

Trust Board Meeting ('Part 1') - Formal meeting, which is open to members of the public (to observe)

Thu 25 November 2021, 09:45 - 13:00

Virtual Meeting, via Webconference

Agenda

Please note that members of the public will be able to observe the meeting, as it will be broadcast live on the internet, via the Trust's YouTube channel (www.youtube.com/channel/UCBV9L-3FLrluzYSc29211EQ).

11-6

To receive apologies for absence

David Highton

11-7


To declare interests relevant to agenda items

David Highton

11-8

To approve the minutes of the 'Part 1' Trust Board meetings of 28th October 2021 and 11th November 2021

David Highton

 Board minutes, 28.10.21 (Part 1).pdf (7 pages)

 Board minutes, 11.11.21 (Part 1).pdf (1 pages)

11-9

To note progress with previous actions


David Highton

 Board actions log (Part 1).pdf (1 pages)

11-10

Update on the issues relating to Kent Police's Operation Sandpiper

David Highton and Miles Scott

 Update on the issues relating to Kent Police's Operation Sandpiper - November 2021.pdf (3 pages)

11-11

Report from the Chair of the Trust Board

David Highton

 Chair's report.pdf (1 pages)

11-12

Report from the Chief Executive

Miles Scott

 Chief Executive's report - November 2021.pdf (3 pages)

Reports from Trust Board sub-committees

11-13

Quality Committee, 10/11/21

Sarah Dunnett

 Summary of Quality C'ttee, 10.11.21.pdf (2 pages)

11-14

Finance and Performance Committee, 23/11/21

Neil Griffiths

N.B. The report will be issued after the meeting on 23/11/21.

11-15

People and Organisational Development Committee, 18/11/21 (incl. the Guardian of Safe Working Hours Annual Report 2020/21)

Emma Pettitt-Mitchell

 Summary of People and Organisational Development Cttee, 18.11.21 (incl. Guardian of Safe Working Hours Annual report).pdf (5 pages)

11-16

Audit and Governance Committee, 03/11/21 (incl. approval of revised Terms of Reference)

David Morgan

 Summary of Audit and Governance Committee, 03.11.21 (incl. Terms of Reference).pdf (8 pages)

11-17

Charitable Funds Committee, 24/11/21

Integrated Performance Report

11-18

Integrated Performance Report (IPR) for October 2021 (incl. response to the issues in the letter sent by NHS England / Improvement on 26/10/21 regarding ambulance handover delays; and the latest position on inpatients waiting to be discharged)

Miles Scott and colleagues

- 📄 Integrated Performance Report (IPR) for October 2021.pdf (32 pages)
- 📄 2021 Board Ambulance Handover Paper_.pdf (4 pages)
- 📄 Board paper Patients who do not meet the Criteria to Reside.pdf (5 pages)

Planning and strategy

11-19

Nursing and Midwifery staffing review (mid-year update)

Joanna Haworth

- 📄 Nursing and Midwifery staffing review (mid-year update).pdf (10 pages)

11-20

Update on stroke services

Sean Briggs

- 📄 Update on Stroke Services - November 2021.pdf (4 pages)

11-21

The Trust's planning submissions for the second half (H2) of 2021/22

Amanjit Jhund

- 📄 The Trust's planning submissions for the second half (H2) of 2021-22.pdf (15 pages)

11-22

To approve the Business Case for the reconfiguration of the paediatric Emergency Department at Tunbridge Wells Hospital

Sean Briggs

- 📄 To approve the Business Case for the reconfiguration of the paediatric Emergency Department at Tunbridge Wells Hospital.pdf (23 pages)

11-23

Kent and Medway Cancer Services: Oncology Review

Henry Taylor, Katie Goodwin and Charlotte Wadey

N.B. This item is scheduled for 12:05am


 Kent and Medway Cancer Services - Oncology Review.pdf (15 pages)

Quality Items

11-24

Care Quality Commission (CQC) State of Care 2020/21 – Key findings and implications for the Trust

Joanna Haworth

 Care Quality Commission (CQC) State of Care 2020-21.pdf (9 pages)

Assurance and policy

11-25

Update from the SIRO (incl. the current position on the Data Security and Protection Toolkit for 2021/22)

Joanna Haworth

 Update from the SIRO - November 2021.pdf (3 pages)

11-26

Six-monthly update on Estates and Facilities

Miles Scott and Sean Briggs

 Six-monthly update on Estates and Facilities - November 2021.pdf (5 pages)

11-27

To consider any other business

David Highton

11-28

To approve the motion (to enable the Board to convene its ‘Part 2’ meeting) that...

David Highton

in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be

excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY
28TH OCTOBER 2021, 9:45 A.M, VIRTUAL VIA WEBCONFERENCE**

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board (Chair)	(DH)
	Sean Briggs	Chief Operating Officer (from item 10-2)	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Sarah Dunnett	Non-Executive Director (N.B. Not present at various points during the meeting)	(SDu)
	Jo Haworth	Chief Nurse	(JH)
	Peter Maskell	Medical Director	(PM)
	Steve Orpin	Deputy Chief Executive/Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Miles Scott	Chief Executive (for items 10-1 to 10-6 and 10-13 to 10-19)	(MS)
In attendance:	Karen Cox	Associate Non-Executive Director	(KC)
	Richard Finn	Associate Non-Executive Director	(RF)
	Amanjit Jhund	Director of Strategy, Planning and Partnerships	(AJ)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Sue Steen	Chief People Officer	(SS)
	Jo Webber	Associate Non-Executive Director	(JW)
	Kevin Rowan	Trust Secretary	(KR)
	Sarah Blanchard-Stow	Divisional Director of Midwifery, Nursing and Quality (for item 10-12)	(SBS)
	Ola Gbadebo-Saba	Deputy Freedom to Speak Up Guardian (for item 10-15)	(OGS)
Observing:	The meeting was livestreamed on the Trust's YouTube channel.		

[N.B. Some items were considered in a different order to that listed on the agenda]

10-1 To receive apologies for absence

Apologies were received from Neil Griffiths (NG), Non-Executive Director; and David Morgan (DM), Non-Executive Director. DH also noted that MS would need to leave the meeting at 10am to attend to an important operational matter, whilst SDu would need to leave the meeting at various points to participate in a meeting at another NHS organisation.

10-2 To declare interests relevant to agenda items

No interests were declared.

10-3 To approve the minutes of the 'Part 1' Trust Board meeting of 23rd September 2021

The minutes were approved as a true and accurate record of the meeting, subject to the addition of JH to the list of those "Present".

Action: Amend the minutes of the 'Part 1' Trust Board meeting of 23rd September 2021 to reflect the changes agreed at the Trust Board meeting on 28th October 2021 (Trust Secretary, October 2021 onwards)

10-4 To note progress with previous actions

The content of the submitted report was noted and the following action was discussed in detail:

- **09-14 ("Liaise with the Risk and Compliance Manager to advise on how Statistical Process Control (SPC) methods could be applied to the monitoring of health and safety-related statistics.").** SO reported that he had made contact with the Risk and Compliance Manager and he had arranged a meeting with them once they had returned from Annual Leave (A/L). DH therefore confirmed the action should remain open.

10-5 Report from the Chair of the Trust Board

DH referred to the submitted report and highlighted the following points:

- The general healthcare system was under significant pressure and those pressures had been felt locally at the Trust, particularly with managing the high volume of Emergency Department (ED) patients at the same time as trying to recover elective activity. DH would therefore like to formally record the Trust Board's appreciation and recognition of the staff's resilience.
- MC had been reappointed as a Non-Executive Director for a further four years, whilst SDu would leave the Trust Board, after two full terms, at the end of December 2021. A process had been commenced to recruit a successor to SDu.
- The consultant appointments that had been made reflected the significant progress the Trust had made in attracting high quality candidates.

10-6 Report from the Chief Executive

MS referred to the submitted report and highlighted the reasons underlying the pressures the Trust currently faced, and the targeted work that had been done by SS and others in relation to recruitment had started to reap benefits, particularly in relation to the recruitment of consultants and in theatres. MS also invited comments or questions on the remainder on the specific content of the report. None were received.

Integrated Performance Report

10-7 Integrated Performance Report (IPR) for September 2021 (incl. an update on the latest position regarding operational pressures within paediatrics)

SO introduced the report and highlighted that the Trust continued to operate effectively, despite the continued increase in clinical activity, and the aforementioned staffing challenges. JH then referred to the "Safe" domain and reported the following points:

- Some of the metrics that were not performing as planned relating to the staffing levels that had been highlighted by SO, although there were many initiatives underway to address the issues, including the Recruitment & Retention Taskforce, recruiting a Lead Matron for recruitment and retention, and increasing the Bank pay rates to attract temporary staff.
- The C.diff rate was above the expected level, and although some specific actions were being taken, including on commodes and antibiotic stewardship, staffing was also likely to be a factor.
- The falls rate was not as desired, but actions were in place, including a stakeholder event.
- The Never Event related to a retained guidewire. An investigation was underway and was progressing well, and there had been some immediate learning, to ensure correct proformas were in situ in that area. Both the Clinical Commissioning Group (CCG) and Care Quality Commission (CQC) were aware of the Never Event.

SM then referred to infection control aspects under the "Safe" domain and reported the following points:

- As JH had noted, there had been a slight rise in C.diff in September 2021, although there had been a widespread increase in C.Diff across the country.
- There had been no MRSA bacteraemia cases in September.
- COVID-19 levels had stabilised in September, but there had been increases since then, and the highest number had been seen that day. However, the Trust had well-established pathways for managing such patients.

DH asked about the age range of the COVID-19 admissions. SM replied that in September, the range had been quite broad, but the range had then shifted towards the elderly population, and may be related to waning immunity.

EPM asked whether there had been any cases of flu. SM replied that there had only been one case, although there had been some cases of Respiratory Syncytial Virus (RSV).

JW asked about the vaccination programme for staff. SM replied that the COVID-19 booster and flu vaccine programmes had been quite successful thus far.

PM then referred to the “Effective” domain and reported the following points:

- There was an error in the IPR in relation to elective readmissions, as it should be reported as 6.9%. PM would therefore investigate why a different rate had been reported.
- PM would monitor the COVID-19-related mortality closely, as the Trust had been identified as an outlier.
- PM had visited the wards that day and discussed the COVID-19 vaccine with staff.
- There were no plans to stand down the COVID-19 Ethics Committee, and the Committee had approved the pathways for Palliative Care.

SB added his commendation of the work that PM and the Stroke team had done to achieve the ‘A’ rating on the Sentinel Stroke National Audit Programme (SSNAP).

JH then referred to the “Caring” domain and reported the following points:

- Many of the metrics were related to the aforementioned staffing challenges.
- The complaints response rate had dropped to 56.8%, due to staffing issues. The average number of complaints per month had previously been circa 45, but this had increased to 55 in September 2021.
- The Friends and Family Test (FFT) response rates had reduced, but work was underway to address this, although the “Plan” for a 68.0% response was being reviewed, to consider whether that was appropriate when compared to other Trusts’ targets.

MC welcomed JH’s comments regarding the FFT, but emphasised the need to continue to ask what patients felt about their experiences at the Trust. JH acknowledged the point and elaborated on the various options being considered to obtain such feedback.

SB then referred to the “Responsive” domain and reported the following points:

- SB would speak about the ED pressures and staffing issues in more detail under item 10-8, but he wanted to commend the ED teams for their ambulance handover performance, which remained strong, despite the aforementioned pressures.
- Cancer referrals had increased by circa 25% in 2021/22, across all tumour groups, and there had been pressure on the waiting list backlog, some of which was related to referrals received late in the patient pathway from other Trusts.
- There were now only 16 patients that had waited over 52 weeks for treatment, which had reduced from circa 1000 patients in April 2021. MS had highlighted that the Trust had been the second best Trust in the country at reducing that backlog.
- Progress with outpatient transformation had been affected by the need to prioritise other areas, but the work was still taking place.

EPM asked whether elective pressures would also be discussed during item 10-8, in terms of elective activity continuing during the winter. SB confirmed that the Trust expected elective activity to continue as planned during the winter.

DH noted that SB had discussed ambulance handover delays, and SB was likely aware that Trust Chairs and Chief Executives had received a letter from NHS England/Improvement (NHSE/I) on 27/10/21 asking for ambulance handovers to be eliminated, and although the Trust had performed well, the position that was expected by NHSE/I would require an improvement by the Trust. DH also noted that the letter had asked that the issue be discussed by the Trust Board, so DH would like the point noted for time being but proposed that a more detailed update, to include an Integrated Care System (ICS) response, be scheduled at the Trust Board meeting in November. This was agreed and SB elaborated on the current performance. PM also welcomed the inclusion on an ICS-wide response with the report requested at the November 2021 Trust Board meeting.

Action: Submit a report to the Trust Board in November 2021 in response to the issues in the letter sent by NHS England/Improvement on 26/10/21 regarding ambulance handover delays (Chief Operating Officer, November 2021)

SS then referred to the workforce aspects of the “Well-led” domain and reported the following points:

- The aforementioned staffing issues required a focus on nursing staff, as there was a 22% vacancy rate among nurses, although much of that related to service expansions.

- 124 international nurses had been recruited over the past year, and the Trust intended to recruit a further 74 nurses, although that level of further recruitment was likely to be optimistic.
- There were many recruitment campaigns underway, including in stroke, respiratory, and outpatients.
- Some support had been engaged from an external media organisation, to help improve the Trust's branding and social media profile. Some recruitment events had also been scheduled.
- A new pathway for Clinical Support Workers (CSWs) had been introduced, which was hoped would attract staff from the local community.
- There was also a focus on retention, and some additional resources would be explored for that aspect.
- There had been great Divisional representation at the weekly Recruitment & Retention Task Force meetings, and there had been a clear message that the Trust was recruiting to turnover, not to establishment.

JW referred to the climate survey results for August, which JW felt were quite concerning, and queried whether the findings were being considered. SS confirmed there had been a line-by-line review of the staffing levels in each area.

RF welcomed the range of initiatives but asked whether there was anything that could be done to combat the salary advantages that could be deployed by Foundation Trusts or London-based Trusts. SS acknowledged that some of the reasons for staff leaving were related to salary, but there were other factors too, so there was more that could be done to retain staff.

SO then referred to the financial aspects of the "Well-led" domain & reported the following points:

- The Trust ended the first half of 2021/22 in a good position i.e. on plan and circa break even.
- There was still some uncertainty regarding the second half of 2021/22, particularly in terms of income.
- The Trust was planning that the aforementioned recruitment initiatives would increase staffing, but it was likely that the winter would still see significant levels of temporary staffing usage.

Planning and strategy

10-8 Review of the draft winter plan for 2021/22

SB firstly introduced the plan by reporting the issues affecting the Trust's EDs. SB then noted that NHSE/I had visited the Trust recently to review the ED processes and had confirmed such processes were good; while it had been anticipated that the implementation period of the new Electronic Patient Record (EPR) would lead to a decline in ED 4-hour waiting time target performance and that had proved to be the case. SB continued that there had however been other factors that had affected performance, including an increase in patients' clinical acuity, and record-breaking attendances.

SB then elaborated on the winter pressures affecting current performance, including the staffing challenges, high levels of clinical demand, patient flow, and the challenges affecting community and social care. SB stated that he was therefore concerned about the Trust's ability to manage during the winter, as it would not be able to rely on the previous capacity provided by the community. SB however stated that there were a range of schemes planned, which included review of the processes for Same Day Emergency Care (SDEC) and Ambulatory Emergency Care (AEC), and optimising the use of Independent Sector Providers (ISPs).

DH commended SB and the Deputy Chief Operating Officer on the quality of the submitted report but referred to the discharge to assess pathways on page 30 of 37 and noted that Kent Community Health NHS Foundation Trust were commissioned to provide a Hospital at Home service, and asked whether that was allocated to Pathway 0 or Pathway 1. SB replied that the Hospital at Home service effectively existed as its own Pathway and elaborated on the status of the service, and the potential for the future.

10-9 To review a Strategic Outline Case (SOC) for cardiology

SB firstly thanked AJ for his work on the SOC. SB then referred to the submitted report and highlighted the underlying rationale for the change.

DH referred to the total managed service for consumables and confirmed his support, as that may help address the continuing constraints regarding capital funding for medical equipment. SB acknowledged the point.

DH also asked whether the reference to the Getting It Right First Time (GIRFT) standards had been helpful in obtaining support from the Kent County Council's Health Overview and Scrutiny Committee (HOSC). AJ confirmed that had been the case.

The Trust Board then confirmed its support for the development of a Full Business Case once the engagement period was complete, in January 2022, with a view to progressing the development of the cardiology service in line with GIRFT and strategic objectives during 2022.

10-10 To approve the Outline Business Cases (OBCs) for the new Picture Archiving and Communication System (PACS) and Radiology Information System (RIS)

DH firstly highlighted that the OBCs had been discussed in detail at the Finance and Performance Committee meeting on 26/10/21, and he had been agreed with NG and RF, who had been present, that the Director of IT and Radiology Transformation Programme Manager did not need to attend the Trust Board meeting as had originally been intended, as the Finance and Performance Committee made a clear recommendation that the OBCs should be approved by the Trust Board.

Questions were invited. None were received.

The OBCs for the new PACS and RIS were approved as submitted.

Quality items

10-11 Findings of the national inpatient survey 2020

JH referred to the submitted report and highlighted the following points:

- The survey was usually annual, but there had been no survey in November 2019. A change in methodology had also meant that comparison with previous years' surveys was not possible.
- The five best areas of the Trust's performance were listed on page 4 of 94, and included sleeping at night. The five worst areas were also listed on that page.
- There was existing work underway regarding discharge, including on the quality of discharges, to aim to prevent readmission.

EPM asked how JH would manage the action plan, and what role the Patient Experience Committee would play. JH confirmed that she had discussed the role of the Patient Experience Committee with MC, while she was also considering how the survey could be discussed at the Quality Committee.

RF referred to pages 2 and 3 of 94 and asked about the timescales for the "Short term..." and "Mid to long term..." actions. JH replied that further work was required with the Divisions regarding the latter but it was intended to include the areas listed in the former in existing programmes of work.

DH referred to the "Rolling out a newly designed "discharge card" for all discharges" on page 3 of 94 and noted that he was not in favour of introducing manual forms, so encouraged JH to develop a digital solution if feasible. JH acknowledged the point.

JW asked for confirmation that the monitoring of the action plan would be undertaken via the Patient Experience Committee, and JH confirmed that would be the case.

10-12 Quarterly maternity services report

JH introduced SBS to the Trust Board. SB then referred to the submitted report and highlighted the following points:

- The report was the first of a new quarterly report but the report had not yet been considered at the Quality Committee.
- All Healthcare Safety Investigation Branch (HSIB) investigations now needed to be declared as Serious Incidents (SIs).

DH asked whether the HSIB and Trust SI investigations were aligned. SBS confirmed that was the case, as the Trust's SI investigation was an initial investigation that was then handed to the HSIB for more detailed investigation. SBS then continued and highlighted the remainder of the report's content.

KC commended the report and the fact that SBS had attended the Trust Board, so that the Trust Board could hear from her directly. KC also queried whether the compliance percentages could be indicated as positive or negative, and also perhaps include some national comparators. KC also asked about feedback from service users, and whether there was anything available to indicate ethnicity-related differences to the data. SB replied that advice on service user feedback was obtained via the Maternity Voices Partnership (MVP) lead. SBS also noted that the service had also recently received the embargoed results of the national Maternity Survey, and the findings would be reviewed and responded to in due course. SBS also elaborated on the further action that had been taken in relation to the issues raised by KC.

DH noted that the revised version of the report would be considered at the Trust Board in three months.

Assurance and policy

10-13 Report on the Trust's COVID-19 response

SB referred to the submitted report and highlighted that the Communications Team had collated the report which showed the story of the COVID-19 period from the perspective of staff.

DH commended the report.

10-14 Quarterly report from the Freedom to Speak Up Guardian

OGS referred to the submitted report and highlighted the following points:

- The National Guardians Office had undertaken a review of the speaking up culture and arrangements at Blackpool Teaching Hospitals NHS Foundation Trust and some of the themes were relevant to Maidstone and Tunbridge Wells NHS Trust. Such themes included the visibility and accessibility of leaders, particularly for staff such as in Estates and Facilities who did not have NHS emails or access to the Trust intranet.
- 53 concerns had been raised to the Freedom To Speak Up Guardians (FTSUGs) in the last quarter, which illustrated that staff felt more empowered to raise their concerns.
- There were 27 Safe Space champions that supported the FTSUGs.
- The work of the FTSUG was only possible with the support and investment from the Trust Board.

EPM noted the reference to the anonymous reporting portal on page 3 of 7 and asked whether the effectiveness of the portal had been measured i.e. to test whether it was used by staff. OGS noted that there was limited information available from the portal and acknowledged it could be promoted more. EPM asked how long it had been in place. OGS confirmed she did not know for certain, but it had been in place for at least one year.

EPM also asked whether the Safe Space Champions had received any training. OGS gave details of the coaching and support the Champions had received.

RF referred to page 7 of 7 and noted that the number of concerns in the "Other" category for July to September 2021 exceeded the totals in the other categories, so queried whether the categorisations needed to be expanded. OGS gave details of the concerns in the "Other" category and confirmed that the "Other" concerns could be categorised further in future reports.

Action: Review the categorisation of the themes included in the “Other” category in the “Data Collection; Concerns Raised” section of future quarterly reports from the Freedom to Speak Up Guardian (Deputy Freedom to Speak Up Guardian, January 2022 onwards)

SS then thanked OGS and the wider FTSUG team for their work.

Reports from Trust Board sub-committees

10-15 Quality Committee, 13/10/21

SDu referred to the submitted report and highlighted that there were no specific concerns that needed to be brought to the Trust Board’s attention.

10-16 People and Organisational Development Committee, 22/10/21

EPM referred to the submitted report and highlighted that the meeting had also been a ‘deep dive’, and had focused on recruitment and retention, as well as employee relations cases and the Human Resources Business Partner operating model. EPM added that the latter would be the subject of a Business Case that was intended to be considered at the Finance and Performance Committee in December 2021.

10-17 Finance and Performance Committee, 26/10/21

In NG’s absence, DH referred to the submitted report and highlighted that the Committee had determined that the Farm Cottage property should be considered as surplus to requirement with no future economic value; and had also retrospectively approved the Business Case for the Trust’s lease of Unit C in Hermitage Court, Maidstone. DH also noted that the Committee had emphasised the need to ensure there a ‘line of sight’ to patient care for staff who working outside of the main hospital sites.

Other matters

10-18 To consider any other business

KR asked the Trust Board to delegate the authority to the ‘Part 2’ Trust Board meeting scheduled for later that day to make decisions regarding the Kent and Medway Medical School (KMMS) accommodation. The requested authority was duly granted.

10-19 To approve the motion (to enable the Board to convene its ‘Part 2’ meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

The motion was approved, which enabled the ‘Part 2’ Trust Board meeting to be convened.

**MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY
11TH NOVEMBER 2021, 10 A.M, VIRTUAL VIA WEBCONFERENCE**

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board (Chair)	(DH)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Sarah Dunnett	Non-Executive Director	(SDu)
	Neil Griffiths	Non-Executive Director	(NG)
	Peter Maskell	Medical Director	(PM)
	David Morgan	Non-Executive Director	(DM)
	Steve Orpin	Deputy Chief Executive/Chief Finance Officer	(SO)
	Miles Scott	Chief Executive	(MS)
In attendance:	Richard Finn	Associate Non-Executive Director	(RF)
	Amanjit Jhund	Director of Strategy, Planning and Partnerships	(AJ)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Sue Steen	Chief People Officer (from 11-3)	(SS)
	Jo Webber	Associate Non-Executive Director	(JW)
	Sally Foy	Operational Director of Nursing / Divisional Director of Nursing & Quality, Medicine and Emergency Care	(SF)
	Kevin Rowan	Trust Secretary	(KR)
Observing:	The meeting was livestreamed on the Trust's YouTube channel.		

11-1 To receive apologies for absence

Apologies were received from Jo Haworth (JH), Chief Nurse (although it was noted that SF was attending in place of JH); and Emma Pettitt-Mitchell (EPM), Non-Executive Director. It was also noted that Karen Cox (KC), Associate Non-Executive Director, would not be in attendance.

11-2 To declare interests relevant to agenda items

No interests were declared.

11-3 To approve the motion to delegate the authority to the 'Part 2' Trust Board meeting scheduled on 11th November 2021 to consider issues and make decisions arising from Kent Police's Operation Sandpiper

DH referred to the submitted report and highlighted the key points therein. The Trust Board then approved the motion.

11-4 To consider any other business

There was no other business.

11-5 To approve the motion (to enable the Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

The motion was approved, which enabled the 'Part 2' Trust Board meeting to be convened.

Trust Board Meeting – 25th November 2021

Log of outstanding actions from previous meetings

Chair of the Trust Board

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress ¹
N/A	N/A	N/A	N/A	N/A
				N/A

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
09-14	Liaise with the Risk and Compliance Manager to advise on how Statistical Process Control (SPC) methods could be applied to the monitoring of health and safety-related statistics.	Deputy Chief Executive / Chief Finance Officer	November 2021	Liaison has occurred, and support will be provided by the Trust's Business Intelligence team
10-3	Amend the minutes of the 'Part 1' Trust Board meeting of 23 rd September 2021 to reflect the changes agreed at the Trust Board meeting on 28 th October 2021	Trust Secretary	November 2021	The minutes were amended.
10-7	Submit a report to the Trust Board in November 2021 in response to the issues in the letter sent by NHS England / Improvement on 26/10/21 regarding ambulance handover delays	Chief Operating Officer	November 2021	A report has been submitted to the Trust Board meeting on 25/11/21.

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
10-14	Review the categorisation of the themes included in the "Other" category in the "Data Collection; Concerns Raised" section of future quarterly reports from the Freedom to Speak Up Guardian	Deputy Freedom to Speak Up Guardian	January 2022 onwards	This will be addressed when the next quarterly report from the Freedom to Speak Up Guardian is submitted to the Trust Board (in January 2022).

1

Not started

On track

Issue / delay

Decision required

**Update on the issues relating to Kent
Police's Operation Sandpiper**

Chair of the Trust Board; and Chief Executive

The enclosed report provides an update on the issues relating to Kent Police's Operation Sandpiper

Which Committees have reviewed the information prior to Board submission?

- N/A

Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹

Information and assurance

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Update on Operation Sandpiper

Background

The David Fuller murder trial concluded at Maidstone Crown Court on 4th November when Fuller entered a guilty plea to the murders of Wendy Knell and Caroline Pierce in Tunbridge Wells in 1987. Fuller, who worked as an NHS maintenance supervisor at the Kent and Sussex Hospital and then as an employee of Interserve/Mitie at the new Tunbridge Wells Hospital, also admitted carrying out a range of other offences, notably in the mortuaries of these hospitals. He is expected to be sentenced for the murders, mortuary and other offences in December.

Family and staff support

The Trust continues to provide support and care to the families of Fuller's victims. Specialist Police Family Liaison Officers are also offering families whatever help or assistance the families may need.

A range of welfare measures has also been put in place to support staff who may be impacted by the Fuller trial.

Inquiry

The Trust commissioned an investigation, independently chaired by Sir Jonathan Michael, into the mortuary offences in February. Progress to date has been constrained by the ability to carry out interviews while the legal proceedings were outstanding. Following the trial and the completion of interviews the investigation was expected to report its findings and recommendations to the Trust.

On 8th November the Secretary of State for Health and Social Care, Rt Hon Sajid Javid MP, announced that an independent non-statutory inquiry will replace the Trust commissioned investigation and will report to the Secretary of State. The expectation is that phase one of the inquiry will focus on the details of Fuller's offending in Tunbridge Wells and will determine the wider national questions for the NHS and other sectors. This is expected to be published in the early part of 2022. Phase two is expected to consider the wider national issues. A date for the conclusion of the inquiry is yet to be confirmed.

This inquiry will continue to be led by Sir Jonathan Michael and the work Sir Jonathan has already carried out will transfer to the new inquiry. Terms of Reference for the inquiry will be agreed with the Secretary of State for Health and Social Care.

Public comment

At the conclusion of the trial on 4th November the Trust issued the following statement to the media:

Miles Scott, Trust Chief Executive, said: "I want to say on behalf of the Trust, how shocked and appalled I am by the criminal activity by David Fuller in our hospital mortuary that has been revealed in court this week.

And most importantly, I want to apologise to the families of those who've been the victims of these terrible crimes.

We've been working with a team of specialist Police Family Liaison Officers to offer these families whatever help or assistance they may need.

I am confident that our mortuary today is safe and secure. But I am determined to see if there are any lessons to be learned or systems to be improved.

Sir Jonathan Michael – a Fellow of the Royal College of Physicians – has been commissioned to independently chair an investigation into how this could have happened and to identify anything we could or should have done to avoid it.

Sir Jonathan has begun work on his investigation and once completed I'll be able to say more.

I will ensure that staff at our hospitals are supported as they also process this shocking news. Our mortuary team have been particularly distressed to learn about what has been revealed over the course of this trial.

My immediate priority, though, is to ensure the families of Fuller's victims are given the time, space and privacy to come to terms with what they've learned – and that they receive all the care and support they need."

The Trust has made it clear in discussions with families and the media that we intend to be completely open and transparent on Fuller's criminal activity. The appropriate course of action is for us first to engage with the independent inquiry commissioned by the Secretary of State. We will be in a position to say more publicly once Sir Jonathan's interim report, covering phase one of the inquiry, has been completed.

NHS England/Improvement (NHSE/I) mortuary review

In October NHSE/I asked all trusts with mortuaries or body stores to review their ways of working and security practices. The Trust has returned its submission to NHSE/I and is fully compliant with the guidance issued by NHSE/I.

Report from the Chair of the Trust Board	Chair of the Trust Board
<p>Integrated Care Board (ICB) appointments</p> <p>Cedi Frederick has been appointed as Chair Designate of the new Kent and Medway NHS ICB and Paul Bentley has been appointed as the Designate Chief Executive. The ICB, which is due to be established in April 2022, is part of new arrangements to improve joint working across the NHS, local authorities and a wide range of other local partners; to improve health and wellbeing outcomes and reduce health inequalities. The Kent and Medway Clinical Commissioning Group will be replaced by these new integrated care arrangements.</p> <p>Mr Frederick was the Chair at North Middlesex NHS Trust until the end of October 2021, while Mr Bentley is currently the Chief Executive of Kent Community Health NHS Foundation Trust (and was previously the Director of Strategy and Workforce at Maidstone and Tunbridge Wells NHS Trust).</p> <p>Consultant appointments</p> <p>I and my Non-Executive colleagues are responsible for chairing Advisory Appointment Committees (AACs) for the appointment of new substantive Consultants, and the Trust follows the Good Practice Guidance issued by the Department of Health, in particular delegating the decision to appoint to the AAC, evidenced by the signature of the Chair of the AAC and two other Committee members. No delegated appointments have been made by the AAC since the previous report to the Trust Board.</p>	
<p>Which Committees have reviewed the information prior to Board submission?</p> <p>N/A</p>	
<p>Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹</p> <p>Information</p>	

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Report from the Chief Executive

Chief Executive

I wish to draw the points detailed below to the attention of the Board:

1. As you can read via the separate report on the Trust Board agenda the David Fuller murder trial concluded earlier this month following a guilty plea by Fuller. Sentencing is expected to take place shortly. Last week the Secretary of State for Health and Social Care, Sajid Javid, announced a national independent inquiry will take place to see if lessons for MTW, the wider NHS and other settings, can be learned from this shocking criminal activity. [You can read the statement issued by the Trust in full here](#). We are continuing to offer the families of Fuller's victims whatever help or assistance they need and are ensuring staff at our hospitals are also supported.
2. As you can read via the separate report on the Trust Board agenda on 4th November, the Secretary of State for Health and Social Care, Sajid Javid, announced that Kent and Medway will have three Hyper-acute Stroke Units/Acute Stroke Units based at Kent and Canterbury Hospital, Darent Valley Hospital and Maidstone Hospital. This means that Kent and Medway Clinical Commissioning Group (CCG) can now progress the detailed plans in place with the three trusts to implement the new units. The CCG will complete the outline and full business case requirements by summer 2022 for NHS England / Improvement (NHSE/I) approval. More detailed planning and design work for the new unit at MTW will commence in January 2022 with the release of some capital to start this process. The current timeline for delivery of the build at MTW is March 2024 although we are considering if and how we can bring this forward. This is a great opportunity to build on the work we have already done in stroke over the last three years to improve the service including:
 - Consolidating MTW stroke services onto one site with the closure of Tunbridge Wells Stroke Unit in September 2019
 - Increasing the number of acute beds on the unit from 22 to 46 beds to cope with an increase in patients following the closure of stroke services at Medway Maritime Hospital in July 2020
 - Improvements in staffing with the increase in bed capacity
 - Improvements in patient pathways and patient flow
 - Improvements in clinical processes and commensurate reductions in length of hospital stay
 - Delivery of two innovative stroke rehabilitation initiatives.
3. The winter period will be challenging with continuing high demand, COVID-19 admissions, flu, paediatric respiratory viruses and possible severe weather. We are committed to working together across the Trust to manage these challenges, learning from our experience of previous winters and put in place our operational plan to continue providing care to patients and supporting our colleagues, with actions including:
 - Use of our TeleTracking bed management system for real-time information to anticipate capacity pressures and manage them effectively to support best possible flow
 - Continuing to build on demand management services such as NHS 111 and Urgent Treatment Centres
 - The recent launch of our 'Safer Better Sooner' programme of work, which is designed to reduce length of stay on inpatient wards, improve flow and ensure the right patient is in the right bed for their condition.
 - Continuing COVID-19 booster and flu vaccination clinics for all staff.
4. The Department of Health and Social Care has formally announced that individuals undertaking Care Quality Commission (CQC) regulated activities in England must be fully vaccinated

against COVID-19 no later than 1st April 2022 to protect patients, regardless of their employer, including secondary and primary care. Plans will be in place at MTW for the remaining unvaccinated staff and unvaccinated new starters to have access to their first dose by 3rd February 2022, in order to have received their second dose by the 1st April 2022 deadline. Any staff with the agreed exemptions will be recorded on the national system.

5. This month we launched our winter wellbeing programme to support staff over this busy and challenging period. This includes the launch of our #onlyhuman campaign - aimed at encouraging staff not just to look after themselves but to actively look out for the wellbeing of colleagues. Other areas of focus include:
 - The recruitment of a team of trained Wellbeing Partners who will work alongside managers and their teams to ensure staff know where and how to access support if they or others need it
 - The transformation of our Wingman marquees into wellbeing lounges to provide a safe space for staff to recharge, connect with others and access support. These will be staffed by trained wellbeing staff and the refurbishment is due to be completed over the next month
 - The makeover of staff rooms across the Trust with new décor, water coolers and furniture to create a more welcoming space for staff.
6. In other areas of improvement for staff, as part of our space project we are looking at how best the Trust can use space on the Maidstone site with the ongoing COVID-19 pandemic highlighting the need for increased office space. At the end of October, Human Resources colleagues from teams including Recruitment, Medical Staffing and Workforce moved into their new home at the Roundall, located close to Maidstone Hospital, with the area being converted into comfortable office space across three floors.
7. Our Recruitment campaigns continue apace with the launch of a series of campaigns across Stroke, Respiratory and Oncology. In recent weeks we've also launched campaigns for our Emergency Departments and we can take real optimism from this as we are now fully staffed at Maidstone Theatres thanks to this campaign. Our key focus remains to fill all vacancies at the Trust and we're working with teams to create recruitment packs and videos tailored to their divisions.
8. Our first Community Diagnostic Centre is now up and running in Hermitage Court, Maidstone - a West Kent Integrated Care Partnership (ICP) development led by the Trust. The centre increases our diagnostic capacity, offering patients in West Kent access to diagnostic tests closer to home, and delivers a more personalised diagnostic service. GPs are now able to refer patients to the centre so they can access these services in the community and be diagnosed for a range of conditions, rather than travelling to one of our hospitals. Diagnostic services now available at the centre include CT and MRI with a plan to include ultrasound, DEXA (bone density) scans, phlebotomy and Point of Care Testing services as soon as possible.
9. The West Kent Health & Care partnership will also form part of the new integration arrangements and the dedicated Joint Programme Management Office (JPMO) have already been working with staff across the partnership to successfully established some key community-based services including:
 - The Kent & Medway Post COVID-19 Assessment Service – now supporting an average referral rate of 38 patients a week with long COVID symptoms
 - West Kent Oximetry @ Home service – which is monitoring and supporting an average referral rate of 10 patients a week
 - Three Urgent Treatment Centres across West Kent – with MTW treating on average 1,200 walk-in patients a week (40% of the MTW Emergency Department walk-in weekly activity)

These services are now running as business as usual and the partnership have turned their attention to implementing the new clinical and professional transformation areas including:

- Frailty and complex needs
- Adult mental health and dementia
- Children's mental health and autism
- Primary care demand and capacity
- Integrated working in neighbourhood areas (Primary Care Network level)

10. Our Networks continue to be very active within the Trust. Our **Disability** Network is in the process of appointing a Chair to lead the network going forward. The network has provided vital input into our new staff Health Passport which is progressing well. This provides a framework to discuss a staff member's health, how it influences their work life and how we can work together to make changes to improve their work life. As part of Black History month, our Equality, Diversity and Inclusion (EDI) department launched a White Ally training programme. This is aimed at our white colleagues to educate our staff to become better allies to our BAME colleagues and patients and help us all move towards becoming anti-racist. The training includes: a history of racism and understanding racism, white privilege, white fragility, micro-aggressions and becoming anti-racist. We have also recently launched Trans Awareness training to help our staff better understand the needs of our trans patients and ensure they have a positive experience when accessing treatment at the Trust.
11. The annual national NHS survey continues and is an opportunity for our staff to have their say about what they like and don't like about working at MTW and use their voice to shape our Trust. The results from the survey enable us to focus on improving the things that matter to our staff by identifying areas where we can do more to support. We are currently tracking above the national average, with a response rate to date of 46% (national average is 38%). We're looking for as many colleagues as possible to have their say before the survey closes on 26 November, and are working closely with our HR Business Partners, EDI team and One Team runners.
12. As you can read via the separate report on the Trust Board agenda the CQC has recently published its new State of Care report, [The state of health care and adult social care in England 2020/21](#), setting out its annual assessment of the quality of health and social care in England over the past year. Key points in the report include:
- The impact of COVID-19 on people's experiences of care, with many struggling to access the care they need due to the strain on health and care services
 - Concerns around urgent and emergency services, ambulance handovers and a rise in demand for mental health services
 - CQC discusses the challenges for integrated care systems, including the need to better understand health inequalities, for better integration of health and social care, and the urgent need to prioritise workforce planning.
13. Congratulations to the winners of the Trust's Employee of the Month scheme for October, Emily Parsons and Louise Griva, Macmillan Cancer Support Workers. On behalf of the Trust Board I would like to say thank you to Emily and Louise for their fantastic work to help support our colleagues and patients.

Which Committees have reviewed the information prior to Board submission?

N/A

Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹

Information and assurance

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Summary report from Quality Committee, 10/11/21 Committee Chair (Non-Exec. Director)

The Quality Committee met on 10th November (a 'main' meeting), via virtual means.

1. The key matters considered at the meeting were as follows:

- The issues raised from the **reports from the clinical Divisions** highlighted continued shared issues & risks around increased activity, safe staffing, workforce vacancies and patient flow. Increased challenge around violence & aggression from patients & visitors not wearing masks was also noted as a common theme across divisions. The Committee commended the continued attainment of cancer access standards by the Cancer Services Division
- The Divisional Director of Operations for Surgery attended for the latest **update on harm reviews for patients who have waited a long time**. The harm review process for 2020/21 had been completed with no cases of moderate or severe harm identified
- The Director of Quality Governance reported on the **Care Quality Commission (CQC) State of Care 2020/21- key findings and implications for the Trust**; it was noted that the key national challenges identified were consistent with those recognised within MTW. Key issues from the report would be incorporated within the 2022/23 Quality Strategy
- The Chief Nurse gave an **update on the work to achieve an 'Outstanding' CQC rating**
- The **Mortality update** was noted
- The Director of Quality Governance presented a **Review of the Trust's Serious Incident (SI) operational performance trajectory**, which showed an expectation of achieving a steady state of c. 40 open SI's by March 2022
- The Director of Infection Prevention and Control provided the latest **Update on Serious Incidents (SIs)** (incorporating the report from the Learning and Improvement (SI) Panel) (incl. an update from the Enteral feeding and Nasogastric tube (NGT) placement working group). The committee highlighted the need to ensure that learning from SIs was effectively and continuously embedded
- The Chief Nurse provided an **Update from the Enteral feeding and Nasogastric tube (NGT) placement working group**. It was noted that the impact of such incidents on staff had been potentially underestimated to date and the need to support staff appropriately was noted
- A **Proposed approach to the closure of old patient safety incidents** was agreed for implementation, subject to approval by the ETM/Chiefs of Service. It was additionally agreed that the Chief Nurse would liaise with CCG/system colleagues re potential involvement in external scrutiny of old patient safety incidents and SI escalation (with particular reference to monitoring the threshold for escalation/further review of incidents)
- The **Report of the Quality Committee 'deep dive' meeting, 13/10/21** was received
- The reports from the **Committee's sub-committees** (the Complaints, Legal, Incidents, PALS, Audit and Mortality (CLIPAM) group; the Joint Safeguarding Committee; the Infection Prevention and Control Committee; the Patient Experience Committee, and the Drugs, Therapeutics and Medicines Management Committee (DTMMC) were received; it was agreed under the latter that the Clinical Director, Pharmacy & Medicines Management would liaise with the Deputy Medical Director re scheduling consideration of clinical representation at DTMMC meetings at the next Chiefs of Service & Clinical Directors meeting
- The committee agreed to undertake its **evaluation for 2021** using the same methodology and survey used in 2020
- The committee commended Sarah Dunnett's achievement as chair of the Quality Committee, noting her pending retirement as a NED for MTW at the end of December 2021.

2. In addition to the agreements referred to above, the meeting agreed that:

- The Chief of Service (Women's, Children's & Sexual Health) would review consultant CTG (Cardiotocograph) training compliance and highlight any issues in the divisional report to the next meeting
- The Interim Divisional Director of Operations, Diagnostics & Clinical Support Services (DCSS) would convey to the Chief of Service (DCSS), the committee's decision to consider ratification

of the Clinical Audit Programme annually in May, and its request that the programme be structured to optimise visibility of key issues for consideration

- The Deputy Medical Director would consider with Executive colleagues how Sepsis should most effectively be represented as a standing item for Quality Committee consideration (e.g. as a report from the Sepsis Committee or some other format) and how the relaunch of the Tim Mason learning events might be considered as part of this process.

3. The issues from the meeting that need to be drawn to the Board's attention are:

- Increased challenge around violence & aggression from patients & visitors
- Inclusion of Sepsis as a separate, standing agenda item for the Quality Committee

Which Committees have reviewed the information prior to Board submission? N/A

Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹

Information and assurance

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Summary report from the People and Organisational Development Committee, 18/11/21 (Incl. The Guardian of Safe Working Hours Annual Report 2020/21)
**Committee Chair
(Non-Exec. Director)**

The People and Organisational Development Committee met (virtually, via webconference) on the 18th November 2021 (a 'main' meeting).

The key matters considered at the meeting were as follows:

- The **actions from previous meetings** were reviewed and it was agreed that the Assistant Trust Secretary should liaise with the Director of Strategy, Planning and Partnerships to check, and confirm to Committee members, how the return on investment from the targeted approach for the provision of Internal Communications to the Trust's various service areas would be monitored in relation to the impact on the Trust's Staff survey response rates.
- The Deputy Chief Executive / Chief Finance Officer provided a comprehensive **overview of the Strategy Deployment and 'Catchball' process** (which included the strategic themes, corporate projects, employee engagement and implications for reporting to the Committee) wherein an in-depth discussion regarding the future reporting arrangements to the Committee and it was agreed that Deputy Chief Executive / Chief Finance Officer and the Chief People Officer should submit a proposal to the January 2022 'Main' People and Organisational Development Committee regarding the reporting arrangements in relation to the Strategy Deployment process and the 'Business as Usual' improvement work within the People and Culture Function and associated timelines. It was also agreed that the Deputy Chief Executive / Chief Finance Officer should develop a streamlined narrative for the Trust's Strategy Deployment process to enable an increased understanding of the Strategy Deployment process by Trust staff.
- The **monthly update on the latest People Key Performance Indicators (KPIs)** were reviewed and the Committee emphasised the importance of ensuring alignment of the People KPIs with the Strategy Deployment process. It was also agreed that the Deputy Chief People Officer, People and Systems and Deputy Chief People Officer, Organisational Development should Consider, and confirm to the Committee, the method by which future "Monthly update on the latest People Key Performance Indicators (KPIs)" reports would be aligned to the Trust's Strategy Deployment process; the KPIs which would be included in future reports; the KPIs which would be established in relation to Leadership Development; and the assurance process for the Committee.
- The Chief People officer provided a **review of the initial findings from the stakeholder engagement for the People and Organisational Development Strategy** wherein it was agreed that the Assistant Trust Secretary should schedule a "Summary of the findings from the stakeholder engagement for the People and Organisational Development Strategy" item at the January 2022 'Main' People and Organisational Development Committee. It was also agreed that the Chief People Officer should circulate the "The Future of NHS Human Resources and Organisational Development" report to Committee members, once available.
- The Chief People Officer outlined the content of the **People and culture structure and operating model – Business Case for investment** wherein an in-depth discussion was held in relation to importance of ensuring the benefits were aligned to the Strategy Deployment Process; the importance of ensuring, where applicable, that return on investment was monitored; and the importance of ensuring all aspects to support the development of the People and Culture structure were included within the Business Case (i.e. training and development; IT support; and an operating model). It was then agreed that the Chief People Officer should ensure that the "People and culture structure and operating model – Business Case for investment" report was amended to reflect the comments received at the November 2021 'Main' People and Organisational Development Committee meeting, prior to submission to the Executive Team Meeting on 07/12/21 for review.
- The **Guardian of Safe Working Hours Annual Report** (covering October 2020 to September 2021) was reviewed (and this is enclosed in Appendix 1, for information and assurance)

<ul style="list-style-type: none"> ▪ The Director of Medical Education attended for the latest quarterly update wherein the Committee emphasised the importance of ensuring robust mechanisms to address areas of concern for trainees and it was agreed that the Director of Medical Education should ensure that the “Quarterly update from the Director of Medical Education (DME)” report to the January 2022 ‘Main’ People and Organisational Development Committee included the key themes from the General Medical Council (GMC) survey for 2021. ▪ The Committee’s forward programme was noted and it was agreed that the Assistant Trust Secretary should replace the “Implications of the Health and Care Bill 2021/22” on the Trust’s ‘People’ function” item with a “review of the implications of the “The Future of NHS Human Resources and Organisational Development report” item at the January 2022 ‘Main’ People and Organisational Development Committee ▪ The Committee evaluation at the end of the meeting supported the increased level of discussion which had been facilitated and the focus on the ‘so what’ factor.
<p>In addition to the actions noted above, the Committee agreed that:</p> <p>1) That the Assistant Trust Secretary should ensure that presenters for reports to the Committee were reminded of the requirement to include an “Executive Summary” within the submission of the accompanying report</p>
<p>The issues from the meeting that need to be drawn to the Board ‘s attention as follows: N/A</p>
<p>Which Committees have reviewed the information prior to Board submission? N/A</p>
<p>Reason for receipt at the Board (decision, discussion, information, assurance etc.)¹</p> <p>Information and assurance</p>

¹ All information received by the Board should pass at least one of the tests from ‘The Intelligent Board’ & ‘Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients’: the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors’ understanding of the Trust & its performance

**‘MAIN’ PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE
– NOVEMBER 2021**



**THE GUARDIAN OF SAFE WORKING HOURS ANNUAL REPORT
(COVERING OCTOBER 2020 TO SEPTEMBER 2021)**

**GUARDIAN OF SAFE
WORKING HOURS**

It is outlined within “Schedule 06 – Guardian of Safe Working Hours” of the “Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016” that the Trust Board must receive a Guardian of Safe Working Hours report no less than once per quarter, which should include data on all rota gaps on all shifts. The required quarterly report is submitted via the People and Organisational Development Committee as part of the Committee’s summary report to the Trust Board.

An internal decision was made to combine these quarterly reports into an Annual Report which covers each cohort of junior doctors and therefore does not follow the reporting schedule for the financial year, however covers a full year period of October to September. The latest report is enclosed which will be submitted to the November 2021 Trust Board as an Appendix to the “Summary report from the People and Organisational Development Committee”.

Key points:

- The period of working during the 2nd COVID-19 wave and with the NHS back log, has been a challenging time as a Junior Doctor.
- The trust has set up ‘Wellness champions’, that I will be working closely with
- In total there were 409 exception reports filed within this period
- No departmental fines have been incurred during the period
- No ‘work schedule reviews’ were instigated
- Exception report response from Clinical Supervisors still needs to be improved.
- The Trust has 393 doctors in training.

Reason for submission to the ‘Main’ People and Organisational Development Committee

Information and assurance

Annual Report:

The Trust currently has 393 Doctors in training.

In August 2016 the new Terms & Conditions of Service (TCS) for Doctors in training were first introduced and in August 2019 these were updated. They have not been subsequently updated during this period

Standard practice at induction is that all our Doctors in training receive a presentation from the Guardian for Safe Working Hours providing information on the Contract Terms & Conditions, method and reasons for raising Exception Reports, the review process for Exception Reports and how outcomes from reports raised are dealt with.

It is always reiterated to our Doctors in Training that the Trust welcomes appropriate Exception Reports and that unless the Guardian is made aware of issues regarding safe working conditions he is unable to deal with these or to make improvements.

Exception reports raised during the period Oct 2020 – Sep 2021 were of a total of 409.

- 1st quarter Oct – Dec 106
- 2nd quarter Jan – March 146
- 3rd quarter April – June 64
- 4th quarter July- Sep 93

The 2nd quarter was during the second wave of the pandemic and ER numbers submitted corresponds to the increased work load intensity of the Doctors in training during this difficult period.

Again, the majority of ERs submitted are from FY1/FY2 Doctors and mainly relate to extra hours worked.

The reasons given for the additional hours worked are identical to previous years. They include last minute staff shortages due to sickness, volume of clinical work needing addressing and the necessity to attend patients who become acutely sick towards the end of their shift. There is also an element of profession courtesy of the Junior Doctors, that they are reluctant to hand over menial jobs to on-call colleagues, which is admirable.

The Guardian is assured that ERs are rarely raised relating to inadequate supervision and there has not been any instances this year.

One issue that still remains is delays in Clinical Supervisors responding to Exception Reports in the appropriate time frame.

The Guardian is aware that the timeframe is difficult for clinical supervisors to adhere to, due to ever increasing clinical demands of senior medical staff and also finding time to meet and discuss reports with trainees to resolve issues.

However, reports not replied to after multiple weeks it not acceptable or appropriate.

As guardian, I have recently changed my methodology of tackling this issue.

I have started personally contacting individual supervisor colleagues, after an ER is two weeks overdue. If then at one month there has been no response, I contact the Chief of service for that division and Clinical director, to hasten the process.

I'm confident this new approach will improve ER response time

As guardian I continue to be impressed with the Doctors in training work ethic during the second wave of COVID-19.

The senior management team have recently entrusted several senior consultants as 'Welfare Champions', who will be improving the working environment and addressing staff physical and mental health. I look forward to working alongside them.

In conclusion, considering the extra pressures on our Junior staff during the second wave of COVID-19 and the back log of work it has created after this, I'm delighted with the professionalism of our Doctors in training and the personal sacrifices they made, by working extra hours and keeping our patients safe. This is reflected by the increase of ERs this year, which were 409 in total.

Audit and Governance Committee, 03/11/21 (incl. approval of revised Terms of Reference)
Committee Chair (Non-Executive Director)

The Audit and Governance Committee met on 3rd November 2021.

1. The key matters considered at the meeting were as follows:

- The **actions from previous meetings** were noted
- The **Terms of Reference** were reviewed as part of the annual process and some proposed amendments were agreed, it was also agreed that the Trust Secretary should amend “auditor’s Report” to “Auditor’s Annual report” within the “External Audit” section of the Committee’s Terms of Reference prior to submission to the November 2021 Trust Board meeting for approval. The revised Terms of Reference, with the requested amendment incorporated are enclosed in Appendix 1 (with the proposed changes ‘tracked’), for the Trust Board’s approval.
- The Risk and Compliance Manager and Trust Secretary attend for the latest **review of the Trust’s red-rated risks** wherein an in-depth discussion was held regarding the mechanisms by further assurance could be provided to the Committee and it was agreed that the Risk and Compliance Manager and Trust Secretary should ensure that future “Review of the Trust’s red-rated risks” reports included an update from the relevant risk leads regarding the consideration process for the associated risk at the Trust.
- The latest **details of gifts, hospitality and sponsorship** were declared including an update on the “Managing Conflicts of Interests Policy and Procedure”.
- The Chief People Officer and Deputy Chief People Officer, People and Systems attended the meeting for the **Limited Assurance Internal Audit review: Appraisal Review of Effective Use of ESR** wherein the Committee was informed of the significant progress which had been made in relation to the implementation of the Electronic Staff Record (ESR) and further details of the implementation plan.
- The Director of Estates and Facilities and Associate Director of Procurement attend for the **Limited Assurance Internal Audit review: Assurance Review of Estates Procurement** wherein it was highlighted that the processes to address the previous Internal Audit recommendations were in the process of being implemented at the time of the Audit and had since been fully embedded at the Trust.
- The Chief Finance Officer outlined the **Trust’s response to the “Improvement recommendations” within the “External Audit Annual Report for 2020/21”**.
- An **Update on progress with the Internal Audit plan for 2021/22 (incl. progress with actions from previous Internal Audit reviews)** was reported. The list of recent Internal Audit reviews is shown below (in section 2).
- The Committee reviewed a reminder of the intended process for the **review/survey of the Internal Audit service, External Audit service, and method of Committee self-assessment / compliance with Terms of Reference**; wherein an in-depth discussion was held regarding the intended process and the following actions were agreed:
 - That the Director of Audit, Tiaa Ltd (Head of Internal Audit) should Provide the Trust Secretary with examples of the alternative approaches which were utilised by other Trusts for the review/survey of the Internal Audit service, External Audit Service, and method of Committee self-assessment / compliance with Terms of Ref.
 - That the Assistant Trust Secretary should check with the Trust Secretary, and confirm to the Chair of the Committee, what, if any, scheduling requirements there were in relation to the implementation of the process for the review/survey of the Internal Audit service, External Audit Service, and method of Committee self-assessment / compliance with Terms of Ref.
 - That the Assistant Trust Secretary should liaise with the Chair of the Committee and Trust Secretary to develop a revised process for the review/survey of the Internal Audit service, External Audit Service, and method of Committee self-assessment / compliance with Terms of Ref.

<ul style="list-style-type: none"> ▪ The latest Counter Fraud update was received which included details of the National Fraud Initiative Report for 2021/22. ▪ There were no areas of concern reported under the “Audit Progress Report and Sector Update” from External Audit and the Committee welcomed the new Director, Audit, Grant Thornton UK LLP to the Trust. ▪ The Chief Finance Officer provided a summary of the latest financial issues which included details of the Trust’s financial position at the end of the first half of 2021/22; and the increased efficiency requirements for the second half of the 2021/22 financial year. ▪ The latest losses & compensations data; and the latest single tender / quote waivers data was reviewed. ▪ The forward programme was noted. ▪ The Committee undertook an Evaluation of the meeting.
<p>2. The Committee received details of the following completed Internal Audit reviews:</p> <ul style="list-style-type: none"> ▪ “Estates Procurement” (which received a “Limited Assurance” conclusion as the processes to address the Internal Audit recommendations had not been embedded at the time of the audit) ▪ “Effective Use of ESR” (which received a “Limited Assurance” conclusion due to the ESR, including the ESR Manager Self-Service, not being fully embedded at the Trust)
<p>3. The Committee was also notified of the following “Urgent” priority outstanding actions from Internal Audit reviews: N/A</p>
<p>4. The Committee agreed that (in addition to any actions noted above): N/A</p>
<p>5. The issues that need to be drawn to the attention of the Board are as follows:</p> <ul style="list-style-type: none"> ▪ The Committee’s Terms of Reference are enclosed under Appendix 1 for approval
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none"> ▪ N/A
<p>Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹</p> <ol style="list-style-type: none"> 1. Information and assurance 2. To approve the Committee’s revised Terms of Reference (see Appendix 1)

¹ All information received by the Board should pass at least one of the tests from ‘The Intelligent Board’ & ‘Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients’: the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors’ understanding of the Trust & its performance

Audit and Governance Committee

Terms of Reference

1. Constitution / Purpose

- 1.1 The Audit and Governance Committee has been established by the Trust Board as a non-executive sub-committee of the Trust Board. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference.
- 1.2 The Committee supports the Trust Board by critically reviewing the governance and assurance processes on which the Trust Board places reliance. This therefore incorporates reviewing Governance, Risk Management and Internal Control ~~(including the Board Assurance Framework (BAF))~~; & oversight of the Internal and External Audit, and Counter Fraud functions. The Committee has primary responsibility for ensuring compliance with the Trust's established governance structures.
- 1.3 The Committee also undertakes detailed review of the Trust's Annual Report and Accounts.
- 1.4 The Trust Board has also appointed the Audit and Governance Committee as the Trust's Auditor Panel, in accordance with Schedule 4, Paragraph 1 of the Local Audit and Accountability Act 2014. The Auditor Panel will advise the Trust Board on the selection, appointment and removal of External Auditors, and on the maintenance of independent relationships with such Auditors.

2. Authority

- 2.1 The Committee is authorised by the Trust Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
- 2.2 The Committee is authorised to undertake all relevant actions to fulfil its role as the Trust's Auditor Panel.

3. Membership

- 3.1 The Committee shall be appointed by the Trust Board from amongst the Non-Executive Directors of the Trust (other than the Chair of the Trust Board), and shall consist of not less than three members. A Non-Executive Director Chair of the Committee will be appointed by the Chair of the Trust Board, together with a Vice-Chair. If a Non-Executive Director member is unable to attend a meeting they will be responsible for finding a replacement to ensure quoracy for the meeting. The Chair and Vice-Chair of the Committee will also act as Chair and Vice-Chair (respectively) of the Auditor Panel.
- 3.2 Other individuals may be co-opted to become formal members of the Committee, to address issues of specific concern, at the discretion of the Committee Chair.
- 3.3 When undertaking the role of the Auditor Panel, the membership shall comprise the entire membership of the Audit and Governance Committee, with no additional appointees. This means that all members of the Auditor Panel are independent, Non-Executive Directors.
- 3.4 Conflicts of interests relevant to agenda items must be declared and recorded at the start of each meeting (including meetings of the Auditor Panel). If a conflict of interest arises, the Committee Chair may require the affected member to withdraw at the relevant discussion or voting point.

4. Quorum

- 4.1 The Committee shall be quorate when two Non-Executive members are present (including either the Committee Chair or Vice Chair).
- 4.2 However, when the Committee is undertaking the role of the Trust's "Auditor Panel", the Committee shall be quorate when three Non-Executive members are present (including either the Committee Chair or Vice Chair)¹.

5. Attendance

- 5.1. The following will routinely attend meetings of the Committee (but will not be members):
 - Associate Non-Executive Directors
 - Deputy Chief Executive / Chief Finance Officer
 - Deputy Director of Finance (Financial Governance)
 - Head of Internal Audit and/or other appropriate representatives
 - External Audit Engagement Lead and/or other appropriate representatives
 - Senior Anti-Crime Manager (formerly Local Counter Fraud Specialist-)
 - Trust Secretary
- 5.2 Members (listed above) are expected to be present at all meetings of the Committee. Those listed in section 5.1 are expected to be in attendance at all meetings of the Committee.
- 5.3 The Chief Executive, other members of the Executive Team, or any other member of staff will be invited to attend if the Committee is discussing areas of risk or assurance that are the responsibility of that individual and it is felt that their attendance is necessary to fully understand or address the issues
- 5.4 The Chief Executive may be invited to attend to discuss the process for assurance that supports the Annual Governance Statement; and the agreement of the Internal Audit annual plan. The decision as to whether to invite the Chief Executive for these items rests with the Committee Chair.
- 5.5 The Committee will, if requested by the External and Internal Auditors, meet privately with those Auditors at the start of each meeting. A private session with the External and Internal Auditors will however be held once a year, ahead of the first Audit and Governance Committee meeting that reviews the draft Annual Report and Accounts, regardless of whether the Auditors have any issues to raise. Individual Committee members can however approach the External or Internal Auditors in private, should such members consider this necessary.
- 5.6 The Trust Secretary will provide appropriate support to the Chair and Committee members, and will be responsible for the administration of the Committee (see section 10).
- 5.7 The Chair may also invite others to attend when the Committee is meeting as the Auditor Panel. These invitees are not members of the Auditor Panel

6. Frequency of meetings

- 6.1 Meetings shall be held not less than four times a year. The Chair of the Committee will have the discretion to agree additional meetings in order to fulfil the 'Committee's purpose and/or meet its duties.
- 6.2 The External Auditor or Head of Internal Audit may request an additional meeting if they consider that one is necessary. Any member of the Trust Board may also put a request in writing to the Chair of the Committee for an additional meeting, stating the reasons for the request. The decision whether or not to arrange such a meeting will be at the sole discretion of the Chair of the Committee.

¹ Independent members of the Auditor Panel must be in the majority and there must be at least two independent members present or 50% of the auditor panel's total membership, whichever is the highest

- 6.3 As a general rule, the Auditor Panel will meet on the same day as the Audit and Governance Committee. However, Auditor Panel business shall be identified via a separate agenda, and Audit and Governance Committee members shall deal with these matters as Auditor Panel members, not as Audit and Governance Committee members. The Auditor Panel's Chair shall formally state (and this shall be formally recorded) when the Auditor Panel is meeting in that capacity.

7. Duties

- 7.1 The duties of the Committee can be categorised as follows:

Governance, risk management and internal control

- 7.2 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.
- 7.3 In particular, the Committee will review the adequacy of:
- 7.3.1 All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit Opinion, External Audit opinion or other appropriate independent assurances, prior to endorsement and/or approval by the Trust Board
- 7.3.2 The underlying assurance process that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- 7.3.3 The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- 7.3.4 The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority (or successor bodies).
- 7.4 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from members of the Executive Team and managers, as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- 7.5 This will be evidenced through the Committee's use ~~of an effective BAF to guide its work and that~~ of the audit and assurance functions that report to it.
- 7.6 As part of its integrated approach, the Committee will have effective relationships with other key committees, so that it understands processes and linkages. However, these other committees must not usurp the Audit and Governance Committee's role.
- ### **Internal Audit**
- 7.7 The Committee shall ensure that there is an effective Internal Audit function established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, Chief Executive and Trust Board.
- This will be achieved by:
- 7.6.1 Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal
- 7.6.2 Review and approval of the Internal Audit Charter (or equivalent), operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation ~~as identified in the BAF~~

7.6.3 Consideration of the major findings of Internal Audit work (and management's response), and ensure co-ordination between the Internal and External auditors to optimise audit resources

7.6.4 Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation

7.6.5 Carrying out an annual review of the effectiveness of Internal Audit

External Audit

- 7.8 The Committee shall review the work and findings of the Trust's External Auditor and consider the implications & management's responses to their work. This will be achieved by:
- Consideration of the appointment and performance of the External Auditor
 - Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the annual plan, and ensure co-ordination, as appropriate, with other External Auditors in the local health economy
 - Discussion with the External Auditors of their evaluation of audit risks and assessment of the Trust and associated impact on the audit fee
 - Review all External Audit reports, including the report to those charged with governance, agreement of the [Auditor's Annual Report \(formerly the Annual Audit Letter\)](#) (before submission to the Trust Board) and any work carried outside the annual audit plan, together with the appropriateness of management responses
 - Ensuring that there is in place a clear framework for the engagement of external auditors to supply non audit service

Other assurance functions

- 7.9 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, as it sees fit, and consider the implications to the governance of the organisation, in so far as they affect the Trust's agreed objectives. These will include, but will not be limited to, any reviews by Department of Health and Social Care's Arm's Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

Counter Fraud

- 7.10 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of Counter Fraud work. The Committee will ensure that any suspicions of fraud, bribery and corruption are referred to the NHSCFA.

Management

- 7.11 The Committee shall request and review reports and positive assurances from members of the Executive Team and managers on the overall arrangements for governance, risk management and internal control.
- 7.12 They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Annual Report and Financial Reporting

- 7.13 The Committee shall monitor the integrity of the financial statements of the Trust and the formal announcements relating to the Trust's financial performance (in so far as they may affect the Trust's Annual Report and Accounts).
- 7.14 The Committee should ensure that the systems for financial reporting to the Trust Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Trust Board. This duty will usually be met via the commissioning of, and reviewing the outcome of, the Core Financial Assurance reviews within the annual internal audit programme.

- 7.15 The Committee shall review the Annual Report and Financial Statements before submission to the Trust Board, focusing particularly on:
- The ~~textwording of in~~ the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
 - Changes in, and compliance with, accounting policies and practices
 - Unadjusted mis-statements in the financial statements
 - Significant judgements in preparation of the financial statements
 - Significant adjustments resulting from the audit
 - The ~~L~~etter of Management Representation
 - Explanations for significant variances
 - Qualitative aspects of financial reporting

Freedom to Speak Up

- 7.16 The Committee shall support the People and Organisational Development Committee and Trust Board in reviewing the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently. The usual method of meeting this duty would be to commission an Internal Audit review of the arrangements, as the Committee sees fit.

Auditor Panel

- 7.17 As the Auditor Panel, the Committee shall advise the Trust Board on the selection and appointment of the Trust's External Auditor. This includes:
- Agreeing and overseeing a robust process for selecting the External Auditors in accordance with the Trust's normal procurement rules
 - Making a recommendation to the Trust Board as to who should be appointed (ensuring that any conflicts of interest are dealt with effectively)
 - Advising the Trust Board on the maintenance of an independent relationship with the appointed External Auditor
 - Advising (if asked) the Trust Board on whether or not any proposal from the External Auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable
 - Advising on (and approving) the contents of the Trust's policy on the purchase of non-audit services from the appointed External Auditor
 - Advising the Trust Board on any decision about the removal or resignation of the External Auditor

8. Parent committee and reporting procedure

- 8.1 The Committee is a sub-committee of the Trust Board.
- 8.2 The minutes of Committee meetings shall be formally recorded by the Trust Secretary. The Chair of the Committee shall also provide a brief written report to the Trust Board, summarising the issues covered at the meeting and drawing to the attention of the Trust Board any issues that require disclosure to the full Board, or require executive action.
- 8.3 The Committee will report to the Trust Board annually (via a written Annual Report) on its work in support of the Annual Governance Statement, specifically commenting on ~~the fitness for purpose of the BAF~~, the completeness and embeddedness of risk management in the organisation, and the integration of governance arrangements. The Annual Report should also describe how the Committee has fulfilled its Terms of Reference, and give details of any significant issues that the Committee considered in relation to the financial statements, and how these were addressed. The work of the Committee as the Trust's Auditor Panel should also be included.
- 8.4 The Committee shall undertake an annual self-assessment to ensure the objectives of the Terms of Reference are being met.

- 8.5 The Chair must report to the Trust Board on how the Auditor Panel has discharged its responsibilities.
- 8.6 The Chair must draw to the attention of the Trust Board any issues that require disclosure to the Board in relation to Auditor Panel duties.

9. Sub-committees and reporting procedure

- 9.1 The Committee has no sub-committees.

10. Administrative arrangements

- 10.1 The Committee shall be supported administratively by the Trust Secretary, whose duties in this respect will include:
- Maintenance of a forward programme of work, setting out the dates of planned meetings and key agenda items
 - Agreement of agenda for next meeting with Chair, allowing adequate notice for reports to be prepared which adequately support the relevant agenda item.
 - Collation and distribution of agenda and reports one week before the date of the meeting
 - Ensuring the minutes are taken and that a record is kept of matters arising and issues to be carried forward
 - Advising the Committee on all pertinent areas

11. Emergency powers and urgent decisions

- 11.1 The powers and authority which the Trust Board has delegated to the Audit and Governance Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted at least one other Non-Executive Director member. The exercise of such powers by the Committee Chair shall be reported to the next formal meeting of the Audit and Governance Committee, for formal ratification.

12. Review of Terms of Reference and Monitoring Compliance

- 12.1 These Terms of Reference will be agreed by the Audit and Governance Committee and approved by the Trust Board. They will be reviewed annually or sooner if there is a significant change in the arrangements.

History

Terms of Reference agreed by Audit and Governance Committee: April 2013

Terms of Reference approved by the Board: May 2013

Terms of Reference agreed by the Audit and Governance Committee, November 2014

Terms of Reference approved by the Trust Board, December 2014

Terms of Reference agreed by the Audit and Governance Committee, November 2015

Terms of Reference approved by the Trust Board, November 2015

Terms of Reference agreed by the Audit and Governance Committee, February 2016 (N.B. the Board had already authorised the Audit and Governance Committee to agree changes in relation to the Committee's role as Auditor Panel)

Terms of Reference agreed by the Audit and Governance Committee, November 2016

Terms of Reference approved by the Trust Board, November 2016

Terms of Reference agreed by the Audit and Governance Committee, November 2017

Terms of Reference approved by the Trust Board, November 2017

Terms of Reference agreed by the Audit and Governance Committee, December 2018

Terms of Reference approved by the Trust Board, December 2018

Terms of Reference agreed by the Audit and Governance Committee, November 2019

Terms of Reference approved by the Trust Board, November 2019

Terms of Reference agreed by the Audit and Governance Committee, November 2020

Terms of Reference approved by the Trust Board, November 2020

Amended Terms of Reference agreed by the Audit and Governance Committee, May 2021 (to reflect the Committee's primary responsibility for ensuring compliance with the Trust's established governance structures).

Amended Terms of Reference approved by the Trust Board, May 2021

[Terms of Reference agreed by the Audit and Governance Committee, November 2021 \(annual review\)](#)

[Terms of Reference approved by the Trust Board, November 2021](#)

Trust Board meeting – November 2021

Integrated Performance Report (IPR) for October 2021	Chief Executive / Members of the Executive Team
The IPR for month 7, 2021/22, is enclosed, along with the monthly finance report and the latest 'planned vs actual' nurse staffing data.	
Which Committees have reviewed the information prior to Board submission? <ul style="list-style-type: none">▪ Executive Team Meeting, 23/11/21▪ Finance and Performance Committee, 23/11/21 (IPR)	
Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹ Review and discussion	

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Integrated Performance Report

October 2021

Contents

- Key to Icons and scorecards explained Page 3
- Radar Charts by CQC Domain & Executive Summary Page 4
- Summary Scorecards Pages 5-7
- CQC Domain level Scorecards and escalation pages Pages 8-22

Appendices (Page 23 onwards)

- Supporting Narrative
- Implementing a Revised Perinatal Tool

Note: Detailed dashboards and a deep dive into each CQC Domain are available on request - mtw-tr.informationdepartment@nhs.net

Key to KPI Variation and Assurance Icons

Variation			Assurance			
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause - no significant change	'Pass' Variation indicates consistently - (P)assing of the target	'Hit and Miss' Variation indicated inconsistency - passing and failing the target	'Fail' Variation indicates consistently - (F)ailing of the target	Data Currently unavailable or insufficient data points to generate SPC

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low(L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Escalation Rules:

Areas are escalated for reporting if:

- They have special cause variation (positive or negative) in their performance
- They have a change in their assurance rating (positive or negative)

Scorecards explained

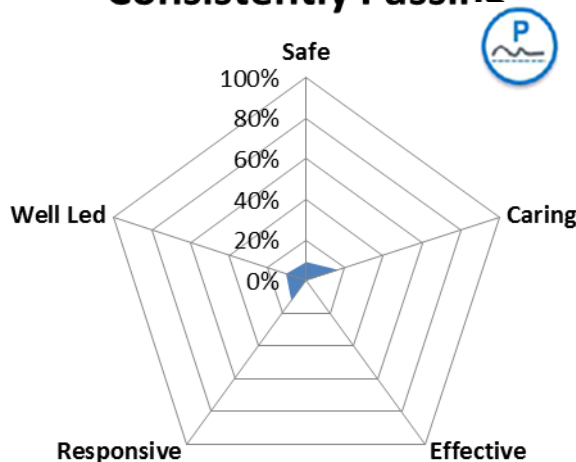
Name of the Metric / KPI	Latest				Previous			YTD		Assurance
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	
Single Sex Accommodation Breaches	0	0	Jun-20		0	0	May-20	0	0	

Further Reading / other resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - <https://improvement.nhs.uk/resources/making-data-count>

Executive Summary

Consistently Passing



Consistently Passing:

The following Key Performance Indicators are all consistently achieving the target:

Safe:

- Trust Mortality (HMSR)

Caring:

- Mixed Sex Accommodation Compliance
- % VTE Risk Assessment

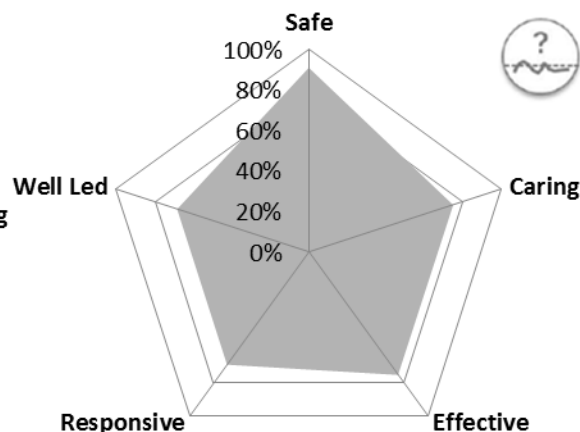
Responsive:

- Cancer 62 Day Waiting Times Standard
- Cancer 2 week Waiting Times Standard

Well-Led:

- Mandatory Training Compliance
- Number of Advanced Practitioners

Hit and Miss



Hit and Miss:

The following Key Performance Indicators are experiencing inconsistency (passing or failing target)

Safe:

- Safe Staffing, Infection Control Indicators, Incident Reporting, Harm Free Care Indicators, Never Events

Effective:

- Hospital Cancellations, Readmissions & Stroke Indicators,

Caring:

- Complaints Indicators, Friends & Family Percentage Positive, Friends & Family Response Rates – Inpatients & Maternity

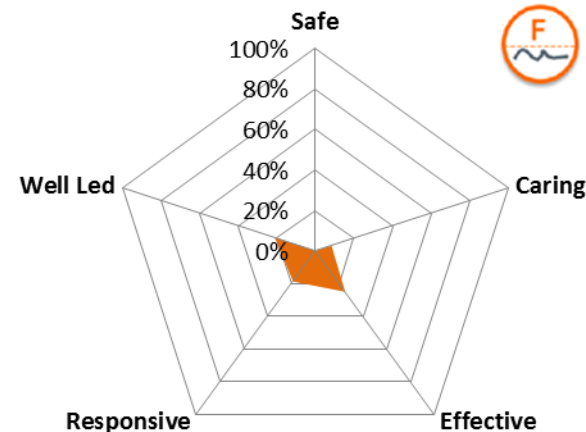
Responsive:

- RTT Number of >52 week Waiters, Cancer 31 Day Standard, A&E 4hr Standard, Ambulance Handovers, Super-Stranded Patients, Bed Occupancy, NE LOS, Cancer PTL – size of Backlog

Well-Led:

- Capital Expenditure, Agency Spend, Sickness Rate, Appraisals and Health and Well-Being

Consistently Failing



Consistently Failing:

The following Key Performance Indicators are all consistently failing the target:

Caring:

- OP Friends & Family Response Rate
- A&E Friends & Family Response Rate

Effective:

- Outpatient Utilisation
- Outpatient – Calls answered within 1 min
- Outpatient – Calls Abandoned
- Outpatients DNA Rates

Responsive:
























- RTT performance
- RTT Number of >40 week Waiters
- Diagnostics Waiting Times
- Theatre Utilisation

Well-Led:

- Agency Staff used
- Turnover Rate
- Vacancy Rate
- Number of Specialist Services to London
- Percentage of Trust policies within review date
- Staff FFT Recommended Care or Work

Matrix Summary

October 2021

		Assurance				
		Pass 	Hit and Miss 	Fail 	Hit & Miss /  	
Variance	Special Cause - Improvement 	Stat and Mandatory Training (W)	Sickness Rate - Covid (S), Infection Control - Number of Hospital acquired MRSA (S), Outpatient Hospital Cancellation (E) Outpatient Cancellations < 6 weeks (E) 52 week breaches (including those reported last month) (R) Capital Expenditure (Ek) (W)	Calls Answered in under 1 min (E) Number of patients waiting over 40 weeks (R) Percentage of Trust policies within review date (W), Staff Friends and Family % recommended care (W)	              	
	Common Cause 	Single Sex Accommodation Breaches (C), Cancer - 2 Week Wait (R), Stat and Mandatory Training (W) Number of advanced practitioners (W)	See box (right)	Percentage OP Clinics Utilised (slots) (E), Percentage of Calls abandoned (E), A&E Resp Rate Recmd to Friends & Family (C), RTT (Incomplete) performance against trajectory (R), Theatre Utilisation (R), Number of specialist services (W), Turnover (W), Vacancy Rates (W), Use of Agency (WTE) (W)		
	Special Cause - Concern 	% VTE Risk Assessment (C) Cancer - 62 Day (R)	A&E 4 hr Performance (R) Ambulance Handover Delays Rate > 30mins (R) Bed Occupancy (R) Size of backlog (R), Nursing vacancies (W) Agency Spend (Ek) (W)	OP New DNAs (E), OP Follow Up DNAs (E), OP Resp Rate Recmd to Friends & Family (C), Access to Diagnostics (<6 weeks standard) (R), Staff Friends and Family % recommended work (W)		

Items for escalation based on those indicators that are Failing the target or are unstable ('Hit & Miss') and showing Special Cause for Concern by CQC Domain are as follows:

Safe:

Caring: OP Response Rate Recommended to Friends and Family

Effective: OP Follow Up DNAs, OP New DNAs

Responsive: Diagnostics <6 weeks, A&E 4 hr Performance, Ambulance Handovers >30mins, Bed Occupancy, Size of 62 day Cancer backlog

Well-Led: Nursing Vacancies, Staff FFT % recommended work, Agency Spend

Executive Summary Scorecard

Current Month Overview of KPI Variation and Assurance Icons

Trust Domains	Variation					Assurance				Total
CQC Domain Safe										
Infection Control	3				1			4		4
Harm Free Care	2							2		2
Incident Reporting	2							2		2
Safe Staffing	1				1			2		2
Mortality					1	1				1
Safe Total	8	0	0	3	0	1	0	10	0	11
CQC Domain Effective										
Outpatients	3		2	2	1		5	3		8
Quality & CQC	4							4		4
Strategy - Estates									5	5
Effective Total	7	0	2	2	1	0	5	7	5	17
CQC Domain Caring										
Complaints	2							2		2
Admitted Care	3	1				2		2		4
ED Care	2						1	1		2
Maternity Care	2							2		2
Outpatient Care	1	1					1	1		2
Caring Total	10	2	0	0	0	2	2	8	0	12
CQC Domain Responsive										
Elective Access	3				2		3	2		5
Acute and Urgent Access	2	1	1					4	1	5
Cancer Access	3	1	1			2		3		5
Diagnostics Access		1					1			1
Bed Management			1					1		1
Responsive Total	8	3	3	2	0	2	4	10	1	17
CQC Domain Well-Led										
Staff Welfare	1				1			2	4	6
Finance and Contracts	1				1			2	4	6
Leadership		1					2		1	3
Strategy - Clinical and ICC	5		1			1	2	4	1	8
Workforce	6					1	3	2		6
Well-Led Total	13	1	1	2	2	2	7	10	10	29
Trust Total	46	6	6	9	3	7	18	45	16	36

Corporate Scorecard by CQC Domain

Safe						Responsive					
ID	Key Performance Indicators	Plan	Actual	Variation	Assurance	ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
S2	Number of cases C.Difficile (Hospital)	4	5			R1	Emergency A&E 4hr Wait	95.0%	79.3%		
S6	Rate of Total Patient Falls	6.00	8.58			R4	RTT Incomplete Pathway	86.7%	72.7%		
S7	Number of Never Events	0	0			R6	% Diagnostics Tests WTimes <6wks	99.0%	73.8%		
S8	Number of New SIs in month	11	8			R7	Cancer two week wait	93.0%	94.5%		
S10	Overall Safe staffing fill rate	93.5%	87.7%			R10	Cancer 62 day wait - First Definitive	85.0%	85.2%		
Effective						Well-Led					
ID	Key Performance Indicators	Plan	Actual	Variation	Assurance	ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
E2	Standardised Mortality HSMR	Lower conf <100	85.0			W1	Surplus (Deficit) against B/E Duty	0	-5		
E3	% Total Readmissions	14.6%	13.2%			W2	CIP Savings (£k)	483	332		
E6	Stroke: Best Practice (BPT) Overall %	50.0%	20.0%			W7	Vacancy Rate (%)	9.0%	13.4%		
R11	Average LOS Non-Elective	6.50	7.19			W8	Total Agency Spend (£k)	1,333	750		
R12	Theatre Utilisation	90.0%	85.7%			W10	Sickness Absence	3.3%	4.1%		
Caring						<div> <div>Variation</div> <div>Assurance</div> </div>					
ID	Key Performance Indicators	Plan	Actual	Variation	Assurance	<div> <div> </div> <div> </div> </div>					
C1	Single Sex Accommodation Breaches	0	0			<div> <div>Special cause of concerning nature or higher pressure due to (H)higher or (L)lower values</div> <div>Special cause of improving nature or higher pressure due to (H)higher or (L)lower values</div> <div>Common cause - no significant change</div> <div>'Pass' Variation indicates consistently - (P)assing of the target</div> <div>'Hit and Miss' Variation indicated inconsistency - passing and failing the target</div> <div>'Fail' Variation indicates consistently - (F)ailing of the target</div> <div>Data Currently unavailable or insufficient data points to generate SPC</div> </div>					
C3	% complaints responded to within target	75.0%	60.9%			<div> <div>Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.</div> </div>					
C5	IP Friends & Family (FFT) % Positive	95.0%	97.4%			<div> <div>Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.</div> </div>					
C7	A&E Friends & Family (FFT) % Positive	87.0%	96.0%								
C10	OP Friends & Family (FFT) % Positive	84.0%	83.0%								

Safe - CQC Domain Scorecard

Reset and Recovery Programme: Patient and Staff Safety

Outcome Measure	Latest				Previous			YTD		Assurance
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	
Safe Staffing Levels	93.5%	87.7%	Oct-21		93.5%	86.8%	Sep-21	93.5%	88.9%	
Sickness Rate - Covid	0.0%	0.2%	Sep-21		0.0%	0.3%	Aug-21	0.0%	0.2%	
Infection Control - Hospital Acquired Covid	0	18	Oct-21		0	10	Sep-21	0	0	
Infection Control - Rate of Hospital C.Difficile per 100,000 occupied beddays	22.7	24.8	Oct-21		22.7	47.4	Sep-21	22.7	29.5	
Infection Control - Number of Hospital acquired MRSA	0	0	Oct-21		0	0	Sep-21	0	0	
Infection Control - Rate of Hospital E. Coli Bacteraemia	19.0	24.8	Oct-21		19.0	31.6	Sep-21	19.0	20.9	
Number of New SIs in month	11.0	8	Oct-21		11	9	Sep-21	77	47	
Rate of Total Patient Falls per 1,000 occupied beddays	6.0	8.6	Oct-21		6.0	7.8	Sep-21	6.0	7.5	
Rate of Hospital Acquired Pressure Ulcers per 1,000 admissions	2.3	2.4	Oct-21		2.3	2.8	Sep-21	2.3	2.0	
Standardised Mortality HSMR	100.0	85.0	Jul-21		100.0	85.0	Jun-21	100.0	85.0	
Never Events	0	0	Oct-21		0	1	Sep-21	0	4	

Effective - CQC Domain Scorecard

Reset and Recovery Programme: Outpatients

Outcome Measure	Latest				Previous			YTD		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Percentage of Virtual OP Appointments	30.0%	23.3%	Oct-21		30.0%	25.8%	Sep-21	30.0%	28.4%	
Percentage OP Clinics Utilised (slots)	85.0%	50.6%	Oct-21		85.0%	52.5%	Sep-21	85.0%	52.9%	
OP New DNAs	5.0%	7.0%	Oct-21		5.0%	7.6%	Sep-21	5.0%	7.4%	
OP Follow UP DNAs	5.0%	8.0%	Oct-21		5.0%	8.1%	Sep-21	5.0%	7.8%	
Outpatient Hospital Cancellation	20.0%	23.0%	Oct-21		20.0%	23.5%	Sep-21	20.0%	22.1%	
Outpatient Cancellations < 6 weeks	10.0%	17.8%	Oct-21		10.0%	18.1%	Oct-21	10.0%	17.0%	
Calls Answered in under 1 min	90.0%	58.1%	Oct-21		90.0%	51.2%	Oct-21	90.0%	49.6%	
Percentage of Calls abandoned	0.0%	6.5%	Oct-21		0.0%	8.0%	Oct-21	0.0%	9.8%	

Organisational Objectives: Quality and CQC

Outcome Measure	Latest				Previous			YTD		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Total Readmissions <30 days	14.6%	13.2%	Sep-21		14.6%	14.5%	Aug-21	14.6%	14.9%	
Non-Elective Readmissions <30 days	15.2%	13.6%	Sep-21		15.2%	15.1%	Aug-21	15.2%	15.4%	
Elective Readmissions < 30 Days	7.8%	8.1%	Sep-21		7.8%	7.5%	Aug-21	7.8%	8.1%	
Stroke Best Practice Tariff	50.0%	63.8%	Oct-21		50.0%	63.6%	Sep-21	50.0%	62.6%	

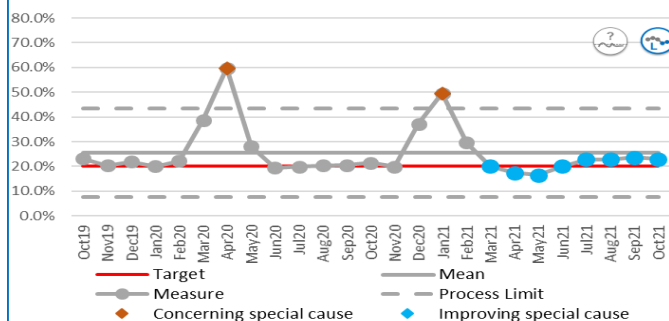
Effective - CQC Domain Scorecard

Organisational Objectives: Strategy - Estates

Outcome Measure	Latest				Previous			YTD		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Utilised and unutilised space ratio	Under review	100	Oct-21	No SPC	Under review	100	Sep-21	Under review	100	No SPC
Footprint devoted to clinical care vs non clinical care ratio	Under review	4.4:1	Oct-21	No SPC	Under review	4.4:1	Sep-21	Under review	4.4:1	No SPC
Admin and clerical office space in (sqm)	Under review	5808	Oct-21	No SPC	Under review	5808	Sep-21	Under review	5808	No SPC
Staff occupancy per m2	Under review	18.9	Oct-21	No SPC	Under review	21.2	Sep-21	Under review	21.1	No SPC
Energy cost per staff	Under review	£ 414.46	Oct-21	No SPC	Under review	£ 459.44	Sep-21	Under review	£4,341.4	No SPC

Effective- Reset and Recovery Programme: Outpatients

OP Hospital Cancellations - 01/10/19 - 01/10/21



Oct-21

23%

Variance Type

Metric is currently experiencing special cause variation of an improving nature

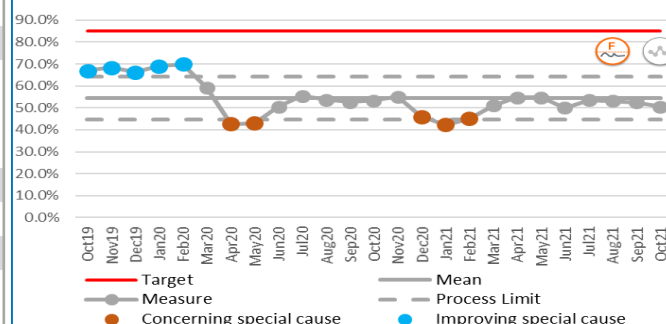
Max Limit (Internal)

20%

Target Achievement

Metric is experiencing variable achievement

Percentage OP Clinics Utilised (slots) - 01/10/19 - 01/10/21



Oct-21

50.6%

Variance Type

Metric is currently experiencing common cause variation

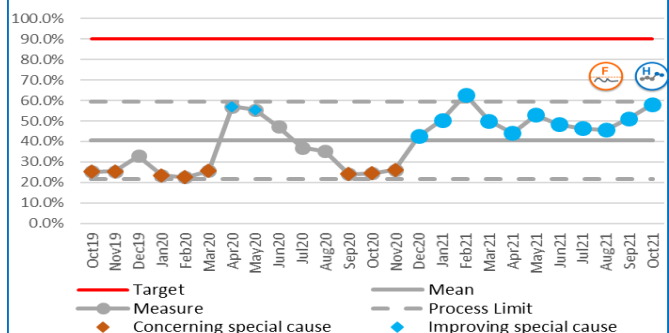
Target (Internal)

85%

Target Achievement

Metric is consistently failing the target

Calls Answered in under 1 min - 01/10/19 - 01/10/21



Oct-21

58.1%

Variance Type

Metric is currently experiencing special cause variation of an improving nature

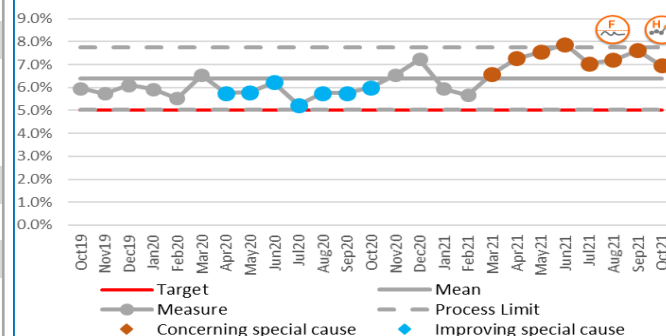
Target (Internal)

90%

Target Achievement

Metric is consistently failing the target

OP New DNAs - 01/10/19 - 01/10/21



Oct-21

7%

Variance Type

Metric is currently experiencing special cause variation of a concerning nature

Max Limit (Internal)

5%

Target Achievement

Metric is experiencing variable achievement

Summary:

Hospital Cancellation: This indicator is now experiencing special cause variation of an improving nature

Outpatient Utilisation: This indicator is now experiencing common cause variation but continues to consistently fail the target

Calls Answered: The number of calls answered in less than 1 minute continues to experience special cause variation of an improving nature but remains consistently failing the target.

DNA Rates: for New Appointments continue to be in special cause variation of a concerning nature and is now consistently failing the target. This is the same for Follow Up appointments also. There has been an increase in DNAs for General Surgery (Mean of 8.8 for all and 12.0 for New only this financial year). Urology (mean of 8.8) and T&O (including Fracture Clinics) also have a high DNA Rate (mean of 6.3) along with Paediatrics (as expected) but this has seen an improvement.

Actions:

Hospital Cancellations: This is being monitored weekly and ensuring specialties are sticking to 6.4.2 model. Due to site pressures last minute cancellations have occurred.

Outpatient Utilisation: The Clinical System Development Managers have reviewed over 95% of the clinic templates on Allscripts, this includes viewing the individual microsession templates and removing any historic clinics that are no longer required to ensure that utilisation is a true reflection. Once complete the utilisation figures will be correct to do further analysis on how to improve this.

Calls: Currently investigating spacing options in which to house call operatives for the outpatient communication centre pilot which will improve this.

DNA Rates: Currently reviewing cases to understand cause. Text reminders are being organised to switch on to reduce this.

Assurance:

Outpatient Utilisation: Specialty clinic templates are being reviewed to ensure that all templates are correct and have received GM and CD sign off. Further analysis of utilisation will then be completed to understand the impact and reasonings for DNA's.

Weekly meeting with specialties are undertaken to go through all of our KPI's to understand areas for improvement and reasonings for poor performance. This includes calls, DNA's and Cancellations.

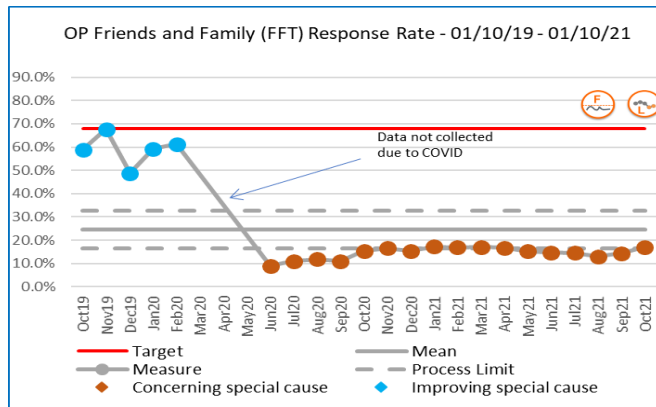
Two way text reminders are being explored and implemented to ensure our patients are informed of their appointment and have the opportunity to cancel prior to DNA.

Caring - CQC Domain Scorecard

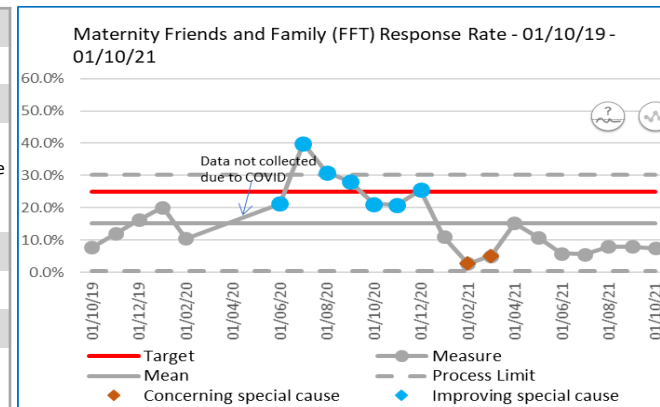
Organisational Objectives – Quality & CQC

Outcome Measure	Latest				Previous			YTD		Assurance
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	
Single Sex Accommodation Breaches	0	0	Oct-21		0	0	Sep-21	0	0	
Rate of New Complaints	3.9	2.1	Oct-21		3.9	2.9	Sep-21	3.9	2.7	
% complaints responded to within target	75.0%	60.9%	Oct-21		75.0%	56.8%	Sep-21	75.0%	69.0%	
IP Resp Rate Recmd to Friends & Family	25.0%	9.3%	Oct-21		25.0%	6.0%	Sep-21	25.0%	9.8%	
IP Friends & Family (FFT) % Positive	95.0%	97.4%	Oct-21		95.0%	99.4%	Sep-21	95.0%	97.9%	
A&E Resp Rate Recmd to Friends & Family	15.0%	1.4%	Oct-21		15.0%	0.2%	Sep-21	15.0%	2.1%	
A&E Friends & Family (FFT) % Positive	87.0%	96.0%	Oct-21		87.0%	80.0%	Sep-21	87.0%	96.0%	
Mat Resp Rate Recmd to Friends & Family	25.0%	7.6%	Oct-21		25.0%	8.0%	Sep-21	25.0%	8.7%	
Maternity Combined FFT % Positive	95.0%	95.2%	Oct-21		95.0%	100.0%	Sep-21	95.0%	99.0%	
OP Friends & Family (FFT) % Positive	84.0%	83.0%	Oct-21		84.0%	81.0%	Sep-21	84.0%	82.4%	
OP Resp Rate Recmd to Friends & Family	68.0%	17.2%	Oct-21		68.0%	14.5%	Sep-21	68.0%	15.1%	
VTE Risk Assessment	95.0%	95.7%	Oct-21		95.0%	96.2%	Sep-21	95.0%	94.2%	

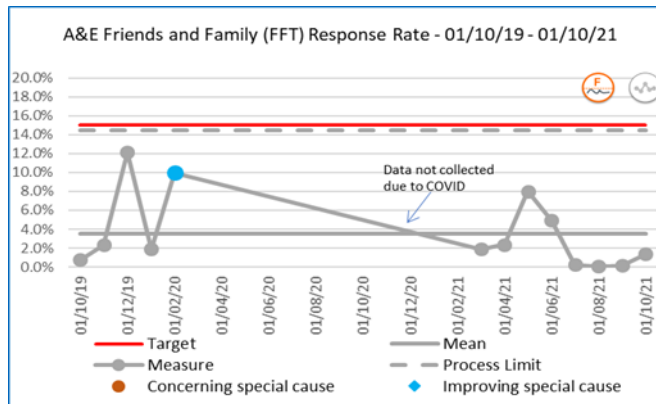
Caring - Organisational Objective: Quality and CQC



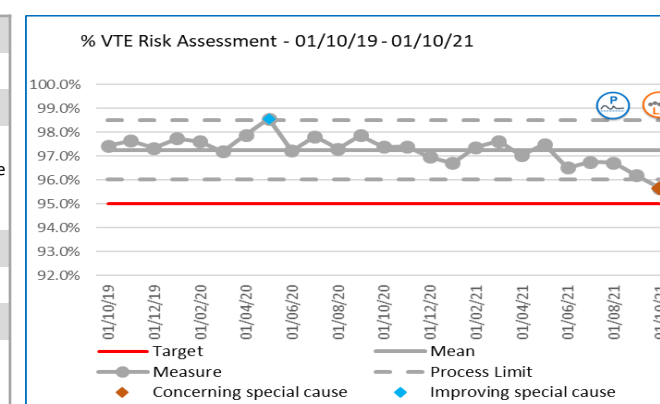
Oct-21
17%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Max Target (Internal)
68%
Target Achievement
Metric is consistently failing the target



Oct-21
7.6%
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
25%
Target Achievement
Metric is experiencing variable achievement



Oct-21
1.4%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target
15%
Target Achievement
Metric is experiencing variable achievement



Oct-21
95.7%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target (National)
95%
Target Achievement
Metric is consistently achieving the target

Summary:

Outpatient Friends and Family Response Rate continues to experience special cause variation of a concerning nature and consistently failing the target.

Maternity Friends and Family Response Rate: The rate of responses remain low and this lower level has now become the new norm with this indicator experiencing common cause variation and variable achievement of the standard.

A&E Friends and Family Response Rate: The level of those responding remains significantly lower than expected levels (Average of 0.1%) and this indicator is now experiencing special cause variation of a concerning nature.

VTE: VTE performance has returned to special cause variation of a concerning nature, however this indicator continues to consistently achieve the national target.

Actions:

OP FFT: IPADS are all installed and a patient partner has been deployed to support live feedback.

FFT: Streamlining of submissions has taken place which has identified gaps within the service. Paper submission reliance has increased post covid which has exacerbated the risk of - delay of submission, loss and user error. All divisions have been encouraged to submit electronically where possible. 35 IPADS on order to enable electronic submissions have currently been delayed and this has been escalated. QR codes for patients to submit via their personal electronic devices are displayed on posters in each area.

Assurance:

OP FFT: SMS text messaging in the final stages of implementation. This service will also be utilised within ED and ophthalmology pathways which will support their FFT submission rates.

FFT: BI team have completed work to explore the inequality between submission data and reported figures. For Assurance the CNT, finance and BI teams are leading on work with IQVIA to resolve the issues with a vision to gain assurances for the timely submission and upload to the IQVIA platform. QR code poster audit to be completed to ensure all patients have access to this.

VTE: There is a data lag in the information being coded which means the latest month is not always fully coded and once refreshed next month the performance usually improves. Performance is still consistently achieving the national 95% target.

Responsive - CQC Domain Scorecard

Reset and Recovery Programme - Elective Care











Outcome Measure	Latest				Previous			YTD		Assurance
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	
RTT (Incomplete) performance against trajectory	86.7%	72.7%	Oct-21		86.7%	73.1%	Sep-21	86.7%	72.7%	
Number of patients waiting over 40 weeks	222	440	Oct-21		222	718	Sep-21	222	440	
52 week breaches (including those reported last month)	0	17	Oct-21		0	42	Sep-21	0	17	
Access to Diagnostics (<6weeks standard)	99.0%	73.8%	Oct-21		99.0%	76.4%	Sep-21	99.0%	73.8%	
Average for new appointment	10.0	8.6	Oct-21		10.0	8.1	Sep-21	10.0	8.6	
Theatre Utilisation	90.0%	85.7%	Oct-21		90.0%	83.4%	Sep-21	90.0%	85.7%	

Reset and Recovery Programme – Acute & Urgent Care

Outcome Measure	Latest				Previous			YTD		Assurance
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	
Referrals to ED from NHS 111	TBC		Oct-21		TBC		Sep-21	TBC		
A&E 4 hr Performance	95.0%	79.3%	Oct-21		95.0%	82.3%	Sep-21	95.0%	85.3%	
Super Stranded Patients	80	96	Oct-21		80	90	Sep-21	80	82	
Ambulance Handover Delays Rate > 30mins	7.0%	13.4%	Oct-21		7.0%	10.8%	Sep-21	7.0%	9.7%	
Bed Occupancy	90.0%	93.0%	Oct-21		90.0%	90.8%	Sep-21	90.0%	89.9%	
NE LOS	6.5	7.2	Oct-21		6.5	7.4	Sep-21	6.5	7.2	

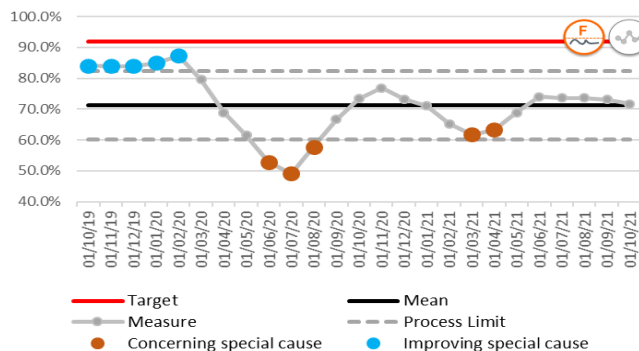
Responsive - CQC Domain Scorecard

Reset and Recovery Programme – Cancer Services

Outcome Measure	Latest					Previous			YTD		Assurance
	Plan	Actual	Period	Variation		Plan	Actual	Period	Plan	Actual	
Cancer - 2 Week Wait	93.0%	94.5%	Sep-21			93.0%	94.4%	Aug-21	93.0%	94.5%	
Cancer - 31 Day	96.0%	97.8%	Sep-21			96.0%	97.8%	Aug-21	96.0%	97.8%	
Cancer - 62 Day	85.0%	85.2%	Sep-21			85.0%	85.3%	Aug-21	85.0%	85.2%	
Size of backlog	30	96	Oct-21			30	120	Sep-21	30	96	
28 day Target	75.0%	75.6%	Sep-21			75.0%	73.9%	Aug-21	75.0%	75.6%	

Responsive - Reset and Recovery Programme: Elective

RTT Incomplete Pathway Performance



Oct-21

72.7%

Variance Type

Metric is currently experiencing common cause variation

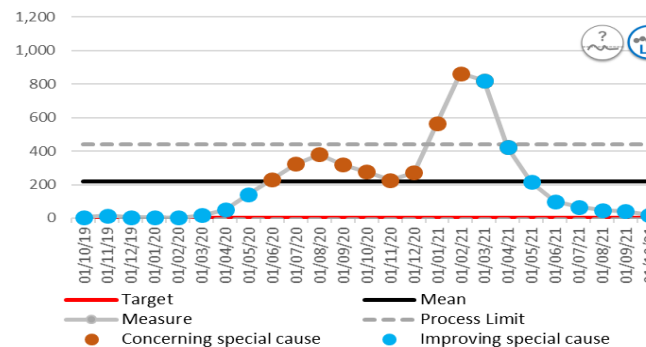
Target (Internal)

86.3%

Target Achievement

Metric consistently failing the target

RTT Incomplete Pathway 52 week waiters (including those reported last month)



Oct-21

17

Variance Type

Metric is currently experiencing common cause variation

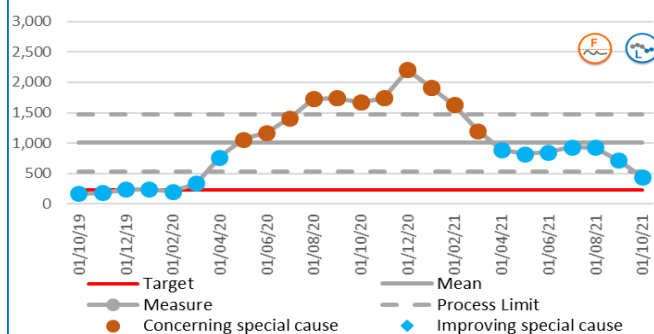
Max Target (Internal)

0

Target Achievement

Metric is experiencing variable achievement

RTT Incomplete Pathway 40 week waiters - 01/10/19 - 01/10/21



Oct-21

440

Variance Type

Metric is currently experiencing special cause variation of an improving nature

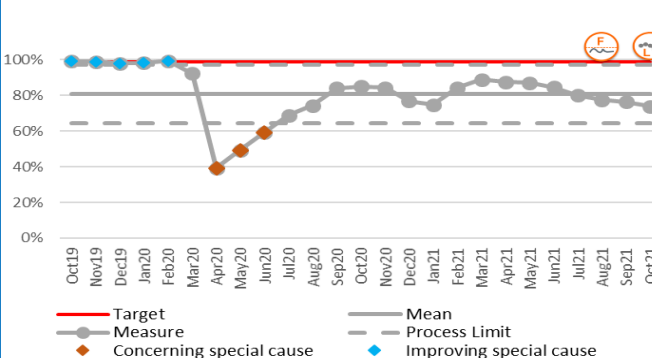
Max Target (Internal)

222

Target Achievement

Metric consistently failing the target

Access to Diagnostics (<6wk) - 01/10/19 - 01/10/21



Oct-21

73.8%

Variance Type

Metric is currently experiencing common cause variation

Target

99%

Target Achievement

Metric is experiencing variable achievement

Summary:

RTT: Performance has remained steady, with October's provisional performance sitting at 72.7%.

RTT 52 wk waiters: There has been huge efforts made to reduce the number of 52 week waiters since the peak in February reducing by 844 waiters over the last 8 months to 17 patients.

Elective Activity: 87% of September's elective activity levels were achieved. The current estimate for October is 95% of October 2019 elective activity levels as endoscopy activity is not at the 1920 levels due to a change in the service. Outpatients are at 99% of 1920 levels overall with first outpatients estimated to be at 88% for October. This activity has been affected by a changing in coding for Paediatric Ward Attenders (now recorded as Day Case) which equates to a 3.5% reduction in OP New Activity.

Diagnostic Activity: CT Scans in October were at 119% of 2019/20 Activity levels, MRI is at 96% of 2019/20 Activity levels and NOUS is at 92% of 2019/20 Activity.

Diagnostic Waiting Times: performance has been affected by Echocardiography staffing shortages and a lack of DEXA capacity.

Actions:

RTT: Continued focus on long waiting patients, pre operative assessment performance, patient cancellations, scheduling and utilisation.

Efficiency: Robust monitoring of patients in order to maximise clinic & theatre time & increase productivity. HVLC action plan has been implemented across Ophthalmology, ENT and T&O.

Diagnostics: To increase capacity & improve the waiting times for MRI and NOUS. The cardiology team have implemented an improvement plan for echophysiology. Capital monies has been awarded to radiology in order to purchase a new DEXA machine. The old one is now obsolete.

Ongoing pathway review with BI to plot through recovery trajectory and action plan.

Process map the DEXA pathway and complete with an audit.

Assurance:

RTT and Elective Activity: Weekly performance meeting in progress, 6-4-2 and scheduling meetings, cancellations RCA's completed to identify trends. TUB in progress.

RTT Long Waiters: Clinical Prioritisation of waiting lists continues in line with national recommendations. Long waiting patients are in the process of being treated or are being scheduled for treatment.

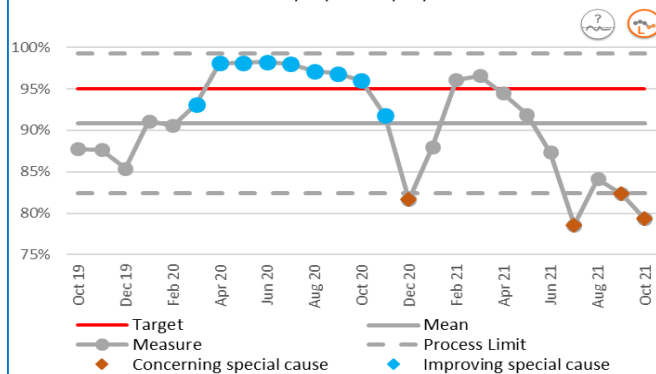
Diagnostics: Work is ongoing on the managed MRI project and is on track to deliver. DEXA continues to be outsourced to DGT.

Communicate findings of the pathway review and process map for DEXA to the radiology team and facilitate further training if required. Revised operational structure to be implemented in radiology to support the recovery trajectory.

Elective Activity: We continue to work closely with ISP partners. Work continues to streamline process and link with ISP where appropriate

Responsive - Reset and Recovery Programme: Emergency Care

ED Total Performance - 01/10/19 - 01/10/21



Oct-21

79.34%

Variance Type

Metric is currently experiencing Special Cause Variation of a concerning nature

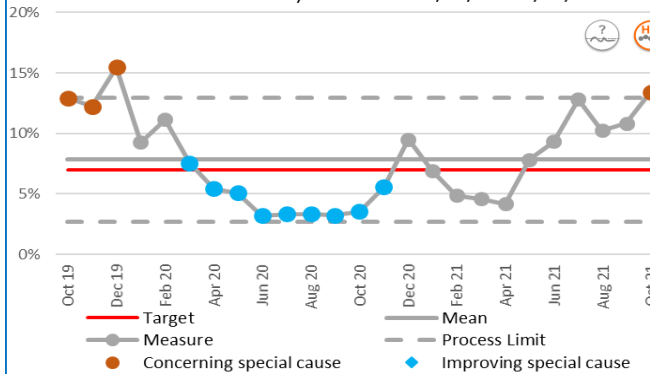
Target

95%

Target Achievement

Metric is experiencing variable achievement

Ambulance Handover Delays > 30mins - 01/10/19 - 01/10/21



Oct-21

13.4%

Variance Type

Metric is currently experiencing Special Cause Variation of a concerning nature

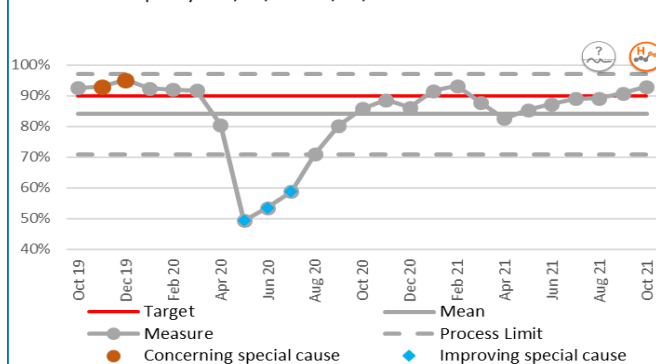
Max Limit (Internal)

7%

Target Achievement

Metric is experiencing variable achievement

Bed Occupancy - 01/10/19 - 01/10/21



Oct-21

93.0%

Variance Type

Metric is currently experiencing Special Cause Variation of a concerning nature

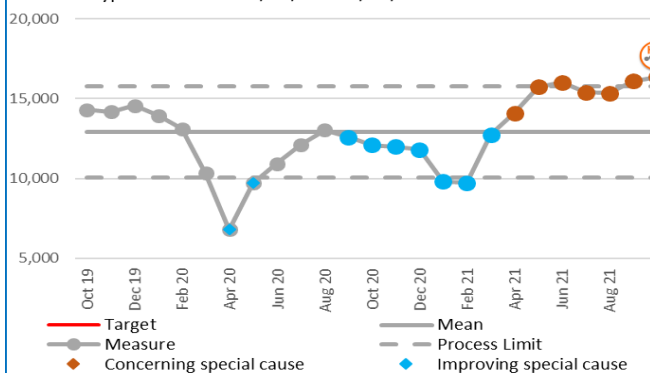
Max Limit (Internal)

90%

Target Achievement

Metric is experiencing variable achievement

ED Type 1 Arrivals - 01/10/19 - 01/10/21



Oct-21

16,358

Variance Type

Metric is currently experiencing Special Cause Variation of a concerning nature

Max Limit (Internal)

Target Achievement

N/A

Summary:

ED 4hr performance (inc MIU): This indicator continues to experience special cause variation of a concerning nature at 79.3% in October, partly due to the implementation of the new Sunrise System and the continued high level of attendances. It should be noted that MTW sits 2nd in the latest regional benchmarking and 8th nationally for Type 1 4 hour performance.

Type 1 ED Attendees were 3.6% up on model in October. 16,101 is a new record, and 10 days in the month were more than 10% above model

Ambulance Handover Delays of >15minutes have moved into experiencing special cause variation of a concerning nature.

Bed Occupancy remains in special cause variation of a concerning nature at 93%. Patients with a long length of stay (LOS) is impacting on this partly due to a lack of social care and community beds.

Actions:

Flow Coordinators to be developed into cover until 2am.
Business Case to be submitted for 24/7 cover to support minors flow in addition to majors flow.

111/ UTC – development of direct referral to SDEC pathways

New ED standards – to be reported from beginning of December.

Increased staffing for Minors/ GP on both sites including change in shift pattern.

3 new ED consultants in post. Paramedic recruitment for Resus/ RAP. Development of Band 2/3 Housekeeper post to support nursing workforce.

PIN input earlier in ambulance handover at clinician handover.

Assurance:

Directorate/ Divisional meetings to review figures, with appropriate escalation.

New Divisional Governance Matron lead in post

A3 project underway – key areas incl. R&R/ Staff Wellbeing; demand and capacity; Front Door; onward referrals for admitted patients

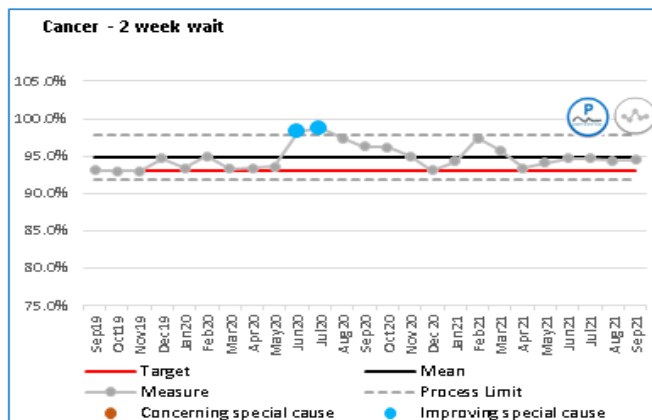
5th Rota Coordinator appointed to support ED nursing rota

Good working relationship with SECamb and Site Management team

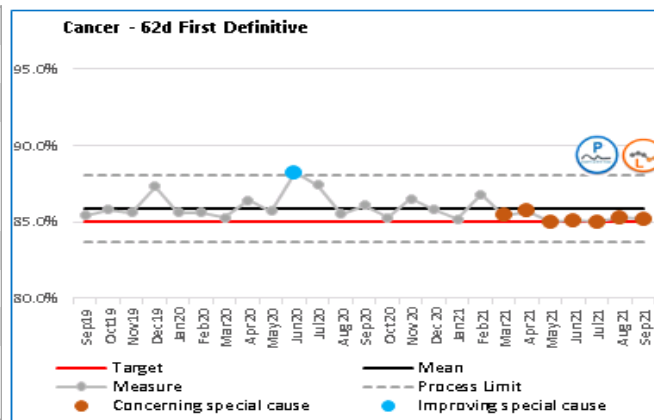
Consultants leading on transformation of referral process

Governance in place to support Sunrise changes where required

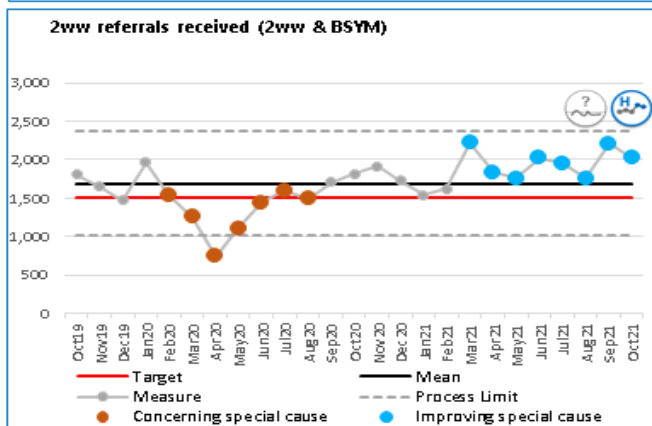
RESPONSIVE- Reset and Recovery Programme: Cancer



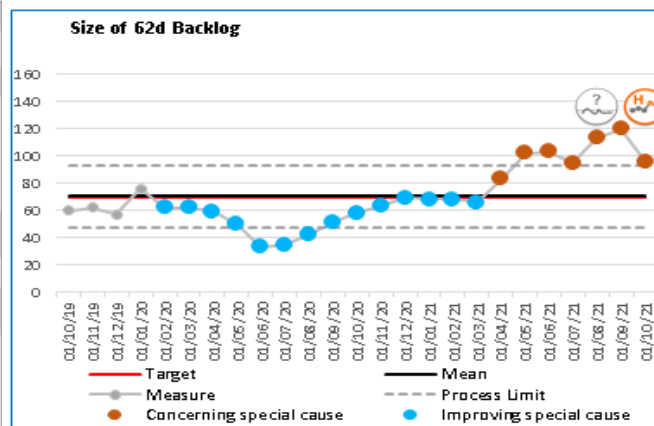
Sept-21
94.5%
Variance Type
Process showing common cause variation
Max Target (Internal)
93%
Target Achievement
Metric is currently achieving the target



Sept-21
85.2%
Variance Type
Special Cause variation as 7 months below the calculated mean of 85.8%
Max Target (Internal)
85%
Target Achievement
Metric is currently achieving the target



Oct-21
2026
Variance Type
Improving Special cause – numbers with 8 months above the mean
Max Target
1500
Target Achievement
Metric is experiencing variable achievement of locally set target



Oct-21
96
Variance Type
Concerning Special Cause variation with last 6 points above the upper process limit
Max Target (Internal)
70
Target Achievement
Metric is experiencing variable achievement of locally set target

Summary:

2ww: The 2ww standard continues to achieve the 93% target, and the process remains within expected levels of variation.

Referrals: The Trust is receiving higher numbers of 2ww referrals than pre-Covid and is showing improving special cause due to the last 8 months with numbers above the calculated mean.

62 day: The Trust has continued achievement of the 62 day standard for 2 years (from Aug 2019) reporting 85.2% this month.

62 day PTL Backlog: As the numbers on the 62d PTL continue to grow, the backlog has seen an increase in the past 6 months. Overall the process is showing concerning special cause variation, with May to October sitting at the upper process limit due to unprecedented 2ww referral numbers. The backlog has reduced to 96 in October, which is 5.2% of the total PTL

Actions:

Cancer PTL: 1.) Increased focus on backlog patients on a daily basis. 2.) Introduction of F2F PTLs on a Monday afternoon to support services further. 3.) Validation of all backlog and tip-over patients this week in order to ensure all patients in the backlog are appropriate referrals and on the right pathway. 4.) Training with coordinators and teams to ensure prioritisation and recording of 'risk' patients for demand management within our supporting services.

Referrals: Services are reviewing baseline 2ww provision in line with trajectory of demand and implementing various models to support. The CCG and Cancer Alliance have supported in prioritising patient referrals and ensuring we are appropriately appointing those at highest risk of cancer within the national guidelines.

Assurance:

Cancer Performance and PTL: Management of the daily PTLs continues to give oversight and hold services to account for patient next steps. Diagnostic services attend these huddles to escalate booking or reporting delays on the day.

28 Day FDS Standard: 28 day FDS meetings have been implemented to manage data completeness and ensure we are submitting a representative view of our performance.

Weekly triumvirate meetings help to support key areas of concern and give clinical guidance across services. Daily Cancer Performance huddles with the teams and weekly senior MDT coordinator huddles to support the team working.

Well Led - CQC Domain Scorecard

Reset and Recovery Programme: Staff Welfare













Latest					Previous			YTD		Assurance
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	
Climate Survey - Engagement: Number of people completing the Climate survey	Improving Quarterly	473	Aug-21	No SPC	Improving Quarterly	634	Jun-21	Improving Quarterly	473	No SPC
Climate Survey - Percentage of staff who feel fully supported in their role		52.2%	Aug-21	No SPC		56.4%	Jun-21		52.2%	No SPC
Climate Survey - Percentage of staff who feel the Trust has a genuine concern for their safety		53.4%	Aug-21	No SPC		61.9%	Jun-21		53.4%	No SPC
Climate Survey - Percentage of staff who feel able to cope with the demands that are being placed on		52.2%	Aug-21	No SPC		54.0%	Jun-21		52.2%	No SPC
Health and Wellbeing: How many calls received	40	48	Oct-21		40	79	Jun-21	480	450	?
Health and Wellbeing: What percentage of Calls related to Mental Health Issues	44%	33%	Oct-21		44%	42%	Jun-21	44%	46%	?

Organisational Objectives: Workforce





Latest					Previous			YTD		Assurance
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	
Sickness	3.3%	4.1%	Sep-21		3.3%	3.7%	Aug-21	3.3%	0.0%	?
Turnover	10.0%	11.4%	Oct-21		10.0%	11.0%	Sep-21	10.0%	11.4%	F
Vacancy Rates	9.0%	13.4%	Oct-21		9.0%	13.6%	Sep-21	9.0%	13.4%	F
Use of Agency (WTE)	81	273	Oct-21		81	326	Sep-21	81	273	F
Appraisal Completeness	95.0%	86.6%	Oct-21		95.0%	84.2%	Sep-21	95.0%	86.6%	?
Stat and Mandatory Training	85.0%	92.1%	Oct-21		85.0%	91.2%	Sep-21	85.0%	92.1%	P

Well Led - CQC Domain Scorecard

Reset and Recovery Programme: Finance & Contracts

	Latest				Previous				YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period		Plan	Actual	Assurance
Surplus (Deficit) against B/E Duty (£k)	0	-5	Oct-21		-	-	18	Sep-21	0	-63	
CIP Savings (£k)	483	332	Oct-21		434	204	Sep-21		3085	1728	
Cash Balance (£k)	31,432	33,821	Oct-21		36,386	35,734	Sep-21		31,432	33,821	
Capital Expenditure (£k)	1,134	965	Oct-21		1,686	869	Sep-21		5,143	2,873	
Agency Spend (£k)	1,333	750	Oct-21		1,333	2,599	Sep-21		9,330	11,932	
Use of Financial Resources	No data		Oct-21		No data		Sep-21		No data		

Reset and Recovery Programme: ICC

	Latest				Previous				YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period		Plan	Actual	Assurance
Nursing vacancies	13.5%	17.8%	Oct-21		13.5%	18.9%	Sep-21		13.5%	17.8%	
Covid Positive - number of patients	0	144	Oct-21		0	89	Sep-21		0	456	

Well Led - CQC Domain Scorecard

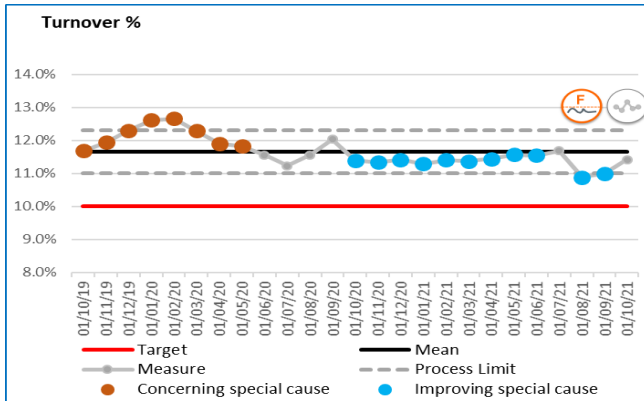
Organisational Objectives - Strategy – Clinical

Outcome Measure	Latest				Previous			YTD		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Number of specialist services	35	30	Oct-21		35	30	Sep-21	35	35	
Elective Spells in London Trusts from West Kent	329	365	Oct-21		329	439	Sep-21	329	365	
Service contribution by division	TBC		Oct-21		TBC		Sep-21	TBC		
Research grants (£)	114	111	Oct-21		114	110	Sep-21	114	111	
Number of advanced practitioners	25	31	Oct-21		25	31	Sep-21	25	31	
Percentage of Trust policies within review date	90.0%	73.4%	Oct-21		90.0%	74.6%	Sep-21	90.0%	73.4%	

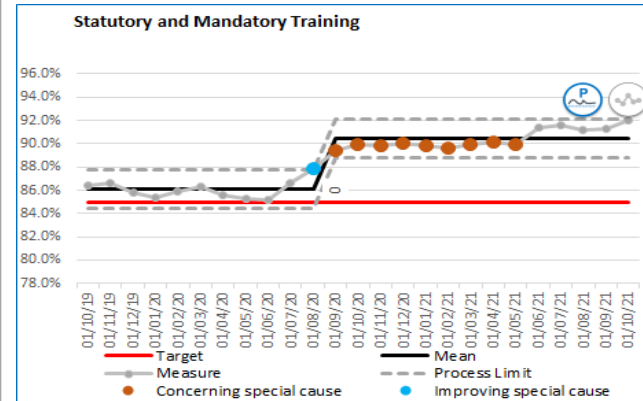
Organisational Objectives – Exceptional People

Outcome Measure	Latest				Previous			YTD		Assurance
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	
Staff Friends and Family % recommended work	70.0%	62.9%	Oct-21		70.0%	62.9%	Sep-21	70.0%	62.9%	
Staff Friends and Family % recommended care	80.0%	81.0%	Oct-21		80.0%	81.0%	Sep-21	80.0%	81.0%	
Equality, Diversity and Inclusion reducing inequalities metrics / dashboard	TBC		Oct-21		TBC		Sep-21	TBC		

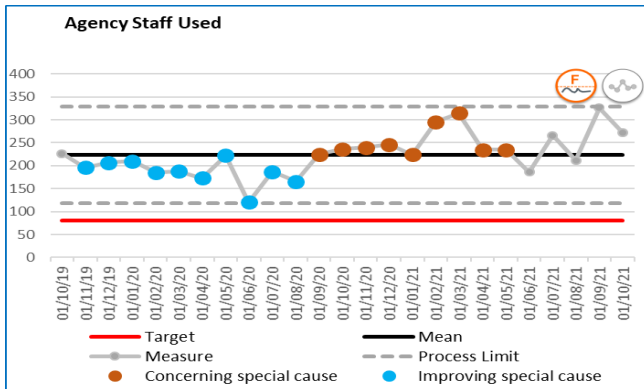
Well Led - Operational Objective: Workforce



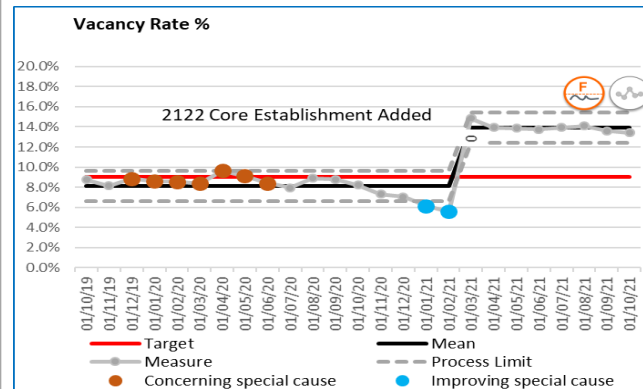
Oct-21
11.4%
Variance Type
Metric is currently experiencing Common Cause Variation.
Max Target (Internal)
10%
Target Achievement
Metric is consistently failing the target



Oct-21
93.0%
Variance Type
Metric is currently experiencing Common Cause Variation
Max Target (Internal)
85%
Target Achievement
Metric is consistently passing the target



Oct-21
273
Variance Type
Metric is currently experiencing Common Cause Variation
Target (Internal)
81
Target Achievement
Metric is consistently failing the target



Oct-21
12.4%
Variance Type
Metric is currently experiencing Common Cause Variation
Max Limit (Internal)
9.0%
Target Achievement
Metric is consistently failing the target

Summary:

Turnover: The Turnover rate returned to Common Cause Variation in October and continues to consistently fail the target.

Statutory and Mandatory Training: This indicator continues to perform well and is consistently achieving the target.

Agency Staff Used: The level of Agency staff dropped in October. This indicator has returned to Common Cause Variation and continues to consistently fail the target

Vacancy Rate : With a step change applied from the beginning of 2021/22, vacancy rate is now in common cause variation, but consistently failing the target

Actions:

Turnover : There has been a marginal movement bring the KPI closer to the mean average this month. This will continue to be monitored.

Agency / Vacancy Rate: In October we saw an increase in demand of c.10% for Temporary Staffing. Nursing saw an increase of 8% compared to the previous month partly due to shortages within midwifery and ED, the demand level remains considerably higher than the same period last year (c.30%), the demand levels for CSW's has increased by 12.5% compared to the previous month but over 30% compared to the same time last year. Medical demand increased by c.6% but is comparable to the same period last year. In the last 12 month period we have seen the temporary staffing demand increase just over 40% compare to the same period the year before, with bank fill increasing by 25.3%. A further update will be provided in the next IPR.

Assurance:

"Alcatraz" has been commissioned to work with the trust to create a marketing strategy and support the trust in reducing our vacancy statistics with Recruitment/PR campaigns including creating a microsite for the trust. The Communications/Recruitment team are currently working with "Alcatraz" to create the plan and content, and aiming for the campaigns to launch in January 2022. We currently have live recruitment campaigns for Theatres, ED and Outpatients- which includes (Social media advertising, External advertising, Radio adverts, Head hunting and many more). The recruitment team are also meeting with Midwifery, Stroke, Respiratory, Cardiology, Radiotherapy and Therapies to create content for recruitment campaigns in the near future. The Recruitment team hosted a CSW indeed webinar in November to introduce candidates to HCSW roles and had over 120 attendee's. They are also attending a Nursing Times event to promote Staff Nurse vacancies in the trust. We have been successful in a NHI International midwifery bid- meaning we have been awarded funding to support 17 midwives collaboratively across 5 trusts in Kent. We have 43 international nurses in the pipeline, with a further 25 that have start dates booked.

The bank team continue to work closely with the site team and matrons on finding solutions to reduce agency spend including paying enhanced rates for Bank staff working within Rapid Response Pool ward to mitigate staff shortages, with a review of future incentives taking place. Various options are currently being explored to provide support with the additional requirement for RMN's.

Appendices

Supporting Narrative

Executive Summary

The Trust continues to achieve both the National Cancer 62 Day FDT Standard and the 2 week wait standard, reporting 85.2% and 94.5% respectively, however achievement of these standards is becoming increasingly challenging with the continued high number of 2ww referrals and increasing 62 Day Backlog. A&E 4hr performance has seen a deterioration since April 2021 which has been impacted partly by the implementation of the new Sunrise System as well as the continued high level of attendances. This indicator remains in special cause variation of a concerning nature at 79.3%. RTT performance has remained similar in October as elective activity continues to recover. Activity levels (which include the activity being undertaken in the Independent Sector) have been above the national target for April to July (just under for first outpatient attendances in July), August and September were just below the target and the estimate for October is currently showing 95% of 1920 levels for Elective Activity and 99% for Total outpatients. The high level of non-elective emergency admissions as well as the high level of elective activity being undertaken is therefore putting pressure on the bed capacity across with Trust. Total Bed Occupancy continues its increasing trend back to pre-Covid levels and is now experiencing special cause variation of a concerning nature (93% for October 2021). The level of Mothers Delivering continues to increase and is experiencing special cause variation with the last three months at record levels for the last three years (560 for October). Patient safety and quality indicators remain in common cause variation despite the high bed occupancy and challenges in staffing levels.

Key Performance Items:

- **Infection Control:** Both the rate of C.Difficile and E.Coli are experiencing common cause variation and variable achievement of the target. The volume of C.Diff cases has dropped to mean levels in October. The Trust admitted 144 patients with Covid-19 infection during September, with 18 cases of probable or definite hospital acquired infection (12.5%). Assurance of compliance continues through the IPC BAF.
- **Falls:** The overall rate of falls continues to experience common cause variation and variable achievement of the target. Two SI relating to Falls were reported. A Stakeholder Event took place on 19th October 2021 to increase awareness and further involve the wider multi-disciplinary teams. The outputs from the event identified a number of possible top contributors for falls and potential countermeasures. Data analysis is being undertaken to evidence the top contributors identified. Three working groups have been identified to work on the measures and meeting dates are being set up for these groups.
- **Pressure Ulcers:** The rate of hospital acquired pressure ulcers remains in common cause variation and variable achievement of the target. Total pressure ulcers (including inherited) also remains in common cause variation. The Pressure Ulcer group continue to discuss learnings from recent incidents to ensure that they are shared across Directorates. The Trust continues to monitor patients admitted with pressure ulcers and liaise with the local community and neighbouring acute trusts to identify themes and trends.
- **Incidents and SIs:** The level of SIs reported dropped to 8 (2 relating to Falls, 2 diagnostic, 1 Maternity, 1 treatment delay and 2 Sub-optimal Care,). Senior members of the Patient Safety Team continue to carry their own caseload of SIs to ensure that investigations are completed thoroughly and in a timely manner to support our staff, patients and their families. The team continue to work with the divisions to allocate investigators to these SIs.
- **Stroke:** The overall Best Practice Indicator continues to experience common cause variation and variable achievement of the target (reported one month behind due to delays in coding).
- **A&E 4 hour Standard and Flow:** Overall ED Performance has deteriorated by 3% in October and remains in special cause variation of a concerning nature (79.3% in October) driven by continued high attendance volumes and the rollout of Sunrise. The Trust continues to implement the ED improvement action plan to support flow throughout the Trust with all of flow indicators continuing to remain in common cause variation. Development of 111/Urgent Treatment Centre (UTC) is in progress to extend the service. Emergency admissions remain high and are experiencing special cause variation. The level of Same Day Emergency Care (SDEC) attenders continues to rise and is experiencing special cause variation.
- **Ambulance Handover Delays:** Delays increased sharply in October and this indicator is now experiencing special cause variation of a concerning nature and variable achievement of the target (13.4% in September).

Supporting Narrative Continued

- **Referral to Treatment (RTT) Incomplete Pathway:** Performance remained similar at 72.7%. Elective activity continues to recover achieving the targets April to July 21 and slightly below target in August and September. The estimate for October is 95% for Elective and 99% for total outpatients. Day case activity is being affected by the reduction in endoscopy demand.. There has been huge efforts made to reduce the number of 52 week waiters since the peak in February reducing by **844** waiters over the last 9 months. Diagnostics waiting <6 weeks decreased further to 73.8% mainly due to Echocardiography staffing shortages and a lack of DEXA Capacity.
- **Cancer 62 Day:** From August 2019 the 62 day standard has shown an improved performance, consistently achieving the 85% standard (reporting 85.2% for September 2021). This process has been within expected levels of variation, but is currently showing special cause variation of a concerning nature because the last 7 months have reported below the calculated mean. With the previous higher % performance achievement up to February 2021 the calculated mean across the past 25months is 85.8%. Although the target of 85% has been achieved, the last 7 months have reported performance below 85.8%.
- **First Seen Cancer 2weeks (2ww):** From September 2019, there has been a continued improvement, achieving the target. Despite the pressure experienced from the increased numbers of 2ww referrals from March 2021, the Trust has continued to achieve this standard (94.5% for September). This process shows the 2ww performance within expected levels of variation
- **Size of 62 day Backlog:** Following the decrease in 2019 of the number of patients being managed on the 62 day PTL, the numbers have continued to increase, with an average of 1749 in April, increasing to 1783 in July and currently averaging at 1835 through October 2021. This is impacting on the number of patients being managed with pathways over 62 days. Overall the size of the 62d backlog is in concerning special cause variation, with the last 6 months reporting numbers above the upper process limit. As at October month end, the backlog averaged at 96 patients (5.27% of the overall PTL). The 62d PTL has risen to 1954 patients as at 10th November 2021.
- **Cancer 2weeks (2ww) Referrals:** After the drop in referral numbers at the beginning of April 2020 due to COVID-19, the incoming referral numbers have increased through the remainder of 2020, into 2021. Following the significant increase in numbers seen in March 2021, referral numbers have remained high, experiencing special cause variation. 2026 referrals were received in October 2021 (on average 124% above the numbers received through 2019).
- **Finance:** The Trust is £0.1m favourable to plan generating a Surplus of £0.1m. The Trusts key variances to the plan are: Independent Sector usage (£3.7m), Pay underspends (£2.9m), underspends within clinical supplies and drugs (£1.4m) due to lower activity than funded levels, non recurrent benefits / release of contingency (£1.4m) and Elective recovery fund (£0.6m). The Trusts key adverse variances to the plan are: Re-phasing of top up and non recurrent income support (£6.5m), expenditure incurred relating to Kent and Medway Medical school (£2.6m) and CIP slippage (£1.3m) .
- **Workforce:** The Safe Staffing Nursing Fill Rate reported remains in common cause variation, which impacts the overall fill rate. Regular staffing huddles with divisional leads and staff bank continue to ensure safe staffing levels across the Trust. Increased multi professions representation are on the wards to help support the nursing staff. The Trust has introduced a new improved bank rate to be more consistent with other Trusts and have agreed a formal escalation process for bank enhancement to help with demand. Recruitment continue to work with “hot spot” areas to assist in improving their vacancy rate. This includes social media campaigns, virtual events, international recruitment, head hunting and retention strategies. The Recruitment team have booked several external recruitment events within the next few months which targets Staff Nurses and CSWs. A external marketing company “Alcatika” is working with the Trust to enhance our branding externally and is working closely with the Recruitment and communication teams for attraction initiatives and recruitment campaigns. Currently working on creating the plan and content, and aiming for the campaigns to launch in January 2022. The Turnover rate increased in October and is now in common cause variation and continues to consistently fail the target. Climate survey and the “Moving On” survey data is being used to drive local interventions to aid retention. Sickness levels increased by 0.4% in September. As we have enough data post wave 2 of Covid, a step change has been applied from March 2021. Sickness is now within common cause variation with variable achievement of the target at 4.1% Of the 4.1% reported 0.2% was COVID related sickness. Non-Covid Sickness remains at expected levels.

Implementing a Revised Perinatal Tool

CQC Maternity Ratings (NB - Maternity Department full inspection in 2014)	Overall	Safe	Effective	Caring	Well-Led	Responsive				
	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement				
Maternity Safety Support Programme	No		If No, enter name of MIA (?)							
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Findings of review of all perinatal deaths using the real time data monitoring tool	2 cases Themes: - Extreme prematurity x 1 - HSIB case x 1	1 case Themes: - HSIB case x 1	3 cases Themes: - HSIB case x 2 - MTOP - fetal anomaly x 1	5 cases Themes: - MTOP fetal abnormality x 2 - Unexplained death x 2 - fetal cardiac anomaly x 1	1 case Themes: - MTOP fetal anomaly x 1	3 cases Themes: - Prematurity x 4 - Unexplained death x 1	2 cases Themes: - Prematurity x 2 - Unexplained death x 2	3 cases Themes: - Extreme prematurity x 1 - Unexplained stillbirth x 1 - Term stillbirth - placental abnormalities, GDM on insulin	1 case Themes: - Covid infection at 23 weeks - IUD at 24 weeks	1 case Themes: - IUD at 36+6 weeks - placental abruption
Findings of review of all cases eligible for referral to HSIB	2 cases Themes: Case 1 - Escalation during neonatal resuscitation Case 2 - No safety concerns	1 case Themes: Patient information - fetal movements in labour Guideline for risk assessment in Triage	2 cases Themes: Guideline for obstetric / MDT review in Triage Review process for identifying indication for IOL when prioritising cases	0 cases	1 case Themes: GAP pathway not followed (incidental finding) No safety recommendations	0 cases	1 case Themes: GAP pathway not followed (incidental finding) No safety recommendations	0 cases	1 case Investigation in progress	1 case Investigation in progress
Report on:										
*The number of incidents logged as moderate or above and what actions are being taken	4 moderate incident 1 serious incident Learning shared: - MDT Communication - Guidelines updated	1 moderate incident 1 serious incident Learning shared: - 1:1 feedback - situational awareness	1 moderate incident 1 serious incident Learning shared: - 1:1 feedback - obstetric cover for Triage - review of guideline for care in latent phase of labour	0 moderate incident 1 serious incident Learning shared: - reminder to staff to follow fetal growth assessment programme	5 moderate incident 2 serious incident Learning shared: - reminder to follow ED pathway for unwell maternity patients - review of process for follow up of investigation results - review of pathway for booking caesarean section - 1:1 feedback	1 moderate incident 1 serious incident Learning shared: - importance of timely follow up of urgent investigation results - importance of MDT working and clinical overview - failure to follow swab count policy in theatre	2 moderate incidents 2 serious incident Learning shared: - assess risk of bladder injury at LSCS - ensure staff with appropriate experience available for complex surgery - growth assessment policy not followed	0 moderate incident 0 serious incident	1 moderate harm 0 serious incident Learning shared: - consider FSE if loss of contact on CTG - rotate from OP to OA, if possible, for instrumental births - provide 1:1 care in labour in any location. Document and escalate if not possible - always connect CTG to	0 moderate incident 1 serious incident Learning shared: No learning identified IUD of unknown cause in latent phase of labour - reported for investigation by HSIB
*Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training - MDT Emergency Skills	66%	73%	82%	91%	98%	99%	98%	89%	84%	76%
*Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training - Fetal Monitoring in labour	50%	56%	53%	53%	69%	74%	68%	67%	65%	55%
*Minimum safe staffing in maternity service to include obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively										
Service User Voice Feedback - number of IQVIA (FFT) responses	179	74	282	254	243	191	145	106	82	55
Service User Voice Feedback - % positive responses	98%	99%	96%	99%	97%	97%	96%	92%	92%	91%
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	No	No	HSIB quarterly engagement meeting	CQC engagement meeting	Letter from HSIB requesting additional support for staff involved in investigations - action plan developed	HSIB quarterly engagement meeting	No	No	No	No
Coroner Reg 28 made directly to Trust	No	No	No	No	No	No	No	No	No	No
Progress in achievement of CNST 10							Declaration of compliance submitted 22/07/2021	Maternity Incentive Scheme - Year 4 guidance published. Action planning commenced	Kick off and planning meetings arranged with leads for each safety action and project lead	Planning and progress meetings arranged with leads for each safety action and project lead
Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend the Trust as a place to work or receive treatment (Reported Annually)					75%					
Proportion of specialty trainees in Obstetrics and Gynaecology responding with 'Excellent' or 'Good' on how would they rate the quality of clinical supervision out of hours (Reported Annually)					78%					

REVIEW OF LATEST FINANCIAL PERFORMANCE

Year to Date Financial Position

- The Trust has generated a year to date surplus of £0.1m which is £0.1m favourable to plan.
- The Trust delivered a breakeven position in October which was on plan.
- In line with NHSE/I guidance additional income (£3.6m) has been included in the position to offset additional costs for PCR swabbing, Rapid testing and vaccination centre. The Trust received £1.6m to cover the full costs incurred in quarter one.
- Plans for H2 are yet to be finalised with the Kent & Medway System submission due on the 16th November. The Month 7 position has been reported based on the current assessment of the planning assumptions and a cumulative adjustment to both the plan and actuals in Month 8 to account for any impact of the final plan submission.
- The year to date position includes £11.1m associated with the Elective Recovery Fund (ERF), which is £0.6m favourable plan. This includes unconfirmed ERF income of £2.2m reported within the year to date which relates to Infectious Diseases challenge (£1.7m) and missing independent Sector activity (£0.5m). The Trust has a mitigation for this risk which will involve reinstating Top-Up income.
- The key year to date variances is as follows:
 - **Favourable Variances**
 - Independent Sector usage (£3.7m),
 - Pay underspends (£2.9m)
 - Clinical supplies and drugs (£1.4m) due to lower activity than funded levels
 - Non recurrent income benefits (£1.4m)
 - Elective recovery fund overperformance (£0.6m).
 - **Adverse Variances**
 - Rephasing of top up and non-recurrent income support (£6.5m)
 - Expenditure incurred relating to Kent and Medway Medical school (£2.6m)
 - CIP slippage to stretch target (£1.3m)

Current Months Financial Position

- The key current month variances are as follows:
 - Income overperformed by £0.3m in October. The main overperformance relates to education income which is offset by additional expenditure (£0.2m) and £0.1m benefit within Pathology income mainly associated with non recurrent new student in take activity.
 - Expenditure budgets overspent by £0.2m, non pay budgets overspend by £0.6m were partly offset by pay underspends of £0.4m. The key underspends to plan were: Costs associated with Kent and Medway Medical School (£0.7m), increase in energy costs (usage and price change = £0.4m), Drugs (£0.3m) and a YTD Cardiology consumable adjustment (£0.3m). These pressures were partly offset by the following key favourable variances: Release of contingency (£0.8m), YTD Independent sector adjustment (£0.5m) and updated Pathology reagents contract charge (£0.2m)

Financial Risks

- The Trust has the following key income assumptions included within the position which are pending confirmation from Kent and Medway CCG
 - Prime Provider (Patient Choice activity) income of £3.3m has been incorporated to offset the costs reported in the YTD position, confirmation from Kent and Medway CCG is pending.
 - ERF - The Trust has unconfirmed ERF income relating to H1 of £1.8m reported within the year to date position which relates to Infectious Diseases challenge (£1.7m). The Trust has a mitigation for this risk which will involve reinstating Top-Up income. The month 7 position does not include any assumption of ERF achievement.

Capital Position

- The Trust's capital plan agreed with the ICS/STP for 2021/22 is £10.57m comprising of net internal funding £8.9m, PFI lifecycle per Project model of £1.2m and donated assets of £0.4m. In addition to the Plan the STP has agreed to finance £411k of equipment from the National Diagnostic Fund that it controls, plus a balancing £19k from System PDC. A Memorandum of Understanding (MoU) has been received to confirm the National funding. The Trust has also received confirmation of funding for 2 core Linacs (£3.73m) in 21/22, although they will be both be installed in early 22/23, MoU's have been received. The STP has supported a bid for additional System PDC of £452k of enabling work to complete the first Linac replacement. The Trust has also made further bids to the STP for £720k for the ancillary equipment, £300k for CCTV equipment at Maidstone, and a number of other diagnostic equipment items, c. £340k. An additional £625k has been agreed from the national Digital Diagnostics Fund for Home Reporting and iRefer, the Letter of Agreement (LoA) has been signed.

In addition the Trust is awaiting confirmation of further national capital from the Target Investment Fund (TIF) relating to elective and digital schemes.

- The Plan includes;
 - **Estates:** The Backlog schemes include contractual commitments from 20/21 relating to enabling works for CT Simulator, Pharmacy Robot, MRI, Interventional Radiology and Mammography equipment. Development schemes include the Annex/Kabin Modular Development, KMMS enabling work and Paeds ED modular build.
 - **ICT:** The EPR costs relate to contractual commitments. Other ICT schemes include wireless controllers replacement, over-age laptops/PCs, switches, **hubs** and servers.
 - **Equipment:** The Linac machine was delivered to the Canterbury site at the end of March, this year's costs include ancillary equipment and commissioning. Trustwide equipment has been prioritised and some emergency cases have been approved.
- The year to date capital spend is £2.8m compared to the Plan of £5.1m. The majority of the spend relates to: Estates - the completion of the MRI and Interventional Radiology installation, ongoing works to The Annex/Kabin, KMMS enabling and Paeds ED; Equipment - the completion of the Canterbury Linac and other various equipment; IT - the ongoing EPR project. There were also elements of carry forward spend from projects commenced in 2020/21. The YTD variance relates to schemes that have either been delayed or are waiting for business cases.

Cash

- The closing cash balance for October was £33.8m compared to the cash balance for September of £35.7m, which includes an increase in SLA block income for ERF (Elective Recovery Fund) from K&M CCG c£6m.
- The Trust carried forward an opening cash balance of £26.2m from 2020/21 which included cover for creditors of £8.6m SLA to K&M CCG, £6m related to capital suppliers and £4.8m related to receiving cash for annual leave accrual that was rolled over into 2021/22. The cashflow reduces throughout the year as commitments are realised with the closing cash balance forecast for March 2022 of £5m.
- H2 System funding envelopes, including system top-up and Covid-19 fixed allocation have been calculated based on the H1 2021/22 envelopes adjusted for inflation, efficiency requirements and policy priorities. The system funding envelope is comprised of growth funding (including 3% pay uplift), system top up (funding for free car parking and H1 efficiencies) and Covid-19 allocation

1. Dashboard

October 2021/22

	Current Month			Year to Date			RAG
	Actual £m	Plan £m	Variance £m	Actual £m	Plan £m	Variance £m	
Income	49.5	49.2	0.3	346.1	353.5	(7.3)	
Expenditure	(46.7)	(46.5)	(0.2)	(327.1)	(334.6)	7.5	
EBITDA (Income less Expenditure)	2.7	2.7	0.0	19.1	18.9	0.2	
Financing Costs	(2.8)	(2.8)	(0.0)	(19.3)	(19.2)	(0.1)	
Technical Adjustments	0.0	0.0	0.0	0.4	0.3	0.0	
Net Surplus / Deficit (Incl Top Up funding support)	0.0	(0.0)	0.0	0.1	(0.0)	0.1	
Cash Balance	33.8	31.4	2.4	33.8	31.4	2.4	
Capital Expenditure (Incl Donated Assets)	1.0	1.1	0.2	2.9	5.1	(2.3)	

Month 7 Plan Assumption:

Plans for H2 are yet to be finalised with the Kent & Medway System submission due on the 16th November. The Month 7 position has been reported based on the current assessment of the planning assumptions and a cumulative adjustment to both the plan and actuals in Month 8 to account for any impact of the final plan submission

Summary Current Month:

- The Trust was on plan generating a breakeven position.
- Income overperformed by £0.3m in October. The main overperformance relates to education income which is offset by additional expenditure (£0.2m) and £0.1m benefit within Pathology income mainly associated with non recurrent new student in take activity.
- Expenditure budgets overspent by £0.2m, non pay budgets overspend by £0.6m were partly offset by pay underspends of £0.4m. The key underspends to plan were: Costs associated with Kent and Medway Medical School (£0.7m), increase in energy costs (usage and price change = £0.4m), Drugs (£0.3m) and a YTD Cardiology consumable adjustment (£0.3m). These pressures were partly offset by the following key favourable variances: Release of contingency (£0.8m), YTD Independent sector adjustment (£0.5m) and updated Pathology reagents contract charge (£0.2m)
- In line with NHSE/I guidance additional income (£0.5m) has been included in the month 7 position to offset additional costs for PCR swabbing, Rapid testing and vaccination centre.

Year to date overview:

- The Trust is £0.1m favourable to plan generating a Surplus of £0.1m.
- The Trusts key variances to the plan are:

Favourable Variances:

- Independent Sector usage (£3.7m), Pay underspends (£2.9m), underspends within clinical supplies and drugs (£1.4m) due to lower activity than funded levels, non recurrent benefits / release of contingency (£1.4m) and Elective recovery fund (£0.6m).

Adverse Variances:

- Rephasing of top up and non recurrent income support (£6.5m), expenditure incurred relating to Kent and Medway Medical school (£2.6m) and CIP slippage (£1.3m) .
- In line with NHSE/I guidance additional income (£3.6m) has been included in the position to offset additional costs for PCR swabbing, Rapid testing and vaccination centre. The Trust received £1.6m in August to cover the full costs incurred in quarter one.

CIP (Savings)

- To date the Trust has identified savings of £1.8m which is £1.3m adverse to plan.

Risks within reported financial position:

- The Trust has the following key income assumptions included within the position which are pending confirmation from Kent and Medway CCG
- **Prime Provider** (Patient Choice activity) income of £3.3m has been incorporated to offset the costs reported in the YTD position, confirmation from Kent and Medway CCG is pending.
- **ERF** - The Trust has unconfirmed ERF income relating to H1 of £1.8m reported within the year to date position which relates to Infectious Diseases challenge (£1.7m). The Trust has a mitigation for this risk which will involve reinstating Top-Up income. The month 7 position does not include any assumption of ERF achievement.
- **KMMS Accommodation** - Issues around the building contract mean that this development will not be completed by the end of this financial year, and as the accounting rules on leases change from April, the provision of such accommodation would have to be charged to capital (whether as conventional build across two financial years, or an IFRS 16 lease in 2022/23). The Trust has no agreed source of funding for a capital solution at present. Further work is being undertaken to consider the options available including discussion with the STP and Regional NHSEI.

2. COVID 19 Expenditure and Income Impact

2020/21 Summary of Cost Reimbursement

Expenditure

Breakdown by Allowable Cost Type	£000s
Segregation of patient pathways	3,998
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	358
Backfill for higher sickness absence	1
Remote working for non-patient activities	18
Existing workforce additional shifts to meet increased demand	79
PPE associated costs	12
Additional Sick pay at full pay for all staff policy - full pay for COVID-related	16
Other -Not detailed on NHSI return	728
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	2,058
Long COVID	481
Total 'In Envelope'	7,748
COVID-19 virus testing- rt-PCR virus testing	3,239
COVID-19 - Vaccination Programme - Provider/ Hospital hubs	33
COVID-19 virus testing - Rapid / point of care testing	295
COVID-19 virus testing (NHS laboratories)	0
NIHR SIREN testing - research staff costs	7
NIHR SIREN testing - antibody testing only	5
Total 'Out of Enevelope'	3,579
Total Expenditure (£000s):	11,327

Income

Free staff car parking	332
Catering - Income loss	23
Total Income	354
Grand Total (£000s):	11,682

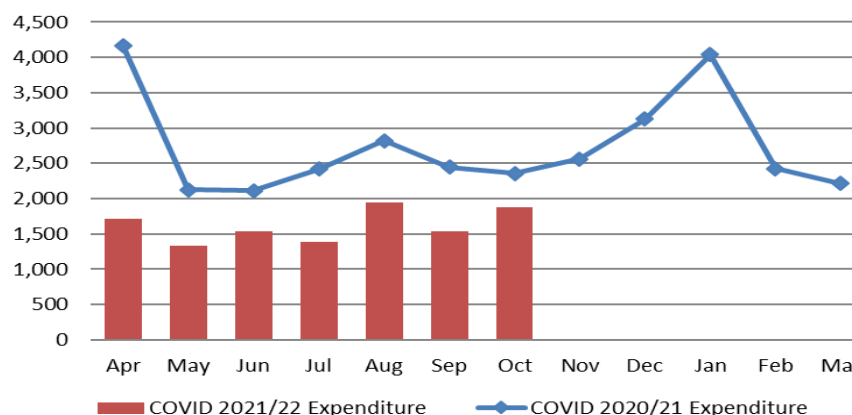
Commentary:

The Trust has identified the year to date financial impact relating to COVID to be £11.7m.

The main cost includes costs associated with virus testing , staff welfare such as providing meals, additional shifts required in ED to support patient flow and escalation of Edith Cavell and Peale Wards and the expansion of ITU.

The Trust has included £3.6m income in the position to offset the costs for 'Out of envelope' which include COVID swabbing , rapid testing and vaccination programme. NHSE/I has paid in full the costs identified relating to April to June, the remainder is expected to be confirmed over the next few months.

COVID Expenditure £000



Oct-21		DAY				NIGHT				TEMPORARY STAFFING		Bank / Agency Demand: RN/M (number of shifts)	WTE Temporary demand RN/M	Temporary Demand Unfilled -RM/N (number of shifts)	Overall Care Hours per pt day	Nurse Sensitive Indicators				Financial review		
Hospital Site name	Health Roster Name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Bank/Agency Usage	Agency as a % of Temporary Staffing					FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Stroke Unit (M) - NK551	77.9%	96.9%	-	100.0%	95.0%	104.5%	-	-	30.5%	34.1%	328	21.54	110	6.5	0.0%	0.0%	14	0	275,288	276,101	(813)
MAIDSTONE	Cornwallis (M) - NS959	86.0%	72.3%	-	-	94.6%	255.1%	-	-	74.5%	39.3%	154	10.42	20	5.9	0.0%	0.0%	1	0	0	102,187	(102,187)
MAIDSTONE	Culpepper Ward (M) - NS551	114.4%	71.2%	-	-	166.1%	94.6%	-	-	46.7%	69.7%	122	9.00	33	7.9	25.0%	100.0%	0	0	111,333	117,608	(6,275)
MAIDSTONE	John Day Respiratory Ward (M) - NT151	98.1%	77.3%	-	-	97.0%	109.7%	-	-	26.3%	38.0%	106	7.45	28	6.5	51.9%	92.9%	1	1	145,571	147,677	(2,106)
MAIDSTONE	Intensive Care (M) - NA251	104.8%	88.5%	-	-	80.2%	91.9%	-	-	10.5%	2.9%	121	7.53	59	46.6	250.0%	100.0%	0	0	252,851	213,625	39,226
MAIDSTONE	Pye Oliver (Medical) - NK259	103.5%	113.5%	-	-	121.5%	125.7%	-	-	33.9%	54.4%	120	8.05	24	6.8	2.8%	100.0%	6	2	123,301	147,668	(24,367)
MAIDSTONE	Whatman Ward - NK959	91.6%	92.3%	-	100.0%	119.5%	158.1%	-	-	60.5%	51.5%	186	13.40	55	6.3	0.0%	0.0%	7	2	91,695	118,525	(26,830)
MAIDSTONE	Lord North Ward (M) - NF651	81.2%	109.1%	-	100.0%	91.4%	96.8%	-	-	12.9%	4.8%	50	3.69	19	7.3	50.0%	100.0%	2	1	112,254	106,355	5,899
MAIDSTONE	Mercer Ward (M) - NJ251	88.6%	88.6%	-	-	118.3%	112.1%	-	-	22.5%	55.6%	109	7.85	44	5.7	0.0%	0.0%	7	2	109,816	119,789	(9,973)
MAIDSTONE	Edith Cavell - NS459	112.1%	65.3%	-	100.0%	103.2%	93.5%	-	-	40.1%	48.4%	118	8.41	29	6.0	14.3%	100.0%	2	0	118,411	92,323	26,088
MAIDSTONE	Acute Medical Unit (M) - NG551	94.6%	79.9%	-	-	140.0%	196.8%	-	-	41.8%	38.6%	167	11.86	47	9.5	0.0%	0.0%	5	0	163,153	148,339	14,814
TWH	Ward 22 (TW) - NG332	72.0%	93.7%	-	-	114.2%	106.7%	-	-	30.5%	50.3%	177	12.79	79	5.5	0.0%	0.0%	21	3	130,587	143,653	(13,066)
TWH	Coronary Care Unit (TW) - NP301	70.6%	90.3%	-	-	74.8%	-	-	-	20.7%	21.7%	102	6.36	65	10.1	0.0%	0.0%	0	0	69,560	64,812	4,748
TWH	Ward 33 (Gynae) (TW) - ND302	78.2%	94.4%	-	-	83.9%	96.8%	-	-	30.9%	10.1%	82	5.37	34	8.8	46.7%	100.0%	1	0	114,771	100,090	14,681
TWH	Intensive Care (TW) - NA201	86.2%	98.0%	-	-	97.1%	88.7%	-	-	13.3%	7.1%	154	10.37	28	36.3	0.0%	0.0%	0	0	383,197	326,318	56,879
TWH	Acute Medical Unit (TW) - NA901	92.4%	56.0%	-	100.0%	88.5%	68.8%	-	-	13.3%	30.8%	125	9.35	74	8.4	5.4%	100.0%	9	0	218,161	199,998	18,163
TWH	Surgical Assessment Unit (TW) - NE701	99.6%	118.5%	-	-	22.8%	16.1%	-	-	21.0%	27.2%	76	5.26	39	34.6	5.6%	100.0%	0	0	71,341	49,466	21,875
TWH	Ward 32 (TW) - NG130	81.1%	79.3%	-	100.0%	59.7%	66.3%	-	100.0%	13.2%	27.7%	92	6.34	49	6.7	4.0%	100.0%	2	0	141,039	101,849	39,190
TWH	Ward 10 (TW) - NG131	87.7%	84.0%	-	100.0%	93.9%	112.9%	-	-	44.1%	37.2%	225	14.15	76	5.8	0.0%	0.0%	6	0	137,396	131,593	5,803
TWH	Ward 11 (TW) Winter Escalation 2019 - NG144	62.2%	64.0%	-	-	104.3%	90.2%	-	-	60.6%	28.6%	246	15.98	84	5.3	0.0%	0.0%	5	1	0	88,979	(88,979)
TWH	Ward 12 (TW) - NG132	88.8%	91.4%	-	100.0%	132.5%	97.6%	-	-	45.1%	44.4%	241	15.76	99	6.3	1.4%	100.0%	10	0	139,447	142,214	(2,767)
TWH	Ward 20 (TW) - NG230	87.6%	111.4%	-	-	157.5%	99.1%	-	-	39.1%	49.1%	216	14.97	84	7.6	4.4%	100.0%	27	0	163,355	164,819	(1,464)
TWH	Ward 21 (TW) - NG231	83.3%	91.0%	-	100.0%	77.4%	101.6%	-	-	22.9%	30.2%	145	9.71	79	5.9	7.3%	100.0%	9	0	147,063	131,770	15,293
TWH	Ward 2 (TW) - NG442	67.5%	103.7%	-	100.0%	95.7%	122.3%	-	-	37.5%	15.8%	176	11.16	99	6.2	1.8%	100.0%	10	0	162,959	132,499	30,460
TWH	Ward 30 (TW) - NG330	81.4%	87.2%	-	100.0%	104.2%	104.3%	-	-	25.1%	14.7%	99	6.01	42	5.5	15.7%	81.8%	8	1	125,393	127,344	(1,951)
TWH	Ward 31 (TW) - NG331	77.4%	93.7%	-	100.0%	75.8%	123.6%	-	-	27.9%	13.0%	147	9.25	64	6.0	46.3%	63.2%	5	3	138,962	140,539	(1,577)
Crowborough	Crowborough Birth Centre (CBC) - NP775	47.0%	66.9%	-	-	0.0%	0.0%	-	-	3.3%	0.0%	11	0.45	1						71,415	45,073	26,342
TWH	Midwifery (multiple rosters)	79.9%	48.9%	-	-	90.0%	89.3%	-	-	15.2%	5.5%	713	40.98	179	12.7	7.6%	95.2%	0	0	827,412	877,447	(50,035)
TWH	Hedgehog Ward (TW) - ND702	87.8%	53.3%	-	-	86.6%	-	-	-	37.4%	80.4%	302	21.21	91	11.8	1.5%	80.0%	0	0	139,456	224,807	(85,351)
MAIDSTONE	Maidstone Birth Centre - NP751	99.9%	100.6%	-	-	97.8%	80.9%	-	-	19.9%	0.0%	37	1.87	1	38.9	72.9%	97.1%	0	0	72,115	84,146	(12,031)
TWH	SCBU (TW) - NA102	76.8%	-1043.4%	-	100.0%	91.7%	-	-	-	19.7%	0.0%	103	6.07	4	12.3	11.8%	100.0%		0	177,929	195,587	(17,658)
TWH	Short Stay Surgical Unit (TW) - NE901	78.7%	81.7%	-	-	80.6%	89.5%	-	-	20.1%	26.6%	57	3.70	9	9.2	15.9%	100.0%	0	0	75,794	73,865	1,929
MAIDSTONE	Accident & Emergency (M) - NA351	91.0%	103.0%	-	-	98.3%	97.0%	-	-	45.3%	41.8%	489	34.77	92		2.4%	96.3%	5	0	283,070	387,094	(104,024)
TWH	Accident & Emergency (TW) - NA301	81.3%	59.4%	-	100.0%	84.9%	65.5%	-	-	35.5%	53.9%	554	39.25	164		0.4%	94.3%	10	0	389,304	472,455	(83,151)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	89.7%	49.9%	-	100.0%	88.7%	-	-	-	22.5%	15.5%	37	2.57	5	11.6	67.7%	100.0%	1	0	67,488	60,740	6,748
MAIDSTONE	Peale Ward COVID - ND451	106.7%	131.8%	-	100.0%	140.9%	138.7%	-	-	58.3%	61.5%	175	12.82	56	10.6	0.0%	0.0%	9	0	110,447	114,160	(3,713)
MAIDSTONE	Foster Clark - NS251	91.5%	78.3%	-	100.0%	87.8%	85.5%	-	-	16.7%	21.7%	66	4.41	25	7.4	52.7%	96.2%	3	0	151,283	141,418	9,865
MAIDSTONE	Short Stay Surgical Unit (M) - NE751	103.4%	115.5%	-	-	102.7%	-	-	-	22.7%	12.1%	37	2.49	12	17.5	26.0%	98.8%	1	0	52,988	56,487	(3,499)
Total Established Wards																				6,065,605	6,369,419	(303,814)
Additional Capacity beds																				56,065	44,228	11,837
Cath Labs																				0	2,007	(2,007)
Chaucer																				0	3,396	(3,396)
Foster Clarke Winter Escalation 20																				3,525,672	3,178,295	347,377
Other associated nursing costs																				9,647,342	9,597,345	49,997

RAG Key

Under fill

Overfill

Green: Greater than 90% but less than 110%

Amber: Less than 90% OR greater than 110%

Red: Less than 80% OR greater than 130%

Ambulance Handover Performance	Chief Operating Officer
<p>The enclosed report provides information on:</p> <p>MTWs Ambulance hand over performance report with regional comparisons and next steps to be in line with new ED standards.</p>	
<p>Which Committees have reviewed the information prior to Board submission?</p> <p>N/A</p>	
<p>Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹</p> <p>Information, discussion and assurance</p>	

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

National Policy has set out that ambulance handovers should take no more than 15 minutes, ensuring patient receive necessary emergency care and allowing ambulances to get back on the road responding to patients in the community.

All acute trusts have a responsibility to ensure ambulance patients are safely handed over to the care of the ED without delay whilst at the same time recognising that corridor care in ED is not an acceptable solution. Collaboration across ambulance trusts and acute trusts is vital to manage any safety risks as a result of capacity issues.

Nationally organisations are required to report any ambulance handovers that breach 15 minutes, 30 minutes and demonstrate a zero tolerance for 60 minute delays.

MTW Performance Year to Date

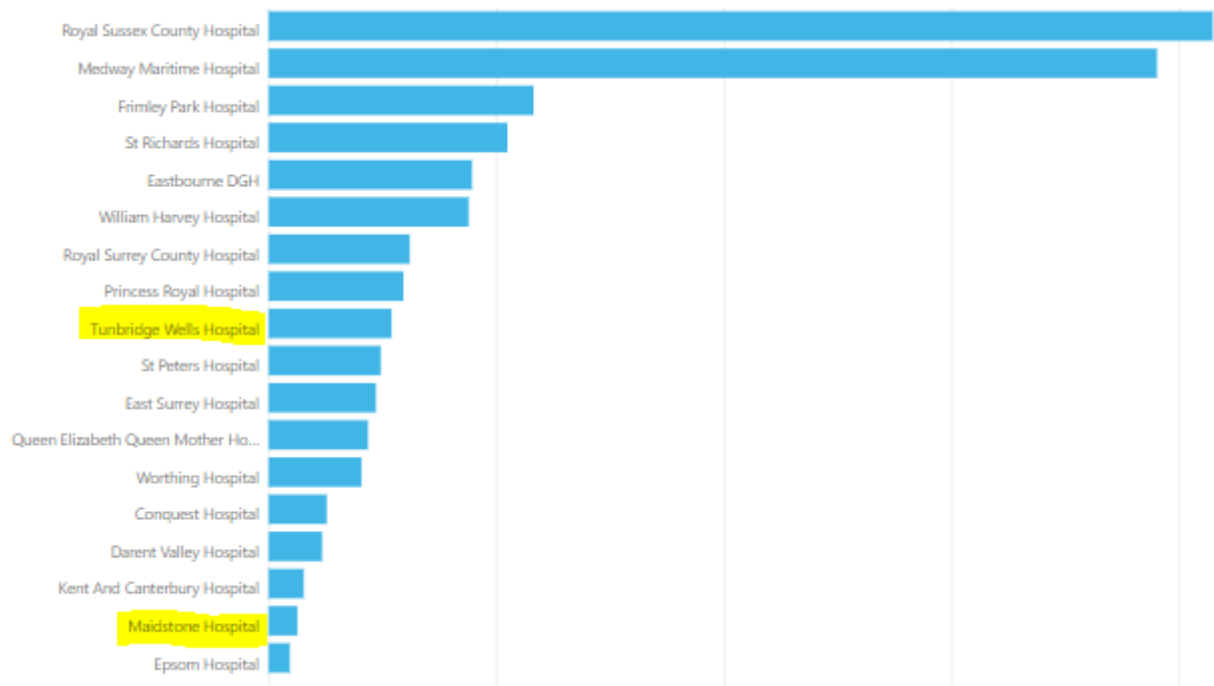
As an organisation we report our weekly compliance at the trust performance meeting and are recognised within the region as having good performance. The divisional team are focused on continued improvement in our organisational performance focusing initially on preventing any over 60 minutes handover delays whilst maintaining improvements in the other metrics.

Year to Date	Total Conveyances	Less Than 15		15 - 30 Mins		30 - 45 Mins		45 - 60 Mins		Over 60	
MTW	26728	48.6%	10217	41.8%	8928	6.7%	1348	2.2%	409	0.7%	146

TWH	16112	46.8%	5947	41.0%	5280	8.1%	976	3.0%	341	1.0%	124
MGH	10616	51.3%	4270	43.0%	3648	4.6%	372	0.9%	68	0.3%	22

		TWH					MGH				
Month	Total	Less Than 15	15 - 30 Mins	30 - 45 Mins	45 - 60 Mins	Over 60	Less Than 15	15 - 30 Mins	30 - 45 Mins	45 - 60 Mins	Over 60
April	2031	54.1%	40.8%	3.8%	1.2%	0.1%	54.9%	42.6%	2.2%	0.3%	0.0%
May	2395	48.7%	41.3%	7.1%	2.3%	0.5%	55.2%	40.3%	3.7%	0.5%	0.2%
June	2207	46.4%	42.7%	7.6%	2.7%	0.6%	45.3%	47.9%	5.4%	1.2%	0.1%
July	2094	42.0%	42.6%	8.8%	4.2%	2.3%	44.5%	47.2%	6.3%	1.3%	0.8%
August	1991	42.7%	44.2%	8.8%	2.8%	1.4%	51.7%	42.8%	4.7%	0.5%	0.2%
September	1951	47.5%	38.3%	10.3%	3.0%	0.9%	53.9%	40.3%	4.5%	1.1%	0.2%
October	2086	45.4%	37.7%	10.4%	5.3%	1.2%	53.5%	39.2%	5.7%	1.4%	0.3%
November	1357	45.0%	39.3%	10.5%	3.3%	1.9%	54.9%	38.9%	4.4%	1.3%	0.0%
December	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
January	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Regional Over 60 minute Ambulance Delays – Year to Date



Improvement Measures

ED Capacity and flow issues are the biggest risks to delayed ambulance handover performance therefore a number of trust wide initiatives have been introduced to improve flow which positively impacts ambulance handover performance. These include:

- Safer, Better, Sooner Program –, standardised approach to board rounds using teletracking to give live time visibility of site position. Promoting use of discharge lounge, increasing flow coordinator cover resulting in more timely discharges
- SDEC – Full review of Ambulatory Pathways across all divisions. Promoting a cultural shift to utilise an exclusion criteria rather than inclusion criteria. Increase in consultant cover for AEC. Expansion of AEC footprint.
- Medical Consultant Senior Decision Maker in the ED to facilitate admission avoidance
- Review of site meetings with director cover on both sites
- Joint performance meetings with SECAMB to review and themes and trends for delays and enable collaboration and positive working relationships

On top of this, the ED team are undertaking very specific actions to address some of the issues that impact ambulance handover performance.

Issue	Action	Likely Impact
Increased attendances in the evening leading to increase wait to be seen.	Increased support from IC24 in evenings	Increased capacity to review minors and reduce the time to be seen
	Increased minors by 1 hour and developing plans to offer minors clinic 24/7	Increased capacity in minors and release space in RAP at peak times.
	Development of TAP role (within ACP team) to supporting night shifts – increased fill of these shifts.	Reduce wait to be seen.
Poor flow out of ED leading to lack of space in RAP.	Flow Co shifts in place until 2am (and aim in future to be 24/7)	Faster flow out of ED to release space in RAP and staff to reduce wait to be seen.
	Increasing numbers through SDEC to reduce admissions	Increased bed capacity to reduce DTAs in ED
High number of walk ins / minors patients filling ED	Increased use of CSW at front door	Release clinicians to discharge at front door
	Improved communication required by CCG regarding NHS 111 first	Reduced 111 referrals, decreasing walk in demand
	UTC clinic management changes at MGH	Decreased number of patients in ED.
Use of clinical systems leading to data quality reporting issues	Pin entry with clinicians bedding in continuing – improvement already seen at MEH	Reduced number of 15 min breaches
	Work with sunrise team, including on new triage process in RAP	Fewer breaches caused by data quality errors

Risks to Performance

- Staffing challenges across health care system
- Lack of social care and community capacity causing increase in the number of patients who no longer require care in the acute setting
- Mutual aid requests from neighbouring organisations
- Escalation of SDEC areas
- Poor bed capacity – including a high number of DTA's in the early part of the day affecting both sites (national issue)

Next Steps

In preparation for the introduction of the new ED standards which we will be reporting in shadow form in December the requirement is for organisations have no 15 minute hand over delays. To achieve this we have initiated a program of work that is working on a trajectory that will get us to the required position in preparation for go live in April.

We will also continue to work on improvement initiatives including A3 workgroup with multi disciplinary team identifying high impact work to be completed.

Update on the latest position on inpatients waiting to be discharged**Chief Operating Officer**

Over the summer the Trust has seen a rising number of patients within both hospitals who are no longer fit to reside (medically fit) and whose care could be provided in an alternative setting. The system challenges include workforce shortages, covid pathways restricting bed usage and increasing demand in emergency patients attending hospital. All of these are contributing to a high level of escalation.

As a consequence of this there is also a rising number of patients who have an extended stay of greater than 21 days.

The impact of the rise in patients who no longer have the Right to Reside are significant, both on patient safety and flow. This paper outlines the contributory factors to the current position with recommendations for consideration.

Which Committees have reviewed the information prior to Board submission?

N/A

Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹

Information and discussion

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

1. Introduction

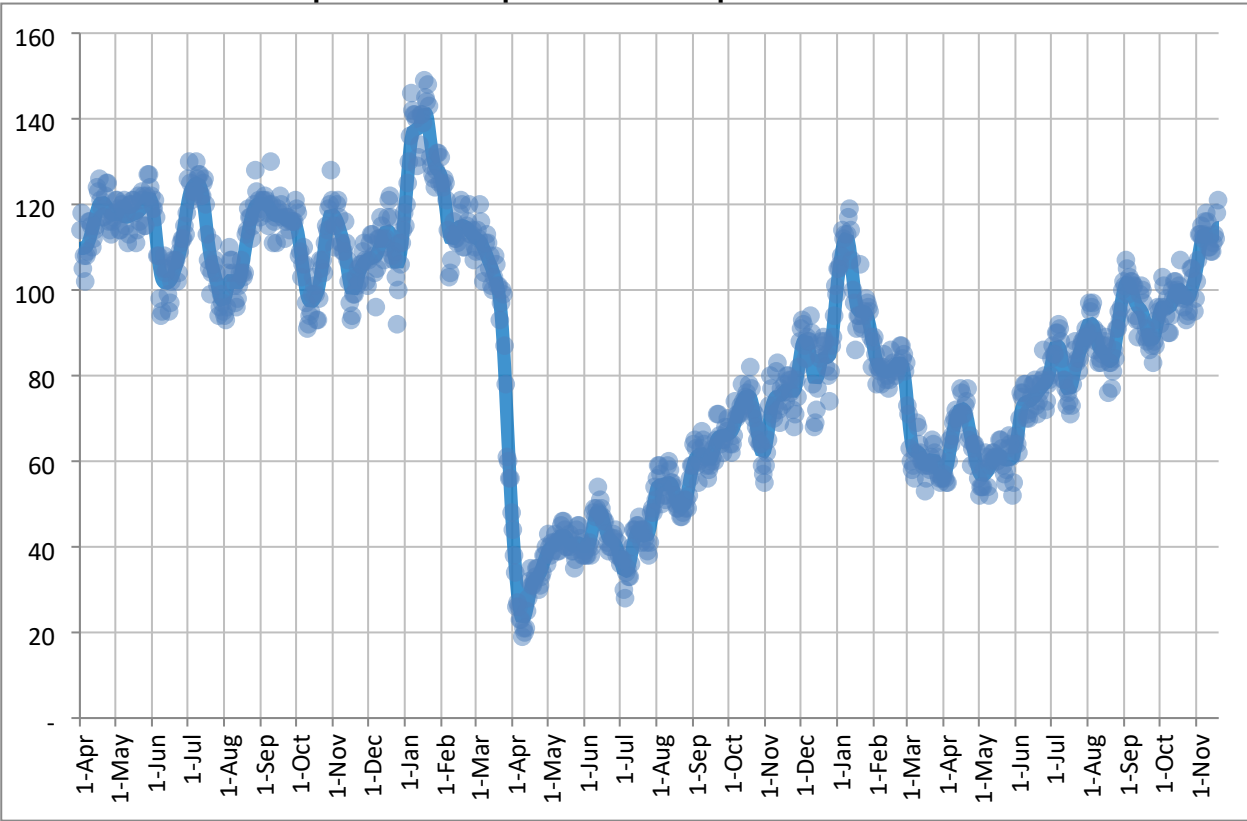
This paper provides an update on the causes of the increasing numbers of patients who remain within the Trust for reasons other than requiring acute care. This raises concern on two levels. Firstly, it is recognised that hospitals are not the best place for patients who have recovered from their acute episode of illness as they are at an increased risk of infection and falls.

Secondly, the growing number of patients who are medically fit are utilising an increasing number of bed days, causing a high level of escalation and issues with admitting new patients. This is primarily affecting patients admitted through the Emergency Department but has started to also impact on elective patient pathways.

If this position continues over the winter, the Trust will experience significant ambulance handover delays, extended waits within the ED for admission, which is recognised to increase mortality risk and a deterioration in the RTT backlog.

As a consequence of this there is also a rising number of patients who have an extended stay of greater than 21 days. These are known as Super Stranded patients. A weekly meeting is held with the Trust Discharge Manager, Deputy COO, Matrons and Ward Managers to discuss these patients individually.

Table 1: Number of Super Stranded patients from April 2019 to November 2021



2. Background

There are several reasons driving this increase and the impact on flow

• Domiciliary care

There is a national shortage of care workers working in the community, this means that Pathway 1 flow is compromised. The main source of discharge flow for P1 is via the HILTON contract. The baseline for this contract is 42 discharges per week which increased to 50 in the early Autumn.

There are geographical differences in the availability of care, with Tunbridge Wells and Sevenoaks seeing particular pressures.

Patients requiring large packages of care (POC) of either double handed or 3 or 4 times per day are waiting longer for this care.

The agencies currently providing sort term care are HILTON, Rapid response (KCHFT) and KEAH (SS Kent Enablement at Home) are all seeing significant numbers of patients they are having to 'hold' whilst waiting for long term permanent POC.

Kent Social Services has commissioned some additional care hours within the Maidstone area but the hours have not been able to be fully utilised as none of the agencies have capacity. In addition, Social Services has seen some agencies hand back POC as they cannot meet the care packages, further reducing capacity for discharging from the Trust.

The shortage is staffing related and is impacting on both privately purchased and Continuing Care funded POC. The Trust uses a private company called CHS to find POC for some groups of patients (particularly those who are 'fast track', i.e. in the last 3 months of life and wish to die at home) and they are reporting that they are also struggling to find packages of care to support patients which has not happened previously.

- **Flow**

Domiciliary care is often the end destination for patients, community hospitals have had flow compromised during late September and October as they have not been able to discharge patients waiting for care, either with a short or long term care packages. This situation has improved during the last couple of weeks but remains problematic for stroke patients being discharged from Sevenoaks as these patients often require a larger POC. There are also delays in discharging Medway stroke patients to the rehabilitation setting in that area.

The phenomenon of 'holding' patients within the short- term services has meant that they have less capacity to take on new patients and that their limited staffing has to provide care to the patients already on their caseload. Initially this was seen in KEAH as the patients waited for long term POC but HILTON have been bridging over 20 patients at times. Rapid response has also had a patient on their caseload for over 100 days waiting for a CHC funded POC.

- **Acuity**

The acute trust has seen a rise in acuity of in patients over the last six months, this means that patients have become more deconditioned and require higher levels of care to be discharged. The Integrated Discharge Team (IDT) has seen a rise in referrals for complex patients, and in addition to these is also trying to concentrate on turning new admissions around quickly so that patients can return to their established community care provision.

- **COVID**

In the last couple of months, the effect of self-isolation for staff in the community has impacted further on care capacity availability

- **Pathway 3**

Patients requiring assessment of need for long term residential care are moved to a care home bed under Pathway 3, which is health led and funded from the Hospital Discharge programme. During the summer the IDT were able to maintain flow for these patients but over the last month this has slowed down due to the availability of care home beds. There is a mixture of reasons, including staffing levels, but also the return of care homes being occupied by private funders, particularly in the Sevenoaks and Tunbridge Wells area. This was an issue prior to COVID but during the pandemic people were reluctant to admit themselves to care homes due to risk and visiting restrictions. As these restrictions have lifted, places have filled up and in addition, care homes had more vacancies due to high levels of mortality due to COVID in this high-risk group. There are some real hot spots in lack of beds, particularly around the Sevenoaks area and also for

patients with challenging behaviours, where care home availability able to meet their needs is very limited.

Social services are the lead agency for commissioning 'designated beds' for patients who are COVID positive, however when this contract was put out to market for this winter there were no care homes willing to bid for this contract, so the Trust is unable to move any patients until they have completed their isolation period.

3. Assessment

- Capacity for domiciliary care is unlikely to improve significantly over the winter period. There are several initiatives to attempt to improve the situation but these will not give instant relief
- Social services have put out 1000 hours across Kent of non-regulated activity to the voluntary sector to release care hours
- A national recruitment campaign for carers is underway
- Local agencies are offering sign up bonuses

If capacity is not going to improve then we need to reduce demand. The Trust Discharge Manager has been working with community hospitals to try to reduce the demand for POC by engaging families and increasing levels of function.

- The issue is being driven by staffing, rather than finance, however care staff are lower paid workers and there is a BREXIT effect. Kent County Council lead on market forces within the care sector and they have been active but it is unclear how involved senior health leaders have been involved
- Offering higher rates in one area (such as HILTON) leads to a destabilising of the market as this staff group is fairly transient and willing to move employers. It moves the deckchairs rather than solve the problems
- The risk to MTW is that we will be unable to maintain flow, currently we try to mix and match for patients, transferring those who we believe we can reduce their POC demands to community hospitals to rehabilitation
- MTW needs to continue to maximise same day and 24-hour simple discharges especially for those who have established POC so that those care hours do not sit idle
- MTW needs to work closely with Social services to find alternatives for care
- The need to educate patients and especially their families on the need to support discharge and using informal networks for non-regulated activities such as food preparation, medicine support, shopping
- There is a piece of work around a single bed brokerage system with social services, initially by letting a 'pathway 3' contract. The Trust Discharge Manager has some concern about this process, in that it may provide benefits but she is unsure whether local care homes will be willing to sign up as they are currently approaching full capacity. Longer term there are concerns about the responsiveness of putting all bed requests through a single agency, at present we get a great deal of flexibility from our current 'bed brokerage' service CHS

4. Recommendations

4.1 Current initiatives

- The Trust Discharge Manager is working with the CCG and a local care home to secure a block booking of a currently empty floor for patients waiting for POC – this will only work if we are able to reduce long term requirements for care. The care home is recruiting overseas workers so it will not be fishing in the same pool as other agencies

- A care agency approached CHS to discuss the possibility of location-based care. They normally provide live in carers to private client, and there appears to still be a supply of these. If we can find a group of people all requiring care in a particular area then we could pay for the workers accommodation and they could visit 4-5 patients per day. This is in early stages and would be funded as a possible pilot via HDP funding
- Ward walkers – the CCG is preparing a case for additional support walkers to support activity within the acute sector building on the End PJ paralysis initiative. The key risks in this are recruiting the correct staff (this might appeal to care workers) and the lead in time
- We are waiting for Social Service to authorise additional HILTON capacity, every winter there is an increase in the capacity for P1 and it was expected we would see the first increase to happen at the beginning of November however there are some governance issues as the HILTON contract sits with KCC. The funding has now been agreed. HILTON has a good record of recruiting additional staff as they pay slightly more than most agencies and have a good staff support package including training
- Social Services has funded 6 additional Occupational Therapy Assistants to work with people in their own homes to reduce care need (they have currently recruited to 2 of these posts)

4.2 Additional areas for development

- Focus on same day and 24-hour turnaround – using HIT and IDT to discharge patients back to home and bring them back in for any further treatment on a day basis
- Education of families and patients on the need to provide self-care
- Use of voluntary sector to support activity within acute wards to reduce deconditioning of in patients
- Other opportunities to think laterally about care provision, focussing on geographical area with highest needs
- Ongoing work with social services to purchase high need placements, particularly with challenging behaviours

Trust Board meeting – November 2021

Nursing and Midwifery staffing review (mid-year update)	Chief Nurse
Please find included the Nursing and Midwifery staffing review (mid-year update)	
Which Committees have reviewed the information prior to Board submission? <ul style="list-style-type: none">Executive Team Meeting, 16/11/21	
Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹ Information and assurance	

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Executive Summary:

Nursing establishments are required to be reviewed bi-annually to provide assurance to the Trust Board that staffing levels and staff/patient ratios are appropriate to deliver safe and effective patient care (National Quality Board, 2016).

The April 2021 report to the Trust Board, confirmed that all inpatient nursing and midwifery establishments across the Trust had been reviewed utilising recognised methodologies. The review also highlighted areas of potential service redesign that may impact on the future nursing establishment.

This report provides the mid-year review of the April 2021 nursing establishment review, and includes a summary of progress against the recommendations that were made in April 2021. It also outlines additional initiatives that have been implemented to ensure safe staffing across the Trust.

Overview of April 2021 review:

Establishment reviews were undertaken in non-ward areas, ward areas and specialities across the organisation. The review was carried out using the methodologies set out by the National Quality Board (NQB) 'Right staff, right Skills, in the right place' (2013), 'Safe, sustainable productive staffing' (July 2016) and the Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing (October 2018). These were by means of a triangulated approach and included the use of:

- Evidence based tools (where they exist):
- Professional Judgement: The Professional Judgement (Telford) model the National Audit Commission, endorsed by the RCN, supported by the NQB and NHSi Developing Workforce Standards. For ward areas the Carter Model was applied to include consideration of Care hours Per Patient Day (CHPPD).
- Outcomes of nurse sensitive indicators including; pressure ulcers, falls, infection prevention control, nursing care complaints and feedback
- Based on patients' needs, acuity, dependency and risks.



Safe staffing key recommendations by Division were highlighted in the April 2021 paper. These were disseminated to the Division for implementation. A review of these recommendations will be addressed within this report.

Mid – Point review November 2021

Considerable staffing pressures are being experienced within the Trust at this current time, with a vacancy rate of 18.45% for nursing. Therefore, following assessment, a decision has been made by the Chief Nurse to delay a further establishment review, and to focus on ensuring recommendations from the April 2021 review are fully implemented. In particular focusing on areas where increased establishments were agreed, and ensuring appropriate recruitment into these posts.

Delaying a full establishment review at this point, will ensure accuracy of acuity and dependency data, resulting in a robust workforce planning and setting of nursing establishments for 2022/23. In the interim, the Chief Nurse has undertaken a preliminary desktop review of inpatient nursing and midwifery establishments. This review suggests that more in depth analysis is required regarding the night time staffing at the Tunbridge Wells site. This work will commence ahead of the next annual nursing establishment review.

April 2021 review - Key recommendation:

The April 2021 safe staffing review identified detailed key recommendations for all Divisions. However, it was felt that three overarching priorities should be addressed at that time. These were:

- Trainee Nursing Associate (TNA) (Band 3) or Nursing Associates (NA) (Band 4) to be included in budgeted establishments
- Service Developments / Changes requiring Business Case Proposals (BCP) and Workforce plans (WFP):
- Increase nursing establishments recommended due to service development / change (to be included in BCP and WFP as above):

Benchmarking of progress against these recommendations was undertaken for this Mid-point review, with progress outcomes documented below and within appendix 1.

Key recommendations – progress headlines

Medicine and Emergency care Division:

- Establishment of the TNA/NA roles within the Division currently ongoing with TNA/NA's now within the workforce in 9 clinical areas.
- Increase in nursing establishments in line with service developments has occurred on Edith Cavell, Respiratory, and ED.
- Service developments within Frailty, and AEC have occurred and finance are sourcing funding in relation to the increase in nursing establishments.

Surgery Division:

- Establishment of the TNA/NA roles within the Division currently ongoing with TNA/NA's now within the workforce in 7 clinical areas.
- BCP completed to increase capacity within ITU cross site, providing resilience for red and green pathways. Currently recruiting into this new establishment.
- ODP development pathway confirmed with 8 ODP apprentices now in post.

Women's Children's and Sexual Health:

- Currently development of the TNA/NA role in the planning stage. This is a focus going forward.
- Maternity recommendations as per Birth Rate+ review have progressed, with 12 of the 20 WTE recommended in the review now in post. A business case is currently being compiled to cover the remaining staffing from the recommendation.
- Lead Matron for integrated sexual health has been appointed and reflected in the budgeted establishment.

Cancer services:

- Development of TNA/NA pathways on CCDU is currently ongoing.
- Development of Chartwell service currently going through Business planning and A3 process.
- Nursing establishment review completed for Lord North.

Increase in Establishment

Following the April 2021 review it was necessary to uplift the nursing establishments due to COVID-19 pathways, environment redesign and increases in capacity and demand. Establishments were amended following a trust wide business case being agreed, this accounted for a notable rise in the vacancy rate for nursing.

Workforce Transformation

Progress has been made on the development and incorporation of new roles and apprenticeships to support recruitment, retention and development of staff. The first cohort of the Registered Nurse Degree Apprenticeship commenced in September 2021, providing a long-term strategy for nursing recruitment. This programme will not only provide a recruitment stream to 'grow our own' RN's at MTW but will ensure we capitalise on external candidates keen to undertake nurse training, promoting MTW as an educational destination trust.

The Nursing Associate role is now being embedded within nursing establishments with the commencement of the fourth TNA cohort imminent.

A third pathway has been developed for CSW recruitment and is now out to advert. This new pathway will capture experienced CSW's with no formal healthcare qualification who will be supported to complete the care certificate within the first six months of employment.

The return to practice recruitment pathway has been developed into a salaried post, with this new role out to advert. The development of Advanced Clinical practice within MTW continues to progress, with a scoping exercise currently being undertaken. Resilience in funding for Advanced Clinical Practice training is required, with the utilisation of the apprenticeship levy being further explored.

Current Staffing Position

Following the April 2021 review approximately 200 additional posts were added to the nursing establishments, however recruiting to these posts continues to be challenging. It is well documented that there is a national shortage of nurses and midwives, which impacts on this current position. Significant work is being undertaken to address these vacancies alongside addressing staff retention.

Org L6	(All)
Occupation Code/Subjective Code(medics)	(All)
Business Planning Group	Registered nursing, midwifery and health visiting staff
Month	01/09/2021

<<Please ensure current month is selected

Row Labels	Actual	Budget	Vacant WTE	Vacant %
Cancer Services	140.17	153.56	13.39	8.72%
Corporate and Support	98.63	129.09	30.46	23.59%
Diagnostic + Clinical Support	18.21	26.34	8.13	30.85%
Estates and Facilities		0.00	0.00	#DIV/0!
Medical + Emergency Care	532.43	703.31	170.88	24.30%
Surgery	507.16	612.73	105.57	17.23%
Women, Children and Sexual Health	377.49	427.74	50.25	11.75%
Grand Total	1,674.10	2,052.77	378.67	18.45%

Summary of actions to mitigate the current vacancy and support safe staffing.

- The Senior corporate nursing team, in conjunction with the executive, recruitment, people and HR team are supporting the Workforce Supply Taskforce. This group ensures that the Safe staffing agenda has priority at MTW.
- A Matron for recruitment and retention will be appointed within the next month.
- Simplification of recruitment and onboarding pathways, to ensure timely start dates are achieved post offer.
- A bid for 140 nurses has been submitted to NHSi/e for 2022/23 for International recruitment; this will require additional financial support from the Trust.
- Plans being explored to substantively recruit to winter escalation inpatient clinical areas.
- Plans are being developed to recruit to turnover.
- SafeCare project completion mapped with all inpatient wards expected to be live by Mid-April 2022.
- Bank rates have increased in line with system partners
- An additional route for Clinical Support Workers to join the Trust has been established
- A line by line review of ward and departmental vacancies is being carried out by the Chief Nurse, supported by HR.

Ongoing monitoring

Ensuring safety within the clinical areas is of paramount importance, therefore a number of key staffing reviews are in place to support this.

Staffing levels are closely monitored daily in real time at site meetings, daily staffing huddles, weekly bank and agency usage monitoring and weekly recruitment activity progress. A monthly report and return to NHSI / E indicating 'planned' versus 'actual' nurse staffing by ward, is submitted and now includes the Trainee Nursing Associates and Nursing Associates. The 'planned' versus 'actual' safe staffing paper is published monthly at Trust Board and shared with Divisional Nursing and Midwifery Leads.

Current recruitment pipeline for nursing

To date, there are currently 164 WTE Registered nurses in pipeline:

- 108 WTE candidates are currently going through checks for nursing and midwifery roles (band 5 or higher). The recruitment team aim to have all recruits completed with pre-employment checks within and no longer than 32 days; however, delays are can be due to nurses having to serve notice with their current employers.
- 56 WTE International nurses are going through checks currently;
 - 23 WTE Medicine,
 - 3 WTE Surgery,
 - 12 WTE Critical Care
 - 11 WTE A&E
 - 1 WTE Women's Services
 - 4 WTE Trauma & Orthopaedics
 - 1 WTE Paediatrics
 - 1 WTE Cancer
- 59.94 WTE CSWs in pipeline:
 - 10.64 WTE are apprentices
 - 2 WTE TNAs

Data compiled 12/11/21 recruitment team

November 2021 - Safe Staffing next steps

A number of nursing and midwifery workforce initiatives are in development that will support Safe Staffing across the organisation. The Executive Nursing team are working with HR colleagues to develop and implement these initiatives as outlined below.

1 – 3 months

- Trust wide review of supervisory roles to support nursing teams, with business case being developed to increase of Practice Development Nurses and Clinical Skills Facilitators within the Clinical areas.
- Continued development of recruitment pathways, with area specific recruitment campaigns, expansion of OSCE training, streamlining of CSW pathways, and the building of financial resilience for overseas recruitment, return to practice and IET/OET support for CSW's.
- Review night time staffing levels
- Complete Winter 2021 preparedness assurance framework for nursing and midwifery staffing

3 – 6 months

- Develop a mechanism to highlight wards with red flag events, ensuring staffing is addressed in real time, from a Trust wide perspective.
- Ongoing reviews of the eRoster system in conjunction with roster rebuilds. Develop robust accountability framework to ensure the Trust is compliant with NHSE guidance on roster management.
- Development of a Safe Staffing policy which defines nursing establishments for clinical areas, provides clear direction for escalation of staffing risks and process for establishment reviews.

Appendix 1- Detailed Summary and update on April 2021 Safe Staffing Key recommendations by Division

Medicine and Emergency Care Division

Recommendations	Department / Speciality	Progress
TNA (Band 3) or NA (Band 4) to be included in budgeted establishment:	<ul style="list-style-type: none"> • Ward 2 / AFU • Ward 22 • Discharge Lounge • Ward 12 • Mercer • Ward 21 • Whatman / frailty • TWH - ED • ASU • (TWH AMU pending decision on NA role within unit) 	<ul style="list-style-type: none"> • Development of TNA/NA pathways within the Division is currently ongoing • 9 clinical areas have developed the NA role within establishments.
Service Developments / Changes requiring Business Case Proposals (BCP) and Workforce plans (WFP):	<ul style="list-style-type: none"> • TWH ED - Planned Treatment Unit / ACP role and align B3 role within speciality. • MH ED – increase in nursing establishment in line with COVID pathways and BEST / GIRFT recommendations • Cardiology Cath Labs – Large scale cardiology reconfiguration • Increase requirement for respiratory skilled / trained Nurses. 	<ul style="list-style-type: none"> • MGH ED – increase in nursing establishment currently going through the business case process. • Staffing review planned to support the cardiology reconfiguration • Respiratory CNS – plan for expansion of respiratory CNS team to support winter pressures
Increase nursing establishments recommended due to service development / change (to be included in BCP and WFP as above):	<ul style="list-style-type: none"> • Ward 20 • Escalation Ward(s) • Ward 21 • Whatman / Frailty • Emergency Departments • Respiratory Nurses 	<ul style="list-style-type: none"> • Edith Cavell - Establishment and budget now in place • Ward 21 establishment increase to provide resilience in respiratory care. • Ward 20 establishment increased. • Frailty has increased by a further 9 beds. Funding needs to be sourced for this

Surgery Division

Recommendations	Department / Speciality	Progress
TNA (Band 3) or NA (Band 4) to be included in budgeted establishment:	<ul style="list-style-type: none"> • Endoscopy Ward 30 • Head and Neck (including eye day care) • Ward 31 • MOU Cornwallis • Peale • Ward 10 	<ul style="list-style-type: none"> • Development of TNA/NA pathways within the Division is currently ongoing • 7 clinical areas have developed the NA role within establishments.
Service Developments / Changes requiring Business Case Proposals (BCP) and Workforce plans (WFP):	<ul style="list-style-type: none"> • ITU's – BCP to increase capacity expansion • ACP role included in endoscopy BCP for Digestive Diseases Unit • MSSU – budget to realign following move to Peale • The Wells Suite – pharmacy and phlebotomy requirements • POA – additional CSW support for new ways of working • Consider new roles in Theatres 	<ul style="list-style-type: none"> • BCP completed to increase capacity within ITU. Currently recruiting into this new establishment • ODP development pathway confirmed with 8 ODP apprentices now in post. • Peale now merged with Foster Clark.
Increase nursing establishments recommended due to service development / change (to be included in BCP and WFP as above):	<ul style="list-style-type: none"> • MITU • TITU • POA 	<ul style="list-style-type: none"> • BCP completed to increase capacity within ITU. Currently recruiting into this new establishment • POA workforce being standardised across site.

Women's, Children's and Sexual Health

Recommendations	Department / Speciality	Progress
TNA (Band 3) or NA (Band 4) to be included in budgeted establishment:	<ul style="list-style-type: none"> • Service review to scope out need, to consider new roles / ways of working. • TNA / NA role to be included in scope and considerations. 	<ul style="list-style-type: none"> • Development of TNA/NA pathways within the Division is currently ongoing
Service Developments / Changes requiring Business Case Proposals (BCP) and Workforce plans (WFP):	<ul style="list-style-type: none"> • Maternity recommendations as per BR+ review. • NNU BCP to meet minimum requires set out by BAPM recommendations. • Paediatric EDs require increase in establishment due to relocation of services and COVID pathways 	<ul style="list-style-type: none"> • 12 of the 20 wte that was recommended in the review. A business case is being completed to cover the additional ask
Increase nursing establishments recommended due to service development / change (to be included in BCP and WFP as above):	<ul style="list-style-type: none"> • Chaperone role to be included in WFP • NNU • Paediatric Eds • Lead Matron (8B) role to be reflected in budgeted establishment 	<ul style="list-style-type: none"> • Chaperone post is now in place. • Paeds ED planning nearing completion

Cancer Services

Recommendations	Department / Speciality	Progress
TNA (Band 3) or NA (Band 4) to be included in budgeted establishment:	<ul style="list-style-type: none"> • Lord North Ward • Oncology Out Patients Department (Macmillan funded role) 	<ul style="list-style-type: none"> • Development of TNA/NA pathways within the Division is currently ongoing
Service Developments / Changes requiring Business Case Proposals (BCP) and Workforce plans (WFP):	<ul style="list-style-type: none"> • Chartwell / Sarah Hurst to increase to 5day working initially (then 6/7) • HODU BCP to increase establishment with staff working across 2 environments. • Oncology OPD BCP to include uplift of manager to B7, swabbing, and medical infusions unit 	<ul style="list-style-type: none"> • Development of Chartwell service currently going through Business planning and A3 process • Oncology OPD – business case written and submitted for presentation to the Board at end of November for approval.
Increase nursing establishments recommended due to service development / change (to be included in BCP and WFP as above):	<ul style="list-style-type: none"> • CDDU – establishment to be realigned to reflect required WTE. • Chartwell / Sarah Hurst unit • HODU • Lord North 	<ul style="list-style-type: none"> • HODU – currently undergoing a review of IPCC measure post pandemic • Nursing establishment review completed for Lord North.

Trust Board meeting – November 2021

Update on stroke services

Chief Operating Officer

The enclosed report provides an update on the current position with the stroke programme implementation and the overall stroke programme delivery timeline.

Which Committees have reviewed the information prior to Board submission?

- N/A

Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹

Information and assurance

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

1. Stroke Programme Delivery Timeline:

1.1 Legal Position:

On 4th November the Secretary of State for Health announced that Kent and Medway will have three hyper-acute/acute stroke units based at Kent and Canterbury Hospital, Darent Valley Hospital and Maidstone Hospital. This announcement closes a long process which included legal challenges to the original decision with the final delay resulting from a challenge to the stroke programme decision-making process run by the STP (now CCG) from Medway Council. As this is now resolved the Kent and Medway CCG can progress with the approval process with NHSE/I.

This is good news for the service and population of Kent and Medway and is a great opportunity for MTW to build on the improvement work already in place in the stroke service.

1.2 Business Case Position:

There are a number of considerations for the business case to be considered and we are in discussion with the CCG as to how these are managed:

- Activity at MTW has grown above the original business case assumptions. On this basis the original case for 11 HASU and 27 ASU beds will change to 12 HASU and 34 ASU beds. The change in business case assumptions have been confirmed with the CCG however this will need to be agreed via the FBC process with NHSE/I and there are likely to be efficiencies to deliver to compensate for the growth. In the meantime, staffing requirements for the increase are clarified and will be updated in the FBC by the CCG.
- The Trust via the CCG has been able to secure £120k in this financial year of the £280k funding in the Trusts business case for detailed design work and quantum of costs. The remaining £160k for this work will be released early in 2022/23 to enable completion of this phase and award the contract. This funding cannot be released until the Outline Business Case has been approved by NHSE/I and the CCG are working to get this feedback.
- In anticipation of the approval plans for the unit have been drawn up and these will be confirmed, ratified and costed once the first phase of the capital is released. An estates project manager has been allocated to the programme and will be integral to the team in supporting the build programme.
- The revised go live date is estimated to be March 2024. This includes pauses in the development for the Full Business Case Approval Process from NHSE/I, which has a timescale of 4 months from submission, and also includes gaps in the build to allow for increased activity in the winter months. Discussions with the estates team and the Deputy Director of Operations are underway to determine the plan of action to potentially deliver the build in a shorter timescale without compromising capacity. The CCG are also work with NHSE/I to determine whether the FBC approval process could be shortened.

2. Current Operational Position:

In terms of activity the this has settled since the move of Medway patients to the MTW ASU, and are in line with the plan. MTW local activity is showing growth hence the increase in the HASU/ASU bed base from that in the original business case.

The acute length of stay is improving and this is a reflection on the improved flow through the acute pathway, improve clinical processes and the dynamic nature of the stroke rehabilitation pathway the Trust put in place to manage stroke rehabilitation off site during the peak of the COVID pandemic and the increase in activity as a result of the closure of Medway stroke unit in June 2020. The stroke unit, now having 46 beds has been able to manage within the allocated bed base which improves the quality of specialist stroke care.

3.Stroke Developments:

3.1 Stroke Assessment Bay

The stroke assessment bay was implemented in April 2020. It has been a great success in terms of improving the pathway and quality of care, rapid access to specialist skills and maintenance and responsiveness to flow as well as reducing the pressure on the emergency department.

The stroke assessment bay is located on the acute stroke unit and consists of four trolley spaces and is currently open 9-5 Monday to Friday to support improved flow at the busiest times for the emergency department. The unit is staffed by band 6 stroke assessor nursing staff supported by a stroke clinical nurse specialist. Access to the unit was through a stroke call from SECAMB to ED and worked effectively in getting patients out of ED but did not reduce that particular handoff in the pathway. On 6th September the team commenced direct admissions to the assessment bay via telephone triage from SECAMB.

From 6th – 30th September the impact of direct admissions was position. Of the 56 patients seen in the assessment unit 24 were direct admissions (43%) of which 13 were admitted to the stroke unit, 6 were discharged and the remainder moved to another appropriate pathway for their care.

The initiative continues with the aim of extending the assessment bay opening hours overall and increasing the number of direct admissions.

A detailed report from the Lead Nurse for Stroke is available.

3.2 Stroke Rehabilitation:

As a result of the increased activity as a result of the Medway closure MTW implemented 2 stroke rehabilitation initiatives to move stroke rehabilitation out of the acute bed case. These initiatives were implemented in December 2020 and included: -

- 8 beds at Sevenoaks hospital supported by a robust pathway and MTW therapy input
- A stroke rehabilitation home service provided by Hilton Nursing Partners with a sliding scale of input from 24-hour care (intensive pathway) to 2 visits a day for rehabilitation (recovery pathway)
- Both initiatives were time limited to 6 weeks.

The initiatives were reviewed on July 2021 against clear criteria and were viewed as highly successful from the staff and patient feedback and the KPIs allocated to the service. As a result, both initiatives will continue and are being and the contractual basis for the continuation is underway. This will be a Memorandum of Understanding for the Sevenoaks beds and a procurement process for the Hilton Home Pathway. These contractual arrangements will be in place for 18 months or until the Kent and Medway Stroke Rehabilitation business case is complete and implemented.

In terms of ongoing improvement, the following are underway: -

- Review of the criteria to extend them to include CNRT and community services as another route to rehabilitation.
- SSNAP recording of community and rehabilitation performance
- Better utilisation of the Hilton pathway to 90% of the money available with improved use of the intensive pathway and step down to intermediate and recovery stages before discharge
- Continued training and development with both KCHFT staff and Hilton staff to increase skills and knowledge.

- Review of the funding available for stroke rehabilitation to improve therapy staffing for the Hilton pathway and nurse staffing for Sevenoaks. Both of these initiatives will service to improve flow and quality of care.
- More work is needed on the IT interface and this is a key objective
- Continued review of the value for money, clinical safety and improved outcomes will be ongoing

Added to this a presentation to the ISDN Rehab Sub Group was undertaken on 1st September to share the evaluation of the new stroke rehab pathways. The model was well received and is being considered as part of the K&M Network stroke rehabilitation business case.

A full evaluation report and action plan is available.

3.3 SSNAP Performance April-June 2021

Detailed below (table 1) is the SSNAP score for April – June 2021, showing another A grade performance. The one area of challenge is the discharge standards, mainly relating to cognitive and nutritional assessment on discharge. An active plan is in place with the relevant therapists and senior nursing teams to support improvement in this area. The July – September performance has not yet been published but our internal assessment estimates an A grade with a score of 83.

Table 1: SSNAP Score - MTW

	Standard	Jan-Mar 2020 Act.	Apr-June 2020 Act.	Jul – Sept 2020 Act.	Oct – Dec 2020 Act.	Jan – March 2021 Act.	April – June 2021 Act.
OVERALL SCORE		D	C	B	B	A	A
NUMERICAL SCORE		56	61.4	77	71	88	86
1	Scanning	A	A	A	A	A	A
2	Stroke Unit	D	B	B	C	B	B
3	Thrombolysis	D	C	B	C	C	B
4	Specialist Assessment	B	B	A	B	A	A
5	OT	E	C	C	C	A	A
6	Physio	D	B	A	B	A	A
7	SALT	D	C	C	C	B	B
8	MDT Working	C	B	B	B	A	A
9	Discharge Standards	D	E	D	C	C	D
10	Discharge Processes	B	C	B	B	A	A

4. Review of Stroke Programme Governance

As a result of the progress made in developing the stroke service the governance arrangements have been reviewed with the Division of Medicine and Emergency Care and a number of the workstreams will now move to business as usual. The governance arrangements for the next phase of the build and the developing Integrated Stroke Delivery Network will be at the forefront of the new arrangements and these will be shared with the Board once confirmed.

5. The Board are asked to:

- Note the report

Trust Board meeting – November 2021

The Trust's planning submissions for the second half (H2) of 2021/22

Director of Strategy, Planning and Partnerships

Please find enclosed the Trust's planning submissions for the second half (H2) of 2021/22

Which Committees have reviewed the information prior to Board submission?

- Finance and Performance Committee, 23/11/21

Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹

Review and discussion

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

H2 Operational Planning

Amanjit Jhund
Director of Strategy, Planning & Partnerships
November 2021



The 52 week wait trajectory builds upon the good work achieved in H1 and reflects our ambition to ensure no patient has to wait this length of time.

Trajectory H2

RTT	>52 wk waiters	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Actual	Predicted	423	215	99	66	51	46	56	45	36	25	15	0

- Key challenges in 52 week forward plan are:
- Volumes of current >35 week patients at risk of tipping over
 - Levels of NEL activity, displacing electives including ongoing red-green pathway impact reducing flex capacity

We are required to submit an RTT Total Waiting List size. In H2 we will see our waiting list size reduce by the end of the financial year. The RTT trajectory is shown for information only.

Original Trajectory

Estimated Trajectory	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Total Waiting List	32918	32274	35526	35978	37063	37310	36788	36455	35895	35280	34768	34253	33611
Total Backlog	12602	11823	11058	9366	9786	9855	10918	9271	8735	8225	7739	7415	7072
Total %	61.7%	63.4%	68.9%	74.0%	73.6%	73.6%	70.3%	74.6%	75.7%	76.7%	77.7%	78.4%	79.0%

New Trajectory

New Trajectory with ERF Plus Activity Added	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Total Waiting List	32918	32274	35526	35978	37063	37310	36788	36220	35345	34359	33497	32629	31565
Total Backlog	12602	11823	11058	9366	9786	9855	10918	8897	7975	7090	6249	5744	5215
Total %	61.7%	63.4%	68.9%	74.0%	73.6%	73.6%	70.3%	75.4%	77.4%	79.4%	81.3%	82.4%	83.5%

We are using the flexibilities offered under ERF Plus to provide additional capacity which improves upon our original plan for both First Outpatients and Elective Activity. The plan assumes £9.9m of ERF Income, £1.8m of this is guaranteed but the balance of £8.1m is expected to come from the overperformance of IS activity compared to 19/20 H2. The CCG has underwritten the IS ERF in the event that there is a shortfall on achievement.

- Cataracts being outsourced to Independent Sector: Benenden (whole Pathways) from December to March
- Trauma & Orthopaedics and Urology Backfilling to cover annual/study leave December to March
- Trauma & Orthopaedics Extra Virtual Fracture Clinics (VFC) from November to March
- Trauma & Orthopaedics extra outsourcing to Independent Sector (Spire) from November to March
- Gynaecology Rapid Access 2ww Outpatient Clinics from November to March
- Gynaecology 12 additional Outpatient Sessions per month from December to March
- Paediatric Gastro Endoscopy 2 extra lists per month from November to March
- Extra Urology Outsourcing whole pathways to Independent Sector

Our Elective plan continues our ambition to maintain delivery of elective services throughout winter, and is at 19/20 levels in aggregate over the period.

Elective IP	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	70%	75%	80%	95%	95%	95%	95%	95%	95%	95%	95%	95%
National Target Volume	380	419	483	561	554	600	553	653	565	542	595	498
21/22 Plan as % of 1920	97%	105%	101%	102%	96%	96%	105%	99%	110%	111%	100%	131%
21/22 Plan Volume	526	588	609	601	562	608	611	680	654	636	624	688
Actual 21/22 as % of 1920	94%	111%	102%	105%	94%	96%	105%					
Actual 21/22 Volume	509	622	615	622	550	609	612					
Var Actual 21/22 vs Target	129	204	132	61	-4	9	59					

Elective DC	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	70%	75%	80%	95%	95%	95%	95%	95%	95%	95%	95%	95%
National Target Volume	2648	2874	3272	3714	3605	4110	3686	4066	3467	3643	3783	2908
21/22 Plan as % of 1920	84%	85%	88%	97%	97%	89%	96%	92%	103%	95%	91%	132%
21/22 Plan Volume	3182	3238	3584	3809	3674	3867	3717	3921	3762	3628	3604	4044
Actual 21/22 as % of 1920	92%	91%	89%	96%	94%	85%	94%					
Actual 21/22 Volume	3477	3479	3628	3752	3554	3683	3645					
Var Actual 21/22 vs Target	829	605	356	38	-51	-427	-41					

Total Elective	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	70%	75%	80%	95%	95%	95%	95%	95%	95%	95%	95%	95%
National Target Volume	3028	3293	3755	4275	4159	4710	4239	4719	4032	4186	4378	3406
21/22 Plan as % of 1920	86%	87%	89%	98%	97%	90%	97%	93%	104%	97%	92%	132%
21/22 Plan Volume	3708	3826	4193	4410	4237	4475	4328	4602	4416	4264	4228	4732
Actual 21/22 as % of 1920	92%	93%	90%	97%	94%	87%	95%					
Actual 21/22 Volume	3986	4101	4243	4374	4104	4292	4257					
Var Actual 21/22 vs Target	958	809	488	99	-55	-418	18					

NB: DC Plans have been adjusted to take into account the lower levels of colonoscopy activity expected due to the introduction of QFIT testing in the Community as well as the already known impact of the Trust now not providing a Bowel Scope Service (which was provided in 1920).

NB: Actual activity in August, September and October 21 includes an estimate for the IS Activity so this may change slightly as this activity is finalised.

NB: Mar-20 Activity Levels were impacted by COVID and this will be adjusted

Our Outpatient Activity levels vs. plan in H1 demonstrates that we have consistently performed to plan and our H2 Plans will continue at a similar level

First OP Total	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	70%	75%	80%	95%	95%	95%	95%	95%	95%	95%	95%	95%
National Target Volume	9070	9023	11110	13475	11709	13737	12959	13725	12441	12178	12630	11376
21/22 Plan as % of 1920	91%	97%	97%	95%	104%	93%	96%	96%	104%	101%	97%	124%
21/22 Plan Volume	11844	11707	13482	13530	12800	13442	13066	13856	13565	12911	12938	14836
Actual 21/22 as % of 1920	91%	97%	97%	87%	92%	88%	89%					
Actual 21/22 Volume	11810	11615	13413	12380	11361	12789	12094					
Var Actual 21/22 vs Target	2740	2591	2303	-1094	-348	-948	-865					

FUP OP Total	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	70%	75%	80%	95%	95%	95%	95%	95%	95%	95%	95%	95%
National Target Volume	16083	16105	19742	22731	21288	23494	22687	24965	21728	23074	22391	21849
21/22 Plan as % of 1920	98%	104%	101%	104%	105%	98%	95%	90%	99%	89%	92%	108%
21/22 Plan Volume	22583	22281	24827	24982	23601	24343	22583	23661	22720	21566	21604	24806
Actual 21/22 as % of 1920	107%	112%	106%	103%	104%	108%	105%					
Actual 21/22 Volume	24557	24088	26235	24690	23344	26609	24961					
Var Actual 21/22 vs Target	8475	7984	6493	1960	2056	3116	2274					

All OP Total	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
1920 Actual	35932	33504	38565	38111	34733	39190	37522	40726	35968	37107	36864	34974
National Target - % of 1920	70%	75%	80%	95%	95%	95%	95%	95%	95%	95%	95%	95%
National Target Volume	25152	25128	30852	36205	32996	37231	35646	38690	34170	35252	35021	33225
21/22 Plan as % of 1920	96%	101%	99%	101%	105%	96%	95%	92%	101%	93%	94%	114%
21/22 Plan Volume	34427	33988	38309	38513	36401	37784	35649	37517	36285	34477	34542	39642
Actual 21/22 as % of 1920	101%	106%	103%	97%	100%	100%	99%					
Actual 21/22 Volume	36310	35649	39613	37015	34663	39322	37001					
Var Actual 21/22 vs Target	11158	10521	8761	810	1667	2092	1355					

NB: First OP Plans are around 3.5% lower for H2 than they would have been due to a recording change for Paediatrics Ward Attenders now being recorded as Day Cases from July 21 onwards.

NB: Actual activity in August and September 21 includes an estimate for the IS Activity so this may change slightly was this activity is finalised.

NB: Mar-20 Activity Levels were impacted by COVID and this will be adjusted

Our Diagnostic Imaging Activity levels vs. plan in H1 demonstrates that we have consistently performed to plan and our H2 Plans will increase even further

MRI Scans	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
National Target Volume	1984	2167	2143	2328	2340	2183	2381	2147	2029	2401	2186	2270
21/22 Plan as % of 1920	106%	95%	101%	92%	91%	98%	127%	141%	137%	121%	129%	135%
21/22 Plan Volume	2097	2059	2162	2135	2124	2135	3032	3032	2779	2901	2827	3067
Actual 21/22 as % of 1920	96%	101%	107%	114%	103%	112%	96%					
Actual 21/22 Volume	1905	2180	2292	2664	2412	2442	2291					
Var Actual 21/22 vs Target	-79	13	149	336	72	259	-90					

CT Scans	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
National Target Volume	4074	4420	4462	4645	4588	4484	4726	4471	4500	4762	4356	3716
21/22 Plan as % of 1920	104%	97%	102%	99%	99%	100%	107%	114%	127%	121%	128%	159%
21/22 Plan Volume	4248	4273	4542	4582	4565	4473	5079	5107	5716	5775	5588	5922
Actual 21/22 as % of 1920	127%	127%	122%	118%	114%	119%	119%					
Actual 21/22 Volume	5175	5594	5427	5478	5250	5340	5630					
Var Actual 21/22 vs Target	1101	1174	965	833	662	856	904					

NOUS	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
1920 Actual	4577	4789	4677	4929	4387	4428	4711	4662	4297	4717	4382	3633
National Target - % of 1920	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
National Target Volume	4577	4789	4677	4929	4387	4428	4711	4662	4297	4717	4382	3633
21/22 Plan as % of 1920	81%	77%	85%	85%	88%	87%	103%	104%	110%	96%	102%	129%
21/22 Plan Volume	3724	3668	3975	4192	3853	3833	4860	4844	4710	4545	4455	4683
Actual 21/22 as % of 1920	86%	91%	97%	92%	97%	104%	92%					
Actual 21/22 Volume	3953	4341	4549	4537	4240	4586	4355					
Var Actual 21/22 vs Target	-624	-448	-128	-392	-147	158	-356					

NB: First OP Plans are around 3.5% lower for H2 than they would have been due to a recording change for Paediatrics Ward Attenders now being recorded as Day Cases from July 21 onwards.

NB: Mar-20 Activity Levels were impacted by COVID and this will be adjusted

Our Endoscopy Activity levels vs. plan in H1 have proved challenging due to a reduction in demand following the changes in service and our H2 Plans reflect this

Colonoscopy	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
National Target Volume	497	497	442	452	486	419	467	471	387	443	436	323
21/22 Plan as % of 1920	70%	70%	70%	70%	70%	70%	47%	47%	57%	50%	50%	68%
21/22 Plan Volume	348	348	309	316	340	293	220	220	220	220	220	220
Actual 21/22 as % of 1920	44%	43%	38%	43%	44%	43%	30%					
Actual 21/22 Volume	219	213	167	193	213	179	139					
Var Actual 21/22 vs Target	-278	-284	-275	-259	-273	-240	-328					

Flexi Sigmoidoscopy	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
National Target Volume	184	211	176	191	219	309	262	322	228	238	350	251
21/22 Plan as % of 1920	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
21/22 Plan Volume	184	211	176	191	219	309	262	322	228	238	350	251
Actual 21/22 as % of 1920	132%	86%	101%	103%	99%	50%	44%					
Actual 21/22 Volume	242	181	177	196	216	154	116					
Var Actual 21/22 vs Target	58	-30	1	5	-3	-155	-146					

Gastroscopy	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
National Target Volume	371	461	442	391	358	428	509	450	406	547	438	359
21/22 Plan as % of 1920	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
21/22 Plan Volume	371	461	442	391	358	428	509	450	406	547	438	359
Actual 21/22 as % of 1920	117%	97%	91%	105%	106%	82%	62%					
Actual 21/22 Volume	434	448	402	411	380	353	314					
Var Actual 21/22 vs Target	63	-13	-40	20	22	-75	-195					

Lower levels of Colonoscopy and Flexi Sigmoidoscopy activity is expected due to the introduction of QFIT testing in the Community as well as the already known impact of the Trust now not providing a Bowel Scope Service (which was provided in 1920).

NB: Mar-20 Activity Levels were impacted by COVID and this will be adjusted

We are submitting compliant non elective and A&E activity plans

Total Non-Elective	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
National Target Volume	4594	4893	4765	5214	4667	4749	5100	4937	5261	5304	4788	4092
21/22 Plan as % of 1920	105%	111%	110%	105%	118%	113%	107%	106%	102%	101%	101%	133%
21/22 Plan Volume	4826	5409	5220	5479	5498	5355	5455	5251	5373	5334	4839	5459
Actual 21/22 as % of 1920	105%	112%	109%	96%	112%	111%	105%					
Actual 21/22 Volume	4811	5498	5178	5031	5206	5263	5357					

A&E Type 1	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
National Target - % of 1920	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
National Target Volume	13401	14282	13577	15157	13909	14125	14298	14178	14560	13941	13112	10337
21/22 Plan as % of 1920	107%	111%	116%	107%	111%	108%	106%	106%	105%	107%	106%	154%
21/22 Plan Volume	14368	15881	15753	16268	15432	15276	15227	14986	15284	14976	13928	15934
Actual 21/22 as % of 1920	105%	110%	118%	102%	110%	114%	114%					
Actual 21/22 Volume	14104	15745	16028	15390	15336	16101	16358					

NB: Mar-20 Activity Levels were impacted by COVID and this will be adjusted

Our cancer plans for H2 are compliant with maintenance of our excellent performance against the 62 day standard.

	Actuals - April to Aug/Sept					UPDATED Trajectory for October to March							
Cancer	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
All patients urgently referred with suspected cancer by their GP who received a first outpatient appointment in the given month	1488	1379	1559	1594	1439	1604	1611	1507	1567	1411	1505	1597	
Number of patients receiving first definitive treatment following a diagnosis within the month, for all cancers	189	214	235	237	226	263	222	236	211	266	193	272	
Cancer 62 day pathways waiting 63 days or more after an urgent suspected cancer referral at the end of the reporting period	64	68	50	61	87	81	81	75	78	71	77	70	

The trajectory above will equate to the Trust achieving the 85% standard each month as follows:

		Baseline	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancer 62 days (85%)	Total Patients Seen	107.0	105.5	103.0	101.0	106.5	115.5	127.5	117.0	124.0	113.5	130.5	107.5	128.5
	>62 day wait	16.0	15.0	15.5	15.0	16.0	16.0	19.0	17.0	18.5	17.0	19.5	16.0	19.0
	Performance %	85.05%	85.78%	84.95%	85.15%	84.98%	86.15%	85.10%	85.47%	85.08%	85.02%	85.06%	85.12%	85.21%

New Indicator: Cancer Faster Diagnosis 28 Days

		Actuals April to August												
		Baseline	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancer Faster Diagnosis 28 Days	Total Patients	1,653.0	1,532	1,269	1,563	1,556	1,753	1,724	1523	1437	1508	1398	1494	1318
	>28 days or no	413.0	453.0	316.0	322.0	350.0	438.0	431.0	1143	1107	1162	1091	1181	1055
	Performance %	75.02%	70.40%	75.10%	79.40%	77.50%	75.01%	75.00%	75.05%	77.04%	77.06%	78.04%	79.05%	80.05%

The planned G&A (overnight and day case) and adult critical care bed submission is shown below.

General & Acute Overnight Beds	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Average Number of G&A Beds Occupied per day	546	572	598	618	610	586	628	644	644	662	671	655
Average Number of G&A Beds Available per day	639	655	671	693	672	667	696	696	696	714	714	714
% Bed Occupancy	85.4%	87.3%	89.1%	89.2%	90.8%	87.9%	90.2%	92.6%	92.6%	92.8%	94.0%	91.7%
Average Number of G&A Beds Available which are operationally separate for elective patients only	12	12	12	12	12	12	12	12	12	12	12	12

NB: Proposed increase of 18 beds from January 22 (opening of old AMU) but is dependent on being able to staff this. Whilst the Average Occupied Bed Days and therefore Bed Occupancy is correct (above) the actual occupancy tends to be 30-50 higher during the day on weekdays as certain times of the day.

	General & Acute Day Case Beds	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
G&A Beds Open and daily bed occupancy	Average Number of DC G&A Beds Available per day	100	100	100	100	100	100	100	100	100	100	100	100
	Average Number of DC G&A Beds Available which are operationally separate for elective patients only	47	47	47	47	47	47	47	47	47	47	47	47

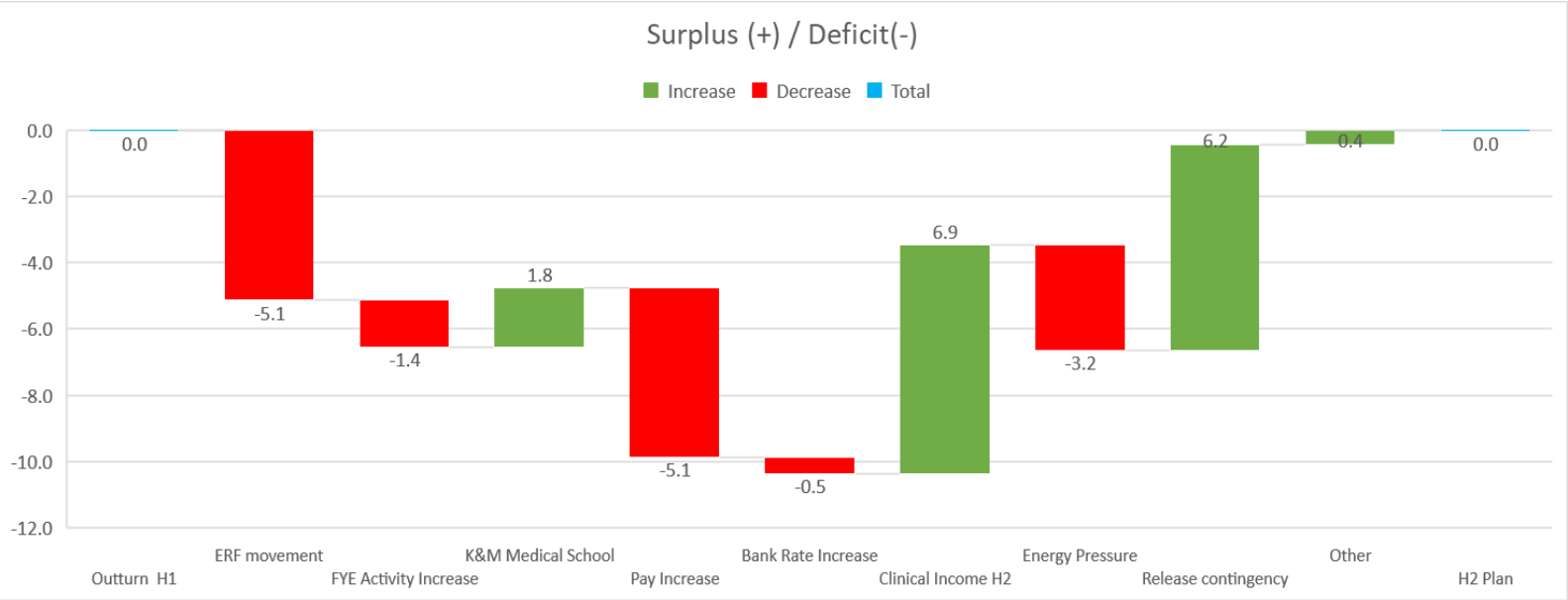
Adult Critical Care Beds	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Average Number of ACC Beds Occupied per day	12	14	15	15	15	15	14	14	17	17	17	14
Average Number of ACC Beds Available per day	16	16	16	16	16	16	16	16	18	18	18	16
% Bed Occupancy	75.0%	87.5%	93.8%	93.8%	93.8%	93.8%	87.5%	87.5%	94.4%	94.4%	94.4%	87.5%

NB: Current Critical Care Beds Open is 16 (10 Tunbridge Wells, 6 Maidstone). Could increase to 23 (14 at Tunbridge Wells and 9 at Maidstone) if staffing allows if required

Key Risks:

- Agreed capacity within the independent sector is delivered throughout H2
- There is no disruption to elective activity due to excess non elective demand, and mutual aid
- Colonoscopy Activity will not deliver the required levels against the 1920 baseline as the service has changed (no longer providing a Bowel Scope Service and Introduction of QFIT in the Community has reduced the activity for the Trust. This was highlighted in H1 Planning and the Trust has requested that the baseline be adjusted which has not been agreed.
- The RTT Performance Trajectory assumes that the elective activity plans are delivered (including the current use of the Independent Sector) and that electives are not cancelled due to non-elective activity increases over winter.

Financial Summary



	£m		
	H1	H2	Movement
Income	297.0	307.0	10.0
Pay	-175.0	-181.0	-6.0
Non Pay	-105.0	-109.0	-4.0
Other Finance Costs	-17.0	-18.0	-1.0
Total Surplus (+) / Deficit (-)	0.0	-1.0	-1.0
Technical Adjustments	0.0	1.0	1.0
Total Surplus (+) / Deficit (-)	0.0	0.0	0.0

- The Trust is currently forecasting to deliver a breakeven position in H2.
- The net impact of ERF is £5.1m reduction in income.
- In H1 the Trust spent £1.8m on KMMS set up costs.
- Pay costs are forecasted to increase by £5.1m compared to H1. This related to a steady increase in recruitment since April (£2.7m) and further forecasted recruitment of £2.4m
- Pay will increase by a further £0.5m as a result of the bank rate increase.

- Clinical Income overall will increase by £6.9m, this includes inflation, efficiency requirements and some non recurrent income support.
- The main increase in non pay relates to energy (Gas and Electric) which is forecasted to increase by £3.2m due to price and usage increases over winter.
- There are additional costs that are funded by additional income including North Kent Ophthalmology, CDH and Ockenden.
- The Trust will release £6.2m in contingencies in H2.

Risks

ERF Income

The plan assumes £9.9m of ERF Income, £1.8m of this is guaranteed but the balance of £8.1m is expected to come from the overperformance of IS activity compared to 19/20 H2. The CCG has underwritten the IS ERF in the event that there is a shortfall on achievement.

Winter Pressures

The current forecast does not have any specific costs included associated with winter pressures. Activity modelling used to review possible ERF performance calculates the potential impact of using the independent sector where elective activity is displaced by non electives to range from £0.8m to £1.5m. Pay costs are assumed included in the forecast ie temporary staff unlikely to reduce despite increase in substantive recruitment. No assumption has been included for enhancement to existing bank rates.

KMMS

There is a risk of KMMS accommodation abandonment costs of £4.5m if a capital or lease solution isn't found.

Mitigations and Opportunities

There are three main areas to focus on;

1. Staffing Are there areas where temporary staffing usage or rates can be reduced?
Is recruitment going to continue at the current rate?
1. CIPs Divisions still working on plans but unlikely to see significant efficiency savings
2. Income The Trust has agreed a funding value with Kent and Medway CCG including outsourcing to the independent sector at the same level as H1. The ITU expansion is not included, this is currently covered by non recurrent income. The allocation of Non Elective growth remains outstanding and the Trust will work with the CCG to ensure non elective growth is appropriately funded.

In addition the Trust has reserves remaining of £5.4m.

To approve the Business Case for the reconfiguration of the paediatric Emergency Department at Tunbridge Wells Hospital	Chief Operating Officer
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Please find enclosed the Business Case for the reconfiguration of the paediatric Emergency Department at Tunbridge Wells Hospital. The Trust Board is required to approve the Business Case, so the Finance and Performance Committee will therefore be asked, at its meeting on 23/11/21, to consider the Business Case and recommend that the Trust Board gives its approval. The outcome of the review by the Finance and Performance Committee will be reported to the Trust Board after the Committee's meeting.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 23/11/21 (am)
- Finance and Performance Committee, 23/11/21 (pm)

Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹

Information and assurance

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

BUSINESS CASE

**Title: Business case for Tunbridge Wells Hospital Paediatric Emergency
Department Relocation from Woodlands Unit**

Issue date/Version number	9 th November 2021
ID reference	ID847
Division	Medicine & Emergency Care
Directorate	Emergency Care
Department/Site	TWH
Author	Steve Williams
Clinical lead/Project Manager	

Approved by	Name	Signature	Date
General Manager/Service Lead	Glenda Sonquit		
Finance manager	Paula Susans / John Coffey		
Clinical Director	Dr Jim MacDonald		
Executive sponsor	Sean Briggs		
Division Board	Claire Cheshire		
Supported by	Name	Signature	Date
Estates and Facilities Management (EFM)	Doug Ward		
ICT	Sue Forsey		
Deputy Chief Operating Officer	Lynn Gray		
Diagnostics and Clinical Support Services (DCSS)	Darren Palmer		
Emergency Planning	John Weeks		
Human Resources (HR) Business Partner	Nicola Taylor		
Procurement	Bob Murray		
EME Services Manager	Michael Chalklin		

Business Case Summary

Strategic background context and need
<p>This business case makes the case to purchase and fit out a modular building on the Tunbridge Wells Hospital (TWH) site to provide facilities for the paediatric emergency department (ED). The modular unit would be situated next to the main ED sharing a main entrance to avoid any confusion for members of the public.</p> <p>Until March 2020, the paediatric ED at TWH was situated within the hospital's main ED. This co-location enabled paediatric patients to benefit from rapid access to adult ED staff and facilities such as resus and diagnostics, as needed; colocation also benefitted staff who were able to move quickly around zones within the ED. ED staff also benefitted by being able to maintain their skills in treating both children and adults. Children requiring a paediatric review and a period of observation and assessment were referred to paediatrics by Paediatric ED and would be reviewed on Woodlands Paediatric Assessment Unit.</p> <p>The COVID pandemic led to the need to separate suspected COVID positive patients from other ED patients to reduce the risk of infection. This physical separation was achieved by relocating the paediatric ED (apart from triage, minor injuries and resus) to Woodlands. The area used was originally designed for paediatric elective surgery and inpatient escalation beds but made possible during the COVID pandemic due to the reduction in paediatric attendances both in ED and to the ambulatory unit and also by the postponement of paediatric elective surgical activity previously carried out on Woodlands.</p> <p>However, paediatrics are now seeing an increase in attendances in all areas post lock-down with a winter surge of up to 50% increase in activity for respiratory condition. The paediatric service now needs the space on Woodlands temporarily used by paediatric ED to be returned for ambulatory, elective surgery and escalation of paediatric inpatient beds to be able to manage the winter pressures predicted.</p> <p>But because the main adult ED will continue to operate COVID Green and Amber pathways for the foreseeable future, it is not possible for the paediatric ED service to return to its original location. Consequently, the trust now needs to find a new location for the TWH paediatric ED.</p> <p>The 'problem statement' that this business case seeks to resolve is therefore, the need to find new accommodation for the paediatric ED service in order to hand back space to paediatric ambulatory services.</p>
Objectives - <i>List the project objectives. (What you wish to achieve for patients, not what you wish to purchase)</i>
<ol style="list-style-type: none"> 1. Relocate Paediatric ED from its temporary home in Woodlands to a Purpose-Built permanent facility.
The preferred option. <i>List exactly what is required in terms of staff (WTE and band) / equipment/estate</i>
<p>The preferred option is the construction and fit out of a new modular unit to house paediatric ED. This option provides the best mix of benefit to risk and is less expensive than the alternate 'do something' option of converting the current minor's area.</p> <p>Estate</p> <p>The modular unit would be adjacent to adult ED providing the paediatric service with co-location benefits including easy access to support from adult ED staff and resus facilities. The unit would also be located within close proximity to radiology. The layout of the new department is in appendix 1.</p> <p>The new department will provide:</p> <ul style="list-style-type: none"> • Separate COVID red and green waiting areas • A separate ambulance entrance • Separate red and green triage rooms • Two High dependency rooms (one red and one green)

- Seven 1:1 / examination cubicles (three red and four green)
- One child and adolescent mental health (CAMHS) room.
- Paediatric Resus will remain co-located in adult resus (cubicle 6)

A breakdown of the Building Costs is as follows:

	Charitable Funds	Capital	Non Rec Revenue
Building			
Building Purchase		£273,492	
Structural Engineers Fees		£7,192	
Steel Foundation Frame & Raft		£68,250	
Groundworks		£235,080	£37,609
Electrical Installation & IT Data		£40,000	
Piped Medical Gases		£25,000	
Nurse Call System		£5,000	
Fire Alarm Installation		£4,000	
Internal Fit out & Flooring		£257,800	
Ventilation / Heating		£40,000	
Total Build	£0	£955,814	£37,609

Equipment

Equipment (Excl. VAT) funded through Charitable Funds, Capital and Non-Recurrent Revenue is as follows:

	Charitable Funds	Capital	Non Rec Revenue
ICT			
Infrastructure		£12,738	
Network Equipment		£16,825	
Patch Leads			£149
Desktop Items		£4,240	£1,127
Kiosk		£0	£0
Sunrise		£16,623	£761
Total ICT		£50,426	£2,036
Equipment - Clinical			
ECG Recorder			£0
Patient Trolleys			£42,000
Infusion Syringes			£5,400
Defib/Suction/Avalo Cart	£13,000		
Mobile Obs Set			£4,000
Weighing Scales Stand-on / Sit on			£1,200
Vital Signs Monitors			£18,000
Total Equipment	£13,000	£0	£70,600
Equipment - E&F			
Cleaning			£5,200
Portering			£3,200
Waste			£5,000
Other			£1,000
Total Equipment - E&F	£0	£0	£14,400

Staffing

Staffing requirements are as follows:

Staff Type	WTE	£000
CSW	5.19	£139
Nursing	5.19	£221
Cleaning	5.37	£130
Portering	4.97	£121
Total	20.72	£611

The increase in EFM staffing is as a result of creating a new facility. The increase in nursing and CSW staffing reflects the increase in the size of the Paediatric ED compared to the old Paed ED. The new Paed ED will have 2 HDU rooms,7 Exam cubicles and a Triage whereas the old Paed ED would have 0, 6 and 0 respectively.

Main benefits associated with the investment
Include here the key benefits the investment would bring to the service.

The benefits flowing from the investment are:

- Returns space on Woodlands for paediatric assessment and ambulatory services.
- Paediatric ED service provided from a purpose-built unit.
- Situated close to services such as diagnostics and ITU.
- Maintains Red / Green COVID pathways within ED
- Reduction of infection risk for paediatric patients.

Main risks associated with the investment
Include here the key risks if the project is not undertaken, not undertaken in the timescale you outline and key risks associated with the delivery of the project

Risk of not doing it:

- Continued separation of paediatric ED from main adult ED
- Paediatric ED on Woodlands remains remote from diagnostics
- Paediatric minors separated from majors
- Preventing Woodlands from providing pre-COVID levels of assessment and ambulatory activity

Delivery risk:

- Minimal – some minor disruption to offices
- No planning risk as permissions in place
- Lead times for Building and Equipment

Residual Risk:

- Facility and WTE cannot accommodate Paediatric ED growth

Financial impact of the preferred option – full year effect – include VAT unless recoverable

Summary of financial impact	Sum (£)	Funding source	Sum (£)
CAPITAL COSTS		Identified in the Trust capital plan	£1,100,000
Estates	£1,146,977	Charitable Funds	£15,600
ICT	£60,511	Identified in directorate revenue budget	tbc
Equipment	£15,600		
Total Capital cost of project	£1,223,089	Additional Info: Capital shortfall of £0.123M – Proposed mechanism for resolution is as follows: <ul style="list-style-type: none"> Additional review by RO for further cost reduction Explore charitable funding opportunities Review potential in-year slippage or reallocation of internal funds. Revenue funding – Proposed mechanism to fund revenue costs: <ul style="list-style-type: none"> Check and challenge Portering costs Priority call against ICS Urgent & Emergency Care growth monies 	
REVENUE COSTS			
Pay	£610,409		
Non-pay - Recurrent	£36,259		
Non-pay - Non-Recurrent	£149,574		
Capital Charges	£100,703		
Total Revenue cost per annum	£896,945		
INCOME			
SLA			
Other			
Total Income per annum	£0		
Surplus/(Loss)	(£896,945)		

Timetable

Include at a minimum the expected key milestones e.g. when planning will be complete, the finance approved, staff recruited, building work commenced, and completed, go live date.

Milestone	Date
Build - Building Purchase	16 Sep 21

Build - Steel Purchase	05 Oct 21	
Build - Structural Engineers	07 Oct 21	
ICT – Order Sunrise ICT carts	29 Oct 21	
Governance – Business Case Approval	05 Nov 21	
Equipment – Order Requisition	05 Nov 21	
Build - Steel Delivery	10 Nov 21	
Governance – QIA Panel	23 Nov 21	
Build - Groundworks incl. slab beams	06 Dec 21	
Build - Building Delivery	10 Dec 21	
Build - Electric/ICT Fit out	22 Dec 21	
ICT – Sunrise ICT Delivery (8–12 week lead time)	06 Jan 22	
Build - Nurse call installation	07 Jan 22	
Build - Fit out	14 Jan 22	
Build - Fire alarm installation	14 Jan 22	
Build - Piped Gases	14 Jan 22	
ICT – Set up desktop equipment	14 Jan 22	
Build - Handover	18 Jan 22	

The Business Case

1. Strategic context

The scope of this business case is the paediatric emergency department (ED) service at Tunbridge Wells Hospital (TWH).

Paediatric ED at TWH

Following the publication of the 'Five Year Forward View', the 'Keogh Review of Urgent and Emergency Care Services' and the 'National Unscheduled Care Essential Actions Improvement Programme', the Royal College of Paediatrics and Child Health (RCPCH) published *Facing the Future: Standards for children in emergency care settings* which has become the benchmark for paediatric ED standards (see Appendix 2).

Until March 2020, the paediatric emergency departments (ED) at both the Tunbridge Wells Hospital (TWH) and Maidstone hospital were situated within each hospital's main ED. This co-location enabled paediatric patients to benefit from rapid access to adult ED staff and facilities such as resus, as needed; co-location also benefitted staff who were able to move quickly around zones within the ED and it enabled ED staff to retain skills in treating both children and adults.

Children requiring a period of assessment or assessment are referred to paediatrics by Paediatric ED and are transferred to the Woodlands Paediatric Assessment Unit. Woodlands is a paediatric ambulatory unit incorporating both paediatric assessment (with direct access for GP patients as well as paediatric ED), and a day care unit for medical and surgical procedures. Patients requiring overnight admission are transferred to Hedgehog Ward, the Paediatric Inpatient Ward at TWH. Woodlands is also the escalation area for paediatric inpatient beds during a surge of activity.

COVID Response

The COVID pandemic led to the need to separate suspected COVID positive patients from other ED patients to reduce the risk of infection. This separation was achieved at TWH by relocating paediatric ED, except minors, to Woodlands (paediatric minors continue to be seen in the main ED). The space freed-up in main ED was then used to create COVID Green and Amber areas for use by the main ED service.

During the COVID pandemic children were not affected as severely as adults; lockdowns also reduced socialisation and the spread of childhood illnesses and infections with consequential reduction in attendances at both ED and ambulatory areas, and a reduction in admissions for children. Respiratory attendances were also significantly reduced. Paediatric elective surgical activity was postponed releasing staff and space to accommodate paediatric ED within the TWH (and Maidstone) paediatric ambulatory unit. This reduction in planned activity freed-up sufficient space on Woodlands for Green and Amber paediatric ED areas to be created. Children and young people attending ED at TWH are triaged currently in adult ED and now seen on Woodlands, unless they require resus facilities and/ or trauma patients in which case they are seen in the adult ED.

Reset & Recovery

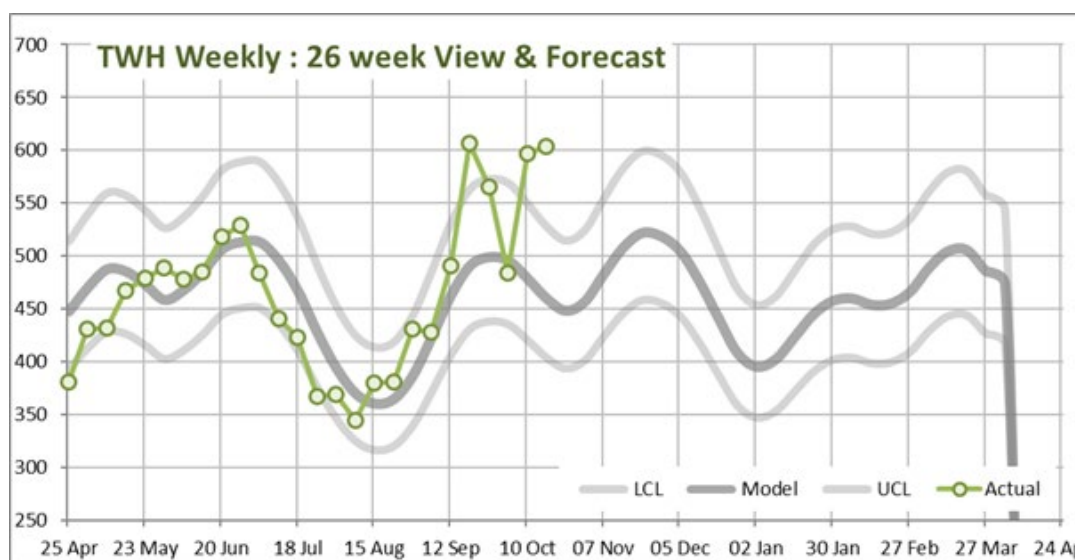
The trust's Reset and Recovery programme means the elective paediatric service now needs the space converted for Paediatric ED to be returned for ongoing elective use.

Demand

Demand is also increasing:

- Type 1 ED attendances amongst under 18s are 32% higher than before the pandemic.

- The service is also expecting a surge in respiratory syncytial virus (RSV) over coming months¹ so has a plan in place for up to a 50% increase in activity (compared to pre-COVID levels).
- The limited space on Woodlands with ED present is not large enough to accommodate attendances and also impacts on the ability of paediatrics to manage the escalation of inpatient beds.



This business case takes the 'problem statement' as being the need to relocate the paediatric ED in order to hand back space to paediatric ambulatory services and describes the options for meeting this need before recommending a solution.

2. Objective(s) and case for change of the proposed investment

The objective of this business case is to: *Relocate Paediatric ED from its temporary home in Woodlands to a Purpose-Built permanent facility.*

Current situation:

The COVID pandemic led to the need to separate suspected COVID positive patients from other ED patients in which Paediatric ED was provided from a converted area on the Woodlands Unit.

- **Paediatric ED Pathways**

After a child attends adult ED, they are triaged by a paediatric nurse and streamed to appropriate area i.e. either paediatric ED on Woodlands, minor injuries in adult ED or to the GP in adult ED. Children attending by ambulance requiring intensive care are cared for in resus bay six on the adult ED; their care requires paediatric ED staff to leave Woodlands and equally if a child collapses on Woodlands, the adult team has to attend from adult ED.

- **Paediatric Elective capacity**

The trust's Reset and Recovery programme means the elective paediatric service now needs the space converted for paediatric ED to be returned for ongoing elective use.

Problems / risks of current situation:

The use of Woodlands creates a number of problems/risks as follows.

¹ <https://www.bbc.com/future/article/20210913-the-little-known-virus-that-surged-in-children-this-summer>

- The area used is compromised in terms of available space and although it does meet requirements for a separate paediatric ED, it does not fully meet royal college standards and guidance, nor the spatial requirements set out in health building notices.
- The paediatric ED minor injuries waiting and triage areas are both currently within the adult ED and do not meet the Royal College of Paediatrics and Child Health, 'Facing the Future' environmental and facilities standards. The children ED should be monitored securely and zoned off with access control to protect children from harm which is not happening due to the triage and minors being located within adult ED.
- There is a risk of a patient collapsing between services. It is also on level one and parents have to use the lift in green zone to transport their child / young person if not escorted.
- The Paediatric ED on Woodlands is not located close to x-ray or CT which delays access to these services where required.
- Children being cared for in resus bay 6 require Paediatric ED staff to leave Woodlands. Equally if a child collapses on Woodlands, the adult team has to attend from adult ED. The loss of optimal clinical adjacencies increases risk to paediatric patients.
- Lack of space on Woodlands during a surge will mean that elective surgery will have to stop if ED remains co-located.

The gaps from where we are to where we need to be:

- Paediatric ED needs to be collocated with adult ED, with appropriate waiting areas for children separate from adults. Patients need to be triaged and streamed to appropriate areas with child friendly facilities. There should be sufficient cubicles/ trolley spaces to meet the needs of the population at peak times which is not feasible within the floor plan of Woodlands Unit.

The expected benefits of achieving the change:

- Improved compliance with relevant standards and guidance as set out in health building notes (HBN) and by the royal college.
- Maintain elective activity levels. Pre-COVID, up to ten beds were used at Woodlands for paediatric day surgery patients with a theatre list being six patients.
- Optimal clinical adjacencies re-established. Children will have audio-visual separation from adults. Paediatric minor injuries patients will not be mixed with adult patients. Appropriate age-related facilities will be provided for all children to minimise stress and anxiety. Paediatric ED will benefit from appropriate co-location with clinical services e.g. radiography.
- Woodlands able to offer escalation beds (eight beds) and a treat and transfer service when overnight capacity has been breached.

3. Constraints and dependencies

The following constraints apply to this proposal:

- The scheme requires capital investment from the MTW capital programme.

It should be noted that the trust does not require planning permission for the scheme because Tunbridge Wells Council have granted the trust planning relief under COVID 19 Emergency Planning Exemption rules.

The project is dependent upon:

- A small number of offices will need to be relocated to create an entrance to main building from the new ED modular building and to allow access to resus and x-ray / CT / theatres for intubation and retrieval. This entrance also means children will not need to be taken through the main waiting room to access other hospital services.

4. Short list of options

The short list of options considered in this business case are:

- **Option 1 - Do nothing (remain in Woodlands)**
- **Option 2 - Refurb the minor's area of ED for Paeds and transfer minors into the new modular unit**
- **Option 3 - New modular unit for paediatric ED**

Option 1 Title: The do-nothing option

Description

The do-nothing option would retain paediatric ED on the Woodlands paediatric unit at TW. This was the temporary solution put in place as part of the trust's COVID response and includes:

- Creating two pathways for ED within Woodlands; green and amber.
- For the amber pathway, creating a triage area, four cubicles and one HDU bay
- For the green pathway, creating a separate triage area and three treatment bays.

Key activity and financial assumptions

- **ED Attendances**

The number of children and young people attending ED is expected to be the same under all options – in the region of 800 to 1,000 patients per week.

- **Elective Activity**

The do-nothing option compromises the trust's ability to carry out planned elective procedures on Woodlands. Pre-COVID, up to ten beds were used at Woodlands for paediatric day surgery patients with a theatre list being six patients. The result would be a loss of elective capacity resulting in waiting times and waiting lists growing unless patients could be diverted to Maidstone hospital (which in turn would require extended hours at premium staffing costs and which does not have overnight paediatric beds) or unless capacity were purchased from the independent sector (however, the independent sector lacks paediatric capacity – the private Nuffield hospital has a paediatric nursing shortage and also only provided cover for patients over five years old who have tested negative for COVID). The surgery beds were also used for paediatric escalation of inpatient areas due to surges in activity – inpatient beds are restricted to one inpatient ward and children would have to be treated and transferred out to other hospitals or remain in ED until an inpatient bed becomes available.

- **Finance**

There is no capital spend for this option. However, revenue costs will be incurred if patients are transferred to Maidstone (to cover overnight paediatric beds) or if capacity is purchased from the independent sector.

Non-financial risk associated with the option

Risk	Baseline risk score	Summary mitigation/ contingency	Mitigated risk score	Lead
Paediatric unit capacity lost to paediatric ED which constrains the trust's ability to meet paediatric elective activity demand, which in turn would require the trust to add capacity elsewhere/		New paediatric elective capacity would need to be created elsewhere in the trust or purchased from another provider. Paediatrics is currently looking to outsource elective day surgery to the Nuffield – up to 20 patients a week		

commission capacity from the independent sector		on elective pathways due to inability to reset surgical services.		
Loss of Woodlands capacity (eight beds) to offer escalation beds and a treat and transfer service when overnight capacity has been breached		New paediatric elective capacity would need to be created elsewhere at TWH. No area has been identified.		
Risk to quality and outcomes due to distance between paediatric ED and resus		There is no mitigation for this risk because ambulances attend adult ED and patients are treated in adult resus (paeds bay six) – there is no direct access to Woodlands for ambulances and there is not enough space to create a separate area for resus. Also Woodlands is at the opposite end of hospital to theatres for anaesthetic support		
Woodlands is not close to radiology, so patients requiring urgent x-rays need to walk from one end of the hospital to the other to have their x-ray		Not mitigatable unless a satellite x-ray were provided close to Woodlands and this would require space to be identified, capital to be invested and would lead to radiology staffing inefficiencies		
ED staff diseconomies caused by distance from main ED to paediatric unit which results in staffing being split between two departments		The distance is fixed, so the only mitigation would be to increase paediatric ED staffing		
Deskilling of adult ED nurses who currently can work with children		Adult ED staff would need to rotate through Woodlands to maintain their skills		

Non-financial benefits associated with the option

Benefit	Baseline value	Target Value	Measure	Timing	Responsibility
No change, therefore, no disruption during project phase				Immediate	
Co-location with paediatric short stay assessment beds			Number of paediatric patients admitted to assessment bed on Woodlands	Immediate	

Option 2: Refurb the minor's area of ED for Paeds and transfer minors into the new modular unit

Description

This option would require the refurbishment of the existing minor's area of ED for use by paediatric ED and the acquisition and fit out of a modular unit for minors. ED minors would therefore be relocated from their existing space to the new modular unit.

Key activity and financial assumptions

- **ED Attendances**

The number of children and young people attending ED is expected to be the same under all options – in the region of 800 to 1,000 patients per week.

- **Elective Activity**

The move out of Woodlands would have the benefit of handing back space in Woodlands to support the restart of elective and ambulatory paediatric work.

- **Finance**

The costs associated with Option 2 include the costs associated with the modular build (as per option 3) PLUS the additional cost of reconfiguring the current minors area into a Paediatric ED.

Non-financial risk associated with the option

Risk	Baseline risk score	Summary mitigation/ contingency	Mitigated risk score	Lead
Disrupts the flow of adult patients through ED by separating minors from majors		Minors would remain physically close to ED majors, however additional staff may be required to mitigate risks		
Prevents the use of bays in minors, for adult majors patients in times of escalation i.e. reduces ability to flex capacity between minors and majors		This risk could be mitigated by expanding capacity in ED majors at additional cost and assuming expansion is possible		
Capacity available to paediatric ED is fixed, so lacks the ability to be expanded as activity grows		This risk could be mitigated by expanding the minors area as and when additional capacity were needed, but it is uncertain sufficient space could be created to meet standards and children would still need to use the adult waiting area		
Loss of fit for purpose minors/ UTC facility		The risk would be mitigated through the provision of a new modular building for ED minors		
Disruption to ED minors during the building works		ED minors would need to be temporarily decanted elsewhere during the works		
No waiting area space for paediatrics within Minor injury area- lack of audio visual separation from adults for all children		Would not be compliant with current ED standards		

Non-financial benefits associated with the option

Benefit	Baseline value	Target Value	Measure	Timing	Responsibility
Paediatric patients would be close to adult ED i.e. staff cross cover benefit			Time needed to move between majors and paediatric ED	On opening of new paediatric ED	
Paediatric ED would be close to diagnostics, ITU and resus			Time needed to move between paediatric ED and other clinical areas	On opening of new paediatric ED	

Option 3: New modular unit for paediatric ED

Description

A modular building would be acquired and constructed adjacent to ED. The building would then be used as the paediatric ED. Paediatric resus will remain co-located with adult resus to share staff, equipment and expertise.

Key activity and financial assumptions

- **ED Attendances**

The number of children and young people attending ED is expected to be the same under all options – in the region of 800 to 1,000 patients per week.

- **Elective Activity**

The move out of Woodlands would have the benefit of handing back space in Woodlands to support the restart of elective and ambulatory paediatric work.

- **Finance (Non-Pay)**

The non-pay costs (Incl. VAT) are as follows:

Expense Item	Capital £000	Revenue (Non-Recurrent) £000	Revenue (Recurrent) £000
Building (Appendix 3)	£1,147	£45	
Equipment (Appendix 4)	£16	£85	
Equipment – E&F (Appendix 5)		£17	£36
ICT (Appendix 6)	£61	£2	
Total	£1,224	£149	£36

- **Finance – (Pay)**

Staff Type	WTE	£000	Narrative
CSW	5.19	£139	New Paeds ED includes an additional 1 exam cubicles, 2 HDU rooms and separate Triage.
Nursing	5.19	£221	

Cleaning	5.37	£130	Additional area requiring 24/7 cleaning. Additional staff to be supervised by existing WTE.
Portering	4.97	£121	Additional area requiring additional Portering support.
Total	20.72	£610	

Non-financial risk associated with the option

Risk	Baseline risk score	Summary mitigation/ contingency	Mitigated risk score	Lead
Disruption to other services during the building works		This is a 'turnkey' solution meaning any disruption would be limited to services in the vicinity of where the modular unit would be constructed – it is not anticipated that any existing service would be decanted during the works, with the exception of the offices that would need to be removed.		

Non-financial benefits associated with the option

Benefit	Baseline value	Target Value	Measure	Timing	Responsibility
Paediatric unit can be 'right sized' for future growth			Schedule of accommodation maps back to activity and capacity forecasts	On opening of new paediatric ED	
Situated close to adult ED, so staff cross cover possible			Time needed to move between majors and paediatric ED	On opening of new paediatric ED	
Situated close to services such as diagnostics and ITU			Time needed to move between paediatric ED and other clinical areas	On opening of new paediatric ED	
Increased space in ED to allow for green/amber streaming, to support patient and staff safety			Number of infections	On opening of new paediatric ED	
Reduction of infection risk for paediatric patients			Number of infections	On opening of new paediatric ED	
Returns space on Woodlands to paediatric service				On opening of new paediatric ED	

4a. Summary of non-monetary benefits and risks of each option

Non - monetary benefits and risks of each option - Summarise the non-monetary benefits and risks of each option		
Option	Benefits and risks	Option benefit and rank
Option 1 Do nothing	<p>Benefits</p> <ul style="list-style-type: none"> No additional disruption to ED <p>Risks</p> <ul style="list-style-type: none"> Does not meet spatial requirements set out in Health Building Notices Not compliant with College guidelines: Paediatric Triage and minors are within adult ED Distance of Woodlands from ED means there is a risk of a patient collapse between services. Delay in access to Diagnostics due to lack of proximity. Lack of space on Woodlands during a surge will mean that elective surgery will have to stop 	3
Option 2 Modular Build for Minors	<p>Benefits</p> <ul style="list-style-type: none"> Meet special requirements set out in Health Building Notices Compliance with College guidelines regarding zoned off waiting areas. Proximity to Adult ED and Diagnostics Current space on Woodlands handed back. <p>Risks</p> <ul style="list-style-type: none"> Disruption to Minors services Additional time required to refurbish old Paed ED Flow between minors and majors would be compromised No audio-visual separation from adults in waiting area as not space for separate paediatric one within the minor's area. 	2
Option 3 Modular Build for Paeds ED	<p>Benefits</p> <ul style="list-style-type: none"> Meet special requirements set out in Health Building Notices Compliance with College guidelines regarding zoned off waiting areas. Proximity to Adult ED and Diagnostics Current space on Woodlands handed back. No disruption to Minors service Shortened Timescale Paediatric unit can be 'right sized' for future growth <p>Risks</p> <ul style="list-style-type: none"> Disruption to other services during the building works 	1

4b. Summary of information on each option

Category	Option 1	Option 2	Option 3
Capital costs (One off upfront costs)	-	£1,473k ²	£1,223k
A) Annual revenue income	Loss of paediatric income ³		-
B) Annual costs/ expenses (pay and non-pay)	-	£896,945	£896,945
Net annual income = (A –B)		(£896,945)	(£896,945)
Benefits (non-financial) score and or rank of option	3	2	1
Risks score and or rank of option			
Summary of option (Preferred / discounted/ deferred)	BAU/ discounted	Discounted	Preferred option

4c. Directorate decision on which option is preferred and why

Option 3, the construction and fit out of a new modular unit to house paediatric ED is the preferred option. This option provides the best mix of benefit to risk and is less expensive than the alternate ‘do something’ option of converting the current minor’s area in addition to the modular build.

The proposed location of the modular building in relation to the hospital and helipad is shown below (the red line shows the two quickest routes from paediatric ED to adult resus). The dark red line is preferred route as does not pass through a clinical adult area. The entrance co-located with adult ED will minimise confusion for the public on attendance and the separate entrance shown will provide a clear route to paediatric areas, diagnostics such as x-ray and resus.

² Assume £250k for reconfiguration of Minors

³ Or cost of outsourcing



The new department will provide:

- Separate COVID red and green waiting areas
- A separate ambulance entrance
- Separate red and green triage rooms
- Two high dependency rooms one red and one green)- paediatric resus will remain co-located with adult resus in cubicle 6 with no change to current emergency ambulance routes
- Seven 1:1 / examination cubicles (three red and four green)
- One child and adolescent mental health (CAMHs) room- low ligature.

NOTE: From this point onwards the sections should be completed for the preferred option only.

5. Commercial considerations (preferred option)

5.a. Services and/or assets required

The scheme requires the purchase, fit out and equipping of a modular building.

5.b. Procurement route

Procurement will be in accordance with PCR and/or Trust SFIs.

The construction and internal fit out will be carried out by NHS approved contractors on the relevant NHS modular buildings framework. The equipment list will be circulated with a named contact within the Procurement Team to secure quotes and optimise value for money.

There is 1 equipment item (Defib) which is expected to cost in excess of £10k. The defib is Trust standard and will be purchased via a framework agreement.

5.c. Activity and service level agreement (SLA) implications. Commissioner involvement and input.

The scheme does not have any impact on activity volumes, but provides capacity to meet anticipated growth. Commissioners are aware of the project which has been discussed at the weekly surge meeting.

5.d. Workforce impact

The following additional staff WTE and costs are required.

	WTE	£000	
Medical Staffing requirement			
GP cover			
Paediatrics ENP			
A&C Staffing			
Additional Paediatrics -Band 5	5.19	221	
Additional Paediatrics -Band 3	5.19	139	
Cleaning	5.37	130	
Portering	4.97	121	
Catering	0.00	0	
Total Pay	20.73	610	

6. Financial impact of the preferred option – Full year effect – include VAT unless recoverable

Funding and affordability						The Financial Case
Capital costs of the preferred investment option						
Capital	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	Total £000
Equipment	13					13
Estate	956					956
IT	50					50
Other						0
VAT	204					204
Total capital	1,223	0	0	0	0	1,223
Notes on capital costs:						
Revenue changes associated with the preferred investment option						
Revenue changes	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	Total (5 years) £000
Total income		0	0	0	0	0
Pay	203	610	610	610	610	2,645
Non Pay expenditure	12	36	36	36	36	36
Other (non-operating) expenditure	150					150
Capital charges & depreciation	34	101	101	101	101	437
Total costs	399	747	747	747	747	3,268
Net financial benefit	-399	-747	-747	-747	-747	-3,268
How the investment will be funded:						
<p>Capital- The required capital budget for this project is £1,223k to cover Build, ICT and Equipment Costs. This is in excess of the £1.1m capital available and further consideration regarding the prioritisation and potential deferral of other capital projects is required.</p> <p>Revenue - The revenue costs in a full year is forecasted to be £527k which includes E&F staff to support the new area, £149k non recurrent costs for new equipment and capital charges.</p> <p>Depreciation and PDC - The depreciation and PDC for the building assumes a useful economic life of 25 years and 5 years for the Clinical and ICT equipment.</p>						

Financial Workings can be found in Appendix 7.

7. Quality Impact Assessment (preferred option)

The QIA is scheduled to be reviewed at the panel to be held on 23/11/2021.

8. Project management arrangements

Timetable

Include at a minimum the expected key milestones e.g. when planning will be complete, the finance approved, staff recruited, building work commenced, and completed, go live date.

Milestone	Date
Build - Building Purchase	16 Sep 21
Build - Steel Purchase	05 Oct 21
Build - Structural Engineers	07 Oct 21
ICT – Order Sunrise ICT carts	29 Oct 21
Governance – Business Case Approval	05 Nov 21
Equipment – Order Requisition	05 Nov 21
Build - Steel Delivery	10 Nov 21
Governance – QIA Panel	23 Nov 21
Build - Groundworks incl. slab beams	06 Dec 21
Build - Building Delivery	10 Dec 21
Build - Electric/ICT Fit out	22 Dec 21
ICT – Sunrise ICT Delivery (8–12 week lead time)	06 Jan 22
Build - Nurse call installation	07 Jan 22
Build - Fit out	14 Jan 22
Build - Fire alarm installation	14 Jan 22
Build - Piped Gases	14 Jan 22
ICT – Set up desktop equipment	14 Jan 22
Build - Handover	18 Jan 22

9. QSIR Methodology

10. Arrangements for post project evaluation (PPE)

The following template will be used after the project is completed, to assess issues and lessons learned with the planning for the investment and to what extent the expected benefits were achieved.

Complete the following section now

Name of Division/Directorate	Medicine & Emergency Care
Evaluation manager	Steve Williams
Project Title & Reference	ID847 – Paeds ED relocation
Total Cost	£1,223k capital + £747k revenue
Start date	October 2021
Completion date	January 2022
Post project evaluation Due Date	

Complete this section by PPE due date

Section 1 INTRODUCTION

Background (a brief description of the project and its objectives)

Please give details of commencement of scheme, when staff were appointed and when full capacity was achieved.

SECTION 2: PROJECT PROCESS EVALUATION

Project documentation issues

Project execution issues

Project governance issues

Project funding issues

Human resource issues

Information issues

What worked well in developing case?

What could be improved in developing a case?

Summary of recommendations for developing a case

SECTION 3: ACHIEVEMENT OF OBJECTIVES

Did this Investment meet objectives?

Objective 1

Objective 2

Objective 3 How were they achieved?

SECTION 4: BENEFITS

Benefits planned in original Business Case (See benefits profile – attached below)

Benefit 1

Benefit 2

Benefit 3

Actual Outcome

(Please comment on variances or delays etc.)

How were benefits and outcomes evidenced? Please give details of such.

SECTION 5: VALUE FOR MONEY

What methodology was used to assess quality, funding and affordability and value for money of service provided? What were the conclusions?

SECTION 6: RECOMMENDATIONS AND LESSONS LEARNED

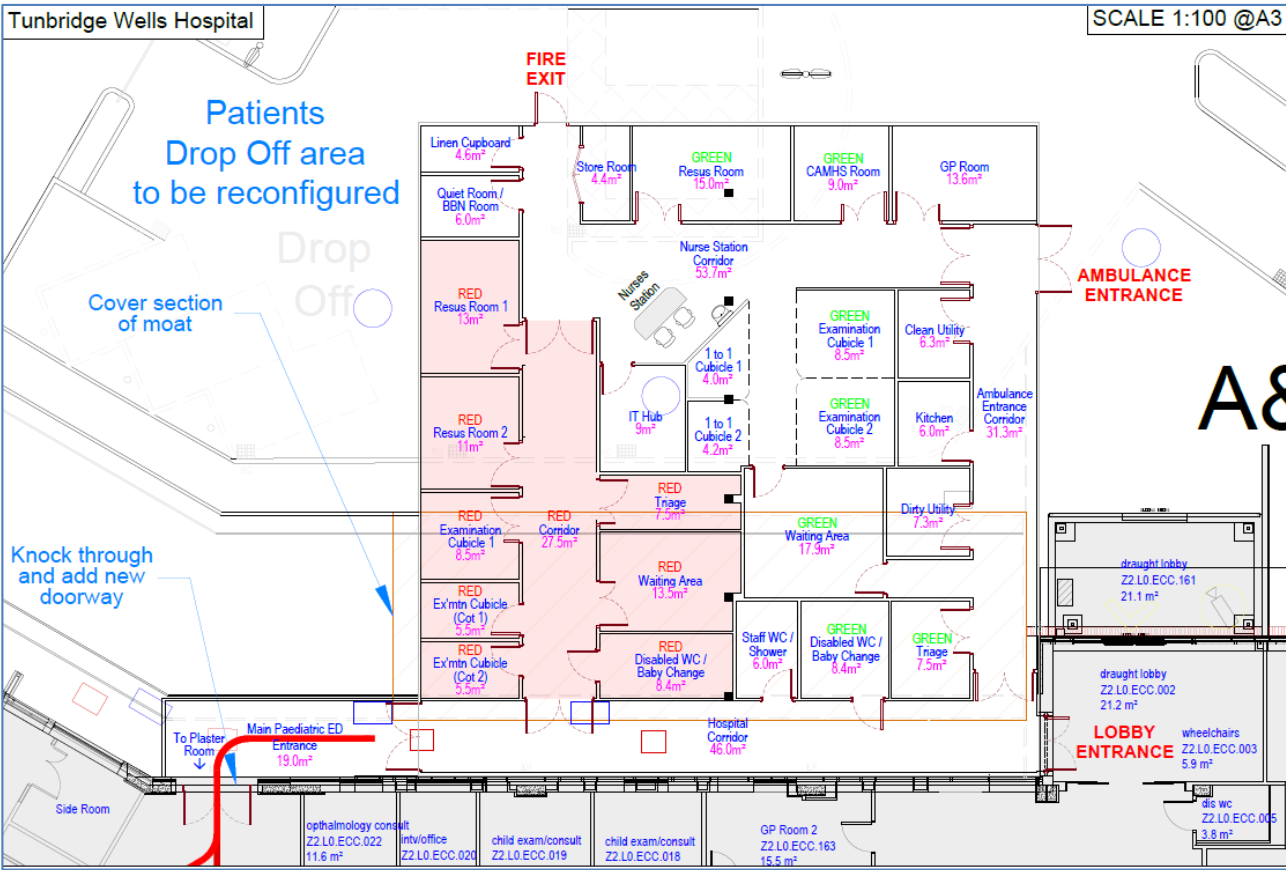
What problems were encountered during implementation of the project, and how were such resolved?

What was learned, how has this been disseminated, and to whom? Please provide supporting evidence.

11. Appendices

Add any additional supporting information here. Include detail of activity and financial information as appropriate.
Please do not embed files into this document.

Appendix 1 – Layout of new department



Appendix 2 - Facing the Future; Standards for children in emergency care settings - RCPCH



FTFEC Digital
updated final.pdf

Appendix 3 – Build Equipment List



Appendix 3 -
Building Equipment L

Appendix 4 – Clinical Equipment

	Charitable Funds	Capital	Non Rec Revenue
Equipment - Clinical			
Patient Trolleys			£42,000
Infusion Syringes			£5,400
Defib/Suction/Avalo Cart	£13,000		
Mobile Obs Set			£4,000
Weighing Scales Stand-on / Sit on			£1,200
Vital Signs Monitors			£18,000
Total Equipment	£13,000	£0	£70,600

Appendix 5 – ICT Equipment



Appendix 5 - ICT
Equipment.xlsx

Appendix 6 – Facilities Equipment

Facility	Equipment	NR Non-Pay	Rec Non-Pay
Cleaning Equipment	Equipment - Domestic Trolleys and Waste Trolleys	1,200	
	Machinery (Scrubber, vacuum etc)	3,000	
	Initial Cleaning Set Up Mops, Buckets, Toilet Brush, Paper Consumables, Soap etc	1,000	
Portering Equipment	1x Linen Transfer Tub	700	
	1x Portering General Trolley	500	
	Telephone Handsets	2,000	
Catering	Vending (Hot Drinks)		6,000
Waste Management	Internal waste bins	5,000	
	Wheelie waste bins		1,000
Mobilisation Costs	Staff uniform, Setting up new documentation	1,000	
	TOTAL	14,400	7,000

Appendix 7 – Finance Workings



ID847 - TWH
Paediatric Emergenc

Version history

Version	Issue date	Brief Summary of Change	Owner’s Name

Trust Board meeting – November 2021

Kent and Medway Cancer Services: Oncology Review	Chief of Service, Cancer Services; Divisional Director of Operations, Cancer Services; and Divisional Director of Nursing and Quality, Cancer Services
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Please find enclosed the “Kent and Medway Cancer Services: Oncology Review” report.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 16/11/21

Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹

Review and discussion

¹ All information received by the Board should pass at least one of the tests from ‘The Intelligent Board’ & ‘Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients’: the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors’ understanding of the Trust & its performance

Oncology: getting the building blocks in place

Authors: Katie Goodwin, Director of Operations for Cancer Services and Naomi Butcher, General Manager for Cancer Services

Date: November 2021

Chief of Service: Dr Henry Taylor

Director of Nursing and Quality: Charlotte Wadey

Executive summary

Oncology services are currently provided region-wide by Maidstone and Tunbridge Wells NHS Trust (MTW), via three service level agreements (SLAs). These agreements were last signed in 2017/18 and have not changed significantly in over a decade. They are not reflective of demand for the service, nor present-day service-provision.

In the past 5 years, growth in oncology region-wide has averaged 5-6% in consultant led outpatient activity. Since 2019/20 (ie pre-pandemic and the basis of our current block contract arrangement) growth has increased to 10% per annum.

The demand for cancer care shows no sign of slowing and the range (and complexity) of treatment regimes on offer to patients continues to increase. This paper sets out the key areas of work we have already undertaken, as well as the areas for further consideration, development and, in some instances, investment to ensure that oncology is in a position to fully meet the needs of the population of Kent, post-pandemic. The ask for the Board is as follows:

- 1) To support the content of this paper.
- 2) To support in relation to the region-wide SLA review with individual providers, and the overall funding allocation for oncology in the region.
- 3) To help drive and steer the region-wide actions noted in Appendix 4, across Kent (via the ICS and Cancer Alliance).
- 4) To agree the funding requested in appendix 3 (c£70,000 in 2022/23).

Introduction and context

The oncology directorate comprises a multi-disciplinary team of c400 staff delivering oncology services, region wide, out of five acute hospital sites:

- Maidstone Hospital,
- William Harvey Hospital,
- Kent and Canterbury Hospital,
- Medway Maritime Hospital; and
- Darent Valley Hospital.

The team facilitate c100,000 outpatient attendances each year (consultant and other clinician led), deliver c50,000 radiotherapy fractions and c25,000 chemotherapy-based treatments (MTW only), as well as offering brachytherapy to suitable prostate and gynaecological cancer patients.

MTW has maintained oncology provision throughout the global Covid19 pandemic, with adjustments made to treatment regimes and pathways for a number of tumour sites. However, as with many services during

this period, the pre-existing pressures on oncology, region-wide, have been brought to the fore and it is these pressures that the cancer services division are seeking to address.

It is important to be clear at this stage that when we talk about “oncology provision”, whilst intrinsically linked with cancer provision, we are not talking about the same thing. MTW has delivered the national cancer standards for over two years in a row, throughout the course of the pandemic, receiving significant investment to help turn performance around, having failed the standards for five years, prior to this. Investment has been made in a number of different areas of cancer provision including, diagnostic capacity, staffing, equipment and administration but oncology has not been a priority area up until this point.

To illustrate this further, a patient who is referred in by their GP on a two-week wait pathway for breast cancer would firstly be seen by a combination of diagnostic and breast surgery clinicians. Their first treatment (for cancer standard purposes) may well be surgical – for example, a mastectomy. It will be further along in their treatment for cancer that a patient will be seen by an oncologist and not all patients will require this. As such, and rightly so in order to ensure prompt treatment, investment has been prioritised at the beginning (surgery / diagnostic) rather than the end (oncology) of cancer pathways.

Whilst surgical teams, once a cancer has been removed, will normally discharge a patient, oncology differs somewhat. Many oncology patients remain under the care of their oncologist, and on active treatment, for a significant period – 25 years in some more extreme instances but over three years is not at all unusual. As advances in medical science continue to be made, patients are living for considerably longer following a cancer diagnosis than ever before, leading to longer and more complex treatment pathways. The management of these types of patient tends to be undertaken in oncology and, as such, the follow-up workload only continues to increase. Note that the median length of time on the active out-patient caseload has almost doubled for closed cases, from 237 days to 451 days, over the past five years. In 2020/21, 25% of all discharged patients had been on the active out-patient caseload for approximately 3 – 27 years.

This paper sets out to pull together, in one document, all the work that has already been undertaken in oncology since the Carnall Farrar (CF) review (see below) commenced, as well as all the various aspects of oncology that require consideration, development and, in some instances, investment. We wish to be clear at this point that this is not a strategy. We are seeking to achieve a baseline position for oncology to ensure we have the correct foundations in place to further grow and develop the service, as demand and medical / technological advancement requires. A strategy will then be developed, with significant stakeholder engagement from right across the county, to set out what that growth and development looks like and where we, as a team, would like to take oncology in the next decade.

A regional (Kent and Medway) review of the service

A regional review of oncology provision was conducted by CF earlier this year, jointly commissioned by the Kent and Medway Cancer Alliance (CA) and the Kent Oncology Centre (KOC).

The full report can be found attached in Appendix 1

This review centred on the service level agreements (SLAs) that are in place between MTW and the three other provider organisations in the region (East Kent, Medway and Dartford). MTW supplies oncologists to each of the providers to conduct outpatient appointments and prescribe treatment, as required. At East Kent, MTW also provides radiotherapy services from three linear accelerators (“linacs”) located at the Kent and Canterbury Hospital site.

There is significant disparity in oncology provision at the various organisations, with all providers managing chemotherapy separately. Each provider has its own nursing team, including clinical nurse specialists (CNS), and manages its own acute oncology service. Consultant oncologists, working across the region, find

themselves using different ordering processes (for example, for pathology or radiology diagnostic tests), referring to different teams, and contributing to different patient pathways / MDTs, depending on where they are working.

As such, there is the need to distinguish between both regional (ie Kent & Medway Cancer Alliance / ICS) and local (MTW oncology directorate led) considerations for oncology for the purposes of this paper, in order to ensure that the “baseline” we wish to achieve is consistent and joined-up, and provides equitable service provision to our patients across the county.

Demand and capacity

For the purposes of this paper we are going to concentrate on outpatient demand and capacity. For illustrative purposes, we have incorporated non-consultant led outpatient activity (for example, radiographer, advanced nurse practitioner or junior doctor) in the table below but, given the variation with this between sites and, at present, difficulties defining total capacity, we have not incorporated it into our high-level review of capacity.

Outpatient activity						
Site	FY16-17	FY17-18	FY18-19	FY19-20	FY20-21	FOT 21-22
Consultant led						
New	8,062	8,036	8,370	8,326	7,951	9,086
F/up	39,580	38,544	38,776	41,119	46,698	50,546
	47,642	46,580	47,146	49,445	54,649	59,632
% growth per annum		-2%	1%	5%	11%	9%
Other non-consultant led (East Kent and MTW sites only)						
New	3,834	3,454	3,652	3,152	2,356	3,116
F/up	25,735	25,100	27,867	31,543	30,492	37,108
	29,569	28,554	31,519	34,695	32,848	40,224
Total outpatient activity						
New	11,896	11,490	12,022	11,478	10,307	12,202
F/up	65,315	63,644	66,643	72,662	77,190	87,654
	77,211	75,134	78,665	84,140	87,497	99,856
% growth per annum		-3%	5%	7%	4%	14%

As illustrated in the table above, growth has averaged 10% per annum on consultant led outpatient activity since 2019/20 (ie pre-pandemic) and, across the past 5 years, has averaged 5-6%.

Comparing the 2021/22 forecast outturn demand to capacity, as calculated in the diagram below, we can see that there is already a significant shortfall in follow-up capacity in oncology (c10,000 appointments). Taking into account the minimum expected growth of 2% per annum for the next decade (0.2% cancer incidence and 1.8% population growth), by 2030 we can expect this deficit to have broadly doubled in size, should we do nothing:

Outpatient capacity						
Assuming						
-3.5 clinics a week / consultant oncologist						
-2 new to 8 f/ups in each						
-42 weeks of activity / annum						
-budget for 34.41 WTE oncologists						
	Per WTE oncologist	Total capacity	FOT 21-22	(surplus) / deficit	Based on minimum growth of 2% per annum, by 2030 outpatient activity will look like this:	And the (surplus) / deficit like this:
New	294	10,117	9,086	- 1,031	10,646	529
F/up	1176	40,466	50,546	10,080	59,223	18,757
*1.8% population plus 0.2% cancer incidence						

Note that this 2% does not take into account age demographics, nor the overall impact of the pandemic on referrals and, in particular, late referrals. In reality, we expect it to be much higher.

As a further piece of analysis, we have calculated our outpatient activity income based on the total value of the SLA for each site, as follow:

SLA compared to number of outpatient appointments			
Site	Total number of OP appointments (consultant and non-consultant led)	2020/21 SLA value	Per appointment
Dartford and Gravesham	5,602	£535,189	£96
East Kent	32,090	£1,873,373	£58
Medway	5,178	£577,860	£112

Whilst this is greatly simplified, it does start to illustrate the variation across the region, when it comes to funding oncology. Clearly there is a significant piece of work to be undertaken in relation to demand and capacity and much of this requires collaborative working across the region, encompassing demographics, cancer referrals into each provider, staffing costs met by provider organisations (rather than by MTW), and demand for chemotherapy.

Our key areas of focus

Overall the intention of the introduction above is to give a flavour of the pressures on oncology at present, and the steps we have already take to start addressing these. However, in order to achieve all the improvements we wish to make in full, regional and national engagement and support will be required. It is with this in mind, that we set out the areas of focus in the remainder of this paper:

- Workforce
- Contractual arrangements (service level agreements)
- Estate
- Branding and charitable fundraising
- Radiotherapy (new treatments and advancements)
- Chemotherapy (new treatments and advancements)
- Research
- Acute oncology
- IT and systems
- Outpatients and administration

A full set of actions and funding requests can be found detailed in appendix 2 and 3

Appendix 4 covers the “system-wide actions”, required to fully ensure oncology’s sustainability going forward, and address the inequities in service delivery across the region.

Workforce

Oncology is reliant on a highly multi-disciplinary, highly specialist, clinical workforce. At a national level there is a significant shortfall of consultant oncologists to meet population demand, such that only if trainee numbers were doubled would these needs begin to be met in five years’ time.

At present, KOC is budgeted for 35 WTE consultant oncologists, covering the Kent region across all tumour sites. We have approximately 5 WTE vacancies and frequently rely on expensive locum cover to meet service needs. It should also be noted that oncology is not a single specialty; each oncologist specialises in the treatment of a particular tumour group / site and therefore the workforce requirements at consultant level are more granular than may be first assumed (ie employing a uro-oncologist won’t help in the treatment of brain cancer patients).

In addition, a significant proportion of our consultants are nearing retirement age.

Funding for an additional 7 WTE consultant oncologists has been agreed (including the 5 vacancies) and we are currently in the middle of the biggest recruitment drive KOC has ever undertaken. Acknowledging the shortfall in oncologists nationally, a larger piece of work is required to consider other roles and workforce requirements, for example, consultant radiographers (currently one), prescribing pharmacists and nurse consultants (currently one).

Therapeutic radiographers are another challenged workforce group. Anecdotally, London weighting and, particularly from the Canterbury site, the draw of a better estate and more advanced technology and treatments in London, has resulted in turnover of consistently over 10% and a forecast underspend in 2021/22 of c£500,000, due to vacancies. A working group has been established to look at our recruitment and retention strategy for this staff group, looking at apprenticeships, extended roles and staff welfare.

With ever changing treatment options and more patients living with cancer than ever before, the need to ensure we have a dynamic, upskilled and fully trained workforce able to treat patients in the right setting, at the right time, has never been more imperative. We want to ensure we have robust succession planning in place for our retiring, and highly expert, clinicians, are able to offer flexible and attractive job plans / rosters to potential candidates, and that we can compete with the training, development and research offering that cancer centres, like the Marsden and Clatterbridge, provide.

Contractual arrangements (service level agreements)

In order to ensure oncology provision across the region, historically a service line agreement (SLA) has been established between MTW and each of the other provider organisations – Dartford, Medway and East Kent.

As per the Carnall Farrar review, productivity, capacity and associated funding assumptions contained within these SLAs have not been fully updated in over a decade, with the latest iterations being signed in 2017/18.

For staff on the ground and, in particular, the consultant oncologist team, the levels of inconsistency between site and provider result in significant inequalities in patient care, communication and workload. Chemotherapy is managed locally at each provider, with KOC oncologists referring patients into these services. Cancer nurse specialists (CNS), supportive therapies, reception staff and nursing teams are all managed locally as well. Radiotherapy is provided at both the Canterbury and Maidstone sites, both managed by MTW.

Historically, no contract management arrangements have been established and, except at East Kent, informal links and communication between management teams have been sporadic at best.

The Carnall Farrar review recommends the establishment of a prime provider model, whereby there is a single SLA covering the whole region. This will require significant analysis, engagement and collaborative working and is unlikely to be established in the short-term. Therefore, the actions in appendix 2 set out our intentions in the short to medium term, reviewing each SLA on an individual basis. We are already engaging with Medway NHS Foundation Trust in this regard.

Estate

The Kent Oncology Centre runs clinics across Kent and Medway, with radiotherapy treatment taking place at the Canterbury and Maidstone sites. The Canterbury service is housed in the “1937 building”, managed by East Kent Hospitals University NHS Foundation Trust (EKUFT). The current building has a significant

number of maintenance issues, impacting on service resilience, and the age and design has resulted in a number of compromises being made to patient flow and treatment provision. The administrative team are housed in a temporary wooden hut and there is no breakout space for staff. It is considered unlikely that the bunkers for LA1C and LA2C will be capable of housing the latest linac technology, when the time comes. We need support, regionally, to ensure that patients in East Kent have the same access to technology and treatments as they do in West Kent (for example, Halcyon linacs, brachytherapy and SABR) and that the solution, whatever that may be, provides a suitable environment for our staff in which to work.

When the current location of the Kent Oncology Centre at Maidstone Hospital was opened in 1993 there were approximately 8,000 outpatient appointments taking place each year out of ten clinic rooms. Today that number is nearer 40,000, using the same ten clinic rooms, with some spill over into main outpatient areas at both the Maidstone and Pembury sites. As set out in the separate oncology outpatient clinic space business case, we ideally want to double the number of clinic rooms available in order to service demand.

At both Medway and Dartford sites, clinic room availability is a limiting factor when it comes to job planning and providing sufficient capacity to meet demand. Medway have informally asked for activity to be repatriated to the Maidstone site, due to lack of clinic room availability, and further discussions are taking place to understand what is required in the longer term.

Office accommodation is at a premium across all sites. At the Maidstone site, in particular, teams are disjointed and co-location is not an option with the current estate. This has been further exacerbated as a result of the pandemic and the need for space to be utilised clinically, in some instances, and to accommodate social distancing. A number of staff and teams remain working from home full time as a result. Again this has been addressed as part of the oncology clinic room business case.

The case is currently being finalised and is subject to the identification of capital funding.

Branding and charitable fundraising

The Kent Oncology Centre has no official or consistent branding to unify the service Kent-wide and make it easily identifiable, and accessible, to patients. Letters are a mis-match of East Kent and MTW branding and there is very little to indicate to patients or staff that they are working / using the same service and teams. Medway and Dartford send separate letters out for their oncology outpatient appointments, again with their own branding. The confusion this causes, particularly when patients are required to attend multiple sites, is significant.

There is also a question over whether the “Kent Oncology Centre” is the most appropriate name for the centre going forward.

Patients (and prospective staff), currently have access to a very out-dated website for the centre, with no dedicated administration, and no useful patient information. Significant amounts of administrative time would be removed if patients had access to an easy to navigate, informative, website.

Pillory Barn have already started to support our work to re-brand the service but there is a significant amount of work to do, combined with the work on IT and administrative processes, to ensure the “Kent Oncology Centre” has a single and unifying brand, recognisable county-wide.

In addition to branding, the Kent Oncology Centre has no obvious fundraising presence. There is a cancer charitable fund which is ringfenced as part of the overall MTW funds, however, there is no fundraising

strategy linked with this and most staff would not know what to do, should a patient ask to make a donation or leave a legacy.

Cancer centres like the Marsden or Clatterbridge have a clearly defined fundraising strategy, with dedicated management and oversight, that is clearly communicated to patients and staff. Before the end of the calendar year, we are due to sign the heads of terms with Maggie's cancer charity, who will lead on the fundraising for, and design and build of, a Maggie's Centre at the Maidstone site.

We want to leverage this opportunity to develop a fundraising arm for cancer services. This will be fully incorporated into the MTW charitable funds committee and governance processes, and will take advantage of Maggie's expertise, in order to maximise fundraising in cancer services.

We want to appoint a dedicated cancer fundraising manager, reporting into the divisional management team, to start scoping this with all those involved in cancer services, ensuring a dotted line into the Trust's fundraising manager.

Radiotherapy and medical physics

There have been a number of key developments in radiotherapy in recent years, including the provision of low-dose radiation (LDR) brachytherapy, SABR for lung and bone metastases and hyper-fractionations for breast cancer patients. It's important that we can continue to provide cutting edge treatment to our patients. The introduction of two new "Halycon" linacs at the Maidstone site in 2022/23 has the potential to improve our efficiency by up to 20% and also gives the potential for being able to use artificial intelligence to integrate diagnosis, planning and radiation into one. We have been one of the trial sites for "SpaceOar" which prevents the breakdown of the rectum wall (due to radiation) in prostate cancer patients, resulting in better outcomes for our patients. Further funding has been agreed to the end of the financial year and a business case is being developed to ensure patients continue to have access to this product. B-CON is another such example, improving outcomes for bladder cancer patients undergoing radiotherapy. Finally, we are working with our commissioners to allow patient treatment using high-dose radiation (HDR) brachytherapy at our Maidstone site.

Chemotherapy

The oncology pharmacy team is critical to our delivery of chemotherapy to patients. The aseptics unit moved from its original home in the Kent Oncology Centre at Maidstone Hospital to the new unit on the Pembury site in July 2021 and is working well. However, the team, working alongside our chemotherapy units, are required to deal with a number of ongoing changes to demand, as follows.

- a tripling of demand for oral chemotherapy since 2016/17, with c4,000 patients receiving these treatments then, increasing to c10,000 in 21/22 (FOT);
- a significant increase in immunotherapy treatments where, unlike chemotherapy, the patients own immune system is bolstered to tackle cancerous cells rather than the drugs directly, creating a different set of side-effects and follow-up requirements;
- new and evolving approved drugs and funding regimes; and
- chemotherapy and radiotherapy combined treatments.

In addition, chemotherapy scheduling has historically been a joint team, working across haematology and oncology. Given all of the above, increasing demand, and the specific requirements of haematology in terms of in-patients and the establishment of a new ambulatory unit, we want to explore how best to manage chemotherapy going forward. Separately, we want to implement a transparent, equitable and straightforward process for approving regimens that are not funded in certain circumstances.

A working group has already been established to take this forward with the various professional groups concerned.

Research

The scope of cancer research is ever increasing, however at present we are currently restricted in what we can implement at MTW by space and staffing shortages. Research patients are seen separately, rather than in already scheduled clinics, as a result of differing administrative systems.

Our research department have recently revised their research strategy for the next five years with particular focus on:

- supporting our clinicians in developing investigator led clinical research;
- cancer clinical trials (as one of the leading and top performing cancer providers in the south-east);
- working with the medical school to provide research opportunities for students; and
- developing a tissue bank for the region.

Our ability to provide outstanding care to our patients hinges on our being at the forefront of cutting-edge treatments. Our ambition is for research to be a routine component of the care we provide to our patients. Space limitations are currently being addressed as part of the oncology clinic room business case.

Acute oncology services (AOS)

Acute oncology provision is currently very much nurse-led at MTW, with a small team of specialist nurses, covering both sites, five days a week. Consultant oncologists have an on-call week, roughly twice a year, covering out of hours queries but their clinical commitments are not reduced during this period and there is a perception that they are not available for the medical team to escalate issues and concerns. As a first step to addressing this, we have implemented a model whereby one of the oncology registrars is linked to the team on a rotational basis.

All the current SLAs, across the region, vary in the degree to which they describe acute oncology provision, with some providers doing this themselves and others relying on MTW to do this for them. The consensus at the regional Carnall Farrar / Cancer Alliance workshop, held in July 2021, is that acute oncology provision is not consistent, and there is significant room for improvement region-wide. The overarching ambition was to create a Kent-wide acute oncology service, with 24/7 phone access for patients, pooling expertise across the region, and ensuring that patients are able to access information and advice in the most timely and effective manner. The desire for admission avoidance is clearly very much part of this.

During this past year, Tracey Spencer-Brown, Project Lead for AOS Development for Kent & Medway, has undertaken a regional review of acute oncology services and has presented the findings to individual trusts. She will be presenting at the cancer alliance delivery board soon for further comment and alliance, and trust, support in taking this work forward.

IT and systems

KOC currently uses KOMS to manage all aspects of oncology provision, including outpatient appointment bookings, chemotherapy and radiotherapy scheduling, and clinical documentation. The system is highly bespoke, having been shaped and refined over a number of years; KOC employs two in-house developers. All providers in Kent currently pay for a licence to use it so that there is a consistent system used for oncology patients, county-wide. Whilst the system is very intuitive, having been designed by our clinicians for our clinicians, it is difficult to extract operational data from and / or to interface with systems used by MTW or other providers. There is also a significant business continuity risk associated with the system, given the reliance on two in-house developers, and its highly bespoke nature.

Prescribing for radiotherapy and chemotherapy is all done via the Aria software (separate modules for radiotherapy and chemotherapy).

Historically at MTW, there has been no ability for staff elsewhere in the hospital to view KOMS. For example, if a chemotherapy patient attends in ED it has not been possible for the ED consultant to view their oncology record. With the introduction of Sunrise EPR this is now possible on a read only basis. However, a full interface is required to allow more advanced access, which is currently in its development phase.

Interfaces with EPR and other such systems across the region are not available and the multitude of systems oncologists are required to log into, depending on where they are working, increases administration time and increases the risk of patients falling between the cracks.

An IT strategy is needed, specific to oncology IT at MTW, and then region-wide, to ensure our staff and patient experience when it comes to our IT systems is improved and our software / interfaces remain fit for purpose. The Kent & Medway Cancer Alliance has started work in developing a Cancer Strategy within which oncology systems will be a key component

We note that Sunrise EPR does not currently have the functionality to deal with the complexity of chemotherapy and radiotherapy scheduling and prescribing.

Outpatients / administration

Historically, the administration of oncology clinics has been very much reliant on the “medical secretary to consultant” model. Various tweaks have been made in the past decade, particularly during the period of financial special measures, and the consultant body are increasingly frustrated at the lack of administrative support they receive. There are separate scheduling teams for chemotherapy and radiotherapy and administrative processes vary wildly, dependent on consultant training (medical or clinical), their mix of tumour-site specialisms and the site they work at.

Whilst there is definitely room to rationalise and make better use of IT systems and support, there is also a need to ensure that the existing secretarial body, many of whom are of or nearing retirement age, is sufficiently resilient to manage and adapt to these changes. Morale is particularly low at present, with many secretaries wishing to retire early, due to work pressures, lack of support, and lack of clarity over the requirements of their role.

Consultants tend to operate as “sole practitioners” which, given the multitude of sub-specialties, treatments and sites concerned, is not altogether surprising. There is, however, recognition that the variety of systems and processes in oncology creates an inherent business continuity risk. A full review of our clinic templates, booking and administrative processes and follow-up waiting list management is required.

Finally, and as noted at the start of this paper, follow-up activity is significant in oncology and will continue to be so. The attention and focused management we give to our new cancer patients is one of the key reasons for our achievement of the cancer standards for the past two years. We want to replicate this focus for our follow-up patients in oncology, ensuring that their regular scans, blood tests and other diagnostic tests are appropriately managed and follow-ups booked in a timely manner, depending on urgency. At present this is not always the case, given the volumes of patients concerned and our current systems.

In addition, some of the developments made as part of the corporate outpatient transformation project are already being planned in oncology. For example, use of the room booking system, kiosks and patient calling and telephone answering technology.

Appendix 1 – Carnall Farrar review



Kent Cancer
Services - Oncology

Appendix 2 – action plan

Action	Owner	Delivery date	Funding required
Workforce			
National and international recruitment campaign for 12 WTE consultant oncologists, across all disciplines.	Naomi Butcher, General Manager Cancer Services	Ongoing – 1 st April 22	In budget
Working group to be established with the aim of improving recruitment and retention in therapy radiography. To include consideration of apprenticeships, banding, team development and staff welfare, particularly at the Canterbury site,	Amanda Williams, Head of Radiotherapy	Established, meeting fortnightly	TBC
Review of other roles and ways of working to be undertaken in order to reduce reliance on our consultant oncology workforce. For example, physicians associates, non-medical prescribers and nurse consultants.	Oncology senior management team	To feed into 5 year oncology strategy.	TBC
Contractual arrangements (service level agreements)			
Review of Medway SLA and improved collaborative working. Regular informal meetings to be established and, once SLA signed, ongoing quarterly contract meetings established.	Naomi Butcher, General Manager for Cancer Services Lauren Sykes, Contract Manager for Cancer Services	Revised SLA finalised – July 2022	n/a
Review of Dartford SLA and improved collaborative working. Regular informal meetings to be established and, once SLA signed, ongoing quarterly contract meetings established.	Naomi Butcher, General Manager for Cancer Services Lauren Sykes, Contract Manager for Cancer Services	Revised SLA finalised – September 2022	n/a
Review of East Kent SLA. Regular informal meetings to be established and, once SLA signed, ongoing quarterly contract meetings established.	Naomi Butcher, General Manager for Cancer Services Lauren Sykes, Contract Manager for Cancer Services	Revised SLA finalised – March 2023	n/a

Estate			
East Kent “new build” business case – OBC stage	Grainne Barron, Head of Performance and Delivery	TBC	c£40m (capital)
MTW oncology clinic room business case	Summer Herron, Business Manager Cancer Services	Board approval – November 2021 Construction complete – March 2022	£700k per annum (revenue)
Branding and charitable fundraising			
Pillory Barn “rebranding brainstorm” session.	Pauline Wood, Interim General Manager Haematology	September 2021	n/a
Proposal to be drafted by Pillory Barn.	Pillory Barn	November 2021	TBC
Website development fixed term post to be recruited to design and build a single website for the Kent Oncology Centre, incorporating rebranding work. Website to include patient information leaflets, site specific information, details of support groups / services etc.	TBC	March 2022	c£40k (6 months at 8C level)
Recruit a cancer services fundraising manager.	TBC	March 2022	£55k (8a)
Radiotherapy (new treatments and advancements)			
Working collaboratively, with the Radiotherapy Network (linking MTW with Guy’s and St Thomas’ NHS Foundation Trust) to ensure high-dose radiation brachytherapy, SpaceOAR, B-CON, HDR and other new radiotherapy developments, as they arise, are commissioned at MTW.	Amanda Williams, Head of Radiotherapy Summer Herron, Business Manager for Cancer Services	Ongoing	TBC
Installation and commissioning of two Halcyon linacs at Maidstone	Stephen Duck, Director of Medical Physics	Sept 2022	n/a
Use of artificial intelligence in radiotherapy and funding thereof (note c£2m per Halcyon to add this functionality)	Stephen Duck, Director of Medical Physics	TBC	TBC (business case to follow)
Chemotherapy (new treatments and advancements)			
Set up an oral chemotherapy service trial, with dedicated nursing and pharmaceutical leadership.	Conchi Blanco, Deputy Chief Pharmacist	December 2022	TBC (business case to follow if required)
Working group to be established across haematology and oncology to review chemotherapy scheduling requirements.	Grainne Barron, Head of Performance and Delivery	March 2022	£2m (capital)

Review of IV chemotherapy capacity and requirements.	Conchi Blanco, Deputy Chief Pharmacist	March 2022	TBC
Research			
Review consultant job plans, processes and systems to better integrate research patients into regular clinic time.	Hazel Everest, Head of Research and Development Naomi Butcher, General Manager for Cancer Services Summer Herron, Business Manager for Cancer Services	December 2022	n/a
Address lack of space for clinical trials within the oncology expansion business case (see estate section).	Summer Herron, Business Manager for Cancer Services	March 2022	n/a
Review to be undertaken with KMMS management to assess how best to offer research opportunities to new medical students.	KMMS/Research management teams	September 2022	n/a
Acute oncology			
Acute oncology working group to be established at MTW with the objective of improving the resilience and consistency of provision at MTW, both in the short and longer term, including: <ul style="list-style-type: none"> - 7 day working - Income / activity capture - Clinical leadership - Systems and processes 	Charlotte Wadey, Divisional Director of Nursing and Quality; Charlotte Moss, Consultant Oncologist	November 2021	TBC (business case to follow, if required)
Review of consultant job-plans / on-call commitments, including potential to establish a “hot week” working pattern.	Justin Waters, Clinical Director for Oncology; Charlotte Moss, Consultant Oncologist; Naomi Butcher, General Manager for Oncology	January 2022 (initial changes implemented for 1 April 2022)	TBC
Consideration of the outcome of acute oncology regional review.	Tracey Spencer- Brown, East Kent	November 2021	TBC
IT and systems			
Develop full interface between KOMS and Sunrise EPR.	Alistair Hobson, Assistant General Manager for Oncology	March 2022	n/a

Review of KOC IT to consider business continuity, disaster recovery and links with main IT.	Sue Forsey, Director of IT / Katie Goodwin, Director of Operations for Cancer Services	January 2022	n/a
Re-establishment of the KOMS operational group, region-wide, feeding into the oncology directorate.	Stephen Duck, Director of Medical Physics	January 2022	n/a
Development of a KOC IT strategy (MTW specific), with consideration for the long-term future of KOMS, and immediate business continuity risks.	Alistair Hobson, Assistant General Manager for Oncology	October 2022	n/a
Outpatients and administration			
Review and recruit to new administrative team structure to support consultant workforce and enable improved efficiencies within team processes.	Lorraine Brooker, Deputy General Manager Oncology	March 2022	n/a
Review oncology outpatient clinic room and template management by implementing weekly outpatient review meeting.	Alistair Hobson, Assistant General Manager Oncology	January 2022	TBC
Consider the integration of new digital technology into oncology outpatients (for example, kiosk system, G2 voice recognition software).	Alistair Hobson, Assistant General Manager Oncology	June 2022 (?)	TBC (OP transformation programme)
Develop and trial a measure (akin to the national cancer standards for new patients) by which to monitor timely care of follow-up oncology patients.	Naomi Butcher, General Manager Cancer Services	Trial in place for FY22/23	n/a

Appendix 3 – funding requests (not already agreed elsewhere)

- 6 months of band 8C website development manager - £40,000
- Cancer services fundraising manager (band 8a) - £55,000*
- Oncology clinic room business case - £500,000 / annum**

**in y1 part-funded (50%) by charitable fundraising; thereafter 100%*

***see separate business case*

Appendix 4 – system wide actions, requiring regional support

There are a number of areas of improvement, noted in the review, which are going to require significant, system-wide, leadership and collaboration. We note, in brief, what we consider these to be below (timescales and owners to be confirmed):

Workforce
Development of a Kent and Medway Cancer Workforce Strategy, covering the whole region, with consideration for training and development, creating greater resilience and cross-cover region-wide, and links with the Kent and Medway Medical School / HEE.
Contractual arrangements / prime provider model / demand and capacity
Full oncology demand and capacity and health inequalities analysis to be conducted across all tumour sites, treatment pathways and populations.
Establishment of a working group to develop a regional oncology prime provider / single SLA model for Kent.
Both of the above to be linked in with overall oncology (and cancer) estates strategy for Kent.
Branding
Regional engagement on rebranding the Kent Oncology centre.
Radiotherapy
Continued support from the Cancer Alliance and the Radiotherapy Network for new initiatives and ways of working in radiotherapy.
Chemotherapy
Linked to the prime provider section above, consideration to be given to most effective model of chemotherapy provision, region-wide – ensuring equitable access and patient care.
Acute oncology
Support, region-wide, in implementing the actions recommended from the region-wide acute oncology review (November 2021).
IT and systems
Ensure KOMS and oncology IT forms part of the Cancer Alliance Digital Strategy, with the aim of improving integration and seamless working, region wide.

Care Quality Commission (CQC) State of Care 2020/21 – Key findings and implications for the Trust

Chief Nurse

The enclosed report provides an overview of the recently published summary of the state of care in the NHS (October 2021)

The key Issues include:

- A serious concern regarding the frailty of social services infrastructure across the NHS
- Clarity that acute Trusts must ensure addressing healthcare inequalities is essential to any post pandemic recovery plans
- Similar concerns as raised by NHS England / Improvement in respect of delays in ambulance turnaround times

The key issues from the report will be reviewed against the Trust's performance and after discussion and circulation, the contents will be evaluated and included within the 2022/23 Quality Strategy

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 09/11/21
- 'Main' Quality Committee, 10/11/21

Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹

Information and assurance

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

A Summary Overview



The state of health care and adult social care in England

2020/21



Published: 22 October 2021

Access to full report here:

https://www.cqc.org.uk/sites/default/files/20211021_stateofcare2021_print.pdf

What is it?

The report is the CQC's annual assessment of the quality of health and social care in England over the past year.

The report is drawn from data from the analysis of the CQC's own inspection activity and from the analysis of "insight" data collated from a variety of different sectors and organisations across the NHS.

It highlights...

The impact of the COVID-19 pandemic on our patients

Where quality needs to improve

How NHS trusts and systems are responding to the challenges they face

Inspection outcomes for the last year

The key risks faced by Trusts and next steps



The impact of the COVID-19 pandemic on the NHS's patients

Overview

Detail

Access to services

- Many people have struggled to get the care that they need as a result of the pandemic, particularly, older people, people from black and ethnic minority backgrounds, people from more deprived areas and people with a learning disability.

Worsening health inequalities

- An issue also highlighted in last year's report - a sense that tackling health inequalities was often not a priority for systems, and strategies to identify inequalities and tackle them were not well established.

Pressures in ED impacting on ambulance handoffs

- Ambulance handovers with the number of long waits in ambulances outside hospital emergency departments being exceptionally high, as a result of pressures within hospital.

Increased demand for mental health services particularly in young people

- The Centre for Mental Health estimates that up to **10 million people**, including **1.5 million** children, are likely to need new or additional mental health support as a result of the pandemic.

Increasing appropriate use of digital technology

- The increased use of digital needed, has helped manage some of the demand. While the disruption to health and care has been substantial over the last year. Where people were able to access the care, they have been positive about it.



Overview

Detail

Mental health services

- Concern that “**closed cultures**” continue to exist in mental health services. Closed cultures = poor safety cultures where there are issues with competence and training of staff; culture of covering up mistakes, an absence of oversight by leadership and management staff, the sub-standard quality of care; and a lack of reporting quality issues.

Slow pace of improvement in Maternity Services

- Staff not having the right skills and knowledge
- Poor MDT working relationships
- Failure to effectively learn when things go wrong
- Lack of engagement with local women (Maternity Voices Partnerships)
- Limited progress on improving the equity of access to services for black and minority ethnic groups and deprived communities

Deprivation of Liberty Safeguards

- Concerns highlighted that organisations are not ensuring deprivation of liberty safeguards are a priority
- Delays in DoL authorisation processes continue *often external to NHS trusts control



How NHS Trusts are responding to the challenges they face

*Level of immense pressure, resilience and flexibility of NHS staff acknowledged

NHS

**Maidstone and
Tunbridge Wells**
NHS Trust

Overview

Detail

Impact on elective treatment described

- It outlines data published by the Institute of Fiscal Studies which suggests the most optimistic scenario would see the number of people waiting for treatment return to pre-pandemic levels by 2025.
- CQC found that cancer services have so far achieved the best response and recovery, compared to cardiovascular, A&E, and mental health services.

Serious concerns re: hospital ambulance delays

- Emergency care survey is cited which found that half of ED's said their department had to hold patients outside in ambulances every day.
- Highlights rapid assessment and treatment (RAT) systems as helpful and they are keen to see closer working between ambulance trusts and hospitals to manage risks and drive improvement.
- Keen to see standardisation of the discharge to assess model across organisations to encourage greater joint working and information sharing

Maintaining Safe IPC Practices

- Inspectors highlighted good practice in hospitals' infection prevention control (IPC) practices. Many of the trusts assessed on this had dedicated IPC teams to provide expertise.
- This is supported by the 2020 adult inpatient survey, which found 98% of people in the survey experienced good levels of cleanliness.

Central role of adult social services during the pandemic recognised

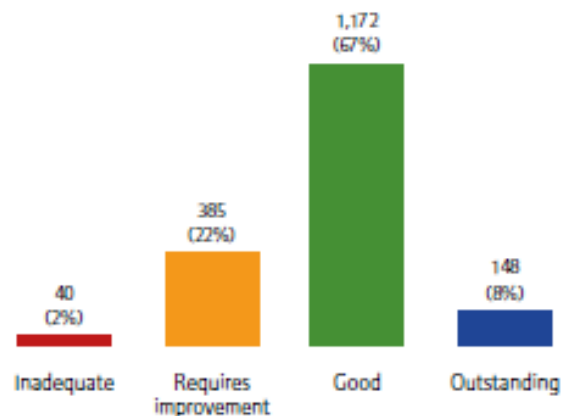
- The report highlights the need for urgent action in this sector, in particular to tackle staff shortages and the pressures this brings.
- The report points to increasing vacancies within this sector specifically, as other sectors and industries, such as hospitality, can offer higher salaries



Headlines

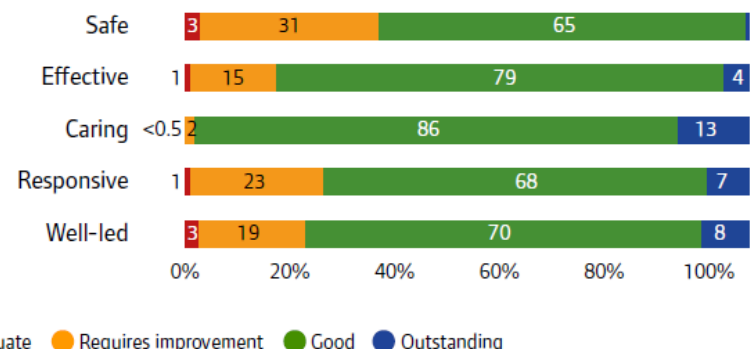
- Majority of acute NHS Trusts remain classed as “good”
- Only 4 acute Trusts are now rated inadequate
- Only 1 Trust has managed to score an outstanding rating in the “safety” domain **Western Sussex Hospitals NHS trust*
- For all Trusts the greatest scope for a good or an outstanding rating continues to be within the “Caring” Domain

NHS acute core services, overall ratings, July 2021



Source: CQC ratings data, 31 July 2021. Note: The 2021 ratings also included 4 ‘insufficient evidence to rate’ overall ratings, which represented 0.2% of the total ratings (including ‘insufficient evidence to rate’). Percentages may not add to 100 due to rounding.

NHS acute core services, key question ratings, July 2021



Source: CQC ratings data, 31 July 2021. Note: At key question level, ‘insufficient evidence to rate’ ratings represented the following proportions of the total (including ‘insufficient evidence to rate’): 0.2% for safe, responsive and well-led, 0.3% for caring and 10.3% for effective. Percentages may not add to 100 due to rounding.

Overview

Workforce planning

Detail

- Major priority and challenge for the local systems and providers
- Recruitment and staff retention continue to be severe problems, particularly in adult social care
- References NHS data on sickness absence rates which showed that anxiety, stress and depression were the most commonly reported reasons for staff absence.


System recovery & waiting lists

- Highlights pre-pandemic models of care will not meet the needs of a post-pandemic world.
- Advise clear roadmaps and plans for system recovery which tackle inequalities should be produced
- Described various ways trusts are tackling waiting lists e.g. use of the private sector and digitalisation of services.
- Trusts should learn learning from the pandemic, including operating at pace and funding new ways of working

Effective use of new investment

- Welcomes the £5.4 billion investment in health and social care announced in September 2021, inclusive of £500 million across 3years for adult social care workforce.
- Highlights a sharp focus on the social care workforce is needed to stabilise this service to allowing for the development of defined career pathways and training
- Argues increased funding in discharge to assess will improve the flow out of hospital
- Investment in social care providers to increase capacity in rehabilitation services and step down services



- Discuss this briefing at MTW's Quality Committee 
- Discuss this briefing at MTW's Executive Team Meeting 
- Discuss this briefing at MTW Trust Board
- Discuss this briefing at MTW's Quality Improvement Committee
- Share this briefing with divisional triumvirates for discussion at divisional boards
- Evaluate the trust against the briefing (utilising the output of discussions) and consider immediate actions & quick wins
- Ensure the trusts 2022/23 quality priorities align with key discussions and the papers key recommendations
- Bring back a summary of this evaluation to MTW's Quality Committee and Executive Team Meeting

Update from the Senior Information Risk Owner (SIRO) (incl. the current position on the Data Security and Protection Toolkit for 2021/22)	Chief Nurse (SIRO)
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The Trust Board will recall that in 2015 the Information Governance Alliance (IGA) published guidance for NHS Board members highlighting that ultimate responsibility for IG in the NHS rests with the Board of each organisation.

Please find enclosed an update from the Senior Information Risk Owner (SIRO) in relation to the six key areas of responsibility.

Which Committees have reviewed the information prior to Board submission?

- N/A

Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹

Information and assurance

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

The Board are advised that I have formally been requested to undertake the role as Senior Information Risk Owner (SIRO) and have undertaken relevant training provided by NHS Digital.

Data Security and Protection Toolkit

A key point for the Board to be aware of is the submission dates for the 2021/22 Data Security and Protection Toolkit as adjusted by NHS Digital. The Trust is required to submit a baseline submission in February 2022. The final submission is required to be made by 30 June 2022.

2021/22 Evidence requirements

This year there are 38 assertions which are applicable to the Trust across the National Data Guardian's 10 data security standards. There are 142 evidence items of which 110 are mandatory for completion. An example is shown below:

1.1.1	What is your organisation's Information Commissioner's Office (ICO) registration number?	Mandatory COMPLETED
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v4 21-22 Evidence ref	OLD v3 20-21 Evidence ref	Change summary	Evidence Text	Tool Tips	Required to meet standard (mandatory)	Requirement to be audited Y/N	Input Type	MTW Evidence	Reviewed and Updated
1.1.1	1.3.1	No changes	What is your organisation's Information Commissioner's Office (ICO) registration number?	You can get this number from the [Information Commissioner's Office website](https://ico.org.uk/esdwebpages/search)	Yes		Text	Z9042352 Renewal Confirmation email ref: ICO:00016700366 - 06/05/2021	10/09/2021

The Trust must provide evidence against each of the 110 mandatory items in order to achieve a 'Standards Met' submission. A number of evidence items were rolled over by NHS Digital into this year's toolkit for the Trust. These need to be checked and updated. Currently 102 of the 110 mandatory items have evidence logged against them.

The Information Governance Committee meets every other month and receives reports and presentations relating to the ongoing work being undertaken to ensure the Trust is compliant with legislative and regulatory requirements regarding information processing, including, but not limited to, the Data Protection Act 2018, the General Data Protection Regulations and the Data Protection and Security Toolkit.

Toolkit 2020/21 submission

The Trust made a 'Standards Met' Data Protection and Security Toolkit (DSPT) submission for the year 2020/21 on 28 June 2021. Organisations were required to resubmit in July ensuring that a copy of their independent audit report was attached. The Trust had submitted this report as part of the initial evidence submission and therefore no further action was required other than to republish our submissions. This was done on 28 July 2021.

2021/22 workplan

A workplan has been developed for 2021/22, predicated upon the 10 data security standards.

Standard	Action
1. Personal Confidential Data	IG policies and procedures to be reviewed to ensure they meet relevant guidance in regard to data security and protection
	Privacy notices are reviewed and updated
	Access to information processes to be reviewed and updated to ensure statutory duties are being met.
2. Staff Responsibilities	Record of Processing Activities (RoPA) to be reviewed and updated
3. Training	At least 95% of all staff complete their annual Data Security awareness training in the period 1 July 2021 to 30 June 2022.
	Review specialist roles associated to data security and protection and ensure staff are appropriately trained or that the Trust has access to the necessary services.
4. Managing Data Access	Review systems access controls and undertake audits including log-in and password misuse.
5. Process Reviews	Analyse incidents and near misses to identify root causes in order that these may be addressed
	Systems vulnerabilities are identified during testing and technical solutions implemented to ensure issues cannot arise again in the same way.
6. Responding to Incidents	Anti-virus and other technical protection solutions are deployed and updated regularly.
7. Continuity Planning	A continuity plan in place and tested once a year.
8. Unsupported Systems	Review all software and hardware to understand if it is supported and up to date. Where unsupported software and hardware are identified plans are put in place to manage the risks.
9. IT Protection	The Trust will continue to take steps to improve cyber security.
10. Accountable Suppliers	IT contracts are reviewed and suppliers held accountable for protecting the personal confidential data they process.

Other Key Performance Indicators

A number of key performance indicators are reviewed at the IGC as a standing agenda item. When indicators have shown that the Trust is not performing as we would wish actions have been agreed and regular updates received. IG KPIs are also monitored on a monthly basis as part of the Executive Performance Review meeting for the Health Informatics Directorate. There are currently no concerns to bring to the Board's attention.

Trust Board meeting – November 2021

Six-monthly update on Estates and Facilities Chief Executive; and Chief Operating Officer

It has previously been agreed that the Trust Board should receive a Six-monthly update on Estates and Facilities. The latest report is enclosed.

Which Committees have reviewed the information prior to Board submission?

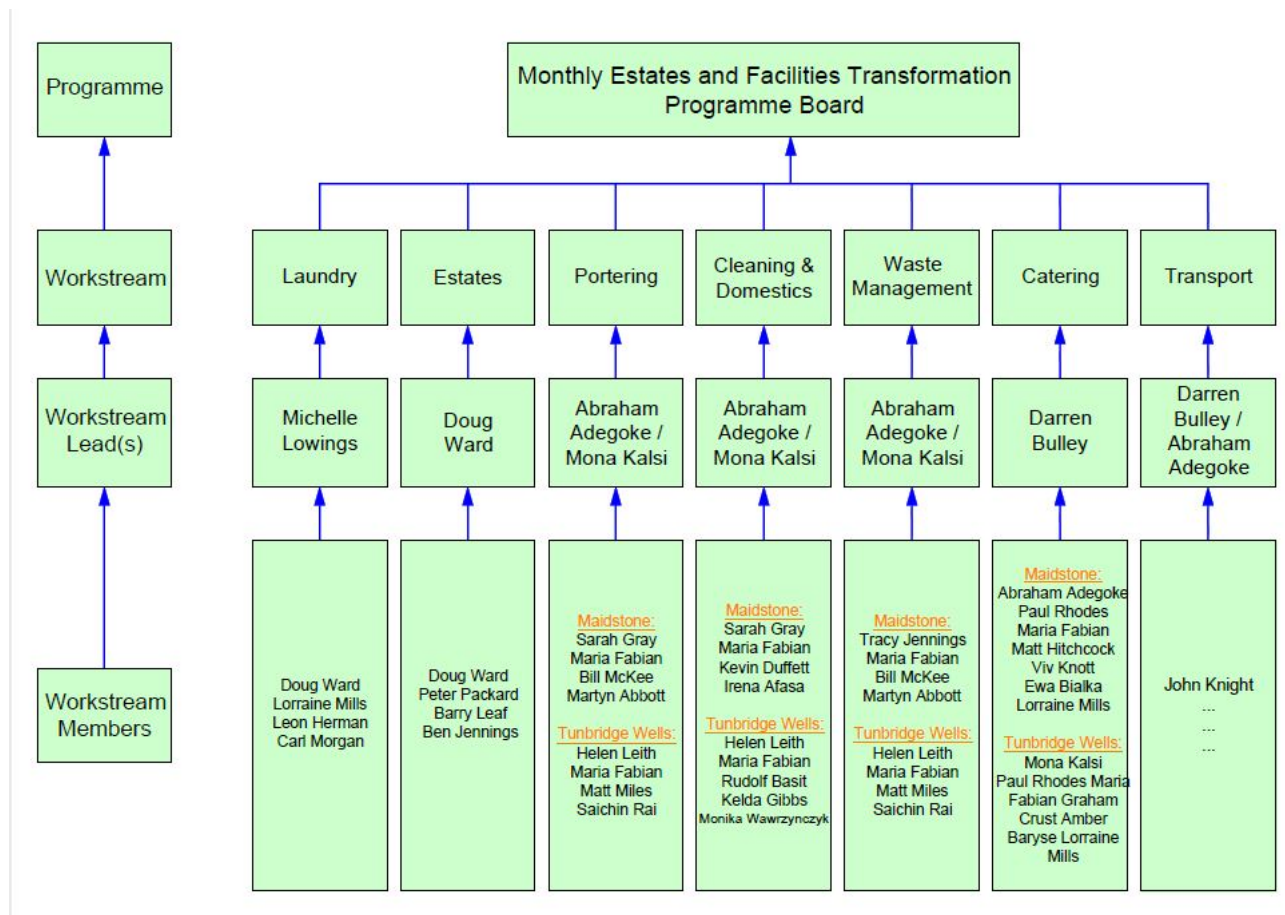
- Trust Management Executive (TME), 20/10/21

Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹

Information and assurance

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

Estates and Facilities Transformation Workstreams



Arising out of the recommendations of the management consultants, clear opportunities were presented were efficiency savings, economies of scale and financial savings could be obtained for the benefit of the Trust by improving working practices, driving in new efficiencies and tidying up assets in the following areas:

- Laundry
- Estates
- Portering
- Cleaning & Domestic
- Waste Management
- Catering
- Transport

The opportunity for significant transformation changes is yielding results for a series of Estates & Facilities transformation programme workstreams. Lorraine Mills, Financial Improvement is directing the workstreams.

Laundry Workstream

The Trust is undertaking a detailed study on Laundry operational costs and services with the assistance of financial support within the Finance directorate.

The outcome of the Trust's internal financial studies shall be reported under separate cover to the Trust Performance and Finance in December for a definitive decision going forward.

The Trust Laundry continues to operate without any major interruptions or the need to buy in outsourced services.

Transportation arrangements for the Laundry services as outlined below are yielding financial savings.

Transport Workstream

The STP has been engaging the Trust with regards to partnership working across the various General Transport teams and services. A specialist consultant was engaged to analyse General Transport performance across the organisations with a view to also understanding potential synergies and potential efficiencies.

The resulting consultancy report identified MTW General Transport as the highest performer in terms of efficiencies and processes and as a result, the MTW General Transport Team has agreed to lead and manage a planned joint efficiencies project in partnership with NE Kent Trusts, including KCHFT and Medway NHS Foundation Trust. Further MTW General Transport savings are unlikely to be significant in isolation and this was supported by the consultancy report findings. It was therefore agreed that all savings arising from the project would be distributed fairly, between all partners.

Estates Workstream

The new computer aided facilities management software system business case will be presented in October 2021 and includes the necessary administration support role costs.

Significant progress has been made with the populating of the premises asset model which is an effective reporting mechanism for evidencing to the CQC on meeting statutory legislation, approved codes of practice and best practice. This software will be of specific use in the forthcoming CQC inspections.

The Statutory Compliance Officer has been appointed and is now in post. This appointment provides a strong foundation for statutory compliance and the substantial body of CQC evidencing of maintenance and safety matters in both Estates & Facilities.

Water Safety Management

Performance dispute on inadequate water hygiene management at TWH PFI has been initiated to instigate improvements. This is proceeding in conjunction with colleagues from IPCC. A new Authorized Engineer has been appointed for Water Hygiene (Tom Makin), and Mark Stronhill is making progress with reinforcing legionella water hygiene at Maidstone Hospital.

Substantial progress has been made over the last month with improving water hygiene compliance at Tunbridge Wells Hospital. Tom Makin has been appointed as the Trust's Authorising Engineer for water hygiene.

Contracts Non Pay

Considerable progress has been made by the Procurement Directorate, working with the Estates & Facilities Directorate on Estates procurement improvements, governance and best buying practice.

It is pleasing to report that considerable progress is being made with regularised procurement quotations and tenders in the Estates directorate, which in the past have been subject to limited assurance from audit.

The new Estates Contract Register which has been led by Sarah Stevens is now in place and will be subject to continual review and amendment.

The London Procurement Partnership (LPP) Estates Procurement Handbook and associated documentation is now in place and accessible by all Estates Team members. Estates officers will be receiving training in the near future regarding Procurement compliance and obtaining value for money. Demonstration of savings shall be forthcoming.

Portering Workstream

The portering TeleTrack workstream continues to deliver an efficient and responsive service and metrics demonstrate a high level of engagement and performance, despite the high levels of activity across both sites. Feedback from external and internal TeleTrack teams remains highly complimentary of both the performance and attitude of the Portering Teams at both sites. With the most recent changes to the TeleTrack process, all Portering tasks (reactive) are required to be logged and signed off through the TeleTrack system and processes which provides clarity around priorities and issues in a timely manner.

The FM Management Team works closely with the TeleTrack and clinical Teams to ensure that changes to activity levels or patterns are monitored and staffing levels or job priorities are adjusted according to need.

Further to the previous Executive Team report it is pleasing to report that the Portering TeleTracking service is now being utilised across all departments in the Trust with regular management engagement meetings in place to discuss and resolve operational issues and challenges as they arise.

Feedback from the external TeleTrack provider also remains highly complimentary and the FM Management Team has been working with the providers to develop beneficial reporting metrics which are being used to match resources with demand to enable the teams to respond to seasonal or other activity fluctuations.

Cleaning & Domestic Workstream

The two cleaning robots are now operational and were launched with much fanfare, including a naming ceremony at each site, where a child patient was selected at random and asked to select from the pre-programmed list of names. With the launch of the robots, the Trust enjoyed very positive external press coverage as a result. The robots are primarily utilized for corridor cleaning, enabling the teams to absorb the increased frequency of touch point cleaning, especially in the high traffic areas. Both site teams have been trained in the use of the robots and they will be deployed to the Childrens' wards on a regular basis where they will not only clean but provide direct interactive entertainment benefits for our younger patients.

Facilities Management at Maidstone Hospital has now employed a dedicated bed turnaround and deep cleaning lead as part of a trial to ensure that resources are deployed or redeployed as rapidly as possible in support of the Site and TeleTrack Teams. The role has been well received by the operational Teletrack Team and Domestic Services have continuously over achieved their challenging key performance target on bed turnaround times. The FM Management and TeleTrack Teams are now considering a trial of the same role for the TWH site.

Waste Management

As reported previously, the waste management contract, through the Kent Consortium, has been extended for 12 months, continuing with Stericycle as a total waste management contract. Stericycle provides waste management for the Kent Consortium.

The reusable sharps bio system continues to deliver excellent carbon footprint reductions. This programme has yielded considerable savings and is reducing carbon emissions in line with Government policy. Internal and external waste audits have provided the Trust robust compliance (which has been sustained throughout the pandemic).

It is pleasing to report that the Trust is now receiving considerably more internal clinical support from areas including the Pharmacy, Endoscopy, HODU in taking these improvements forward. The Estates & Facilities Directorate is most grateful for this support.

Next month further progress will be made with the introduction of E-learning and waste for all Trust staff to improve segregation of waste. The Trust is now a member of the Chartered Institute of Waste Management. It is appropriate to report the work in this area undertaken by Mona Kalsi is acknowledged as outstanding.

David Williams of NHSI Procurement visited the Trust on the 13th October 2021 to discuss both clinical and general waste contracts. Mr. Williams was exceptionally complementary of the waste management process within the Trust and has requested the Trust partner with NHSI on the development of future waste framework contracts and business continuity plans.

Catering Workstream

The Facilities Managers working in conjunction with the Staff Welfare Committee has continued the offering of free food for staff during the day and this has been warmly received and praised by many staff groups. The FM Catering Team have also drafted a business case on behalf of the Staff Welfare Committee for the introduction of a night restaurant service at both sites and awaits further instruction on how this is to be taken forward.

The new subsidised restaurant menus have also been well received and the Catering Team is now reviewing the menus to explore the introduction of 'healthy' main meal ranges in response to the NHS Hospital Food Review. The Restaurants already offer a wide range of healthier foods but the potential introduction of additional low calorie/low fat main hot meal options is being explored as well. As part of this initiative, the catering Team will also introduce a new fresh self service salad bar at the MGH restaurant in September 2021. The TWH restaurant already offers a counter salad bar.