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

Thu 24 November 2022, 09:45 - 13:00

Virtually, 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).

11-1
To receive apologies for absence

David Highton

11-2
To declare interests relevant to agenda items

David Highton

11-3
To approve the minutes of the 'Part 1' Trust Board meeting of 27th October 2022

David Highton

Board minutes, 27.10.22 (Part 1).pdf (12 pages)

11-4
To note progress with previous actions

David Highton

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

11-5
Report from the Chair of the Trust Board

David Highton

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

11-6

Report from the Chief Executive

Miles Scott

Chief Executive's report November 2022.pdf (2 pages)

Reports from Trust Board sub-committees

11-7
Quality Committee, 09/11/22

Maureen Choong

Summary of Quality C'ttee, 09.11.22.pdf (2 pages)

11-8
Finance and Performance Committee, 22/11/22

Neil Griffiths

Summary of Finance and Performance C'ttee 22.11.22.pdf (2 pages)

11-9
People and Organisational Development Committee, 18/11/22

Emma Pettitt-Mitchell

Summary of People and Organisational Development Cttee, 18.11.22.pdf (2 pages)

11-10
Audit and Governance Committee, 02/11/22 (incl. approval of the revised Terms of Reference)

David Morgan

Summary of Audit and Governance Committee, 02.11.22 (incl. approval of Revised Terms of Reference).pdf (9 pages)

11-11
Charitable Funds Committee, 17/11/22 (incl. approval of the revised Terms of Reference)

David Morgan

Summary of Charitable Funds Cttee, 17.11.22 (Incl. revised terms of reference).pdf (5 pages)

Integrated Performance Report

11-12

Integrated Performance Report (IPR) for October 2022

Miles Scott and colleagues

Integrated Performance Committee for October 2022.pdf (38 pages)

Quality Items

11-13
The findings of, and response to, the “Reading the Signals; Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation report”

Sarah Flint, Rachel Thomas and Kym Sullivan

N.B. This item has been scheduled for 11:20am.

The findings of, and response to, the “Reading the Signals; Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation report”.pdf (11 pages)

11-14
Care Quality Commission (CQC) State of Care 2021/22 – Key findings and implications for the Trust

Joanna Haworth

Care Quality Commission (CQC) State of Care 202122 – Key findings and implications for the Trust.pdf (8 pages)

Systems and Place

11-15
Update on the West Kent and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB)

Rachel Jones

Update on the West Kent and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB).pdf (4 pages)

Planning and strategy

11-16
To approve the Heads of Terms for the development of a Maggie’s Centre at Maidstone Hospital

Katie Goodwin, Charlotte Wadey, John Weeks and Alison Wallington

N.B. This item has been scheduled for 11:55am.

To approve the Heads of Terms for the development of a Maggie’s Centre at Maidstone Hospital.pdf (5 pages)

Corporate governance

11-17
Briefing on the latest national corporate governance developments (including the new “Code of governance for NHS providers”)

Kevin Rowan

Briefing on the latest national corporate governance developments.pdf (3 pages)

11-18
To consider any other business

David Highton

11-19
To respond to any questions from members of the public

David Highton

Questions should relate to one of the agenda items above, and be submitted in advance of the Trust Board meeting, to Kevin Rowan, Trust Secretary, via kevinrowan@nhs.net.

Members of the public should also take note that questions regarding an individuals patient's care and treatment are not appropriate for discussion at the Trust Board meeting, and should instead be directed to the Trust's Patient Advice and Liaison Service (PALS) (mtw-tr.palsoffice@nhs.net).

11-20
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 27TH OCTOBER 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)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Steve Orpin	Deputy Chief Executive/Chief Finance Officer	(SO)
	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)
	Rachel Jones	Director of Strategy, Planning and Partnerships	(RJ)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Sue Steen	Chief People Officer	(SS)
	Jo Webber	Associate Non-Executive Director	(JW)
	Kevin Rowan	Trust Secretary	(KR)
	Sarah Flint	Chief of Service, Women's Children's and Sexual Health (for item 10-14)	(RP)
	Natalie Hayward	Deputy Freedom to Speak Up Guardian (for item 10-17)	(NH)
	Rachel Thomas	Acting Head of Midwifery and Gynaecology (for item 10-14)	(RT)
Observing:	The meeting was livestreamed on the Trust's YouTube channel.		

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

10-1 To receive apologies for absence

No apologies were received.

10-2 To declare interests relevant to agenda items

No interests were declared.

10-3 To approve the minutes of the meeting of 29th September 2022

The minutes of the meeting were approved as a true and accurate record of the meeting.

10-4 To note progress with previous actions

The content of the submitted report was noted, and Trust Board members confirmed they were content with the "Action taken to 'close'" for the closed actions.

10-5 Report from the Chair of the Trust Board

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

- The Rt Hon Steve Barclay MP had been appointed as the new Secretary of State for Health and Social Care and DH was pleased to see that Helen Whately MP, one of the Trust's local MPs, had been appointed as a Minister of State in the Department of Health and Social Care.
- New guidance for winter resilience had been issued by NHS England (NHSE), and it had the potential to be a challenging winter, particularly given the risk of industrial action. The Trust was however very well placed to respond to the new guidance, which heralded the use of system-

wide control rooms, given the Trust's Care Coordination Centre (CCC), which had been reported very positively in the media recently.
- A further letter on elective activity recovery and cancer had been issued by NHSE on 26/10/22, and the Trust was again well placed to respond, but it was clear that the Trust was expected to not allow non-elective pressures to adversely affect elective activity performance. There were therefore significant pressures, and DH wanted to thank the staff, as well as MS and his colleagues for their continued work in the face of such pressures.
- DH had chaired an Advisory Appointments Committee panel which had appointed two further consultant oncologists.

10-6 Report from the Chief Executive

MS referred to the submitted report and highlighted the following points:
- The Trust had seen a large rise in COVID-19 cases, but that had now plateaued and reduced considerably over the last 10 days. The overall pressure in the Trust was closely linked to the number of COVID-19 cases and good progress was being made with the vaccination of staff.
- Further charges had been brought by the Crown Prosecution Service against David Fuller, which meant that there was a specific charge relating to each of Fuller's victims. The Independent Inquiry into the issues raised by the David Fuller case was ongoing, but the Inquiry's first phase report would now be published sometime during the first half of 2023.
- The Trust's blood transfusion team had worked hard to respond to the national blood shortage and there had been no adverse impact on the Trust.
- The Trust had featured in several print and TV media stories about the CCC, and the Trust would feature on Radio 4's "PM" programme on 28/10/22. The Telegraph had also ranked the Trust fifth out of 120 Trusts in a recent article, based on a composite indicator covering a range of issues.
- The Trust was expecting a visit from the Secretary of State for Health and Social Care over the next month.

MS then highlighted the importance of the Patient Pledge, and asked JH to elaborate. JH reported that the Pledge had been made to ensure patients were clear on what they could expect from staff, and what the Trust could expect from patients. JH continued that the pledge was on the Trust's website, and was intended to help patients become more involved in their care and treatment.

MS then concluded by highlighting the appointment of a new Deputy Medical Director with a focus on workforce; a new Clinical Director (CD) for the Emergency Department (ED); and a new Deputy Chief of Service for Surgery. MS added that the appointments, and the forthcoming retirement of the CD for Acute Medicine and Geriatrics would lead to some further CD appointments during the next month.

Reports from Trust Board sub-committees

10-7 Quality Committee, 12/10/22 (incl. approval of the revised Terms of Reference)

MC referred to the submitted reports and highlighted the following points:
- The Committee had considered some previously-explored issues, and revisited the associated learning that had arisen.
- An excellent position statement and report on the status of the Electronic Patient Record (EPR) programme had been received, and some very constructive comments to improve were given.
- There was an in-depth item on Sepsis, which had enabled reflection on the learning.
- The Committee introduced a reflection item and that had agreed to make the Patient Safety Manager a member of the Committee, so the Terms of Reference had been revised to reflect that addition, and been submitted for the Trust Board's approval.

The revised Terms of Reference for the Quality Committee were approved as submitted.

10-8 Finance and Performance Committee, 25/10/22

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

- A presentation from the Women's Children's and Sexual Health Division had been given, and it was noted that many of their cost pressures were related to the high level of regulation in their service; although their recruitment position had also been a factor.
- The Committee discussed the challenges to the delivery of the Cost Improvement Programme (CIP) and assurance was given that the members of the Executive Team were taking all the relevant actions, although it was possible that further actions would be needed.
- The winter plan had been considered, and the good work undertaken to date was commended, but the projected shortfall in capacity was acknowledged.

DM added that the Committee had also considered outpatient utilisation data, and had noted that the data in the Integrated Performance Report (IPR) did not seem to accurately reflect the actual level of activity, so that needed to be addressed. SB highlighted that outpatient utilisation data had previously been excluded from the IPR because of the known problems with the data, but it had then been agreed to include the data to draw attention to the issues. SB continued that the data was calculated from the outpatient clinic templates, some of which were circa 10 to 12 years old and related to consultants who had retired, and there had not previously been a routine process to remove such old templates, so although a process was now in place, that took a long time. SB however acknowledged that there were some issues affecting outpatient utilisation and several engagement sessions had been held with consultants to explore ways to improve, which had identified two important technical issues: the need for single sign-on to the Trust's clinical IT systems, and digital dictation, and both were being explored. DM welcomed the update and noted the need to maintain the Trust's confidence in the reported data, as that would aid effective decision-making.

10-9 <u>People and Organisational Development Committee, 21/10/22 (incl. the Guardian for Safe Working Hours Annual Report 2021/22)</u>

EPM referred to the submitted report and highlighted the following points:
- The main focus had been recruitment and retention, and the teams were working hard to make progress.
- A 'deep dive' into flexible working would be held at the Committee's meeting in November, as that issue had emerged from staff feedback. Bank and Agency use and expenditure would also be explored further.
- The Guardian of Safe Working Hours Annual Report for 2021/22 was considered and that was included in the submitted report.

DH noted that the Guardian of Safe Working Hours report was the first such report after the latest intake of junior doctors, at the start of August, so it was important to consider whether there were any emerging issues. SS referred to that report and gave assurance that the issues relating to the transition for the medical rotation for the year, which had arisen from some problems within the medical staffing team, had now been resolved.

Integrated Performance Report

10-10 <u>Integrated Performance Report (IPR) for September 2022</u>

SS referred to the "People" Strategic Theme and reported the following points:
- The overall Whole Time Equivalent (WTE) had increased by 66, so the vacancy rate had reduced. The 12% vacancy rate target had therefore already been achieved, but it was expected to reduce even further.
- The Turnover rate was above target, but some reductions had started to be seen. There was now dedicated resource for retention issues within SS' team, which included staff who focused on retention data. Divisional reports were also issued each month with the turnover rate and the reasons for turnover.
- As EPM had noted earlier, the lack of flexible working had been identified as a key aspect for retention, so that would be an area of focus. The staff 'onboarding' process was also important for retention.
- The Trust had met its apprenticeship levy targets for the last month, which was important, as the lack of development opportunities was also an important factor in retention.

- A detailed root cause analysis had been undertaken, which was shown in the “Top Contributors” section on page 9 of 37, and that analysis would be used to determine the key drivers and identify key counter measures.

DH noted that the national NHS staff survey was a key indicator and the latest survey was currently in progress, so asked SS what was being done to increase the response rate. SS confirmed that a range of activities were underway to try and increase the rate and elaborated on the specific details. DH then noted that there were a number of Bank staff in the denominator that determined the response rate, so asked whether it was more difficult to reach such staff. SS pointed out that it was the first year that the staff survey had been aimed at Bank staff, and it was known that engaging Bank staff in surveys was difficult, but actions were being taken.

WW asked where the largest areas of turnover where in the Trust, and also asked what ‘flexibility’ would mean to staff, in real terms. SS replied that the high points for staff turnover were medical, nursing and midwifery, and administrative and clerical staff i.e. most areas. SS continued that some areas had higher than average turnover and work was taking place with those areas, one of which was therapies, which was noted at the last Trust Board meeting. SS then reported that, in terms of flexibility, some of the issue pertained to a desire to work longer shifts or shorter shifts and be flexible around non-work commitments, including carer duties. SS also noted that hybrid working, between the office and home, was now more expected, following the COVID-19 pandemic. WW asked where the largest areas of impact would be and SS replied that this would be on rostering, team rostering, doing shorter shifts and managing part-time and variable hours. EPM added that flexible working for one person would not be the same for another person, and that would be explored further in the aforementioned ‘deep dive’ at the People and Organisational Development Committee meeting in October, which WW was very welcome to attend. DH remarked that the NHS had been very inflexible when he joined the NHS circa thirty years ago, and although modern rostering systems made it easier, the situation was still very difficult. MC queried whether there was a perception, or reality, that access to flexible working was inequitable, so that point would need to be considered, while access to support functions for staff who worked outside office hours, such as human resources advice, would also need to be included in the discussion. SS acknowledged the points.

SS then continued and explained that there had been an improvement in the “Sickness Rate” metric, from 5% to 4.1%, but the variable impact of COVID-19 was likely being seen, although there was also a focus on long-term sickness absence.

SS then reported the following points in relation to the “Appraisal Completeness” metric:
- Performance was 90% against a target of 95%, and work was underway to understand the areas in the 10% of non-compliance. SS anticipated that 90% would not therefore be the final position.
- A pilot of monthly check-in discussions was being held over the next three months, and if that was successful it would be implemented across the Trust.

PM then referred to the “Patient Safety & Clinical Effectiveness” Strategic Theme and reported the following points:
- The vision to increase the provision of harm free care was on track, and there had been a reduction in the number of falls. That reduction was likely related to the ‘deep dive’ that had been undertaken after the increase that had occurred in July 2022, which led to the use of cohorting and nurse-tagging for patients identified at higher risk of a fall.
- Despite the reduction in falls, the harm-free rate had declined, so the Trust had started to explore the reasons, although it was known that the increase had been driven by the Surgery Division. The number of Serious Incidents (SIs) had however reduced slightly.
- The Trust Board was advised at its last meeting that there may have been a Never Event, and that had now been confirmed. It had occurred in ophthalmology and related to the placement of a right-eye implant into the patient’s left eye, and initial findings were that the WHO checklist did not work. Further information would emerge in due course.
- Some assurance can be obtained from the fact that the Summary Hospital-level Mortality Indicator (SHMI) had not increased, and therefore not been affected by the COVID-19 factors that had adversely affected the Hospital Standardised Mortality Ratio (HSMR).

SM then reported the following points in relation to the "Infection Control" metric:

- MS had reported on the COVID-19 position under item 10-6, but the Infection Prevention and Control (IPC) team was working hard with the operational teams to ensure the appropriate balance was struck with operational needs.
- The clostridiodes difficile position was still increasing. There had been a national rise that was related to antibiotic use, but there were also some local factors involved, which included specific risks relating to patients. The pandemic had also resulted in a reduced ability to undertake deep cleaning; while increased antimicrobial prescribing in COVID-19 patients had also contributed. Work was therefore taking place on antimicrobial prescribing.
- Staff had been confused as to which infection control precautions they should be taking, including which Personal Protective Equipment (PPE) to use, so the IPC team were liaising directly with staff to clarify the current requirements.

WW asked whether SM felt there was sufficient resource to undertake deep cleans. SM confirmed that the resources were available and the deep clean team were very responsive to requests, but the position had been constrained by the lack of a decant ward, as a result of the Trust's high occupancy rates. SM however reported that rooms containing clostridiodes difficile patients had still been able to be 'fogged', and there had been no patient-to-patient spread of clostridiodes difficile.

SB then referred to the "Patient Access" Strategic Theme reported the following points:
- Performance on the ED 4-hour waiting time target was at circa 85%, which meant the Trust was the fourth best in the country, but achieving consistent performance of 88% to 90% was challenging, given the continued high levels of activity. SB thanked SM and RJ for their support in addressing the factors that had affected the position.
- The 40-week wait performance had continued to improve. The gynaecology service had responded well to their challenging position and had improved their situation by 100 patients in a month, which would help the Trust's goal of having no patients waiting 40 weeks for treatment by the end 2022/23.
- The 62-day cancer waiting time target had been met again, but the performance was now under significant pressure, and the issues had been discussed in detail at the latest Finance and Performance Committee meeting. The recruitment of two oncology consultants was positive, but the Trust needed more such appointments to align with demand. The urology service was under particular pressure, as there had been a 45% increase in referrals, and SB noted that RF had asked at the Finance and Performance Committee meeting on 25/10/22 whether that increase had translated to an increase in cancer cases. In response, SB had now established that there had been a 30% increase in cancer cases.
- Diagnostic access performance continued to be challenging, with the main area of difficulty being echocardiogram tests.

RF referred to urology and asked what impact a urology robot would have. RF also asked what would be the most significant way to improve performance on the ED 4-hour waiting time target. SB explained that the latter target was measured from when a patient arrived in the ED until they were either discharged or admitted to a hospital bed, so the main areas for improvement would be to try and reduce the ED demand, which was largely due to patients not being able to access primary care services. SB continued that doing more to treat such patients in ED was therefore important, and work was being undertaken on that aspect. SB continued that the second factor was bed capacity, and the number of patients who no longer met the criteria to reside was a significant issue, as were internal processes such as swifter discharges etc. MC commented that the lack of access to primary care was often heard, but the 111 service often led to a referral to ED, so asked whether the number of such referrals was large, and if so, whether support could be provided to the 111 service to help improve the patient journey and flow. SB confirmed that data regarding 111 attendances was available, and it was true that more could be done with that service in relation to signposting patients, so SB initially agreed to give that point further consideration. MS however emphasised that there was a wider issue that related to out of hospital pre-hospital care, and SB and RJ were closely involved in that work via the Emergency Care Board and Health and Care Partnership (HCP) respectively, so it would be helpful for the Trust Board to be kept informed of any relevant developments. JW suggested that it may also be useful to collect data on which services patients had considered, or who they had contacted, before they arrived at the ED. SB confirmed that audits

to that effect were already undertaken within the ED, and they had provided some useful data, but some further work could be done working with system partners on patients' pre-ED experiences.

SB then referred back to RF's question regarding a robot and noted that Medway NHS Foundation Trust (MFT) had a robot, and the Trust's surgeons used that when they worked at MFT, but there was limited local robotic capacity. SB continued that new surgeons working on a robot would likely have reduced activity for circa one year, while they were trained. PM added that it was widely believed that a robot was important for the Trust's future, although the current evidence of efficiency was not definitive.

DH then reported that MS and DH had received a letter on 26/10/22 that required the Trust Board to undertake a certification exercise by 11/11/22 on a range of indicators, although DH understood the letter was only aimed at Tier One and Tier Two providers, which should not affect the Trust. MS confirmed that he had not received such a letter and speculated that DH had therefore been sent the letter in error. It was therefore agreed that MS would check whether the letter was applicable to the Trust as if so, engagement with Trust Board members would need to occur before 11/11/22.

Action: Check whether the "Next steps on elective care for Tier One and Tier Two providers" that was issued by NHS England on 25/10/22 was applicable to the Trust (Chief Executive, October 2022 onwards)

JH referred to the "Patient Experience" Strategic Theme and reported the following points in relation to the "Complaints responded within target" metric:

- Compliance was currently at 40%, and performance continued to be erratic. The factors affecting the position included operational pressures and staffing in the central complaints team. JH however hoped that the position would be stabilised in early 2023, as two new substantive staff would join the team at the end of November 2022.
- The number of overdue complaints seemed to be relatively static, but there had been a significant workload involved in delivering that performance, which was not apparent from the data.
- The overall number of complaints seemed be reducing but that had not been the case for October.
- Two of the Divisions (Women's Children's and Sexual Health, and Surgery) wanted to have complaints response times as their patient experience A3, which was good to see.

JH then reported the following points in relation to the "FFT Response Rates – all areas" metric:

- The inpatient Friends and Family Test (FFT) response rate had showed special cause variation of an improving nature for the first time in two years.
- The outpatient response rate continued to be an area of concern, and a 'deep dive' had been scheduled with the provider, Netcall, on 01/11/22.

RJ then referred to the "Systems" Strategic Theme and reported that there had been a small increase in the "Discharge before Noon" metric, from 16% to 20%, and the metric was very closely affected by the efficiency of the Hilton pathway. RJ added that the Trust was however aiming to achieve a far higher percentage.

DH stated that he understood that Hilton would not accept patients after 4pm, and problems with the patient transport provider meant that that deadline could sometimes not be met, but the Trust had limited control over the management of that contract. RJ confirmed that was correct, as the contract was managed by the NHS Kent and Medway Integrated Care Board (KM ICB), although RJ felt that the Trust could do more to prevent patients from being discharged close to 4pm.

WW asked whether RJ was comfortable that the Trust would be able to cope with the expected pressures over winter. RJ replied that the engagement with partner organisations sometimes took longer than was ideal and elaborated on the specific details. RJ also stated that several other actions would be required, but it remained to be seen whether this would be sufficient for the winter period. WW asked whether a risk management approach would therefore be taken. RJ confirmed that would be the case, and that would be discussed further under item 10-11.

SO then referred to the "Sustainability" Strategic Theme and reported the following points:

- As SS had noted earlier, there had been some positive changes to some workforce metrics, including vacancies, recruitment and sickness absence, but these had not had a positive effect

on the “Reduce the amount of money the Trusts [sic] spends on premium workforce spend…” metric. Further work was therefore underway to understand the exact relationship between such workforce metrics and that expenditure, although more ‘business as usual’ measures were being used to bolster the Trust’s control.
- Some improvement was expected over the next few months, but the target level was unlikely to be reached in the near future.

EPM noted that the People and Organisational Development Committee had also heard that some agency staff were not turning up for the shifts. SO acknowledged the point. SO then reported the following points in relation to the overall financial position:
- The position was not escalated, as the Trust had delivered to plan for the first half of 2022/23. However, the expected position for the second half of the year was concerning, so the Finance and Performance Committee had discussed the actions being taken, and planned, in detail.
- There was an increased cost profile for the remainder of the year, so all the Divisions had been asked to have a detailed examination of their forecast.
- The forecast still intended to the Trust to deliver the planned breakeven position, but the delivery of that would likely be challenging and some difficult decisions may have to be taken later in the year.

Planning and strategy 1

10-11 <u>Review of the draft winter plan for 2022/23</u>

DH noted that the draft winter plan involved some degree of overlap with the issues discussed under item 10-10, but some of the Non-Executive Directors were particularly interested in the discussions that had been held regarding out of hospital capacity. SB then referred to the submitted report and highlighted the following points:
- The Trust’s Business Intelligence team had again undertaken predictions for the activity in January and February, and if such predictions were correct, the Trust could have a shortfall of between 156 and 173 non-elective beds, which was a larger shortfall than in previous years, although with mitigating actions that shortfall could be reduced to 64 beds.
- The plan had been modelled on a worst-case scenario basis, and the Deputy Chief Operating Officer had worked hard to develop the plan, which would be their last, as they were due to retire at the end of November 2022.
- One of the significant challenges to the winter plan was the costs associated with the plan, as much of the funds that had been allocated had already been spent. The expenditure had included providing care for patients that had been accepted on behalf of other local providers, the number of which had been steady over the last few months. However some of the schemes in the plan, such as the expansion of Same Day Emergency Care (SDEC), did not rely on additional funding.
- The plan would be discussed further at the next two Executive Team Meetings (ETMs), but SB expected the winter to be very challenging.

NG noted that the Finance and Performance Committee had noted the difficulties in recruiting to virtual wards, so asked for a comment. SB deferred to PM, as the Senior Responsible Owner for the virtual wards programme, and PM reported that there were some problems in recruitment, and the Trust had been given a steer not to recruit staff for the respiratory virtual ward programme from within the Integrated Care System. PM then gave an update on the frailty virtual ward programme, and noted that there was a reduced opportunity for impact related to that programme, as West Kent had an existing service, but there was scope for some improvement.

WW asked how the pressures associated with accepting patients on behalf of other providers was being monitored and managed. SB replied that the Trust was becoming more familiar with the numbers involved, and although there had been a marked change in MFT’s approach to managing its activity, SO, SB and MS were raising the issue with the ICB, although the ICB was financially challenged. SB did however note that MFT had made some positive decisions, which included the purchase of the TeleTracking system, which the Trust had used so successfully. MS added that the absolute increase in demand from Medway and Swale patients was not material, but repatriating such patients back to a bed in Medway required disproportionate effort. MS therefore stated that one of the future issues to address was how genuine increases in demand would be tackled. SO

confirmed that the NHS had moved away from a payment by results framework, under which additional patient activity would lead to additional payment, and the system was currently funded on a 'block' basis. SO then stated that he believed that the Trust should be more selective about the additional elective activity that it agreed to undertake, as, for example, the Trust was undertaking Waiting List Initiatives to maintain its elective activity position, for which it was not being paid.

RF referred to a question he had asked held at the last Finance and Performance Committee meeting, and asked whether the 12 initiatives listed in the plan would be implemented, or whether they represented options that were still being explored. RF also noted that some initiatives, such as the Admission Avoidance Practitioner, were more efficient at delivering beds than others, so asked when a decision would be made as to which initiatives would be implemented, and what criteria would be applied. SB highlighted that further discussion was required at the ETM, but some options had already started, such as the additional Pathway 1 capacity, and a decision on other schemes would be taken on the basis of an assessment of a realistic prospect of success balanced against the challenges associated with the financial position.

Quality Items

10-12 Annual Report from the Director of Infection Prevention and Control (including Trust Board annual refresher training)

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

- The document contained the annual report for 2021/22 and the workplan for 2022/23. The latter was monitored by the Infection Prevention and Control Committee, which reported to the Quality Committee.
- The report has been mapped against the ten compliance criteria in the Hygiene Code.
- The year saw several personnel changes in the IPC team, and the expansion of the team to include two additional infection prevention nurses, as well as the fit testing, PPE and Surgical Site surveillance teams.
- The Trust provided mandatory reports to the UK Health Security Agency. There had only been one case of MRSA bacteraemia for 2021/22, but the Trust's clostridiodes difficile limit of 55 had been breached, although there had only been one case of cross-infection.
- There had been some positive impacts of the COVID-19 pandemic, in that there had only been eight cases of influenza A, although the last case had not been seen until July 2022, which was unusual. There had also only been one case of norovirus, which was exceptionally unusual, and which reflected the positive impact of mask wearing.
- COVID-19 continued to be the primary focus of the IPC team, and there had been no days during 2021/22 when the Trust did not have a COVID-19 positive inpatient.
- The "What the Board needs to know in order to fulfil its responsibilities in respect of Infection Prevention and Control" section represented the Trust Board annual refresher training, so all Trust Board members should take note of that content.
- SM would like to highlighted the significant workload of the microbiology department and Point of Care Testing team which had required concerted effort to deliver the service required.
- The Trust had achieved a higher than average COVID-19 vaccination rate of its staff.

Questions were invited. None were received. DH thanked SM for her usual comprehensive report.

10-13 Findings of the national inpatient survey 2021

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

- 134 Trusts had contributed to the survey and the Trust's response rate was 43%, which was higher than the average, but lower than previous years.
- JH had asked that an anomaly be investigated, in that 27% of the respondents in 2020 had been from urgent and emergency admission patients, with 73% from planned admission patients, but in 2021 that distribution had been reversed, so JH wanted to understand why.
- The Trust had performed better on four areas when compared to the comparison group (privacy, noise, reduction in moves around the organisation and leaving hospital) and had not performed worse on any area.

- The Trust performed least well on food, discharge and communication and involvement. The food issues seemed to be more relevant to Tunbridge Wells Hospital and related to support with food and obtaining food outside of normal working hours.
- JH wanted to focus the efforts to improve on communication, food and developing the patient experience strategy, which had expired earlier in the year, and work was underway on such aspects, including via a nutrition workstream.

DM referred to the eight areas where there had been a "Significant Decrease" when compared to the 2020 results, on page 10 of 94, and asked whether these were areas where the Trust had performed well, but worsened, or whether the Trust performed badly on such areas. JH confirmed it was the former, apart from the staffing issue. DH stated that he believed the data reflected a year-on-year comparison within the Trust, and not a benchmarking comparison. JH noted that more detail was available in the actual survey report.

RF noted that the Trust had two poor measures in relation to leaving hospital, so asked JH to comment. JH noted that many of the actions being taken by SB and his team, including the "Safer Better Sooner" programme, would help, but the issues also included communication and other actions that the Trust was focused on.

MC referred to the "Next steps: Patient food / menu" section on page 13 of 94 and asked why many of the "Timeline" columns were marked as "N/A". JH confirmed that was an anomaly.

JW acknowledged that the survey would be discussed further at the Patient Experience Committee, but noted that no Trust performed well on the question "During your hospital stay, were you ever asked to give your views on the quality of your care?", which was surprising. JH highlighted the need to consider the time that the survey had taken place, in October 2021, as there had been significant issues during that time, but acknowledged that more was required to understand the cause.

10-14 <u>Quarterly Maternity Services report</u>

RT referred to the submitted report and highlighted the following points:
- The report covered the period July 2022 to August 2022.
- There had been one SI during that period.
- The Trust's hypoxic-ischaemic encephalopathy (HIE) position had improved when compared to other local services.
- Four Perinatal Mortality Review Tool (PMRT) cases had occurred, but the conclusion was that no actions would have changed the outcome for the babies.
- The Trust had the lowest stillbirth rate within the Local Maternity & Neonatal System (LMNS).
- The service's red-rated risks related to the lack of maternity training days to meet mandatory training requirements; and delayed induction of labour, which was due to insufficient midwifery staff to provide care following transfer to the delivery suite.
- The target relating to the implementation of the Maternity Continuity of Care programme had been removed by NHSE.
- The service had had an 'insight' visit from the regional maternity team, which related to the implementation of the Ockenden review. The report of the visit had now been received and a comprehensive action plan was in place.

JW asked how the Independent Investigation into East Kent Maternity Services would affect the Trust's service, and asked for assurance regarding the issues. DH firstly however noted that the Trust Board would receive a detailed response to that investigation at its meeting in November 2022. SF then offered condolences to the families that had lost babies in East Kent and confirmed that a response would be submitted to the Trust Board in November. SF added that the themes in the review interdigitated with the themes from the aforementioned Ockenden review, and the service had been clear on the importance of staffing, which had recently been highlighted in a recent parliamentary report on NHS staffing.

WW referred to the increase in stillbirths and asked whether any national issues had affected the position. SF pointed out that national data was not yet available, but it was known that COVID-19

had an adverse effect and elaborated on the details. RT added that the LMNS was also focusing on perinatal equity.

WW also asked about the staffing position at the Crowborough Birth Centre. RT replied that the Centre was open most of the time, unless there was a particular staffing issue at the Maidstone Birth Centre, but the staffing situation continued to be closely monitored.

KC referred to the "Number of PMRT case reviews" section and asked how parents who had lost a baby were communicated with regarding the relevant issues. RT confirmed that for every PMRT review, parents were asked if they wanted to submit questions, which would be included in the Terms of Reference. RT continued that when the report was then completed, parents were provided with a copy and invited to a meeting with a consultant to discuss the report.

KC then referred to the Ockenden review recommendations that were non-compliant and asked for dates by which compliance would be achieved. RT confirmed that the full report relating to the Ockenden review, which could be provided on request, contained timescales against all of the actions.

KC also noted that the report stated that the "Perinatal Quality & Safety Dashboard" was "Included in appendices" but there were no appendices. RT apologised and confirmed that such details would be included in future reports to the Trust Board.

Action: Ensure that the appendices relevant to the "Perinatal Quality & Safety Dashboard" were included in the next "Quarterly Maternity Services report" to the Trust Board (Acting Head of Midwifery and Gynaecology, January 2023)

KC then finally referred to the appointment of new midwives, and asked about the support that was provided to transition these from their supernumerary status into registered practitioners. RT explained that the Maternity Skills Facilitator team supported such staff and elaborated on the details, which included the use of 'buddy shifts'.

Systems and Place

10-15 <u>Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB)</u>

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

- RJ, MC and NG would attend an ICB symposium on 28/10/22.
- The report included a set of principles that the ICB had published, which included the desire that HCPs become "Integrated Care Organisations" over the next five years. That would be a significant change to the HCP, but it was not yet clear what such a change would mean in practice.
- There was now an established ICB, and the members were listed in the report.
- An 'away day' in relation to neighbourhood teams had been held, but RJ believed there was still a long way to go.

DH remarked that he understood there was no defined format for Integrated Care Organisations, so there was no implication that organisational mergers would be required to achieve that end point, but it was important to understand the exact implications. RJ agreed. DH added that the desired change did however imply a place-based financial allocation. The point was acknowledged.

Planning and strategy 2

10-16 <u>The outcome of the further work on the Divisional Improvement Projects</u>

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

- The report completed the work in relation to the Trust's objectives for 2022/23.
- The process had now moved into the Strategy Deployment Review (SDR) stage, and the Divisional dashboards had been included in the report, for information.

DH firstly clarified that the Non-Executive Directors' role was to be assured that an appropriate process was in place, and invited questions. EPM asked how the review process would operate. RJ explained that Divisional review meetings were held, which reviewed the A3 documents and the

associated resources; and the same process was applied once a month at the ETM, for ETM members. EPM clarified that her question was more related to how, or whether, there would be reporting at the Trust Board. SO replied that the process would be closely linked to the IPR, as although the IPR focused on the Breakthrough Objectives, it also contained details of the delivery of some of the NHS Constitutional standards, and the Divisions would be held to account for their performance through that. DH also noted that a Trust Board Assurance Workshop was scheduled later for that day, and that that would explore how the IPR could be made a more effective assurance tool, so there would be an opportunity to discuss that aspect further at that session.

DM noted that many of the objectives had metrics that had been set at Trust level so asked whether there were Divisional-level objectives. RJ confirmed that was the case and illustrated the process for patient falls, where metrics had been developed at ward level, departmental level, Divisional level etc. SO added that the narrative provided further information to ensure that the Divisional leads clearly understand their targets.

Assurance and policy

10-17 Quarterly report from the Freedom to Speak Up Guardian

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

- The main theme of concerns raised was dignity and respect, and work had been undertaken with various teams to ensure that information was shared without breaching individuals' confidentiality.
- Previous reports had been discussed the staff survey and a 'deep dive' had been held at the People and Organisational Development Committee 'deep dive' in September 2022.
- A new e-learning training package had been made available, that was particularly aimed at Non-Executive Directors and members of the Executive Team.

EPM asked whether there was any further analysis on Appendix A i.e. "Staff Group who have raised concern". NH replied that analysis could be undertaken for further years if required. EPM confirmed that would be helpful, to understand the trend. NH therefore confirmed she would include that data in the next report.

Action: Ensure that the next "Quarterly report from the Freedom to Speak Up Guardian" to the Trust Board contained further analysis in relation to "Staff Group who have raised concern" (Deputy Freedom to Speak Up Guardian, January 2023)

SS highlighted that an increase in concerns raised could be a positive indicator, which reflected the work that NH and the Freedom to Speak Up Guardian had undertaken to promote and raise the awareness of the FTSUG service. The point was acknowledged.

10-18 To consider any other business

SO reported the following details in relation to the Business Case for increasing elective orthopaedic theatre capacity development/barn theatre:

- The Outline Business Case (OBC) was progressing through the Business Case process, regionally and nationally, and had been submitted to the KM ICB and NHSE following the Trust Board's approval in July 2022.
- The ICB had approved the OBC at the beginning of September 2022, which had been the ICB's next available Board meeting.
- The Trust had received confirmation from NHSE that the OBC would be scheduled for consideration at the Joint Investment Sub-Committee on 12/12/22, and not in November 2022, as had been hoped by the Trust. This had unfortunately therefore delayed the go-live date.
- Over 200 queries had been raised by NHSE, following their detailed review of the OBC, which would require the OBC to be expanded and clarified in sections. There would however be no material amendments to the OBC.

10-19 To respond to questions from members of the public

KR confirmed that no questions had been received.

10-20 <u>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</u>

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'
10-10	Check whether the "Next steps on elective care for Tier One and Tier Two providers" that was issued by NHS England on 25/10/22 was applicable to the Trust.	Chief Executive	October 2022	It was confirmed with the Elective Recovery - Operations and Delivery Team at NHS England that the letter was not applicable to the Trust.

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
10-14	Ensure that the appendices relevant to the "Perinatal Quality & Safety Dashboard" were included in the next "Quarterly Maternity Services report" to the Trust Board.	Acting Head of Midwifery and Gynaecology	January 2023	The information will be included in the next scheduled quarterly report, in January 2023.
10-17	Ensure that the next "Quarterly report from the Freedom to Speak Up Guardian" to the Trust Board contained further analysis in relation to "Staff Group who have raised concern".	Deputy Freedom to Speak Up Guardian	January 2023	The information will be ncluded in the next scheduled quarterly report, in January 2023.

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

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?
15/11/22	Acute Consultant	Zoe Melissa	Ward	Acute Medicine	TBC	New

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:

- As you may know on Wednesday 9 November, the Royal College of Nursing (RCN) announced that nursing staff at a number of NHS organisations have voted to take strike action. Despite a majority number of votes in favour of action from those that did cast a ballot, the number of votes cast at MTW did not reach the threshold to allow for strike action. We recognise this is a national issue and are committed to working positively with our colleagues on the areas we can improve on and are continuing to engage with staff side representatives over the months ahead. We are also working with colleagues at partner organisations where the threshold was reached to understand the impact of any action by their staff on our services. In the event of any strike action, the NHS and MTW have well practiced emergency strategies in place for a wide range of disruptions and are prepared to roll-out plans if they are required. We value our staff and if industrial action is taken will work closely with the unions to support patient care, our services and our colleagues.

- On Saturday 26 November, EPMA (Electronic Prescribing and Medicines Administration) and EDN (Electronic Discharge Notification) successfully went live at Maidstone Hospital across 14 wards and our Emergency Department. I want to thank colleagues for completing their training and the team whose hard work was behind the successful launch. We now turn our attention to the roll out of both systems at Tunbridge Wells Hospital in December.

- The first cohort of medical students studying at Kent and Medway Medical School (KMMS) have started their placements at Maidstone and Tunbridge Wells hospitals. KMMS was formed in 2020 and is a collaboration between the University of Kent and Canterbury Christ Church University. Once fully established, the new medical school will place 120 additional medical students with the Trust each year, alongside students from King's College London and St George's, University of London. The 31 medical students who have joined the Trust for their placements are in their third year of a five-year course and are due to graduate in 2025. Their placements will see them participate in hands-on learning across the Trust's hospitals in a range of medical and surgical specialties, while also caring for patients.

- Over the last month the hard work and innovation of colleagues has been shared with a wider audience. On Monday 14 November we were delighted to welcome Helen Grant MP who officially opened the Care Coordination Centre at Maidstone Hospital. During her visit, the MP for Maidstone and The Weald saw how the bed management 'TeleTracking' technology works and heard about the expansion of the CCC to include the four hospitals run by Kent Community Health Foundation Trust's (KCHFT). This partnership working supports the timely discharge of patients from the acute hospitals into community hospital beds. The CCC and ED were also visited by Evan Davis, from BBC Radio 4's nightly 'PM' news programme. The presenter also saw the impact of the bed management system which has reduced the amount of time a patient waits in ED before moving to a bed on a ward from 1 hr 40min down to 35min and has also reduced bed turnaround times on wards, helping to save 130 bed days a month.

- The Trust is developing Virtual Wards (VWs) which will allow patients to get the secondary care they need at home safely and conveniently. VWs use technology, supported remotely by clinical staff, to monitor and treat patients in their own home 7 days a week, 52 weeks a year. The clinical team is led by a hospital specialist consultant. They support the prevention of avoidable admissions into hospital and early discharge out of hospital. They are being introduced across the country and the vision is for one integrated virtual ward hub for each health and care partnership in the future. We have procured an IT system to support Virtual Wards at MTW

which is already in use in hospitals across Europe. We currently have 30 frailty virtual beds which are supported by community partners and aim to set up 20 virtual respiratory beds by the end of December. We have resourcing in place to increase the number of VW patients over the next 18 months to 187. The VW team are currently building the team to support the roll out and delivery of VW. Their next focus will be on Stroke and Cardiology patients but the team will be visiting different specialities to look at the opportunities for rolling out VWs in their areas.

- After seeing a steep rise in the number of patients with COVID in early October, we re-introduced mask wearing in our hospitals to protect patients, staff and visitors. Over the last month we have seen a 75% reduction in positive patients. To keep respiratory infection rates in our hospitals as low as possible during the winter months, we are continuing to ask people to wear face masks in clinical and public areas at Maidstone and Tunbridge Wells hospitals. Mask wearing in these areas will continue until further notice, but there are no restrictions on visiting.

- The Trust continues to roll out COVID booster and flu vaccinations to colleagues. We have now issued over 5,000 vaccinations to staff and the number of COVID vaccinations at MTW is much higher than the current national average. Our teams have also started visiting satellite sites, including Gravesham Hospital and Abbey Court in Tunbridge Wells, and will be continuing to provide the vaccines to staff in the weeks to come.

- We've put a focus on enhancing our security and opened a new CCTV Control Room at Maidstone Hospital which supports the safety of staff, patients and visitors on site. The new facility features a number of high-tech security improvements including number plate recognition cameras, tannoy systems and movement triggered CCTV, and is fast becoming one of the most well-equipped CCTV rooms in the south east. Over 290 cameras now cover the Maidstone site and are monitored 24/7, 365 days a year. Staff working in the Control Room rotate every two hours and the streamlined system allows for activity to be easily downloaded and provided to the police in the event of any investigations. Similar security investment is also taking place at Tunbridge Wells Hospital.

- Over the course of the last month, we've welcomed a number of colleagues and new members of staff into roles at MTW. These include:

    - Head of Charity and Fundraising, Claire Ashby
    - Director of Estates and Capital Investments, John Hill. John will be with us on an interim basis until early next year with Debbie Morris taking over the role substantively in January
    - Dr Katy Davis has moved into the role of Clinical Director for Acute Geriatric and Stroke Medicine
    - Dr Nick Bagley has moved into the role of Clinical Director for Medicine and Emergency Care
    - Derek Harrington, Director of Medical Education.

- Congratulations to the winner of the Trust's Employee of the Month scheme for October – Senior Finance Management Accountant, Shaun Peel. Shaun was nominated for the support he has offered to the Facilities Directorate, providing colleagues in this area with vital training and helping them to focus on the achievement of the directorate's challenging goals.

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, 09/11/22	Committee Chair (Non-Executive Director)

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

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

- The **reports from the Committee's sub-committees** (The Complaints, Legal, Incidents, PALS, Audit and Mortality (CLIPAM) group; the Sepsis Committee; the Joint Safeguarding Committee; the Health and Safety Committee; the Drugs, Therapeutics and Medicines Management Committee; and the Infection Prevention and Control Committee) were considered, and the Terms of Reference were approved for the latter. It was agreed that the Deputy Medical Director / Director of Infection Prevention and Control; and Senior Sister, Critical Care Outreach Team (Vice Chair of the Sepsis Committee) should liaise to confirm whether the Sepsis Electronic Screening Tool was appropriately utilised and, if required, develop an action plan to increase the utilisation of the Tool.
- The issues raised from the **reports from the clinical Divisions** highlighted the impact of operational pressures on the Trust's bed capacity, the improvement in the Trust's vacancy rates and associated impact on the delivery of patient care, the continued focus on the implementation of the Electronic Prescribing and Medicines Administration (EPMA) module of the 'Sunrise' Electronic Patient Record, and details of the After Action Review (AAR) process which was being trialled in several clinical areas.
- The Divisional Director of Operations for Cancer Services and Core Clinical Services and Deputy General Manager for Outpatients provided the latest **update on the Outpatients transformation programme** which included details of the intended procurement of a patient portal and the improvement of room utilisation within Outpatient clinics.
- The Divisional Director of Nursing and Quality for Surgery provided the latest **update on harm reviews for patients who have waited a long time** and the Deputy Chief Nurse for Quality and Experience gave the latest **update on the work to achieve an 'Outstanding' CQC rating**.
- The Director of Quality Governance provided a **further review of the Trust's response to the key themes of the final Ockenden report and the Southern Health NHS Foundation Trust Pascoe Review,** which included the requirement for further Trust Board oversight of Serious Incidents and it was agreed that the Chief of Service, Women's, Children's and Sexual Health should develop a proposal for consideration at a future Charitable Funds Committee regarding the use of the Trust's Charitable Fund to fund the Patient Experience Lead for Maternity Services role.
- The **reporting and monitoring process for outstanding Central Alerting System (CAS) alerts** was reviewed, wherein it the functionality provided by the InPhase system was detailed and it was agreed that the Assistant Trust Secretary should schedule an "update on the reporting and monitoring process for outstanding Central Alerting System (CAS) alerts" item at the March 2023 Quality Committee 'main' meeting and every other Quality Committee 'main' meeting thereafter.
- The latest **mortality update** was reviewed and it was agreed that the Chiefs of Service for the Women's Children's and Sexual Health, Cancer Services, and Core Clinical Services Divisions and the Divisional Director of Nursing and Quality for Surgery should Identify, and confirm to the Chief of Service for Medicine and Emergency Care, clinical representatives to attend future Clinical Coding Data Quality Groups.
- The latest **Serious Incidents (SIs),** which included the report from the Learning and Improvement (SI) Panel, were reported by the Director of Infection Prevention and Control (DIPC), and the importance of compliance with the Duty of Candour requirements was emphasised.
- The Deputy Chief Nurse for Quality and Experience provided an **update from the Enteral feeding and Nasogastric tube (NGT) placement working group**.
- The Director of Quality Governance provided an **update on implementation of Quality Accounts priorities 2022/23**, wherein the Committee acknowledged the challenges

associated with the programme of work and it was agreed that the Assistant Trust Secretary should liaise with the Director of Quality Governance to consider the scheduling of the proposed Quality Committee 'deep dive' items which had been identified as part of the development of the "Update on implementation of Quality Accounts priorities 2022/23" report submitted to the 'main' Quality Committee meeting in November 2022.

- The Director of Infection Prevention and Control presented the latest **quarterly update on the 2022/23 Commissioning for Quality and Innovation (CQUIN) programme** wherein the delay to the submission of certain aspects of the data was noted.
- The report from the last **Quality Committee 'deep dive' meeting** held on 12/10/22 and the **Patient Experience Committee meeting** held on 01/09/22 were noted.
- The committee agreed to undertake its **evaluation for 2022** using the same methodology and survey used in 2021; although it was acknowledged that an electronic platform would be utilised to support the evaluation process.
- The Committee conducted an **evaluation of the meeting**, wherein an in-depth discussion was held regarding the further refinement which was required for the agenda and it was agreed that the Vice Chair of the Quality Committee should liaise with the Chair of the Quality Committee to consider what, if any, amendments should be made to the Committee's forward programme to enable an enhanced focus on key priorities at the Quality Committee 'main' (e.g. the implementation of exception reporting; and a reduction in frequency of specific items)

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

4. 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

Summary report from the Finance and Performance Committee, 22/11/22	Committee Chair (Non-Exec. Director)

The Committee met on 22nd November 2022, via a webconference.

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

- The **actions from previous meetings** were reviewed.
- The divisional management team for the **Surgery Division**, attended for a **deep dive** into the divisional financial position, which focused on the Divisions adverse variance against the financial plan; the key contributors to the adverse variance which included Medical Staff Pay costs; and the in-depth financial recovery plan which had identified a number of key projects to improve the Divisions financial position. It was agreed that the Divisional Director of Operations, Surgery should check, and confirm to members of the Committee, the timeline for the transition of Ophthalmology patients from Lucentis to a generic brand alternative. The Committee thanked the team for their presentation and efforts to address the current financial challenges.
- The **Patient Access strategic theme metrics for month 7** were reviewed in conjunction with a **further review of the winter plan**, which noted the continued operational pressures within the Trust's Emergency Departments, the plans to optimise bed capacity and patient flow in response to winter pressures, and the significant challenges which were being experienced by the Urology Department due to a significant increase in the number of two week wait referrals for urological cancers and it was agreed that the Chief Operating Officer should consider, and confirm to the Trust Secretary's Office, the scheduling of the Urology Department to attend for a 'deep dive' at a future Committee meeting due to the pressure on the cancer access standards. The Committee acknowledged the hard work of all those involved to manage these issues. The continued strong performance, relative to other NHS Trusts nationally, against the Emergency Department 4-hour target was also noted.
- The Chief Finance Officer reported on the **financial performance for month 7,** which included that the Trust had achieved the financial plan for month 7 due to the utilisation of non-recurrent release of reserves including the Trust's contingency and details of the risks and opportunities for the delivery of the financial plan. The Committee acknowledged the further efficiencies which were required to ensure the delivery of a break-even position for the 2022/23 financial year. The Chief Finance Officer also provided the latest position for the Kent and Medway Integrated Care System (ICS).
- The Chief Finance Officer then gave a **further review of the financial forecast for 2022/23,** which included the actions which had been agreed to support the delivery of a break-even position by the Trust; and the further Cost Improvement Programmes which would be required during the 2023/24 financial year to deliver the national efficiency requirements
- The **comparative data for the EBITDA metric** was reviewed and the committee noted that the Trust's EBITDA had remained within a 2% tolerance during the comparison period and that the Private Finance Initiative (PFI) at Tunbridge Wells Hospital (TWH) increased the Trust's total EBITDA percentage.
- The Chief Finance Officer provided a comprehensive outline of the **Trust's draft financial strategy**, which included some key questions for the Committee's consideration to inform the development of the final financial strategy. The Committee acknowledged the complexities which required consideration as part of the development of the financial plan, including the current uncertainty regarding specific aspects of the financial regime for 2023/24 onwards and it was agreed that the Assistant Trust Secretary should schedule an "Update on the development of the Trust's draft financial strategy" item at the Committee's meeting in January 2023 and a "Review of the Trust's draft financial strategy" item at the Committee's meeting in May 2023.
- The **Trust's space capacity,** which was informed by demographic factors, current 'pinch points' and associated plans of actions, was discussed and the innovative approaches which would be considered were acknowledged.

- A **Business Case for MTW Laundry services** was reviewed, wherein the Committee noted the approach which would be adopted in relation to the current Laundry service equipment. The Business Case was recommended for approval, by the Trust Board.
- It was agreed that the **update on the implementation of the Electronic Patient Record (EPR)** should be rescheduled to the Committee's meeting December 2022, near the start of the agenda.
- The **annual committee evaluation** was agreed.
- The **uses of the Trust Seal** since the last meeting were noted.

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:** 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]

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 People and Organisational Development Committee, 18/11/22 | **Committee Chair (Non-Exec. Director)**

The People and Organisational Development Committee met (virtually, via webconference) on 18th November 2022 (a 'deep dive' meeting).

The key matters considered at the meeting were as follows:

- The **actions from previous 'deep dive' meetings** were noted.
- The Deputy Chief People Officer, People and Systems presented the latest **review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR)** which included details of the improvement in the Trust's turnover and vacancy rates and the Committee acknowledged the impact of delays to the Objective Structured Clinical Examination (OSCE) for Internationally qualified nurses. It was agreed that the Deputy Chief Executive / Chief Finance Officer should ensure that the narrative in relation to the requirement to achieve the Trust's financial plan and to reduce temporary staffing expenditure appropriately highlighted that such objectives were related to the continued delivery of safe patient care. It was also agreed that the Deputy Chief Executive / Chief Finance Officer should ensure that the "Monthly review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR)" report to the December 2022 'main' People and Organisational Development Committee meeting included details of the outputs of the staffing related aspect of the "Further review of the financial forecast for 2022/23 and proposed actions" item at the November 2022 Finance and Performance Committee meeting. The Deputy Chief People Officer, People and Systems also provided a brief update on the prospects of industrial action and the potential impacts on the Trust, wherein it was agreed that the Chief People Officer should provide an update on the outputs of the Trust's Industrial Action scenario planning meeting, which was scheduled for the 21st November 2022, to the November 2022 'Part 2' Trust Board meeting. It was also agreed that the Deputy Chief People Officer, People and Systems should liaise with the Vice-Chancellor and President of the University of Kent (Associate Non-Executive Director) to investigate what, if any, lessons could be learned in relation to the management of industrial action.
- The Deputy Chief People Office, Organisational Development presented a **review of the findings from the survey to investigate the Trust's flexible working offerings and associated improvement recommendations** which represented the main area of focus for the Committee's meeting due to the impact of the available of flexible working offerings on turnover rates. A comprehensive discussion was held regarding the Trust's approach to flexible working arrangements, the importance of maintaining the delivery of safe patient care, and the further support which was required by line managers as part of the decision-making process. It was agreed that Chief People Officer, and Deputy Chief Executive / Chief Finance Officer should ensure that a discussion was held at a future Executive Team Meeting and, if required, any other appropriate forum (e.g. the Trust Board) regarding the next steps in relation to the Trust's approach to flexible working arrangements.
- The Committee noted the **items for scrutiny at future People and Organisational Development Committee 'deep dive' meetings**.
- The Committee conducted an **evaluation of the meeting** wherein the candid discussions which had been held were commended and the further work required in relation to various workstreams which had been highlighted was acknowledged.
- Under **Any Other Business** the Committee received the latest details regarding the Trust's flu campaign and the Deputy Chief Nurse, Workforce and Education provided an update on the implementation of the Electronic Prescribing and Medicines Administration (EPMA) module of the 'Sunrise' Electronic Patient Record (EPR) which included the challenges which had been experienced in relation to Electronic Discharge Notifications (EDNs).

In addition to the actions noted above, the Committee agreed that: The Deputy Chief People Officer, Organisational Development; and Deputy Chief Nurse, Workforce and Education should

consider, and confirm to the Assistant Trust Secretary, the scheduling of a "Review of the analysis of the outputs of the Trust's appraisal process and associated next steps" item at a future People and Organisational Development Committee meeting.

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

Audit and Governance Committee, 02/11/22 (incl. approval of revised Terms of Reference) | **Committee Chair (Non-Executive Director)**

The Audit and Governance Committee met, virtually via web conference, on 2nd November 2022.

1. **The key matters considered at the meeting were as follows:**
   - The **actions from previous meetings** were reviewed.
   - 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 Risk and Compliance Manager attended for a **review of the Trust's red-rated risks** wherein it was agreed that the Assistant Trust Secretary should arrange for the People and Organisational Development Committee and Quality Committee to conduct a 'deep dive' into risk ID2578 "Staff shortages Out of Hours Haematology/Transfusion". The following actions were also agreed for the Risk and Compliance Manager:
     - Liaise with the Risk Owners for risk ID2899 "Staff shortages in Microbiology" and risk ID2917 "Staff shortage in Aseptics Pharmacy, with potential to cause delays to chemotherapy treatment" to investigate the concerns raised at the November 2022 Committee meeting.
     - Liaise with the relevant Risk Owners for risks related to mental health presentations to ensure alignment of the data which was reported.
     - Consider how future "Review of the Trust's red-rated risks" reports could highlight the impact of relevant policies and procedures on the management and mitigation of risks.
   - An **update on progress with the Internal Audit plan for 2022/23** (incl. progress with actions from previous Internal Audit reviews) was reported which included a brief update on Corporate Social Responsibility (CSR). The list of recent Internal Audit reviews is shown below (in section 2).
   - The Committee reviewed the latest **Counter Fraud update** wherein the Committee supported the additional scrutiny which had been applied to the Trust's Disclosure and Barring Service (DBS) processes.
   - The Deputy Chief Executive / Chief Finance Officer provided a verbal **summary of the latest financial issues** wherein the further work required in relation to the Trust's Cost Improvement Programmes (CIPs) for 2022/23 was discussed and the impact of substantive recruitment to the Trust's vacancies was acknowledged.
   - The **latest losses and compensation data** was reported wherein it was agreed that the Head of Financial Services should ensure that any repeated losses from within the same ward area were escalated to the Counter Fraud Team to ensure such losses were not related to fraud.
   - The **latest single tender / quote waivers data** was reviewed and the **details of gifts, hospitality and sponsorship** were noted.
   - The Director of Emergency Planning and Response attended for the latest **Security issues** report to the Committee wherein the Committee highlighted the importance of ensuring staff safety and alleviating any safety related anxieties Trust staff may have. It was agreed that the Director of Emergency Planning and Response should check, and confirm to Committee members, whether there was a timetable for the completion of training by G4S Security staff. It was also agreed that the Director of Emergency Planning and Response should ensure that staff were aware of the ability to request a cost coded security guard be allocated to the ward in the event of patients presenting with aggressive tendencies. Finally, it was agreed that the Assistant Trust Secretary should arrange for the Personal Safety and Security Training Officer to attend for the "Security Issues" item at the Committee's meeting in March 2023, to provide additional assurance regarding the measures implemented to increase staff safety.
   - The Committee received a **reminder of the intended process for the review/survey of the Committee, External Audit Service, Internal Audit Service and Counter Fraud Service** and it was agreed that the Trust Secretary and Assistant Trust Secretary should investigate

whether an electronic platform (e.g. Survey Monkey) could be utilised to support the Committee evaluation process. It was also agreed that the Director of Audit, Tiaa Ltd (Head of Internal Audit should provide Committee members with examples of the alternative approaches which were utilised by other Trusts for the review/survey of the Committee, External Audit Service, Internal Audit Service and Counter Fraud Service.

- The Committee's **forward programme** was noted.
- The Committee undertook an **evaluation of the meeting** which included consideration of any future "Spotlight on..." items.

2. **The Committee received details of the following completed Internal Audit reviews:**
   - "Processes for Dealing with Data Quality Issues" (which received a "Reasonable Assurance" conclusion)
   - "Risk Management and Board Assurance" (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):** The Chair of the Committee should ensure a decision is made at the Committee's meeting in March 2023 regarding what, if any, red-rated risk should be selected for a 'deep dive' by the Committee
5. **The issues that need to be drawn to the attention of the Board are 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

Audit and Governance Committee

Terms of Reference

NHS
Maidstone and Tunbridge Wells NHS Trust

1. Constitution / Purpose

1.1 The Audit and Governance Committee has been established by the Trust Board as a non-executive sub-committee of the Trust Board. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference.

1.2 The Committee supports the Trust Board by critically reviewing the governance and assurance processes on which the Trust Board places reliance. This therefore incorporates reviewing Governance, Risk Management and Internal Control); & oversight of the Internal and External Audit, and Counter Fraud functions. The Committee has primary responsibility for ensuring compliance with the Trust's established governance structures.

1.3 The Committee also undertakes detailed review of the Trust's Annual Report and Accounts.

1.4 The Trust Board has also appointed the Audit and Governance Committee as the Trust's Auditor Panel, in accordance with Schedule 4, Paragraph 1 of the Local Audit and Accountability Act 2014. The Auditor Panel will advise the Trust Board on the selection, appointment and removal of External Auditors, and on the maintenance of independent relationships with such Auditors.

2. Authority

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

2.2 The Committee is authorised to undertake all relevant actions to fulfil its role as the Trust's Auditor Panel.

3. Membership

3.1 The Committee shall be appointed by the Trust Board from amongst the Non-Executive Directors of the Trust (other than the Chair of the Trust Board), and shall consist of not less than three members. A Non-Executive Director Chair of the Committee will be appointed by the Chair of the Trust Board, together with a Vice-Chair. If a Non-Executive Director member is unable to attend a meeting they will be responsible for finding a replacement to ensure quoracy for the meeting. The Chair and Vice-Chair of the Committee will also act as Chair and Vice-Chair (respectively) of the Auditor Panel.

3.2 Other individuals may be co-opted to become formal members of the Committee, to address issues of specific concern, at the discretion of the Committee Chair.

3.3 When undertaking the role of the Auditor Panel, the membership shall comprise the entire membership of the Audit and Governance Committee, with no additional appointees. This means that all members of the Auditor Panel are independent, Non-Executive Directors.

3.4 Conflicts of interests relevant to agenda items must be declared and recorded at the start of each meeting (including meetings of the Auditor Panel). If a conflict of interest arises, the Committee Chair may require the affected member to withdraw at the relevant discussion or voting point.

4. Quorum

4.1 The Committee shall be quorate when two Non-Executive members are present (including either the Committee Chair or Vice Chair).

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

5. Attendance

5.1. The following will routinely attend meetings of the Committee (but will not be members):

- Associate Non-Executive Directors
- Deputy Chief Executive / Chief Finance Officer
- Deputy Director of Finance (Financial Governance)
- Head of Internal Audit and/or other appropriate representatives
- External Audit Engagement Lead and/or other appropriate representatives
- Senior Anti-Crime Manager (formerly Local Counter Fraud Specialist)
- Trust Secretary

5.2 Members (listed above) are expected to be present at all meetings of the Committee. Those listed in section 5.1 are expected to be in attendance at all meetings of the Committee.

5.3 The Chief Executive, other members of the Executive Team, or any other member of staff will be invited to attend if the Committee is discussing areas of risk or assurance that are the responsibility of that individual and it is felt that their attendance is necessary to fully understand or address the issues

5.4 The Chief Executive may be invited to attend to discuss the process for assurance that supports the Annual Governance Statement; and the agreement of the Internal Audit annual plan. The decision as to whether to invite the Chief Executive for these items rests with the Committee Chair.

5.5 The Committee will, if requested by the External and Internal Auditors, meet privately with those Auditors at the start of each meeting. A private session with the External and Internal Auditors will however be held once a year, ahead of the first Audit and Governance Committee meeting that reviews the draft Annual Report and Accounts, regardless of whether the Auditors have any issues to raise. Individual Committee members can however approach the External or Internal Auditors in private, should such members consider this necessary.

5.6 The Trust Secretary will provide appropriate support to the Chair and Committee members, and will be responsible for the administration of the Committee (see section 10).

5.7 The Chair may also invite others to attend when the Committee is meeting as the Auditor Panel. These invitees are not members of the Auditor Panel

6. Frequency of meetings

6.1 Meetings shall be held not less than four times a year. The Chair of the Committee will have the discretion to agree additional meetings in order to fulfil the 'Committee's purpose and/or meet its duties.

6.2 The External Auditor or Head of Internal Audit may request an additional meeting if they consider that one is necessary. Any member of the Trust Board may also put a request in writing to the Chair of the Committee for an additional meeting, stating the reasons for the request. The decision whether or not to arrange such a meeting will be at the sole discretion of the Chair of the Committee.

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

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

7. Duties

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

Governance, risk management and internal control

7.2 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

7.3 In particular, the Committee will review the adequacy of:

7.3.1 All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit Opinion, External Audit opinion or other appropriate independent assurances, prior to endorsement and/or approval by the Trust Board

7.3.2 The underlying assurance process that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

7.3.3 The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.

7.3.4 The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority (or successor bodies).

7.4 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from members of the Executive Team and managers, as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

7.5 This will be evidenced through the Committee's use of the audit and assurance functions that report to it.

7.6 As part of its integrated approach, the Committee will have effective relationships with other key committees, so that it understands processes and linkages. However, these other committees must not usurp the Audit and Governance Committee's role.

Internal Audit

7.7 The Committee shall ensure that there is an effective Internal Audit function established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, Chief Executive and Trust Board.

This will be achieved by:

7.6.1 Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal

7.6.2 Review and approval of the Internal Audit Charter (or equivalent), operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation

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

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

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

External Audit

7.8 The Committee shall review the work and findings of the Trust's External Auditor and consider the implications & management's responses to their work. This will be achieved by:

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

Other assurance functions

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

Counter Fraud

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

Management

7.11 The Committee shall request and review reports and positive assurances from members of the Executive Team and managers on the overall arrangements for governance, risk management and internal control.

7.12 They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Annual Report and Financial Reporting

7.13 The Committee shall monitor the integrity of the financial statements of the Trust and the formal announcements relating to the Trust's financial performance (in so far as they may affect the Trust's Annual Report and Accounts).

7.14 The Committee should ensure that the systems for financial reporting to the Trust Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Trust Board. This duty will usually be met via the commissioning of, and reviewing the outcome of, the Core Financial Assurance reviews within the annual internal audit programme.

7.15 The Committee shall review the Annual Report and Financial Statements before submission to the Trust Board, focusing particularly on:

- The text of the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies and practices
- Unadjusted mis-statements in the financial statements
- Significant judgements in preparation of the financial statements
- Significant adjustments resulting from the audit
- The Letter of Management Representation
- Explanations for significant variances
- Qualitative aspects of financial reporting

Freedom to Speak Up

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

Security issues

7.17 The Committee shall support the Committee Chair in fulfilling their role as the Trust's Security Management NED Champion via the following methods:

- The consideration of a standing "Security issues" item at each standard Committee meeting.
- The consideration of a Security Annual Report.

Auditor Panel

~~7.16~~7.18 As the Auditor Panel, the Committee shall advise the Trust Board on the selection and appointment of the Trust's External Auditor. This includes:

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

8. Parent committee and reporting procedure

8.1 The Committee is a sub-committee of the Trust Board.

8.2 The minutes of Committee meetings shall be formally recorded by the Trust Secretary. The Chair of the Committee shall also provide a brief written report to the Trust Board, summarising the issues covered at the meeting and drawing to the attention of the Trust Board any issues that require disclosure to the full Board, or require executive action.

8.3 The Committee will report to the Trust Board annually (via a written Annual Report) on its work in support of the Annual Governance Statement, specifically commenting on, the completeness and embeddedness of risk management in the organisation, and the integration of governance arrangements. The Annual Report should also describe how the Committee has fulfilled its Terms of Reference, and give details of any significant issues that

the Committee considered in relation to the financial statements, and how these were addressed. The work of the Committee as the Trust's Auditor Panel should also be included.

8.4 The Committee shall undertake an annual self-assessment to ensure the objectives of the Terms of Reference are being met.

8.5 The Chair must report to the Trust Board on how the Auditor Panel has discharged its responsibilities.

8.6 The Chair must draw to the attention of the Trust Board any issues that require disclosure to the Board in relation to Auditor Panel duties.

9. Sub-committees and reporting procedure

9.1 The Committee has no sub-committees.

10. Administrative arrangements

10.1 The Committee shall be supported administratively by the Trust Secretary, whose duties in this respect will include:

- Maintenance of a forward programme of work, setting out the dates of planned meetings and key agenda items
- Agreement of agenda for next meeting with Chair, allowing adequate notice for reports to be prepared which adequately support the relevant agenda item.
- Collation and distribution of agenda and reports one week before the date of the meeting
- Ensuring the minutes are taken and that a record is kept of matters arising and issues to be carried forward
- Advising the Committee on all pertinent areas

11. Emergency powers and urgent decisions

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

12. Review of Terms of Reference and Monitoring Compliance

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

History
Terms of Reference agreed by Audit and Governance Committee: April 2013
Terms of Reference approved by the Board: May 2013
Terms of Reference agreed by the Audit and Governance Committee, November 2014
Terms of Reference approved by the Trust Board, December 2014
Terms of Reference agreed by the Audit and Governance Committee, November 2015
Terms of Reference approved by the Trust Board, November 2015
Terms of Reference agreed by the Audit and Governance Committee, February 2016 (N.B. the Board had already authorised the Audit and Governance Committee to agree changes in relation to the Committee's role as Auditor Panel)
Terms of Reference agreed by the Audit and Governance Committee, November 2016
Terms of Reference approved by the Trust Board, November 2016
Terms of Reference agreed by the Audit and Governance Committee, November 2017
Terms of Reference approved by the Trust Board, November 2017
Terms of Reference agreed by the Audit and Governance Committee, December 2018
Terms of Reference approved by the Trust Board, December 2018
Terms of Reference agreed by the Audit and Governance Committee, November 2019
Terms of Reference approved by the Trust Board, November 2019
Terms of Reference agreed by the Audit and Governance Committee, November 2020
Terms of Reference approved by the Trust Board, November 2020

Amended Terms of Reference agreed by the Audit and Governance Committee, May 2021 (to reflect the Committee's primary responsibility for ensuring compliance with the Trust's established governance structures).
Amended Terms of Reference approved by the Trust Board, May 2021
Terms of Reference agreed by the Audit and Governance Committee, November 2021 (annual review)
Terms of Reference approved by the Trust Board, November 2021
Terms of Reference agreed by the Audit and Governance Committee, November 2022 (annual review, and the inclusion of content related to security issues)
Terms of Reference approved by the Trust Board, November 2022

Summary report from the Charitable Funds Committee, 17/11/22 (incl. approval of revised Terms of Reference) | **Committee Chair (Non-Executive Director)**

The Charitable Funds Committee (CFC) met on 17th November 2022, virtually, via webconference.

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

- The **actions from previous meetings** were noted
- The **Terms of Reference** were reviewed as part of the annual process and some proposed amendments were agreed. It was subsequently agreed the "Review of the proposed fundraising appeals for 2023/24" item that the Trust Secretary should amend the Committee's Terms of Reference to provide further clarification regarding the Committee's authority to approve the fundraising strategy and appeals, ensuring that such amendments were agreed by the Chair of the Charitable Funds Committee, prior to submission to the November 2022 'part 1' Trust Board meeting. The Terms of Reference were duly amended and are enclosed in Appendix 1 (with the proposed changes 'tracked'), for the Trust Board's approval.
- The Committee reviewed and **agreed the Charitable Fund Annual Report and Accounts for 2021/22** subject to the findings of the independent examination by the Trust's External Audit Service. The Charitable Fund Annual Report and Accounts for 2021/22 has been scheduled for approval at the December 2022 'Part 1' Trust Board meeting.
- The **financial overview at Month 7** was considered wherein it was agreed that the Head of Financial Services should Provide further clarification to Committee members regarding the approach being adopted by Kent and Medway NHS and Social Care Partnership Trust (KMPT) for the establishment of their Charitable Fund, and, if a subsidiary approach, what, if any, benefits were associated with such an approach. It was also agreed that the Assistant Trust Secretary should schedule an annual benchmarking review of the Charitable Fund support structure, support costs and income, as part of future "Financial overview at month 7…" reports. Furthermore, it was agreed that the Head of Charity and Fundraising should review the findings of the NHS Charitable Funds annual benchmarking exercise conducted by NHS Charities Together and consider, and confirm to the Assistant Trust Secretary, whether a report on the findings should be submitted to a future Committee meeting. Finally, it was agreed that the Head of Charity and Fundraising should investigate what, if any, actions could be taken to reduce the total number of 'open' Charitable Funds at the Trust, especially where those funds were restricted. The Committee noted that:
  - The fund balance stood at £983.2k, a decrease of £121k since 1st April 2022
  - Fifteen specific donations had been received exceeding £1k totalling £27.1k. The largest single donation was a £5k donation to the Cancer Services Division.
  - No requests for expenditure had been refused during the period
- The Committee undertook an **annual review of the Investment Strategy** wherein the recommendations were agreed as submitted, however the Committee emphasised the importance of ensuring that the Investment Strategy was aligned with the disbursement strategy for charitable funds.
- The Committee reviewed the **draft Charitable Fund Strategy** wherein the Head of Charity and Fundraising was commended for the development of the Charitable Fund Strategy and it was agreed that the Head of Charity and Fundraising should circulate the revised "draft Charitable Fund Strategy", once available, to Committee members, which highlighted in red any amendments proposed by either Committee members or members of the Executive Team Meeting (ETM), to enable consideration as to whether an Extraordinary Committee meeting was required to review the final "draft Charitable Fund Strategy" prior to submission to the Trust Board, for approval.
- The Committee reviewed **the proposed fundraising appeals for 2023/24** wherein the importance of the two proposed fundraising appeals was acknowledged; however, it was agreed that the Chair of the Charity Management Committee and the Head of Charity and Fundraising should submit a "Further review of the proposed fundraising appeals for 2023/24" item to the Committee's meeting in March 2023 which included costed proposals (including what, if any, funding could be released from existing Funds) and guidance regarding the

utilisation of funds in the event of under or over performance against the fundraising target, ensuring that such proposals had been considered by the Executive Team Meeting (ETM) and the Charity Management Committee.

- The Committee agreed the **use of non-pay budget to support fundraising**.
- The Head of Wellbeing attended for a **review of the proposed use of charitable funds to support wellbeing and financial hardship** which included details of the key schemes that had been identified and it was agreed that the Head of Wellbeing and Head of Financial Services should submit an "Update on the use of charitable funds to support wellbeing and financial hardship" item to the Committee's meeting in March 2023, which included details of how such support had been funded, and how any tax implications had been addressed, and the processes underlying the distribution of the funds to the intended recipients.
- The Head of Charity and Fundraising provided the latest **Fundraising update** which included details of the proposal to revitalise the Charity Management Committee and it was agreed that the Assistant Trust Secretary should provide the Head of Charity and Fundraising with the previously approved Terms of Reference for the Charity Management Committee, to provide a framework for the re-establishment for the Charity Management Committee.
- The Chair of the Charity Management Committee provided an update on the **proposed partnership with Maggie's Centres,** the Heads of Terms for which have been submitted to the Trust Board, for approval, under a separate agenda item.
- The **Committee's forward programme** was noted.

2. **In addition to the actions noted above, the Committee agreed that:** It was agreed that the Trust Secretary should liaise with the Chair of the Trust Board to confirm the appointment of a vice-chair to the Charitable Funds Committee, to enable that individual to present the "To approve the Charitable Fund Annual Report and Accounts for 2021/22" item at the December 2022 'part 1' Trust Board meeting in the absence of the Chair of the Charitable Funds Committee.

3. **The issues that need to be drawn to the attention of the Board are 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 submission to 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

CHARITABLE FUNDS COMMITTEE

Terms of Reference

NHS Maidstone and Tunbridge Wells NHS Trust

1. Purpose

The Charitable Funds Committee has been established as a sub-committee of the Trust Board to ensure that the Maidstone and Tunbridge Wells NHS Trust Charitable Fund is managed efficiently and effectively in accordance with the directions of the Charity Commission, relevant NHS legislation and the wishes of donors.

2. Membership

Membership of the Committee is as follows:

- The Committee Chair – a Non-Executive Director or Associate Non-Executive Director appointed by the Chair of the Trust Board
- The Committee Vice-Chair - a Non-Executive Director or Associate Non-Executive Director appointed by the Chair of the Trust Board
- A further Non-Executive Director or Associate Non-Executive Director
- The Chief Operating Officer
- The Deputy Chief Executive / Chief Finance Officer
- ~~The Director of Strategy, Planning and Partnerships~~
- The Head of Financial Services
- The Deputy Director of Finance (Financial Governance)
- The Trust Secretary

If a member cannot attend a meeting, they may send a representative in their place.

3. Quorum

The Committee shall be quorate when one Non-Executive Director (or Associate Non-Executive Director) and three other members are present. Deputies representing members will count towards the quorum.

4. Attendance

The Committee Chair may invite other staff, Non-Executive Directors (or Associate Non-Executive Directors) to attend, as required, to fulfil the Committee's purpose and/or meet its duties.

5. Frequency

The Committee shall meet at least twice per financial year (and more frequently if required to fulfil its purpose and/or meet its duties).

6. Duties

The Committee will act on behalf of the Corporate Trustee (Maidstone and Tunbridge Wells NHS Trust) and will:

- Develop ~~and approve~~ the strategy and objectives of the Charitable Fund, for approval by the Trust Board.
- Ensure that the Charitable Fund complies with relevant law and with the requirements of the Charity Commission; in particular ensuring the submission of Annual Returns and Accounts
- Oversee the ~~development and~~ delivery of the strategy and objectives of the Charitable Fund ~~Trust's fundraising strategy~~
- Oversee the Charitable Fund's expenditure and investment plans, including:
  - Approving relevant policies and procedures
  - Agreeing approval and authorisation limits for expenditure from charitable funds
  - Considering applications for support (as recommended by the Head of Financial Services)
  - Approving and monitoring investment strategies

The specific duties of the Committee in relation to the Charitable Fund are to:

Policy and other matters

- To approve, on behalf of the corporate Trustee:
  - The policy and procedures for Charitable funds
  - Specific fundraising appeals (provided these align with the approved Charitable Fund strategy)
  - A Reserves policy (if considered by the Committee to be required)
  - An Investment strategy (and to formally review the strategy annually)
  - A Grant Making policy (if considered by the Committee to be required)
  - Guidance for fundraising activities (if considered by the Committee to be required)

Operational matters

- To approve the annual management and administration fee payable to the Trust
- Be advised of and consider the application of all new legacies
- Approve proposals regarding the establishment of any new funds
- Authorise financial procedures and financial limits
- Receive details of any expenditure refused
- To approve the banking arrangements of Maidstone and Tunbridge Wells NHS Trust Charitable Fund
- To authorise expenditure at the limits reserved for the Committee (as stated in the Trust's Reservation of Powers and Scheme of Delegation)

Internal and External control

- To seek assurances that all income is secured and that expenditure is within the objects of the Maidstone and Tunbridge Wells NHS Trust Charitable Fund
- To ensure compliance of all statutory legislation and ~~C~~charity regulations, and seek assurance on compliance where considered necessary
- To ensure there is adequate provision for the independent monitoring of investment activity
- To receive all relevant internal and external audit reports, and ensure compliance with any recommendations

Financial reporting

- To review income and expenditure reports for each of the reporting periods
- To review and agree the Principal Accounting Policies to be adopted
- To review, and agree the Annual Report and Annual financial accounts for the Charitable Fund, for approval by the Trust Board
- To receive, where appropriate, the annual investment report
- To ensure the Deputy Chief Executive / Chief Finance Officer is compliant with the reporting requirements of the Committee and the Trust Board (as the agent of the Trustee)
- To review Fundholders' spending plans

7. Parent committees and reporting procedure

The Charitable Funds Committee is a sub-committee of the Trust Board.

A written summary report of each Charitable Funds Committee meeting will be provided to the Trust Board. The Chair of the Charitable Funds Committee will present the Committee report to the next appropriate Trust Board meeting.

8. Sub-committees and reporting procedure

The Committee has the following sub-committee:

- The Charity Management Committee

A written summary report from each sub-committee will be received at each meeting of the Charitable Funds Committee. The Terms of Reference of each sub-committee will be reviewed, and approved, at the Charitable Funds Committee every year.

The Charitable Funds Committee may also establish fixed-term working groups, as required, to support the Committee in meeting its duties as it, or the Trust Board, sees fit.

9. Emergency powers and urgent decisions

The powers and authority which the Trust Board has delegated to the Charitable Funds Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted either the Deputy Chief Executive / Chief Finance Officer or ~~Director of Strategy, Planning and Partnerships~~Chief Operating Officer. The exercise of such powers by the Committee Chair shall be reported to the next formal meeting of the Charitable Funds Committee, for formal ratification.

10. Administration

The minutes of the Committee will be formally recorded and presented to the following meeting for agreement and the review of actions.

The Trust Secretary's Office will ensure that each committee 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 and agenda items
- The meeting agenda
- The meeting minutes and the action log

11. Review

The Terms of Reference of the Committee will be reviewed annually, and approved by the Trust Board

History

Agreed at Charitable Funds Committee, July 2014
Approved at Trust Board, September 2014
Agreed at Charitable Funds Committee, July 2015
Approved at Trust Board, September 2015
Agreed at Charitable Funds Committee, November 2016
Approved at Trust Board, December 2016
Agreed at Charitable Funds Committee, 16th October 2017
Approved at Trust Board, 29th November 2017
Agreed at Charitable Funds Committee, 27th November 2018 (annual review)
Approved at Trust Board, 20th December 2018
Agreed at Charitable Funds Committee, 29th October 2019 (annual review)
Approved at Trust Board, 28th November 2019
Agreed at Charitable Funds Committee, 24th March 2020 (to include the Charity Management Committee as a sub-committee)
Approved at Trust Board, 30th April 2020
Agreed at Charitable Funds Committee, 24th November 2020 (annual review)
Approved at Trust Board, 17th December 2020
Agreed at Charitable Funds Committee, 24th November 2021 (annual review, and to add a further Non-Executive Director or Associate Non-Executive Director to the membership)
Approved at Trust Board, 22nd December 2021
Agreed at Charitable Funds Committee, 17th November 2022 (annual review)
Approved at Trust Board, 24th December 2022

NHS
Maidstone and Tunbridge Wells NHS Trust

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

The IPR for month 7, 2022/23, 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, 22/11/22, Finance and Performance Committee, 22/11/22

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

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Maidstone and Tunbridge Wells NHS Trust

Integrated Performance Report

October 2022

MTW
exceptional people, outstanding care

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- Business Rules for Assurance Icons — Page 28 - 30
- Consistently, Passing, Failing and Hit & Miss Examples — Page 31

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

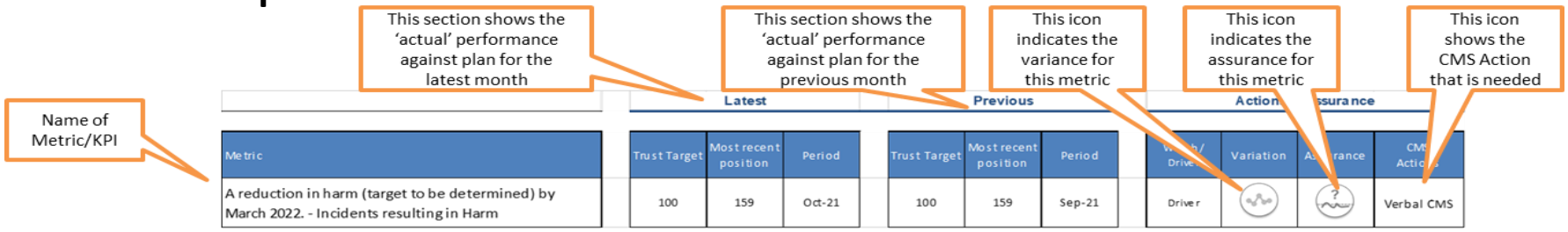
Escalation Rules:

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

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Executive Summary

Executive Summary

Vacancy Rate is now experiencing special cause variation of an improving nature and variable achievement of the target with the nursing vacancy rate also improving. The Trust Turnover Rate has failed the target for more than six months and is in special cause variation of a concerning nature. Both Agency spend and sickness levels have also failed the target for more than six months and are in common cause variation. Safe Staffing levels remain in escalation as has not achieved the target for more than six months which is impacting on key quality indicators. The Trust Appraisal rate is improving but remains in escalation as is not achieving the target. The Trust Financial Plan was on plan, generating a £5.9m deficit year to date.

The rate of inpatient falls continues to experience common cause variation and variable achievement of the target. Both the Hospital on-set of COVID and C.Difficile indicator have not achieved the target for more than six months and have therefore been escalated. These indicators also impact the Incidents resulting in harm indicator which is experiencing common cause variation and variable achievement of the target.

Diagnostic Waiting Times has remained similar in October and is now experiencing common cause variation and consistently failing the target at 89.9%, driven mainly by the continued low performance for Echocardiography. RTT performance is experiencing special cause variation of a concerning nature and has not achieved the trajectory target for more than six months. We continue to be a Trust with no 52 week waiters (one of the first Acute Trusts to have cleared these long waiters). First outpatient activity levels are experiencing special cause variation of an improving nature but have failed the trajectory target for the last six months. Levels were above 1920 levels for Quarter 1, August, September and October 2022. Diagnostic Activity levels have not achieved the target for more than six months but remain consistently above 1920 levels. Elective activity achieved the plan for Quarter 1 and Quarter 2 overall as well as having achieved the plan for the months of June, July, August, September and October and is therefore above plan Year to date (YTD).

A&E 4hr performance is experiencing common cause variation at 84.0% 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 has not achieved the Cancer Waiting Times 62 Day standard for the month of September at 73.6% but has continued to achieve the national 2 Week Wait (2WW) Standard (94.0%). Achievement of 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.

Please note that some of Counter Measure Summaries (CMS)'s are still in development as the A3's are still in progress.

Escalations by Strategic Theme:

People:
- Turnover Rate (P.8)
- Sickness Rate (P.9)*
- Appraisal Completeness (P.9)

Patient Safety & Clinical Effectiveness:
- Safe Staffing (P.11)
- Infection Control (P.11)*

Patient Access:
- RTT Performance (P.13)
- Planned levels of new outpatients activity (P.14)
- A&E Performance (P.15)
- Outpatient Calls answered <1 minute (P.16)
- Outpatient Clinic Utilisation (P.16)
- Ambulance Handovers >30 minutes (P.15)
- Diagnostic Waiting Times (P.17)
- Planned levels of Diagnostics activity (P.18)

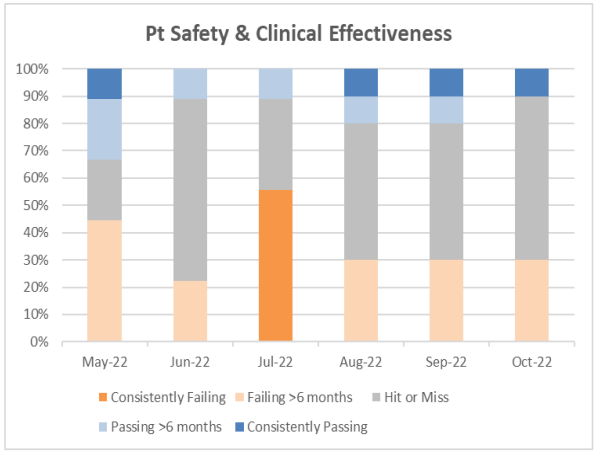
*Escalated due to the *rule* for being in Hit or Miss for more than six months being applied

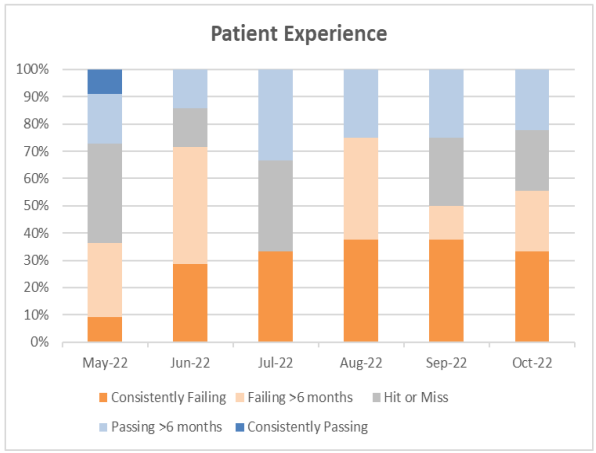
Patient Experience:
- Communication Complaints (P.20)
- Complaints responded within target (P.21)
- FFT Response Rates - all areas (P.22)

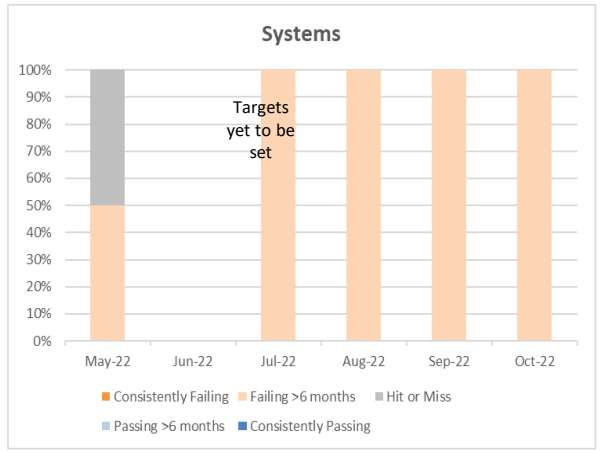
Systems:
- Discharges before Noon (P.24)

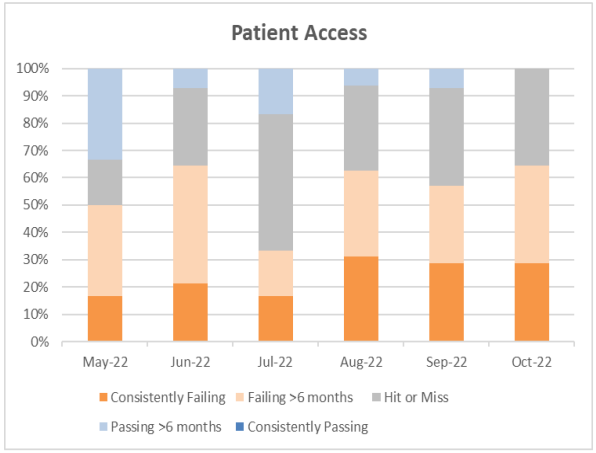
Sustainability
- Agency Spend (P.26)

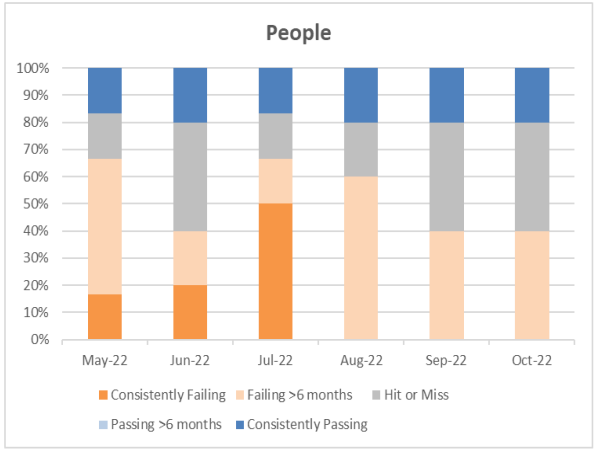
Assurance Stacked Bar Charts by Strategic Theme

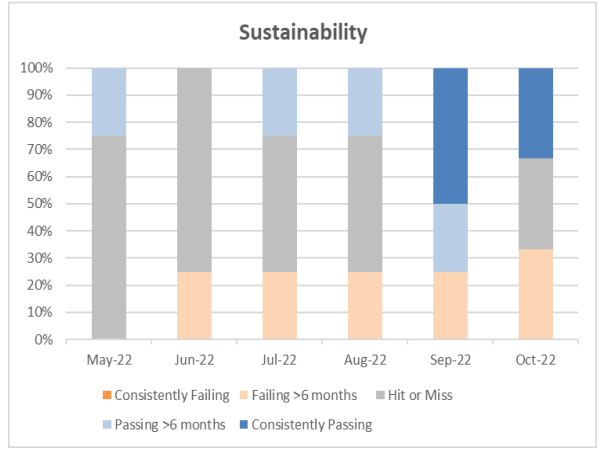












Matrix Summary

October 2022		Assurance				
		Pass★	Pass	Hit and Miss	Fail	Fail -
Variance	Special Cause - Improvement		Capital Expenditure (£k) Flow: % of Emergency Admissions that are zero LOS (SDEC)	Reduce the Trust wide vacancy rate to 12% by the end of the financial year 2022-3 Vacancy Rate Friends and Family (FFT) % Response Rate: Inpatients	To achieve the planned levels of new outpatients activity (shown as a % 19/20)	Transformation: CAU Calls answered <1 minute Access to Diagnostics (<6weeks standard)
	Common Cause	Cash Balance (£k)	Complaints Rate % VTE Risk Assessment (one month behind)	Reduction in incidents resulting in harm by 8.2% by March 2023 To reduce the overall number of complaints or concerns each month Reduction in the rate of patient falls to 6.36 per 1000 occupied bed days by March 2023 Achieve the planned levels of inpatient activity - Total Elective Achieve the planned levels of outpatient activity - Follow Up Outpatients Number of New SIs in month Cancer - 2 Week Wait Never Events Sickness Absence IC - Number of Hospital acquired MRSA Flow: % of Emergency Admissions into Assessment Areas	RTT Patients waiting longer than 40 weeks for treatment Achieve the Trust RTT Trajectory by March 2023 To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience. Reduce the amount of money the Trusts spends on premium workforce spend A&E 4 hr Performance Safe Staffing Levels Infection Control - Hospital Acquired Covid Appraisal Completeness % complaints responded to within target IC - Rate of Hospital C.Difficile per 100,000 occupied beddays Flow: Ambulance Handover Delays >30mins	Achieve the planned levels of diagnostics activity (MRI,NOUS,CT Combined) To increase the number of patients leaving our hospitals by noon on the day of discharge Transformation: % OP Clinics Utilised (slots) Access to Diagnostics (<6weeks standard) Friends and Family (FFT) % Response Rate: A&E
	Special Cause - Concern	Summary Hospital-level Mortality Indicator (SHMI) Statutory and Mandatory Training		Delivery of financial plan, including operational delivery of capital investment plan. Cancer - 62 Day Standardised Mortality HSMR	Reduce Turnover Rate to 12% by March 2023 Flow: Super Stranded Patients	

Strategic Theme: People

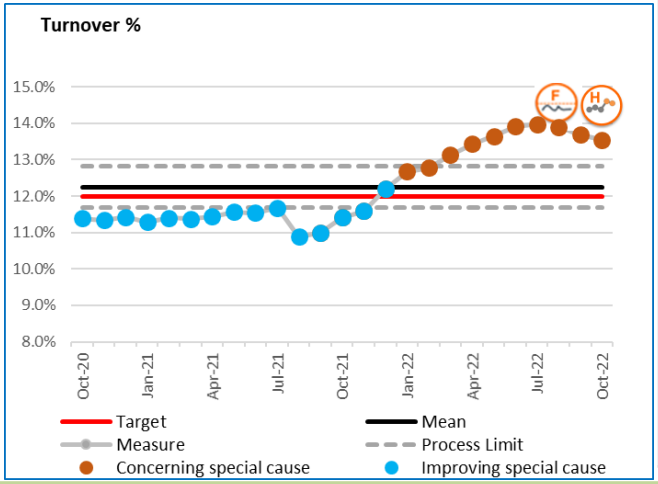
			Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Well Led	Reduce the Trust wide vacancy rate to 12% by the end of the financial year 2022-3	12%	11.2%	Oct-22	12%	11.4%	Sep-22	Driver			Note Performance
Breakthrough Objectives	Well Led	Reduce Turnover Rate to 12% by March 2023	12%	13.5%	Oct-22	12%	13.7%	Sep-22	Driver			Full CMS
Constitutional Standards and Key Metrics (not in SDR)	Well Led	Sickness Absence	4.5%	4.4%	Sep-22	4.5%	4.1%	Aug-22	Driver			Not Escalated
	Well Led	Appraisal Completeness	95.0%	90.4%	Oct-22	95.0%	90.5%	Sep-22	Driver			Escalation
	Well Led	Statutory and Mandatory Training	85.0%	86.8%	Oct-22	85.0%	86.3%	Sep-22	Driver			Not Escalated

Breakthrough Objective: Counter Measure Summary

Metric Name – Reduce Turnover Rate to 12% by March 2023

Owner: Sue Steen
Metric: Turnover Rate
Desired Trend: 7 consecutive data points below the mean

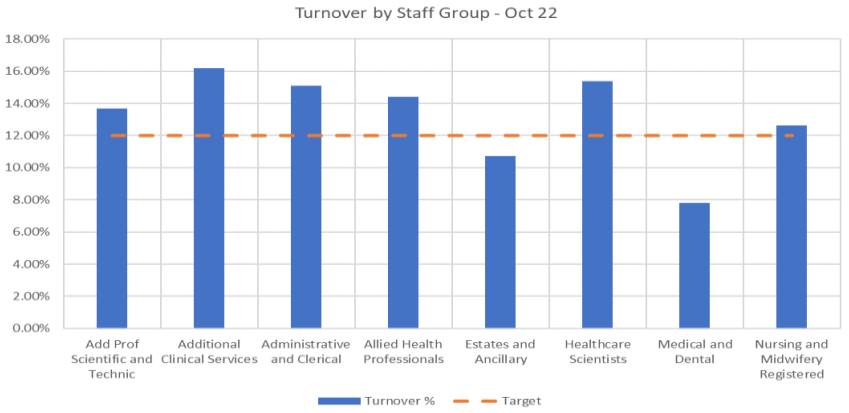
1. Historic Trend Data



Oct-22
13.55%
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)
12%
Business Rule
Full CMS as not achieved target for 6+ months

2. Stratified Data

** This is an early view and further analysis will be undertaken



3. Top Contributors

A3 Stakeholder engagement workshop to identify contributors and subsequent countermeasure sessions have taken place in October

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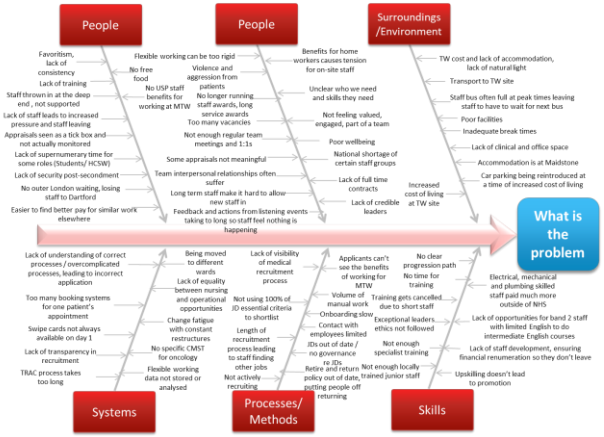
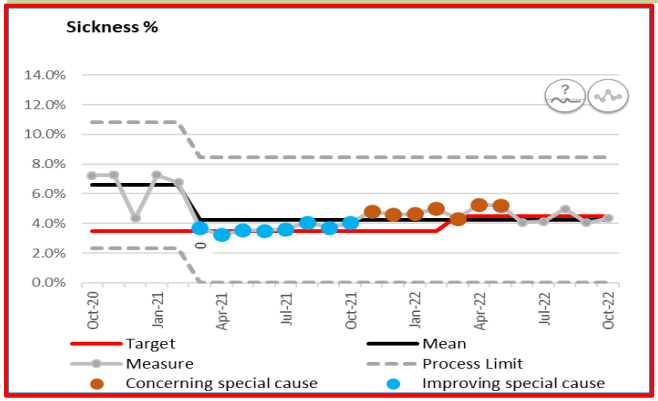


4. Action Plan

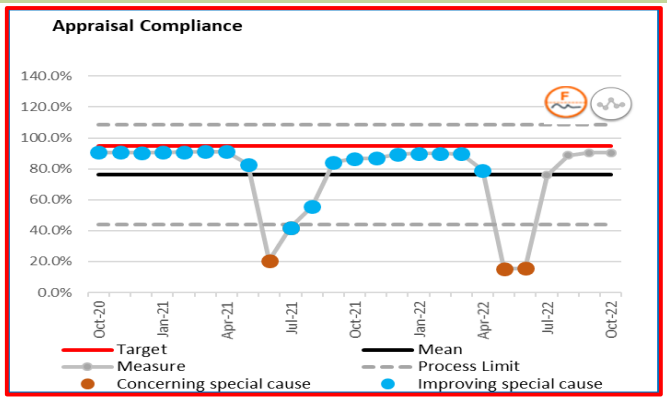
The A3 continues to be developed, with countermeasures identified and to be implemented.

Action completed/planned
Review of data undertaken
A3 Stakeholder Workshop took place to identify top contributors and countermeasures
Prioritisation of countermeasures through the use of a PICK chart completed
KPIs finalised
Working Groups being set up to take forward actions

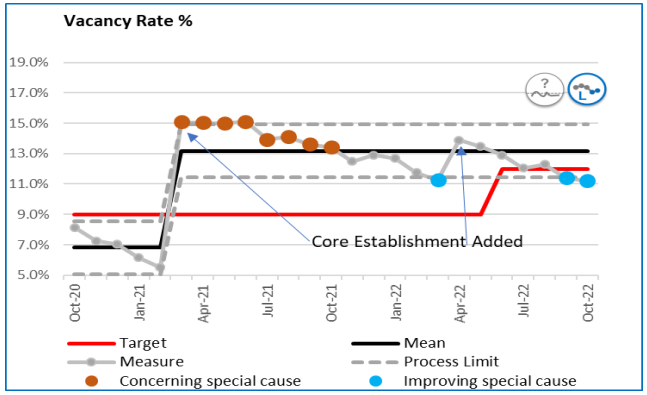
People – Workforce: CQC: Well-Led



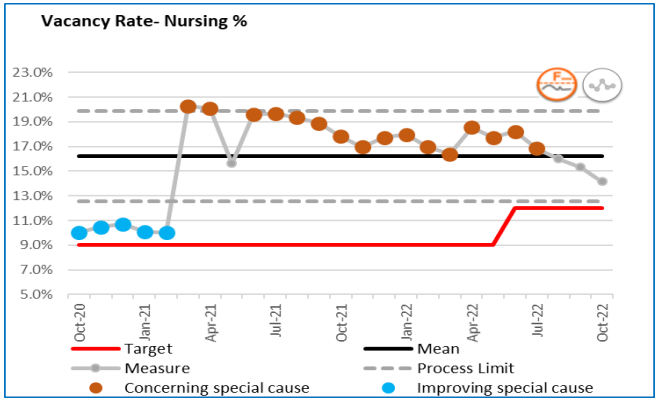
Sep-22
4.4%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Max Target (Internal)
4.5%
Business Rule
Escalated as in Hit & Miss for >6months



Oct-22
90.38%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and failing the target for 6+ months
Max Target (Internal)
95%
Business Rule
Has failed the Target for 6+ Months



Oct-22
11.2%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature and variable achievement of the target
Max Limit (Internal)
12%
Business Rule
Not Escalated - Shown for Information



Oct-22
14.16%
Variance / Assurance
Metric is currently experiencing common cause Variation and consistently failing the target
Max Limit (Internal)
15%
Business Rule
For Information as linked to Vacancy Rate

Summary:

Sickness % - This metric is experiencing Common Cause Variation and variable achievement of the Target

Appraisal Completeness - This metric is experiencing Common Cause Variation and failing the target for 6+ months

Vacancy Rate: Shown for information as is now experiencing special cause variation of an improving nature (as has achieved the target in September and October) and variable achievement of the new target..

Nursing Vacancy Rate: Shown for information as is linked to Vacancy Rate. Metric is now experiencing common cause variation and consistently failing the target.

Actions:

Sickness: Has reduced from the spike due to covid absence in July/August, although there has been an uplift in cold/flu cases, so we expect to see the level of at/around 4.5% to continue into the winter months

Vacancy Rate: The vacancy rate has continued to improve, further reducing this month. With high recruitment activity we anticipate this to continue

Nursing vacancy rate: the trend of falling vacancies continues, reflecting high level of activity in both domestic and international recruitment

Turnover: not reported here, however a breakthrough objective with a target of 12% by 31 March 2023. October rate is 13.55%, reflecting an improvement in the metric, however we are still seeing a high number of leavers across the Trust month on month, which slows the improvement of this metric

Assurance & Timescales for Improvement:

Sickness: Covid cases are reducing, but are almost matched by the increase in seasonal cold/flu, so we would anticipate levels to remain as we move into the winter months

Vacancy Rate % - Recruitment pipeline shows high level of recruitment activity. We would therefore anticipate further reductions over the coming months and forecast a vacancy rate of below 10% by end of FY 22/23 based on current activity / leaver rates

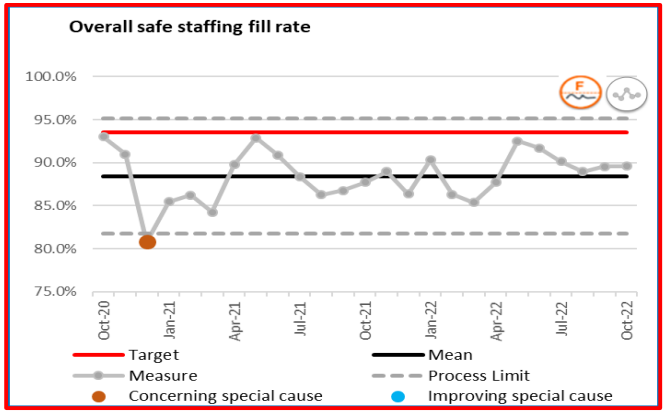
Nursing vacancy rate: as with general recruitment activity, this is high and is forecast to continue, both with domestic and international recruitment campaigns. We therefore anticipate this metric to continue to improve in the coming months

Turnover: Workforce Supply programme has been launched, with KPIs agreed, countermeasures identified and working groups now running to build on existing interventions regarding this target

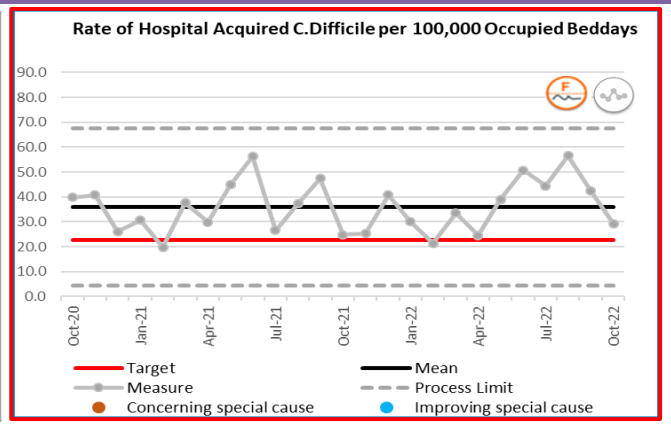
Strategic Theme: Patient Safety & Clinical Effectiveness

			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
Vision Goals / Targets	Safe	Reduction in incidents resulting in harm by 8.2% by March 2023	128	193	Oct-22	129	179	Sep-22	Driver			Verbal CMS
Breakthrough Objectives	Safe	Reduction in the rate of patient falls to 6.36 per 1000 occupied bed days by March 2023	6.72	7.45	Oct-22	6.79	7.11	Sep-22	Driver			Verbal CMS
Constitutional Standards and Key Metrics (not in SDR)	Safe	Number of New SIs in month	11	13	Oct-22	11	7	Sep-22	Driver			Not Escalated
	Safe	Standardised Mortality HSMR	100.0	103.5	Jul-22	100.0	105.3	Jun-22	Driver	H		Not Escalated
	Safe	Summary Hospital-level Mortality Indicator (SHMI)	100.0	97.0	Jun-22	100.0	97.3	May-22	Driver	H	P	Not Escalated
	Safe	Never Events	0	0	Oct-22	0	1	Sep-22	Driver			Not Escalated
	Safe	Safe Staffing Levels	93.5%	89.6%	Oct-22	93.5%	89.6%	Sep-22	Driver		F	Escalation
	Safe	Infection Control - Hospital Acquired Covid	0	30	Oct-22	0	45	Sep-22	Driver		F	Escalation
	Safe	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays	22.7	29.2	Oct-22	22.7	42.4	Sep-22	Driver		F	Escalation
	Safe	IC - Number of Hospital acquired MRSA	0	0	Oct-22	0	0	Sep-22	Driver			Not Escalated

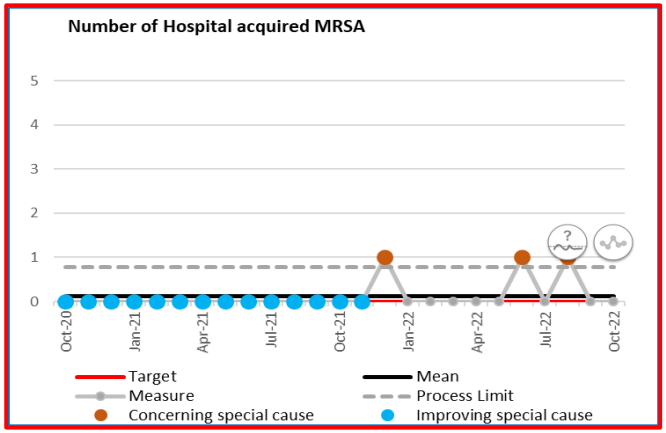
Patient Safety and Clinical Effectiveness: CQC: Safe



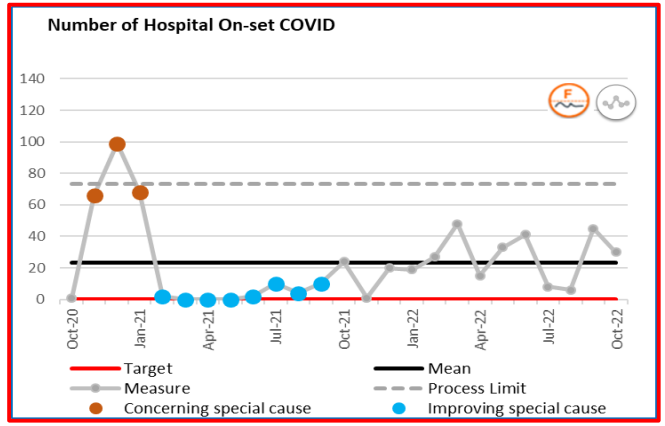
Oct-22
89.6%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and has not achieved the target for >6months
Target (Internal)
93.3%
Business Rule
Full Escalation as has not achieved the target for > 6 months



Oct-22
29.2
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 Hit or Miss > 6 months



Oct-22
0
Variance / Assurance
Metric is currently experiencing Special Cause Variation of a Concerning Nature and variable achievement of the target
Max Target
0
Business Rule
Full Escalation as Hit or Miss > 6 months



Oct-22
30
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 now failed the target for more than six months

MRSA: The level of MRSA has returned to 0 and is back 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 huddles are supported by the Bank team to ensure the staffing allocations mitigate any safety risks. Rapid response templates for RNM cover have been revised to ensure correct allocation to clinical areas and a reduction in unnecessary RNM spend. Rostering Confirm and Support meetings are now embedded, with compliance reporting rolling out to Divisions. Nursing establishment reviews were undertaken in October to ensure the staffing template is correct to support patient care. Retention of Registered Nurses/Midwives and Healthcare Clinical Support Workers (HCSWs) is now a focus with a view to reduce turnover rates. Career roadshows have commenced on both sites to support staff with CPD opportunity and career planning.

Infection Control: A number of Trust wide incident meetings have been held. Ward based training provided by the IPCT. Antimicrobial stewardship rounds by the microbiologists are continuing. There is a national increase in cases however the Trust is in the 3rd quartile for performance. The Trust has seen 57 cases to the end of October against a year end limit of 62. Management of diarrhoea and prevention of CDI is a key focus for the infection prevention team

The Trust continues to see a number of Covid outbreaks which are mainly associated with Covid positive patients being identified in a bay with subsequent transmission of infection or on asymptomatic discharge screening. All Covid contacts are identified and quarantined. Weekly outbreak meeting are held to support the management of the

Assurance & Timescales for Improvement:

Safe Staffing Fill Rate: Real time daily staffing data has been developed by the Senior Corporate Nursing and ICC team. New processes for the redeployment of staff are now live, ensuring governance and reporting is in place to document staff moves. The new Safe Staffing policy is out to consultation and will provide processes for the escalation of staffing risk. The Trust continues to roll out SafeCare, with 25 clinical areas now live. Divisional SafeCare compliance reporting is now active. Recruitment activity continues to move at pace with local recruitment events ongoing. Increased OSCE training capacity is in place and the OSCE training facility relocation is now complete. The aim is to reduce the Nursing and Midwifery vacancy rate to 10% by December 2022.

Infection Control: The IPC team has provided addition IPC updates to all wards and department to promote the core IPC principles the return to standard Infection prevention and control precautions. All C diff samples are sent to the reference laboratory to assist in identify transmission of C diff infection and outbreaks. The Infection prevention team will continue to monitor and escalate where infection and nosocomial 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

Strategic Theme: Patient Access

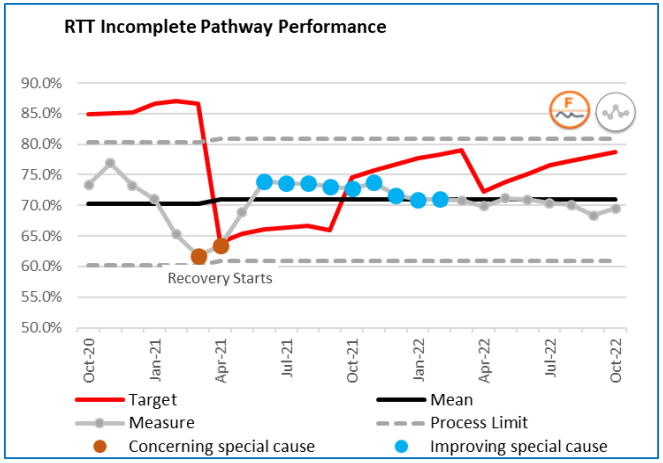
			Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Responsive	Achieve the Trust RTT Trajectory by March 2023	78.8%	69.5%	Oct-22	78.0%	68.3%	Sep-22	Driver		F	Full CMS
Breakthrough Objectives	Responsive	To achieve the planned levels of new outpatients activity (shown as a % 19/20)	107.2%	99.8%	Oct-22	120.5%	111.8%	Sep-22	Driver	H	F	Full CMS
Constitutional Standards and Key Metrics (not in SDR)	Responsive	RTT Patients waiting longer than 40 weeks for treatment	481	631	Oct-22	492	811	Sep-22	Driver		F	Escalation
	Responsive	Access to Diagnostics (<6weeks standard)	98.9%	89.9%	Oct-22	99.0%	90.0%	Sep-22	Driver		F	Escalation
	Responsive	A&E 4 hr Performance	93.1%	84.0%	Oct-22	95.7%	84.7%	Sep-22	Driver		F	Escalation
	Responsive	Cancer - 2 Week Wait	93.0%	94.0%	Sep-22	93.0%	94.5%	Aug-22	Driver		?	Not Escalated
	Responsive	Cancer - 62 Day	85.0%	73.6%	Sep-22	85.0%	86.1%	Aug-22	Driver	L	?	Not Escalated
	Effective	Transformation: % OP Clinics Utilised (slots)	85.0%	59.2%	Oct-22	85.0%	61.9%	Sep-22	Driver		F	Escalation
	Effective	Transformation: % of Patients Discharged to a PIFU Pathways	1.5%	3.5%	Oct-22	1.5%	1.8%	Sep-22	Driver	No SPC	No SPC	Not Escalated
	Effective	Transformation: CAU Calls answered <1 minute	90.0%	62.6%	Oct-22	90.0%	64.0%	Sep-22	Driver	H	F	Escalation
	Effective	Flow: Ambulance Handover Delays >30mins	5.0%	8.7%	Oct-22	5.0%	11.6%	Sep-22	Driver		F	Escalation
	Effective	Flow: % of Emergency Admissions into Assessment Areas	65.0%	61.0%	Oct-22	65.0%	63.2%	Sep-22	Driver		?	Not Escalated
	Responsive	To achieve the planned levels of elective (DC and IP cobined) activity (shown as a % 19/20)	97.2%	98.6%	Oct-22	104.5%	105.8%	Sep-22	Driver		?	Not Escalated
	Responsive	To achieve the planned levels of outpatients follow up activity (shown as a % 19/20)	90.1%	91.8%	Oct-22	104.3%	105.9%	Sep-22	Driver		?	Not Escalated
	Responsive	To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20)	200.4%	118.4%	Oct-22	213.6%	120.0%	Sep-22	Driver		F	Escalation

Vision: Counter Measure Summary

Project/Metric Name – Achieve the Trust RTT Trajectory by March 2023

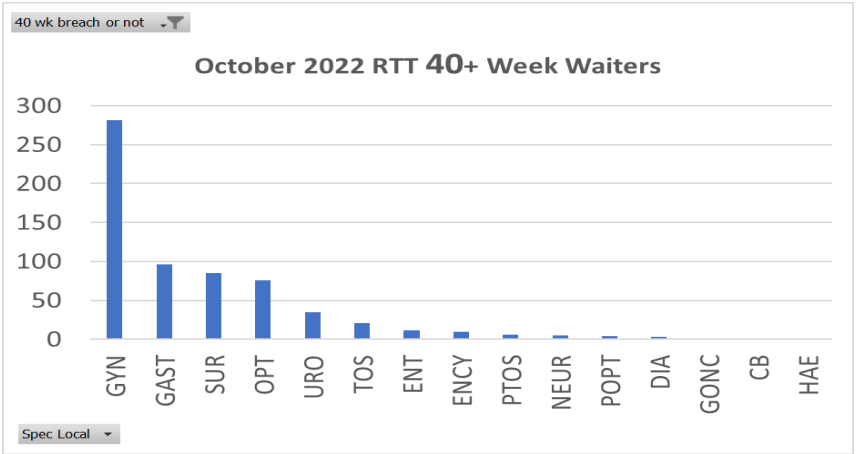
Owner: Sean Briggs
Metric: Referral to Treatment time Standard
Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data



Oct-22
69.5%
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
78.8%
Target Achievement
Metric has failed the target for >6 months

2. Stratified Data



3. Top Contributors

- Underperformance for Outpatients YTD affecting overall position
- Highest number of long waiting patients is mainly in Gynaecology, Gastroenterology and Gen Surgery
- Due to increase in overall waiting list size 75% of patients over 26 weeks are being validated in comparison to 90% in August

4. Action Plan

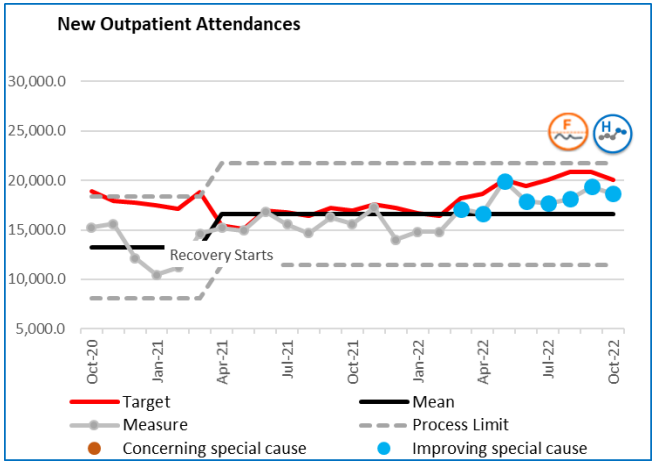
Countermeasures	Action	Who / By when	Complete (Y/N)
Validation	Recovery plan developed to be agreed at Execs	CAU & PAT team	Nov
Daily PTL	Gynae team	Gynae & PAT team	Daily and in progress
Close monitoring of all patients over 40 weeks	Tuesday PTL and Trust Access Performance meeting	RTT Lead and PAT team	Weekly and in progress
40 week trajectory	RTT recovery plan presented to Execs – awaiting outcome	RTT Lead, BI Team	Nov

Breakthrough Objective: Counter Measure Summary

Project/Metric Name – To achieve the planned levels of New Outpatient Activity

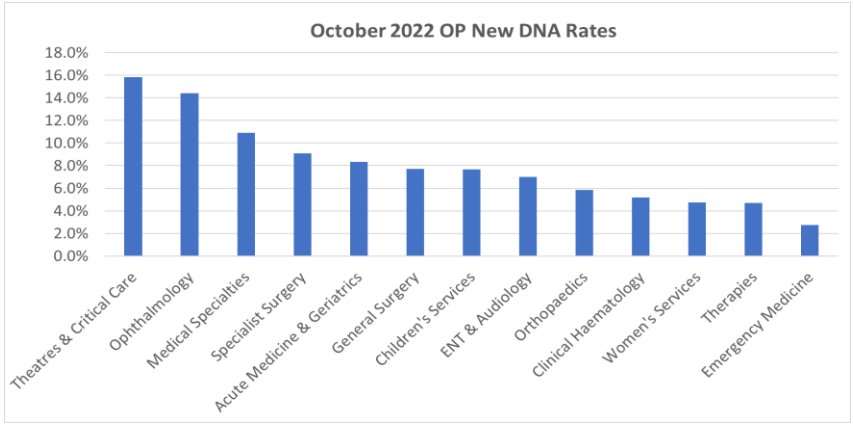
Owner: Sean Briggs
Metric: Elective Activity: New Outpatients
Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data



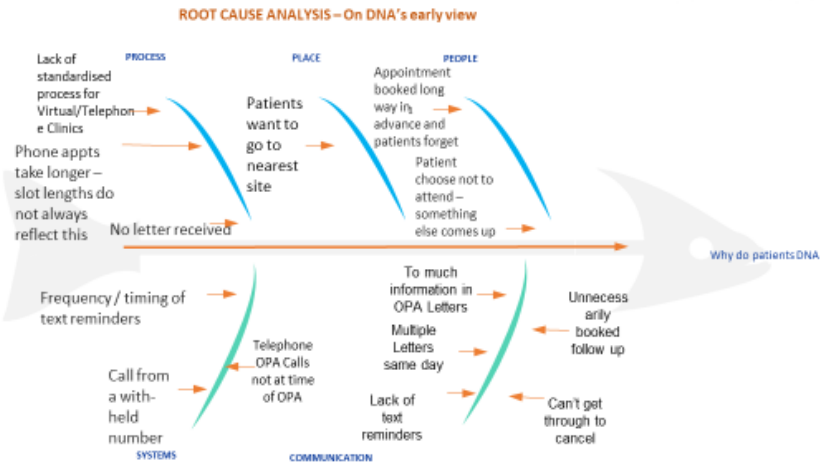
Oct-22
18,679
Variance Type
Metric is currently experiencing Special Cause Variation of an improving nature
Target
20,060
Target Achievement
Metric is consistently failing the target

2. Stratified Data



Although the Trust is near its 5% target the specialties that are not achieving activity levels have a DNA rate of 9% or above

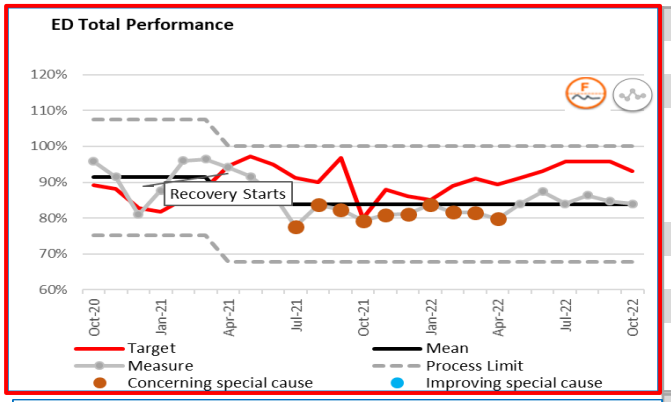
3. Top Contributors



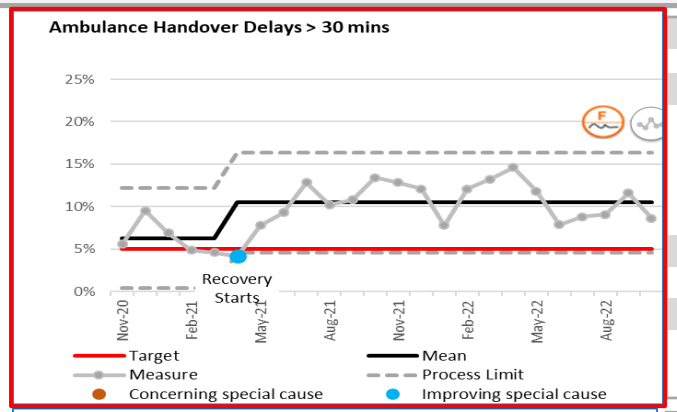
4. Action Plan

Countermeasures	Action	Who / By when	Complete (Y/N)
Review of Text reminder service	Process meeting booked for 16/11/2022	Project Team	Complete
	IT Load balancers installed	IT	January 2023
	Go live	Project Team	January 2023
Telephone Clinics – review of letter re working for Private Number/time of call	Telephone letters reviewed wording updated and live on system	Steph Parrick/Tabby Jovanovich	Completed 14/10/2022
	Monitor Telephone Clinic DNA's to see improvement	Project Team	In progress

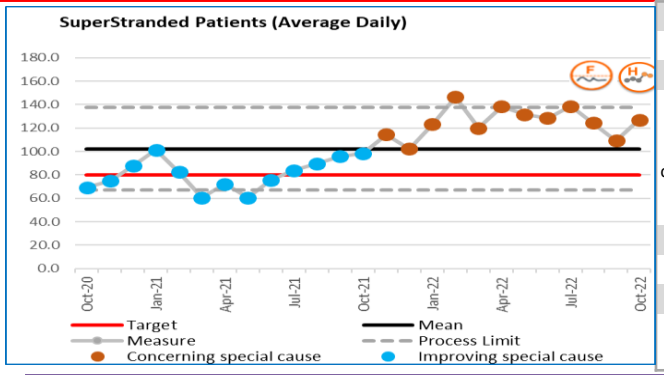
Patient Access – Hospital Flow: CQC: Responsive



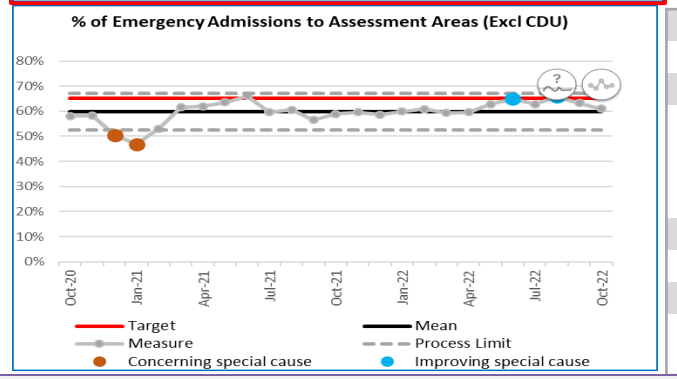
Oct-22
84.0%
Variance / Assurance
Metric is currently experiencing Common Cause variation and has failed the target for >6 months
Target (Internal)
93.1%
Business Rule
Full Escalation as has failed the target for > 6 months



Oct-22
8.7%
Variance / Assurance
Metric is currently experiencing Common Cause variation and is consistently failing the target
Max Limit (Internal)
7%
Business Rule
Full Escalation as is consistently failing the target



Oct-22
127
Variance / Assurance
Metric is currently experiencing Special Cause variation of a concerning nature and has failed the target for >6 months
Max Limit (Internal)
80
Business Rule
Shown for Info



Oct-22
61.0%
Variance / Assurance
Metric is currently experiencing common cause variation and variable achievement of the target
Target
65%
Business Rule
Not Escalated

Summary:

ED 4hr performance (inc MIU): This indicator is now experiencing common cause variation and has failed the target for more than six months Despite this, the Trust is in the top 5 performing Trusts in the country during this time.

Ambulance Handover Delays of >30 minutes is experiencing common cause variation and has failed the target for more than six months.

Super Stranded Patients: is experiencing special cause variation of a concerning nature and has failed the target for more than six months

% of Emergency Admissions to Assessment Areas: is experiencing common cause variation and variable achievement of the target. . SAU emergency admission rates have improved however escalation still restricts flow for patients requiring trolley care. Performance varies depending on escalation and complexity of patients in A&E.

Actions:

ED 4hr performance (inc MIU): The Trust has maintained a strong position regionally and nationally. Improved work in SDEC areas will support sustained improvement. Daily breach validation undertaken and clinic utilisation daily to improve performance.

Ambulance handover delays: Process of PIN entry now embedded , capacity issues remain in TW ED. Ambulance window works commenced at TW

Super-Stranded Patients : 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: 3 x ACP's continuing with training to help improve flow and length of stay. 2 further nurses to be recruited to increase overnight staffing ensuring 24/7 admission from ED whilst escalated. Explore afternoon SDEC clinics to spread capacity through the day to avoid department becoming full.

Assurance & Timescales for Improvement:

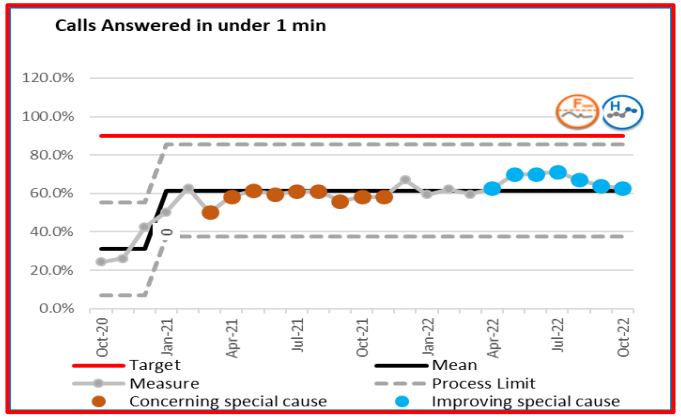
ED 4hr performance (inc MIU): Continue with ED improvement huddles. Daily monitoring of UTC utilisation to increase use of available resource. Review of medical staffing to meet demand.

Ambulance handovers delays: Maidstone performed at 94.6% and TW 90% for less than 30 minute handover times - an improved picture at both Maidstone and Tunbridge Wells compared to last month. Daily review of breaches maintained. 60 minute breaches has also reduced from 0.78% to 0.47%

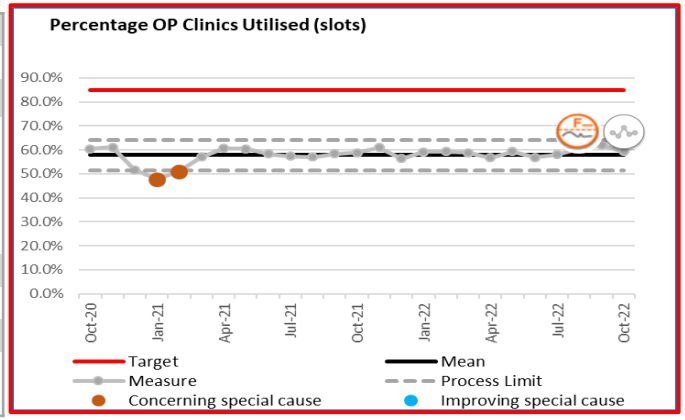
Super stranded patients:
Monthly MADE events to bring an MDT approach. Improved understanding of pathways and introduction of resource packages.

% of Emergency Admissions to Assessment Areas: Ongoing recruitment programme and introduction of the Physicians Associate role in November to pull from ED so patients are not placed in ward beds before being assessed by the SAU team.

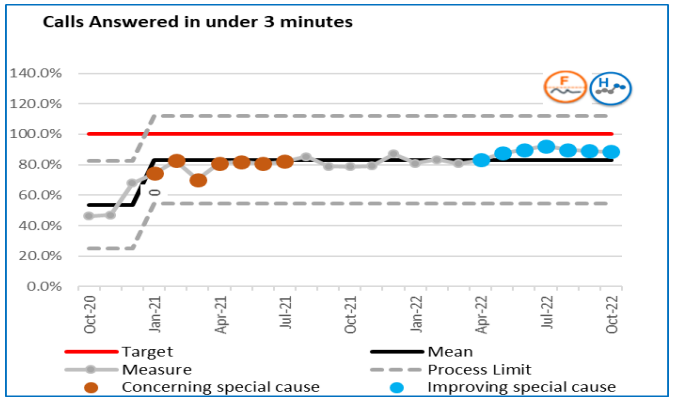
Patient Access – Transformation: Outpatients: CQC: Responsive



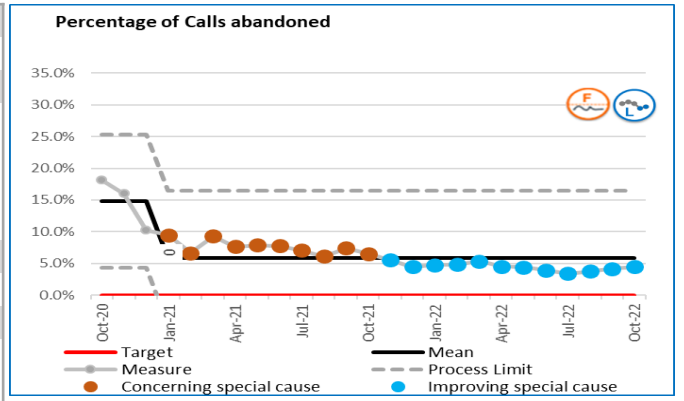
Oct-22
63.0%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature and consistently failing the target
Target (Internal)
90%
Business Rule
Full Escalation



Oct-22
59.2%%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and consistently failing the target
Target (Internal)
85%
Business Rule
Full Escalation



Oct-22
88.6%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature and consistently failing the target
Target (Internal)
100%
Business Rule
For Information as linked to Calls <1min



Oct-22
4.2%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature 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 special cause variation of an improving nature and remains consistently failing the target.

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

Actions:

Calls Answered: Screens have been installed in the Ophthalmology CAU office and are on order for T&O. These screens display call performance on the day in real time.

Haematology have now gone live on netcall, the team are monitoring call performance closely.

Recruitment has now been completed for call operatives for the outpatient communication centre pilot. Initially we will be offering support to CAUs to help manage call volumes.

Outpatient appointment re-booking/cancelling web page form has been developed and is due to go live.

Outpatient Utilisation: Introduction of SOAP and Focal to the outpatient team to support management of utilisation of clinic templates

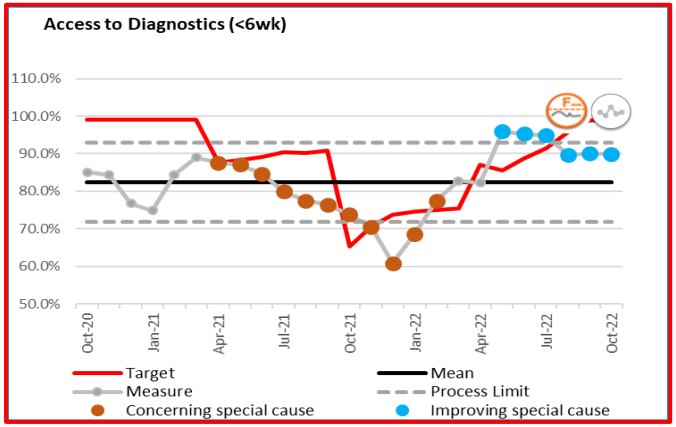
Assurance & Timescales for Improvement:

Calls Answered: Weekly meeting with specialties are undertaken to go through call KPIs to understand areas for improvement and reasonings for poor performance. Further actions are being progressed.

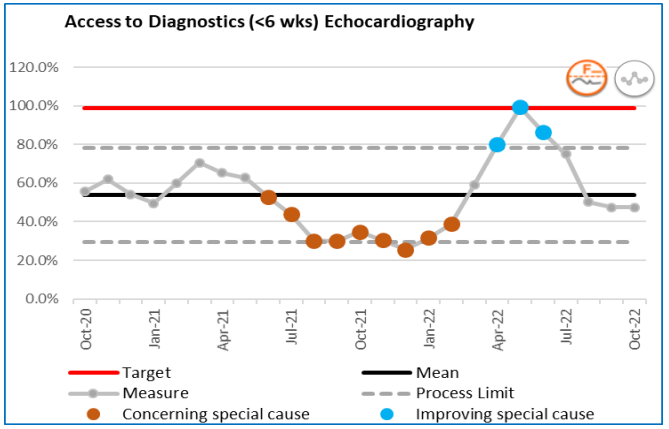
Call performance dashboard is being developed by BI to show call data at weekly performance meetings.

Outpatient Utilisation: Corporate Project on clinic templates

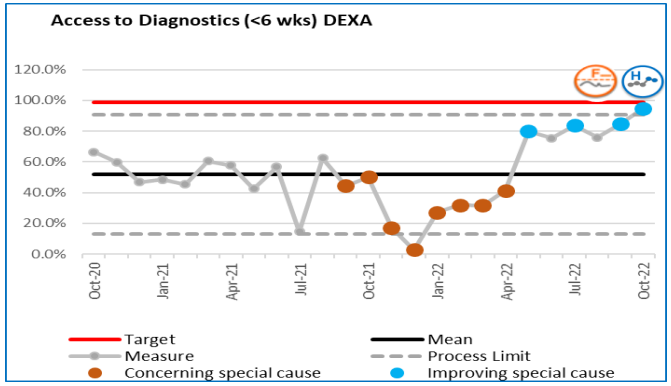
Patient Access – Diagnostics Waiting Times: CQC Responsive



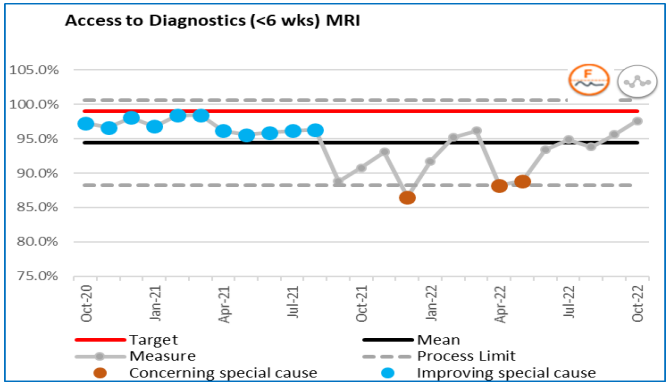
Oct-22
89.9%
Variance / Assurance
Metric is currently experiencing common cause variation and is consistently failing the target
Target (Internal)
88.6%
Business Rule
Full Escalation



Oct-22
47.4%
Variance / Assurance
Metric is currently experiencing common cause variation and consistently failing the target
Max Limit (Internal)
99%
Business Rule
For Information as Contributor to Overall



Oct-22
94.8%
Variance / Assurance
Metric is currently experiencing special cause variation of an improving nature and consistently failing the target
Max Limit (Internal)
99%
Business Rule
For Information as Contributor to Overall



Oct-22
97.6%
Variance / Assurance
Metric is currently experiencing common cause variation and has failed the target for more than six months
Max Limit (Internal)
99%
Business Rule
For Information as Contributor to Overall

Summary:

Diagnostic Waiting Times: Performance (measured via DM01) is experiencing common cause variation and consistently failing the target. The main contributor to this underperformance is Echocardiography.

Echocardiography: is experiencing common cause variation and consistently failing the target.

DEXA: is experiencing special cause variation of an improving nature and consistently failing the target but this is now showing an improving trend.

MRI: is experiencing common cause variation and has failed the target for more than six months (showing signs of recovery).

Actions:

Echocardiography: The cardiology team have implemented an improvement plan.

DEXA: New DEXA in place at TWH and activity commenced.
Additional outsourcing agreement is agreed.
Additional staff training to ensure a more robust service

MRI: Monitoring equipment was expected Mid August however the components are not available and unable to give estimated delivery date.

Assurance & Timescales for Improvement:

Echocardiography: Insourcing has commenced to support the internal recovery plan. The procurement of two Echocardiogram machines is in progress. New starters joining team in November. New clinical space identified and having works carried out to enable use for additional Echo clinics. Review of Direct Access referral process.

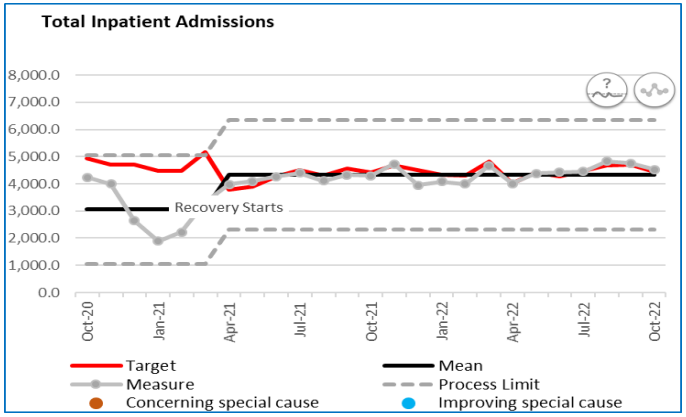
DEXA: Recovery plan in progress and is monitored weekly with DCOO. The plan is on track to be DM01 compliant by the end of October 22 and show in Nov / Dec 22

9.8% improvement made in month

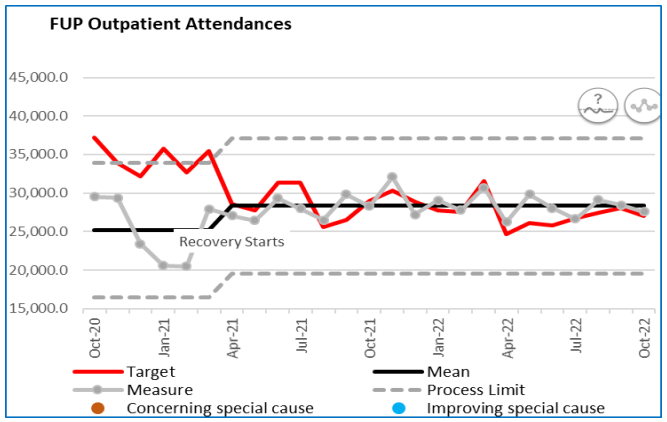
MRI: Discussions with Paediatric team for alternatives including diverting referrals to other providers as well as exploring previous methods such as Feed and Wrap.

Overall DM01 Recovery Plan in progress.

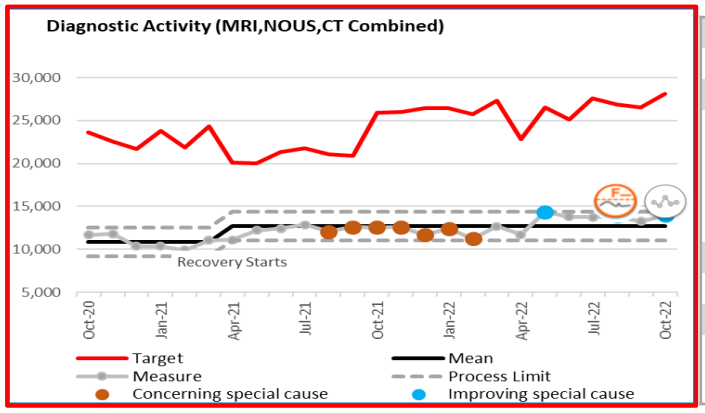
Patient Access –Activity Levels: CQC Responsive



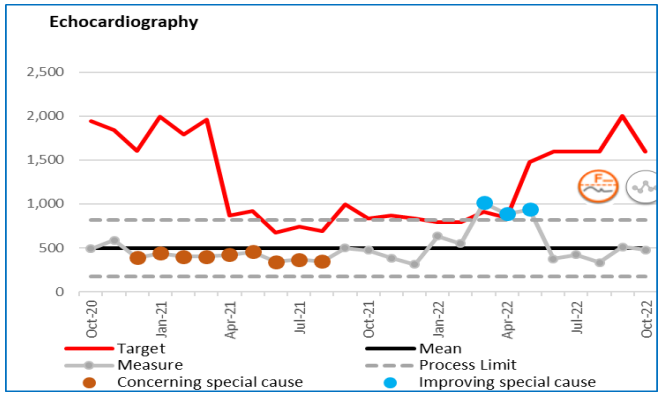
Oct-22
4524
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Target
4456
Business Rule
Not Escalated



Oct-22
27,578
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Target
27,054
Business Rule
Not Escalated



Oct-22
13,969
Variance / Assurance
Metric is currently experiencing common cause variation and consistently failing the target
Target
28,090
Business Rule
Full Escalation as consistently failing the target



Oct-22
477
Variance / Assurance
Metric is currently experiencing common cause variation and is consistently failing the target
Target
1600
Business Rule
For Information as Contributor to Overall

Summary:	Actions:	Assurance & Timescales for Improvement:
Elective Activity (DC/EL): This indicator is now experiencing common cause variation and variable achievement of the target Performance has been above plan for June, July , August, September and October 2022. Performance is therefore above plan and at the same level of activity as 1920 YTD. **OP Follow Up Activity:** The activity is experiencing common cause variation and variable achievement of the target. Activity levels for October 2022 were slightly higher than plan and similar to 1920 levels. **Diagnostic Activity:** Activity levels are currently above 1920 levels for MRI, CT and NOUS but are experiencing common cause variation and consistently failing the target. **Echocardiography:** is experiencing common cause variation and consistently failing the target.	**Elective Activity (DC/EL):** Activity continues to be monitored weekly which has assisted in developing a more robust forecasting plan. A3s in progress. **Diagnostic :** Monitoring equipment was expected Mid August however the components are not available and unable to give estimated delivery date.. Work underway with Temporary staffing team and recruitment to support NOUS team.	**Elective Activity (DC/EL):** Weekly focus on submitted activity plans with the speciality and directorate teams. 6-4-2 scheduling meetings in place and any capacity identified continues to be offered to speciality teams. Weekly focus on theatre utilisation and productivity continues via trust performance meetings. Cancellation SOP in progress. Action plan to be devised once A3s completed **Diagnostic Activity:** Community Diagnostics Centre (CDC) business case has been approved and outputs of the business case are in progress.

Strategic Theme: Patient Experience

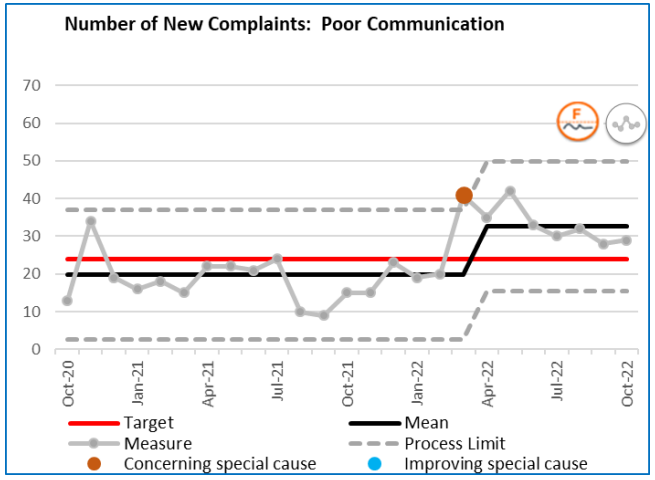
			Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Caring	To reduce the overall number of complaints or concerns each month	36	60	Oct-22	36	28	Sep-22	Driver			Verbal CMS
Breakthrough Objectives	Caring	To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience.	24	29	Oct-22	24	28	Sep-22	Driver			Full CMS
Constitutional Standards and Key Metrics (not in SDR)	Caring	Complaints Rate	3.9	2.9	Oct-22	3.9	1	Sep-22	Driver			Not Escalated
	Caring	% complaints responded to within target	75.0%	47.8%	Oct-22	75.0%	40.9%	Sep-22	Driver			Escalation
	Caring	% VTE Risk Assessment (one month behind)	95.0%	95.7%	Sep-22	95.0%	95.8%	Aug-22	Driver			Not Escalated
	Caring	Friends and Family (FFT) % Response Rate: Inpatients	25.0%	16.6%	Oct-22	25.0%	31.0%	Sep-22	Driver			Not Escalated
	Caring	Friends and Family (FFT) % Response Rate: A&E	15.0%	0.9%	Oct-22	15.0%	3.0%	Sep-22	Driver			Escalation
	Caring	Friends and Family (FFT) % Response Rate: Maternity	25.0%	10.8%	Oct-22	25.0%	9.6%	Sep-22	Driver			Escalation
	Caring	Friends and Family (FFT) % Response Rate: Outpatients	20.0%	5.3%	Oct-22	20.0%	5.2%	Sep-22	Driver			Escalation

Breakthrough: Counter Measure Summary

Metric Name – To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience.

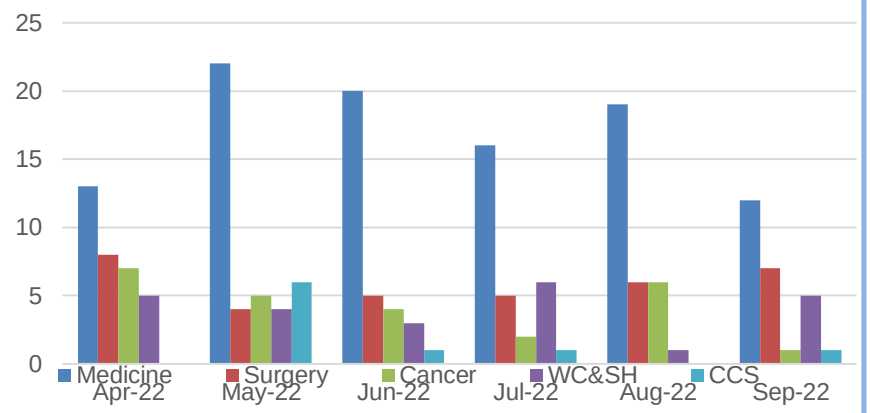
Owner: Joanna Haworth
Metric: Number of Complaints Received Monthly
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Oct-22
29
Variance Type
Metric is currently experiencing Common Cause Variation
Max Limit (Internal)
24
Target Achievement
Metric has failed the target for >6months

1. Historic Trend Data



3. Top Contributors

Although the A3 is still being developed, the team have undertaken audit and analysis of the complaints and identified worst performing areas and a fishbone has been developed which highlights the top contributors leading to complaints around communication as:

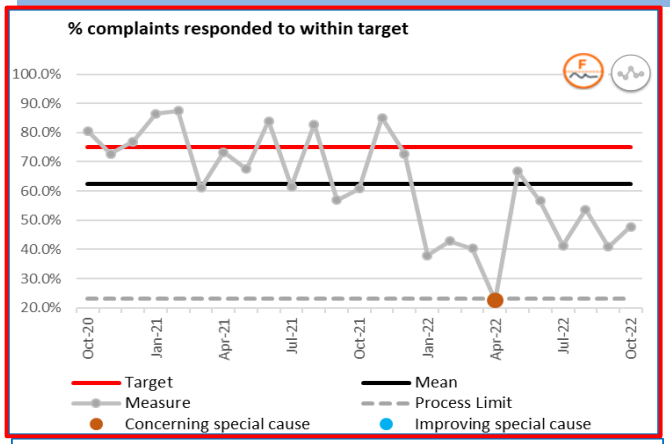
1) Lack of compassion
2) Patients and families not being involved in treatment and/or care planning

The next stage is to undertake RCA and to develop the action plan/countermeasure summary

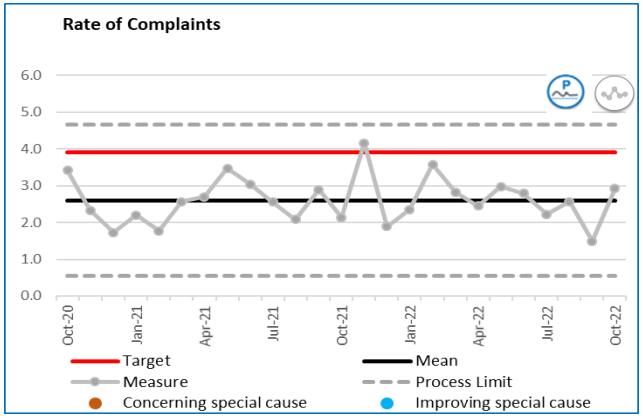
4. Action Plan

Contributor	Potential Root Cause	Solution/Countermeasure	Owner	Due by?
Lack of compassion	Unidentified -A3 still in development	Next step is to review Root causes and develop countermeasures	JH, RG, LB	Dec 15th 22
Patients/families not involved in treatment & care planning	Unidentified -A3 still in development	Next step is to review root causes and develop countermeasures	JH, RG, LB	Dec 15th 22

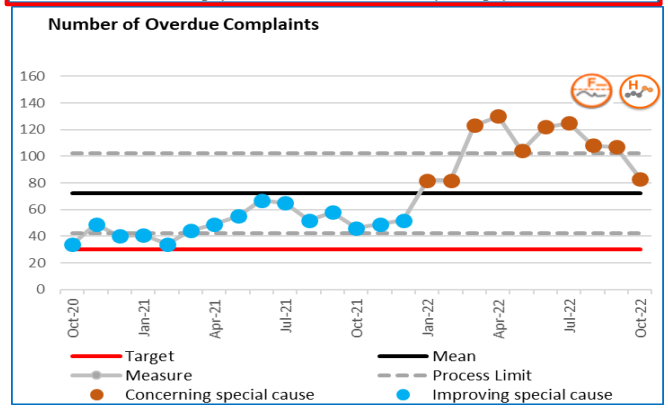
Patient Experience: CQC: Caring (Hit or Miss >6 months)



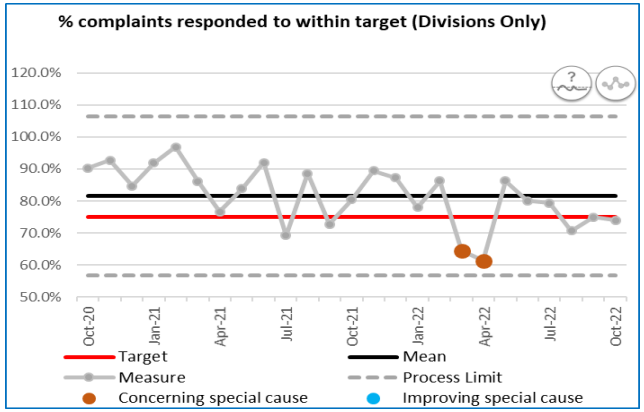
Oct-22
47.8%
Variance / Assurance
Metric is common cause variation and failing the target for 6+ months
Target (Internal)
75%
Business Rule
Full Escalation failed the target 6+ months



Oct-22
2.92
Variance / Assurance
Metric is currently experiencing Common Cause Variation and has achieved the target for 6+ months
Max Limit (Internal)
3.9
Business Rule
For Information as linked to % Complaint Responded



Oct-22
83
Variance / Assurance
Metric is currently experiencing Special Cause Variation of a concerning nature and consistently failing the target
Max Limit (Internal)
30
Business Rule
For Information as linked to % Complaint Responded



Oct-22
73.9%
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 is experiencing concerning cause variation and has failed the target for >6months, noting the target has not been met since November 2021

Number of Overdue Complaints: This indicator is experiencing special cause variation of a concerning nature and is consistently failing the target since October 2020.

Actions:

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

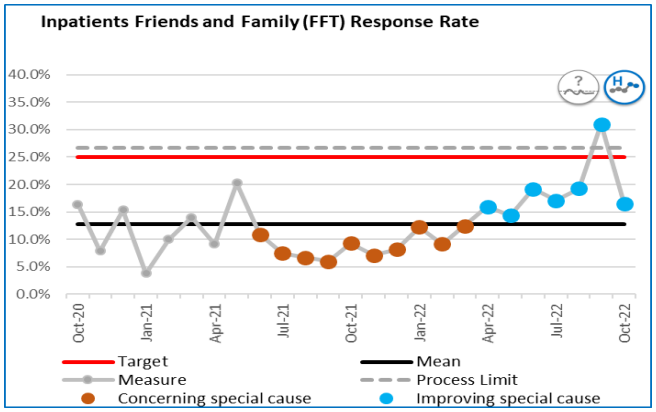
- Interim performance monitoring reported weekly to CN
- Weekly oversight meetings led by CN and DQG
- Additional temporary resource in place up to Jan 2023
- Successful recruitment to x2 12 month Complaint Lead posts
- Business case for revised complaints model (meeting new 2022 National framework) to be finalised by Jan 2023
- Targeted work plan in place with daily monitoring by management team
- Complaints staff supporting A3 projects in Surgery and Women's to improve complaint response times
- Introduction of new 40 day target to support more complex cases

Assurance & Timescales for Improvement:

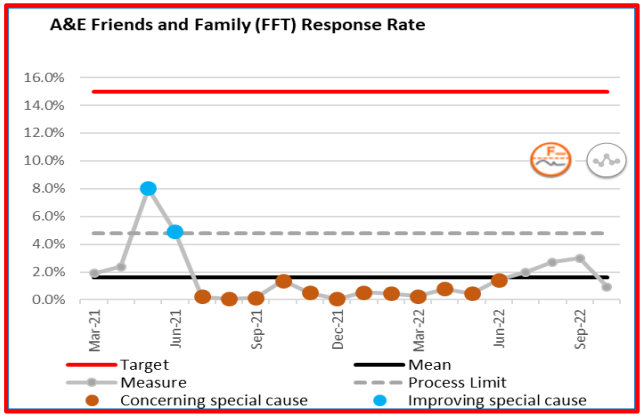
% Complaints responded to within Target:

- Sustained reduction in overall number of open complaints
- No complaints breached due to issues relating to CCT in October
- Expect to see continued improvement in % compliance in November as a result of new 40-day timeframe

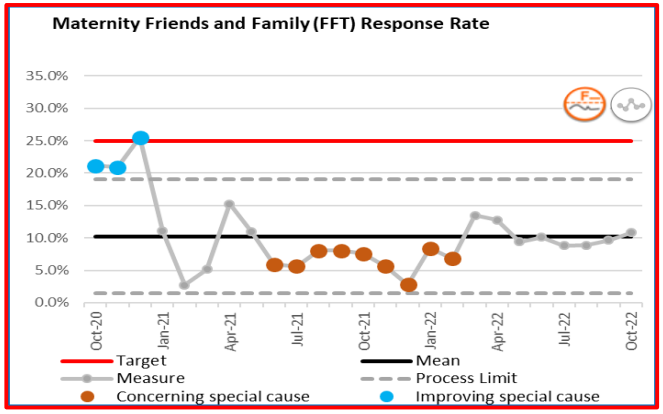
Patient Experience: CQC: Caring



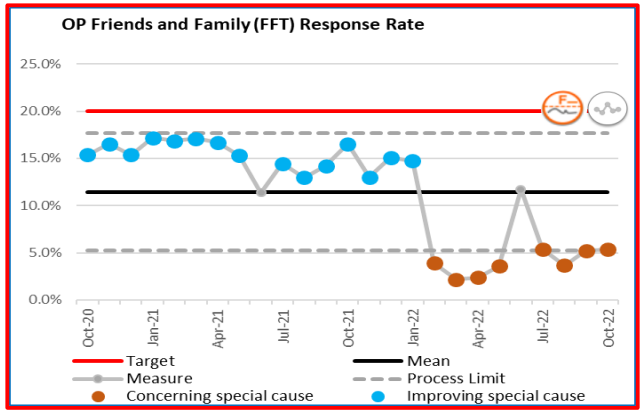
Oct-22
17.0%
Variance / Assurance
Metric is currently experiencing Common cause variation and is consistently failing the target
Target (Internal)
25%
Business Rule
Not Escalated



Oct-22
0.9%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and is consistently failing the target
Target (Internal)
15%
Business Rule
Full Escalation as consistently failing the target



Oct-22
10.8%
Variance / Assurance
Metric is currently experiencing common cause variation and is consistently failing the target
Target (Internal)
25%
Business Rule
Full Escalation as not achieved target for >6months



Oct-22
5.3%
Variance / Assurance
Metric is currently Special Cause Variation of a concerning nature and is consistently failing the target
Target (Internal)
20%
Business Rule
Full escalation as is consistently failing the target

Summary:

FFT Response Rate Inpatients: Metric is currently experiencing Common cause variation and has failed the target for >6 months

FFT Response Rate A&E: Metric is currently experiencing Common Cause Variation and is consistently failing the target

FTT Response Rate Maternity: Metric is currently experiencing common cause variation and is consistently failing the target

FFT Response Rate Outpatients: Metric is currently Special Cause Variation of a concerning nature and is consistently failing the target

Actions:

FFT Response Rate Inpatients: this is an improving picture.

FFT Response Rate A&E: ED is an improving picture.

FFT Response Rate Maternity: Assurance requested

FFT Response Rate Outpatients: SMS text messaging commenced on the 5th July, this has now replaced all phone call surveys. Overall numbers dropped during the transition which we will continue to monitor. Imaging and diagnostics have gone live with SMS texts.

FFT Response All: In October there was an issue with IQVIA not uploading paper cards onto the FFT platform.

Assurance & Timescales for Improvement:

FFT Response Rate Inpatients: Push reports have been published to the respective departments. Continue to monitor

FFT Response Rate A&E: To continue to monitor data in response to the SMS campaign with the ED team.

FFT Response Rate Maternity: Assurance they will disseminate messages to the ward areas to ensure that they are promoting FFT responses. Continue to monitor.

FFT Response Rate Outpatients: Assurance requested from Netcall /BI SMS data and a deep dive into all elements of the campaign upload to ensure full capture of all OPD patients. Meeting scheduled for the 11/11/22 with BI and Netcall.

FFT Response All: Issue raised with IQVIA in October to rectify. The figures for this template report are September's data – we will continue to monitor all aspects of FFT.

Strategic Theme: Systems

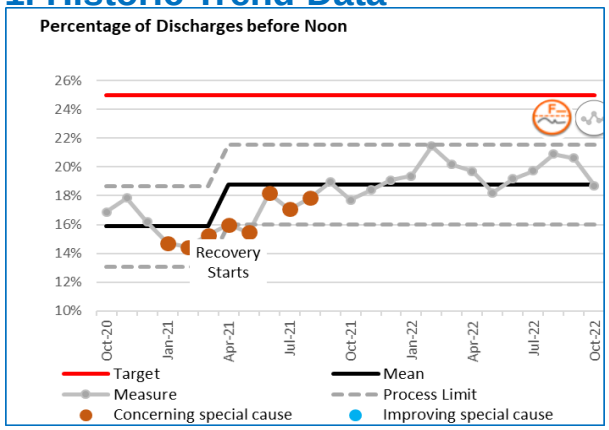
			Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Effective	Decrease the number of occupied bed days for patients identified as medically fit for discharge (shown as rate per 100 occupied beddays)	3.5	4.8	Oct-22	3.5	4.6	Sep-22	Driver	No SPC	No SPC	-
Breakthrough Objectives	Effective	To increase the number of patients leaving our hospitals by noon on the day of discharge	33.0%	18.7%	Oct-22	33.0%	20.6%	Sep-22	Driver			Full CMS

Breakthrough: Counter Measure Summary

Project/Metric Name – To increase the number of patients leaving our hospitals by noon on the day of discharge to 33%

Owner: Rachel Jones
Metric: discharges before noon
Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data

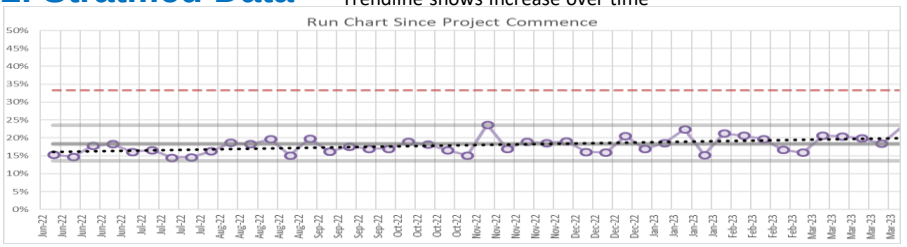


Current Data Source: Allscripts
Oct-22
18.7%
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Target (Internal)
33%
Target Achievement
Metric is consistently failing the target

Recent agreement to use TT for more accurate and timely data – data being migrated to Europe Nov, expect usage and integration in Dec

2. Stratified Data

w/c 7/11/22: 24.4% DBN
Trendline shows increase over time



3. Top Contributors

Area of Analysis	Considered a Top Contributor?
Hilton Pathway	The timeliness of this pathway due to the current process and mis-use of the service has deemed this to be a top contributor with 44% with a change in medically fit status after a referral has been made to Hilton results in patient not being accepted. There are specific wards that have higher levels of failed Hilton discharges and will be focussed on.
Criteria led discharge usage	The data has shown that CLD or nurse led discharge (NLD) was only utilised 1.3% of the time as recorded by sunrise. Although this value will need to be verified due to CLD being used on other systems also, there is an understanding that CLD pathways could be used more frequently than they are currently.
EDN completion times	Yes EDN completion times is a top contributor to delays in discharge time. The EDN Project Group is focussing on this – including providing digital solutions and CoS support for EDNs being completed during ward rounds. Representation from this group attends the Flow Improvement Programme Board chaired by the Director of Operational Nursing.
Pharmacy TAT for Dossett's and TTOs / sent by couriers	Yes however EDN completion seems to be root cause for delays in this area. Post EPMA implementation, pharmacy will continue to make improvements in this area.
Discharge Lounge Usage	Although the discharge lounge is not utilised as fully as it can be, there is another project group looking at the discharge lounge of which a report will be included within this project stream. Business case in draft for discharge lounge – plans to increase establishment and improve the current estate.

Red to be carried forwards. Amber to be observed from other programmes

4. Action Plan

Counter-measure	Action	Who	When	Complete
Data Source imprvms.	• Teletracking is a more timely and accurate source of data for DBN with performance. Data migration on 16.11.22 will enable BI to access the data warehouse for onwards performance tracking. Performance w/c 7.11.22 was 24.4%	NS/ RS	16.11.22	In Progress
Senior Man. Oversight	• Discussion of DBN Performance at weekly ward manager meetings by the Director of Operational Nursing. Clinical Divisions are progressing to a back to basics on Board round	SF	Weekly	Continual
Hilton Pathway	• Further roll out of pre-booked Hilton: initial max. of 5 patients/ day. • Therapists developing improved referral compliance to remove the checklist step in the process. • Weekend 12/13-11 showed 17 discharge for Hilton against 8 and 6 the two weekends before.	Hilton/NP/AG/ FR / OT	Start 4.10.22	In Progress
Criteria Led Discharge	• Implementation of actions agreed including: CLD promotion at board rounds, TT CLD, comms. • Orthopaedic wards are given focus due to clinical presentation of patients and also medical wards with high levels of patients discharged between 12pm and 3pm to help bring them forwards earlier in the day.	KC/ FR / NP	7.11.22	In Progress
EDN Completion	• Ward 22 and ECU focus wards and need to do some learning from W2 who are achieving target of DBN. • EPMA roll out enabling pre-population of EDNs. Communications focus on CLD.	RG / C Chalmers / JS	Ongoing	In Progress

Strategic Theme: Sustainability

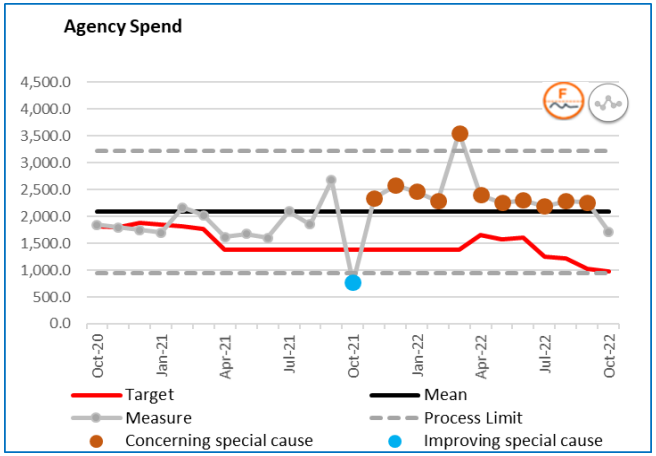
	CQC Domain	Metric	Latest: Trust Target	Latest: Most recent position	Latest: Period	Previous: Trust Target	Previous: Most recent position	Previous: Period	Actions & Assurance: Watch / Driver	Actions & Assurance: Variation	Actions & Assurance: Assurance	Actions & Assurance: CMS Actions
Vision Goals / Targets	Well Led	Delivery of financial plan, including operational delivery of capital investment plan (net surplus(+)/net deficit (-) £000)	1,205	1,205	Oct-22	-988	-987	Sep-22	Driver	L	?	Verbal CMS
Breakthrough Objectives	Well Led	Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000	972	1716	Oct-22	1027	2265	Sep-22	Driver		F	Full CMS
Constitutional Standards and Key Metrics (not in SDR)	Well Led	CIP	4094	1504	Oct-22	1517	1081	Sep-22	Driver	No SPC	No SPC	Not Escalated
	Well Led	Cash Balance (£k)	11403	25051	Oct-22	13475	25310	Sep-22	Driver		P	Not Escalated
	Well Led	Capital Expenditure (£k)	4388	531	Oct-22	4130	1021	Sep-22	Driver	L	P	Not Escalated

Breakthrough: Counter Measure Summary

Project/Metric Name – Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000

Owner: Steve Orpin
Metric: Premium Workforce Spend
Desired Trend: 7 consecutive data points below the mean

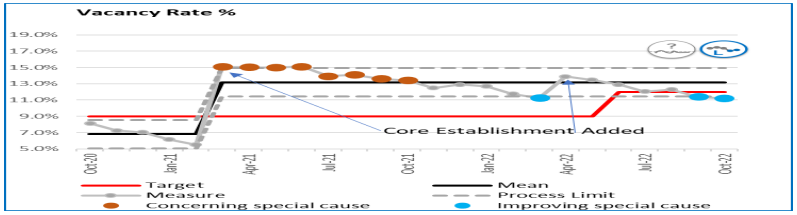
1. Historic Trend Data

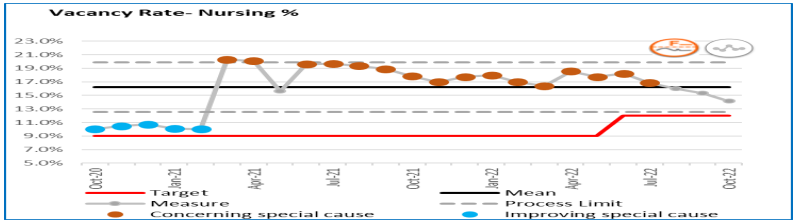


Oct-22
1716
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
1,223
Target Achievement
Metric has not achieved the target for >6 months

Note the Oct 22 value is low due to a release of accruals from previous months

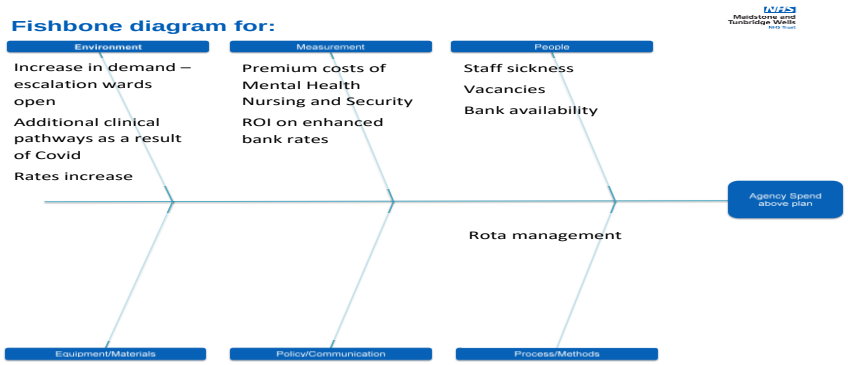
2. Stratified Data





3. Top Contributors

** This is early analysis and full analysis will be undertaken shortly as part of the A3



4. Action Plan

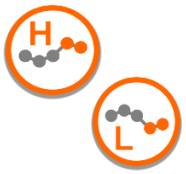
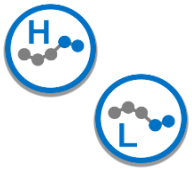
A new A3 is being developed, with countermeasures identified and to be implemented.
The "reason for booking" is inconsistently completed which makes it difficult to determine the top contributors."

Continued work to balance ESR with the finance ledger	Ongoing
Review of top 25 agency workers	Dec
Review of top 25 high cost locums	Dec
Data request from Data collection tab - Refresh data	Nov
Identify a high spend area and observe their booking processes form an area perspective and staff bank to understand the data flow	Dec
Review of agency booking controls/authorisation processes	Dec

Appendices

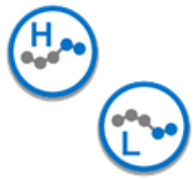
SDR Business Rules Driven by the SPC Icons

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

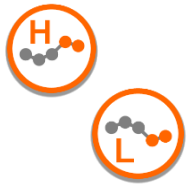
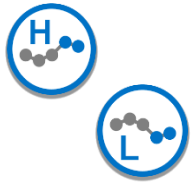
SDR Business Rules Driven by the SPC Icons

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:

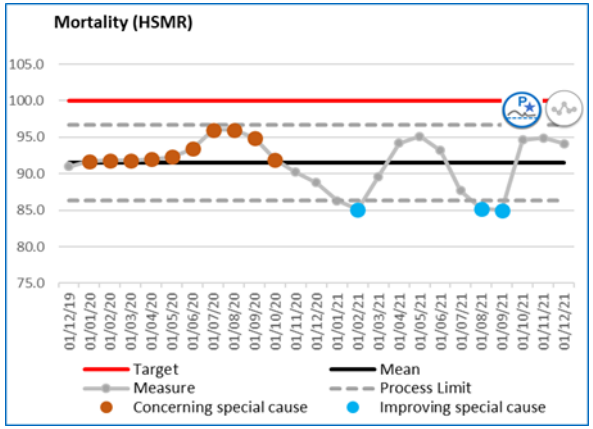
The **target** line **between** the **upper** and **lower** control limit for all metric types

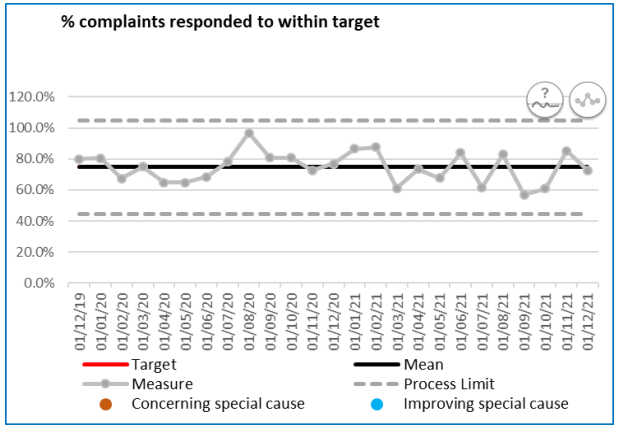
Metrics that consistently **fail** have:

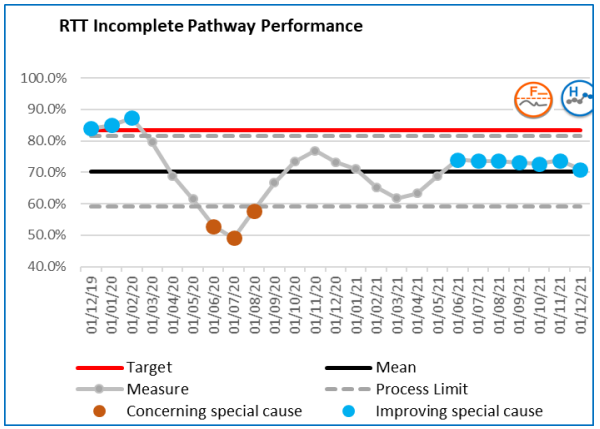
The **lower** control limit **above** the target line for metrics that need to be **below the target**

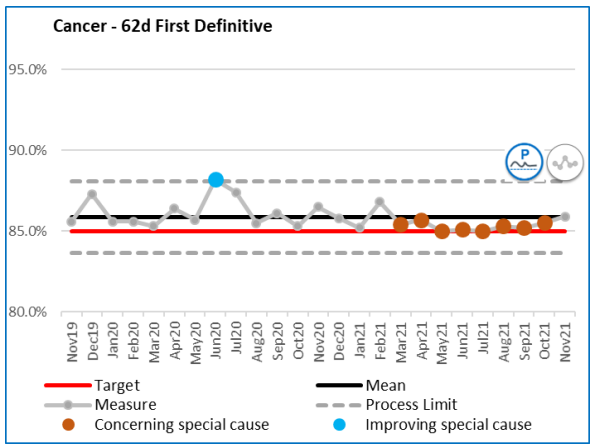
The **upper** control limit **below** the target line for metrics that need to be **above the target**

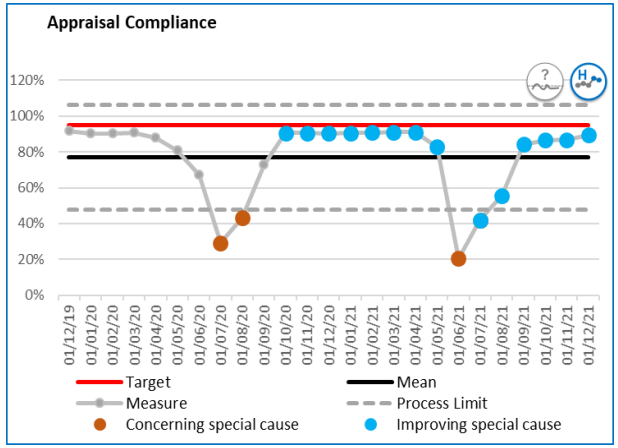
A metric not achieving the target for 6 months or more will be flagged as failing

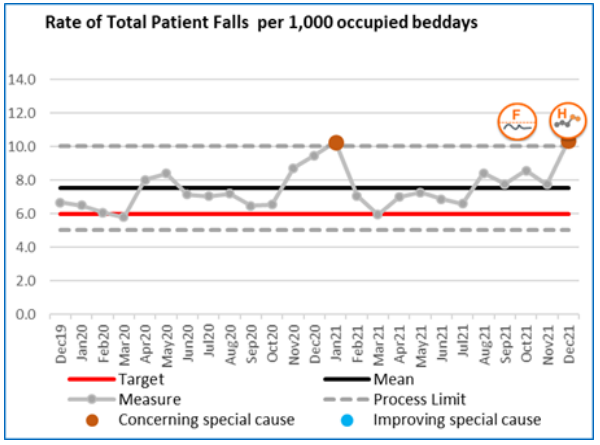












Executive Summary

- The Trust has delivered the October Plan and the Year to Date plan by delivering a surplus of £1.2m in month and a £5.9m deficit year to date.
- The key pressure is within pay budgets which are adverse to plan by £1.1m. The main pressures continue to be within Emergency Medicine medical staffing (£3.5m) and facilities staffing (£1.2m). These pressures were partly offset by underspends within Nursing (£2.1m), support to clinical staff (£1.3m) and Admin and Clerical (£0.5m).
- The Trust has had to release £3.8m from reserves to help to part offset the pay pressures and CIP slippage.
- Cost Improvement Plans (CIP) are behind of plan with a year to date adverse position of £3m. The Trust is forecasting £16.4m slippage to the year end target, a recovery plan has been developed which mainly mitigates this risk with non recurrent measures
- There is a risk of £6.2m associated with Elective Recovery Fund (ERF) clawback as the Elective Activity in April to October was 9% below 104% of 2019/20 levels. However, there has been confirmation that the H1 ESRF clawback will not be applied at the System level and NHS Kent & Medway has confirmed this approach for local Providers in H1. There have been indications that no clawback will be applied to systems in H2. There is however a risk that the Trusts other Commissioners may choose to clawback funds including Specialised Commissioning, the YTD financial risk for all the out of area Commissioners equates to circa £2.5m.
- The Trust is forecasting to deliver a breakeven position which includes mitigations/improvements which are required to be delivered, however there remains a £5m risk.

Year to Date Financial Position

- The Trust was on plan, generating a £5.9m deficit.
- The key year to date variances is as follows:
    - **Adverse Variances**
        - CIP Slippage (£3m)
        - Pay budgets overspent by £1.1m. The main pressures continue to be within Emergency Medicine medical staffing (£3.5m) and facilities staffing (£1.2m). These pressures were partly offset by underspends within Nursing (£2.1m), support to clinical staff (£1.3m) and Admin and Clerical (£0.5m).
        - Printing, postage and transport pressures (£0.4m) which includes a 15% inflation increase for hybrid mail.
        - Additional security costs (£0.2m)
    - **Favourable Variances**
        - Release of £3.8m from reserves. The following reserves have been released: £1.7m from growth reserve to offset unfunded waiting list initiatives incurred, £1.3m from contingency and £0.8m from service developments to part offset some of the YTD pay pressures and CIP slippage.
        - Underspends within Elective outsourcing due to Elective activity below budget (£0.7m) and depreciation underspend (£0.5m)

Risks

- CIP delivery (£16.4m). The Trust is forecasting £16.4m slippage against the CIP target, a recovery plan has been developed which mainly mitigates this risk with non recurrent measures.
- There has been confirmation that the H1 ESRF clawback will not be applied at the System level and there have been indications that no clawback will be applied to systems in H2. However there is a risk that the Trusts other Commissioners may choose to clawback funds including Specialised Commissioning, the YTD financial risk for all the out of area Commissioners equates to circa £2.5m There is also a specific ESRF financial risk included within the £2.5m

relating to Radiotherapy commissioned by NHSE Specialised Commissioning that equates to a clawback of £0.9m, this is being challenged by the Trust due to objections of the inclusion of Radiotherapy in the scope of the ESRF.

Current Month Financial Position

- The Trust was on plan generating a £1.2m surplus in the month.
- The key current month variances are as follows:
  - CIP slippage of £2.6m in the month.
  - Release of year to date reserves (£2.1m)
  - Reduction in doubtful debt (£0.2m)
  - Depreciation underspend (£0.2m)

Cashflow

- The closing cash balance at the end of October 2022 was £25m which is higher by £13.6m compared with the revised plan resubmitted in June 2022. The increase in the cash balance is primarily due to the reimbursement of backlog costs by the funder of the development of accommodation for the Kent Medical School students following the contract being signed and capital spend is lower than plan, however orders are currently being placed so spend is expected to increase.
- The Trust is also working with its NHS colleagues to reduce all debtor/creditor balances. This also ensures the Trust is achieving the BPPC target of 95% that NHSE/I are reviewing regularly , the Trusts BPPC at the end of October is - Trade in value is 95.4% and by quantity is 96.5; for NHS by value is 95.9% and by quantity is 86.6%

Capital Position

- The Trust's capital plan, excluding IFRS 16 items, agreed with the ICS for 2022/23 is £41.3m comprising:
- Net Internal funding (£8.6m):
  - £19.5m depreciation
  - less £2.5m in-year cash surplus (balancing to ICS control total)
  - less £8.4m of PFI finance and capital investment loan repayment

- PFI lifecycle per Project model of £1.3m - actual spend will be notified periodically by the Project Company.
- Donated Assets of £0.4m relating to forecast donations in year.
- System PDC of £1.95m for HASU (now approved by ICB but awaiting confirmation of mechanism to access) and
- National PDC of £29m for Barn Theatre (OBC to be reviewed/approved on 12/12/2022 by NHSE)

- The Plan figure of £41.3m includes:
  - Estates: Estates Enabling and Backlog schemes include contractual commitments from 21/22 relating to enabling works for Linacs and SPECT CT equipment, as well as MRI enabling/build works at MGH and TWH (relating to In-Health proposed contract). They also include carry forward spend from projects that were planned for completion in 2021/22 but have overrun e.g. Annexe and Oncology OPD.
  - ICT: ICT schemes include EPMA costs relate to contractual commitments, IT for KMMS, iPro Anaesthetics, EPR infrastructure upgrade, eChemo prescribing and devices replacement.
  - Equipment: Includes contractual commitments from 21/22 relating to schemes that could not be delivered by 31st March due to supplier issues. The majority of schemes have been approved and orders are being raised. Other equipment schemes have been prioritised and business cases are in development.

- Externally Funded schemes: Includes £1.9m for the HASU and £29m for the Barn Theatre (includes estates, ICT and equipment), both are waiting for the business cases to be approved. The CDC business case has been approved (£9.87m includes building, equipment and IT) and a Letter of Agreement has been received, MoU to follow. In addition, funding has also been confirmed for Digital Diagnostics (PACS and Home Reporting) of £382k.

- £2.6m was spent in M7 against the Plan of £12.2m. The majority of the spend relates to Estates Backlog and Equipment carry forward spend from projects commenced in 2021/22, as well as current year Estates and Equipment schemes. The variance relates mostly to spend on the Barn and Stroke projects: The Barn project was assumed in the plan to be continuing in the first quarter but was paused pending the BC approval; the Stroke business case funding was approved in year by the ICB, orders are now being placed.

Year-end Forecast

- The Trust is forecasting to deliver a breakeven position which includes mitigations/improvements which are required to be delivered, however there remains a £5m risk.

Maidstone and Tunbridge Wells NHS Trust

Finance Report

Month 7
2022/23

Maidstone and Tunbridge Wells NHS Trust

October 2022/23

	Current Month					Year to Date					Annual Forecast / Plan		
	Actual	*Plan*	*Variance*	Pass-through	*Revised Variance*	*Actual*	*Plan*	*Variance*	Pass-through	*Revised Variance*	*Forecast*	*Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	53.5	52.9	0.5	0.0	0.5	372.8	369.9	2.9	(0.6)	3.4	644.5	634.0	10.5
Expenditure	(48.5)	(47.7)	(0.8)	(0.0)	(0.8)	(352.6)	(348.9)	(3.7)	0.6	(4.3)	(598.0)	(586.5)	(11.5)
EBITDA (Income less Expenditure)	4.9	5.2	(0.3)	0.0	(0.3)	20.2	21.0	(0.9)	0.0	(0.9)	46.4	47.5	(1.0)
Financing Costs	(3.8)	(4.1)	0.3	0.0	0.3	(26.4)	(27.3)	0.9	0.0	0.9	(47.7)	(48.7)	1.0
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.4	0.4	(0.0)	0.0	(0.0)	1.2	1.2	0.0
Net Surplus / Deficit (Incl Top Up funding support)	**1.2**	**1.2**	**0.0**	**0.0**	**0.0**	**(5.9)**	**(5.9)**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**(0.0)**
Cash Balance	25.1	11.4	13.6		13.6	25.1	11.4	13.6		13.6	5.0	5.0	0.0
Capital Expenditure (Incl Donated Assets)	0.5	4.4	3.9		3.9	2.6	12.2	(9.6)		(9.6)	51.6	41.3	(10.3)
Cost Improvement Plan (Internal £30m target)	1.5	4.1	(2.6)		(2.6)	6.5	9.5	(3.0)		(3.0)	13.6	30.0	-16.4

Summary Current Month:
- The Trust was on plan generating a £1.2m surplus in the month.

The Trusts key variances to the plan are:
- CIP slippage of £2.6m in the month.
- The CIP slippage was offet by release of year to date held reserves (£2.1m), reduction in doubtful debt (£0.2m) and underspen d on depreciation (£0.2m)

Year to date overview:
- The Trust was on plan generating a £5.9m deficit year to date.
- The Trusts key variances to the plan are:

Adverse Variances:
- CIP Slipgage (£3m)
- Pay budgets overspent by £1.1m. The main pressures continue to be within Emergency Medicine medical staffing (£3.5m) and facilities staffing (£1.2m). These pressures were partly offset by underspends within Nursing (£2.1m), support to clinical staff (£1.3m) and Admin and Clerical (£0.5m).
- Printing, postage and telephone pressures (£0.4m) which includes 15% inflation pressure associated with Hybrid mail and additional security costs (£0.2m)
- **Favourable Variances:**
- Release of £3.8m from reserves. The following reserves have been released: £1.7m from growth reserve to offset unfunded waiting list initiatives incurred, £1.3m from contingency and £0.8m from service developments to part offset some of the YTD pay pressures and CIP slippage.

CIP (Savings)
- The Trust has a external (NHSE/I) savings target for 2022/23 of £20m but a internal savings requirement of £30m. Against the £30m internal target the Trust has delivered £6.5m savings year to date which is £3m adverse to plan.

Risks
- **CIP delivery.** The Trust is forecasting £16.4m slippage against the CIP target, a recovery plan has been developed which mainly mitigates this risk with non recurrent measures.
- **ESRF Clawback**. There has been confirmation that the H1 ESRF clawback will not be applied at the System level and there have been indications that no clawback will be applied to systems in H2. However there is a risk that the Trusts other Commissioners may choose to clawback funds including Specialised Commissioning, the YTD financial risk for all the out of area Commissioners equates to circa £2.5m There is also a specific ESRF financial risk included within the £2.5m relating to Radiotherapy commissioned by NHSE Specialised Commissioning that equates to a clawback of £0.9m, this is being challenged by the Trust due to objections of the inclusion of Radiotherapy in the scope of the ESRF.

Forecast
- The Trust is forecasting to deliver a breakeven position however there is currently a risk of £5m to the forecast.

Oct-22		DAY				NIGHT				TEMPORARY STAFFING		Bank / Agency Demand: RN/M (number of shifts)	WTE Temporary demand RN/M	Temporary Demand Unfilled -RM/N (number of shifts)	Overall Care Hours per pt day	Nurse Sensitive Indicators				Financial review		
Hospital Site name	Health Roster Name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Bank/Agency Usage	Agency as a % of Temporary Staffing					FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Stroke Unit (M) - NK551	92.3%	96.0%	-	100.0%	102.8%	108.8%	-	-	36.5%	36.0%	281	19.40	60	6.7	11.4%	100.0%	13	2	263,968	312,810	(48,842)
MAIDSTONE	Cornwallis (M) - NS959	87.6%	72.8%	-	-	92.5%	200.0%	-	-	45.6%	22.1%	105	7.31	26	6.2	0.0%	-	3	0	88,249	87,407	842
MAIDSTONE	Culpepper Ward (M) - NS551	117.9%	71.2%	-	-	127.3%	171.0%	-	-	37.4%	37.4%	59	4.16	12	5.5	46.7%	100.0%	4	0	113,300	130,792	(17,492)
MAIDSTONE	Foster Clark - NS251	83.8%	81.8%	-	100.0%	97.6%	86.9%	-	-	26.1%	33.3%	117	8.01	55	6.5	39.7%	95.7%	5	0	163,147	143,701	19,446
MAIDSTONE	John Day Respiratory Ward (M) - NT151	86.5%	95.2%	-	-	103.3%	103.2%	-	-	38.7%	36.7%	168	11.98	32	6.2	29.6%	100.0%	1	0	154,277	167,885	(13,608)
MAIDSTONE	Intensive Care (M) - NA251	90.4%	91.3%	-	-	86.5%	69.7%	-	-	6.5%	2.3%	82	4.84	29	76.5	150.0%	100.0%	0	0	266,877	227,124	39,753
MAIDSTONE	Pye Oliver (Medical) - NK259	99.5%	89.6%	-	-	124.6%	111.8%	-	-	39.3%	50.6%	108	7.47	11	6.3	16.7%	87.5%	5	1	130,732	144,718	(13,986)
MAIDSTONE	Whatman Ward - NK959	105.0%	93.1%	-	100.0%	128.2%	236.4%	-	100.0%	87.4%	56.3%	190	13.42	25	6.7	-	-	8	0	101,664	163,047	(61,383)
MAIDSTONE	Lord North Ward (M) - NF651	102.1%	93.4%	-	100.0%	98.9%	100.0%	-	-	8.2%	0.0%	22	1.62	5	8.1	12.0%	100.0%	3	0	119,256	109,195	10,061
MAIDSTONE	Mercer Ward (M) - NJ251	96.5%	90.6%	-	100.0%	101.1%	124.4%	-	-	28.0%	42.4%	82	5.74	10	5.8	-	-	6	0	112,640	127,964	(15,324)
MAIDSTONE	Edith Cavell - NS459	105.1%	89.2%	-	100.0%	111.8%	106.4%	-	-	43.2%	41.1%	107	7.62	18	6.4	9.1%	100.0%	4	0	116,359	120,055	(3,696)
MAIDSTONE	Short Stay Surgical Unit (M) - NE751	100.3%	101.3%	-	-	99.4%	-	-	-	17.7%	3.1%	30	1.89	9	24.9	-	-	0	0	56,168	57,434	(1,266)
MAIDSTONE	Acute Medical Unit (M) - NG551	100.5%	85.1%	-	-	112.9%	217.1%	-	-	33.5%	41.7%	88	6.31	26	7.5	6.6%	100.0%	5	0	169,394	184,921	(15,527)
TWH	Ward 22 (TW) - NG332	72.4%	55.4%	-	-	112.0%	120.7%	-	-	46.2%	48.4%	168	12.06	67	5.1	16.3%	75.0%	9	2	144,414	152,504	(8,090)
TWH	Coronary Care Unit (TW) - NP301	76.5%	61.5%	-	-	85.7%	-	-	-	18.2%	35.1%	66	4.66	28	9.6	43.5%	100.0%	0	0	72,998	73,394	(396)
TWH	Ward 33 (Gynae) (TW) - ND302	98.3%	87.4%	-	-	100.0%	100.0%	-	-	30.7%	1.7%	50	3.27	4	7.4	3.9%	100.0%	1	0	98,912	108,752	(9,840)
TWH	Intensive Care (TW) - NA201	105.7%	60.1%	-	-	107.5%	77.2%	-	-	15.1%	2.6%	158	9.83	14	35.1	-	-	0	0	390,902	365,752	25,150
TWH	Acute Medical Unit (TW) - NA901	88.9%	67.7%	-	100.0%	103.4%	84.5%	-	100.0%	30.9%	38.1%	226	16.49	110	7.7	6.7%	100.0%	13	0	244,036	214,478	29,558
TWH	Surgical Assessment Unit (TW) - NE701	98.7%	93.5%	-	-	83.9%	100.0%	-	-	28.4%	24.4%	59	4.09	12	16.8	-	-	0	0	75,683	72,738	2,945
TWH	Ward 32 (TW) - NG130	86.0%	92.8%	-	100.0%	68.5%	75.3%	-	-	23.0%	26.2%	148	10.62	68	7.5	11.9%	100.0%	1	0	145,374	142,108	3,266
TWH	Ward 10 (TW) - NG131	102.2%	95.3%	-	-	108.1%	127.4%	-	-	41.6%	39.1%	160	10.78	30	6.6	7.3%	83.3%	7	1	148,524	169,171	(20,647)
TWH	Ward 11 (TW) Winter Escalation 2019 - NG144	81.0%	79.4%	-	-	144.5%	85.3%	-	-	74.9%	43.1%	291	18.89	85	4.1	#N/A	#N/A	10	1	161717	157125.96	4591.04
TWH	Ward 12 (TW) - NG132	86.6%	79.6%	-	100.0%	118.6%	81.9%	-	-	34.9%	41.6%	153	9.97	60	5.8	22.9%	90.9%	6	1	144,140	153,549	(9,409)
TWH	Ward 20 (TW) - NG230	84.3%	68.4%	-	-	103.2%	91.6%	-	-	24.3%	30.7%	89	6.38	39	5.4	4.3%	100.0%	7	1	169,839	146,439	23,400
TWH	Ward 21 (TW) - NG231	80.2%	84.8%	-	-	95.5%	130.6%	-	-	37.4%	55.2%	190	13.09	74	6.0	7.9%	66.7%	8	0	146,592	151,545	(4,953)
TWH	Ward 2 (TW) - NG442	64.2%	70.8%	-	100.0%	112.9%	158.1%	-	-	49.8%	54.2%	153	10.51	69	6.3	21.7%	80.0%	7	1	183,565	161,056	22,509
TWH	Ward 30 (TW) - NG330	96.1%	67.8%	-	100.0%	133.8%	126.8%	-	-	56.1%	55.9%	286	19.22	93	6.3	-	-	10	1	123,496	191,977	(68,481)
TWH	Ward 31 (TW) - NG331	96.4%	106.3%	-	100.0%	129.3%	91.9%	-	-	38.1%	41.2%	198	13.03	61	6.6	34.5%	100.0%	7	4	138,449	183,494	(45,045)
Crowborough	Crowborough Birth Centre (CBC) - NP775	65.2%	87.2%	-	-	51.8%	100.0%	-	-	8.8%	0.0%	37	2.11	2	113.8	100.0%	100.0%	-	0	143,328	90,703	52,625
TWH	Midwifery (multiple rosters)	73.8%	64.4%	-	-	81.2%	76.9%	-	-	15.5%	5.2%	737	42.18	224	9.9	15.9%	95.1%	1	0	842,067	804,786	37,281
	Hedgehog Ward (TW) - ND702	92.2%	72.7%	-	-	117.4%	54.8%	-	-	33.2%	44.2%	179	12.39	35	8.4	0.6%	50.0%	0	0	153,561	194,606	(41,045)
MAIDSTONE	Maidstone Birth Centre - NP751	105.1%	100.5%	-	-	98.0%	100.0%	-	-	18.6%	0.0%	45	2.23	1	44.7	93.8%	100.0%	0	0	74,545	83,140	(8,595)
TWH	SCBU (TW) - NA102	88.1%	47.4%	-	-	91.7%	61.3%	-	-	16.1%	1.8%	98	6.02	4	13.2	15.4%	100.0%	0	0	199,440	176,086	23,354
TWH	Short Stay Surgical Unit (TW) - NE901	79.7%	67.6%	-	100.0%	88.4%	96.3%	-	-	13.2%	19.6%	47	3.12	8	10.8	-	-	-	0	80,552	82,385	(1,833)
MAIDSTONE	Accident & Emergency (M) - NA351	99.5%	128.4%	-	100.0%	101.7%	98.8%	-	-	37.5%	32.7%	425	29.91	50		1.0%	87.5%	1	0	377,962	471,235	(93,273)
TWH	Accident & Emergency (TW) - NA301	98.5%	75.5%	-	100.0%	98.0%	82.0%	-	100.0%	41.7%	53.4%	498	34.70	56		0.8%	82.9%	3	0	407,579	500,398	(92,819)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	92.6%	61.9%	-	100.0%	77.7%	-	-	-	21.7%	9.2%	24	1.62	2	20.7	60.5%	100.0%	2	0	58,056	61,365	-3,309
MAIDSTONE	Peale Ward COVID - ND451	79.0%	91.6%	-	100.0%	102.2%	162.1%	-	-	27.8%	39.5%	53	3.78	17	8.5	28.6%	100.0%	3	0	123,630	105,209	18,421
TWH	Private Patient Unit (TW) - NR702	101.0%	76.6%	-	100.0%	58.1%	93.5%	-	-	19.2%	3.9%	65	4.62	32	8.6	41.9%	94.4%	0	0	75,731	68,047	7,684
																Total Established Wards				6,781,123	7,059,091	(277,968)
																Additional Capacity beds		Cath Labs		55,650	30,396	25,254
																		Crowborough Birth Centre (CBC)				
																Other associated nursing costs				5,491,058	4,661,601	829,458
																				12,327,831	11,751,087	576,745

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 equal to or less than 80% OR equal to or greater than 130%

NHS
Maidstone and Tunbridge Wells NHS Trust

The findings of, and response to, the "Reading the Signals; Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation report"	**Chief of Service, Women's, Children's & Sexual Health / Divisional Director of Nursing & Quality / Divisional Director of Operations**

The findings of, and response to, the "Reading the Signals; Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation report" report is enclosed.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 15/11/22 (previous version)

Reason for receipt at 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

MTW Women's, Children's and Sexual Health

MTW response to **Reading the Signals**: Maternity & Neonatal Services in East Kent – the Report of the Independent Investigation

November 2022

Background

- 202 death cases analysed by the Kirkup panel
- Nearly half of the cases analysed could have been avoided had national guidance been adhered to
- Themes discussed in the report include:
  - The importance of listening to families
  - Lack of kindness and compassion demonstrated by staff
  - Unprofessional conduct and poor working relationships
  - Inadequate communication with women regarding their care
- The report identifies 4 key areas for action

Action 1

“Monitoring safe performance - find signals amongst the noise”

- Ensure the meaningful measures are monitored.
- Analysis of data identifies random variation (noise) and isolates the outlying information (signals)

MTW in action:

- LMNS maternity dashboard
- Robson Group metrics
- Currently under review to request BI support to convert current data into SPC charts

Further action needed:

- Await National Task and Finish Group to identify valid maternity and neonatal outcomes for mandatory use

Action 2

Standards of Clinical Behaviour

- Importance of kindness and compassion
- Address unprofessional behaviour

MTW in action:

- Kindness in Action
- Exceptional Leaders course
- Exit interview data analysis
- Leadership Development at Annual appraisal
- PMA project – Civility Saves Lives
- Maternity Safety Champions
- Speak up Guardian widely promoted
- Listening events and feedback– development of the Divisional Peoples Plan

Further Actions

- Committed to regular listening events
- Expand multidisciplinary teaching opportunities
- Introduction of Midwifery Engagement Meetings (encourage communication between community and acute unit staff)
- Extend Exceptional Leaders to the Consultant body
- Deliver the Peoples Plan (resource needed)

Action 3

Flawed Teamworking: lack of trust between medics and midwives, inappropriate expectation setting around normal birth, lack of common purpose, poor morale around obstetric trainees

MTW in action:

- Transparency and shared understanding of junior doctors competency
- Multidisciplinary Clinical Governance sessions
- GMC action plan from Deanery

Further Actions

- Ensure there is a common vision understood by all – shared sense of purpose
- Commit to Personalised Care agenda
- Rotate junior doctors in training to birth centres
- Set up informed choice forum to discuss complex cases
- Use videos to deliver multidisciplinary training
- Bespoke MDT action learning sets

Action 4

Organisational behaviour – looking good while doing badly

Recommendations:

- The Government to consider placing a bill for public bodies not to deny, deflect and conceal information from families and other bodies
- Ensure appropriate maternity representation on the board
- NHSE to look at the approach to poorly performing trusts and leadership.

MTW in action

- Listening Events – a temperature check by gathering the staff voice
- Leadership training for Band 7s
- Senior leaders completed Exceptional Leaders
- Initiative for listening to staff – Voice Box
- Feedback to staff about actions taken
- Actively engages with HSIB with their recommendations

Further Actions

- Encourage a trusting and transparent culture
- Ensure that lay members have visibility and a voice. New MVP chair started mid November after 4 months vacancy.
- Ensure that patient voice is heard and acted upon from all areas of the service. Development of a Patient Experience post is needed and is a priority for the service and has been included in recent workforce planning discussions
- Continue to promote the importance of personal leadership development for all staff
- Support personalised care with an MDT approach
- Teach and train together
- Develop a communications strategy
- Work with national and local teams to improve data
- Patient First improvement programme
- Triumvirate undertake NHS E leadership programme

NHS
Maidstone and Tunbridge Wells NHS Trust

Care Quality Commission (CQC) State of Care 2021/22 – Key findings and implications for the Trust

Chief Nurse

The enclosed report provides an overview of the recently published summary of the state of care in the NHS (October 2022).

Broadly the report highlights the extreme pressures and challenges being felt across health and social care, pin pointing 3 areas of specific concern to the CQC, specifically these include:

- Gridlocked care
- People struggling to access care
- Health Inequalities

Specific areas of additional concern are also noted related to:

- The national standard of maternity services
- The care offered to patients with learning disabilities and autism
- The standard of services of mental health services for children and young people

The key issues from the report will be reviewed against the Trust's performance and after discussion and circulation, the contents will be evaluated and included within the 2023/24 Quality Strategy.

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

A Summary Overview

The state of health care and adult social care in England

2021/22

Published: 21 October 2022

Access to full report here: [Summary - Care Quality Commission (cqc.org.uk)]

What is it?

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

The report is drawn from data from the analysis of the CQC's own inspection activity.

This year it highlights…

Gridlocked care

People are struggling to access care

Inequalities in care

Areas of specific concern

Gridlocked Care

New integrated care systems (ICSs) in England formally took up their responsibilities in July 2022. There are 42 area-based ICSs, each covering a population of between 500,000 and 3 million people

Key Points

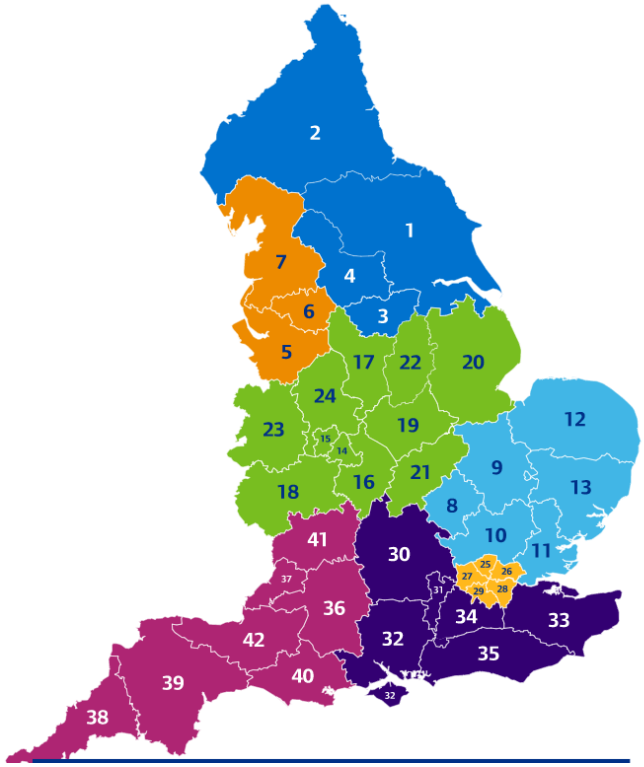
Our health and care system is in gridlock. People in need of urgent care are at increased risk of harm due to long delays in ambulance response times, waiting in ambulances outside hospitals and long waiting times for triage in emergency departments.

Increased LoS secondary to the lack of social care

Difficulties accessing primary care are exacerbating already high pressures in emergency care pathways

Staff shortages and struggles to recruit and retain staff are widespread throughout health and care.

Public satisfaction with NHS health care and with social care has plummeted in 2021/22 *latest survey says the proportion of people satisfied with NHS care has dropped from 53% to 36% - highlight the new ICS's as a driver for hearing the publics voice



Access to Care

Key Points

In our survey of people aged 65 and over who had recently used health or social care services, more than a third (37%) who said they were on a health waiting list did not feel well supported. Two in 5 (41%) said their ability to carry out day-to-day activities had got worse while they were waiting

Variation across the country in elective care and cancer treatment

Only 41% of patients in receipt of community mental health services feel they are seeing services often enough for their needs

Significant reduction in the availability of dental care – young people and children are the most affected

Half a million people are waiting for an adult social care assessment, for care or for a direct payment to begin

2.2 million hours of homecare could not be delivered because of an insufficient workforce

CQC welcomes the governments 10 year reform programme of adult social care, set out in its "people at the heart of care" whitepaper

Figure 5: Patients waiting more than 18 and 52 weeks for consultant-led elective treatment, England, April 2018 to June 2022

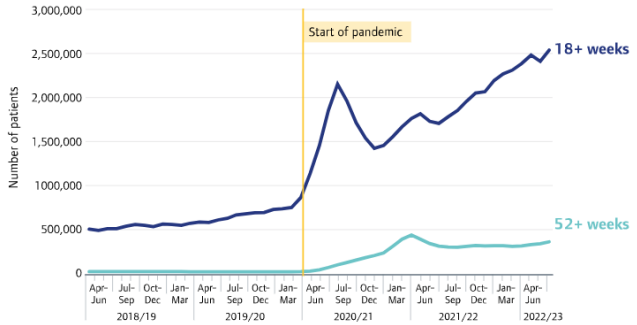
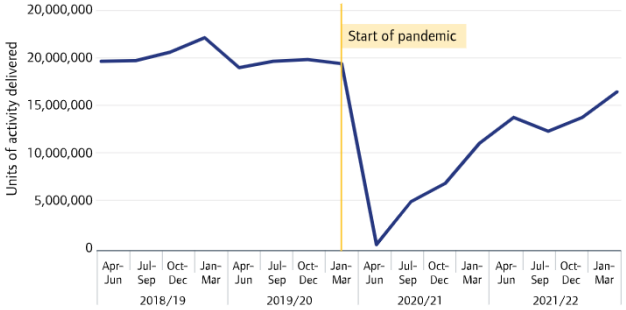


Figure 6. Total units of NHS dental activity, England, 2018/19 to 2021/22



Source: NHS Digital, NHS Dental Statistics for England.

Link to "people at the heart of care" government whitepaper

https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform

Inequalities in Care

Key Points

Health and social care providers need to do more to make their services accessible, especially to people with different communication needs.

Older people over 65 living in the most deprived areas were more likely to report that they had a long-term condition, disability or illness, compared with those living in less deprived areas.

Disabled people less likely to report their care as good

Women from minority groups continue to be at higher risk of dying in pregnancy and are more likely to be re-admitted after giving birth

Ethnic minority-led GP practices are more likely to care for populations with higher levels of socio-economic deprivation and poorer health – increasing recruitment challenges

The recording and use of demographic data by services generally needs to improve, to make sure data is complete, accurate, widely shared and used to bring about improvement

Areas of Specific Concern

Key Points

The quality of maternity care is not good enough. Action to ensure all women have access to safe, effective and truly personalised maternity care has not been sufficiently prioritised

- **Inspection resources are being prioritised in these areas**

The care for people with learning disabilities and autistic people is not good enough – huge inequalities continue when accessing or receiving care

Mental health services are struggling to meet the needs of children and young people – specifically they are being cared for in unsuitable environments

Ongoing problems with deprivation of liberty safeguarding processes mean some patients are being unlawfully deprived of their liberty without an appropriate legal framework to protect their human rights

Next steps?

- Discuss this briefing at key committees linked to organisational strategy
    - People and OD
    - Digital Transformation Board
    - Quality Committee

- Share this briefing with divisional triumvirates for discussion at divisional boards

- Consider the national care priorities when reviewing the Trust's 2023/24 Strategic priorities

- Ensure the Trusts 2023/34 Quality priorities reflect the issues raised by this report

NHS
Maidstone and Tunbridge Wells NHS Trust

Update on the West Kent and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB)	**Director of Strategy, Planning and Partnerships**

The enclosed report provides information and updates on the establishment of the Kent & Medway Integrated Care Board (ICB) and the West Kent Health Care Partnership (WKHCP)

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting 22/11/22

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

The report is for information and discussion to facilitate feedback between MTW, the HCP and the wider system.

[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

West Kent HCP and K&M ICB update
October 2022

Kent & Medway Integrated Care Board

The ICB hosted the 'Together, we can' symposium on Friday 28th October which focussed on bringing together senior leaders and influencers from across Kent and Medway to consider how we develop the **Together, we can** movement to build trust, establish and strengthen relationships between individuals, communities and organisations.
It focussed on:

- considering the interdependencies of various partnerships and how we might work together
- building on and learning from current examples of integrated working
- thinking about the practical steps we need to take in delivering a Kent and Medway Integrated Care Strategy for everyone.

The symposium was well attended by a broad range of partners including Kent County Council, Medway Council, the voluntary sector, police, health and social care providers. We await the output of the day and further engagement on the Integrated Care strategy being developed.

West Kent Health & Care Partnership Highlights

The partnership continues to develop a neighbourhood team model based on the GP Primary Care Network areas to address the high demands and to better use the community services and additional practice roles. This work is being explored practically through the local development of a mental health Multi-Disciplinary Team in the Weald area.
The wider model for integrated neighbourhood teams was further explored in an HCP Development Board Away day on 20th October. A number of actions came from that meeting including finalising the number of neighbourhood teams and each partners contribution to those.

Conversations continue around the delegation of responsibility to place. The ICB have stated a vision for HCPs that describes a joint ambition that services are co-designed, commissioned and delivered in partnership with local communities. Services will reflect their lives, their needs and their lived experiences. The H&CPs will be responsible for bringing together these plans and ensuring they are delivered. They will:

- work towards becoming Integrated Care Organisations over the next 5 years
- commission and deliver at place level activity which addresses the wider determinants of health
- develop a compelling and widely owned vision for tacking health inequalities
- join up commissioning and planning functions
- develop asset-based approaches which build on the strengths of these communities
- and invest in systems leadership - a collaborative approach to leadership.

Work is underway to consider the remaining functions currently supported by the ICB including the resource currently allocated to deliver those functions with respect to delegation. West Kent HCP has proposed the delegation in our area is concluded by the end of quarter 4 to ensure we minimise disruption over winter. Medway and East Kent will aim to conclude their delegation process this calendar year and we are following their progress to ensure we apply any learning. We have our stakeholder workshops planned for December/January and the roadmap is being discussed at the Development Board on17th November.

Meanwhile the HCP team continue to support partners to deliver a range of programmes as previously described.

WKHCP Risks and Challenges

The 2 top rated red risks are:

Workforce - All providers are identifying capacity issues with staffing core services and 2022/23 planning. Of particular note are ongoing shortages of domiciliary care staff in social care. primary care staffing capacity to meet increasing demands presenting at practices also raised as an issue and nursing capacity pressures in secondary care.

Demand pressures - Pressures across WK system arising from range of sources including: planned care backlog; Covid/Post Covid related demand; new ways of working i.e. VCA/remote consultations, vaccination/booster programme and urgent care demand.

NHS Maidstone and Tunbridge Wells NHS Trust

To approve the Heads of Terms for the development of a Maggie's Centre at Maidstone Hospital	DDO for Cancer Services and Core Clinical Services / Director of Nursing and Quality for Cancer Services / Director of Emergency Planning and Response / Charity & Fundraising Manager for Cancer Services

The Trust has, for several years, been exploring a potential partnership with Maggie's to build a Maggie's Centre at the Trust. Maggie's is a charity that provides free cancer support and holistic care for patients, families and carers in Centres across the UK and online. The Charitable Funds Committee has been kept updated on developments and progress stalled for a time during the pandemic, where it wasn't clear that Maggie's would be able to raise sufficient funds.

That changed last year when Maggie's confirmed that they would now able to financially support a Centre at the Maidstone Hospital site.

The proposal to build a Centre was supported when it was considered at the Executive Team Meeting (ETM) on 04/05/21, and the Charitable Funds Committee on 07/05/21 and the Trust Board approved the following actions in May 2021:

1. Approve the proposal in order to allow next steps to progress.
2. Provide permission to agree a suitable area of land at the Maidstone Hospital site, aligning with the site's Development Control Plans.

In the past year we have investigated a number of potential sites at Maidstone Hospital with the Maggie's design team and their architects. One site – the current occupational health and garden store location – has been agreed as most appropriate at the Executive Team Meeting (ETM) on 1/11/2022.

The fundraising period will be approximately 5-7 years, which Maggie's will be responsible for. It was noted during the ETM meeting that a proper plan will need to be determined for the occupational health team, with the Trust Space Committee, to ensure that they are suitably relocated, during that same period.

The Trust Board is asked to approve the attached Heads of Terms.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 01/11/22 (previous version)

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

To approve the Heads of Terms of a Maggie's Centre to be built at Maidstone Hospital

[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

MAGGIE'S

Maggie's Cancer Caring Centres

Heads of Terms for Proposed Maggie's Centre at Maidstone and Tunbridge Wells NHS Trust

1. Parties

Landlord – Maidstone and Tunbridge Wells NHS Trust, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ.

Tenant - The Maggie Keswick Jencks Cancer Caring Centres Trust, a charity registered in Scotland in the Scottish Charity Register (Registered Number: SC024414) being a private company limited by guarantee and registered under the Companies Acts in Scotland with Registered Number SC162451 and having its Registered Office at The Stables, Western General Hospital, Crewe Road South, Edinburgh, EH4 2XU.

2. Demise

The premises comprise the building to be **built on the land** shown - on the plan below which extends to approximately 450m^2. The premises are to include the building, landscaping and such other features which Maggie's constructs on the premises. Where feasible, Maggie's will have the ability to construct private car parking spaces on the premises, and will also have the right to use any public parking within the hospital.

We note that the occupational health and garden stores are currently located on the site and will be relocated at the expense of Maidstone Hospital NHS Trust. Responsibility for demolishing the building will rest with Maggie's.

3. Rent

For English leases the rent is to be a peppercorn per annum, if demanded.

4. Term

The term is to be 30 years from the date of completion.

5. Use

The permitted use is for cancer support and care or such other use as is approved by the Landlord, such approval not to be unreasonably withheld or delayed where the alternative use has healthcare as its primary purpose and is not being carried out for profit. Maggie's will not charge visitors to the Centre for any of the services provided at the Centre. Maggie's may also use the premises for the purposes of fundraising and administration.

6. Repair

Maggie's will maintain the premises in good repair, decorative, and working order.

7. Insurance

Maggie's will maintain buildings and contents insurance (in its name only) for full reinstatement value. In the event of damage or destruction, Maggie's to have the option of re-building or terminating the Lease. Where the Centre is listed or the damage or destruction arises as a result of the negligence of Maggie's, Maggie's will not have the option to terminate the lease. In circumstances where Maggie's choose to terminate the Lease (and have the ability to do so), any insurance monies are to be made available to the Landlord expressly for the purpose of rebuilding the building.

8. Alterations

Material structural alterations will require the prior written consent of the Landlord, such consent not to be unreasonably withheld or delayed.

9. Alienation

Maggie's is not to be permitted to sub-let save to subsidiaries or other group companies. Maggie's is to be permitted to assign the whole to another organisation with similar charitable aims, only upon receiving the landlord's written agreement to the same.

10. Termination

Maggie's shall have a right to terminate if the Landlord ceases to have a Cancer Treatment Cancer at the hospital or relocates a substantial part of its cancer servicesand shall have the option to require the Trust to provide a Centre of equivalent concept, design and size at the new site.

In the event of termination by the landlord of the lease before the date of expiry of the lease (for reasons other than a breach of the provisions by Maggie's under these agreed Heads of Terms), the Landlord will assess any reasonable reimbursement due to Maggie's. Such assessment to be conducted by an external costs assessor (to be appointed by both parties) if such costs cannot be agreed.

Maggie's will have the right to terminate the lease should it fail to secure the funding for the ongoing operation of the unit for its agreed use after construction. Maggie's willnot commence construction until sufficient funding has been reserved for this project. Maggie's will reimburse the Landlord for any damages and loss sustained as a result of Maggie's termination of the lease.

11. Works

Maggie's will be permitted to carry out the construction of the premises to plans and specifications of its own choosing and to its own timetable, subject to the prior agreement and written approval from the landlord.

12. Services

The Landlord to grant such rights as are necessary for Maggie's to connect to and use services available within the hospital grounds and where appropriate for service suppliers and undertakers to make direct connections to the proposed Maggie's Centre. The routes for the services shall be subject to the reasonable approval of theLandlord and shall not interfere with the operation of the hospital.

13. Miscellaneous

(a) Each party is to bear its own costs in connection with the negotiation andcompletion of the Lease.

(b) Maggie's is to be obliged to comply with all reasonable hospital regulations and policies notified to it from time to time.

(c) The Landlord is permitted to exclude Maggie's from the premises on urgent medical grounds. In the event that the period of any exclusion exceeds 8 weeks, Maggie's is to have the option to terminate the Lease.

(d) The Landlord will prove adequate legal title to the premises.

(e) The Landlord will incorporate wayfinding information to the Maggie's Centre on allits existing signage.

(f) This transaction is subject to Maggie's Board approval.

(g) The Parties are targeting completion of this transaction by 31 December 2029.

14. Contract

These Heads of Terms are not intended to, nor shall they form part of any legally binding contract.

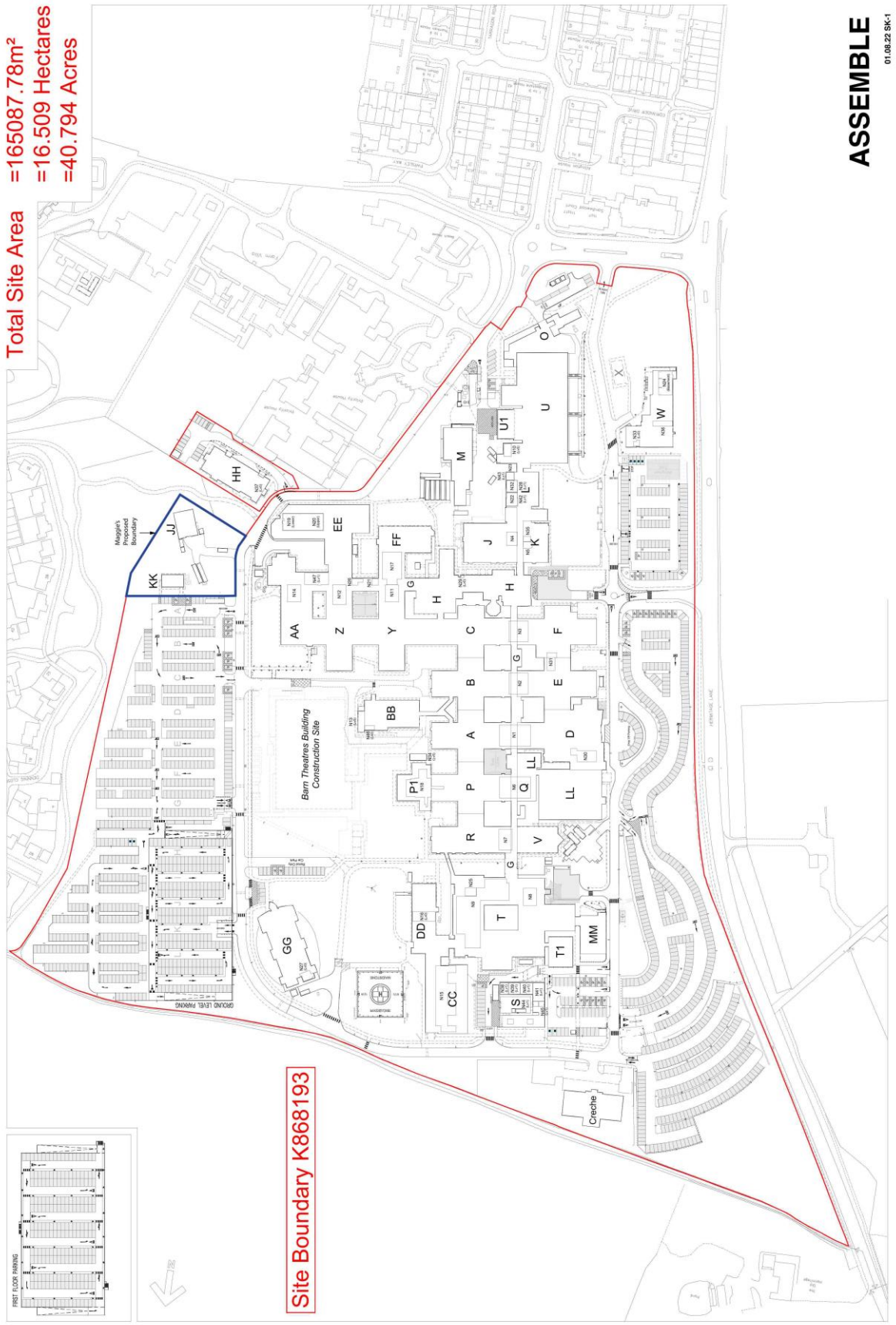
Signed: …….....Date: ..... On behalf of the Landlord

Name: ……...Position: ……..

Signed: …….....Date: .....On behalf of Maggie's

Name: ……...Position: ……..

Annexure: Draft Lease Plan



NHS
Maidstone and Tunbridge Wells NHS Trust

Briefing on the latest national corporate governance developments (including the new "Code of governance for NHS providers")	**Trust Secretary**

The enclosed report provides information on the latest national corporate governance developments (including the new "Code of governance for NHS providers").

Which Committees have reviewed the information prior to Trust Board submission?

- Executive Team Meeting (ETM), 15/11/22

Reason for submission to the Trust 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

Introduction / background

NHS England (NHSE) published two important corporate governance documents during October 2022: an updated "Code of governance for NHS provider trusts" and "Guidance on good governance and collaboration". The full documents have not been submitted as part of this report, but have been made available to Trust Board members in the "documents" section of the Admincontrol board portal[2].

Code of governance for NHS provider trusts

The previous (2014) Code of Governance had been published by Monitor (the Foundation Trust (FT) regulator), and only applied to FTs. The new Code, which applies from April 2023, applies to all NHS providers, and therefore applies to NHS Trusts for the first time. The "Code of governance for NHS provider trusts" is based on the 2018 version of the UK Corporate Governance Code.

The provisions of the code do not represent mandatory guidance, so the long-established 'comply or explain' principle[3] will apply, whereby Trusts must either comply with each of the code's provisions or explain why the Trust has departed from the code. In some case this will require a statement or information in the Trust's Annual Report, or provision of information to the public. Non-compliance with the code is therefore not in itself a breach of the NHS provider licence (which will now formally apply to NHS Trusts). However, non-compliance may form part of a wider regulatory assessment on adherence to the provider licence. Reasons for non-compliance with the code should be explained by providing a clear rationale and describing any mitigating actions the Trust is taking to address any risks and maintain conformity with the relevant principle. If deviation from a particular provision is intended to be time-limited, the Trust should indicate when it expects to conform to the provision. At the very least, the Code will therefore require further information to be included in the Trust's Annual Report (although that is not expected until the 2023/24 Annual Report, as the Code will apply from April 2023).

Guidance on good governance and collaboration

Provider Trust Boards must ensure, as part of the NHS provider licence, that their organisations have in place the governance arrangements to support effective collaboration, and the "Guidance on good governance and collaboration" sets expectations in respect of three areas:

1. Engaging consistently in shared planning and decision-making;
2. Consistently taking collective responsibility with partners for delivery of high quality and sustainable services across various footprints including system and place; and
3. Consistently taking responsibility for delivery of agreed system improvements and decisions.

The guidance contains examples of minimum behaviours for each area.

The guidance also describes the five characteristics of governance arrangements that providers must have in place to support effective collaboration:

1. Developing and sustaining strong working relationships with partners;
2. Ensuring decisions are taken at the right level;
3. Setting out clear and system-minded rationale for decisions;
4. Establishing clear lines of accountability for decisions;
5. Ensuring delivery of improvements and decisions

The guidance will contribute to the way NHSE oversees providers' collaboration under the NHS Oversight Framework. NHSE may also intervene to resolve situations where poor governance means that a provider is failing to collaborate with the guidance or its governance obligations in the NHS provider licence.

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[2] The two documents can be accessed via the "Trust Board\Trust Board Meetings (Part 1)\2022\11. 24.11.22\Corporate governance guidance\" folder in Admincontrol.

[3] The 'comply or explain' concept was first introduced in the UK after the recommendations of the 1992 report "Financial Aspects of Corporate Governance" (the Cadbury report).

Analysis and conclusion - Code of governance for NHS provider trusts

The code comprises five sections and each contains one or more “Principles”, along with more detailed “Provisions” to implement the principles. The numbers are summarised in the table below.

Section	Principles	Provisions (applicable to NHS Trusts)
1. Board leadership and purpose	6	11
2. Division of responsibilities	7	15
3. Composition, succession and evaluation	3	30
4. Audit, risk and internal control	3	9
5. Remuneration	9	7

Some of the principles are very brief (e.g. “The board is collectively responsible for the performance of the trust”), while others are lengthier/more descriptive (e.g. “The board of directors should ensure that the necessary resources are in place for the trust to meet its objectives, including the trust’s contribution to the objectives set out in the five-year joint plan and annual capital plan agreed by the ICB and its partners, and measure performance against them. The board of directors should also establish a framework of prudent and effective controls that enable risk to be assessed and managed. For their part, all board members – and in particular nonexecutives whose time may be constrained – should ensure they collectively have sufficient time and resource to carry out their functions”).

An initial assessment by the Trust Secretary has identified that some actions are required to enable the Trust to claim full compliance, but a detailed gap analysis will be undertaken to refine/confirm such actions in advance of April 2023. Any recommended actions will be discussed with the Chair of the Trust Board and Chief Executive (and the whole Trust Board, as required).

Analysis and conclusion - Guidance on good governance and collaboration

An initial assessment by the Trust Secretary has not identified any concerns in relation to compliance with the guidance, but the Trust Secretary will work with the Director of Strategy, Planning and Partnerships and their team to undertake a detailed gap analysis, to identify whether any action is required. The Trust Secretary will also discuss the guidance further with the Executive Director of Corporate Governance at NHS Kent and Medway, and his counterparts at the other providers within the Integrated Care System. Again, any recommended actions will be discussed with the Chair of the Trust Board, Chief Executive and Director of Strategy, Planning and Partnerships (and the whole Trust Board, as required).