Following a revised plan submission, new arrangements came into force from 1 October with control of top-up, Covid and growth monies now held at STP level. Staff costs remain adverse to budget and £0.4m adverse to the Oct-Mar plan mainly due to increased Covid activity and the enhanced pay incentive scheme. CIP forecasts are £3.0m below the £12.0m plan, this is unchanged from November. Capex is behind plan and the Trust has also received significant new funding streams for additional projects.

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)
- Clarification to managers to ensure objective, performance and health and wellbeing conversations are the core elements to ensure effective appraisals are being undertaken during covid

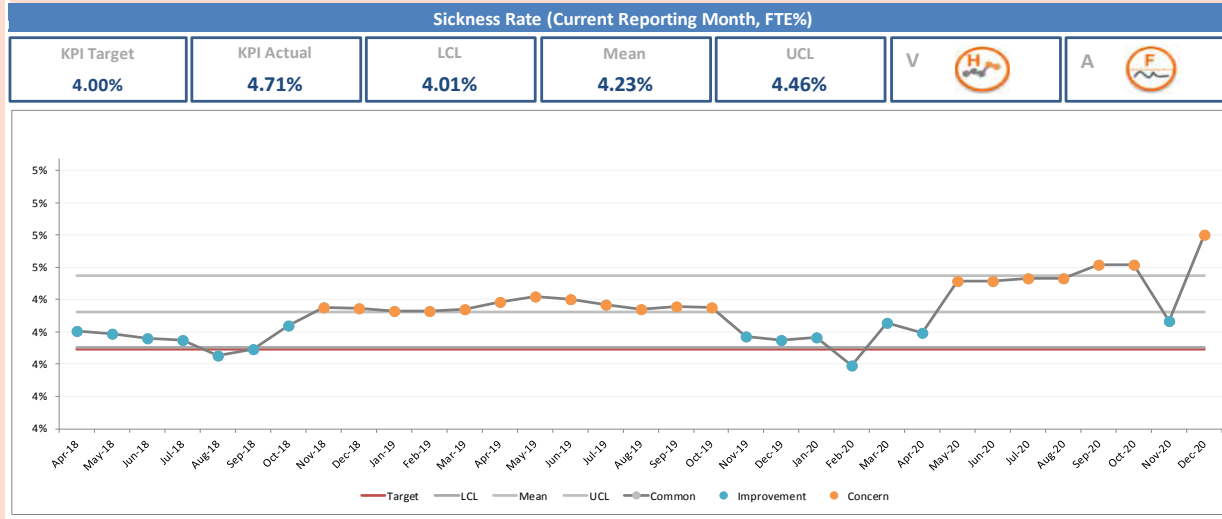
Outcomes:

3090 members of staff have an in-date appraisal with objectives and personal development plan outlined (from a total of 4058).

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.

Indicator: Sickness Rate (Current Reporting Month, FTE%)



Indicator Background:

The percentage of calendar days lost to sickness, compared to total available contractual days – based on full-time equivalent.

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:

- Monthly reporting in place;
- Draft wellbeing strategy to support employees and psychological wellbeing under consultation;
- Dedicated, aligned HR manager to support line manager with application of policy;
- Temporary application of national policy that covid-related sickness is not managed as per absence policy (temporary suspension of policy);
- MSK referral pathway implemented;
- Employee Assistance Programme (EAP) with counselling services in place with staff physio service;
- #HAY elements used to support staff through Covid.

Outcomes:

- Sickness directly due to covid-19 is accounting for 41% of all sickness in December;
- Underlying sickness reasons for flu and musculo-skeletal in line with seasonal patterns
- Underlying stress/anxiety/depression/other psychological issues remain elevated at 1-1.2% throughout the covid period (dating back to March 20) and is c.0.4% higher than normal – to be supported through links with KMPT, psychological support access and facilitation.

Underlying issues and risks:

- Highest sickness reasons continue to be stress, anxiety and psychological; followed by musculoskeletal;
- Continued COVID-19 disruption is likely to continue to negatively affect sickness rates for all areas.
- High sickness rates can negatively affect staff and patient safety, patient quality and experience and clinical skills.
- High sickness rates can be linked to higher number of incidents and negatively impacts a safety culture.

Meeting of the Board of Directors in Public

Thursday, 04 February 2021

Assurance Report from Committees

Title of Committee:	Quality Assurance Committee	Agenda Item	4.2
Committee Chair:	Tony Ullman, Chair of Committee/NED		
Date of Meeting:	Tuesday, 19 January 2021		
Lead Director:	Jane Murkin, Chief Nursing and Quality Officer		
Report Author:	Joanne Adams, Business Support Manager		

Key headlines and assurance level	
Key headlines	Assurance Level
<p>1. Quality report</p> <p>The Committee received the quality report which noted progress against further delivery of the CQC action plan with three amber actions being progressed to green noting just one red must do action relating to resuscitation training that has been delayed in its progress due to the COVID pandemic.</p> <p>The report provided an update on the unannounced CQC inspection of the emergency care pathway and ED, including the Section 31 Letter of Intent and subsequent Section 29A Warning Notice outlining four priority areas and subsequent responses by the Trust. An action plan was developed by the care group with support of the Chief Nursing and Quality Officer and was shared with external colleagues prior to submission to the CQC. The delivery against the action plan is monitored by the Quality Panel and noted the Trust weekly reporting requirements to the CQC.</p> <p>The report provided details of a never event that occurred on 31 December relating to a misplaced nasal-gastric feeding tube where the patient was fed, developed aspiration pneumonia and died. This incident is currently being investigated under the SI framework and the committee requested a report following the investigation.</p> <p>The report highlighted a spike in SI's in unplanned care relating to 12 hour breaches. The Committee were advised that the Head of Patient Safety is working with the Care Group Governance leads to undertake harm reviews and if moderate harm is identified an SI investigation will take place. The Committee were also advised that the new Associate Director Quality and Patient Safety is undertaking a review of the end to end process of incident reporting to support further improvement's relating to reporting delays .</p> <p>The Committee discussed the back log of datix and duty of candour for patients who had a hospital acquired COVID acquisition and work underway to address this.</p> <p>The Committee will receive a further update on this work at the next meeting.</p>	Amber/Green
<p>2. Progress of delivery of CQC ED action plan</p> <p>The Committee were provided with an update on progress to date on delivery of the CQC ED action plan, developed following the unannounced inspection by the CQC on 14</p>	Amber

<p>December 2020 and resulting actions taken by the Trust.</p> <p>The Committee were informed that the Trust has responded to the Section 31- possible urgent enforcement action and Section 29a – letter in intent.</p> <p>The Committee were informed on 11 January 2021 the Trust received a letter from the CQC in response to the submission on 4 January requesting weekly information returns to seek to obtain assurance on progress against the warning notice. The first submission was made on 14 January 2021.</p> <p>The Committee noted key metrics, including ambulance handover times and time taken before decision to admit; with steady reduction from the levels during the most pressured period at the start of the year.</p>	
<p>3. COVID update</p> <p>The Committee agreed that this agenda item will be covered on the NED COVID-19 call taking place this afternoon, therefore was not required for discussion at the Committee.</p>	<p>Green</p>
<p>4. Infection control progress update and IPC BAF</p> <p>The Committee received the updated Infection Prevention Control BAF and an update on actions and work being progressed to incorporate the action plan following the national team visit and the Trust's previous IPC improvement plan setting out short, medium and longer term goals that will form part of the IPC Improvement plan going forward.</p> <p>The Committee acknowledged the work undertaken to date and improvements to IPC at the Trust; and the further work required to strengthen the IPC BAF.</p> <p>The Committee requested the updated IPC BAF be presented at the March meeting.</p>	<p>Amber/Green</p>
<p>5. Quality and Patient Safety Group Highlight Report</p> <p>The Committee noted the quality and patient safety group highlight report and that a number of the quality and patient sub-groups had not met due to the consequences of COVID-19 pressures. The Resuscitation and Acute Deterioration Group and Medicines Management Group have continued to submit key issues reports to the group to ensure governance and oversight.</p> <p>The quality and patient safety group escalated the following points to the Committee</p> <ul style="list-style-type: none"> • Hospital acquired VTE – the Chair of the quality and patient safety group has requested a gap analysis be undertaken and reported back to the February meeting. • Duty of candour –An audit will be undertaken and results reported at the February meeting. • Operational pressures. 	<p>Amber/Green</p>
<p>6. CNST</p> <p>The Committee received the CNST report.</p>	<p>Green</p>
<p>7. Reclaiming the nursing landscape</p> <p>The Committee received the concluding paper with regard to the progress made in delivering the strategic priorities laid out in 'reclaiming the nursing landscape' document approved by the Board, noting the emerging nursing and midwifery strategy in the final development stage.</p> <p>Key achievements noted included leadership development of senior nursing and midwifery staff commissioned by the Chief Nursing and Quality Officer which included leadership development programmes for Matrons and Heads of Nursing/Midwifery. Both programmes have concluded with a formal positive evaluation.</p> <p>Further investment has also included the Leading for Quality and Safety Programme, supporting the development of Ward Leaders and a tailored leadership development programme for Aspiring Ward Leaders, which commenced on 1 October 2020. The Trust has also launched the Care Certificate for clinical support workers with 62 clinical support</p>	<p>Green</p>

<p>workers completing the first cohort and a further 72 staff currently undertaking the care certificate.</p> <p>The paper also provided an update on the improvements being made on nursing fundamental standards including the introduction of quality and patient safety board's being used on wards; and increasing days between hospital acquired pressure ulcers, infections and demonstrating improvements in both processes and patient outcomes. The Committee noted the Nursing Assurance framework and plans to implement a ward accreditation programme in 2021 aligned with national guidance and best practice.</p> <p>The Committee thanked the Chief Nursing and Quality Officer for the good work and the development of the strategy.</p>	
<p>8. Review of bed base and changes to improve flow</p> <p>The Committee received the review of bed base and changes to support improving patient flow which included changes to the current bed base in response to increasing demand for capacity. The changes have been introduced to improve flow, reduce handover delays and waits in ED and to ensure we can safely place patients according to their COVID status. The bed base changes included:</p> <ul style="list-style-type: none"> • G&A bed numbers have increased in response to additional demand and to compensate for blocked beds due to IPC • Repurposing Bronte and Victory Wards (Nov 2020) • Creation of short stay medical assessment unit on Ocelot • Opening of Emerald Ward (Jan 2021) • Additional AGP capacity on SAFU (Jan 2021) • Sunderland beds managed within Planned Care with some urgent surgical activity (inpatient and day case) (Jan 2021) <p>Further changes are anticipated as demand for beds continue through the pandemic.</p>	<p>Green</p>
<p>9. Review of complaints</p> <p>The Committee were informed of the Trust wide review of complaints which was commissioned by the Chief Nursing and Quality Officer in response to the Trust not meeting its KPIs for complaints management.</p> <p>The recommendations from the review included the re-introduction of a Trust wide centralised end to end complaints process, which had been successful in previous years. The centralised model is endorsed by a number of other trusts who demonstrate successful complaints management processes which use learning from complaints to identify organisational improvements. The centralised team will have overall responsibility of handling, investigating, drafting the complaint response and capturing the learning and responsibility for decision making offering a robust end to end process.</p> <p>The Committee were advised that a reconfiguration of the current complaints team and PALS team will need to take place with additional resource supplemented from the current divisional teams to support the new process for managing complaints. Training will be progressed to support staff and to deliver the refreshed system and ensure an effective system for responding to complaints within timeframes.</p> <p>The Committee asked to be kept informed of the timelines for the changes and formalisation of the central team.</p>	<p>Green</p>
<p>10. Quality IQPR</p> <p>The Committee received the Quality IQPR noting that it contained data from November 2020.</p> <p>Key points to note are</p> <ul style="list-style-type: none"> • falls position per 1,000 bed days remains below the national average 	<p>Amber/Green</p>

<ul style="list-style-type: none"> • There were no hospital acquired pressure ulcers during November. • IPC C-Diff rates are below trajectory for the year • Mixed sex accommodation breaches has increased due to the complexity of COVID and managing patient flow across the Trust, with operational teams working hard to reduce MSA breaches. • HSMR and SHMI remain favourable but there are areas that require investigation such as the impact of Covid-19 on non-COVID conditions. The Chief Medical Officer will undertake a review and present the findings at a future Committee meeting. • Elective pathways have been suspended due to COVID-19, however the Committee noted plans underway to address urgent and cancer work • Delays and poor performance on 4 hour target delivery and ambulance handover delays have slightly improved • Diagnostic metric 92% end of November as long waits had been addressed; this will be included in the re-start 2. <p>The Committee discussed a rise in C-section rate and asked for a review to be completed and presented at the next Committee meeting. The Chief Nursing & Quality Officer agreed to take the action to progress this work.</p>	
<p>11. Quality BAF</p> <p>The Committee reviewed the updated Quality BAF acknowledging that it was discussed in detail last week at the Trust Board, where there was a request to split out 5f (Covid risk) into 3 sections.</p> <p>The Committee asked for 5f risk to be quantified and will receive a further update at the next Committee meeting.</p>	Green
<p>Further Risks Identified</p> <p>There were no further risks identified.</p>	
<p>Escalations to the Board or other Committee</p> <p>The Quality Assurance Committee escalates the following matters to the Trust Board:</p> <ul style="list-style-type: none"> • Impact of operational pressures on the Trust as escalated by the quality and patient safety group, including an increase in serious incidents relating to 12 hour breaches and delays in reporting, potential impact on quality of care and patient safety. • CQC notice section 29a and report received noting assurance that the key metrics are going in the right direction relating to ambulance hand over and decision to admit times; close monitoring by the committee will continue. • Recommendations contained within the complaints review, and the decisions made. The Committee will review progress implementation going forward. 	

Meeting of the Board of Directors in Public

Thursday, 04 February 2021

Title of Report	Safe Staffing Nurse Establishment Review – Progress Update	Agenda Item	4.3
Report Author	Doug Charlton, Deputy Chief Nurse Dan West, Divisional Director of Nursing Allison Burrell, Divisional Director of Nursing		
Lead Director	Jane Murkin, Chief Nursing and Quality Officer		
Executive Summary	<p>As part of the National Quality Board (2016) requirements around the monitoring of sustainable safe staffing levels on inpatient wards, provider Trust Boards are required to receive an annual review and six monthly update on nursing establishments.</p> <p>The annual review of nursing staffing levels was presented by the Chief Nursing and Quality Officer to the Board in July 2020 with the recommendation to increase the existing nurse establishment by an additional 65.31 FTEs above the 2019/20 inpatient ward nursing establishment. The paper provided assurance to the Trust Board that nurse staffing levels on the in-patient wards at Medway Foundation Trust had been reviewed in line with the Workforce Safeguards (NHSI October 2018), which incorporate the National Quality Board (NQB) standards.</p> <p>The Trust Board approved the additional posts to ensure the Trust had sufficient resource to provide safe nurse staffing levels across its inpatient wards.</p> <p>This paper provides an update outlining the progress with recruitment to the additional posts and work undertaken to ensure safe nurse staffing across its inpatient wards.</p> <p>In responding to and managing the coronavirus pandemic / Covid – 19 a nursing and midwifery redeployment plan was implemented to support safe staffing due to high levels of absences due to the pandemic.</p>		
National Guidelines compliance:	<p>This paper conforms to National Guidelines :</p> <p>National Quality Board (2016)</p> <p>Workforce Safeguards Guidance (NHS Improvement (NHSI) 2018)</p>		
Resource Implications	<p>Based on the ward arrangements pre COVID, an additional 65.31FTE were required above the 19/20 in-patient ward nursing establishment, equating to an additional £2,083,401 (i.e. above the 2020/21 budget which is based on 2019/20 forecast outturn).</p>		
Legal Implications/Regulatory Requirements	<p>Failure to comply with validated safe staffing levels, in line with Royal College of Nursing (RCN) guidance, the National Institute of Clinical Excellence (NICE) guidelines, NHSI recommendations and Care Quality Commission Regulations, could lead to the Trust not meeting its terms of authorisation, resulting in breaches of regulations.</p>		

Quality Impact Assessment	Not applicable for this report.			
Recommendation/ Actions required	The Board is asked to: - NOTE the content of this report. - Acknowledge the impact of Covid -19 pandemic on safe staffing levels - Note the plan to undertake the annual safe staffing review post ward confirmed changes alongside reviews of other clinical areas, such as the Emergency Department.			
	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Noting <input checked="" type="checkbox"/>

1.0 Introduction

- 1.1 The purpose of this paper is to provide the Trust Board with a six-monthly update on the annual safe nurse staffing review, carried out in line with the guidance and requirements as cited by the National Quality Board, Workforce Safeguards Standards, Lord Carter: Operational productivity and performance in English NHS acute hospitals: Unwarranted variations, and the NICE approved Safer Nursing Care Tool (SNCT).
- 1.2 As such, this report focusses solely on the pre-COVID configuration of the adult in-patient ward nursing establishments as per the national requirement and provides the Board with an update of the additional posts agreed by the Board.
- 1.3 All Trust Boards have a duty to ensure that safe staffing levels are in place and that patients have a right to be cared for by appropriately qualified and experienced staff in a safe environment. These rights are enshrined within the National Health Service (NHS) Constitution and the Health and Social Care Act (2012) which make explicit the Board's corporate accountability for quality.
- 1.4 In addition, the Nursing and Midwifery Council (NMC) sets out the nursing and midwifery responsibilities relating to safe staffing is one of the standards that all healthcare providers must meet to comply with the Care Quality Commission (CQC) regulations.
- 1.5 This paper is aligned to the Trusts five strategic priorities, High Quality Care, Integrated Healthcare, Innovation, financial stability and our people. Safe staffing will positively impact on the implementation of the Trust's Quality Strategy, People Strategy, Clinical Strategy and will support the delivery of safe, effective and person centred care. It is essential as an organisation that we have a stable and talented workforce; responsive to peaks in demand and able to deliver high-quality health care.
- 1.6 A phased approach to recruitment has taken place and therefore the financial implications for this year were reduced.

2.0 Background

- 2.1 The Safer Nursing Care Tool (SNCT) is the NICE recommended tool and provides a standardised and systematic measure of nurse staffing levels at ward level, calculating adult inpatient ward staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, guide Chief Nurses in their safe staffing decisions. The

SNCT is in use across the inpatient wards of the Trust and allows nurses to take decisions on nurse staffing levels in line with patient acuity and dependency.

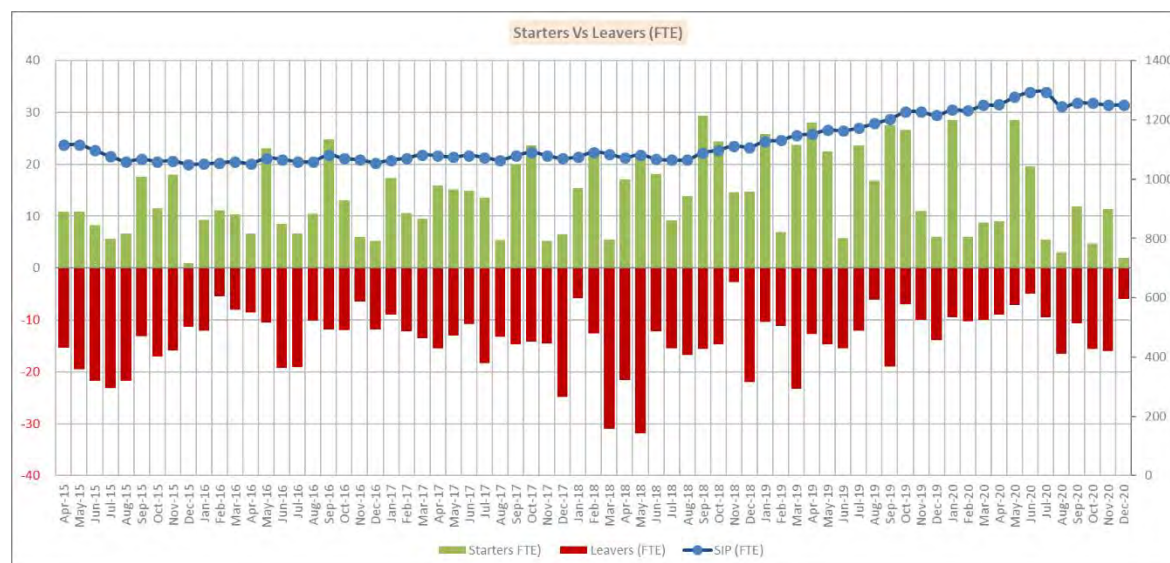
- 2.2 The SNCT acuity and dependency data collection is recorded at defined intervals throughout the 24-hour period. This allows for staff to be reallocated or additional staff to be requested to ensure that patient safety within the clinical areas is maintained according to acuity and dependency. There is a red flag process for staff to raise concerns to the senior nursing team.
- 2.3 The Board approved the uplift to the nursing establishment with an additional 65.31 FTE which were distributed across those inpatient wards to bring the existing establishments up to the appropriate safe staffing level.

3.0 Recruitment Plan

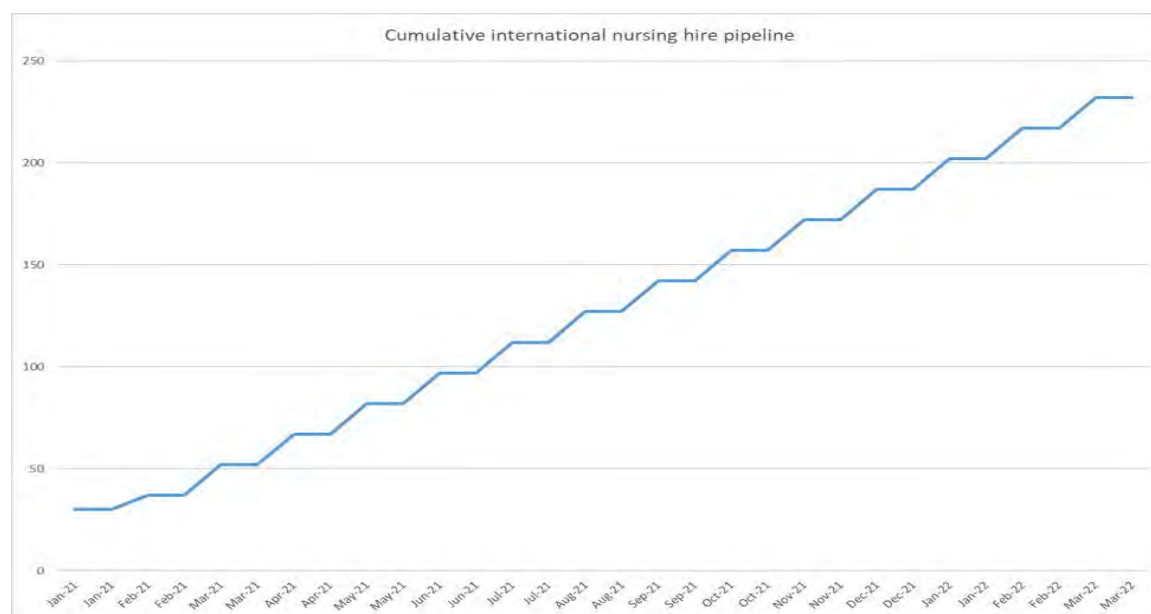
- 3.1 Nurse recruitment has been maintained throughout the year using every available opportunity to recruit nursing staff to the organisation. Local domestic recruitment yields small numbers of staff but continues to ensure a small flow of new staff to the organisation from the local universities and surrounding areas.
- 3.2 International nurse recruitment is the Trust's main vehicle to reduce our current nurse vacancies. As a result of Covid-19, from April 2020 to September 2020, the Trust temporarily ceased its international recruitment due to the closure of international and objective structured clinical examination (OSCE test centres).
- 3.3 In October the Trust resumed its international recruitment programme. There are 132 nurses from our international pipeline scheduled to commence in post over the next 16 months, arriving in cohorts of 12, every five weeks.
- 3.4 Additionally, the Trust has engaged with a framework approved provider who can supply OSCE exam ready nurses. This is an opportunity to add to our international pipeline and supplement the numbers going through our in-house OSCE programme. Accordingly, the Trust has secured additional OSCE exam slots over the coming months. It is expected the continuing pipeline of international nursing staff will ensure we have sufficient to comply with the existing safe staffing requirement for our wards and departments without the use of bank and or agency staff. Safe staffing is being maintained over the next few months using the existing methodology of redeployment of staff where necessary. As Covid recedes and more of our existing staff return this will become easier.
- 3.5 Staffing has been challenging over the last few months due to the high levels of Covid-19 related absences with mitigating actions taken to support safe staffing across the Trust.
- 3.6 On the 25 September NHSE/I wrote to the Directors of Nursing of all NHS Provider Organisations to inform them about the extensive package of funding measures that were being made available to support international nurse recruitment. This is in line with the Government's commitment to increase the nursing workforce by 50,000.
- 3.7 The funding was made available in three strands and Trusts were requested to make bids against strict criteria through Health Education England (HEE).
- 3.8 Each Trust was required to outline plans and bid against the available funding for each strand and Medway Foundation Trust was successful in achieving additional funding from all strands.
- 3.9 In late December further additional funding was made available to recruit additional International nurses who needed to be in the country by 31 April. The Trust made an additional bid against

this funding and was successful in achieving funding to recruit an additional 24 nurses and further funding to support recruitment of Health Care Support workers. The additional nurses in the recruitment pipeline are part of the total recruitment pipeline.

3.10 The table below sets out the starters and leaver position across the Trust.



3.11 The table for pipeline hires per month.



4.0 Distribution of additional Posts

- 4.1 The additional nursing posts provided to the two Divisions were distributed to the wards where it had been identified there were deficiencies in the nursing establishment from the safe staffing review, to maintain safe staffing levels against patient acuity.
- 4.2 Since the original allocation of the additional nursing staff to wards it has been necessary operationally due to Covid 19 constraints to move a number of wards. This has meant the

original ward establishments for some wards no longer fits the bed compliment or acuity level of patients. Therefore the senior nursing team has redistributed some of the ward team's staff to ensure safe staffing in accordance with patient acuity, dependency and areas of highest risk and need.

- 4.3 In March 2020 the Chief Nursing and Quality Officer initiated a Trust-wide daily Safe Staffing meeting with the purpose being to ensure that on each shift, seven days a week, there are the right number of staff with the right skills to meet the clinical needs of all patients. Where there are shortfalls in the number and the skills of nursing and midwifery staff, the responsible Ward Manager, supported by the Matron or Head of Nursing will implement immediate actions to mitigate any risks to patients' safety.
- 4.4 Nurse staffing is reviewed at least twice daily and more often if necessary in order to maintain safe appropriate levels across the inpatient wards. The safe nurse staffing level is determined by the patient acuity and dependency which is provided by each ward completing assessment on their patients and providing the data through the SaferCare Module of e-roster. The senior nursing team review all data and combine this with professional judgment to allocate and re-allocate nursing staff to ensure safe staffing levels across the wards.
- 4.5 In the first wave of the pandemic the Chief Nurse led on the development and implementation of a nursing redeployment plan, which was further revised and updated to reflect the increasing challenges associated with the resurgence of the second and third waves of this global pandemic.
- 4.6 The Nursing and midwifery redeployment plan implemented followed national and UK Critical Care Nursing Alliance recommendations relating to flexing of safe staffing ratios during the pandemic.
- 4.7 In addition to the nursing and midwifery redeployment plan a risk assessment for achieving safe nurse staffing in COVID 19 was developed, shared with the executive team and there after implemented.
- 4.8 A Super Surge (Wave 2/3) Nursing and Midwifery Safe Staffing Risk Assessment was completed in November 2020.
- 4.9 Staffing has been challenging over the last few months due to the high levels of Covid-19 related absences with mitigating actions taken to support safe staffing across the Trust.
- 4.10 Where nursing posts have not been recruited to on a permanent basis the senior nursing team review the acuity and dependency of the patients in the clinical area and request additional bank staff and where necessary agency nursing staff to provide cover.

5.0 Conclusion

- 5.1 Additional funding for appropriate nurse staffing levels was provided by the Trust Board to ensure the organisation complied with the nationally recognised safe staffing levels in accordance with the acuity and dependency of the patients on inpatient wards.
- 5.2 Maintaining safe nurse staffing levels across the inpatient wards has had additional challenges relating to the Covid pandemic has added to the existing safer nurse staffing challenge as a number of staff has not been available due to Covid-19.

- 5.3 The additional funding and allocation to the wards provided the necessary funding to employ temporary staff to ensure our wards are appropriately staffed safely.
- 5.4 Recruitment to the additional posts has remained a challenge, not helped by the closing down of the Trust international nurse recruitment pipeline over the summer in accordance with HM Government guidance. However, the international nurse recruitment pipeline is now back in operation and additional nurses have been recruited to supplement the loss during the summer period.
- 5.5 The senior nursing team continue to provide leadership and use their clinical judgment when assessing the acuity and dependency of patients which allows them to redeploy and allocate the right nursing resource to the appropriate inpatient ward areas.
- 5.6 Gaps present in our nursing and midwifery workforce have been exacerbated by increased absences due to Covid, impact of international travel restrictions on recruitment and in turn have contributed to delays in recruitment pipeline and have increased our reliance on temporary staffing to meet safe staffing requirements.
- 5.7 Due to a number of ward changes and moves during the past six months in responding to the Covid 19 pandemic the next planned safe staffing review will be progressed following confirmation of any final ward reconfiguration or changes.
- 5.8 Plans to undertake the annual safe staffing establishment review are underway and will be progressed alongside a review of safe nurse staffing within other clinical areas, including the Emergency Department, that were not included in the previous adult inpatient establishment review presented to the Trust Board in July 2020.

Meeting of the Board of Directors in Public

Thursday, 04 February 2021

Title of Report	Clinical Negligence Scheme for Trusts Maternity Incentive Scheme Assurance Report	Agenda Item	4.4
Report Author	Dot Smith, Head of Midwifery		
Lead Director	Jane Murkin, Chief Nursing and Quality Officer		
Executive Summary	<p>In December 2020 NHSR advised that the deadline for submission for the CNST MIS had been revised to 15 July 2021. This was in response to the continued pressure facing Trusts in response Covid-19. Compliance against Safety Action 2 will still be measured on December 2020 data. Further guidance is awaited from NHSR on any changes to the requirements for the remaining safety actions.</p> <p>The Trust Board requested that the Quality Assurance Committee oversee the review and evidence relating to several of the Ten Safety actions.</p> <p>The Board will maintain full accountability for the authorisation of final sign-off for CNST by the Chief Executive Officer, following a schedule of alternate month reporting to QAC as referenced in section 1.2. QAC will confirm their assurance about progress and compliance against the 10 Safety Actions. The Board will receive reports from Maternity as referenced in section 1.2 alongside the assurance report from QAC. The Board will have oversight of evidence as set out in the technical guidance.</p> <p>To enable the Board to authorise Chief Executive Officer sign-off of Trust Compliance Declaration, a full assurance report will be presented to the Board in July 2021.</p> <p>A full oversight and assurance report for Safety Actions 1, 2 and 3 was presented to QAC on 19 January 2021.</p> <p>This report will provide oversight and evidence to the Trust Board relating to the Trust Board elements of Safety Action 1, 2 and 3.</p>		
Committees or Groups at which the paper has been submitted	<ul style="list-style-type: none"> - CNST Task and Finish Group, 06 January 2021 - Planned Care Divisional Management and Governance Board, 20 January 2021 		
Resource Implications	No additional resource implications for this report.		
Legal Implications/Regulatory Requirements	CNST Premium payments Compliance against CNST Safety Standards will be reviewed as part of CQC Regulatory Framework		
Quality Impact Assessment	No Quality Impact Assessment required for this report.		
Recommendation/	The Board is required to note compliance and review evidence provided		

Actions required	against the CNST Safety Actions 1, 2 and 3.			
	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>
Appendices	Appendix 1: BRAG Analysis			

1 Executive Overview

- 1.1 This report provides assurance to the Board that the Maternity Service is progressing reviewing and compiling evidence to demonstrate compliance with the Safety Actions as part of the CNST MIS.
- 1.2 Following the 2 December 2020 meeting of the Trust Board, the Board requested detailed assurance reports to demonstrate compliance with CNST were presented to QAC for oversight and scrutiny. QAC will then provide key issue reports to the Board. To support these key issue reports, essential reporting and evidence will also be presented to the Board, in line with the NHSR technical guidance and requirements of CNST. The schedule for reporting was agreed as below:
 - 1.2.1 Safety Action 1, 2 and 3 – Full report to QAC by Maternity Services January 2021, Key issues from QAC and Essential Reporting by Maternity Services to Trust Board February 2021
 - 1.2.2 Safety Action 4, 5 and 6 – Full report to QAC by Maternity Services March 2021, Key issues from QAC and Essential Reporting by Maternity Services to Trust Board April 2021
 - 1.2.3 Safety Action 7, 8, 9 and 10 – Full report to QAC by Maternity Services May 2021, Key issues from QAC and Essential Reporting by Maternity Services to Trust Board June 2021
- 1.3 Final Assurance report by Maternity Services to the Trust Board – July 2021. This report will provide assurance that any outstanding gaps have been resolved so that the Trust Board may proceed to authorise the Chief Executive to sign the Board declaration form prior to submission to NHSR by 12 noon on 15 July 2021.
- 1.4 This report draws to the Board's attention the specific elements of Safety Action 1, 2 and 3 that require Board review and approval as per CNST guidance.
- 1.5 The detailed evidence for submission is found in the links in Appendix (1).

2 Safety Action 1: Are you using the National Perinatal Mortality Review Tool (PMRT) to review and report perinatal deaths to the required standard.

- 2.1 The Maternity Service has provided assurance to QAC that they are on track to achieve compliance with Safety Action 1. All processes are in place to ensure that the PMRT is used to review and report perinatal deaths to the required standard.
- 2.2 All cases have been reported within the required timescales and reviewed to the standard required by CNST. 1 case from October 2020 was not reported to MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) within 7 working days as required, however MBRRACE have confirmed that this will not affect the Trust's compliance with Safety Action 1. The Maternity Service has reviewed the process for reporting neonatal deaths collaboratively with the neonatal team to prevent further omissions in reporting.
- 2.3 CNST guidance requires the Trust Board to receive quarterly reports from PMRT from 1 October 2020 that include details of all deaths reviewed and consequent action plans. The detailed PMRT reports for the CNST reporting period, starting in December 2019, are linked in evidence below.
- 2.4 Details of all deaths for each quarter are detailed below:

Quarter 4: 2019/20	Number of Stillbirths	Number of Neonatal Deaths on Del Suite	Number Of Neonatal Deaths on NICU
January	3	0	1
February	0	0	1
March	3	0	1

Quarter 1: 2020/21	Number of Stillbirths	Number of Neonatal Deaths on Del Suite	Number Of Neonatal Deaths on NICU
April	2	0	1
May	0	0	0
June	2	1	0

Quarter 2: 2020/21	Number of Stillbirths	Number of Neonatal Deaths on Del Suite	Number Of Neonatal Deaths on NICU
July	0	1	1
August	0	0	1
September	3	0	1

Quarter 3: 2020/21	Number of Stillbirths	Number of Neonatal Deaths on Del Suite	Number Of Neonatal Deaths on NICU
October	0	0	1
November	1	0	1
December	2 (TBC)	1	0

- 2.5 The Maternity Service has developed an action plan from the PMRT reviews. This is linked in evidence for the Trust Board to review. This action plan is being monitored via the Still Birth Review meeting and Fetal Medicine Governance.

3 Safety Action 2: Maternity Services are submitting data to the Maternity Services Data Set (MSDS) to the required standard

- 3.1 The Maternity Services Data Set (MSDS) is a patient level data set that captures information about activity carried out by maternity services relating to a mother and baby from the point of the first booking appointment, until mother and baby are discharged from the maternity service.

- 3.2 The Maternity Service has provided an assurance report to QAC on 19 January 2021 demonstrating that they are taking the required steps to ensure data is being submitted to the required standard. To meet the requirements of Safety Action 2 the Trust must demonstrate compliance with 13 categories, 11 of which relate to data submission and are reflected in the NHS Digital Scorecard.
- 3.3 Issues in the ability to pull data from the Maternity System (EuroKing 1.7) have been identified. The Maternity Service are working with the Business Intelligence Team and the Maternity System provider to rectify these data mapping issues, and are assured that the appropriate steps have been taken to address these gaps.
- 3.4 NHS Digital produce monthly scorecards to assess the Trust's compliance with Maternity Services Data Set version 2. CNST guidance requires that these scorecards be shared with the Trust Board. The scorecards for August and September 2020 are linked in evidence in Appendix 1.
- 3.5 The scorecard for September 2020 shows a score for 7 out of the 11 required categories. The Maternity Service seeks to assure the Board that this score does not reflect the changes made to the information system and an improved score is anticipated.
- 3.6 The October 2020 scorecard has been released and shows a score of 5 out of 11. The cause of this decreased score has been identified as a technical issue from the information system provider. This was escalated to the Head of IT and to the Deputy Director of BI. Their teams are working closely with the provider to address this issue.
- 3.7 NHS Digital will judge compliance with this standard based on data for December 2020. This data is due for final submission on 28 February 2021. Following this submission the Trust Board will be required to confirm compliance with MSDSv2 Information Standards notice DCB151B and 10/2018 through the sign-off and submission of Compliance Declaration form on 15 July 2021.

4 **Safety Action 3: Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?**

- 4.1 The Maternity Service has provided an assurance report to QAC on 19 January 2021 that the Maternity and Neonatal Services have Transitional Care Services that support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme (ATAIN).
- 4.2 The report assures the Board that an action plan is in place to address local findings from ATAIN reviews and initiates focused case reviews when there are unexpected peaks in admission for key conditions, for example jaundice. These reviews then support the development of pathways and practice to prevent avoidable admissions. This action plan has been shared with the maternity, neonatal and Board level Safety Champions as required by the NHSR guidance and is linked in evidence in Appendix 1.

5 **Conclusion and Next Steps**

- 5.1 The report provides assurance and evidence to the Trust Board that the Maternity Service is on track to achieve compliance with Safety Action 1 and 3. Further evidence will be provided to assure the Board of compliance with Safety Action 2 prior to submission in July 2021.
- 5.2 Quarterly PMRT reports will be submitted to the Trust Board as an ongoing requirement of CNST.
- 5.3 A report detailing compliance with Safety Actions 4, 5 and 6 will be submitted to the QAC in March 2021, with key issues report from QAC and an essential report and evidence to the Board in April 2021.

6 Appendix 1: BRAG Analysis

Red - overdue
Amber - off track but with actions to deliver
Green - action is on track
Blue - action completed

Safety action No.	Maternity safety action	Safety action requirements Requirement	BRAG Oct 20	BRAG Nov 20	BRAG Dec 20	Further Action Required	Evidence
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	Were all perinatal deaths eligible notified to MBRRACE-UK from the 01 October 2020 onwards to MBRRACE-UK within 7 working days and the surveillance information where required completed within four months of each death?				Continue with PMRT to ensure compliance in line with May 2021 Submission.	S:\CNST\Safety Action 1\PMRT Process
		Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 20th December 2019 to Wednesday 30 September 2020 been started by 31 December 2020? This must include deaths after home births where care was provided by your Trust staff and the baby died.				Continue with PMRT to ensure compliance in line with May 2021 Submission.	S:\CNST\Safety Action 1\PMRT Reports S:\CNST\Safety Action 1\Preventing Still Birth Presentation
		Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 1st October 2020 been started within four months of each death? This must include				Continue with PMRT to ensure compliance in line with May 2021 Submission. No eligible deaths at time of reporting.	S:\CNST\Safety Action 1\PMRT Reports

Safety action No.	Maternity safety action	Safety action requirements Requirement	BRAG Oct 20	BRAG Nov 20	BRAG Dec 20	Further Action Required	Evidence
		deaths after home births where care was provided by your Trust staff and the baby died					
		Were at least 75% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Friday 20 December 2019 to Friday 31 July 2020 reviewed using the PMRT, by a multidisciplinary review team? Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool by Thursday 31 December 2020.					S:\CNST\Safety Action 1\PMRT Reports
		Were at least 40% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from 01 August 2020 to the 31 December 2020 reviewed using the PMRT, by a multidisciplinary review team. Each review must have been completed to the point that at least a PMRT draft report has been generated by the tool.				Continue with PMRT to ensure compliance in line with May 2021 Submission.	S:\CNST\Safety Action 1\PMRT Reports
		For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, were parents told that a review of their				PMRT letter has been approved at Care Group and Divisional Level and is being	S:\CNST\Safety Action 1\PMRT Letter

Safety action No.	Maternity safety action	Safety action requirements Requirement	BRAG Oct 20	BRAG Nov 20	BRAG Dec 20	Further Action Required	Evidence
		baby's death will take place? This includes any home births where care was provided by your Trust staff and the baby died.				implemented from November 2020. Prior to this, the conversation was recorded in the Maternity Records. An audit is being completed to evidence this.	
		For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, were parents' perspectives and any concerns they have about their care and that of their baby sought? This includes any home births where care was provided by your Trust staff and the baby died.				This currently documented in the hand held records and reflected in the PMRT submission, but will also be included in the letter to families as above.	S:\CNST\Safety Action 1\PMRT Reports
		If delays in completing reviews were anticipated, were parents advised of this and were they given a timetable for likely completion?				Delays in reviewing Quarter 4 cases (Jan/Feb/Mar '20) were identified due to Covid-19. Parents were informed and given a timetable for completion. These cases were reviewed at the Stillbirth Review Meeting in June 2020.	S:\CNST\Safety Action 1\PMRT Reports S:\CNST\Safety Action 1\Still Birth Review Meeting Minutes

Safety action No.	Maternity safety action	Safety action requirements Requirement	BRAG Oct 20	BRAG Nov 20	BRAG Dec 20	Further Action Required	Evidence
		Have you submitted quarterly reports to the Trust Board from 01 October 2020 onwards? This must include details of all deaths reviewed and consequent action plans.				This will be presented by the Chief Nursing and Quality Officer to be approved February 2021 Trust Board and quarterly thereafter.	S:\CNST\Safety Action 1\PMRT Reports \\mmhnasv03\Shared\CNST\Safety Action 1\PMRT Action Plan
		Were the quarterly reports discussed with the Trust maternity safety champion from 01 October 2020 onwards?				The report has been shared at Women's and Children's Care Group Board Meeting where there Maternity Safety Champion attends. This will return quarterly to this meeting for review.	S:\CNST\Safety Action 1\Women's and Children's Care Group Board Meeting
2	Are you submitting data to the Maternity Services Data Set to the required standard	NHS Digital will issue a monthly scorecard to data submitters (Trusts). Was this presented to your Trust Board?	T			Monthly Score card linked as Evidence. Gaps identified in data submission for August and September 2020. Work ongoing to address gaps, Wellbeing has confirmed that the relevant data will be available for in time for submission.	\\mmhnasv03\Shared\CNST\Safety Action 2\NHS Digital Scorecards

Safety action No.	Maternity safety action	Safety action requirements Requirement	BRAG Oct 20	BRAG Nov 20	BRAG Dec 20	Further Action Required	Evidence
		Criteria 1-2 and 4-13 will be assessed by NHS Digital and included in the scorecard. Was your Trust compliant with all 13 criteria in the December 2020's submission?				<p>Digital Midwife to seek written confirmation from Wellbeing around data submission from the backend for criteria 5-13.</p> <p>An assurance table is submitted at the end of each month to highlight any gaps/risks to ensure on track submitted as part of Programme Management Board submission.</p>	\\mmhnav03\Shared\CNST\Safety Action 2\NHS Digital Scorecards
		Has the Trust Board confirmed that they have fully conformed with the MSDSv2 Information Standards Notice, DCB1513 and 10/2018, which was expected for April 2019 data, by Sunday 28 February 2021, or that a locally funded plan is in place to do this, and agreed with the maternity safety champion and the LMS?				<p>The Maternity Service has conformed to the MSDSv2 Information Standards Notice DCB1513 and 10/2018. Gaps in data have been identified and actions are in place to ensure full compliance with submission.</p>	S:\CNST\Safety Action 2\2019.03.06 EuroKing MSDS 2 Clinical Mapping Update 060319.xlsx \\mmhnav03\Shared\CNST\Safety Action 2\NHS Digital Scorecards
3	Can you demonstrate that you have transitional	Has the pathway of care into transitional care been jointly approved by maternity and					S:\CNST\Safety Action 3\Transitional Care Guidelines

Safety action No.	Maternity safety action	Safety action requirements Requirement	BRAG Oct 20	BRAG Nov 20	BRAG Dec 20	Further Action Required	Evidence
	care services to support the Avoiding Term Admissions Into Neonatal units Programme?	neonatal teams with neonatal involvement in decision making and planning care for all babies in transitional care since Friday 31 January 2020?					S:\CNST\Safety Action 3\Maternity Assisted Care S:\CNST\Safety Action 3\TC & MAC Rotas S:\CNST\Safety Action 3\ATAIN Dashboards
		Has the pathway of care into transitional care been fully implemented and has been audited monthly from 1st February 2020? Pause on audits are acceptable between Sunday 01 March 2020 and Monday 31 August 2020.					S:\CNST\Safety Action 3\ATAIN Monthly Audits
		Have the above audit findings been shared with the neonatal safety champion?					S:\CNST\Safety Action 3\TC MAC MDT Meeting Minutes
		Has a data recording process for capturing transitional care activity (regardless of place - which could be a Transitional Care (TC), postnatal ward, virtual outreach pathway etc.) been embedded?					S:\CNST\Safety Action 3\Data Recording
		Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 have been shared,					S:\CNST\Safety Action 3\Neonatal Submission Analysis

Safety action No.	Maternity safety action	Safety action requirements Requirement	BRAG Oct 20	BRAG Nov 20	BRAG Dec 20	Further Action Required	Evidence
		on request, with the Operational Delivery Network (ODN) and commissioner to inform a future regional approach to developing TC. Has this been completed?					
		<p>*Has a review of term admissions to the neonatal unit and to TC during the COVID period (Sunday 01 March 2020 – Monday 31 August 2020) been undertaken to identify the impact of:</p> <ul style="list-style-type: none"> • closures or reduced capacity of TC • changes to parental access • staff redeployment • changes to postnatal visits leading to an increase in admissions including those for jaundice, weight loss and poor feeding 				Review has been completed did not identify an increase in admissions nor any adverse outcomes as a result of Covid-19 changes.	S:\CNST\Safety Action 3\Covid-19
		Has progress with the revised ATAIN action plan been discussed and shared with the neonatal, maternity and Board level champions?				Dr Ghada Ramadan, Speciality Lead Neonatal Services (neonatal safety champion) presenting at Trust Board in December 2020. Discussed at Safety Champion	\\mmhnasv03\Shared\CNST\Safety Action 3\ATAIN Action Plan

Safety action No.	Maternity safety action	Safety action requirements Requirement	BRAG Oct 20	BRAG Nov 20	BRAG Dec 20	Further Action Required	Evidence
						Meeting in December 2020 and to remain a standing agenda item.	

Meeting of the Board of Directors in Public

Thursday, 04 February 2021

Title of Report	COSHH Update	Agenda Item	4.5
Report Author	Gary Lupton, Director of Estates and Facilities		
Lead Director	Gary Lupton, Director of Estates and Facilities		
Executive Summary	This report, aims to ensure the Chief Executive and the Board, are aware of the progress in meeting compliance for COSHH.		
Committees or Groups at which the paper has been submitted	Executive group updated at every fortnightly meeting		
Resource Implications	N/A		
Legal Implications/Regulatory Requirements	<p>Trust's compliance with current legislation and the requirements of the Health and Safety Executive (HSE).</p> <p>A breach of the Act could give rise to prosecution, financial implications, civil claims and reputational damage.</p>		
Quality Impact Assessment	A quality impact assessment has not been undertaken.		
Recommendation/ Actions required	The Board is asked to note and be assured of the contents of this report.		
	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>
			Noting <input checked="" type="checkbox"/>
Appendices	N/A		

1 Executive Overview

- 1.1 The following progress in respect of COSHH are outlined below:
- a) H&S led monthly audit results
 - b) COSHH training

2 Progress

- 2.1 In respect of the monthly audits, whilst access to some wards was limited for the December audit we have seen a sustained compliance level of 89% (89% Nov), audits confirm that the interventions on sink pumps and door controls continue to contribute to the overall improvement in scores. COSHH training compliance as per below, shows ongoing progress as of 29 December 2020:

Target	95.00%
Organisation	60%
<i>Corporate</i>	<i>70%</i>
<i>E&F</i>	<i>87%</i>
<i>Planned</i>	<i>52%</i>
<i>Unplanned</i>	<i>57%</i>

3 Next Steps

- 3.1 The Quality panel Chaired by the Chief Nursing and Quality Officer reviewed the progress of COSHH and Louise Thatcher (Head of Quality Assurance, Regulation and Compliance) contributed that she felt a significant level of improvement had been achieved and supported the action moving from amber to green.
- 3.2 Ongoing monitoring of compliance subject to access to areas, for a couple more months should enable the rating to move from Green to Blue.
- 3.3 The H&S team will ensure Compliance to the required standards of COSHH will be monitored through the regular ongoing ward based H&S audits post the action moving to blue. In the meantime monthly audits will be completed and overseen by the central H&S team.

4 Recommendations

- 4.1 The Board are asked to note the progress made and assurance that ongoing monitoring will be maintained.

Meeting of the Trust Board in Public

Thursday, 04 February 2021

Title of Report	Emergency Preparedness, Resilience and Response Annual Report	Agenda Item	5.1
Lead Director	Harvey McEnroe - Accountable Emergency Officer		
Report Author	Steve Arrowsmith, Head of Emergency Preparedness, Resilience and Response		
Executive Summary	Under the NHSE EPRR Framework, there is a requirement as a minimum of yearly to report to board on the EPRR activities within the Trust.		
Committees or Groups at which the paper has been submitted	None		
Resource Implications	None		
Legal Implications/ Regulatory Requirements	None		
Quality Impact Assessment	None		
Recommendation/ Actions required	The Board are asked to APPROVE the EPRR update.		
	Approval <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>
Appendices	None		

1 Executive Overview

- 1.1 The Chief Executive ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board/Governing Body, no less frequently than annually. Below is a summary of the Training, Exercising and Incidents from the previous year's programme.
- 1.2 The group are asked to note that due to the Pandemic the majority of the programme has been cancelled and training has been focussed towards preparing for and supporting the Pandemic Response.
- 1.3 A deep dive into the organisation's EPRR arrangements was not carried out as part of the 2020 annual assurance process, the CCG instead focussed on gaining assurance that Pandemic Wave-2 and EU Transition preparation was in place.

2 Training and exercises undertaken by the organisation

- 2.1 **Induction Training and Initial Operational Response** – 254 staff since being added to the induction programme in September have been introduced to Emergency Planning, Command Structures, JESIP Principles and also what to do if faced with someone that has been exposed to a Chemical, Biological, Radiological or Nuclear (CBRN) explosion known as the Initial Operational Response.

Loggist Training – The Trust currently has 20 appropriately trained Incident Loggists, trained over the last six months available to assist Incident Commanders with the majority being utilised during the Covid-19 response.

Commander Training – All current Senior Managers and Directors on Call are appropriately trained to manage incidents, learning external incident escalation, Emergency Threats, appropriate emergency terminology, and facilities available to assist during an event.

- 2.2 There has been limited opportunity for exercising during the Covid-19 Pandemic with the majority of the annual exercise programme being cancelled.

October 2019 **Exercise Banner** – CBRN Exercise

October 2019 **Exercise Pancake Bunny** – Full Capacity Protocol Exercise

March 2020 **Exercise Blue Circle** – Multiagency Mass Casualty Exercise – CANCELLED

May 2020 **Exercise Dory** – Communications cascade exercise

August 2020 **Exercise Loki** – Infant Abduction Table top Exercise – CANCELLED

August 2020 **Exercise Dory 2** – Communications exercise

September 2020 **Exercise Ultron** – IT Failure – CANCELLED (Due to real IT incident)

3 INCIDENTS

- 3.1 During the last 12 months, working around the Global Pandemic, there have been various situations that have required the standing up of incident response, with many standing down with little or no action, However episodes to date have included;

December 2019 Critical Incident declared – Surge Event

March 2020 – Present National Major Incident - Pandemic

April 2020 Major incident Standby – RTC Medway Tunnel

April 2020 Mass Casualty incident Standby – Dockside Tower Shooting

June – August 2020 Various – Heatwave

August 2020 IT Network Outage

August 2020 Storm Francis

September 2020 Hoo Factory Explosion

October 2020 Deceased CBRN Patient

October 2020 Pandemic Second Wave

4. NHS England EPRR assurance process

- 4.1 The Assurance process did not go ahead in its regular format for 2020, instead assurance was sought by the CCG that the Trust had debriefed from the first Wave of Covid-19 and that measures had been put in place to better prepare for a second wave, which was given and accepted by the CCG in August 2020.

Meeting of the Board of Directors in Public

Thursday, 04 February 2021

Title of Report	Finance Report			Agenda Item	6.1
Report Author	Alan Davies, Chief Finance Officer Paul Kimber, Deputy Chief Finance Officer Isla Fraser, Financial Controller Matthew Chapman, Head of Financial Management Cleo Chella, Associate Director of Income and Contracting				
Lead Director	Alan Davies, Chief Finance Officer				
Executive Summary	The Trust reports a deficit of £8k in month and £85k year to date, which adjusts to breakeven against the NHSE/I control total. New arrangements came into force from 1 October 2020 for the second half of the year, with control of top-up, Covid and growth monies now held at STP level.				
Due Diligence	To give the Trust Board assurance, please complete the following:				
Committee Approval:	Name of Committee: Finance Committee Date of approval: Tuesday, 22 December 2020				
Executive Group Approval:	Date of Approval: N/A				
National Guidelines compliance:	Does the paper conform to National Guidelines (please state): Yes				
Resource Implications	None.				
Legal Implications/Regulatory Requirements	The Trust has met its regulatory control total.				
Quality Impact Assessment	N/A				
Recommendation/ Actions required	The Board is asked to NOTE this report.				
	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	
Appendices	Finance Report				

Finance Report

For the period ending 31 December 2020

Contents

1. Executive summary
2. Income and expenditure
3. Forecast
4. CIP
5. Balance sheet summary
6. Capital
7. Cash
8. Risks
9. Conclusions

1. Executive summary

£'000	Budget	Actual	Var.			
Trust surplus/(deficit)						
In-month (NHSE/I)	-	-	-	The Trust reports a £8 k deficit position for December; after adjusting for donated asset depreciation the Trust reports breakeven in line with the NHSE/I control total. In-month due to higher incremental Covid costs, £0.3m of the agreed Covid income has been brought forward to fund the increase. The forecast outturn position remains at breakeven after being updated using the December position.	£'m	
YTD (NHSE/I*)	-	-	-		Covid spend	2.5
In-month (budget)	8,313	(8)	(8,321)		Base overspend	0.0
YTD (budget)	(2,011)	(85)	1,926		Covid Income	(2.5)
Forecast	-	-	-		Non-recurrent adjustments	0.0
* Months 1-6 are per the NHSE/I baseline which reported breakeven budget and actual. Months 7-12 are per the October plan.				Reported against control total	0.0	
CIP						
In-month	1,521	851	(670)	Schemes delivered so far in the year mainly relate to the full year effect of schemes from 19/20, efficient use of theatres, reduced orthopaedic insourcing, as well procurement and pharmacy savings from nationally agreed prices. Year to date performance reports an over achievement against plan due to timing differences of schemes delivered. The forecast position of actual delivery has been updated with the scheme owners identifying £9.0m of the £12m plan; this is the same as the November.		
YTD	5,978	6,306	328			
Forecast	12,000	8,955	(3,045)			
Capital						
In-month	2,157	1,119	(996)	The 2020/21 capital plan includes £24.4m STP capital allocation plus additional business cases and COVID. The Trust has agreed with the STP to underspend against plan by £1.3m so monies can be reallocated to priority schemes in other Trusts which have not received CIF funding. Additional PDC funding of £2.128m has been agreed by NHSI since month 8. Increasing Capital Resource Limit from £29.705m to £31.833m There is a risk of £3.1m with the additional funds: Low financial risk/moderate operational risk: UTC business case (£1.1m) cannot be granted final approval until the Trust submits an NHSI compliant business case. The work will not commence until funding has been granted; Medium financial risk/no operational risk: Due to a shortfall in national funds. The Trusts' bid for Covid capital funding (£1,967k) is a significant risk. NHSE/I are nationally reviewing all bids, the STP has indicated a potential shortfall of £40k but this has not yet been agreed.		
YTD	17,955	13,572	(4,477)			
Forecast	31,833	30,533	(1,300)			

1. Executive summary (continued)

£'000	Budget	Actual	Var.	
Cash				
Month end	35,577	59,257	23,680	The favourable variance this month relates to additional income received in advance of contract, a timing variance on PDC dividend payments, capital expenditure slippage and fluctuations in working balances.
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 £154.5m, this being £31.9m adverse to the draft budget. In month performance excluding high cost drugs is £15.6m compared to a M1 to M7 average of £17.3m, lower by £1.7m.
Pay costs are higher than expected				Total pay costs have increased in month by £0.8m to £19.7m. The rise in cost is driven by the higher level of Covid activity; this has necessitated the need for additional shifts to cover more sickness and self-isolating staff, and the higher acuity of patients. In month the Trust implemented the incentive pay scheme over the Christmas period offering enhanced rates to bank staff working during this time, the cost of this was £0.4m. Although the Covid related costs increased, there was a £0.4m reduction in temporary staff across the divisions as the activity changed to focus on Covid. The position is adverse to budget by £1.9m, of this £1.7m 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; in the summary table above this is offset by year to date non-pay underspending.

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

£'000	In-month			Year-to-date*		
	Baseline	Actual	Var.	Baseline	Actual	Var.
Clinical income	26,973	27,837	864	202,912	201,079	(1,833)
High cost drugs	1,613	1,727	114	16,092	16,836	743
Other income	1,471	1,663	193	16,304	14,891	(1,413)
Top-up income	-	(6)	(6)	26,502	26,517	15
True-up income	-	--	-	-	9,690	9,690
Total income	30,057	31,222	1,165	261,811	269,013	7,202
Nursing	(7,855)	(7,747)	108	(58,984)	(67,722)	(8,738)
Medical	(6,221)	(6,492)	(271)	(52,464)	(55,771)	(3,306)
Other	(5,256)	(5,490)	(234)	(55,634)	(47,565)	8,069
Total pay	(19,332)	(19,729)	(397)	(167,082)	(171,058)	(3,975)
Clinical supplies	(3,399)	(3,636)	(238)	(32,830)	(32,552)	278
Drugs	(553)	(1,239)	(686)	(5,865)	(5,296)	569
High cost drugs	(1,613)	(1,709)	(96)	(16,392)	(16,861)	(469)
Other	(3,786)	(3,547)	239	(27,498)	(30,976)	(3,477)
Total non-pay	(9,351)	(10,132)	(781)	(82,585)	(85,686)	(3,100)
EBITDA	1,374	1,360	(14)	12,143	12,269	125
Depreciation	(829)	(827)	2	(7,493)	(7,449)	44
Net finance income/(cost)	(2)	1	4	228	(23)	(251)
PDC dividend	(542)	(543)	(1)	(4,878)	(4,883)	(5)
Non-operating exp.	(1,374)	(1,368)	5	(12,143)	(12,354)	(211)
Reported surplus/(deficit)	-	(8)	(8)	-	(85)	(85)
Adj. to control total	-	8	8	-	85	85
Control total	-	-	-	-	-	-

* Months 1-6 are per the NHSE/I baseline which reported breakeven budget and actual. Months 7-12 are per the October plan.

Key messages:

1. NHSE/I baseline budgets covering months 1-6 are calculated centrally and are based on average financial performance for defined periods during 2019/20, uplifted for inflation or known pressures where applicable. For months 7-12 the plan has been forecast and agreed with the STP for funding.
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 months 1-6 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 £2.5m in-month; £1.7m of this is reported in pay and £0.8m in non-pay (£7.8m and £4.8m YTD respectively). Excluding the impact of Covid, the pay and non-pay variances would improve in month by these amounts. The favourable income variance would reduce by £1.1m as additional income was required to cover higher costs.

2. Income and expenditure (reporting against draft budget)

£'000	In-month			Year-to-date		
	Budget	Actual	Var.	Budget	Actual	Var.
Clinical income	21,056	27,837	6,781	188,733	201,079	12,346
High cost drugs	1,949	1,727	(222)	17,467	16,836	(631)
Other income	2,190	1,663	(526)	19,129	14,892	(4,237)
FRF/MRET	12,607	(6)	(12,613)	42,435	36,207	(6,228)
Total income	37,802	31,222	(6,580)	267,764	269,013	1,249
Nursing	(7,470)	(7,747)	(277)	(66,484)	(67,722)	(1,238)
Medical	(5,586)	(6,492)	(906)	(50,227)	(55,771)	(5,543)
Other	(4,760)	(5,490)	(731)	(45,590)	(47,565)	(1,975)
Total pay	(17,816)	(19,729)	(1,913)	(162,301)	(171,057)	(8,756)
Clinical supplies	(3,839)	(3,636)	203	(34,410)	(32,553)	1,858
Drugs	(678)	(1,239)	(561)	(6,076)	(5,296)	780
High cost drugs	(1,972)	(1,709)	263	(17,677)	(16,861)	816
Other	(3,644)	(3,547)	97	(35,451)	(30,977)	4,474
Total non-pay	(10,133)	(10,132)	1	(93,614)	(85,687)	7,927
EBITDA	9,853	1,360	(8,492)	11,849	12,269	420
Depreciation	(958)	(827)	131	(8,624)	(7,449)	1,175
Net finance income/(cost)	(39)	1	41	(354)	(22)	331
PDC dividend	(543)	(543)	-	(4,883)	(4,883)	-
Non-operating exp.	(1,540)	(1,368)	172	(13,860)	(12,354)	1,506
Reported surplus/(deficit)	8,313	(8)	(8,321)	(2,011)	(85)	1,926

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. If income had been earned on a cost and volume basis (based on consultation tariff), excluding HCD the Trust would have reported clinical income of £15.6m in month; this is £1.7m lower than the monthly average for the first 8 months and 25% underperformance to plan in month.
3. Total expenditure includes the incremental cost of Covid, this being £2.5m in month and £12.6m year to date.
4. Excluding Covid costs, expenditure budgets are £0.6m underspent in month. This is held centrally in reserves that were included in the draft plan submission in March.

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

£'000	In-month								
	Income			Expenditure			Contribution		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
UIC									
Diagnostics & Clinical Support	1,614	1,421	(193)	(4,355)	(4,556)	(201)	(2,741)	(3,135)	(394)
Specialist Medicine	147	150	3	(1,921)	(2,050)	(130)	(1,774)	(1,901)	(127)
Therapies & Older Persons	5	0	(4)	(1,425)	(1,347)	79	(1,420)	(1,346)	74
Unplanned & Integrated Care	52	20	(32)	(1,154)	(980)	174	(1,102)	(960)	142
Urgent & Emergency Care	43	30	(13)	(2,275)	(2,331)	(56)	(2,232)	(2,301)	(69)
Sub-total	1,861	1,622	(239)	(11,130)	(11,264)	(134)	(9,269)	(9,642)	(373)
Planned care									
Cancer Services	408	534	126	(886)	(937)	(51)	(479)	(404)	75
Critical Care & Perioperative	43	46	3	(3,069)	(2,891)	178	(3,026)	(2,845)	180
Planned Care Infrastructure	-	-	-	(147)	(185)	(38)	(147)	(185)	(38)
Surgical Services	100	119	19	(2,770)	(2,719)	51	(2,670)	(2,601)	70
Women & Children	111	32	(79)	(3,257)	(3,139)	118	(3,146)	(3,107)	39
Sub-total	661	730	69	(10,129)	(9,872)	256	(9,468)	(9,142)	325
Corporate									
Communications	2	2	-	(40)	(36)	4	(39)	(34)	4
Finance	1	1	0	(214)	(215)	(1)	(213)	(214)	(1)
HR & OD	109	125	17	(362)	(389)	(27)	(253)	(263)	(10)
IT	2	2	-	(411)	(419)	(8)	(410)	(418)	(8)
Medical Director	849	860	11	(478)	(494)	(16)	370	366	(5)
Medway Innovation Institute	-	-	-	-	(1)	(1)	-	(1)	(1)
Nursing	-	3	3	(342)	(295)	48	(342)	(292)	50
Strategy, Governance & Perform	-	-	-	(239)	(248)	(9)	(239)	(248)	(9)
Transformation	-	-	-	(84)	(49)	35	(84)	(49)	35
Trust Executive & Board	-	-	-	(273)	(251)	21	(273)	(251)	21
Sub-total	962	993	31	(2,444)	(2,397)	47	(1,482)	(1,405)	77
E&F									
E&F	274	241	(33)	(2,074)	(2,357)	(283)	(1,800)	(2,116)	(316)
Central									
Central	26,299	27,636	1,337	(4,280)	(5,340)	(1,060)	22,019	22,296	278
TOTAL	30,057	31,222	1,165	(30,057)	(31,230)	(1,173)	-	(8)	(8)
Donated Asset Adjustment			-		8	8	-	8	8
Control total	30,057	31,222	1,165	(30,057)	(31,222)	(1,165)	-	-	-

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									YTD contribution variance	
	Income			Expenditure			Contribution			M1-6	M7-12
	B.line	Actual	Var.	B.line	Actual	Var.	B.line	Actual	Var.		
UIC											
Diagnostics & Clinical Support	14,311	15,000	689	(38,650)	(38,827)	(177)	(24,339)	(23,827)	512	(298)	810
Specialist Medicine	2,218	1,307	(912)	(19,326)	(18,184)	1,142	(17,108)	(16,877)	231	967	(736)
Therapies & Older Persons	33	49	16	(13,053)	(12,839)	214	(13,019)	(12,790)	230	326	(96)
Unplanned & Integrated Care	828	391	(437)	(10,190)	(9,196)	993	(9,362)	(8,806)	556	111	445
Urgent & Emergency Care	575	367	(207)	(20,197)	(20,040)	157	(19,622)	(19,673)	(51)	100	(151)
Sub-total	17,965	17,114	(852)	(101,416)	(99,087)	2,329	(83,450)	(81,973)	1,478	1,205	272
Planned care											
Cancer Services	3,341	3,723	382	(7,680)	(7,974)	(294)	(4,339)	(4,250)	89	94	(5)
Critical Care & Perioperative	1,107	-	(1,107)	(28,146)	(1,716)	26,430	(27,039)	(1,716)	25,323	16,961	8,362
Planned Care Infrastructure	338	816	478	(19,002)	(24,962)	(5,960)	(18,664)	(24,146)	(5,482)	2,463	(7,946)
Surgical Services	299	403	105	(9,569)	(26,830)	(17,261)	(9,271)	(26,427)	(17,156)	(16,011)	(1,145)
Women & Children	741	602	(139)	(27,950)	(29,013)	(1,063)	(27,209)	(28,412)	(1,203)	(1,045)	(157)
Sub-total	5,826	5,544	(281)	(92,347)	(90,495)	1,852	(86,521)	(84,951)	1,570	2,461	(891)
Corporate											
Communications	5	16	11	(347)	(375)	(29)	(342)	(360)	(18)	(26)	8
Finance	29	21	(8)	(2,367)	(2,232)	135	(2,338)	(2,211)	126	185	(59)
HR & OD	1,119	1,096	(24)	(3,416)	(3,330)	86	(2,297)	(2,234)	63	70	(8)
IT	5	36	30	(3,102)	(3,268)	(166)	(3,097)	(3,233)	(136)	(171)	35
Medical Director	7,331	7,556	225	(4,145)	(3,984)	161	3,186	3,572	386	178	208
Medway Innovation Institute	-	-	-	-	(6)	(6)	-	(6)	(6)	-	(6)
Nursing	-	7	7	(2,918)	(3,169)	(251)	(2,918)	(3,162)	(244)	(92)	(152)
Strategy, Governance & Perform	-	-	-	(1,264)	(2,246)	(982)	(1,264)	(2,246)	(982)	31	(1,013)
Transformation	-	-	-	(501)	(630)	(129)	(501)	(630)	(129)	(244)	115
Trust Executive & Board	-	-	-	(2,442)	(2,466)	(24)	(2,442)	(2,466)	(24)	(10)	(14)
Sub-total	8,490	8,730	241	(20,501)	(21,706)	(1,206)	(12,011)	(12,976)	(965)	(80)	(886)
E&F											
E&F	3,461	2,217	(1,244)	(17,759)	(18,189)	(430)	(14,298)	(15,972)	(1,674)	(1,516)	(158)
Central											
Central	226,069	235,408	9,339	(29,788)	(39,621)	(9,833)	196,281	195,787	(494)	(2,132)	1,638
TOTAL	261,811	269,013	7,202	(261,811)	(269,098)	(7,287)	-	(85)	(85)	(60)	(25)
Donated Asset Adjustment	-	-	-	-	85	85	-	85	85	60	25
Control total	261,811	269,013	7,202	(261,811)	(269,013)	(7,202)	-	-	-	-	-

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	3,109	1,421	(1,687)	(4,443)	(4,556)	(113)	(1,334)	(3,135)	(1,800)
Specialist Medicine	2,562	150	(2,413)	(2,166)	(2,050)	116	396	(1,901)	(2,297)
Therapies & Older Persons	798	0	(797)	(1,500)	(1,347)	153	(702)	(1,346)	(644)
Unplanned & Integrated Care	104	20	(84)	(912)	(980)	(67)	(809)	(960)	(151)
Urgent & Emergency Care	4,795	30	(4,764)	(2,185)	(2,331)	(146)	2,610	(2,301)	(4,910)
Sub-total	11,368	1,622	(9,746)	(11,207)	(11,264)	(57)	161	(9,642)	(9,803)
Planned care									
Cancer Services	745	534	(212)	(870)	(937)	(68)	(124)	(404)	(279)
Critical Care & Perioperative	1,077	46	(1,031)	(3,039)	(2,891)	148	(1,963)	(2,845)	(883)
Planned Care Infrastructure	150	-	(150)	106	(185)	(291)	256	(185)	(441)
Surgical Services	5,470	119	(5,352)	(2,917)	(2,719)	198	2,553	(2,601)	(5,154)
Women & Children	5,138	32	(5,106)	(3,199)	(3,139)	60	1,939	(3,107)	(5,046)
Sub-total	12,581	730	(11,851)	(9,920)	(9,872)	47	2,661	(9,142)	(11,803)
Corporate									
Communications	2	2	-	(37)	(36)	1	(36)	(34)	1
Finance	-	1	1	(234)	(215)	18	(234)	(214)	20
HR & OD	148	125	(23)	(398)	(389)	10	(250)	(263)	(13)
IT	-	2	2	(352)	(419)	(67)	(352)	(418)	(65)
Medical Director	827	860	33	(462)	(494)	(33)	366	366	0
Medway Innovation Institute	-	-	-	(1)	(1)	0	(1)	(1)	0
Nursing	0	3	2	(349)	(295)	55	(349)	(292)	57
Strategy, Governance & Perform	0	-	(0)	(243)	(248)	(5)	(243)	(248)	(5)
Transformation	-	-	-	(62)	(49)	13	(62)	(49)	13
Trust Executive & Board	-	-	-	(263)	(251)	12	(263)	(251)	12
Sub-total	978	993	15	(2,402)	(2,397)	4	(1,424)	(1,405)	20
E&F									
E&F	437	241	(196)	(2,170)	(2,357)	(187)	(1,733)	(2,116)	(383)
Central									
Central	12,439	27,636	15,197	(3,791)	(5,340)	(1,549)	8,648	22,296	13,649
TOTAL	37,802	31,222	(6,580)	(29,489)	(31,230)	(1,741)	8,313	(8)	(8,321)

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			£'000	Year to date								
Income	Exp.	Contr.		Income			Expenditure			Contribution		
				Budget	Actual	Var.	Budget	Actual	Var.	Budget	Actual	Var.
UIC												
37,078	(53,197)	(16,118)	Diagnostics & Clinical Support	27,880	15,000	(12,880)	(39,928)	(38,827)	1,101	(12,048)	(23,827)	(11,779)
30,542	(26,313)	4,228	Specialist Medicine	22,970	1,307	(21,663)	(19,826)	(18,184)	1,642	3,144	(16,877)	(20,022)
9,505	(17,894)	(8,389)	Therapies & Older Persons	7,149	49	(7,100)	(13,394)	(12,839)	556	(6,245)	(12,790)	(6,545)
1,237	(10,941)	(9,704)	Unplanned & Integrated Care	930	391	(540)	(8,211)	(9,196)	(985)	(7,281)	(8,806)	(1,524)
57,144	(26,012)	31,131	Urgent & Emergency Care	42,979	367	(42,611)	(19,458)	(20,040)	(582)	23,521	(19,673)	(43,194)
135,505	(134,357)	1,148	Sub-total	101,908	17,114	(84,794)	(100,818)	(99,087)	1,731	1,090	(81,973)	(83,063)
Planned care												
8,884	(10,380)	(1,496)	Cancer Services	6,682	3,723	(2,959)	(7,790)	(7,974)	(184)	(1,108)	(4,250)	(3,143)
12,837	(36,485)	(23,648)	Critical Care & Perioperative	1,350	-	(1,350)	(1,271)	(1,716)	(445)	79	(1,716)	(1,795)
1,800	(866)	934	Planned Care Infrastructure	49,032	816	(48,216)	(26,681)	(24,962)	1,719	22,350	(24,146)	(46,497)
65,191	(35,407)	29,784	Surgical Services	9,654	403	(9,250)	(27,393)	(26,830)	563	(17,739)	(26,427)	(8,688)
61,242	(38,098)	23,144	Women & Children	46,060	602	(45,458)	(28,513)	(29,013)	(500)	17,546	(28,412)	(45,958)
149,955	(121,237)	28,718	Sub-total	112,778	5,544	(107,233)	(91,649)	(90,495)	1,154	21,129	(84,951)	(106,080)
Corporate												
21	(499)	(478)	Communications	16	16	-	(387)	(375)	12	(372)	(360)	12
4	(2,957)	(2,953)	Finance	4	21	16	(2,256)	(2,232)	24	(2,252)	(2,211)	41
1,778	(4,787)	(3,009)	HR & OD	1,334	1,096	(238)	(3,585)	(3,330)	255	(2,251)	(2,234)	17
-	(4,198)	(4,198)	IT	-	36	36	(3,158)	(3,268)	(111)	(3,158)	(3,233)	(75)
9,930	(5,554)	4,376	Medical Director	7,447	7,556	109	(4,168)	(3,984)	184	3,279	3,572	293
-	(6)	(6)	Medway Innovation Institute	-	-	-	(6)	(6)	(0)	(6)	(6)	(0)
4	(4,193)	(4,189)	Nursing	3	7	3	(3,146)	(3,169)	(23)	(3,142)	(3,162)	(20)
0	(2,921)	(2,921)	Strategy, Governance & Perform	0	-	(0)	(2,191)	(2,246)	(55)	(2,190)	(2,246)	(55)
-	(849)	(849)	Transformation	-	-	-	(681)	(630)	51	(681)	(630)	51
-	(3,074)	(3,074)	Trust Executive & Board	-	-	-	(2,308)	(2,466)	(158)	(2,308)	(2,466)	(158)
11,737	(29,039)	(17,302)	Sub-total	8,804	8,730	(74)	(21,886)	(21,706)	179	(13,081)	(12,976)	105
E&F												
5,238	(25,055)	(19,817)	E&F	3,928	2,217	(1,710)	(18,404)	(18,189)	215	(14,476)	(15,972)	(1,496)
Central												
54,112	(46,858)	7,254	Central	40,346	235,408	195,061	(37,019)	(39,621)	(2,602)	3,327	195,787	192,459
356,547	(356,547)	-	TOTAL	267,764	269,013	1,249	(269,775)	(269,098)	677	(2,011)	(85)	1,926

3. Forecast

Further discussions have taken place within the ICS with activity and financial plans for October to March being submitted to the STP.

- The system plan for October to March identified a £36.9m deficit; the MFT plan included a deficit of £3.6m arising solely to the inclusion of an increased annual leave accrual in month 12. These plans were finalised and agreed by the STP and NHSE/I.
- Positive confirmed Covid cases continue to rise across the Trust. This creates an amount of uncertainty in the forecast plan due additional shifts being booked to cover staff sickness, self isolation and patient acuity.
- For the period of October to March, £7.6m of funding to cover incremental Covid costs has been approved. Of this, £4.1m has been required from October to December, this being £0.3m above the agreed allocation to date.
- The forecast position has been updated using the December financial position. Non-pay spend is forecast to reduce as December includes £0.6m drugs adjustment as well as impact of GRNI £0.3m. The Trust continues to forecast compliance with our control total, this is summarised in the following table.

Summary Forecast October - March £'m	Oct'20	Nov'20	Dec'20	Jan'21	Feb'21	Mar'21	Total
Income	29.0	30.3	31.2	30.1	30.1	30.1	180.7
Pay	(19.0)	(18.9)	(19.7)	(19.6)	(19.6)	(19.7)	(116.6)
Non-pay	(8.6)	(10.0)	(10.1)	(9.1)	(9.1)	(9.1)	(56.0)
EBITDA	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(8.2)
Surplus / (Deficit)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)

* Includes the impact of donated asset depreciation

Covid Costs included in the Forecast	(0.6)	(1.1)	(2.5)	(1.9)	(1.9)	(1.9)	(9.8)
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Key forecasting assumptions

- 1) Covid costs run at an average of £1.9m per calendar month in Q4.
- 2) Other income and expenditure continues at run-rate.
- 3) No additional CIP is delivered.
- 4) £0.35m additional cost of opening bed capacity on Ocelot and Emerald (excluding Frailty SDEC).
- 5) The forecast assumes the retention of a small contingency.

Additional costs included in the forecast

	£'m
Additional Staffing	0.1
Licenses	0.1
Additional bed capacity	0.4
Medical education rebate	0.1
Contingency	0.1
Total	0.8

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

4. CIP (status and summary)

Status £'000	Blue	Green	Amber	Red	Sub-total	Budget	Gap	Mitigated target	Gap
Planned care	446	2,191	359	9	3,005	4,682	(1,677)	5,100	(2,095)
UIC	500	2,153	15	255	2,924	4,253	(1,329)	5,505	(2,581)
E&F	-	591	211	-	801	661	140	800	1
Corporate	507	184	91	66	980	1,113	(133)	1,709	(729)
Procurement	1,291	-	-	-	1,291	1,291	0	1,291	0
Total	2,877	5,119	676	330	9,001	12,000	(2,999)	14,405	(5,404)

Summary £'000	In-month			Year-to-date			Outturn		
	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Forecast	Var.
Trust total	1,521	851	(670)	5,978	6,306	328	12,000	8,955	(3,045)

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 December the total forecast CIP remains unchanged at £9.0m, this leaves a gap of £3.0m to the original CIP Plan as some savings programmes continue to encounter delays due to the operational pressures experienced across the Trust.

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 £6.3m, this is favourable to plan by £0.3m and as forecast in November.

The main efficiencies have been achieved from the 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.

5. Balance sheet summary

Prior year end	£'000	Month end plan	Month end actual	Var.
204,791	Non-current assets	214,292	210,983	(3,309)
6,307	Inventory	7,400	6,561	(839)
36,686	Trade and other receivables	22,500	18,226	(4,274)
12,385	Cash	35,577	59,257	23,680
55,378	Current assets	65,477	84,044	18,567
(292,111)	Borrowings	(77)	(130)	(53)
(24,478)	Trade and other payables	(20,500)	(26,955)	(6,455)
(4,519)	Other liabilities	(29,163)	(38,064)	(8,901)
(321,108)	Current liabilities	(49,740)	(65,149)	(15,409)
(2,278)	Borrowings	(2,278)	(2,151)	127
(1,317)	Other liabilities	(1,317)	(1,317)	0
(3,595)	Non-current liabilities	(3,595)	(3,468)	127
(64,534)	Net assets employed	226,434	226,410	(24)
140,581	Public dividend capital	431,609	431,610	1
(246,481)	Retained earnings	(246,541)	(246,566)	(25)
41,366	Revaluation reserve	41,336	41,366	-
(64,534)	Total taxpayers' equity	226,434	226,410	(24)

Key messages:

1. Current net assets are £226.4m, unchanged from month 8.

This is a material change from the prior year when the Trust operated with net liabilities due to the level of deficit support borrowings from the Department of Health in prior years.

A national initiative converted all Trust emergency borrowings to PDC (funding) in this financial year which was effectively a write off of the loans.

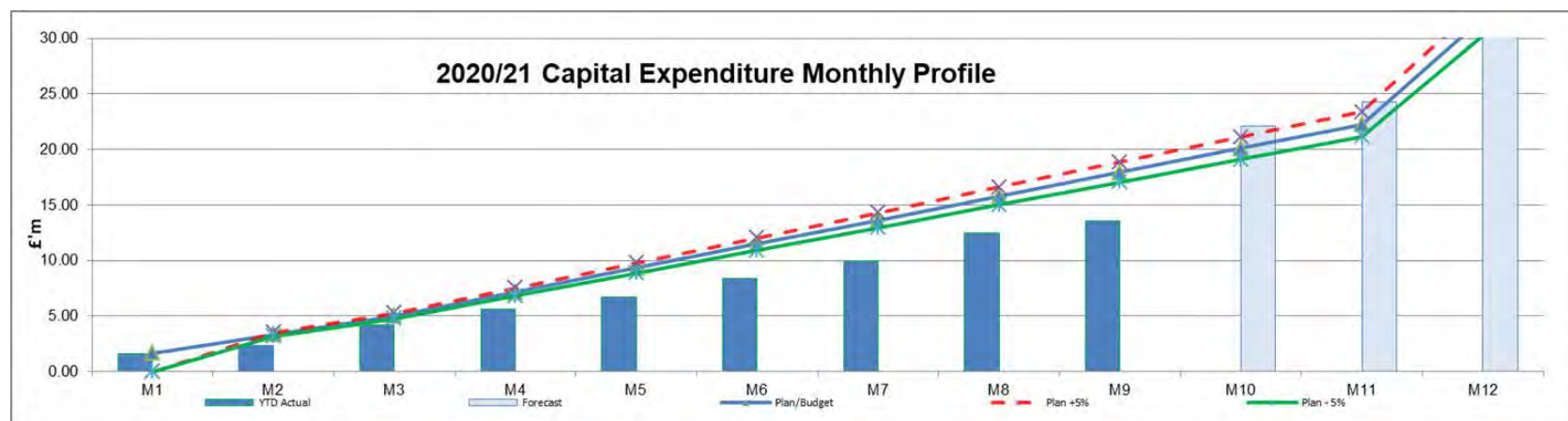
Whilst this is a positive move for the financial position of the Trust it does have an I&E impact as interest on borrowings was significantly less than the 3.5% dividend now payable on 'relevant net assets'.

2. Payables are £6.5m adverse to plan due to increases in expenditure accruals which includes PDC dividends payable.
3. Other Liabilities are £8.9m adverse to plan due to additional cash advances from Commissioners.

6. Capital

£'000	In-month			Year To Date			Annual			Funding		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Forecast	Var.	Internal	PDC	CIF PDC
Backlog Maintenance	555	396	(159)	4,020	3,566	(454)	5,671	5,671	0	690	0	4,981
Routine Maintenance	87	43	(44)	783	723	(60)	1,046	1,046	0	691	0	355
Fire Safety	476	145	(331)	4,284	3,904	(380)	5,720	5,720	0	366	4,252	1,102
IT	228	229	1	2,052	1,027	(1,025)	2,730	2,730	0	2,730	0	0
New Build - Inc ED	481	117	(364)	3,846	147	(3,699)	5,283	5,283	0	835	3,000	1,448
Plant & Equipment	330	230	(100)	2,970	2,153	(817)	3,964	2,664	(1,300)	3,964	0	0
Total Planned Capex	2,157	1,161	(996)	17,955	11,521	(6,434)	24,414	23,114	(1,300)	9,276	7,252	7,886
COVID*	0	0	0	0	1,957	1,957	1,967	1,967	0	0	1,967	0
IT MOU	0	(6)	(6)	0	76	76	190	190	0	0	190	0
A&E MOU	0	0	0	0	0	0	857	857	0	0	857	0
Diagnostic equipment MOU	0	0	0	0	0	0	1,186	1,186	0	0	1,186	0
UTC MOU	0	(36)	(36)	0	18	18	1,104	1,104	0	0	1,104	0
Adopt & Adapt MOU	0	0	0	0	0	0	630	630	0	0	630	0
EPMA MOU	0	0	0	0	0	0	1,485	1,485	0	0	1,485	0
Total Additional Capex	0	(42)	(42)	0	2,051	2,051	7,419	7,419	0	0	7,419	0
Total Capex	2,157	1,119	(1,038)	17,955	13,572	(4,383)	31,833	30,533	(1,300)	9,276	14,671	7,886

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



6. Capital (continued)

Capital expenditure consists of:

- Planned YTD expenditure of £13.57m, £6.43m behind plan. £1.3m is planned underspend relating to an STP agreement for priority projects across the region. Excluding this the plan is £4.14m (26%) behind plan

All programmes are currently behind plan, although IT and ED account for the material underspends. Work on the ED project has been affected by COVID working restrictions and resource shortages but is now picking up. IT schemes are planned to accelerate in the next quarter. A recent scheme by scheme forecast undertaken by programme leads predicts all projects accelerating in the coming months and delivering on plan by 31st March.

- £1.96m of unplanned YTD expenditure in relation to April to July COVID schemes, of which only £0.16m has approved funding to date which is yet to be received. Bids totalling £1.81m have been submitted to NHSI to fund the remaining expenditure.

The Trust has been advised of a national shortfall in funding which puts this funding at risk. 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). The STP has indicated that Medway will be funded all but £40k of this bid however other STP organisations have significant shortfalls.

Further capital expenditure in relation to COVID projects continues to be incurred by the Trust but as there is no mechanism to bid for additional funding this has had to be absorbed within the current Capital Resource Limit.

- A number of other 'funding' applications as listed in the table above have been approved by NHSI.

Since last month PDC for Adopt and Adapt (£630k) has been awarded to fund a new lung function machine and £1,485k EPMA for Pharmacy. As with all current Trust PDC awards these funds must be drawn and spent by 31st March 2021.

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

7. Cash

Cash Flow, 12 months ahead

£m	Actual			Forecast												
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
BANK BALANCE B/FWD	55.09	45.45	55.94	59.21	48.88	43.96	22.13	56.30	56.46	54.17	60.35	56.94	50.36	56.57	53.18	
Receipts																
NHS Contract Income	22.28	22.74	22.55	22.35	22.35	0.20	53.95	27.12	28.94	26.94	26.94	26.94	26.94	26.94	26.94	
NHS Top Up	0.92	17.17	8.08	1.30	5.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Other	4.37	1.51	4.43	1.39	1.64	4.48	4.23	1.46	1.30	4.52	1.69	1.75	4.46	1.69	1.69	
Total receipts	27.57	41.42	35.06	25.04	29.71	4.68	58.18	28.58	30.24	31.46	28.63	28.69	31.40	28.63	28.63	
Payments																
Pay Expenditure (excl. Agency)	(23.53)	(18.40)	(19.10)	(19.37)	(18.74)	(18.83)	(19.68)	(19.05)	(18.91)	(19.54)	(18.90)	(18.87)	(19.45)	(18.80)	(19.36)	
Non Pay Expenditure	(11.26)	(10.52)	(10.48)	(14.19)	(14.16)	(20.24)	(13.36)	(8.37)	(12.70)	(14.77)	(12.22)	(12.22)	(14.77)	(12.22)	(14.77)	
Capital Expenditure	(2.42)	(1.17)	(2.21)	(1.81)	(1.73)	(1.50)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	
Total payments	(37.21)	(30.09)	(31.79)	(35.37)	(34.63)	(40.57)	(33.96)	(28.34)	(32.53)	(35.23)	(32.04)	(32.01)	(35.14)	(31.94)	(35.05)	
Net Receipts/ (Payments)	45.45	56.78	59.21	48.88	43.96	8.07	46.35	56.54	54.17	50.40	56.94	53.62	46.62	53.26	46.76	
Funding Flows																
DOH - FRF/Revenue Support	0.00	0.00	0.00	0.00	0.00	0.00	9.95	0.00	0.00	9.95	0.00	0.00	9.95	0.00	0.00	
PSF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
PDC Capital	0.00	0.00	0.00	0.00	0.00	19.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Loan Repayment/Interest payable	0.00	(0.08)	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	
Dividend payable	0.00	(0.76)	0.00	0.00	0.00	(5.74)	0.00	0.00	0.00	0.00	0.00	(3.26)	0.00	0.00	0.00	
Total Funding	0.00	(0.84)	0.00	0.00	0.00	14.06	9.95	(0.08)	0.00	9.95	0.00	(3.26)	9.95	(0.08)	0.00	
BANK BALANCE C/FWD	45.45	55.94	59.21	48.88	43.96	22.13	56.30	56.46	54.17	60.35	56.94	50.36	56.57	53.18	46.76	

13 Week Forecast

w/e

£m	Actual					Forecast													
	04/12/20	11/12/20	18/12/20	25/12/20	01/01/21	08/01/21	15/01/21	22/01/21	29/01/21	05/02/21	12/02/21	19/02/21	26/02/21	05/03/21	12/03/21	19/03/21	26/03/21	02/04/21	
BANK BALANCE B/FWD	64.57	54.40	54.34	81.82	71.13	59.23	58.35	74.55	61.39	48.90	45.17	41.74	66.30	43.98	40.22	56.57	50.29	33.56	
Receipts																			
NHS Contract Income	0.07	0.14	30.37	0.20	0.10	0.00	23.88	0.00	0.00	0.00	0.00	28.30	0.00	0.00	0.00	0.43	0.00	0.00	
Other	0.21	3.36	0.09	0.32	0.36	0.06	0.55	0.28	0.28	0.28	0.59	0.28	0.28	0.25	0.56	3.05	0.25	0.25	
Total receipts	0.28	3.50	30.46	0.52	0.46	0.06	24.43	0.28	0.28	0.28	0.59	28.57	0.28	0.25	0.56	3.47	0.25	0.25	
Payments																			
Pay Expenditure (excl. Agency)	(8.35)	(0.42)	(0.41)	(9.68)	(7.96)	(0.94)	(0.40)	(9.67)	(8.36)	(0.40)	(0.40)	(0.40)	(17.54)	(0.40)	(0.40)	(0.40)	(9.67)	(8.36)	
Non Pay Expenditure	(2.01)	(2.51)	(2.24)	(1.54)	(3.25)	(0.01)	(7.75)	(3.76)	(2.68)	(3.61)	(3.61)	(3.61)	(3.33)	(3.61)	(3.61)	(3.61)	(7.31)	(2.51)	
Capital Expenditure	(0.09)	(0.64)	(0.32)	0.00	(1.15)	0.00	(0.08)	0.00	(1.73)	0.00	0.00	0.00	(1.73)	0.00	0.00	0.00	0.00	(1.50)	
Total payments	(10.45)	(3.57)	(2.97)	(11.21)	(12.35)	(0.95)	(8.23)	(13.43)	(12.77)	(4.01)	(4.01)	(4.01)	(22.60)	(4.01)	(4.01)	(4.01)	(16.98)	(12.37)	
Net Receipts/ (Payments)	(10.17)	(0.07)	27.49	(10.69)	(11.90)	(0.88)	16.21	(13.16)	(12.49)	(3.74)	(3.43)	24.56	(22.32)	(3.76)	(3.45)	(0.54)	(16.73)	(12.12)	
Funding Flows																			
PDC Capital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.80	0.00	0.00	0.00	
Loan Repayment/Interest payable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Dividend payable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(5.74)	0.00	0.00	
Total Funding	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	19.80	(5.74)	0.00	0.00	
BANK BALANCE C/FWD	54.40	54.34	81.82	71.13	59.23	58.35	74.55	61.39	48.90	45.17	41.74	66.30	43.98	40.22	56.57	50.29	33.56	21.44	

Prior year end	£'000	Month end plan	Month end actual	Var.
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12,385	Cash	35,577	59,257	23,680
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Cash balances held are in excess of the plan mainly due to:

- 1st instalment of PDC was taken at £0.7m, much lower than expected due to relevant net asset calculation omitting restatement of loan conversion. £4.1m planned PDC dividend remains unpaid is not expected to be taken until on/after Q4.
- £4.5m capital expenditure slippage
- £36m of cash received in advance of costs being incurred, £10m unexpected advance

8. Risks

Title	Description	RAG	£'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).		£450	Work with the STP is ongoing to validate the budgeted and actual income, expenditure and activity of the service.	Alan Davies
CIP (delivery)	The risk been updated to reflect the forecast position. There remains a gap between RAG rated CIP programmes and the draft budget requirement of £12m.		£3,045	Return of CIP governance following pause during Covid pandemic. Increased focus to achieve total efficiency target.	Alan Davies
Staff costs	Staff costs remain high; unchecked, this could drive a need for additional CIP and/or the Trust missing its control total.		-	Continued monitoring through Finance Business Partners and the Finance Committee. Financial Stability project. Grip and control checklist of actions. Forecast includes increased pay cost assumptions.	Divisional Directors
Ward reconfiguration	As part of the restart planning wards will need to change at pace.		c.£400	Re-mapping of budgets and rosters is underway. Proposed increases to budgets will require a business case. The increased bed capacity on Emerald and Oseclot included in the forecast will reduce this risk.	Alan Davies, Angela Gallagher
North Kent Pathology Service (NKPS)	Recharge of NKPS based upon historic information.		c.£600	Work through with Dartford & Gravesham NHS Trust to ascertain drivers of increase costs and any possible additional from the CCG or other providers.	Alan Davies
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.	Alan Davies, Gary Lupton

The Trust has fully utilised the 3 months of the agreed Covid funding in months 7 -9 and had to bring forward an additional £0.3m to cover the cost of the enhanced rate incentive scheme implemented over the Christmas period. A small contingency continues to be held and some uncommitted cost pressures have been built into the outturn plan that could be used to support the mitigation of risks should they arise.

9. Conclusions

The Finance Committee is asked to note the report and financial performance which is £8k deficit in-month and £85k deficit year to date, reducing to breakeven after removing the adjustment for donated asset depreciation. This financial performance is as per the plan submitted to the Kent & Medway STP.

The year to date CIP programme delivery is £0.3m favourable; this is mainly due to the timing of schemes being delivered ahead of the plan. The total schemes identified are £10.2m of these it is that £9.0m will be delivered, this being £3.0m adverse to the target £12.0m. Across the Trust, due to pressures caused by Covid, there are some delays in delivering the planned efficiencies.

Alan Davies
Chief Financial Officer
January 2021

Meeting of the Board of Directors in **Public**

Thursday, 04 February 2021

Assurance Report from Committees

Title of Committee:	Finance Committee	Agenda Item	6.2
Committee Chair:	Jo Palmer, Chair of Committee		
Date of Meeting:	Thursday, 28 January 2021		
Lead Director:	Alan Davies, Chief Finance Officer		
Report Author:	Paul Kimber, Deputy Chief Finance Officer		

The key headlines and levels of assurance are set out below, and are graded as follows:

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

Key headlines and assurance level

Key headline	Assurance Level
1. BAF strategic risks The BAF scores remain unchanged from prior month. Consideration had been given to amending the scores for: <ul style="list-style-type: none"> Delivery of financial control total: it was agreed that the uncertainty that remains in financial performance as a result of the pandemic did not yet give assurance over a change of score. Capital investment: the committee confirmed that the risk for the current financial year was the Trust capacity to deliver against the £30m+ target rather than lack of cash for these projects. 	Amber/Green
2. Risk register The risk register score for CIP had been amended from 16 (4x4) to 15 (3x5) on the basis that the it was now very likely that the programme this year would not meet the original draft budget, but that this had been mitigated in the latest plan/forecast.	Amber/Green

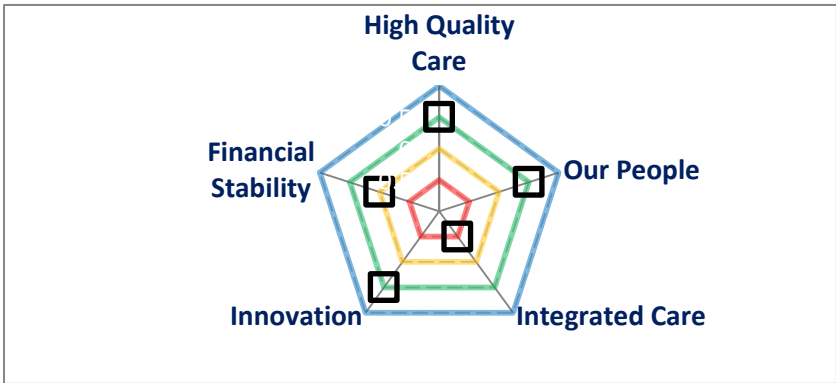
Key headlines and assurance level

Key headline	Assurance Level
<p>3. Finance report</p> <p>The Chief Financial Officer took the Committee through the report, with the key highlights being:</p> <ul style="list-style-type: none"> • The Trust has met its control total in month 9 and year to date. • The Covid expenditure has increased in month by over £1m to £2.5m and is offset by Covid income. The increase in cost was noted as being primarily in pay cost, due to both the increase in the number/acuity of Covid patients as well as enhanced rates over the Christmas period (the latter being non-recurrent). A supplementary paper on Covid expenditure analysing this in more detail was also presented. • Underlying budgets were below plan as activity switched from “normal” activity to Covid. • The Chief Financial Officer noted that the forecast outturn position of the Trust is that we expect to meet our control total. This has been based on an assumption of continued high levels of Covid expenditure, with some elective restart work towards the end of the year. Known additional costs have also been built into the forecast, such as opening further bed capacity. • The CIP forecast remains unchanged at c£9m and this too has been built into the forecast outturn. The focus for CIP now is planning for next financial year. 	<p>Amber/Green</p>
<p>4. Capital plan and performance</p> <p>The Director of Estates and Facilities noted the growth in the capital programme over the course of the year as funding has been released from DHSC. This, coupled with a slow start early in the year due to Covid restrictions, has meant there is a significant amount of work to undertake before the year end.</p> <p>It was noted that whilst there are schemes in place that could deliver against the target – including short notice schemes should there be any slippage - forecasting remains difficult as there continues to be uncertainty over funding of the Covid capital expenditure.</p>	<p>Amber/Green</p>
<p>5. Model Hospital</p> <p>The Director of Estates and Facilities presented a report which set out the progress made over the last three years as well as how the Model Hospital data was being used as a means to signpost areas to improve efficiency.</p>	<p>Green</p>
<p>6. Cardiac catheter suite business case update</p> <p>The updated business case, reflecting the current position and feedback received, was presented to the committee.</p> <p>The Chair, Chief Executive and Chief Financial Officer confirmed they would meet with the Divisional Director to discuss the final estimated costs of the case.</p>	<p>Amber/Green</p>

Key headlines and assurance level	
Key headline	Assurance Level
<p>7. Annual plan, budget setting and drivers of deficit</p> <p>The committee heard that the steering group and working are established and guidance to divisions has been sent. Draft plans are scheduled to be provided by mid-to-late March; support is in place for divisions.</p> <p>National guidance is expected in March, although income/contracting guidance for Q1 of 2021/22 is expected in February.</p> <p>Consideration of the drivers of deficit work is part of the business planning process. The wider STP is also engaging in a wider system “drivers of deficit” understanding.</p>	Green
<p>9. STP financial principles and governance</p> <p>The paper set out the ways in which the STP proposes to work together financially.</p> <p>The report was noted as being agreed in principle by the STP CFO group and is being taken through individual organisation’s governance for review; feedback was provided by the committee.</p>	Amber/Green
<p>Decisions made</p> <p>None.</p>	
<p>Further Risks Identified</p> <p>None other than as set out.</p>	
<p>Escalations to the Board or other Committee</p> <p>No further matters to note.</p>	

Meeting of the Board of Directors in Public

Thursday, 04 February 2021

Title of Report	Trust Improvement Plan Update	Agenda Item	7.1																																								
Report Author	Gurjit Mahil, Deputy Chief Executive Officer Linda Longley, Head of Trust PMO																																										
Lead Director	James Devine - Chief Executive Officer																																										
Executive Summary	<p>This paper provides the Trust Board with an update on the progress against the Trust Improvement Plan's five pillars.</p> <div></div> <p>The 0-9 month deliverables are summarised in the below table:</p> <table><tr><th>Pillar</th><th>Number of Deliverables</th><th>Green</th><th>Amber</th><th>Red</th></tr><tr><td>High Quality Care</td><td>10</td><td>7</td><td>3</td><td>-</td></tr><tr><td>Our People</td><td>7</td><td>4</td><td>3</td><td>-</td></tr><tr><td>Integrated Care</td><td>10</td><td>1</td><td>8</td><td>1</td></tr><tr><td>Innovation</td><td>48</td><td>24</td><td>18</td><td>6</td></tr><tr><td>Financial Stability</td><td>10</td><td>3</td><td>6</td><td>1</td></tr><tr><td>Total</td><td>85</td><td>39</td><td>38</td><td>8</td></tr><tr><td></td><td></td><td>45.9%</td><td>44.7%</td><td>9.4%</td></tr></table> <p>Since the last report we have seen an increase in green rated schemes (rising from 35 to 39 deliverables). A small but positive step in the right direction given our current Covid situation.</p> <p>The 8 red rated deliverables are as follows:</p>			Pillar	Number of Deliverables	Green	Amber	Red	High Quality Care	10	7	3	-	Our People	7	4	3	-	Integrated Care	10	1	8	1	Innovation	48	24	18	6	Financial Stability	10	3	6	1	Total	85	39	38	8			45.9%	44.7%	9.4%
Pillar	Number of Deliverables	Green	Amber	Red																																							
High Quality Care	10	7	3	-																																							
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Integrated Care	10	1	8	1																																							
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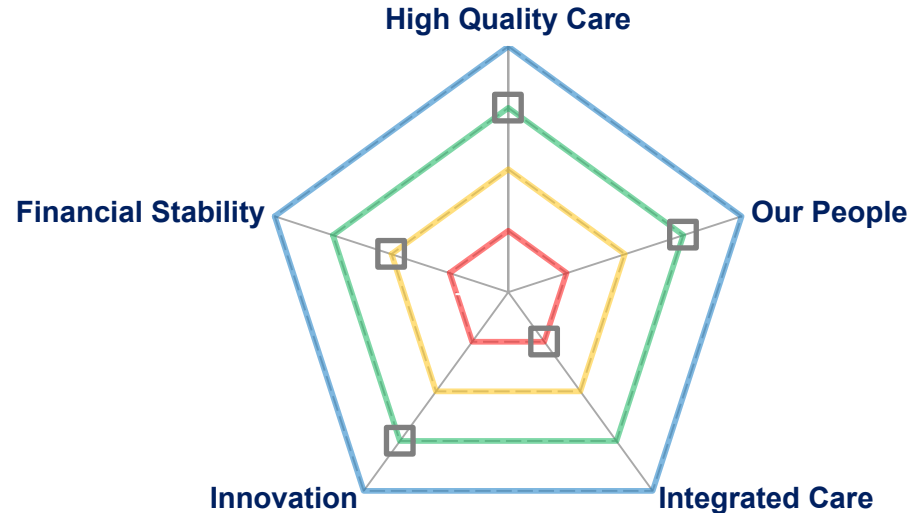
	<p>Innovation Pillar - decommissioning of Galaxy, SPI, Omnicell, Perfect Ward, RIS and Power BI all of which remain delayed due to Covid (as reported last time)</p> <p>Financial Stability Pillar - CIP delivery (as reported last time)</p> <p>Integrated Care Pillar – flow and site operations</p> <p>As previously reported, managing the increase in the acuity of the Covid demand in the Trust continues to present a risk that deliverables within the next stage of the improvement plan may be postponed to a further date. This risk is actively being managed through the fortnightly Trust Improvement Board.</p>			
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 <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>
Appendices	Appendix 1 – Trust Improvement Plan Progress Update			

TRUST IMPROVEMENT PLAN UPDATES

James Devine – Chief Executive

Trust Improvement Plan Summary

Pillar 1	High Quality Care
Pillar 2	Our People
Pillar 3	Integrated Care
Pillar 4	Innovation
Pillar 5	Financial Stability



Phase 1 Deliverables:

Completed

- Safeguarding review
- Organisational diagnostic assessment (Patient Experience)
- Trust wide review of complaints
- Quality Assurance Programmes of visits
- Quality and Safety Boards
- Completion of medical engagement scale
- What matters to me Boards
- Maturing of staff networks
- Workforce Race and Disability Equality Scheme co-developed action plans
- recruitment pathway inclusion focussed review;
- Cultural awareness training
- 57 culture change team members in place
- Executive interviews and workshops
- New MBA and MA learners in Q3 20/21
- L5 ILM learners in place delivered through Trust's ILM centre
- New digital apprenticeships commenced (3) Q3 20/21 and mammography apprenticeship
- **ICP System engagement**
- Extramed
- Metavision
- Bloodtrack
- Digital first team
- Attend anywhere
- Remote patient monitoring
- Auditbase
- Mortuary systems
- ICP digital plan
- Virtual bed bureau
- Kent Data sharing phase 1-4
- TCAM
- IT Storage
- Server licencing
- Networks
- Orthodontics
- Remote desktop
- EPR business case
- MFT Digital Strategy
- Stabilise IT team
- SLAM
- Horizon Project
- **Deliver I&E targets**
- **Benchmarking of services**
- **Backlog maintenance**

In progress

- Patient experience strategy
- SI Framework
- Nursing and midwifery
- Stability index +7%
- International recovered position by Jan 21,
- NHS People Plan recruitment process overhaul in line with
- Workforce Race Equality Scheme action plan
- Consultant vacancy rate <5%
- Staff Recommend as a place to work
- **Outpatient Recovery**
- **Diagnostic recovery**
- **Elective recovery**
- **Inpatient ward realignment**
- **Demand and capacity**
- **IDT**
- **Cancer recovery**
- **Site flow**
- Ordercomms
- EDRMS
- Maternity
- Digital dictation
- Symphony upgrade
- Hybridmail
- End user devices
- Software licencing
- Tracker scope
- 8x8
- Data infrastructure
- Data assurance
- BI Portal
- Single sign on
- Diabetes 3
- PAS refresh
- PAS Upgrade
- Euroking
- Galaxy
- Perfect ward
- SPI
- Omnicell
- KMMIC RIS
- **Reimbursement of covid costs**
- **Management of staff costs**
- **Deliver capital**
- **Deliver CIP**
- **Product standardisation**
- **Commercial plan**
- **Portfolio of services**



Medway
NHS Foundation Trust

Phase 2

Each SRO is currently reviewing the next phase of the Trust Improvement Plan, to ensure key deliverables reflect the current patient and organisational need.

are
people



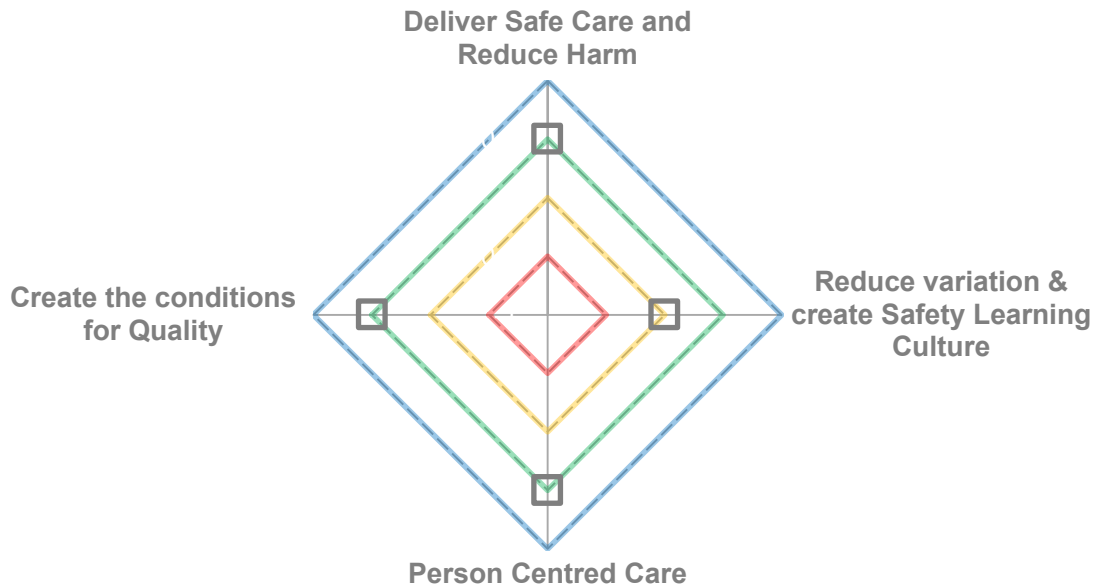
Pillar	Number of Deliverables	Green (Completed)	Amber (In Progress)	Red
High Quality Care	10	7	3	-
Our People	7	4	3	-
Integrated Care	10	1	8	1
Innovation	48	24	18	6
Financial Stability	10	3	6	1
Total	85	39	38	8
		45.9%	44.7%	9.4%

HIGH QUALITY CARE

Jane Murkin - Chief Nursing and Quality Officer

High Quality Care

Mission 1	Deliver safe care and reduce harm
Mission 2	Reduce variation and create a safety learning culture
Mission 3	Transform the patient experience
Mission 4	Create the conditions for quality



Delivering & Completing Mission Aims & Objectives

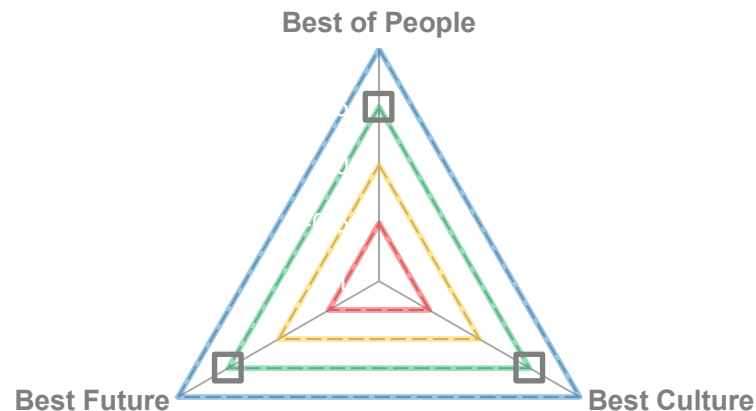
Objective	Status
Commission and undertake a Trust wide review of safeguarding	
Undertake an organisational diagnostic assessment against the national framework	
Develop and implement a serious incident framework	
Design and develop a patient experience strategy	
Undertake a Trust wide review of complaints	
Design, test and implement a Quality Assurance programme of visits	
Design, develop, consult and launch a Nursing and Midwifery Strategy	
Implement Quality & Safety boards on all wards	
Undertake a medical engagement scale and develop a plan to address	
Test What Matters to Me Boards	

OUR PEOPLE

Leon Hinton – Chief People Officer

Our People

Mission 1	Best of People <i>We aim to transform ourselves through innovative staff-led improvements that meet the needs of our patients now and in the future.</i>
Mission 2	Best Culture <i>We aim to have a culture of openness and transparency, values that staff live by, and quality-led actions across our entire workforce.</i>
Mission 3	Best Future <i>We will deliver a workforce ready for the future, supported with the right skills to deliver quality care and to allow us to reach our full potential.</i>
Mission 4	Strategic Design of the Trust to be Well Led



0-9 Month Deliverables

Objective	Status
Staff retention and stability (Post hire interviews, stability index +7%)	
Staff recruitment (International recovered position by Jan 21, NHS People Plan recruitment process overhaul in line with Workforce Race Equality Scheme action plan; consultant vacancy rate <5%)	
Equality and inclusion (Continued and maturing staff networks working with NHS People Plan; Workforce Race and Disability Equality Scheme co-developed action plans; recruitment pathway inclusion focussed review; Cultural awareness training)	
Culture and leadership, Staff Engagement (57 culture change team members in place, executive interviews and workshops, Schwartz round links and culture conference planned)	
Staff Recommend as a place to work (National pause)	
Freedom to speak up strategy (Regular development meetings with NHSEI, suffering detriment definition, promoting non-anonymous claims through risk assessment approach pilot)	
Talent management, Apprenticeships and apprenticeship learners (New MBA and MA learners in Q3 20/21, L5 ILM learners in place delivered through Trust's ILM centre, new digital apprenticeships commenced (3) Q3 20/21 and mammography apprenticeship)	

INTEGRATED CARE

Angela Gallagher – Chief Operating Officer (Interim)



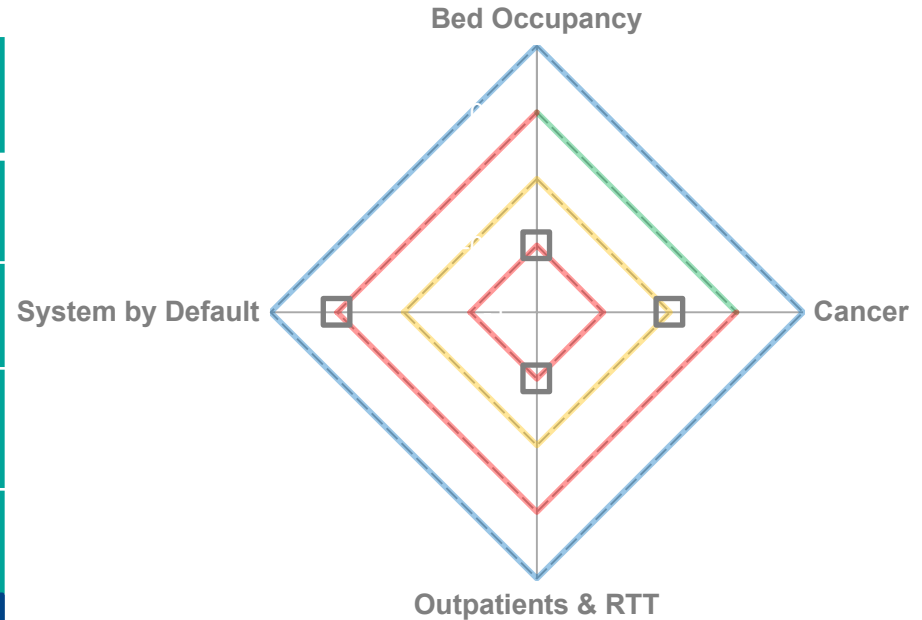
INTEGRATED
HEALTHCARE

Integrated Care

NHS

Medway
NHS Foundation Trust

Mission '0'	Deliver safe care and reduce harm
Mission 1	Safely Deliver 92 per cent Occupancy
Mission 2	Improve Cancer Outcomes
Mission 3	Transform Outpatient Pathways
Mission 4	Work as a 'System by Default' in a Clinically-led Way
Mission 5: Patient FIRST	



0-9 Month Deliverables

Objective	Status
Outpatient recovery including estates	
Diagnostic recovery	
Elective recovery	
Inpatient ward realignment	
Winter planning	
Demand and capacity	
Internal discharge delivery	
Flow and site operations	
Cancer recovery	
ICP system engagement	

PATIENT FIRST

Aims of Patient FIRST

1. Improve the patient safety, care quality and experience for all emergency patients – including the necessary documentation of care and oversight of standards
2. Reduce the ambulance handover delays and prevent deteriorating patients in ambulances
3. Improve the safety of patients waiting in the Emergency Department and ensure that they are assessed and admitted in a timely way
4. Embed professional standards within the ED and throughout the NEL pathway to improve patient safety and also improve the working day of our teams
5. Support safe and effective discharge of patients to maintain a safe, flowing hospital and reduce avoidable harm to patients
6. Improve the visibility and capability of our clinical and operational leadership – during this period of pressure and in the long-term
7. Review appropriate staffing model in the Emergency Department, one which takes variation in demand into account, not just average demand

- ***Improved patient access to care***
- ***Improved patient safety and care quality***
- ***Improved patient experience***
- ***Liberated time to care for staff***
- ***More joy at work***

System Agreed Priorities

Bed Occupancy

- A clear plan to reduce hospital occupancy to achieve a 92% occupancy position.
- Clear system actions and escalations to be in place when occupancy goes above this level.

Discharges

- Increasing the number of discharges that occur before noon each day.
- Improving the flow within clinical pathways for timely admissions.
- Ring-fenced community beds in Medway and Swale for Covid patients.

Ambulance handovers

- Reduce the position on ambulance handover delays (30/60 minutes)

Patient Pathways

- Improve clinical pathways to avoid hospital admission.
- This will include the Covid virtual ward and the effective usage of wider of ICP estate.
- ICP support on discharges to care homes.

Outcome, process and balancing measures

OUTCOME	PROCESS	BALANCING
<ul style="list-style-type: none">• Average ambulance handover time ↓• Deteriorating patients in ambulances ↓• # of DTAs at 0800 and 1600 ↓• # of beds available at 0800 and 1600 ↑• ALoS ↓• # of MSA breaches ↓• Right patient, right place: # of outliers ↓• # of ward moves ↓• % ED performance and APD ↑• Safe staffing levels	<ul style="list-style-type: none">• Average time from DTA to admission ↓• Average time for specialty assessment ↓• Total # discharges per Care Group ↑• # of discharges pre-noon ↑• MFFD patients in beds at 1600 ↓• ALoS on assessment and short stay units ↓• 'Failed' discharge rate (internal e.g. EDN/TTO) ↓• Use of Discharge Lounge ↑• Extramed/PAS accuracy and EDD compliance ↑• EDN completion ↑	<ul style="list-style-type: none">• Admission rate (watch)• Other constitutional standards ↑• Quality and safety metrics: Falls, PU, HAI, D&D ↑• Timing of ITU step downs (earlier)• Readmission rate ↓• Morale and engagement measures ↑• Qualitative metrics ↑<ul style="list-style-type: none">– Board Round effectiveness– Site Ops meeting effectiveness– Level of challenge at huddles

Tests of change

Emergency Department

December 2020

- Intelligent / Dynamic conveyancing to address ambulance handover delays ✓
- 'Double-up' RAU bays ✓
- Ambulance Command Nurse (ACN) 24/7 cover with clear escalation pathways to EPIC where needed ✓
- Deploy Executive leader into ED ✓
- Begin/enhance 2-hourly ambulance and safety huddles
- Establish an admissions unit in Christina Rossetti Unit (subject to staffing) ✓
- Introduce Executive 'red flags' for ambulance handover delay and DTAs escalation ✓
- Manging forward view of admission delays based on key clinical pathways ✓
- Begin Consultant-led Ambulance triaging ✓

January 2021

- Mobilise programme approach and project teams
- 'Time and motion' study of patient journey through the pathway
- Enhance SOPs and embed professional standards
- Clarify and embed SDEC pathways
- Enhance the Full Capacity Protocol and stepped escalation process
- Enhance Frailty at the Front Door – in line with new unit – with in-reach Consultant 7 days p/week
- Acute physician engaged from SASH – progress actions from findings
- ECIST to work alongside & strengthen site management and escalation arrangements

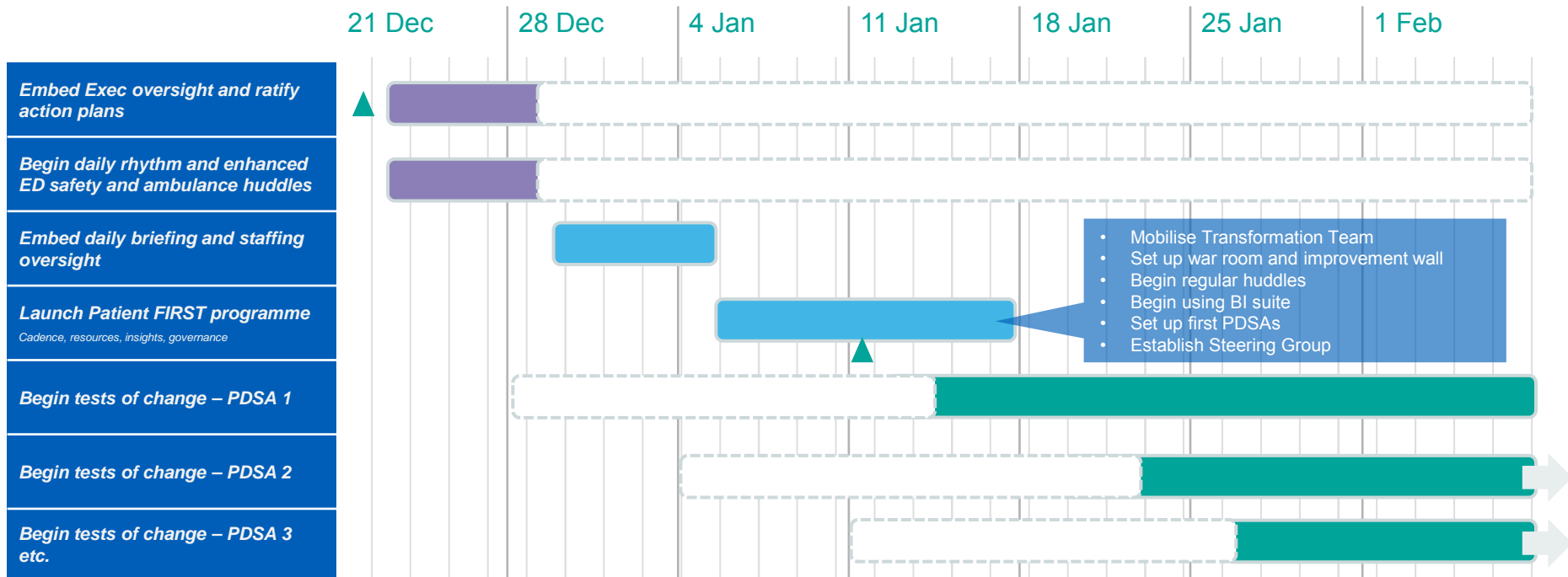
February 2021

- Progress system-led work:
 - Admission avoidance e.g. Physician Response Unit
 - Signposting to alternative pathways
 - Virtual ward / remote monitoring
- OD support to ED triumvirate leadership – resilient and caring leadership
- Develop case for enhanced medical model over 7-days
- Patients must be moved from the emergency department as soon as they were ready to go - 'Ready to Admit' or 'Ready to Progress'

Daily rhythm: effective meetings playbook

	Senior Ops, story of today / tomorrow	ED safety and ambulance huddles	Site Meetings	Board Rounds	MFFD / IDT meetings	Patient FIRST Improvement huddles
Who	Chair: COO / DCOO Div. Directors of Ops, Nursing and Medicine, DCOO/Site Director and Head of Site	Chair: Executive Lead for ED EPIC CD for UEC Head of Nursing for UEC GM for UEC	Chair: Head of Site Representative per Care Group and supporting Departments MedOCC Head of IDT	Chair: Ward Manager Consultant or Middle Grade Doctor Juniors Therapist Ward Clerk (or VBB) IDT, Flow Coordinator	Chair: ICP MFFD lead Head of IDT Head of Site Divisional Directors of Nursing	Chair: Dir. of Transformation Programme Leads (Ops, Nursing, Medicine) Project Leads for all tests of change BI Lead, Digital Lead, Head of QI
Key questions to ask	<ul style="list-style-type: none"> • Sit-rep and predictor? • What did we learn yesterday? • Are we clear on today's objectives? • Are there any immediate concerns requiring our attention? • What does tomorrow look like? 	<ul style="list-style-type: none"> • Is the Department safely staffed? • Review predictor: ambulances, attends, acuity expected • Ambulances currently waiting? • Sit-rep – patients in Department, DTA to admission times, breaches? 	<ul style="list-style-type: none"> • What's the sit-rep? Review predictor • Ambulances waiting? • How is the Emergency Department? • Are there DTAs for allocation? • Per Care Group / Ward: Beds, query, definite discharges? Outliers? • Bed balance? 	<p>In priority order: sick patients, home patients, other patients, plan (SHOP):</p> <ul style="list-style-type: none"> • Is the patient responding to treatment as expected? • Do they have an EDD? • Is the patient to be discharged tomorrow – is everything arranged? 	<p>Prioritised by EDD:</p> <ul style="list-style-type: none"> • What can we do to expedite this patient's discharge plan? • Is the patient to be discharged this week, is everything arranged? • Review long-stayers • Consider MADE-style intervention 	<p>Current PDSAs:</p> <ul style="list-style-type: none"> • What are our aims? • What are our measures? • What are we currently testing? • New ideas / hypotheses • Review actions • What are we learning? • What additional insights would help us?
Outputs and actions	Daily objectives Care Group level D/C targets to achieve safe bed balance Key check-in points throughout the day	Daily objectives Issues/escalations to Site / Exec Lead Actions for the day Key check-in points throughout the day	Actions per Care Group to follow up throughout the day (owner, time to be completed) Revised D/C targets Key check-in points throughout the day	Feedback to Site Office – pro forma Set of actions to be followed up at PM Board Round	Output shared with Site Office and with Wards – pro forma Pathway 2 and 3 patient list – with actions – shared with named Execs	One page output shared with whole programme Data pack

Summary overview workplan



▲ Regulatory assurance: QSG

December 2020

- Enacted 14→10 day isolation rules ✓
- Shielding staff and isolations, where possible, deployed to support nursing recruitment, undertake remote audit, support vaccination administration ✓
- Daily staffing huddles, escalation via Strategic structure ✓
- Daily reporting of rostered vacant positions for the next 28-days ✓
- Daily Board report now produced by HRD with 14-day forward look ✓
- Mobilised non-clinical resource to support ✓
- Established virtual bed bureau to mitigate gaps in ward clerk rotas ✓
- Executive leadership re-deployed to support the emergency care pathway ✓

January-February 2021

- Monitor defined staffing model for new capacity once opened e.g. Emerald Ward
- Review staffing model in the Emergency Department, taking into account variation in demand
- Programme of staff wellbeing and welfare support
- Monthly open forums facilitated by CMO, CNQO & COO for staff to discuss any concerns, issues and experience
- Review of rostering practise to increase most efficient deployment of staff to ensure safe care
- ECIST support – look at the extent to which staff/capacity is matched to demand
- Support from Regional Team
- Additional Executive support to operations
- Redeploy vaccinated staff
- Develop case for enhanced medical model over 7-days

Tests of change

Discharge

December 2020

- Identify ECIST support and mobilise internal team ✓
- Simplify EDN template ✓
- Deploy team of progress chasers alongside Flow Coordinators and to support IDT ✓
- MADE event ✓
- Open Emerald Ward (subject to staffing) ✓
- Establish earlier start time to support discharge planning earlier in the day
- Enhance pharmacy weekend resourcing to support TTOs
- Enhance Exec-to-Exec complex discharge forum
- Establish afternoon Board Rounds consistently
- Ensure 7 day services are in place to support safe patient care and senior decision making and patient review

January 2021

- Mobilise programme approach and project teams
- Establish daily rhythm of Site Ops meetings – supported by digital tools and accurate information e.g. Extramed
- Continue work with ward clerks and 'Virtual Bed Bureau'
- Review 'Emergency' aspects of Consultant job plans – review start times to start earlier
- Story of yesterday/today and Story of Tomorrow meetings
- Begin using Watchtower dashboard and MFT Flow Profile metrics to support PDSA work
- Recruit patients to COVID virtual ward – pulse oximetry at home

February 2021

- Progress system-led work:
 - Continued focus on MFFD via IDS and Direct Booking – Adult Social Care
 - Remote patient monitoring (Docobo)
 - Mobilise Ruby Ward (step down)
- Develop case for enhanced medical model over 7-days
- Align change team resource to the Dept. to support continuous improvement work

ClinOps Leads:
Tracy Stocker

resource:
Jacqui Leslie
Jodie Taggart
Sophie Buck

Improvement

Change method

Virtual bed bureau

Use of Watchtower (Power BI)

Battle rhythm – earlier start time

Weekly quality and safety audits and rapid actions

Digital site office

Enhanced FCP and prof. standards

Enhanced ED/Acute Med interface

Simplify and clarify pathways

Regular virtual MADE events

Frailty rapid assessment

Medway Innovation Institute funding and trained QI Coaches available to support projects, delivered in 12-weeks



Current **QSIR** cohort (26) and **MediLead** cohort of Junior Doctors (25) encouraged to deliver QI projects aligned to this work

PDSA Template

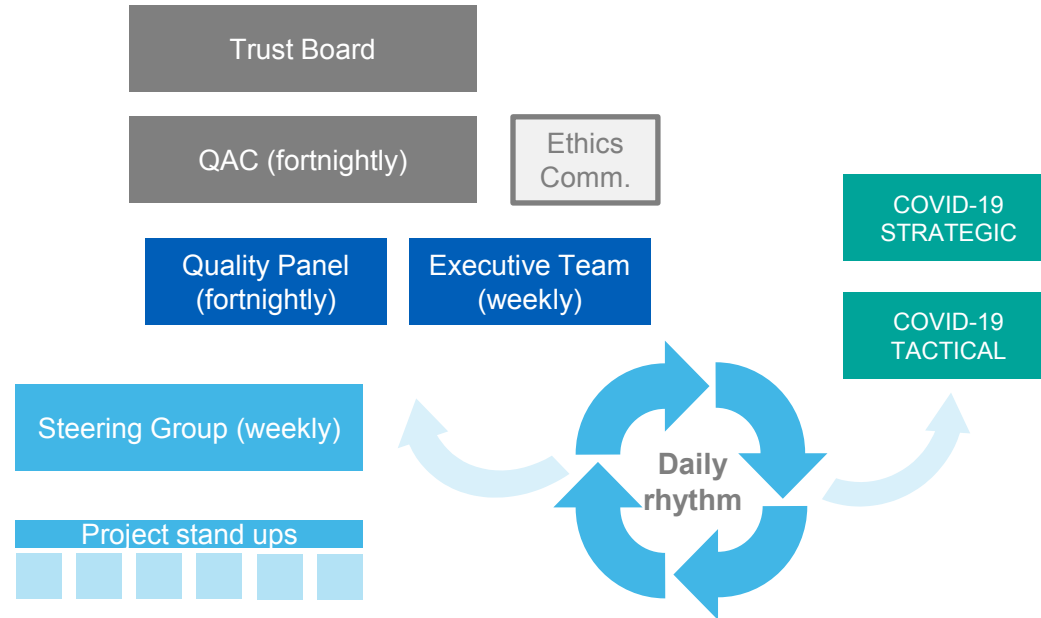
Name: _____ Date: _____

Plan			
Describe your current state (as it is)	Person Responsible	When to be done	Where to be done
Do			
Check the Test			
Study			

Describe what activity...

- Quick to complete
- Action-focused
- Simple 1-page PDSA template for projects driving tests of change – aims, measures, changes/tests

Governance and decision-making



How will this work

- Board assurance via **QAC** sub-committee
- Agile decision-making enabled by EPRR **Strategic and Tactical** decision-making, as required
- **Ethics Committee** to support and expedite more difficult decisions amongst Executive with appropriate Board assurance
- **Quality Panel** to ensure evidence of CQC-related actions and improvement
- Weekly **Steering Group** to drive progress
- All projects to have an **Executive SRO** and a Director/AD-level RO
- Embedded **clinical leadership** in all projects
- Problem-solving, action-focused project meetings. **PDSA** approach to projects – supported by ‘vital few’ metrics

INNOVATION

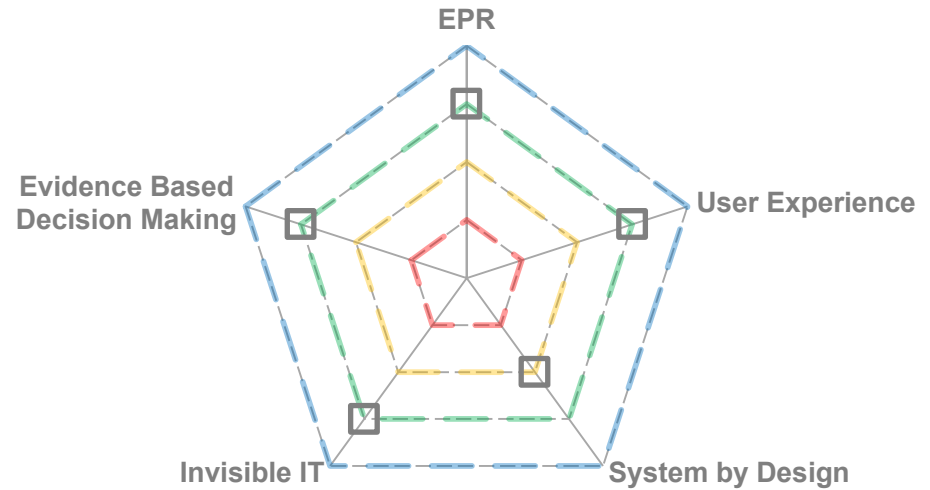
Jack Tabner – Director of Transformation/IT



INNOVATION

Innovation

Mission 1	Electronic Patient Record (EPR)
Mission 2	User Experience
Mission 3	System by Design
Mission 4	Invisible IT
Mission 5	Data and evidence-based decision-making
Mission 6	Medway Innovation Institute



Key updates

- *Allscripts Sunrise* EPR FBC approved
- 8x8 – Feb 1st cut over
- Digital Strategy – to be published in March
- Digital First Team and patient engagement series: “The patient will see you now”
- *Medway Innovation Institute* progressing QSIR and MediLead
- COVID-19 support, including support to vaccination deployment. Home working: laptops, remote desktops
- ICP Digital Strategy forum
- Ongoing capital programme – on track

The next 90 days

- *Patient First* – CQC action plan
 - PDSA approach
 - Digital site office
 - Use of Symphony, Extramed and SHREWD
 - Embedding a QI approach to patient flow and site management
- PAS refresh planned for end of January
- Soliton RIS go-live, Feb 22nd
- Moving to delivery of the EPR
- Finalising and publishing the Digital Strategy
- Progressing plans for digital leadership – in conjunction with ICS and ICP plans e.g. CDIO
- QI strategy development 2021-2023

0-9 Month Deliverables (1 of 2)

Objective	Status	Objective	Status		Status
Ordercomms		Attend anywhere		Kent data sharing (KMCR) Phase 1	
Extramed		Symphony Upgrade		KMCR Phase 2, 3, 4	
EDRMS		SPI	Delayed by 6 months due to Covid	WASP	
Maternity		Remote Patient Monitoring *NEW*		KMMIC RIS	Delayed due to national lockdown – Feb 22 nd
Metavision		Auditbase		Pharmacy community - TCAM	
Bloodtrack		Hybridmail		Core IT storage	
Decommission Galaxy	Agreed to delay decommissioning due to COVID	Omnicell	On hold due to Covid	End User Devices (including Win 10)	
Digital First Team (Clinical Advisory Group)		Mortuary		Server Licensing	
Digital dictation		ICP digital plan *NEW*		Software Licensing	
Perfect ward	Paused due to current pressures	Virtual bed bureau *NEW*		Networks	

0-9 Month Deliverables (2 of 2)

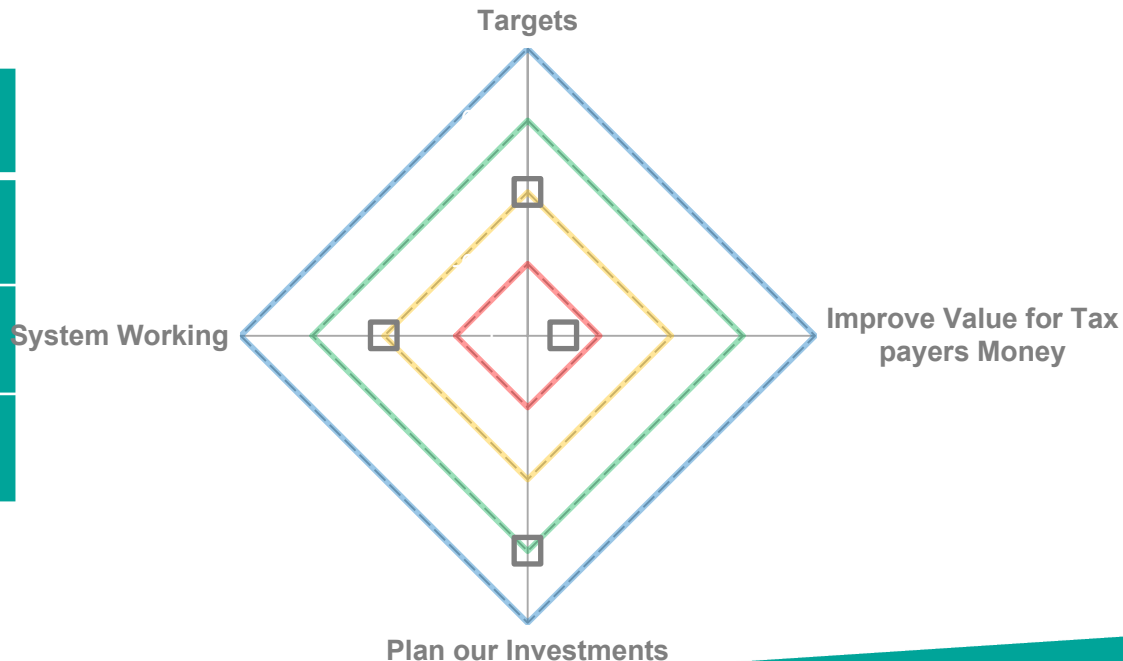
Objective	Status	Objective	Status
Tracker scope		Stabilise IT team	
8x8 / Telephony		Single Sign On	
BI portal		Diabetes 3	
Data infrastructure		PAS Refresh (hardware)	
Data assurance		PAS Upgrade	
Orthodontics		SLAM	
Remote desktop *NEW*		Euroking Decommissioning	
EPR business case		Horizon Project *NEW*	
MFT Digital Strategy			
Home and remote working - including MS Teams			

FINANCIAL STABILITY

Alan Davies - Chief Finance Officer

Financial Stability

Mission 1	Achieve financial targets – ‘Getting to Zero’
Mission 2	Improve Value for Tax Payers’ Money
Mission 3	Plan our Investments Efficiently
Mission 4	System Working



0-9 Month Deliverables

Objective	Status
Reimbursement of Covid costs	Yellow
Management of staff costs	Yellow
Deliver I&E targets	Green
Deliver capital targets	Yellow
Deliver CIP	Red
Benchmarking of services	Green
Product standardisation	Yellow
Plan to recover backlog maintenance	Green
Commercial plan	Yellow
Review of portfolio of services	Yellow

Meeting of the Board of Directors in **Public**

Thursday, 04 February 2021

Assurance Report from Committees

Title of Committee:	People Committee	Agenda Item	8.1
Committee Chair:	Sue Mackenzie, Chair of Committee/NED		
Date of Meeting:	Monday, 18 January 2021		
Lead Director:	Leon Hinton, Chief People Officer		
Report Author:	Leon Hinton, Chief People Officer		

Key headlines and assurance level	
Key headline	Assurance Level
1.IQPR – People KPIs Key highlights were noted as follows: <ul style="list-style-type: none"> • Significant increase in sickness rate to 4.97%, of which 41% is due to covid-related sickness; other sickness reasons are lower than average for December. However, total absences and isolations continue to decrease since a peak on 08 December. • Temporary staffing costs have increased following a combination of increased absences and the opening of additional bed capacity in December. • Appraisal rates have deteriorated following the lift of a national suspend. The appraisal process had previously been updated to bolster the conversation regarding health and wellbeing; communications to managers to ensure wellbeing conversations are occurring. • Statutory and Mandatory training remains consistent and compliant overall; however, classroom-based training, including resus, remains non-compliant with focus on increasing compliance over specific competencies to be addressed through action plans. 	Amber/Red
2. HR Resourcing Dashboard <ul style="list-style-type: none"> • International recruitment has resumed with cohorts commencing through January with strong pipelines through to October; however, reduction of international flights is having an impact. The Trust is working with NHS England and Improvement funding routes for international nurse hires and domestic healthcare support workers. • Medical recruitment continues to deliver a sustained vacancy rate of less than 5% with pipeline delivery on plan. 	Amber/Green

3. Improvement Board – Our People: Organisational Development Update <ul style="list-style-type: none"> Overall the improvement plans remain on plan for all mission areas. Key deliverables of turnover reduction has been met whilst substantive pay bill is behind plan following increased demand for temporary staffing due to isolation, increased sickness and opening of additional capacity. 	Green
4. Staff Health and Wellbeing Strategy <ul style="list-style-type: none"> A draft wellbeing strategy was presented to build on the development and appropriate provision and support to our workforce and use the learning and increasing evidence of the impact of covid-19. 	White
5. EU exit – impact on staffing and mitigation <ul style="list-style-type: none"> The Trust has a process to ensure compliance with the UK's new immigration system and support current EU/EEA/Swiss employees with the European Settlement Scheme prior to deadline and new hires with immigration skills surcharge and compliance with regulated profession qualifications. 	Amber/Green
6. Staff Survey 2020 <ul style="list-style-type: none"> The Trust response rate had fallen by 8% to 35%, most notably across estates and the unplanned care division. Full plans will be determined on publication of the national results in quarter 4, 2020-21. 	White
Decisions made: None to report	
Further Risks Identified: None to report	
Escalations to the Board or other Committee: None to report	