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

Thu 31 March 2022, 09:45 - 13:00

Virtual Meeting, via webconference

Maidstone and Tunbridge Wells NHS Trust

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).

03-1
To receive apologies for absence

David Highton

03-2
To declare interests relevant to agenda items

David Highton

03-3
To approve the minutes of the 'Part 1' Trust Board meetings of 24th February 2022

David Highton

Board minutes, 24.02.22 (Part 1).pdf (10 pages)

03-4
To note progress with previous actions

David Highton

Board actions log (Part 1).pdf (2 pages)

03-5
Report from the Chair of the Trust Board

David Highton

Report from the Chair of the Trust Board.pdf (1 pages)

03-6

Report from the Chief Executive

Miles Scott

Chief Executive's report March 2022 FINALdocx docx.pdf (3 pages)

Reports from Trust Board sub-committees

03-7
Quality Committee, 09/03/22

Maureen Choong

Summary of Quality C'ttee, 09.03.22.pdf (2 pages)

03-8
Finance and Performance Committee, 29/03/22

Neil Griffiths

Summary of Finance and Performance C'ttee 29.03.22.pdf (2 pages)

03-9
People and Organisational Development Committee, 25/03/22 (incl. approval of revised Terms of Reference)

Richard Finn

Summary of People and Organisational Development Cttee, 25.03.22 (incl. revised terms of reference).pdf (5 pages)

03-10
Patient Experience Committee, 03/03/22 (incl. an update on End of Life Care)

Maureen Choong

Summary of Patient Experience Committee, 03.03.22 (incl. annual update on End of Life Care).pdf (8 pages)

03-11
Audit and Governance Committee, 02/03/22

David Morgan

Summary of Audit and Governance Committee, 02.03.22.pdf (2 pages)

03-12
Charitable Funds Committee, 23/03/22

David Morgan

Summary of Charitable Funds Cttee, 23.03.22.pdf (1 pages)

Integrated Performance Report

03-13
Integrated Performance Report (IPR) for February 2022 (incl. further detail on the priority areas for staff vacancies and retention)

Miles Scott and colleagues

Integrated Performance Report (IPR) for February 2022.pdf (41 pages)

Planning and strategy

03-14
Update on the Trust's planning submissions for 2022/23

Amanjit Jhund

Update on the Trust's planning submissions for 202223.pdf (17 pages)

03-15
To approve the Full Business Cases (FBCs) for Picture Archiving Communication System (PACS), Radiology Information Service (RIS) and Image Archive Systems Contract for the Kent and Medway Medical Imaging Consortium (KMMIC)

Steve Orpin

To approve the FBCs for PACS, RIS and KMMIC.pdf (18 pages)

03-16
To approve the Business Case for I Procedures (Pre-operative Assessment and Peri-operative Anaesthetic System)

Steve Orpin

Business Case for I Procedures.pdf (29 pages)

03-17
To approve the Business Case for the replacement of two radiotherapy Linear Accelerators (LinAcs) at Maidstone

Steve Orpin

To approve the Business Case for two replacement LinAcs.pdf (25 pages)

03-18

To approve the Business Case for International Nurse Recruitment

Joanna Haworth

To approve the Business Case for International Recruitment.pdf (40 pages)

Quality Items

03-19
Quarterly mortality data

Peter Maskell

Quarterly mortality data.pdf (23 pages)

03-20
Ockenden review of maternity services – one year on

Sarah Blanchard-Stow

N.B. This item is scheduled for 12:15pm.

Ockenden review of maternity services.pdf (8 pages)

03-21
Quarterly Maternity Services report

Sarah Blanchard-Stow

N.B. This item is scheduled for 12:20pm.

Quarterly Maternity Services report.pdf (9 pages)

Workforce

03-22
The findings of the national NHS staff survey 2021

Sue Steen

The findings of the national NHS staff survey 2021.pdf (11 pages)

Assurance and policy

03-23
Update from the Senior Information Risk Owner (SIRO) (incl. the current position on the Data Security and Protection Toolkit for 2021/22, and Trust Board annual refresher training on Information Governance)

Joanna Haworth

Update from the SIRO.pdf (10 pages)

03-24
Ratification of Standing Orders, Standing Financial Instructions & Reservation of Powers and Scheme of Delegation (annual review)

Kevin Rowan

N.B. The full documents, with the proposed changes shown as 'tracked', have been provided to Trust Board members as supplementary reports available via the Trust Board "documents" section of the Admincontrol meetings portal.

Ratification of revised SFIs and RoP & SoD.pdf (2 pages)

Annual Report and Accounts

03-25
Confirmation of the outcome of the Trust’s ‘going concern’ assessment

Steve Orpin

Confirmation of the outcome of the Trust's 'going concern' assessment.pdf (2 pages)

Other matters

03-26
To consider any other business

David Highton

03-27
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 24TH FEBUARY 2022, 9:45 AM, VIRTUALLY VIA WEBCONFERENCE

NHS Maidstone and Tunbridge Wells NHS Trust

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board (Chair)	(DH)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Neil Griffiths	Non-Executive Director	(NG)
	Jo Haworth	Chief Nurse	(JH)
	Peter Maskell	Medical Director	(PM)
	David Morgan	Non-Executive Director	(DM)
	Steve Orpin	Deputy Chief Executive/Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Miles Scott	Chief Executive	(MS)
	Wayne Wright	Non-Executive Director	(WW)
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)
	Bilal Wahid	Director of Improvement and Delivery (for item 02-12)	(BW)
	John Weeks	Director of Emergency Planning & Communications (for item 02-16)	(JWe)
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]

02-1 To receive apologies for absence

No apologies were received.

02-2 To declare interests relevant to agenda items

No interests were declared.

02-3 To approve the minutes of the meeting of 27th January 2022

The minutes of the meeting of the 27th January 2022 were approved as a true and accurate record of the meeting.

02-4 To note progress with previous actions

The content of the submitted report was noted.

02-5 Report from the Chair of the Trust Board

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

- DH would like to thank the staff for their response to the unremitting pressure in the Trust's Emergency Departments (EDs), which had continued to see very high attendances at a time when community capacity was still lacking, and there still more than 150 patients each day that were medically optimised for discharge (MOFD), but who were unable to be discharged. The situation was incredibly difficult for staff, and the situation was not helped by the need to maintain red, amber and green COVID-19 patient pathways.
- The legal restrictions for COVID-19 ended that day, so the public may believe that COVID-19 had now passed, but the Trust was aware that was not the case, so all staff should be thanked for their continued efforts.

- The Trust had recruited two more oncologists, despite the difficulties of the current recruitment market.

02-6 Report from the Chief Executive

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

- The number of COVID-19 inpatients were declining on both hospital sites, but that had coincided with a period of very significant operational pressure, along with staffing pressures.
- Despite this, the Trust had continued to perform extremely well in its recovery from COVID-19, and patient access.
- Although the elective recovery Business Case that the Trust Board approved in December 2021 had not yet been formally approved by NHS England/Improvement (NHSE/I), the Trust had been given some funding to enable the development to commence. The development would be an important development for the whole of the Kent and Medway Integrated Care System (ICS).
- Other developments included the digestive diseases unit and other endoscopy and surgical developments, which involved increased integration of related services.
- The Health and Care Partnership (HCP) was progressing well.
- Rachel Jones had been appointed as AJ's successor as Director of Strategy, Planning and Partnerships. Discussions were continuing with Ms Jones' current employer and it was hoped they would be able to join the Trust sometime in the spring.

DH welcomed the encouraging report and thanked MS and the rest of the members of the Executive Team for the Trust's recent performance.

Reports from Trust Board sub-committees

02-7 Quality Committee, 09/02/22

MC referred to the submitted report and highlighted that a welcome submission regarding population health had been given, which would help inform the Trust's future plans. Questions were then invited. None were received.

02-8 Finance and Performance Committee, 22/02/22

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

- There had been tremendous performance in relation to the patients who had waited a long time for treatment, but there remained pressures on emergency attenders and the high number of MOFD patients.
- The financial year-end position had been discussed, and some concern had been expressed about the impact of the Kent and Medway Medical School (KMMS) accommodation.
- AJ had attended to present the initial planning submissions for 2021/22, which noted the current issues regarding baseline day case endoscopy activity.
- A useful discussion had been held on a proposed revised approach for the oversight of previously approved Business Cases.

02-9 People and Organisational Development Committee, 18/02/22

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

- The meeting had seen a very early draft of the People and Culture Strategy, which would now be considered by the Executive Team Meeting (ETM) before being submitted to the Trust Board.
- The Chief Nurse reported on the outcome of the comprehensive assessment of the Staffing Assurance framework for winter 2021 preparedness that had been issued by NHSE/I in November 2021, and it was agreed to schedule an update on the work at the Committee every six months.

KR referred to the last point and clarified that it had in fact agreed to just consider the work once more, in six months' time. The point was acknowledged.

02-10 To approve revised Terms of Reference for the Remuneration and Appointments Committee (annual review)

KR referred to the submitted report and explained that DH had agreed that the revised Terms of Reference should be submitted directly to the Trust Board, as the Remuneration and Appointments Committee had not met recently, and was not scheduled to meet at present. Questions or comments were invited. None were received. The revised Terms of Reference for the Remuneration and Appointments Committee were then approved as submitted.

Integrated Performance Report

02-11 <u>Integrated Performance Report (IPR) for January 2022</u>

MS introduced the item and explained that the key metrics from each of the six Strategic Themes would be reported by the relevant member of the Executive Team, although the areas within the "Escalations by Strategic Theme" on page 5 of 40 would also be referred to. SS therefore referred to the "People" Strategic Theme and explained the latest position in relation to the "Climate Survey Responses" metric. SS also elaborated on the action taken in response to the point raised at the last Trust Board meeting, to explore whether any lessons could be learned from Cancer Services' performance that could be applied to the other Divisions.

SS then continued and explained the latest position in relation to the "Vacancy Rate" metric. WW asked where the largest areas of vacancies and retention issues were in the Trust. SS reported that the majority of recruitment issues were with nursing staff, and a particular post had been established to support nursing recruitment and retention. SS also noted that retention was an issue across all areas, although she could submit further information to the Trust Board on the priority areas for staff vacancies and retention, if that would be useful. WW agreed that would be useful.

Action: Submit further information to the Trust Board on the priority areas for staff vacancies and retention (Chief People Officer, February 2022 onwards)

WW also asked about the strategy being deployed to address the issues, and whether the Trust Board could support SS further. SS explained the approach being taken, which focused on enhancing the Trust's recruitment offer.

SS then continued and explained the latest position in relation to the "Sickness Rate" metrics and noted that consideration was required as to whether the target, which the Trust had consistently failed to meet, was overly-ambitious, as the average target rate across Kent and Medway was circa 4%, while the Trust's target was set at 3.3%. SS noted that the current sickness absence rate was 4.6%. DM remarked that the target rate was a maximum level, and the Trust was measuring itself against staying consistently below that level, so there was a danger that the Trust regarded the target as an average, when it was in fact more stringent than that. DM continued that the target should therefore be set at a level that the Trust could be consistently below, as an average could be skewed by a small number of staff on long term sickness absence. JW also emphasised the importance of setting a target that reflected seasonal variations in sickness absence rather than setting a standard target across the year. WW concurred with DM's comments regarding the importance of ensuring the target was not skewed by long term sickness. The points were acknowledged.

PM then highlighted the performance under the "Patient Safety & Clinical Effectiveness" Strategic Theme, which included the latest position with regards to the Hospital Standardised Mortality Ratio (HSMR), which had increased recently, and which had been subject to a 'deep dive' review commissioned by the Quality Committee. PM noted that the 'deep dive' had been discussed at the Mortality Surveillance Group (MSG) on 23/02/22, and added that he expected the HSMR to increase again the following month, but the Trust discussed the issues consistently with T Health, who were formerly Dr Foster, and it had been acknowledged at the MSG that the Trust's depth of clinical coding was not as consistent as it could be. PM also noted that it was intended to liaise with other Trusts to assess whether there were any aspects the Trust was not doing, before a report would be submitted to the Quality Committee, but other actions were planned in relation to the Respiratory Emergency Care Units (RECUs). PM stated that he also wanted to commission a separate 'deep dive' into patients with COVID-19 who had not experienced any harm. PM then concluded by highlighting that if patients with COVID-19 were removed from the data, the Trust's HSMR would be within normal

limits; while the Trust's Summary Hospital-level Mortality Indicator (SHMI) data, which did not take COVID-19 deaths into account, had been consistently low.

PM then continued and reported on the key issues relevant to the "Falls Rate" metric, which included that there seemed to be an increased number of falls during the spikes in COVID-19 cases, and the actions being taken to reduce falls. PM noted that the latter included the "Think Yellow" initiative, which would identify the patients who were at a higher risk of falls; and the introduction of One Team Runners on wards with high rates of falls, to release the nursing staff's time, and thereby enable them to undertake some of the actions that should help reduce the risk of falls.

JH then added further context in relation to the "Falls Rate" metric, which included details of the new Deputy Chief Nurse that JH had recruited; and the "Safe Staffing" metric, which included the resources that had been deployed to support efforts regarding safe staffing, in conjunction with colleagues from the People function. JH then referred back to the discussion of the Staffing Assurance framework for winter 2021 preparedness that had taken place at the People and Organisational Development Committee meeting on 18/02/22, and elaborated on the details.

JH then noted that she had submitted a recommendation to the ETM to increase the night-time staffing on four wards at Tunbridge Wells Hospital, and that recommendation had been taken forward by the Divisions as part of their planning for 2022/23. JH also reported that she was developing a Business Case to recruit additional overseas nurses, which was intended to be submitted to the Trust Board in March 2022.

JW asked about the staffing position within therapies and Allied Health Professionals (AHPs). JH noted that she had been working very closely with the Clinical Director of Therapies, who had secured some funding from Health Education England to explore AHP workforce issues at the Trust. JW stated that it would be helpful to discuss such issues in more detail at the People and Organisational Development Committee. The suggestion was acknowledged.

KC welcomed JH's clarity and energy but asked whether other Trusts had recruited a specific post to support nursing recruitment and retention, to see if networking could take place. KC also asked for further details of the development aspects of recruitment, including supporting nursing students, as well as aligning the work with nursing revalidation. JH gave details of her approach, which included facilitating nurses' direct access to JH, which JH wanted to be based on trust JH noted however that the key issue was that more staff were required.

WW referred to the One Team Runners falls pilot that PM had referred to earlier in the meeting, emphasised the need to understand the root cause before targets were set, and asked when the outcome of the pilot would be known. PM explained that the falls work had been in progress for a few months, elaborated on the work, and confirmed that the pilot would commence in the next few weeks, with the conclusions likely to be available within one to two months. PM then gave his perspective on the target and WW emphasised the need to set the target at a benchmark that was best for the Trust. WW then asked how the falls rate was calculated i.e. did it include multiple falls by the same patient. PM confirmed that all falls were counted in the rate, including multiple falls by the same patient.

SB then referred to the "Patient Access" Strategic Theme, and highlighted the latest position in relation to the "Diagnostics <6 weeks", "A&E Performance", "Outpatient Calls answered <1 minute", "Outpatient Clinic Utilisation", "Ambulance Handovers >30 minutes", "Super-Stranded Patients", "% Emergency Admissions to Assessment Areas", and "Ensuring Activity Levels Match those Pre-Covid – Inpatients & Outpatients" metrics, noting that many of the metrics were covered by the same "Patient Access – Hospital Flow" Counter Measures Summary on page 20.

JH then referred to the "Patient Experience" Strategic Theme, and highlighted the latest position in relation to the "Friends & Family Response Rates" and "Friends & Family % Positive Rates" metrics, which included the factors affecting the non-compliance with the Friends and Family Test (FFT) targets. JH also stated that she was liaising with SO on whether the breakthrough objective that had been set was correct, as she was more interested in responding to the issues that were raised by patients, rather than collecting more FFT data. JH stated that she would also liaise with MC, as the

Chair of the Patient Experience Committee. DM asked whether the root cause of the low response was known. JH replied that she believed it was affected by the nursing staffing issues, with nurses rightly prioritising patient care over trying to improve the response rate. JH also noted that the FFT had been stood down during the first wave of the COVID-19 pandemic, and it had been challenging to reintroduce.

JH then continued and reported the latest position in relation to the "Complaints" metric, which included the intention to develop an Improvement Plan, in liaison with the Director of Quality Governance. RF asked for further details of the themes arising from complaints. JH stated that the main theme was "communication", and elaborated on how the issues would be addressed, which included focusing on streamlining the "always" events. RF asked whether the Communications team would be able to provide consultancy advice in relation to some of the issues. JH welcome the suggestion and agreed to ensure the Communications Team were involved in the ongoing work regarding communication.

Action: Ensure the complaints improvement plan incorporated the suggestion that the Communications team provided consultancy advice in relation to addressing the "communication" theme arising from complaints (Chief Nurse, February 2022 onwards)

MC noted that telephone access was also an important theme from complaints. JH agreed.

SM then referred back to the "Patient Safety & Clinical Effectiveness" Strategic Theme, and reported the latest position in relation to the "Incidents Resulting in Harm" and "Infection Control" metrics, which included that the Trust had experienced its highest number of COVID-19 inpatients during the omicron wave in mid-February 2022, and the outbreak of COVID-19 that had occurred in the stroke unit. SM also gave details of the Counter Measures that had been introduced, which included a pilot of allowing visitors to visit their relatives on the unit via the use of an air-powered respirator hood.

SM then reported on the increased number of Clostridiodes difficile cases that had been seen, and explained the underlying factors involved.

AJ then referred to the "Systems" Strategic Theme, and referred back to action 01-10c and clarified that the target referred to general and acute bed days, so there were many exclusions such as ITU and Maternity. AJ then gave details of the action being taken in relation to the Breakthrough Objective, which was to reduce the average non-elective bed days relating to patients with high and very high Ambulatory Emergency Care (AEC) conditions by 10%; and the acute frailty workstream.

SO then referred to the "Sustainability" Strategic Theme, and noted that although there were no items for escalation, the breakthrough objective to "Reduce the amount of money the Trusts spends on premium workforce…" was still adversely affected by the Trust's continuing staffing pressures, so SO was working closely with JH, SS and PM. SO also reported the latest position in relation to the Cost Improvement Programme (CIP) and capital programme, the latter of which noted that the Trust would likely spend approximately £27m of capital funds during 2021/22.

DM then commented that he felt the IPR section of the Trust Board meeting had been very useful, but asked whether the members of the Executive Team found the new IPR useful. MS confirmed that the report was being implemented across the Trust, but DM's question would likely be addressed more under item 02-12. SO agreed and noted that the Statistical Process Control (SPC) approach was being used to monitor Divisional performance.

RF referred back to the CIP performance, noted the Trust was behind the plan, and asked about the balance of recurrent versus non-recurrent schemes. RF also asked which of the CIP schemes were Trust-wide and which were within clinical directorates. SO replied that currently, a significant amount of the CIP was non-recurrent, which SO acknowledged was concerning in terms of future-year performance. SO also noted that the future reporting would incorporate more detailed CIP information, and although that would be primarily be provided to the Finance and Performance Committee, it could also be reported to the Trust Board, if required. SO continued that most of the focus on CIP schemes would be Divisional and Directorate-based rather than Trust-wide. RF welcomed the further details being reported at the Finance and Performance Committee but queried whether reduction in agency expenditure should be the focus of some CIP schemes. SO

acknowledged the point and confirmed that was an area of focus and some Trust-wide activity would be undertaken.

DH concluded the item by commending the quality of the discussion.

Planning and strategy

02-12 <u>The Exceptional People Outstanding Care programme – the future of the strategy deployment work</u>

SO firstly introduced BW and then referred to the submitted report and highlighted the key points therein, which included that the Strategy Deployment Review (SDR) process was only part of the overall Exceptional People Outstanding Care programme, as the other pillars were "Continuous Improvement Team", "Capability Building", "Patient First Improvement System (PFIS)", and "Improvement Projects". SO then also reminded Trust Board members of the achievements made to date, which included BW's appointment, and the appointments of a new Head of PMO and a new Head of Continuous Improvement.

BW then reiterated the purpose underlying each of the aforementioned pillars, before elaborating on the "Key Focus Areas" of the submitted report. BW also emphasised that the programme was a cultural change programme but needed to align with other strategies / strategic initiatives to ensure congruence and synergy; before focusing on the intended "Strategy Deployment reporting Structure".

EPM noted that the People and Organisational Development Committee had discussed the programme, and the Committee had been encouraged by the review of the process, but asked for further clarification that the work needed to align with other strategies / strategic initiatives, as she thought the work was the Trust's strategy. SO confirmed the work was the overall strategy, but clarified that the intention was to ensure alignment with the component strategies, such as the People and Culture Strategy, Estates Strategy, IT Strategy etc. EPM asked whether those strategies were effectively though just enablers for the Exceptional People Outstanding Care work. SO confirmed that was the case.

EPM then asked about "capability building", and SO explained the term; and also asked about the link with the Board Assurance Framework (BAF). SO gave his understanding, and noted that the Trust did not currently have a document called the BAF, as it had been felt that the new IPR would cover the issues that had been covered by the BAF, so a separate BAF would represent duplication. EPM welcomed avoiding such duplication. KR added that he believed the new IPR incorporated all the elements of a traditional BAF i.e. objectives, risks to those objectives, and the controls to manage those risks, and KR felt that the Trust Board's previous decision to withdraw the BAF as a separate document had been vindicated by the progress that had been made, so KR would recommend that the Trust Board did not reintroduce a separate BAF. The point was acknowledged.

MS then returned to EPM's point about strategies and clarified that the Trust Board only had one strategy, and there would only be one set of objectives, so although the work needed to reflect the content of the aforementioned enabling/supporting strategies, there would just a single set of objectives.

NG asked whether the CIP and plans regarding digital development would be managed via the process, and also whether consideration had been given, when introducing the programme, to the post-COVID-19 fatigue that had been experienced by staff. SO emphasised that the programme focused on where additional efforts should be directed, i.e. over and above the Trust's standard processes, which included the monitoring of CIP delivery. SO then acknowledged that digital developments were not as well represented in the programme as some other areas, but SO expected several digital developments to be recognised as corporate projects. SO then highlighted the steps that had been taken to replace, rather than duplicate, existing processes, to implement the programme.

BW then referred to the "MTW EPOC IP Roadmap '22-23" section and elaborated on the content, which included the establishment of a monthly "Improvement System Steering Group", to provide

programme oversight and assurance. SO also added that the Trust had moved away from University Hospitals Sussex approach regarding the PFIS, in that it would be extended to non-patient areas.

DH referred to the "Monthly SDR to Trust Board" in the "Strategy Deployment reporting Structure" and asked whether there would be sufficient time in the monthly Trust Board meeting, or whether further work would be required in the Trust Board's sub-committee meetings. SO clarified that the "Monthly SDR to Trust Board" referred to the IPR, but it would be feasible to review the IPR within a Trust Board sub-committee, and SO believed the most likely sub-committee, given the cultural aspects, would be the People and Organisational Development Committee. DH noted that MS and KR were working on aligning the Trust Board sub-committees to the Exceptional People Outstanding Care programme, so suggested that the issue be considered as part of that work. This was agreed.

02-13 <u>Cardiology public engagement feedback</u>

AJ referred to the submitted report and highlighted the following points

- The report summarised the 14-week engagement that the Trust undertook in relation its plans for reconfiguration of its cardiology service, and the 14-week period had been agreed with the Health Overview and Scrutiny Committees (HOSCs) for Kent and East Sussex, as well as NHS England/Improvement (NHSE/I).
- The work has been nominated for a Healthwatch Kent award, for the quality and thoroughness of the engagement, which reflected the Trust's intention to develop a 'gold standard' which could be applied to the engagement for any future reconfiguration plans.
- Option 2, which was for an internal reconfiguration to centralise on the Maidstone Hospital (MH) site, by redeveloping the current estate for the cardiac catheter laboratory was the most popular option, but when Option 2 was combined with Option 4, the preference for centralising the services at MH becomes even clearer.
- Section 2.2 showed the main challenges and concerns that were raised during the engagement, but mitigations have been developed against such concerns, and these would be part of any Full Business Case (FBC) that was developed for the reconfiguration.
- The Trust Board was asked to support the recommendation that the reconfigured cardiology inpatient and cardiac catheter laboratory services were centralised at MH, and enable the next stage of the Business Case process to proceed.
- AJ would be presenting the details of the engagement to the Kent HOSC during w/c 28/02/22, and would also present at the East Sussex HOSC.

DM referred to Table 5 of page 17 of 18 and noted that the "Engagement Feedback" had been given a weighting of 5 out of 55, so DM was concerned about giving the impression that the outcome of the engagement was irrelevant to the decision. DM also noted that the "Engagement Feedback" score for Options 2 and 4 was the same, but the public response suggested that Option 2 was more heavily favoured. DM also asked how the consultation had distinguished between Options 2 and 4, given that the only real differences between the two options were on cost and risk. AJ noted there was some subjectivity in allocating a weighting to engagement feedback, but noted that even if a higher weighting was allocated, Option 2 would still be the preferred Option overall, so AJ did not see a problem in increasing the weighting. AJ also noted that the pros and cons between Options 2 and 4 had been discussed at length during the engagement, but feasibility also played a key part in the options appraisal. AJ then offered to reconsider the weighting, in response to DM's comments, but emphasised that he did not believe it would change the outcome.

JW commended AJ's liaison with the East Sussex HOSC and stated she would be interested in how the development, and the mitigations, progressed, given the distance patients from East Sussex would be required to travel. AJ acknowledged the point but noted that outpatient provision would remain as they were at present, and the changes would only affect a subset of inpatients.

PM then referred to AJ's comments in response to DM's points about the weighting in Table 5, and cautioned against retrospectively adjusting the weighting. AJ acknowledged the point so clarified that he had not committed to adjusting the weighting, but just reviewing the weighting with the team, and the rationale for the conclusion. AJ continued that as the comments at the Trust Board meeting related solely to the level of weighting that should be allocated to the engagement feedback domain, AJ believed it would be relevant to take the Trust Board's position into account, in relation to the

report that had been submitted. AJ therefore confirmed that he did not believe such an adjustment would be problematic, but he would check that was the case, but adjusting some of the other parameters could be criticised, as those adjustments would not be based on the information submitted to the Trust Board. DH suggested that an alternative to adjusting the weighting would be to show some sensitivity analysis for the weighting of the "Engagement Feedback" domain, to demonstrate that changing the weighting would not have a material effect on the outcome, but confirmed that he would leave AJ to consider that point.

Action: Review the level of weighting that had been allocated the "Engagement feedback" domain within the overall assessment of the options for the reconfiguration of cardiology services, to consider whether it would be appropriate to adjust the weighting, in response to the comments made at the Trust Board's meetings on 24/02/22 (Director of Strategy, Planning and Partnerships, February 2022 onwards)

WW welcomed the work, but cautioned against drawing conclusions from responses from only 98 people. AJ explained that there were also YouTube videos and social media output that was seen by thousands of members of the public, while the Trust's engagement partner, EK360, had tried to ensure that there was a representative sample of respondents. SO added that he understood the response had also arisen from focus groups. AJ agreed and also pointed out that some of the 98 responses had been from organisations, who would have undertaken their own consultation in developing their response. The points were acknowledged.

The Trust Board supported the recommendation that the reconfigured cardiology inpatient and cardiac catheter laboratory services were centralised on the MH site.

02-14 <u>Approval of the initial planning submissions for 2022/23</u>

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

- The final plans would be submitted to the Finance and Performance Committee and Trust Board in April 2022, prior to the submission to NHSE/I at the end of April.
- The Trust's day case plans had been adjusted to take account of the impact of Quantitative Faecal Immunochemical Test (qFIT) in the community, colon capsule activity, as well as the already known impact of the Trust now not providing a bowel scope service (which had been provided in 2019/20).
- The Trust was exceeded the expected activity targets for first outpatient appointments, but more work was required to reduce follow-up appointments to 25% of the levels in 2019/20.
- There were some challenges in relation to diagnostics, particularly in relation to echocardiograms and the aforementioned issues regarding endoscopy activity.
- Cancer access targets were forecast to continue to be met.
- Workforce plans were continuing, particularly in relation to the reduction in Agency expenditure

SO then reported the key elements of the financial plans for 2022/23, which included that the workforce elements were a significant driver of the financial plan, and although more work was required in relation to the workforce elements, good progress had been made. SO continued that the intention was to submit a balanced financial plan, and although that was feasible, the plan contained some assumptions, which involved some risks. SO elaborated that the risks were focused on the aforementioned workforce issues, the delivery of the CIP, and the uncertainty regarding the income position.

DH then referred to the MRI managed service Business Case, which still awaited a decision by NHSE/I, and asked for an update and whether escalation was required. SO noted that the Trust was liaising with the NHSE/I regional team, instead of asking the Case to be considered by the national team, and the Trust had responded to the latest set of questions in the past two weeks. DH acknowledged the point but stated that he believed the issue should be escalated, although he confirmed he would leave that to MS and SO's judgement.

WW asked when the risks in the financial plan would be further developed. SO explained that he would expect an updated position to be provided at the Trust Board in March, but the position would likely develop further during April 2022, and the Trust's plan needed to be considered in the content of the plans across the ICS.

DH then noted that the Trust Board would meet on 28/04/22, while the submission to NHSE/I was due on 30/04/22, so asked whether further action was required to ensure there was some level of Trust Board oversight before the Trust Board's meeting, such as an extraordinary Finance and Performance Committee or extraordinary Trust Board meeting, particularly if the current gaps that needed to be addressed were still present, even though the Trust Board could delegate the authority for a decision after the Trust Board meeting in March. SO confirmed his support for that approach. DH therefore confirmed that a decision would be therefore made at the Trust Board in March 2022, having first been considered by the Finance and Performance Committee.

Action: Schedule an "Update on the Trust's planning submissions for 2022/23" at the Finance and Performance Committee and Trust Board meetings in March 2022 (Trust Secretary, February 2022 onwards)

Assurance and policy

02-15 Infection prevention and control board assurance framework

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

- NHSE/I had made substantial changes to the questions, and the updated answers were shown in red text.
- The Trust followed the national guidance, apart from a few areas where the Trust went above and beyond the guidance, the most important area of which was the use of respiratory protective equipment for the clinical care of all COVID-19 positive patients.
- The Trust had a good fit testing function.
- The Trust had already implemented the new national standards for healthcare cleanliness, so the facilities team should be commended for their work.
- Flu vaccination would be a Commissioning for Quality and Innovation (CQUIN) target for 2022/23, and the target would be 90%.

DH asked whether one of the reasons for the low uptake of the flu vaccination was that people felt that face masks and social distancing had reduced the risk of contracting flu. SM agreed that such feelings may have been a factor, but noted that vaccination fatigue may have also played a part.

02-16 Emergency Planning Annual Report, 2021 and future emergency planning

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

- The Trust continued to recognise the importance of ensuring robust business continuity plans were developed.
- Some major work had been undertaken in relation to telephone resilience, and the Trust was the first in the county to have four separate levels of resilience for telephone communications.
- The Trust was the first in the country to use the CLIO logging system, which was the same system used by the Police and South East Coast Ambulance Service NHS Foundation Trust, which would help reduce the transmission of emails and telephone calls during emergency situations.
- The Emergency Planning team had now undertaken work with local authorities to respond to the risks relating to the large number of public events that took place in the local area.
- The Trust was given a clean bill of health in the annual emergency planning assurance process.
- JWe wanted to thank SB and MC for their support, noting that MC would depart from being the designated Non-Executive Director.
- Julie Elphick had left the Trust after 37 years, and 17 years working with JWe in Emergency Planning, and JWe noted the Trust Board would want to express their thanks for her work.
- The COVID-19 vaccination plan already developed by the Trust had ensured the Trust was able to implement the Vaccination Centre very swiftly.

SB thanked and commended JWe for his work and added that the Trust had strengthened its arrangements in relation to cyber security, given the current events in Ukraine. WW noted that the Trust also needed to be aware of the potential adverse impact of the events in Ukraine on power. MS noted that the Trust had assessed the risks relating to short-term power interruptions, but any longer-term interruptions would represent a new risk. JWe however noted that there were national plans for Black Start risks to which the Trust had contributed. MS therefore asked JWe to pursue the development of associated plans and risk assessments via the regional and national resilience

forums, instead of the Trust developing its plans in isolation. JWe agreed. DH supported the intended approach.

DH then acknowledged, on behalf of the Trust Board, Julie Elphick's contribution to emergency planning at the Trust.

02-17 To consider any other business

There was no other business.

02-18 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.

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'
02-11a	Submit further information to the Trust Board on the priority areas for staff vacancies and retention.	Chief People Officer	March 2022	The additional information will be provided as part of the Integrated Performance Report (IPR) item at the Trust Board meeting in March 2022
02-11b	Ensure the complaints improvement plan incorporated the suggestion that the Communications team provided consultancy advice in relation to addressing the "communication" theme arising from complaints.	Chief Nurse	March 2022	This will be covered as part of a wider piece of patient experience improvement work around communication, and will feed into work being done to revise the current 'always event' (which will have a focus on communication and include the communications team).
02-13	Review the level of weighting that had been allocated the "Engagement feedback" domain within the overall assessment of the options for the reconfiguration of cardiology services, to consider whether it would be appropriate to adjust the weighting, in response to the comments made at the Trust Board's meetings on 24/02/22.	Director of Strategy, Planning and Partnerships	March 2022	Following the comments from the Trust Board, the scoring criteria relating to the options was reviewed by the project team and Director of Strategy Planning and Partnerships. It was decided that the highest score for engagement should remain a 4/5 for Option 2, given that while this was the most supported option only approximately 40% of total respondents were in support of this option and setting this score as a 5 would imply a false differentiation from the other options. The scoring for engagement feedback of Option 3 was increased from 2/5 to 3/5, to reflect that this was the second highest supported option in the survey element of the engagement.

[1] Not started | On track | Issue / delay | Decision required

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
02-14	Schedule an "Update on the Trust's planning submissions for 2022/23" at the Finance and Performance Committee and Trust Board meetings in March 2022.	Trust Secretary	March 2022	The items were scheduled as agreed.

Actions not yet due (and still 'open')

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

NHS Maidstone and Tunbridge Wells NHS Trust

Report from the Chair of the Trust Board **Chair of the Trust Board**

Consultant appointments

I and my Non-Executive colleagues are responsible for chairing Advisory Appointment Committees (AACs) for the appointment of new substantive Consultants. 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. The delegated appointments made by the AAC since the previous report are shown below.

Date of AAC	Title	First name/s	Surname	Department	Potential / Actual Start date	New or replacement post?
28/02/2022	Consultant Obstetrician & Gynaecologist - Guideline Development interest	Gemma	Mizon	Obstetrics & Gynaecology	To be confirmed	New post
28/02/2022	Consultant Obstetrician & Gynaecologist – Laparoscopic Surgery	Ahmed	El Gohari	Obstetrics & Gynaecology	To be confirmed	Replacement
09/03/2022	Consultant UGI Surgeon	William	Lynn	General Surgery	To be confirmed	New post

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

[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:

- Over the last month we have seen the number of COVID-19 patients being treated in our hospitals increase by more than 50% and we are currently looking after 72 patients across both sites. In parallel to this we've also seen a rise in the number of staff testing positive and this has had a direct impact on the level of services we can deliver in some areas. The numbers at MTW reflect the trend seen nationally in recent weeks – with a marked increase in both the number of people testing positive for COVID-19 and the number of COVID-19 patients in hospital. In light of these figures we continue to be cautious across our hospitals. Mask wearing and social distancing is still in place and our visiting guidance currently remains unchanged. It is reviewed regularly and we will increase visiting as soon as we can do this without impacting on the safety of our patients and staff. In the meantime, our ward teams continue to support virtual visiting for all patients. Full details about visiting our hospitals can be found here.

- In early April we plan to restart our home birth service and resume all birth services at Crowborough Birthing Centre. I would like to pass on my thanks to Sarah Flint, Chief of service for Women's, Children's and Sexual Health, Sarah Blanchard-Stow, Divisional Director for Midwifery, Nursing and Quality and all the team who have worked tirelessly to enable this to happen.

- I am pleased to be able to report good progress with a number of our infrastructure developments, most notably our new children's Emergency Department (ED) at Tunbridge Wells Hospital which is due to open in early April. The new department is next to our main ED and will provide the paediatric service with a number of benefits, including easy access to support from our main ED. The unit is also located within close proximity to radiology, theatres and Intensive Care. Once fully operational, the new ED will provide a child friendly environment with appropriate facilities for parents, carers and children alongside separate red and green triage rooms to support infection prevention and control protocols. The unit will also house two high dependency rooms, seven examination cubicles and a minor injuries room alongside other services. On our Maidstone Hospital site, the new oncology modular building has now arrived and will also be in use in April. It will provide a number of new service areas, additional administration and training space and support the introduction of 'super clinics', enabling us to see our patients more quickly. Preparatory works for a new theatre complex has now started at Maidstone Hospital following approval for this stage of works from NHSE/I. The new block will include four 'barn theatres', a 20-bed inpatient ward and a 16-bed day case ward. Once completed the theatres will not only expand orthopaedic surgical capacity at MTW but will also provide increased capacity across Kent, Medway and East Sussex and play an important part in elective recovery and the reduction of patient waiting times across the region.

  Our oncology building and the 'barn theatres' project will support our ongoing work in cancer care and the elective recovery programme across Kent and Medway. They will also enable us to build on two fantastic recent achievements. Firstly, within cancer services we have now achieved the 62-day cancer standard for 30 months in a row – one of only two trusts in the country to do this. And in surgery we have now treated all long waiting patients (over 52 weeks) – just under 1,000 patients in 11 months. These achievements reflect our aim to deliver continuous improvements across every department in our Trust and I know colleagues are very proud of these results, the outstanding patient care they continue to deliver in challenging circumstances and our future ambitions.

- Since West Kent (MTW) Community Diagnostic Centre (CDC) went live in September 2021, we have delivered significant additional cross sectional imaging capacity at the Trust. Since this time, almost 8000 scans have been undertaken at the unit and with a second MRI scanner about to come online, this will again increase our capacity and ensure that we are able to

support prompter elective scanning turnaround. In addition, the lease for the permanent build has now been signed which will allow us to rapidly progress our plans and the works required to deliver additional diagnostic testing within the CDC with our primary aim continuing to be, right intervention, right time, right place. The services planned include: MRI (two scanners); CT (two scanners); X-ray; Non-Obstetric Ultrasound (three); DEXA (bone density scanner); Phlebotomy and some Point Of Care testing to support the pathways undertaken in the CDC.

- I am delighted to announce the appointment of our new Director of Strategy, Planning and Partnerships, Rachel Jones, who will be joining the Trust later this spring. Rachel joins us from the NHS Kent and Medway Clinical Commissioning Group where she held the role of Executive Director of Strategy and Population Health and we look forward to welcoming her to Team MTW. We would once again like to pass on our very best wishes and thanks to Dr Amanjit Jhund who leaves the role later next month to take up the position of Deputy Chief Executive at Whipps Cross University Hospital after almost four years with MTW.

- The Trust continues to progress its target of filling all vacancies across MTW to support our workforce and patient care. In recent months many recruitment campaigns have been launched across all divisions with others due to launch imminently across services such as Radiotherapy, Pathology and Facilities. Thanks to this work we now have nearly 1,000 applicants going through the recruitment pipeline and almost half of these are at the pre-employment check stage. A 12 month recruitment campaign will launch in April working with a marketing company to promote specialities across MTW, with a dedicated recruitment microsite to launch as part of this. After recruitment plans made overseas, 140 international nurses will join the Trust every year for the next three years. Many thanks to our recruitment colleagues for their continued hard work.

- We have recently launched the third cohort of our Exceptional Leaders with over 120 senior leaders from across the Trust joining the programme. Feedback from those who have already participated in Exceptional Leaders has been excellent and includes high praise for the organisation, content and delivery of the programme, with many welcoming the opportunity to develop their coaching skills and establishing meaningful connections with others in MTW. Designed to create a constant reference point for what good leadership looks like, Exceptional Leaders, which was launched in June last year, is a crucial step in helping us to create a collaborative, inclusive leadership community and drive forward our Exceptional people, outstanding care vision. We are now looking at how we can provide leadership opportunities to wider staff, which would include key elements of the Exceptional Leaders programme.

- In light of the awful events in Ukraine, the Trust is organising donations of supplies for people affected by the ongoing invasion. Many staff have already come forward to offer vital supplies such as blankets, batteries and sleeping bags and we have set up collection points across our sites. We are also supporting a local community-based project, Ukrainian Sunflower Aid, and an additional collection point has been set up at Tunbridge Wells Hospital, with an emphasis on donations for Ukrainian refugee children and their families.

- This week the Trust launched a new campaign that aims to improve care for patients with learning disabilities or autism. The campaign, entitled *Different. Not less.* aims to promote a better understanding of autism and learning disabilities and to support the delivery of equality in care for all patients. It encourages staff to avoid making assumptions about autistic patients or those with learning disabilities and to listen to them and their families. Staff are encouraged to wear the campaign badge to show our patients that we will listen to them and their families. The Trust has also organised autism reality experience training for staff across all areas of the Trust to help increase understanding of the hypersensitivity that can be caused by the actions of others and by the hospital environment. The training provides the experience of what autism is like and how simple changes to clinical practice and the hospital environment can improve the hospital experience for autistic patients or those with learning disabilities.

- Our staff networks continue to play a key role in supporting staff across the Trust. Planning is underway for the engagement week that the Cultural and Ethnic Minorities Network will be

holding in June. Meanwhile, an extensive events programme continues with a host of inspirational speakers, helping to create understanding and learning about race. The Chronic Pain Network, a sub-group of the Disability Network, has now held its first two meetings. This group has been established to provide peer support and understanding about health conditions and the kind of support that's available within, and outside, the Trust. Our LGBT+ Network continues to work on phase 2 of the national NHS Rainbow Badge. We have now submitted our policies for review by the programme assessors for Rainbow Badge phase 2 assessment and are working on the launch of the surveys - a key part of the benchmarking process.

- The Kent and Medway Integrated Care Board (ICB) has recently confirmed two more appointments to the ICB. Kate Langford has been appointed as the Chief Medical Officer and Ivor Duffy will be Chief Finance Officer.
- Latest updates from the West Kent Health and Care Partnership include:
    - The Children's Integrated Neuro Development Disorder Multi-disciplinary Assessment team have started clinics in Heathside, Coxheath. They have seen 24 patients since opening in January. The clinic pilot has been working well and CCG funding has been extended by another six months to run for a total of 12 months. The multi-disciplinary team will be increasing their capacity in order to see more patients over this period, they have also extended the team membership to include a teacher and a clinical psychologist.
    - The MTW Emergency Department has been working with North East London NHS Foundation Trust (NELFT) to provide a new service approach for all young people who present in ED with self-harm. They are initially assessed by the Community Rehabilitation Enhanced Support Team (CREST) team before they are discharged from ED. This work aims to improve the pathway and support provided to young people who are self-harming and reduce escalation of those needs.
    - The West Kent Health & Care Partnership Primary Care Demand & Capacity project, led by West Kent Primary Care, has successfully concluded phase 1 of its work to get a really accurate picture of the range of patient needs presenting at practices alongside the practice staffing capacity to meet those needs. This work will continue with a view to getting a similar approach embedded across all practices in west Kent and ultimately improve patient access through more effective allocation of practice based staff but also their links with wider community services.
- I am delighted to inform you that Mairead Mc Cormick has been appointed as chief executive at Kent Community Health NHS Foundation Trust and look forward to working with Mairead in her new role.
- Congratulations to the winner of the Trust's Employee of the Month scheme for February, Emily Sedge. Emily is a clinical support worker (CSW) in our Whitehead Women's Unit and won the award for going above and beyond the role of a CSW. Emily identified regular patients who had not been seen in the unit for some time (due to COVID-19 restrictions), telephoning patients to check on their welfare and ensure they all had the treatment and care they needed. On behalf of the Trust Board I would like to say thank you to Emily for her 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, 09/03/22 Committee Chair (Non-Exec. Director)

The Quality Committee met on 9th March 2022 (a 'main' meeting), via virtual means.

1. **The key matters considered at the meeting were as follows:**
   - The **progress with previous actions** was reviewed and it was agreed that the Chief Nurse should investigate the timeline for the installation of blanking plugs and nebuliser compressors in response to the "inadvertent connection to medical air via a flowmeter" Central Alerting System (CAS) alert.
   - The reports from the **Committee's sub-committees** (the Complaints, Legal, Incidents, PALS, Audit and Mortality (CLIPAM) group; The Infection Prevention and Control Committee; The Joint Safeguarding Committee; The Sepsis Committee; The Drugs, Therapeutics and Medicines Management Committee; and the Health and Safety Committee) were considered, and it was agreed under the report from The Drugs, Therapeutics and Medicines Management Committee that the Deputy Director of Operations, Diagnostic and Clinical Support Services should liaise with the Clinical Director, Pharmacy and Medicines Management to investigate whether the membership of The Drugs, Therapeutics and Medicines Management Committee included representation from the Trust's five clinical Divisions. It was also agreed under the report from the Health and Safety Committee that the Operational Director of Nursing should provide Committee members with details of the target improvement trajectories for the completion of outstanding Health and Safety Audits for the next four, eight and twelve weeks.
   - The issues raised from the **reports from the clinical Divisions** highlighted the impact of continued Tier 4 Child and Adolescent Mental Health Services (CAMHS) presentations; the continued achievement of the 62-day cancer access target; the challenges associated with staffing vacancies; sickness absence rates and increased operational pressures and associated implications on the delivery of patient care and the patient experience. It was agreed under the Surgery Divisional Governance report that the Divisional Director of Nursing and Quality, Surgery should check, and confirm to Committee members, the outcome of any findings by HM Coroner in response to Serious Incident number "20201/15682 – WEB105130". The Women's, Children's and Sexual Health Divisional Governance report included the latest "Quarterly Maternity Services report" and the "Ockenden review of maternity services – one year on" report which have been submitted via separate reports to the Trust Board.
   - The Medical Director reported the **output from the COVID-19 Ethics Committee** wherein it was agreed that the Medical Director should develop a proposal for consideration at the 'main' Quality Committee meeting in May 2022 regarding the revised scope of practice and membership of the Trust's Clinical Ethics Committee.
   - The Referral to Treatment (RTT) Operational Lead attended for the latest **update on harm reviews for patients who have waited a long time**.
   - The Chief Nurse gave the latest **update on the work to achieve an 'Outstanding' CQC rating** wherein the Committee emphasised the importance of robust patient management.
   - The Director of Quality Governance provided an **update on implementation of Quality Accounts priorities 2021/22** and informed Committee members of the process which would be implemented for the **review of the draft quality priorities for 2022/23 (for inclusion in the Quality Accounts 2021/22).**
   - The Director of Quality Governance provided the latest **Update on Serious Incidents (SIs)** (incorporating the report from the Learning and Improvement (SI) Panel) wherein the Committee commended the improvement trajectory in relation to Duty of Candour compliance.
   - The Assistant Deputy Chief Nurse provided the latest **update from the Enteral feeding and Nasogastric tube (NGT) placement working group** wherein the Committee commended the progress which had been made in relation to NGT placement
   - The Chief of Service for Medicine and Emergency Care gave the latest **update on mortality** wherein the impact of COVID-19 on the Trust's mortality data was acknowledged.

▪ The recent **findings from relevant Internal Audit reviews** and the **report of the Quality Committee 'deep dive' meeting, 08/12/21** were noted**.**
2. **In addition to the agreements referred to above, the meeting agreed that:** N/A
3. The issues from the meeting that need to be drawn to the Board's attention are: N/A
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

NHS Maidstone and Tunbridge Wells NHS Trust

Summary report from the Finance and Performance Committee, 29/03/22	**Committee Chair (Non-Exec. Director)**

The Committee met on 29th March, via a webconference.

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

- **The Patient Access strategic theme metrics** for month 11 were reviewed in detail, which include the latest position with regards to the Emergency Department 4-hour waiting time target. Ambulance handover performance was also discussed, following the recent highlighting of this by NHS England/Improvement (NHSE/I). It was agreed that the Chief Operating Officer would report the latest position on such performance to the Trust Board meeting on 31/03/22. A discussion was also held on the continuing high number of medically optimised for discharge inpatients, particularly at Tunbridge Wells Hospital, and it was noted that a Multi Agency Discharge Event (MADE) was scheduled for 30/03/22, although the limitations of the actions the Trust could take alone were acknowledged. The adverse impact on patient flow was emphasised, and the options to address the current situation were discussed. One such option included the use of virtual wards, and it was agreed that the Chief Executive, Deputy Chief Operating Officer and Chief Operating Officer would liaise to explore the options in relation to implementing virtual wards and submit further details to a future meeting.
- The **financial performance for month 11** was reviewed, which noted that the Trust would be in financial balance at the end of 2021/22, although some mitigating actions were required to address the risks to achieving that outcome (which included some slippage on the Cost Improvement Programme (CIP) and capital programme).
- The Director of Strategy, Planning and Partnerships attended to present an **update on the Trust's planning submissions for 2022/23**, which noted that NHSE/I had agreed to review the Trust's request to re-baseline its 2019/20 activity to reflect the endoscopy pathway changes. The financial plan for 2022/23 was also considered, and the associated uncertainties and risks were discussed in detail.
- The **outcome of the Trust's 'going concern' assessment** for 2021/22 was noted.
- The Associate Director of Procurement attended to present the **annual review of the procurement Strategy**, which noted the creation of a dedicated Sustainability Buyer role, to focus on ensuring sustainability was a key focus of all procurements.
- **Business Cases** were reviewed for the replacement of two radiology Linear Accelerators (LinAcs) at Maidstone; International Recruitment; the Picture Archiving Communication System (PACS), Radiology Information Service (RIS) and Image Archive Systems Contract for the Kent and Medway Medical Imaging Consortium (KMMIC); and an I Procedures (Pre-operative Assessment and Peri-operative Anaesthetic System), and the Committee agreed to recommend that the Trust Board approve all the Cases (which have been submitted to the Trust Board under separate agenda items).
- The Programme Director for EPR (Sunrise) and Digital Transformation updated the Committee **on the implementation of the Electronic Patient Record (EPR)**, which discussed the risks to the 'go live' date for the Electronic Prescribing and Medicines Administration (EPMA).
- A **proposal from Allscripts in relation to the 'Sunrise' EPR** was considered. It was noted that the Executive Team Meeting had confirmed its support for the proposal earlier that day, while the Chair of the Trust Board reported that confirmation of support had been received by the Vice Chair of the Finance and Performance Committee (who was unable to be present), the Chair of the Quality Committee and one of the Associate Non-Executive Directors. The Committee therefore authorised the Deputy Chief Executive/Chief Finance Officer to proceed with the proposals (which were time critical), and it was agreed that the Trust Secretary would arrange for the Trust Board to formally ratify the decision.
- The Committee was **notified of the use of the Trust Seal**.

2. In addition to the agreements referred to above, the Committee agreed that: N/A

3. The issues that need to be drawn to the attention of the Board are as follows:

- It was agreed that the Chief Operating Officer would report the latest position on ambulance handover performance to the Trust Board meeting on 31/03/22.
- The Committee agreed to recommend that the Trust Board approve the Business Cases for the replacement of two radiology LinAcs at Maidstone; International Recruitment; International Recruitment; the PACS, RIS and Image Archive Systems Contract for the KMMIC; and an I Procedures system. These have been submitted to the Board under separate agenda items.
- The Committee authorised the Deputy Chief Executive/Chief Finance Officer to proceed with a proposal from Allscripts in relation to the 'Sunrise' EPR, and it was agreed that the Trust Secretary would arrange for the Trust Board to formally ratify the decision. A report has been submitted to the 'Part 2' Trust Board meeting in relation to this.

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

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

NHS Maidstone and Tunbridge Wells NHS Trust

Summary report from the People and Organisational Development Committee, 21/01/22	Committee Chair (Non-Exec. Director)

The People and Organisational Development Committee met (virtually, via webconference) on the 25th March 2022 (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 Deputy Chief People Officer, Organisational Development submit a proposal to the May 2022 'main' People and Organisational Development Committee which outlined the scope and associated reporting frequency for an "Update on Learning and Development" item.
- The **Terms of Reference** were reviewed as part of the annual process and some proposed amendments were agreed. The revised Terms of Reference are enclosed in Appendix 1 (with the proposed changes 'tracked'), for the Trust Board's approval.
- The Head of Resourcing attended for the latest **monthly update on the latest People Key Performance Indicators (KPIs)**, which included a comprehensive update on recruitment and retention was reviewed, wherein it was agreed that the Head of Resourcing should ensure that future "update on recruitment and retention" reports included details of key turnover 'hotspots'. It was also agreed that the Head of Resourcing should ensure that future "Monthly update on the latest People Key Performance Indicators (KPIs)" reports included details of the Trust's utilisation rate of bank staff.
- The AHP Workforce Strategy Lead and Medical Director attended for a **review of the areas of improvement outlined by the Allied Health Professional workforce project** wherein it was agreed that the Medical Director and AHP Workforce Strategy Lead should consider, and confirm to the Assistant Trust Secretary, the scheduling of a "review of the options appraisal in response to the findings of the Allied Health Professional (AHP) workforce project" item at a future People and Organisational Development Committee meeting, ensuring that the report was first considered by the Executive Team Meeting (ETM). It was also agreed that the Chief Nurse should submit a "Review of the findings from the Advanced Clinical Practitioner (ACP) workforce project" to the May 2022 'main' People and Organisational Development Committee.
- The Committee **agreed the draft People and Culture Strategy and three-year delivery plan** although the importance of alignment of metrics with the Trust's Strategy Deployment Review process was emphasised and it was agreed that the Chief People Officer should amend the draft People and Culture Strategy and three-year delivery plan to reflect the comments received from the Director of Medical Education, at the March 2022 'main' People Organisational Development Committee meeting, in relation to the terminology contained therein, and the enhanced focus required in terms of civility.
- The Committee reviewed of the **Trust's Culture programme which** included a proposal for the future of the Trust's various staff surveys, wherein it was agreed that the Deputy Chief People Officer, Organisational Development should develop a communication plan to inform Trust staff of the alignment between the NHS People Promise, the Trust's People and Culture Strategy, and the outputs of the national NHS staff survey 2021. It was also agreed that the Deputy Chief People Officer, Organisational Development should ensure that the "Update on the Trust's approach to succession planning and talent management" and "Review of the future approach to the Trust's appraisal process" reports to the April 2022 People and Organisational Development Committee 'deep dive' meeting incorporated the feedback received at the March 2022 'main' People and Organisational Development Committee meeting.
- The **findings from the Committee's evaluation for 2022** were reviewed and it was confirmed that Committee meetings should continue to be held virtually, unless the area of focus would be better considered in a face to face/in-person meeting. It was also confirmed that the forward programme should continue to be considered in detail as part of the meeting preparation procedures.
- The **Committee's forward programme** was noted.
- Under the **evaluation of the meeting** the scope of the discussions was commended.

In addition to the actions noted above, the Committee agreed that: N/A

The issues from the meeting that need to be drawn to the Board 's attention as follows:

- The Committee's Terms of Reference are enclosed under Appendix 1 for approval

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

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

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

People and Organisational Development Committee

Terms of Reference

NHS
Maidstone and Tunbridge Wells NHS Trust

1 Purpose

The ~~People and Organisational Development~~ Committee is constituted at the request of the Trust Board to provide assurance to the Board in the areas of people development, planning, performance and employee engagement.

The Committee will work to assure the Trust Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high performing and motivated workforce that supports success.

2 Membership

- Non-Executive Director (Chair) *
- Non-Executive Director or Associate Non-Executive Director (Vice Chair) *
- One other Non-Executive Director or Associate Non-Executive Director*
- Chief Nurse*
- Chief People Officer*
- Deputy Chief Executive / Chief Finance Officer*
- Deputy Medical Director
- Director of Medical Education (DME)

* Denotes those who constitute the membership of the 'deep dive' meeting (see below)

Members can send an appropriate deputy if they are unable to be present at ~~People and Organisational Development~~ a Committee meeting~~s~~.

3 Quorum

The 'main' meeting of the Committee will be quorate when the following members are present:

- The Chair or Vice Chair of the ~~People and Organisational Development~~ Committee and one other Non-Executive Director or Associate Non-Executive Director[1]
- Two members of the Executive Team (i.e. Chief Nurse, Chief People Officer or Deputy Chief Executive/Chief Finance Officer). Deputies representing members of the Executive Team will count towards the quorum.

The 'deep dive' meeting (see below) will be quorate when the following members are present:

- The Chair or Vice Chair of the ~~People and Organisational Development~~ Committee and one other Non-Executive Director or Associate Non-Executive Director[1]
- One member of the Executive Team (i.e. Chief Nurse, Chief People Officer or Deputy Chief Executive/Chief Finance Officer). Deputies representing members of the Executive Team will count towards the quorum.

4 Attendance

All other Non-Executive Directors (including the Chair of the Trust Board), Associate Non-Executive Directors, and members of the Executive Team (i.e. apart from those listed in the "Membership") are welcome to attend any meeting of the Committee.

Other staff, including members of the People and Culture Function, may be invited to attend, as required, to meet the Committee's purpose and duties.

5 Frequency of meetings

The Committee shall, ~~will~~ generally, meet ~~every~~ each month, but will operate under two different formats. The meeting held on alternate months will generally be a 'deep dive' meeting,

[1] For the purposes of quorum, the Chair of the Trust Board will be regarded as a Non-Executive Director

which will enable detailed scrutiny of a small number of issues/subjects. For clarity, the other meeting will be referred to as the 'main' People and Organisational Development Committee

The Committee Chair may schedule additional meetings, as required (or cancel any scheduled meetings). ~~The Chair can call a meeting at any time if issues arise.~~

6 Duties

To provide assurance to the Trust Board on:

- Ppeople planning and development, including alignment with business planning and development;
- eEquality, Ddiversity and Iinclusion (EDI) in the workforce;
- Eemployee relations trends e.g. discipline, grievance, bullying/harassment, sickness absence, disputes
- Ooccupational health and wellbeing in the workforce
- Eexternal developments, best practice and industry trends in employment practice;
- Sstaff recruitment, retention and satisfaction;
- Eemployee engagement
- Iinternal communications
- Tterms and conditions of employment, including reward
- Oorganisational development, organisational change management and leadership development in the Trust;
- Ttraining and development activity;
- Rreporting from the Guardian of Safe Working Hours (in relation to the Terms and Conditions of Doctors in Training)
- The Trust's Freedom to Speak Up Guardian (FTSUG) arrangements

To convene task & finish groups to undertake specific work identified by the Committee or the Trust Board.

To review and advise upon any other significant matters relating to the performance and development of the workforce.

7 Parent committees and reporting procedure

The ~~People and Organisational Development~~ Committee is a sub-committee of the Trust Board.

A summary report of each ~~People and Organisational Development~~ Committee meeting will be submitted to the Trust Board. The Committee Chair ~~of the People and Organisational Development Committee~~ will submit a written summary ~~present the Committee's~~ report to the next available Trust Board meeting.

Any relevant feedback and/or information from the Trust Board will be reported to the Committee by the Committee Chair, as they deem necessary.

8 Sub-committee and reporting procedure

The following Committee reports to the People and Organisational Development Committee through its chair or representatives following each meeting:

- Local Academic Board (LAB) (reporting to occur via the report from the DME)

9 Emergency powers and urgent decisions

The powers and authority which the Trust Board has delegated to the ~~People and Organisational Development~~ Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted at least two Committee members who are members of the Executive Team. The exercise of such powers

by the Committee Chair shall be reported to the next formal meeting of the ~~People and Organisational Development~~ Committee, for formal ratification

10 Administration

The Trust Secretary will ensure that each committee meeting is given appropriate administrative support and will liaise with the Committee Chair on:

- The Committee's forward programme, setting out the dates of key meetings & agenda items
- The Committee's pre-meeting discussion
- The meeting agenda
- The meeting minutes and the action log

11 Review of Terms of Reference and monitoring compliance

The Terms of Reference of the Committee will be reviewed and agreed by the ~~People and Organisational Development~~ Committee at least annually, and then formally 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 Workforce Committee: 29th September 2016
- Terms of Reference approved by Trust Board: 19th October 2016
- Terms of Reference agreed by Workforce Committee: 30th October 2017
- Terms of Reference approved by Trust Board: 29th November 2017
- Amended Terms of Reference agreed by Workforce Committee: 25th January 2018 (to change the frequency of meetings from quarterly to every two months)
- Amended Terms of Reference approved by Trust Board: 1st March 2018
- Terms of Reference agreed by Workforce Committee: 28th March 2019
- Amended Terms of Reference approved by Trust Board: 25th April 2019
- Amended Terms of Reference approved by Trust Board, 31st October 2019 (to add the Health and Safety Committee as a sub-committee)
- Terms of Reference agreed by Workforce Committee: 26th March 2020 (as part of the annual review, and to include the Inclusion Committee as a sub-committee, to add the Deputy Medical Director as a member, and to reflect the agreement that members can send deputies if they are unable to be present)
- Terms of Reference approved by Trust Board: 30th April 2020 (as part of the annual review)
- Amended Terms of Reference agreed by Workforce Committee: 15th May 2020 (to withdrawn the membership of the Chief Operating Officer and to add the Chief Finance Officer as a member)
- Amended Terms of Reference approved by Trust Board: 21st May 2020
- Change approved by the Trust Board, 25th June 2020, to increase the frequency of meetings to monthly
- Change of the Committee's name and removal of the Inclusion Committee as a sub-committee, agreed by the Workforce Committee, 15th October 2020
- Change approved by the Trust Board, 22nd October 2020, to change the Committee's name (from the Workforce Committee to the People and Organisational Development Committee) and removal of the Inclusion Committee as a sub-committee.
- Terms of Reference agreed by the People and Organisational Development Committee: 23rd April 2021 (as part of the annual review, to remove the Health and Safety Committee as a sub-committee, to reflect the change of job title from Director of Workforce to Chief People Officer, to include the differentiation between the 'main' and 'deep dive' meeting and to more explicitly indicate the quorum requirements)
- Amended Terms of Reference approved by Trust Board: 29th April 2021
- Terms of Reference agreed by the People and Organisational Development Committee, 25th March 2022 (as part of the annual review)
- Amended Terms of Reference approved by Trust Board, 31st March 2022

Summary report from the Patient Experience Committee, 03/03/22 (incl. the annual update on End of Life Care)	Committee Chair (Non-Executive Director)

The Patient Experience Committee (PEC) met on 3rd March 2022, virtually, via webconference

The key matters considered at the meeting were as follows:

- The **actions from previous meetings** were reviewed.
- The Interim Deputy Chief Nurse provided a comprehensive **evaluation of the "Patient Experience Strategy – Making it Personal" and next steps for the development of the revised strategy** which included the stakeholder engagement process and the alignment to the Trust's strategic objectives; wherein it was agreed that the Interim Deputy Chief Nurse should submit an "Update on the development of the revised Patient Experience Strategy" to the Committee's meeting in June 2022.
- The Deputy Director of Strategy, Planning and Partnerships provided an **update on Cardiology Consolidation** wherein it was agreed that the Deputy Director of Strategy, Planning and Partnerships should provide the 'lay members' of the Committee with the stakeholder engagement material for the Cardiology Consolidation programme, to enable further consideration and onward circulation to additional stakeholder groups.
- The Lead Palliative Care Nurse and End of Life Care Nurse Specialist attended for the **Annual update on End of Life Care** and the Committee emphasised the importance of robust psychological support for Trust staff. The report is enclosed in full in Appendix 1, for information and assurance.
- The Patient Experience Lead provided an **update on the Trust's Visiting Policy and provision of enhanced access for carers** which outlined the mechanisms which had been introduced to support virtual visiting at the Trust; the implementation of the Visitors Card for Carers; and the next steps in relation to visiting arrangements at the Trust.
- The Quality & Technical Manager for Facilities for an in-depth **review of the outputs from the Patient Led Assessment of the Care Environment (PLACE) 'lite' audits** wherein it was agreed the Quality & Technical Manager for Facilities should circulate the "purpose of Patient-led assessments of the care environment (PLACE) audits and the role of PLACE assessors" document to Committee members.
- The Complaints and PALS Manager provided the latest **review of complaints** which included the key themes which had emerged and the measures which had been implemented to improve the Trust's complaints performance.
- The latest **update on the progress with the Trust's response to the findings from the report of the Independent Review of NHS Hospital Food** was noted and it was agreed that the General Manager for Facilities should ensure that "Claire O'Brien (Chief Nurse) leads on Patient's Nutrition" was amended to "Jo Haworth (Chief Nurse) leads on Patient's Nutrition" within the "Food Safety" section of future "update on the progress with the Trust's response to the findings from the report of the Independent Review of NHS Hospital Food" reports.
- The Committee noted the **findings from the Care Quality Commission Maternity survey 2021 and it was agreed that the** Divisional Director of Midwifery, Nursing and Quality for Women's, Children's and Sexual Health should submit "the Trust's response to the findings from the Care Quality Commission Maternity survey 2021" to the Committee's meeting in June 2022.
- The Committee considered its **Forward Programme** and it was agreed that the Divisional Director of Midwifery, Nursing and Quality for Women's, Children's and Sexual Health should Submit an "update from the Children's Directorate, which included the changes to paediatric service provisions at Tunbridge Wells Hospital" to the Committee's meeting in June 2022.
- Under **Any Other Business** it was agreed that the Interim Deputy Chief Nurse should investigate the feasibility of expediting the provision of the results of outpatient diagnostic investigations to primary care providers. The Complaints and PALS Manager also invited 'lay members' of the Committee to be involved in the process for the generation of the Complaints Annual report for 2021/22.

In addition to the actions noted above, the Committee agreed: N/A

The issues that need to be drawn to the attention of the Board are as follows:

- The Annual Update on End of Life Care is enclosed under Appendix 1 for information and assurance

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

PATIENT EXPERIENCE COMMITTEE – MARCH 2022

NHS
Maidstone and Tunbridge Wells NHS Trust

ANNUAL UPDATE ON END OF LIFE CARE	LEAD NURSE FOR PALLIATIVE AND END OF LIFE CARE; AND END OF LIFE CARE CLINICAL NURSE SPECIALIST

It was agreed between the Chief Nurse, Chair of the Patient Experience Committee, and Lead Nurse for Palliative and End of Life Care, in June 2021, that an "Annual update on End of Life Care" should be submitted to the Patient Experience Committee in March 2022, and each year thereafter. The latest "Annual update on End of Life Care" report is enclosed.

The enclosed report will be submitted to the Trust Board in March 2022, as an appendix to the summary report from the Patient Experience Committee.

Reason for submission to the Patient Experience Committee
Information and assurance

Maidstone and Tunbridge Wells NHS Trust

Patient Experience Committee
Annual End of Life Care (EoLC) Report
3rd March 2022

Mandatory Training	EoLC Mandatory training- 90% of Trust staff completed at end of January 2022. In-house e-Learning package is in the process of being up-dated and will co-inside with the launch of version 4 of Individualised Care Plan for the Dying Patient later this year. It includes all the newly developed resources to assist staff in caring for dying patients.
Educational resources	The EoLC team have developed four in-house EoLC learning resource videos for staff to access on the Trust intranet: • Common questions around EoLC • Ethical dilemmas around EoLC • Am I dying? - Communication demonstration video • Discussion around spirituality and EoLC In addition, we have links to National e- ELCA EoLC modules recommended for staff. Virtual EoLC training has been provided to the Preceptorship Programme- this includes overseas nurses, newly qualified and return to practice nurses. Face to face study days are planned for half days across the year, across hospital sites and the first one is starting in March for Non-clinical Staff & EoLC. Possible educational videos for this staff group are also being explored.
Response to covid.	During the pandemic, specific documentation was developed to assist clinicians in caring for covid patients. This included symptoms control guidelines and guidance on how to approach difficult discussions and break bad new to patients, relatives and those important to them. In addition, the Individualised Care Plan for the Dying Patient was revised for ease of completion, ensuring key points were included. All relevant documentation was accessible via the intranet Specific frameworks and resources on communication were developed and are available from the MTW Learning website.
Documentation	The revised Rapid EoLC Discharge Checklist was approved and printed in March 2021and largely used by the Discharge Liaison Team and Palliative Care Team in collaboration with the ward staff in these complex clinical situations. The launch of the 4th iteration of the Individualised Care Plan for the Dying Patient has been delayed in order to co-inside with the introduction of this form on SUNRISE. This date is still to be confirmed.

	All EoLC documentation is scheduled to be uploaded to Sunrise throughout the year, with the exception of the verification of death form which is already on the system.
Department Audits	MTW participated in the National End of Life Care Audit (NACEL), during 2021. The results were published in February 2022. These are currently being reviewed by the EoLC Team and will be discussed at the next EoLC Steering committee. An action plan will be formulated to address areas that require improvement. A Trust audit of COVID deaths was undertaken during Wave 1 and 2 of the pandemics, to review the care and processes delivered, in order make recommendations for any subsequent surges. Results & Summary: • Varied use of Symptom Assessment Record of the Dying Patient • By second wave, there was better recognition of patients reaching the terminal phase and anticipatory prescribing was marginally more pro-active. • Better Treatment Escalation Plan (TEP) use • More patients were using oxygen and Non-Invasive ventilation (NIV) • Less use of Endotracheal tube (ET) • More use of IV fluids Recommendations: • Develop NIV withdrawal symptom control guidelines • Further education on Symptom Assessment Record for the Dying Patient. It is hoped with this going electronic, the use will increase naturally.
Service Developments	**Palliative Care Team Extended Cover:** The Palliative Care Team extended their service to cover six days during the pandemic and following a successful consultation this has been continued. This ensures that there is no more than a one-day gap in service. Increased resource to provide a seven-day service have been included in business planning for 2022/2023. **Enhanced Supportive care (ESC) Project:** A two year Enhanced Supportive Care project funded by NHSE (Commenced in June 2021). The project has two pathways; Pathway 1- rapid access to ascitic drainage- opened up to all metastatic tumour site groups, to prevent/reduce hospital stay and improve the patient journey. Pathway 2- ESC Clinic and rapid access to telephone support for patients who have metastatic disease (for identified tumour sites) and who are not yet known to the Hospice. Positive feedback from clinicians that have referred to this service and patients alike. While this has been a slow start in terms of numbers, this is normal in terms of the National experience. The ESC team have been promoting the service by

	attending MDT meetings across the Hospital. The ESC team sometimes have conflicting challenges with the business of Palliative Care as there has been a notable increase in referral to this service recently, particularly on the Maidstone site. **AMBER Care Bundle:** A project to implement the Amber Care Bundle onto wards across the hospital, is being led by the Palliative care Team. The AMBER framework aims to improve communication and decision making during an acute admission where there is uncertainty regarding recovery, despite receiving active treatment. It includes a treatment escalation decision and engages both the patient and family in discussions around preferences for EoLC if the patient deteriorates. The project parameters were redefined due to operational issues and the plan is now to implement the Bundle onto the Acute Stroke Unit at Maidstone and then review.
Initiatives	An End of Life Care Screensaver is now on desktops across the trust reminding clinicians of the principle that underpin good EoLC (the priorities of care) and the relevant documentation to use.
SWAN initiative	Phase one of the SWAN Initiative was implemented prior to the pandemic. The SWAN emblem is placed on the white board and in the patient areas to signify that the patient is receiving EoLC and highlights the need for staff to be especially sensitive. It also acts as a prompt to remind clinicians to use the correct EoLC documentation. The SWAN symbol is also available to be used on the SUNRISE system to aid identification of those patients at the end of their lives. Phase two of the initiative was introduced shortly before the second surge of the pandemic. This has not been evaluated yet as visiting has been restricted through the pandemic. This phase provides relatives with a comfort pack, key information including a leaflet on "What to expect when a patient is dying", how to access chaplaincy, free parking tickets and information regarding the hospital facilities. Additional funding has been granted by Charitable Funds and so further changes to the SWAN pack will be made as follows: • A purpose made tote SWAN bag • Heart in their hand bereavement product • Condolence card • Packet of Forget Me Not seeds • Jewellery pouch • Note book and pen. Toiletries have been removed as they can be gained from the ward areas if needed and they had the risk of going out of date and needing replacing. We await the delivery of these new items and then plan to evaluate the initiative through questions on the "Bereaved Carers" survey.

EoLC/SWAN Volunteers	**Overview** The Anne Robson Trust is a Charity that works with NHS Acute Hospitals to set up and train teams of volunteers who provide support and companionship to dying patients and their loved ones, in hospital. The charity offered to support MTW to provide this high-quality service free of charge. We are aiming to fund and recruit a 1.0 WTE co-ordinator at Band 4, to manage the volunteers and the service. An EoLC Task and Finish Group was set up to support this project. **Progress to date** • The NHSE Winter Volunteering bid application was a success and this offset a partial cost (6 months funding) of the project. This has been extended for use into the 2022-23 financial year. • The additional funding planned to extend the contract from 6 months to 1 year is hopefully being sourced from our Hospital Charity but we await confirmation. • The Band 4 EOL Co-Ordinator job description went for Banding approval and we await the outcome and have asked this to be expedited. • The Memorandum of understanding between Trust and Charity has been approved and signed Trust side. **Next Steps** • Await the banding for the Band 4 co-ordinator post • Source office space for the Band 4 • Explore options to source further finance from external partners to extend the placement • Advertise the Co-ordinator post, once finances are secured.
Acquisitions	The Palliative Care Team have received a further supply of children's books that explore the concepts of dying, death and grief. These can be given to our families that require this support. Await delivery of 30 Portable radios for patients without access to such entertainment. Await boxes for designated EoLC/SWAN resources to be stored on the clinical areas. This is hoped to make these resources easily identifiable and accessible in all clinical areas.
Dying Matters Week	During "Dying Matters" week this year in May the following is being considered for Staff only event: • "Death Café" within a designated area of the Wingman Wellbeing Tents. This will use prompt cards to spark conversations about death and dying with staff. • Ask staff to express their "Bucket List "wishes before they die, with their reasons/explanations (if prepared to disclose) & display as part of the Death café. Followed by the screening of the film Bucket List, one evening of that week. • Ask staff to submit art work on the subject of death and dying and their feelings around this. This will also be displayed in the Wingman Tents. • Libraries on both sites to have books and DVD for week or month of May that are associated with death and dying.
T34 syringe pump	Implementation of ambulatory syringe pumps for EoLC patients across adult wards to promote dignity and comfort. Progress to date:

	• Patient information leaflet approved. • New prescribing chart approved. • Agreement of Manufacturing Company to provide Trust wide Training for this pump introduction • Continued training supported by EME and EoLC CNS • Formation of a T34 Task & Finish Group to aid implementation Next steps: • Applying for this training to be made Mandatory for safety reasons • Ascertain whether patients can be discharged home with pump insitu or if it is discontinued prior to transport home • Await Policy Ratification • Consideration of timing of introduction due to electronic prescribing commencing later this year (Summer 2022).
Future Plans	• Development of nursing staff competencies for EoLC. • EoLC Repository on the Trust Intranet- so clinicians can access guidance and key policies and information in one place. • Reintroduce EoLC Hubs

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Audit and Governance Committee, 02/03/22 **Committee Chair (Non-Executive Director)**

The Audit and Governance Committee met on 2nd March 2022 (via web conference).

1. **The key matters considered at the meeting were as follows:**
   - The **actions from previous meetings** were reviewed**.**
   - A comprehensive discussion was held under the **review of the Trust's red-rated risks** item and the following actions were agreed:
     - That the Risk and Compliance Manager should consider the feasibility of the introduction of a target date for the completion of actions related to risks.
     - That the Risk and Compliance Manager should explore the application of Statistical Process Control (SPC) methodologies to changes in the risk rating of risks on the Trust's risk register.
     - That the Risk and Compliance Manager and Trust Secretary should ensure that the next "Review of the Trust's red-rated risks" item at the Audit and Governance Committee meeting, reflected the comments received at the March 2022 Audit and Governance Committee meeting.
     - That the Trust Secretary and Chair of the Quality Committee should arrange for the Quality Committee to conduct a 'deep dive' into risk ID2498 "Learning from incidents - the failure to learn" with the associated Risk Lead in attendance.
     - That the Assistant Trust Secretary and Chair of the Quality Committee should ensure that the Audit and Governance Committee was informed of the effectiveness of the 'deep dive' in relation to risk ID2498 "Learning from incidents - the failure to learn" by the Quality Committee.
   - An **update on progress with the Internal Audit plan for 2021/22 (incl. progress with actions from previous Internal Audit reviews)** was reported and it was agreed that the Trust Secretary should ensure that reporting on the retention of international nurses was appropriately considered at the Trust. The list of recent Internal Audit reviews is shown below (in section 2).
   - The **Internal Audit plan for 2022/23** and the **Internal Audit Charter** were approved as submitted and the Committee confirmed that the annual review and approval of the charter should continue to be scheduled each year.
   - The latest **Counter Fraud update** was noted.
   - The **Counter Fraud Annual Work Plan for 2021/22** was approved as submitted although it was agreed that the Senior Anti-Crime Manager, Tiaa Ltd should check, and confirm to Committee members, how cyber security would be incorporated into the Counter Fraud Annual Work Plan for 2022/23. It was also agreed that the Senior Anti-Crime Manager, Tiaa Ltd should develop a proposal in response to the discussion on cyber security that was held at the Audit Governance Committee meeting in March 2022.
   - The latest **"Audit Progress Report and Sector Update" from External Audit** was noted
   - The **External Audit plan for 2020/21** was approved as submitted.
   - Under the **update on the 2021/22 accounts process** the Committee approved the accounting policies and approach to accounting estimates.
   - The Deputy Director of Finance (Financial Governance) provided a **summary of the latest financial issues** which included the Trust's financial position at month 10, and a comprehensive update on the Trust's Cost Improvement Programmes (CIPs).
   - The **latest losses & compensations data** was noted.
   - The **latest single tender / quote waivers data** was reviewed and the Associate Director of Procurement outlined the potential impact of the Trust's capital developments on the utilisation of single tender / quote waivers in quarter four, wherein it was agreed that the Deputy Director of Finance (Financial Governance) should explore the reporting of metric/s associated with the utilisation of Purchase Orders (POs) to the Finance and Performance Committee.
   - The latest **details of gifts, hospitality and sponsorship** were declared which included an

update on the "Managing Conflicts of Interests Policy and Procedure" wherein it was agreed that the Trust Secretary should liaise with the Chair of the Trust Board to arrange for a future NED Weekly Meeting to include a My-ESR self-service portal training session (and ensure that the Non-Executive Directors received the required login information).

- The **Standing Orders, Reservation of Powers and Scheme of Delegation and Standing Financial Instructions** were approved, following their annual review and revision (the documents have been submitted to the Trust Board separately, for ratification).
- The Committee agreed the **proposed evaluation surveys for the Committee, External Audit Service, Internal Audit Service and Counter Fraud Service** which included the introduction of a light-touch review process on alternating years and the establishment of a review process for the Trust's Counter Fraud Service.
- Under the **forward programme** it was agreed that the Trust Secretary should facilitate a discussion at the NED Weekly Meeting and/or Executive Team Meeting to consider the scope and frequency of Security reporting to the Audit and Governance Committee, given the appointment of the Committee's Chair as the Trust's Security Management NED Champion.
- The Committee undertook an **evaluation of the meeting**.

2. **The Committee received details of the following completed Internal Audit reviews:**
   - "Doctors Appraisals and Revalidation" (which received a "Reasonable Assurance" conclusion)
   - "Post Implementation Review – Network Core Replacement" (which received a "Substantial Assurance" conclusion)
   - "Configuration Management Database" (which received a "Reasonable Assurance" conclusion)
   - "Critical Financial Assurance – Financial Accounting and Non-Pay Expenditure" (which received a "Reasonable Assurance" conclusion)
   - "Retention of International Nurses" (which received a "Reasonable Assurance" conclusion)
   - "Management of Post Follow Up" (which received a "Reasonable Assurance" conclusion)
   - "Duty of Candour" (which received a "Reasonable Assurance" conclusion)
3. **The Committee was also notified of the following "Urgent" priority outstanding actions from Internal Audit reviews:** N/A

4. **The Committee agreed that (in addition to any actions noted above):** N/A

5. **The issues that need to be drawn to the attention of the Board are as follows:** N/A

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

Charitable Funds Committee, 23/03/22 **Committee Chair (Non-Executive Director)**

The Charitable Funds Committee (CFC) met on 23rd March 2022 virtually, via webconference.

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

- The **actions from previous meetings** were noted
- The Committee undertook an **annual review of the risk register entries relevant to the Charitable Fund** wherein it was agreed that the Trust Secretary should consider whether the "Consequences (current)" rating within the Risk Grading Matrix of future "Annual review of the risk register entries relevant to the Charitable Fund" reports should be amended to reflect the impact of the mitigation actions.
- The **audit approach for the 2021/22 Maidstone and Tunbridge Wells NHS Trust charitable fund account** was confirmed as an independent examination rather than a full on-site audit.
- The **financial overview at Month 11** was considered and it was noted that:
  - The fund balance stood at £1,100k, an increase of £16k since 1st April 2021
  - 28 specific donations had been received exceeding £1k totalling £146.6k. The largest single donation was £50k from Vistry Homes Ltd
  - No requests for expenditure had been refused during the period
  - The single largest expenditure was £48.8k for X-Ray equipment for the Cardiology Department at Tunbridge Wells Hospital.
- The Chair of the Charity Management Committee provided the latest **fundraising update** wherein the Committee emphasised the importance of the continued development of robust working relationships with other Charitable organisations.
- The Divisional Director of Operations for Cancer Services attended for the latest **update on the proposed partnership with Maggie's Centres** wherein the Committee was informed that the Heads of Terms would be submitted to the Trust Board, in quarter one of 2022/23, for approval.
- The Committee confirmed that a **Committee evaluation** should be undertaken for 2022, via the completion of the same survey used in 2021, although consideration should be given to the utilisation of an electronic survey platform to support the evaluation process for all Trust Board sub-committees.
- Under **Any Other Business** the Committee approved the management of the Trust's Charity Aid Foundation (CAF) investment, by the Head of Financial Services and the Deputy Director of Finance (Financial Governance), on behalf of the Trust's Charitable Fund. The Committee also commended the contribution of the Director of Strategy, Planning and Partnerships during their tenure at the Trust.

2. In addition to the actions noted above, the Committee agreed that: N/A

3. The issues that need to be drawn to the attention of the Board are as follows: N/A

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, assurance, decision

[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

NHS
Maidstone and Tunbridge Wells NHS Trust

Integrated Performance Report (IPR) for February 2022	Chief Executive / Members of the Executive Team

The IPR for month 11, 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?
Executive Team Meeting, 22/03/22
Finance and Performance Committee, 29/03/22

Reason for submission to 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

NHS
Maidstone and Tunbridge Wells NHS Trust

Integrated Performance Report

February 2022

MTW
exceptional people, outstanding care

Contents

Appendices

Note: Detailed dashboards and a deep dive into each SDR and 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	Consistent (P)assing of Target - Upper control limit is below the target line or Lower control limit is above the target line (depending on the nature of the metric)	Metric has (P)assed the target for the last 6 (or more) data points, but the control limits have not moved above/below the target.	Inconsistent passing and failing of the target	Metric has (F)ailed to meet the target for the last 6 (or more) data points, but the control limits have not moved above/below the target.	Consistent (F)ailing of Target - Lower control limit is below the target line or Upper control limit is above the target line (depending on the nature of the metric)	Data Currently Unavailable or insufficient data points to generate an 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.

Maidstone and Tunbridge Wells NHS Trust

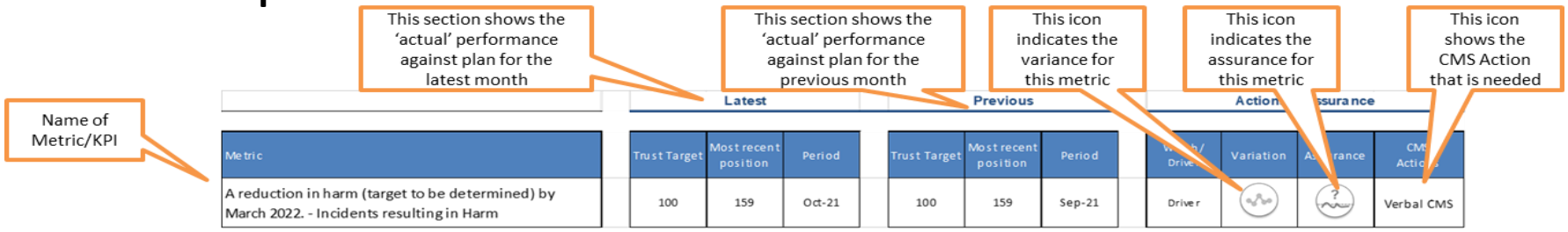
Escalation Rules:

Please see the Business Rules for the five areas of Assurance: Consistently Failing, Not achieving target >=6 months, Hit or Miss, Consistently Passing and Achieving target >=6 months (three slides in the last Appendix)

Escalation Pages:

SPC Charts that have been escalated as have triggered the Business Rule for Full Escalation have a Red Border

Scorecards explained



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

MTW exceptional people, outstanding care

Executive Summary

Executive Summary

This report has been developed further to incorporate the Trust Strategy Deployment Review (SDR) process which has been implemented during this highly challenging period of time. This process is in the early stages currently and therefore some of the processes are still being embedded. The full Counter Measure Summaries (CMSs) will therefore develop and improve once these processes are fully embedded across the Trust.

The Trust Vacancy Rate continues to consistently fail the target but is now showing special cause variation of an improving nature. Sickness and Safe Staffing levels remain in escalation as have not achieved the target for more than six months which is impacting on key quality indicators.

The rate of inpatient falls has returned to special cause variation of a concerning nature. This indicator has not achieved the target for more than six months and has therefore been escalated as have both cases of C.Difficiile and Hospital on-set of COVID, which have also not achieved the target for more than six months. These indicators also impact the Incidents resulting in harm indicator which has also not achieved the target for more than six months.

Diagnostic Waiting Times remains in escalation as has been in Hit & Miss for more than six months (an improvement in February achieving local target). RTT performance is experiencing special cause variation of an improving nature and variable achievement of the target. Whilst the February month end is showing one over 52 week waiter, the Trust now has no patients waiting longer than 52 weeks for referral to treatment (one of the first Acute Trusts to have cleared these long waiters). Activity levels have remained slightly below the 1920 levels for the last six months with February currently showing 87% of 19/20 levels for Elective Activity and 97% for Total Outpatients. The high level of non-elective emergency admissions and increased non-elective length of stay (LOS), as well as the high level of elective activity being undertaken continues to put pressure on the bed capacity across the Trust.

A&E 4hr performance remains in special cause variation of a concerning nature at 81.7% and has not achieved the target for more than six months. However, the Trust's performance remains one of the highest both Regionally and Nationally. Ambulance handovers also remains in full escalation. The Trust continues to achieve both the National Cancer 62 Day Standard and the 2 Week Wait (2WW) Standard, reporting 85.1% and 95.2% respectively, however, achievement of the these standards continues to remain increasingly challenging with the continued high number of 2WW referrals and the number of patients on the 62 day backlog. However, the overall backlog has started to decrease in February.

The Trust's level of responses received from the Friends and Family (FFT) surveys remains low, with all areas currently not achieving the target and the complaints response rate has also experienced variable achievement of the target for more than six months.

Escalations by Strategic Theme:

People:
- Climate Survey Responses (P.8)
- Vacancy Rate (P.9)
- Sickness Rate (P.9)

Patient Safety & Clinical Effectiveness:
- Falls Rate (P.12)
- Safe Staffing (P.13)
- Incidents Resulting in Harm (P.11)
- Infection Control (P.13)

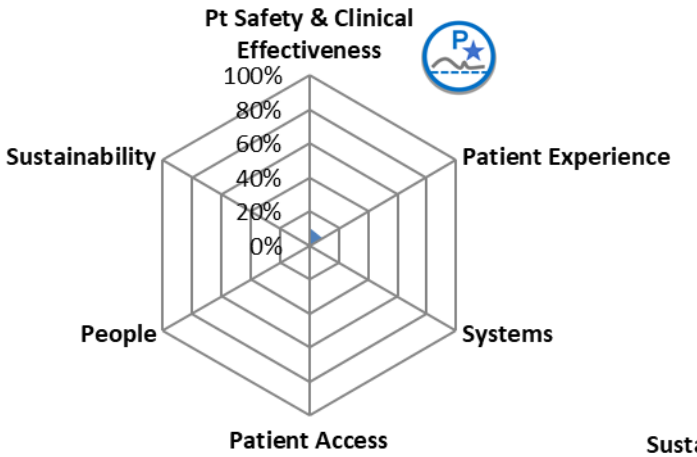
Patient Access:
- *Diagnostics <6 weeks (P.18)
- A&E Performance (P.19)
- Outpatient Calls answered <1 minute (P.20)
- Outpatient Clinic Utilisation (P.20)
- Ambulance Handovers >30 minutes (P.20)
- Super-Stranded Patients (P.19)
- % Emergency Admissions to Assessment Areas (P.19)
- Ensuring Activity Levels Match those Pre-Covid – Inpatients, & Outpatients (P.16-17)

Patient Experience:
- Friends & Family Response Rates (P.22)
- *Complaints (P.23)

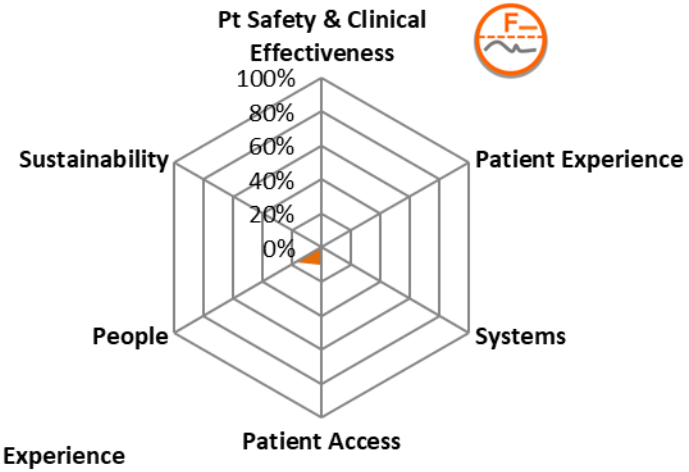
*Escalated due to the rule for being in Hit or Miss for more than six months being applied

Assurance RADAR Charts by Strategic Theme

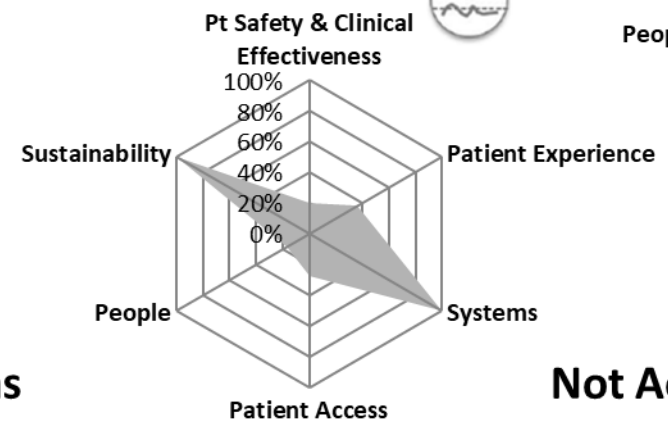
Consistently Passing



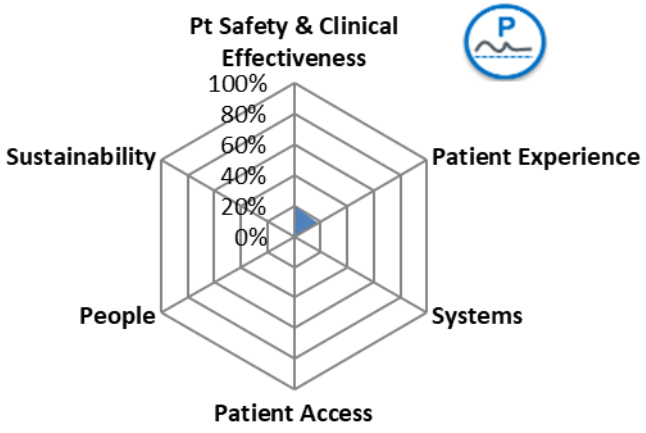
Consistently Failing



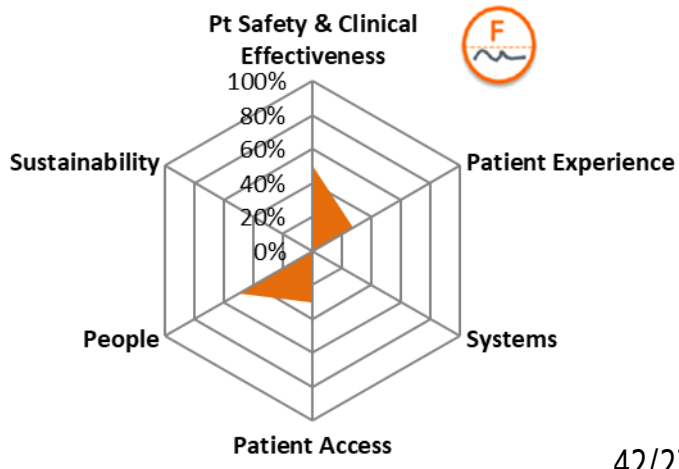
Hit and Miss



Achieved Target > 6 months



Not Achieved Target > 6 months



Matrix Summary

February 2022

Variance	Assurance: Pass★	Assurance: Pass	Assurance: Hit and Miss	Assurance: Fail	Assurance: Fail -
Special Cause - Improvement	0	RTT >52 wk Waiters Flow: % of Emergency Admissions that are zero LOS (SDEC)	By April 2022 we will achieve the RTT standard , FFT Positive Response Rate: Outpatients	Appraisal Completeness	Vacancy Rate
Common Cause	% VTE Risk Assessment , Statutory and Mandatory Training	FFT positive response: Inpatients, FFT positive response rate: Matenity, Activity levels match those pre-Covid - OP Follow Ups, CT Scans, Number of New Sis Cancer 62 Day Standard Cancer - 2 Week Wait	FFT positive response rate A&E, Delivery of financial plan,including CIP, Activity levels match those pre-Covid - MRI, NOUS, Reduce average non-elective bed days relating to patients with high and very high AEC conditions by 10%, Reduce Agency Spend - £000, IC - Number of Hospital acquired MRSA, Never Events, Complaints Rate, % complaints responded to within target, Access to Diagnostics (<6weeks standard), Capital Expenditure (£k)	Reduction in Incidents causing Harm, Hospital Acquired Covid, Activity levels match those pre-Covid - Elective, Activity levels match those pre-Covid - OP New, Increase FFT response rates: Inpatients, Safe Staffing Levels, Rate of Hospital C.Difficile, Sickness Absence, Flow: Super Stranded Patients, Flow: % of Emergency Admissions into Assessment Areas	Transformation: CAU Calls answered <1 minute, Transformation: % OP Clinics Utilised (slots)
Special Cause - Concern	Standardised Mortality HSMR	0	% of staff that "Recommended MTW as a good place to work" taken from Quarterly Climate Survey, Reduction in non-elective bed days, Cash Balance (£k)	Increase Climate Survey response rates, Reduction in slips, trips and falls, Increase FFT response rates: Maternity, Increase FFT response rates: Outpatients, A&E 4 hr Performance, Flow: Ambulance Handover Delays >30mins	FFT Response Rate: A&E

Strategic Theme: People

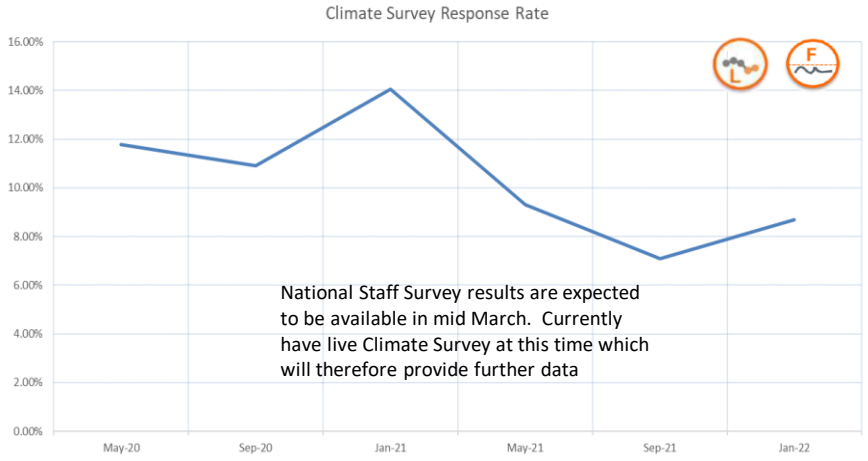
			Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Well Led	% of staff that "Recommended MTW as a good place to work" taken from Quarterly Climate Surveys	80%	64.4%	Jan-22	80%	63.8%	Sep-21	Driver			Verbal CMS
Breakthrough Objectives	Well Led	Increase Climate Survey response rates to provide a larger sample base to be able to assess those that recommend MTW as a place to work.	25%	8.70%	Jan-22	25%	7.08%	Sep-21	Driver			Full CMS
Constitutional Standards and Key Metrics (not in SDR)	Well Led	Vacancy Rate	9.0%	11.8%	Feb-22	9.0%	12.7%	Jan-22	Driver			Escalation
	Well Led	Sickness Absence	3.3%	5.0%	Jan-22	3.3%	4.6%	Dec-21	Driver			Escalation
	Well Led	Appraisal Completeness	95.0%	89.9%	Feb-22	95.0%	89.8%	Jan-22	Driver			Escalation
	Well Led	Statutory and Mandatory Training	85.0%	90.6%	Feb-22	85.0%	91.2%	Jan-22	Driver			Note Performance

Breakthrough Objective: Counter Measure Summary

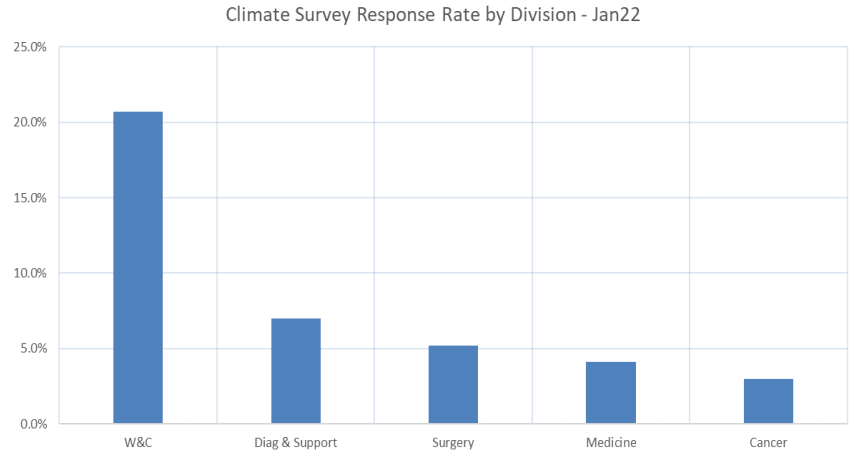
Metric Name – Increase Climate Survey Response to provide a larger sample base

Owner: Sue Steen
Metric: Climate Survey Responses
Desired Trend: 7 consecutive data points above the mean

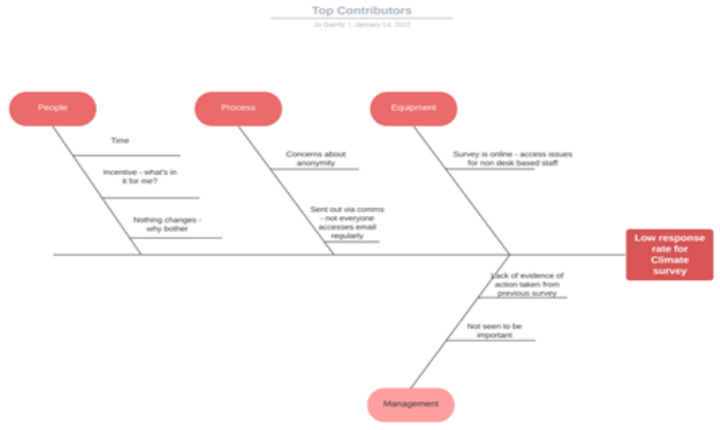
1. Historic Trend Data



2. Stratified Data



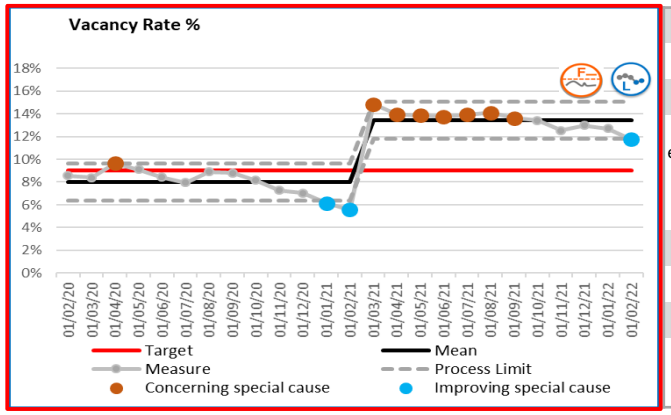
3. Top Contributors



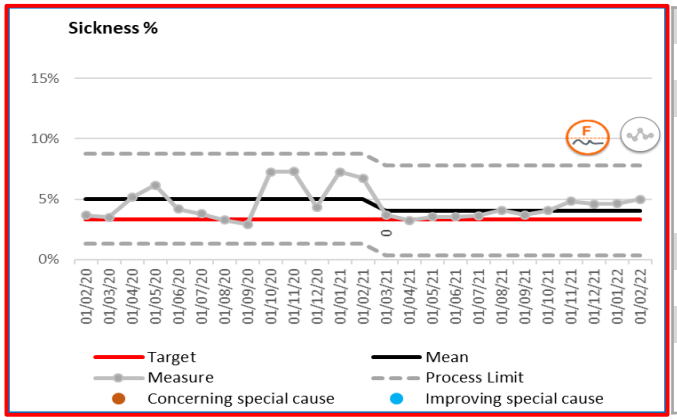
4. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Due by?
		Introduction of QR Code to enable staff alternative method of responding Promotion of QR code in wellbeing lounges and encouragement to complete by coordinators plus promotion by wellbeing team Introduction of incentive (2x £50 vouchers) – prize draw for all who respond	JG	Complete
		You said We did – Trust wide communications	JG/Comms	Ongoing
		You said We Did – Divisional comms	JG/Divisional Leads	Ongoing
		Undertake "Lessons Learned" analysis from the W&C Division to share good practice for other Divisions	JG/Division	End of February 22

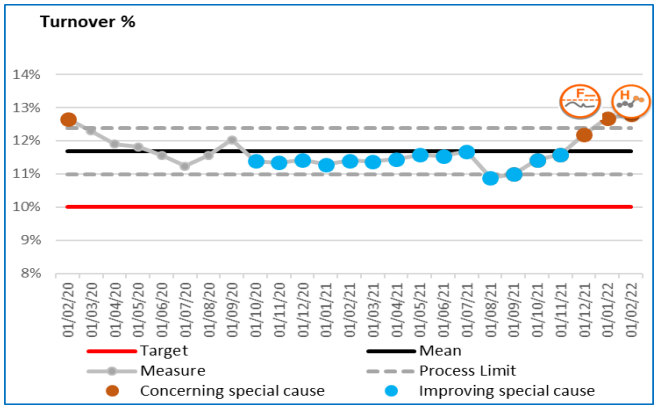
People – Workforce: CQC: Well-Led



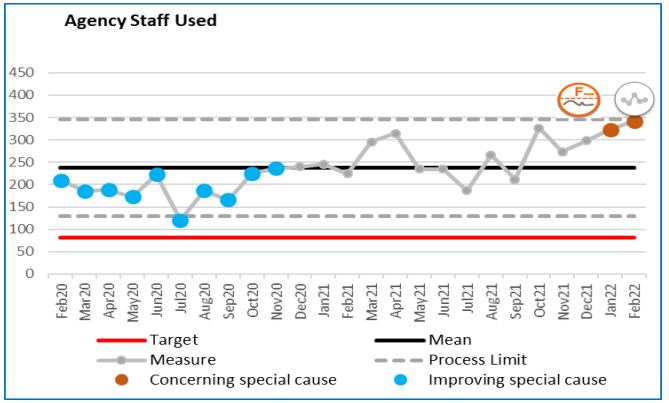
Feb-22
11.8%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature and consistently failing the target
Max Limit (Internal)
9%
Business Rule
Full Escalation



Feb-22
5.0%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and not achieving the target for > 6 months
Max Target (Internal)
3.3%
Business Rule
Full Escalation as not achieving the target > 6 months



Feb-22
12.8%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of a concerning nature and is consistently failing the target
Max Limit (Internal)
10%
Business Rule
For Information as linked to Vacancy Rate



Feb-22
342
Variance / Assurance
Metric is currently experiencing Common Cause Variation and consistently failing the target
Target (Internal)
81
Business Rule
For Information as linked to Vacancy Rate

Summary:

Vacancy Rate % - With an improvement in February, this metric has now moved from common cause variation to experiencing Special Cause Variation of an improving nature, but is consistently failing the target

Sickness % - With a step change after wave 2 of Covid, this metric is experiencing Common Cause Variation and variable achievement of the target and has failed the target for more than six months

Turnover: Shown for information as linked to Vacancy Rate and is consistently failing the target

Agency Staff Used: Shown for information as linked to Vacancy Rate and is consistently failing the target.

Actions:

Vacancy Rate: Continued use of increased marketing for attraction purposes, use of agency-led campaigns (e.g. Oncology) resulting in positive outcomes amid the background of continuing higher levels of recruitment across the trust.

Live recruitment campaigns running for key hot spot areas of A&E and Midwifery. Content is also being created for future campaigns within Stroke, ITU and Cardiology.

Sickness: Absence rate remains slightly above target, in part due to covid absence (reflecting the national picture).

Turnover: interventions beginning to be put in place e.g. welfare support, and a retention lead now to be recruited following the approval of the business case for this. With positive recruitment pipeline numbers, turnover is the priority issue to address.

Assurance & Timescales for Improvement:

Vacancy Rate % - Recruitment pipeline shows high level of candidates at offer and check stages, we therefore expect the metric to continue to improve.

Sickness % - monitoring of covid-related absence will continue (as a seasonal reduction is expected from March onwards)

Lead Recruitment and Retention matron has commenced which will support the Recruitment and Nursing teams in reducing vacancies and turnover
NHSI funding has been approved to support 140 international nurses to commence between June-December.
A calendar of Recruitment events for 22/23 is being organised which will include Internal/external events, Education providers and PR events for a range of staff groups.
Kick start scheme for MTW is currently being advertised in connection with DWP.

Strategic Theme: Patient Safety & Clinical Effectiveness

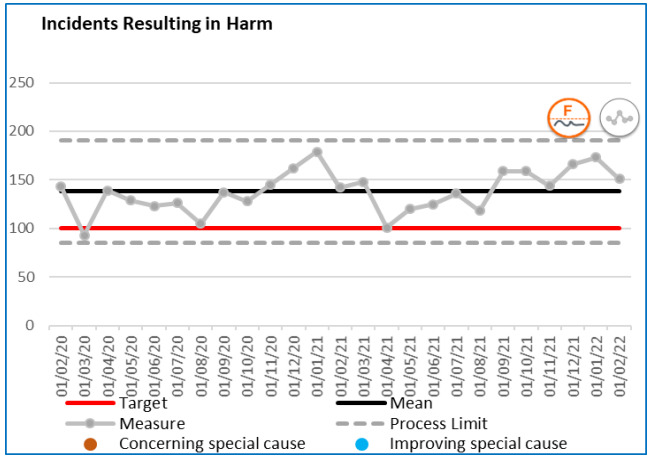
		Latest			Previous			Actions & Assurance			
CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Safe	A reduction in harm (target to be determined) by March 2022. - Incidents resulting in Harm	100	151	Feb-22	100	173	Jan-22	Driver		F	Full CMS
Safe	Reduction in slips, trips and falls (Rate per 1,000 Occupied Beddays)	6.0	10.6	Feb-22	6.0	9.1	Jan-22	Driver	H	F	Full CMS
Safe	Number of New SIs in month	11	8	Feb-22	11	10	Jan-22	Driver		P	Note Performance
Safe	Standardised Mortality HSMR	100.0	103.6	Nov-21	100.0	99.9	Oct-21	Driver	H	P	Verbal CMS
Safe	Never Events	0	0	Feb-22	0	0	Jan-22	Driver		?	Verbal CMS
Safe	Safe Staffing Levels	93.5%	86.3%	Feb-22	93.5%	90.3%	Jan-22	Driver		F	Escalation
Safe	Infection Control - Hospital Acquired Covid	0	27	Feb-22	0	19	Jan-22	Driver		F	Escalation
Safe	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays	22.7	23	Feb-22	22.7	30	Jan-22	Driver		F	Escalation
Safe	IC - Number of Hospital acquired MRSA	0	0	Feb-22	0	0	Jan-22	Driver		?	Verbal CMS

Breakthrough Objective: Counter Measure Summary (Hit & Miss >6 months)

Project/Metric Name – Reduction in harm: Incidents resulting in harm

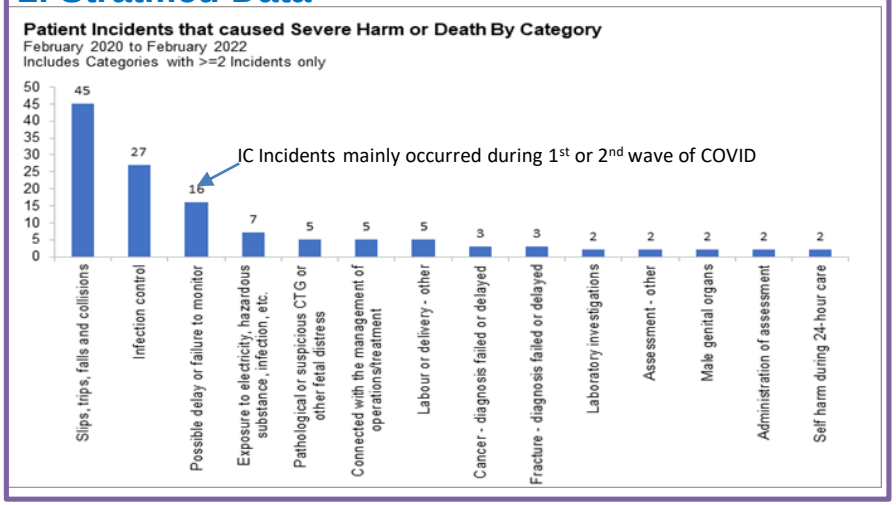
Owner: Peter Maskell
Metric: Incidents resulting in harm
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data

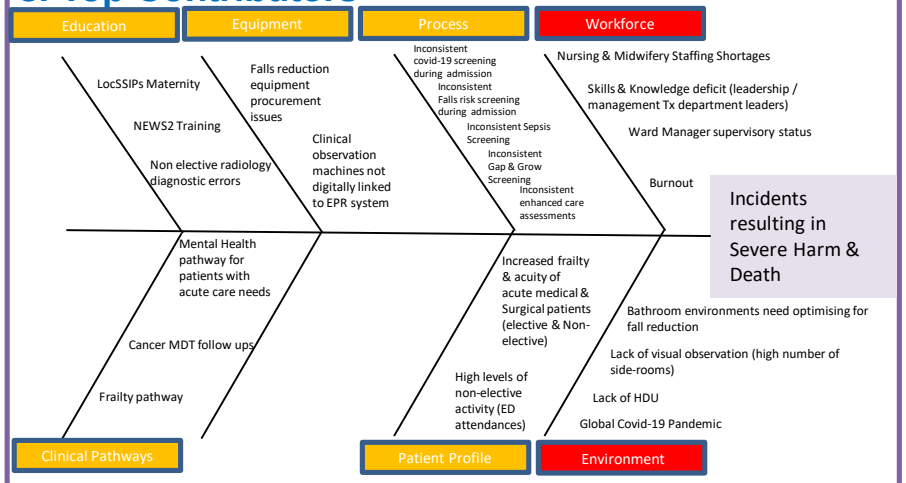


Feb-22
151
Variance / Assurance
Metric is currently experiencing Common Cause Variation and has not achieved the target for more than 6 months
Max Target (Internal)
100
Business Rule
Full Escalation as Hit or Miss > 6 months

2. Stratified Data



3. Top Contributors



4. Action Plan

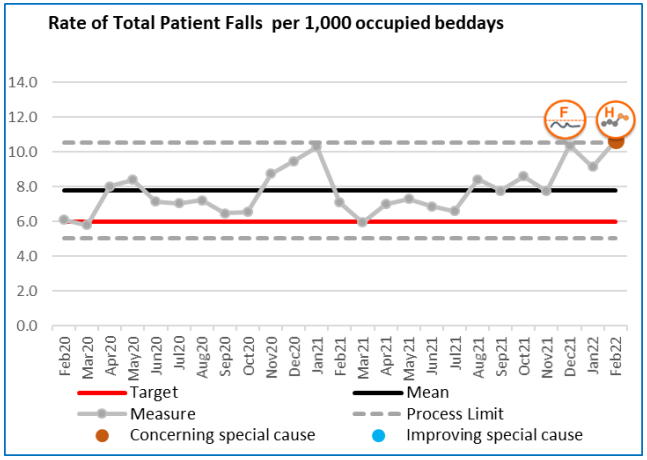
Contributor	Solution / Countermeasure	Owner	Due by?
Environment	Trust wide Falls QI workstream	Medical Director & Deputy CNO	Launched and Ongoing
	Options Appraisal HDU		
Workforce	Safer Staffing Review (drive to 95% fill rate substantive staff & assurance safe staffing models in place)	CNO	June 2022
	Wellbeing workstream	Chief People Officer	
	Leadership & OD Training Plan		

Breakthrough Objective: Counter Measure Summary (Hit & Miss >6 months)

Project/Metric Name – Reduction in slips, trips and falls (Rate per 1,000 Occupied Bed days)

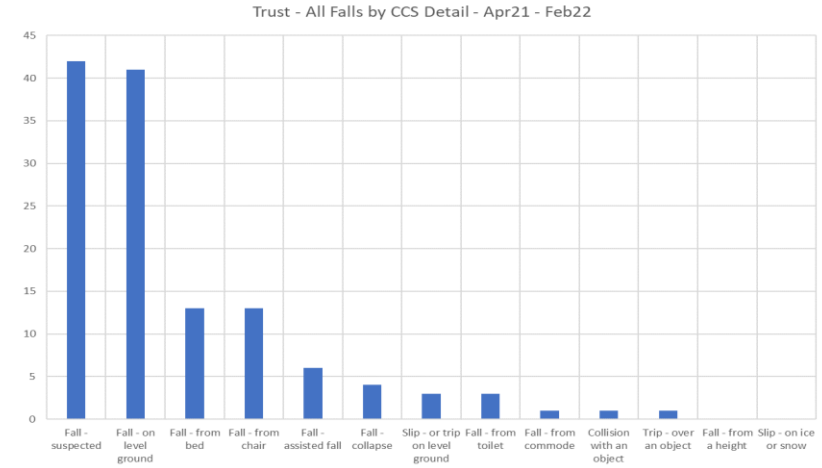
Owner: Peter Maskell
Metric: Falls Rate per 1,000 Occupied Beddays
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data

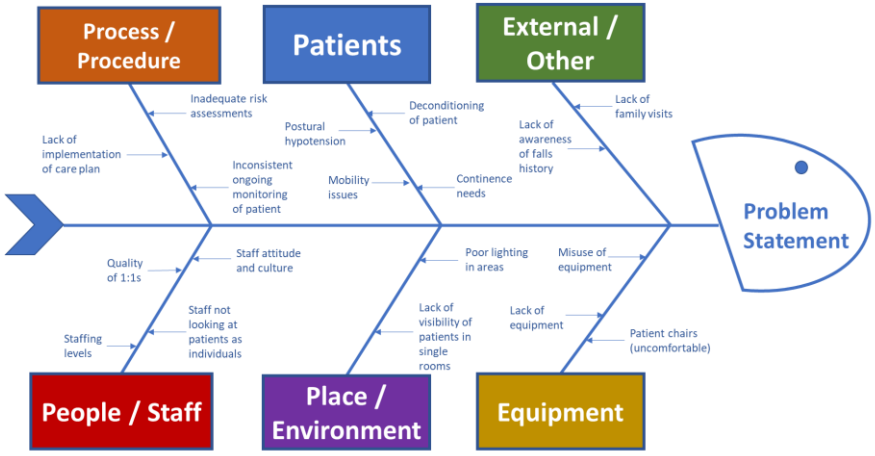


Feb-22
11.76
Variance / Assurance
Metric is currently experiencing Special Cause Variation of a concerning nature and has not achieved the target for more than 6 months
Max Target (Internal)
6.0
Business Rule
Full Escalation as not achieved target for > 6 months

2. Stratified Data



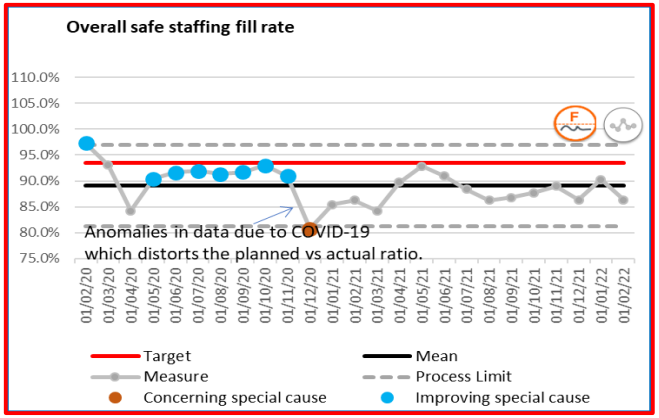
3. Top Contributors



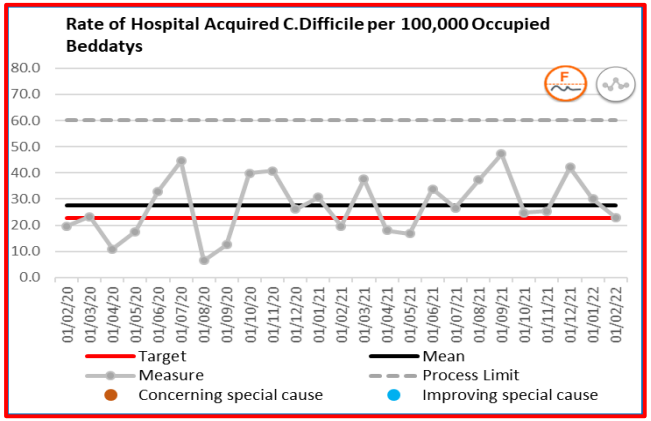
4. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Due by?
Equipment-lack of / faulty / incorrect use	Resource/ Finance/ historical organizational working.	Ward equipment audit plan finalize . Audit to be undertaken initially on 6 focus wards with high falls. Dates for audits to be finalize with the wards	Falls Working group A	20/04/22
Inconsistent monitoring of patients	assessment not specific to ED	ED specific assessment documents being drawn up. Identification of patients at risk of falls through the 'Think Yellow' initiative.	ED Matrons and Falls Lead Nurse	28/03/22
Lack of Identification training of falls	Staffing numbers / workload	Training on falls multifactorial assessment on focus wards.	Lead Nurse for Falls prevention	05/04/22
Inconsistent ongoing monitoring of patients	Staffing numbers/ time resource/ Historical organization working/ Culture	Lying and standing blood pressure assessment reminder poster	Lead Nurse for Falls prevention	15/03/22
Lack of capacity to support and deliver services in the clinical setting	Finance and staff numbers/ workload	Recruitment for Falls Prevention Practitioner to support the falls prevention agenda and focus work. Advert to go on Trac.	Acting Deputy Chief Nurse	11/03/22

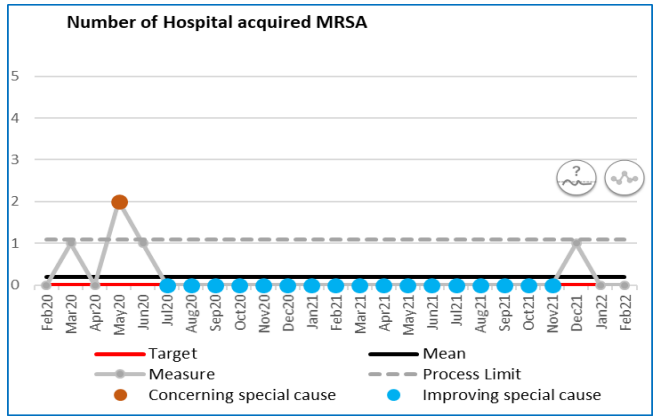
Patient Safety and Clinical Effectiveness: CQC: Safe



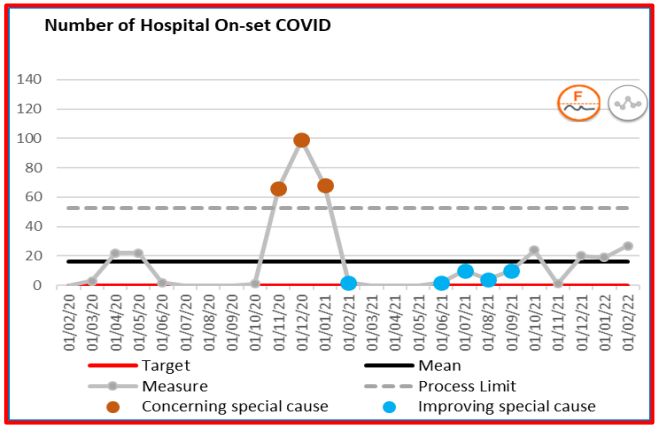
Feb-22
86.3%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and has not achieved the target for >6months
Target (Internal)
93.3%
Business Rule
Full Escalation as has not achieved the target for > 6 months



Feb-22
23.0
Variance / Assurance
Metric is currently experiencing Common Cause Variation and has not achieved the target for >6months
Max Target (Internal)
22.7
Business Rule
Full Escalation as has not achieved the target for > 6 months



Feb-22
0
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Max Target
0
Business Rule
For Info Only



Feb-22
27
Variance / Assurance
Metric is currently experiencing Common Cause Variation and has not achieved the target for >6 months
Max Target (Intern
0
Business Rule
Full Escalation as has not achieved the target for > 6 months

Summary:

Safe Staffing Fill Rate: The level reported continues to experience common cause variation and has not achieved the standard for more than six months.

Rate of C.Difficile: continues to experience common cause variation but has not achieved the target for more than six months.

MRSA: The level of MRSA has stayed at o and is in common cause variation and variable achievement of the target

Hospital on-set COVID: This indicator is experiencing common cause variation and has failed to achieved the target of zero for more than six months.

Actions:

Safe Staffing Fill Rate: Daily staffing huddles review nursing and midwifery rosters. The temporary staffing team continue to attend site meetings. The Matrons afternoon staffing huddle are supported by the Bank team and Senior corporate nursing team. A deep dive into cancellation of agency shifts continues by the temporary staffing team. Head of Nursing for Safe Staffing is now in post. There is ongoing focus on Recruitment Activity, including International Recruitment. Retention Committee, chaired by the Chief Nurse is focusing on reduction of Nursing, Midwifery and Clinical Support Workers (CSWs) turnover rates. Enhancements for temporary staffing have been negotiated until the end of April 2022, with a deep dive to be undertaken examining bank and agency usage and the impact on fill rates. This will inform incentive packages going forward.

Infection Control: The Trust has seen an increase in numbers of Trust attributable C.Difficile cases, and as such has breeched our trajectory of 58 cases. A large proportion of those cases were deemed to be unavoidable on RCA, those cases that were deemed to be avoidable were largely due to inappropriate antimicrobial prescribing which has been feedback to teams. We continue to drive the appropriate prescribing of antimicrobials and the completion of C.difficile risk assessments. Nationally there has been an increase in C.Difficile infections which is also being seen in the South East region.

The Trust is experiencing a number of Covid outbreaks which has seen a fairly high transmission rate in bays where a Covid positive patient has been identified, this is reflective of increasing community Covid rates and staff positives. Outbreaks are managed through Trust wide outbreak meetings which identify areas for action.

Assurance & Timescales for Improvement:

Safe Staffing Fill Rate: Regular staffing huddles with Divisional leads and Staff Bank review substantive and temporary staffing requirements across all areas. All staffing levels are reviewed, with oversight and appropriate redeployment monitored by the Senior Nurse Leadership Team. Daily BI staffing data for 14 days sent to all DDNQ's, senior corporate nursing team, temporary staffing team and Flow team for review. Daily senior nurse staffing huddle continues to provide oversight for areas of concern. Extension of Incentive package implemented until the end of April 2022. The Trust continues to implement SafeCare and now has 15 units live with 7 in the implementation stages. Operational pressures are limiting attendance at training/ meetings. However the SafeCare walk the floor sessions are assisting with training, data entry and effective rostering. SafeCare project has been mapped to ensure all inpatient wards are live by the end of April 2022. Retention and Recruitment Matron and Head of Nursing for safe staffing are now in post and working collaboratively with clinical teams and Human Resources to ensure recruitment and retention activity moves at pace.

Infection Control: The Infection prevention team will continue to monitor and escalate where infection rates are rising, RCA scrutiny will continue for alert organisms including C.difficile.

Covid-19 outbreak management meetings continue to be a high priority in the Trust, and we continue with precautions to help minimise the spread of infection such as restricted visiting, patients screening and staff LFD testing.

Strategic Theme: Patient Access

			Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Responsive	We will ensure no patient waits longer than 52 week for treatment by April 2022	15	1	Feb-22	25	2	Jan-22	Driver	L	P	Note Performance
	Responsive	By April 2022 we will achieve the RTT standard	78.4%	71.0%	Feb-22	77.7%	71.0%	Jan-22	Driver	H	?	Note Performance
Breakthrough Objectives	Responsive	Ensure activity levels for theatres match those pre-Covid - Total Elective	100.0%	86.7%	Feb-22	100.0%	92.3%	Jan-22	Driver		F	Full CMS
	Responsive	Ensure activity levels for outpatients match those pre-Covid - First Outpatients	100.0%	88.1%	Feb-22	100.0%	90.8%	Jan-22	Driver		F	Full CMS
	Responsive	Ensure activity levels for outpatients match those pre-Covid - Follow Up Outpatients	100%	105%	Feb-22	100%	107%	Jan-22	Driver		P	Note Performance
	Responsive	Ensure activity levels for diagnostics match those pre-Covid - MRI	100%	89%	Feb-22	100%	95%	Jan-22	Driver		?	Verbal CMS
	Responsive	Ensure activity levels for diagnostics match those pre-Covid - CT	100%	112%	Feb-22	100%	114%	Jan-22	Driver		P	Note Performance
	Responsive	Ensure activity levels for diagnostics match those pre-Covid - NOUS	100%	94%	Feb-22	100%	94%	Jan-22	Driver		?	Verbal CMS

Strategic Theme: Patient Access - continued

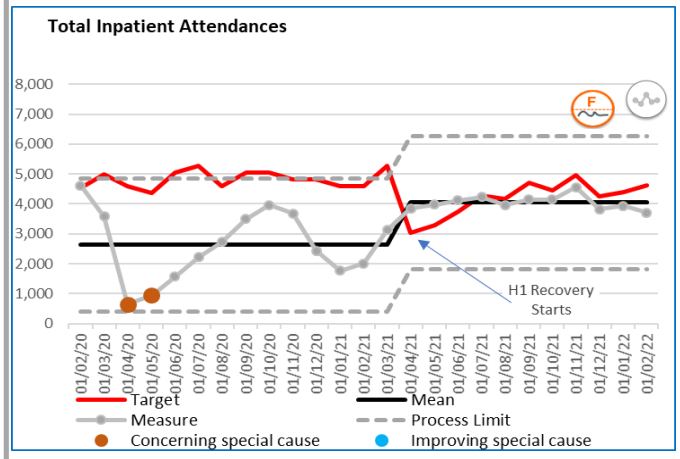
			Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Constitutional Standards and Key Metrics (not in SDR)	Effective	Transformation: % OP Clinics Utilised (slots)	85.0%	52.8%	Feb-22	85.0%	52.9%	Jan-22	Driver		F	Escalation
	Responsive	Access to Diagnostics (<6weeks standard)	75.0%	77.5%	Feb-22	74.6%	68.6%	Jan-22	Driver		?	Verbal CMS
	Responsive	A&E 4 hr Performance	89.0%	81.7%	Feb-22	85.0%	83.9%	Jan-22	Driver	L	F	Escalation
	Responsive	Cancer - 2 Week Wait	93.0%	95.2%	Jan-22	93.0%	94.7%	Dec-21	Driver		P	Note Performance
	Responsive	Cancer - 62 Day	85.0%	85.1%	Jan-22	85.0%	86.7%	Jan-22	Driver		P	Note Performance
	Effective	Transformation: % of Patients Discharged to a PIFU Pathways	1.5%	2.2%	Feb-22	1.5%	2.7%	Jan-22	Driver	No SPC	No SPC	
	Effective	Transformation: CAU Calls answered <1 minute	90.0%	62.3%	Feb-22	90.0%	59.4%	Jan-22	Driver		F	Escalation
	Effective	Flow: Ambulance Handover Delays >30mins	7.0%	12.1%	Feb-22	7.0%	7.8%	Jan-22	Driver	H	F	Escalation
	Effective	Flow: Super Stranded Patients	80	102	Feb-22	80	114	Jan-22	Driver		F	Escalation
	Effective	Flow: % of Emergency Admissions that are zero LOS (SDEC)	35.0%	43.6%	Feb-22	35.0%	43.5%	Jan-22	Driver	H	P	Note Performance
	Effective	Flow: % of Emergency Admissions into Assessment Areas	65.0%	60.8%	Feb-22	65.0%	59.9%	Jan-22	Driver		F	Escalation
	Effective	Patients not meeting the criteria to reside (MFFD)	TBC	116	Feb-22	TBC	121	Jan-22	Driver	No SPC	No SPC	
	Effective	Bed Days not meeting the criteria to reside (MFFD)	TBC	776	Feb-22	TBC	1102	Jan-22	Driver	No SPC	No SPC	

Breakthrough Objective: Counter Measure Summary

Project/Metric Name –Ensure Elective Activity Levels match those pre-Covid: Total Elective

Owner: Sean Briggs
Metric: Elective Activity: Total Elective
Desired Trend: 7 consecutive data points above the mean

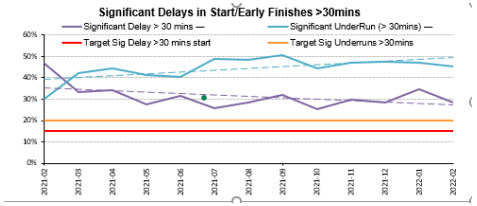
1. Historic Trend Data

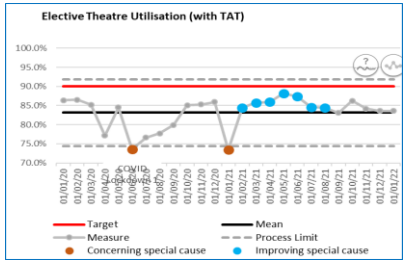


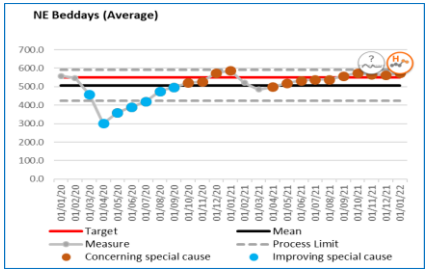
Feb-22
3996
Variance Type
Metric is currently experiencing Common Cause Variation
Target
4608
Target Achievement
Metric has not achieved the target for >6 months

2. Stratified Data

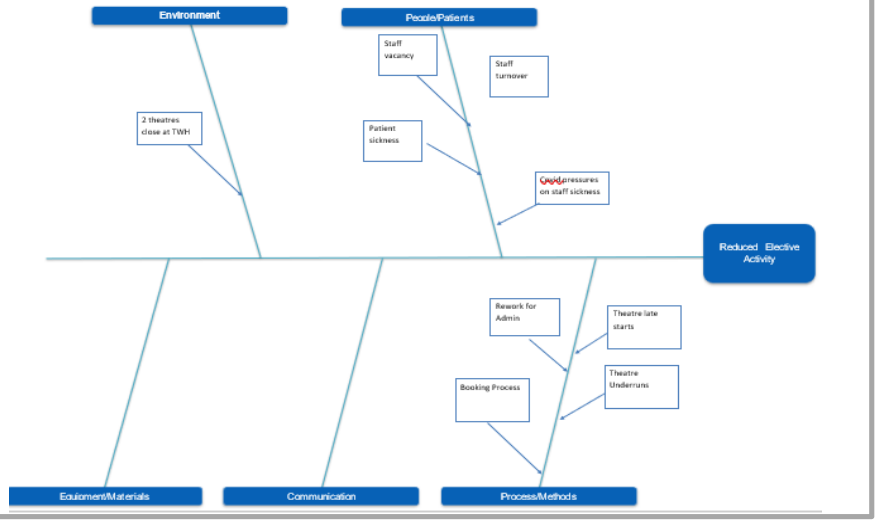
Increase in NEL bed days, late starts, underuns are impacting utilsation







3. Top Contributors



4. Action Plan

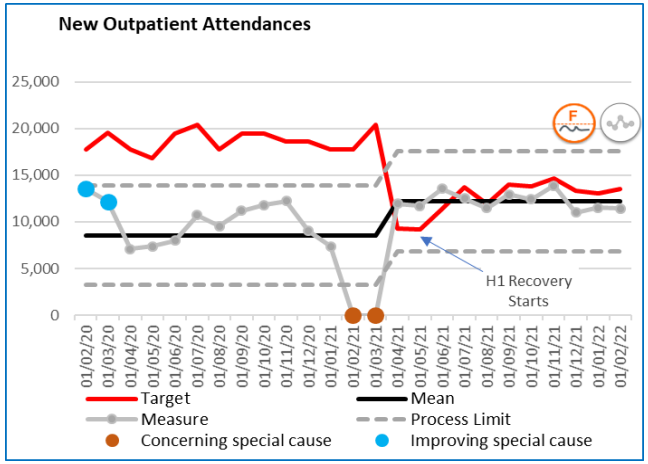
Contributor	Potential Root Cause	Solution/Countermeasure	Owner	Due By
Internal activity below plan	Closure of 1 theatre at TW due to staffing and increase in NEL	Activity monitored weekly and day case activity increased. Theatre planned to re-open 08/04	DDOO	Complete
Outsource activity below plan	Lack of capacity within the IS.	Activity monitored weekly. Weekly calls scheduled with IS Directors – as capacity utilised when made available	DDOO	Complete
Cancelled operations	Increase in cancellations due to processes not being followed correctly.	Cancellations monitored at weekly Directorate PTL's and Scheduling meeting. Trial of 7-day call with patient to check the tci date, covid swab and POA sign off within Gen Surg	GM Surgery	In progress
Lists under booked	Timings on NCR different to clinician's time	Fully booking from NCR. Adjustments to theatre times based on BI information. Trial of 7-day call with patient to check the tci date, covid swab and POA sign off within Gen Surg	GM's	In progress

Breakthrough Objective: Counter Measure Summary

Project/Metric Name – Ensure Elective Activity Levels match those pre-Covid: New Outpatients

Owner: Sean Briggs
Metric: Elective Activity: New Outpatients
Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data

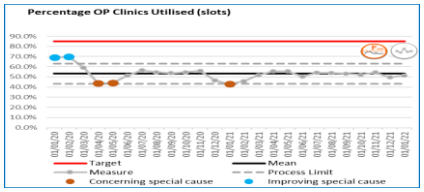


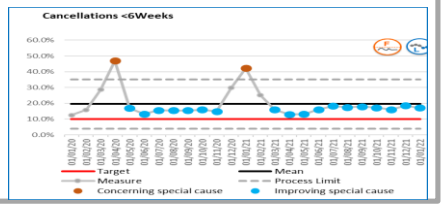
Feb-22
11,916
Variance Type
Metric is currently experiencing Common Cause Variation
Target
13,528
Target Achievement
Metric has not achieved the target for >6 months

2. Stratified Data

	cohort 1 validation s	cohort 2 validation s	cohort 3 validation s	cohort 4 validation s	cohort 5 validation s	cohort 6 validation s	cohort 7 validation s	total cohorts 1-7
started/**stopped** (only "clock not started" in cohort 1)	0.1%	28.0%	21.4%	32.5%	21.6%	23.4%	21.2%	21.2%
Duplicate pathways	25.2%	10.8%	9.0%	10.0%	18.3%	17.4%	25.1%	16.5%
Lost to follow up	0.2%	1.0%	0.5%	0.0%	0.0%	0.0%	0.1%	0.3%
Pathway not changed	20.8%	15.1%	37.8%	34.6%	33.6%	36.6%	16.7%	27.9%
Cashed up incorrectly	35.6%	43.7%	28.2%	20.3%	22.6%	18.7%	32.5%	28.8%
Wrong start date	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Clock stopped incorrectly	0.5%	0.2%	0.0%	0.1%	0.1%	0.1%	0.8%	0.3%
Other reason (incl. results letter; incorrectly linked)	17.6%	0.5%	2.6%	2.1%	3.4%	2.7%	2.9%	4.5%
System error (introduced from cohort 4 onwards)				0.4%	0.4%	1.0%	0.4%	0.5%
Blank (usually an outstanding	0.0%	0.7%	0.4%	0.0%	0.0%	0.0%	0.3%	0.2%
	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%

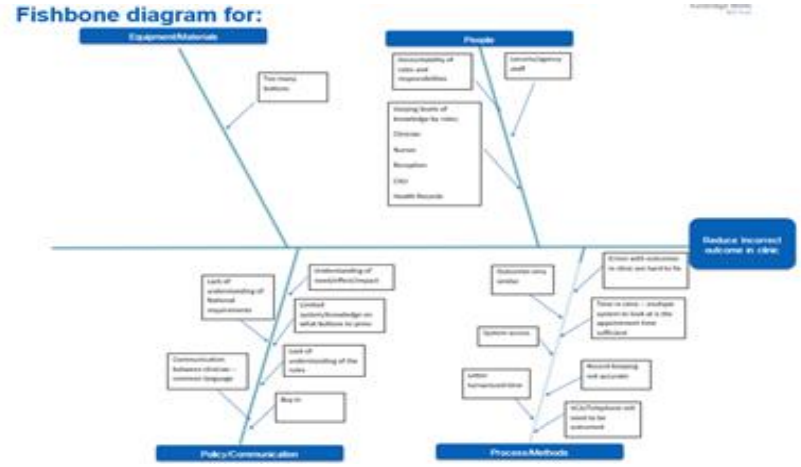
Following the validation of the PTL 30% patients were identified as cashed up incorrectly





3. Top Contributors

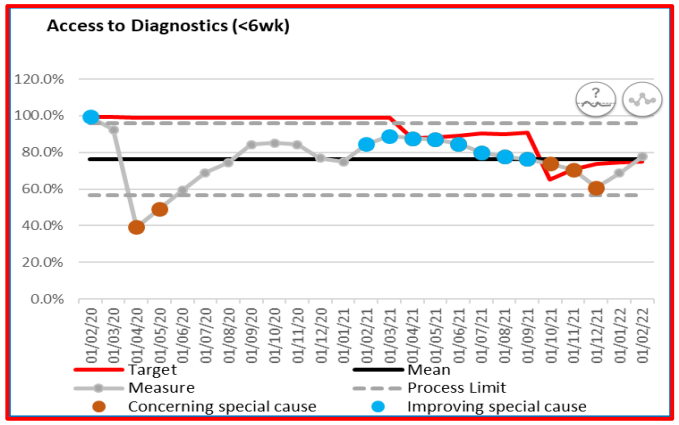
Next steps clinical engagement to be undertaken in April



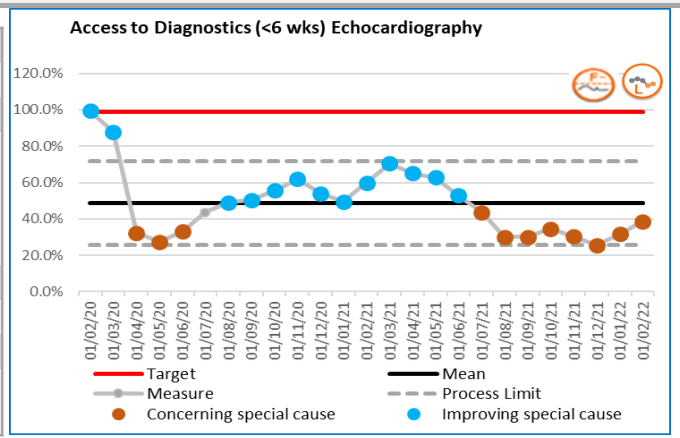
4. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Due by?
Internal activity below plan	Clinics not cancelled with 6 weeks notice if specialty can't utilise	Activity monitored weekly. Weekly OPA scheduling meeting. Monitored weekly at Directorate PTL	General Manager's	In progress
Outsource activity below plan	Lack of available capacity within the IS.	Activity monitored weekly. Weekly calls scheduled with IS Directors.	Director of Operations Surgery	In progress
OPA utilisation	Clinics not utilized to 90% trajectory	Monitored weekly at Directorate PTL	General Manager's	In progress

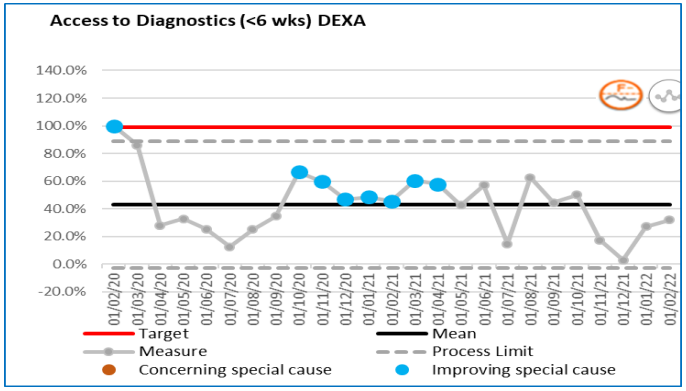
Patient Access – Diagnostics Waiting Times: CQC Responsive



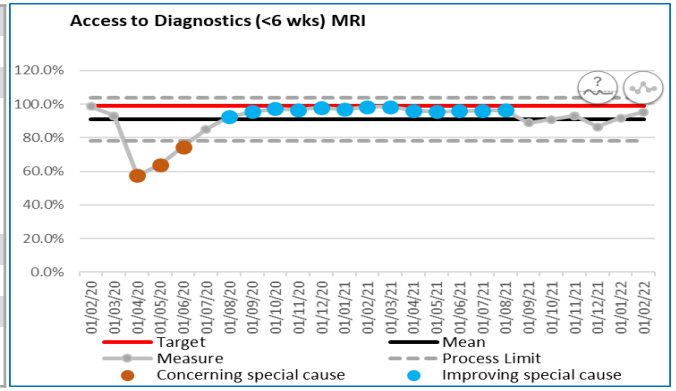
Feb-22
77.5%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Max Limit (Internal)
75.0%
Business Rule
Full Escalation as Hit or Miss > 6 months



Feb-22
38.8%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of a concerning nature and consistently failing the target
Max Limit (Internal)
99%
Business Rule
For Information as Contributor to Overall



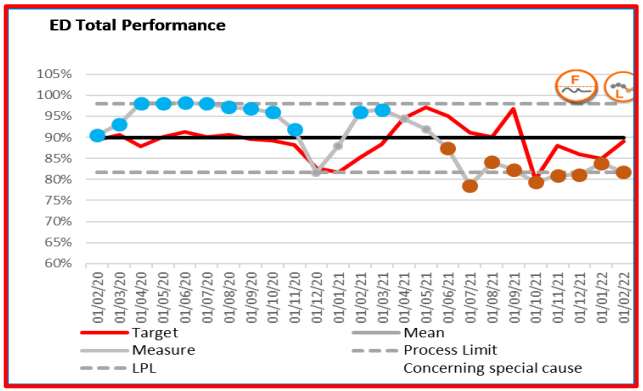
Feb-22
32.0%
Variance / Assurance
Metric is currently experiencing special cause variation of a concerning nature and consistently failing the target
Max Limit (Internal)
99%
Business Rule
For Information as Contributor to Overall



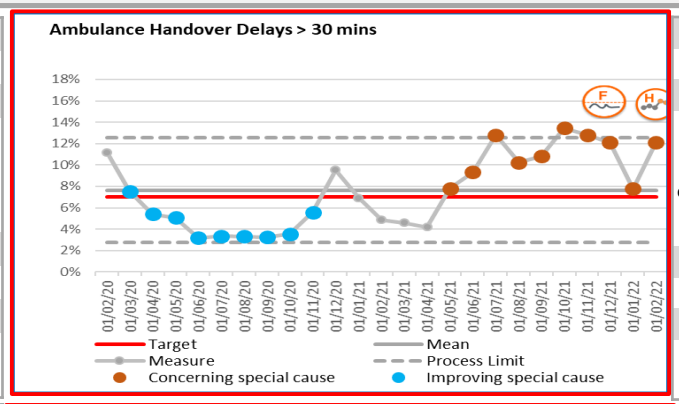
Feb-22
95.2%
Variance / Assurance
Metric is currently experiencing common cause variation and variable achievement of the target
Max Limit (Internal)
99%
Business Rule
For Information as Contributor to Overall

Summary:	Actions:	Assurance & Timescales for Improvement:
Diagnostic Waiting Times: Due to the increase seen in February, performance has now moved from special cause variation of a concerning nature to now experiencing common cause variation and variable achievement of the target, with an improvement in February. This three biggest contributors to this are Echocardiography, DEXA and MRI. **MRI:** is experiencing common cause variation and variable achievement. **Echocardiography:** is experiencing special cause variation of a concerning nature and consistently failing the target largely due to staffing shortages **DEXA:** is experiencing common cause variation and consistently failing the target largely due to a lack of capacity.	**Echocardiography:** The cardiology team have implemented an improvement plan. **DEXA:** New DEXA in place at TWH and activity commenced. Additional outsourcing agreement with Medway agreed and implemented. **MRI:** Proposal for a second mobile MRI scanner at Hermitage Court, Maidstone agreed. Scanner arrived w/comm 14/03	**Echocardiography:** Insourcing has commenced to support the internal recovery plan. Plan is monitored weekly with DCOO. **DEXA:** Recovery plan in progress and is monitored weekly with DCOO. The plan is on track to be DM01 compliant by the end of March 22. **MRI:** Scanner arrived w/comm 14/03/22 and is a managed service providing an additional 183 slots per week. The MRI service are on track to be DM01 compliant by July 22.

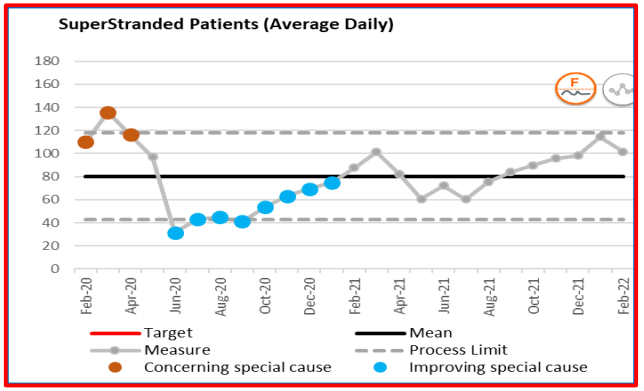
Patient Access – Hospital Flow: CQC: Responsive



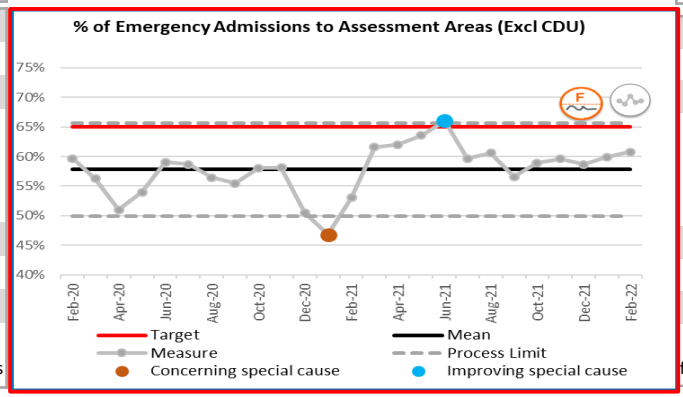
Feb-22
81.7%
Variance / Assurance
Metric is currently experiencing Special Cause variation of a concerning nature and has failed the target for >6 months
Target (Internal)
89%
Business Rule
Full Escalation as Hit or Miss > 6 months



Feb-22
12%
Variance / Assurance
Metric is currently experiencing Special Cause variation of a concerning nature and has failed the target for >6 months
Mas Limit (Internal)
7%
Business Rule
Full Escalation as Hit or Miss > 6 months



Feb-22
102
Variance / Assurance
Metric is currently experiencing Common cause variation and has failed the target for >6 months
Max Limit (Internal)
80
Business Rule
Full Escalation as has failed target for >6 months



Feb-22
60.8%
Variance / Assurance
Metric is currently experiencing Common Cause variation and has failed the target for >6 months
Target
65%
Business Rule
Full Escalation as has failed target for >6 months

Summary:

ED 4hr performance (inc MIU): This indicator continues to experience special cause variation of a concerning nature and has been failed the target for more than six months

Ambulance Handover Delays of >30 minutes is experiencing special cause variation of a concerning nature and has failed the target for more than six months

Super Stranded Patients: is experiencing common cause variation and has failed the target for more than six months

% of Emergency Admissions to Assessment Areas: is experiencing common cause variation but has failed the target for >6 months. SAU emergency admission rates have reduced due to site escalation restricting flow and lack of ability to open 24hours due to staffing constraints. Performance varies depending on escalation and complexity of patients in A&E.

Actions:

ED 4hr performance (inc MIU): Deep dive undertaken of February breaches to further identify key causes. Despite the significant increase in attendances hour by hour peaking between 10am and 6 pm, the breaches per hour remain relatively stable between 2-4 per hour

Ambulance handover delays A3 approach to be really clear of root cause. Regular meetings with SECAmb and trust to improve process. Identified receptionist to input PINS on booking in to the department. Ambulance validation completed daily

Super-Stranded Patients : Performance improved this month but this has not been maintained. The main discharge block is domiciliary care for LT packages of care. Slow down in nursing home admissions caused by covid.

% of Emergency Admissions to Assessment Areas: 4 suitable candidates arranged for interview in January in order to resume 24/7 opening hours. 3 x ACP's are training to help improve flow and length of stay.

Assurance & Timescales for Improvement:

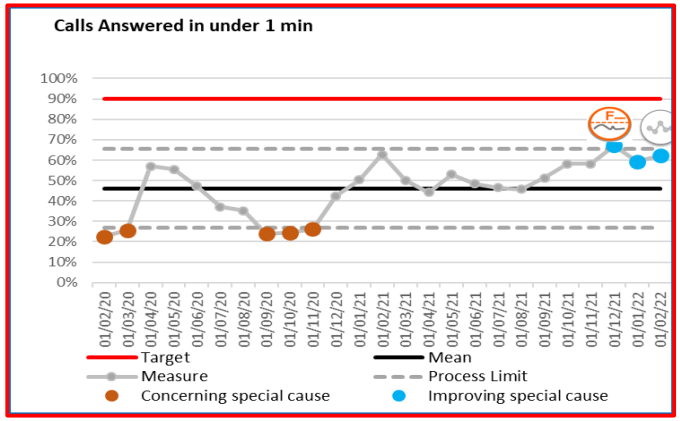
ED 4hr performance (inc MIU): We did not achieve the February ED performance of 83%, however we remained in the top 10 performing trusts of the country
Continue with ED improvement huddles

Ambulance handovers delays: February saw another challenging month in performance due to lack of capacity in the department. Greater focus has allowed us to identify the avoidable causes >60 offloads

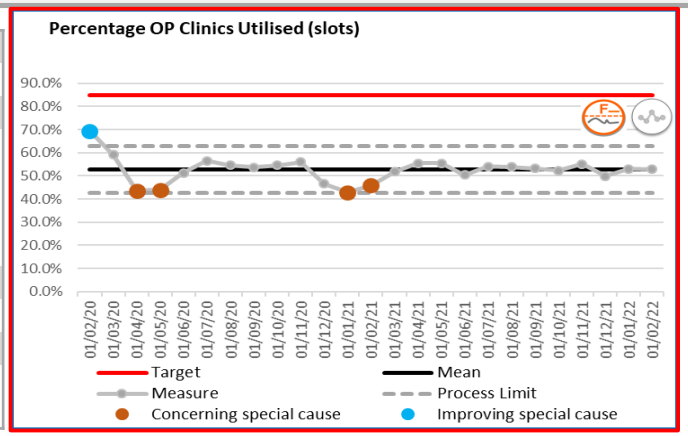
Super stranded patients:
Monthly MADE events to bring an MDT approach. Improved understanding of pathways and introduction of resource packages.

% of Emergency Admissions to Assessment Areas: Follow up clinics will be removed from the department by the end of January 2022 therefore allowing dedicated SDEC capacity between 9-1 daily. Ongoing recruitment programme and introduction of the Physicians Associate role to pull from A&E so patients are not placed in a ward beds before being assessed by the SAU team

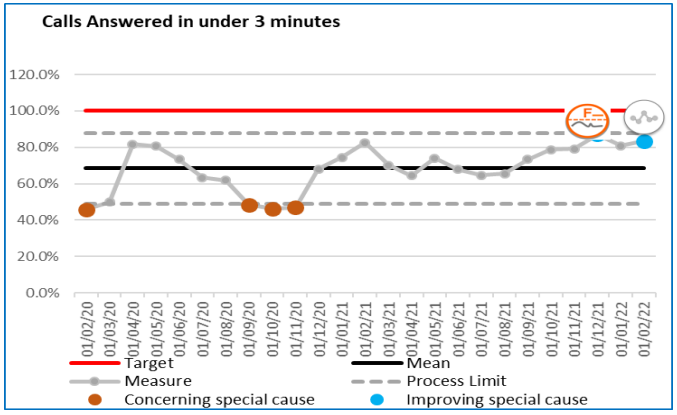
Patient Access – Transformation: Outpatients: CQC: Responsive



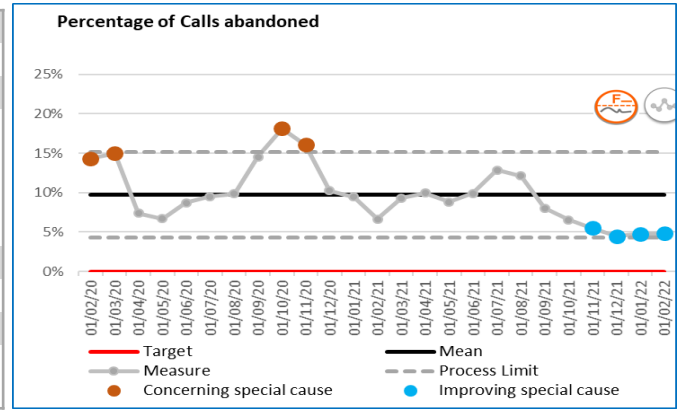
Feb-22
62.3%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and consistently failing the target
Target (Internal)
90%
Business Rule
Full Escalation



Feb-22
52.8%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and consistently failing the target
Target (Internal)
85%
Business Rule
Full Escalation



Feb-22
83.3%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and consistently failing the target
Target (Internal)
100%
Business Rule
For Information as linked to Calls <1min



Feb-22
4.8%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and consistently failing the target
Target (Internal)
0%
Business Rule
For Information as linked to Calls <1min

Summary:

Calls Answered: The number of calls answered in less than 1 minute is experiencing common cause variation and remains consistently failing the target.

Outpatient Utilisation: This indicator continues to experience common cause variation and consistently failing the target

Actions:

Calls Answered: Currently investigating spacing options in which to house call operatives for the outpatient communication centre pilot which will improve this. Continuous monitoring of the CAU's has helped to flag any long waiters.

Outpatient Utilisation: The Clinical System Development Managers have reviewed over 99% of the clinic templates on Allscripts, this includes viewing the individual micro session 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.

Assurance & Timescales for Improvement:

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.

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 is being completed to understand reasonings.

Strategic Theme: Patient Experience

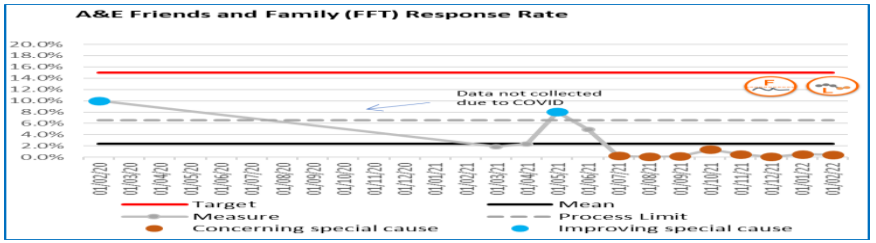
			Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Caring	Maintain the National FFT positive response rate. Inpatients	95.0%	97.7%	Feb-22	95.0%	96.8%	Jan-22	Driver		P	Note Performance
	Caring	Maintain the National FFT positive response rate. A&E	87.0%	93.7%	Feb-22	87.0%	98.7%	Jan-22	Driver		?	Verbal CMS
	Caring	Maintain the National FFT positive response rate. Maternity	95.0%	100.0%	Feb-22	95.0%	100.0%	Jan-22	Driver		P	Note Performance
	Caring	Maintain the National FFT positive response rate. Outpatients	84.0%	86.8%	Feb-22	84.0%	84.9%	Jan-22	Driver	H	?	Note Performance
Breakthrough Objectives	Caring	Implementation of the Always events which will include a focus on seeing an Increase in response rates across all our FFT domains to meet the national target : Inpatients	25.0%	9.1%	Feb-22	25.0%	12.3%	Jan-22	Driver		F	Full CMS
	Caring	Implementation of the Always events which will include a focus on seeing an Increase in response rates across all our FFT domains to meet the national target A&E	15.0%	0.5%	Feb-22	15.0%	0.5%	Jan-22	Driver	L	F	Full CMS
	Caring	Increase response rates across all our FFT domains to meet the national target: Maternity	25.0%	6.8%	Feb-22	25.0%	8.4%	Jan-22	Driver	L	F	Full CMS
	Caring	Increase response rates across all our FFT domains to meet the national target: Outpatients	20.0%	4.0%	Feb-22	20.0%	14.9%	Jan-22	Driver	L	F	Full CMS
Constitutional Standards and Key Metrics (not in SDR)	Caring	Complaints Rate	3.9	2.1	Feb-22	3.9	4	Jan-22	Driver		?	Escalation
	Caring	% complaints responded to within target	75.0%	72.7%	Feb-22	75.0%	85.1%	Jan-22	Driver		?	Escalation
	Caring	% VTE Risk Assessment (one month behind)	95.0%	96.1%	Jan-22	95.0%	96.4%	Dec-21	Driver		P★	Note Performance

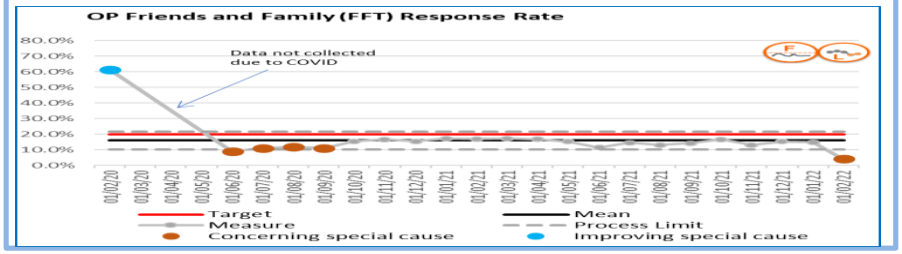
Breakthrough Objective: Counter Measure Summary

Metric Name – Increase Friends and Family Response Rates for A&E, Outpatients, Inpatients and Maternity

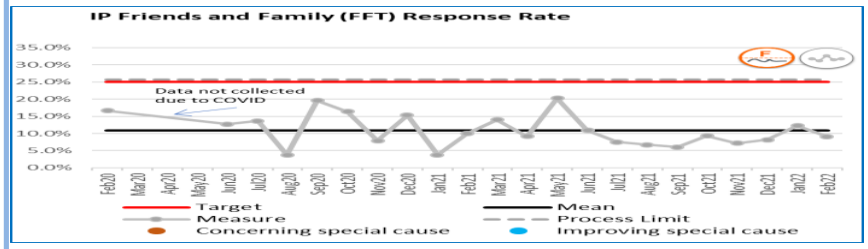
Owner: Joanna Haworth
Metric: FFT Response Rate – A&E, OP, IP, Mat
Desired Trend: 7 consecutive data points above the mean

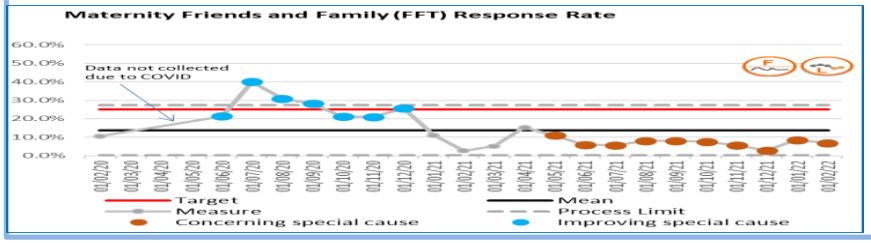
1. Historic Trend Data



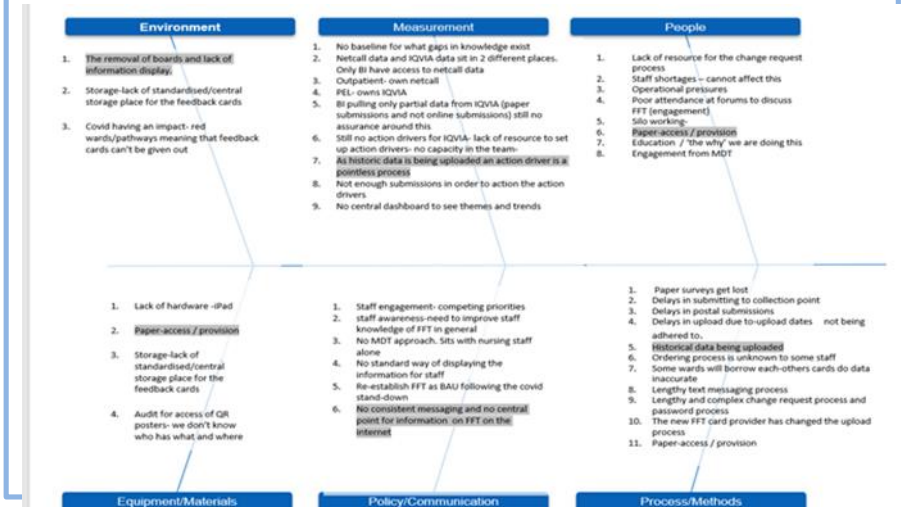


1. Historic Trend Data





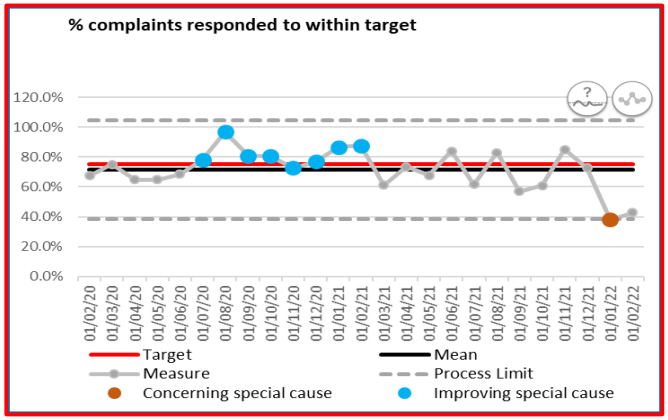
3. Top Contributors



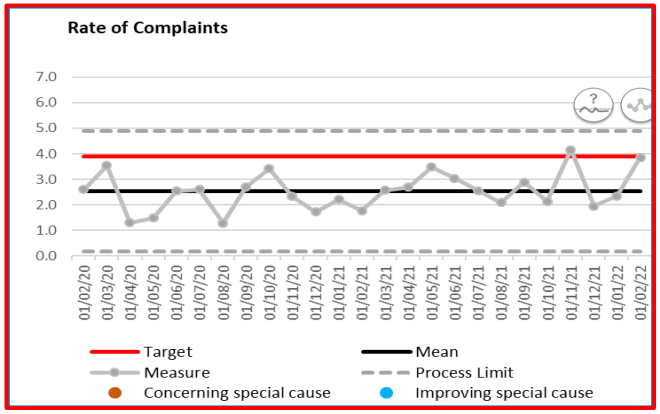
4. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Due by?
Significant reduction in OPD Netcall data	Issues with patching software	Escalate to IT / Director of IT	NL /SH	31/03/22
Delay in paper card uploads / historic data	IQVIA contract had not mirrored the upload contract that was in place with Ciconi	Revised timetable for upload with all cards to be entered for the current month	NL	31/03/22
Poor responses in ED	Access to SMS text	This should be resolved for use to send SMS to all attendees	NL / SW / MW	31/03/22

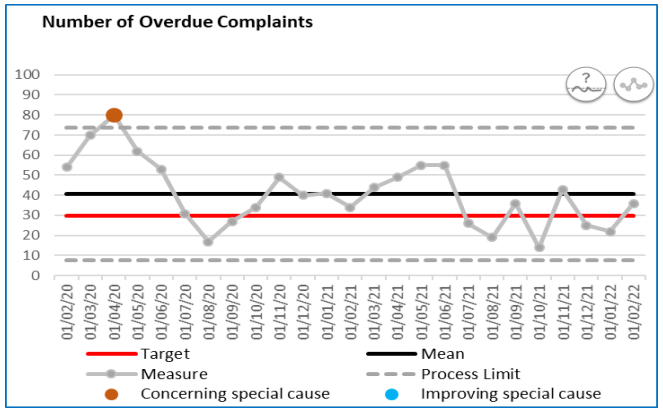
Patient Experience: CQC: Caring (Hit or Miss >6 months)



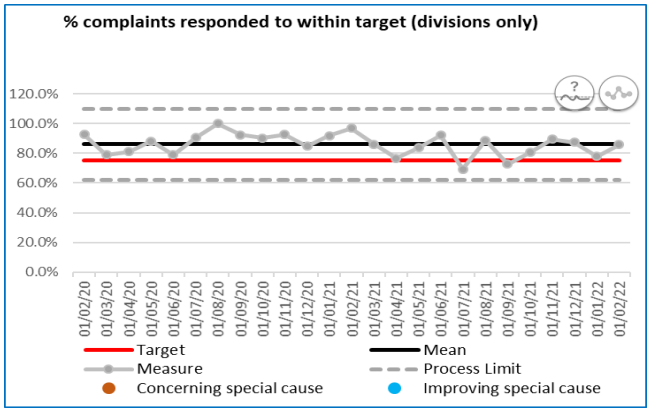
Feb-22
42.9%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Target (Internal)
75%
Business Rule
Full Escalation as Hit or Miss > 6 months



Feb-22
3.9
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Max Limit (Internal)
3.9
Business Rule
Full Escalation as Hit or Miss > 6 months



Feb-22
36
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Max Limit (Internal)
30
Business Rule
For Information as linked to % Complaint Responded



Feb-22
85.7%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Max Limit (Internal)
75%
Business Rule
For Information as linked to % Complaint Responded

Summary:

% Complaints responded to within Target: this indicator continues to experience common cause variation, but has been experiencing variable achievement of the target (Hit & Miss) for more than six months.

Rate of Complaints: This indicator is experiencing common cause variation, but has been experiencing variable achievement of the target (Hit & Miss) for more than six months.

Actions:

% Complaints responded to within Target:
Complaints performance recovery and stabilisation actions include;

- Recruit to the complaints team vacancy. Expect to be fully recruited by April 2022
- Look to create divisional complaints model
- Bank line of work sourced for the PALS team
- Agency line of work being sourced for the complaints team
- Complaints leads have weekly meetings with directorates / divisions who have the biggest outstanding volume
- Divisional patient experience improvement plans based on key themes will be in place by the end of Summer 2022

Assurance & Timescales for Improvement:

% Complaints responded to within Target:

- Director of Quality Governance to explore pathway for signing complaints with Chief Nurse to reduce delays in process
- Interim complaints performance (unvalidated) reported to Director of Quality Governance and Chief Nurse mid-month for early escalation
- An improvement plan is being developed to address current performance and ensure the target is met.

Strategic Theme: Systems

			Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Effective	The target is to reduce non-elective bed days to a monthly average of <550 an approx. 10% reduction).	550	565	Feb-22	550	574	Jan-22	Driver			Verbal CMS
Breakthrough Objectives	Effective	The target is to reduce the average non-elective bed days relating to patients with high and very high AEC conditions by 10%	3.90	3.32	Jan-22	3.90	3.90	Dec-21	Driver			Verbal CMS

Strategic Theme: Sustainability

		Latest			Previous			Actions & Assurance			
CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Well Led	Delivery of financial plan, including operational delivery of capital investment plan.	0	11	Feb-22	0	15	Jan-22	Driver			Note Performance
Well Led	Reduce the amount of money the Trusts spends on premium workforce spend from c.£48m to target level by April 2022: Monthly Agency Spend - £000	1333	2222	Feb-22	1333	2396	Jan-22	Driver			Verbal CMS
Well Led	CIP	483	310	Feb-22	483	214	Jan-22	Driver	No SPC	No SPC	
Well Led	Cash Balance (£k)	24956	34819	Feb-22	24956	22295	Jan-22	Driver			Verbal CMS
Well Led	Capital Expenditure (£k)	948	1057	Feb-22	948	2551	Jan-22	Driver			Verbal CMS

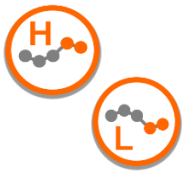
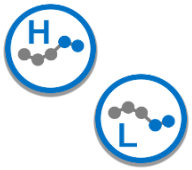
NHS
Maidstone and Tunbridge Wells NHS Trust

Appendices

MTW
exceptional people, outstanding care

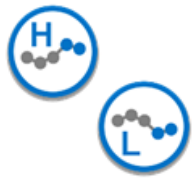
SDR Business Rules Driven by the SPC Icons

Assurance: Failing

Variation	Assurance	Understanding the Icons	Business Rule – DRIVER	Business Rule - WATCH
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.	Metric is Failing the Target (which is likely if it is a Driver Metric). A full CMS is required to support actions and delivery of a performance improvement	Metric is Failing the Target and is showing a Special Cause for Concern. A full CMS is required to support actions and delivery of a performance improvement. Consider escalating to a driver metric
		Common Cause - no significant change. Assurance indicates consistently (F)ailing the target.	Metric is Failing the Target (which is likely if it is a Driver Metric). A full CMS is required to support actions and delivery of a performance improvement	Metric is Failing the Target and is in Common Cause variation. A verbal CMS is required, but do not consider escalating to a driver metric
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.	Metric is Failing the Target (which is likely if it is a Driver Metric). A full CMS is required to support actions and delivery of a performance improvement	Metric is Failing the Target, but is showing a Special Cause of Improvement. Note performance, but do not consider escalating to a driver metric

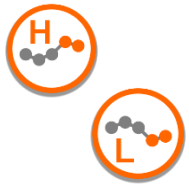
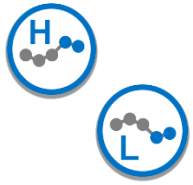
SDR Business Rules Driven by the SPC Icons

Assurance: Hit & Miss

Variation	Assurance	Understanding the Icons	Business Rule – DRIVER	Business Rule - WATCH
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates inconsistently hitting or missing the target.	Metric is Hitting & Missing the Target and is showing a Special Cause for Concern. A **verbal CMS** is required to support ongoing actions and delivery of a continued / permanent performance	Metric is in Common Cause, but is showing a Special Cause for Concern. **Note performance**, but do not consider escalating to a driver metric
		Common Cause - no significant change. Assurance indicates inconsistently hitting or missing the target.	Metric is Hitting & Missing the Target and is in Common Cause variation. A **verbal CMS** is required to support ongoing actions and delivery of a continued / permanent performance	Metric is Hitting & Missing the Target and is in Common Cause variation. **Note performance**, but do not consider escalating to a driver metric
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates inconsistently hitting or missing the target and blue outline indicates this has continued for 6 months or more.	Metric is Hitting and Missing the Target, but is showing a Special Cause of Improvement. **Note performance**	Metric is Hitting and Missing the Target, but is showing a Special Cause of Improvement. **Note performance**

SDR Business Rules Driven by the SPC Icons

Assurance: Passing

Variation	Assurance	Understanding the Icons	Business Rule – DRIVER	Business Rule - WATCH
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target, but is showing a Special Cause for Concern. A verbal CMS is required to support continued delivery of the target	Metric is Passing the Target, but is showing a Special Cause for Concern. Note performance, but do not consider escalating to a driver metric
		Common Cause - no significant change. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target and is in Common Cause variation. Note performance, consider revising the target / downgrading the metric to a 'Watch' metric	Metric is Passing the Target and is in Common Cause variation. Note performance
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target and is showing a Special Cause of Improvement. Note performance, consider revising the target / downgrading the metric to a 'Watch' metric	Metric is Passing the Target and is showing a Special Cause of Improvement. Note performance

Passing, Failing and Hit & Miss Examples

Metrics that consistently **pass** have:

The **upper** control limit **below** the target line for metrics that need to be **below the target**

The **lower** control limit **above** the target line for metrics that need to be **above the target**

A metric achieving the target for 6 months or more will be flagged as passing

Metrics that are **hit and miss** have:

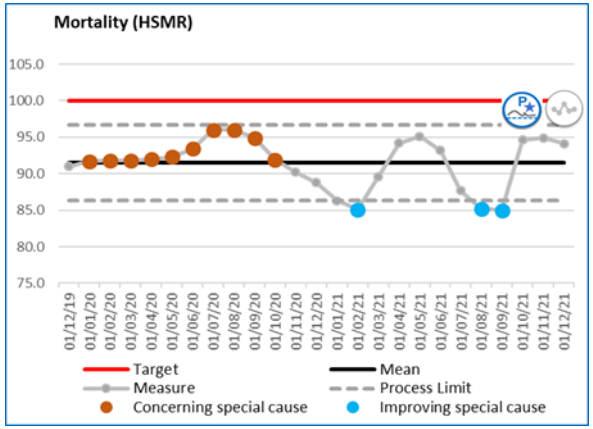
The **target** line **between** the **upper** and **lower** control limit for all metric types

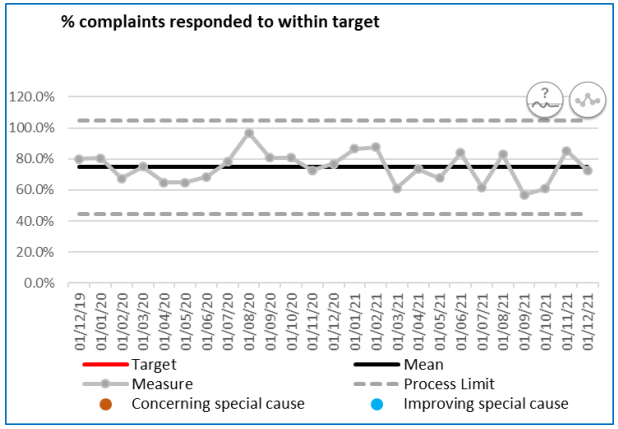
Metrics that consistently **fail** have:

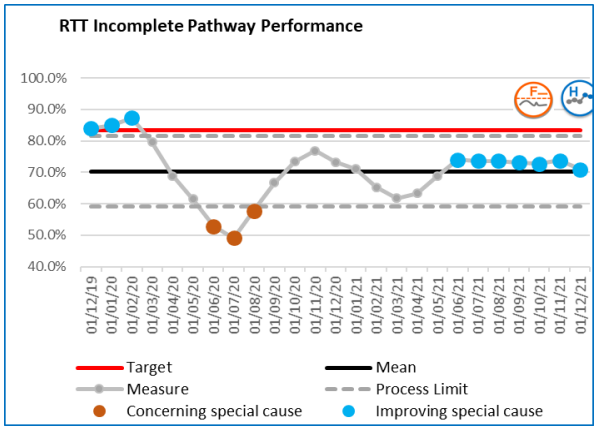
The **lower** control limit **above** the target line for metrics that need to be **below the target**

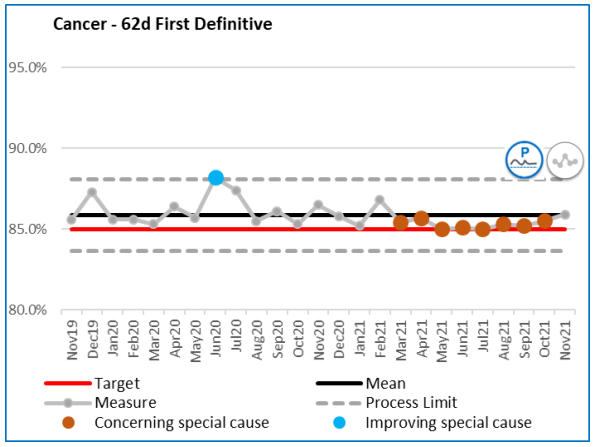
The **upper** control limit **below** the target line for metrics that need to be **above the target**

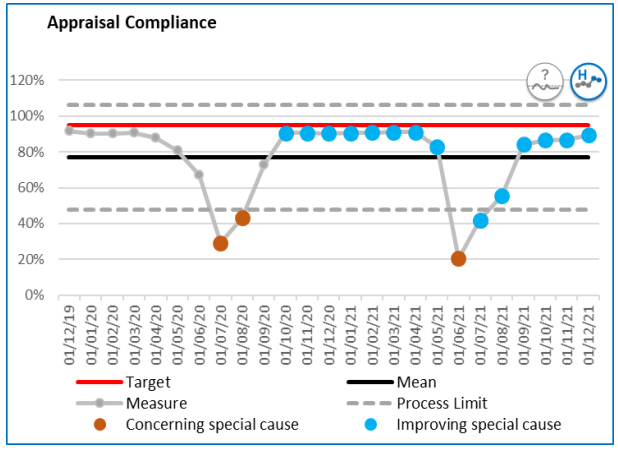
A metric not achieving the target for 6 months or more will be flagged as failing

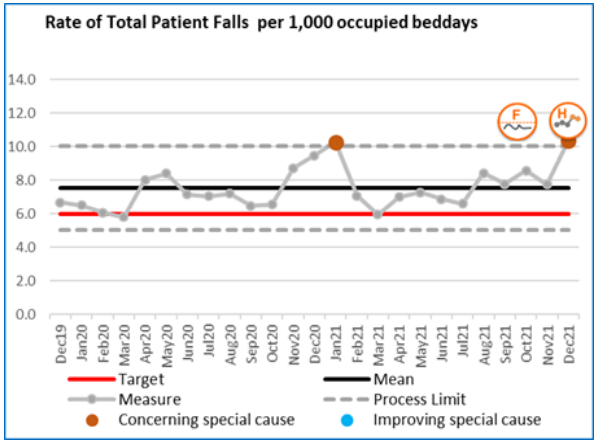












Current and Retired Metrics

Current Metrics

Domain	Metric
Caring	Complaints Rate
Caring	% complaints responded to within target
Caring	% VTE Risk Assessment
Caring	Maintain the National FFT positive response rate. Inpatients
Caring	Maintain the National FFT positive response rate. A&E
Caring	Maintain the National FFT positive response rate. Maternity
Caring	Maintain the National FFT positive response rate. Outpatients
Caring	Implementation of the Always events which will include a focus on seeing an Increase in response rates across all our FFT domains to meet the national target : Inpatients
Caring	Implementation of the Always events which will include a focus on seeing an Increase in response rates across all our FFT domains to meet the national target A&E
Caring	Increase response rates across all our FFT domains to meet the national target: Maternity
Caring	Increase response rates across all our FFT domains to meet the national target: Outpatients
Effective	Transformation: % of Patients Discharged to a PIFU Pathways
Effective	Transformation: CAU Calls answered <1 minute
Effective	Transformation: % OP Clinics Utilised (slots)
Effective	Flow: Ambulance Handover Delays >30mins
Effective	Flow: Super Stranded Patients
Effective	Flow: % of Emergency Admissions into Assessment Areas
Effective	Flow: % of Emergency Admissions that are zero LOS (SDEC)
Effective	The target is to reduce non-elective bed days to a monthly average of <550 an approx. 10% reduction).
Effective	The target is to reduce the average non-elective bed days relating to patients with high and very high AEC conditions by 10%
Responsive	Emergency A&E 4hr Wait
Responsive	% Diagnostics Tests WTimes <6wks
Responsive	Cancer 62 day wait - First Definitive
Responsive	Cancer 62 day wait -PTL
Responsive	We will ensure no patient waits longer than 52 week for treatment by April 2022
Responsive	By April 2022 we will achieve the RTT standard
Responsive	Ensure activity levels for theatres match those pre-Covid - Total Elective
Responsive	Ensure activity levels for outpatients match those pre-Covid - First Outpatients
Responsive	Ensure activity levels for outpatients match those pre-Covid - Follow Up Outpatients
Responsive	Ensure activity levels for diagnostics match those pre-Covid - MRI
Responsive	Ensure activity levels for diagnostics match those pre-Covid - CT
Responsive	Ensure activity levels for diagnostics match those pre-Covid - NOUS
Responsive	Ensure activity levels for outpatients match those pre-Covid - Colonoscopy
Responsive	Ensure activity levels for outpatients match those pre-Covid - Flexi Sigmoidoscopy
Responsive	Ensure activity levels for outpatients match those pre-Covid - Gastroscopy

Retired Metrics

Domain	Metric
Caring	Admin and clerical office space in (sqm)
Caring	Energy cost per staff
Caring	Footprint devoted to clinical care vs non clinical care
Caring	Single Sex Accommodation Breaches
Caring	Staff occupancy per m2
Caring	Utilised and unutilised space ratio
Effective	% Total Readmissions
Effective	Average LOS Non-Elective
Effective	Elective Readmissions < 30 Days
Effective	Non-Elective Readmissions <30 days
Effective	OP Follow UP DNAs
Effective	OP New DNAs
Effective	Outpatient Cancellations < 6 weeks
Effective	Outpatient Hospital Cancellation
Effective	Percentage of Calls abandoned
Effective	Percentage of Virtual OP Appointments
Effective	Percentage OP Clinics Utilised (slots)
Effective	Stroke: Best Practice (BPT) Overall %
Effective	Theatre Utilisation
Responsive	28 day Target
Responsive	Average for new appointment
Responsive	Cancer - 31 Day
Responsive	Referrals to ED from NHS 111
Responsive	Size of backlog

Current and Retired Metrics

Current Metrics	
Domain	**Metric**
Safe	Standardised Mortality HSMR
Safe	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays
Safe	IC - Number of Hospital acquired MRSA
Safe	IC- Hospital Acquired Covid
Safe	Number of Never Events
Safe	Number of New SIs in month
Safe	Overall Safe staffing fill rate
Safe	A reduction in harm (target to be determined) by March 2022. - Incidents resulting in Harm
Safe	Reduction in slips, trips and falls (Rate per 1,000 Occupied Beddays)
Well Led	Vacancy Rate (%)
Well Led	Sickness Absence
Well Led	Appraisal Completeness
Well Led	Statutory and Mandatory Training
Well Led	CIP Savings (£k)
Well Led	Cash Balance (£k)
Well Led	Capital Expenditure (£k)
Well Led	% of staff that "Recommended MTW as a good place to work" taken from Quarterly Climate Surveys
Well Led	Delivery of financial plan, including operational delivery of capital investment plan.
Well Led	Increase Climate Survey response rates to provide a larger sample base to be able to assess those that recommend MTW as a place to work.
Well Led	Reduce the amount of money the Trusts spends on premium workforce spend from c.£48m to target level by April 2022: Monthly Agency Spend - £000

Retired Metrics	
Domain	**Metric**
Safe	Infection Control - Rate of Hospital E. Coli Bacteraemia
Safe	Rate of Hospital Acquired Pressure Ulcers per 1,000 admissions
Safe	Sickness Rate - Covid
Well Led	Climate Survey - Percentage of staff who feel able to cope with the demands that are being placed on them at the moment
Well Led	Climate Survey - Percentage of staff who feel fully supported in their role
Well Led	Climate Survey - Percentage of staff who feel the Trust has a genuine concern for their safety and wellbeing
Well Led	Covid Positive - number of patients
Well Led	Elective Spells in London Trusts from West Kent
Well Led	Equality, Diversity and Inclusion reducing inequalities metrics / dashboard
Well Led	Health and Wellbeing: How many calls received
Well Led	Health and Wellbeing: What percentage of Calls related to Mental Health Issues
Well Led	Number of advanced practitioners
Well Led	Number of specialist services
Well Led	Nursing vacancies
Well Led	Percentage of Trust policies within review date
Well Led	Research grants (£)
Well Led	Service contribution by division
Well Led	Staff Friends and Family % recommended care
Well Led	Staff Friends and Family % recommended work
Well Led	Turnover
Well Led	Use of Agency (WTE)
Well Led	Use of Financial Resources

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 February which was on plan.
- In line with NHSE/I guidance additional income (£5.8m) has been included in the position to offset additional costs for PCR swabbing, Rapid testing and vaccination centre. The Trust received the funding in full for quarter 1 to 3 (£4.7m) and is expected to receive the outstanding amount in full.
- The key year to date variances is as follows:
    - **Favourable Variances**
        - Non-recurrent benefits / release of contingency (£7.4m)
        - Independent Sector usage (£4.8m),
        - Clinical supplies and drugs (£1.7m) due to lower activity than funded levels
        - Additional Health Education income and income to support overseas nurse recruitment (£1.4m),
        - Pathology trade income (£0.8m)
        - Elective recovery fund overperformance H1 (£0.6m).
        - Pay underspends (£0.5m)
    - **Adverse Variances**
        - H1 top up and non-recurrent income adjustments to breakeven position in H1 (£6.6m),
        - Expenditure incurred relating to Kent and Medway Medical school (£6.6m),
        - H2 rephasing of Top up income (£2.6m),
        - CIP slippage to internal target (£2.6m)

Current Months Financial Position

- The key current month variances are as follows:
    - Income underperformed by £1.2m in February. The key variances to plan in the month were: Rephasing of Top up clinical income (£2.6m) into month 12 was partly offset by additional Health Education income and income to support overseas nurse recruitment (£1.4m).
    - Expenditure budgets overspent by £1m. Pay budgets overspent by £0.3m which were partly offset by non pay underspends (£1.3m). The key variances in the month were: Underspend associated with Independent Sector usage (£0.9m), CNST Maternity rebate (£0.8m), release of contingency (£0.8m) which were partly offset by Kent and Medway Medical school (£0.8m), drugs (£0.3m) and pay pressures (£0.3m)

Cashflow

- The closing cash balance for February was £34.8m compared to the plan cash balance of £9.8m. The variance is linked to the Trust receiving additional PDC for capital projects not in the original plan (c.£16m) and the delay in the early half of the year with capital business cases being approved; all capital orders have now been raised and the Trust is now waiting for the items to be delivered and invoices approved so that they can be paid by the end of the financial year.
- The capital programme for the year is currently c.£27.1m (including all the additional funds received); the majority of the capital spend with the cash flow forecast is within March c.£21.6m. The balance sheet is assuming a reduction in capital creditors carried forward from 2020/21 of c£6m to closing creditors for 2021/22 of £2m within the cash flow - therefore the capital cash spend overall in the cash flow is c£31.1m.
- Forecast to be paid in March is the PDC dividend £1.4m and repayment of capital loans and interest £0.6m; all of these repayments are made twice a year once in September and again in March.

- The Trust is also forecasting to repay March's Tax, Pension, NI and PFI unitary payment which remains consistent with 2020/21.

Capital Position

- The Trust's capital plan agreed with the ICS/STP for 2021/22 was £10.57m comprising of net internal funding £8.9m, PFI lifecycle per Project model of £1.2m and donated assets of £0.4m. 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 Modular Development, KMMS enabling work, Paeds ED modular build and Oncology Outpatients. The new projects have been funded from a combination of the Backlog capital plan and planned equipment being subsequently funded from National & System resources.
    - **ICT**: The EPR costs relate to contractual commitments. Other ICT schemes include Network upgrades, 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.

- In addition to the Plan, an Emergency System PDC bid has been agreed with the ICS/STP and made to NHSE/I for £1.9m; this includes £1.1m for Linac enabling and ancillary equipment, as well as funding for additional essential equipment. The ICS has also agreed to finance £411k of Diagnostic Equipment and £669k of Digital Diagnostics for Radiology and Pathology IT from the National Diagnostic Fund, over which they have discretion. The Trust has received confirmation of national NHSE funding for 2 core Linacs (£3.73m) in 21/22,to be delivered by 31st March, Imaging and Endoscopy Academies (£470k), digital maternity fund (£263k), cyber security (£250k), CDC equipment (£373k) and MRI AAT upgrades (£383k) . The national Target Investment Fund (TIF) bids for £2.5m have been approved for schemes including a SPECT CT and Dexa scanner for Radiology, as well as IT equipment including Audio Visual, iPro , Video Consultation Platform and the Barn Theatre enabling works (£2.5m). The Trust has also been offered additional capital resource arising from overall K&M capital slippage for a total of £3.2m: this is being used to support £1.2m equipment for the Barn Theatre, £1m for patient monitoring equipment and defibrillators, as well as other various medical and non-medical equipment and IT hardware. £1.032m of this resource is anticipated as additional PDC from a varied MOU with EKHUFT Trust, to enable us to bring forward schemes from 2022/23 on the basis of surrendering the equivalent funding to the system in 2022/23. The remaining system slippage funding is capital resource only, not PDC, so the Trust requires to finance the cash for the investments.
- The forecast outturn including all the additional funds is therefore £27.1m, including donated assets and PFI Lifecycle.
- The Barn Theatre development at Maidstone to provide additional elective recovery capacity is subject to a full business case being produced, an early version of which has been shared with NHSEI.
- The year to date capital spend is £7.7m compared to the original Plan of £7.2m, prior to the substantial additional funding that has been subsequently agreed from ICS or national sources, most of which has been agreed in the third quarter of the year. The majority of the spend to date relates to: Estates - the completion of the MRI and Interventional Radiology installation, ongoing works to The Annex, KMMS enabling and Paeds ED; Equipment - the completion of the Canterbury Linac and other various equipment; IT - the ongoing EPR project and hardware devices.
- The outturn delivery of capital schemes has been risk rated using the RAG rating system. Most schemes are anticipated to deliver by year-end, but there are some areas, relating to final quarter National/System funding, where there are risks on delivery. These are noted in the Capital Programme tab narrative.

Year and Forecast

- The Trust is forecasting to deliver the planned breakeven position which assumes the following key assumption:
    - The forecast assumes the lease for the Kent and Medway Medical School will be agreed which will result in expenditure incurred to be recharged to the lessor therefore improving the financial position.

Maidstone and Tunbridge Wells NHS Trust

Finance Report

Month 11
2021/22

Maidstone and Tunbridge Wells NHS Trust

Trust Board - Finance Report for February 2022

Contents

Maidstone and Tunbridge Wells NHS

1. Dashboard

February 2021/22

	Current Month			Year to Date			Annual Forecast / Plan		
	Actual £m	*Plan* £m	*Variance* £m	*Actual* £m	*Plan* £m	*Variance* £m	*Forecast* £m	*Plan* £m	*Variance* £m
Income	50.5	51.7	(1.2)	552.9	560.5	(7.5)	607.7	612.0	(4.3)
Expenditure	(47.8)	(48.7)	1.0	(522.7)	(530.3)	7.6	(574.6)	(579.0)	4.4
EBITDA (Income less Expenditure)	2.7	3.0	(0.2)	30.2	30.2	0.0	33.1	33.0	0.1
Financing Costs	(2.8)	(2.8)	0.0	(30.5)	(30.6)	0.1	(34.3)	(34.2)	(0.1)
Technical Adjustments	0.1	(0.1)	0.2	0.4	0.4	(0.1)	1.2	1.2	0.0
Net Surplus / Deficit (Incl Top Up funding support)	**0.0**	**0.0**	**0.0**	**0.1**	**(0.0)**	**0.1**	**0.0**	**(0.0)**	**0.0**
Cash Balance	34.8	25.0	9.9	34.8	25.0	9.9	1.5	1.5	0.0
Capital Expenditure (Incl Donated Assets)	1.1	0.9	(0.1)	7.7	9.0	(1.4)	1.6	27.1	25.5

Summary Current Month:

- The Trust was on plan generating a breakeven position.
- Income underperformed by £1.2m in February. The key variances to plan in the month were: Rephasing of Top up clinical income (£2.6m) into month 12 was partly offset by additional Health Education income and income to support overseas nurse recruitment (£1.4m).
- Expenditure budgets overspent by £1m. Pay budgets overspent by £0.3m which were partly offset by non pay underspends (£1.3m). The key variances in the month were: Underspend associated with Independent Sector usage (£0.9m), CNST Maternity rebate (£0.8m), release of contingency (£0.8m) which were partly offset by Kent and Medway Medical school (£0.8m), drugs (£0.3m) and pay pressures (£0.3m)
- In line with NHSE/I guidance additional income (£0.5m) has been included in the month 11 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:

- Non recurrent benefits / release of contingency (£7.4m), Independent Sector usage (£4.8m), underspends within clinical supplies and drugs (£1.7m) due to lower activity than funded levels, additional Health Education income and income to support overseas nurse recruitment (£1.4m), Pathology trade income overperformance (£0.8m), Elective recovery fund H1 (£0.6m) and Pay underspends (£0.5m).

Adverse Variances:

- H1 top up and non recurrent income adjustments to breakeven position in H1 (£6.6m), expenditure incurred relating to Kent and Medway Medical school (£6.6m), H2 rephasing of Top up income (£2.6m) and CIP slippage to internal plan (£2.6m).
- In line with NHSE/I guidance additional income (£5.8m) has been included in the position to offset additional costs for PCR swabbing, Rapid testing and vaccination centre. The Trust received the funding in full for quarter 1 to 3 (£4.7m) and is expected to receive the outstanding amount in full.

CIP (Savings)

- The Trust has a external (NHSE/I) savings target for 2021/22 of £3.7m which consists of £0.8m in H1 (April to September) and £2.9m in H2 (October to March 22).
- Year to date the Trust has identified savings of £2.4m which is £0.7m adverse to plan.

2. COVID 19 Expenditure and Income Impact

2021/22 Summary of Cost Reimbursement

Expenditure

Breakdown by Allowable Cost Type	£000s
Segregation of patient pathways	6,031
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	515
Backfill for higher sickness absence	2,549
Remote working for non-patient activities	18
Existing workforce additional shifts to meet increased demand	100
PPE associated costs	12
Additional Sick pay at full pay for all staff policy - full pay for COVID-related staff absence	16
Other -Not detailed on NHSI return	1,236
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	3,729
Long COVID	831
Total 'In Envelope'	**15,037**
COVID-19 virus testing- rt-PCR virus testing	5,160
COVID-19 - Vaccination Programme - Provider/ Hospital hubs	82
COVID-19 virus testing - Rapid / point of care testing	552
COVID-19 virus testing (NHS laboratories)	0
NIHR SIREN testing - research staff costs	11
NIHR SIREN testing - antibody testing only	7
COVID-19 - International quarantine costs	8
Total 'Out of Enevelope'	**5,821**
Total Expenditure (£000s):	**20,858**

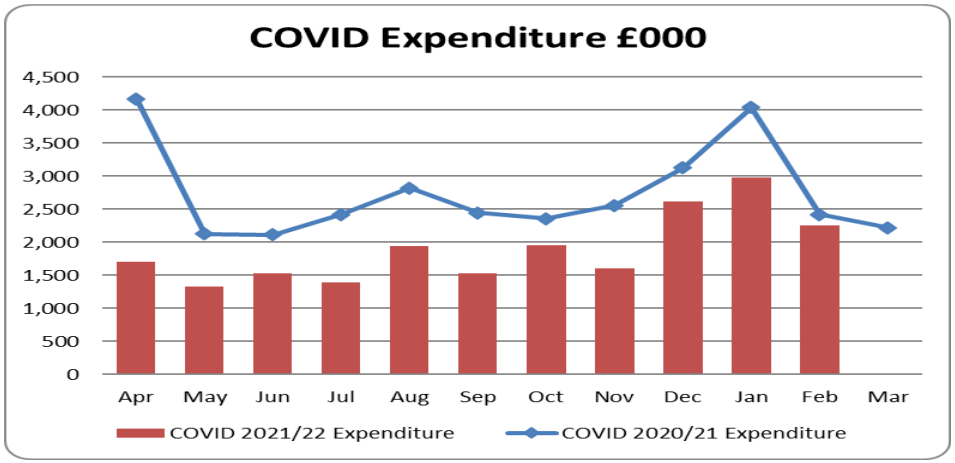
Income

Free staff car parking	521
Catering - Income loss	23
Total Income	**544**
Grand Total (£000s):	**21,402**

Commentary:
The Trust has identified the year to date financial impact relating to COVID to be £21.4m.

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 increase in spend in December is due to the increase in bank and agency staff to cover sickness / isolation

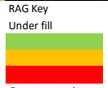
The Trust has included £5.8m income in the position to offset the costs for 'Out of envelope' which include COVID swabbing , rapid testing and vaccination programme. NHSE/I has paid in full the costs identified relating to quarter 1,2 and 3, the remainder is expected to be confirmed over the next few months.



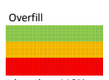
Feb-22		DAY				NIGHT				TEMPORARY STAFFING						Nurse Sensitive Indicators				Financial review		
Hospital Site name	Health Roster Name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	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	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	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Stroke Unit (M) - NK551	75.1%	108.8%	-	100.0%	82.7%	141.8%	-	-	36.9%	19.4%	342	22.54	128	6.3	0.0%	0.0%	11	3	275,288	278,594	(3,306)
MAIDSTONE	Cornwallis (M) - NS959	61.6%	67.2%	-	100.0%	105.4%	217.3%	-	-	57.5%	33.6%	158	11.19	43	5.9	0.0%	0.0%	6	0	0	72,518	(72,518)
MAIDSTONE	Culpepper Ward (M) - NS551	150.0%	89.6%	-	-	153.5%	222.2%	-	100.0%	60.0%	37.6%	108	7.73	33	7.1	0.0%	0.0%	2	0	111,333	143,438	(32,105)
MAIDSTONE	John Day Respiratory Ward (M) - NT151	80.3%	101.7%	-	-	88.1%	132.1%	-	-	38.8%	29.2%	196	13.12	82	5.5	0.0%	0.0%	5	1	145,571	154,427	(8,856)
MAIDSTONE	Intensive Care (M) - NA251	107.9%	98.8%	-	-	85.9%	88.0%	-	-	15.6%	1.0%	150	9.19	44	42.9	700.0%	100.0%	0	0	252,851	255,140	(2,289)
MAIDSTONE	Pye Oliver (Medical) - NK259	99.9%	80.2%	-	-	103.6%	118.7%	-	100.0%	35.4%	45.2%	152	9.66	31	6.4	6.9%	100.0%	13	1	123,301	133,453	(10,152)
MAIDSTONE	Whatman Ward - NK959	87.2%	92.5%	-	-	131.6%	196.4%	-	-	73.5%	47.7%	232	16.73	80	6.6	0.0%	0.0%	14	1	91,695	126,166	(34,471)
MAIDSTONE	Lord North Ward (M) - NF651	89.5%	67.2%	-	-	81.0%	107.1%	-	-	8.8%	7.1%	52	3.87	26	7.9	0.0%	0.0%	0	0	112,254	102,024	10,230
MAIDSTONE	Mercer Ward (M) - NJ251	87.2%	71.1%	-	100.0%	103.6%	103.6%	-	-	35.0%	37.7%	130	9.16	38	5.4	0.0%	0.0%	2	1	109,816	115,169	(5,353)
MAIDSTONE	Edith Cavell - NS459	95.5%	76.0%	-	100.0%	92.9%	83.9%	-	-	44.9%	26.7%	125	8.85	35	5.6	4.3%	100.0%	5	0	118,411	98,062	20,349
MAIDSTONE	Acute Medical Unit (M) - NG551	94.6%	94.2%	-	100.0%	155.5%	217.9%	-	-	34.4%	26.1%	158	11.06	67	10.1	100.0%	100.0%	8	0	163,153	169,728	(6,575)
TWH	Ward 22 (TW) - NG332	68.8%	77.7%	-	100.0%	112.0%	96.2%	-	-	60.5%	51.4%	330	23.91	148	5.0	37.3%	95.5%	17	1	130,587	149,631	(19,044)
TWH	Coronary Care Unit (TW) - NP301	76.2%	64.5%	-	-	68.7%	-	-	-	30.0%	21.3%	108	6.57	66	9.4	127.3%	100.0%	1	0	69,560	69,752	(192)
TWH	Ward 33 (Gynae) (TW) - ND302	87.4%	91.8%	-	-	85.7%	96.4%	-	-	34.4%	3.0%	81	5.24	27	5.4	27.2%	96.4%	2	0	114,771	110,534	4,237
TWH	Intensive Care (TW) - NA201	97.9%	98.8%	-	-	100.3%	92.9%	-	-	15.2%	0.0%	162	10.71	16	32.2	50.0%	100.0%	0	0	383,197	336,028	47,169
TWH	Acute Medical Unit (TW) - NA901	73.1%	49.6%	-	100.0%	76.3%	52.6%	-	100.0%	20.9%	24.1%	233	17.31	150	7.0	2.0%	100.0%	10	0	218,161	186,450	31,711
TWH	Surgical Assessment Unit (TW) - NE701	89.9%	139.3%	-	-	32.1%	67.9%	-	-	24.5%	17.9%	89	6.39	53	18.9	0.0%	0.0%	0	0	71,341	51,288	20,053
TWH	Ward 32 (TW) - NG130	75.7%	63.6%	-	100.0%	64.3%	77.7%	-	100.0%	22.1%	21.4%	112	7.79	53	6.7	46.2%	100.0%	5	0	141,039	124,823	16,216
TWH	Ward 10 (TW) - NG131	84.5%	97.6%	-	100.0%	82.1%	119.8%	-	-	62.8%	38.5%	265	17.56	102	5.7	6.3%	100.0%	5	0	137,396	146,006	(8,610)
TWH	Ward 11 (TW) Winter Escalation 2019 - NG144	78.4%	76.5%	-	-	146.3%	93.7%	-	-	74.1%	27.9%	272	17.70	98	6.0	29.7%	100.0%	14	2	0	128,257	(128,257)
TWH	Ward 12 (TW) - NG132	75.2%	79.0%	-	100.0%	109.6%	81.2%	-	-	40.1%	29.0%	211	12.99	108	5.2	0.0%	0.0%	8	1	139,447	123,433	16,014
TWH	Ward 20 (TW) - NG230	66.0%	81.0%	-	100.0%	101.3%	115.1%	-	-	39.2%	37.4%	234	16.25	111	6.3	0.0%	0.0%	15	1	185,628	151,079	34,549
TWH	Ward 21 (TW) - NG231	65.2%	71.2%	-	100.0%	75.7%	103.6%	-	-	29.9%	31.3%	181	12.01	102	5.4	26.9%	100.0%	9	1	147,063	133,134	13,929
TWH	Ward 2 (TW) - NG442	45.1%	70.0%	-	100.0%	84.5%	122.9%	-	-	37.2%	39.8%	228	14.09	138	5.4	81.5%	81.8%	12	1	162,959	154,959	8,000
TWH	Ward 30 (TW) - NG330	77.7%	80.5%	-	100.0%	115.3%	96.6%	-	-	32.2%	19.1%	160	10.26	62	5.3	10.9%	100.0%	7	1	125,393	147,285	(21,892)
TWH	Ward 31 (TW) - NG331	77.0%	94.3%	-	100.0%	73.2%	141.0%	-	-	38.5%	12.0%	179	11.67	80	6.1	60.0%	93.3%	6	0	138,962	163,187	(24,225)
Crowborough	Crowborough Birth Centre (CBC) - NP775	55.7%	88.5%	-	-	0.0%	0.0%	-	-	2.0%	0.0%	3	0.08	0						103,020	53,180	49,840
TWH	Midwifery (multiple rosters)	74.8%	53.0%	-	-	85.9%	89.0%	-	-	16.3%	1.2%	778	43.13	147	15.5	34.8%	97.0%	1	0	726,749	759,903	(33,154)
TWH	Hedgehog Ward (TW) - ND702	108.5%	173.3%	-	-	113.7%	-	-	-	62.8%	70.4%	288	19.96	80	10.1	0.4%	100.0%	0	0	139,456	221,136	(81,680)
MAIDSTONE	Maidstone Birth Centre - NP751	104.7%	123.0%	-	-	104.0%	100.0%	-	-	19.0%	0.0%	34	2.03	1	78.4	63.6%	100.0%	0	0	72,115	92,477	(20,362)
TWH	SCBU (TW) - NA102	84.4%	-	-	100.0%	94.4%	-	-	-	25.7%	0.0%	144	8.18	5	10.9	0.0%	0.0%	0	0	177,929	197,511	(19,582)
TWH	Short Stay Surgical Unit (TW) - NE901	75.5%	60.7%	-	100.0%	62.5%	100.0%	-	100.0%	8.0%	17.4%	29	2.06	9	10.1	0.0%	0.0%	0	0	75,794	73,394	2,400
MAIDSTONE	Accident & Emergency (M) - NA351	90.0%	84.0%	-	100.0%	96.6%	87.1%	-	-	48.2%	29.9%	493	34.84	73		0.6%	97.5%	2	0	283,070	410,975	(127,905)
TWH	Accident & Emergency (TW) - NA301	90.7%	56.8%	-	100.0%	91.2%	82.0%	-	100.0%	48.2%	44.6%	623	43.88	133		1.0%	80.0%	11	0	389,304	517,182	(127,878)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	86.0%	71.8%	-	100.0%	91.1%	-	-	-	18.7%	0.0%	31	2.18	5	12.4	26.8%	95.5%	0	0	67,488	55,718	11,770
MAIDSTONE	Peale Ward COVID - ND451	91.4%	102.4%	-	100.0%	113.1%	133.5%	-	-	22.7%	54.5%	115	7.94	66	9	0%	0%	4	0	110,447	100,948	9,499
MAIDSTONE	Foster Clark - NS251	85.3%	72.8%	-	100.0%	88.4%	93.3%	-	-	12.6%	13.8%	65	4.46	31	6.2	20%	100%	3	0	193,022	148,142	44,880
MAIDSTONE	Foster Clarke Ward - NR359	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	2,402	(2,402)
MAIDSTONE	Short Stay Surgical Unit (M) - NE751	93.1%	100.1%	-	-	87.5%	-	-	-	14.4%	12.9%	32	1.78	7	20.2	0%	0%	0	0	63,685	58,182	5,503
																Total Established Wards				6,071,256	6,515,712	(444,456)
																Additional Capacity beds	Cath Labs			50,670	39,412	11,258
																	Chaucer			0	0	0
																	Foster Clarke Winter Escalation 20			0	0	0
																Other associated nursing costs				4,903,293	4,246,406	656,887
																				11,025,219	10,801,530	223,689

RAG Key

Under fill



Overfill



Green: equal to or greater than 90% but less than 110%

Amber Less than 90% OR equal to or greater than 110%

Red Less than 80% OR equal to or greater than 130%

NHS
Maidstone and Tunbridge Wells NHS Trust

Update on the Trust's planning submissions for 2022/23	Director of Strategy, Planning and Partnerships

Please find enclosed an update on the Trust's planning submissions for 2022/23.

Which Committees have reviewed the information prior to Board submission?
- Executive Team Meeting, 29/03/22, Finance and Performance Committee, 29/03/22

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

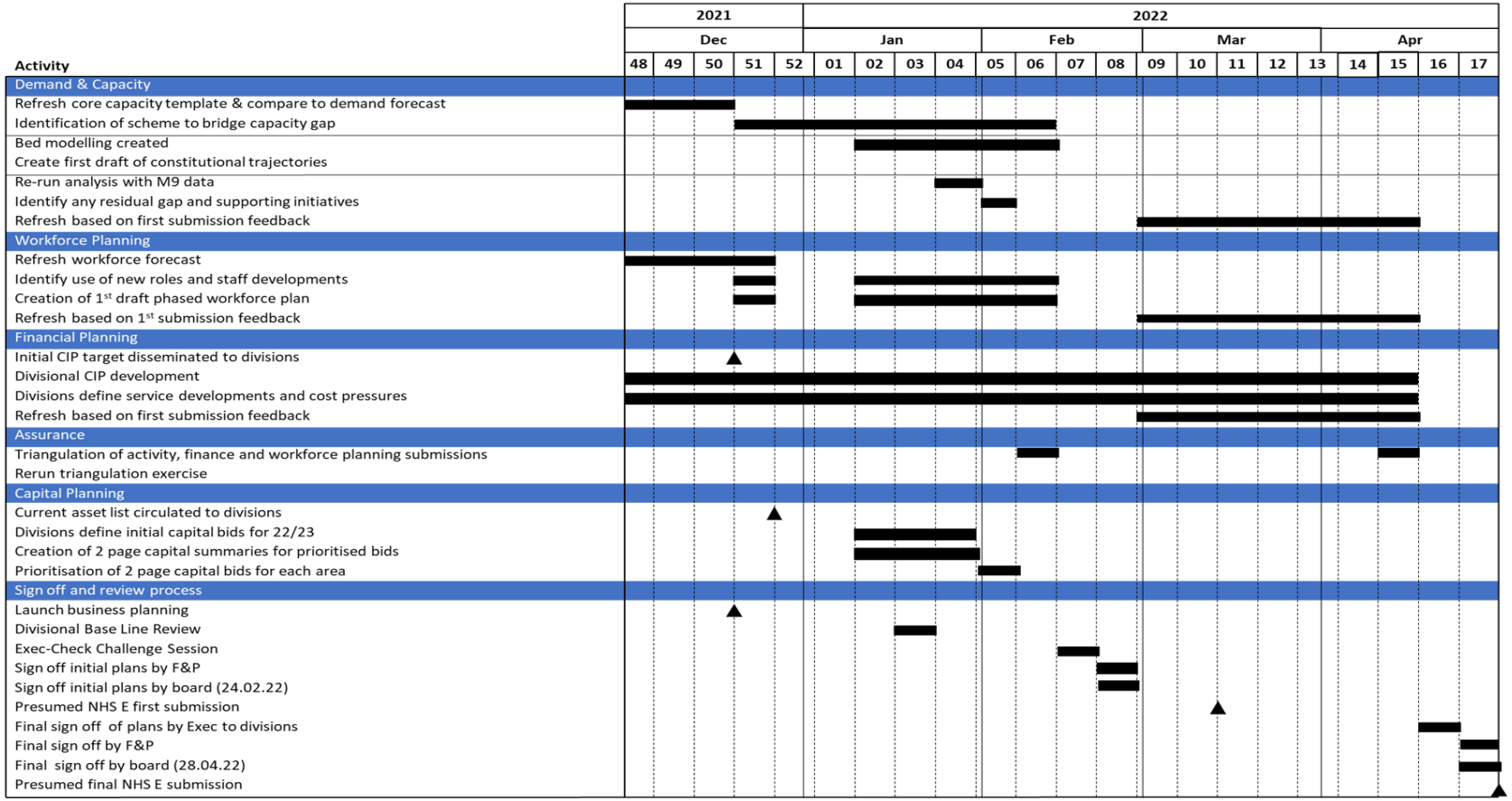
2022/23 Operational Planning

March 2022

MTW

NHS
Maidstone and Tunbridge Wells
NHS Trust

Timeline for Business Planning



Timetable:

3rd Week Jan:
Divisional Base Line Review Meeting

3rd Week Feb:
Executive Check and Challenge Session

4th Week Feb:
Initial Plan sign off F&P and Board

2nd Week March:
First Draft to NHSE

3rd Week April:
Final sign off F&P and Board

End April:
Final Submission to NHSE

K&M CCG have asked that final activity plans are submitted by 6th April. Final activity plan sign off by F&P/board would not be achievable in this timeline, however the plan presented today is not materially different than previous approved version.

Agenda

Activity Plans
Workforce Plans
Finance Plans

Since the last update there has been a minor improvement in the position. Core activity plans exceed the 104% minimum provider threshold at each point of delivery if the known impact of endoscopy pathways changes are factored into day cases.

INCLUDES BASELINE ADJUSTMENT

Elective IP	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	543	558	604	591	583	632	582	687	595	571	626	717	7289
National Target - % of 1920	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%
National Target Volume	597	614	664	650	641	695	640	756	655	628	689	789	8018
22/23 Plan as % of 1920	111%	121%	109%	117%	119%	115%	117%	102%	110%	122%	103%	102%	112%
22/23 Plan Volume	604	678	660	690	694	726	684	699	654	698	648	731	8165
Var Plan 22/23 vs Target	**7**	**64**	**-5**	**39**	**53**	**31**	**43**	**-56**	**0**	**69**	**-41**	**-58**	**147**
Actual 21/22 as % of 1920	94%	111%	104%	107%	92%	100%	105%	85%	85%	76%			
Actual 21/22 Volume	509	622	630	635	539	630	610	582	509	433			

Elective DC	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	3535	3476	3639	3701	3474	3873	3451	3838	3360	3349	3454	3869	43019
National Target - % of 1920	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%
National Target Volume	3889	3824	4003	4071	3821	4260	3796	4222	3696	3684	3799	4256	47321
22/23 Plan as % of 1920	99%	111%	102%	105%	118%	105%	112%	106%	110%	116%	108%	110%	108%
22/23 Plan Volume	3515	3861	3707	3891	4082	4077	3881	4074	3699	3884	3716	4242	46628
Var Plan 22/23 vs Target	**-373**	**37**	**-296**	**-180**	**261**	**-183**	**85**	**-148**	**3**	**200**	**-84**	**-13**	**-692**
Actual 21/22 as % of 1920	98%	100%	100%	102%	103%	95%	107%	107%	103%	109%			
Actual 21/22 Volume	3461	3479	3643	3758	3571	3693	3682	4117	3460	3658			

Total Elective (IP and DC)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	4078	4034	4243	4292	4057	4505	4033	4525	3955	3920	4080	4586	50308
National Target - % of 1920	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%
National Target Volume	4486	4437	4667	4721	4463	4956	4436	4978	4351	4312	4488	5044	55339
22/23 Plan as % of 1920	101%	112%	103%	107%	118%	107%	113%	105%	110%	117%	107%	108%	109%
22/23 Plan Volume	4119	4538	4367	4580	4777	4804	4564	4774	4353	4581	4363	4973	54793
Var Plan 22/23 vs Target	**-366**	**101**	**-301**	**-141**	**314**	**-152**	**128**	**-204**	**3**	**269**	**-125**	**-71**	**-546**
Actual 21/22 as % of 1920	97%	102%	101%	102%	101%	96%	106%	104%	100%	104%			
Actual 21/22 Volume	3970	4101	4273	4393	4110	4323	4292	4699	3969	4091			

NB: Mar-20 Activity Levels were impacted by COVID. These have therefore been adjusted as per the national counterfactual guidance

Update:

NHS E have agreed to review our request to re-baseline our 19/20 activity to reflect the endoscopy pathway changes identified. We are working closely with Sarah Goldsack (D. Director Performance Planned Care NHS E SE , Doug Gilbert- Head of Elective Recovery NHS SE and CCG colleagues (Lee Martin & Kerry White) on this issue.

Assumptions:

1. Identified funded initiatives are fully delivered
2. Baseline corrections to day case endoscopy activity are accepted.
3. Levels of Activity sent to the Independent Sector (IS) remains at 2021/22 Levels

As we have indicated throughout H1/H2 the impact of endoscopy pathways changes adversely impacts our elective day case attainment of 19/20 and therefore our overall Elective performance.

EXCLUDES BASELINE ADJUSTMENT

Elective IP	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	543	558	604	591	583	632	582	687	595	571	626	717	7289
National Target - % of 1920	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%
National Target Volume	597	614	664	650	641	695	640	756	655	628	689	789	8018
22/23 Plan as % of 1920	108%	118%	106%	113%	115%	111%	114%	99%	107%	118%	100%	99%	109%
22/23 Plan Volume	585	657	640	669	672	704	663	677	634	677	628	708	7913
Var Plan 22/23 vs Target	**-12**	**43**	**-25**	**18**	**31**	**9**	**22**	**-78**	**-20**	**48**	**-61**	**-81**	**-105**
Actual 21/22 as % of 1920	94%	111%	104%	107%	92%	100%	105%	85%	85%	76%			
Actual 21/22 Volume	509	622	630	635	539	630	610	582	509	433			

Elective DC	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	3783	3832	4090	3909	3795	4326	3880	4280	3649	3835	3982	4381	47742
National Target - % of 1920	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%
National Target Volume	4161	4215	4499	4300	4175	4759	4268	4708	4014	4219	4380	4819	52516
22/23 Plan as % of 1920	92%	99%	89%	98%	106%	93%	99%	94%	100%	100%	92%	95%	96%
22/23 Plan Volume	3465	3804	3653	3834	4024	4019	3824	4016	3645	3827	3661	4180	45951
Var Plan 22/23 vs Target	**-696**	**-411**	**-846**	**-466**	**-151**	**-740**	**-444**	**-692**	**-369**	**-392**	**-719**	**-639**	**-6565**
Actual 21/22 as % of 1920	91%	91%	89%	96%	94%	85%	95%	96%	95%	95%			
Actual 21/22 Volume	3461	3479	3643	3758	3571	3693	3682	4117	3460	3658			

Total Elective (IP and DC)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	4326	4390	4694	4500	4378	4958	4462	4967	4244	4406	4608	5098	55031
National Target - % of 1920	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%
National Target Volume	4759	4829	5163	4950	4816	5454	4908	5464	4668	4847	5069	5608	60534
22/23 Plan as % of 1920	94%	102%	91%	100%	107%	95%	101%	94%	101%	102%	93%	96%	98%
22/23 Plan Volume	4050	4460	4293	4502	4696	4723	4486	4693	4279	4503	4289	4888	53864
Var Plan 22/23 vs Target	**-709**	**-369**	**-871**	**-448**	**-120**	**-731**	**-422**	**-771**	**-389**	**-343**	**-780**	**-720**	**-6670**
Actual 21/22 as % of 1920	92%	93%	91%	98%	94%	87%	96%	95%	94%	93%			
Actual 21/22 Volume	3970	4101	4273	4393	4110	4323	4292	4699	3969	4091			

NB: Mar-20 Activity Levels were impacted by COVID. These have therefore been adjusted as per the national counterfactual guidance

The activity plan includes the “Funded” efficiency opportunities identified by the Divisions as well as endoscopy daycase activity.

DC Plans have been adjusted to take into account for the impact of QFIT testing in the Community, colon capsule activity, as well as the already known impact of the Trust now not providing a Bowel Scope Service (which was provided in 19/20). The impact of these pathway changes is that DC Gastroenterology activity is 61% of 19/20 activity levels

Our Total Core First Outpatient activity plans including funded efficiency schemes exceed the 104% provider threshold of 19/20 activity levels

Consultant-Led First OP	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	13212	12281	14152	14431	12558	14712	13849	14694	13339	13070	13528	15003	164829
National Target - % of 1920	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%
National Target Volume	14533	13509	15567	15874	13814	16183	15234	16163	14673	14377	14881	16503	181312
22/23 Plan as % of 1920	113%	134%	112%	115%	138%	118%	120%	118%	119%	126%	117%	121%	121%
22/23 Plan Volume	14989	16465	15859	16590	17309	17355	16580	17370	15824	16533	15780	18126	198786
Var Plan 22/23 vs Target	**456**	**2956**	**292**	**716**	**3496**	**1172**	**1347**	**1207**	**1152**	**2156**	**900**	**1623**	**17474**
Actual 21/22 as % of 1920	91%	97%	97%	87%	93%	89%	91%	96%	84%	90%			
Actual 21/22 Volume	12083	11863	13670	12620	11658	13147	12575	14076	11197	11776			

Non-Consultant Led First OP	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	3642	3946	3442	4342	3569	3636	3917	3647	3428	3841	3434	3808	44652
National Target - % of 1920	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%
National Target Volume	4006	4341	3786	4776	3926	4000	4309	4012	3771	4225	3777	4189	49117
22/23 Plan as % of 1920	93%	84%	95%	72%	90%	88%	81%	88%	94%	87%	93%	83%	87%
22/23 Plan Volume	3387	3301	3261	3139	3217	3214	3175	3212	3223	3346	3193	3158	38826
Var Plan 22/23 vs Target	**-619**	**-1040**	**-525**	**-1637**	**-709**	**-786**	**-1134**	**-800**	**-548**	**-879**	**-584**	**-1030**	**-10292**
Actual 21/22 as % of 1920	93%	84%	95%	72%	90%	88%	81%	88%					
Actual 21/22 Volume	3387	3301	3261	3139	3217	3214	3175	3212					

Total Combined First OP	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	16854	16227	17594	18773	16127	18348	17766	18341	16767	16911	16962	18811	209481
National Target - % of 1920	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%	110%
National Target Volume	18539	17850	19353	20650	17740	20183	19543	20175	18444	18602	18658	20692	230429
22/23 Plan as % of 1920	109%	122%	109%	105%	127%	112%	111%	112%	114%	118%	112%	113%	113%
22/23 Plan Volume	18377	19766	19121	19729	20526	20569	19755	20582	19047	19880	18973	21285	237611
Var Plan 22/23 vs Target	**-163**	**1917**	**-233**	**-921**	**2786**	**386**	**213**	**407**	**603**	**1278**	**315**	**593**	**7182**
Actual 21/22 as % of 1920	91%	93%	95%	83%	91%	88%	88%	93%					
Actual 21/22 Volume	15337	15017	16801	15645	14713	16159	15573	17080					

NB: Mar-20 Activity Levels were impacted by COVID. These have therefore been adjusted as per the national counterfactual guidance

Update:

No material changes to the previously agreed position.

Non-consultant Led First OP Activity Plans (mainly Radiotherapy, Maternity and Therapies) are below the 104% provider threshold, however overall the activity plans exceed the 104% Threshold

Assumptions:

1. Identified funded initiatives are fully delivered
2. Levels of Activity sent to the Independent Sector (IS) remains similar to 2021/22 Levels

Our Out Patient Follow Up reduction position has improved by 3% over the course of the 22/23 financial year.

Consultant-Led Follow Up OP	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	17799	16715	19376	18885	17451	19544	18950	20986	17923	19518	18536	20556	226239
National Target - % of 1920	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	110%
National Target Volume	13349	12536	14532	14164	13088	14658	14213	15740	13442	14639	13902	15417	169679
22/23 Plan as % of 1920	88%	103%	85%	92%	104%	93%	91%	86%	92%	89%	89%	92%	92%
22/23 Plan Volume	15704	17290	16497	17290	18083	18083	17290	18083	16497	17290	16497	18876	207482
Var Plan 22/23 vs Target	**2355**	**4754**	**1965**	**3126**	**4995**	**3425**	**3078**	**2344**	**3055**	**2652**	**2595**	**3459**	**37802**
Actual 21/22 as % of 1920	106%	111%	104%	99%	101%	103%	101%	104%	99%	98%			
Actual 21/22 Volume	18798	18576	20230	18637	17607	20109	19110	21834	17822	19220			

Non-Consultant Led Follow Up OP	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	3922	4400	3672	4199	4109	3957	4777	4423	3677	4653	3952	4384	50125
National Target - % of 1920	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
National Target Volume	2942	3300	2754	3149	3082	2968	3583	3317	2758	3490	2964	3288	37594
22/23 Plan as % of 1920	82%	75%	94%	82%	87%	91%	70%	85%	94%	76%	85%	81%	83%
22/23 Plan Volume	3201	3319	3462	3452	3582	3619	3361	3742	3457	3536	3371	3552	41654
Var Plan 22/23 vs Target	**259**	**19**	**708**	**302**	**500**	**651**	**-222**	**425**	**700**	**46**	**407**	**264**	**4060**
Actual 21/22 as % of 1920	82%	75%	94%	82%	87%	91%	70%	85%					
Actual 21/22 Volume	3201	3319	3462	3452	3582	3619	3361	3742					

Total Combined Follow Up OP	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Year Total
1920 Actual	21721	21115	23048	23084	21560	23501	23727	25409	21600	24171	22488	24940	276364
National Target - % of 1920	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
National Target Volume	16291	15836	17286	17313	16170	17626	17795	19057	16200	18128	16866	18705	207273
22/23 Plan as % of 1920	87%	98%	87%	90%	100%	92%	87%	86%	92%	86%	88%	90%	90%
22/23 Plan Volume	18905	20609	19959	20742	21665	21702	20651	21825	19955	20826	19868	22428	249136
Var Plan 22/23 vs Target	**2614**	**4773**	**2673**	**3429**	**5495**	**4077**	**2856**	**2769**	**3755**	**2697**	**3002**	**3723**	**41863**
Actual 21/22 as % of 1920	99%	101%	100%	93%	95%	98%	92%	98%					
Actual 21/22 Volume	21416	21245	22957	21397	20490	23074	21856	24832					

NB: Mar-20 Activity Levels were impacted by COVID. These have therefore been adjusted as per the national counterfactual guidance

Update:

Sarah Goldsack- Deputy Director Performance Planned Care NHS E S , Doug Gilbert- Head of Elective recovery NHS E SE confirmed we can remove radiotherapy activity, haematology and oncology follow up activity from our 19/20 actuals.

MEC have identified further opportunities to reduce F/UP

This has been offset by reflecting the increased POA to deliver our Elective activity which is recorded as F/UP

Agenda

Activity Plans

Workforce Plans

Finance Plans

Divisions and HR BPs have refreshed the workforce plan with a focus on assuring the recruitment trajectories and associated reductions in bank and agency expenditure. Whilst significant progress has been there is additional work required to bring the trajectory back to the 22/23 core budget establishment.

Staffing Group	Feb 2022 Budget	Feb 2022 Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Agreed 2022/23 Core Establishment
A&C/Sen Man Substantive	624	593	585	577	582	601	603	607	608	604	605	619	619	619	600
A&C/Sen Man Bank	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A&C/Sen Man Agency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A&C/Sen Man Staff Total	**624**	**593**	**585**	**577**	**582**	**601**	**603**	**607**	**608**	**604**	**605**	**619**	**619**	**619**	**600**
Medical Staff - Substantive	894	803	804	804	817	827	852	859	871	875	875	875	876	876	908
Medical Staff - Bank	0	98	68	39	31	25	18	17	13	10	10	10	10	10	0
Medical Staff - Agency	0	68	64	59	57	56	44	42	33	31	30	31	30	30	3
Medical Staff Total	**894**	**969**	**936**	**902**	**905**	**908**	**914**	**917**	**917**	**916**	**915**	**916**	**916**	**916**	**908**
Nurses Substantive - Trained	2046	1703	1715	1727	1778	1813	1825	1835	1843	1865	1871	1880	1884	1892	2090
Nurse Bank	0	226	195	164	157	156	150	145	142	140	115	113	113	113	0
Nurse Agency	0	139	119	98	85	80	76	72	68	69	65	61	60	58	0
Nursing Total	**2046**	**2068**	**2029**	**1990**	**2020**	**2049**	**2051**	**2051**	**2053**	**2073**	**2051**	**2054**	**2058**	**2064**	**2090**
Ambulance + Paramedics Trained	7	10	10	10	10	10	10	10	10	10	10	10	10	10	7
Qualified Ambulance + Paramed Total	**7**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**7**
Scientific Therap & Tech - Subst	907	786	791	796	805	815	812	830	848	851	857	856	855	857	906
Scientific Therap & Tech - Bank	0	32	25	18	18	18	18	18	18	18	18	18	18	18	0
Scientific, Therap & Tech - Agency	0	27	29	32	31	25	23	22	20	15	15	15	15	15	0
Scientific Therap & Tech Total	**907**	**845**	**845**	**845**	**854**	**858**	**853**	**870**	**886**	**884**	**890**	**889**	**888**	**890**	**906**
Support Substantive	529	462	503	543	555	559	563	565	565	566	566	566	566	566	553
Support Bank	0	200	149	98	99	96	98	95	97	95	97	95	97	97	0
Support Agency	0	66	44	22	21	20	20	18	17	17	15	15	15	15	0
Support Staff Total	**529**	**728**	**695**	**662**	**674**	**674**	**680**	**677**	**678**	**677**	**677**	**675**	**677**	**677**	**553**
Support to Clinical Staff - Subst	1994	1826	1849	1871	1913	1937	1920	1927	1929	1931	1932	1936	1935	1935	2078
Support to Clinical Staff - Bank	0	172	133	94	90	87	83	82	81	81	80	78	78	77	0
Support to Clinical Staff - Agency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support to Clinical Staff Total	**1994**	**1998**	**1982**	**1965**	**2003**	**2025**	**2004**	**2009**	**2010**	**2012**	**2012**	**2014**	**2013**	**2012**	**2078**
Grand Total	**7001**	**7210**	**7081**	**6951**	**7048**	**7125**	**7114**	**7141**	**7160**	**7177**	**7160**	**7177**	**7180**	**7187**	**7146**

- Feb 22 saw the largest increase in substantive headcount and our out turn position is showing a variance of 209 WTE vs core establishment.
- Compared to the out turn position we are forecasting an increase in substantive staffing of 570 WTE, with reductions in Bank & Agency of 426 & 196 respectively by year end

Agenda

Activity Plans

Workforce Plans

Finance Plans

2022/23 Draft Plan I&E Summary

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23 Annual Plan
Income from Patient Care Activities	47.7	47.7	47.7	47.7	47.7	47.7	47.7	47.7	47.7	47.7	47.7	47.7	**572.3**
Other Income	3.7	3.7	3.7	3.7	3.7	3.7	3.8	3.8	3.8	3.9	4.0	3.9	**45.5**
Total Income	**51.4**	**51.4**	**51.4**	**51.4**	**51.4**	**51.4**	**51.5**	**51.5**	**51.5**	**51.6**	**51.7**	**51.6**	**617.8**
Medical Staff	-9.5	-9.5	-9.5	-9.1	-9.1	-9.1	-9.1	-9.1	-9.1	-9.1	-9.1	-9.1	**-110.7**
Nursing	-8.9	-8.9	-8.9	-8.6	-8.6	-8.6	-8.6	-8.6	-9.0	-9.0	-9.0	-9.0	**-105.9**
Scientific Therap & Tech Staff	-3.8	-3.8	-3.8	-3.6	-3.6	-3.6	-3.6	-3.6	-3.6	-3.6	-3.6	-3.6	**-44.1**
Qualified Ambulance + Paramed	-0.1	-0.1	-0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**-0.6**
Support to Clinical Staff	-5.0	-5.0	-5.0	-4.8	-4.8	-4.8	-4.8	-4.8	-4.8	-4.8	-4.8	-4.8	**-57.9**
Support Staff	-1.6	-1.6	-1.6	-1.5	-1.5	-1.5	-1.5	-1.5	-1.5	-1.5	-1.5	-1.5	**-18.6**
A&C/Sen Man Staff	-2.7	-2.7	-2.7	-2.6	-2.6	-2.6	-2.6	-2.6	-2.6	-2.6	-2.6	-2.6	**-31.0**
Apprenticeship Levy	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	**-1.5**
Total Pay	**-31.7**	**-31.7**	**-31.7**	**-30.4**	**-30.4**	**-30.4**	**-30.4**	**-30.4**	**-30.8**	**-30.8**	**-30.8**	**-30.8**	**-370.3**
Drugs & Medical Gases	-5.1	-5.1	-5.1	-4.9	-4.9	-4.9	-4.9	-4.9	-4.9	-4.9	-4.9	-4.9	**-59.0**
Clinical Negligence	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	**-19.4**
Premises	-3.0	-3.0	-3.0	-2.9	-2.9	-2.9	-2.9	-2.9	-2.9	-2.9	-2.9	-2.9	**-35.2**
Purch healthcare from non NHS	-2.1	-2.1	-2.1	-2.0	-2.0	-2.0	-2.0	-2.0	-2.0	-2.0	-2.0	-2.0	**-24.7**
Supplies and Services	-4.0	-4.0	-4.0	-3.9	-3.9	-3.9	-3.9	-3.9	-4.1	-4.1	-4.1	-4.1	**-47.8**
Other Non Pay	-2.1	-2.1	-2.1	-2.1	-2.1	-2.1	-2.1	-2.1	-2.1	-2.1	-2.1	-2.1	**-24.8**
Total Non Pay	**-18.0**	**-18.0**	**-18.0**	**-17.3**	**-17.3**	**-17.3**	**-17.3**	**-17.3**	**-17.6**	**-17.6**	**-17.6**	**-17.6**	**-210.9**
Depreciation	-1.9	-1.9	-1.9	-2.0	-2.0	-2.0	-2.2	-2.2	-2.2	-2.2	-2.2	-2.2	**-25.0**
Other Finance Costs	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.6	-1.4	-2.2	**-17.6**
Public Dividends Payable	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	**-4.9**
Total Finance Costs	**-3.7**	**-3.7**	**-3.7**	**-3.8**	**-3.8**	**-3.8**	**-4.0**	**-4.0**	**-4.0**	**-4.3**	**-4.1**	**-4.9**	**-47.5**
Technical Adjustment	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.2	-0.1	0.8	**1.2**
Total Deficit (-) / Surplus (+)	**-1.9**	**-1.9**	**-1.9**	**-0.1**	**-0.1**	**-0.1**	**-0.1**	**-0.1**	**-0.8**	**-0.9**	**-0.9**	**-0.9**	**-9.7**

2022/23 Draft Plan

Draft Plan
The Trust submitted draft financial plan for 2022/23 is a deficit of £9.7m. This is part of the Kent and Medway System plan which is a deficit of £85.0m.

Key Assumptions
There is an uplift for growth at 0.8% and inflation at 2.8%. There is a national efficiency ask of 1.1% and a local system efficiency of 1.2%.

The Trust has an internal CIP target of £20m for 2022/23 plus £10m of undelivered CIP from 21/22.

The plan currently includes an additional £20.1m of expenditure to support growth (£4.7m), cost pressures (£10.7m) and service developments (£5.7m).

COVID income is reducing by 50% (£10m), currently the plan assumes that expenditure reduces by £2m.

CCG growth funding has reduced, the plan had assumed a benefit of £3.9m from marginal costs of growth but this has been removed. This is offset by a reduction in the local efficiency target and inclusion of a contingency of £2.2m (0.5%), this was previously in a system contingency reserve.

The income and expenditure for the Community Diagnostic Centre is now included in the plan.

The plan includes £13.6m of risk which is detailed on slide 5.

Key movements	£m
Initial plan – breakeven	0.0
CCG Income	-4.8
Depreciation increase	-2.1
PDC increase	-2.0
RPI	-0.8
Draft plan submitted	-9.7

Key movements
CCG Income - The Trust has not secured the additional £10m income it was expecting from the CCG. It has assumed an additional £5m of ERF funding a total of £25m.

Depreciation Increase - Increased capital spending in the last two financial years is increasing the depreciation by £2.1m.

PDC - Changes in cash balances increase PDC by £2.0m.

RPI - Inflation costs have been increased by £0.8m in light of revised Retail Pricing Index (RPI) increases.

2022/23 Draft Cost Improvement Plan

Efficiency Plan Risk £000	Pay	Non Pay	Income	Total Plan
High Risk	6,259	4,113	1,340	**11,712**
Medium risk	15	1,033	958	**2,006**
Low Risk	264	5,327	696	**6,287**
Total Efficiencies	**6,538**	**10,473**	**2,994**	**20,005**

Efficiency Plan Status £000	Pay	Non Pay	Income	Plan
Fully Developed	0	481	179	**660**
Plans in Progress	174	1,923	1,392	**3,489**
Opportunity	1,036	5,200	1,423	**7,659**
Unidentified	5,328	2,869	0	**8,197**
Total Efficiencies	**6,538**	**10,473**	**2,994**	**20,005**

Efficiency Profile £000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Recurrent	331	346	399	674	654	700	2,041	2,048	2,151	2,057	2,055	2,028	15,484
Non Recurrent	75	23	15	20	30	32	716	716	716	728	725	725	4,521
Total	**406**	**369**	**414**	**694**	**684**	**732**	**2,757**	**2,764**	**2,867**	**2,785**	**2,780**	**2,753**	**20,005**

The 2022/23 CIP target is £20.0m, there is an additional £10.0m CIP from 21/22 but this is not reported externally. Around 4.1m of CIP is either fully developed or plans in progress. There is a further £7.7m of opportunities identified. This leaves £8.1m of unidentified schemes.

The plan does assume that the CIP target will be met by the end of the year but some of this will be non recurrent CIPs.

Risks and Benefits

	Value £ m	Risk %	Risk Adjusted Value £ m
CIP Delivery 2022/23	20.0	25%	5
CIP Delivery 2021/22	10.0	75%	7.5
ERF Funding	25.0	10%	2.5
Net Inflation Pressure / RPI	2.7	75%	2.0
Total Risks			17.0
Energy Prices	-3.2	75%	-2.4
COVID	-2.0	50%	-1.0
Total benefits			-3.4
Total Risks and Benefits			**13.6**

The goal between now and the final plan submission will be to minimise these risks, and manage any impact on the plan that crystallises.

The plan assumes full delivery of CIP but there is a risk that this may not be fully delivered in 2022/23. Plans are being developed with Divisions with support from the PMO but the pause in CIP in the last 2 years means CIP programmes are at a less developed stage than in previous years.

The Trust received £20m of ERF funding in 2021/22 and plans to receive £25m in 2022/23. This is dependent on meeting elective activity targets 104% higher than 19/20 levels. An amount of ERF can be reclaimed by the CCG if activity targets aren't met.

There is a further risk to prices if inflation continues to rise, the February RPI values will confirm the increase on large contracts including the PFI contract.

There are potential benefits in the plan which could have a positive impact such as further reduction in COVID expenditure or predicted energy increases being lower than expected.

Mitigations

	£ m
Workforce availability	3
Annual Leave accrual reduces	5
Non recurrent income in year	2
Reduce SD and CP investments	5
Release of Contingency	2.2
Total Mitigations	**17.2**

In order to mitigate risks in the financial plan the Trust has identified the following potential mitigations, some of which require further development

- Workforce availability may limit recruitment ambitions
- Annual Leave accrual may reduce if staff are able to take their annual leave in full.
- Identify further non recurrent income support
- Reduce the level of investments in Service Developments and Cost Pressures.
- Release of contingency

Currently the mitigations are higher than the risks however there would be an operational impact if for example Service Developments were reduced.

Next Steps

There is still further work required before the final plan submission;
CCG Income – The final contract value has not yet been agreed with the CCG. The CCG will continue to negotiate for additional funding to support the current levels of activity, performance and quality.

Workforce Plan – Current plan includes recruitment assumptions that look ambitious. Further reviews with Divisions to ensure understanding. This won't reduce the gap but provide assurance that workforce will remain within core establishment.

Cost Pressures – List to be reviewed within finance. Some items already moved to service developments. Cost pressures to be funded will be confirmed, alternative solutions and mitigations to be considered for any not funded.

Service Developments – Clinically Led Prioritisation to take place in March

CIPs – CIP plans to be developed

COVID expenditure – Covid related expenditure to be reviewed - £2m required to be reduced as part of plan.

Growth – Confirm any allocation of growth funding.

Alignment of plan to other workstreams, for example;

Trust – Cardiology, EPR, KMMS, Divisional Objectives
West Kent HCP – Urgent Care and Frailty, WKHCP priorities
Kent and Medway ICS – Pathology, RIS/PACs, CDC, Productivity

NHS
Maidstone and Tunbridge Wells NHS Trust

To approve the Full Business Cases (FBCs) for Picture Archiving Communication System (PACS), Radiology Information Service (RIS) and Image Archive Systems Contract for the Kent and Medway Imaging Consortium (KMMIC)	**Radiology Transformation Programme Manager / Director of IT / Care Group Finance Lead**

Please find enclosed the Business Case for Picture Archiving Communication System (PACS), Radiology Information Service (RIS) and Image Archive Systems Contract for the Kent and Medway Imaging Consortium. The Trust Board is required to approve the Full Business Cases (FBCs), so the Finance and Performance Committee will therefore be asked, at its meeting on 29/03/22, to consider the Full Business Cases 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, 15/03/22
- Finance and Performance Committee, 29/03/22

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

KENT & MEDWAY MEDICAL IMAGING CONSORTIUM
PACS AND RIS DIGITAL TRANSFORMATION PLAN

Outline Business Case to Full Business Case Changes Report

Review of changes between the Outline Business Case and the Full Business Case

For the re-procurement of the Picture Archiving Communication System, Radiology Information Service and Image Archive Systems for the Kent and Medway Medical Imaging Consortium (KMMIC).

PURPOSE OF THIS DOCUMENT

This document sets out to highlight the material Changes between the Outline Business Case (OBC) and the Full Business Case (FBC) for the Kent and Medway Imaging consortium to take forward the project to replace the Picture Archiving Communication System (PACS) and renew contract for the existing Radiology Information Service (RIS).

EXECUTIVE SUMMARY

This PACS and RIS Full Business Case (FBC) follows on from the PACS and RIS outline Business Case (OBC) which was approved by each Trust Board in September and October.

Picture Archiving & Communications System' (or PACS) is the term used to describe an IT system used to acquire, store and retrieve digital images. It is most often, but not exclusively, used to manage digital radiology Images and, in conjunction with a Radiology Information System (or RIS), to schedule, report on and share images either within an organisation or across a wider clinical network.

Today, patients and their families have an expectation of seamless, integrated care between organisations providing their healthcare. Sharing patient data between primary, acute and community care is practically impossible to manage consistently without technology support. The procurement process has ensured that the sharing of patient data was one of the top priorities in the outline specification and has guaranteed that images and the patient record can be transferred seamlessly between Trusts

The new shared PACS and RIS solution will provide efficiency for the KMMIC organisations, helping to drive down costs, provide greater productivity with workforce as well as providing better connectivity for current and future imaging centres across Kent . The solution will enable stability, better patient care and increase the reporting rate across Kent.

1. THE CASE FOR CHANGE

BREAST SCREENING IMAGES

The Full Business Case contains information on the future desire to bring the Sectra Breast Screening PACS and the new Sectra PACS into one Single PACS, providing a cost saving. Once the contract has been signed, the costings to complete this work at the point of the Breast screening technical refresh will be obtained

WORKSTATIONS AND HOME REPORTING

The Full Business Case contains technical information on the preferred bidders home reporting solution and the clinical improvements

2. THE ECONOMIC CASE

THE PREFERRED OPTION

The Full Business Case contains information about how the preferred option of **Central Trust Hosting at EKHUFT** was reached for the Best and Final Offer Stage

Hardware for business continuity at MTW and MFT Trusts will be supplied by the Bidder to hold at least 6 months images.

Please find a summary of the criteria for choosing the preferred option

Cost	Single Trust on-site hosting was the cheapest solution from the OBS indicative costs
Cyber Security	The Trusts can control the network between their sites but not to a third-party datacentre
IG Considerations	Patient Data will be held at the Trust sites. There is already a data sharing agreement
Performance	The application and storage will be held locally enabling timely image transferred of images
Central	Ease of sharing images and patient information between Trusts
Connectivity	Connectivity to each Trust is local, network leased lines are for the hosting Trust to provide. Dedicated to PACS
Migration of data	Migration is local and will be over dedicated leased lines for directly connected Trusts rather than HSCN
Data Centres	Hosting Trust is agreed to be EKHUFT. Modern Data Centres, room for expansion of solution. N+1 UPS and Air Conn. Gas suppression
Staff	Skilled onsite IT team to assist suppliers fully managed service

CONTRACT AND BENEFITS REALISATION

Details of that has been written into the contract regarding the Benefits table are below The KMMIC expect to achieve significant benefits with the new system and wish to be able to both define pre- and post-implementation and continuously monitor benefits realisation.

1. Ensure a timely implementation to allow the consortium to start to realise stated benefits as early as possible in the contract
2. Support of KMMIC benefits analysis and realisation

BENEFITS AND EFFICIENCIES

Some examples of efficiencies can be taken from Dartford and Gravesham NHS Trust, who left the KMMIC GE contract and procured a Sectra PACS solution in 2018

One of the main efficiencies that Dartford have realised since moving to the Sectra PACS are around PACS based reporting, ensuring that reporters are reporting in one single platform, this provides a time reduction in processing and in viewing patient history, as it can all be seen in one system.

Another efficiency is launching other system in context from within the PACS, systems such as Syngo Via or intellispace. These applications can launch with the correct patient details, directly from the PACS

Dartford are reporting that the image transfer times to the London hospitals are around 20 minutes, some of these Blue Light image transferrers over the IEP are currently taking 5 hours. We will see a huge improvement by using the cross-platform workflow.

The cross-platform workflow within Sectra, also allows the searching for the patient record to take place in less than a minute across the whole region. Currently the search involves logging into each other's PACS and it is not possible to search for patients currently from other hospitals outside of the Imaging network. This is a huge patient safety improvement.

There are also transfers of images to MTW from other Trusts for the MDT's. Currently most of these images are transferred via the IEP, this will now be completed from within the application itself and will make a much more streamlined MDT administration process, saving hours of time.

Up time of the solution for Dartford is hitting the target response time of 99.5%. No downtime also equates administrator's efficiency as currently they need to spend hours of time recovering from unexpected failures of the system.

The worklists are streamlined, there are generic lists for radiologists to use and worklists can also be created by administrators for areas outside Radiology, such as A&E or the stroke service. These do not need to be logged to the supplier to create.

Searching for Radiology results from within other applications is easy, as the solution is web based, links from other applications to open the radiology image in patient context is a simple process.

Staff reporting from other Trusts is possible. As long as firewall rules are in place, staff can report directly into the PACS even from Trusts, even if they are outside the imaging network.

The inbuilt chat feature as created significant efficiencies for Dartford, on every workstation there is a location table, so the system will advise where the radiologist is currently located, e.g. in a particular room or reporting from home. You can also link a case directly to a chat, which when clicked on, will allow a second opinion to be gained immediately. This will provide less reliance on emails.

For the administration of the system, Dartford report that the solution is easy to administrator, they have reported significant time savings where they no longer need to raise a call with the supplier

3. COMMERCIAL CASE

PROCUREMENT AND EVALUATION PROCESS

The Full Business Case contains extensive information on the procurement and evaluation process, this includes the following:

The procurement schedule and the next steps

The procurement process and the 5 stages, as well as any Bidders who were unsuccessful and who then proceeded to the further stages. The stages were as follows:

- Stage 1 – Mandatory Questions.
- Stage 2 – Initial Proposal.
- Stage 3 – Supplier demonstrations and validation.
- Stage 4 – Reference site visits and validation.
- Stage 5 – Best and Final Offer (BAFO).

There is also information in the case also outlines the following

- The scoring system used
- The clarification processes
- The documents that were issued to the bidders and the weighting of each section which would form part of the final evaluation and would provide the outcome of the tender
- Details of the evaluation team and how many evaluators from each area of expertise
- Information about how the bidders were scored, the Moderation process and the modal scoring system
- Financial Scoring, Contract markup scoring and social value scoring
- Best and Final Offer costs from the two remaining suppliers

The total quoted price for the lifetime of the 10-year contract was:

Bidder	Cost
Sectra	£ 18,430,120
Change Healthcare	£ 20,400,000

The Full Business Case contains information about the two remaining suppliers final weighted scoring which is as follows:

	Weight	Sub criteria	Sectra % Score	Change Healthcare % Score
Quality	55%	Specification Demonstration	32.53%	30.08%
Commercial	3%	Contract Mark-up	1.50%	1.00%
Social Value	10%	The social value of the contract	5%	5%
Price	32%	Pricing	32.00%	28.90%
Total	**100%**		**71.03%**	**65.06%**

STAGE 5 RECOMMENDED BIDDER

The recommended bidder to be selected was Sectra

LEGAL COLLABORATION AGREEMENT (MOU)

Information on the new MOU which needs to be signed by the Trust for the sharing of the financial liability is embedded in the business case and has been circulated to the Directors of finance.

4. FINANCE CASE

There are changes to the costings from the Outline Business Case as the
OBC had a range of costs

CURRENT MONTHLY CONTRACT COSTS

The current monthly contracts are slightly lower than in the outline business case as it was discovered that GE had been overcharging the Trusts for the RIS element.

INDICATIVE AND CURRENT PERCENTAGES

Information obtained from GE has changed the split of the storage and the amount of studies which has therefore changed to the figures below:

Costs split per Trust

EKHUFT	48.31%
MTW	30.88%
MFT	20.81%

The percentage above is based on the following storage and study figures:

Description	EKHUFT	MTW	MFT
Number of Studies Per Annum (Base - 2019)	565,210	361,313	243,408
Storage Volume In TB (Base – 2019)	21.62	16.43	9.86
Average Study Size (In MB)	40.11	47.68	42.46
Legacy Data Volumes (In TB)	175	168	74
Legacy Study Volumes (In millions)	8.4	5.4	5.2
Compound Annual Growth Rate (CAGR) – Image Size	12%		
Compound Annual Growth Rate (CAGR) – Study Volume	6%		
IEP	Included in figures above		

COSTS OBC AND FBC

The OBC contained a range of costs from the market testing exercise

Costs - MTV Top End	10 year totals
Workstations/Monitors	£363,004.80
RIS Transfer Costs	£50,000.00
RIS Revenue	£1,474,200.00
PACS GE Exit costs	£38,556.00
PACS Capital	£4,247,976.01
PACS Revenue	£4,264,157.62
Programme Manager	£53,458.44
Senior Project Manager	£42,204.63
PACS Managers backfill	£53,403.41
Enovation Costs for RIS move	£5,100.00
Modality suppliers engineering @£700 each	£92,400.00
Radiologists backfill for procurment	£77,083.03
Total	**£10,761,543.95**

Costs - MTV Bottom End	10 year totals
Workstations/Monitors	£363,004.80
RIS Transfer Costs	£50,000.00
RIS Revenue	£1,474,200.00
PACS GE Exit costs	£38,556.00
PACS Capital	
PACS Revenue	£3,694,755.55
Programme Manager	£53,458.44
Senior Project Manager	£42,204.63
PACS Managers backfill	£53,403.41
Enovation Costs for RIS move	£5,100.00
Modality suppliers engineering @£700 each	£92,400.00
Radiologists backfill for procurment	£77,083.03
	£0.00
Total	**£5,944,165.86**

The cost table below is the final costs from the recommended bidder and including total project costs:

Summary – All Trusts	Capital 22/23	Revenue 22/23	Revenue 23/24	Revenue 24/25	Revenue 25/26	Revenue 26/27	Capital 27/28	Revenue 27/28	Revenue 28/29	Revenue 29/30	Revenue 30/31	Revenue 31/32	Revenue 32/33	Total – Capital	Total – Revenue
Transition Costs	£0	£646,176	£1,055,000	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£1,701,176
Contract & Running costs	£0	£146,793	£2,111,007	£2,111,007	£2,111,007	£2,111,007	£0	£2,111,007	£2,111,007	£2,111,007	£2,111,007	£2,111,007	£2,111,007	£0	£21,256,868
Equipment & Capital Charges	£590,526	£106,147	£131,539	£127,406	£123,272	£119,138	£824,658	£187,059	£192,993	£187,221	£181,448	£175,676	£0	£1,415,184	£1,531,900
Total	**£590,526**	**£899,116**	**£3,297,547**	**£2,238,413**	**£2,234,280**	**£2,230,146**	**£824,658**	**£2,298,067**	**£2,304,001**	**£2,298,228**	**£2,292,456**	**£2,286,683**	**£2,111,007**	**£1,415,184**	**£24,489,943**

East Kent	Capital 22/23	Revenue 22/23	Revenue 23/24	Revenue 24/25	Revenue 25/26	Revenue 26/27	Capital 27/28	Revenue 27/28	Revenue 28/29	Revenue 29/30	Revenue 30/31	Revenue 31/32	Revenue 32/33	Total – Capital	Total – Revenue
Transition Costs	£0	£249,001	£501,432	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£750,432
Contract & Running costs	£0	£70,916	£1,034,349	£1,034,349	£1,034,349	£1,034,349	£0	£1,034,349	£1,034,349	£1,034,349	£1,034,349	£1,034,349	£1,034,349	£0	£10,414,402
Capital Charges	£170,414	£30,632	£37,960	£36,767	£35,574	£34,381	£329,863	£53,982	£55,694	£54,028	£52,362	£50,697	£0	£500,278	£442,077
Total	**£170,414**	**£350,548**	**£1,573,740**	**£1,071,116**	**£1,069,923**	**£1,068,730**	**£329,863**	**£1,088,330**	**£1,090,043**	**£1,088,377**	**£1,086,711**	**£1,085,045**	**£1,034,349**	**£500,278**	**£11,606,911**

MTW	Capital 22/23	Revenue 22/23	Revenue 23/24	Revenue 24/25	Revenue 25/26	Revenue 26/27	Capital 27/28	Revenue 27/28	Revenue 28/29	Revenue 29/30	Revenue 30/31	Revenue 31/32	Revenue 32/33	Total – Capital	Total – Revenue
Transition Costs	£0	£222,114	£327,132	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£549,245
Contract & Running costs	£0	£45,330	£639,620	£639,620	£639,620	£639,620	£0	£639,620	£639,620	£639,620	£639,620	£639,620	£639,620	£0	£6,441,527
Equipment & Capital Charges	£232,569	£41,801	£51,800	£50,172	£48,545	£46,917	£247,397	£73,664	£76,001	£73,728	£71,454	£69,181	£0	£479,966	£603,262
Total	**£232,569**	**£309,244**	**£1,018,551**	**£689,792**	**£688,164**	**£686,536**	**£247,397**	**£713,284**	**£715,621**	**£713,347**	**£711,074**	**£708,801**	**£639,620**	**£479,966**	**£7,594,035**

MFT	Capital 22/23	Revenue 22/23	Revenue 23/24	Revenue 24/25	Revenue 25/26	Revenue 26/27	Capital 27/28	Revenue 27/28	Revenue 28/29	Revenue 29/30	Revenue 30/31	Revenue 31/32	Revenue 32/33	Total – Capital	Total – Revenue
Transition Costs	£0	£175,026	£226,432	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£401,457
Contract & Running costs	£0	£30,548	£437,039	£437,039	£437,039	£437,039	£0	£437,039	£437,039	£437,039	£437,039	£437,039	£437,039	£0	£4,400,938
Equipment & Capital Charges	£187,543	£33,712	£41,777	£40,464	£39,151	£37,838	£247,397	£59,410	£61,295	£59,461	£57,628	£55,795	£0	£434,940	£486,531
Total	**£187,543**	**£239,286**	**£705,248**	**£477,503**	**£476,190**	**£474,877**	**£247,397**	**£496,449**	**£498,334**	**£496,500**	**£494,667**	**£492,834**	**£437,039**	**£434,940**	**£5,288,927**

There is a futher breakdown of costs in the Full Business Case and the accociated costing spreadsheet.

CURRENT AND FUTURE ANNUAL - MTW

Please Note: that the are some outstanding queries regarding new IFRS16 Charges for the hardware.

Current Budget	Predicted MTW 22/23	New Annual Cost 24/25	Difference 22/23 vs 24/25	Percentage Increase
£540,780	£511,098	£639,620	**£128,522**	**25.1%**

BIDS FOR NATIONAL FUNDING

Received funding:

Bids for National Funding Received	Revenue 21/22	Capital 22/23
Workstations/Monitors		£1,694,376
Programme Manager	£64,076	

Requested for next financial year:

Bids for National Funding	**Financial Year 22/23**	**Financial Year 23/24**
PACS replacement Change over costs	£4,495,122	
People Costs	£604,103	£55,000

5. MANAGEMENT CASE

The Management Case sets out how the programme of work will be managed through a structured implementation programme.

The Management case contains a more detailed outline of the programme management and information on the following

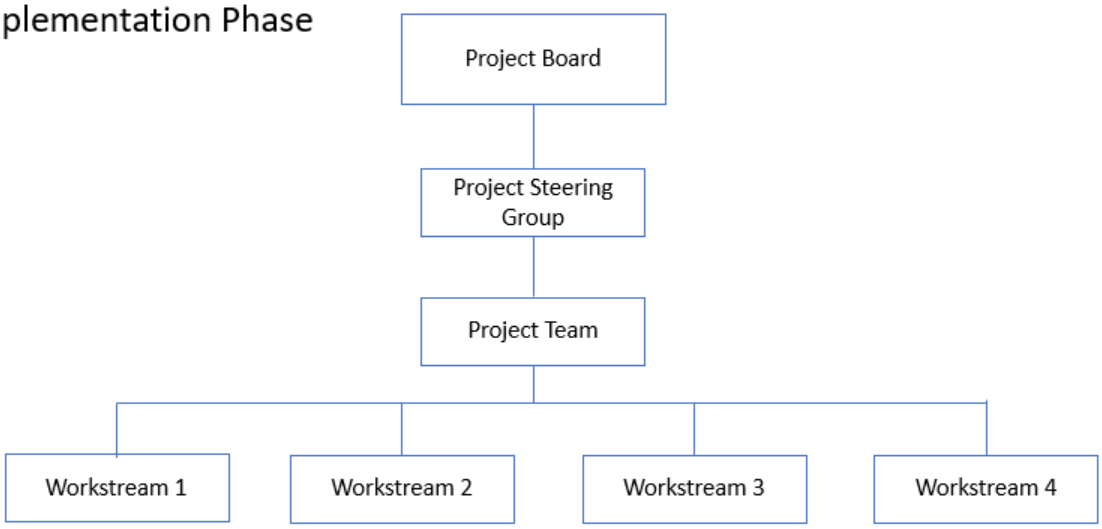
- Programme Board and their key roles
- Senior responsible owner and Chair of the Board and their key role
- Senior Programme Manager and their role
- Project Managers required one part time per Trust
- PACS Managers Role
- Clinical Leads
- Technical design

The Governance Structure contains information that has been added to the contract for the

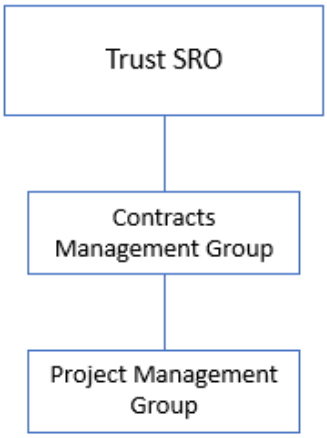
- Project Board representation and their structure
- Project Steering group representation and their structure
- Project Team representation and their structure
- Project management Group representation and their structure

here is also information for the operational phase, following in the project completion

Implementation Phase



Operational Phase



PROJECT MILESTONES

The table below is included in the full business case and provides an overview of the key milestones also contains indicative timescale in months

Milestone	Deliverables (*bulleted list showing all Deliverables (and associated tasks) required for each Milestone*)	Duration (*Working Days*)	Milestone Date	Authority Responsibilities (*if applicable*)	Link to ATP/CPP
Concept Design Phase one	Project strategy Data Collection and current system contents maps and workflow (as is) (study numbers, type, MDT and teaching files) Current System state (identifying detail for each modality, existing integrations and systems, HL7 Interfaces. Communication and Engagement strategy Design Options High Level Project Planning (objectives, high level scope, existing business processes) Site surveys Identification and on boarding of Key staff (workstream leads and steering group)	Approximately 60 days	30 days after contract sign off	To be completed in conjunction with the supplier in line with full project plan	
Full Development Phase Two	Hardware installation Modality migration plan Data migration Strategy Detailed implementation plan per Trust End user training plan Interface and EMPI design and plan Migration of RIS plan PACS Based reporting plan Testing strategy and plan Project Initiation document Future working assessment (identify each trusts workflow/worklists mapping to software - to be process)	Approximately 60 days	60 days after contract sign off	To be completed in conjunction with the supplier in line with full project plan	

Configuration System User Testing Phase 3	Data migration Configuration of software (with configuration tracker) Configuration of connectivity to Dartford Configuration of Interface (with configuration tracker) Modality configuration (dual running) Desktop/Laptop build and initial test Initial system testing Interface testing to include testing for PACS based reporting Cut over planning Go live support plan (all trusts involved in all go lives) Training of end users	Approximately 60 days	120 days after contract sign off	To be completed in conjunction with the supplier in line with full project plan	
User Readiness for Service Phase 4	Technical acceptance Testing Data migration continued Training of end users continued… Clinical acceptance testing Disaster recovery testing Go live readiness Dress rehearsal Training completed 80 % before go live	Approximately 120	210 days after contract sign off	To be completed in conjunction with the supplier in line with full project plan	

Go-Live phase	Cut over Trust one (MTW or MFT?) - Term of contract start date - Milestone payment Trust one (less 20%) Early life support Cut over Trust two (MTW or MFT?) - Milestone payment Trust two (less 20%) Early life support Cut over Trust three (EKHUFT) - Milestone payment Trust three (less 20%) Early life support 30 day stabilisation period end - 20% milestone Trust one payment 30 day stabilisation period - 20% milestone Trust two payment 30 day stabilisation period - 20% milestone Trust three payment Connectivity to Dartford and Gravesham NHS Trust PACS Testing for Image sharing with Dartford and Gravesham NHS Trust PACS Operational go-live of image and Patient Record sharing with Dartford and Gravesham NHS Trust PACS Migration Continues Steady State	90	300 days after contract sign off	To be completed in conjunction with the supplier in line with full project plan	Yes

6.13 PRELIMINARY RISK ASSESSMENT

The preliminary risk assessment has been updated for the Full Business Case

Description	Impact	Probability	RAG	Mitigation	Owner
Failure to meet the timescale for FBC approvals by April 2022	3	4	12	Extension of GE contract	Programme Manager /Procurement
Clinical Engagement not available for steering group due to work commitments	4	1	4	Gain support through Trust Radiology Heads	Programme Manager
Additional funding unable to be sourced for new PACS deployment	5	2	10	Identify and agree funding stream/s in FPC meetings	Programme Manager / NHSI/ CFO
Schedule delays due to any a single Trust governance group requesting additional info for the FBC	3	3	9	Engage and inform early – no surprises for members.	IT Directors/ Radiology Heads of service/CFO

Delegated sign off for MTW board not agreed and Board of Directors meeting not scheduled in in time for contact signature.	3	3	9	Engage with Trust leaders	Programme Manager
FBC not being approved by three Trust Boards	4	2	8	Engage and inform early – no surprises for Trusts. Extension of GE contract	Programme Manager
Availability of required resources and workstream leads	4	2	8	Obtain funding required and commitment from Trusts to release SMEs.	Programme Manager
Financial bids to NHSI may not be approved	3	3	9	Use existing Project Staff internally.	CFO's
DOF's may wish to keep GE due to the like for like cost as new contract will be more expensive.	4	3	12	Contractually this is not possible. Engage with DOF's early and inform.	Programme Manager
Lack of continued support from GE for data migration tasks if another supplier wins the competition.	5	4	20	Ensure GE meet their contractual obligations and any exit costs and timescales are agreed.	Contact management group. To ensure that we hold GE to their contractual obligations.
Costs for Data Migration escalate from GE	5	4	20	See guidance from new supplier.	Programme Manager
Delay in delivery of hardware due to worldwide chip shortage, which will effect data migration.	5	4	20	Ensue prompt signature of the contract.	
Radiologist schedule does not allow for detailed user acceptance testing	3	3	9	Agree with Heads of Radiology to allow the Radiologists time to be ringfenced.	Programme Manager, Heads of service.

Data migration schedules are not met and GE contract needs to be extended, incurring extra cost.	4	3	12	Plan project delivery to priorities data migration. Risk cost added to the FBC costs	Programme manager
Contractual issues with new supplier delays contract sign off	3	3	9	Ensure Legal team from both EKHUFT and the supplier have prior reviewed the contract.	Lead Radiologists/ Programme manager
MTW and MFT do not sign the collaboration agreement for joint lability of the contract	3	3	9	Engage early, ensure MTW and MFT Legal teams have reviewed and discussed with EKHUFT legal representative	Programme manager
Image storage exceeds licence amounts due to additional CDC's	4	2	8	Image storage has been increased in final requirements from 10% to 12 %	Programme manager

DOCUMENT CONTROL

Information

Programme	Outline Business Case to Full Business Case Changes Report
Author(s)	Sue Lang
Version	0.1
Document owner	Sue Lang
Filename	Outline Business Case to Full Business Case Changes Report
Document location	TBC
Next revision date	TBC

Version Control

Version	Date	Amended by	Summary of changes
0.1	07/03/2022	N/A	N/A

Distribution List

Name	Title	Date of issue	Version

This document is only valid on the day it was published, please contact the author to confirm this is the most recent version.

Glossary

The following table presents a glossary of specific terms used in this business case that are in many cases important with regard to precise definitions of the content of the business case.

Abbreviation	Definition
Abbreviation	**Definition**
AD	Active Directory
CRB	Cash Releasing Benefits
CCN	Change Control Notification
CDC	Community Diagnostic Centre
XDS/XDSi	Cross enterprise document sharing (imaging)
DNA	Did Not Attend
EKHUFT	East Kent Hospitals University Foundation Trust
eMPI	Electronic Master Patient Index
FBC	Full Business Case
GIRFT	Getting it Right First Time Report
KMMIC	Kent and Medway Imaging Consortium
K&MIN	Kent and Medway Imaging Network
MTW	Maidstone and Tunbridge Wells NHS Trust
MS	Managed Service
Medway	Medway NHS Foundation Trust
NCRB	Non-Cash Releasing Benefits
PAS	Patient Administration System
PACS	Picture Archiving and communication System
PID	Project initiation document
RIS	Radiology Information System
SRO	Senior Responsible Owner
UAT	User Acceptance Testing
VNA	Vendor Neutral Archive

To approve the Business Case for I Procedures (Pre-operative Assessment and Peri-operative Anaesthetic System)	**Programme Director for EPR (Sunrise) and Digital Transformation / Director of IT**

Please find enclosed the Business Case for I Procedures (Pre-operative Assessment and Peri-operative Anaesthetic System). The Trust Board is required to approve the Business Case, so the Finance and Performance Committee will therefore be asked, at its meeting on 29/03/22, 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, 29/03/22
- Finance and Performance Committee, 29/03/22

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: I Procedures (Pre-operative assessment and Peri-operative Anaesthetic system)

Issue date/Version number	21/03/22
ID reference	880
Division	Surgery
Directorate	Theatres
Department/Site	Both sites
Author	Jane Saunders
Clinical lead/Project	Oliver Blightman

Approved by	**Name**	**Signature**	**Date**
General Manager/Service Lead	Tammy Sharp		
Finance manager			
Clinical Director	Rantimi Ayodele		
Executive sponsor	Sean Briggs		
Division Board	Greg Lawton		
Supported by	**Name**	**Signature**	**Date**
Estates and Facilities Management (EFM)	Doug Ward		
ICT	Sue Forsey		
Deputy Chief Operating Officer	Sarah Davis		
Diagnostics and Clinical Support Services (DCSS)	Darren Palmer		
Emergency Planning			
Human Resources (HR) Business Partner			
Procurement	Richard Cardy		
EME Services Manager	Michael Chaulklin		

Business case summary

Strategic background context and need

MTW aspires to become paperless by 2024 in line with national standards, however much of the current preoperative assessment and perioperative phases of a patient's journey are documented on paper including observations. My Pre-op has been purchased to help streamline assessment of patients by completing on line questionnaires but this is a standalone system, not integrated and still requires staff to print off reports and scan them into e-notes to be available on the day of surgery.

In order to provide a seamless EPR covering the surgical pathway, as part of the trusts wider Digital Strategy and that of the ICS, the proposal is to purchase the I-Pro application to be embedded within the Sunrise EPR system to automate and digitise processes within Anaesthetics.

I-Procedures (I-Pro) is a cloud-based Anaesthetic Information Management System (AIMS) which has been designed by Anaesthetists to:

- Automate and simplify anaesthesia documentation.
- Standardize the collection of quality measures.
- Improve operational efficiencies.
- Improve data capture and clinical documentation.
- Improve the quality of clinical care.
- Integrate with Allscripts Sunrise with its Acute, Surgical and EPMA modules.

Without this investment we will

1. Not be able to provide a seamless electronic patient record for all patients undergoing surgery.
2. Patient safety will continue to rely on manual review and interpretation of information by staff which reduces ability to make quick and accurate judgement.
3. Continue to see a significant reliance on paper records for surgical pathways that will mean staff have to continue to look in a multitude of different areas to access the information they need
4. Not see a reduction in duplication of records and questioning of patients by multiple staff
5. Continue to see errors in transcription of observations from a multitude of medical devices
6. Continue to see a significant amount of manual processes every month to gather audit information
7. Not be able to disinvest from My Pre-op which is a standalone system not integrated with Sunrise

Objectives - *List the project objectives. (What you wish to achieve for patients, not what you wish to purchase)*

The project objectives are:

- To provide a seamless electronic patient record for all patients undergoing surgery which can be integrated with the wider Sunrise EPR system.
- To provide an Anaesthetic and peri-operative system that is integrated with EPR to improve the pre-assessment and monitoring of patients undergoing surgery, including a tab integration with Sunrise EPMA.
- Improve patient safety by facilitating access to real time information for staff that has safety alerts and reminders so that clinicians have the ability to make quick and accurate judgements reducing patient risk.
- Elimination of paper records, starting with observation charts and moving on to include other documentation and reference papers. This culminates in the ultimate aim of a completely electronic surgical care record.
- Streamlining of record keeping and reducing duplication by making use of automatic data transfer from Machines Pumps and Monitors.
- Improving access and quality of data for audit, research and service improvement through the use of mandatory fields and a searchable database.
- Improve interdepartmental communications between teams.
- Improve the working lives of staff with facilities to assist work planning and record keeping.

The preferred option. *List exactly what is required in terms of staff (WTE and band) / equipment/estate*

The preferred option is the implementation of the **IProcedures** system which is integrated with Allscripts Sunrise Acute Care EPR within MTW. This is being funded across the Kent region via a successful bid placed by the ICS to receive national technology funding.

I-Pro is a recognised partner for Allscripts Sunrise EPR system and through its integration it provides legible, complete anaesthesia record to ensure consistent and accurate documentation for the patient record and reporting. iPro integrates and works with Sunrise allowing anaesthetics to move away from a paper-based system, by making EPR information immediately available in Theatres thus allowing sharing of patient data between teams seamlessly, including medications reducing the chance for errors.

- iPro enables anaesthetists to document from any hospital location, including Operating Theatres, Radiology, Cath Lab and supports the use of mobile devices to ensure clinicians can access to patient information at the time.
- The system eliminates manual recording of physiological measures and anaesthesia machine values by capturing them automatically and wirelessly at user-defined intervals.
- iPro produces a complete, real-time, consistent and accurate anaesthetic record which can be embedded into Sunrise.
- It covers the whole surgical patient pathway from pre-assessment through to discharge. This would allow disinvestment of My pre-op which currently costs around £50K per annum.
- It also allows electronic capture of patient signatures on consent forms and includes them in the anaesthesia record.
- It can be used tracking case progress and anaesthetic staff being used. iPro also supports customisation of templates to optimize efficient and accurate recording with the ability to add and modify as required.
- Patient feedback for individual anaesthetists and patient-reported outcomes for anaesthesia can be collected, which can be used to identify areas for improvement or standardisation of care,

The below table outlines the operating theatres that will be covered under this business case

Site	Anaesthetising Location	# of Locations	Comment
MGH	MGH Anaesthetic Room Main Theatres	4	AL
	MGH Main Theatres	4	Theatre
	MGH Short Stay Anaesthetic Room	2	AL
	MGH Short Stay	2	Theatre
	MGH EEMU (Eye Ears Mouth Unit) Anaesthetic Room	2	AL
	MGH EEMU (Eye Ears Mouth Unit)	2	Theatre
	MGH Chronic Pain Anaesthetic Room	1	AL
	MGH Chronic Pain Theatre	1	Theatre
	MGH MOU Anaesthetic Room	1	AL
	MGH MOU Theatre	1	Theatre
	MGH Charles Dickens (Brachytherapy)	1	Theatre
	MGH Cath Lab	1	Theatre
TWH	TWH Anaesthetic Room Main Theatre	8	AL
	TWH Main Theatre	8	Theatre
	Obstetrics Operating Room	2	Theatre
	Obstetrics Anaesthetic Room	2	AL
	Cath Lab	1	Theatre

Please note this does not include the new proposed Barn Theatre complex which will need a separate business case for implementation of IPro.

The table below provides the detail regarding the expected project cost. Payment 1 is due at the end of Q4 in 21/22. There are a further 2 payments to be made in 2025 and 2026 which will revenue.

Description	Payment (excl VAT)	Payment (incl VAT)	Date following which an invoice may be rendered	Capital / Revenue	Funding
Payment 1: Serices Provided in connection with iPro (scope defined by CCN0044)	972,500	1,167,000	Change Authorisation Note Effective Date (as defined by Change Authorisation Note 0044)	Capital	£622000 ERC / £545000 Trust Capital
Payment 2: Serices Provided in connection with iPro (scope defined by CCN0044)	174,411	209,293	31 March 2025	Revenue	
Payment 3: Serices Provided in connection with iPro (scope defined by CCN0044)	174,411	209,293	31March 2026	Revenue	

In addition to the above there is a capital requirement of £350,000k including VAT to cover additional staff to support the implementation and equipment required to be installed in theatres. This is already included in the capital plan for 22/23. This investment will also allow a £50,000 recurrent saving by disinvesting the My-Preop system currently used within pre-assessment as this will be replaced by IPro.

Pay:
Total across the project **£223,065**, equating to **£37,177.50**per month of project activity. See table below for summary of staff group and relevant WTE. It is envisaged that they will be employed from May 2022 to Oct 2022.

Equipment :
Details of equipment needed is outlined in section 5.a to support the implementation of IProcedures at a cost of £126, 935 including VAT.

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

Key Performance Indicator (KPI)	Baseline Position	Future Outcome
Improved theatre Utilisation	TWH Theatres averaged 329 cases per month in 2021/22 with a utilisation of 74.9% (Session Utilisation Exc Overrun and without TAT). With an average of 2 cases per session. MGH Theatres averaged 735 cases per month in 2021/22 with a utilisation of 71.5% (Session Utilisation Exc Overrun and without TAT). With an average of 2.5 cases per session.	Average theatre utilisation at TWH of MGH to exceed 75%. Increase in total cases per month by 2% improvement on 21/22. Increase average case per session >2 at TWH and >2.5 at MGH.
Fully Digitised Patient Record	Paper operation notes are completed in theatre and paper proformas are used for postoperative management.	**Deliverable:** The ability to manage a patient from pre-op to post op via a fully digitised pathway with no or minimal paper involved.
Disinvestment in current My Pre-op system	The trust has an annual expenditure of £50,000 PA on the licences associated with the current My Pre-op system.	**Deliverable:** Disinvestment in the My Pre-op system with an indicative saving of £50,000 PA.

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:-

1. Duplication of work and inefficiency:
    a. Reduced efficiency of staff due to manual record keeping requirements decreasing the time staff have for direct clinical care.
    b. Duplication of paper documents and delays of transferring information between paper mediums and digital systems.
2. Data quality and accessibility:
    a. Delays to producing national reporting metrics and increased resourcing requirements due to the data being held in a paper format.
    b. Poor data quality due to mandatory fields being omitted on paper records.
3. Data security risk
    a. Continued reliance on paper processes without a means to password protect this information or restrict access where necessary to ensure patient confidentiality when utilised in a wider context e.g. on the ward.
4. Continuity of care:
    a. Reliance on a single paper record source reducing the ability for multiple clinical teams to coordinate work together across multiple sites and locations.
5. Risk to other digital transformation programmes:
    a. May delay the implementation of other digital transformation programmes such as e-prescribing and telemedicine.
6. Continued safety risk associated with paper based processes in theatres
    a. A recent SI and Never event has highlighted some of the safety risks of relying on paper based clinical processes that are not updated in real time. While steps are being taken to mitigate this internally, a residual risk will remain while the paper based system remains.

Delivery Risk:-

1. Operational pressures within the organisation may mean that staff are not available to be involved in design and testing of new system causing delays.
2. Initial cost pressure predominately around capital during 2022/23 and the effective recruitment of the project implementation staff group.
3. Substantive Staff will need further training and additional training will need to be provided for agency and locum medical staff. This would be on top of the existing proposals for Sunrise and which will need to be managed as part of the implementation process so they don't feel overwhelmed.
4. Integration with existing trust IT systems / medical devices may be problematic, due to unforeseen compatibility issues as such an interface costing is included in the estimation of costs.
5. Significant digital transformation within the Trust over a short period of time (such as the rollout of EPR Sunrise) could not allow for the stabilisation and adequate bedding in of current systems leading to errors or inadequate levels of staffing for Sunrise Surgery Care Record roll out.
6. Change overload in operational areas if ran in parallel with Teletracking /Theatreman implementation in 2022/23 unless properly resourced.
7. Ongoing service contracts and system upgrades will continue alongside this rollout. If these are not managed effectively they may cause delays.
8. Availability of internal IT substantive and contracted staff to support integration and roll out of the system.
9. Due to international supply chain pressures there may be longer than expected lead up times to any required hardware that includes computer chips.

Residual Risk:-

1. Patient mis identification
    a. There will continue to be a risk of misidentifying patients using the patient search system. This may occur due to similar or the same patient ID's e.g. Multiple John Smith's born on the same day.
    b. Misidentification of patient through incorrect user processes such as attaching the wrong wristband to a patient who then goes on to be entered onto the patient recording system incorrectly.
    c. This will be mitigated through consistent training programmes and robust governance process to spot any consistent system processes that lead to misidentification.
2. User error – entering information on the wrong patient
    a. In environments where staff are working at pace there may be circumstances where a user accidently enters clinical documentation under the wrong patient. This could happen for a number of reasons. This could include; the user not using appropriate patient identifiers, users not checking the patient in context when entering observations and staff confusing records between patients.
3. Duplicate or confused patient pathways
    a. If a patient is not adequately identified there is a risk that they may be registered twice in the patient database. This will lead to partial records and clinicians may make decisions on incomplete patient information. Such errors will need to be reported to health records in order to be corrected.
    b. If clinical information is incorrectly attached to the wrong patient there is the potential for records to become confused. This could lead to clinicians making incorrect diagnosis and incorrect treatment due to erroneous patient information. Such errors will need to be reported to health records in order to be corrected.
4. Quality of documentation entered
    a. There will remain a risk of poor quality documentation being created by staff who either have incomplete information or may be unable to document effectively. Such instances should be managed within the framework of the trust health records policy.

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

Description	Payment (excl VAT)	Payment (incl VAT)	Date following which an invoice may be rendered	Capital / Revenue	Funding
Payment 1: Serices Provided in connection with iPro (scope defined by CCN0044)	972,500	1,167,000	Change Authorisation Note Effective Date (as defined by Change Authorisation Note 0044)	Capital	£622000 ERC / £545000 Trust Capital
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Payment 3: Serices Provided in connection with iPro (scope defined by CCN0044)	174,411	209,293	31 March 2026	Revenue	

In addition to the above, in 22/23 there is a capital requirement of £350,000 including VAT to cover additional staff to support the implementation and equipment required to be installed in theatres. This is already included in the capital plan for 22/23. This investment will also allow a £50,000 recurrent saving by disinvesting the My-Preop system currently used within pre-assessment as this will be replaced by IPro.

Timetable

The key project phases are as follows:

Milestone	Date
Phase 1 – Initiation a. Convene I-Pro Project Board b. Completion and Sign off of PID	End of April 2022
Phase 2 – Planning a. Current and Future State Design b. Work Flow Assessment c. Training, Test and Communication Strategy d. Plan integration with wider systems	End of July 2022
Phase 3 Execution a. Roll out of Capsule connections to specific areas b. Integration completion c. POA Questionnaire roll out and closure of My Pre-Op	End of Oct 2022
Phase 4: Control and Close	End of Nov 2022

Exact timeline for the above phases to be confirmed and will be reliant on installation of hardware and software onto the Trust's network / servers as well as recruitment of staff to support project phases.

The business case

1. Strategic context

Introduce the service as if to a layperson. Summarise the background to the case including its relevance to strategic aims and objectives identified in division business plan. Identify the key stakeholders.

National

In August 2021 NHSX published its What Good looks like framework to build on the digital transformation seen used by organisations in response to the pandemic. The framework promotes the development of a clear ICS digital strategy, which can be used to access national technology funds focused on 'leveling up' organisations digital capability within a region. More recently the Secretary of State announced that all NHS Trusts should have an electronic patient record system in place by 2023. As part of the Tech funding announced in Nov 2021 the Kent ICS put in a regional bid for all four acute Trusts to purchase a Anaesthetic system to complement their existing EPR's

Local

MTW aspires to become paperless by 2024 in line with national standards, however much of the current preoperative assessment and perioperative phases of a patient's journey are documented on paper including observations. My Pre-op has been purchased to help streamline assessment of patients by completing on line questionnaires but this is a standalone system, not integrated and still requires staff to print off reports and scan them into e-notes to be available on the day of surgery.

In order to provide a seamless EPR covering the surgical pathway, as part of the trusts wider Digital Strategy an application was put forward as part of the ICS proposal to purchase the I-Pro application to be purchased for the region so that it can be embedded within the Sunrise EPR system to automate and digitise processes within Anaesthetics.

I-Procedures (I-Pro) is a cloud-based Anaesthetic Information Management System (AIMS) which has been designed by Anaesthetists to:

- Automate and simplify anaesthesia documentation.
- Standardize the collection of quality measures.
- Improve operational efficiencies.
- Improve data capture and clinical documentation.
- Improve the quality of clinical care.
- Integrate with Allscripts Sunrise with its Acute, Surgical and EPMA modules.

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

*List the project objectives succinctly. (What you wish to achieve for patients **not** what you wish to purchase)*

1. To provide a seamless electronic patient record for all patients undergoing surgery which can be integrated with the wider Sunrise EPR system, by 2022.

2. To provide an Anaesthetic and peri-operative system that is integrated with EPR to improve the pre-assessment and monitoring of patients undergoing surgery.

3. Improve patient safety by facilitating access to real time information for staff that has safety alerts and reminders so that clinicians have the ability to make quick and accurate judgements reducing patient risk.

4. Elimination of paper records, starting with observation charts and moving on to include other documentation and reference papers. This culminates in the ultimate aim of a completely electronic surgical care record.

5. Streamlining of record keeping and reducing duplication by making use of automatic data transfer from Machines Pumps and Monitors.

6. Improving access and quality of data for audit, research and service improvement through the use of mandatory fields and a searchable database.

7. Improve interdepartmental communications between teams.

8. Improve the working lives of staff with facilities to assist work planning and record keeping.

Objective 1 – Title: A Seamless Electronic Patient Record

Current situation:
While Sunrise EPR can be accessed from within theatres there is not a fully integrated surgery specific patient record that can be used. As such most theatre specific noting is currently completed on paper in clear contrast to the wards.

Problems / risks of current situation:

- Paper noting is completed in theatre which is not visible to multiple clinicians simultaneously post operatively.
- This noting does not capture mandatory fields and is often not completed to a required standard.
- Lack of consistent and quantifiable data capture to enable service improvement.

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

- A seamless electronic Patient record from the point that the patient is initially pre-assessed through to the end of their perioperative phase following a surgical intervention.
- This patient record should integrate with the Sunrise EPR system and other IT software solutions within the theatre pathway to automatically update and inform relevant aspects of the patients clinical noting.

The expected benefits of achieving the change:

- A patient's health records can be automatically updated with the observations taken during the surgical procedure(s) performed. .

- This will provide a transparent and clearly auditable database of surgical care that can be accessed by multiple clinicians simultaneously from a variety of locations on and off site.
- Allow disinvestment from the standalone My Pre-op system.

Objective 2 – Title: 2. To provide an Anaesthetic and peri-operative system that is integrated with EPR to improve the pre-assessment and monitoring of patients undergoing surgery.

Current situation:
The current My Preop system is not integrated with the recently implemented Sunrise EPR System and the whole peri-operative phase is recorded on paper which can result in human error when manually recording observations and drugs during a case.

Problems / risks of current situation:
- As such there is duplication of effort transferring information manually between systems.
- There is also a residual risk of data being lost during this transfer or transcribed incorrectly.
- Loss of information from the My-Preop system when it is printed and manually inserted into patient notes / scanned and added into e-notes.

The gaps from where we are to where we need to be:
- A fully integrated system with EPR Sunrise that can auto populate clinical information from medical devices used within peri-operative phase as well as record drugs as part of EPMA module and allow access to pre-assesment records all via one system.
- Provides a repository via a single source to manage patients through their complete anaesthetic hjourney.

The expected benefits of achieving the change:
- Reduced clinical time required to input patient information manually
- Improved theatre utilisation as improved information to assess patients pre-operatively and provide opportunities to use data for audit purposes surrounding peri-operative care

Objective 3 – Title: Improve clinical care through real time data capture and quality documentation

Improve patient safety and care by facilitating access to real time information for staff that has safety alerts and reminders so that clinicians are able to make quick and accurate judgements reducing patient risk.

Current situation:
Patient records within a theatre setting are completed largely on paper and as such are not available in good time to multiple clinicians who are based at a variety of locations.

Problems / risks of current situation:
- Patient records are not completed in real time causing delays in decision making throughout the surgical pathway and impacting.
- Clinical documents are not completed to a consistent standard and are frequently not inputted to a level in keeping with clinical documentation standards.

The gaps from where we are to where we need to be:
- A digitised patient record within a theatres context which draws real time information from relevant observation machines and can be completed at each stage of the surgical pathway to enable decision making.

The expected benefits of achieving the change:
- Improved clinical outcomes through real time clinical information enabling faster clinical decision making.

- An improved standard of clinical documentation reducing errors and providing a sound data base for clinical audit, litigation work and research,

Objective 4 – Title: Elimination of paper records

Starting with observation charts and moving on to include other documentation and reference papers. This is with the ultimate aim for a completely electronic surgical care record.

Current situation:

- Pre-assesment of patients is currently completed via My Pre-op, however this still needs to be printed and paper copies put into the notes for the daya of surgery
- Anaesthetic review and perioperative care is completed on a paper

Problems / risks of current situation:

- Anaesthetic notes are not available to all staff throughout the department simultaneously. As such post operative management is limited and coordination between specific clinical specialties is suboptimal.
- Operation notes play a key part in complaint, litigation and governance process. These notes do not currently have mandatory fields or other functions that ensure the capture of relevant fields for follow up.
- As such there is also a clinical risk associated with specialties inability to audit information quickly to ascertain trends and patterns in surgical performance.

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

- A digital record is required specifically for the surgical pathway. This should include surgery specific mandatory fields and layout that can be used in operating theatre setting.
- This record should be easy to use and faster to complete than a paper equivalent with appropriate functionalities to reduce duplication.
- This record should include mandatory fields in order to ensure that data quality and operative outcomes can be monitored.

The expected benefits of achieving the change:

- Improved theatre utilisation through reduced time for documentation and faster transfer of patients.
- Improved data quality for audit, litigation and governance purposes.
- Improved clinical outcomes in the long term through audit of clinical outcomes against surgical procedures.

Objective 5 – Title: Streamlining of record keeping and reducing duplication

To be achieved by making use of automatic data transfer from Machines Pumps and Monitors.

Current situation:

Observations and actions within theatre are recorded on paper or within specific surgical proforma's. This is a manual process and does not make use of automation. Furthermore, it is open to human error as it will frequently be completed in theatre either pre or post-surgery.

Problems / risks of current situation:

- Inefficient use of clinical time to complete observations and proforma's manually with considerable duplication.
- Open to human error.
- Delay to review of specific clinical metrics as these are completed by hand and not in real time.

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

- An automated digital patient record which populates directly from relevant clinical devices.

- Where appropriate the record will autocomplete or copy forward relevant clinical fields and draw information from other integrated systems such as EPR Sunrise and PAS.

The expected benefits of achieving the change:

- Reduced clinical time required to record observations and complete surgical proforma whilst in theatre.
- Improved theatre utilisation.
- Improved clinical decision making leading to better clinical outcomes.

Objective 6 – Title: Improving access and quality of data for audit, research and service improvement.

Current situation:
Data is recorded via paper processes that are not freely auditable and do not contain mandatory fields. This data is only viewable via clinical records and is not available to multiple staff members at the same time. While aspects of a patient's care are now auditable via Sunrise EPR there remains no digital aspect for the surgical pathway.

Problems / risks of current situation:

- No easy to access single source of surgical procedure information to inform audit, research or national reporting requirements.
- No use of mandatory fields to ensure that data meets the minimum scope and quality requirements.

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

- A single digital patient record that contains mandatory fields and is freely auditable in support of governance, research and service improvement.
- This should include clinical and non clinical data around effective scheduling and relevant to long term clinical outcomes.

The expected benefits of achieving the change:

- Improved clinical outcomes through the successful use of data in support of clinical audit, service development and research.

Objective 7 – Title: Improve interdepartmental communications between teams.

Current situation:
Anaesthetic and peri-operative notes are completed by hand in theatre. These notes are only available at one location and cannot be viewed remotely or concurrently by teams who may not be at the point of care. This is particularly pertinent to outreach and community based teams that may need to view clinical information concurrently to the lead clinician.

Problems / risks of current situation:

- Outreach and or remote teams are unable to view clinical information at distance from the point of care, making pre-emptive discharge planning and coordinated care difficult.
- Internally teams have to attend theatres in order to review a patient notes while they are operated on.

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

- Peri -operative notes and schedules should be able to be viewed remotely (either within the trust or external to it) and with all relevant clinical details.

The expected benefits of achieving the change:

- Improved Hospital Flow through enhanced coordination of care utilising easily accessible clinical information for multiple providers.
- Improved Clinical outcomes through better collaboration between teams.

Objective 8 – Title: Improve the working lives of staff.
Through facilities to assist work planning and record keeping.

Current situation:
At present documentation in theatres is completed by hand and filed in paper notes in collaboration with health records.

Problems / risks of current situation:
- Clinical information related to a patients procedure is only viewable in one location at any one point.
- This information is frequently completed illegibly and does not meet the clinical documentation standards set out by the trust.
- Clinical noting also does not mandate that specific fields are completed making the audit of this data problematic.
- This serves to make the working lives of many clinical staff challenging and means that additional time is spent reviewing and identifying clinical notes rather than delivering clinical care.

The gaps from where we are to where we need to be:
- A fully digitised patient pathway that enables clinical documentation to be completed in real time and be visible by multiple users at the same time.
- This documentation should capture mandatory fields in order to support clinical audit, research and litigation work.
- This working document should be intuitive to use and reduce the administrative burden on staff to create clinical documentation.

The expected benefits of achieving the change:
- Increased time to care for clinical staff throughout the theatre pathway.
- Improved coordination between teams and by extension improved clinical outcomes.

3. Constraints and dependencies

Constraints

- Internal capital funding is under significant pressure from a variety of priorities including operational, estates and other backlog maintenance
- Securing extra funding opportunities for IT projects is now coming mainly through bids put forward via the ICS to NHSX, which means that projects are not always funded in an order that would assist cost effective implementation
- Lack of resources with necessary experience to support this project due to many NHS organisations in local region implementing large scale IT programmes including EPR.
- Lack of staffing internally to release staff to be involved in design, testing and training
- NHS Trusts being asked to return to normal levels of activity which has to be taken into account when implementing this system in order to minimise impact to Trust being able to increase activity.
- Supply chain for digital equipment has come under pressure which may lead to longer lead times between placing an order and delivery than seen previously.

- IPro is best rolled out alongside Sunrise Surgical care which is currently not planned to occur at the same time therefore there maybe further rework required in the future.

Dependencies

- Successful roll out of Sunrise EPMA during the Summer 2022.
- Delivery of extra equipment for Theatres and ITU to ensure system can be used by staff within these areas.
- Involvement of staff in the design and testing of the systems being planned.
- Recruitment of staff to support the implementation of the system including interfacing medical devices, installation of capsule technology and interfaces between systems
- Availability of Allscripts staff to support implementation

4. Short list of options

Option 1 Title: The do-nothing option

Description

Do not accept investment funded by the ICS in the purchase of an integrated Pre-assessment and peri-operative Anaesthetic system and continue with an unintegrated surgical pathway.

Key activity and financial assumptions

No Change to current activity levels or theatre capacity.

Non-financial risk associated with the option

Risk	Baseline risk score	Summary mitigation/ contingency	Mitigated risk score	Lead
Significant Parts of the Surgical Pathway will remain either on paper or on a non-integrated system. This leads to a risk of confused records, inaccurate monitoring and poor clinical record keeping.	10 (5 Likelihood – 2 Impact)	Theatre processes are currently conducted on paper. While this is considered safe, work flow inefficiencies remain.	10 (5 Likelihood – 2 Impact)	Directorate Management Team Theatres and Critical Care
Theatre efficiency gains will not be realised leading to theatre capacity issues.	12 (3 Likelihood – 4 Impact)	Rollout of the tele-tracking theatre system to help improve theatre utilisation. These gains will only be partially realised due to the absence of digitised clinical noting to support this.	6 (3 Likelihood – 2 Impact)	Directorate Management Team Theatres and Critical Care Director of Central Operations
Residual risk of manual data transfer error from one system to another.	10 (5 Likelihood – 2 Impact)	Continued emphasis on the patient records policy and procedure.	10 (5 Likelihood – 2 Impact)	Directorate Management Team Theatres and Critical Care

				Head of Patient Records and Information Governance Lead
Lack of data capture within theatres affecting clinical audit, litigation and clinical research.	10 (5 Likelihood – 2 Impact)	Risk will be ongoing without upgrade to system. Continued emphasis on the patient records policy and procedure.	10 (5 Likelihood – 2 Impact)	Trust Audit Lead Head of Patient Records and Information Governance Lead

Non-financial benefits associated with the option

Benefit	Baseline value	Target Value	Measure	Timing	Responsibility
Enables time for EPR Phase 1 and 2 to be bedded into organisation	N/A	N/A	Please refer to Sunrise EPR Business case benefits	c.6 months	Digital Transformation Lead
Minimises change fatigue within the organisation	N/A	N/A	Staff engagement with IT changes as indicated through staff survey	6 months	Digital Transformation Lead
Reduces impact to IT team so enabling them to concentrate on other priorities such as infrastructure upgrades	N/A	N/A	Completion of wider IT infrastructure upgrades.	6 months	Head of IT

Option 2 Title: Implement IProcedures

Description - Implementation of I Procedures to replace the current My Pre-operative system and provide electronic clinical documentation in theatres for the peri-operative part of a patient journey.

Key activity and financial assumptions

It is envisaged that this would be funded by the ICS bid for the first 2 years and then the additional costs of ongoing maintenance for years 3-5 would be the responsibility of MTW. No payment by results income is associated with this option. The below benefits would also apply to any relevant expansion of theatres, but additional licences and hardware will need to be purchased as this is currently outside of the scope of this business case.

Non-financial risk associated with the option

Risk	Baseline risk score	Summary mitigation/ contingency	Mitigated risk score	Lead
Rapid implementation may mean EPR Phase 1 & 2 have not had time to embed fully	**9** (3 Service Disruption, 3 Likelihood)	Ensure clear communication between project boards for EPR Sunrise and EPMA. CODDA to also be briefed on the staging of phase 2.	**6** (3 service Disruption 2 Likelihood)	Digital Transformation Lead & Staff Wellbeing Lead

Significant digital transformation for the second year in a row impacting both clinical and IT staff.	**9** (3 Service Disruption, 3 Likelihood)	Continued implementation and expansion of Staff wellbeing strategy	**6** (3 service Disruption 2 Likelihood)	Digital Transformation Lead & Staff Wellbeing Lead
Potential lack of continuity between patients being admitted from Theatre to ITU if implemented ahead of Metavision or other clinical systems.	**10** (5 severity, 2 Likelihood)	Look to implement digital records system for ITU as a matter of urgency. The trust is reliant on national monies to be made available to enable this. Scanning process for paper documents to be uploaded to sunrise at point of transfer to ITU this must include Op notes and relevant anaesthetic information.	**5** (5 Severity, 1 Likelihood)	Digital Transformation Lead & Critical Care Directorate Management Team
Risk of running dual systems with paper processes when implementing IPro without Sunrise Surgical care causing confusion for staff in regards to the documentation for patients	**9** (3 Severity Service Disruption, 3 Likelihood)	Communication strategy and training updates to ensure staff are aware of information flows between areas. View only access for wards to be made available. PDF discharge document for patients being transferred to ITU.	**4** (2 Severity Service Disruption, 2)	Digital Transformation Lead & Critical Care Directorate Management Team

Non-financial benefits associated with the option

Benefit	Baseline value	Target Value	Measure	Timing	Responsibility
A seamless clinical record.	**A hybrid digital and paper record:** Ward patients will be managed via the Sunrise system and then transferred to paper records during surgery procedures.	**A digitised clinical record:** Ability for a patient record to be reviewed, edited and updated entirely via digital interfaces without the need for printed records.	**Deliverable:** The ability to manage patient without the use of paper processes through theatres	Project Completion	Digital Transformation Lead
Enhanced theatre efficiency and transparency.	TWH Theatres averaged 329 cases per month in 2021/22 with a utilisation of 74.9% (Session Utilisation Exc Overrun and without TAT). With an average of 2 cases per session. MGH Theatres averaged 735 cases per month in 2021/22 with a utilisation of 71.5% (Session Utilisation Exc Overrun and without TAT). With an	Average theatre utilisation at TWH of MGH to exceed 75%. Increase in total cases per month by 2% improvement on 21/22. Increase average cases per session >2 at TWH and >2.5 at MGH.	Theatre Session Utilisation Exc Overrun and without TAT) Increased case number per list	2-3 Years Following Implementation	Directorate Management Theatres and Critical Care

Benefit	Baseline value	Target Value	Measure	Timing	Responsibility
	average of 2.5 cases per session.				
Improved data capture to support Clinical audit, litigation and research	Clinical Data is captured in paper format and or sunrise EPR from a ward setting. Leading to delays in compiling national reports and internal audits.	Clinical data will be captured using mandatory fields and will be available for audit, litigation and research at an in-depth level. This will be relevant for TARN, BADS, NHFR and other nationally required reporting fields.	**Deliverable:** digital database that can be reviewed for audit and reporting purposes.	Project Completion	Digital Transformation Lead Directorate Management Theatres and Critical Care

Option 3 Title: Procure an alternative to IProcedure system

Description - Procurement of an alternative theatre management software solution to create a digital patient record within the context of theatres.

Key activity and financial assumptions

This would mean that MTW would not be able to use the funding from the ICS to implement IProcedures within 2022/23. This would therefore mean that the organisation would have to go out to procurement separately delaying the whole process and may not receive any discount that would have been applied across the region for a larger purchase. It may also incur extra costs for integrating with Sunrise EPR.

Non-financial risk associated with the option

Risk	Baseline risk score	Summary mitigation/ contingency	Mitigated risk score	Lead
Rapid implementation may mean EPR Phase 1 & 2 have not had time to embed fully	**9** (3 Service Disruption, 3 Likelihood)	Ensure clear communication between project boards for EPR Sunrise and EPMA. CODDA to also be briefed on the staging of phase 2.	**6** (3 service Disruption 2 Likelihood)	Digital Transformation Lead & Staff Wellbeing Lead
Significant digital transformation for the second year in a row impacting both clinical and IT staff.	**9** (3 Service Disruption, 3 Likelihood)	Continued implementation and expansion of Staff wellbeing strategy	**6** (3 service Disruption 2 Likelihood)	Digital Transformation Lead & Staff Wellbeing Lead
Risk that the system will not fully integrate with other critical systems within the IT estate e.g. Allscripts Sunrise and teletracking.	**12** (4 severity, 3 Likelihood)	Clear requirement for this system to be fully compatible with Sunrise EPR and established IT estate.	**10** (5 Severity, 2 Likelihood)	Digital Transformation Lead & Critical Care Directorate Management Team
Risk of running dual systems with paper processes causing confusion for staff in regards to the	**9** (3 Severity Service Disruption, 3 Likelihood)	Communication strategy and training updates to ensure staff are aware of information flows between areas. View only access for wards.	**4** (2 Severity Service Disruption, 2)	Digital Transformation Lead & Critical Care Directorate

documentation for patients		PDF discharge document for patients		Management Team

Non-financial benefits associated with the option

Benefit	Baseline value	Target Value	Measure	Timing	Responsibility
A seamless clinical record.	**A hybrid digital and paper record:** Ward patients will be managed via the Sunrise system and then transferred to paper records during surgery procedures.	**A digitised clinical record:** Ability for a patient record to be reviewed, edited and updated entirely via digital interfaces without the need for printed records.	**Deliverable:** The ability to manage patients without the use of paper processes through theatres	Project Completion	Digital Transformation Lead
Enhanced theatre efficiency and transparency.	TWH Theatres averaged 329 cases per month in 2021/22 with a utilisation of 74.9% (Session Utilisation Exc Overrun and without TAT). With an average of 2 cases per session. MGH Theatres averaged 735 cases per month in 2021/22 with a utilisation of 71.5% (Session Utilisation Exc Overrun and without TAT). With an average of 2.5 cases per session.	Average theatre utilisation at TWH of MGH to exceed 75%. Increase in total cases per month by 2% improvement on 21/22. Increase average ase per session >2 at TWH and >2.5 at MGH.	Theatre Session Utilisation Exc Overrun and without TAT) Increased case number per list	2-3 Years Following Implementation	Directorate Management Theatres and Critical Care
Improved data capture to support Clinical audit, litigation and research	Clinical Data is captured in paper format and or sunrise EPR from a ward setting. Leading to delays in compiling national reports.	Clinical data will be captured using mandatory fields and will be available for audit, litigation and research at an in-depth level. This will be relevant for TARN, BADS , NHFR and other nationally required reporting fields.	**Deliverable:** digital database that can be reviewed for audit and reporting purposes.	Project Completion	Digital Transformation Lead Directorate Management Theatres and Critical Care
Improved theatre utilisation through improved data transparency and available clinical information.	Current theatre utilisation stats are compiled using the theatre man operating system. Data from this system is often incomplete and of poor quality.	Freely auditable database accessible by theatre and clinical specialty managers	**Deliverable:** Digital database that can be reviewed for audit and reporting purposes.	Project Completion	Digital Transformation Lead Directorate Management Theatres and Critical Care

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 risk score and/or rank**
Option 1 **Do nothing**	**Non-financial risk associated with the option:** Significant Parts of the Surgical Pathway will remain either on paper or on a non-integrated system. These leads to a risk of confused records, inaccurate monitoring and poor clincal record keeping. Theatre efficiency gains will not be realised leading to theatre capacity issues. Disinvestment from My Pre-op will not be possible and this may need to be upgraded at expense to the trust. Residual risk of manual data transfer error from one system to another by clinical colleagues Lack of data capture within theatres affecting clinical audit, litigation and clinical research. **Non Financial Benefits:** Enables time for EPR Phase 1 and 2 to be bedded into organisation Minimises change fatigue within organisation Reduces impact to IT team so enabling them to concentrate on other priorities such as infrastructure upgrades	Risk Score Average: **8.7** Preference: 3
Option 2	**Non-financial risk associated with the option:** Rapid implementation may mean EPR Phase 1 & 2 have not had time to embed fully Significant digital transformation for the second year in a row impacting both clinical and IT staff. Risk of running dual systems with paper processes as Sunrise Surgical care not being implemented at the same time causing confusion for staff in regards to the documentation for patients **Non Financial Benefits:** A seamless clinical record. Enhanced theatre efficiency and transparency Improved data capture to support Clinical audit, litigation and research Improved theatre utilisation through improved data transparency and available clinical information. Improved Pathway Management Reduction in risk associated with theatre Scheduling	Risk Score Average: **5.25** Preference: 1
Option 3	**Non-financial risk associated with the option:** Rapid implementation may mean EPR Phase 1 & 2 have not had time to embed fully Significant digital transformation for the second year in a row impacting both clinical and IT staff. Risk that the system will not fully integrate with other critical systems within the IT estate e.g. Allscripts Sunrise and teletracking etc. **Non Financial Benefits:** A seamless clinical record. Enhanced theatre efficiency and transparency Improved data capture to support Clinical audit, litigation and research Improved theatre utilisation through improved data transparency and available clinical information. Improved Pathway Management Reduction in risk associated with theatre Scheduling	Risk Score Average: **6.5** Preference: 2

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

The directorate decision is to go ahead with of Option 2 i.e. invest and implement IProcedures within MTW.

The reasons for this include
a) IPro provides seamless electronic patient record for patients from pre-assessment right through their perioperative care.
b) It enables single point of records for the above to be accessed via Sunrise allowing easy access to information when its needed by the clinical teams
c) It enables the automation of data collection from Anaesthetic machines when in theatre this reducing the need for manual data entry and provides additional alerts which will enhance patient care
d) Allows disinvestment from a standalone My Pre-op system
e) Funding for first 2 years would not be possible without the support from the ICS regional bid as internal capital is under pressure and the organisation would possibly not get another opportunity to fund this system on its own.
f) Supports convergence across the ICS system as acute providers adopt the same system to be integrated with their EPRs

Ideally the Division would also want to implement Sunrise Surgical care at the same time to integrate the scheduling system within the EPR as well thus avoiding the need to upgrade Theatreman or interface with it for IPro. This is currently still being explored however the Division feels that the benefits for implementing IPro ahead of this being available still warrants proceeding with this investment.

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

Clear list of, equipment IT and estate requirements and impact of preferred option

IProcedures will be compatible with our current IT infrastructure and estate thus allowing it to be installed on the existing servers. Capsule technology will be installed in each theatre location included within the proposal, to allow automatic transmission of data from medical devices and anaesthetic to update IPro and be displayed within Sunrise EPR.

To support the implementation of IProcedures the following equipment is needed at a cost of £126, 935 including VAT. This has already been included in the capital plan for 22/23.

Each operating theatre will need the following IT equipment

PCs
Mice Wipe able
Key Board Wipeable
Bracket for Anaesthetic Machine

For every 1:2 recovery beds the following equipment will also be needed

Wall Bracket PCs
Mice Wipe able
Key Board Wipeable

5.b. Procurement route

Proposed sourcing option, with rationale for its selection; key features of proposed commercial arrangements (e.g. tendering, framework agreement, contract terms, contract length, payment mechanisms and performance incentives).

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

There are no expected changes to current SLA's or contracts with our current providers and local CCG. However, it should be noted that this proposal to implement Procedure is fully supported by the ICS as part of its wider digital strategy for convergence between acute providers to provide a seamless electronic patient record.

5.d. Workforce impact preferred *option*

Please note that the following summary assumes that the IProcedures is being implemented in a singular context. If this were to be implemented alongside other systems such as Sunrise Surgical Care then resources from this area could be pooled to reduce the cost associated with this.

If considered in isolation from these projects (due to the unconfirmed time frames of these rollouts) and assuming a 6-month project initiation to completion we envisage staffing costs to be **£223,065** over this time period. These staff would sit alongside the existing BAU EPR team whilst supporting implementation.

Staff type & band	Staffing needed for 6 month implementation (WTE)	Total Pay (assuming 6 month Project)
Project manager (Band 7)*	1	£72,000
1 x business change (Band 6)	1	£21,613
1 x IT Support (infrastructure)	0.75	£21,377
1 x IT Support (interface)*	0.25	£21,600
1 x config	1	£15,354
1 x tester*	1	£54,720
1 x Anaesthetist (1x PA per week) trainer		£5,000
1 x Digital Nurse	0.4	£11,401
		£223,065

*denotes contractor being used to cover these posts

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	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Total
Equipment		126,935						126,935
Estate								0
IT	1,167,000	223,065						1,390,065
Other								0
VAT								0
Total capital	1,167,000	350,000	0	0	0	0	0	1,517,000

Notes on capital costs:

2021-22 - Service provided in connection with iPro (scope defined by CCN0044 payment 1) - **Identified in Capital Plan**
2022-23 - £350k consisting of 6 months support £223k (Contractor and MTW staff) and Equipment £127k - **Identified in Capital Plan**

Revenue changes associated with the preferred investment option

Revenue changes	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Total
Funding source		-16,667	-50,000	-50,000	-50,000	-50,000	-50,000	-266,667
Pay								0
Non Pay expenditure				209,293	209,293			418,587
Other (non- operating) expenditure								0
Capital charges & depreciation		270,161	343,017	332,398	321,779	311,160	71,225	1,649,738
Total costs		270,161	343,017	541,691	531,072	311,160	71,225	2,068,324
Net financial cost	**0**	**253,494**	**293,017**	**491,691**	**481,072**	**261,160**	**21,225**	**1,801,657**

Divestment in My Pre-op system from December 2022 once Iprocedures fully deployed (£50k pa).
2024-25 - Service provided in connection with iPro (scope defined by CCN0044 payment 2)
2025-26 - Service provided in connection with iPro (scope defined by CCN0044 payment 3)

Description	Payment (excl VAT)	Payment (incl VAT)	Date following which an invoice may be rendered	Capital / Revenue	Funding
Payment 1: Serices Provided in connection with iPro (scope defined by CCN0044)	972,500	1,167,000	Change Authorisation Note Effective Date (as defined by Change Authorisation Note 0044)	Capital	£622000 ERC / £545000 Trust Capital
Payment 2: Serices Provided in connection with iPro (scope defined by CCN0044)	174,411	209,293	31 March 2025	Revenue	
Payment 3: Serices Provided in connection with iPro (scope defined by CCN0044)	174,411	209,293	31 March 2026	Revenue	

In addition to the above there is a capital requirement of £350,000 including VAT to cover additional staff to support the implementation and equipment required to be installed in theatres. This is already included in the capital plan for 22/23.

Pay:

Total across the project **£223,065**, equating to **£37,177.50**per month of project activity i.e. 6 months. See table below for summary of staff group and relevant WTE. It is envisaged that they will be employed from May 2022 to Oct 2022.

Staff type & band	Staffing needed for 6 month implementation (WTE)	Total Pay (assuming 6 month Project)
Project manager (Band 7)*	1	£72,000
1 x business change (Band 6)	1	£21,613
1 x IT Support (infrastructure)	0.75	£21,377
1 x IT Support (interface)*	0.25	£21,600
1 x config	1	£15,354
1 x tester*	1	£54,720
1 x Anaesthetist (1x PA per week) trainer		£5,000
1 x Digital Nurse	0.4	£11,401
		£223,065

***denotes contractor being used to cover these posts**

Equipment :

Details of equipment needed is outlined in section 5.a to support the implementation of IProcedures at a cost of £126, 935 including VAT.

In addition to the above it should be noted that it My Pre-op system would be able to be disinvested once IProcedures is fully deployed within the organisation saving £50,000 recurrently.

7. Quality impact assessment (preferred option)

Clinical Effectiveness	
Have clinicians been involved in the service redesign? If yes, list who.	
Yes Dr Oliver Blightman –Anaesthetics Lead Dr Paul Moran – Clinical Director Theatres and Critical Care Lindsey Reynolds – Lead Matron Theatres and Critical Care	
Has any appropriate evidence been used in the redesign? (e.g. NICE guidance)	
Yes – IProcedures draws on a clear analysis of our work patterns which in turn are based on the best practice guidance provided by NICE and the relevant specialist area royal Colleges.	
Are relevant Clinical Outcome Measures already being monitored by the Division/Directorate? If yes, list. If no, specify additional outcome measures where appropriate.	
Data submissions are required nationally for a number of specialty areas these include TARN and BADS. There are also additional quality metrics that will be recorded consistently by this system: Mortality Duration of procedures Type of Procedure Theatre Utilisation Anaesthetics used Complications	
Are there any risks to clinical effectiveness? If yes, list	
Yes: In the short term there will be significant change to working practices and how clinical information is captured. This could lead to human error as staff get used to the system , including the automation of capturing information against the incorrect patient or location as the incorrect procedure for scanning patient and device might not be followed correctly.	
Have the risks been mitigated?	
Yes: Extensive training and support will be offered throughout the roll out of this system. It is also envisaged that it could be implemented as a pilot first in MSSU before being rolled out more widely	
Have the risks been added to the departmental risk register and a review date set?	
No: Risks related to this system will be reviewed on an ongoing basis but basic risk around confused records are held within the trust risk register for information governance standards.	
Are there any benefits to clinical effectiveness? If yes, list	
Yes: • Digitisation of records in theatres leading to improved continuity between wards and theatres. • Improved data quality for audit, litigation and service improvement. • Auto population of observations and clinical metrics in real time to improve decision making.	
Patient Safety	
Has the impact of the change been considered in relation to:	
Infection Prevention and Control?	Yes (no change to current practice)
Safeguarding vulnerable adults/ children?	Yes (this is already captured within Sunrise)

Current quality indicators?	Yes (it will improve transparency and quality)
Quality Account priorities?	Yes (it will improve transparency and quality)
CQUINS?	Yes
Are there any risks to patient safety? If yes, list	
Yes - In the short term there will be significant change to working practices and how clinical information is captured. This could lead to human error by either capturing information against the incorrect patient or location.	
Have the risks been mitigated?	
Yes – Extensive training and support will be offered throughout the roll out of this system.	
Have the risks been added to the departmental risk register and a review date set?	
No – Risks related to this system will be reviewed on an ongoing basis but basic risk around confused records are held within the trust risk register for information governance standards.	
Are there any benefits to patient safety? If yes, list	
Yes This will help support decision making and coordination of care between multiple clinical specialities. This will also allow information to be viewed simultaneously at multiple locations allowing further improved decision making. This system will provide greater data capture capabilities and therefore enable improved audit methodologies as well as a clear paper trail for any incident reviews that are required. Through the use of mandatory fields, the consistency of data capture will also improve leading to improved documentation standards and further enhancing clinical care throughout a patients journey.	
Patient experience	
Has the impact of the redesign on patients/ carers/ members of the public been assessed? If no, identify why not.	
Yes	
Has the impact of the change been considered in relation to: • Promoting self-care for people with long-term conditions? • Tackling health inequalities?	
Yes This system will bring the trust in line with other organisations in the surrounding area and meet national standards for the role out of digitised patient records across the trust.	
Does the redesign lead to improvements in the care pathway? If yes, identify	
Yes This should enhance decision making and improve theatre utilisation leading to improved clinical outcomes and an increase in the number of cases completed. Ultimately we would expect this to impact on length of stay and the wait times for operations.	
Are there any risks to the patient experience? If yes, list	
Yes	

In the short term there will be significant change to working practices and how clinical information is captured. This could lead to human error by either capturing information against the incorrect patient or location.
Have the risks been mitigated?
Yes – Extensive training and support will be offered throughout the roll out of this system.
Have the risks been added to the departmental risk register and a review date set?
No – Risks related to this system will be reviewed on an ongoing basis but basic risk around confused records are held within the trust risk register for information governance standards.
Are there any benefits to the patient experience? If yes, list
Yes - There should be improved data capture that will support real time decision making. This will also increase the depth and ease of sharing this information with GP's and other care practitioners with view to further enhancing care and improving patient experience. In the longer term; with relevant patient consent, this will also serve to improve the availability of data for clinical research and support.
Equality & Diversity
Has the impact of redesign been subject to an Equality Impact Assessment?
Yes
Are any of the 9 protected characteristics likely to be negatively impacted? (If so, please attach the Equality Impact Assessment)
Yes – Age and Disability (see appendix)
Has any negative impact been added to the departmental risk register and a review date set?
No – we expect these to be prevented via the actions outlined in the EIA.
Service
What is the overall impact on service quality? – please tick one box

Improves quality	X	Maintains quality		Reduces quality	

Clinical lead comments
We have looked at a number of Anaesthetic systems and IPro provides us the best ability to automate and simplify anaesthesia documentation including the recording of drugs which is fully integrated with our existing Sunrise EPR system. It will enable us to standardize the collection of quality measures, improve operational efficiencies, improve the quality of clinical care. We welcome the opportunity that the ICS bid is giving us via the national tech fund to introduce this system which is widely used in the U.S.

8. Project management arrangements

Timetable

The key project phases are as follows:

Milestone	Date
Phase 1 – Initiation c. Convene I-Pro Project Board d. Completion and Sign off of PID	End of April 2022
Phase 2 – Planning e. Current and Future State Design f. Work Flow Assessment g. Training, Test and Communication Strategy h. Plan integration with wider systems	End of July 2022
Phase 3 Execution d. Roll out of Capsule connections to specific areas e. Integration completion f. POA Questionnaire roll out and closure of My Pre-Op	End of Oct 2022
Phase 4: Control and Close	End of Nov 2022

Exact timeline for the above phases to be confirmed and will be reliant on installation of hardware and software onto the Trust's network / servers as well as recruitment of staff to support project phases.

Version history

Version	Issue date	Brief summary of change	Owner's name
0.1	21/3/22		Jane Saunders

NHS
Maidstone and Tunbridge Wells NHS Trust

To approve the Business Case for the replacement of two radiotherapy Linear Accelerators (LinAcs) at Maidstone	Chief Finance Officer

Please find enclosed the Business Case for the replacement of two radiotherapy Linear Accelerators (LinAcs) at Maidstone. The Trust Board is required to approve the Business Case, so the Finance and Performance Committee will therefore be asked, at its meeting on 29/03/22, 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, 22/03/22
- Finance and Performance Committee, 29/03/22

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

Maidstone and Tunbridge Wells NHS Trust

BUSINESS CASE

Guidance notes on completing this template are available on the Trust Intranet.

The replacement of two radiotherapy linear accelerators at Maidstone

Issue date/Version number	22/03/22 V1.2
ID reference	ID 878
Division	Cancer
Directorate	Oncology
Department/Site	Medical Physics/Maidstone
Author	Stephen Duck
Clinical lead/Project Manager	Stephen Duck

Approved by	**Name**	**Signature**	**Date**
General Manager/Service Lead	Naomi Butcher		
Finance manager	Gemma Paling		
Clinical Director	Dr Justin Waters		
Executive sponsor	Sean Briggs		
Division Board	Katherine Goodwin		
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	Angie Collison		
Procurement	Bob Murray		
EME Services Manager	Michael Chalklin		

Business Case Summary

Strategic background context and need

Significant progress has been made in the program to update the Trust's treatment machines (or linacs), with three (LA3M and LA2M at Maidstone and LA1C at Canterbury) remaining outside of the NHSE requirement for their replacement once they reach 10 years.

National funding has become available to support the replacement of two of these treatment units and the decision on which ones to replace will need to consider:

I. areas for improvement within the existing service and how the replacements could improve the position,

II. the strategic direction and timescales for the Canterbury build to ensure that the replacements do not adversely impact on the configuration of the new facility but support the preferred direction of travel where possible,

III. whether there are advances in treatment machine technology that may offer immediate benefits in patient outcomes and/or a defined development pathway to more cutting-edge techniques, improvements in the patient experience or an increase in throughput to allow us to implement complex techniques that are better for a cohort of patients but which may take longer to deliver, and how these could be incorporated into the KOC,

IV. that this case is not about proposing growth in radiotherapy activity.

The case concludes that the two linacs on the Maidstone site should be replaced with a new treatment platform (Halcyon) which is less versatile than our modern Truebeam treatment machines but offers opportunities to become more innovative in our radiotherapy delivery to the benefit of our patients.

The KOC will then be left with one obsolete treatment machine located at Canterbury which may require replacement before the new build is operational. The revised linac replacement program (see below) also identifies that no further replacements are required at Maidstone before 2027 which allows us to focus solely on the Canterbury site for the next five years.

Objectives

1. Provide a radiotherapy service that is able to deliver a resilient, safe and effective service that meets the needs of patients across Kent.

2. Support the wider strategic direction for the Canterbury site.

3. Utilise opportunities that new technology may provide for improving patient experience and outcomes.

The preferred option.

The preferred option is to replace two treatment machines at Maidstone with Halcyons.

Estates

Item	Description	Cost (inc. VAT)
Enabling works	Remove LA3 and dispose, upgrade and refurbish linac bunker to minimum required to take the Halcyon unit. The project will be a turn-key (costs include D&C fees). Replace the side-doors to Oncology to improve access for major capital equipment.	£447,880 £4,120
Enabling works	Remove LA2 and dispose, upgrade and refurbish linac bunker to minimum required to take the Halcyon unit. The project will be a turn-key (costs include D&C fees).	£452,000

Equipment requirements

Equipment	Description	Total Cost (inc.VAT)
Halcyon	Halcyon will be installed (2)	£3,699,978
	Halcyon add-on to improve imaging capabilities (2)	£56,400
Commissioning and dosimetry equipment	Verification film to commission both Halcyons	£5,500
	myQA Platform Upgrade	£29,976
	Dosimetry laptops (2)	£3,000
	Instrumentation cabling	£786
	2D dosimetry array	£68,215
	3D dosimetry array	£62,928
	IBA CCU replacement	£20,200
	Anthropomorphic phantom	£10,000
	Dosimetry software	£8,000
Imaging equipment	QC Phantom for each Halcyon (2)	£10,000
Patient equipment	Patient communications system (2)	£5,000
	Additional CCTV cameras (2)	£4,240
Treatment planning and Aria	Disease management licenses (20)	£67,200
	Tablets (20)	£10,000
	Topaz signature pads (20)	£3,000
	GPU-FAS (x2)	£25,200
	TPS Licences – RapidArc (1), planner (2), remote desktop (70)	£97,854

Truebeam specific equipment	Description	Total Cost (inc.VAT)
Patient equipment	Visual coaching for Truebeam (3)	£43,200
	Short-arc and CBCT licenses for Truebeam (2)	£74,400
	Delta couch shifts for Truebeam (5)	£88,500

Medical Physics workforce costs

Medical physics workforce costs to commission, maintain and repair the linac include:

Commissioning workforce	Capitalisation of linac commissioning physicist, B7 and overtime to support service continuity (2)	£60,000
Linac Training	Additional training for two members of our engineering team to support the Halcyon once it is clinically operational.	£32,000

Storage of LA2

Storage of LA2	Storage for approximately 11 weeks, associated insurance and the transportation to/from storage (inclusive of VAT and IPT where applicable).	£10,696

Main benefits associated with the investment

Key Performance Indicator (KPI)	Baseline Position	Future Outcome
Number of fractions delivered on the Maidstone linacs.	2,542 fractions/month	2,542 fractions/month

Main risks associated with the investment

Risk of not doing it

The KOC will continue with three treatment machines that no longer meet the NHS specification for radiotherapy services, limiting our capability and capacity to provide more modern radiotherapy to our patients. Consequently, we would anticipate an increase in waiting times, a decrease in cancer performance and a drop in our reputation amongst our patient population and the specialist commissioners.

Delivery risk

The Halcyon is a new treatment platform to the KOC – but not to the UK, which will require the adaption of our current Truebeam treatment techniques before they can be used on the Halcyon. This work has already begun following discussions and advice from other UK and European centres. The introduction of any change will follow our documented quality management system processes.

During the changeover period, Maidstone will continue to have ongoing access to the other five machines (four of which are direct matches) which is normal during any replacement program. There will, however, be a period of

four months before the second Halcyon unit comes on-line where a patient that needs to be transferred from a Halcyon to a Truebeam will need a re-plan, which may introduce a delay unless manged through careful operational control of the workload on the Halcyon as it is ramped up to full capacity and supported by our business continuity plans.

We do not foresee other anticipated risks to delivering the project as we have replaced four linacs on the Maidstone site without encountering significant issues and the Halcyon units require a similar infrastructure to the Truebeams.

Residual risk

The KOC's only remaining out of date linac(before 2027) will be on the Canterbury site. This may require replacement before the new centre is in operation and could, at that stage, impact on the strategic plan for Canterbury.

Financial impact of the preferred option – include VAT unless recoverable

Financial year: 2021/22

CAPITAL COSTS	**(£)**	**Funding source**	**(£)**
Halcyon (2)	3,699,978	21/22 Trust capital plan	**£4,730,862**
Halcyon Add-on (2)	56,400		
LA3 enabling works (turnkey)	447,880	**Additional information:**	
Replace external doors	4,120	The Trust has received £3.730m DHSC funding from NHSE/I for the core Linac machines. In addition, the Trust also received funding from Kent & Medway ICS for £452k for the enabling works for LA3M and a further £720k for ancillary equipment and commissioning work for both Linacs.	
Sub total	**4,208,378**		
Commissioning and dosimetry equipment	116,890		
Patient equipment	215,340		
Treatment planning	190,254		
Sub total	**522,484**		
Grand TOTAL	**4,730,862**		

Financial year: 2022/23

CAPITAL COSTS	**(£)**	**Funding source**	**(£)**
LA2 enabling works (turnkey)	452,000	22/23 Trust capital plan	**£627,000**
Sub total	**452,000**	**Additional information:**	
Commissioning and dosimetry equipment	91,715	The draft Capital Plan for 22/23 includes £452k for the enabling and £175k for ancillary equipment and commissioning costs.	
Imaging equipment	10,000		
Treatment planning	13,000		
Physicist commissioning costs	60,000		
Sub total	**174,715**		
Grand TOTAL	**626,715**		
REVENUE COSTS	**(£)**	**Funding source**	**(£)**
Engineering training costs (2)	**32,000**	Medical Physics budgets	**32,000**
Storage and Insurance for LA2M	**10,696**	Medical Physics budgets (or wider Cancer Division budgets)	**10,696**

Financial year: 2023/24

REVENUE COSTS	**(£)**	**Funding source**	**(£)**
Maintenance contracts (2)	**124,000**	Existing Medical Physics budgets (replacement machines)	**124,000**

Timetable

The timetable below reflects the implementation plan agreed with NHSE/I prior to the allocation of national funding for the Halcyons.

Milestones		Date
LA3	Order placed for the Halcyon	07 Oct 2021
	Order the bunker enabling works.	19 Oct 2021
	Remove existing machine.	12 Feb 2022
	Commence the enabling works program.	14 Feb 2022
	Deliver Halcyon to bunker (rig and wrap).	26 Mar 2022
	Enabling works completed.	08 Apr 2022
	Acceptance and commissioning of the Halcyon completed.	15 Jul 2022
	Clinical training completed.	22 Jul 2022
	Halcyon introduced into clinical use.	25 Jul 2022
LA2	Order placed for the Halcyon	07 Oct 2021
	Order the bunker enabling works.	19 Oct 2021
	Deliver Halcyon to store.	26 Mar 2022
	Remove existing machine.	06 Aug 2022
	Commence the enabling works program.	08 Aug 2022
	Enabling works completed.	07 Oct 2022
	Deliver Halcyon to bunker.	08 Oct 2022
	Acceptance and commissioning of the Halcyon completed.	02 Dec 2022
	Clinical training completed.	09 Dec 2022
	Halcyon introduced into clinical use.	12 Dec 2022
Truebeam standardisation	Commence rolling upgrades across six linacs	18 Apr 2022
	Completion of upgrade program	23 Jan 2023

The Business Case

1. Strategic context

The Maidstone and Tunbridge Wells NHS Trust hosts the regional Kent Oncology Centre (KOC) that provides specialised cancer services – including radiotherapy – to the 1.9M population in Kent, Medway and parts of East Sussex.

The KOC radiotherapy service is based at Maidstone General Hospital and the Kent and Canterbury Hospital and is one of the top 5 Cancer Centres in England for radiotherapy delivery.

The radiotherapy department at Maidstone is relatively new and purpose built while the facilities at Canterbury are older and were not originally designed for radiotherapy (being built in 1937). The current facilities on the Canterbury site are no longer considered fit for purpose and there are plans for a new build in east Kent.

The Kent Oncology Centre has a fleet of nine treatment units (or linacs), six are located at Maidstone Hospital and three at the Kent and Canterbury Hospital.

The NHS standard contract for radiotherapy recommends that treatment units should be replaced once they reach 10 years to ensure that the advanced and innovative radiotherapy technology present on modern treatment units is implemented in cancer centres to improve patient outcomes.

The KOC has three treatment units considered by NHSE/I to be obsolete because they are over 10 years old. At Maidstone, LA3M was due for replacement in 2017 and LA2M in 2020. On the Canterbury site LA1C was also due for replacement in 2020.

National funding has become available to support the replacement of two of these and the decision on which to replace will need to consider:

I. areas for improvement within the existing service and how the replacements could improve the position,

II. the strategic direction and timescales for the Canterbury build to ensure that the replacements do not adversely impact on the configuration of the new facility but support the preferred direction of travel where possible,

III. whether there are advances in treatment machine technology that may offer immediate benefits in patient outcomes and/or a defined development pathway to more cutting-edge techniques, improvements in the patient experience or an increase in throughput to allow us to implement complex techniques that are better for a cohort of patients but which may take longer to deliver, and how these could be incorporated into the KOC,

IV. that this case is not about proposing growth in radiotherapy activity.

The case concludes that two linacs on the Maidstone site should be replaced with a new treatment platform (Halcyon) which is less versatile than our modern Truebeam treatment machines but offers opportunities to become more innovative in our radiotherapy delivery to the benefit of our patients.

The KOC will then be left with one obsolete treatment machine which is located at Canterbury and which may require replacement before the Canterbury new build is operational. The revised linac replacement program (see below) also identifies that no further replacements are required at Maidstone before 2027 which allows us to focus solely on the Canterbury site for the next five years.

The linac replacement plan – Kent Oncology Centre - March 2022

Linac	Location	Operational	Proposed replacement date	Age at proposed replacement date	[1]Proposed platform	Comments
LA1C	Canterbury	√	2024	14yrs	HAL	The actual replacement date and linac choice will be dependent on the outcome of the business case for a new facility at Canterbury – here it is assumed that a new facility will be ready for commissioning in 2024. Given the NHSE/I Radiotherapy Services Specification requires treatment units to be replaced once they reach 10 years, the in-situ replacement of LA1C before the end of 2024 should be considered in the planning process if there are likely to be further delays. Given the small size of the LA1C bunker, upgrade costs are likely to be costly but an option to replace into the existing bunker will be worked up as a contingency plan in the meantime.
LA2C	Canterbury	√	2024	9yrs	HAL	The replacement date and linac choice will be dependent on the outcome of the business case for a new facility at Canterbury.
LA3C	Canterbury	√	2031	10yrs	TB	Temporary installation into an existing bunker – final location dependent on the outcome of the business case for a new facility at Canterbury.
LA1M	Maidstone	√	2027	10yrs	TB	
LA2M	Maidstone	√	2022	12yrs	HAL	Nationally funded – location and replacement timetable agreed with NHSE/I.
LA3M	Maidstone	√	2022	15yrs	HAL	Nationally funded – location and replacement timetable agreed with NHSE/I.
LA4M	Maidstone	√	2028	10yrs	TB	
LA5M	Maidstone	√	2028	10yrs	TB	
LA6M	Maidstone	√	2029	10yrs	TB	

[1] TB – Truebeam HAL - Halcyon

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

1. Ensure that the radiotherapy service is able to deliver a resilient, safe and effective service that meets the needs of patients in Kent.

2. Support the wider strategic direction for the Canterbury site.

3. Utilise opportunities that new technology offers for improving patient experience and outcomes.

Objective 1 – deliver a resilient, safe and effective radiotherapy service

Current situation:

Three linacs at the KOC are now beyond the 10-year age limit set by NHSE/I in the radiotherapy service specification (LA3M at Maidstone is 15 years old and LA1C at Canterbury and LA2M are 12 years).

They are no longer able to provide the latest standards for radiotherapy treatment and have been scheduled in the Trust's capital plan as requiring replacement.

National funding has now been made available to support the Trust replacing two of these treatment units.

Additionally, the KOC currently has six Truebeams which have been undergoing an upgrade program to allow us to develop and implement new treatment techniques - such as breath-hold, gating and improved imaging and set-up for breast and SABR patients for example - that provides better patient outcomes and improved patient safety. But not all of the Truebeams have undergone these upgrades with the remainder identified in the capital business plan for 2021/22.

Problems / risks of current situation:

The KOC is short on capability to deliver modern radiotherapy techniques which can improve patient outcomes because three treatment machines are too old to support this form of treatment and the Truebeams require standardisation across the KOC.

This can lead to capacity issues which is holding us up in moving forwards with further developments in innovative radiotherapy.

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

Whilst the KOC has three linacs that require replacement, national funding is available to replace two and close the gap.

Standardisation of the existing Truebeams includes visual coaching devices for breath-hold and gating techniques, and upgrades in the imaging and setup processes to improve patient safety.

The expected benefits of achieving the change:

Patients will have even better access to integrated dose-painting with imaging verification standard before their treatment which will improve outcomes.

Increased patient throughput so as to support more complex, specialist treatments that a smaller cohort of patients require but which take much longer.

Improved patient experience through access to modern facilities and techniques.

Objective 2 – utilising improvements in technology for the benefit of patients

Current situation:

Radiotherapy technology is ever evolving and it is important to review new treatment platforms to ensure that the KOC has the right delivery systems and strategic priorities in place to offer the latest treatments that patients and commissioners will ultimately demand as they become more widely available.

Problems / risks of current situation:

Technological advances in radiotherapy that could improve patient outcomes and experience may not always make it onto the Truebeam platform. We could, therefore, find ourselves behind the curve unless we have adequately horizon scanned and diversified where appropriate during the replacement program.

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

Ensure that the KOC has fully reviewed potential linac platforms that would integrate into our infrastructure so as to identify whether there are benefits to our patients in moving to a mixed platform service.

The expected benefits of achieving the change:

Integration of new technology into our services that offers improvements in care whilst supporting the wider KOC where possible.

Opportunities to implement more complex radiotherapy that will improve patient outcomes whilst maintaining existing capacity.

Improvements in efficiency to make better use of our resources.

A clear development path for implementing the latest technologies that will provide longer term benefits to our patients.

Objective 3 – support the wider strategic direction for the Canterbury site

Current situation:

The strategic direction for radiotherapy services in east Kent is to relocate to a purpose-built facility within the next three years.

The treatment unit profile required for the new build is likely to be different to the conventional linacs that are currently installed with two Halcyon units potentially supporting additional capacity.

This project will need to consider the possible impact that the choice of treatment unit platform and location may have on the wider strategic plan for east Kent.

Problems / risks of current situation:

There is significant risk in the timescales for the strategic case for east Kent which could require additional linac replacements on the Canterbury site before the new facility is available: LA1C will be 14 years old in 2024 and LA2C will be 9 years.

Replacement of these linacs in the meantime could impact on the final configuration of the Canterbury new build if the KOC is not ready or able to support any change in platform in the interim because of operational pressures for example. Alternatively, the size of the bunkers at Canterbury may force a Halcyon replacement, which would then be the only Halcyon on-site – potentially for several years, which could

introduce operational issues if there is no experience with Halcyon within the KOC or a back-up unit at Maidstone able to support Canterbury if required.

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

The replacement program needs to consider the on-going uncertainty around the new build at east Kent so as to ensure that options for the final linac configuration are kept open for as long as possible and that the wider KOC is able to support the Canterbury site should there be further delay in the new build which may impact on capacity and capability in east Kent.

The expected benefits of achieving the change:

The final configuration for east Kent is not affected by these replacements and the KOC is prepared to support the introduction of Halcyons in east Kent so as to minimise disruptions when the new centre come on-line.

3. Constraints and dependencies

The project must meet the requirements for deliverability set by the Specialist Commissioners prior to funding approval.

4. Short list of options

Four options were short-listed for consideration:
1. Do nothing.
2. Replace two treatment units at Maidstone
3. Replace one at Maidstone and one at Canterbury.

Option 1 Do not replace the out of date linacs – do nothing

Description:

Do not accept the national funding to replace two out-of-date linacs.

Non-financial risk associated with the option:

The KOC will continue to use two treatment units that no longer meet the radiotherapy specification and will not meet our objectives for improving patient experience and outcomes. Additionally, the Specialist Commissioners may lose confidence in our services and ability to maintain our cancer performance if we continue to use out of date equipment.

This option does not, therefore, meet the benefits identified in the objectives above.

Non-financial benefits associated with the option:

No non-financial benefits have been identified with this option.

Option 2 Replace two linacs at Maidstone – the preferred option

Description:

Replace the two obsolete treatment units at Maidstone with either:

Option 2(a) Halcyons, or
Option 2(b) Truebeams.

and standardise the current Truebeams.

The replacement of two linacs in a single program offers an opportunity to consider alternative treatment platforms to our current Truebeams, because issues around continuity of patient treatment during breakdowns, servicing and variations in demand are minimised if we are able to install two units of the same type so that patients can be transferred seamlessly between them if required.

An alternative treatment platform is the Varian Halcyon 2 which offers a more integrated 4D radiotherapy approach but lacks the Truebeam's wider versatility.

The advantages of the Halcyon 2, however, include a higher patient throughput (around 20% more patients can be treated on a Halcyon during the normal working day) and an improved patient experience.

The increase in patient throughput is particularly welcome because the demand for radiotherapy fluctuates significantly throughout the year which can compromise our ability to meet cancer waiting times.

The reduced versatility of the Halcyon when compared to the Truebeam platform will not significantly impact on service delivery because the limitations affect only a small number of patients (for which alternative techniques could be developed) or patients would continue to have treatment on a Truebeam.

Halcyon can be upgraded with an artificially intelligent (AI) front-end which would further improve patient outcomes because it would allow us to account for random variations in internal anatomy by adapting the dose each patient receives on a daily basis - whilst they are lying on the Halcyon couch in preparation for treatment.

This is cutting-edge technology because it brings adaptive radiotherapy into the busy clinical environment and is the future of radiotherapy. Around four other centres in the UK have this technology (upgrading from Halcyon to Ethos) and it would be good for our patients if we could introduce it into the KOC. Additional benefits would include an enhanced reputation for the Trust and improvements in recruitment and retention of staff.

The upgrade costs for one Halcyon is around £2,000,000 – inclusive of VAT (we would only need one upgrade initially) which will require a further business case.

The table below provide a short summary of the strengths, weaknesses, opportunities and threats associated with both treatment platforms.

Both units provide modern 4D radiotherapy, including dose painting, as required by the NHS Service Specification.

SWOT analysis for Truebeam	
Strengths	Compatible with existing units – no changes to techniques/working practices required. Most versatile platform for treating the widest patient cohort.
Weaknesses	Lower patient throughput than alternative. Patient experience when compared to alternative. Loss of opportunity to develop changes in techniques/working practices before a new Cancer Centre (which could include Halcyon units) goes live.
Opportunities	Improves access to modern radiotherapy and the reputation of the Trust
Threats	NHS Specialist Commissioners are expecting Cancer Centres to significantly increase the fractions delivered on each linac. On a conventional machine this would require increasing the working day which could be detrimental to workforce and patient experience.
SWOT analysis for Halcyon	
Strengths	Higher throughput – on average around 20% over a conventional linac. Improved patient experience. Designed for efficient throughput, requires fewer staff to run the unit. Simpler unit than a conventional linac, less to go wrong, easier to maintain, repair and quality assure - which should improve uptime.
Weaknesses	Not compatible with the existing linac fleet requiring changes in technique to fully utilise. Less versatile than the Truebeam platform.
Opportunities	Potential to manage capacity (without increasing the need for additional bunkers) which could be used to increase access to more complex techniques that could further improve patient outcomes but may require longer treatment times. Path to near-real time adaptive radiotherapy to improve patient outcomes. Improves access to modern radiotherapy and the reputation of the Trust. Could also improve staff recruitment and retention.
Threats	None identified.

Non-financial risk associated with the option:

Option 2(a)

The delivery risks discussed earlier apply:

I. Adaption of our current Truebeam treatment techniques before they can be used on the Halcyon.

II. A period of four months before the second Halcyon unit comes on-line where a patient that needs to be transferred from a Halcyon to a Truebeam will need a re-plan.

Option 2(b)

No risks identified.

Non-financial benefits associated with the option:

Option 2(a)

This option achieves the benefits identified in the objectives defined above, including:

Improving patient outcomes

I. improved access to integrated dose painting and image verification,
II. increased capacity to support the development of more highly specialist, but time consuming, techniques,
III. delivers a better patient experience,

Utilising improvements in technology

I. provides a path to more innovative radiotherapy that will improve patient outcomes,
II. increases capacity and improves the patient experience,

Supports the strategic direction for Canterbury

I. prepares the KOC for the proposed configuration for the new Canterbury facility,
II. provides additional capacity should this be required whilst the Canterbury situation is resolved,
III. maintains flexibility in the final selection for the linac configuration at Canterbury.

Option 2(b)

This option achieves some of the benefits identified in the objectives defined above, including:

Improving patient outcomes

I. improved access to integrated dose painting and image verification,

Supports the strategic direction for Canterbury

II. maintains flexibility in the final selection for the treatment unit configuration at Canterbury,

Option 3 Replace one linac at Maidstone and one linac at Canterbury

Description:

Replace LA3M at Maidstone and LA1C at Canterbury and standardise the existing Truebeams.

The replacement of LA3M at Maidstone is the priority, but both of the remaining out of date linacs (LA1C at Canterbury and LA2M at Maidstone) are of a similar age and a replacement on the Canterbury should be reviewed as part of this process.

Non-financial risk associated with the option:

There is significant uncertainty around the future configuration of the Canterbury site - including delivery timelines - which means that a replacement at this time could adversely impact on the overall Canterbury strategy and vice-versa.

Additionally, the limited size of the LA1C bunker may constrain the type of treatment unit that could be installed and/or impose limitations on use - for which further specialist, advice is required – and which would then impact on operational effectiveness and performance.

There is also a high level of estates risk associated with linac replacements on this site which would require further specialist advice before proceeding with any replacement.

Given the level of uncertainty discussed above, it is highly unlikely that we would meet the Specialist Commissioners delivery requirements for an installation on the Canterbury site at this time.

Splitting the replacements across the Maidstone and Canterbury sites limits the opportunity to introduce Halcyon seamlessly into the KOC because there will be no on-site backup in the interim and resilience will be reduced.

Overall, there is significant risk to the Canterbury strategy, operational effectiveness, the ability to harness advances in technology to improve patient outcomes and project delivery with this option.

Non-financial benefits associated with the option:

This option may improve access to modern radiotherapy techniques on the Canterbury site but resilience may be limited unless a Truebeam is installed.

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 risk score and/or rank** **Overall score = benefit - risk**
Option 1 **Do nothing**	No benefits have been identified within this option. Will not meet our objectives for improving patient experience and outcomes, supporting the Canterbury strategy or utilising modern technology to improve outcomes. Uses out of date equipment unable to meet modern radiotherapy standards. Additionally, we are likely to attract attention from the Specialist Commissioners for continuing to use out of date equipment.	Overall score = -10 Benefits score: 0 Does not meet the stated objectives. Risk score: 10 Service reliant on out of date equipment. Loss of reputation. Rank 4 (lowest)

Option	Benefits and risks	Option benefit and risk score and/or rank Overall score = benefit - risk
Option 2(a) Halcyons	This option achieves all of the required objectives and is deliverable within the time constraints. Halcyons offer an improved patient experience and throughput which may be useful in the provision of business continuity to the Canterbury site. The Halcyons offer a complementary platform to the Truebeams that will allow us to develop additional treatment options to improve patient outcomes whilst maintaining a matched pair for business resilience. Implementing Halcyons at Maidstone first will allow us to transfer our learning experience to the new build if the decision is to go with Halcyons at Canterbury. The Halcyons will require some treatment technique adaptions – particularly for non-midline lesions - but we have access to other UK centres with Halcyons and work on this is already underway. Halcyon offers an upgrade path to dose adaptation whilst the patient is on the couch which may further improve outcomes. An upgrade from Halcyon to Ethos will require a separate business case.	Overall score = 55 Benefit score: 60 Meets all of the stated objectives. Risk score: 5 Some technique changes are required. **Rank 1 (highest)**

Option	Benefits and risks	Option benefit and risk score and/or rank Overall score = benefit - risk
Option 2(b) Truebeams	Replacement of the obsolete Maidstone linacs will Truebeams that match the other four Maidstone treatment machines will improve access to modern radiotherapy techniques and service resilience. They will not improve capacity and will not complement the Canterbury strategy nor harness new technology that could further improve patient outcomes.	Overall score = 30 Benefit score: 30 Meets some of the stated objectives (limited on improvements in capacity, supporting the Canterbury strategy and harnessing new technology). Risk score: 0 The Truebeam platform is already in use within the KOC). Rank 2
Option 3	The benefit of this option is there will be improved access to modern radiotherapy on both sites. Service resilience on the Canterbury site may be reduced. The option does not appear to align well with the strategy for Canterbury. The opportunity to introduce new technology with minimal risk is lost because there would be no Halcyon backup on either site. Project delivery within the required timescales is unlikely.	Overall score = 0 Benefit score: 20 Partially meets improvements in the delivery of modern radiotherapy and harnessing new technology . Risk score: 20 Unlikely to be deliverable in the required time scale. Service resilience could be poorer. Rank 3

4b. Summary of information on each option

Category	Option 1	Option 2(a)	Option 2(b)	Option 3
Capital costs *(One off upfront costs)*	--	£5,357,577	[2]£5,380,000	[3]£5,380,000
Benefits *(non-financial)* score *and or rank of option*	0	60	30	20
Risks score *and or rank of option*	10	5	0	20
Overall score (rank)	-10 (4)	55 (1)	30 (2)	0 (3)

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

The costs, benefits and risks of all the options considered in this business case have been reviewed by the clinical and operational teams within the Oncology Directorate.

The Directorate decision is to support option two – the replacement of two linacs on the Maidstone site with Halcyons – because this option increases capacity through increased patient throughput at a time when we are not clear on the future of the Canterbury site, improves the patient experience and provides a treatment platform that allows further opportunities to improve patient outcomes through adaptive-radiotherapy (which will require additional funding and a separate business case).

The introduction of Halcyon is also likely to increase the profile of the KOC and contribute to improvements in workforce recruitment and retention.

[2] Based on an earlier exercise comparing Truebeam and Halcyon enabling works costs for the Maidstone bunkers
[3] Assuming that the bunker upgrade costs for LA1C are the same as for Maidstone.

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

IT Infrastructure

No additional IT infrastructure or changes to the current infrastructure are required as our Aria system was recently upgraded as part of the earlier LA3C business case to support Halcyon.

Diagnostics and Clinical Support Services

No additional diagnostics or clinical support services are required because there will not be an increase in activity or changes in diagnostic practice as a consequence of these replacements.

Estates Infrastructure

The bunker enabling works will be signed off and supported by the MTW Estates team.

5.b. Procurement route

The linac and the equipment identified in this case will be purchased by the Trust's Procurement team using NHS Supply Chain.

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

The replacement of LA2 and LA3 will not affect current activity levels.

The Specialist Commissioners have been involved in the discussions regarding the replacement of LA2 and LA3 with the Halcyon units prior to the approval of national funding.

5.d. Workforce impact

No work force changes are required for this case because the service is already established to support the existing complement of six linacs at Maidstone which is not changing and our understanding is that the Halcyons do not require additional staff.

The Halcyon units will require existing treatment techniques to be adapted when they move across from the Truebeams and this has been factored into the project plan.

The radiotherapy engineering team will require additional training from Varian which has been included in the costs but no additional staff are required.

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

Financial year: 2021/22

CAPITAL COSTS	(£)	Funding source	(£)
Halcyon (2)	3,699,978	21/22 Trust capital plan	**£4,730,862**
Halcyon Add-on (2)	56,400		
LA3 enabling works (turnkey)	447,880	**Additional information:**	
Replace external doors	4,120	The Trust has received £3.730m DHSC funding from NHSE for the core Linac machines. In addition, the Trust also received funding from Kent and Medway ICS for £452k for the enabling works for LA3M and a further £720k for ancillary equipment and commissioning work for both Linacs.	
Sub total	**4,208,378**		
Commissioning and dosimetry equipment	116,890		
Patient equipment	215,340		
Treatment planning	190,254		
Sub total	**522,484**		
Grand TOTAL	**4,730,862**		

Financial year: 2022/23

CAPITAL COSTS	(£)	Funding source	(£)
LA2 enabling works (turnkey)	452,000	22/23 Trust capital plan	**£627,000**
Sub total	**452,000**	**Additional information:**	
Commissioning and dosimetry equipment	91,715	The draft Capital Plan for 22/23 includes £452k for the enabling and £175k for ancillary equipment and commissioning costs.	
Imaging equipment	10,000		
Treatment planning	13,000		
Physicist commissioning costs	60,000		
Sub total	**174,715**		
Grand TOTAL	**626,715**		
REVENUE COSTS	**(£)**	**Funding source**	**(£)**
Engineering training costs (2)	**32,000**	Medical Physics budgets	**32,000**
Storage and Insurance for LA2M	**10,696**	Medical Physics budgets or Cancer Division budgets	**10,696**

Financial year: 2023/24

REVENUE COSTS	(£)	Funding source	(£)
Maintenance contracts (2)	**124,000**	Existing Medical Physics budgets (replacement machines)	**124,000**

7. Quality Impact Assessment **(preferred option)**

Clinical Effectiveness	
Have clinicians been involved in the service redesign? If yes, list who.	
Dr Henry Taylor, Dr Brulinski, Dr Edwards, Mark Fleckney, Amanda Williams.	
Has any appropriate evidence been used in the redesign? (e.g. NICE guidance)	
Yes – this is a replacement linac required to support existing activity and offer more patient access to modern radiotherapy techniques.	
Are relevant Clinical Outcome Measures already being monitored by the Division/Directorate? If yes, list. If no, specify additional outcome measures where appropriate.	
Yes – radiotherapy monitors a number of patient outcomes across all treatment sites including treatment delays, overall treatment time and changes to the patient prescription which can impact on survival. These will continue to be monitored.	
Are there any risks to clinical effectiveness? If yes, list	
None identified.	
Have the risks been mitigated?	
None identified.	
Have the risks been added to the departmental risk register and a review date set?	
None identified.	
Are there any benefits to clinical effectiveness? If yes, list	
Patients will have improved access to modern image-guided radiotherapy treatment techniques. Further advances in real-time dose modification to account for daily setup and anatomy variations are also possible through an upgrade path to Ethos.	
Patient Safety	
Has the impact of the change been considered in relation to:	
Infection Prevention and Control?	Y~~/N~~
Safeguarding vulnerable adults/ children?	Y~~/N~~
Current quality indicators?	Y~~/N~~
Quality Account priorities?	Y~~/N~~
CQUINS?	Y~~/N~~
Are there any risks to patient safety? If yes, list	
No – whilst we are installing a different type of linac to the Truebeam platform that we currently have in the KOC, the technology is well-understood and the normal independent pre-clinical tests will be undertaken and appropriate standard operating protocols will be in place before the Halcyon units go clinical.	
Have the risks been mitigated?	
None identified.	
Have the risks been added to the departmental risk register and a review date set?	
None identified.	
Are there any benefits to patient safety? If yes, list	
None identified.	
Patient experience	
Has the impact of the redesign on patients/ carers/ members of the public been assessed? If no, identify why not.	
Yes.	

Has the impact of the change been considered in relation to: • Promoting self-care for people with long-term conditions? • Tackling health inequalities?
Yes.
Does the redesign lead to improvements in the care pathway? If yes, identify
No changes in the current care pathway identified.
Are there any risks to the patient experience? If yes, list
None identified.
Have the risks been mitigated?
None identified.
Have the risks been added to the departmental risk register and a review date set?
No risks identified.
Are there any benefits to the patient experience? If yes, list
Other centres report an improved patient experience with the Halcyon platform because treatment times are generally quicker and the machine design is such that patients do not see a large gantry rotating around them (treatment is more akin to lying in a CT scanner).
Equality & Diversity
Has the impact of redesign been subject to an Equality Impact Assessment?
Yes.
Are any of the 9 protected characteristics likely to be negatively impacted? (If so, please attach the Equality Impact Assessment)
No.
Has any negative impact been added to the departmental risk register and a review date set?
None identified.
Service
What is the overall impact on service quality? – please tick one box

Improves quality	√	Maintains quality		Reduces quality	

Clinical lead comments

8. Project management arrangements

Timetable

The timetable below reflects the implementation plan agreed with NHSE/I prior to the allocation of national funding for the Halcyons.

Timetable

Milestones		Date
LA3	Order placed for the Halcyon	07 Oct 2021
	Order the bunker enabling works.	19 Oct 2021
	Remove existing machine.	12 Feb 2022
	Commence the enabling works program.	14 Feb 2022
	Deliver Halcyon to bunker (rig and wrap).	26 Mar 2022
	Enabling works completed.	08 Apr 2022
	Acceptance and commissioning of the Halcyon completed.	15 Jul 2022
	Clinical training completed.	22 Jul 2022
	Halcyon introduced into clinical use.	25 Jul 2022
LA2	Order placed for the Halcyon	07 Oct 2021
	Order the bunker enabling works.	19 Oct 2021
	Deliver Halcyon to store.	26 Mar 2022
	Remove existing machine.	06 Aug 2022
	Commence the enabling works program.	08 Aug 2022
	Enabling works completed.	07 Oct 2022
	Deliver Halcyon to bunker.	08 Oct 2022
	Acceptance and commissioning of the Halcyon completed.	02 Dec 2022
	Clinical training completed.	09 Dec 2022
	Halcyon introduced into clinical use.	12 Dec 2022
Truebeam standardisation	Commence rolling upgrades across six linacs	18 Apr 2022
	Completion of upgrade program	23 Jan 2023

9. Arrangements for post project evaluation (PPE)

Complete the following section now

Name of Division/Directorate	*Cancer / Oncology*
Evaluation manager	*Stephen Duck*
Project Title & Reference	*The replacement of two radiotherapy linacs at Maidstone.*
Total Cost	
Start date	*February 2022*
Completion date	*December 2022*
Post project evaluation Due Date	*June 2023*

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 where such resolved?
What was learned, how has this been disseminated, and to whom?

NHS
Maidstone and Tunbridge Wells NHS Trust

To approve the Business Case for International Recruitment **Chief Nurse**

Please find enclosed the Business Case for the International Recruitment. The Trust Board is required to approve the Business Case, so the Finance and Performance Committee will therefore be asked, at its meeting on 29/03/22, 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, 08/03/22
- Finance and Performance Committee, 29/03/22

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

Maidstone and Tunbridge Wells NHS Trust

MTW BUSINESS CASE

International Nurse Recruitment

Issue date/Version number	23/02/2022
ID reference	ID865
Division	Corporate Nursing
Directorate	Corporate Nursing
Department/Site	Nursing
Author	Julie Partridge/ Nick Baber
Clinical lead/Project Manager	Julie Partridge

Approved by	**Name**	**Signature**	**Date**
General Manager/Service Lead	Jo Haworth		28/02/22
Finance manager	Richard Sykes	Support confirmed	10/03/22
Clinical Director	Jo Haworth		28/02/22
Executive sponsor	Jo Haworth		28/02/22
Division Board			
Supported by	**Name**	**Signature**	**Date**
Estates and Facilities Management (EFM)	Darren Bulley		11/2/22
ICT	Sue Forsey	Support confirmed	28/02/22
Deputy Chief Operating Officer	Lynn Gray	Support confirmed	03/03/22
Diagnostics and Clinical Support Services (DCSS)	Darren Palmer	Support confirmed	11/2/22
Emergency Planning	John Weeks	Support confirmed	11/2/22
Human Resources (HR) Business Partner	Angela Collison	Support confirmed	14/02/22
Procurement	Bob Murray	Support confirmed	28/02/22
EME Services Manager	Michael Chalklin	Support confirmed	11/2/22

Maidstone and Tunbridge Wells NHS Trust

Business Case Summary

Strategic background context and need

Nationally, there are 39,813 unfilled nursing vacancies. Within the South East, there are currently over 6,000 nursing vacancies and the figure has been increasing. The NHS People Plan outlines an ongoing commitment to international nurse recruitment.

The number of nurse vacancies at MTW is currently running at 17%, 347 WTE*, and this level of vacancies is impacting on patient safety, with an adverse effect on the retention of nursing and midwifery staff and a reliance on temporary staffing. Reducing the current nurse vacancy rate to 10%, (against a turnover rate of 12.5%) is a key objective for the Trust.

This investment links to Trust objectives of:

- Providing consistently safe, high quality patient focused services
- Promoting a caring workforce through high value and safe development support in their roles within our improvement driven and high performing organisation

Recruitment from the National nursing pool, has led to minimal reduction of vacancies. The recruitment challenges at MTW require a sustained multifaceted approach. In line with national guidance an ongoing part of that approach will be an expansion of international nurse recruitment.

MTW has received funding from NHSE of £420k in 2022 in support of the international nurse recruitment plan. The plan is for an intake of 140 international recruits in 2022.

There have been 146 international nurses recruited to MTW since February 2020. An average of 73/y This case sets out the plan for an ambitious sustained three-year international nurse recruitment programme

* Feb 2022 data

Objectives

1. To ensure the Trust has a fully established nursing workforce in line with the safe staffing action plan to deliver safe, high quality care, across all our clinical settings

2. To increase the number of clinical skills facilitators to support the international recruitment programme and the continued professional development of current staff members.

3. To develop a multifaceted proactive programme of nurse recruitment with both national and international approaches.

The preferred option.

Option 3

- Recruitment of 420 international nurses over a 3-year period starting with the 140 from June - December 2022.
- Recruitment of 12 WTE band 6 clinical skills facilitators
- A three-year programme of international nurse recruitment supporting the safe staffing action plan at MTW (appendix 2). A 'check point' will be built in each November to coincide with the conclusion of the annual nursing establishment review, occurring in October. This 'check point' review will provide confirmation of the recruitment target for the forthcoming year

Benefits associated with the investment

Quantified benefits with Key Performance Indicator (KPI)	Baseline Position	Future Outcome
A reduction in the registered nursing vacancy rate at MTW	Current vacancy rate 16.96%	Vacancy rate reduction to < 10%
National funding support for international nurse recruitment	£0	£420k in 2022 Similar level expected each year for 2023 and 2024 Expected 3y Sum = £1.26M
Improvement in the OSCE first time pass rate	Current percentage of candidates who pass on the first attempt – 76%	Pass rate of OSCE on first attempt to 90%.
A reduction in the premium rate registered nursing temporary staffing expenditure	Agency rate 52% above substantive rate Bank rate 33% above substantive rate Current spend on temporary staffing for in scope band 5 is £12.8m per annum	Reduction of that expenditure by 140 nurses each year of 3-year scheme At the end of year 3 the planned recruitment will reduce this spend by £7.8m to £5m
Improved retention of substantive nursing staff as a result of improved work-life balance provided by working within teams with full establishments. In turn reducing turnover and save on costs associated with recruitment	Current percentage turnover over the last 12 months of 12.5%. (This rate has been increasing)	2% reduction in turnover to 10.5% by Dec 2024

Further benefits of this proposal:

- Fill vacancies where establishments have increased due to Covid or service development.
- Improved patient and staff safety and experience as clinical areas work to full establishment.
- Improved staff morale, resulting in a positive effect on patient care
- Delivery of safe, high-quality care to our patients
- Increased diversity within the nursing workforce
- Reduce LOS*
- Reduced Falls*
- Reduced mortality*

  *Not quantified in this case but research evidence sources provided

Main risks associated with the investment

Risk of not investing: -

International recruitment is essential to support the delivery of patient care at MTW. There have been 146 international nurses recruited to MTW since February 2020. An average of 73 per year. For 2021/22 the plan had been for a considerably higher level of international recruitment but the COVID pandemic restricted the number of arrivals into the Trust. The current supply of UK trained nurses is limited and the Trust is unable to recruit sufficient numbers to meet existing vacancy and turnover rates

National recruitment is unable able to meet Trust recruitment targets in isolation. Currently a minimal amount of our recruitment activity is filled with national nurses. Therefore, a multifaceted approach to support reduction of the current vacancy rate is required.

Service delivery is dependent upon the successful recruitment of staff

- Ongoing clinical impact on patient care due to low numbers of staff and high nurse to patient ratios
- The Trust will be unable to reduce temporary nursing usage and associated spend. This may result in use of costly non-framework agencies.
- There is a potential risk of increase in staff absence due to sickness.
- There is a risk to staff morale as underfilled shifts will result in increased stress, which in turn may increase sickness absence.
- Reliance on bank / agency nurses who are unfamiliar with ward environments may impact efficiency and add to length of stay.
- Staffing gaps may result in incident's causing harm to patients e.g. increase in pressure ulcers, falls, poor nutrition and hydration and increase in complaints.
- There is a risk of increased turnover as staff continue to be adversely affected by ongoing staffing gaps
- Lack of workforce resilience and impact on staff wellbeing
- Despite ongoing local and overseas recruitment initiatives, the Trust has approximately 347 WTE vacant nursing positions, and will not be able to fill these without this additional support.

Delivery risks

- The pass rate for OSCE in 2021 at MTW has been 100% (67 nurses). However, this could fluctuate due to the new OSCE assessment and is not a given. Details of pass rates below:
    - First time pass rate 76.1%
    - Second time pass rate 22.4%
    - Third time pass rate 1.5%

      The time permitted between each OSCE attempt is 2 weeks. For 140 nurses with the current repeat test rates 31 nurses would be delayed for 2 weeks and 2 nurses delayed for 4 weeks. This would be the equivalent to approximately 70 weeks of single nurse back fill per annum.

      Mitigation: Additional band 6 clinical skills facilitators will help support International recruits within the clinical areas
- Ongoing employment within the Trust is conditional upon the successful achievement of OSCE. Mitigation: Additional band 6 clinical skills facilitator will support OSCE training and the achievement of the first attempt pass rate of 90.

  For 140 nurses with target repeat test rates, 19 nurses will be delayed for 2 weeks and 2 nurses delayed for 4 weeks. Equivalent to approximately 46 weeks of single nurse back fill per annum.

- A reduction in temporary spend will not be demonstrated immediately due to a supernumerary period linked to international recruitment. The length of time from conditional offer to arrival in the UK for non-EU nurses is predicted to be approximately 3 to 6 months. Appointed international recruits will be expected to undertake the OSCE assessment after arrival in the UK. Candidates will work as 'supervised practice nurses' until they achieve OSCE. Due to the NMC amendment of the OSCE assessment, the OSCE training programme has been extended from 4-6 weeks. Mitigation: Additional band 6 clinical skills facilitators will support the reduction of the supernumerary period.
- We have a new/ junior RN workforce and the ability to support induction and supervision to develop competencies may be stretched in the clinical areas. Mitigation: Additional band 6 clinical skills facilitators will help support International recruits within the clinical areas.

Residual Risk subject to ongoing planning and mitigation

- The Trust maintaining a Certificate of Sponsorship allocation from the Home Office.
- The Trust being able to offer accommodation. Sourcing affordable accommodation close to the TWH site to support the retention of nurses on this site.
- Maintaining support of International recruits during supernumerary periods. Currently International recruitment numbers are limited due to staffing shortages and operational pressures. We have a new/ junior RN workforce and the ability to support induction and supervision to develop competencies may be stretched in the clinical areas.
- Travel delays associated with fluctuating Covid travel guidance.
- Risk of over recruiting through this investment to be mitigated by an annual Chief Nurse/ CFO review in November of each year of the investment period. This will coincide with the conclusions of the annual nursing establishment review, occurring in October.

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

Additional Investment

Preferred Option (Option 3)

	2022/23	2023/24	2024/25	Total 3 Year
Capital Costs				
IT Capital	1,300			1,300
Total Capital	**1,300**	**0**	**0**	**1,300**
Revenue Costs				
Pay	838,836	1,083,681	1,126,263	3,048,779
Non pay	1,220,168	1,218,537	1,217,179	3,655,884
Capital Charges	471	456	441	1,368
Total Revenue Costs per Annum	**2,059,475**	**2,302,673**	**2,343,883**	**6,706,031**
Income	-420,000	0	0	-420,000
Total Additional Investment	**1,639,475**	**2,302,673**	**2,343,883**	**6,286,031**

The total investment to recruit 140 nurses per annum over the next 3 years and the recruitment of additional 12 Clinical Skills Facilitators (CSF) is c£6.3m. The level of investment is £1.6m in 22/23 increasing to £2.3m per annum thereafter.

The Trust has received confirmation from NHSE of additional income of £420k in 22/23 to support the recruitment of 140 overseas nurses however this is currently non-recurrent funding and therefore no additional income has been included within the case beyond 2022/23.

The workforce plan for band 5 nurses which are deemed within scope for overseas recruitment, forecasts that without international recruitment the level of vacancies will increase from 217 to 497 by March 2025. Assuming this increase in vacancies will be covered by temporary staffing, this would increase the spend on temporary staffing by c£10.6m over the 3 year period. This is because the current turnover for these areas is seeing a net reduction of c8wte per month (excluding current overseas recruitment). This will therefore require the increase of temporary staffing to cover the increase in vacancies.

The recruitment of 420 nurses over the 3 year period will help to offset this turnover and will lead to a reduction in temporary staffing. The overall impact on the run rate spend (after accounting for the recruitment costs and increase in substantive nurses) is that the investment will be partly offset by temporary staffing spend but will still see an increase of £0.5m over the 3 year period.

Run Rate Forecast

	2022/23	2023/24	2024/25	Total 3 Year
Additional Investment	1,639,475	2,302,673	2,343,883	**6,286,031**
Run Rate Temporary Staffing impact	-1,954,885	-4,886,112	-7,817,339	**-14,658,336**
Substantive Costs	1,187,805	2,968,842	4,749,880	**8,906,526**
Total Run Rate Forecast	**872,394**	**385,404**	**-723,576**	**534,221**

Based on a run rate impact (i.e. forecast change to current levels of spend) this is forecasting to be an increase of £0.5m. This is predicting a pressure of £0.9m in 2022/23 reducing to £0.4m pressure in 23/24 and then reducing further to be financial benefit of £0.7m in 24/25.

Timetable

Milestone	Date
Submission for the NHSE/I IR 2022/23 cohort numbers	December 2021
Forward mapping of 2022/23 IR cohorts – finalise until May 2022	December 2021
Financial approval received	March 2022
Business case completion	March 2022
First new wave of international recruits arrives. Average rate 20 new recruits/ month Jun – Dec 2022	Jun 2022
Springfield Road Maidstone accommodation blocks available for new nurses (Up to 5 months each) from June 2022. Expected numbers build from 20 in June 22 to a peak of 100 in Trust accommodation in Oct 2022	Jun 2022
First wave starts as fully registered nurses (On average, 8 weeks after arrival) Building from 20 in Aug 2022 to 140 new IR recruits in Feb 2023	Aug 2022
IR workforce planning for 2023/24	Start October 2022
IR forward projections for 2024-28	Start October 2023

The Business Case

1. Strategic context

National

The NHS People Plan (2020/21) (appendix 1) has underlined ongoing commitment to recruitment and retention of nurses and international nurse recruitment. The Kings fund identify the current staffing challenges within the NHS, stating that staffing shortages are 'severely affecting key groups such as nurses, midwives and health visitors' (Kings Fund, 2021) (NHSEI, 2021) (appendix 4).

The CQC have highlighted that workforce shortages are having a direct impact on the quality of care for patients (CQC, 2021).

Nationally there are currently 39,813 WTE unfilled nursing vacancies. Within the South East, there are currently over 6,000 WTE nursing vacancies and the figure is increasing.

Regional

The ICS are working to reduce vacancies, implementing the '50k Nursing and Midwifery Workforce Supply Delivery Group SE' of which MTW is a key contributor. International recruitment is a component of the regional ICS plan, which is supported from an NHSE/I and HEE perspective.

Figure: 1

Registered nursing vacancies WTE

Registered nursing % vacancy rate

Region	Sector	2021/22 Q2 (Sep-21)
South East	Acute	3,602
	Ambulance	-
	Community	387
	Mental Health	1,987
	Specialist	39
South East Total		6,014
South East	Acute	9.4%
	Ambulance	0.0%
	Community	10.6%
	Mental Health	22.9%
	Specialist	17.2%
South East Total		11.8%

Source: NHS England and NHS Improvement

Local

This proposal is directly linked to the following Trust strategic objectives:

- Provide consistently safe, high quality, patient focused services.
- Promote a caring workforce through high value and staff development support in their roles within our improvement-driven and high performing organisation.

2. Objectives and case for change

Objective 1

To ensure the Trust has a fully established nursing workforce in line with the safe staffing action plan to deliver safe, high quality care, across all our clinical settings

High level of vacancies. Despite continued recruitment activity, the Trust has approximately 347 WTE nursing vacancies. This equates to approximately 17% of nursing posts being vacant. These figures include 25% of nursing posts unfilled within Medicine and Emergency Care, which equates to 174 WTE vacancies

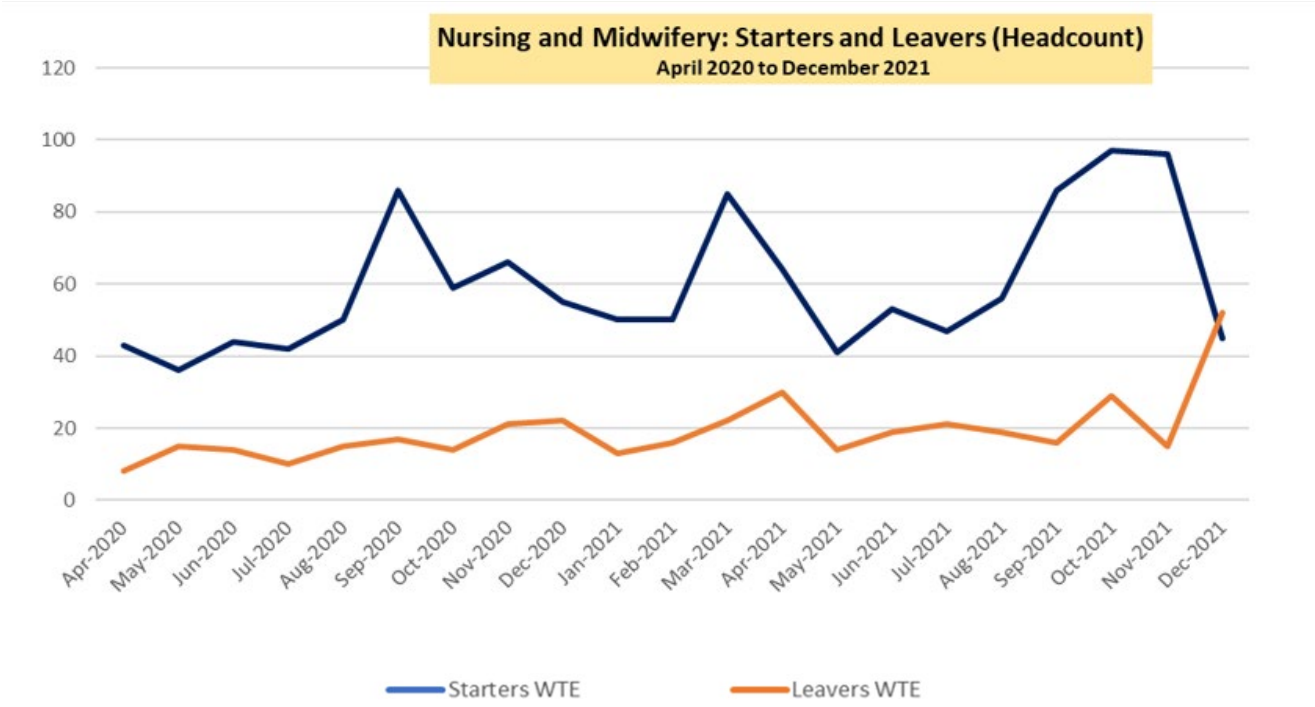
The Trust Board papers include information on level of temporary nursing (agency and bank) on each of the hospital wards each month. An extract of this report is included in appendix 7
Current ongoing recruitment activity has failed to maintain a fully established nursing workforce.

International recruitment to help fill vacancies. Without the International recruitment programme, MTW will be unable to fill the current vacancies. This will leave substantial shortfall in WTE nursing staff, which will directly impact on the quality of patient care provided at MTW.

High turnover rate. The nursing and midwifery vacancy rate are further impacted by an increase in turnover

Table showing Nursing and Midwifery staff starters and leavers
Apr 2020– Dec 2021

The following graph demonstrates a worsening staffing position with more leavers (blue line) than starters (orange line) in the period shown



Reliance on temporary staffing. Despite increased recruitment activity in 2021/22, there has been a continued dependency on temporary staffing, with an associated cost implication. Clinical areas are routinely operating under full establishment, which has the potential to compromise patient care and staff morale

Continue to build on international recruitment. The 2020-21 business case for international recruitment (Appendix 3) focused on recruitment to support the immediate need in 2021-22. There currently is no Trust funding for further International recruitment for 2022/2023.

Nursing establishments have increased in some areas due to Covid pathways and service developments, however many of these additional posts remain unfilled.

The benefits of achieving the change:

Reduce temporary staffing. The continuation of the International recruitment programme will support the aim to continue to reduce nursing vacancies from 16.96% to 10% over a period of 12 months.

Improve retention
The International recruitment programme will fill a significant number of vacant nursing posts and reduce dependence on agency usage. It will also improve retention of our substantive staff by ensuring they are working within a better-established clinical area with substantive staff, thus fostering a greater team ethos

Support patient experience and outstanding care. The decrease of vacancies will result in improved established clinical areas, which will support patient experience and outstanding care.

Improve quality. Reduced falls, reduced mortality There is research that demonstrates a relationship between nursing workforce and quality of care. Increased use of temporary staffing is associated with increased patient falls with injury (Bae, Kelly, Brewer, & Spencer, 2014) and an increase in mortality (Dall'Ora, Maruotti and Griffiths, 2019): "The hazard of death was increased by 12% for every day a patient experienced high levels (1.5 hr or more per day) of registered nurse temporary staffing".

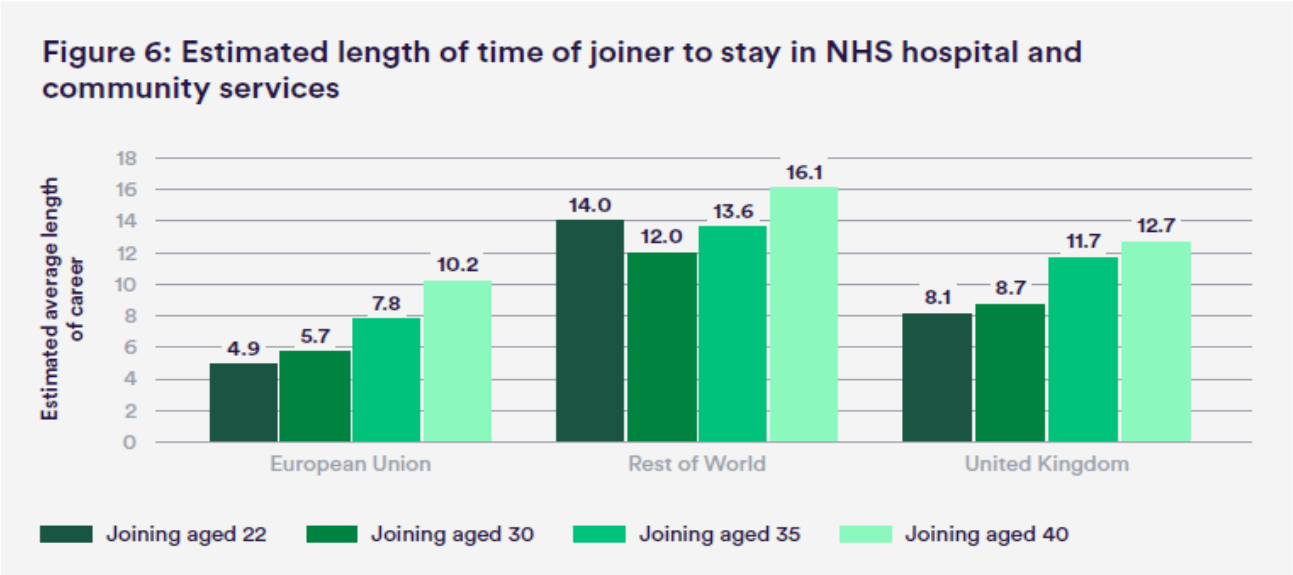
Reduced LOS. Research demonstrates a link between care hours per patient per day and a reduction in average length of stay (NIHR, 2019). Increased shift fill rate increases care hours per patient per day. This results in increased efficiency in patient management, which in turn reduces the amount of time patients are in hospital.

Summary of evidence on shape of the ward workforce

	Type of evidence	Key message
Association between registered nurses and patient harms	A large number of cross-sectional observational studies. More recent UK-based longitudinal studies matching patient data to staffing	Higher nurse staffing levels are associated with fewer missed observations, reduced length of stay and less adverse events, including mortality

NIHR Themed Review: Staffing on Wards (2019)

Increase time staff stay with the NHS and associated resilience in the workforce. Research has shown that International nurses stay longer within NHS hospital settings than UK nationals. *(*Nuffield Trust, 2021*).* The International recruitment programme will build resilience and longevity within the workforce at MTW



Notes: For detail on the calculation see methodology in accompanying research report.
Source: Nuffield Trust analysis of data from NHS Digital

Objective 2

To increase the number of clinical skills facilitators (CSF) from 13 to 25 to support the international recruitment programme and the continued professional development of current staff members.

Current situation:

Current clinical educators at MTW. Trust wide, clinical educator numbers vary between Divisions. These staff support induction and preceptorship of new starters, continued professional development of current staff, and the enhancement of clinical skills and service needs. Current clinical educator numbers are:

Division	Lead PDN/Nurse	PDN's	CSF's	Total
Medicine & Emergency Care	1	4	5	10
General Surgery		2		2
Cancer		1		1
Critical Care		3	1	4
Trauma and Orthopaedics		1	1	2
Women's & Maternity Services		3		3
Paediatrics		1	1	2
Professional standards team	1	5	5	11

Total	2	20	13	35

Clinical teams and clinical educators need to work together to provide training and support. Clinical teams alongside clinical educators help support new starters and learners. However due to current staffing levels, this is now increasingly challenging to achieve.

Problems / risks of current situation:

Level of support is holding back international recruitment and slowing 'onboarding' process. Inability to support international recruits within clinical areas inhibits monthly cohort numbers. MTW training and recruitment processes could support 32 candidates per month. However, allocation of International recruits are negotiated with Divisions due to limitations of support within clinical areas. Increased Clinical Skills Facilitator numbers would enable an expansion of current International recruitment cohorts. There is minimal resilience within the OSCE training team. Any staff absence within this team directly impacts the training of non OSCE ready candidates. This slows the onboarding process, resulting in a possible extension of the supernumerary period. The target average rate of recruitment is 20/m. However, due to complexity of international recruitment rates this will fluctuate each month. The 'headroom capacity' from additional CSFs will enable the Trust to maintain the average rate by flexing capacity up in peak months

Operational pressures and fill rates have seen a reliance on divisional clinical educators rather than ward teams supporting new starters. Challenges within clinical areas have reduced numbers of International recruits that can enter the Trust every month, slowing the reduction of vacancy rate, increasing reliance on temporary staffing, increase the turnover rates, increasing underfilled shifts

Clinical educators should not just be for new staff. Increased recruitment activity has led to Clinical educators having to prioritise new staff members and learners. This has resulted in limited academic planning and career development for current staff members, which impacts retention of staff. Limited career planning is adding to the current attrition and turnover rates for RN's at MTW (Kings Fund, 2019).

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

An increase in Divisional CSF by 11 B6 WTE would ensure academic planning for current staff members occurred alongside and recruitment and induction activity. An increase in Divisional Clinical Skills Facilitators will enable the expansion of Internationally recruited cohorts and provide professional development support for current staff members.

An increase in OSCE training team by one B6 WTE CSF will ensure the OSCE training programme runs without interruption, will enable the expansion of the OSCE training programme, and provide scope to increase the number of International candidates accommodated at MTW. It also will add potential to provide OSCE training to other organisations which could generate income for the Trust.

The expected benefits of achieving the change:

Improve retention and reduce vacancy
As highlighted by the Kings Fund above, an appropriate level of academic planning and career development for current staff members will help the trust achieve the 10% vacancy target and reduce turnover by 2% to a target of 10.5%

All nursing staff are supported by clinical skills facilitators, with induction, preceptorship and career development. Continued professional development will be more achievable, as safer staffing levels will support study leave.

Career development opportunities for clinical educators. Providing an enhanced career pathway at MTW for clinical educators.

High quality training and higher pass rate. To ensure International recruits are trained to the highest quality, resulting in an increase in first time passes, reducing supernumerary period and backfill.

Objective 3.

To develop a multifaceted multi-year proactive programme of nurse recruitment with both national and international approaches

Current situation:
Funding of International Recruitment has been planned annually leading to difficulties with consistent longer-term workforce planning and potential missed opportunities to recruit. NHSE (2021) recognises that International recruitment within the UK will be needed in the long term to support the NHS. NHSE supplements the overseas nursing programme. These funds are however not sufficient to cover the full costs and back fill of this recruitment pipeline. A reliable international recruitment stream is required to support current domestic recruitment activity.

Problems / risks of current situation:
Maintaining safe staffing at MTW, a trust and CQC priority, is not considered achievable without an established programme of international nurse recruitment. This has potential to impact on MTW achieving an 'Outstanding Trust' rating.
Oversees recruitment is complex and requires planning with a skilled and sensitive approach.
Securing financial support for a three- year programme will reduce the time and resource required to develop separate annual plans for international recruitment. International recruitment requires a skilled and sensitive approach. Ethical considerations need to be applied in line with the Code of Practice for the international recruitment of healthcare personnel in England. This prevents active recruitment from 47 countries on the WHO Health Workforce Support and Safeguard List (WHO, 2021).

The gaps from where we are to where we need to be:
A reliable pipeline of international recruits is required. The current funding for the appointment of overseas candidates stops on 31st March 2022. Recurrent funding for the overseas recruitment campaign until 2025 is sought.

The expected benefits of achieving the change:

To support a long-term strategy for nursing and midwifery recruitment at MTW in line with the safe staffing action plan (July 2021),

International nurse recruitment is better value than relying on agency / bank. It is recognised that the initial recruitment costs for temporary staffing is lower than for International nurses. However, cumulative costs of using agency/bank nurses start to exceed the costs of employing overseas nurses within six months to two and a half years. The breakeven point occurs towards the later end of the scale (Nuffield Trust, 2021*)*, (See graph below). Recruitment of International nurses will result in a cost saving for the Divisions. The average cost of recruiting an overseas nurse is c£12k, agency premium costs (above substantive pay) are c£2.3k per month, this therefore means it would take c5 months of agency reduction to offset the recruitment investment.

Figure 5: Illustrative example of agency vs overseas nurse employment costs over 36 months

Notes: Key assumptions include: Upper/lower temporary nurse costs of around £62k/£43k; Overseas recruitment range various due to inclusion/exclusion of ~£7k initial short-term agency cost during overseas nurse induction/training. Inflation and pay spine changes over time are ignored.
Source: Nuffield Trust

Note also the table above showing international nurses, particularly those from outside Europe, on average have been shown to stay working for the NHS for several more years than UK nurses. (Nuffield 2021)

3. Constraints and dependencies

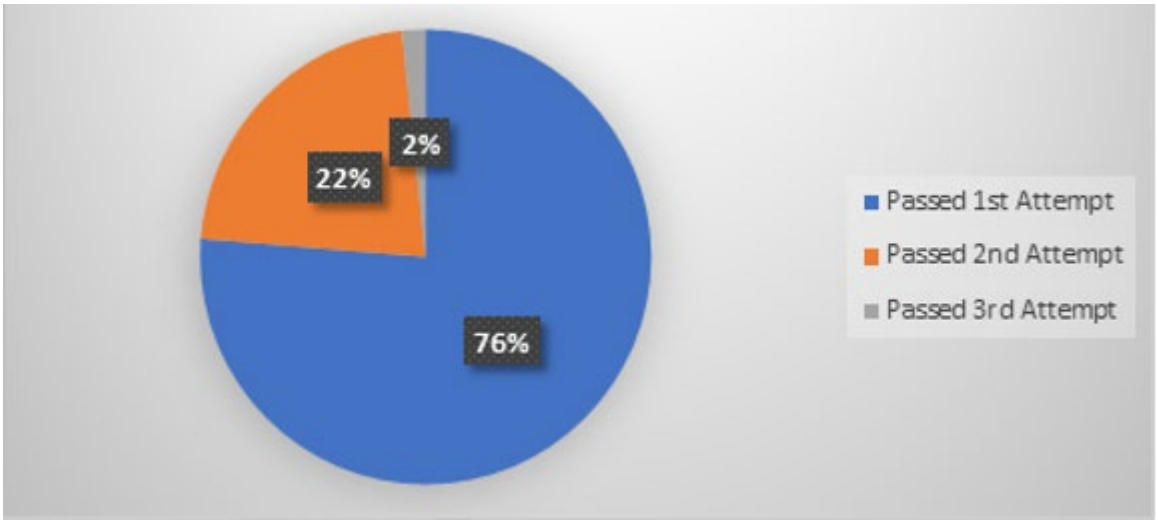
Time delay and registration requirement. The length of time from conditional offer of employment to arrival in the UK for non-EU nurses is approximately 8-12 weeks.

NMC registration for the nurses is required within 3 months of the start of their sponsorship.

Non OSCE appointed overseas candidates undertake the OSCE test after arrival in the UK, candidates work as 'supervised practice nurses' until they achieve OSCE. MTW have a successful record getting international nurses through the OSCE. The pass rate for OSCE at MTW was 100% in 2021. Some recruits required more than one attempt. Breakdown below:

Non OSCE ready International Recruitment: 2021 OSCE

Pass Rate



Temporary staff cover supernumerary shifts for international recruits during the OSCE training and onboarding period. Clinical Skills Facilitators capacity is required to support the OSCE training programme and reduce the supernumerary period.

4. The short list of options

Shortlist of options

Option 1 The do-nothing option.

Option 2 Funding to support recruitment and training of 140 WTE International candidates June- Dec 2022.
Funding for 12 x Band 6 Clinical Skills Facilitators.

Option 3 Recruitment of 420 international nurses over a 3-year period starting with the 140 from June - December 2022.
Recruitment of 12 WTE band 6 clinical skills facilitators
A three-year programme of international nurse recruitment supporting the safe staffing action plan at MTW (appendix 2). A 'check point' will be built in each November to coincide with the conclusion of the annual nursing establishment review, occurring in October. This 'check point' review will provide confirmation of the recruitment target for the forthcoming year

Option 1: The do-nothing option

Description: The current International Recruitment programme ceases in March 2022. The Trust commitment through NHSEI to recruit 140 WTE between June – December 2022 would have to be rescinded and funds allocated by NHSEI would be returned. Recruitment streams would be limited to domestic recruitment.

Risks Without the international recruitment pipeline, there are financial, quality and patient safety risks as listed below

- No reduction in temporary nursing usage and associated spend. Increased use of non-framework agencies, that do not meet quality and safety standards agreed within the NHSE framework.
- A potential increase in sickness absences.
- A risk to staff morale linked to shift underfill.
- Reliance on bank / agency nurses who are unfamiliar with the ward environments, reducing efficiency and adding to length of stay.
- Increase in incident's causing harm to patients e.g. increase in pressure ulcers, falls, poor nutrition and hydration and increase in complaints.
- A risk of increased turnover as staff continue to be adversely affected by ongoing staffing gaps.
- Current recruitment activity will continue; however, the reduction of current vacancies will be slow.

Key activity and financial assumptions – Option 1

No reduction in agency and bank spend

No reduction on LOS, falls and other quality indicators with associated financial impact

Workforce Forecast – Based on comparison to current run rate

	Current	Apr-22	Apr-23	Mar-24	Mar-25
Band 5 In Scope Vacancy Forecast	217	225	318	404	497

The level of band 5 vacancies within the areas of scope is expected to increase (based on current net recruitment of -8 per month) from 217 vacancies to 404 vacancies by March 2024.

Financial Assessment – Based on comparison to current run rate

The anticipated increase in vacancies will lead to an increase in the temporary staffing spend. Based on the workforce forecast the total spend will increase by c£10.7m over the next 3 years.

£ (change to current run rate)

	2022/23	2023/24	2024/25	Total 3 Year
Additional Investment	0	0	0	**0**
Run Rate Temporary Staffing impact	3,185,041	9,065,117	14,945,193	**27,195,352**
Substantive Costs	-1,935,257	-5,508,040	-9,080,823	**-16,524,121**
Total Run Rate Forecast	**1,249,784**	**3,557,077**	**5,864,370**	**10,671,231**

(This assessment is a guide as the potential cost implications of the increase in number of vacancies. This assumes there is enough supply of temporary staff to cover the increase in vacancies with bank or agency).

Non-financial benefits - Option 1

Benefit	Measure	Weight /5	Score /5	Weighted benefit score
Improve patient care through increase of staffing in key areas	Improvements against Key patient safety metrics – Falls/PU/Medication Errors.	5	0	0
Improving staff welfare and psychological resilience	Staff turnover data and improvement in sickness rates.	5	0	0
Improving staff development opportunities due to reduction in underfill of shifts	Staff turnover data and Learning and development metrics	4	0	0
Support the safe staffing action plan July 2021		3	0	0
Secure a long-term International pipeline at MTW	Consistent flow of recruits	2	0	0
Sum of benefit score				**0**

Non-financial risk- Option 1

Risk	Risk score (likelihood * severity)
A shortfall in recruitment activity due to a restricted candidate pipeline.	4*4 = 16
Increase of patient harm due to underfilled shifts.	3*4 = 12
Increased turnover of staff due to them leaving the Trust	4*4 = 16
Increase in staff sickness due to low morale and staffing shortages.	3*4 -12
Sum of risk score	**56**

Option 2:

- **Funding to support recruitment and training of 140 WTE International candidates June-Dec 2022.**
- **Funding for 12 x Band 6 Clinical Skills Facilitators.**

Description.
Recruitment and training costs for 140 WTE international nurses in 2022, in addition to our domestic recruitment activities.
This recruitment will be in the format of OSCE ready and Non OSCE ready nurses.

OSCE-ready candidates undertake OSCE exams prior to entry within the clinical area. They require supervision post NMC registration for up to a month inclusive of the registered practice induction programme. Supernumerary periods differ from person to person with some candidates moving into substantive numbers shorter than a month.

Non-OSCE ready candidates require at least 10-12 weeks prior registration- covering the period for induction, OSCE training and OSCE exam. This time frame has extended from the previous business case (ID784), due to the expansion of the OSCE assessment process.

Recruitment of 12 x Band 6 Clinical Skills Facilitators. 12 WTE band 6 clinical skills facilitators, providing robustness to the OSCE training programme and clinical support of new starters. This will support increased training demands, and elevate numbers of IR candidates achieving an OSCE pass on first attempt. This will result in reduced supernumerary periods requiring backfill by Divisional teams.

One of the 12 band 6 Clinical Skills Facilitators would support the extension of the OSCE assessment, which has resulted in an increased training period for Non OSCE ready candidates from 4 to 6 weeks.

The remaining 11 WTE band 6 clinical skills facilitators will be recruited Divisionally. These will support new starters in the clinical area, reducing supernumerary periods and supporting additional training (medication competence and venepuncture and cannulation) required to embed them into

nursing establishments. Divisional based clinical skills facilitators will support the onboarding, induction and preceptorship of new starters, but will also develop current staff members. Ensuring that continued professional development identified at appraisal is delivered, providing succession planning and supporting the retention of nurses at MTW. The recruitment of the 11 Divisional Clinical Skills Facilitators would be phased over three years to stagger the cost pressure. The staged increase of these staff members would initially provide support for new starters due to current high recruitment activity, but would factor in the need for career planning and development of a larger nursing and midwifery workforce in the future. As shown in the benefits associated with objective 2, an appropriate level of academic planning and career development for current staff members will help the trust achieve the 10% vacancy target and reduce turnover to a target of 10.5%

Allocation of additional divisional CSFs and phasing:

Division	Year 1	Year 2	Year 3	CSF allocation.
Medicine & Emergency Care	1	1		2
General Surgery	1	1		2
Critical Care	1	1		2
Trauma and Orthopaedics	1			1
Women's & Maternity Services	1			1
Paediatrics	1			1
Professional standards team		1	1	2
Total	6	4	1	**11**

In order for the continuation of the International recruitment programme following the end of the 2023 financial year, Option 2 would require planning on annual basis with yearly re-submissions of Business Cases for the International Recruitment programme.

Key activity and financial assumptions. Option 2

140 non-EU nurses to start between June 2022 and December 2022. International recruits will be paid Band 4 until they obtain NMC registration. Process will take 10-12 weeks to complete NMC registration for Non OSCE ready and 4 weeks for OSCE ready. Home Office regulations stipulate that the OSCE assessment must be passed within three months of employment start date. Failure to do this will result in the termination of employment. NMC registration should be received after passing the OSCE but costs should allow for NMC delays.

Temporary staffing costs for backfill will be incurred during candidate's supernumerary period. Backfill for the OSCE and onboarding process will be approximately:

- OSCE ready – 4 weeks.
- Non OSCE ready- 12 weeks.

Cost Category	OSCE Ready	Non-OSCE Ready
Backfill per candidate (additional to 2-week local induction programme)	£1,467	£6,801

(NB) This period can increase if the International candidate fails their OSCE assessment.

Total Recruitment Cost

Cost Category	Agency OSCE Ready	Agency Non-OSCE Ready	Direct Non-OSCE Ready
Supplier	4,500	1,950	
Health Care Visa (3 years)	232	232	232
Flight	800	800	800
IELTS/OET	400	400	400
NMC CBT	83	83	83
NMC application/ registration fee	293	293	293
NMC Osce Test	794	794	794
Accommodation (3 months subsidised)	1,410	1,410	1,410
Salary (Supernumary period- 2 Weeks additional above local recruitment)	1,467		
Salary (Supernumary period- 10 Weeks additional above local recruitment)		6,801	6,801
Resit Fees (Apportioned)	101	101	101
Resit Backfill (Apportioned)	261	261	261
Total Cost	**10,341**	**13,125**	**11,175**

The financial assessment assumes 50% of the recruitment will be OSCE ready (£10,341 per nurse) and the remainder will be at £13,125 per nurse)

Total Financial Investment – Budget Requirement

	Item	2022/23	2023/24	2024/25	Total
Income	NHSE/I New bids	- 420,000		-	420,000
Total Income		**- 420,000**	**-**	**- -**	**420,000**
Pay					
	Band 6 Clinical Skills Facilitator 11WTE	191,618	425,818	468,399	1,085,835
	Band 6 OSCE training team skills facilitator	31,936	42,582	42,582	117,100
	Salary (Supernumary period)	578,776	-	-	578,776
	Resit Backfill	36,506	-	-	36,506
Total Pay		**838,836**	**468,399**	**510,981**	**1,818,216**
Nonpay	Agency Supplier	451,500	-	-	451,500
	Health Care Visa (3 years)	32,480	-	-	32,480
	Flight	112,000	-	-	112,000
	IELTS/OET	56,000	-	-	56,000
	NMC CBT	11,620	-	-	11,620
	NMC application/ registration fee	41,020	-	-	41,020
	NMC OSCE Test	111,160	-	-	111,160
	Accommodation (3 months subsidised)	197,400	-	-	197,400
	Resit NMC OSCE Test	14,117	-	-	14,117
	Rent	188,808			188,808
	Clinical Skills Worker IT Equipment	399			399
	Clinical Skills Worker Mobile Phone	3,637	2,431	1,074	7,142
	OSCE Training Projector	-	-	-	-
	Laptop Bag	26	106	26	158
Total Nonpay		**1,220,168**	**2,537**	**1,100**	**1,223,805**
Depreciation and PDC	Cost of Capital	471	456	441	1,368
Total Budget Investment		**1,639,475**	**471,392**	**512,522**	**2,623,389**

The total investment over the 3-year period is £2.6m, this includes the recruitment fees as well as the supernumerary period of the nurses during their training.

Workforce Forecast - Based on comparison to current run rate

	Current	Apr-22	Apr-23	Apr-24	Mar-25
Band 5 In Scope Vacancy Forecast	217	225	178	272	357

The level of band 5 vacancies within the areas of scope is expected to increase (based on current net recruitment of -8 per month) from 217 vacancies to 357 vacancies by March 2025.

Financial Assessment - Based on comparison to current run rate

The anticipated increase in vacancies will lead to an increase in the current temporary staffing spend. Based on the workforce forecast the total spend will increase by c£1.7m over the next 3 years.

£ (change to current run rate)

	2022/23	2023/24	2024/25	Total 3 Year
Additional Investment	1,639,475	471,392	512,522	**2,623,389**
Run Rate Temporary Staffing impact	-1,954,885	253,814	6,133,891	**4,432,820**
Substantive Costs	1,187,805	-154,220	-3,727,003	**-2,693,418**
Total Run Rate Forecast	**872,394**	**570,987**	**2,919,410**	**4,362,791**

Non-financial benefits associated with the option 2

Benefit	Measure	Weight /5	Score /5	Weighted benefit score
Improve patient care through increase of staffing in key areas	Improvements against Key patient safety metrics – Falls/PU/Medication Errors.	5	3	15
Improving staff welfare and psychological resilience	Staff turnover data and improvement in sickness rates.	5	3	15
Improving staff development opportunities due to reduction in underfill of shifts	Staff turnover data and Learning and development metrics	4	3	12
Support the safe staffing action plan July 2021		3	3	9
Secure a long-term International pipeline at MTW	Consistent flow of recruits	2	0	0
Sum of benefit score				**51**

Non-financial risk associated with the option 2

Risk	Risk score (likelihood * severity)
A shortfall in recruitment activity due to a restricted candidate pipeline.	2*4 = 8
Increase of patient harm due to underfilled shifts.	2*3 = 6
Increased turnover of staff due to them leaving the Trust	2*4 = 8
Increase in staff sickness due to low morale and staffing shortages.	2*3 =6
Sum of risk score	**28**

Option 3

- **Recruitment of 420 international nurses over a 3-year period starting with the 140 from June December 2022.**
- **Recruitment of 12 WTE band 6 clinical skills facilitators**
  - **A three-year programme of international nurse recruitment supporting the safe staffing action plan at MTW (appendix 2).** A 'check point' will be built in each November to coincide with the conclusion of annual nursing establishment review, occurring in October. This 'check point' review will provide confirmation of the recruitment target for the forthcoming year

Description: As per option 2 plus:
An agreed international recruitment programme extending to 2025.
Option 3 is for **420** International recruits, phased over a three-year period. This will provide a stable pipeline for registered nurse recruitment at MTW.

Important consideration of turnover rate.
The annual nurse turnover rate is currently 12.5% and has been increasing (equating to a loss of approximately 110 band 5 WTE /y). Accounting for an unchanged 12.5% turnover rate the international recruitment will reduce the 347 total nurse vacancies by approximately 30 each year. Local recruitment and associated reduction of turnover will, over the three years, bring vacancy rate down faster. The positive cycle will be enhanced by a target (2%) reduction in turnover as working conditions, associated with better establishment fill, improve. These figures are estimates but demonstrate that a multi-year view is required with annual review built in as proposed below. A financial / establishment 'check point' built in each November to confirm recruitment target each year. This will include a review of current nurse vacancy rate and numbers to ensure the following year international recruitment target of 140 will not result in 'over supply'. The review in November each year (diarised) will consider the findings of the annual nursing establishment review and include a review of NHSE support available and an affordability assessment. If necessary, the recruitment target for the following year will be adjusted.

Year	2022/23	2023/24	2024/25
Number of international nurse candidates	140	140	140

The funding secured from NHSEI for 2022: is £420K and the planning assumption is that that level of support will be in place each year.

Costs of financing the International Recruitment programme for three years will be offset by a reduction in bank and agency spend. This will see a progressive reduction in reliance as nursing vacancies reduce toward the 10% Trust target. This will support the Trust to continue reducing the nurse staffing vacancy on a consistent basis

Securing funding for a three-year period will prevent any potential pause in international recruitment which could have a significant impact on turnover and vacancy rate and demonstrate commitment to the workforce in reducing the nurse vacancy rate.
Through consistent planned international recruitment activity MTW will build reputation and skills for international recruitment and thus attract international talent to the organisation.

Total Recruitment Cost

	Agency		Direct
Cost Category	**OSCE Ready**	**Non-OSCE Ready**	**Non-OSCE Ready**
Supplier	4,500	1,950	
Health Care Visa (3 years)	232	232	232
Flight	800	800	800
IELTS/OET	400	400	400
NMC CBT	83	83	83
NMC application/ registration fee	293	293	293
NMC Osce Test	794	794	794
Accommodation (3 months subsidised)	1,410	1,410	1,410
Salary (Supernumary period- 2 Weeks additional above local recruitment)	1,467		
Salary (Supernumary period- 10 Weeks additional above local recruitment)		6,801	6,801
Resit Fees (Apportioned)	101	101	101
Resit Backfill (Apportioned)	261	261	261
Total Cost	**10,341**	**13,125**	**11,175**

The financial assessment assumes 50% of the recruitment will be OSCE ready (£10,341 per nurse) and the remainder will be at £13,125 per nurse)

Total Financial Investment – Budget Requirement

	Item	2022/23	2023/24	2024/25	Total
Income	NHSE/I New bids	-420,000			-420,000
Total Income		**-420,000**	**0**	**0**	**-420,000**
Pay					
	Band 6 Clinical Skills Facilitator 11WTE	191,618	425,818	468,399	1,085,835
	Band 6 OSCE training team skills facilitator	31,936	42,582	42,582	117,100
	Salary (Supernumary period)	578,776	578,776	578,776	1,736,327
	Resit Backfill	36,506	36,506	36,506	109,518
Total Pay		**838,836**	**1,083,681**	**1,126,263**	**3,048,779**
Nonpay					
	Agency Supplier	451,500	451,500	451,500	1,354,500
	Health Care Visa (3 years)	32,480	32,480	32,480	97,440
	Flight	112,000	112,000	112,000	336,000
	IELTS/OET	56,000	56,000	56,000	168,000
	NMC CBT	11,620	11,620	11,620	34,860
	NMC application/ registration fee	41,020	41,020	41,020	123,060
	NMC OSCE Test	111,160	111,160	111,160	333,480
	Accommodation (3 months subsidised)	197,400	197,400	197,400	592,200
	Resit NMC OSCE Test	14,117	14,117	14,117	42,352
	Rent	188,808	188,808	188,808	566,424
	Clinical Skills Worker IT Equipment	399			399
	Clinical Skills Worker Mobile Phone	3,637	2,431	1,074	7,142
	OSCE Training Projector	0	0	0	0
	Laptop Bag	26			26
Total Nonpay		**1,220,168**	**1,218,537**	**1,217,179**	**3,655,884**
Depreciation and PDC	Cost of Capital	471	456	441	1,368
Total Budget Investment		**1,639,475**	**2,302,673**	**2,343,883**	**6,286,031**

The total investment over the 3-year period is £6.3m, this includes the recruitment fees as well as the supernumerary period of the nurses during their training.

Workforce Forecast - Based on comparison to current run rate

	Current	Apr-22	Apr-23	Mar-24	Mar-25
Band 5 In Scope Vacancy Forecast	217	225	178	124	77

The level of band 5 vacancies within the areas of scope is expected to decrease from 217 to 77 by March 2025.

Financial Assessment - Based on comparison to current run rate

The anticipated reduction in vacancies will lead to a reduction in the current temporary staffing spend. Based on the workforce forecast the total spend will increase by c£0.5m over the next 3 years compared to the current level of spend.

	£ (change to current run rate)			
	2022/23	2023/24	2024/25	Total 3 Year
Additional Investment	1,639,475	2,302,673	2,343,883	**6,286,031**
Run Rate Temporary Staffing impact	-1,954,885	-4,886,112	-7,817,339	**-14,658,336**
Substantive Costs	1,187,805	2,968,842	4,749,880	**8,906,526**
Total Run Rate Forecast	**872,394**	**385,404**	**-723,576**	**534,221**

Non-financial benefits associated with the option 3

Benefit	Measure	Weight /5	Score /5	Weighted benefit score
Improve patient care through increase of staffing in key areas	Improvements against Key patient safety metrics – Falls/PU/Medication Errors.	5	4	20
Improving staff welfare and psychological resilience	Staff turnover data and improvement in sickness rates.	5	4	20
Improving staff development opportunities due to reduction in underfill of shifts	Staff turnover data and Learning and development metrics	4	4	16
Support the safe staffing action plan July 2021		3	5	15
Secure a long-term International pipeline at MTW	Consistent flow of recruits	2	5	10
Sum of benefit score				**81**

Non-financial risk associated with option 3

Risk	Risk score (likelihood * severity)
A shortfall in recruitment activity due to a restricted candidate pipeline.	1*1 = 1
Increase of patient harm due to underfilled shifts.	1*1 = 1
Increased turnover of staff due to them leaving the Trust	1*2 = 2
Increase in staff sickness due to low morale and staffing shortages.	1*1 =1
Sum of risk score	**5**

4a. Summary of non-monetary benefit and risk scores of each option

Non - monetary benefits and risks of each option			
Option	**Qualitative benefits score**	**Risk score**	**Option benefit and risk rank**
Option 1 **Do nothing**	0	56	3 (worst)
Option 2	51	28	2
Option 3	81	5	1 (best)

4b. Summary of information on each option

Category	**Option 1**	**Option 2**	**Option 3**
Revenue costs			
Forecast impact to current run rate	£ -10.7m	-£4.4m	-£0.5m
Benefits *(non-financial)* score	0	51	81
Risks score	56	28	5
Summary of option (Preferred / discounted/ deferred)	Discarded	Discarded	Preferred

Option 3 forecasts the overall spend compared to the current run rate over the 3-year period will increase by £0.5m.

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

Option 3 is the preferred option

It will support and extend international recruitment activity, providing a long-term consistent plan for International Recruitment at MTW. The expenditure is offset by reduction in temporary staffing costs. A multi-year plan is required with an annual review built in as proposed.

The additional Band 6 Clinical skills facilitators will support the adaptations required for the OSCE programme, support International Recruits in the supernumerary process and enable any expansion of the International recruitment programme going forward.

5. Commercial considerations

5.a. Services and/or assets required

Staff accommodation

A phone and laptop are required for 1 x Band 6 clinical skills facilitator.

Recruitment activities:

- Recruitment fees
- Flights
- Visa
- OSCE fees
- Sponsorship applications
- DBS checks
- Occupational health clearance

5.b. Procurement route

Expansion of our international recruitment programme to include Ireland and the Philippines with appropriate framework and contract agreements.

5.c. Workforce impact

The infrastructure to support the ongoing international recruitment programme is already in place.

Impact to the current workforce will be:

- Increased numbers of new starters requiring: documentation validation, file sign off, and payroll entry and occupational health clearance, Visa / Certificate of Sponsorship applications, DBS requirements.
- A decrease in the number of requests for temporary staff as overseas nurses move into the current nursing establishments.

Staff type & band	Current staffing (WTE)	Change (WTE)	The resulting staffing (WTE)
B6 Clinical skills facilitator (Divisions)	13.0	11.0	24.0
B6 Clinical skills facilitator (OSCE)	0	1	1
B5 Registered Nurse	741.5	140	881.5*

*Note: Total band 5 nurse establishment will be a result of current establishment + recruitment – leavers.

As at January 2022 there was 217wte band 5 vacancies for 'in scope areas', between April 21 and January 22 on average there has been a net reduction of c8wte each month (after adjusting for overseas recruitment). Appendix 8 shows the vacancies for in scope areas.

Assuming this level of reduction continues and the Trust is successful in recruiting 420 overseas nurses this will help reduce the number of vacancies within these areas.

Predicted vacancies

	Current	Apr-22	Apr-23	Mar-24	Mar-25
Band 5 In Scope Vacancy Forecast	217	225	178	124	77

Table. Projected three-year band 5 nurse establishment

Year 1

Band 5Trained Nurses (In Scope)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Establishment (budget) WTE (Band 5 for target areas)	765	765	765	765	765	765	765	765	765	765	765	765
Contracted in Post	548	540	532	544	557	569	581	593	606	618	610	602
Net Local recruitment (Starters - leavers)	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8
Recruits/ month (international)	0	0	20	20	20	20	20	20	20	0	0	0
In post	540	532	544	557	569	581	593	606	618	610	602	594
Vacancy rate	29.4%	30.4%	28.8%	27.2%	25.6%	24.0%	22.4%	20.8%	19.2%	20.3%	21.3%	22.3%
Vacancies	224.9	232.6	220.4	208.2	196.0	183.8	171.6	159.4	147.1	154.9	162.7	170.5

Year 2

Band 5Trained Nurses (In Scope)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Establishment (budget) WTE (Band 5 for target areas)	765	765	765	765	765	765	765	765	765	765	765	765
Contracted in Post	594	587	579	591	603	615	628	640	652	664	657	649
Net Local recruitment (Starters - leavers)	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8
Recruits/ month (international)	0	0	20	20	20	20	20	20	20	0	0	0
In post	587	579	591	603	615	628	640	652	664	657	649	641
Vacancy rate	23.3%	24.3%	22.7%	21.1%	19.5%	17.9%	16.3%	14.7%	13.1%	14.2%	15.2%	16.2%
Vacancies	178	186	174	162	149	137	125	113	101	108	116	124

Year 3

Band 5Trained Nurses (In Scope)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Establishment (budget) WTE (Band 5 for target areas)	765	765	765	765	765	765	765	765	765	765	765	765
Contracted in Post	641	633	625	638	650	662	674	686	699	711	703	695
Net Local recruitment (Starters - leavers)	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8
Recruits/ month (international)	0	0	20	20	20	20	20	20	20	0	0	0
In post	633	625	638	650	662	674	686	699	711	703	695	688
Vacancy rate	17.2%	18.2%	16.6%	15.0%	13.4%	11.9%	10.3%	8.7%	7.1%	8.1%	9.1%	10.1%
Vacancies	132	139	127	115	103	91	78	66	54	62	70	77

5.d. Estates and facilities impact

The overseas nurses require temporary accommodation on arrival. The Springwood Road accommodation in Maidstone will be used to accommodate the recruits on arrival.

Rental cost of these units to the Trust is currently £400/m with an increase in June 2022 to £500/m The Trust subsidises a proportion of the costs to the staff.

Staff will be allowed to stay for 5 months in total with the first 3 months at a subsidised rental rate (£30/ month) is paid by the international recruit via salary deduction with the balance paid from the IR nursing budget. The last two months' rent are fully paid by the International recruits at a rate of £400/months. These rates are under review

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

Financial Summary

	Item	2022/23	2023/24	2024/25	Total
Income	NHSE/I New bids	-420,000			-420,000
Total Income		**-420,000**	**0**	**0**	**-420,000**
Pay					
	Band 6 Clinical Skills Facilitator 11WTE	191,618	425,818	468,399	1,085,835
	Band 6 OSCE training team skills facilitator	31,936	42,582	42,582	117,100
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Total Pay		**838,836**	**1,083,681**	**1,126,263**	**3,048,779**
Nonpay					
	Agency Supplier	451,500	451,500	451,500	1,354,500
	Health Care Visa (3 years)	32,480	32,480	32,480	97,440
	Flight	112,000	112,000	112,000	336,000
	IELTS/OET	56,000	56,000	56,000	168,000
	NMC CBT	11,620	11,620	11,620	34,860
	NMC application/ registration fee	41,020	41,020	41,020	123,060
	NMC OSCE Test	111,160	111,160	111,160	333,480
	Accommodation (3 months subsidised)	197,400	197,400	197,400	592,200
	Resit NMC OSCE Test	14,117	14,117	14,117	42,352
	Rent	188,808	188,808	188,808	566,424
	Clinical Skills Worker IT Equipment	399			399
	Clinical Skills Worker Mobile Phone	3,637	2,431	1,074	7,142
	OSCE Training Projector	0	0	0	0
	Laptop Bag	26			26
Total Nonpay		**1,220,168**	**1,218,537**	**1,217,179**	**3,655,884**
Depreciation and PDC	Cost of Capital	471	456	441	1,368
Total Budget Investment		**1,639,475**	**2,302,673**	**2,343,883**	**6,286,031**
Run Rate Changes					
Temporary Staffing Costs		-1,954,885	-4,886,112	-7,817,339	-14,658,336
Substantive Costs		1,187,805	2,968,842	4,749,880	8,906,526
Total Run rate Assumptions		**-767,081**	**-1,917,270**	**-3,067,459**	**-5,751,810**
Total Net Run Rate Imapct		**872,394**	**385,404**	**-723,576**	**534,221**

The overall investment for this case is £6.3m over 3 years. The level of investment is £1.6m in 22/23 increasing to £2.3m per annum thereafter.

Based on a run rate impact (i.e. forecast change to current levels of spend) this is forecasting to be an increase of £0.5m over the 3-year period. This is predicting a pressure of £0.9m in 2022/23 reducing to £0.4m pressure in 23/24 and then reducing further to be financial benefit of £0.7m in 24/25.

Cost per Nurse recruitment

Cost Category	Agency OSCE Ready	Agency Non-OSCE Ready	Direct Non-OSCE Ready
Supplier	4,500	1,950	
Health Care Visa (3 years)	232	232	232
Flight	800	800	800
IELTS/OET	400	400	400
NMC CBT	83	83	83
NMC application/ registration fee	293	293	293
NMC Osce Test	794	794	794
Accommodation (3 months subsidised)	1,410	1,410	1,410
Salary (Supernumary period- 2 Weeks additional above local recruitment)	1,467		
Salary (Supernumary period- 10 Weeks additional above local recruitment)		6,801	6,801
Resit Fees (Apportioned)	101	101	101
Resit Backfill (Apportioned)	261	261	261
Total Cost	**10,341**	**13,125**	**11,175**

Key Assumptions

- Recruitment of 420 nurses is expected to be split evenly between OSCE ready and non OSCE ready. Non OSCE nurses cost c£2.7k (27%) per nurse more than OSCE ready nurses therefore maintain this split is important
- Accommodation will be subsidised for a period of 3 months, nurses will pay £30 towards the cost of the accommodation for the first 3 months and then full rate thereafter.
- Costs for Supernumerary period has been included and is based on the average of 4 weeks for OSCE trained nurse and 12 weeks for non OSCE trained nurse. The Trust has a local induction of 2 weeks for all new starters therefore only 2 weeks and 10 weeks has been included within the costing.
- The case assumes nurses will be paid at a band 4 until they receive their pin number.

7. Quality Impact Assessment

Clinical Effectiveness	
Have clinicians been involved in the service redesign? If yes, list who.	
• Chief Nurse (Jo Haworth) • Assistant Deputy Chief Nurse (Jules Partridge) • Lead Nurse for Education and Development (Toks Ojo)	
Has any appropriate evidence been used in the redesign? (e.g. NICE guidance)	
2021/22 priorities and operational planning guidance (NHSEI) NHS Vacancy Statistics England April 2015 – September 2021 (NHS digital)	
Are relevant Clinical Outcome Measures already being monitored by the Division/Directorate? If yes, list. If no, specify additional outcome measures where appropriate.	
Monthly Divisional staffing reports – Monthly Safe staffing report Trust Board- Nurse staffing (recruitment plan) Executive Team Meeting.	
Are there any risks to clinical effectiveness? If yes, list	
Increased level of new starters within the clinical area.	
Have the risks been mitigated?	
Yes	
Have the risks been added to the departmental risk register and a review date set?	
No	
Are there any benefits to clinical effectiveness? If yes, list	
• Improved quality of care due to increase nursing provision. • Reduction of underfilled shifted within clinical areas. • Improved management of staff sickness due to decrease in underfill	
Patient Safety	
Has the impact of the change been considered in relation to:	
Infection Prevention and Control?	Y
Safeguarding vulnerable adults/ children?	Y
Current quality indicators?	Y
Quality Account priorities?	Y
CQUINS?	Y
Are there any risks to patient safety? If yes, list	
No	
Have the risks been mitigated?	
N/A	
Have the risks been added to the departmental risk register and a review date set?	
N/A	
Are there any benefits to patient safety? If yes, list	
Increased nurse to patient ratios improving patient care and experience Development to OSCE training programme and support for supernumerary ensures staff are trained to the highest standard.	
Patient experience	

Has the impact of the redesign on patients/ carers/ members of the public been assessed? If no, identify why not.
No, this business case will support current recruitment and secure funding to maintain business as usual
Has the impact of the change been considered in relation to: • Promoting self-care for people with long-term conditions? • Tackling health inequalities?
No
Does the redesign lead to improvements in the care pathway? If yes, identify
Yes, improved patient care, leading to reduction of stay and effective discharge processes.
Are there any risks to the patient experience? If yes, list
No
Have the risks been mitigated?
N/A
Have the risks been added to the departmental risk register and a review date set?
N/A
Are there any benefits to the patient experience? If yes, list
Increased nurse to patient ratios improving patient care and experience Staffing moral elevated due to reduction in underfilled shifts. This will impact upon patient experience.
Equality & Diversity
Has the impact of redesign been subject to an Equality Impact Assessment?
No
Are any of the 9 protected characteristics likely to be negatively impacted? (If so, please attach the Equality Impact Assessment)
N/A
Has any negative impact been added to the departmental risk register and a review date set?
N/a
Service
What is the overall impact on service quality? – please tick one box

Improves quality	X	Maintains quality		Reduces quality	

Clinical lead comments

8. Project management arrangements

Timetable

Milestone	Date
Submission for the NHSE/I IR 2022/23 cohort numbers	December 2021
Forward mapping of 2022/23 IR cohorts – finalise until May 2022	December 2021
Financial approval received	March 2022
Business case completion	March 2022
First new wave of international recruits arrives. Average rate 20 new recruits/ month Jun – Dec 2022	Jun 2022
Springfield Road Maidstone accommodation blocks available for new nurses (Up to 5 months each) from June 2022. Expected numbers build from 20 in June 22 to a peak of 100 in Trust accommodation in Oct 2022	Jun 2022
First wave starts as fully registered nurses (On average, 8 weeks after arrival) Building from 20 in Aug 2022 to 140 new IR recruits in Feb 2023	Aug 2022
IR workforce planning for 2023/24	Start October 2022
IR forward projections for 2024-28	Start October 2023

Plans to manage residual risks

1. Being able to meet our requirements to fill 140 WTE vacant nursing positions through International Recruitment programme.
2. The Trust maintaining a Certificate of Sponsorship allocation from the Home Office.
3. The Trust being able to offer accommodation.
4. Maintaining support of International recruits during supernumerary periods. Currently International recruitment numbers are limited due to staffing shortages and operational pressures. We have a new/ junior RN workforce and the ability to support induction and supervision to develop competencies may be stretched in the clinical areas.
5. Travel delays associated with fluctuating Covid travel guidance.
6. Risk of over recruiting through this investment to be mitigated by an annual review in November of each year of the investment period of numbers of international nurses required up to the 140/y level

9. 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: Nursing
Evaluation manager: Deputy Chief Nurse
Project Title & Reference: International nursing
Total Cost
Start date: Feb 2022
Completion date: Nov 22
Post project evaluation Due Date: Nov 22. To include review set out above.

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: ACHEIVEMENT 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 where such resolved?
What was learned, how has this been disseminated, and to whom? Please provide supporting evidence.

10. Appendices and references

Appendices

Appendix 1

We-Are-The-NHS-A
ction-For-All-Of-Us-

We are the NHS: People Plan 2020/21

Appendix 2

Safe Staffing Action
Plan 2021 key recom

Safe Staffing Action Plan 2021

Appendix 3

ID748 - Recruitment
and retention for re

ID748 – Recruitment and retention business case – 2020

Appendix 4

B0468-nhs-operatio
nal-planning-and-c

NHS 2021/22 priorities and operational planning guidance

Appendix 5

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ment-of-nurses-less

2021 – Nuffield Trust - Return on investment of overseas nurse recruitment: lessons for the NHS.

Appendix 6

2021 NHS 'Nursing workforce' - https://www.england.nhs.uk/nursingmidwifery/international-recruitment/#recruitment-programme

Appendix 7

Nurse vacancies and use of temporary staff on wards at MTW hospitals

Extract from Jan 2022 MTW Board Report p70

http://www.mtw.nhs.uk/wp-content/uploads/2022/01/Trust-Board-agenda-and-reports-January-2022.pdf

Dec-21		DAY				NIGHT				TEMPORARY STAFFING						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	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	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Stroke Unit (M) - NK551	77.2%	104.9%	-	100.0%	103.2%	106.6%	-	100.0%	27.6%	32.3%	445	18.49	168	6.5	0.0%	0.0%	13	1	275,288	277,032	(1,744)
MAIDSTONE	Cornwallis (M) - NS959	89.8%	96.8%	-	-	109.7%	140.1%	-	-	75.0%	40.2%	315	11.34	73	9.1	0.0%	0.0%	1	1	0	109,660	(109,660)
MAIDSTONE	Culpepper Ward (M) - NS551	90.3%	76.5%	-	-	108.1%	109.7%	-	-	37.1%	47.7%	126	4.75	36	4.7	37.9%	100.0%	3	0	111,333	109,312	2,021
MAIDSTONE	John Day Respiratory Ward (M) - NT151	91.2%	94.6%	-	-	101.3%	149.3%	-	-	29.9%	42.7%	256	7.90	99	6.8	19.4%	100.0%	7	1	145,571	167,771	(22,200)
MAIDSTONE	Intensive Care (M) - NA251	95.7%	107.0%	-	-	87.6%	97.9%	-	-	16.6%	7.4%	204	9.09	79	40.8	0.0%	100.0%	0	0	252,851	230,427	22,424
MAIDSTONE	Pye Oliver (Medical) - NK259	98.7%	94.5%	-	-	120.4%	103.3%	-	-	21.4%	59.5%	145	6.22	41	6.4	0.0%	0.0%	10	2	123,301	130,358	(7,057)
MAIDSTONE	Whatman Ward - NK959	91.5%	120.3%	-	100.0%	127.9%	189.3%	-	-	62.8%	40.3%	283	12.91	90	6.7	0.0%	0.0%	7	2	91,695	121,653	(29,958)
MAIDSTONE	Lord North Ward (M) - NF651	80.3%	92.4%	-	100.0%	95.7%	100.0%	-	-	7.3%	0.0%	40	1.61	16	7.3	22.2%	100.0%	2	0	112,254	102,603	9,651
MAIDSTONE	Mercer Ward (M) - NJ251	101.6%	90.5%	-	100.0%	114.4%	124.7%	-	100.0%	36.1%	60.8%	245	9.92	89	5.8	3.7%	100.0%	6	0	109,816	132,455	(22,639)
MAIDSTONE	Edith Cavell - NS459	96.7%	88.8%	-	100.0%	96.8%	90.3%	-	-	39.0%	25.5%	215	6.48	82	6.7	33.3%	100.0%	0	0	118,411	105,659	12,752
MAIDSTONE	Acute Medical Unit (M) - NG551	100.3%	95.0%	-	100.0%	135.8%	225.8%	-	-	39.0%	31.1%	273	9.82	84	10.6	0.0%	100.0%	5	0	163,153	180,035	(16,882)
TWH	Ward 22 (TW) - NG332	78.6%	82.9%	-	-	145.2%	97.9%	-	-	50.7%	56.6%	465	17.39	216	5.6	2.8%	100.0%	18	3	130,587	157,014	(26,427)
TWH	Coronary Care Unit (TW) - NP301	76.1%	87.5%	-	-	79.3%	-	-	-	12.2%	7.6%	96	4.52	69	10.3	28.0%	100.0%	0	0	69,560	58,964	10,596
TWH	Ward 33 (Gynae) (TW) - NS302	78.8%	92.0%	-	-	86.0%	90.3%	-	-	28.9%	3.7%	84	4.42	27	7.5	63.8%	98.3%	0	0	114,771	111,479	3,292
TWH	Intensive Care (TW) - NA201	99.6%	94.7%	-	-	105.7%	83.9%	-	-	11.1%	1.9%	133	7.51	12	34.1	0.0%	0.0%	0	0	383,197	337,760	45,437
TWH	Acute Medical Unit (TW) - NJ601	82.4%	93.6%	-	100.0%	92.2%	98.7%	-	-	13.4%	32.5%	275	10.96	168	7.9	5.7%	87.5%	15	1	218,161	189,778	28,383
TWH	Surgical Assessment Unit (TW) - NE701	102.3%	122.1%	-	-	93.0%	45.2%	-	-	24.5%	16.5%	121	6.33	68	22.9	0.3%	0.0%	0	0	71,341	53,030	18,311
TWH	Ward 32 (TW) - NG130	85.2%	99.3%	-	100.0%	93.4%	89.1%	-	100.0%	12.7%	26.9%	133	6.84	71	7.3	0.0%	0.0%	3	0	141,039	113,070	27,969
TWH	Ward 10 (TW) - NG131	84.1%	93.0%	-	100.0%	96.8%	152.6%	-	-	48.0%	44.7%	393	14.52	154	6.1	0.0%	0.0%	6	0	137,396	148,788	(11,392)
TWH	Ward 11 (TW) Winter Escalation 2019 - NG144	59.9%	55.7%	-	100.0%	92.7%	70.2%	-	-	64.5%	27.6%	546	16.90	189	7.1	5.3%	100.0%	8	0	0	112,984	(112,984)
TWH	Ward 12 (TW) - NG132	82.5%	90.7%	-	100.0%	127.1%	97.9%	-	-	36.4%	49.1%	354	11.85	161	6.2	11.1%	87.5%	11	0	139,447	157,835	(18,388)
TWH	Ward 20 (TW) - NG230	94.1%	95.8%	-	-	120.1%	109.6%	-	-	40.0%	46.1%	391	15.81	187	7.1	3.9%	100.0%	18	0	363,810	175,862	187,948
TWH	Ward 21 (TW) - NG231	85.0%	108.6%	-	100.0%	109.1%	115.8%	-	-	26.2%	35.0%	282	11.23	149	6.8	9.9%	87.5%	10	0	147,063	150,152	(3,089)
TWH	Ward 2 (TW) - NG442	90.7%	86.0%	-	100.0%	107.6%	118.3%	-	-	40.3%	33.0%	427	13.62	241	6.1	42.4%	100.0%	18	1	162,959	159,505	3,454
TWH	Ward 30 (TW) - NG330	89.2%	82.2%	-	100.0%	122.6%	111.8%	-	-	20.4%	12.2%	196	5.94	86	5.9	1.8%	100.0%	6	1	125,393	145,549	(20,156)
TWH	Ward 31 (TW) - NG331	82.5%	86.6%	-	100.0%	81.0%	152.3%	-	-	30.0%	9.4%	294	8.26	124	6.2	2.3%	100.0%	12	1	138,962	159,838	(20,876)
Crowborough	Crowborough Birth Centre (CBC) - NP775	49.3%	67.6%	-	-	0.0%	0.0%	-	-	3.8%	0.0%	24	0.54	2	-				0	103,021	57,331	45,690
TWH	Midwifery (multiple rosters)	70.0%	69.8%	-	-	79.6%	86.5%	-	-	14.0%	5.2%	951	36.61	259	12.4	14.1%	95.4%	0	0	742,775	908,477	(165,702)
TWH	Hedgehog Ward (TW) - ND702	80.8%	50.1%	-	-	81.3%	66.1%	-	-	26.3%	69.6%	306	15.50	98	11.0	1.2%	50.0%	0	0	139,456	226,188	(86,732)
MAIDSTONE	Maidstone Birth Centre - NP751	86.7%	99.6%	-	-	73.1%	33.7%	-	-	23.1%	0.0%	59	1.92	2	63.1	42.1%	100.0%	0	0	72,115	90,042	(17,927)
TWH	SCBU (TW) - NA102	75.9%	1436.4%	-	100.0%	94.0%	-	-	-	22.7%	0.0%	126	6.55	4	15.9	7.1%	100.0%	0	0	177,929	209,046	(31,117)
TWH	Short Stay Surgical Unit (TW) - NE901	74.0%	58.9%	-	100.0%	76.8%	80.6%	-	-	7.6%	19.4%	54	1.72	20	10.2	4.7%	100.0%	2	0	75,794	72,204	3,590
MAIDSTONE	Accident & Emergency (M) - NA351	92.6%	66.8%	-	100.0%	103.3%	90.3%	-	-	39.0%	40.1%	522	29.75	111		0.1%	100.0%	7	0	283,070	416,198	(133,128)
TWH	Accident & Emergency (TW) - NA301	86.4%	67.2%	-	100.0%	85.7%	71.6%	-	100.0%	42.0%	54.7%	791	40.37	260		0.1%	100.0%	7	0	389,304	462,813	(73,509)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	88.4%	59.2%	-	100.0%	72.6%	-	-	-	26.0%	15.9%	59	2.62	10	14.2	24.7%	100.0%	0	0	67,488	58,196	9,292
MAIDSTONE	Peale Ward COVID - ND451	73.5%	110.1%	-	100.0%	106.4%	113.4%	-	-	42.3%	68.3%	222	11.66	100	10.2	8.7%	100.0%	4	0	110,447	105,974	4,473
MAIDSTONE	Foster Clark - NS251	83.9%	90.4%	-	100.0%	89.6%	89.4%	-	-	19.1%	18.8%	132	3.97	31	7.6	0.0%	0.0%	7	0	159,410	149,144	10,266
MAIDSTONE	Foster Clarke Ward - NR359	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	2,455	(2,455)
MAIDSTONE	Short Stay Surgical Unit (M) - NE751	90.7%	100.5%	-	-	76.2%	-	-	-	32.5%	6.0%	71	2.38	10	21.9	29.6%	98.9%	0	0	52,988	65,003	(12,015)
																				Total Established Wards	6,221,156	6,721,641	(500,485)
																				Additional Capacity beds - Cath Labs	7,508	57,922	(50,414)
																				Chaucer	0	2,432	2,432
																				Foster Clarke Winter Escalation JD	0	0	0
																				Other associated nursing costs	4,674,132	4,767,409	-93,277
																					10,902,796	11,544,541	(641,745)

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%

Appendix 8 - Band 5 vacancies for in scope areas

Division	Direct	Depart	cc5	cc5 descr	Area in Scope for Overseas Recruitment (Y/N)	Budget	Contracte	Vacancy (+) / Overestablished (-)
ACANCERSERVS	DCLINHAEM	CLINHAEMATOLOGY	NF651	LORD NORTH WARD (MAI)	Y	10.8	8.6	2.2
ACANCERSERVS	DONCOLOGY	CANCERCENTRE	NF751	CHARLES DICKENS WARD (MAI)	Y	4.4	1.8	2.6
ACANCERSERVS Total						**15.2**	**10.4**	**4.8**
AMEDICALEMERG	DACUTEGERIAT	ACUTEMED	NA901	ACUTE MEDICAL UNIT TWH	Y	31.0	22.5	8.5
AMEDICALEMERG	DACUTEGERIAT	ACUTEMED	ND451	PEALE WARD - SPECMED (MAR20)	Y	11.6	13.4	-1.8
AMEDICALEMERG	DACUTEGERIAT	ACUTEMED	NG144	WARD 11 TWH SPECMED (NOV19)	Y	0.0	2.0	-2.0
AMEDICALEMERG	DACUTEGERIAT	ACUTEMED	NG551	ACUTE MEDICAL UNIT MAID	Y	20.4	14.6	5.8
AMEDICALEMERG	DACUTEGERIAT	ACUTEMED	NS959	CORNWALLIS WD (MEDIC ESCALATN)	Y	0.0	4.6	-4.6
AMEDICALEMERG	DACUTEGERIAT	ELDERLY	NF902	FRAILTY - ELDERLY - TWH	Y	0.0	0.0	0.0
AMEDICALEMERG	DACUTEGERIAT	ELDERLY	NG332	WARD 22 TWH (OCT19)	Y	18.0	6.6	11.5
AMEDICALEMERG	DACUTEGERIAT	ELDERLY	NG442	WARD 2 TWH	Y	17.7	13.4	4.2
AMEDICALEMERG	DACUTEGERIAT	ELDERLY	NJ251	MERCER WARD (MAI)	Y	15.2	12.3	2.9
AMEDICALEMERG	DACUTEGERIAT	ELDERLY	NK959	WHATMAN WARD	Y	12.8	5.0	7.8
AMEDICALEMERG	DACUTEGERIAT	STROKESERV	NK551	STROKE UNIT MAID	Y	44.2	28.6	15.6
AMEDICALEMERG	DACUTEGERIAT	STROKESERV	NS951	STROKE REHAB (CHAUCER WD)	Y	0.0	0.0	0.0
AMEDICALEMERG	DEMERGMED	EMERGENCY	NA301	ACCIDENT & EMERGENCY (TWH)	Y	56.1	29.0	27.1
AMEDICALEMERG	DEMERGMED	EMERGENCY	NA351	ACCIDENT & EMERGENCY (MAI)	Y	44.5	34.2	10.2
AMEDICALEMERG	DEMERGMED	EMERGMAN	AY751	WINTER PLANNING	Y	0.0	0.0	0.0
AMEDICALEMERG	DMEDICALSPECS	CARDIOLOGY	NP301	CORONARY CARE UNIT (TWH)	Y	12.0	8.0	4.0
AMEDICALEMERG	DMEDICALSPECS	CARDIOLOGY	NP501	CATHETER LABORATORY (TWH)	Y	5.3	3.2	2.1
AMEDICALEMERG	DMEDICALSPECS	CARDIOLOGY	NP551	CATHETER LABORATORY (MAI)	Y	2.1	3.0	-1.0
AMEDICALEMERG	DMEDICALSPECS	CARDIOLOGY	NS551	CULPEPPER WARD (MAI)	Y	16.5	10.4	6.1
AMEDICALEMERG	DMEDICALSPECS	DIABETIC	NG230	WARD 20 PEMBURY	Y	28.3	15.7	12.6
AMEDICALEMERG	DMEDICALSPECS	GASTROENT	NG132	WARD 12 PEMBURY	Y	18.8	10.2	8.6
AMEDICALEMERG	DMEDICALSPECS	GASTROENT	NK259	PYE OLIVER WARD [MEDICAL]	Y	15.4	10.8	4.7
AMEDICALEMERG	DMEDICALSPECS	MEDICINE1	NR359	FOSTER CLARKE WARD	Y	0.0	0.0	0.0
AMEDICALEMERG	DMEDICALSPECS	MEDICINE1	NS459	EDITH CAVELL WARD - MEDICINE	Y	19.1	9.0	10.1
AMEDICALEMERG	DMEDICALSPECS	RESPIRATORY	NG231	WARD 21 PEMBURY	Y	22.8	12.9	9.8
AMEDICALEMERG	DMEDICALSPECS	RESPIRATORY	NT151	JOHN DAY RESPIRATORY WARD MAI	Y	18.9	14.7	4.2
AMEDICALEMERG Total						**430.5**	**284.2**	**146.3**
ASURGERY	DSPECSURGERY	UROLOGY	NE751	MAIDS SHORT STAY SURG UNIT	Y	7.8	7.0	0.9
ASURGERY	DSPECSURGERY	UROLOGY	NS251	FOSTER CLARKE WARD (SURG)	Y	21.8	17.9	3.8
ASURGERY	DSURGERY	SURGERY	NE701	SURGICAL ASSESSMENT UNIT TWH	Y	12.0	5.0	7.0
ASURGERY	DSURGERY	SURGERY	NE959	PEALE WARD - SURGERY	Y	0.0	0.0	0.0
ASURGERY	DSURGERY	SURGERY	NG130	WARD 32 TWH (OCT19)	Y	14.8	12.0	2.8
ASURGERY	DSURGERY	SURGERY	NG131	WARD 10 PEMBURY	Y	21.4	14.0	7.4
ASURGERY	DTHEATRESCC	CRITICALCARE	NA201	INTENSIVE CARE (TWH)	Y	58.5	49.7	8.7
ASURGERY	DTHEATRESCC	CRITICALCARE	NA251	INTENSIVE CARE (MAI)	Y	34.7	29.9	4.8
ASURGERY	DTHEATRESCC	THEATRES	NE901	SHORT STAY SURGICAL UNIT TWH	Y	12.7	10.0	2.7
ASURGERY	DTHEATRESCC	THEATRES	TA101	THEATRE STAFFING (TWH)	Y	45.6	40.8	4.7
ASURGERY	DTHEATRESCC	THEATRES	TC151	THEATRE STAFF (MAI)	Y	27.8	16.2	11.6
ASURGERY	DTRAUMAORTH	TRAUMAORTH	NG330	WARD 30 PEMBURY	Y	15.3	12.2	3.1
ASURGERY	DTRAUMAORTH	TRAUMAORTH	NG331	WARD 31 PEMBURY	Y	18.0	14.6	3.4
ASURGERY	DTRAUMAORTH	TRAUMAORTH	NP951	MAIDS ORTHOPAEDIC UNIT	Y	10.1	7.8	2.2
ASURGERY Total						**300.4**	**237.2**	**63.2**
AWOMENCHILD	DWOMENSERVS	GYNAE	ND302	GYNAE WARD TWH (PREV RUTH)	Y	16.0	15.0	1.0
AWOMENCHILD	DWOMENSERVS	GYNAE	NK359	WHITEHEAD WARD (GYNAE)	Y	2.8	1.0	1.8
AWOMENCHILD Total						**18.7**	**16.0**	**2.7**
Grand Total						**764.9**	**547.8**	**217.1**

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NHS Maidstone and Tunbridge Wells NHS Trust

Quarterly mortality data **Medical Director**

This report is submitted in line with guidance from the National Quality Board, March 2017. This stipulates that Trusts are required to collect and publish on a quarterly basis specified information on deaths. This should be through a paper and an agenda item to a public board meeting in each quarter to set out the Trust's policy and approach and publication of the data and learning points.

Which Committees have reviewed the information prior to Board submission?
- 'Main' Quality Committee, 09/03/22

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

NHS
Maidstone and Tunbridge Wells NHS Trust

Mortality Surveillance Group Report

February 2022

MTW
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Contents

Note: Detailed analysis and a deep dive into specific areas are available on request - mtw-tr.informationdepartment@nhs.net

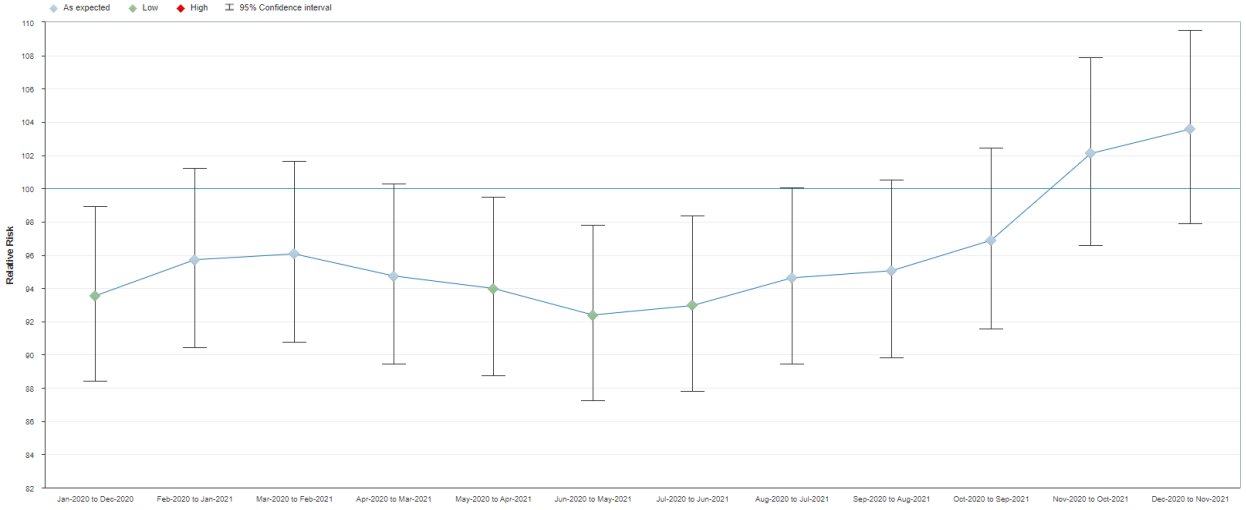
Executive Summary

- T Health (Dr Foster) continues to adhere to the standard publishing schedule. Published data is up to **November 2021.**
- HSMR has increased from previous month– Rolling HSMR currently at **103.6** but is still performing well against the standard ratio of 100. We are in the "as expected" bracket.
- Monthly HSMR shows an increase in October 21 (**130.2**). This is detailed further in the deep dive.
- As a Trust we continue to perform well amongst our local peers as well as those trusts rated Good or Outstanding by the CQC
- The latest reporting month saw **one** CUSUM alert on Acute Cerebrovascular Disease
- Weekend HSMR is above the national average, driven by coding issues influencing T-Health's modelling
- Deaths with no comorbidities on a rolling 12 month basis have increased from the last published dataset. Those deaths with no comorbidities focussed on Geriatric and Respiratory Medicine
- Covid HSMR for the Trust is higher than our Kent peers, driven by depth of coding around Covid.
- Trust SHMI continues to perform in the green for the 12th month running
- There are some mortality metrics escalated in the last (December 21) CQC Insight Report. The two metrics recorded as "Much Worse" (Mortality outlier for Acute Bronchitis and Acute/Unspecified Renal Failure) are historic at this point and are port forming "low" or "as expected" in the latest dataset

HSMR Overview

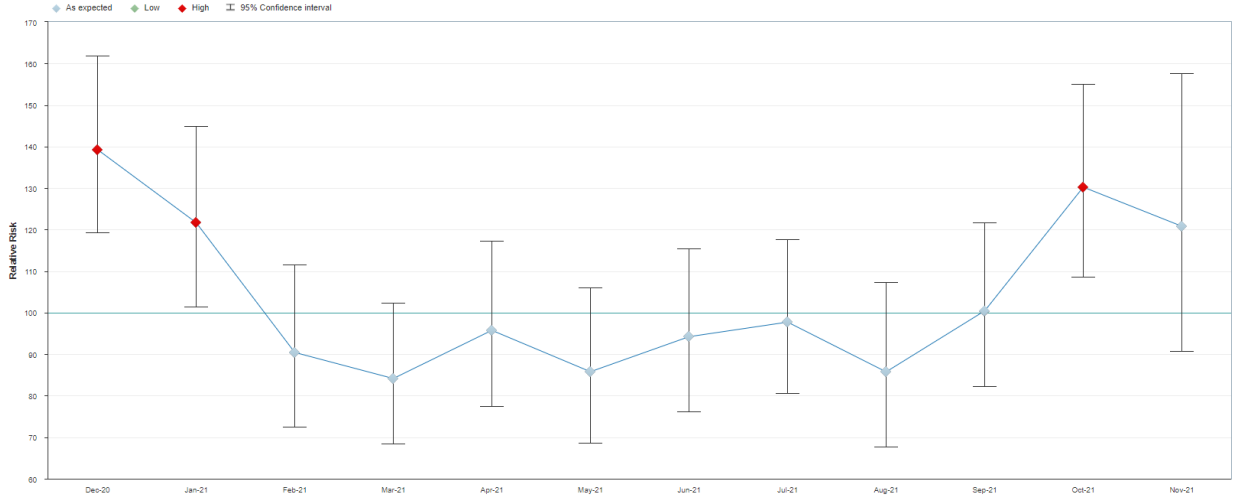
Maidstone and Tunbridge Wells NHS Trust

Rolling 12 Months



The 12 months **December 2020 to November 2021** show our HSMR to be **103.6**, an increase on last month's figure of **102.1**. This is driven by increased Covid cases not being coded as Covid on the first episode (see slide 9)

Monthly View



The latest month should be viewed with caution as this often shows a false position due to the lag in coding activity. Viewing the previous month, so **October 2021** in this case, shows that the Trust's position has **increased** to **130.2** from **100.4** in September 2021. This places our HSMR within the "high" bracket.

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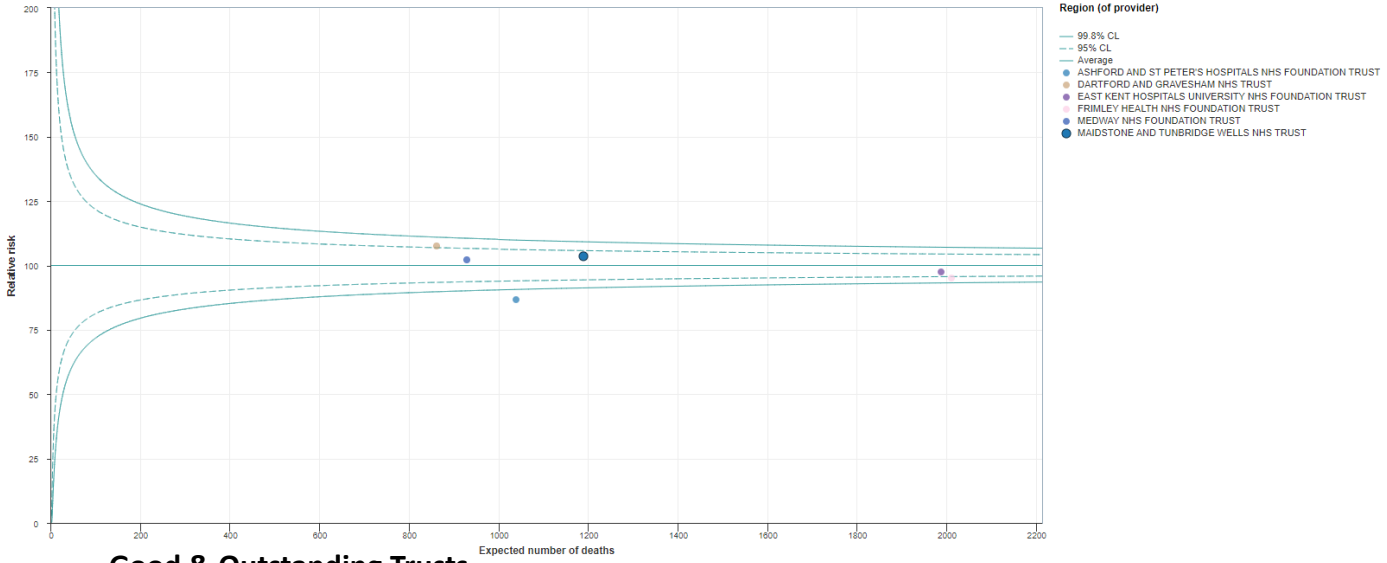
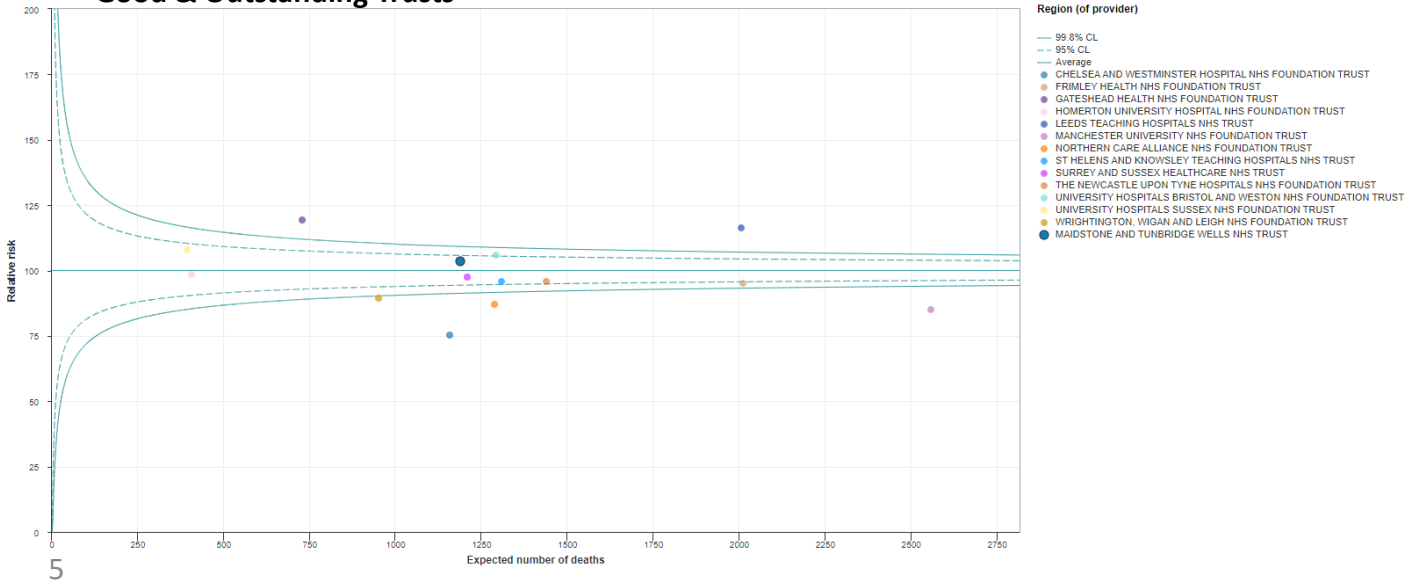
HSMR – Benchmarking

Maidstone and Tunbridge Wells NHS Trust

Kent Peers



Good & Outstanding Trusts



MTW continues to perform well both amongst it's local peers as well as with Good & Outstanding performing Trusts

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CUSUM Alerts - Overview

Maidstone and Tunbridge Wells NHS Trust

Relative risk & CUSUM alerts

Title	CUSUM	Vol	Obs	Exp	%	Relative risk	Trend	LOS	Readm.	Peers
All Diagnoses	2 9	121466	1871	1792.5	1.5	104.4				
HSMR (56 diagnosis groups)	5 3	40649	1231	1188.6	3.0	103.6				
Acute cerebrovascular disease	1 1	1065	159	155.1	14.9	102.5				
Asthma	1	309	2	0.8	0.6	248.3				
Intestinal infection	1	791	21	8.2	2.7	255.9				
Multiple sclerosis	1	24	1	0.2	4.2	413.3				
Other upper respiratory infections		335	3	0.3	0.9	1031.9				
Pneumonia	2	1407	237	193.2	16.8	122.7				
Septicemia (except in labour)	1	684	134	107.2	19.6	125.0				
Skin and subcutaneous tissue infections	1	1792	16	12.8	0.9	125.4				
Viral infection	6	2188	397	300.0	18.1	132.3				
All Procedures	1 5	78762	1305	1255.4	1.7	103.9				
Compensation for renal failure	1	29	4	2.2	13.8	185.3				
Diagnostic imaging (except heart)	5 5	13789	469	470.3	3.4	99.7				
Diagnostic imaging of heart		992	47	34.4	4.7	136.8				
Extirpation of lesion of external ear	1	15	1	0.0	6.7	5261.4				
Rest of Upper GI	4	1150	263	217.2	22.9	121.1				
Urethral catheterisation of bladder	2	1063	112	83.9	10.5	133.6				

Highest observed exceeding expected

Title	Rel. risk	Vol	Obs	Exp	O-E
Viral infection	132.3	2188	397	300.0	97.0
Rest of Upper GI	121.1	1150	263	217.2	45.8
Pneumonia	122.7	1407	237	193.2	43.8
Urethral catheterisation of bladder	133.6	1063	112	83.9	28.1
Septicemia (except in labour)	125.0	684	134	107.2	26.8

Highest crude rates

Title	Rel. risk	Vol	Obs	%
Cardiac arrest and ventricular fibrillation	78.4	28	10	35.7
Aspiration pneumonitis, food/vomitus	122.9	213	69	32.4
Spinal cord injury	141.2	4	1	25.0
Rest of Upper GI	121.1	1150	263	22.9
Rest of Respiratory (diagnostic/minor)	102.8	601	127	21.1

We have one CUSUM alert for Acute Cerebrovascular Disease:

Expected Deaths 155.1 (14.6%)
Observed Deaths 159 (14.9%)

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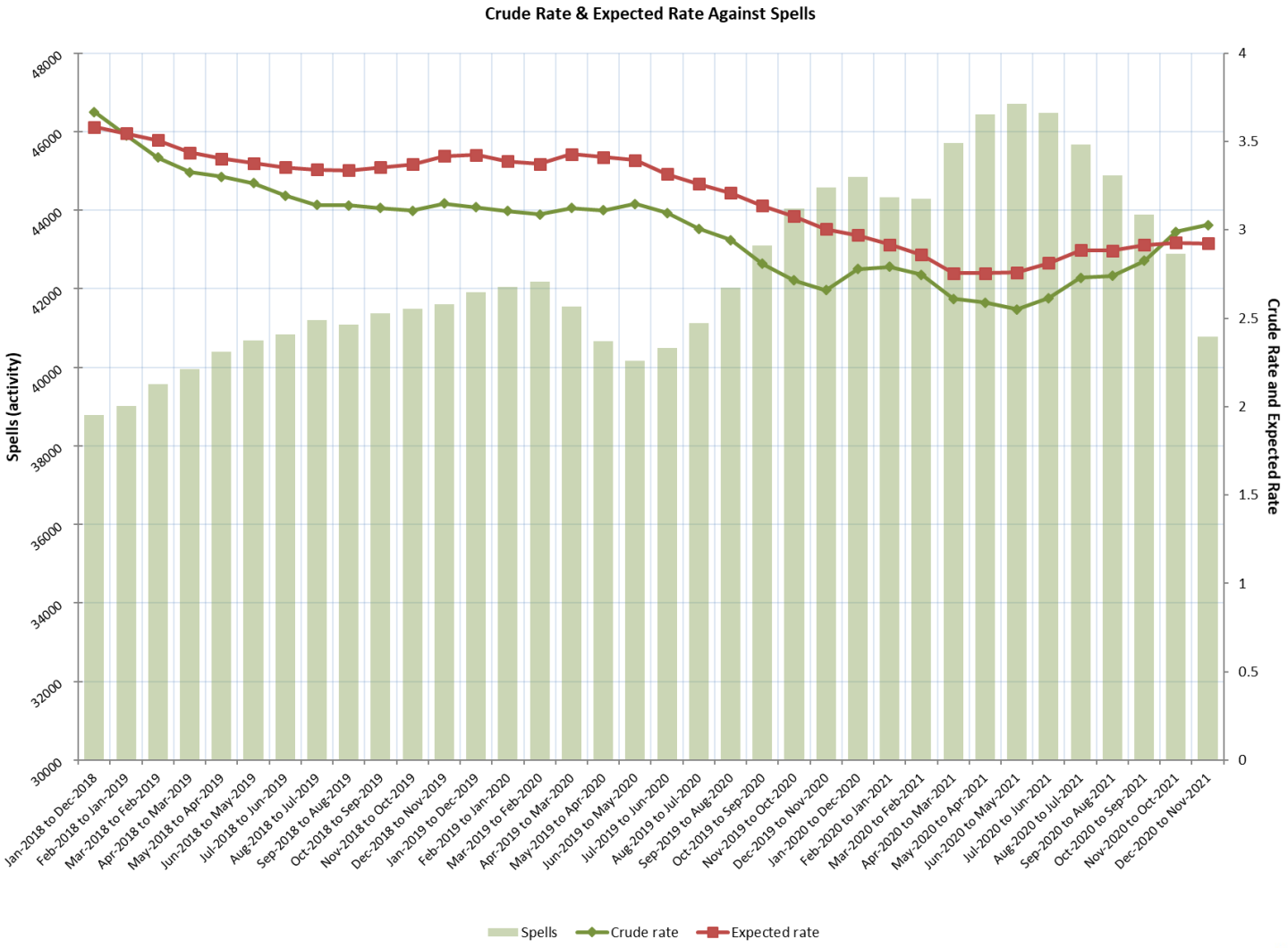
Crude & Expected Rate Against Spell Comparison

Maidstone and Tunbridge Wells NHS Trust



Crude Mortality has exceeded Expected, a symptom of Covid coding influencing the modelling of the expected rate at T Health, further influenced by the reduction in spells. This reduction id being investigated further

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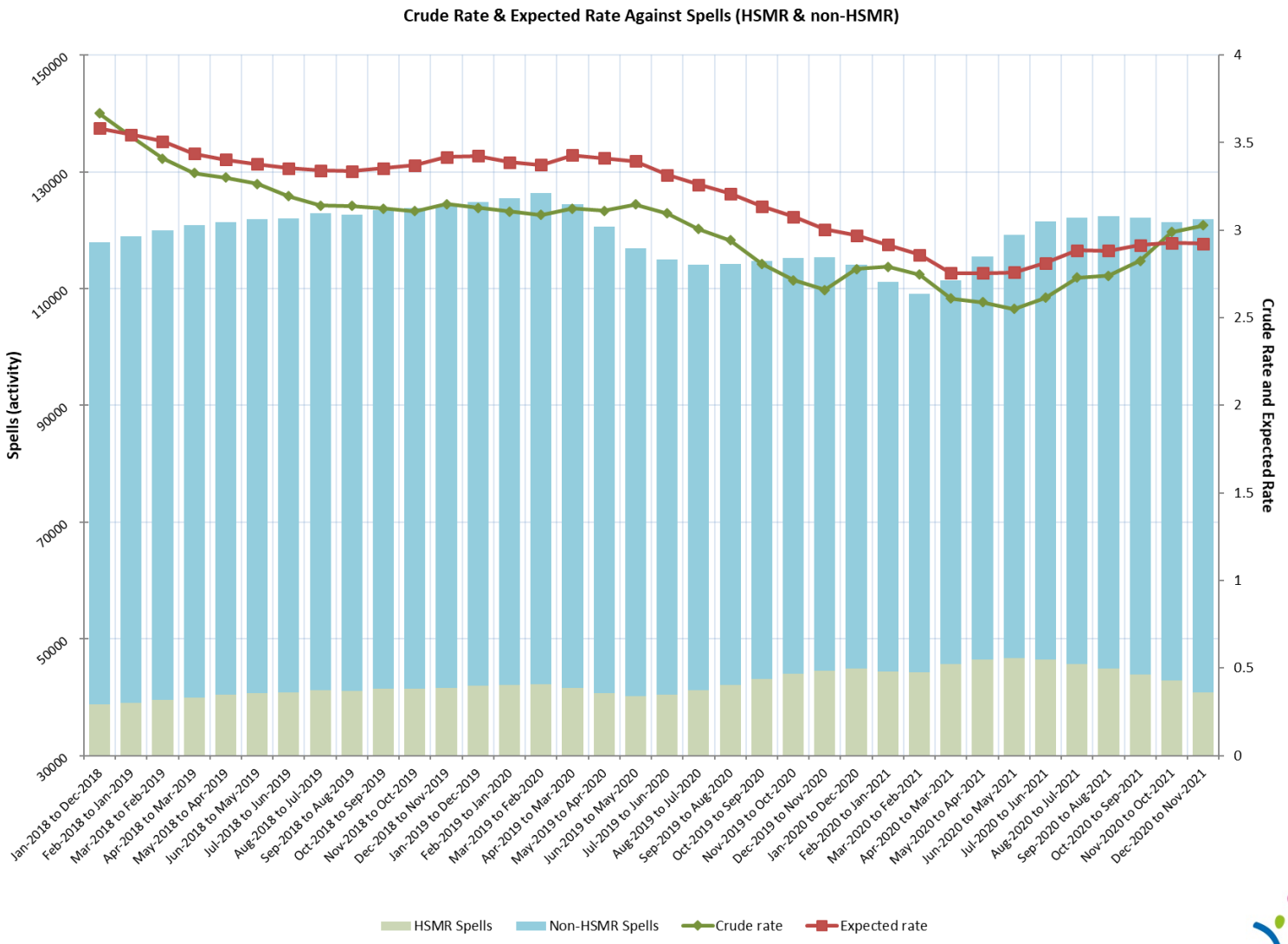
Crude & Expected Rate Against Spell Comparison – All Spells

Maidstone and Tunbridge Wells NHS Trust



Including all spells into this chart (HSMR and non-HSMR) shows that spell volume overall has remained stable

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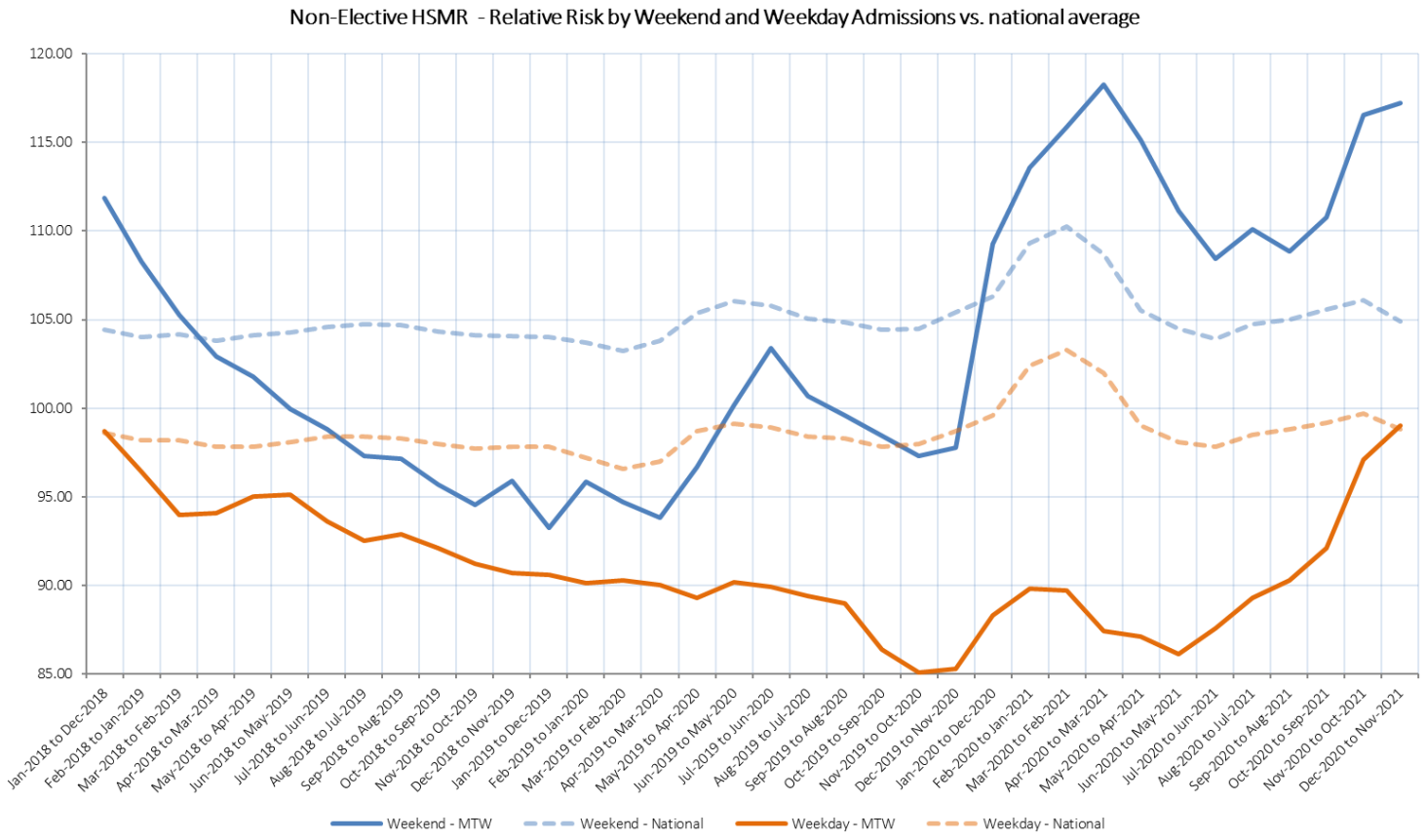
HSMR – Weekend & Weekday Comparison – Non-Elective Care

Maidstone and Tunbridge Wells NHS Trust



Weekend and Weekday HSMR for non-elective care continue to be above the national average. **Weekend** figures in particular have a larger gap with the national average for the period of **Nov 20 – Oct 21** compared national figures with a relative risk of **117.24** vs **104.89** nationally

As seen on the next slide, the driver of this gap continues to be Covid secondary diagnoses.

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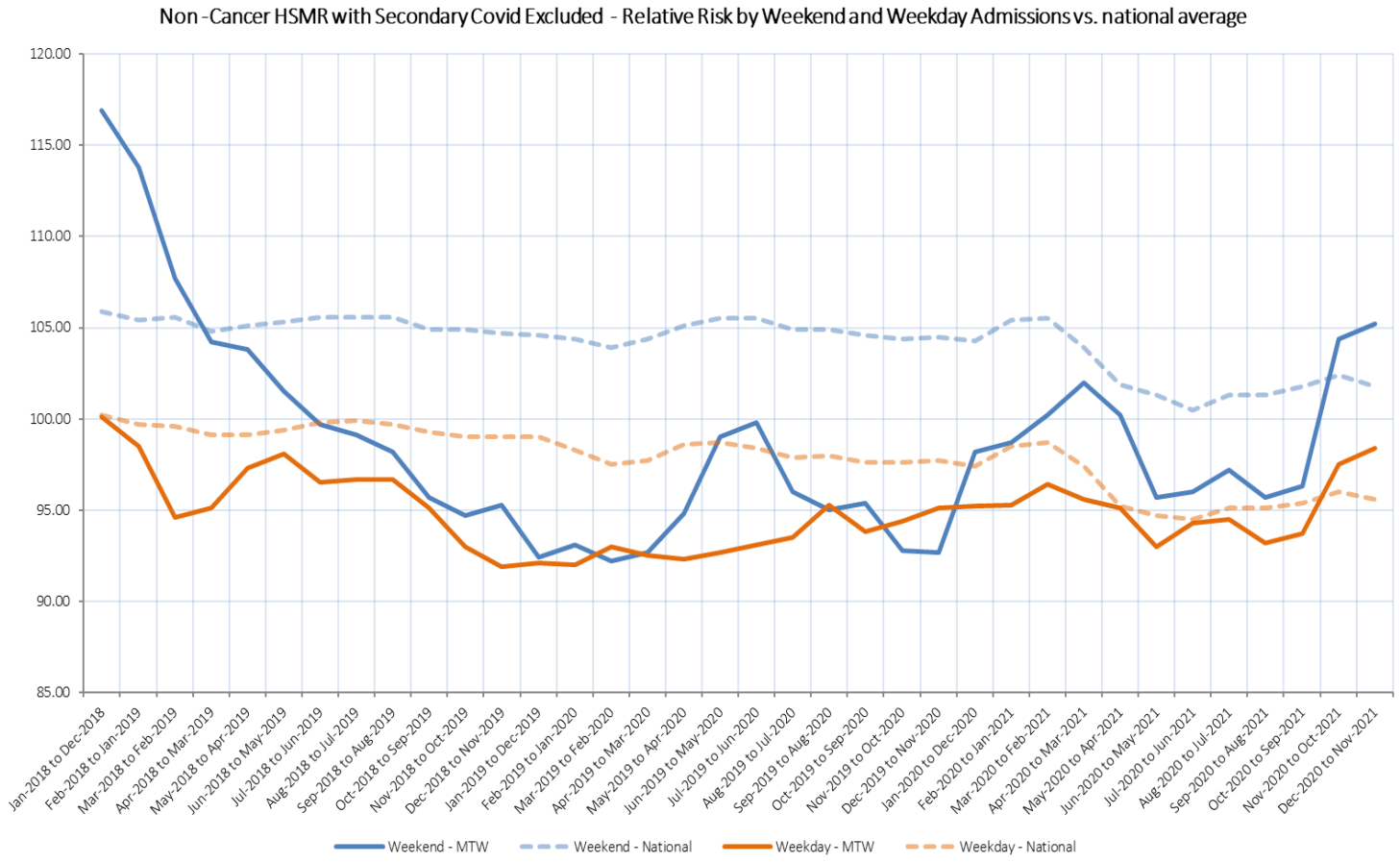
HSMR – Weekend & Weekday Comparison – Cancer & Covid Exclusions

Maidstone and Tunbridge Wells NHS Trust



A deep dive into the drivers behind Weekend HSMR revealed an impact from being an Oncology Centre as well as secondary Covid diagnoses.

Excluding cancer and secondary Covid diagnoses show the Trust still higher than the national rate, though still in the “as expected” range.

As the next slides show, the Covid coding challenges as created an artificial gulf between expected and observed mortality rates for the Trust

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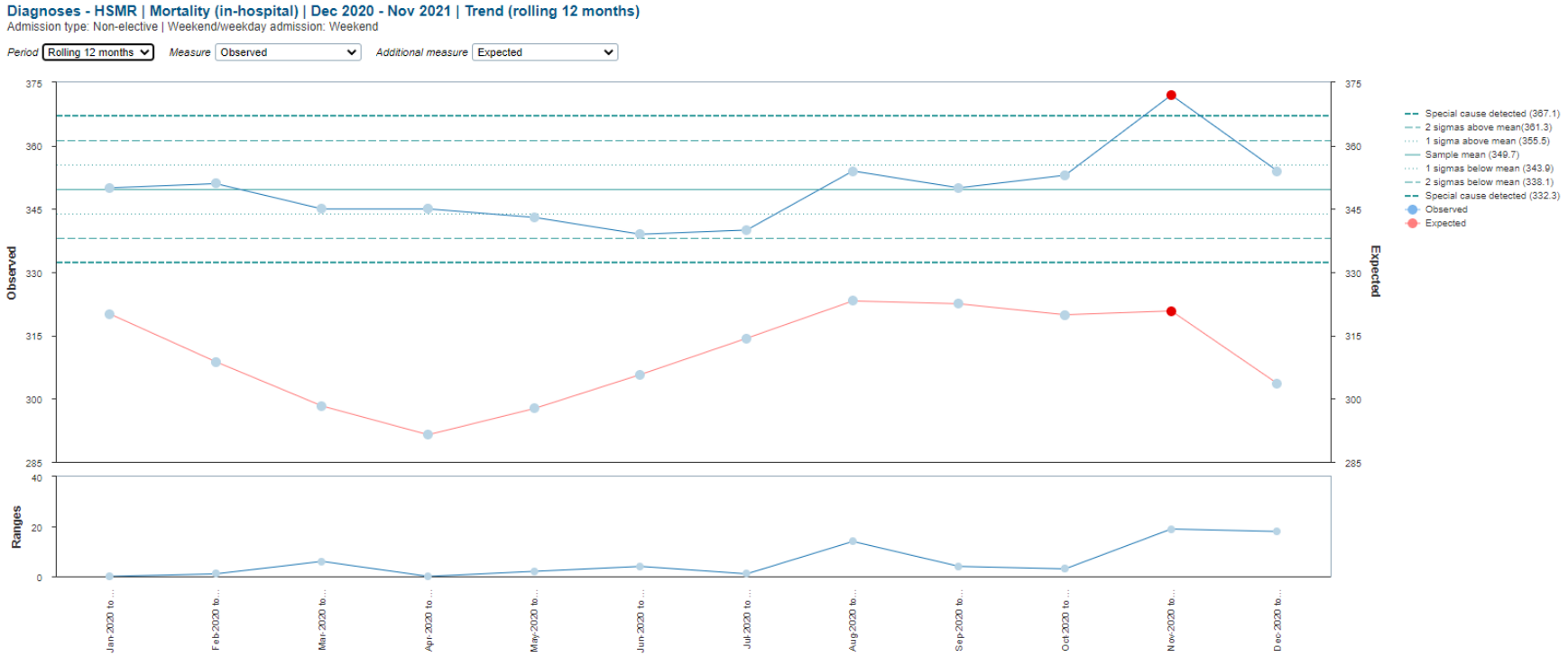
HSMR – Weekend Comparison – Observed vs Expected

Maidstone and Tunbridge Wells NHS Trust



An increase in the observed rate in October 2021 with no corresponding increase in the expected rate suggests that the modelling by T-Health has made the expected rate artificially lower due to the inclusion of Covid cases un-coded on the first episode. This is further illustrated by the Trust being an outlier for the percentage of spells excluded from the SHMI (slide 17)

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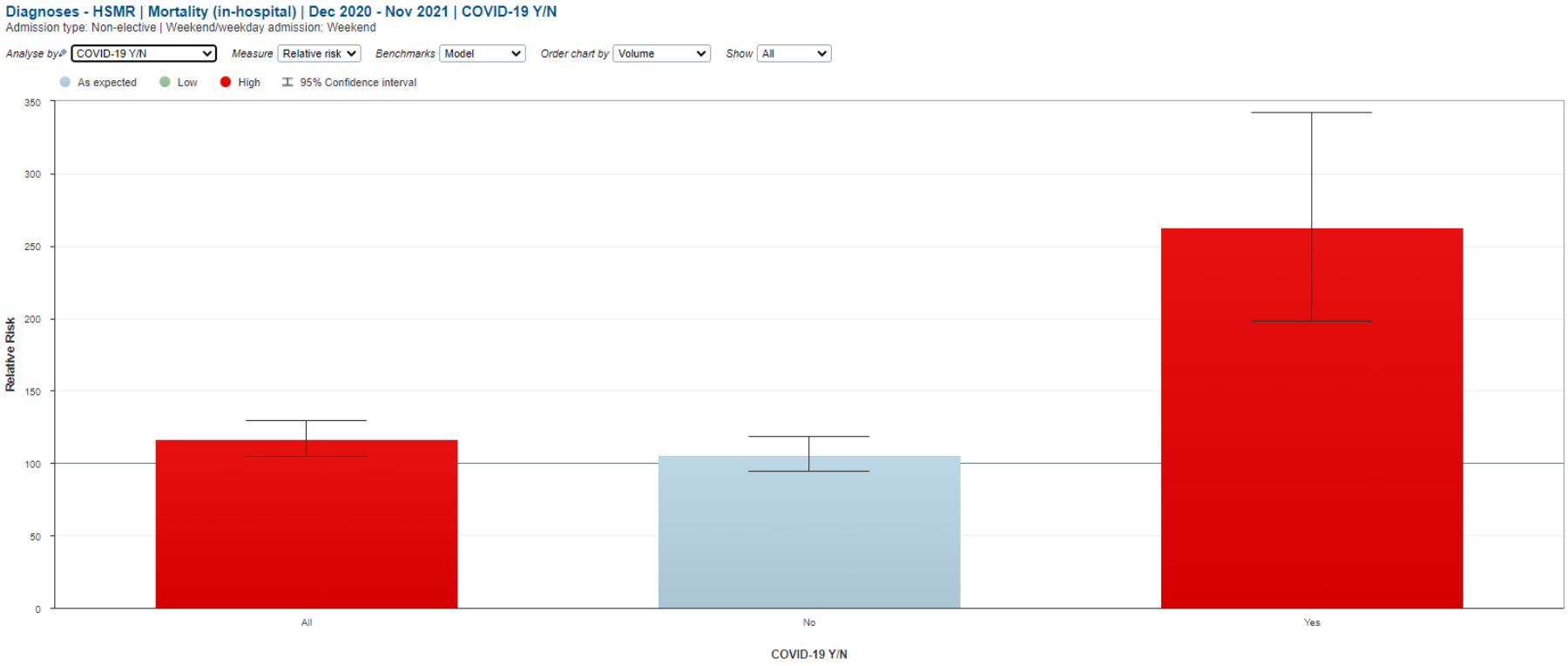
HSMR – Weekend Comparison – Drilldown

Maidstone and Tunbridge Wells NHS Trust



Above shows that Covid is still a large driver of weekend mortality – with HSMR within the "as expected" range when Covid is excluded.

Looking into diagnostic group showed no diagnoses out of the ordinary, with high rates in Pneumonia and Viral Infection.

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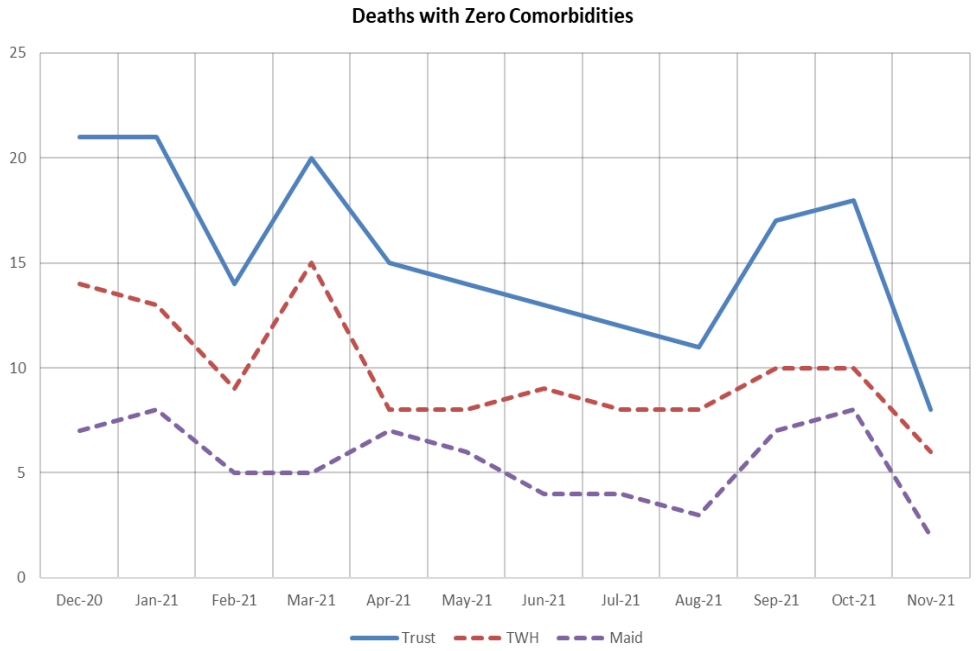
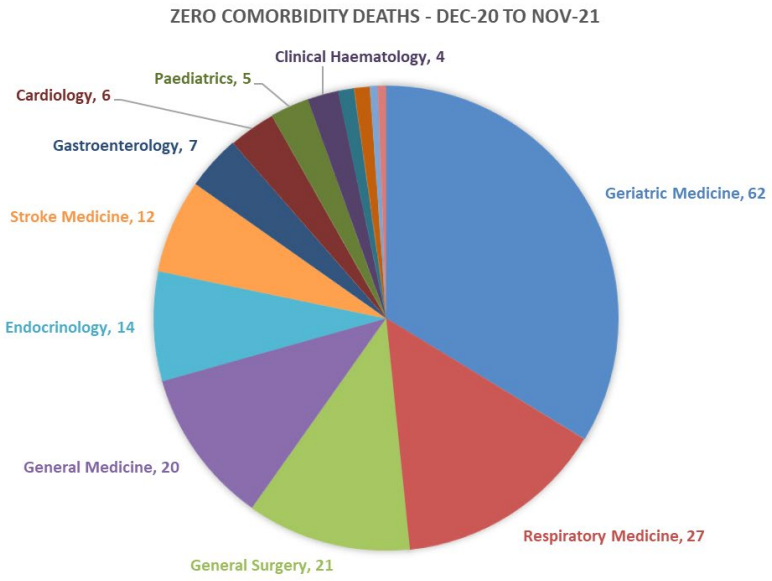
Deaths with Zero Comorbidities



Month	Trust	TWH	%	Maid	%
Nov-20	21	14	66.7	7	33.3
Dec-20	21	13	61.9	8	38.1
Jan-21	14	9	64.3	5	35.7
Feb-21	20	15	75.0	5	25.0
Mar-21	15	8	53.3	7	46.7
Apr-21	14	8	57.1	6	42.9
May-21	13	9	69.2	4	30.8
Jun-21	12	8	66.7	4	33.3
Jul-21	11	8	72.7	3	27.3
Aug-21	17	10	58.8	7	41.2
Sep-21	18	10	55.6	8	44.4
Oct-21	8	6	75.0	2	25.0
All	**184**	**118**	64.1	**66**	35.9

We can see that the number of deaths with zero comorbidities has continued to reduce. Of the **1,231** deaths recorded in the period of **November 2020 to November 2021**, **184** had no comorbidities recorded (**14.95%**). This is an increase from last months report (14.08%)

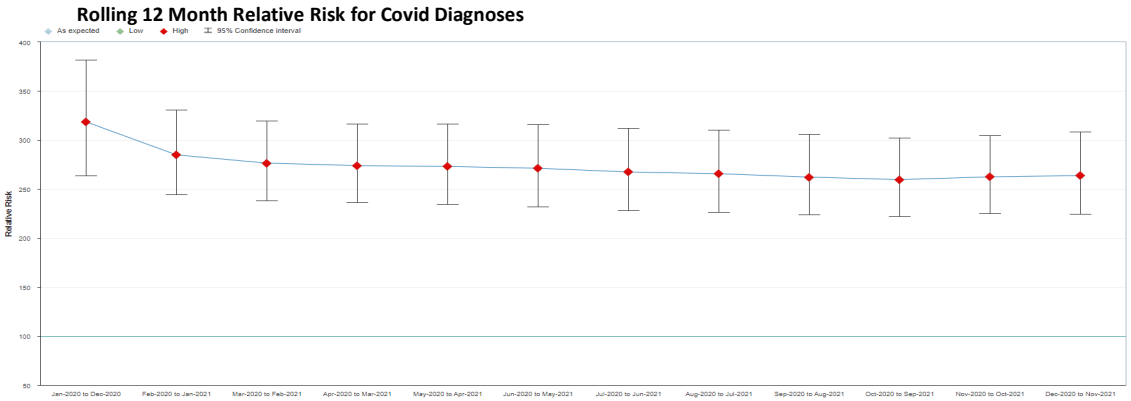
Deaths with Zero Comorbidities – By Specialty



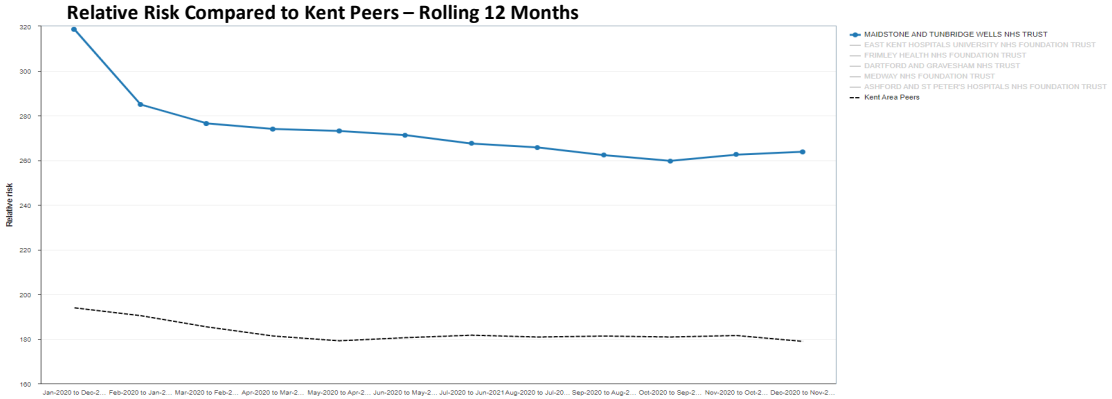
	Jul-20 Jun-21		Nov-20 Oct-21		Dec-20 Nov-21	
Specialty (of discharge)	**Deaths**	**%age**	**Deaths**	**%age**	**Deaths**	**%age**
Geriatric Medicine	61	32%	66	39%	62	34%
Respiratory Medicine	29	15%	6	4%	27	15%
General Medicine	18	10%	40	24%	20	11%
General Surgery	25	13%	17	10%	21	11%
Stroke Medicine	15	8%	13	8%	12	7%
Gastroenterology	9	5%	3	2%	7	4%
Endocrinology	13	7%	1	1%	14	8%
Cardiology	6	3%	1	1%	6	3%
Clinical Haematology	5	3%	1	1%	4	2%
Trauma & Orthopaedics	4	2%	3	2%	2	1%
Anaesthetics	1	1%	3	2%	1	1%
Accident & Emergency	1	1%	10	6%	2	1%
Paediatrics		0%	3	2%	5	3%
ENT	1	1%		0%	1	1%
Gynaecology	0	0%		0%		0%
Well Babies	0	0%		0%		0%
Urology	0	0%	1	1%		0%
All	188		168		184	

The majority of zero comorbidity deaths return to **Geriatric Medicine and Respiratory Medicine Specialties**.

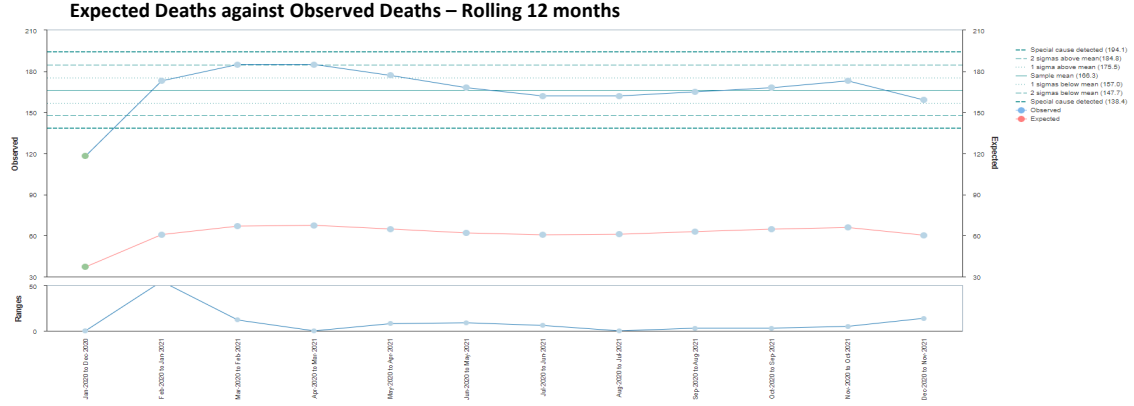
Covid 19 Mortality



Relative Risk for Covid is in the "high" bracket, with the period of **Dec 20 to Nov 21** at **263.8**



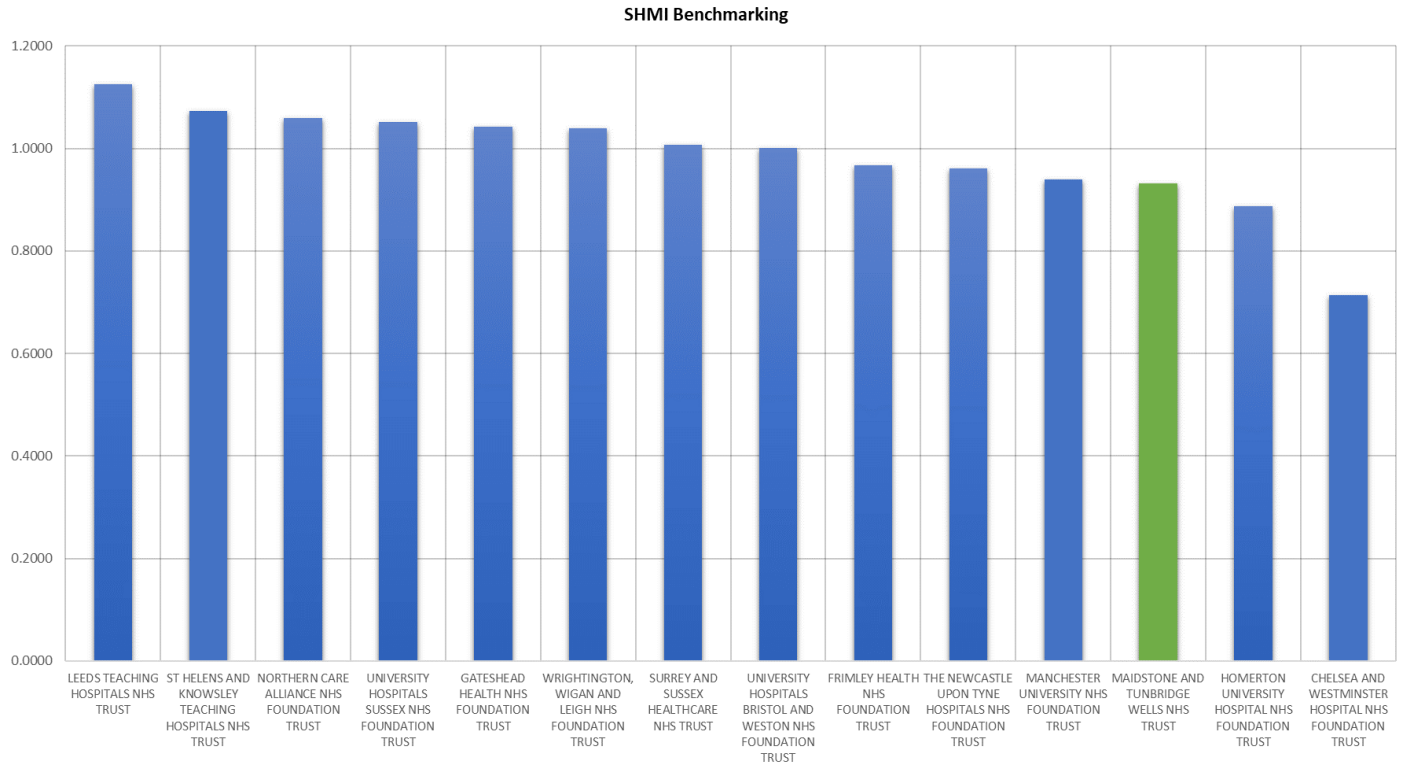
Our Relative Risk continues to be higher than that of our Kent peers at **263.8** against 178.9. this gap is maintaining over recent reporting periods.



Our Observed Covid deaths continues to be higher than Expected deaths. The gap has closed from the last period.

SHMI

Maidstone and Tunbridge Wells NHS Trust



As a trust we are performing favourably against our peers on SHMI – with a SHMI of **0.93** for the period of **October 2020 to September 2021.**

There has been alert that some day case spells may have been included in our figures for SHMI, as detailed in the below link. This is being investigated.

https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2022-02

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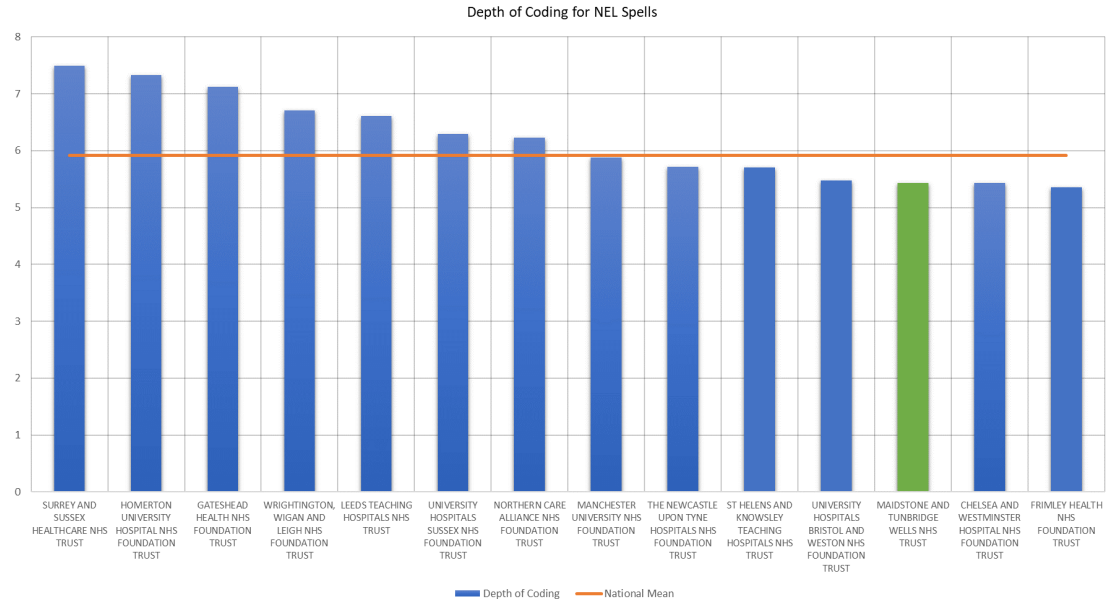
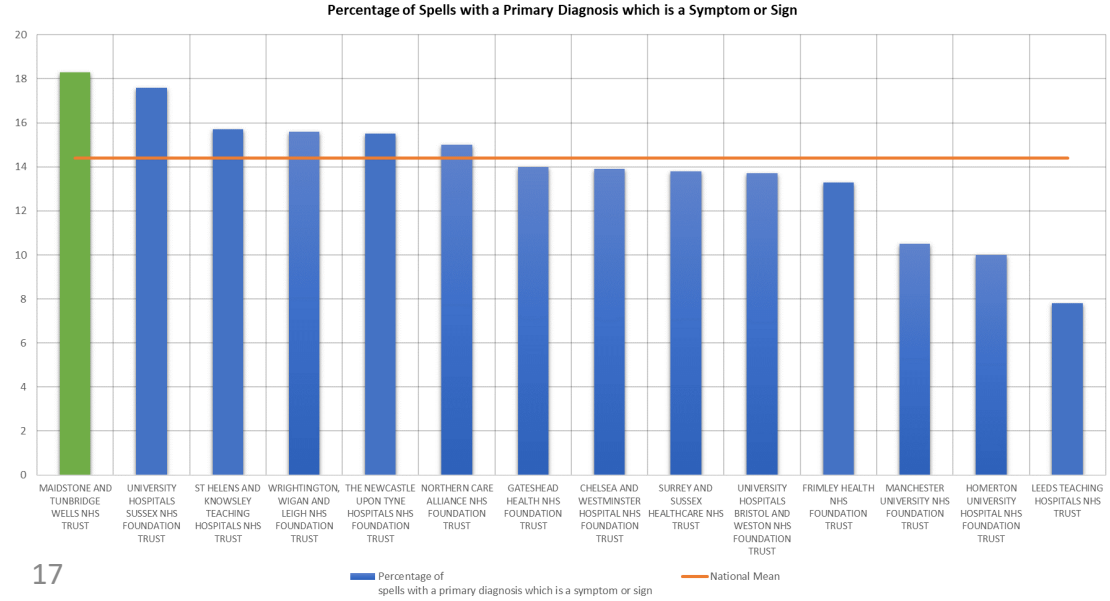
SHMI – Contextual Indicators



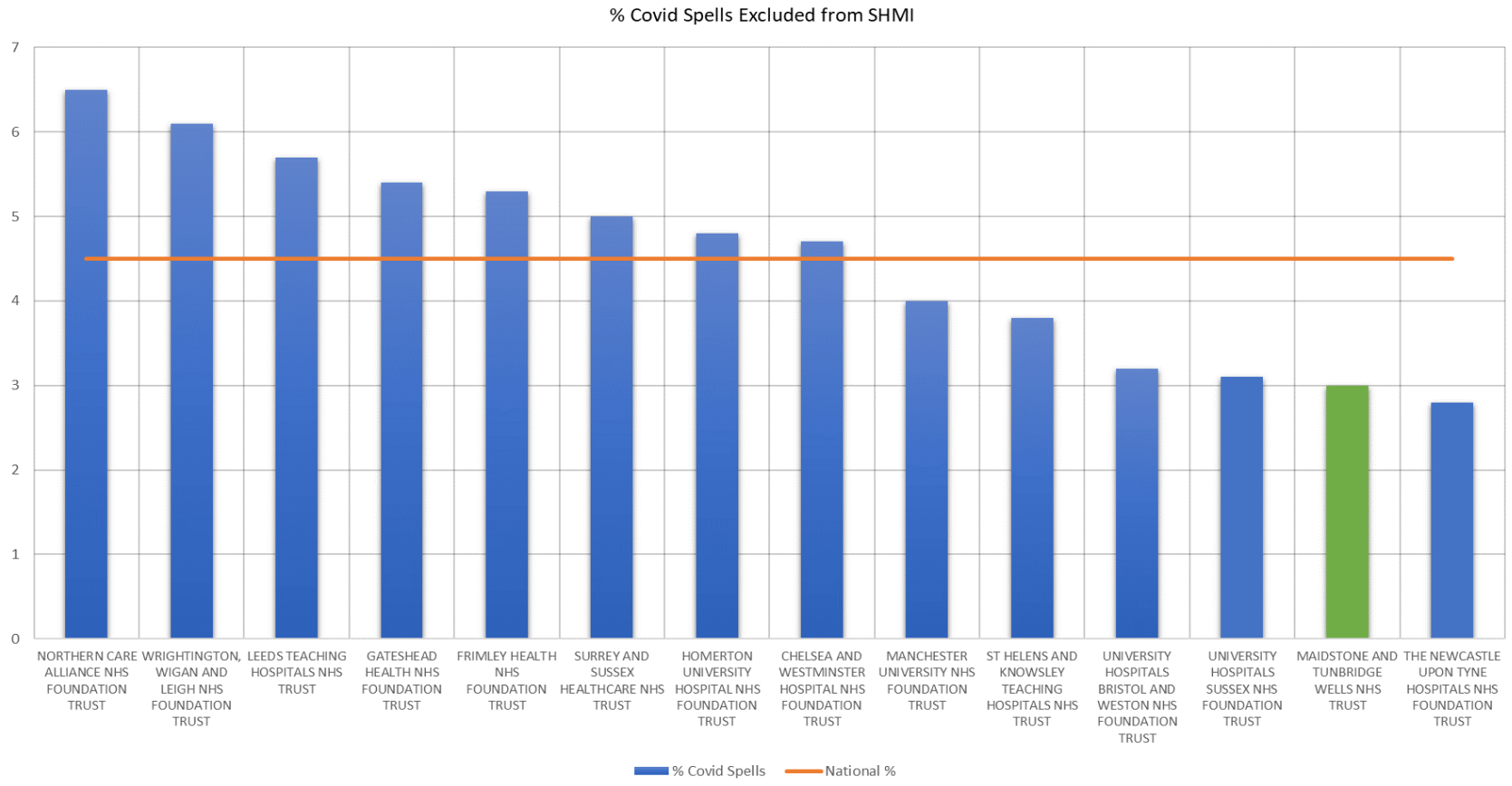
Depth of coding or the trust remains below national average and in the lowest quartile of our Outstanding and Good Rated peers.



The Trust's percentage of spells that have a Primary Diagnosis that is a symptom or sign is above the national average and we are the top Trust amongst our Outstanding and Good rated peers.

SHMI – Contextual Indicators - Covid

Maidstone and Tunbridge Wells NHS Trust



SHMI excludes Covid Spells, but does track spells excluded due to Covid. We are an outlier on the number of spells excluded due to Covid – the 2nd smallest percentage amongst our Good and Outstanding peers. This points further to uncoded Covid spells being included in non-covid mortality data.

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Medical Examiner Service

ME Service Update

- There has been a general upward trend in the number of cases scrutinised by the ME Service over the last few months, the Service continues to maintain a high standard, scrutinising 98-100% of deaths.
- The surge month on month of cases scrutinised by the Service has increased the no of SJRs raised each month, there is an increased risk of a rise in the SJR backlog as reviewers have no additional capacity to review more cases.
- Members of the ME Service including the lead ME, visited the ME Service hosted at East Kent hospital (EKHUFT) who have implemented the ME Service in the community, to learn from their experience.
- The ME Service roll out to the community is to be implemented in phases with a pilot to commence in quarter two with 2 GP practices, hospices and the community hospital.

Month	Number of Deaths	Number Scrutinised	% of Deaths Reviewed	Number that Took Over 3 Calendar Days to Complete (of those applicable, not including Coroner cases)	% Over 3 Calender Days to Complete
Jul-21	137	136	99%	42	31%
Aug-21	103	103	100%	34	33%
Sep-21	138	135	98%	76	56%
Oct-21	166	164	99%	73	45%
Nov-21	139	138	99%	53	38%
Dec-21	165	162	98%	72	44%
Jan-22	173	173	100%	83	48%

Challenges faced by the ME Service

- A recurrent theme is the challenge faced by the Service with regards to concluding scrutiny of deaths with 3days. Challenges with staffing levels on the ward and education of junior doctors are some contributing factors to the timeliness of death summary completions.
- The Service continues to communicate with consultants much earlier in the pathway to increase engagement with the process and improve the timeliness of death summary completions.

Mortality Surveillance Group (MSG)

The role of the Mortality Surveillance Group involves supporting the Trust to provide assurance that all hospital associated deaths are proactively monitored, reviewed, reported and where necessary investigated. A further responsibility of the group is to ensure lessons learnt from Mortality reviews are disseminated appropriately and actions implemented to improve outcome for patients and quality of services provided.

The Learning Disability Mortality Review (LeDeR) summary report was presented by the Learning Disability Liaison nurse at the January MSG meeting for information and assurance purposes. Good practice highlighted included an increase in reasonable adjustments made for inpatients with learning disabilities, good multidisciplinary working and an improved use of treatment escalation plans. Areas noted for improvements comprise the enablement of carers to support patients with learning disability on the wards and timely readiness of SJRs to support the review process. The report concluded by asking the group to consider a medical representative from MSG to support the LeDeR review process especially when complex cases are to be discussed.

Learning from Mortality reviews identified the following needs:

- Improvement around communication especially with patient's family and/or loved ones.
  - In once case, a discussion was held with the family about the deteriorating condition of the patient and DNACPR was signed based on an implied understanding of the situation rather than an explicit discussion.
  - In another case, communication about DNACPR with family was with a junior doctor with no consultant or senior medical involvement
- Sepsis is a common theme discussed at MSG meetings with some cases highlighted where the opportunity to diagnose sepsis is missed.

The following practice was highlighted in :

- Good recognition of end of life with early and good input for the palliative care team
- Prompt involvement of specialist care, in one case discussed, good care from respiratory and oncology team.
- Early consultant involvement allowed for senior level decision making to occur.

Mortality Surveillance Group (MSG)

Maidstone and Tunbridge Wells NHS Trust

Structured Judgement Review (SJR)

An SJR is a standardised review of a patient's death undertaken by a trained clinician making safety and quality judgement of care phases. The SJR reviewer makes explicit comments about phases of care with scores attributed to each phase and the overall care received.

Year	Outstanding SJRs
Apr 17 to Mar 18	0
Apr 18 to Mar 19	4
Apr 19 to Mar 20	6
Apr 20 to Mar 21	11
Apr 21 to Mar 22	25
SJR Total backlog	46

- The SJR recovery plan implementation continues to positively impact the backlog position. However the rise in cases scrutinised by the ME Service has increased the no of SJRs required, which may adversely impact the backlog position.
- The current SJR backlog position is 46, this pertains to SJRs allocated to reviewers, yet to be completed, having exceeded the 4 week stipulated SJR turnaround time.
- There are 15 additional SJRs raised by the ME Service this year not within the backlog.
- This brings the total number of SJRs to be reviewed to 61.

Summary of 'Poor Care' from SJR Review

MSG Meeting	No of SJRs	Overall 'Poor care'	Overall 'Very poor
Jan-22	7	1	0
Feb-22	7	0	0

- In January, there was 1 SJR with an overall assessment of 'Poor care' and no SJRs with a 'Very poor care' rating discussed at MSG.
- In February, there were no SJRs with a 'Poor care' or 'Very poor care' assessment reviewed at the MSG meeting.
- Learning from both poor care and good practices highlighted from cases reviewed at MSG continue to be fed back to directorates

Mortality Surveillance Group (MSG)

Maidstone and Tunbridge Wells NHS Trust

Actions from 'Poor care' SJR Reviews

- The 1 SJR with an overall assessment of 'Poor care' was discussed at MSG and with the Directorates
- No SJRs resulted in an SI being raised
- Learning from all SJRs have been feedback to Directorates through Clinical Governance meetings.

Next steps

- Continue to work with SJR reviewers to implement the backlog trajectory plan
- Two prospective candidates have been identified to become SJR reviewers, training is being organised to support them.

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Ockenden review of maternity services – one year on	Divisional Director for Midwifery, Nursing and Quality

The Ockenden report was published on the 10th December 2020 following an independent review to outline the failings within the Maternity Services at Telford and Shrewsbury Hospitals NHS Trust. The report defined an immediate response required from all maternity providers and a national response relating to 'next steps'.

The letter "Ockenden review of maternity services – one year on", dated 25 January 2022, requests all trusts to discuss progress at their public Board before the end of March. This report is enclosed.

Which Committees have reviewed the information prior to Board submission?
- Quality Committee 'main', 09/03/22

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

Maidstone and Tunbridge Wells NHS Trust

Update on completion of recommendations from the Ockenden Report and progress to meeting Maternity Incentive Scheme (CNST) safety actions.

March 2022

Background:

The letter "Ockenden review of maternity services – one year on", dated 25 January 2022, from Sir David Sloman, NHSE and NHSI, Chief Operating Officer and Ruth May, Chief Nursing Officer, England, NHSE and NHSI, requests all trusts to discuss progress at their public Board before the end of March.

A template Ockenden Assurance tool was circulated to trusts to inform discussion at trust Board. This template includes Ockenden safety actions, recommendations from the Morecombe Bay investigation report and safety actions required to meet NHSR Maternity Incentive Scheme (CNST)

This Assurance tool has been completed and is attached as an appendix to this report.

The content can be summarised as follows:

Requirement	Actions complete	RAG
IEA 1	7/7	
IEA 2	5/5	
IEA 3	1/5	
IEA 4	5/6	
IEA 5	0/4	
IEA 6	0/4	
IEA 7	2/5	
Workforce planning	3/4	
NICE Guidance	Partially compliant	
CNST Action 1	Compliant	
CNST Action 2	Partially compliant	
CNST Action 4	Compliant	
CNST Action 5	Compliant	
CNST Action 6	Partially compliant	
CNST Action 7	Compliant	
CNST Action 8	Compliant	
CNST Action 9	Compliant	
CNST Action 10	Compliant	

This paper also provides the Committee with an overview of the position of this Trust in relation to the action plan to meet the immediate, essential actions (IEAs) and the Workforce planning recommendations from the Ockenden report.

The trust received feedback following submission of evidence of compliance in June 2021 and again following challenges in October 2021.

The table below shows the action plan to complete the safety actions which were incomplete or which had insufficient evidence at the previous submission. It demonstrates that of all 39 outstanding actions:

- 8 have been completed
- 26 are either in progress or require further evidence, such as audits of compliance or completion of documented processes
- 4 are delayed (related to recruitment into a new post)

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Complete with evidence
Outstanding evidence required
Incomplete

MTW - Ockenden Action Plan following feedback from 2nd submission

Safety Action		Recommendation	Action required	Date due	Owner	Progress	RAG
IEA 1	**Q1**	Maternity Dashboard to LMS every 3 months	SOP required which demonstrates how the trust reports this both internally and externally through the LMS.		S Powley	Process described in Risk and Safety Strategy. LMNS Quality Assurance Board TOR & Minutes evidence	Dec-21
	Q3	Maternity SI's to Trust Board & LMS every 3 months	Submit SOP		S Powley	Process described in Risk and Safety Strategy. LMNS Quality Assurance Board TOR & Minutes evidence	Dec-21
	Q6	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	Audit showing compliance of 100% reporting to both HSIB and NHSR Early Notification Scheme.	Mar-22	L Griffiths	Cooled baby list includes log of notification to HSIB - need evidence from Legal team	
IEA 2	**Q11**	Non-executive director who has oversight of maternity services	Evidence of ward to board and board to ward activities e.g. NED walk arounds and subsequent actions		S B-Stow	Evidence to be collated - Minutes / Notes from activities	
			NED JD		S B-Stow	NED in post	
	Q14	Trust safety champions meeting bimonthly with Board level champions	SOP that includes role descriptors for all key members who attend by-monthly safety meetings.		S Powley	Safety Champions SOP describes roles	Dec-21

IEA 3	**Q18**	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	Evidence of scheduled MDT ward rounds taking place since December, twice a day, day & night. 7 days a week	Mar-22	W Ogunnoiki / S Nazir	Audit required to provide evidence	
			SOP created for consultant led ward rounds.	Mar-22	W Ogunnoiki / S Nazir	SOP in progress	
	Q19	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	MTP spend reports to LMS		D Shelton	Spend reports sent to LMNS - evidence required	Nov-21
	Q22	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	Evidence of scheduled MDT ward rounds taking place since December 2020 twice a day, day & night; 7 days a week (E.G audit of compliance with SOP)	Mar-22	W Ogunnoiki / S Nazir	Audit required to provide evidence	
IEA 4	**Q24**	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre	Audit that demonstrates referral against criteria has been implemented that there is a named consultant lead, and early specialist involvement and that a Management plan that has been agreed between the women and clinicians		G Mizon	LMNS led audit completed	Jan-22
			SOP that clearly demonstrates the current maternal medicine pathways that includes: agreed criteria for referral to the maternal medicine centre pathway.	Mar-22	S Nazir / J Maynard	Condition-led SOP in place Work in progress with LMNS to define and agree pathways	
	Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Agreed pathways	Mar-22	S Nazir / J Maynard	Work in progress with LMNS to define and agree pathways	
			Criteria for referrals to MMC	Mar-22	S Nazir / J Maynard	Work in progress with LMNS to define and agree pathways	

IEA 5	**Q30**	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional	Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	Mar-22	K Shubert / Digital Midwives	PCSPs available within E3 Rolled out to staff to encourage documentation MPHR gives service users the facility to complete birth plans Compliance data to be monitored via local Dashboard and MSDS	
	Q31	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	Mar-22	K Shubert / Digital Midwives	Questions included in all contacts in E3 Compliance data to be monitored via local Dashboard and MSDS	
	Q33	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above.	Mar-22	K Shubert / Digital Midwives	Questions included in all contacts in E3 Compliance data to be monitored via local Dashboard and MSDS	
IEA 6	**Q34**	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring	Copies of rotas / off duties to demonstrate they are given dedicated time.	Mar-22	Obstetric Clinical Director / Head of Midwifery	Job plan for obstetrician Midwife recruitment in progress	
			Examples of what the leads do with the dedicated time E.G attendance at external fetal wellbeing event, involvement with training, meeting minutes and action logs.	Mar-22	O Wildman	Diary evidence required	
			Incident investigations and reviews	Mar-22	O Wildman	Evidence - Attendance lists on RCA reports following risk meetings	

			Name of dedicated Lead Midwife and Lead Obstetrician	Mar-22	Obstetric Clinical Director / Head of Midwifery	Obstetrician - O Wildman Midwife recruitment in progress	
	Q35	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health	Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g clinical supervision	Mar-22	O Wildman	Evidence required from OW	
			Improving the practice & raising the profile of fetal wellbeing monitoring	Mar-22	O Wildman	Evidence required from OW	
			Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.	Mar-22	O Wildman	Evidence required from OW	
			Job Description which has in the criteria as a minimum for both roles and confirmation that roles are in post	Mar-22	Obstetric Clinical Director / Head of Midwifery	Job plan for obstetrician Midwife job description in place – recruitment in progress	
			Keeping abreast of developments in the field	Mar-22	O Wildman	Evidence required from OW	
			Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.	Mar-22	O Wildman	Evidence required from OW	
			Plan and run regular departmental fetal heart rate (FHR) monitoring meetings and training.	Mar-22	O Wildman	Evidence required from OW e.g. weekly CTG meetings schedule, attendance logs	

IEA 7	**Q39**	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery	Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	Mar-22	N Rickman	LMNS led project - findings to be fed back to Trust	
	Q41	Women must be enabled to participate equally in all decision-making processes	SOP which shows how women are enabled to participate equally in all decision making processes and to make informed choices about their care. And where that is recorded.	Mar-22	K Shubert / K Sawyer	SOP in progress Refer to CQC Maternity Survey and AN Booking Guideline	
	Q42	Women's choices following a shared and informed decision-making process must be respected	An audit of 5% of notes demonstrating compliance, this should include women who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and also a selection of women who request a caesarean section during labour or induction.		J Maynard / K Sawyer	Audit of Maternal request CS completed and filed in evidence folder Audit of women choosing care out of guidance required	Aug-21
	Q44	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	Co-produced action plan to address gaps identified	Mar-22	N Rickman	LMNS led project - awaiting feedback	
			Gap analysis of website against Chelsea & Westminster conducted by the MVP	Mar-22	N Rickman	LMNS led project - awaiting feedback	
			Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	Mar-22	N Rickman	LMNS led project - awaiting feedback	

	Q45	Demonstrate an effective system of clinical workforce planning to the required standard	Consider evidence of workforce planning at LMS/ICS level given this is the direction of travel of the people plan	Mar-22	S B-Stow	LMNS led project	
			Evidence of reviews 6 monthly for all staff groups and evidence considered at board level	Mar-22	S B-Stow	Trust Board papers evidencing reports submitted	
IEA 8	**Q48**	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:	Action plan where manifesto is not met	Mar-22	S B-Stow	DOM job evaluation panel completed With COO for structure review to include DoM Consider professional representation for senior appointments	
	Q49	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.	Audit to demonstrate all NICE guidelines are in date	Mar-22	A Clarke / G Mizon	Amend Guideline dashboard to highlight NICE guidelines and confirm in date and regular review process	
			SOP in place for all guidelines with a demonstrable process for ongoing review		A Clarke / G Mizon	Trust wide procedureRisk and Safety Strategy describes process	Dec-21

The maternity leadership team are confident that all recommendations are progressing well. The recruitment of a Fetal Surveillance Midwife is in progress. All amber actions require further evidence of completion, many relating to confirmation that processes are embedded via audit or formal documentation of SOPs for processes that are in place. Some actions are led by the Local Maternity and Neonatal System (LMNS) and therefore beyond local control. However, the maternity team at MTW are engaging in all LMNS led projects and this will continue.

Appendix – MTW Maternity services assessment and assurance tool, March 2022

MTW Ockenden CNST assessment and assurance tool - Mar 2022.docx

NHS
Maidstone and Tunbridge Wells NHS Trust

Quarterly maternity services report **Divisional Director for Midwifery, Nursing and Quality**

The enclosed report provides information about safety issues in Maternity, the themes and trends and the identified learning and action plans, including:

- The number and summary of Serious Incidents declared for Maternity Services **
- The number of Health Service Investigation Bureau (HSIB) cases reported **
- The number of Perinatal Mortality Review Tool (PMRT) case reviews*
- The key themes
- Learning
- The recommendations and actions
- The progress in implementing Saving Babies Lives Care Bundle v2*
- A Maternity staffing review summary

The report also provides assurance of progress in meeting the requirements of the Ockenden Report and Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme which each recommend that this information is shared with the Trust Board on at least a quarterly basis

*Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme requirement
**Ockenden recommendation requirement

Which Committees have reviewed the information prior to Board submission?

- 'Main' Quality Committee, 09.03.22, Executive Team Meeting, 15.03.22

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

Report to: Trust Board

Report from: Maternity Services

Date: January 2022 (reporting period October 2021 to December 2021)

Subject: Maternity Services Quarterly Update Report

<table>
<tr><td>Summary</td><td>This report provides an overview of the following for October to December 2021:
Number and summary of SIs (Serious Incident) declared for Maternity Services **
Number of HSIB (Healthcare Safety Investigation Branch) cases reported **
Number of PMRT (Perinatal Mortality Review Tool) case reviews*
Key themes
Learning
Recommendations and actions
Progress in implementing Saving Babies Lives Care Bundle v2*
Staffing review summary*
*CNST requirement
**Ockenden recommendation requirement</td></tr>
<tr><td>Number of Internal SI's Declared</td><td>3 - see summary in the table below:

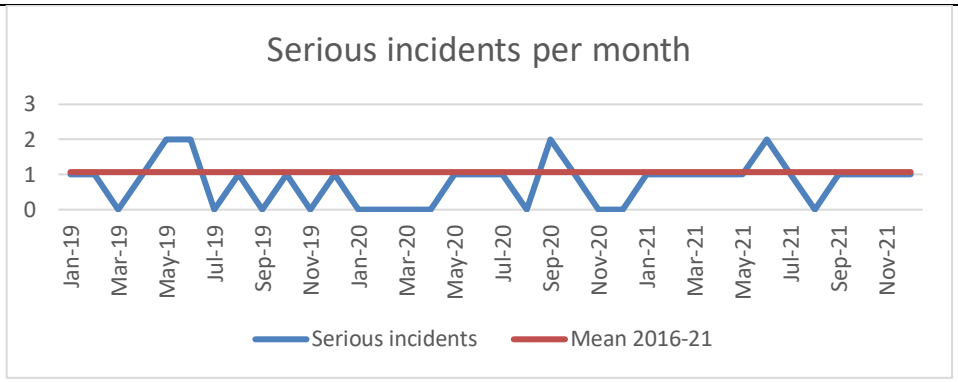
<table><tr><th>STEIS Ref</th><th>Clinical Area</th><th>Synopsis</th></tr><tr><td>2021/152773</td><td>Delivery Suite, TWH</td><td>HSIB investigation – see below

No care issues identified at 72 hour review</td></tr><tr><td>2021/153961</td><td>MBC / Delivery Suite, TWH</td><td>HSIB investigation – see below

Immediate learning identified in collaboration with SECAmb and Children's Directorate</td></tr><tr><td>2021/TBC</td><td>Maternity Triage, TWH</td><td>28 week Neonatal Death following unplanned home birth

Immediate learning identified in collaboration with SECAmb and Children's Directorate

Investigation in progress</td></tr></table></td></tr>
</table>

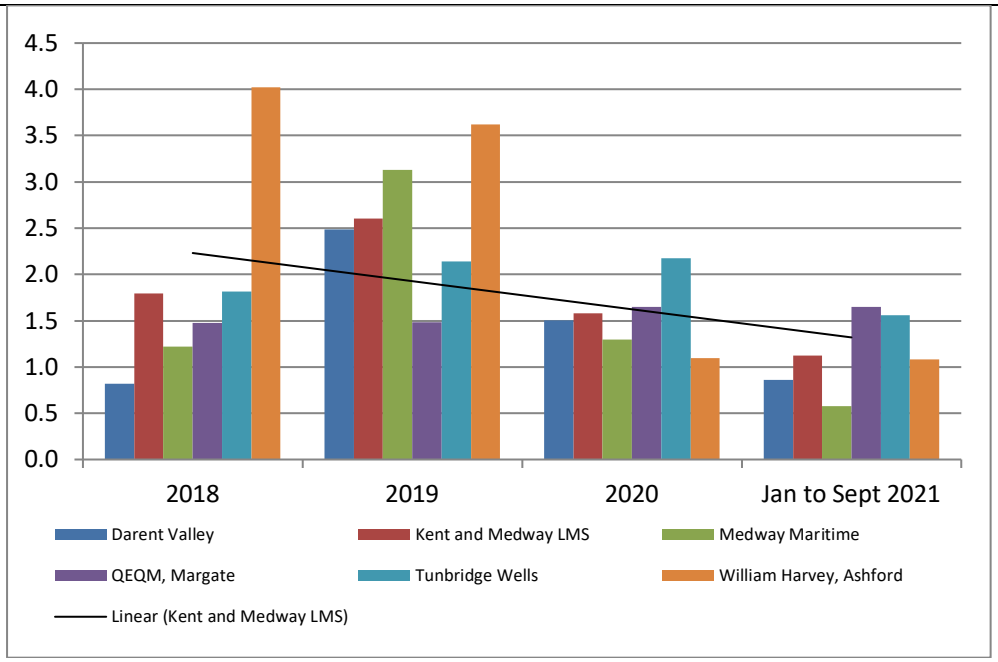


Number of HSIB Reported cases

2 – please see summary in the table below:

Ref	*Clinical Area*	*Synopsis*
2021/152773	Maternity Triage, TWH	G3 39+6wks gestation, Low risk pregnancy Attended Triage twice with abdominal pain and reduced fetal movements, discharged home following reassuring investigations Fetal growth measuring along the 97th centile Attended Triage with possible early labour and reduced fetal movements. Intrauterine death diagnosed HSIB investigation in progress
2021/153961	Delivery Suite, TWH	G2P1 41wks gestation. Low risk pregnancy. Labour and birth at MBC with shoulder dystocia Baby born in poor condition admitted to NNU (Neonatal Unit) sent to William Harvey for cooling HSIB investigation in progress

Comparative data for HIE (Hypoxic Ishaemic Enchepalopathy) rates across Kent and Medway LMNS:



In view of comparatively high rates at MTW, a task and finish thematic review is currently in progress, led by neonatologist Dr Park

HSIB reports received – findings and actions

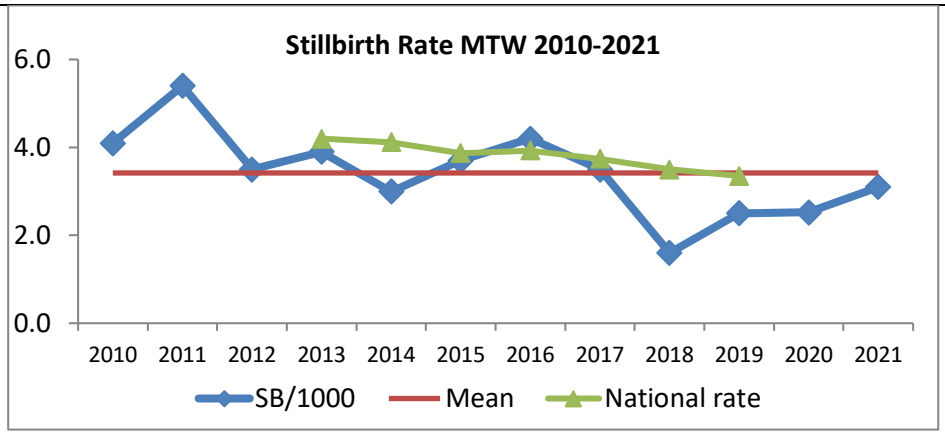
Ref	*HSIB Recommendations*	*Trust Actions*
MI-003862	No safety recommendations	Learning from incidental findings shared: - Fundal heights not plotted and need for growth scan not identified - Not invited in for assessment when contacted MBC with pv bleed - IOL (Induction of Labour) not offered following SRM(Spontaneous Rupture Membranes) (inline with trust guideline, but not national guidance) - Fetal heart not monitored for a prolonged period during siting of epidural
MI-003724	No safety recommendations	Learning from incidental findings shared: - Not referred for serial growth scans at booking or when serial fundal height measurement identified reduced growth

Number of PMRT case reviews

3 – please see summary in the table below:

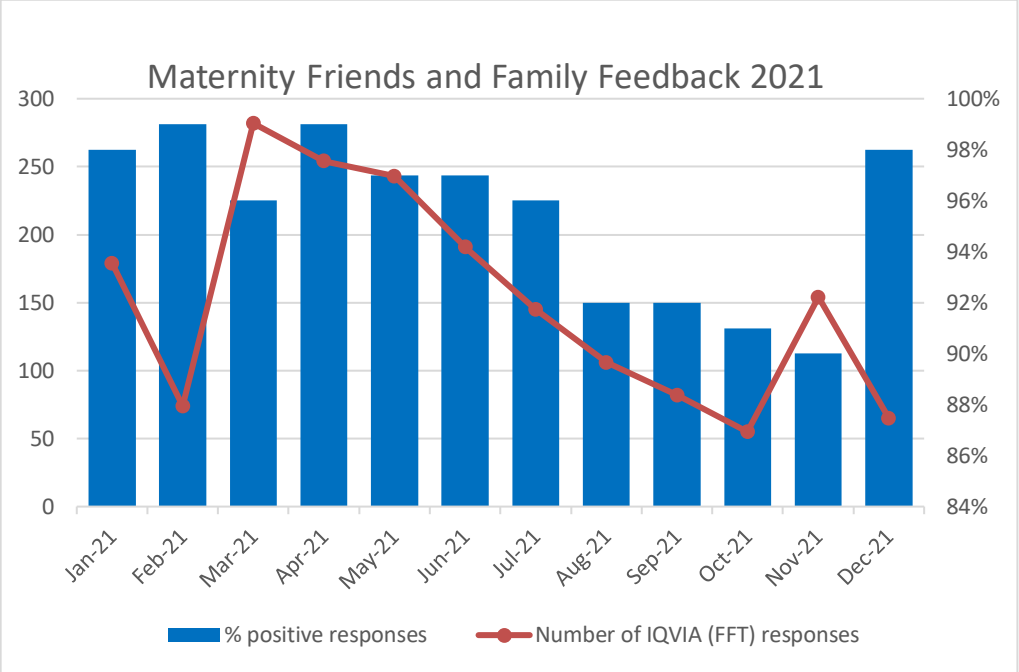
PMRT ref	Clinical Area	Synopsis
ID77649	Maternity Triage TWH	*Ante partum stillbirth at 39 weeks* *G3 Low risk - growth scans in pregnancy, normal growth* *Presented with second episode of reduced fetal movements – IUD diagnosed* *Cause of death not determined at post mortem*
ID77917	Delivery Suite, TWH	*Early Neonatal Death at 28 weeks* *G5 P1 High risk pregnancy. Previous pregnancy loss at 22 weeks + 24 weeks. Smoking in pregnancy* *Spontaneous labour, breech presentation, delivered by caesarean section* *Neonatal resuscitation attempted, severe fetal abnormality, RIP 30 mins after birth* *Cause of death – fetal hydrops, lymphatic malformation*
ID78351	Delivery Suite TWH	*Ante partum stillbirth at 35 weeks* *G3 P1, low risk pregnancy* *Attended Maternity Triage at 35/40 in early labour with reduced fetal movemnets. IUD (Intrauterine Death) diagnosed.* *Cause of death not determined at post mortem*

Trends in stillbirths since 2010:

	
Themes and Trends from investigations and case reviews	• Poor compliance with growth assessement protocol • Failure to follow fetal monitoring guidelines • Communication - SBAR handover • Difficulty accessing 2nd obstetric theatre when required • Staff shortages impacting services – home births and labour care at CBC suspended, specialist midwives and managers diverted to support clinical activity
Complaints	**Number of new and themes from new formal complaints** ▪ 12 complaints received ▪ Main theme is Communication **Key themes identified from closed complaints** ▪ Complaints regarding mismanagement of labour but not upheld ▪ 3 complaints regarding damage to baby's head and face following instrumental delivery – not upheld

Friends and Family feedback

- The number of responses collected varied from 55 to 282 per month. High rates were achieved during the pilot of a patient experience post
- Positive feedback range 92-99%
- Work in progress to improve response rates
- Analysis of CQC Maternity Survey 2021 results in progress to inform quality improvements



Recommendations and Actions

- Annual "deep-dives" – rolling programme of areas to review
- Safety summit to be launched to share outcomes of deep dive
- Thematic review of HIE cases, led by neonatologist Dr Park
- Recruit fetal surveillance midwife to support learning and decision making
- Continued support of junior staff to embed best practice and encourage good communication

Progrees with Implementation of Saving Babies Lives Care Bundle version 2

Element	*Compliance data*		*Actions*
Smoking in pregnancy	CO monitoring at booking	95%	
	CO monitoring at 36 weeks	79%	SiP midwife working with community and ANC teams to improve compliance
Fetal growth restriction	Pregnancies where a risk status for fetal growth restriction is identified at booking and 20 week scan	100%	
Reduced fetal movements	Women who receive information about reduced FMs by 28 weeks	100%	
	Women attending with RFM who have a computerised CTG	94%	
Fetal monitoring	Staff attended annual MDT fetal monitoring training	52%	Training challenges due to staffing issues and high activity – action plan in place
	Lead midwife (0.4 wte) and Lead obstetrician (0.1 wte)are appointed	50%	Obstetrician appointed

				Midwife recruitment in progress
	Preterm births	Live births <34 weeks having full dose of steroids within 7 days of birth	67%	All cases reviewed to ensure steroids given appropriately
		Live births occurring more than 7 days after first course of steroids	0%	
		Singleton live births < 30 weeks receiving MgSO4 within 24 hours before birth	100%	
		Women giving birth in an appropriate care setting for their gestation	95%	All cases reviewed to ensure transferred considered appropriately

Progress with clinical workforce planning	***Workforce***	***Latest review***	***Progress with actions***
	Maternity workforce	Birthrate plus review October and Decemebr 2020 and Nursing and Midwifery Staffing Review April 2021 Senior management safety review October 2021	*Ockenden money is supporting some of the identified shortfall with a further business case being developed to support remaining shortfall*
	Obstetric medical workforce	Review September 2021	*New consultants appointed and job plans reviewed to increase weekend cover*
	Anaesthetic medical workforce	Obsteric anaesthetic cover meets national recommendations	
	Neonatal medical workforce	Neonatal medical cover meets national recommendations	
	Neonatal nursing workforce	Nursing and Midwifery Staffing Review April 2021	*Business case for NNU BCP to meet BAPM recommendations*
Perinatal Quality & Safety Dashboard	Perinatal Quality & Safety Dashboard ***See link for Dashboard***		
Related Regulatory Requirements	Response to the Ockenden Report, December 2020 CNST Maternity Incentive Scheme – year four, August 2021 Transforming perinatal safety, December 2020		
Author:	Sarah Blanchard-Stow, Divisional Director of Midwifery, Nursing and Quality Rachel Thomas, Deputy Head of Midwifery and Gynaecology		

Paper reviewed by:	Maternity Board (partial report)
Action Required by the Trust Board	

NHS
Maidstone and Tunbridge Wells NHS Trust

The findings of the national NHS staff survey 2021 **Chief People Officer**

Please find enclosed the findings of the national NHS staff survey for 2021 and the associated communication plan.

Which Committees have reviewed the information prior to Board submission?

- People and Organisational Development Committee, 25/03/22
- Executive Team Meeting (ETM), 29/03/22

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

1.0 NATIONAL STAFF SURVEY 2021

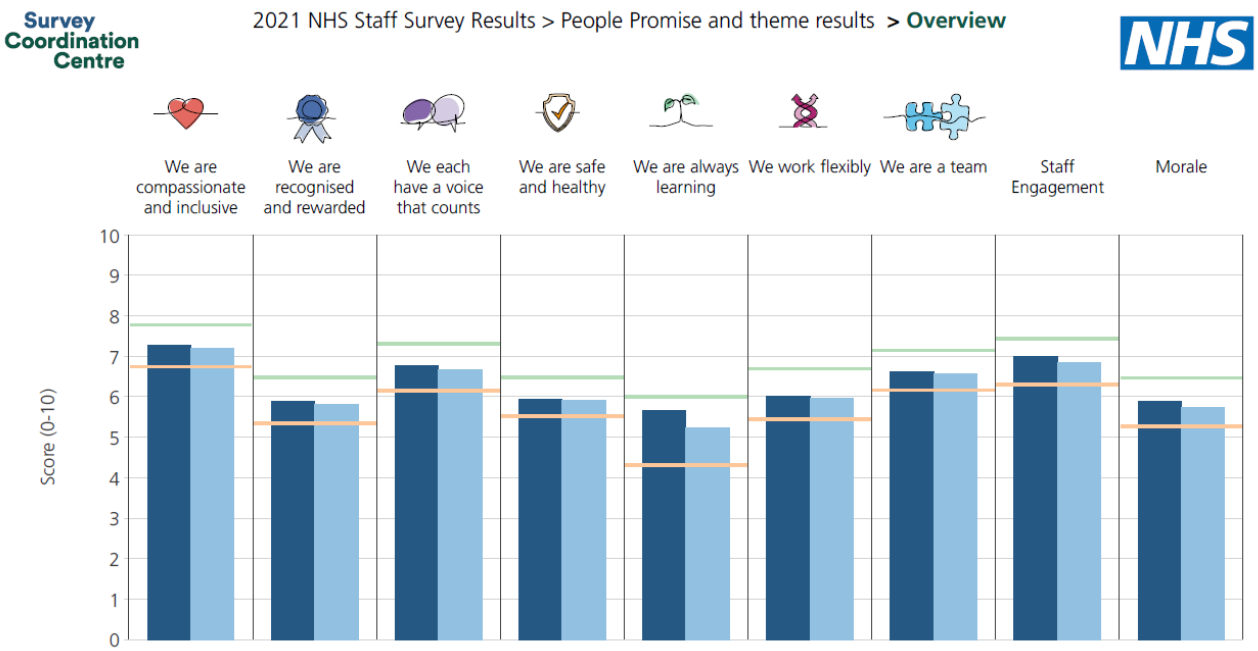
The 2021 National NHS Staff Survey ran between 29th September and 26th November 2021 and achieved a 52% response rate (3385 completed questionnaires). This is a 1% increase on the 2020 survey response against a national average of 46% for Acute Trusts.

The benchmark report for MTW provides comparisons to national averages, highlights the best and worst performing results and includes historical results back to 2017 where possible.

The survey questions are now aligned to the People Promise and the results are measured against the seven People Promise elements plus two of the themes reported in previous years – Staff Engagement and Morale.

2.0 NATIONAL STAFF SURVEY 2021 - RESULTS

The overview of the results presented as People Promise and theme results show that MTW is in line with the national average for **Safe and Healthy** and **We are a Team**; are just above the national average for all other themes, the most significant of which is **We are Always Learning**.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.3	5.9	6.8	5.9	5.7	6.0	6.6	7.0	5.9
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	3,371	3,359	3,334	3,357	3,251	3,334	3,363	3,374	3,377

The driver questions for each theme are grouped in the table below:

We are compassionate and inclusive ➢ Compassionate culture ➢ Compassionate leadership ➢ Diversity and equality ➢ Inclusion	**We are recognised and rewarded** ➢ Recognition ➢ Level of pay ➢ Appreciation ➢ Valuing contribution	**We each have a voice that counts** ➢ Autonomy and control ➢ Raising concerns
We are safe and healthy ➢ Health and safety climate ➢ Burnout ➢ Negative experiences	**We are always learning** ➢ Development ➢ Appraisals	**We work flexibly** ➢ Support for work-life balance ➢ Flexible working
We are a team ➢ Team working ➢ Line management	**Staff Engagement** ➢ Motivation ➢ Involvement Advocacy	**Morale** ➢ Thinking about leaving ➢ Work pressure ➢ Stressors

The survey results for 2020 were higher in most areas than in previous years. With this in mind, we will not be making comparisons between 2020 and 2021 as nearly all responses are significantly lower than in 2020. This follows the national picture.

As the results are now themed and include a number of new questions, comparisons are made against the national average.

The results have been reviewed and the top 3 areas of celebration identified along with 1 area of improvement for each theme.

Theme	MTW Score	Average Score of Acute NHS Trusts	Top 3	Needs focus
We are compassionate and inclusive	7.3	7.2	Care of patients is the organisation's top priority Recommend MTW as a place to work People are polite and treat each other with respect	Discrimination at work from a manager or colleague
We are recognised and rewarded	5.9	5.8	Recognition for good work MTW values my work Staff show appreciation to one another	Level of pay
We each have a voice that counts	6.8	6.7	Know what my work responsibilities are Trusted to do my job Feel safe to speak up about concerns	Involved in deciding changes introduced affecting work area/team/department

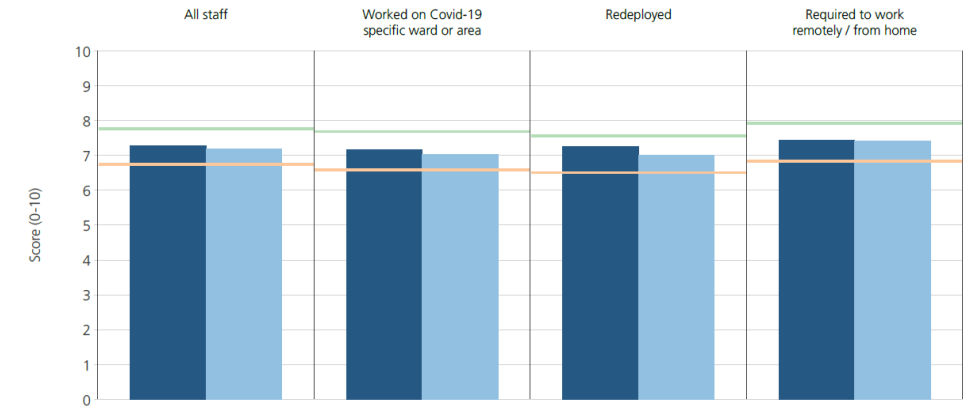
Theme	MTW Score	Average Score of Acute NHS Trusts	Top 3	Needs focus
We are safe and healthy	5.9	5.9	Have adequate materials, supplies and equipment to do my work Experiencing physical violence at work from patients, their relatives or other members of the public MTW takes positive action on health and wellbeing	Experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public
We are always learning	5.7	5.2	Opportunities to develop career Opportunities to improve knowledge and skills Access to the right learning and development opportunities when needed	The appraisal left me feeling that my work is valued by my organisation
We work flexibly	6.0	5.9	Good balance between work and home life MTW is committed to helping balance work and home life Opportunities for flexibly working patterns	Able to approach immediate manager to talk openly about flexible working
We are a team	6.6	6.6	The team has shared objectives Receive the respect deserved from colleagues Enjoy working with colleagues	Manager asks for my opinion before making decisions that affect my work

3.0 THEME RESULTS BY COVID-19 CLASSIFICATION

As in the 2020 national survey, staff were classified into three distinct areas:

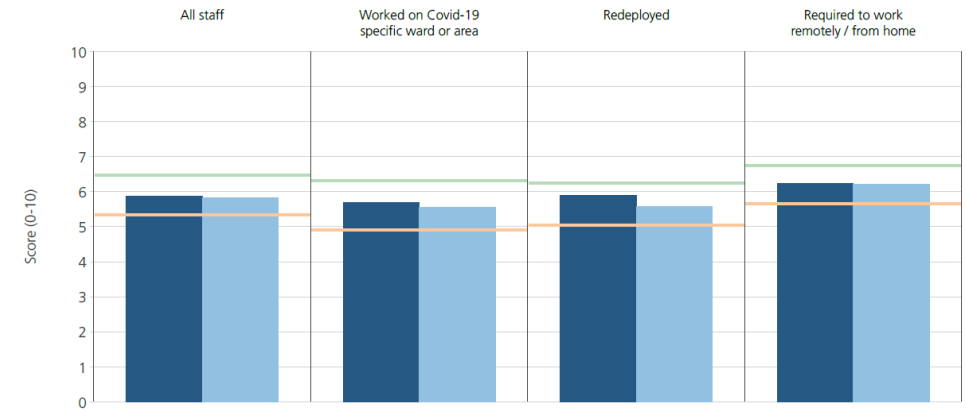
1. Working on Covid-19 specific ward or area
2. Redeployed
3. Require to work remotely/from home

We are compassionate and inclusive : whilst those required to work remotely scored higher than the other two groups, compared to the national average, working in Covid area and redeployed performed slightly better



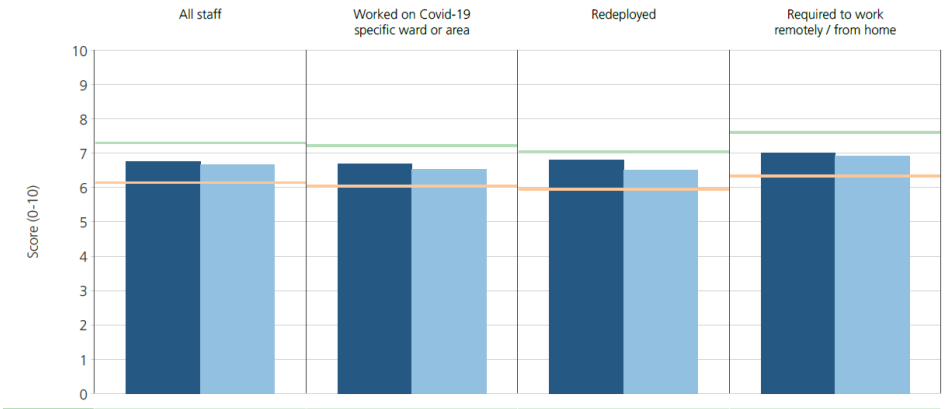
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.8	7.7	7.6	7.9
Your org	7.3	7.2	7.2	7.5
Average	7.2	7.0	7.0	7.4
Lowest	6.7	6.6	6.5	6.8
Responses	3,371	1,461	699	1,024

We are recognised and rewarded : Scores were higher than the national average in the Covid ward and redeployed groups and matched for staff required to work from home.



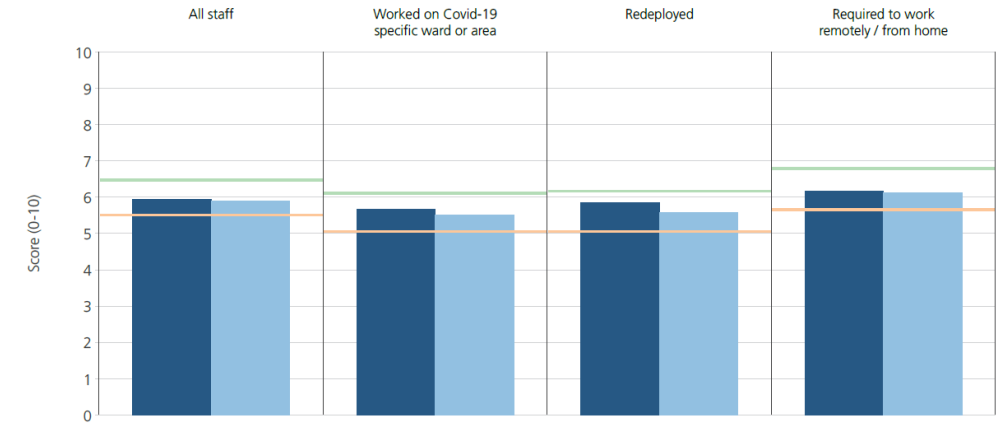
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.5	6.3	6.2	6.7
Your org	5.9	5.7	5.9	6.2
Average	5.8	5.5	5.6	6.2
Lowest	5.3	4.9	5.0	5.7
Responses	3,359	1,460	698	1,019

We each have a voice that counts : The experience of staff in all groups were higher than the national average with the best score being in the redeployed group.



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.3	7.2	7.1	7.6
Your org	6.8	6.7	6.8	7.0
Average	6.7	6.5	6.5	6.9
Lowest	6.1	6.0	6.0	6.3
Responses	3,334	1,444	691	1,012

We are safe and healthy : In all groups morale was above the national average, particularly in those who were required to work from home.

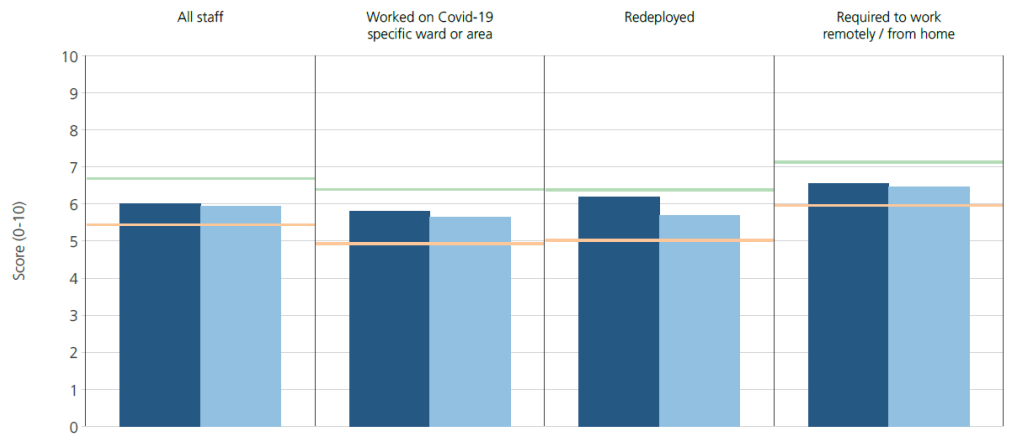


	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.5	6.1	6.2	6.8
Your org	5.9	5.7	5.9	6.2
Average	5.9	5.5	5.6	6.1
Lowest	5.5	5.1	5.1	5.7
Responses	3,357	1,452	695	1,022

We are always learning : The scores for the groups working in Covid areas and those who were redeployed were significantly higher than the national average. Those required to work from home also scored higher than the average.

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.0	6.0	6.0	6.3
Your org	5.7	5.8	5.8	5.7
Average	5.2	5.2	5.2	5.4
Lowest	4.3	4.3	4.2	4.3
Responses	3,251	1,406	669	1,000

We work flexibly : Staff who were redeployed had the highest score compared to the national average, with working in Covid areas next and staff required to work from home being the same as the average.

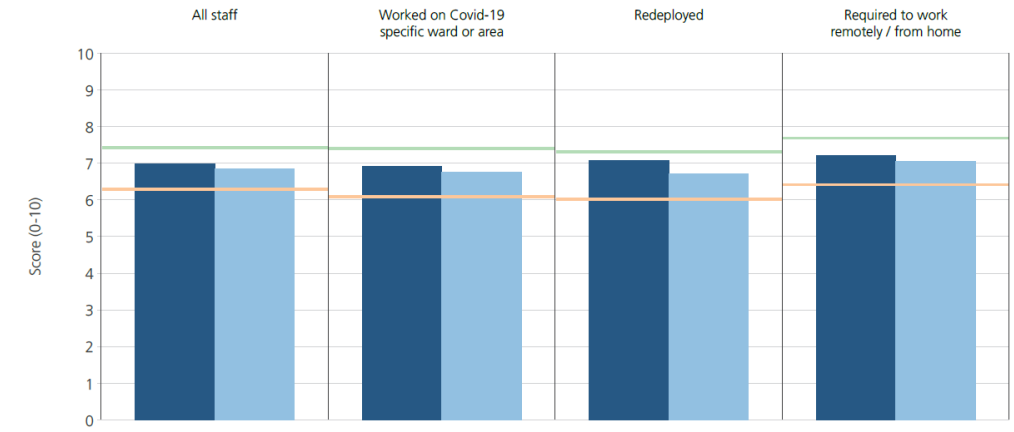


	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.7	6.4	6.4	7.1
Your org	6.0	5.8	6.2	6.5
Average	5.9	5.6	5.7	6.5
Lowest	5.4	4.9	5.0	6.0
Responses	3,334	1,448	697	1,016

We are a team : Staff working in Covid areas and those redeployed were just above the national average with staff required to work from home matching the average.

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.1	7.1	7.0	7.3
Your org	6.6	6.5	6.6	6.8
Average	6.6	6.4	6.5	6.8
Lowest	6.2	6.0	6.0	6.4
Responses	3,363	1,457	699	1,023

Staff Engagement : All groups scored above average in this theme.



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.4	7.4	7.3	7.7
Your org	7.0	6.9	7.1	7.2
Average	6.8	6.8	6.7	7.0
Lowest	6.3	6.1	6.0	6.4
Responses	3,374	1,462	698	1,025

Morale : All groups scored above average in this theme with those who were redeployed scoring the highest.

	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.5	6.4	6.3	6.7
Your org	5.9	5.8	5.9	6.0
Average	5.7	5.5	5.5	5.9
Lowest	5.3	4.9	4.9	5.3
Responses	3,377	1,465	699	1,025

4.0 COMMUNICATIONS PLAN

A communications plan has been drafted to communicate the key results from the 2021 survey at both Trust and Division level in a clear, user friendly and accessible format. The plan intends to deliver the message that staff know their feedback counts – highlight what we are doing well, where improvement is needed and how this is being actioned.

The headline survey results will be released on 1st April

- As an infographic (see example below) on screensavers, digital screens, digital and printed posters, to Divisional Voices forum members, on Team MTW FB page
- Talking Heads video with Sue Steen
- Narrative about staff survey through internal comms channels – MTW News, Intranet news story, the Pulse, Team MTW FB page and CEO update
- Item in Team Brief about key highlights and call to action for managers to progress local action plans

Example infographic

We are compassionate and inclusive		**7.3** ↑	Average comparator score 7.2	☺ **C**are of patients is the organisation's top priority Recommend MTW as a place to work People are polite and treat each other with respect ☹ Discrimination at work from a manager or colleague

The supporting narrative will include how programmes of Trust wide work either currently underway or being planned will positively impact on the areas of concern highlighted.

You said, we did – the story so far

- Continue to roll out of Exceptional Leaders programme and development of a programme for all managers at the Trust focussing on compassionate and inclusive leadership
- Developing talent management and succession planning – focussing appraisal on personal development and career planning
- Improved the health and wellbeing offer to staff and increased access to support
- Mapping out a programme of work to support staff understanding of diversity and inclusion
- Launched individual recruitment campaigns for key specialty areas and developing new recruitment microsite.

5.0 DIVISIONAL RESPONSES

Each Division will have a survey pack which will include:

- Divisional breakdown of question responses
- Infographic highlighting the 3 main areas of positive responses plus 1 area of negative response
- Action plan

The action plan has been re-designed to accommodate the new themed results enabling an 'at a glance' review of which themes are being celebrated and which require further work.

The intention is to disseminate the data differently this year. Supported by the OD team and HR Business Partners, this will be linked with the intelligence gained from the Divisions and builds upon the OD work currently underway.

The OD team will support Divisions to facilitate workshops with staff to celebrate their achievements and successes, investigate the areas that require focus and prioritise the themes. Divisional leaders and staff will work together to co-design action plans that are meaningful to staff who are then able to play an active part in the delivery and success of the actions.

Both the Trust wide survey results and Divisional Survey results and action plans will then be published on the MTW intranet.

2021 National NHS Staff Survey Results

MTW
Exceptional people, outstanding care

The NHS Staff Survey is an important way for us to hear your views and feedback on what we need to do to make MTW a great place to work and to measure ourselves against other NHS organisations.

In 2021, the NHS Staff Survey was redesigned to track the progress against the seven elements of the People Promise.

This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone. Here are some of the key highlights from the NHS Staff Survey under the People Promise, including how we compare to the average score for acute trusts, where we did well and the areas for improvement.

52% shared their views (3385 staff)

Key

- ☺ Where we did well
- ☹ Where we need to improve
- Better
- Same
- 0.0 Scores 0-10

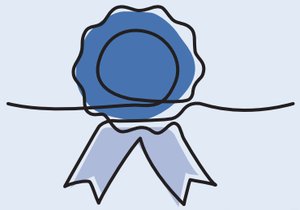
We are compassionate and inclusive

7.3

Compared to the average score for acute trusts 7.2

☺
- Care of patients is the organisation's top priority
- Recommend MTW as a place to work

☹
- Discrimination at work from a manager or colleague



We are recognised and rewarded

5.9

Compared to the average score for acute trusts 5.8

☺
- Recognition for good work
- Staff show appreciation to one another

☹
- Level of pay

We each have a voice that counts

6.8

Compared to the average score for acute trusts 6.7

☺
- Know what my work responsibilities are
- Feel safe to speak up about concerns

☹
- Involved in deciding changes introduced affecting work area/team/department

We are safe and healthy

5.9

Compared to the average score for acute trusts 5.9

☺
- Have adequate materials, supplies and equipment to do my work
- MTW takes positive action on health and wellbeing

☹
- Experienced harassment, bullying or abuse at work from patients/ service users, their relatives or other members of the public

We are always learning

5.7

Compared to the average score for acute trusts 5.2

☺
- Opportunities to develop career
- Opportunities to improve knowledge and skills

☹
- My appraisal left me feeling that my work is valued by my organisation

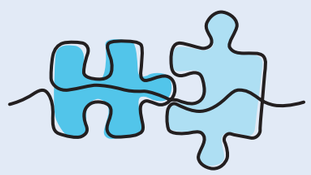
We work flexibly

6.0

Compared to the average score for acute trusts 5.9

☺
- Good balance between work and home life
- MTW is committed to helping balance work and home life

☹
- Able to approach immediate manager to talk openly about flexible working



We are a team

6.6

Compared to the average score for acute trusts 6.6

☺
- The team has shared objectives
- Receive the respect deserved from colleagues

☹
- Manager asks for my opinion before making decisions that affect my work

You said, we did – the story so far

- Continue to roll out Exceptional Leaders programme and the development of a programme for all managers at the Trust focussing on compassionate and inclusive leadership
- Developing talent management and succession planning – focussing appraisals on personal development and career planning
- Improved the health and wellbeing offer to staff and increased access to support
- Mapping out a programme of work to support staff understanding of diversity and inclusion
- Launched individual recruitment campaigns for key specialty areas and developing new recruitment microsite

Further information, the full reports and all divisional results can be found on the intranet

NHS
Maidstone and Tunbridge Wells NHS Trust

Update from the Senior Information Risk Owner (SIRO) (incl. the current position on the Data Security and Protection Toolkit for 2021/22, and Trust Board annual refresher training)	**Chief Nurse (SIRO)**

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

1. Background and Scope

Information Governance is an established framework for handling information in a confidential and secure manner. It provides a structure under which all information can be:

- Held securely and confidentially
- Obtained fairly and lawfully
- Recorded accurately and reliably
- Used effectively and ethically
- Shared appropriately and legally

The purpose of this paper is to provide the Board with information relating to frameworks and legislation that are central to the Information Governance agenda and assurance that the Trust has robust Information Governance processes and procedures in place that support the delivery of safe, high quality care enabling the Trust to act within the extent and limitations of its powers in relation to information and data and that identified risks are being properly managed.

2. What the Board needs to know in order to fulfil its responsibilities in respect of Information Governance

This section of the report provides a briefing and training for Board members on the key information needed to fulfil their duties with respect to information governance.

2.1 Data Security Standards

The National Data Guardian's Data Security Standards apply to every organisation that handles health and social care information. The standards sit within three leadership obligations: people; process; and, technology. Please see Appendix 1. for further details of the specific standards and obligations.

2.2 Data Security and Protection Toolkit

The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that enables organisation to measure their performance against the above 10 data security standards. It is mandated via the NHS Standard Contract that the Trust must complete an independent DSPT audit that follows a mandatory scope and framework methodology. The output of the audit will include: a risk rating against each of the 10 data security standards; and overall risk rating (based on the 10 individual ratings); and, and overall confidence rating. See Appendix 2. for details of the items the 2022 independent audit will review.

The output of the audit will be shared with the Board in due course when received.

2.3 General Data Protection Regulation (GDPR)

The General Data Protection Regulation is the legislation for collecting and processing personal data in the European Union.

The GDPR has six data principles:

1. Personal information shall be processed lawfully, fairly and in a transparent manner.

2. Personal information shall be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes.

3. Personal information shall be adequate, relevant, and limited to what is necessary

4. Personal information shall be accurate and, where necessary, kept up-to-date

5. Personal information shall be retained only for as long as necessary.

6. Personal information shall be processed in an appropriate manner to maintain security.

There must be a lawful basis to process personal data. There are six available lawful bases. These are:

- consent,
- contract,
- legal obligation,
- vital interests,
- public task,
- legitimate interests in total.

The lawful basis will depend on the purpose of the data processing and relationship with the data subject. Further definitions and detail relating to GDPR are available in Appendix 3.

2.4 Data Protection Act 2018

The Data Protection Act 2018 came into effect on 25 May 2018 and replaces the Data Protection Act 1998. The legislation is the UK's implementation of the General Data Protection Regulation. It was amended on 1 January 2021, following the end of the Brexit transition period, under regulations in the European Union (Withdrawal) Act 2018, to reflect the UK's status outside the EU.

The retained GDPR is known as the UK GDPR which is UK law and came into effect on 1 January 2021. It sets out the key principles, rights and obligations for most processing of personal data in the UK. Further detail and definitions relating to GDPR are available in Appendix 3.

2.5 Network and Information Systems (NIS) Regulations 2018

The NIS Regulations came into effect on 10 May 2018. The regulations set out security and reporting requirements on 'operators of essential services' including the healthcare sector. The Regulations require organisations to take appropriate and proportionate measure to:

- manage risks posed to the security of the network and information systems on which their essential services rely;
- prevent and minimise the impact of incidents on the delivery of essential services; and
- report serious network and information incidents that impact on provision of the essential service.

Compliance with the NIS Regulations is monitored by completion of the mandatory requirements of the Data Security and Protection Toolkit.

2.6 Key points

Key points for NHS Boards to note are that:

- An annual IG performance assessment using the Data Security and Protection Toolkit (DSPT) must be published for review by commissioners and care partners, citizens, CQC and the Information Commissioner.
- A Senior Information Risk Owner (SIRO) must be appointed to take responsibility for managing the organisation's approach to information risks and to update the Board regularly on information risk issues. In MTW this role is fulfilled currently by the Chief Nurse.
- A Caldicott Guardian, a senior clinician, must be appointed to advise the Board and the organisation on confidentiality and information sharing issues. In MTW this role is fulfilled currently by the Medical Director supported by a Deputy Caldicott Guardian, currently the Director of Infection Prevention and Control.

- A Data Protection Officer (DPO), must be appointed who must be independent and report to the highest management level. The role of the DPO is to assist with the monitoring of internal compliance, advise on data protection obligations, provide advice regarding Data Protection Impact Assessments and act as a contact point for data subjects and the Information Commissioner's Office. In MTW this role is fulfilled currently by the Trust Secretary.
- Appropriate annual IG training is mandatory for all staff who have access to personal data with additional training for all those in key roles. The Trust is required to evidence that 95% of staff have received training in the 12 months covered by the DSPT. As at 1 March the Trust percentage compliance stood at 91.70%.
- Details of incidents involving cyber security, loss of personal data or breach of confidentiality must be published in annual reports and reported through the DSPT reporting tool
- All employees of the Trust have Information Governance responsibility detailed within their job description
- There is wide engagement with the Information Governance agenda throughout the Trust
- A wide range of Information Governance policies and procedures have been developed and are regularly reviewed and updated.
- Security issues related to confidentiality, integrity and availability of data are increasing. The Trust is registered with NHS Digital's 'Respond to an NHS Cyber Alert' service and is a member of the Future NHS Collaboration community.

3.0 Assurance

3.1 Information Governance Committee

The Trust has a well established Information Governance Committee (IGC) which is chaired by the Senior Information Risk Owner (currently Chief Nurse) and meets bi-monthly. The committee membership has wide representation from Divisions and Directorates across the Trust.

The IGC is a sub-committee of the Trust Management Executive and has the following sub-groups:

- Accessible Information Standard Group
- Cyber Security Group
- Data Quality Steering Group
- Health Records Committee
- Information Asset Owners Group
- Systems Administrators Group

The key responsibilities of the IGC are listed in Appendix 4.

The Committee routinely monitor:

- IG breaches
- Freedom of Information Requests
- Subject Access and 3rd Party Information Requests
- IG Training status

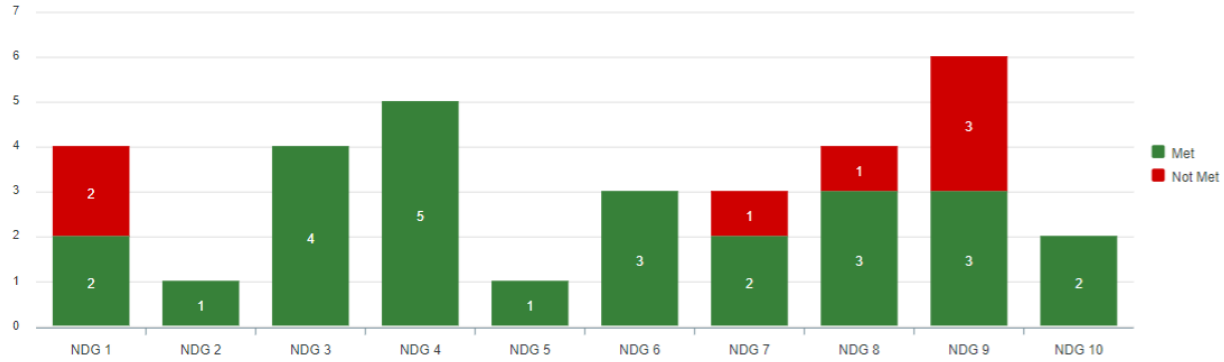
3.2 Data Security and Protection Toolkit

The Board are advised that currently the Trust has completed work towards gathering evidence to support 101 of the 110 mandatory evidence items of this year's Toolkit. The submission date for the Toolkit is 30 June 2022.

TIAA have been requested to undertake the independent audit of the organisation's 10 Data Security Standards. The audit will be completed in two phases, the first of which commences on 15th March and will following the Data Security and Protection (DSP) Toolkit Independent Assessment Framework and

Guidance published by NHS Digital. The DSPT submission will be considered by the CQC as part of the Well-Led inspections.

Progress against the National Data Guardian's standards is shown below:



NDG 1 - Personal Confidential Data
NDG 3 - Training
NDG 5 - Process Reviews
NDG 7 - Continuity Planning
NDG 9 - IT Protection
NDG 2 - Staff Responsibilities
NDG 4 - Managing Data Access
NDG 6 - Responding to Incidents
NDG 8 - Unsupported Systems
NDG 10 - Accountable Suppliers

3.3 Data Quality

The Data Quality Steering Group has met regularly over the course of year.

The group oversees:

- Progress against a baseline assessment of data quality within the trust.
- The collation of evidence for relevant Data Security and Protection Toolkit (DSP Toolkit) requirements and the implementation of any action plans to improve compliance.
- Compliance with the Data Quality Improvement Plan within Schedule 6 of the contracts held by the Trust.
- Adherence to national, local and contractual data quality standards.
- Provision of assurance relating to the robustness of the data used corporately and clinically for decision making through the use of data quality 'kite marks'.
- The completion of any internal and / or external audit recommendations relevant to data quality.

3.4 IG Incidents

Since my last report to Board there have been three incidents, the detail of which triggered the use of the Data Security and Protection Incident Reporting Tool.

Reference	What happened
24538	A member of staff (a) working in the Health Records Department preparing sets of notes for clinic appointments recognised the name of a patient as that of a family member of a fellow staff member (b). Staff member (a) mentioned to staff member (b) that the family member would be attending for an appointment

24686	It has been identified that a number of medical imaging studies have failed to transfer successfully during an automated process between short and long term storage capacity rendering them inaccessible to end users. Investigations were undertaken to ascertain whether the studiers were retrievable or permanently lost. The reports associated with the studies are available. The identity of the patients associated with the studies was ascertained from the unique study id and a clinical review was undertaken to understand whether patients required to be reimaged.
26433	Handover sheet containing details of 18 patients found amongst the hand-held notes of a maternity patient.

Two of the above incidents met the threshold for notification to the ICO and the Trust was required to provide further detail of the incidents and actions taken by the Trust. On reviewing the cases the ICO considered the actions that the Trust had taken, made recommendations for further action which have been implemented and the cases were closed. Each of the incidents has been subject to the Trust internal incident investigation process whereby root causes are identified and remedial actions detailed and implemented. The IG Committee receives a report at each meeting of all IG incidents reported on the Datix system for the relevant period, discusses trends identified and possible actions that may be taken to prevent recurrence of incidents.

Appendices:

Appendix 1.

Data Security Standards – Leadership Obligations

Leadership Obligation 1: People: ensure staff are equipped to handle information respectfully and safely, according to the Caldicott Principles.

Data Security Standard 1. All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form. Personal confidential data is only shared for lawful and appropriate purposes

Data Security Standard 2. All staff understand their responsibilities under the National Data Guardian's Data Security Standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.

Data Security Standard 3. All staff complete appropriate annual data security training and pass a mandatory test, provided through the revised Information Governance Toolkit.

Leadership Obligation 2: Process: ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses.

Data Security Standard 4. Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required. All access to personal confidential data on IT systems can be attributed to individuals.

Data Security Standard 5. Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses, or which force staff to use workarounds which compromise data security.

Data Security Standard 6. Cyber-attacks against services are identified and resisted and CareCERT security advice is responded to. Action is taken immediately following a data breach or a near miss, with a report made to senior management within 12 hours of detection.

Data Security Standard 7. A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested once a year as a minimum, with a report to senior management.

Leadership Obligation 3: Technology: ensure technology is secure and up-to-date.

Data Security Standard 8. No unsupported operating systems, software or internet browsers are used within the IT estate.

Data Security Standard 9. A strategy is in place for protecting IT systems from cyber threats which is based on a proven cyber security framework such as Cyber Essentials. This is reviewed at least annually.

Data Security Standard 10. IT suppliers are held accountable via contracts for protecting the personal confidential data they process and meeting the National Data Guardian's Data Security Standards.

Appendix 2.

Data Security and Protection Toolkit – Audit details

1.3 Accountability and Governance in place for data protection and data security

2.1 Staff are supported in understanding their obligations under the NDGs Data Security Standards

3.4 Leaders and board members receive suitable data protection and security training

4.1 The organisation maintains a current record of staff and their roles

4.2 Org. assures good management and maintenance of identity and access control for NIS

4.5 You ensure your passwords are suitable for the information you are protecting

5.1 Process reviews are held at least once per year where data security is put at risk and following DS incidents

6.3 Known vulnerabilities are acted on based on advice from NHS Digital, and lessons are learned from previous incidents and near misses

7.2 There is an effective test of the continuity plan and disaster recovery plan for data security incidents

7.3 You have the capability to enact your incident response plan, including effective limitation of impact on your essential service. During an incident, you have access to timely information on which to base your response decisions

8.3 Supported systems are kept up-to-date with the latest security patches

9.3 Systems which handle sensitive information or key operational services shall be protected from exploitation of known vulnerabilities

10.1 The organisation can name its suppliers, the products and services they deliver and the contract durations.

Appendix 3.

General Data Protection Regulation (GDPR)

GDPR defines personal data in Article 4(1) as:

'Any information relating to an identified or identifiable natural person ('data subject'); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person'.

GDPR Article 9(1) states:

'Processing of personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation shall be prohibited'

The categories of personal data listed above are known as 'special categories' of personal data.

Article 9(1) shall not apply if one of the following 10 conditions is met:

a. the data subject has given explicit consent to the processing of those personal data for one or more specified purposes, except where Union or Member State law provide that the prohibition referred to in paragraph 1 may not be lifted by the data subject;

b. processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law in so far as it is authorised by Union or Member State law or a collective agreement pursuant to Member State law providing for appropriate safeguards for the fundamental rights and the interests of the data subject;

c. processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent;

d. processing is carried out in the course of its legitimate activities with appropriate safeguards by a foundation, association or any other not-for-profit body with a political, philosophical, religious or trade union aim and on condition that the processing relates solely to the members or to former members of the body or to persons who have regular contact with it in connection with its purposes and that the personal data are not disclosed outside that body without the consent of the data subjects;

e. processing relates to personal data which are manifestly made public by the data subject;

f. processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity;

g. processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject;

h. processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or

treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;

i. processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy;

j. processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

Appendix 4.

Information Governance Committee Responsibilities

The responsibilities of the Committee are as follows:

1. To provide assurance that the Trust is compliant with the 19 policy statements detailed in the Information Governance Standards Framework – November 2010 (ISB 2010).
2. To ensure that Maidstone and Tunbridge Wells NHS Trust has effective policies and management arrangements covering all aspects of Information Governance in line with current legislation, NHS guidance/policies, professional codes of practice and the Trust's overarching Information Governance Policy e.g.
    - To maintain an appropriate balance between openness and confidentiality
    - To achieve and maintain compliance with legislation, including but not limited to the Data Protection Act 2018 and the Freedom of Information Act 2000.
    - To ensure there are policies and procedures in place to enable the organisation and staff to discharge their duties in regard to the use and disclosure of information
    - To ensure that records held by the Trust are accurate, kept confidential and secure, accessed only by those with legitimate need and available when required
    - To ensure records (paper and electronic) are disposed of in an appropriate manner relative to their confidentially when no longer required and in line with Records Management: NHS Code of Practice.
3. To ensure that Maidstone and Tunbridge Wells NHS Trust is compliant with the requirements of the Data Security and Protection Toolkit across the ten Data Security Standards.
4. To provide support, advice and assistance to the Caldicott Guardian.
5. To ensure that the Trust undertakes or commissions annual assessments and audits of its Information Governance policies, procedures and arrangements.
6. To seek external assurance on the quality and validity of the DSP Toolkit submission.
7. To agree the DSP Toolkit return prior to approval by the Trust Board, in line with the timetable issued each year.
8. To monitor progress in programmes to achieve compliance/certification with Cyber Essentials Plus.
9. To establish an Information Governance improvement plan, secure the relevant resources and monitor implementation of the plan.

10. To receive and consider reports into breaches of confidentiality and security and where appropriate undertake or recommend remedial action and when appropriate recommend declaration of a Serious Untoward Incident and participate in investigations.
11. To promote a Trust wide culture that information governance is the responsibility of every member of staff and to promote learning that arises out of investigations into breaches in IG.
12. To liaise with other Trust groups/committees through work programmes in order to promote Information Governance and good practice
13. To monitor the provision and uptake of training provided to support effective information governance to the Trust.
14. To ensure that staff are trained in Information Governance, comply with and understand the consequences of not adhering to Trust IG and IG related policies
15. To keep abreast of national initiatives and development of policy and changes in legislation
16. To maintain IG risks and issues log and discuss as a regular standard agenda item.
17. To assist the Senior Information Risk Owner (SIRO) in producing appropriate information for Board level reports and in the preparation of an Information Governance Annual Report.
18. To ensure the Trust develops and maintains an appropriate framework for the management and protection of information which is appropriately supported by information asset owners and administrators.
19. To ensure a register of all major Information Assets is established and maintained with responsibility or 'ownership' for each asset assigned to an Information Asset Owner. Lesser information assets should be managed through local policy and procedure.
20. To receive reports of audits and monitoring of issues pertaining to Information Governance, including Privacy Impact Assessments and review progress against action plans as appropriate.
21. To ensure that information sharing protocols are in place with organisation with whom to Trust routinely and regularly shares personal information.
22. To ensure full and effective liaison with all external organisation such as the Information Commission, Care Quality Commission, NHS England, NHS Digital and other local Trusts and relevant partner organisations.

Ratification of Standing Orders, Standing Financial Instructions & Reservation of Powers and Scheme of Delegation (annual review) — **Trust Secretary**

The Trust has committed to reviewing the Trust's Standing Orders, Standing Financial Instructions (SFIs) and Reservation of Powers and Scheme of Delegation each year. The last such review was undertaken in November 2019, as in November 2020, the Audit and Governance Committee agreed a request (which was subsequently approved by the Trust Board) to defer to annual reviews to April 2021, given the uncertainty regarding the future financial regime, and the development of the wider healthcare system. A further deferral request, to March 2022, was then agreed by the Chair of the Audit and Governance Committee.

The documents have however now been duly reviewed and updated, and some proposed changes have been made. The documents were circulated widely for consultation by email on 07/02/22, and then "approved" by the Audit and Governance Committee on 02/03/22. The Trust Board is now asked to "ratify" the documents, to enable them to be published via the Trust's intranet.

As had been the case for the annual reviews in 2017, 2018 and 2019, the full documents, with the proposed changes shown as 'tracked', have been made available to Trust Board members as supplements to the formal 'pack' of Trust Board reports[1]. Board Members are therefore welcome to read the supplements, to see the precise details of the proposed changes, but are not expected to do so.

The main proposed changes to the SFIs are listed below:

- Update of Glossary to reflect developments in NHS integrated system organisation.
- Update to role of Internal Audit (section 2) and inclusion of Fraud Champion role
- Alignment of Business Case approvals process (4.3.2) to the Scheme of Delegation (3.3.3)
- Changes to the Tendering and Contracting section 8 to reflect EU Exit, new e-tendering system, factors involved in tender award, use of Approved Contractor lists, and the removal of the requirement to test projects for PFI financing.
- Updates to section 11 Terms of Service, Allowances, Payment of Staff to reflect changes to HR/People Function, and current Remuneration and Appointments Committee Terms of Reference.
- Non Pay correction on no Purchase Order, no Pay procedure; updates on EU Exit, credit card arrangements and offsite storage.
- Capital Investment (section 15) alignment of the Integrated Care System's (ICS') role in the overall system capital resource and governance; removal of PFI section.
- Inclusion of requirement for approval by HM Treasury to approve Special Payments over £95k (section 17)
- IT section 18 updated for risk assessment and computer audit sections to reflect cyber, business recovery and other IT risks.
- Appendix B updated with Business Case authorisation and Special Payments approval changes in text
- 'Housekeeping' adjustments on format, updating policy document references titles, Deputy Chief Executive added to Chief Finance Officer title to reflect role change. Service Level Agreement (SLA)/contract terminology.

The main proposed changes to the Reservation of Powers and Scheme of Delegation are listed below:

- Inclusion of requirement for approval by HM Treasury to approve Special Payments over £95k in Section 2, and update to Audit Report (rather than Letter) in the Audit Arrangements. Also updated in Losses section 3.9.
- 3.3.3 inclusion of the Business Case exceptional authorisation process.
- 3.3.4 updated for the UK Public Sector Contract regulation limits (g) and PFI variations affecting

[1] The three supplements are available via the "Documents" section of the Admincontrol meetings portal ("Documents>Trust Board Meetings (Part 1)>2022>03.31.03.22> Standing Orders, Scheme of Delegation and SFIs (track changes versions))

the Unitary Payment invoices included in (i).
- Workforce section 3.16 updated for the removal of the former vacancy panels.
- 3.48 updated to remove the specific former provisions for the Sustainability and Transformation Partnership (STP) hosting arrangements.
- Glossary updated to ICS definition.
- 'Housekeeping' changes (job titles, updating committee names, updated People Policy document references (replacing former HR policies) etc.)

The main proposed changes to the Standing Orders are listed below:
- The addition of more definitions (for "approval", "forum", "Health and Care Partnership", "Integrated Care Board", "Integrated Care Partnership", "Integrated Care System", "Non-Executive Director (NED) Champion", & "ratification").
- The updating/expansion of definitions for the Chief Finance Officer, Divisional Directors of Operations, Executive Team Meeting, NHSE/I, and Trust Management Executive.
- The inclusion of the five retained 'NED Champion' roles, following the publication of the "A new approach to non-executive director champion roles" guidance from NHS England in December 2021 (and the Trust Board's approval of the Trust's response, in January 2022).
- The inclusion of the ability to hold Trust Board meetings via virtual means.
- Minor amendments to the Trust's Committee structure chart (to reflect changes that have been approved since the last update).
- Minor amendments to the Procedures to be applied in response to the "Fit and Proper Persons: Directors" Regulations (to reflect the process that is applied in practice).
- Updating to incorporate some of the new format adopted for Trust-wide policies, including the front-page disclaimer that 'emergency' arrangements may be written to supersede or run alongside this document, should the situation demand.
- 'Housekeeping' changes (to reflect changes in job titles, committee names, the replacement of gender-specific language etc.).

Which Committees have reviewed the information prior to Board submission?
- Audit and Governance Committee, 02/03/22 (full revised documents, for approval)
- Finance and Performance Committee, 22/02/22 (summary of proposed changes, for information)

Reason for submission to the Board (decision, discussion, information, assurance etc.) [2]
Ratification

[2] 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

NHS Maidstone and Tunbridge Wells NHS Trust

Confirmation of the outcome of the Trust's 'going concern' assessment — **Chief Finance Officer**

The paper documents the review of the Trust management has taken in preparing the 2021/22 Annual Accounts on a going concern basis.

The going concern basis has been incorporated the information provided to the Trust from the DHSC Group Account Manual and been updated in line with the 2021/22 finance regime as nationally adapted to respond to the COVID-19 pandemic.

Which Committees have reviewed the information prior to Board submission?
- Executive Team Meeting, 01/03/22, Finance and Performance Committee, 29/03/22

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

Going Concern

The DHSC Group Accounting Manual (GAM) requires the management of the Trust to consider the following public sector interpretation of IAS 1 in respect of applying the going concern assumption when preparing its accounts. In para 4.18 it states:

‘‘For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant body or DHSC sponsor of the intention for dissolution without transfer of services of function to another entity. A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up”

The Trust Management have assessed the Trust’s ability to continue for the foreseeable future in the light of the GAM guidance. The Trust is planning to compile the 2021/22 accounts on a “going concern” basis following consideration of the following:-

- There has been no expectation raised in the public arena that healthcare services will not continue to be provided from the two hospital sites. There are no plans to dissolve the Trust or to cease services without transfer to any other NHS body.

- National NHS Provider/Commissioner Planning guidance has been published by NHSE/I that outlines the process and framework for funding arrangements within which NHS Commissioners and Providers will operate during 2022/23.

- The Trust will be submitting draft 5 year capital plan to the ICS which manages the overall resource level within the patch with final plans expected to be submitted in April 2022.

- The Trust is an active participant and fully engaged in financial planning with both ICS/ICB designate leads as well as locally within the West Kent Health and Care Partnership (HCP) locality.

- The Trust will have signed contracts in place for the provision of healthcare services in 2022/23. The Trust contracts will be held with the local commissioning bodies for patient care in Kent & Medway, Sussex, Surrey Heartlands and South East London. In addition, regional contracts for Specialised Commissioning, Public Health and Health and Justice will be agreed, signed and effective from April 2022 with NHS England. The planned financial regime provides certainty for income and cash flows for the full financial year 2022/23.

- The Trust has no working capital loans and is not anticipating requiring support in 2022/23.

- The Trust does not consider that there are any material uncertainties to the going concern basis.

For these reasons, the Trust will prepare its 2021/22 annual accounts using the going concern basis in line with the GAM guidance.