

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

Thu 26 January 2023, 09:45 - 13:00

Virtual meeting, via Webex

## 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](https://www.youtube.com/channel/UCBV9L-3FLrluzYSc29211EQ)).

---

### 01-1

#### To receive apologies for absence

*David Highton*

---

### 01-2

#### To declare interests relevant to agenda items

*David Highton*

---

### 01-3

#### To approve the minutes of the 'Part 1' Trust Board meeting of 22nd December 2022

*David Highton*

 Board minutes, 22.12.22 (Part 1).pdf (12 pages)

---

### 01-4

#### To note progress with previous actions

*David Highton*

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

---

### 01-5

#### Report from the Chair of the Trust Board

*David Highton*

N.B. This will be a verbal update.

---

### 01-6

## Report from the Chief Executive

*Miles Scott*

 Chief Executive's report January 2023.pdf (3 pages)

---

## Reports from Trust Board sub-committees

---

**01-7**

### **Quality Committee, 11/01/23**

*Maureen Choong*

 Summary of Quality C'ttee, 11.01.23.pdf (2 pages)

---

**01-8**

### **Finance and Performance Committee, 24/01/23**

*Neil Griffiths*

 Summary of Finance and Performance C'ttee 24.01.23.pdf (2 pages)

---

**01-9**

### **People and Organisational Development Committee, 20/01/23**

*Emma Pettitt-Mitchell*

 Summary of People and Organisational Development Cttee, 20.01.23.pdf (2 pages)

---

**01-10**

### **Charitable Funds Committee, 20/01/23 (incl. approval of the Charitable Fund Fundraising Strategy, 2023 to 2027)**

*David Morgan*

 Summary of Charitable Funds Cttee 20.01.23.pdf (17 pages)

---


## Integrated Performance Report

---

**01-11**

### **Integrated Performance Report (IPR) for December 2022**

*Miles Scott and colleagues*

 Integrated Performance Report for December 2022.pdf (38 pages)

---

**01-12**

### **To confirm the Trust's current 2022/23 year-end financial forecast**

*Steve Orpin*

 To confirm the Trust's current 2022/23 year-end financial forecast.pdf (2 pages)

---

## Quality items

---

**01-13**

### Quarterly Maternity Services report

*Maureen Choong*

 Quarterly Maternity Services Report.pdf (27 pages)

---


## Systems and Place

---

**01-14**

### Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB)

*Rachel Jones*

 Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB).pdf (59 pages)

---

## Planning and strategy

---

**01-15**

### To approve the Trust's Equality, Diversity and Inclusion (EDI) Strategy 2022-2026

*Sue Steen*

 To approve the Trust's Equality, Diversity and Inclusion (EDI) Strategy 2022-2026.pdf (21 pages)

---

## Assurance and policy


---

**01-16**

### Quarterly report from the Freedom to Speak Up Guardian

*Christian Lippiatt and Natalie Hayward*

N.B. This item has been scheduled for 12:20pm.

 Quarterly report from the Freedom to Speak Up Guardian.pdf (7 pages)

---

**01-17**

### To consider any other business

**01-18**

**To respond to any questions from members of the public**

*David Highton*

---

**01-19**

**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 22<sup>ND</sup> DECEMBER 2022, 9:45 AM, VIRTUALLY VIA  
WEBCONFERENCE**

**FOR APPROVAL**

Present:	David Highton	Chair of the Trust Board (Chair)	(DH)
	Sean Briggs	Chief Operating Officer (except for part of item 12-13 – refer to the relevant minute for the specific details)	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Neil Griffiths	Non-Executive Director	(NG)
	Jo Haworth	Chief Nurse	(JH)
	Peter Maskell	Medical Director	(PM)
	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 12-13)	(SF)
	Rachel Thomas	Acting Head of Midwifery and Gynaecology (for item 12-13)	(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]*

**12-1 To receive apologies for absence**

Apologies were received from David Morgan (DM), Non-Executive Director.

**12-2 To declare interests relevant to agenda items**

No interests were declared.

**12-3 To approve the minutes of the meeting of 24<sup>th</sup> November 2022**

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

**12-4 To note progress with previous actions**

The content of the submitted report was noted.

**12-5 Report from the Chair of the Trust Board**

DH reported the following points:

- DH would like to thank all the Trust's staff who had been working hard to maintain the emergency and elective activity streams.
- Strike action had been less of a factor for the Trust, but there had been a major impact from the increasing number of COVID-19 inpatient cases, which was currently at 42, while flu and COVID-19 had also adversely affected staff sickness levels.
- Although the number of medically optimised for discharge (MOFD) patients had reduced slightly, there were still 100 such patients in the Trust's hospitals.
- It was therefore an extremely difficult time. In previous years the week before Christmas had seen a large number of patients discharged, to enable them to be at home for Christmas, but that would be very challenging this year.

## **12-6 Report from the Chief Executive**

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

- The Trust's current operational pressures would be covered under item 12-11.
- The Trust had not experienced any strike action but members of the GMB union at South East Coast Ambulance Service NHS Foundation Trust had been on strike on 21/12/22. Attendances at Maidstone Hospital (MH) on that date were at normal levels, and the ambulance conveyances had included all categories. There had however been fewer conveyances at Tunbridge Wells Hospital (TWH), and the expected influx of ambulance calls after midnight had not been seen.
- The current pressures at the Trust were therefore not a function of the industrial action per se, although more strike action was planned, and SS was leading the Trust's liaison with StaffSide. The British Medical Association (BMA) intended to ballot its members on industrial action in the new year.
- The Electronic Prescribing and Medicines Administration (EPMA) system had been successfully implemented at TWH but more work was needed to implement the Electronic Discharge Notification (eDN) across the Trust.
- In other IT developments, the development of the Patient Portal continued, as did the work to introduce 'single sign-on' arrangements.
- Trust Board members would have seen the recent incident in the English Channel, in which several people died. The Trust's mortuary was the designated mortuary to receive the deceased and MS wanted to commend the work of the mortuary team, who had gone above & beyond the call of duty. The Police and HM Coroner had also been extremely complimentary about the team.
- Dr Derek Harrington had been appointed as the new Director of Medical Education, which was an important role for the Trust.

DH referred to the plans regarding the Patient Portal and asked whether the same portal would be used across all the Trusts in the Kent and Medway Integrated Care System (ICS). SB explained that the system had not yet been selected, and the Trust's Director of IT was liaising with other local providers, so if it was possible to align approaches, that would be fantastic, but the priority would be to ensure the chosen system linked with the Trust's other existing IT systems.

### **Reports from Trust Board sub-committees**

#### **12-7 Quality Committee, 14/12/22**

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

- The Committee was pleased to hear that the EPMA implementation had gone well, from a patient safety perspective, and the Committee had been assured.
- RJ had given a report on health and social inequalities, which had been very helpful. The Committee also noted the future work required.
- The update on maternity services acknowledged that the assurance model could be strengthened to align all the various strands of feedback that were received on the service.
- The submitted report contained details of future 'deep dive' items.

KC welcomed the work on the maternity assurance model. MC also reported that work was also taking place with the Kent and Medway Integrated Care Board (ICB), to try and reduce the complexity of the various requirements and ensure the focus was on ensuring the service was safe. JH added that some national maternity dashboards were awaited, which would inform the assurance work. JH also emphasised the importance of aligning the data with the Local Maternity & Neonatal System (LMNS). The point was acknowledged.

#### **12-8 Finance and Performance Committee, 20/12/22**

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

- The Committee had recognised the extreme pressure the Trust was facing, and the continued hard work by the Trust's staff.
- An update on the Social Care Discharge Fund had been given and it was noted that more details would be heard at the Committee's meeting in January 2023.
- The initial thoughts regarding the Cost Improvement Programme (CIP) for 2023/24 were discussed and it was agreed that further details would be considered at January's meeting.

- An update was given on the cardiology strategic business case.

### **12-9 People and Organisational Development Committee, 16/12/22**

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

- The Committee had been pleased that the Exceptional Leaders programme would be extended to all people leaders.
- WW had joined the Committee and it was agreed that the various health and wellbeing reports to the Committee would be aligned.
- A review of bank and agency expenditure was undertaken, and SO would provide more details at the Committee's meeting in January 2023.
- EPM had reflected on the Committee's work across the whole of 2022, and she wanted to thank SS and her team, and JH and her team, for their work in ensuring the Committee's effectiveness.

### **12-10 Patient Experience Committee, 01/12/22**

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

- It had been interesting for the Committee to hear about the potential impact of a new Patient Experience strategy.
- Updates were received from Healthwatch Kent, the volunteers service, the Patient Advice and Liaison Service (PALS) and complaints.
- There was a need to consider how the Committee would change to align with the new Patient Experience strategy, which was expected to be developed before the next meeting in March 2023.

## **Integrated Performance Report**

### **12-11 Integrated Performance Report (IPR) for November 2022**

DH noted that Trust Board members would be interested in the status of performance for December 2022, as well as November, so members of the Executive Team should feel free to report any details not listed in the submitted report. The point was acknowledged. SS then referred to the "People" Strategic Theme and noted that three areas were in escalation: Turnover Rate; Sickness Rate; and Appraisal Completeness. SS also however noted that there had been continuing improvement for the vacancy rate, which had reduced to 10.7%, and further improvement was expected. SS continued that the 12% target had therefore been met, but the Trust would aim to improve further. SS also reported that the nursing vacancy rate had reduced to 14%, from 20% earlier in the year, following the agreed increase in establishment; while the focus in the new year would be on the medical, administrative and clerical, and estates and facilities workforce.

SS then referred to the "Turnover Rate" metric and reported the following points:

- Improvement in turnover rate took longer to achieve, as the metric was calculated over a continuous 12-month period.
- The areas of focus would be flexible working, 'stay' interviews, and those who were looking for, or applying for, a new role. The turnover rate target was 12%.

SS then referred to the "Sickness Rate" metric and reported that there had been a 0.5% increase, from 4.4% to 4.9%, and the rate was expected to increase further because of the impact of flu and seasonal colds etc., although the situation was being closely monitored and efforts were being made to increase the uptake of staff flu vaccinations.

SS then referred to the "Appraisal Completeness" metric and reported that the rate was currently 89.7%, but there was some anecdotal evidence that the rate had been adversely affected by issues with the appraisal IT system, so work was continuing.

DH noted that the daily site reports indicated that the current sickness absence rate was higher than 4.9%. SS stated that she did not have the up-to-date data, but confirmed that she expected the rate to be above 5%. DH asked for the current staff flu vaccination rate and SS reported that this was circa 40%, which was lower than usual, so communications efforts were continuing, although a similar low uptake had been seen across the ICS.

WW thanked SS for the progress with recruitment, but noted the further work that was required on turnover, and asked SS which staff were leaving and which initiatives had been introduced to reduce turnover. SS explained that much analysis had been undertaken in relation to turnover, and as SS had noted earlier, Estates and Facilities, and administrative and clerical staff had seen increased turnover, some of which was related to staff leaving for higher paid roles in other sectors, while the increase in flexible working had also created opportunities to work via 'hybrid' means. SS also noted that many staff had retired, so the People and Organisational Development Committee had discussed the 'retire and return' scheme, which could help retain some long-standing experienced staff. SS added however that she wanted to focus on the staff that left the Trust after a short period, which were 'regretted losses', and could be a 'red flag' in relation to the Trust's onboarding process.

PM then referred to the "Patient Safety & Clinical Effectiveness" Strategic Theme and reported the following points:

- The mortality position would be considered under item 12-12.
- There had been a large reduction in the falls rate, which reflected the various actions that had been taken coming to fruition, as the issue was multi-factorial. The year-end target of 6.36 falls per 1000 occupied bed days had been achieved in November. The falls rate for December was somewhere between the rates that had been seen in October and November.
- A challenge had been made at the last Executive Team Meeting (ETM) as to whether the falls work should now become 'business as usual', and not be a Breakthrough Objective, to enable focus on a different subject, and PM was considering whether sepsis should be that subject.
- The largest contributor to the reduction in patients falls had been safe staffing levels, so the work that SS and JH had done, in addition to the work of the falls team, had been fundamental.

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

- The *Clostridioides difficile* rate continued to reduce, and that reduction was expected to continue into December, as there had only been one case in the month thus far. Various steps had been taken, including the introduction of new ward rounds by consultant microbiologists to specifically review *Clostridioides difficile* cases.
- After a quiet month, the number of COVID-19 cases had increased, by circa one or two inpatients every day. Contingency plans were therefore being applied to isolate patients.
- Massive numbers of flu cases had presented to the Emergency Departments (EDs). Not many of the cases had resulted in admissions, but the Trust had circa 50 inpatients with flu, with two in the ICU. Contingency plans and cohorting was in place, and prophylaxis had been given to prevent the occurrence of secondary cases, but the number was expected to rise, and it was not certain when cases would peak.

RF referred back to PM's points, congratulated PM on the improved position in relation to patient falls, and added that he believed that focusing on an issue and then moving it to 'business as usual' was the sign of a mature organisation, and an indication that the Strategy Deployment Review (SDR) process was working. RF however stated that it was important to continue to monitor the number of falls, and react as required. The point was acknowledged.

SB then referred to the "Patient Access" Strategic Theme and reported the following points:

- The 62-day cancer waiting time target had been met for October 2022, after it had been missed in September. The waiting list backlog had also reduced, but the urology position remained challenging and the staff were working incredibly hard, and cancelling their Annual Leave (A/L) over the Christmas period.
- November had seen high levels of elective care and outpatient activity, and the number of patients waiting over 40 weeks for treatment was now at 489, which was a record, and below the level at the start of the COVID-19 pandemic. It remained feasible to reduce the number to zero by the end of March 2023.
- Performance against the Diagnostics Waiting Times and Activity (DM01) standard was still a challenge, with access to echocardiograms still being the main issue.
- There had been a record number of ED attendances on 9 of the last 10 days, which had posed a huge challenge for staff. Many of the paediatric attendances were related to the Strep A issue, but the Trust had also been adversely affected by staff sickness, and some short-notice sickness

by junior doctors had had a major impact. The Trust's performance on the ED 4-hour waiting time target had been adversely affected and additional measures had been applied

- The Trust was currently at Operational Pressures Escalation Level (OPEL) four.
- SB would give an update on the Social Care Discharge Fund & the winter plan under item 12-16.

DH noted that a new test for Strep A would be introduced, to manage the flood of children arriving with worried parents at the ED, and asked if that had helped. SB confirmed that the new testing regime had commenced that week and had made a difference, but the main challenge was in staffing the pathways that had been established for the new test, as the position had been adversely affected by higher levels of staff sickness. DH asked if the new test confirmed whether it was the invasive form of Strep A. SB clarified that the test just confirmed whether it was Strep A, while SM added that a negative result would still require a clinical review, as the test was not sensitive enough, so a high level of clinical suspicion would still lead to treatment.

WW commented that he was amazed at the number of issues that the members of the Executive Team had to deal with, and commended them for doing so. WW then asked what the top three issues that needed to be addressed would be, and also asked for a comment on the impact on the wellbeing of the staff. SB noted that teams always felt better when they were able to give successful care, and SB's short-term top issue was the effective management of staffing rosters, particularly for the late hours and weekends; while the longer-term focus should be on improved medical recruitment; adhering to agreed plans and processes, such as Same Day Emergency Care (SDEC), board rounds etc., and not being distracted by other issues. SB also highlighted the need to stay kind to each other, and for leaders to help their staff focus on patient care, by reducing their other burdens. SB also stated that, in terms of wellbeing, staff had worked very hard to make sure that cancer patients' care had not been cancelled, and that ambulance handovers at the Trust were some of the best in the country, so such staff would be feeling the impact of such efforts, after a tough two-year period, which meant it was imperative that leaders supported their staff.

PM reiterated SB's call to be kind and compassionate, and added that being under pressure often led to silo working, so it was important to counteract such behaviour. The point was acknowledged.

DH referred back to his earlier comment that the week before Christmas had traditionally seen a large number of patients discharged, but noted that given the number of MOFD patients, the only patients likely to be discharged would be the Pathway Zero patients, so asked whether that would make a difference to the Trust's position. SB gave his perspective, which included his belief that more senior decision-makers at night would help, to reduce the number of 'decisions to admit'. SB added that he was not hopeful of seeing a significant number of discharges, but the teams would do what they could to try and reduce the number of patients that were in hospital on Christmas day.

RJ then referred to the "Systems" Strategic Theme and reported the following points in relation to the "Discharge before Noon" metric:

- The Trust had managed to recover the position and performance was back up to circa 21%, although the Trust was aiming for 33%, and that rate had been achieved on some days.
- The work with Hilton Nursing Partners Limited had been beneficial, as was the work that JH had led on criteria-led discharge, and that would be considered at the Nursing and Midwifery Board.
- The pressures experienced by the Trust would however likely have an adverse impact on the indicator for December 2022.
- The Trust had received strong support from its partners, & some governance arrangements for discharge within the West Kent Health and Care Partnership had been agreed for the first time.

JW asked for a comment on the arrangements for discharging patients into East Sussex. RJ confirmed such discharges were more difficult, as the Trust had fewer of the levers it had within Kent and Medway, so the key factor was building relationships, and more work was required. MS added that a Multi Agency Discharge Event (MADE) had been held on 21/12/22 and issues with East Sussex patients had been highlighted and discussed. MS also reported that East Sussex County Council had advised the Trust that they had commissioned nearly 40 additional placements, to cover all services, but the access to the placements had been staggered, at 10 per week, so the Trust was struggling to utilise such placements. MS stated that there was therefore a need for the Trust to improve its ability to escalate issues within East Sussex County Council.

RF noted the good progress, but asked what was on RJ's 'wish list' of system improvements to better the discharges position. RJ replied that 'A3 thinking' was being deployed for the first time with the West Kent system, to understand the constraints and identify the small number of actions that would make the largest difference. RJ continued that she did not want to pre-empt the output of that work, but she was hopeful that there would be a positive impact on the Pathway 1 arrangements. RJ added that she would therefore like to report the details at the next Trust Board meeting. This was agreed.

**Action: Provide the Trust Board with the output from the deployment of the 'A3 thinking' approach with the West Kent system (Director of Strategy, Planning and Partnerships, January 2023)**

MS also stated that he was at a meeting with the Kent and Medway ICB on 21/12/22, and it was confirmed that Local Authorities should consider the Social Care Discharge Fund as recurring, which was important. MS continued that the Trust therefore needed to work with partners to understand how the funding in the government's autumn statement would address the long-term implications of the patients who had been discharged through the Social Care Discharge Fund. The point was acknowledged.

*[N.B. Item 12-15 was considered at this point]*

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

- There had been a sustained improvement in the complaint response time performance, while the number of long outstanding complaints had also reduced.
- The rate of complaints remained erratic, but the themes remained the same, in relation to communication.
- The Divisions had improved their complaint response performance and also the quality of their responses.
- JH wanted to acknowledge the great work undertaken by the Complaints team, noting that some of the current staff would soon leave the Trust.

WW asked JH to elaborate on her comments regarding the communication aspects of complaints. JH clarified that the complaints rate remained somewhat erratic, but the communication theme was consistent. WW asked what the specific communication issues were. JH replied that the analysis showed that there were two elements: a lack of compassion by staff, and patients not being involved in treatment planning and decision-making, both of which were reflected in other data sources, including Friends and Family Test (FFT) surveys and national complaints data. JH continued that that conclusion had arisen from analysis of the complaints with a communication theme from April to September 2022. WW asked whether JH expected the actions being taken to have an impact in the short term. JH highlighted the need to recognise the current context in which staff were working, but also acknowledged the need to support staff to address the two elements described.

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

- The problems with the FFT provider continued, as some data had not been entered, and there was a glitch in the system, as a nil return was given if the patient did not respond to all of the questions. The reported data was not therefore an accurate reflection of the position, so work was taking place with the provider to address the issues.
- The responses that had been received for the ED FFT survey reflected the long waits experienced by patients, the staff's responsiveness, and the ED environment, but JH's team were working with the ED team to try and improve the position.

DH noted that JH had referred to difficulties with the FFT provider over several months and asked whether the Trust was seeking to terminate the contract early. JH explained that there was not much time left on the contract, so the market was being explored.

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

- The overall goal was to deliver the financial plan, and the Trust's position was on plan after month 8. There had in fact been an improvement in month 8, but that had been due to using non-recurrent flexibilities to bolster the position, and the underlying position was unchanged.
- The Breakthrough Objective was on premium agency expenditure, and although SO was pleased to see an improvement in the aforementioned workforce metrics, that improvement had not been reflected in the use of premium agencies, so other factors were being explored. Work was therefore being taken on the quality and approach to rostering; and the number of escalation beds that remained open, many of which were operated by temporary staff. 81 overseas nurses were also still listed as supernumerary, so the vacancy rate and agency usage would reduce once such staff were added to the establishment.

EPM noted that SO would attend the People and Organisational Development Committee meeting in January 2023 to discuss premium agency expenditure, but noted that the actions on page 26 of 37 included a "Review of top 25 high cost locums" and asked for further details. SO elaborated on that action, and also the "Review of top 25 agency workers", and confirmed there was a clear relationship with the vacancy 'hot spot' areas. SO also noted that the top 25 agency workers were often nursing staff who were essential members of a clinical team, so work was being done to try and retain such staff on different terms.

SO then continued and highlighted the following points:

- The CIP target for 2022/23 would not be met by the year-end. A change in approach was being encouraged, to shift from the CIP being a cost-cutting programme to be more of an improvement programme, and an approach for a corporate project was being developed, which would learn the lessons from 2022/23.
- The Trust would continue to take any opportunities to increase the CIP delivery for 2022/23, but the primary area of focus would now be the 2023/24 CIP.

WW asked for further details of the reasons for the improved overall financial position. SO explained that contingency and service development reserves had been released i.e. non-recurrent steps. SO added that the NHS planning guidance was awaited, and the potential reintroduction of a Payment by Results (PbR) framework may present opportunities for the Trust, but the non-delivery of the 2022/23 CIP would transfer into 2023/24, so there was a real tension, as the NHS planning system was very focused on an annual process, while the Trust wanted to have a multi-year plan. SO continued that there was an outstanding action to develop a financial strategy for the Trust, and an initial view was scheduled to be given at the Finance and Performance Committee meeting in January 2023, with a developed strategy in May or June 2023.

RF asked what the intention was with regards to the Trust's financial reserves, as Local Authorities had to have a level of reserve that was dependent on their budget, which was not the case for the NHS. SO explained that the expectation was that a circa 3% efficiency level would be required for 2023/24; the Trust would normally want to hold another 1% of reserves, for service developments & other reserves; so, with other factors, circa 7% would likely be required. SO continued that his advice to the Trust Board would be that such a level would be undeliverable, and a circa 4% level would be more realistic, but there would be no certainty until the NHS financial framework was known.

SB asked how many other Trusts were on target to deliver a financial break-even position for 2022/23. SO replied that he did not know for the whole country, but he was aware of one acute Trust within the Kent and Medway ICS that would deliver a break-even position, and providers and ICSs that delivered their financial plans would be given certain freedoms and access to further funds, so it was important to deliver the financial plan.

## Quality Items

### 12-12 Quarterly mortality data

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

- There had been a change in the Trust's quality governance arrangements circa five years ago, and it had been agreed that the Mortality Surveillance Group (MSG) should be under the Medicine & Emergency Care Division. Although that had been successful, PM believed it was time to

reconsider the approach, to make the oversight of the MSG more corporate, and move away from the Medicine & Emergency Care Division. In the interim period, PM would chair the MSG.

- PM had previously voiced his concerns at the validity of the impact of COVID-19 deaths on the Trust's mortality position, and Appendix 1 of the submitted report contained Telstra Health UK's list of the potential contributory factors to the current fluctuating relative risk for the Hospital Standardised Mortality Ratio (HSMR).
- The 12-month rolling HSMR had increased, but PM expected that to decrease after February 2023, once the peaks from the previous winter had been passed.
- The last data point within the one-month HSMR data could be disregarded, as PM expected that to be an outlier.
- Weekend mortality was a slight concern, but assurance could be obtained from other data, including crude mortality. However, PM wanted more work done to understand the position, which including further understanding of the CUMulative SUM (CUSUM) alerts.
- The two main CUSUM alerts included sepsis, which reinforced PM's aforementioned remarks on sepsis becoming an objective. Work on sepsis was ongoing and there was a new Chair and Deputy Chair of the Sepsis Committee, who were the Deputy Chiefs of Service for the Surgery and Medicine & Emergency Care Divisions.
- The Trust had highly-functioning admission avoidance and SDEC areas, which meant that the patients that were admitted were often sicker than the patients whose admission had been avoided, which provided PM with some reassurance.
- Some members of the MSG had felt that the 'lesson learned' work needed development, and there needed to be more Structured Judgment Reviews, as well as an enhanced Medical Examiner service, although the funds the Trust received for that service were insufficient.

EPM referred to page 16 of 19, and the statement that "During periods when the pain team is unavailable (bank holiday/weekend/out of hours), there is the option of utilising the on call anaesthetic team who can facilitate with pain issues", and asked whether there were plans to increase the flexibility of the pain service. PM explained that the pain team were the third or fourth step in the process to manage patients with pain, and there was no reason why a patient's consultant should not be able to manage their pain effectively over the weekend in the first instance. PM however acknowledged that if additional flexibility within the pain team proved to be needed, that would need to be explored.

MC then noted that the mortality governance process and modelling would be explored further at the next Quality Committee 'deep dive' meeting.

*[Post-meeting note: It was subsequently clarified that the item referred to by MC was scheduled for the Quality Committee 'deep dive' meeting in April 2023, not the next meeting in February 2023]*

### **12-13 To approve the NHS Resolution maternity incentive scheme submission**

SF introduced the item and explained that the process had changed, as there now needed to be an assessment by the LMNS, and they had confirmed their support for the submission. RT then referred to the submitted report and highlighted the following six points that the Trust Board needed to agree at the meeting:

- The Trust Board was asked to approve the declaration of compliance in view of the evidence available and gave permission to MS to sign the Board declaration form prior to submission to NHS Resolution.
- The Trust Board was asked to note the engagement with the Royal College of Obstetricians and Gynaecologists (RCOG) workforce document, "Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology", along with an action plan to review any non-attendance to the clinical situations listed in the document, evidencing the current position (for Safety Action 4). The audit was contained in Appendix 1 and the action plan had been submitted.
- The Trust Board was asked to note, for Safety Action 4, that the Neonatal Junior Medical Staffing standards had been met.
- The Trust Board was asked to note, for Safety Action 4, that an updated action plan was in place to comply with the Neonatal Nursing standards.



- The Trust Board was asked to note, for Safety Action 4, that the funded establishment was compliant with the latest midwifery workforce calculation and agree the action plan for the shortfall that had been highlighted (Appendix 3).
- The Trust Board was asked to note, for Safety Action 10, the evidence in specific relation to qualifying cases to the Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme.

DH referred to the amber-rated action in Appendix 3 that related to "Full maternity service with Birthrate+ methodology to be completed", for which the progress noted that the Trust was "Awaiting Information from LMNS", and asked for the current position. RT replied that the LMNS had now confirmed that they would fund a Birthrate+ review for the Trust, ideally before March 2023, although the Trust had undertaken its own, in-house, calculations, and developed an action plan in response, which meant the Trust had complied with Safety Action 5.

*[N.B. SB was not present for the remainder of item 12-13]*

MC acknowledged that the submitted report had been the culmination of a significant amount of work. MC then also noted that the "Midwifery Workforce Planning, Action Plan" in Appendix 3, which related to Safety Action 5, contained some amber-rated actions which related to the intended submission of Business Cases. RT acknowledged the point and stated that she could provide further details to the Trust Board's meeting in January 2023 if that was considered necessary. MC noted that the gap in assurance was likely to be important. However MS confirmed that the ETM had considered the report on 20/12/22, and had agreed to recommend that the Trust Board approve the submission. JH added that there was an element of synchronisation involved in the required assurance, as JH had submitted a workforce report under item 12-17, and if the recommendations of that report were accepted, that would provide assurance regarding the maternity incentive scheme submission. DH therefore clarified that he did not consider it necessary to submit further details to the Trust Board in January 2023, as he would be content for MS to satisfy himself that the issues raised by MC had been addressed prior to the submission. The point was acknowledged.

WW suggested it would be helpful to understand the risk to the Trust if certain actions did not occur. RT acknowledged the point. DH added that if a completed submission was not made the Trust would have to pay a higher premium to the associated risk pooling scheme, so there would therefore be a financial cost to the Trust. DH however added that the Business Cases that MC had referred to would need to be evaluated on their potential clinical impact for mothers and babies.

DH then asked for confirmation that the Trust Board approved the six actions that were described on the cover page of the submitted report. This was confirmed. The Trust Board therefore approved the declaration of compliance in view of the evidence available, gave permission to MS to sign the Board declaration form prior to submission to NHS Resolution; and also noted:

- The engagement with the RCOG workforce document "Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology", along with an action plan to review any non-attendance to the clinical situations listed in the document, evidencing the current position.
- That the Neonatal Junior Medical Staffing standards had been met.
- That an updated action plan was in place to comply with the Neonatal Nursing standards.
- That the funded establishment was compliant with the latest midwifery workforce calculation and agreed the action plan for the shortfall that had been highlighted.
- The evidence in specific relation to qualifying cases to the HSIB and to NHS Resolution's EN Scheme.

#### **12-14 Review of the updated Infection prevention and control board assurance framework**

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

- The conversion of the document to PDF had adversely affected the format.
- The changes involved the removal of virtually all references to COVID-19, and to make the framework more generic to respiratory conditions.
- The framework now referred to the National infection prevention and control manual for England, although only certain chapters of the manual had been published to date.

- Contact precautions had now become standard precautions, but transmission-based, respiratory precautions, and extended precautions, were also now referred to, which was a major change in terminology for staff, and would need to be reflected within the Trust's policies. A change programme was therefore in place for such policies, but the Trust's existing policies were compliant with the chapters of the manual that had been published thus far.
- There was an issue with compliance with Health Technical Memorandum (HTM) 03-01 (Specialised ventilation for healthcare premises) at MH, as the hospital had been built before HTM 03-01 had been published.
- The red text in the report showed the new content, which included additional cleaning instructions and training in place for the management of point of use filters on water outlets.

DH asked whether the new terminology meant that the Trust's training materials needed to change. SM confirmed that would be the case, although the Trust used the national e-learning package, which would be updated centrally. SM however added that the face-to-face/in-person training materials would also be updated.

## **Systems and Place**

### **12-15 Update on the social care discharge fund and the Trust's winter plan**

SB reported the following points:

- The Trust had only received definitive confirmation of the schemes that would be funded on 16/12/22, but some of the schemes the Trust hoped would be introduced had not been funded, so SB and SO were liaising with the ICB in relation to such schemes.
- Investment had been confirmed for Pathway 1 capacity; Pathway 3 capacity i.e. Hawkhurst House; and some other initiatives.
- However, the late arrival of the funding meant there would be a challenge to identify the staff needed, but the Trust's partners were committed to the schemes, and intended for these to start from January 2023. Progress would therefore be able to be reported at the next Trust Board meeting.

MS added that the Chief Executive of Kent Community Health NHS Foundation Trust, who was the lead for the Social Care Discharge Fund for the ICS, had committed, on 21/12/22, to ensuring there was effective monitoring of the mobilisation of the funded schemes, so some data should be available at the next Trust Board meeting.

DH noted that the second Pathway 1 provider had previously been reported as able to handle more complex discharges, so asked whether they could provide packages of care to East Sussex patients, even if the funding originated from the Social Care Discharge Fund in Kent. MS replied that it would depend on whether the funding was from the ICB or the County Council, but the funding would need to be channelled through the Better Care Fund, so DH's query would need to be checked. MS however stated that the Social Care Discharge Fund allocated to each ICS was designed to support discharge from the hospitals within that ICS, so there should be a basis for such care packages to be provided to East Sussex patients. RJ therefore agreed to check and confirm the position.

**Action: Check and confirm whether the investment from the Social Care Discharge Fund to support discharges from the Trust's hospitals could be used to enable the new Pathway 1 provider to provide packages of care to East Sussex patients (Director of Strategy, Planning and Partnerships, December 2022 onwards)**

### **12-16 Proposed Trust submission to the independent review of integrated care systems ('Hewitt review')**

MS referred to the submitted report and noted that it reflected the discussion that had been held at the Trust Board 'Away Day' on 15/12/22, and focused on five themes: "Varying Modus Operandi by Issue"; "Focus on adding value at each level (through accountability and action)"; "Aligning system 'Levers' to deliver sustainable, high quality services"; "Delegation from NHSE"; and "Assume 'corporate' responsibility for Primary Care". MS then elaborated on each theme.

RF confirmed his support for the five themes, but noted that one of the Trust's concerns had been the extent to which the ICS would redistribute its funds, so that a successful Trust would be penalised

to support unsuccessful Trusts, so proposed that point be made in the Trust's response. MS agreed that was an important point that should be made.

RF also proposed that the second theme should be "Focus on creating value...", not "adding value". MS agreed.

DH commented that there was not much content that related to the potential duplication between the ICS level and the regional level; and also whether the Trust's IPR contained targets that were only monitored because they were required to be reported centrally, rather than being important to the Trust. MS challenged the suggestion that there were national targets that were not of interest to the Trust, but DH clarified that there may be some targets which the Trust could assure itself on, without an external body needing to receive assurance. MS agreed that such comments aligned with RF's point about creating value.

JW highlighted that there was no mention of the local population, patients or carers, and suggested that such aspects be more a part of the ICB's role i.e. to focus on populations, not just those that used services at a point in time. MS agreed, but stated that clarity was needed on whether that role should be within the Place or the System.

KC suggested it would be helpful to map the Trust's response to the three areas the Hewitt Review would make recommendations on, which were listed on page 3 of 6. MS agreed that being more explicit would be beneficial.

WW noted that careful consideration was needed, to ensure that the Trust supported the ICB to proceed on the right journey and not be seen as a usurper. MS acknowledged the need to consider the tone of the Trust's response.

MS then confirmed the comments made at the meeting would be reflected in the Trust's submission.

**Action: Ensure that the comments made at the Trust Board meeting on 22/12/22 were reflected in the Trust's submission to the independent review of integrated care systems ('Hewitt review') (Director of Strategy, Planning and Partnerships, December 2022 onwards)**

### **Planning and strategy**

#### **12-17 Nursing and Midwifery staffing review (annual review)**

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

- The review was mandated by the National Quality Board.
- The report provided oversight of the actions that had been achieved over the last 12 months, which included reducing nursing and midwifery vacancies by circa 6%; and increasing activity in relation to Internally Educated Nurses, such as the provision of pastoral support. There had also been an increase in Trainee Nursing Associates and improved governance for reporting on staffing and roster management.
- The establishment review process had changed that year, and all nursing and midwifery rosters and establishments had been reviewed by JH's, SS' and SO's teams. Professional judgement and acuity tools had also been used in the process.
- The recommendations, which were listed on page 7 of 14, included an increase of establishment by 67.71 Whole Time Equivalent (WTE), which was divided across all the Divisions apart from Cancer Services.
- There were some specific priority areas within the Medicine & Emergency Care Division that involved increased acuity.
- The Women's Children's and Sexual Health Division recommendation included recognition of the increased requirements, such as the British Association of Perinatal Medicine (BAPM) standards.
- If the recommended 67.71 WTE increase was agreed, a Full Business Case would be developed, and implementation would be phased.
- The recommendations would have several benefits, including reducing temporary staffing expenditure; and improved patient and staff experience.

NG asked how productivity featured in the work. JH stated that one area was related to how more support could be given to increase the number of pre-11am discharges and nursing-led discharges,

and staffing was a key factor in both issues. JH added that she would also want to monitor the areas that received an uplift, to assess their increased efficiency.

MC asked how, during the review process, consideration was given to qualitative aspects, including the wellbeing of the team etc., instead of just the staffing numbers. JH gave assurance that ward leaders were involved in the review process, which was important, but JH was also keen to ensure that all staff were able to access the professional development they deserved, although JH acknowledged that that aspect was not as explicit in the submitted report.

RF commented that it felt like the recommended WTE increases would provide the flexibility to enable improved leadership and management on ward areas, which was good. RF also noted that the changes should result in a reduction in agency fees, so asked what the scale of that reduction would be, while acknowledging that there would be a lag between the change and the positive impact. JH replied that she had not calculated the expected reduction, but referred to the "Night Staffing Fill Rates" data on page 6 of 14 and stated that she would expect the increased Healthcare Support Worker WTE would improve the position, but JH would include the specific details within the associated Business Case.

KC asked how Nursing Associates were related to the work. JH referred to page 5 of 14, which gave details of the current Nursing Associates and those in the pipeline, and noted that it was not considered appropriate for Associates to manage wards, given the acuity and dependency of patients, although such discussions would likely feature more in the future.

DH summarised that the cost of circa £2m investment would be expected to be offset by improvements in vacancy rate and turnover, but the associated detail would be considered in the Business Case.

The recommendation was supported.

### **Annual Report and Accounts**

#### **12-18 To approve the Charitable Fund Annual Report and Accounts for 2021/22**

JW referred to the submitted report and highlighted the key points therein, which included the external auditor's views. JW also noted that it was an exciting time for the charitable fund, given the appointment of the new Head of Charity and Fundraising.

The Charitable Fund Annual Report and Accounts for 2021/22 was approved as submitted.

#### **12-19 To consider any other business**

There was no other business.

#### **12-20 To respond to questions from members of the public**

KR confirmed that no questions had been received.

#### **12-21 To approve the motion (to enable the Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest**

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

## Trust Board Meeting – January 2023

### Log of outstanding actions from previous meetings Chair of the Trust Board

Actions due and still 'open'				
Ref.	Action	Person responsible	Original timescale	Progress <sup>1</sup>
12-11	Provide the Trust Board with the output from the deployment of the 'A3 thinking' approach with the West Kent system.	Director of Strategy, Planning and Partnerships	January 2023	This will be incorporated into the standing "Update on the West Kent HCP and NHS Kent and Medway ICB" report in February (as work is being done in January with partners but this has been delayed by operational pressures).
12-15	Check and confirm whether the investment from the Social Care Discharge Fund to support discharges from the Trust's hospitals could be used to enable the new Pathway 1 provider to provide packages of care to East Sussex patients.	Director of Strategy, Planning and Partnerships	December 2022 onwards	A verbal update will be given at the meeting.

Actions due and 'closed'				
Ref.	Action	Person responsible	Date completed	Action taken to 'close'
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 has been included in the quarterly report that has been submitted to the January 2023 Trust Board meeting.
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 has been included in the quarterly report that has been submitted to the January 2023 Trust Board meeting.
12-16	Ensure that the comments made at the Trust Board	Director of Strategy, Planning and	January 2023	The submission was made with the comments incorporated.

1

Not started

On track

Issue / delay

Decision required

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
	meeting on 22/12/22 were reflected in the Trust's submission to the independent review of integrated care systems ('Hewitt review').	Partnerships		

**Actions not yet due (and still 'open')**

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

## Report from the Chief Executive

## Chief Executive

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

- An enormous thank you to all our teams who worked across the festive period to keep our patients safe during such an extremely busy time. In 2022, our teams treated nearly 900,126 patients (14% increase on 2021/ and a 13% rise from pre-pandemic) and admitted over 2,192 COVID patients (37% increase on 2021) while seeing 200,833 patients (17% increase on 2021/ and a 20% rise from pre-pandemic) in our very busy ED's. We carried out 25,105 surgeries (15% increase on 2021/with similar levels for pre-pandemic), processed 98,068 CT and MRI scans (12% increase on 2021/ and a 22% rise from pre-pandemic) and our hard-working catering teams prepared more than 830,000 patient meals – approximately 30,000 more compared to last year. Our teams are now looking ahead to a number of exciting developments in 2023, including significant milestones on some of our key projects. These include:
  - Developing the new Kent and Medway Orthopaedic Centre at Maidstone Hospital to boost elective capacity across the region by around 5,000 cases per year. This month we've seen additional groundworks taking place with final designs, mechanical and electrical plans to be in place in the next couple of weeks.
  - In April, we're looking forward to the roll out of phase two of our Community Diagnostic Centre which will further increase our diagnostic capacity. Once established this will help us support our patients with around 140,000 additional scans each year, including MRIs, CTs, x-rays and ultrasounds.
  - Over the next six months, we'll see further progress in our Digestive Diseases Unit (DDU) at Tunbridge Wells Hospital. With the development of joint medical and surgical ward rounds for appropriate patients with complex gastrointestinal issues and the training of additional consultants we will reduce the number of patients going to London hospitals for their care.
  - We'll be completing work on our Hyper Acute Stroke Unit (HASU)/Acute Stroke Unit (ASU) at Maidstone Hospital in line with the agreed development of the system wide stroke services in Kent and Medway. The first phase was completed in December and is now open. Once the whole unit is finished we will have an 18 bed HASU and 35 bedded ASU to support stroke care for our community.
  - Over on our Tunbridge Wells site, work on our medical student accommodation and academic building continues which will be ready for the first cohort of students in the autumn.
- 2023 will see further significant developments in our digital journey at MTW. Our IT department are heading up a number of these projects including:
  - Implementation of an anaesthetic system that covers pre-assessment through to surgery and captures observations from anaesthetic machines
  - Single Sign On – SSO will enable clinicians to spend more time with patients by eliminating the need to repeatedly type usernames and passwords
  - e-consent – digital consent system that will store a copy of the consent in eNotes and email a copy to the patient
  - Ophthalmology electronic patient record – digitising ophthalmic patient records, starting with cataracts
  - The introduction of a new Patient Portal in Outpatients which will support our patients to self-manage areas of their care
- The expansion of our virtual wards, will continue. Virtual wards are currently in place for frailty and respiratory patients and use technology, supported by clinical staff, to monitor and deliver secondary care to patients in their own home for up to 14 days. During the last two weeks in

December the virtual wards managed 14 patients at home. We are now working with Cardiology, Stroke and Maternity to develop virtual ward pathways for patients in these services. We'll be continuing to explore opportunities for patients to be managed in virtual wards and aim to increase capacity to 187 by the end of the year.

- Our Emergency Departments (EDs) experienced record-breaking levels of attendances in December and saw 19,439 attendances. This is an increase of 1,814 patients compared to November, with our departments seeing a large number of parents attending with children for Strep A concerns. Despite this incredibly busy time, the vast majority of our patients are continuing to be treated within the four-hour standard and the Trust is regularly in the top three for ED performance in England.
- Our work to ensure those waiting for elective surgery are given the quickest possible access to treatment has progressed in recent months. MTW is focussing on patients waiting over 40 weeks and working to reduce this in the last few months. This compares to the national focus on treating all patients who have been waiting for 78 weeks.
- Earlier this month we hosted visits from the [Secretary of State for Health and Social Care, Steve Barclay](#), Minister of State for Social Care, Helen Whately, the new Chair of NHS England, Richard Meddings, and also NHS England CEO Amanda Pritchard and National Director of Transformation, Tim Ferris. During each of the visits, our guests heard from a number of colleagues in our EDs, Care Co-Ordination Centre and a number of other clinical teams. Colleagues talked about the work they have undertaken to develop our services using initiatives such as Same Day Emergency Care pathways and use of technology, including the Teletracking real time bed management system to help manage the increase in demand. There was also the opportunity for our visitors to sit down with clinical colleagues, including our chiefs of service, to understand more about the challenges we face every day. Our conversations covered a variety of key issues including recruitment and training, elective surgery, cancer care and diagnostics. It was very rewarding to have our teams' work recognised and to be able to showcase the innovation and hard work of colleagues across the organisation.
- Wealden MP, Nusrat Ghani, visited Crowborough Birth Centre on Friday 13 January as part of a wider visit to Crowborough War Memorial Hospital and Uckfield Community Hospital. During her visit, CEO Miles Scott and members of the specialist midwifery-led team including Rachel Thomas (Acting Head of Midwifery and Gynaecology) were about to talk about recent challenges and give a tour of the facilities and services available.
- In recent months, our teams have made excellent progress in reducing the number of patient falls across the Trust. In November they achieved our breakthrough objective (to reduce our falls rate down to around six falls per thousand bed days) and are working towards sustaining this again in December. This progress has been made by initiatives and new processes put in place. These include bed managers reducing the movement of patients from one ward to another and the introduction of new falls monitors across the Trust, with around 100 currently in use on our wards. Teams have also brought in daily safety huddles each morning to identify patients who may be at risk of falling and to discuss interventions that could be put in place. Our leads in falls prevention including Guat Rickwood (Lead Nurse for Falls Prevention) and Sarah Chattell (Falls Prevention Practitioner) have worked with the Trust Communications Team to highlight the work within this area and this will continue to be a key focus in the coming months.
- Congratulations to the winner of the Trust's Employee of the Month award for December – Training Manager for Electronic Prescribing and Medicines Administration (EPMA), Milli Patel. She has worked so hard behind the scenes to get nearly 3,000 staff successfully trained ahead of EPMA go live. She has coordinated her team to provide a variety of training materials including quick reference guides, on line presentations, videos and face to face. Her leadership of her team has been amazing, keeping her staff motivated despite having to meet tight deadlines and adapting constantly. Trainee Clinical Coding Analyst, Liann Cheung, won the Highly Commended award for her work in ensuring urgent clinical appointments are prepared for so that patients receive the highest possible level of care.



<b>Which Committees have reviewed the information prior to Board submission?</b> N/A
<b>Reason for submission to the Board (decision, discussion, information, assurance etc.) <sup>1</sup></b> Information and assurance

---

<sup>1</sup> 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, 11/01/23

Committee Chair  
(Non-Executive Director)

The Quality Committee met on 11<sup>th</sup> January (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 Infection Prevention and Control Committee; The Complaints, Legal, Incidents, PALS, Audit and Mortality (CLIPAM) group; The Health and Safety Committee; and The Drugs, Therapeutics and Medicines Management Committee) were reviewed and it was agreed under the latter that the Clinical Director, Pharmacy and Medicines Management should check, and confirm to Committee members, which drug was intended to be represented by the "???" text within 4.1.1 ("Bosentan for the Treatment of Digital Ulceration...") of the summary report from The Drugs, Therapeutics and Medicine Management Committee to the 'main' Quality Committee meeting on 11/01/23.
- The report from the last **Quality Committee 'deep dive' meeting** held on 14/12/22 and the **Patient Experience Committee meeting** held on 01/12/22 were noted.
- The issues raised from the **reports from the clinical Divisions** included the impact of operational pressures on patient flow and the delivery of elective care; the further work required to ensure Internationally Educated Nurses were appropriately supported; a discussion on the utilisation of the NHS Discharge Fund; an update on the implementation of the managed Magnetic Resonance Imaging (MRI) service; and the intended development of a renewal plan for the radiology equipment at Tunbridge Wells Hospital. The Women's, Children's and Sexual Health Divisional Governance report included the latest "Quarterly Maternity Services report" which has been submitted to the Trust Board under a separate agenda item.
- The Deputy Director of Access attended for the latest **update on harm reviews for patients who have waited a long time** which included details of the proposed exception reporting process and it was agreed that the Assistant Trust Secretary should ensure that all future "Update on harm reviews for patients who have waited a long time" items were removed from the Committee's forward programme, with the exception of the report scheduled for the July 2023 'main' Quality Committee meeting.
- The Chief Nurse provided an **update on implementation of Quality Accounts priorities 2022/23** which provided a comprehensive overview of the Trust's progress against each Quality Account priority and included a brief consideration of the draft Quality Accounts priorities 2023/24. It was agreed that the Chief Nurse should ensure that the draft Quality Accounts priorities for 2023/24 included details of the timeline for the delivery of the associated actions.
- The Committee undertook the latest annual **review of the adverse patient outcomes**, which included details of the development of the Trust's Incident Response Plan, which has been scheduled for approval at the 'Part 1' Trust Board meeting in March 2023 and it was agreed that the Chief Nurse should ensure that infectious disease outbreaks were listed as a separate "Patient safety incident type or issue" as part of the Trust's Patient Safety Incident Response Framework (PSIRF).
- The latest **mortality update** was reviewed and it was agreed that the Chief of Service for Medicine and Emergency Care should liaise with the Associate Director of Business Intelligence to investigate what, if any, actions had been implemented to improve the lead time for mortality data from T Health.
- 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). An in-depth discussion was held regarding the Trust's Duty of Candour performance and it was agreed that the Deputy Medical Director / Director of Infection Prevention and Control should liaise with the Patient Safety Team to investigate whether there were any service areas which were outliers in terms of the Trust's Duty of Candour performance, to enable consideration of what, if any, additional support was required. It was also agreed that the Chief Nurse and Medical Director should investigate what, if any, innovative approaches could be adopted to improve the Trust's Duty of Candour compliance (e.g. the provision of

support from senior staff for those staff less experienced with Duty of Candour discussions; the inclusion of additional information on the homepage of the Trust's intranet; and liaising with other NHS Trusts to investigate what lessons could be learned).

- The Deputy Chief the provided latest **update from the Enteral feeding and Nasogastric tube (NGT) placement working group** and the latest **update on the work to achieve an 'Outstanding' CQC rating**; wherein it was agreed under the latter that the Chief Nurse should ensure that a key was added to the "CQC Dashboard" section of future "Update on the work to achieve an 'Outstanding' CQC rating" reports to the 'main' Quality Committee, to inform Committee members what was represented by the colour coding.
- The Chief Nurse provide an **update on complaints (for quarters 1 and 2, 2022/23)**, wherein the Committee noted the reduction in the number of open complaints compared to 2021/22 and it was agreed that the Assistant Trust Secretary should provisionally schedule a "Review of the Trust's revised complaints management process" item at the June 2023 Patient Experience Committee meeting.
- The Director of Infection Prevention and Control presented the latest **quarterly update on the 2022/23 Commissioning for Quality and Innovation (CQUIN) programme** wherein Committee members were informed of those indicators where the Trust was under performing against target.
- The Committee received an **update on the draft Internal Audit plan for 2023/24** to enable feedback to be provided on the formal draft Internal Audit plan for 2023/24, external to the meeting, once available.
- The **findings from the Quality Committee's evaluation for 2022** were reviewed and the following agreements were made:
  - That the Director of Quality Governance should consider what, if any, issues / items should be considered at alternative forums.
  - That the Assistant Trust Secretary; Director of Quality Governance; Vice Chair of the Quality Committee; and Chair of the Quality Committee should review the Quality Committee 'deep dive' forward programme to ensure the appropriate areas of scrutiny had been identified.
- The Committee conducted an **evaluation of the meeting**, wherein the further refinement required to the Committee's scope of focus was acknowledged.

**2. In addition to the agreements referred to above, the meeting agreed that:** The Chair of the Trust Board should liaise with the Medical Director, Chief Nurse and Chief Executive to consider what, if any, additional mechanisms could be introduced to audit compliance with Trust-wide policies.

**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.)** <sup>1</sup>

Information and assurance

<sup>1</sup> 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,  
24/01/23**
**Committee Chair (Non-  
Exec. Director)**

The Committee met on 24<sup>th</sup> January 2023, via a webconference.

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

- The **findings of the Committee's 2022 evaluation** were considered and it was agreed that the Trust Secretary should draft, and circulate to Committee members for comment, two Executive Summary templates for written reports submitted to the Committee, based on the templates used at the Executive Team Meeting (ETM). It was also agreed that the Committee Chair and Trust Secretary should liaise to consider and agree the method by which the Committee should work more closely with other forums (including other Trust Board sub-committees) on key topics impacting performance.
- The **Patient Access strategic theme metrics for month 9** (i.e. December 2022) were reviewed, which acknowledged the adverse impact that the significant pressures faced by the Trust in that month had on several performance indicators, including the Emergency Department 4-hour and Referral to Treatment waiting time targets. The Chief Operating Officer did however confirm that there had been an improvement in the associated staffing issues (including sickness absence) during January, so performance was expected to recover. It was noted how hard everyone had been working during these last few weeks.
- Although the Committee's remit is focused on the Patient Access strategic theme, concern was expressed about the poor performance on the **"Patient Experience" strategic theme metrics**, and it was agreed to report such concerns to the Trust Board meeting on 26/01/23, to enable the Trust Board to determine whether any further action was required.
- The Chief Operating Officer gave an **update on the Social Care Discharge Fund and out of hospital care capacity for the 2022/23 winter period**, which included details of the various schemes that had been funded. The challenges associated with spending the further funding recently announced by the government by the end of March 2023 were also acknowledged. However, the Committee also recognised that the preparation and actions in the winter plan had helped considerably over the last few weeks.
- The Deputy Chief Executive/Chief Finance Officer reported on the **financial performance for month 9**, which noted that the Trust had delivered the year-to-date plan. The item also discussed the latest financial performance across the Kent and Medway system.
- The Committee confirmed its support for the Statement that the Trust had been asked to make by the Integrated Care Board on its **2022/23 year-end financial forecast**, which remains unchanged. The Trust Board will be asked to approve the Statement at its meeting on 26/01/23.
- The Deputy Director of Finance (Performance) and Deputy Director of Finance (Governance) attended to report the **outcome of the Internal Audit review of the Trust's Healthcare Financial Management Association (HFMA) financial sustainability assessment**, and the Trust's response, which focused on three elements: "Training and Development", "Culture and 'Tone from the Top'", and "Triangulation of Activity, Finance and Workforce Forecasts".
- The Director of Strategy, Planning and Partnerships attended to update on the **2023/24 operating plan**. The range of requirements are considerable. The Committee acknowledged the work done so far to develop our approach & set out requirements for the coming weeks. The Committee discussed the increasing potential tension between activity levels & finance as the plan is completed, which led to a discussion on the optimum approach to elective activity.
- The Head of the Programme Management Office and Deputy Director of Finance (Performance) reported on the **emerging Cost Improvement Programme (CIP) for 2023/24**. The Committee noted the comprehensive work undertaken to refresh the approach for 2023/24 with the intention of improving the quality and quantity of deliverable projects. The Committee also discussed the need to also create energy and enthusiasm for the programme.
- The latest **quarterly analysis of consultancy use and uses of the Trust Seal** 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:**

- It was agreed to report concerns about the performance on the "Patient Experience" strategic theme metrics, to enable the Trust Board to determine whether any further action was required.

<b>Which Committees have reviewed the information prior to Board submission?</b> N/A
<b>Reason for receipt at the Board (decision, discussion, information, assurance etc.)</b> <sup>1</sup> Information and assurance

---

<sup>1</sup> 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 People and  
Organisational Development Committee, 20/01/23**
**Committee Chair (Non-Exec. Director)**

The People and Organisational Development Committee met (face-to-face / in-person) on 20<sup>th</sup> January 2023 (a 'deep dive' meeting).

**The key matters considered at the meeting were as follows:**

- The **actions from previous 'main' meetings** were reviewed and it was agreed that the Deputy Chief People Officer, People and Systems, and Interim Deputy Chief People Officer, People and Systems should liaise with representatives from other NHS Trusts which had implemented elective orthopaedic centres to investigate what, if any, areas of 'best practice' could be adopted in relation to the workforce aspects of the 'barn theatre'. An in-depth discussion was then held about the recruitment and onboarding processes for Internationally Educated Nurses, wherein the additional pastoral support that was required was outlined and it was agreed that the Assistant Trust Secretary should schedule a "Brief overview of the key priorities which had been identified by the IEN/IEM Pastoral Care Network" item at the February 2023 'main' People and Organisational Development Committee meeting and an "In-depth review of the findings from the IEN/IEM Pastoral Care Network and associated next steps" item at the May 2023 People and Organisational Development Committee 'deep dive' meeting.
- The Deputy Chief People Officer for People and Systems presented the latest **review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR)**, which included an in-depth discussion on the findings of the analysis of the reasons provided when requesting bank shifts wherein Committee members noted the further work which was required to staff required the appropriate e-Rostering training.
- The Deputy Chief Executive / Chief Finance Officer presented a **review of the Sustainability Strategic Theme and associated action plan**, which included a comprehensive overview of the four key themes which would have a disproportionate impact on the reduction of the Trust's premium agency expenditure and the following actions were agreed for the Deputy Chief Executive / Chief Finance Officer:
  - Consider, and confirm to the Assistant Trust Secretary, the scheduling frequency of an "Update on the progress with the Sustainability Strategic Theme four key themes (including a 'roadmap' and associated timelines for the delivery of the four key themes)" item at a future Committee meeting.
  - Check, and confirm to Committee members, the temporary staffing ratios which were included within the Outline Business Case for the 'Barn Theatre' and confirm whether such temporary staffing ratios were achievable.
  - Consider what, if any, innovative approaches could be utilised to reduce agency expenditure as a percentage of the Trust's overall pay expenditure in an expedited manner.
- The Advanced Clinical Practitioner (ACP) Project Lead and Clinical Director for Therapies attended for **update on the findings from the Advanced Clinical Practitioner (ACP) workforce and Allied Health Professional (AHP) workforce projects**, which include the importance of job planning which had been highlighted as part of the AHP workforce project and details of the further work which was required for the continued development of the Trust's ACP workforce. It was agreed that the Chief Nurse, Chief People Officer and Deputy Chief Executive / Chief Finance Officer should liaise to consider what, if any, next steps, including provision of any additional funding, should be implemented to maintain the momentum of the ACP workforce project and address the associated findings. It was also agreed that the ACP Project Lead and Deputy Chief Nurse, Workforce and Education should provide Committee members with details of what, if any, solutions could be implemented to ensure that Advanced Clinical Practitioners (ACPs) obtained the required specialised credentials.
- It was agreed that the Assistant Trust Secretary should reschedule the **"Further review of the Trust's response to the "Raising Concerns" questions in the latest NHS staff survey (incl. the actions to improve staff satisfaction in relation to the incident reporting process)"** item for

consideration at the March 2023 People and Organisational Development Committee 'deep dive' meeting, to enable a further detail of key developments to be considered by the Committee.

- 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 importance of members of the Executive Team considering the next steps for programmes of work, prior to the meeting, was emphasised.

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

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

**Reason for receipt at the Board (decision, discussion, information, assurance etc.)<sup>1</sup>**

Information and assurance

---

<sup>1</sup> 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 Charitable Funds Committee, 20/01/23  
(incl. approval of the Charitable Fund Fundraising Strategy, 2023  
to 2027)**
**Committee Chair  
(Non-Executive  
Director)**

The Charitable Funds Committee (CFC) met on 20<sup>th</sup> January 2023, virtually, via webconference.

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

- The Committee reviewed and **agreed the Charitable Fund Fundraising Strategy, 2023 to 2027**, wherein it was agreed to include the actions that arose at the Extraordinary Charitable Funds Committee on 20/01/23 in the summary report to the Trust Board in January 2023; these include the following:
  - Schedule a standing item at every Committee meeting entitled “Update on the progress of the Charitable Fund Fundraising Strategy”.
  - Produce an action plan to accompany the Charitable Fund Fundraising Strategy to enable a clear view of the suggested actions.
  - Ensure that the “Fundraising update” report scheduled for the Committee’s meeting in March 2023 encouraged discussion of the potential for specific financial targets to be set as part of the benchmarking exercise (rather than just aim for a percentage increase on the previous year’s income).
  - Ensure the queries regarding distribution of funds, funding support for staff development, and funding opportunities from patient/carer feedback raised at the Extraordinary meeting were addressed in the “Update on the progress of the Charitable Fund Fundraising Strategy” item at the Committee’s meeting in March 2023.

The Charitable Fund Fundraising Strategy, 2023 to 2027 was agreed and has been submitted as Appendix 1 for approval by the Trust Board.

**2. In addition to the actions noted above, the Committee agreed that:**

- The Administration Assistant, Trust Secretary’s Office should bring forward the “To review a proposal for the management and administration fee for 2023/24” item from the Committee’s meeting in July 2023 to the meeting in March 2023 (and annually thereafter).

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

- The Charitable Fund Fundraising Strategy, 2023 to 2027 is enclosed under Appendix 1 for approval

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

- Executive Team Meeting, 17/01/23 (draft Strategy)

**Reason for submission to the Board (decision, discussion, information, assurance etc.) <sup>1</sup>**

1. Information and assurance
2. To approve the Charitable Fund Fundraising Strategy, 2023 to 2027 (see Appendix 1)

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



**Maidstone and Tunbridge Wells NHS Trust Charitable Fund**  
**Fundraising Strategy – “Supporting our local hospitals to grow”**  
**2023 – 2027**

**Charity Vision**

Supporting Maidstone and Tunbridge Wells NHS Trust to be there for patients and their families in their time of need with outstanding hospital services delivered by exceptional people. Striving to provide additional equipment, services and amenities for patients, visitors and staff, improving the care received and health outcomes across the areas in which the Trust operates.

Fundraising supports the breadth of Trust services which includes Maidstone Hospital, Tunbridge Wells Hospital, Crowborough Birth Centre, radiotherapy at Kent and Canterbury Hospital, the Eye Clinic at Medway Maritime Hospital and the Sexual Health Clinic at Gravesham Community Hospital.

**Charity Mission**

To raise vital funds to make Maidstone and Tunbridge Wells NHS Trust a truly outstanding, patient friendly provider for the patients and families cared for every year and to support the amazing staff who deliver exceptional care to those patients and their families.

**Our Values**

The values reflect and follow those of the wider Trust and ensure that patients and staff are at the heart of everything we do. The five values are:

Patient First – We always put the patient first

Respect – We respect and value our patients, visitors and staff

Innovation – We take every opportunity to improve services

Delivery – We aim to deliver high standards of quality and efficiency in everything we do

Excellence - We take every opportunity to enhance our reputation

To ensure this stays at the forefront of our mind we promise to:

- Always put you first
- Respect your confidentiality and your right to privacy
- Never put you under any pressure and always respect your choice with regards to your gift or donation
- Always work in a timely, effective and cost-efficient way
- Always use your gifts wisely
- Always do our best to uphold any wishes you have about the use of your gift or donation
- Have a consistent, open, honest and transparent approach to donations and fundraising activities; ensuring access to funds are legitimate and in accordance with the Trust’s vision and values

**Our Strategic Objectives**

To achieve our mission, we have four strategic objectives:

- To promote understanding of and increase charitable giving to Maidstone and Tunbridge Wells NHS Trust Charitable Fund (MTW charity) and to demonstrate the difference this makes
- To support the Trust to meet its ambition of always providing exceptional healthcare and ensuring all patients have a positive experience of care and support
- To provide additional resources above and beyond what the NHS can currently provide which will lead to an improved environment for patients and staff; additional equipment that can make a real difference to patient care and additional opportunities for staff training and support
- To ensure the Trust continues to be a leader of scientific research and treatment advances by raising funds to support the investment in the latest technology and patient innovations

## Introduction

- 1.1 The overarching objective of this Fundraising Strategy is to provide a Trust-wide framework to ensure the MTW charity is fit for purpose and is flexible enough to develop its activities in line with the Policy and Procedures for Charitable Funds and the Charitable Funds Committee Terms of Reference.
- 1.2 It provides a strategic vision that details how specific approaches to fundraising will enhance and increase the positive impact the MTW charity has on its patients, staff, visitors and wider community it serves.
- 1.3 The strategy will establish clear lines of accountability and relationships within and outside the Trust in respect of Charitable Funds, to include a review of the strategy itself.
- 1.4 This strategy applies to all Trust staff, volunteers and third parties who support the work of the Charity or wish to fundraise in aid of a third-party charity on MTW sites.
- 1.5 The strategy will consider any organisational, financial and reputational risks. The MTW charity will effectively manage risk so the key objectives set by the corporate trustee (Maidstone and Tunbridge Wells NHS Trust) are achieved. The MTW charity's approach to fundraising has clearly defined processes in place for the protection of the Trust, the charity, patients, their families and other stakeholders.

## Reach and Scope

- 2.1 All stakeholders (including Trust staff, volunteers and third parties who support the work of the MTW charity) will benefit from the strategy as it clearly demonstrates the charity's fundraising priorities and future aspirations. Detailed plans specify how these priorities will be met and educate stakeholders on ways in which their work can support us to meet these priorities.
- 2.2 The MTW charity will work with the Trust's Communications team to support the charity's aim to deliver consistent, effective and professional communications with all of its internal and external stakeholders so that they are fully informed, engaged and supportive of the MTW charity and its objectives.
- 2.3 The Trust will support the MTW charity with the delivery and execution of the charity priorities and new income generation plan (see below); of which four key areas of income generation have been identified as:
  - External charitable trusts & corporate support
  - In memory giving, legacies and fundraising
  - Community (individual fundraisers, Gift Aid, third party and MTW charity events)
  - Regular Giving
- 2.4 This strategy will provide a Trust-wide framework to ensure the charity is fit for purpose and is flexible enough to develop its activities in line with the Policy and Procedures for Charitable Funds and the MTW charity governing document, supported by the Charitable Funds Committee and the Charity Management Committee.
- 2.5 The strategy will propose a performance management process to include involvement of stakeholders, promote efficiency and define and monitor reporting mechanisms.

## **Staff Requirements**

- 3.1 Staff and volunteers will be expected to adhere to this Fundraising Strategy and seek support from the Head of Charity and Fundraising as and when required and before any fundraising is undertaken in the name of Maidstone and Tunbridge Wells NHS Trust.
- 3.2 All staff and volunteers should familiarise themselves with the function of the charity. They are often the first point of contact for people with charity related queries; for example, “how can I make a donation?” and “how will my donation be used?”
- 3.3 Appendix One shows a diagram of staff responsibilities and the positive impact their relationships with patients, visitors and family members will have on donations to the charity.

## **Target Audience and Stakeholders**

- 4.1 The MTW charity has many stakeholders which have an interest / support our work – these include (not an exhaustive list):
  - Organisations that commission service from the Trust
  - Patients, families and staff / volunteers for Maidstone and Tunbridge Wells NHS Trust
  - Community groups – including patient support groups
  - Local schools and educational establishments
  - Local / regional / national media
  - Local / regional / national businesses
  - Third sector organisations
- 4.2 These stakeholders are invested in our work and are our target audience. Communications will be individually tailored to meet their different needs and interests for example; Trust staff, corporate supporters and patients and their families.

## **Evaluation and Review**

- 5.1 The implementation of this new Fundraising Strategy will ensure a continual, consistent, effective and professional approach to fundraising.
- 5.2 Subject to the findings from the MTW charity’s Annual Report and Accounts, this strategy can be revised and updated, if the Charitable Funds Committee so requires, and following any “lessons learnt” from subsequent fundraising campaigns.
- 5.3 Any review of this document will be completed by the Charitable Funds Committee, the Charity Management Committee and the Head of Charity and Fundraising.
- 5.4. This Strategy, and any material changes to the content, will be approved by the Trust Board, as the agent of the corporate trustee.

## Strategic Objective 1

**To promote understanding of and increase charitable giving to the MTW charity and to demonstrate the difference this makes.**

Objective	Tactic	Anticipated completion date
Rebrand Maidstone and Tunbridge Wells NHS Trust charity.	Develop a unique identity and brand for the charity that enables it to stand out from the Trust while retaining its important links to the work of the Trust.	To be completed within the first three months of this strategy.
Work towards Maidstone and Tunbridge Wells NHS Trust charity becoming a household name within our locality and the local charity of choice for support from our catchment area.	<p>Develop the brand to ensure that our ability to deliver impact is understood through updates to the charity website; MTW intranet site and improved links with local health and volunteer organisations to delivery greater impact.</p> <p>To launch the rebranded charity with a number of Charity Roadshows across the Maidstone and Tunbridge Wells NHS Trust area, including two Charity Engagement Weeks so all stakeholders know who we are and what we do.</p> <p>Establish a fully functioning, outstanding charity team who are seen as the advocates and “go-to” people with regard to all fundraising matters within Maidstone and Tunbridge Wells NHS Trust. Raising the profile of the charity and building trust and transparency between patients, their families, staff and volunteers to ensure they are confident of how their donation will be used by Maidstone and Tunbridge Wells NHS Trust.</p>	<p>To be completed within the first three months of this strategy.</p> <p>To be completed within the first six months of this strategy.</p> <p>To be completed within the first six months of this strategy.</p>
<p>Raise awareness of the MTW charity.</p> <p>Increase the physical visibility of the charity across all Trust’s hospitals, community sites and satellite services.</p> <p>Increase the visibility of the charity within the local community, regionally and nationally.</p>	<p>Look to develop a “customer facing” charity hub so as to increase and improve the number of contacts with supporters and to give the charity additional presence at Maidstone Hospital and Tunbridge Wells Hospital. Also consider smaller satellite areas within other services that fall under MTW to be staffed by volunteers with support from the Head of Charity and Fundraising.</p> <p>Utilise a variety of communication mediums – displays, notice, vinyl artwork, leaflets etc. Engage Volunteer Charity Ambassadors to support the</p>	<p>To be completed within the first two years of this strategy.</p> <p>To be completed within the first year of this strategy.</p>

Objective	Tactic	Anticipated completion date
	<p>ongoing review and restocking of literature and information. Continue to maintain a database of “good news stories” to effectively demonstrate the difference that the charity is making to the patient journey / experience. Release a minimum of one charity press release every six weeks. All of which will be considered for inclusion within the Charity impact report and Annual Report and Accounts.</p> <p>Develop a Charity Newsletter which will be available both online and in hard copy in all outpatient areas. Increase circulation across all Maidstone and Tunbridge Wells NHS Trust hospitals and commissioned services.</p> <p>Develop a robust and fully costed charity event plan to include Charity &amp; Volunteer Awards, Charity Ball and NHS 75<sup>th</sup> Anniversary fundraising strategy.</p> <p>Develop a charity branded literature for Kent Oncology Centre that will demonstrate how their fund has been used to enhance patient care and experience and how people can get involved and help raise additional funds or make non-monetary donations.</p>	<p>To be completed within the first year of this strategy.</p> <p>To be completed within the first year of this strategy.</p> <p>To be completed within the first two years of this strategy.</p> <p>To be completed within the first year of this strategy.</p>
Support a robust stewardship programme and increase confidence in the MTW charity	<p>Once established, evaluate the benefits of nominating the charity for local, regional and national awards.</p> <p>As part of the NHS Charities Together Development Fund implement a fully functioning Customer Relationship Management (CRM) tool which will allow for better data management; metrics and targeted fundraising campaigns and appeals.</p> <p>Set robust Key Performance Indicators (KPIs) for acknowledgement of all donations within 48 hours of notification of donation from the finance department or cashiers office. All thank you’s to be sent by the MTW charity to establish</p>	<p>To be completed within the first three years of this strategy.</p> <p>To be completed within the first year of this strategy.</p> <p>To be completed within six months of this strategy.</p>

Objective	Tactic	Anticipated completion date
	<p>donor relationships and to become the point of contact going forward.</p> <p>Ensure that our supporter base remains loyal and informed to encourage further donations and wider amplification of the MTW charity's aims and objectives.</p> <p>Evaluate the benefits of recruiting Patrons and high-profile supporters for the charity.</p> <p>Run our own and encourage other departments and services to run events which will engage patients, their families and visitors to support the charity.</p> <p>Provide superb dedicated stewardship to all supporters as identified through our "First impressions last" project and ensure stewardship is commensurate with their support.</p>	<p>To be completed within the lifetime of this strategy.</p> <p>To be completed within the lifetime of this strategy.</p> <p>To be completed within the first year of this strategy.</p> <p>To be completed within the first two years of this strategy.</p>
<p>Increase in the number of followers, reach and engagement on social media by 10% year on year of the fundraising strategy.</p>	<p>The charity will fully utilise preferred social media channels to publicly acknowledge supporters (with prior agreement), celebrate good news stories and to appeal for further support.</p> <p>Explore with the support of the Communications team, the utilisation of Google Analytics to monitor the MTW charity website to give accurate benchmark of numbers of supporters engaging with the charity online.</p>	<p>To be completed within the first year of this strategy.</p> <p>To be completed within the first two years of this strategy.</p>
<p>Collaborate with the League of Friends across Maidstone and Tunbridge Wells NHS Trust</p>	<p>Increase collaboration with League of Friends at both Maidstone and Tunbridge Wells Hospital and our smaller satellite sites to reduce duplicated effort and foster the mutual benefit of donor and volunteer engagement resulting in increased donations of money and time to Maidstone and Tunbridge Wells NHS Trust.</p>	<p>To be completed within the first year of this strategy.</p>

## Strategic Objective 2

**To support the Trust to meet its ambition of always providing exceptional healthcare and ensuring all patients have a positive experience of care and support.**

Objective	Tactic	Anticipated completion date
The charity will support leading patient care, investing in the latest equipment, enabling the Trust to achieve excellence every day.	Fund high priority small scale projects (below £5K) that meet quality improvement criteria, and provide the little extras that make our hospitals homelier and more sociable.	To be completed within the lifetime of this strategy.
	Support provision of enhanced patient information and literature.	To be completed within the first year of this strategy.
	Support our carers, for example, funding carers packs.	To be completed within the first year of this strategy.
Deliver an effective, accessible charity expenditure process to support Trust improvements to services and the patient environment.		
Enable transformative innovation projects aligned with the Trust's strategic priorities.	The charity will encourage and support innovation in the delivery of healthcare at Maidstone and Tunbridge Wells NHS Trust, which will accelerate improvements in patient health outcomes and / or care.	To be completed within the first two years of this strategy.

## Strategic Objective 3

**To provide additional resources above and beyond what the NHS can currently provide which will lead to an improved environment for patients and staff; additional equipment that can make a real difference to patient care and additional opportunities for staff training.**

Objective	Tactic	Anticipated completion date
Supporting our staff to be the best they can and provide the best possible care.	The charity will look to fund additional development, training and opportunities to practice clinical skills more often.	To be completed within the first two years of this strategy.
Develop and roll-out health, wellbeing and welfare initiatives.	Following on from the support of NHS Charities Together we will look to take forward the plans for the new Staff Wellbeing area and other initiatives to support our staff.	To be completed within the first year of this strategy.
Provide financial support to the Trust's recognition	Look to secure funding from charitable organisations to support the setting up of the MTW Community Food Pantry and a Wellbeing Fund.	To be completed within the first three months of this strategy.
	Working with local corporate supporters and high net worth individuals we will	

<b>Objective</b>	<b>Tactic</b>	<b>Anticipated completion date</b>
schemes to celebrate achievements	look to support long service awards and staff recognition awards in line with our 'People' strategic theme.	To be completed within the first six months of this strategy.
We will develop new ways of working which will enable us to be more agile and reactive to the Trust's operational demands.	We will redesign our charity expenditure process to make it easier for wards and departments to apply for funds to improve the care, comfort and safety of our patients and their families.	To be completed within the first three years of this strategy.
We will work with Fund Managers to create the right conditions for innovation to improve patient care.	We will look to develop opportunities to support our teams in transforming the way their services are delivered by providing funding to support innovative or transformative projects aligned with the Trust's strategic priorities. These elements will help to support better patient flow.	To be completed within the first three years of this strategy.

#### **Strategic Objective 4**

**To ensure the Trust continues to be a leader of scientific research and treatment advances by raising funds to support the investment in the latest technology and patient innovations**

<b>Objective</b>	<b>Tactic</b>	<b>Anticipated completion date</b>
Continually improving future healthcare outcomes for our local communities, by funding and supporting opportunities to further medical knowledge.	We will support the Trust to build and increase research capacity. Working alongside the Research and Development Department to identify opportunities to take part in research and look for funding opportunities to assist in this research and development.	To be completed within the first four years of this strategy.
Look to collaborate with other local health charities to maximise research funding for patients at Maidstone and Tunbridge Wells NHS Trust.	Create innovative grant programmes and processes alongside our Research and Development Department to develop the capacity of staff to secure research funding from other sources, and provide advice and support on how to do so.	To be completed within the first four years of this strategy.
Provide financial support for cutting edge clinical research and innovation, particularly when there is no other source widely available.	Work with key Trusts and Foundations to identify funding streams that will enable Maidstone and Tunbridge Wells NHS Trust to ensure we are at the forefront of health innovation and research.	To be completed within the first four years of this strategy.



## **Charity priorities and income generation plan 2023 - 2024**

The strategic aims of the charity are split into key areas of income generation that have been identified as:

- External charitable trusts & corporate support
- In memory giving, legacies and fundraising
- Community (individual fundraisers, Gift Aid and MTW NHS charity events)
- Regular Giving

As this is the first Fundraising Strategy, robust data collection methods will be developed which will enable a true financial analysis and realistic target setting, which will better inform subsequent strategies.

Our first year's fundraising targets are based on the following assumptions:

- There is agreement between Maidstone and Tunbridge Wells NHS Trust, the Charity and the general public across the areas that we commission services in that the identified areas of work that this strategy supports are relevant, meaningful and will be of benefit to all patients, their families and the staff that treat them. There must be complete buy in from all stakeholders to generate the required support and ensure the success of all fundraising campaigns.
- The targets below only consider monetary donations received via the MTW charity and not the monetary value of donations of specific items/objects. These should be declared as outlined in the Conflicts of interest policy and procedure RWF-TBC
- Fund holders will inform the Head of Charity and Fundraising (prior to the commencement of the financial year) of their spending plans for the funds within their control. Updates will be required from fund holders on a periodic basis, so that any additional support for fundraising can be considered and co-ordinated as requested.
- By 2023 the charity, working with Volunteer Services will recruit a full complement of Volunteer Charity Ambassadors to support promotional and fundraising activities. Volunteers will be appropriately trained to allow for an increase in capacity of the charity team. It is our intention that these volunteers will have a positive effect on community fundraising and they will also receive training on facilitating and supporting community events.

### **Risk Management – financial and reputational risks**

“Charitable Funds” refers to funds that have not been received as part of the Trust’s usual business. They must be treated differently from other fund as they consist of money given for charitable purposes. To safeguard the assets of the charity and to comply with:

- Charities Act 2011
- The Statement of Recommended Practice (SORP) ‘Accounting and Reporting by Charities 2005’
- The governing document of the charity (the declaration of trust)
- Charity Commission guidelines including the Charities (Accounts and Reports) Regulations 2008
- Fundraising Regulator Code of Fundraising Practice

The charity’s approach to income generation has clearly defined processes in place for the protection of the Trust, the charity, patients, their families and other stakeholders. In the event that a serious incident arises within the charity (an incident which has the potential to significantly harm the charity’s work, beneficiaries or reputation) all appropriate Trust policies should be followed.

As appropriate we will also inform external bodies such as the Information Commissioner’s Office or the Charity Commission.

**Risk Management – Fundraising Campaigns and Appeals**

The Trust Board will consider both the financial and reputational risks associated with such appeals. It will ensure that certain assurances are in place which will guarantee its success. There will be clear contingency plans, in the likelihood that the appeal is unsuccessful in reaching the specified fundraising target.

For example, the Trust Board must consider whether a proposed appeal is a specialist “ask” from the general public and stakeholders. Particular appeals may not get the support that is required to guarantee that the required funds are raised.

The following risks will affect the charity’s ability to achieving its targets:

- Increases to the cost of living and record inflation levels will impact on the amount of disposable income people have to support charities in the same way as they did previously.
- The Trust’s Care Quality Commission (CQC) rating may impact on public confidence and their readiness to support the Trust through charitable giving. Some stakeholders may not understand the context of the report and the key aims of the charity may be undermined.
- The charity may not be able to recruit the required number of volunteers within the timescale required to deliver the strategy.

---

**Activity Plan**

**External charitable trusts & corporate support**

This is a new area of fundraising for the MTW charity. It is anticipated that this income generation stream will help to support the charity and its wider strategic aims and objectives.

- Establish good working relationships with charitable trusts and foundations and corporate supporters.
- Establish income streams from charitable trusts and foundations and increase new income by 1% year on year for the lifetime of the fundraising strategy
- Establish a network of corporate supporters and increase new income by 1% year on year for the lifetime of the fundraising strategy

Objective	Tactic	Completion Date
Increase the value of successful applications to charitable trusts and foundations by 1% year on year.	We will identify and establish contacts with charitable trusts and foundations that match the charity’s spending priorities.	Review October 2023
The top 25% funds of overall fund balances will provide a comprehensive spending plan.	We will build relationships with key personnel in the Trust to enable approaches for charitable funds to be made. This will be achieved by working with fund holders, supporting them to develop comprehensive annual spending plans.  Fund holders will identify key individuals to co-ordinate and disseminate information as required for funding applications. This will result ensure the	December 2023

Objective	Tactic	Completion Date
	<p>quality of applications and increase the likelihood of a successful application.</p> <p>We will establish and manage the application process effectively by recording outcome of applications using the new CRM tool when in place.</p>	
Increase new income from corporate supporters locally, regionally and nationally by 1% year on year for the lifetime of the fundraising strategy	Establish clear and robust stewardship for corporate supporters. Establish an offering for corporate supporters; encouraging and motivating them to make the MTW charity their chosen charity.	July 2023
	We will actively seek feedback from existing corporate supporters, if available, of their experience of the charity to help inform and guide our donor stewardship.	March 2023
	We will look to work with corporate supporters to sponsor Maidstone and Tunbridge Wells NHS Trust Long Service Awards to take place in February / March 2023.	January 2023
	We will establish relationships with new and existing retailers across the hospital sites and satellite units.	
	We will update corporate supporters of particular fundraising opportunities and ways they can support our mission (in accordance with data protection requirements).	April 2023
	<p>We will look to identify high level corporate fundraising partnerships that develop mutually beneficial strategic relationships.</p> <p>We will look into establishing a Corporate Supporters Group and offer networking opportunities.</p>	

### In memory giving, legacies and fundraising

Whilst some income is generated from these important revenue streams, more could be done to encourage donations and larger legacy gifts and bequests. It is felt that with the correct marketing and supporter stewardship these areas can grow with the charity and enable the achievement of the strategic objectives outlined above. We have set conservative aims for this area of fundraising as due to the current economic climate, the amount of disposable income individuals will have will vary across the whole Maidstone and Tunbridge Wells NHS Trust locality.

- Increase new income from “In Memory” giving and legacies by 1% year on year for the lifetime of the fundraising strategy
- Increase the number of Much-Loved Tribute Funds by 1% year on year for the lifetime of the fundraising strategy
- Retain in memory support from friends and families by 1% year on year for the lifetime of this fundraising strategy

Objective	Tactic	Completion Date
<p>To increase new income from “In Memory” giving and legacies by 1% year on year for the lifetime of the fundraising strategy.</p> <p>Retain in memory support from friends and family by 1% year on year for the lifetime of this strategy.</p>	We will establish a proactive, systematic approach towards funeral directors and solicitors to establish working relationships to increase our network and income.	December 2023
	We will actively promote legacies with a marketing campaign, using a range of media (running continuously internally and externally to the Hospital).	July 2023
	We aspire to include ‘real’ examples within our campaigns – individuals and families who have chosen to support Maidstone and Tunbridge Wells NHS Trust Charity.	Ongoing throughout the lifetime of this strategy
	We will ensure that supporters and their loved ones are thanked in a sensitive and timely manner by fully utilising our CRM tool when in place.	April 2023
	We will promote the use of our online tribute funds for raising funds in memory of a loved one; offering bereaved family and friends to donate to the MTW charity and to share their memories.	January 2023

### Community fundraising

Community Fundraising is set to become the lifeblood of the charity and encompasses all individuals, groups, societies and fundraising activities undertaken by the local community that Maidstone and Tunbridge Wells NHS Trust serves. Without the support of our community the charity would not be able to exist and support the Trust.

- Establish a fully functioning charity team, made up of Volunteer Charity Ambassadors who support the Head of Charity and Fundraising and Charity and Fundraising Manager
- Establish a customer facing charity “hub”
- Establish and grow the number of stakeholders registered to fundraise in aid of the charity by 2% year on year for the lifetime of the fundraising strategy
- Increase donation income; including non-monetary donations by 2% year on year for the lifetime of the fundraising strategy
- Increase the charity’s community income over the period of the strategy by 2% year on year for the lifetime of the fundraising strategy
- Improve the quality of the information available about how charitable funds are used, working towards an impact report to follow the charitable Annual Report and Accounts
- Increase the income generated from the Gift Aid scheme by 1% year on year for the lifetime of this strategy
- Re-establish the Charity Management Committee to help support and oversee the work of the Head of Charity and Fundraising and Charity and Fundraising Manager

Objectives	Tactic	Completion Date
Establish a fully functioning charity team	With the help of an NHS Charities Together Development Grant we will recruit a complement of Volunteer Charity Ambassadors who will fully support the function of the charity.	October 2023
Establish a front facing charity "hub"	Look to establish a charity hub at Maidstone and Tunbridge Wells Hospital to further increase the awareness of the charity and improve stakeholder experience.	October 2023
Increase the number of stakeholders registering to fundraise in aid of the charity by 2% year on year for the lifetime of the fundraising strategy	As mentioned under trusts and foundations and corporate fundraising we will build relationships with key personnel in the Trust and support them to develop comprehensive annual spending plans. This will equip the fundraising team with "wish list" items that can be promoted to supports who are seeking to fundraise for a specific item or project.	June 2023
	Information received will support informed discussions for the need of large-scale fundraising appeals. Each of these appeals will have a clear fundraising strategy and delivery plan with identified audiences and gift tables, aligned to a suite of cases for support, audiences and products, realistic income parameters and associated levels of resourcing as well as any risks and potential competitors.	March 2023
Increase the value of donations (including non-monetary donations) by 2% year on year for the lifetime of the fundraising strategy	The charity team will have the capacity to undertake specific fundraising projects through the coordination of community fundraising as well as hosting our own events / fundraising activities.	June 2023
Increase the charity's community income over the period of the strategy by 2% year on year for the lifetime of the fundraising strategy	We will encourage health related charities to utilise Maidstone and Tunbridge Wells NHS Trust sites for their fundraising, with the prior agreement that 50% of the funds raised will be donated into the appropriate charity trust fund.	April 2023
	We will build working relationships with local schools and educational establishments, with particular focus on the NHS 75 <sup>th</sup> anniversary celebrations. We will support schools to facilitate fundraising projects in line with the	March 2023
		March 2023

Increase the income generated from the Gift Aid scheme by 1% year on year for the lifetime of this strategy	national curriculum, whilst developing citizenship skills and social conscience.	January 2024
	<p>We will engage with all supporters and ensure that they receive regular updates on how their support has been of benefit throughout the Trust, including the reintroduction of an Impact Report (in accordance with data protection law and Trust policies).</p> <p>We will actively promote the opportunity for supporters to “Gift Aid” their donations – including a campaign on social media and within Trust publications.</p>	March 2023

### Regular Giving

Through the establishment of a Regular Giving programme, our local community will be able to make a regular donation to the Hospital as a Hospital Hero. Whether monthly, quarterly, six monthly or annually these regular donations will provide the charity with a reliable source of income, allowing us to plan our expenditure for the months and years ahead.

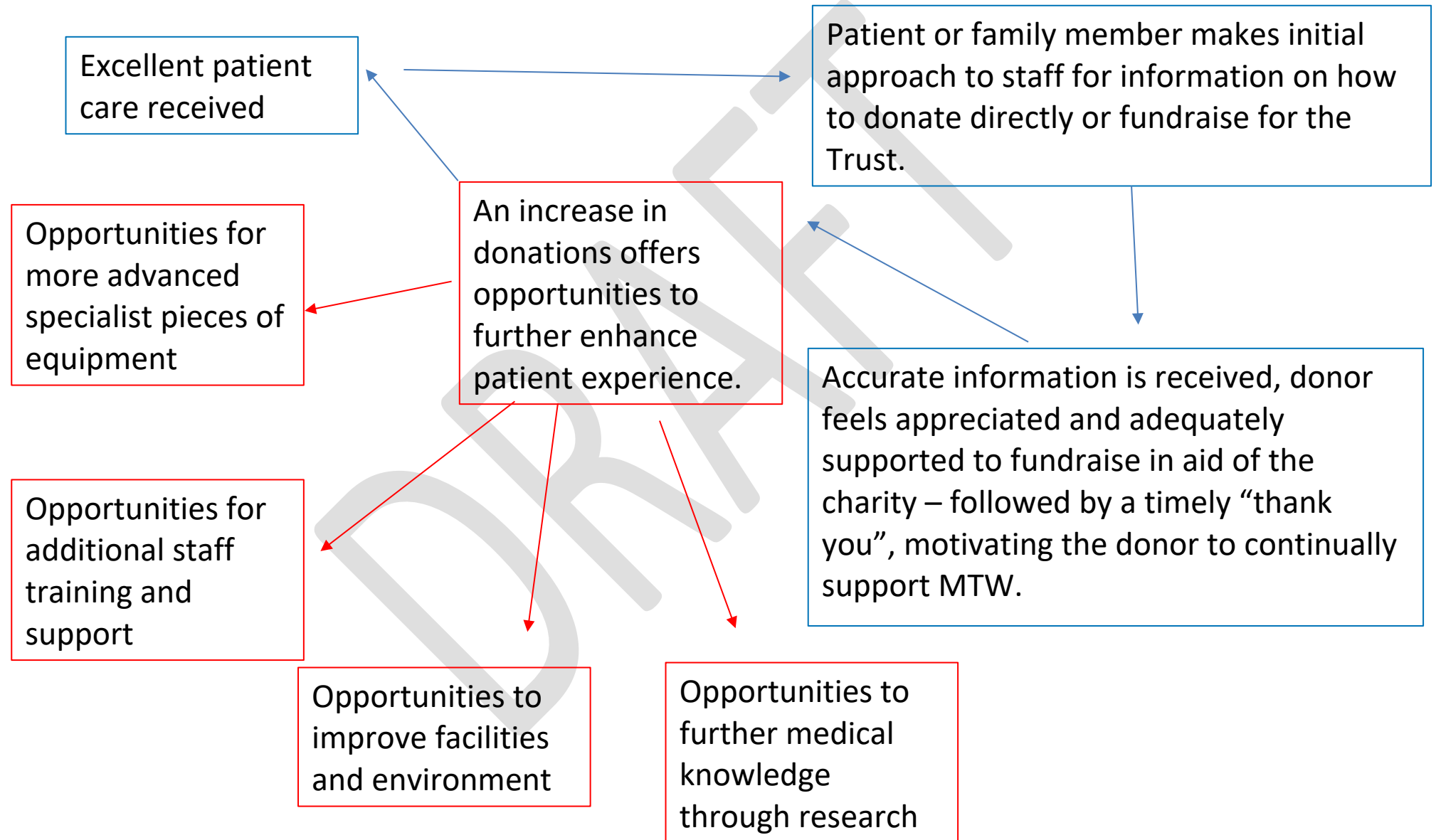
- Establish a Regular Giving programme for the MTW charity to allow regular donations to be made to the charity
- Improve the quality of the information available about how charitable funds are used, working towards an impact report to follow the charitable accounts and reports
- Increase the income generated from the Gift Aid scheme by 1% year on year for the lifetime of this strategy
- Embed a customer relationship management system within the Charity to allow for improved stewardship of donors and a targeted marketing campaign

Objective	Tactic	Completion Date
Establish a regular giving programme to allow regular donations to made to the charity	We will establish a ‘Hospital Heroes’ regular giving campaign inviting our local community to give regularly to support our staff who we consider to be hero’s.	February 2023
	Include a page on the website and intranet to raise awareness and have leaflets available in all public areas.	February 2023
	Look into extending this scheme to give as you earn and see if staff can give to the charity	June 2023
Improve the quality of the information available as to how their regular gift will be used	We will engage with all supporters and ensure that they receive regular updates on how their support has been of benefit throughout the Trust, including the reintroduction of an Impact Report (in accordance with data protection law and Trust policies).	June 2023
	Host a special event for regular donors to come along to one or a number of the NHS	June 2023

Objective	Tactic	Completion Date
	75 <sup>th</sup> commemorative celebrations so they can understand the difference they are making and feel they have received value for their support, above and beyond the support for the local Hospital.	
Increase the income generated from the Gift Aid scheme by 1% year on year for the lifetime of this strategy	We will actively promote the opportunity for supporters to “Gift Aid” their donations – including a campaign on social media and within Trust publications.	April 2023
Embed a customer relationship management system within the charity to allow for improved stewardship of donors and a targeted marketing campaign	Key to this strategy and important income stream is a robust stewardship programme that will allow for a targeted marketing campaign. We will need to embed a CRM system that will ensure that our regular donors remain loyal and committed to the cause and continue to give.	April 2023

## Appendix One

Diagram of staff responsibilities and the positive impact their relationships with patients, visitors and family members will have on donations to the charity.





## Trust Board meeting – January 2023

---

### Integrated Performance Report (IPR) for December 2022

---

**Chief Executive / Members  
of the Executive Team**

The IPR for month 9, 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, 24/01/23, Finance and Performance Committee, 24/01/23

---

#### **Reason for submission to the Board (decision, discussion, information, assurance etc.) <sup>1</sup>**

Review and discussion

---

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

# Integrated Performance Report












## December 2022

## Contents

• <a href="#">Key to Icons and scorecards explained</a>	Page 3
• <a href="#">Executive Summary</a>	Page 4
• <a href="#">Assurance Stacked Bar Charts by Strategic Theme</a>	Page 5
• <a href="#">Matrix Summary</a>	Page 6
• <b><a href="#">Strategic Theme: People</a></b>	Page 7
• <a href="#">CMS: Reduce Turnover Rate</a>	Page 8
• <a href="#">Escalation Page: Workforce</a>	Page 9
• <b><a href="#">Strategic Theme: Patient Safety &amp; Clinical Effectiveness</a></b>	Page 10
• <a href="#">CMS: Reduce Incidents of Harm</a>	Page 11
• <a href="#">Escalation Page: Patient Safety and Clinical Effectiveness</a>	Page 12
• <b><a href="#">Strategic Theme: Patient Access</a></b>	Page 13
• <a href="#">CMS: We will achieve the submitted RTT Trajectory</a>	Page 14
• <a href="#">CMS: Achievement of Planned Activity Levels: New Outpatients</a>	Page 15
• <a href="#">Escalation Page: Hospital Flow</a>	Page 16
• <a href="#">Escalation Page: Outpatients</a>	Page 17
• <a href="#">Escalation Page: Diagnostics</a>	Page 18
• <a href="#">Escalation Page: Activity Levels</a>	Page 19
• <b><a href="#">Strategic Theme: Patient Experience</a></b>	Page 20
• <a href="#">Escalation Page: Complaints</a>	Page 21
• <a href="#">Escalation Page – FFT Response Rate</a>	Page 22
• <b><a href="#">Strategic Theme: Systems</a></b>	Page 23
• <a href="#">CMS: To increase the number of patients leaving our hospitals by noon on the day of discharge to 25%</a>	Page 24
• <b><a href="#">Strategic Theme: Sustainability</a></b>	Page 25
• <a href="#">CMS: Reduce the amount of money the Trusts spends on premium workforce</a>	Page 26
<b>Appendices</b>	
• <a href="#">Business Rules for Assurance Icons</a>	Page 28 - 30
• <a href="#">Consistently, Passing, Failing and Hit &amp; Miss Examples</a>	Page 31

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




## 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

Name of Metric/KPI	This section shows the 'actual' performance against plan for the latest month			This section shows the 'actual' performance against plan for the previous month			This icon indicates the variance for this metric		This icon indicates the assurance for this metric		This icon shows the CMS Action that is needed	
	Latest			Previous			Action		Assurance			
	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Variance	Variation	Assurance	CM Action	
A reduction in harm (target to be determined) by March 2022. - Incidents resulting in Harm	100	159	Oct-21	100	159	Sep-21	Driver				Verbal CMS	

## Further Reading / other resources

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

# Executive Summary

## Executive Summary

Vacancy Rate continues to experience special cause variation of an improving nature and variable achievement of the target. The Trust Turnover Rate has failed the target for more than six months and continues to be in special cause variation of a concerning nature. Agency spend continues to fail the target for more than six months and is in common cause variation. Sickness levels are in variable achievement of the target and common cause variation. The Trust Appraisal rate remains in escalation as is not achieving the target. The Trust Financial Plan was on plan, generating a £3.6m deficit year to date.

The Nursing Safe Staffing Levels have reduced to 90.1% in December but continue to experience special cause variation of an improving nature. The rate of inpatient falls increased in December, but continues to experience common cause variation and variable achievement of the target. Hospital on-set of COVID has not achieved the target for more than six months and has therefore been escalated. These indicators also impact the Incidents resulting in harm indicator which is experiencing common cause variation and failing the target for 6 months.

Diagnostic Waiting Times has remained similar in December and is now experiencing special cause variation of an improving nature, but is consistently failing the target at 86.1%, driven mainly by the continued low performance for Echocardiography. RTT performance is experiencing common cause variation and has not achieved the trajectory target for more than six months. We reported one 52 week waiter for December, but remain one of the best performing trusts in the country for longer waiters. First outpatient activity levels are now experiencing common cause variation and have failed the trajectory target for more than six months. Levels were above 1920 levels for Quarter 1, August, September, October, November and December. Diagnostic Activity levels have not achieved the target for more than six months but remain consistently above 1920 levels. Elective activity is now experiencing common cause variation as has achieved the plan for more than six consecutive months. It is therefore above plan Year to date (YTD).

A&E 4hr performance is experiencing common cause variation at 76.5% 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 once again achieved the Cancer Waiting Times 62 Day standard for the month of November and has continued to achieve the national 2 Week Wait (2WW) Standard (93.1%). 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)

### Patient Experience:

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

### Systems:

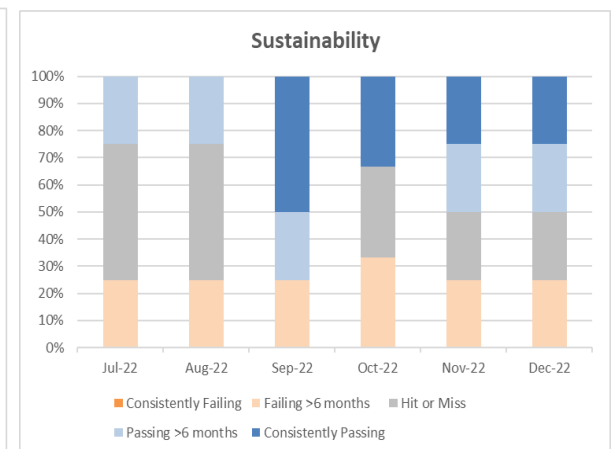
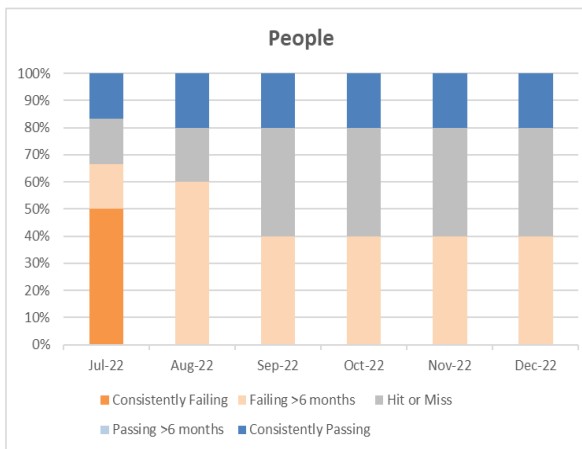
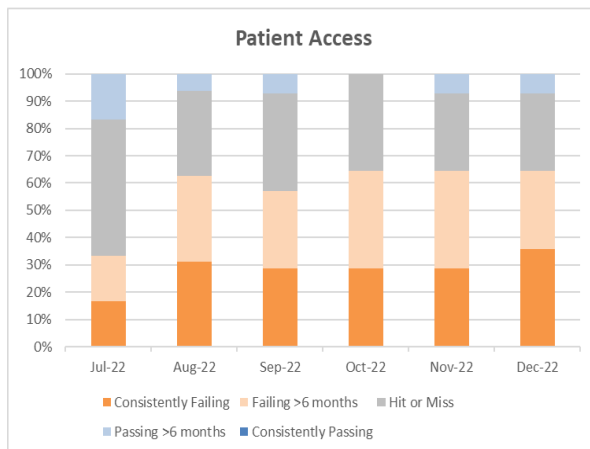
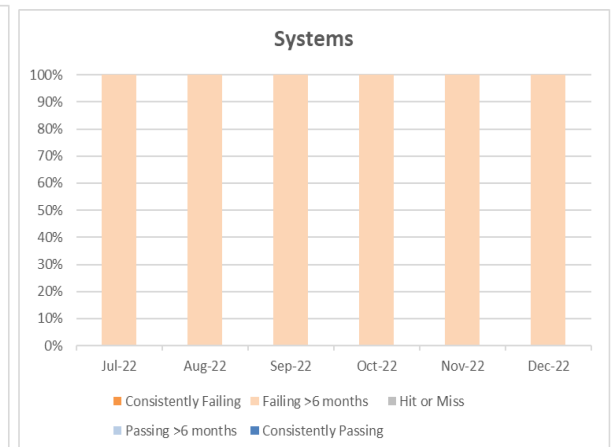
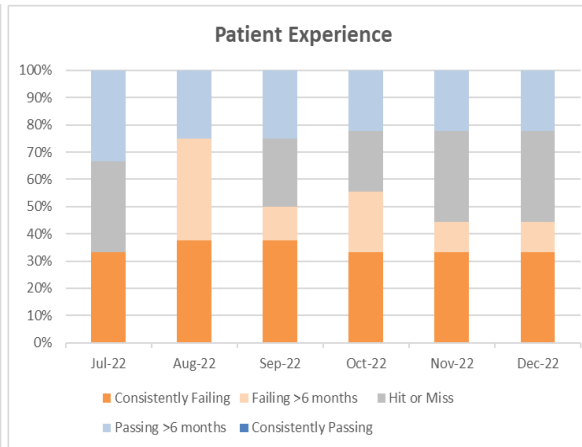
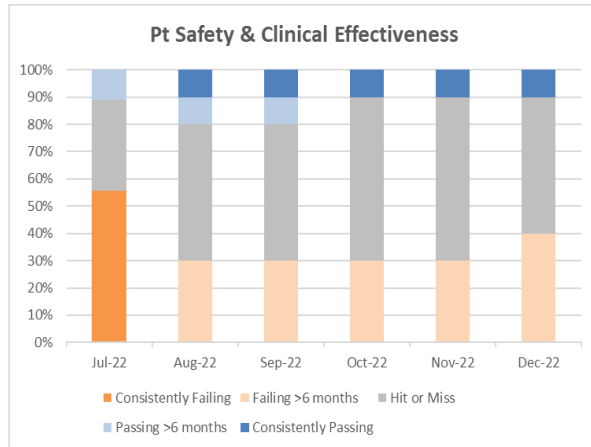
- Discharges before Noon (P.24)

### Sustainability

- Agency Spend (P.26)

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









# Assurance Stacked Bar Charts by Strategic Theme













# Matrix Summary

December 2022

Assurance

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

# 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
<b>Vision Goals / Targets</b>	Well Led	Reduce the Trust wide vacancy rate to 12% by the end of the financial year 2022-3	12%	10.7%	Dec-22	12%	10.7%	Nov-22	Driver			Note Performance
<b>Breakthrough Objectives</b>	Well Led	Reduce Turnover Rate to 12% by March 2023	12%	13.2%	Dec-22	12%	13.7%	Nov-22	Driver			Full CMS
<b>Constitutional Standards and Key Metrics (not in SDR)</b>	Well Led	Sickness Absence	4.5%	4.5%	Nov-22	4.5%	4.9%	Oct-22	Driver			Not Escalated
	Well Led	Appraisal Completeness	95.0%	89.6%	Dec-22	95.0%	90.0%	Nov-22	Driver			Escalation
	Well Led	Statutory and Mandatory Training	85.0%	86.2%	Dec-22	85.0%	85.8%	Nov-22	Driver			Not Escalated



# Breakthrough Objective: Counter Measure Summary

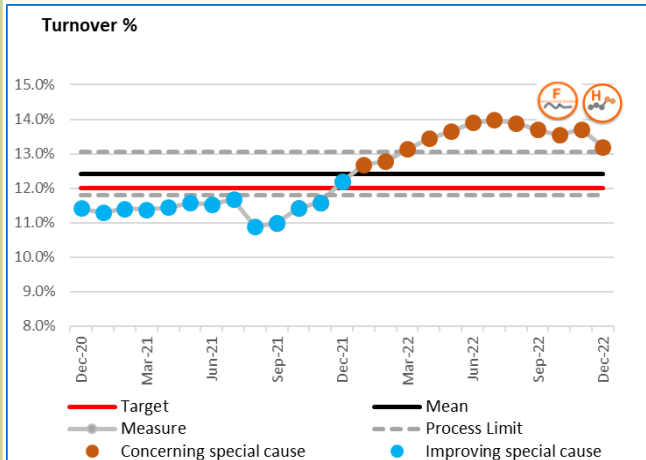
**Metric Name – Reduce Turnover Rate to 12% by March 2023**

**Owner:** Sue Steen

**Metric:** Turnover Rate

**Desired Trend:** 7 consecutive data points below the mean

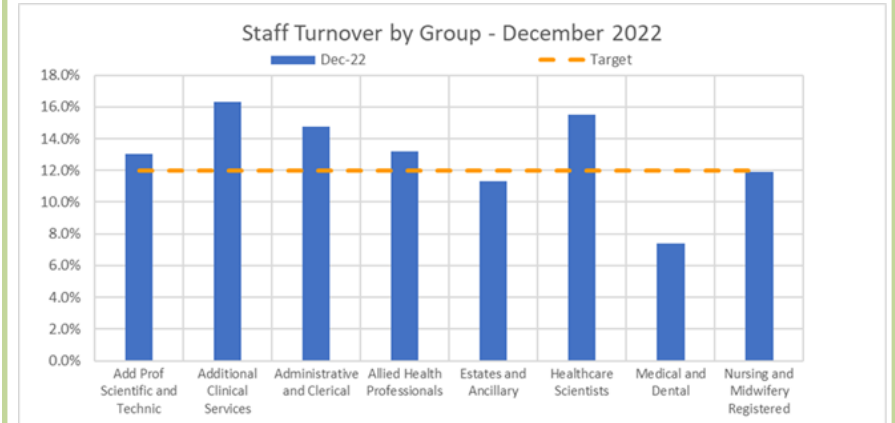
## 1. Historic Trend Data



<b>Dec-22</b>
13.19%
<b>Variance / Assurance</b>
Metric is currently experiencing special cause variation of a concerning nature and has not achieved the target for more than 6 months
<b>Max Target (Internal)</b>
12%
<b>Business Rule</b>
Full CMS as not achieved target for 6+ months

## 2. Stratified Data

Nursing and Midwifery has dipped under the target of 12%, this is the first time since December 2021



## 3. Top Contributors

These are some of the main contributors of focus for the working groups

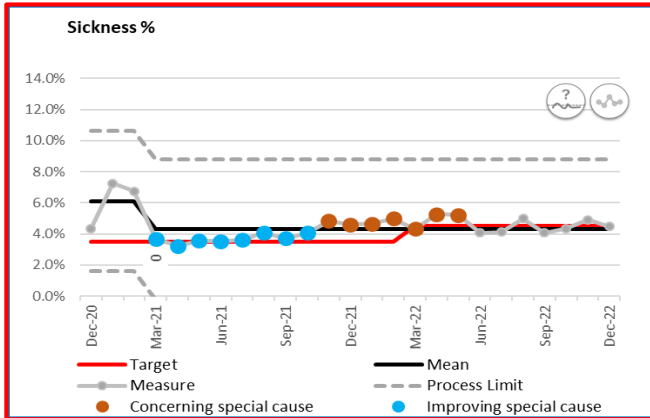
Attraction	Learning & Development
Flexible working can be too rigid / No free food / Increased cost of living at TW site / No USP staff benefits for working at MTW	No clear progression path / Upskilling does not lead to promotion
Inadequate break times / Poor wellbeing	Onboarding slow / Gaps in leadership capability
	Not enough locally trained staff / Lack of staff development
Processes	Retention
Retire and return policy out of date, putting people off returning	Not feeling valued, engaged, part of a team / Feedback from listening events taking too long to action
TRAC process takes too long, leading to delays / lack of transparency in recruitment	No outer London waiting, losing staff to Dartford / easier to find better pay elsewhere

## 4. Action Plan

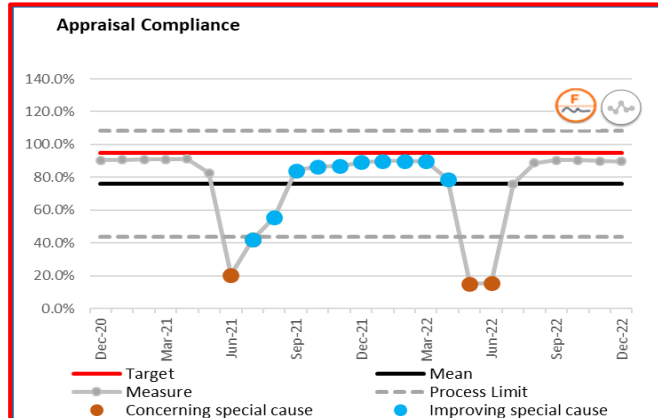
The A3 continues to be developed. Full action plans by the working groups developed; some of the key actions shown:

Attraction	Learning & Development
Introduce localised trust-based incentives for both attraction and retention	Create talent pool/ list of names of people interested in promotion
Review health benefits offer and its promotion	Introduce virtual onboarding info pack
	Engage with managers to encourage promotion of alternative routes in e.g. apprenticeships
Processes	Retention
Retire and return policy to be reviewed to reduce barriers for ex-employees returning to MTW	Introduce stay interviews
Faster recruitment, review the things that must be done	Introduce a clear and consistent RRA approach

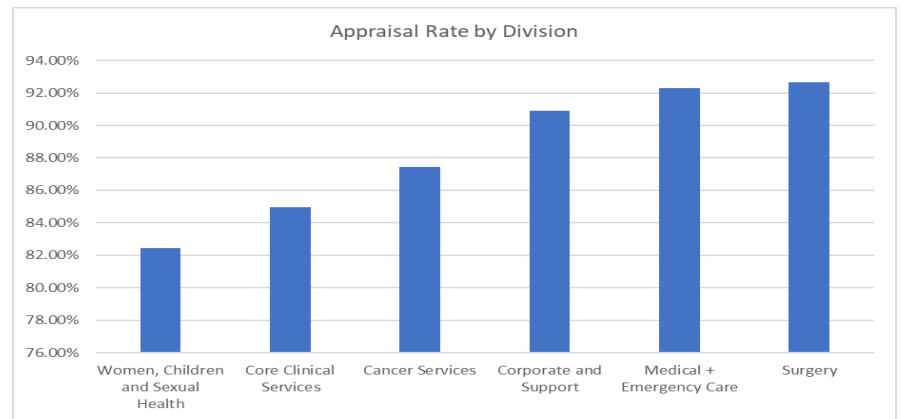
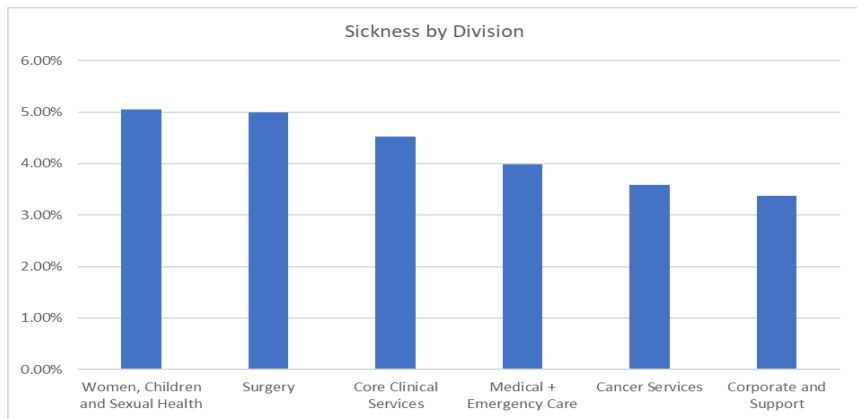
# People – Workforce: CQC: Well-Led



<b>Nov-22</b>
4.48%
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause Variation and variable achievement of the target
<b>Max Target (Internal)</b>
4.5%
<b>Business Rule</b>
Escalated as in Hit & Miss for >6months



<b>Dec-22</b>
89.6%
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause Variation and failing the target for 6+ months
<b>Max Target (Internal)</b>
95%
<b>Business Rule</b>
Has failed the Target for 6+ Months



## 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





















## Actions:

**Sickness:** A slight decrease from October absence levels, reflecting the end of the Covid spike at that time. A slight increase in gastrointestinal, reflecting norovirus circulating at this time. That aside, sickness absence was within expected limits for November.

## Assurance & Timescales for Improvement:

**Sickness:** Continued monitoring of any spikes for non-seasonal reasons for absence

# 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
<b>Vision Goals / Targets</b>	Safe	Reduction in incidents resulting in harm by 8.2% by March 2023	126	160	Dec-22	127	142	Nov-22	Driver			Full CMS
<b>Breakthrough Objectives</b>	Safe	Reduction in the rate of patient falls to 6.36 per 1000 occupied bed days by March 2023	6.57	7.58	Dec-22	6.65	5.37	Nov-22	Driver			Verbal CMS
<b>Constitutional Standards and Key Metrics (not in SDR)</b>	Safe	Number of New SIs in month	11	10	Dec-22	11	13	Nov-22	Driver			Not Escalated
	Safe	Standardised Mortality HSMR	100.0	103.1	Aug-22	100.0	101.5	Jul-22	Driver			Escalation
	Safe	Summary Hospital-level Mortality Indicator (SHMI)	100.0	92.9	Aug-22	100.0	93.0	Jul-22	Driver			Not Escalated
	Safe	Never Events	0	0	Dec-22	0	0	Oct-22	Driver			Not Escalated
	Safe	Safe Staffing Levels	93.5%	90.1%	Dec-22	93.5%	93.4%	Nov-22	Driver			Escalation
	Safe	Infection Control - Hospital Acquired Covid	0	38	Dec-22	0	10	Nov-22	Driver			Escalation
	Safe	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays	22.7	4.9	Dec-22	22.7	25.1	Nov-22	Driver			Not Escalated
	Safe	IC - Number of Hospital acquired MRSA	0	0	Dec-22	0	0	Nov-22	Driver			Not Escalated

# Vision: Counter Measure Summary (Hit & Miss >6 months)

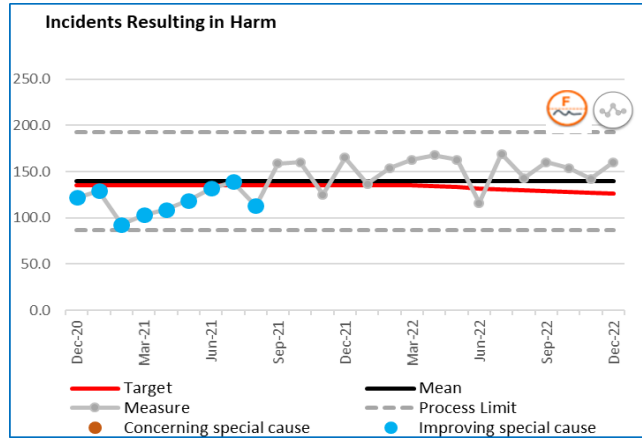
## Project/Metric Name – Reduction in harm : Incidents resulting in harm

**Owner: Peter Maskell**

**Metric:** Incidents resulting in harm

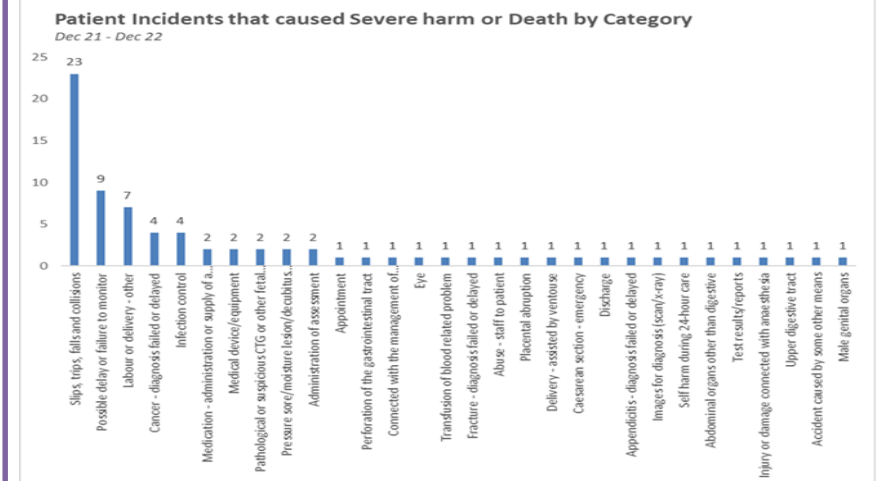
**Desired Trend:** 7 consecutive data points below the mean

### 1. Historic Trend Data

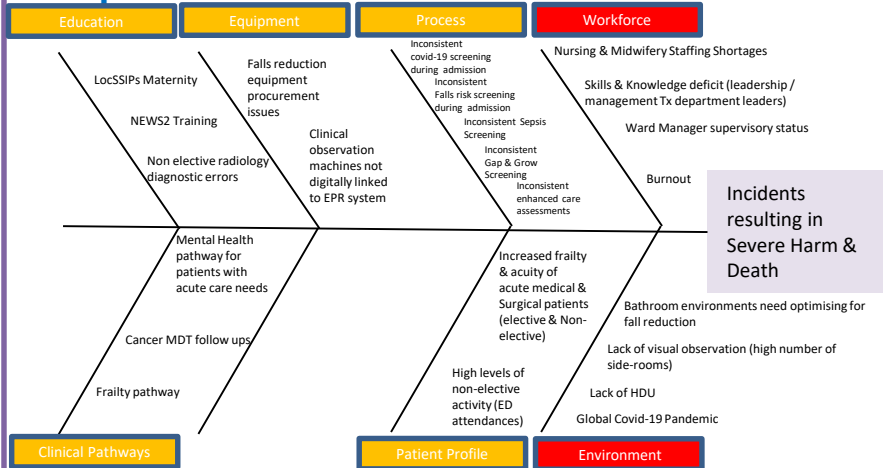


<b>Dec-22</b>
160
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause Variation and has not achieved the target for more than 6 months
<b>Max Target (Internal)</b>
100
<b>Business Rule</b>
Full Escalation as not achieved target for 6+ months

### 2. Stratified Data



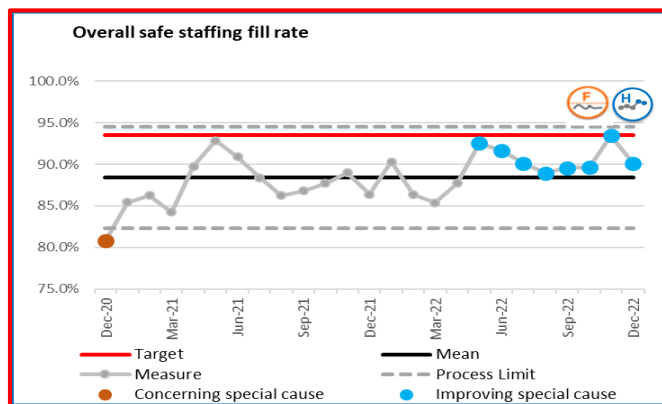
### 3. Top Contributors



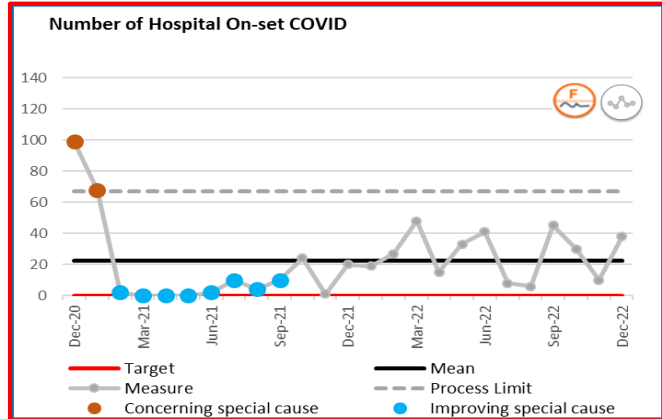
### 4. Action Plan

Contributor	solution /countermeasure	Owner	Due By
Workforce	Safer staffing fill rate levels	CNO/CPO	Ongoing
Environment/ Equipment/ Process	<b>Focus on Slips, trips and falls</b> , as major contributing factor to incidents resulting in severe harm. <b>Trust Wide Falls QI workstream -</b> - Output from falls workstream becoming BAU processes (equipment audit maintenance, OTR/volunteers) - Falls governance meeting move to exception reporting for red wards to improve ownership of falls rate and support mitigating plan development- <b>ongoing</b> - Falls training upgraded to essential training for nursing staff - <b>completed</b>	Medical Director	Ongoing - BAU
Workforce	Analyse harm data to determine where other countermeasures to top contributors (outside falls) overlap within other breakthrough objectives (e.g. Staffing levels - patient safety and clinical effectiveness).	Medical Director	Mar-23
Workforce	Align actions from other breakthrough objectives supporting reduction in harm top contributors and incidents	Medical Director	Apr-23

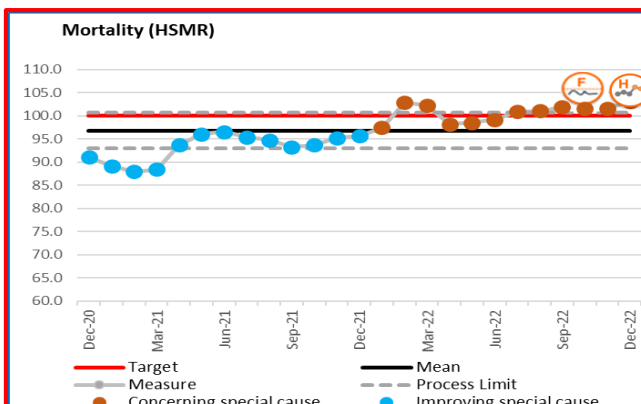
# Patient Safety and Clinical Effectiveness: CQC: Safe



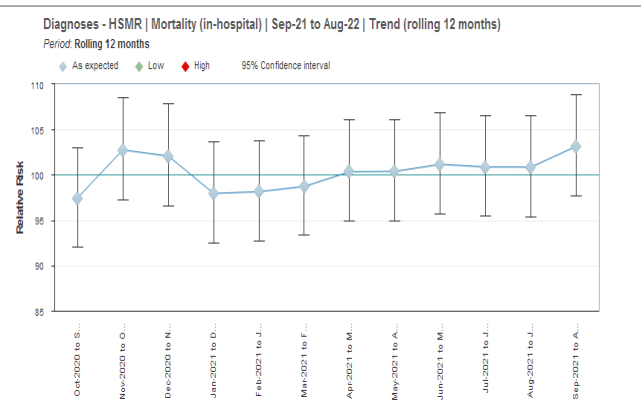
<b>Dec-22</b>
90.1%
<b>Variance / Assurance</b>
Metric is currently experiencing Special Cause Variation of an improving nature but has not achieved the target for >6months
<b>Target (Internal)</b>
93.5%
<b>Business Rule</b>
Full Escalation as has not achieved the target for > 6 months



<b>Dec-22</b>
38
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause Variation and has not achieved the target for >6 months
<b>Max Target (Intern)</b>
0
<b>Business Rule</b>
Full Escalation as has not achieved the target for > 6 months



<b>Dec-22</b>
103.1
<b>Variance / Assurance</b>
Metric is currently experiencing Special Cause Variation of a concerning nature and has not achieved the target for >6months
<b>Max Target (Internal)</b>
100.0
<b>Business Rule</b>
Full Escalation as has not achieved target for > 6months



<b>Dec-22</b>
As Expected
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause Variation and variable achievement of the target
<b>Max Target</b>
As Expected
<b>Business Rule</b>
Shown for information in support of HSMR metric.

## Summary:

**Safe Staffing Fill Rate:** The level reported has moved to special Cause Variation of an improving nature, but has not achieved the standard for more than six months.

**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.

**Mortality (HSMR):** Metric is experiencing special cause variation of a concerning nature and has failed the target for more than six months. It should be highlighted that Trust are still rated 'as expected' by Dr Foster (T-Health). The methodology being used in this calculation is based upon a 12 rolling month period for each data point, so provides a more stable view of performance than individual months. The Mortality Surveillance Group received monthly updates from Dr Foster and in depth analysis. This is then reported onwards into the Quality Committee. A one month lag in our reporting is currently being applied to offset the impact of the uncoded activity in our initial ('flex') submission to SUS. This will be reviewed as our percentage of coded episodes submitted at flex improves.

## Actions:

**Safe Staffing Fill Rate:** The Matrons afternoon staffing huddles are supported by the Bank team to ensure the staffing allocations mitigate any safety risks. The Deputy Chief Nurse and HON for Safe Staffing are now included in the risk assessments for non framework agency requests. Nursing establishment reviews were completed in November, with the Workforce Board Report being presented and signed off by the Executive team. Retention of Registered Nurses/Midwives and Healthcare Clinical Support Workers (HCSWs) is now a focus with a view to reduce turnover rates. Career roadshows and the Corporate Nursing retention group is ongoing. Allocated CPD funding from the Divisional Learning Needs Analysis process are being progressed by Learning and Development. This will support staff with CPD opportunities and career planning

**Infection Control:** The IPC team identify all patients with a current or past history of CDI and undertake weekly CDI reviews. These patients are further reviewed weekly on the C diff round with the Consultant Microbiologist, antimicrobial pharmacist and IPC team. RCAs are undertaken on all hospital attributed cases to identify lessons learnt for shared learning. Antimicrobial stewardship audits are undertaken by the antimicrobial pharmacist. The IPC team undertake (period of increased incidence) PII audits on all wards that have had cases of CDI. The MRSA policy is currently under review and decolonisation therapy is due to be included on EPMA. COVID outbreaks continue to be seen (mainly at Maidstone). Weekly Covid-19 outbreak management meetings are held and we continue with IPC precautions to help minimise the spread of infection. There has been a significant increase in the numbers of Flu and COVID coming into our hospital with has impacted on flow and capacity

## Assurance & Timescales for Improvement:

**Safe Staffing Fill Rate:** Real time daily staffing data has been developed by the Senior Corporate Nursing and ICC team. A new procedure for the raising of red flags is now live, with additional training provided for the matron teams. This will ensure that safe staffing processes align with the new Safe Staffing policy which is being presented at January 2023 PRC. The Trust continues to roll out SafeCare, with 27 clinical areas now live. Preparation for the first Safer Nursing Care Tool Audit is underway with the first audit scheduled for February 2023. Recruitment activity continues to move at pace. An increase in HCSW vacancies was seen owing to funded establishments on escalation wards. Due to an increase in HCSW recruitment activity, monthly induction capacity has now been increased to 30 candidates. Business a usual international recruitment is going to be supported with a rolling interview schedule commencing in January 2023

**Infection Control:** Following the two trust wide CDI incident meetings there has been a decrease in the numbers of cases of CDI with only 1 hospital attributed case being seen in December and a general downward trend has been seen since the peak of 11 cases in August. We have exceeded our limit for CDI with total of 63 cases to date against a year end limit of 63. This increased rate correlates with a similar picture regionally and nationally. With COVID and flu has been circulating widely in the community and in our hospitals the IPC team continue to work with the site teams, departments and clinical operations to review patient pathways to support flow and patient safety.

# 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
<b>Vision Goals / Targets</b>	Responsive	Achieve the Trust RTT Trajectory by March 2023	80.4%	67.0%	Dec-22	79.5%	69.0%	Nov-22	Driver			Full CMS
<b>Breakthrough Objectives</b>	Responsive	To achieve the planned levels of new outpatients activity (shown as a % 19/20)	122.4%	103.0%	Dec-22	121.2%	118.8%	Nov-22	Driver			Full CMS
<b>Constitutional Standards and Key Metrics (not in SDR)</b>	Responsive	RTT Patients waiting longer than 40 weeks for treatment	458	709	Dec-22	473	489	Nov-22	Driver			Escalation
	Responsive	Access to Diagnostics (<6weeks standard)	98.5%	86.1%	Dec-22	98.5%	88.3%	Nov-22	Driver			Escalation
	Responsive	A&E 4 hr Performance	86.9%	76.5%	Dec-22	91.3%	83.3%	Nov-22	Driver			Escalation
	Responsive	Cancer - 2 Week Wait	93.0%	93.1%	Nov-22	93.0%	96.7%	Oct-22	Driver			Not Escalated
	Responsive	Cancer - 62 Day	85.0%	85.0%	Nov-22	85.0%	85.0%	Oct-22	Driver			Not Escalated
	Effective	Transformation: % OP Clinics Utilised (slots)	85.0%	57.2%	Dec-22	85.0%	63.1%	Nov-22	Driver			Escalation
	Effective	Transformation: % of Patients Discharged to a PIFU Pathways	1.5%	2.9%	Dec-22	1.5%	3.4%	Nov-22	Driver			Not Escalated
	Effective	Transformation: CAU Calls answered <1 minute	90.0%	64.6%	Dec-22	90.0%	62.9%	Nov-22	Driver			Escalation
	Effective	Flow: Ambulance Handover Delays >30mins	5.0%	16.4%	Dec-22	5.0%	9.3%	Nov-22	Driver			Escalation
	Effective	Flow: % of Emergency Admissions into Assessment Areas	65.0%	56.9%	Dec-22	65.0%	60.4%	Nov-22	Driver			Not Escalated
	Responsive	To achieve the planned levels of elective (DC and IP cobined) activity (shown as a % 19/20)	110.8%	111.4%	Dec-22	104.4%	116.9%	Nov-22	Driver			Not Escalated
	Responsive	To achieve the planned levels of outpatients follow up activity (shown as a % 19/20)	106.4%	102.1%	Dec-22	99.5%	109.0%	Nov-22	Driver			Not Escalated
	Responsive	To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20)	200.8%	115.4%	Dec-22	193.0%	126.8%	Nov-22	Driver			Escalation

# Vision: Counter Measure Summary

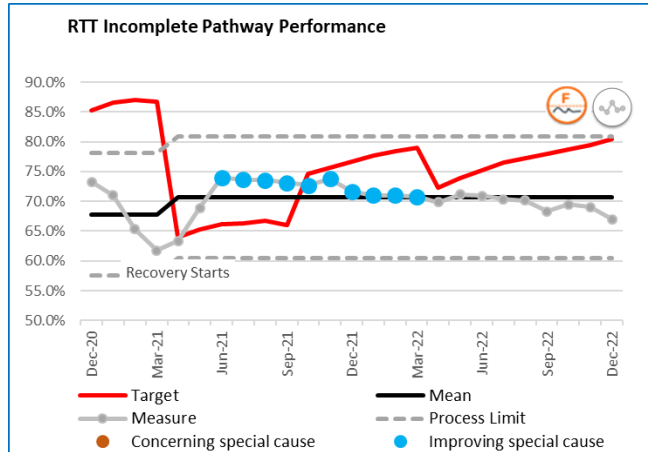
## Project/Metric Name – Achieve the Trust RTT Trajectory by March 2023

**Owner:** Sean Briggs

**Metric:** Referral to Treatment time Standard

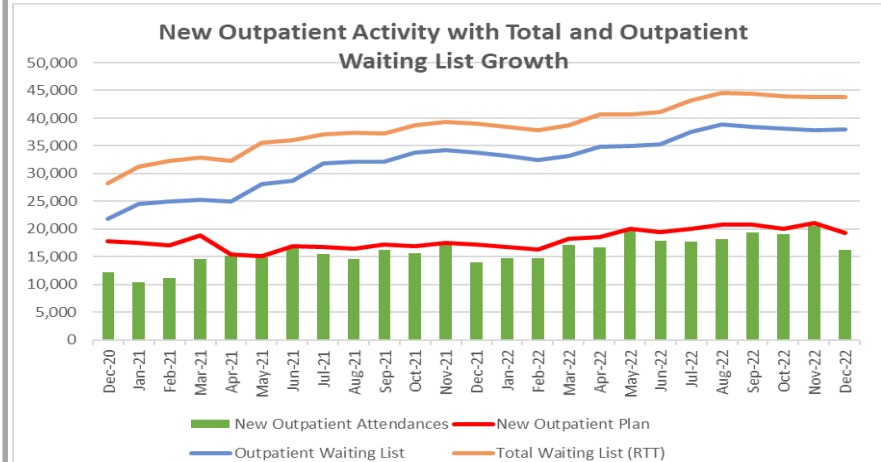
**Desired Trend:** 7 consecutive data points above the mean

### 1. Historic Trend Data



Dec-22
67.0%
<b>Variance Type</b>
Metric is currently experiencing common cause variation
<b>Target (Internal)</b>
79.5%
<b>Target Achievement</b>
Metric has failed the target for >6 months

### 2. Stratified Data



### 3. Top Contributors

The following are all affecting the RTT position -

- Overall Waiting List growth
- Outpatient Waiting List growth - Gen. Medicine (69%), Haematology (44%), Vascular (29%), Endo (27%) and Audiology (26%) are the specialties with the largest growth in percentage terms. In pure numbers terms the largest impacts are in Ophthalmology, T&O and General Surgery.
- Underperformance against plan for New Outpatient activity (year to date)
- Gynae (51.5%), Neurology (48.9%) and Gastro (60.2%) are the specialties with the lowest performance against the 18 week standard

### 4. Action Plan

Countermeasures	Action	Who / By when	Complete
Improved New Outpatient Activity	Focussed work on the Breakthrough Objective to Increase New Outpatient Activity	SP	Ongoing
Validation	Recovery plan agreed – Operational team commenced validation from Jan	CAU & PAT team	Ongoing
Daily PTL	Gynae team – focus on patients from 28 weeks to longest waiter	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 –agreed . Rereviewed trajectory in Jan and shared with specialties	RTT Lead, BI Team	Complete
	Implementation of RTT recovery plan	RTT Lead/GM's	Ongoing

# Breakthrough Objective: Counter Measure Summary

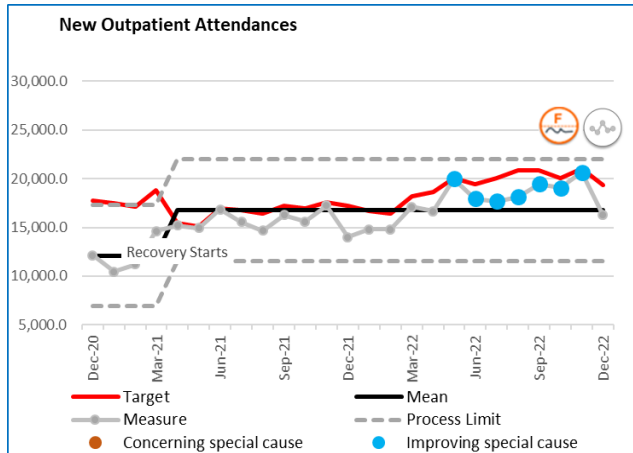
**Project/Metric Name – To achieve the planned levels of New Outpatient Activity**

**Owner:** Sean Briggs

**Metric:** Elective Activity: New Outpatients

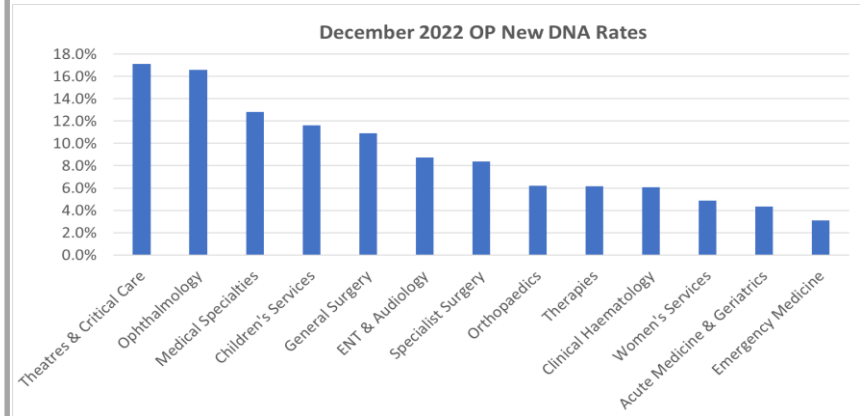
**Desired Trend:** 7 consecutive data points above the mean

## 1. Historic Trend Data



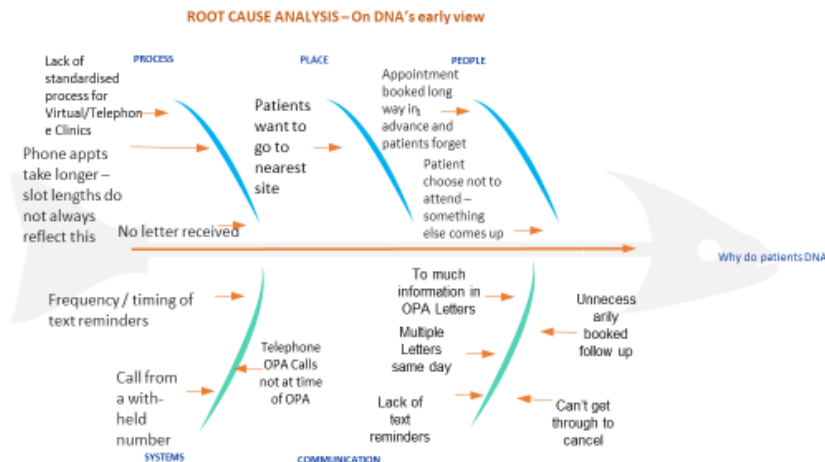
<b>Dec-22</b>
16,269
<b>Variance Type</b>
Metric is currently experiencing Common Cause Variation
<b>Target</b>
19,335
<b>Target Achievement</b>
Metric has failed the target >6months

## 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

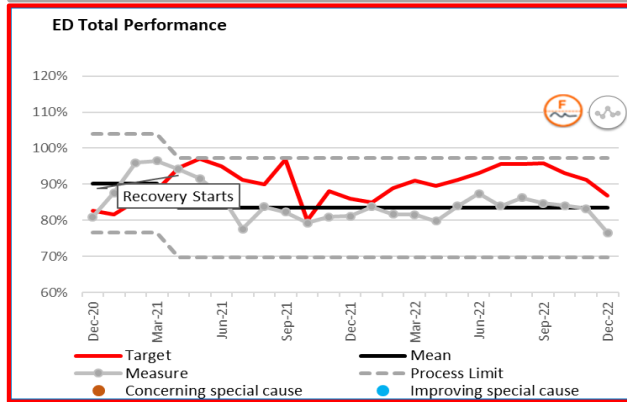


## 4. Action Plan

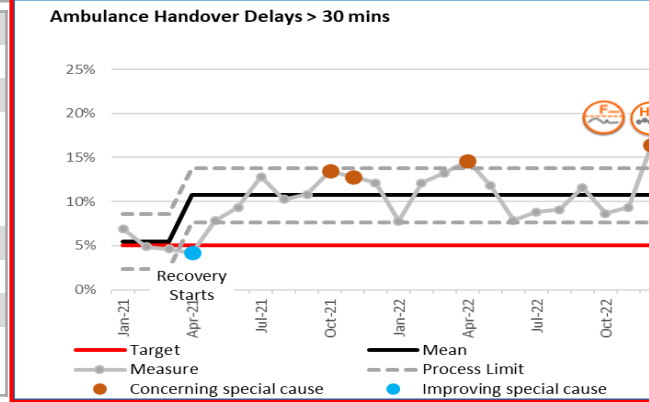
Countermeasures	Action	Who / By when	Complete (Y/N)
Two way text	Implementation plan developed	Project Team	Complete
	Operational process flows for CAU to be agreed	Project team	December
	IT Load balancers installed	IT	January 2023
	Go live	Project Team	February 2023
Switch on Paediatric Text under 13's reminders (agreed for Ophth)	Awaiting agreement from IG and Safeguarding teams	SP	Feb 2022
Telephone Clinics – review of letter re working for Private Number/time of call	Monitor Telephone Clinic DNA's to see improvement	Project Team/SP Parrick/OB	In progress



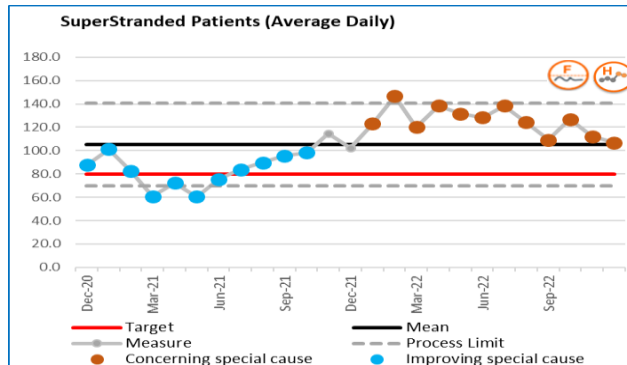
# Patient Access – Hospital Flow: CQC: Responsive



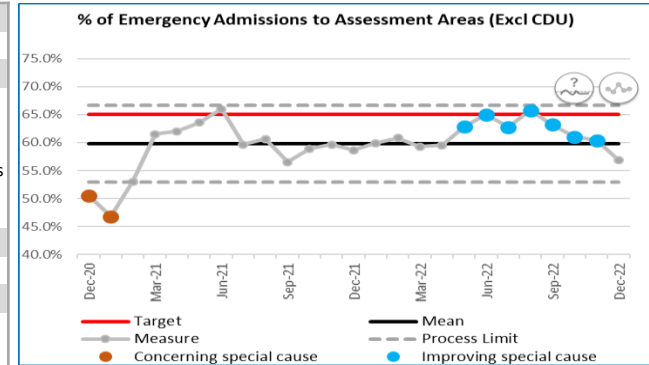
<b>Dec-22</b>
76.54%
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause variation and has failed the target for >6 months
<b>Target (Internal)</b>
86.96%
<b>Business Rule</b>
Full Escalation as has failed the target for > 6 months



<b>Nov-22</b>
16.4%
<b>Variance / Assurance</b>
Metric is currently experiencing Special Cause variation of a concerning nature and is consistently failing the target
<b>Max Limit (Internal)</b>
5%
<b>Business Rule</b>
Full Escalation as is consistently failing the target



<b>Dec-22</b>
107
<b>Variance / Assurance</b>
Metric is currently experiencing Special Cause variation of a concerning nature and has failed the target for >6 months
<b>Max Limit (Internal)</b>
80
<b>Business Rule</b>
Not Escalated



<b>Dec-22</b>
56.9%
<b>Variance / Assurance</b>
Metric is currently experiencing common cause variation and variable achievement of the target
<b>Target</b>
65%
<b>Business Rule</b>
Shown for Info as related to A&E Performance

## 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 special cause variation of a concerning nature 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 in both ED departments throughout December. Ambulance window now completed.

**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:

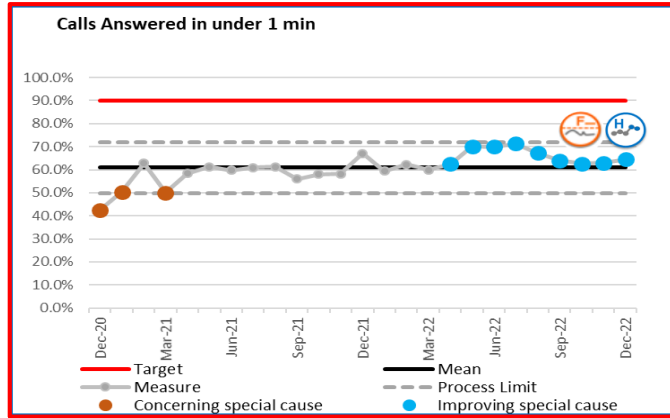
**ED 4hr performance (inc MIU):** Continue with ED improvement huddles. Daily monitoring of UTC utilisation to increase use of available resource. Review of medical staffing to meet demand. Increased capacity in UTC to match Strep A demand.

**Ambulance handovers delays:** Maidstone performed at 83.4% and TW 82.3% for less than 30 minute handover times—a significant drop in performance due to overcrowding in the ED@s. Daily review of breaches maintained.

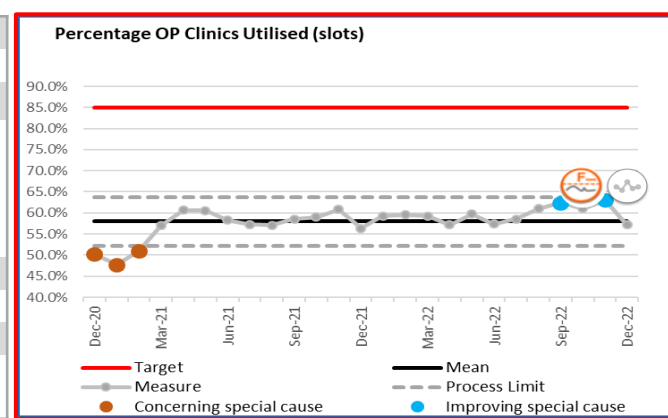
**Super stranded patients:** Monthly MADE events to bring an MDT approach. Improved understanding of pathways and introduction of resource packages.

**% 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.

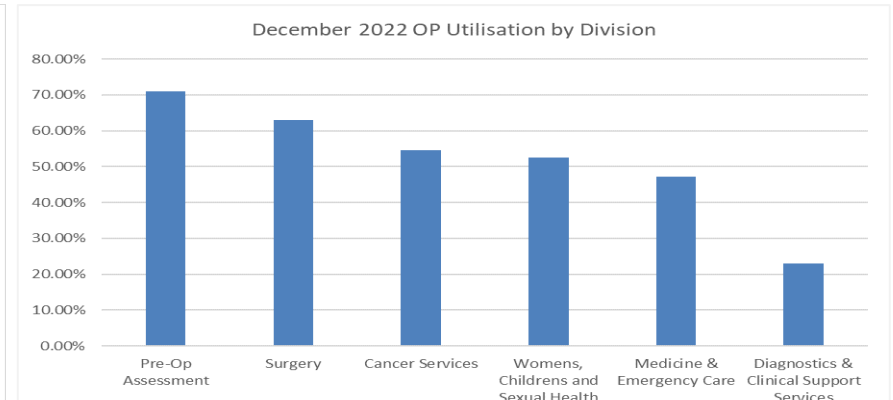
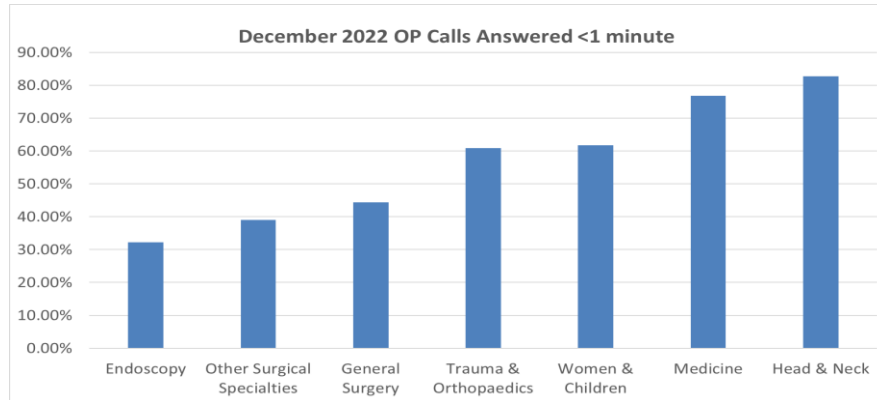
# Patient Access – Transformation: Outpatients: CQC: Responsive



<b>Dec-22</b>
64.6%
<b>Variance / Assurance</b>
Metric is currently experiencing Special Cause Variation of an improving nature and consistently failing the target
<b>Target (Internal)</b>
90%
<b>Business Rule</b>
Full Escalation



<b>Dec-22</b>
57.2%
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause Variation and consistently failing the target
<b>Target (Internal)</b>
85%
<b>Business Rule</b>
Full Escalation



## 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. The areas with the lowest response rate is Endoscopy followed by Surgical Specialties,

**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. These screens display call performance on the day in real time.

Outpatients are working closely with Switchboard, aiming to streamline calls through to the CAU's. Haematology and 2WW have now gone live on netcall, the team are monitoring call performance closely. Two call operatives for the outpatient communication centre pilot. Initially these members of staff will be supporting the 2 Week Wait Office. Outpatient appointment re-booking /cancelling web page form has been developed and is due to go live.

**Outpatient Utilisation:** Introduction of SOAP and Focal (reporting) to the outpatient team to support management of utilisation of clinic templates.

## Assurance & Timescales for Improvement:

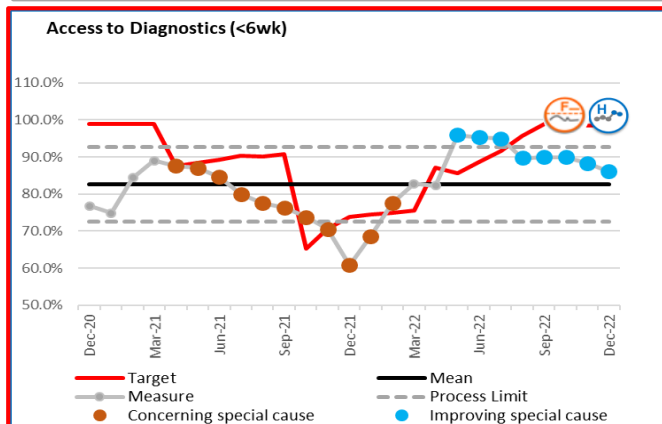
**Calls Answered:** Meetings have been undertaken with specialties to understand areas for improvement and reasonings for poor performance.

Work has been undertaken to understand management of calls in better performing CAUs, good management practices have been identified and could be implemented across CAUs to see further improvements on call answering times.

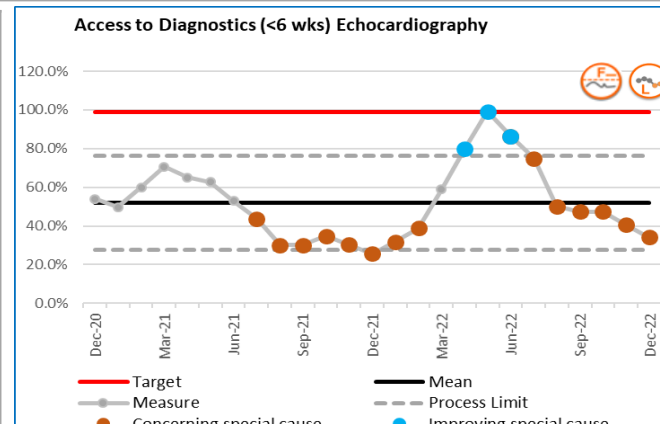
Call performance dashboard has been developed and is now live.

**Outpatient Utilisation:** Corporate Project on clinic templates

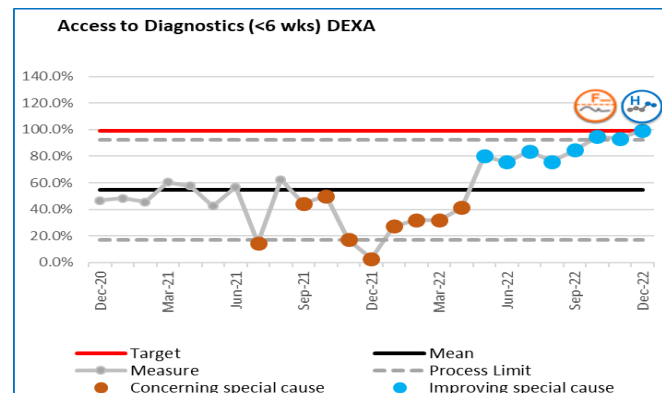
# Patient Access – Diagnostics Waiting Times: CQC Responsive



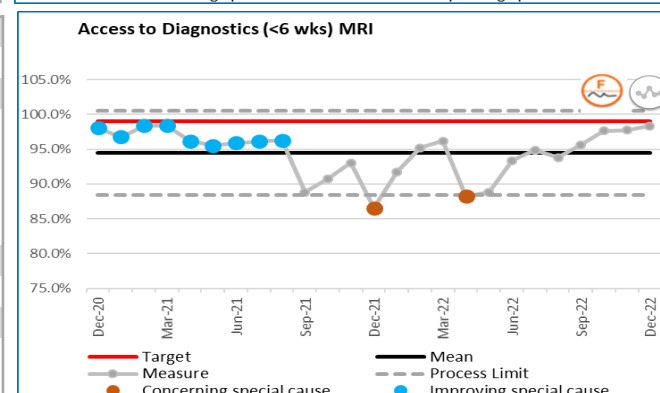
<b>Dec-22</b>
86.1%
<b>Variance / Assurance</b>
Metric is currently experiencing special cause variation of an improving nature and is consistently failing the target
<b>Target (Internal)</b>
88.6%
<b>Business Rule</b>
Full Escalation



<b>Dec-22</b>
34.2%
<b>Variance / Assurance</b>
Metric is currently experiencing special cause variation of a concerning nature and consistently failing the target
<b>Max Limit (Internal)</b>
99%
<b>Business Rule</b>
For Information as Contributor to Overall



<b>Dec-22</b>
99.6%
<b>Variance / Assurance</b>
Metric is currently experiencing special cause variation of an improving nature and consistently failing the target
<b>Max Limit (Internal)</b>
99%
<b>Business Rule</b>
For Information as Contributor to Overall



<b>Dec-22</b>
98.3%
<b>Variance / Assurance</b>
Metric is currently experiencing common cause variation and has failed the target for more than six months
<b>Max Limit (Internal)</b>
99%
<b>Business Rule</b>
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:** There have been further equipment failures which have impacted delivery of activity.

**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 has arrived and paediatric backlog now cleared.

## Assurance & Timescales for Improvement:

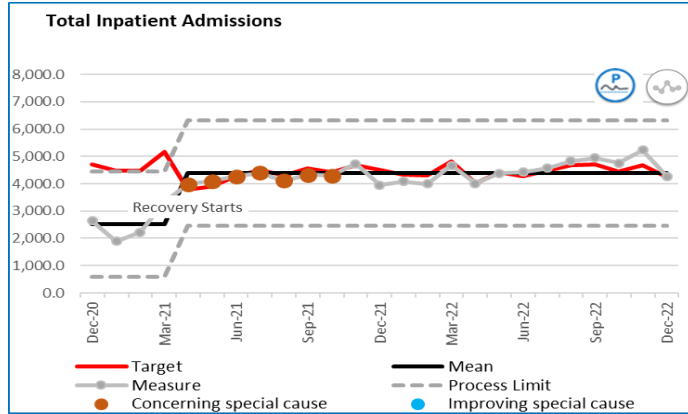
**Echocardiography:** The procurement of an Echocardiogram machine to replace a condemned machine. New starters joined in November, however currently in training reducing activity temporarily. The recovery plan has been updated and recovery trajectory is being updated.

**DEXA:** The Recovery plan has been completed and the service is now DM01 compliant. In December, achieved 99.6%.

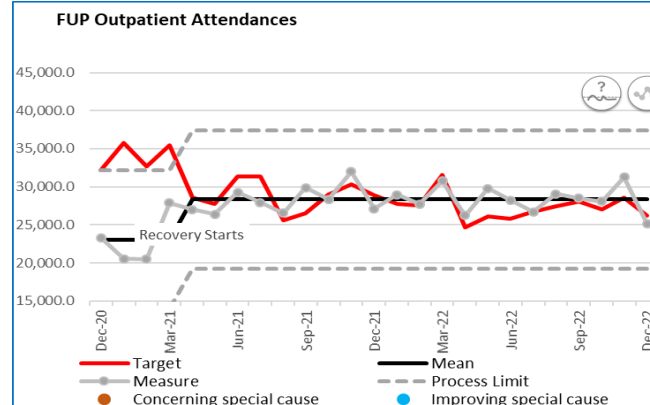
**MRI:** Paediatric backlog now cleared. Managed service will go live on 1 February 2022.

Overall DM01 Recovery Plan in progress and has made an in month improvement of 0.6%.

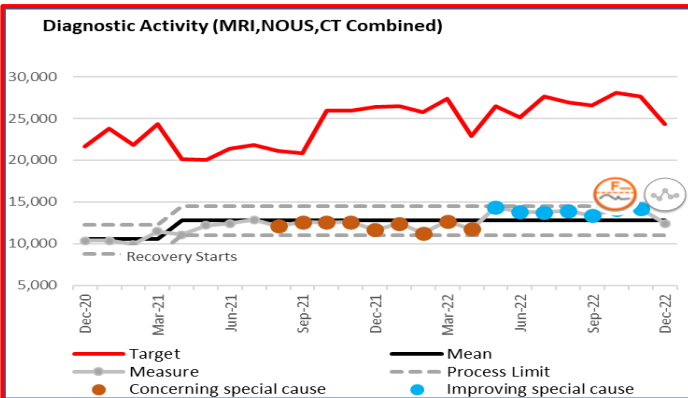
# Patient Access –Activity Levels: CQC Responsive



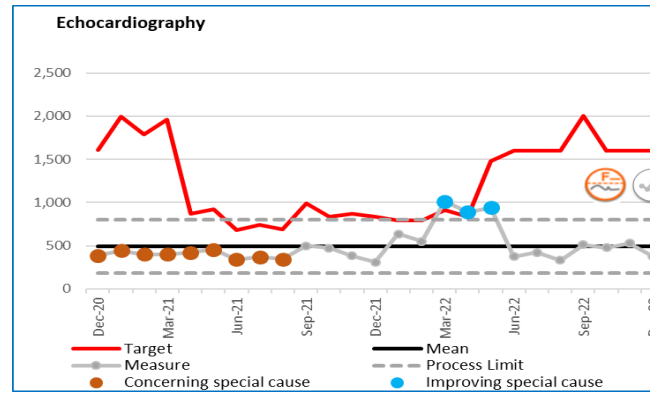
<b>Dec-22</b>
4273
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause Variation and has passed the target for >6 consecutive months
<b>Target</b>
4249
<b>Business Rule</b>
Not Escalated



<b>Dec-22</b>
25,157
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause Variation and variable achievement of the target
<b>Target</b>
26,223
<b>Business Rule</b>
Not Escalated



<b>Dec-22</b>
12,445
<b>Variance / Assurance</b>
Metric is currently experiencing common cause variation and consistently failing the target
<b>Target</b>
24,348
<b>Business Rule</b>
Full Escalation as consistently failing the target



<b>Dec-22</b>
380
<b>Variance / Assurance</b>
Metric is currently experiencing common cause variation and is consistently failing the target
<b>Target</b>
1600
<b>Business Rule</b>
For Information as Contributor to Overall

## Summary:

**Elective Activity (DC/EL):** This indicator is now experiencing common cause variation and has passed the target for >6 consecutive months. Performance has been above the plan each month since June 22 and is therefore above both plan and 1920 levels YTD.

**OP Follow Up Activity:** The activity is experiencing common cause variation and variable achievement of the target. Activity levels for December 2022 were slightly lower than plan and 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.

## Actions:

**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. ECHO team have experienced further equipment failures.

## Assurance & Timescales for Improvement:

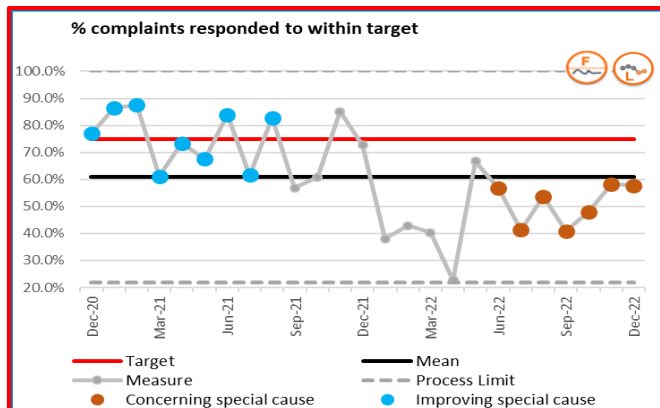
**Elective Activity (DC/EL):** Weekly focus on submitted activity plans with the speciality and directorate teams. 6-4-2 scheduling meetings in place and any capacity identified continues to be offered to speciality teams. Weekly focus on theatre utilisation and productivity continues via trust performance 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. Recovery plan for Echocardiograms has been revisited and updated with a revised recovery trajectory.

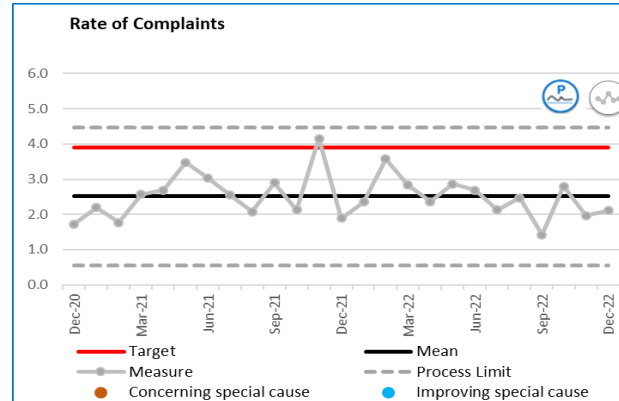
# Strategic Theme: Patient Experience

			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
<b>Vision Goals / Targets</b>	Caring	To reduce the overall number of complaints or concerns each month	36	45	Dec-22	36	41	Nov-22	Driver			Verbal CMS
<b>Breakthrough Objectives</b>	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	13	Dec-22	24	19	Nov-22	Driver			Note Performance
<b>Constitutional Standards and Key Metrics (not in SDR)</b>	Caring	Complaints Rate	3.9	2.2	Dec-22	3.9	2	Nov-22	Driver			Not Escalated
	Caring	% complaints responded to within target	75.0%	57.8%	Dec-22	75.0%	58.3%	Nov-22	Driver			Escalation
	Caring	% VTE Risk Assessment (one month behind)	95.0%	95.7%	Nov-22	95.0%	95.8%	Oct-22	Driver			Not Escalated
	Caring	Friends and Family (FFT) % Response Rate: Inpatients	25.0%	18.0%	Dec-22	25.0%	14.1%	Nov-22	Driver			Not Escalated
	Caring	Friends and Family (FFT) % Response Rate: A&E	15.0%	1.5%	Dec-22	15.0%	1.5%	Nov-22	Driver			Escalation
	Caring	Friends and Family (FFT) % Response Rate: Maternity	25.0%	9.9%	Dec-22	25.0%	11.8%	Nov-22	Driver			Escalation
	Caring	Friends and Family (FFT) % Response Rate: Outpatients	20.0%	6.3%	Dec-22	20.0%	5.8%	Nov-22	Driver			Escalation

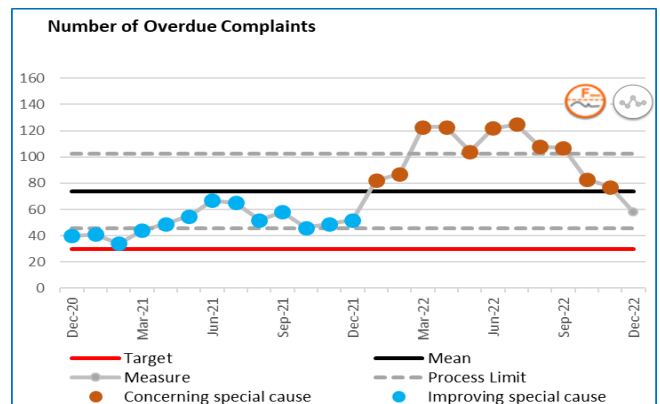
# Patient Experience: CQC: Caring (Hit or Miss >6 months)



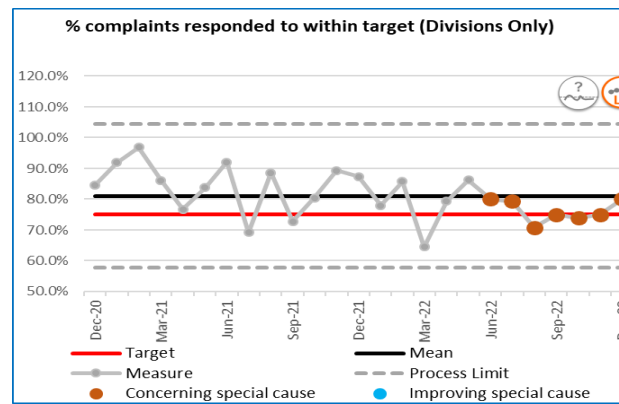
<b>Dec-22</b>
57.8%
<b>Variance / Assurance</b>
Metric is special cause variation of a concerning nature and failing the target for 6+ months
<b>Target (Internal)</b>
75%
<b>Business Rule</b>
Full Escalation failed the target 6+ months



<b>Dec-22</b>
2.1
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause Variation and has achieved the target for 6+ months
<b>Max Limit (Internal)</b>
3.9
<b>Business Rule</b>
For Information as linked to % Complaint Responded



<b>Dec-22</b>
58
<b>Variance / Assurance</b>
Metric is currently experiencing common cause variation and consistently failing the target
<b>Max Limit (Internal)</b>
30
<b>Business Rule</b>
For Information as linked to % Complaint Responded



<b>Dec-22</b>
80.0%
<b>Variance / Assurance</b>
Metric is currently experiencing special cause variation of a concerning nature and variable achievement of the target
<b>Max Limit (Internal)</b>
75%
<b>Business Rule</b>
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

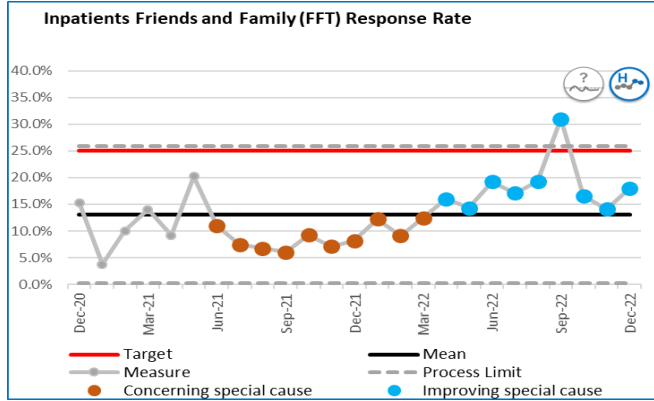
## Assurance & Timescales for Improvement:

**% Complaints responded to within Target:**

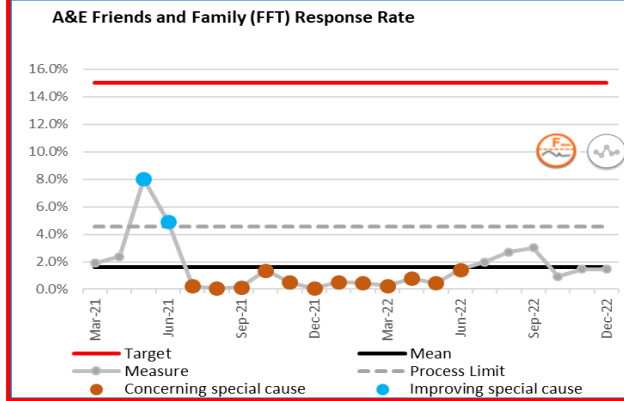
- Sustained reduction in overall number of open complaints
- No complaints breached due to issues relating to CCT in October
- Expect to see continued improvement in % compliance in November as a result of new 40-day timeframe



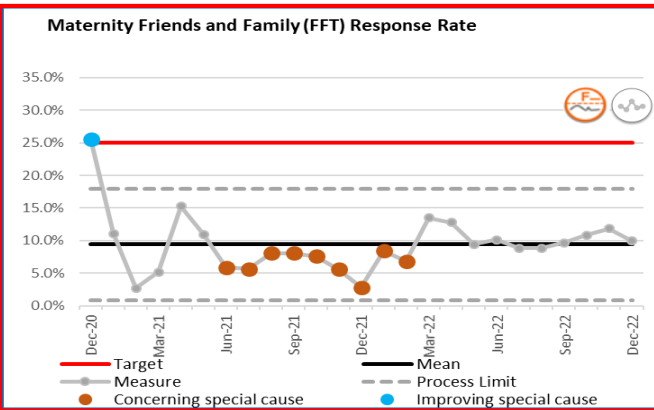
# Patient Experience: CQC: Caring



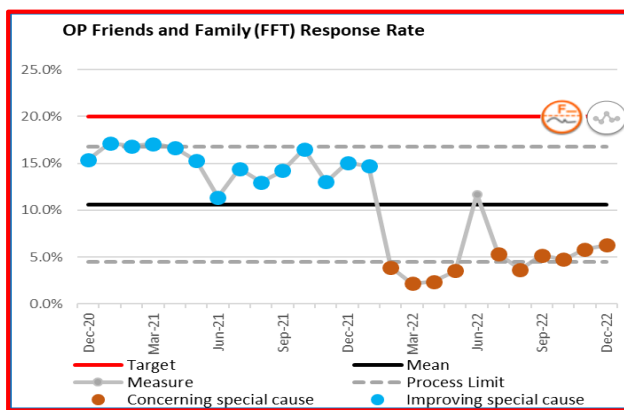
<b>Dec-22</b>
18.0%
<b>Variance / Assurance</b>
Metric is currently experiencing Common cause variation and is consistently failing the target
<b>Target (Internal)</b>
25%
<b>Business Rule</b>
Not Escalated



<b>Dec-22</b>
1.5%
<b>Variance / Assurance</b>
Metric is currently experiencing Common Cause Variation and is consistently failing the target
<b>Target (Internal)</b>
15%
<b>Business Rule</b>
Full Escalation as consistently failing the target



<b>Dec-22</b>
9.9%
<b>Variance / Assurance</b>
Metric is currently experiencing common cause variation and is consistently failing the target
<b>Target (Internal)</b>
25%
<b>Business Rule</b>
Full Escalation as not achieved target for >6months



<b>Dec-22</b>
6.3%
<b>Variance / Assurance</b>
Metric is currently Special Cause Variation of a concerning nature and is consistently failing the target
<b>Target (Internal)</b>
20%
<b>Business Rule</b>
Full escalation as is consistently failing the target

## Summary:

**Inpatients (Daycase and IP):** has increased from 991 in November to 1,123 in Dec-22, current month figures breakdown as 431-IP and 692-day cases. The trend continues with the majority of day cases being from Maidstone.

**Responses that are positive – 97.3%**

**A&E:** A&E responses have increased this month, from the 257 in Nov-22 to 282 in Dec-22, the monthly response rate is 1.5%

**Responses that are positive – 81.20%**

**Maternity:** 46 responses in Dec-22 compared to 60 in Nov-22. Response rate is 9.9% for the month and 10.2% YTD.

**Responses that are positive – 100%**

**Outpatients:** Outpatient responses have decreased. Total outpatient responses for December were 2,865. **Responses that are positive – 96.2%**

## Actions:

**Inpatients:** as this is an improving picture - to continue with current methodology. Increase in paper card uploads with the facility to use QR code and online.

**A&E:** this is an improving picture – to continue with current methodology. Meeting planned with directorate. Hybrid method using text, QR code and online.

**Maternity:** Assurance requested – meeting has been planned with the directorate to look at support that can be given. Discussions ongoing with volunteer team to support.

**Outpatients:** SMS text messaging - initial review indicated poor patient response rate. Potential problem identified with mapping and text messaging. Awaiting update report from Netcall.

**FFT Response All:** Scoping in progress for new provider to provide FFT responses and surveys.

## Assurance & Timescales for Improvement:

**Inpatients:** Continue monthly review





**A&E:** Continue monthly review

**Maternity:** Assurance they will continue to promote FFT in clinical areas. Continue monthly review.

**Outpatients:** Overall picture in OP is improving but will continue monthly review.

**All:** Meetings with IQVIA in November, December and January for assurance around paper uploads. FFT paper card responses increased in December. Ward audits conducted to remove out of date cards, promote FFT and increase response rate. FFT FAQs being drafted to share with staff. 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
<b>Vision Goals / Targets</b>	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	5.5	Dec-22	3.5	6.0	Nov-22	Driver			-
<b>Breakthrough Objectives</b>	Effective	To increase the number of patients leaving our hospitals by noon on the day of discharge	33.0%	22.8%	Dec-22	33.0%	21.2%	Nov-22	Driver			Full CMS



# Breakthrough: Counter Measure Summary

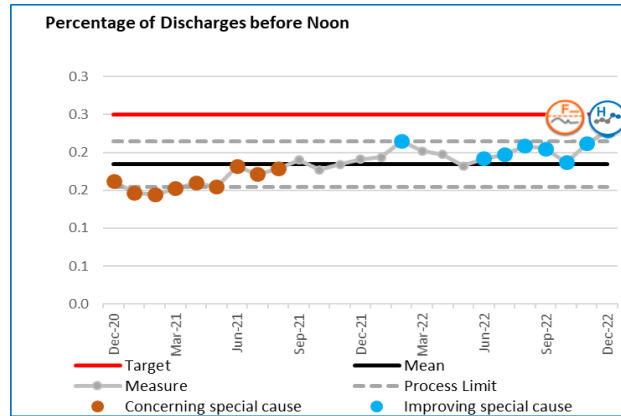
**Project/Metric Name – To increase the number of patients leaving our hospitals by noon on the day of discharge to 33%**

**Owner:** Rachel Jones

**Metric:** discharges before noon

**Desired Trend:** 7 consecutive data points above the mean

## 1. Historic Trend Data



Current Data Source:

Allscripts

Dec-22

22.8%

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

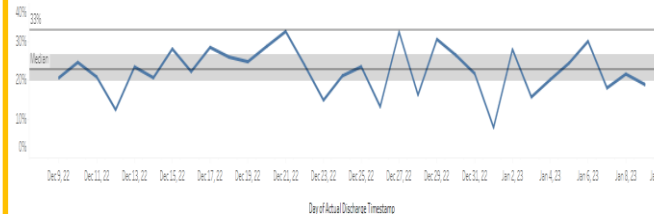
## 3. Top Contributors

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

## 2. Stratified Data

TT Data 27/12/22: 33% DBN target achieved. There is a clear dip at the weekends reducing our overall average - requiring focus work.













Weekday only averages are currently at 27%

Weekday	% DBN
27/12/2022	33
28/12/2022	15
29/12/2022	31
30/12/2022	27
05/01/2023	24
06/01/2023	32
09/01/2023	19
10/01/2023	28
11/01/2023	33
Average	27

## 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 completed – BI assessing the database and starting to collate reports.	NS/ RS	3.2.23	In Progress
Hilton Pathway	• New processes embedded - improving utilisation and referral rejections. New Hilton staff starting in 8 weeks to enable 10 slot capacity per day every day – before this capacity wasn't fully utilised but can be now with rolling waiting lists. Meeting held every day to go through patient cohort. Action to monitor process are fully embedded to ensure sustainability.	Hilton/ NP/AG / FR / OT	3.2.23	In Progress
Criteria Led Discharge	• CLD being presented at the Nursing and Midwifery Board in February. CLD policy being finalised at request of Chief Nurse (on PRC agenda 3 <sup>rd</sup> March). • Clinical representation from medicine and Orthopaedics, requesting surgery lead. • CLD flag now on Teletracking. Request to be included on Sunrise so that it appears on board round summary sheets. • Wards with lower DBN numbers will be piloted	KC/ FR / NP	3.2.23	In Progress
EDN Comp. Times	• Pause in project due to EPMA resource needs. Bi-weekly meetings now established -meeting held 11.01.23 - new EDN on sunrise process (post EPMA) agreed, clinical leads engaged, pilot date of 2 wards on new EDN process to be agreed.	RG / SF / JS	25.1.23	In Progress

# Strategic Theme: Sustainability

			Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
<b>Vision Goals / Targets</b>	Well Led	Delivery of financial plan, including operational delivery of capital investment plan (net surplus(+)/net deficit (-) £000)	1,086	1,087	Dec-22	1,177	1178	Nov-22	Driver			Verbal CMS
<b>Breakthrough Objectives</b>	Well Led	Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000	1021	2214	Dec-22	1019	2212	Nov-22	Driver			Full CMS
<b>Constitutional Standards and Key Metrics (not in SDR)</b>	Well Led	CIP	4097	1280	Dec-22	4094	1193	Nov-22	Driver			Not Escalated
	Well Led	Cash Balance (£k)	8983	27782	Dec-22	10620	18319	Nov-22	Driver			Not Escalated
	Well Led	Capital Expenditure (£k)	6332	1037	Dec-22	8402	1607	Nov-22	Driver			Not Escalated

# Breakthrough: Counter Measure Summary

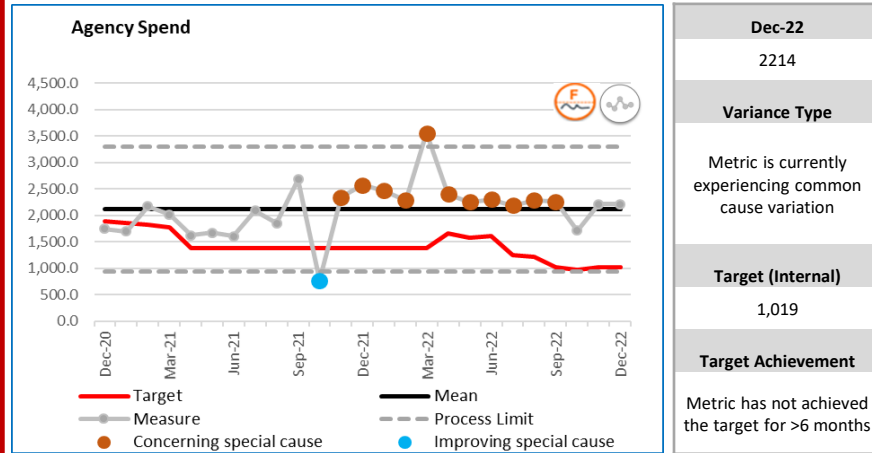
**Project/Metric Name – Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000**

**Owner:** Steve Orpin

**Metric:** Premium Workforce Spend

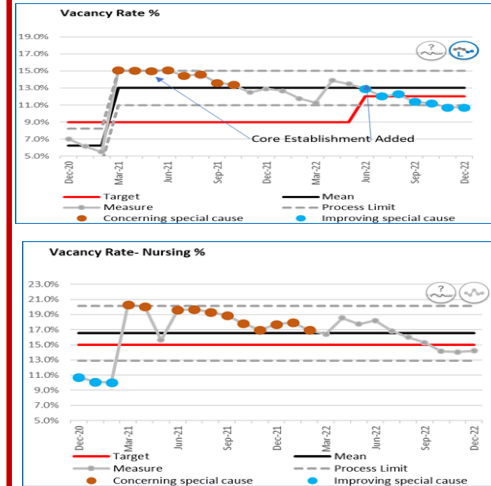
**Desired Trend:** 7 consecutive data points below the mean

## 1. Historic Trend Data



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

## 2. Stratified Data



**Vacancy Rate:** Is now experiencing special cause variation of an improving nature.

**Nursing Vacancy Rate:** Metric is now experiencing common cause variation and variable achievement of the target..

## 3. Top Contributors

Vacancy rates are improving and sickness is fairly stable according to reporting figures but our premium workforce spend is not coming down:

Contributing factors to premium workforce spend have been narrowed down to:

- Healthroster Performance
- Unfunded Escalation areas
- Reduction of vacancies

Risk: Chaucer winter escalation open so Agency spend likely to increase in January.

## 4. Action Plan

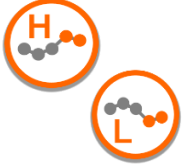



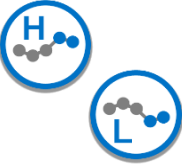
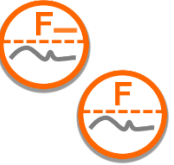
The “reason for booking” is inconsistently completed which makes it difficult to determine the top contributors.

Continued work to balance ESR with the finance ledger	Ongoing
Review of top 25 agency workers	Ongoing
Review of top 25 high cost locums	Ongoing
Triangulation of top 10 agency spend areas with sickness, turnover, roster performance and activity	Dec
Identify a high spend area and observe their booking processes from an area perspective and staff bank to understand the data flow	Dec
Review of agency booking controls/authorisation processes and confirm rostering deadlines – how early we can go agency	Jan
Formulation of additional controls for Agency Spend	Feb 23

# Appendices





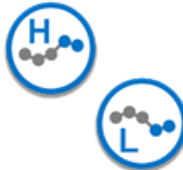

# SDR Business Rules Driven by the SPC Icons

## 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 <b>Failing</b> the Target (which is likely if it is a Driver Metric). A <u>full CMS</u> is required to support actions and delivery of a performance improvement	Metric is <b>Failing</b> the Target and is showing a <b>Special Cause for Concern</b> . A <u>full CMS</u> 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 <b>Failing</b> the Target (which is likely if it is a Driver Metric). A <u>full CMS</u> is required to support actions and delivery of a performance improvement	Metric is <b>Failing</b> the Target and is in <b>Common Cause</b> variation. A <u>verbal CMS</u> 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 <b>Failing</b> the Target (which is likely if it is a Driver Metric). A <u>full CMS</u> is required to support actions and delivery of a performance improvement	Metric is <b>Failing</b> the Target, but is showing a <b>Special Cause of Improvement</b> . <u>Note performance</u> , but do not consider escalating to a driver metric

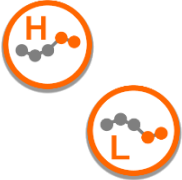



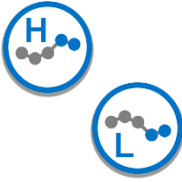

# SDR Business Rules Driven by the SPC Icons

## 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 <del>Hitting &amp; Missing</del> the Target and is showing a <b>Special Cause for Concern</b> . A <u>verbal CMS</u> is required to support ongoing actions and delivery of a continued / permanent performance	Metric is in <b>Common Cause</b> , but is showing a <b>Special Cause for Concern</b> . <u>Note performance</u> , but do not consider escalating to a driver metric
		Common Cause - no significant change. Assurance indicates inconsistently hitting or missing the target.	Metric is <del>Hitting &amp; Missing</del> the Target and is in <b>Common Cause</b> variation. A <u>verbal CMS</u> is required to support ongoing actions and delivery of a continued / permanent performance	Metric is <b>Hitting &amp; Missing</b> the Target and is in <b>Common Cause</b> variation. <u>Note performance</u> , 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 <b>Hitting and Missing</b> the Target, but is showing a <b>Special Cause of Improvement</b> . <u>Note performance</u>	Metric is <b>Hitting and Missing</b> the Target, but is showing a <b>Special Cause of Improvement</b> . <u>Note performance</u>

# SDR Business Rules Driven by the SPC Icons

## Assurance: Passing

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

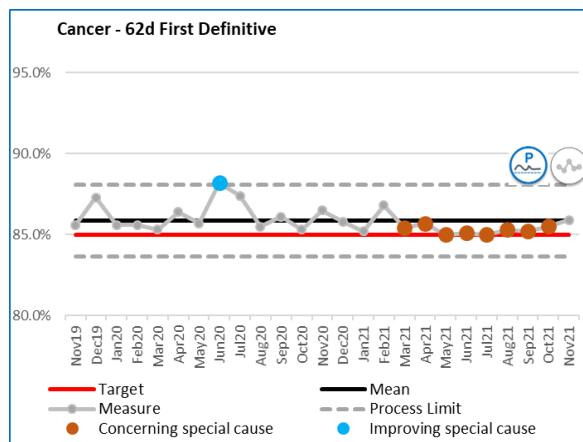
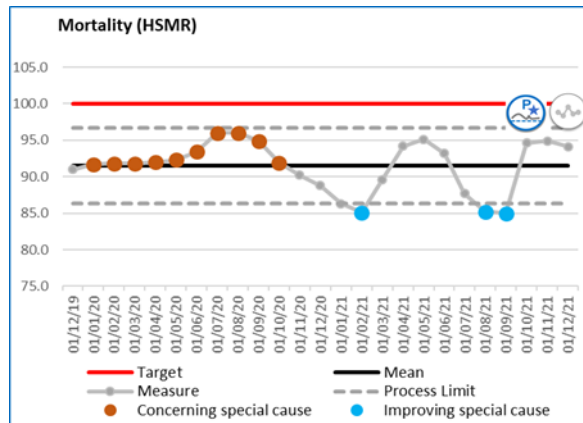
# Passing, Failing and Hit & Miss Examples

Metrics that consistently **pass**  have:

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

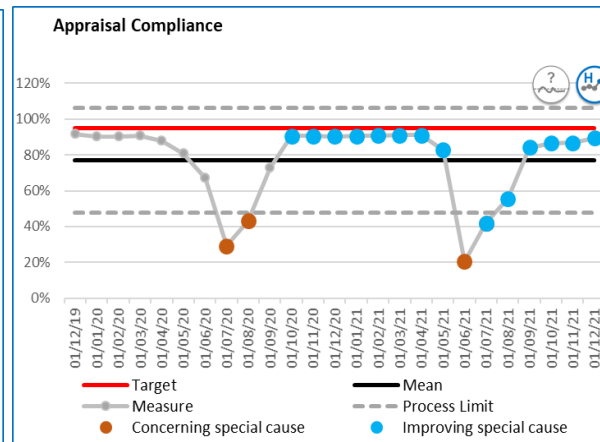
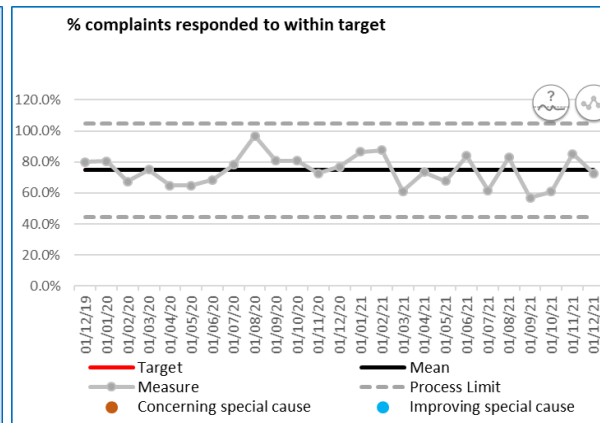
The **lower** control limit **above** the target line for metrics that need to be **above the target**


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

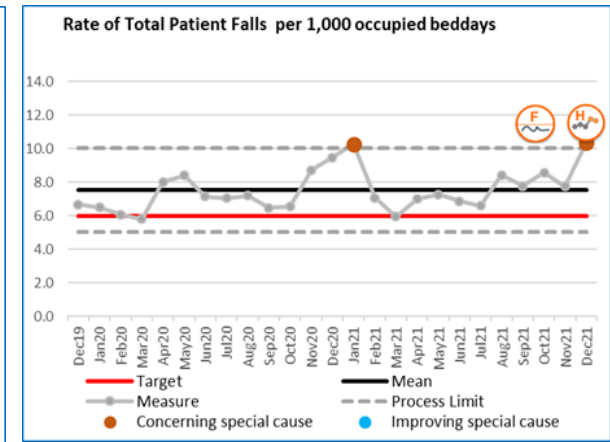
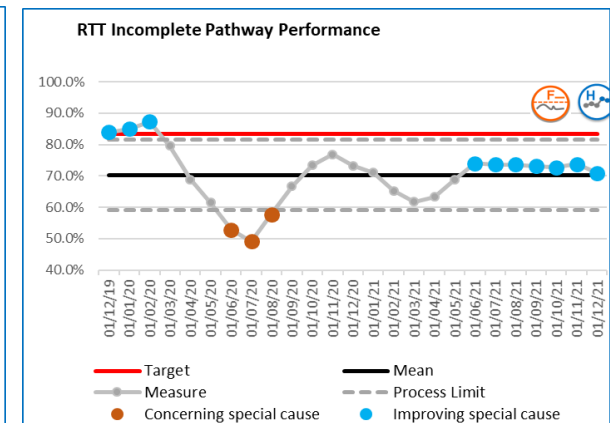


Metrics that consistently **fail**  have:

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 December Plan and the Year to Date plan by delivering a surplus of £1.1m in month and a £3.6m deficit year to date.
- The key pressure is within pay budgets which are adverse to plan by £2.9m. The main pressures continue to be within Medicine and Emergency Division medical staffing spend (£5.3m) and facilities staffing (£1.4m). These pressures were partly offset by underspends within Nursing (£2.6m), support to clinical staff (£0.6m), Admin and Clerical (£0.4m) and £0.1m underspend within Scientific and Technical staff.
- Cost Improvement Plans (CIP) are behind of plan with a year to date adverse position of £8.6m. The Trust is forecasting £15.7m slippage to the year end target, a recovery plan has been developed which mainly mitigates this risk with non recurrent measures
- The Trust has underperformed against the Elective Recovery Fund (ERF) baseline (104% of 19/20 activity) which equates to £4.9m. The Trust has not reflected this clawback in the YTD position because 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. 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 £1.3m.
- The Trust is forecasting to deliver a breakeven position however there are unmitigated risks of £2.8m.

## **Year to Date Financial Position**

- The Trust was on plan, generating a £3.6m deficit.
- The key year to date variances is as follows:
  - **Adverse Variances**
    - CIP Slippage (£8.6m)
    - Pay budgets overspent by £2.9m. The main pressures continue to be within Medicine and Emergency Division medical staffing spend (£5.3m) and facilities staffing (£1.4m). These pressures were partly offset by underspends within Nursing (£2.6m), support to clinical staff (£0.6m), Admin and Clerical (£0.4m) and £0.1m underspend within Scientific and Technical staff.
  - **Favourable Variances**
    - Release of £5.7m from reserves. The following reserves have been released: £2.2m from growth reserve to offset unfunded waiting list initiatives incurred, £1.8m from service developments and £1.7m from contingency to part offset some of the YTD pay pressures and CIP slippage.
    - Reduction in provisions to reflect latest assessment (£2.3m) and release of £1.2m of deferred income to match commissioner guidance.
    - Underspends within depreciation (£0.9m), Elective outsourcing due to Elective activity below budget (£0.7m) and overperformance in interest receivable (£0.3m)

## **Risks**

- The Trust is forecasting to deliver a breakeven position but £2.8m of unmitigated risks
- CIP delivery (£15.7m). The Trust is forecasting £15.7m 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 £1.3m There is also a specific ESRF financial risk included within the £1.3m relating to Radiotherapy commissioned by NHSE Specialised Commissioning that equates to a

clawback of £1.1m, 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 £1.1m surplus in the month.
- The key current month variances are as follows:
  - CIP slippage of £2.8m in the month, this slippage was offset by;
  - Release of deferred income (£1.2m) to match commissioner guidance
  - Review of Homecare Drugs (£0.8m)
  - Non recurrent PFI rebate income (£0.3m)
  - Additional Winter funding from Specialist commissioning (£0.2m)
  - Underspend in depreciation (£0.2m).

### **Cashflow**

- The closing cash balance at the end of December 2022 was £27.8m which is higher by £18.8m compared with the revised plan resubmitted in June 2022. The increase in the cash balance is due to the in-year settlement of KMMS development costs which were raised as debtors at year-end 21/22 (c.£6m) and the delays around capital projects being agreed eg the Barn and CDC; however orders are starting to be raised so capital spend is expected to increase.
- The Trust's cash flow is based on the Income & Expenditure (I&E) plan and working capital adjustments from the Balance Sheet. If the in-year I&E position moves adversely then this has a negative impact on the Trusts cash flow and the Trust would need to implement various strategies to ensure the Trust cash remains in balance whilst meeting its commitments. The cash flow is updated daily to ensure that the Trust can meet all its commitments as well as working towards ensuring prompt payment is made to suppliers. The Trust is retaining producing two payment runs a week and are paying all invoices when they are approved to ensure all non-NHS suppliers are paid as soon as possible. The closing cash balance for the Trust has been reduced from the plan value of £5m to £2m, this has been adjusted down to take account of non-cash releasing CIP measures and maintaining the current level of supplier payments.
- 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 December is - Trade in value 98.2% and by quantity is 96.3; for NHS by value is 95% and by quantity is 86.5%

### **Capital Position**

- The Trust's capital plan, excluding IFRS 16 items, agreed with the ICB for 2022/23 is £41.3m comprising:
- Net Internal funding (£8.6m):
  - £19.5m depreciation
  - less £2.5m in-year cash surplus (balancing to ICB 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 was approved on 12/12/2022 by NHSE but at a 2022/23 value of £6.7m with £22.3m planned for 2023/24 subject to FBC approval)
- 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 outsourced 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 (approved by ICB). The West Kent Orthopaedic Centre [Barn] OBC has been approved with a reduced figure of £6.7m in 2022/23 (the original plan figure was £29m). The CDC business case has been approved (£9.87m includes building, equipment and IT), the MoU has been received. In addition, funding has also been confirmed for Digital Diagnostics (PACS, Home Reporting, iRefer & Digital Pathology) of £546k in total and Endoscopy Decontamination of £58k. MOUs are expected soon for EPR Optimisation (£500k) and Patient Portals - Wayfinder (£352k).
- M9 outturn: £5.3m was spent in M9 against the original Plan of £26.9m. The variance relates mostly on the Barn and Stroke projects: The delay on the Barn OBC approval means that the planned figure of £29m for the year (£17.8m YTD), has now been revised down to the £6.7m approved by NHSE. Preparatory design, other fees and construction orders are now being raised. The Stroke business case capital resource was approved in year by the ICB. MTW has applied through NHSE for PDC cash.

### **Year-end Forecast**

- The Trust is currently forecasting to deliver a breakeven position but has unmitigated risks of £2.8m which if materialised would mean the Trust would be overspent by £2.8m
- The forecast already assumes the full release of central held reserves (contingency, service developments and growth reserve) and includes mitigations and actions highlighted within the main report.

# Finance Report

Month 9  
2022/23

December 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	56.6	53.3	3.3	0.1	3.2	483.2	476.3	7.0	(0.3)	7.2	650.0	636.5	13.5
Expenditure	(51.8)	(48.2)	(3.6)	(0.1)	(3.4)	(453.3)	(445.0)	(8.4)	0.3	(8.6)	(604.1)	(589.0)	(15.0)
EBITDA (Income less Expenditure)	4.8	5.1	(0.3)	0.0	(0.3)	29.9	31.3	(1.4)	0.0	(1.4)	46.0	47.5	(1.5)
Financing Costs	(3.8)	(4.1)	0.3	0.0	0.3	(34.0)	(35.4)	1.4	0.0	1.4	(47.2)	(48.7)	1.5
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.5	0.5	(0.0)	0.0	(0.0)	1.2	1.2	0.0
<b>Net Surplus / Deficit (Incl Top Up funding support)</b>	<b>1.1</b>	<b>1.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(3.6)</b>	<b>(3.6)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.0)</b>	<b>0.0</b>	<b>(0.0)</b>
Cash Balance	27.8	9.0	18.8		18.8	27.8	9.0	18.8		18.8	2.0	5.0	(3.0)
Capital Expenditure (Incl Donated Assets)	1.0	6.3	5.3		5.3	5.3	27.0	(21.7)		(21.7)	29.5	41.3	11.8
Cost Improvement Plan (Internal £30m target)	1.3	4.1	(2.8)		(2.8)	9.1	17.7	(8.6)		(8.6)	14.3	30.0	-15.7

**Summary Current Month:**

- The Trust was on plan generating a £1.1m surplus in the month.

**The Trusts key variances to the plan are:**

- CIP slippage of £2.8m in the month.
- The CIP slippage was offset by release of deferred income (£1.2m) to match commissioner guidance, review of Homecare Drugs (£ 0.8m), non recurrent PFI rebate income (£0.3m), additional Winter funding from Specialist commissioning (£0.2m) and underspends in depreciation (£0.2m).

**Year to date overview:**

- The Trust was on plan generating a £3.6m deficit year to date.

- The Trusts key variances to the plan are:

**Adverse Variances:**

- CIP Slippage (£8.6m)
- Pay budgets overspent by £2.9m. The main pressures continue to be within Medicine and Emergency Division medical staffing spend (£5.3m) and facilities staffing (£1.4m). These pressures were partly offset by underspends within Nursing (£2.6m), support to clinical staff (£0.6m), Admin and Clerical (£0.4m) and £0.1m underspend within Scientific and Technical staff.

**Favourable Variances:**

- Release of £5.7m from reserves. The following reserves have been released: £2.2m from growth reserve to offset unfunded waiting list initiatives incurred, £1.8m from service developments and £1.7m from contingency to part offset some of the YTD pay pressures and CIP slippage.
- Reduction in provisions to reflect latest assessment (£2.3m) and release of £1.2m of deferred income to match commissioner guidance.
- Underspends within depreciation (£0.9m), Elective outsourcing due to Elective activity below budget (£0.7m) and overperformance in interest receivable (£0.3m)

**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 £9.1m savings year to date which is £8.6m adverse to plan.

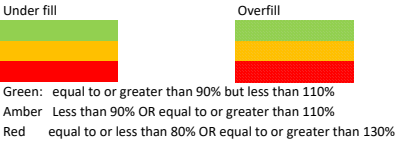
**Risks**

- **CIP delivery.** The Trust is forecasting £15.7m 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 £1.3m There is also a specific ESRF financial risk included within the £1.3m relating to Radiotherapy commissioned by NHSE Specialised Commissioning that equates to a clawback of £1.1m, 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 £2.85m unmitigated risks to the forecast.

Dec-22		Average fill rate registered nurses/midwives (%)	DAY			Average fill rate registered nurses/midwives (%)	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 care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)		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	84.5%	115.4%	-	100.0%	113.7%	138.0%	-	100.0%	45.2%	34.0%	358	24.67	111	7.5	1.6%	100.0%	16	2	313,463	336,994	(23,531)
MAIDSTONE	Chaucer Ward (M) - NS951	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	744	(744)
MAIDSTONE	Cornwallis (M) - NS959	101.7%	76.5%	-	-	121.6%	151.6%	-	-	54.6%	37.8%	158	11.07	42	6.7	4.3%	100.0%	3	1	105,644	105,135	509
MAIDSTONE	Culpepper Ward (M) - NS551	124.3%	67.3%	-	-	140.4%	177.5%	-	-	45.2%	36.2%	94	6.81	35	5.8	58.7%	100.0%	1	0	178,645	140,862	37,783
MAIDSTONE	Foster Clark - NS251	84.0%	81.0%	-	-	95.3%	95.7%	-	-	24.8%	19.9%	111	7.20	42	6.8	34.7%	97.1%	6	2	159,109	154,006	5,103
MAIDSTONE	John Day Respiratory Ward (M) - NT151	92.9%	94.9%	-	-	100.0%	100.0%	-	-	33.7%	36.8%	151	10.75	35	6.4	27.3%	100.0%	6	0	148,686	174,112	(25,426)
MAIDSTONE	Intensive Care (M) - NA251	90.5%	57.3%	-	-	87.3%	63.3%	-	-	6.7%	0.0%	58	3.25	17	46.1	166.7%	100.0%	0	0	-63,226	237,028	(300,254)
MAIDSTONE	Pye Oliver (Medical) - NK259	86.2%	111.0%	-	-	107.3%	110.7%	-	100.0%	36.7%	46.1%	101	7.00	22	6.0	42.1%	100.0%	7	0	129,560	148,051	(18,491)
MAIDSTONE	Whatman Ward - NK959	79.4%	91.9%	-	100.0%	101.2%	276.2%	-	100.0%	70.7%	48.7%	127	8.86	20	6.4	9.3%	100.0%	5	2	100,051	153,427	(53,376)
MAIDSTONE	Lord North Ward (M) - NF651	108.0%	72.3%	-	100.0%	95.7%	93.5%	-	-	3.4%	9.9%	12	0.86	3	9.1	18.8%	100.0%	2	0	113,978	101,204	12,774
MAIDSTONE	Mercer Ward (M) - NJ251	90.0%	97.8%	-	100.0%	102.2%	103.3%	-	-	26.4%	42.1%	95	6.70	25	5.5	6.7%	100.0%	2	3	111,630	132,875	(21,245)
MAIDSTONE	Edith Cavell - NS459	120.8%	87.1%	-	100.0%	117.6%	103.4%	-	-	43.9%	39.7%	114	8.19	29	6.9	-	-	8	0	115,314	129,919	(14,605)
MAIDSTONE	Short Stay Surgical Unit (M) - NE751	82.4%	71.7%	-	100.0%	80.2%	-	-	-	17.4%	9.0%	37	2.26	13	21.1	9.4%	100.0%	0	0	55,664	61,742	(6,078)
MAIDSTONE	Acute Medical Unit (M) - NG551	90.6%	89.2%	-	-	141.9%	200.0%	-	-	21.9%	27.2%	65	4.67	35	7.9	5.1%	60.0%	4	0	167,876	172,962	(5,086)
TWH	Ward 22 (TW) - NG332	70.3%	78.0%	-	100.0%	77.5%	111.6%	-	-	42.8%	45.9%	160	11.60	83	5.2	23.5%	83.3%	6	6	143,120	165,286	(22,166)
TWH	Coronary Care Unit (TW) - NP301	81.0%	33.4%	-	-	82.7%	-	-	-	18.4%	13.9%	65	4.75	36	9.4	80.0%	100.0%	1	0	72,344	77,552	(5,208)
TWH	Ward 33 (Gynae) (TW) - ND302	91.2%	93.6%	-	-	88.9%	96.8%	-	-	19.4%	2.6%	46	2.89	16	6.7	-	-	0	0	98,025	95,231	2,794
TWH	Intensive Care (TW) - NA201	109.5%	113.0%	-	-	113.7%	91.9%	-	-	16.0%	0.0%	169	11.16	15	32.9	1200.0%	91.7%	0	0	173,541	359,303	(185,762)
TWH	Acute Medical Unit (TW) - NA901	77.6%	78.6%	-	100.0%	86.8%	65.3%	-	100.0%	24.2%	17.0%	189	13.75	97	6.9	19.4%	95.2%	8	0	240,445	226,386	14,059
TWH	Surgical Assessment Unit (TW) - NE701	89.2%	147.3%	-	-	89.2%	78.4%	-	-	25.9%	8.6%	61	4.03	18	18.8	4.8%	88.9%	0	0	75,005	75,983	(978)
TWH	Ward 32 (TW) - NG130	80.9%	98.9%	-	100.0%	64.4%	67.0%	-	100.0%	17.6%	25.3%	135	9.35	71	8.2	18.6%	100.0%	1	0	144,071	149,802	(5,731)
TWH	Ward 10 (TW) - NG131	101.3%	90.1%	-	-	98.5%	119.7%	-	-	24.4%	21.1%	80	5.48	16	6.0	10.6%	100.0%	2	0	142984	149878.73	-6894.73
TWH	Ward 11 (TW) Winter Escalation 2019 - NG144	69.9%	100.6%	-	-	114.1%	73.6%	-	-	0.0%	No hours	No Demand	No Demand	No Demand	5.4	13.8%	75.0%	9	1	167,969	160,951	7,018
TWH	Ward 12 (TW) - NG132	80.1%	100.7%	-	100.0%	115.9%	77.6%	-	100.0%	34.1%	45.4%	178	11.84	79	5.7	69.8%	93.3%	7	0	142,848	157,325	(14,477)
TWH	Ward 20 (TW) - NG230	79.1%	91.3%	-	100.0%	144.8%	99.2%	-	-	40.1%	57.5%	210	15.26	98	6.1	34.7%	100.0%	8	0	168,317	149,641	18,676
TWH	Ward 21 (TW) - NG231	74.8%	100.5%	-	-	93.5%	102.8%	-	-	33.9%	56.0%	203	13.90	84	5.8	7.7%	100.0%	6	1	145,279	202,189	(56,910)
TWH	Ward 2 (TW) - NG442	71.2%	83.5%	-	100.0%	93.5%	164.5%	-	-	44.1%	45.5%	105	7.48	49	6.2	26.7%	100.0%	17	1	177,009	179,762	(2,753)
TWH	Ward 30 (TW) - NG330	75.6%	85.1%	-	100.0%	118.3%	143.7%	-	-	47.4%	54.3%	226	15.52	100	5.8	12.5%	100.0%	16	0	122,390	166,172	(43,782)
TWH	Ward 31 (TW) - NG331	86.7%	120.5%	-	-	119.4%	92.9%	-	-	22.8%	34.2%	128	8.30	49	6.5	18.6%	87.5%	7	1	136,506	175,417	(38,911)
Crowborough	Crowborough Birth Centre (CBC) - NP775	62.7%	88.2%	-	-	48.9%	97.2%	-	-	10.3%	0.0%	35	1.85	8	241.5	90.0%	100.0%	0	0	142,044	103,223	38,821
TWH	Midwifery (multiple rosters)	71.2%	60.0%	-	-	82.3%	80.0%	-	-	13.8%	5.3%	689	39.72	228	9.8	20.5%	96.8%	0	0	781,368	848,011	(66,643)
TWH	Hedgehog Ward (TW) - ND702	106.9%	52.6%	-	-	129.9%	74.1%	-	-	43.5%	57.2%	242	17.15	73	10.4	-	-	0	0	167,274	242,783	(75,509)
MAIDSTONE	Maidstone Birth Centre - NP751	101.3%	87.7%	-	-	86.8%	80.6%	-	-	12.8%	0.0%	27	1.62	1	55.7	90.6%	100.0%	0	0	73,878	87,939	(14,061)
TWH	SCBU (TW) - NA102	100.6%	80.7%	-	-	108.2%	29.0%	-	-	16.4%	3.7%	86	5.26	14	10.0	9.1%	100.0%	0	0	202,620	213,726	(11,106)
TWH	Short Stay Surgical Unit (TW) - NE901	83.3%	47.0%	-	100.0%	91.9%	93.9%	-	100.0%	14.7%	23.3%	48	3.25	10	9.4	20.2%	98.6%	1	0	79,831	88,301	(8,470)
MAIDSTONE	Accident & Emergency (M) - NA351	93.1%	100.1%	-	100.0%	104.3%	103.2%	-	100.0%	31.5%	37.2%	402	28.84	91		1.0%	76.5%	1	0	374,574	420,639	(46,065)
TWH	Accident & Emergency (TW) - NA301	94.4%	83.4%	-	100.0%	94.2%	86.0%	-	100.0%	37.0%	50.5%	498	34.99	98		1.9%	83.7%	10	0	403,226	528,205	-124,979
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	74.4%	33.7%	-	100.0%	63.6%	-	-	100.0%	10.8%	4.7%	10	0.70	1	17.8	6.5%	100.0%	0	0	57,536	54,558	2,978
MAIDSTONE	Peale Ward COVID - ND451	72.4%	74.3%	-	100.0%	104.3%	98.1%	-	-	23.6%	38.0%	66	4.63	22	7.9	18.4%	100.0%	7	0	122,523	93,534	28,989
TWH	Private Patient Unit (TW) - NR702	106.1%	75.3%	-	100.0%	61.3%	109.7%	-	-	15.2%	7.4%	49	3.54	26	8.9	63.4%	96.2%	0	0	75,053	71,120	3,933
																				Total Established Wards		
																				Additional Capac Cath Labs		
																				Other associated nursing costs		
																				11,564,38011,796,013(231,633)		



**To confirm the Trust's current 2022/23 year-end financial forecast****Chief Finance Officer**

The Trust is forecasting to breakeven which is on plan. However the Kent and Medway ICB system is likely to move its forecast in month 10 to a deficit position. As part of the issued guidance "Protocol for changes to in-year revenue financial forecast" the Trust is asked to sign the Board Assurance Statement – Forecast Change Protocol as part of the documentation required for the system to move to a deficit position.

This Board is asked to confirm;

**For finance:**

1. The relevant board (s) has been fully briefed on the planned adverse change to forecast and has adhered to the NHSE protocol for **adverse changes to the in-year forecasts** prior to requesting the change.
2. All reporting revisions are accompanied with detailed actions and the commissioner / provider will continue to explore all options to recover the position and achieve delivery of the original financial plan.
3. The board is fully committed to the delivery of the recovery plan and will actively monitor the recovery plan milestones.
4. In advance of formally reporting a forecast outturn variance from plan the commissioner / provider has discussed the financial deterioration and remedial actions with the NHSE regional director and regional director of finance.

**For governance:**

5. The senior clinical decision making body within the commissioner / provider has been engaged with and are party to the identification and delivery of the recovery actions.
6. The relevant executive committee, finance committee and board have considered and agree the proposed financial forecast revision and recovery actions.
7. System review requirements, confirmation that the position has been discussed and agreed at a system / ICB level and that all options for mitigation including systems wide solutions have been explored.

The form is required to be signed by the following four roles; the Chair, CEO, CFO and Audit Chair.

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

- Finance and Performance Committee, 24/01/23

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

Review and approval

<sup>1</sup> 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

## Adverse Changes to an In-Year Financial Forecast Protocol - Board Assurance Statement

Organisation Name

The board are required to respond "confirmed" or "not confirmed" to the following statements (notes below)

Board  
Response

Where a system / commissioner / provider plans to make an adverse change to an in-year forecast it must be reported through the national reporting process and accompanied with this board assurance statement which has been signed by the commissioner / provider chair; accountable officer / chief executive; chief financial officer / director of finance and the audit committee chair.

Additionally sign off is required by the system, the Integrated Care Board (ICB) leader or financial lead.

### For finance:

The relevant board (s) has been fully briefed on the planned adverse change to forecast and has adhered to the NHSE protocol for **adverse changes to the in-year forecasts** - prior to requesting the change.

Confirmed

All reporting revisions are accompanied with detailed actions and the commissioner / provider will continue to explore all options to recover the position and achieve delivery of the original financial plan.

Confirmed

The board / governing body is fully committed to the delivery of the recovery plan and will actively monitor the recovery plan milestones.

Confirmed

In advance of formally reporting a forecast outturn variance from plan the commissioner / provider has discussed the financial deterioration and remedial actions with the NHSE regional director and regional director of finance

Not  
Confirmed

### For governance:

The senior clinical decision making body within the commissioner / provider has been engaged with and are party to the identification and delivery of the recovery actions

Confirmed

The relevant executive committee, finance committee and board have considered and agree the proposed financial forecast revision and recovery actions

Confirmed

System review requirements, confirmation that the position has been discussed and agreed at a system / ICB level and that all options for mitigation including systems wide solutions have been explored

Confirmed

### Board Declaration

I can confirm that in my capacity as a member of the board, I understand the financial forecast, its key drivers and where there has been a variance signalled, I can confirm that we will continue to explore all options to recover the position and deliver the original plan that was signed off by this board and that these actions have been and will be considered in full by clinical decision making groups, the finance committee, and the board as a minimum.

### Signed on behalf of the board of directors

Signature \_\_\_\_\_

Name

Capacity

Date

Signature \_\_\_\_\_

Name

Capacity

Date

Signature \_\_\_\_\_

Name

Capacity

Date

Signature \_\_\_\_\_

Name

Capacity

Date

### System sign off by ICB

Signature \_\_\_\_\_

Name

Capacity

Date



**Quarterly Maternity Services report****Chair of the Quality Committee, Non-Executive Director**

The enclosed report provides information about safety issues in Maternity, the themes and trends and the identified learning and action plans, including:

- The number and summary of Serious Incidents declared for Maternity Services \*\*
- The number of Healthcare Safety Investigation Bureau (HSIB) cases reported \*\*
- The number of Perinatal Mortality Review Tool (PMRT) case reviews\*
- Themes and Trends from all investigations and case reviews\*\*
- Risk Register
- Number and summary of Complaints
- Staff engagement and feedback including Safety Champion Feedback
- Patient feedback and engagement
- The progress in implementing Saving Babies Lives Care Bundle v2\*
- The progress with maternity staff training\*
- The progress with clinical workforce planning\*
- Maternity Continuity of Carer Plan
- Ockenden Report recommendations update
- Appendix 1 – Quality Safety Maternity Dashboard
- Appendix 2 – PMRT Board Report (Sep – Nov 2022)

The report also provides assurance of progress in meeting the requirements of the Ockenden Report and Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme which each recommend that this information is shared with the Trust Board on at least a quarterly basis

\*Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme requirement

\*\*Ockenden recommendation requirement

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

- 'Main' Quality Committee, 11.01.23, Executive Team Meeting, 17.01.23

**Reason for submission to the Board (decision, discussion, information, assurance etc.) <sup>1</sup>**

Information and assurance

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

**Report to: Trust Board**

**Report from: Maternity Services**

**Date:** January 2023 (reporting period September – November 2022)

**Subject:** Maternity Services Quarterly Update Report

**Summary** - This report provides an overview of the following for September - November 2022:

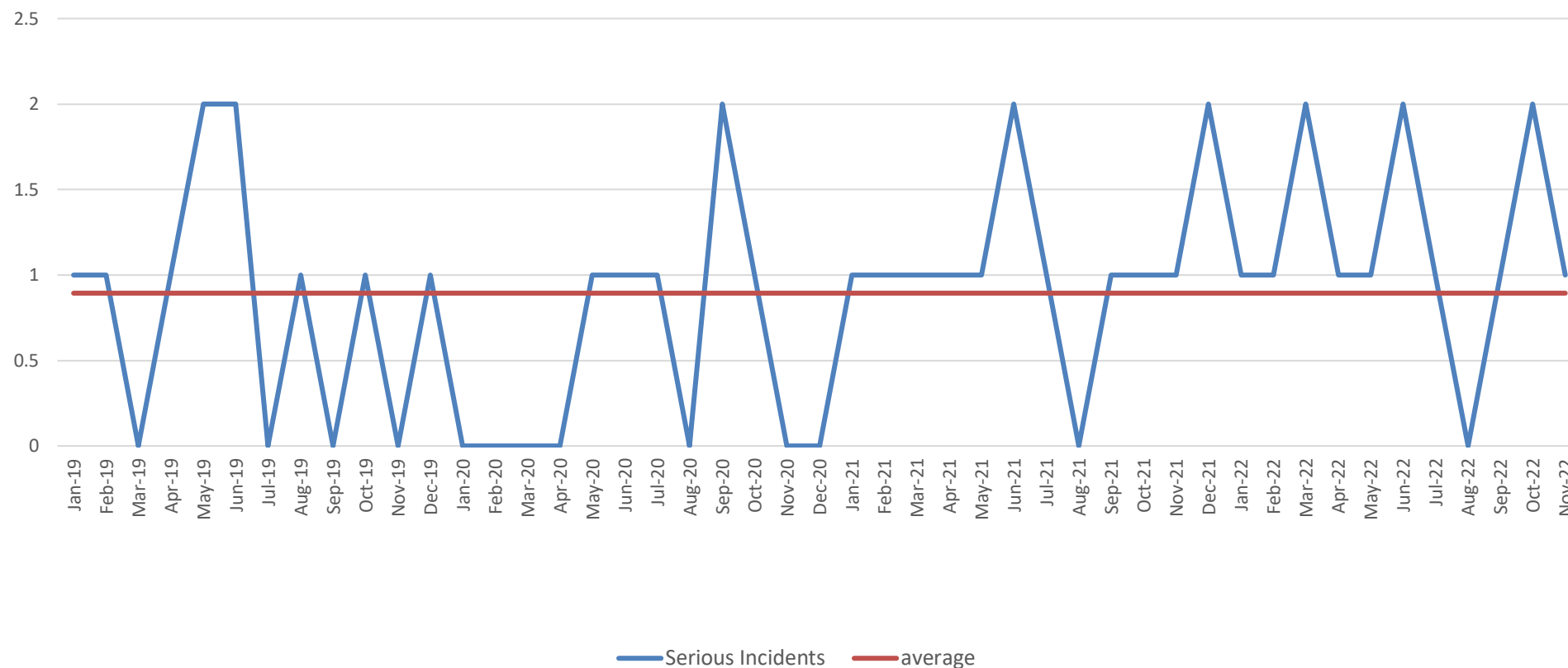
- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Number and summary of Serious Incidents (SIs) declared for Maternity Services **</li> <li>• Number of Healthcare Safety Investigation Branch (HSIB) cases reported **</li> <li>• Number of Perinatal Mortality Review Tool (PMRT) case reviews*</li> <li>• Themes and Trends from all investigations and case reviews**</li> <li>• Risk Register</li> <li>• Number and summary of Complaints</li> <li>• Staff engagement and feedback including Safety Champion Feedback</li> <li>• Patient feedback and engagement</li> <li>• Progress in implementing Saving Babies Lives Care Bundle v2*</li> <li>• Progress with maternity staff training*</li> <li>• Progress with clinical workforce planning*</li> <li>• Maternity Continuity of Carer Plan</li> <li>• Ockenden Report recommendations update</li> <li>• Appendix 1 – Quality Safety Maternity Dashboard</li> <li>• Appendix 2 – PMRT Board Report (Sep – Nov 2022)</li> </ul> | <ul style="list-style-type: none"> <li>• Page 2</li> <li>• Page 3</li> <li>• Page 6</li> <li>• Page 8</li> <li>• Page 8</li> <li>• Page 8</li> <li>• Page 9</li> <li>• Page 10</li> <li>• Page 11</li> <li>• Page 12</li> <li>• Page 13</li> <li>• Page 14</li> <li>• Page 14</li> </ul> |
|--|--|

\*Clinical Negligence Scheme for Trusts (CNST) requirement

\*\*Ockenden recommendation requirement

Number of Internal SI's Declared - 4 cases:		
STEIS Ref	Clinical Area	Synopsis
2022/22498	Community Midwifery	G2P0, Low risk pregnancy at booking 3+ proteinuria at 24 week appointment – PCR not requested Attended Triage with reduced fetal movements at 26+4 Intrauterine death and pre-eclampsia diagnosed in Triage Immediate learning shared Under investigation
2022/22479	Antenatal Ward, TWH	G1 P0, IOL for maternal age Claims legs were held down during VE No written consent in notes for VE Immediate learning shared Under investigation
2022/22488	Delivery Suite, TWH	Admission to NNU at term and transferred for therapeutic cooling Immediate learning identified at 72 hour review relating to immediate care of baby following resuscitation including management of neonatal temperature Learning actions shared
2022/24767	Delivery Suite, TWH	G1 P0, Cat 2 caesarean section for pathological CTG and HELLP Liver capsule haematoma identified Blood loss 3163 ml Transferred to ITU, baby to NNU

### Serious incidents per month



**Number of HSIB reported cases: 1 case reported but declined by HSIB**

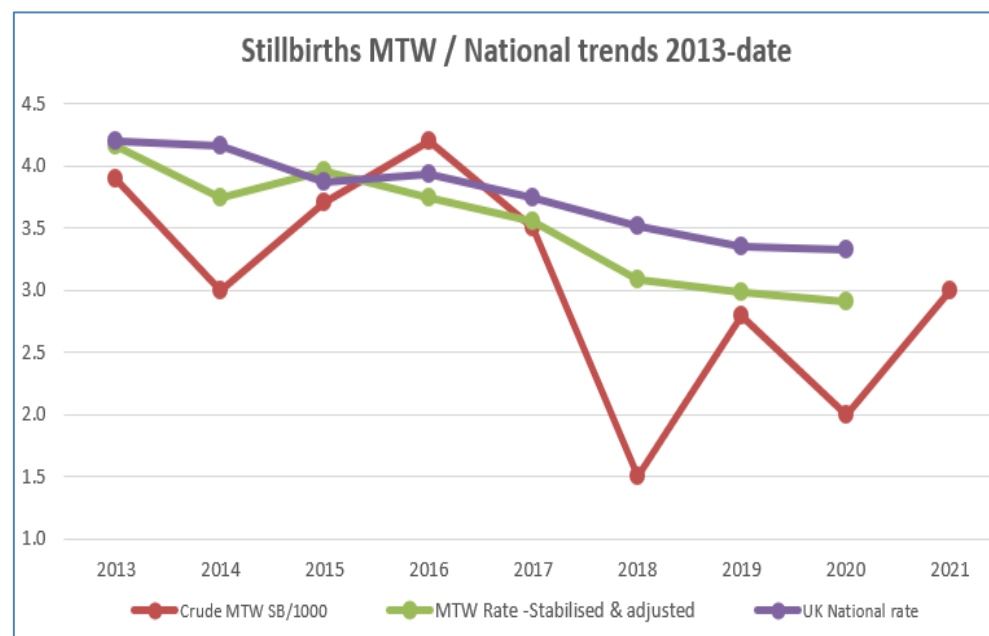
HSIB reports received: 2 – findings and actions:		
Ref and summary	HSIB Recommendations	Trust Actions
<p><b>MI-008664</b></p> <p>Placental abruption at term admitted via ambulance. Bradycardia noted. Baby delivered by kiwi.</p> <p>Baby required respiratory support and subsequent transfer to level 3 neonatal unit for cooling</p> <p>Neonatal death following withdrawal of care</p>	<ol style="list-style-type: none"> <li>1. The Trust to ensure systems implemented to support staff to recognise and escalate when an adequate trace of a baby's heart rate cannot be accurately obtained during labour.</li> <li>2. The trusts to ensure a pathway exists between the Ambulance Trust and the delivery suite, to ensure that all relevant clinical information relating to emergency transfers, is communicated promptly and clearly to facilitate effective care planning.</li> <li>3. The Trust to ensure that a mother is admitted directly to delivery suite when a priority transfer to hospital is made under emergency conditions (blue light transfer).</li> <li>4. The trusts to ensure at the point of physical handover between ambulance crew and maternity unit clinicians, that there is a formal SBAR handover to ensure all staff present have all of the relevant clinical information.</li> <li>5. The Trust to ensure that when a mother is transferred into the maternity unit under emergency conditions (blue light transfer), a multidisciplinary team is present to receive handover, to enable assessment and ongoing care planning in a timely manner.</li> </ol>	<ol style="list-style-type: none"> <li>1. Information circulated via email, social media, face to face trolley rounds. Case used in staff training</li> <li>2. Develop communication pathways with SECamb. Explore use of Red Phone line from ambulance control directly to Delivery Suite</li> <li>3. Confirm admission pathways with SECamb.</li> <li>4. Develop communication pathways with SECamb including SBAR handover tool. Explore access to ambulance digital system</li> <li>5. Confirm admission and communication pathways with SECamb.</li> </ol>

<p><b>MI-009629</b></p> <p>41 yr. old G1P0 Patient diagnosed with primary bowel cancer with metastatic liver cancer at 27/40 of pregnancy</p> <p>MDT approach to care and planning for birth</p> <p>Baby born at 28/40 by EL LSCS</p> <p>Mother sadly passed away 3 weeks post birth</p>	<p>No safety recommendations</p> <p>HSIB commended the multi-disciplinary care and have requested to share the case as an example of excellence</p>	<p>Plaudit shared with the staff involved</p>
<p><b>MI-010152</b></p> <p>33 yr. old G2P1 booked for obstetric led care for h/o epilepsy. Smokes 10/day, referred to smoking cessation service</p> <p>Attended triage at 32 weeks for reduced fetal movements. Child not permitted to attend during C-19 restrictions, declined to stay for assessment.</p> <p>Planned for elective caesarean section – maternal choice.</p> <p>Contacted triage at 38 weeks with irregular contractions – asked to attend. On arrival no fetal heart heard. Intrauterine death confirmed</p>	<p>No safety recommendations</p>	

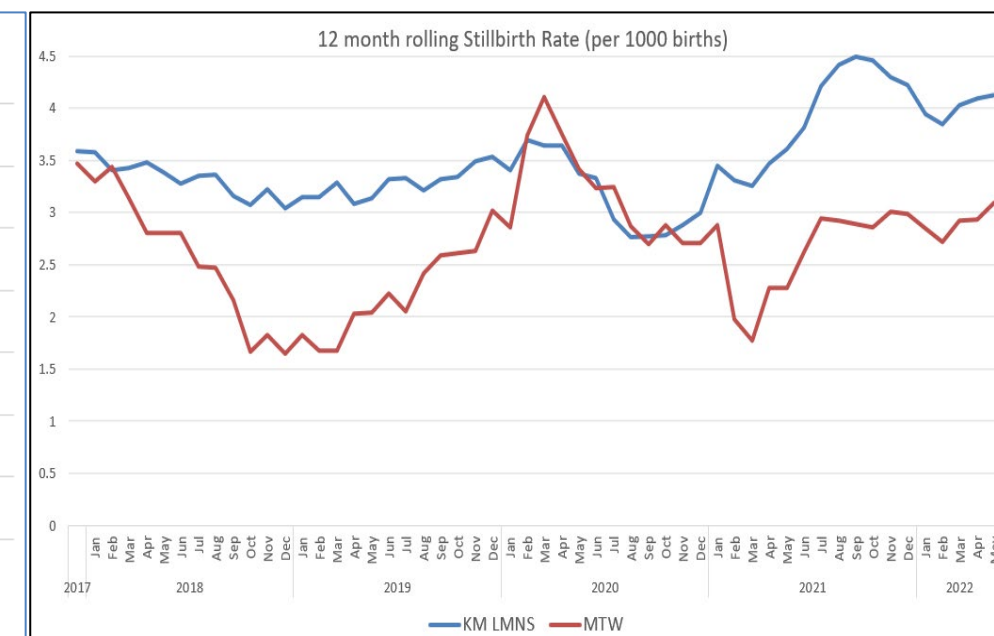
Summary of PMRT case reviews (full report submitted as an appendix)			
<i>Stillbirths and late fetal losses reviews completed</i>	<i>Parents informed of PMRT review and invited to contribute their perspective/ concerns/ questions</i>	<i>Grading of care of the mother and baby up to the point the baby was confirmed as having died</i>	<i>Cause of death</i>
83539/1	Yes	Grade A  The review group concluded that there were no issues with care	The cause of death was undetermined
83762/1	Yes	Grade C  The review group identified care issues which they considered may have made a difference to the outcome for the baby	Severe maternal vascular malperfusion secondary to maternal hypertension
<i>Case number</i>	<i>Contributory factor</i>	<i>Issues</i>	<i>Actions</i>
83762/1	Staff Factors – Cognitive Factors	This mother had pre-eclampsia/eclampsia during her pregnancy and there was a delay in the diagnosis	Serious incident has been raised and actions will come from this.  GLOW poster has been disseminated to share learning  Prompt card in development and will be disseminated by community team leads

Number of neonatal deaths (For review)	Parents informed of PMRT review and invited to contribute their perspective/ concerns/ questions	Grading of care of the mother and baby up to the point the baby was confirmed as having died	Cause of death
0	0	0	

**Trends in stillbirths since 2010:**



**Trends in stillbirths since 2018 in LMNS:**





Themes and Trends from all investigations and case reviews		
<ul style="list-style-type: none"> <li>Reduced growth velocity not appreciated therefore additional surveillance not initiated</li> <li>Clear guidance needed to support staff on how to manage reduced growth velocity if not reaching small for gestational age criteria</li> <li>Improve the low PAPP-A pathway by introducing a guideline which includes a standardised high-quality information leaflet for parents and that also ensures a higher dose of aspirin is prescribed for Low PAPP-A mothers</li> <li>Non-attenders to Triage must be followed up to ensure safety</li> <li>Glucose Tolerance Test as default screen for Gestational Diabetes and not HBA1C</li> <li>Gap and Grow pathway to be followed in accordance with guideline</li> <li>Non-attenders to Triage must be followed up to ensure safety</li> </ul>		
Risk Register		
New Red risks		Mitigation for new risks
2979	Lack of patient experience lead for maternity services	<ul style="list-style-type: none"> <li>MVP chair just appointed</li> <li>Digital midwife in place for monitoring social media feedback</li> <li>Actions from complaints recorded on CLIPA</li> </ul>
Complaints		
Number of new and themes from new formal complaints		Key themes identified from closed complaints
1 red and 9 amber complaints received Main themes: <ul style="list-style-type: none"> <li>Communication / insensitivity</li> <li>Delayed care</li> <li>Incorrect treatment / procedures not followed</li> <li>Concern about care</li> </ul>		13 Complaints closed 3 upheld, 2 partially upheld, 7 not upheld, 1 insufficient evidence Themes: <ul style="list-style-type: none"> <li>Ensure good communication and explanations, in both planned and emergency procedures and contacts</li> <li>Concerns about waiting times</li> <li>Concerns about lack of support and care in pregnancy, labour and postnatal period</li> </ul>

## Staff Engagement

### Staffing Matters

- Significant numbers of new starters have caused pressures during initial period of supernumerary support.
- Buddy role implemented to provide point of contact and support when practice facilitators not on duty
- Recruitment continues for leadership, specialist and clinical roles
- Staffing challenges continue with high levels of sickness

### Staff Engagement & Welfare

- Listening events supported by OD Team continue
- OD plan development in progress
- Open PMA meetings held to support Band 5 midwives and Student Midwives
- Newly qualified midwives study and engagement day facilitated by practice facilitators to support new starters, introduce key members of the team and encourage networking
- Safety Champion walkabouts and Frontline Safety Champion Meetings held with feedback to senior team
- Task and finish groups in progress to review arrangements for on calls in all areas
- Working group to improve the experience of the preceptorship midwives

## Safety Champion Feedback

### Themes:

- Safety, Governance & Quality of care
- Equipment, Procurement & Estates
- Management, Operational & Recruitment processes
- Culture, values, civility and compassion
- Leadership behaviours, capability and communication

### Actions:

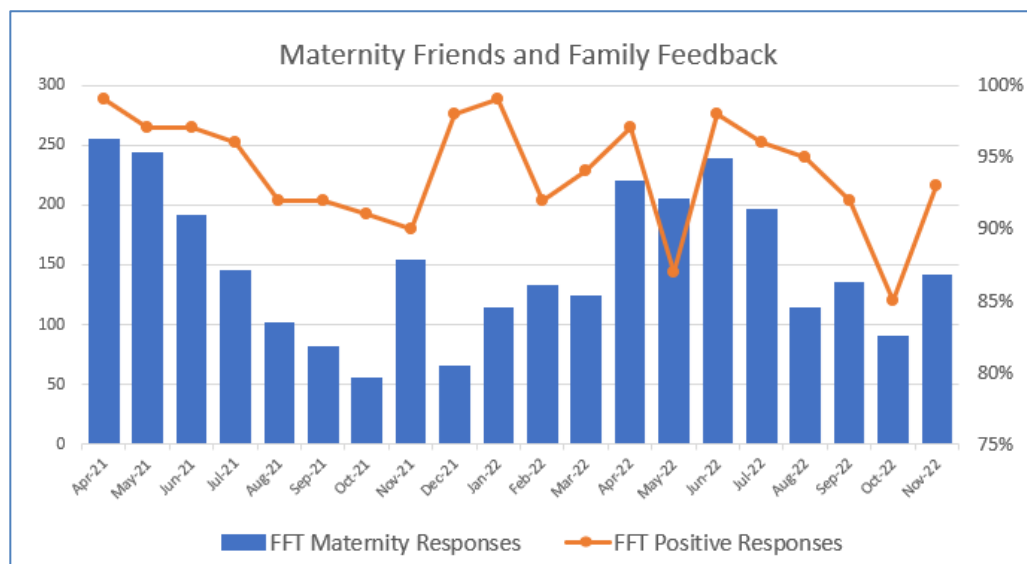
- Immediate through appropriate ward managers/ Matrons. Feeds into local ward safety improvement plans
- Escalated to senior Triumvirate to be incorporated into Directorate and Divisional Operational and strategic planning
- Recruitment processes improved to enable an inclusive and fair process
- Midwifery on calls and rostering working groups in progress
- Preceptorship support improved to support new and junior midwives.
- Triangulation of actions from multiple staff feedback & MSC data to feed into Divisional development plan

## Patient Feedback and Experience

### Friends and Family feedback

- The number of responses averaged 122 per month with good response rates being achieved despite recent staffing challenges. Positive feedback range 85-93%, with the lowest rate when the smallest number of responses were returned.

Trends in FFT feedback:



### Maternity Voices Partnership

- Recent recruitment of a new Maternity Voices Partnership Chair for MTW has enabled reinvigoration of MVP meetings, review of the annual work plan and will facilitate co-development of services
- Plans to add information about MVP to Maternity pages of MTW website, to include a call for feedback and request for new members

### Progress with Implementation of Saving Babies Lives Care Bundle version 2

Element	Compliance data		Actions
Smoking in pregnancy	CO monitoring at booking	97%	
	CO monitoring at 36 weeks	94%	
Fetal growth restriction	Pregnancies where a risk status for fetal growth restriction is identified at booking	100%	
	Pregnancies where a risk status for fetal growth restriction is identified at 20 week scan	97%	
Reduced fetal movements	Women who receive information about reduced FMs by 28 weeks	100%	
	Women attending with RFM who have a computerised CTG	92%	
Fetal monitoring	Staff attended annual MDT fetal monitoring training	93%	
	Lead midwife (0.6 wte) and Lead obstetrician (0.1 wte) appointed	100%	
Preterm births	Live births <34 weeks having full dose of steroids within 7 days of birth	54%	All cases reviewed to ensure steroids given appropriately
	Live births occurring more than 7 days after first course of steroids	4%	All cases reviewed to ensure steroids given appropriately
	Singleton live births < 30 weeks receiving MgSO4 within 24 hours before birth	88%	All cases reviewed to ensure MgSO4 given appropriately
	Women giving birth in an appropriate care setting for their gestation	100%	All cases reviewed to ensure transferred considered appropriately

Progress with maternity multidisciplinary staff training	
Compliance with maternity specific training	November 2022
Fetal monitoring	95%
Neonatal resus (PROMPT*)	92%
Practical Obstetric Multi-professional Training (PROMPT)	92%
Gap & Grow - e learning (annual update)	49%
Gap & Grow workshop	91%
Avoiding Term Admissions to Neonatal Unit (ATAIN)	92%
Infant feeding (Baby Friendly Initiative Day)	91%
Infant Feeding Annual Update	76%
<p>Staffing challenges have continued to impact compliance across a number of topics, but focused efforts in recent months have improved overall compliance.</p> <p>Maternity learning and development team are adopting a new approach to booking staff for mandatory training for 2023.</p> <p>Fetal Wellbeing midwives are focused on improving compliance with the e-learning update for GAP &amp; Grow through raising awareness among the maternity team and requesting ward managers to facilitate staff to complete e-learning during working hours.</p> <p>The recently introduced Fetal Surveillance Study Day includes a face to face workshop update which has been well attended and is better evaluated than the e-learning which is mandated by the Perinatal Institute, who provide the growth assessment programme.</p> <p>Recent data has demonstrated that <b>the rate of detection of Small for Gestational Age Babies is 45%</b>, which is 2% above the national average.</p>	

Progress with clinical workforce planning		
Workforce	Latest review	Progress with actions
Maternity workforce	Nursing and midwifery workforce review – October 2022	Business cases to be developed to support increases in staffing which have been identified  Birthrate+ review to be completed before March 2023 (funded by LMNS)
Obstetric medical workforce	Audit of consultant attendance against Royal College of Obstetricians & Gynaecologists' recommended attendance in given clinical situations	Audit presented within department and will go to trust board
Anaesthetic medical workforce	Obstetric anaesthetic cover meets national recommendations	
Neonatal medical workforce	Neonatal medical cover meets national recommendations	
Neonatal nursing workforce	Nursing and Midwifery Staffing Review – October 2022	Business case in progress for NNU BCP to meet BAPM recommendations

## Maternity Continuity of Carer Plan

### Phoenix Young Parent Continuity Team

- Established team continues to work effectively, with some challenges due to maternity leave absence
- Funding for additional support staff and specialist training received following successful bid for *Enhanced Midwifery Continuity of Carer Pilot Funding* for 2022/23 and 2023/24. This requires commitment to:
  - Participate in quarterly assurance reporting.
  - Participation in the NIHR-commissioned evaluation of the Enhanced MCoC pilot.
  - Inform the regional NHSE MCoC lead as soon as possible if for operational reasons, the launch of any team is significantly delayed or can no longer go ahead, or if in future a launched team has to be suspended for staffing reasons.

### Future Plans

- Further continuity teams are not currently able to be established until improvements in staffing numbers are achieved.
- MCoC – long term plan timeline trajectory is yet to be agreed. Under review by Divisional Triumvirate

## Ockenden Report Recommendations

The Assurance & Insight visit to Maidstone and Tunbridge Wells NHS Trust (MTW) Maternity Services was completed on the 14<sup>th</sup> July 2022

The purpose of this visit was to provide assurance against the 7 Immediate and Essential actions from the Interim Ockenden Report from 2020. The Insight Visiting Team used an appreciative enquiry and a learning approach to foster partnership working to ensure that the actions taken to meet the Ockenden recommendations were embedded in practice.

Conversations were held with members of the executive team, senior leadership team and frontline staff representing a range of midwifery, obstetric, anaesthetic and support job roles.

The visit provided the opportunity to showcase our service, celebrating our successes and discussing our challenges. The visiting team were very positive in their feedback, feeling very welcomed by all staff and congratulating our approach to quality improvements. They also offered guidance to support our ongoing actions with the challenges highlighted.

The action plan to complete the safety actions which were incomplete or which had insufficient evidence as assessed by the Regional team will be presented to Trust Board in December 2022.

<b>Perinatal Quality &amp; Safety Dashboard</b>	Included in appendices
<b>Related Regulatory Requirements</b>	Response to the Ockenden Report, December 2020 & April 2021 CNST Maternity Incentive Scheme – year four, May 2022 Transforming perinatal safety, December 2020
<b>Author:</b>	Rachel Thomas, Deputy Head of Midwifery and Gynaecology Susan Powley, Matron for Governance, IT & Projects
<b>Paper reviewed by:</b>	Maternity Board Divisional Board - Governance
<b>Action Required by the Trust Board</b>	



Maidstone and Tunbridge Wells NHS Trust

* Maternity Ratings (NB - Maternity Department full inspection in 2014)	Overall Requires improvement	Safe Requires improvement	Effective Requires improvement	Caring Good	Well-Led Good	Responsive Requires improvement						
Maternity Safety Support Programme	No	If No, enter name of MIA										
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Findings of review of all perinatal deaths using the real time data monitoring tool	0 cases	3 cases Themes: - HSIB case x 1 - intrapartum IUD - 2 x unexplained stillbirths	2 cases Themes: - 2 x 23 week fetal loss	3 cases Themes: - 1 x 33 week stillbirth following antepartum haemorrhage - 1 x 34 week stillbirth following reduced fetal movements and reduced growth - 1 x neonatal death following unplanned home breech birth at 28 weeks	1 case Themes: - 1 x 32 week stillbirth following antepartum haemorrhage	1 case Themes: - 1 x 37 week unexplained stillbirth followed by postpartum haemorrhage and ITU admission	1 case Themes: - 1 x 32 week stillbirth following placental abruption	3 cases Themes: - 1 x 38 week unexplained stillbirth - 1 x 28 week unexplained stillbirth - 1 x 22 week late miscarriage	2 cases Themes: - 1 x 38 week unexplained stillbirth - 1 x 26 week stillbirth following severe pre-eclampsia	1 case Themes: - 1 x 34 week stillbirth following severe pre-eclampsia	0 cases	
Findings of review of all cases eligible for referral to HSIB	0 cases	1 case under investigation  1 final report received - Recommendation: The Trust to ensure that there is a consistent approach that is used to monitor baby's growth in pregnancy	0 cases	1 case under investigation	0 cases	2 cases under investigation  2 final reports received  Safety recommendations relating to fetal monitoring in labour and MDT handover of care following ambulance transfer	1 case under investigation  1 final report received  Safety Recommendation: The Trust to ensure staff undertake intermittent auscultation (IA) in line with national guidance, and are supported to recognise and act on changes in IA	0 cases  1 final report received  Safety Recommendations for MTW and SECamb relating to transfer pathways and MDT communication on emergency admission	0 cases  1 final report received  Safety Recommendation: The Trust to ensure staff undertake intermittent auscultation (IA) in line with national guidance, and are supported to recognise and act on changes in IA	0 cases  2 final reports received  1. Safety Recommendation: The Trust to collaborate with SECamb to improve communication, admission and handover pathways. The trust to ensure that staff are supported to escalate when an accurate trace of a fetal heart rate cannot be obtained 2. No Safety Recommendations MTW commended for MDT working and request from HSIB to share case as an example of good practice	0 cases  1 final report received  No Safety Recommendations	
Report on: *The number of incidents logged as moderate or above and what actions are being taken	1 serious incident  Learning shared: - Rectovaginal fistula identified 13 days post birth. Investigation ongoing - led by external investigator	1 moderate incident 1 serious incident (HSIB case) Themes:  Themes: - 2 x Bladder injury at CS - Unplanned return to theatre with massive obstetric haemorrhage - 2 x stillbirth with undetected growth restriction	3 moderate incident 2 serious incident Themes: - 2 x Bladder injury at CS - Unplanned return to theatre with massive obstetric haemorrhage - 2 x stillbirth with undetected growth restriction	1 serious incident (HSIB case) Themes: - Ambulance admission following antepartum haemorrhage. Instrumental delivery to expedite birth. Neonatal resuscitation, NNU admission, transfer to tertiary unit for cooling, treatment withdrawn, neonatal death	2 moderate incidents 0 serious incidents Themes: - delay in escalation (transfer to TWH from MBC) - delay in acting on complication of treatment (blood transfusion)	0 moderate incidents 2 serious incidents Themes: - error with administering O2 during neonatal resuscitation - stillbirth (HSIB case)	0 moderate incidents 1 serious incident Themes: - maternal anaphylaxis in labour, baby born in poor condition, transferred for cooling, neonatal death - (HSIB case)	2 moderate incidents 0 serious incidents Themes: - unexpected admission to NNU following maternal sepsis - massive obstetric haemorrhage	0 moderate incidents 1 serious incidents Themes: - unexpected admission to NNU and therapeutic cooling following resuscitation and hypothermia	3 moderate incidents 2 serious incidents Themes: - complaint received about preceived assault during examination in labour - 2 x maternal admission to ITU following PPH - unexpected admission to neonatal unit - missed opportunity to diagnose pre-eclampsia	2 moderate incidents 1 serious incident Themes: - 1 x maternal admission to ITU following delayed diagnosis of severe pre-eclampsia - unexpected admission to neonatal unit - massive post-partum haemorrhage	
*Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training - MDT Emergency Skills	68%	71%	76%	77%	73%	77%	76%	80%	82%	84%	96%	
*Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training - Fetal Monitoring in labour	51%	62%	50%	54%	63%	66%	70%	71%	81%	81%	93%	
*Minimum safe staffing in maternity service to include obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively												
Service User Voice Feedback - number of IQVIA (FFT) responses	114	132	124	220	205	239	196	114	135	90	141	
Service User Voice Feedback - % positive responses	99%	92%	94%	97%	87%	99%	96%	95%	92%	85%	93%	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	No	No	No	No	No	No	Ockenden Insights Visit	HEE visit relating to CCCU Midwifery Degree course - failed accreditation	Insights visit feedback - action plan review	No	No	
Coroner Reg 28 made directly to Trust	No	No	No	No	No	No	No	No	No	No	No	
	- Additional training sessions arranged to improve compliance following period of staffing difficulties. - Awaiting job evaluation for Fetal Surveillance Midwife. - Awaiting update from MIS Collaborative Advisory Group following 3 month pause from Dec 2021	- Additional training sessions in place to improve compliance following period of staffing difficulties. - Fetal Surveillance Lead Midwife appointed - Awaiting update from MIS Collaborative Advisory Group following 3 month pause from Dec 2022	- Continued challenges with attendance at training sessions due to ongoing staffing difficulties. - Fetal Surveillance Lead Midwife appointed - Awaiting update from MIS Collaborative Advisory Group following 3 month pause from Dec 2022	- Continued challenges with attendance at training sessions due to ongoing staffing difficulties. - MIS Collaborative Advisory Group update following pause. Next submission of compliance is due Jan 23	- Continued challenges with attendance at training sessions due to ongoing staffing difficulties. Risk assessment planned following need to cancel training due to staffing challenges and high activity  - Working with leads for each element to gather evidence and develop action plans for new submission date.	- Continued challenges with attendance at training sessions due to ongoing staffing difficulties. Risk assessment planned following need to cancel training due to staffing challenges and high activity  - Working with leads for each element to gather evidence and develop action plans for new submission date.	- Continued challenges with attendance at training sessions due to ongoing staffing difficulties, but progress being made to meet full compliance  - Working with leads for each element to gather evidence and develop action plans for new submission date.	- Continued challenges with attendance at training sessions due to ongoing staffing difficulties, but progress being made to meet full compliance  - Working with leads for each element to gather evidence and develop action plans for new submission date.	- Training compliance steadily improving with projections for compliance by deadline for submission  - evidence gathering and development of action plans continues to meet submission date.	- Training compliance steadily improving with projections for compliance by deadline for submission  - evidence gathering and development of action plans to meet submission date-ongoing, with some challenges identified.	- Training compliance now reached recommended levels with future planning to keep on track  - all actions either on track or achieved - LMNS assurance visit planned for 8 Dec	
Progress in achievement of CNST 10												

Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend the Trust as a place to work or receive treatment (Reported Annually)	75%
--	-----

Proportion of specialty trainees in Obstetrics and Gynaecology responding with 'Excellent' or 'Good' on how would they rate the quality of clinical supervision out of hours (Reported Annually)	78%
--	-----

Maidstone and Tunbridge Wells NHS Trust

CQC Maternity Ratings (NB - Maternity Department full inspection in 2014)	Overall Requires improvement	Safe Requires improvement	Effective Requires improvement	Caring Good	Well-Led Good	Responsive Requires improvement						
Maternity Safety Support Programme	No	If No, enter name of MIA										
2021												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Findings of review of all perinatal deaths using the real time data monitoring tool	2 cases  Themes: - Extreme prematurity x 1 - HSIB case x 1	1 case  Themes: - HSIB case x 1	3 cases  Themes: - HSIB case x 2 - MTOP - fetal anomaly x 1	5 cases  Themes: - MTOP fetal abnormality x 2 - Unexplained death x 2 - fetal cardiac anomaly x 1	1 case  Themes: - MTOP fetal anomaly x 1	3 cases  Themes: - Prematurity x 4 - Unexplained death x 1	2 cases  Themes: - Prematurity x 2 - Unexplained death x 2	3 cases  Themes: - Extreme prematurity x 1 - Unexplained stillbirth x 1 - Term stillbirth - placental abnormalities, GDM on insulin	1 case  Themes: - Covid infection at 23 weeks - IUD at 24 weeks	1 case  Themes: - IUD at 36+6 weeks - placental abruption	1 case  Themes: - Difficult birth at MBC - Extensive neonatal resuscitation required - Transferred for cooling	1 case  Themes: - IUD at 35 weeks - Unexplained stillbirth
Findings of review of all cases eligible for referral to HSIB	2 cases  Themes: Case 1 - Escalation during neonatal resuscitation Case 2 - No safety concerns	1 case  Themes: Patient information - fetal movements in labour Guideline for risk assessment in Triage	2 cases  Themes: Guideline for obstetric / MDT review in Triage Review process for identifying indication for IOL when prioritising cases	0 cases	1 case  Themes: GAP pathway not followed (incidental finding)  No safety recommendations	0 cases	1 case  Themes: GAP pathway not followed (incidental finding)  No safety recommendations	0 cases	1 case  Investigation completed - report in circulation prior to publishing	1 case  Investigation in progress	1 case  Investigation in progress	1 case  Investigation in progress

Report on:												
*The number of incidents logged as moderate or above and what actions are being taken	4 moderate incident 1 serious incident  Learning shared: - MDT Communication - Guidelines updated	1 moderate incident 1 serious incident  Learning shared: - 1:1 feedback - situational awareness	1 moderate incident 1 serious incident  Learning shared: - 1:1 feedback - obstetric cover for Triage - review of guideline for care in latent phase of labour	0 moderate incident 1 serious incident  Learning shared: - reminder to staff to follow fetal growth assessment programme	5 moderate incident 2 serious incident  Learning shared: - reminder to follow ED pathway for unwell maternity patients - review of process for follow up of investigation results - review of pathway for booking caesarean section - 1:1 feedback	1 moderate incident 1 serious incident  Learning shared: - importance of timely follow up of urgent investigation results - importance of MDT working and clinical overview - failure to follow swaab count policy in theatre	2 moderate incidents 2 serious incident  Learning shared: - assess risk of bladder injury at LSCS - ensure staff with appropriate experience available for complex surgery - growth assessment policy not followed	0 moderate incident 0 serious incident	1 moderate harm 0 serious incident  Learning shared: - consider FSE if loss of contact on CTG - rotate from OP to OA, if possible, for instrumental births - provide 1:1 care in labour in any location. Document and escalate if not possible - always connect CTG to centralised system - raise awareness of risk of dropping baby at instrumental birth	0 moderate incident 1 serious incident  Learning shared: No learning identified IUD of unknown cause in latent phase of labour - reported for investigation by HSIB	1 moderate incident 1 serious incident  Learning shared: - Skills drills for community based midwives to be reinstated - Clear pathway for neonatal resuscitation at MBC required - importance of acting on abnormal findings (urinalysis)	0 moderate incident 2 serious incidents  Learning shared: - Patient with known PPROM who presents with a change of symptoms under 30/40 should have senior involvement. There should be a low threshold for admission in this clinical situation
*Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training - MDT Emergency Skills	66%	73%	82%	91%	98%	99%	98%	89%	84%	76%	81%	75%
*Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training - Fetal Monitoring in labour	50%	56%	53%	53%	69%	74%	68%	67%	65%	55%	55%	52%
*Minimum safe staffing in maternity service to include obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively												
Service User Voice Feedback - number of IQVIA (FFT) responses	179	74	282	254	243	191	145	106	82	55	154	65
Service User Voice Feedback - % positive responses	98%	99%	96%	99%	97%	97%	96%	92%	92%	91%	90%	98%
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	No	No	HSIB quarterly engagement meeting	CQC engagement meeting	Letter from HSIB requesting additional support for staff involved in investigations - action plan developed	HSIB quarterly engagement meeting	No	No	HSIB quarterly engagement meeting	No	No	HSIB quarterly engagement meeting
Coroner Reg 28 made directly to Trust	No	No	No	No	No	No	No	No	No	No	No	No
Progress in achievement of CNST 10							Declaration of compliance submitted 22/07/2021	Maternity Incentive Scheme - Year 4 guidance published. Action planning commenced	Kick off and planning meetings arranged with leads for each safety action and project lead	Planning and progress meetings arranged with leads for each safety action and project lead	Planning and progress meetings continue with leads for each safety action and project lead	Amendments to Maternity Incentive Scheme - Year 4 guidance published. Action planning continued when staffing and activity permits

Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend the Trust as a place to work or receive treatment (Reported Annually)	75%
--	-----

Proportion of specialty trainees in Obstetrics and Gynaecology responding with 'Excellent' or 'Good' on how would they rate the quality of clinical supervision out of hours (Reported Annually)	78%
--	-----

## PMRT - Perinatal Mortality Reviews Summary Report

This report has been generated following mortality reviews which were carried out using the national Perinatal Mortality Review Tool

Maidstone and Tunbridge Wells NHS Trust

Report of perinatal mortality reviews completed for deaths which occurred in the period:

1/9/2022 to 30/11/2022

### Summary of perinatal deaths\*

Total perinatal\* deaths reported to the MBRRACE-UK perinatal mortality surveillance in this period: 3

### Summary of reviews\*\*

Stillbirths and late fetal losses				
Number of stillbirths and late fetal losses reported	Not supported for Review	Reviews in progress	Reviews completed ***	Grading of care: number of stillbirths and late fetal losses with issues with care likely to have made a difference to the outcome for the baby
4	1	1	2	0

Neonatal and post-neonatal deaths				
Number of neonatal and post-neonatal deaths reported	Not supported for Review	Reviews in progress	Reviews completed ***	Grading of care: number of neonatal and post-neonatal deaths with issues with care likely to have made a difference to the outcome for the baby
0	0	0	0	0

\*Late fetal losses, stillbirths and neonatal deaths (does not include post-neonatal deaths which are not eligible for MBRRACE-UK surveillance) – these are the total deaths reported and may not be all deaths which occurred in the reporting period if notification to MBRRACE-UK is delayed. Deaths following termination of pregnancy are excluded.

\*\* Post-neonatal deaths can also be reviewed using the PMRT

\*\*\* Reviews completed and have report published

**Table 1: Summary information for the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)**

Perinatal deaths reviewed	Gestational age at birth						Total
	Ukn	22-23	24-27	28-31	32-36	37+	
Late Fetal Losses (<24 weeks)	0	0	--	--	--	--	0
Stillbirths total (24+ weeks)	0	0	1	0	0	1	2
<i>Antepartum stillbirths</i>	0	0	1	0	0	1	2
<i>Intrapartum stillbirths</i>	0	0	0	0	0	0	0
<i>Timing of stillbirth unknown</i>	0	0	0	0	0	0	0
Early neonatal deaths (1-7 days)*	0	0	0	0	0	0	0
Late neonatal deaths (8-28 days)*	0	0	0	0	0	0	0
Post-neonatal deaths (29 days +)*	0	0	0	0	0	0	0
<b>Total deaths reviewed</b>	0	0	1	0	0	1	2
Small for gestational age at birth:							
IUGR identified prenatally and management was appropriate	0	0	0	0	0	0	0
IUGR identified prenatally but not managed appropriately	0	0	0	0	0	0	0
IUGR not identified prenatally	0	0	0	0	0	1	1
Not Applicable	0	0	1	0	0	0	1
Mother gave birth in a setting appropriate to her and/or her baby's clinical needs:							
Yes	0	0	1	0	0	1	2
No	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0
Parental perspective of care sought and considered in the review process:							
Yes	0	0	1	0	0	1	2
No	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0
Booked for care in-house							
Mother transferred before birth	0	0	0	0	0	0	0
Baby transferred after birth	0	0	0	0	0	0	0
Neonatal palliative care planned prenatally							
Neonatal care re-orientated	0	0	0	0	0	0	0

\*Neonatal deaths are defined as the death within the first 28 days of birth of a baby born alive at any gestational age; early neonatal deaths are those where death occurs when the baby is 1-7 days old and late neonatal death are those where the baby dies on days 8-28 after birth. Post-neonatal deaths are those deaths occurring from 28 days up to one year after birth

**Table 2: Placental histology and post-mortems conducted for the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)**

Perinatal deaths reviewed	Gestational age at birth						
	Ukn	22-23	24-27	28-31	32-36	37+	Total
<b>Late fetal losses and stillbirths</b>							
Placental histology carried out							
Yes	0	0	1	0	0	1	2
No	0	0	0	0	0	0	0
Hospital post-mortem offered	0	0	1	0	0	1	2
Hospital post-mortem declined	0	0	0	0	0	0	0
Hospital post-mortem carried out:							
Full post-mortem	0	0	1	0	0	1	2
Limited and targeted post-mortem	0	0	0	0	0	0	0
Minimally invasive post-mortem	0	0	0	0	0	0	0
External review	0	0	0	0	0	0	0
Virtual post-mortem using CT/MR	0	0	0	0	0	0	0
<b>Neonatal and post-neonatal deaths:</b>							
Placental histology carried out							
Yes	0	0	0	0	0	0	0
No	0	0	0	0	0	0	0
Death discussed with the coroner/procurator fiscal	0	0	0	0	0	0	0
Coroner/procurator fiscal PM performed	0	0	0	0	0	0	0
Hospital post-mortem offered	0	0	0	0	0	0	0
Hospital post-mortem declined	0	0	0	0	0	0	0
Hospital post-mortem carried out:							
Full post-mortem	0	0	0	0	0	0	0
Limited and targeted post-mortem	0	0	0	0	0	0	0
Minimally invasive PMpost-mortem	0	0	0	0	0	0	0
External review	0	0	0	0	0	0	0
Virtual post-mortem using CT/MR	0	0	0	0	0	0	0
<b>All deaths:</b>							
Post-mortem performed by paediatric/perinatal pathologist*							
Yes	0	0	1	0	0	1	2
No	0	0	0	0	0	0	0
Placental histology carried out by paediatric/perinatal pathologist*:							
Yes	0	0	1	0	0	1	2
No	0	0	0	0	0	0	0

\*Includes coronial/procurator fiscal post-mortems

**Table 3: Number of participants involved in the reviews of late fetal losses and stillbirths without resuscitation**

Role	Total Review sessions	Reviews with at least one
Chair	0	0%
Vice Chair	0	0%
Admin/Clerical	0	0%
Bereavement Team	2	100% (2)
Community Midwife	0	0%
External	2	100% (2)
Management Team	6	100% (2)
Midwife	12	100% (2)
Neonatal Nurse	0	0%
Neonatologist	0	0%
Obstetrician	4	100% (2)
Other	2	100% (2)
Risk Manager or Governance Team	4	100% (2)
Safety Champion	0	0%

**Table 4: Number of participants involved in the reviews of stillbirths with resuscitation and neonatal deaths**

Role	Total Review sessions	Reviews with at least one
Chair	0	0%
Vice Chair	0	0%
Admin/Clerical	0	0%
Bereavement Team	0	0%
Community Midwife	0	0%
External	0	0%
Management Team	0	0%
Midwife	0	0%
Neonatal Nurse	0	0%
Neonatologist	0	0%
Obstetrician	0	0%
Other	0	0%
Risk Manager or Governance Team	0	0%
Safety Champion	0	0%

**Table 5: Grading of care relating to the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)**

Perinatal deaths reviewed	Gestational age at birth						
	Ukn	22-23	24-27	28-31	32-36	37+	Total
<b>STILLBIRTHS &amp; LATE FETAL LOSSES</b>							
<b>Grading of care of the mother and baby up to the point that the baby was confirmed as having died:</b>							
A - The review group concluded that there were no issues with care identified up the point that the baby was confirmed as having died	0	0	0	0	0	1	1
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	1	0	0	0	1
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
<b>Grading of care of the mother following confirmation of the death of her baby:</b>							
A - The review group concluded that there were no issues with care identified for the mother following confirmation of the death of her baby	0	0	1	0	0	1	2
B - The review group identified care issues which they considered would have made no difference to the outcome for the mother	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the mother	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the mother	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
<b>NEONATAL AND POST-NEONATAL DEATHS</b>							
<b>Grading of care of the mother and baby up to the point of birth of the baby:</b>							
A - The review group concluded that there were no issues with care identified up the point that the baby was born	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
<b>Grading of care of the baby from birth up to the death of the baby:</b>							
A - The review group concluded that there were no issues with care identified from birth up the point that the baby died	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
<b>Grading of care of the mother following the death of her baby:</b>							
A - The review group concluded that there were no issues with care identified for the mother following the death of her baby	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the mother	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the mother	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the mother	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0

**Table 6: Cause of death of the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)**

Timing of death	Cause of death
Late fetal losses	0 causes of death out of 0 reviews
Stillbirths	2 causes of death out of 2 reviews
	The cause of death was undetermined
	Severe maternal vascular malperfusion secondary to maternal hypertension
Neonatal deaths	0 causes of death out of 0 reviews
Post-neonatal deaths	0 causes of death out of 0 reviews



**Table 7: Issues raised by the reviews identified as relevant to the deaths reviewed, by the number of deaths affected by each issue\* and the actions planned**

Issues raised which were identified as relevant to the deaths	Number of deaths	Actions planned
This mother had pre-eclampsia/eclampsia during her pregnancy and there was a delay in the diagnosis	1	Serious incident review underway - the key lines of enquiry are to address the risk of documentation error through duplication of notes 'Get Learning Out Weekly' (GLOW) poster disseminated to all maternity staff regarding management of proteinuria Development of prompt card for community midwives regarding what samples to request dependant on urine dip-stick results
This mother had pre-eclampsia/eclampsia during her pregnancy which was not managed according to national or local guidelines	1	Serious incident review underway - the key lines of enquiry are to address the risk of documentation error through duplication of notes 'Get Learning Out Weekly' (GLOW) poster disseminated to all maternity staff regarding management of proteinuria Development of prompt card for community midwives regarding what samples to request dependant on urine dip-stick results

\*Note - depending upon the circumstances in individual cases the same issue can be raised as relevant to the deaths reviewed and also not relevant to the deaths reviewed.

**Table 8: Issues raised by the reviews which are of concern but not directly relevant to the deaths reviewed, by the number of deaths in which this issue was identified\* and the actions planned**

Issues raised which were identified as not relevant to the deaths	Number of deaths	Actions planned
The baby had to be transferred elsewhere for the post-mortem	2	No action entered
		No action entered

\*Note - depending upon the circumstances in individual cases the same issue can be raised as relevant to the deaths reviewed and also not relevant to the deaths reviewed.

**Table 9: Top 5 contributory factors related to issues identified as relevant to the deaths reviewed, by the frequency of the contributory factor and the issues to which the contributory factors related**

Issue Factor	Number of deaths	Issues raised for which these were the contributory factors
Staff Factors - Cognitive Factors	1	This mother had pre-eclampsia/eclampsia during her pregnancy and there was a delay in the diagnosis
		This mother had pre-eclampsia/eclampsia during her pregnancy which was not managed according to national or local guidelines

## Trust Board meeting – January 2023

<b>Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB)</b>	<b>Director of Strategy, Planning and Partnerships</b>
--	--

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 (HCP).

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

- Executive Team Meeting 17/01/23

**Reason for submission to the Board (decision, discussion, information, assurance etc.) <sup>1</sup>**

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

<sup>1</sup> 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 January 2023

### Kent & Medway Integrated Care Board

The ICS has published the first iteration of the Integrated Care Strategy (attached) which will form the basis of the Joint Forward View document being developed for submission in June 2023. The strategy will be being considered at the West Kent HCP Development Board in January. The vision is to 'work together to make health and wellbeing better than any partner can do alone' and this will be delivered by:

- Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.
- Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.
- Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.
- Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.
- Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.
- Make Kent and Medway a great place for our colleagues to live, work and learn

2023/24 Operational planning is being coordinated by the ICB for submission at the end March.

### 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. It has been agreed that our neighbourhood teams will be developed at a PCN footprint meaning that we are now looking to develop 9 teams in total. A task and finish group has been established to progress this work and it is likely to be a phased implementation starting with 2 PCNs with higher levels of deprivation and health inequalities.

Conversations around changing the line management of the Integrated Commissioning Team from the ICB to the HCP in preparation for formal delegation have progressed and the team come across on Monday 16<sup>th</sup> January. The initial focus will be on settling the team and ensuring stability while we better understand the expected outcomes. Further work on delegated responsibility continues although delegation of financial responsibility is currently being considered.

### 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.

## Kent and Medway Interim Integrated Care Strategy



## Version control

Version no	Purpose	Date
1.0	Issued to core project team for review.	17/10/22
2.0	Issued to project team for second review and commissioning of additional material from content leads, where gaps have been identified. Not for wider distribution - content lead and steering group members' editing only.	19/10/22
3.0	Consolidated version of chapters shared with project team at Canterbury symposium feedback workshop 2 December 2022. Includes initial review of symposium outputs and response to comments on. v2.0. Outstanding actions are as agreed at workshop for completion by 4 November 2022.	1/11/22
4.0	Incorporating comments and additional content from symposium and content leads. Distributed to steering group for review.	10/11/22
5.0	Incorporating comments from steering group and inequalities prevention and population health (IPPH) committee colleagues.	16/11/22
6.0	Incorporating integrated care partnership comments.	22/11/22
7.0	Approved by steering group.	22/11/22

## Foreword

Welcome to Kent and Medway's Interim Integrated Care Strategy. The integrated care system is an opportunity for the NHS and local authorities to work together in different ways, putting our residents at the heart of everything we do. This interim strategy sets out the shared purpose and common aspiration of partners to work in increasingly joined up ways. It is rooted in the needs of people, communities and places and will help us drive forward the agreed priorities for action in health and social care across Kent and Medway.

The breadth of the integrated care system, across Kent County Council, Medway Council, the NHS, district councils, the voluntary, community and social enterprise sector (VCSE) and Healthwatch puts us in a unique position to identify opportunities for wider partnerships to strengthen our collective approach to improving longer-term health and wellbeing outcomes. For example, across education, housing, environment, transport, employment, and community safety; these wider social determinants of health, and others, have a significant bearing on the health and wellbeing of communities and health inequalities, particularly for people experiencing deprivation. The integrated care partnership will champion joint approaches and look for opportunities to embed and accelerate these in our strategy.

**We truly believe that *together, we can.***

That is why we, as the leaders of Kent and Medway Integrated Care System are signing this pledge and making this commitment through the integrated care strategy.

## Our pledge

Recognising that citizens' health, care and wellbeing are impacted by economic, social and environmental factors more than the health and care services they can access, we pledge to bring the full weight of our organisational and individual efforts to collaborate to enable the people of Kent and Medway to lead the most prosperous, healthy, independent and contented lives they can.

Through this collaborative movement, we will work together to reduce economic and health inequalities, support social and economic development, improve public service outcomes, and ensure services for citizens are excellent quality and good value for money. Together, we can.

**Cedi Frederick,**  
NHS Kent and Medway

**Cllr Alan Jarrett,**  
Medway Council

**Cllr Roger Gough,**  
Kent County Council

  
**Kent and Medway**  
**Medway**  
COUNCIL  
*Serving You*  
**Kent**  
County  
Council



## Kent and Medway Integrated Care Strategy

**We will work together to make health and wellbeing better than any partner can do alone**

### Shared outcome 1

Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.

### Shared outcome 2

Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.

### Shared outcome 3

Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

### Shared outcome 4

Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.

### Shared outcome 5

Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.

### Shared outcome 6

Make Kent and Medway a great place for our colleagues to live, work and learn.

**Enabler:** We will drive research, innovation and improvement across the system

**Enabler:** We will provide system leadership, and make the most of our collective resources

**Enabler:** We will engage our communities on this strategy and in co-designing services

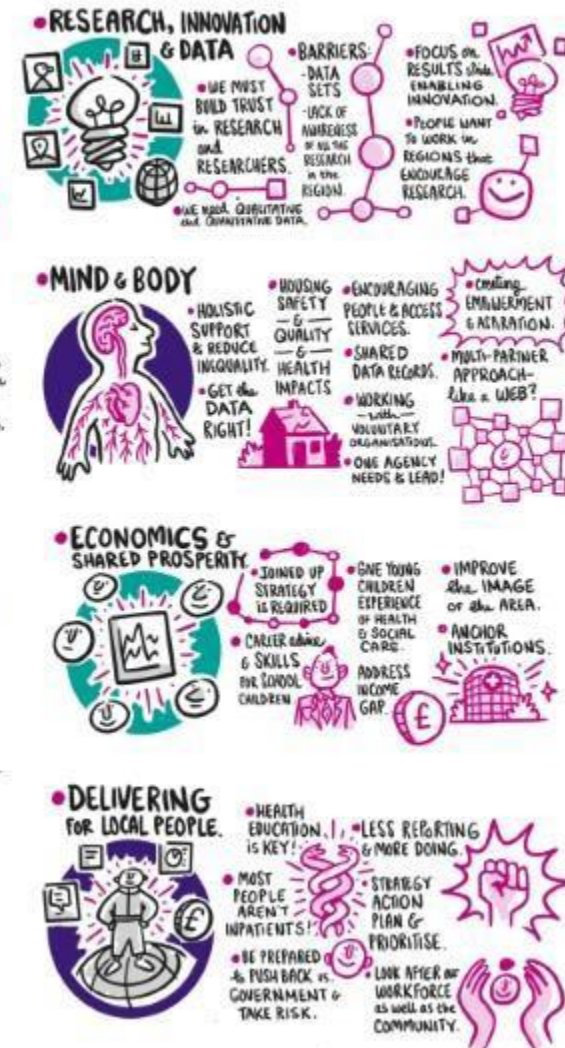


SYMPOSIUM  
28<sup>th</sup> October 2022

# TOGETHER, WE CAN



## "DEVELOPING a MOVEMENT ACROSS KENT & MEDWAY"





# Contents

## Foreword

1. Introduction and vision
2. Giving children the best start in life
3. Tackling inequalities and wider social determinants of health
4. Helping people to manage their own health and wellbeing and be proactive partners in their care
5. Supporting people with multiple health conditions
6. Hospital services and specialist care
7. Developing our workforce
8. Driving research, innovation and improvement across the system
9. System leadership and making the most of our collective resources
10. What next? Engaging our communities on the issues that matter

## Chapter 1

### Introduction and vision

## Introduction and context

Kent and Medway is an attractive place for so many who choose to make their lives here. With close proximity to London and mainland Europe, and a plethora of green spaces known as the 'garden of England', it is home to some of the most affluent areas of England.

Nevertheless, it is also home to some of the most (bottom 10%) socially deprived areas in England. This correlates with the health outcomes achieved. With the current cost of living crisis, these disparities will persist or worsen without our concerted, collective effort.

Kent and Medway Integrated Care Partnership was formed in 2022. This strategy is our initial blueprint for delivering a healthier future for the population of Kent and Medway over the next 5 years. We will continue to develop and refine this integrated care strategy as we engage with, and listen to, our communities. The strategy is underpinned by our joint strategic needs assessments, individual strategies on selected areas, and our Joint Forward Plan, Medway Joint Health and Wellbeing Strategy, and Kent Public Health Strategy to follow.

In Medway and Swale, local survival rates for cancer, in particular lung cancer, are among the lowest in the country.

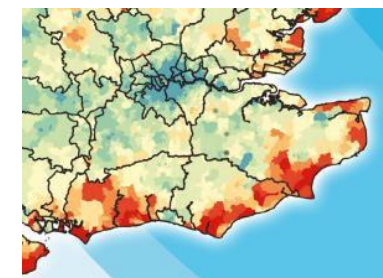
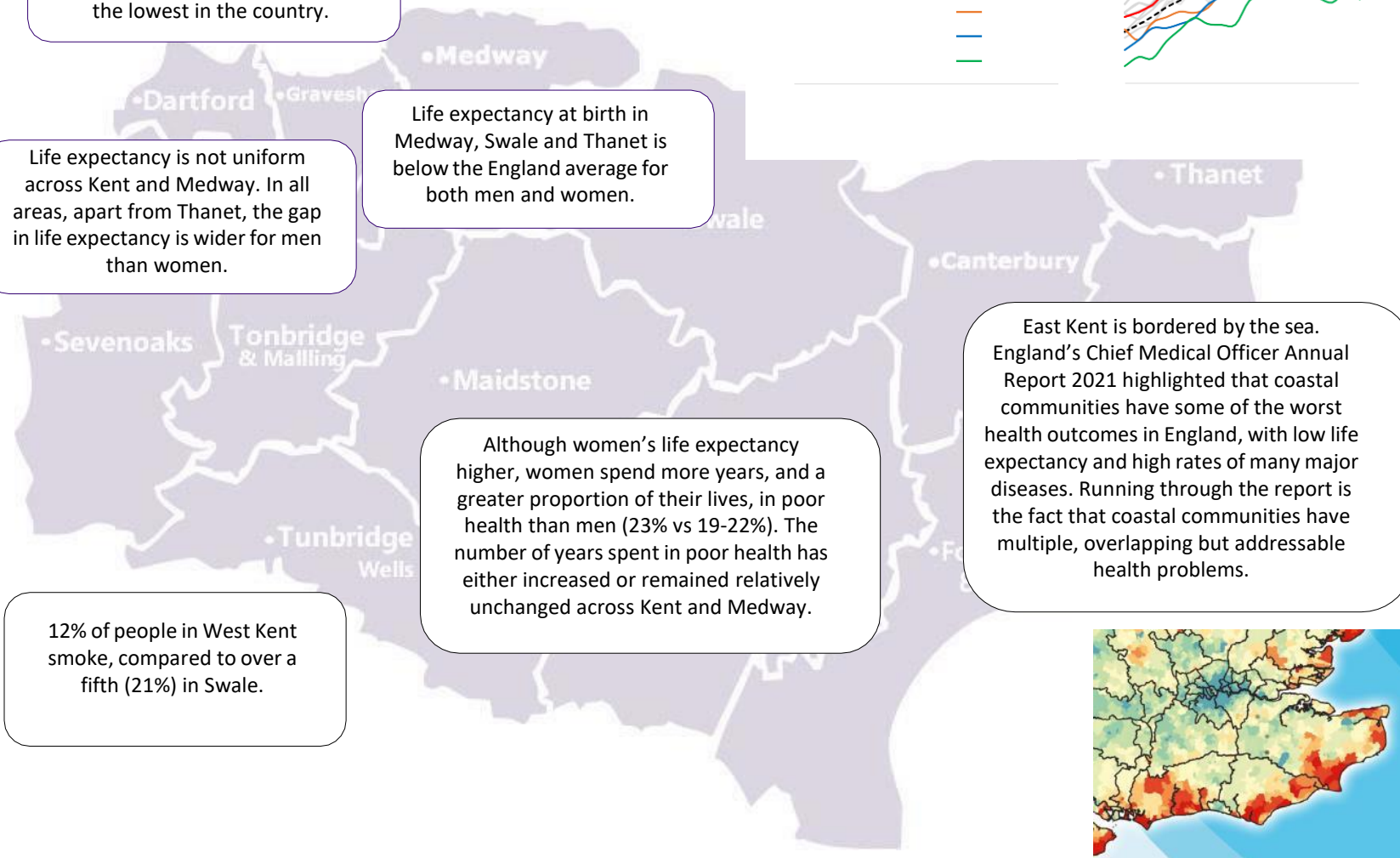
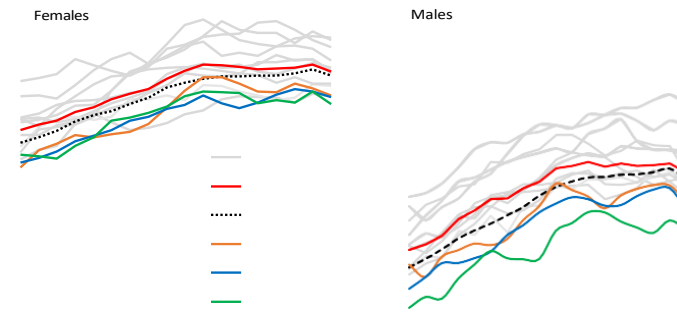
Life expectancy is not uniform across Kent and Medway. In all areas, apart from Thanet, the gap in life expectancy is wider for men than women.

Life expectancy at birth in Medway, Swale and Thanet is below the England average for both men and women.

12% of people in West Kent smoke, compared to over a fifth (21%) in Swale.

Although women's life expectancy higher, women spend more years, and a greater proportion of their lives, in poor health than men (23% vs 19-22%). The number of years spent in poor health has either increased or remained relatively unchanged across Kent and Medway.

East Kent is bordered by the sea. England's Chief Medical Officer Annual Report 2021 highlighted that coastal communities have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. Running through the report is the fact that coastal communities have multiple, overlapping but addressable health problems.



Map showing prevalence of coronary heart disease in England

## System

1.9m people

- At system level we come together at scale to set overall system strategy, manage resources and performance, share research and good practice, plan specialist services, and drive strategic improvements. **All** partners constitute the system. System-wide partners include NHS Kent and Medway, Kent County Council and Medway Council.

## Places

260,000 – 720,000 people

- Alliances of health and care partners working together to design and deliver services to improve outcomes for the population of Kent and Medway, within delegated responsibilities and budgets. We have four place-based health and care partnerships in Kent: Dartford Gravesham and Swanley, East Kent, Medway and Swale, and West Kent.

## Neighbour- hoods

Typically 30,000-50,000 people

- Local decision making and integrated teams to meet the unique needs of their populations – including local health and care organisations and the voluntary, community and social enterprise (VCSE) sector, primary care networks, community groups and community assets.



# Kent and Medway Integrated Care System

## Kent and Medway Integrated Care Partnership (ICP)

Members include: Kent and Medway Integrated Care Board (ICB), Kent County Council, Medway Council, health and care partnerships, district councils, VCSE representative.

Owens this integrated care strategy.

NHS Kent and Medway Integrated Care Board  
Responsible for the joint forward plan.

Kent County Council and Medway Council.

NHS England.

Four place-based health and care partnerships.

12 district and borough councils.

Provider collaboratives.

41 primary care networks.

Individual providers including voluntary and community services, independent sector, NHS trusts and NHS foundation trusts.

## What affects our health and wellbeing?

Health and wellbeing is the embodiment of how we live, learn, work and play: it does not start at the GP's door. The overwhelming evidence is that the **wider determinants of health** - socioeconomic factors, our physical environment and our health behaviours - have the most impact on our health.

Variation in people's experience of wider determinants, for example the quality of their housing, their level of education or how safe they feel in their community, has a fundamental effect on their health – creating **health inequalities**. These are the preventable, unfair and unjust differences in health status between groups, populations or individuals. The integrated care system (ICS) is committed to tackling health inequalities to improve the health of our population.

This is why this strategy deliberately addresses **health**, rather than solely **healthcare**. We will have a new focus on working together to address the wider determinants of health, tackle inequalities, and prevent people becoming ill in the first place.



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status



## Developing Kent and Medway as a place where people thrive

To address the wider determinants of health, we need to create an environment where everyone can thrive. This means having all of the right building blocks in place, such as stable jobs, high quality housing, good education, green spaces and the opportunity to make healthy choices.

There are several major developments underway in Kent and Medway, with health and wellbeing considered from the outset. For example, **Otterpool Park** is a proposed garden town located in the Kent countryside, close to the seaside towns of Folkestone and Hythe. Otterpool Park will offer the best of a rural and urban lifestyle. Everything that's needed will be there: homes, workspaces, schools, shops, community facilities, spaces for leisure, arts and culture. It will be a healthy and inspirational place to live, work and visit, characterised by large amounts of green space and its strong culture and community.

At place level, the things partners will focus on to make a difference include:



Good access to jobs, facilities and social opportunities.

Ensuring everyone has access to education and skills development to fulfil their potential and support a thriving economy.

Ensuring high quality homes available to all, including the most vulnerable, and tackling homelessness.

Attracting and retaining high quality sustainable employment to local areas.

Ensuring people can live in safety with little fear of crime.

Developing places where active travel, such as walking and cycling, is favoured, and healthy choices are easier to make.

Ensuring there are systems with sufficient capacity to deliver health protection.

Recognising and supporting communities as key partners in delivering local solutions.



## How we will work differently

Demand for health and social care services is at higher levels than ever before and there are increasing pressures on public spending. This means we must not only push further and faster in integrating health and care services, we must also cast our net more widely than our traditional organisational boundaries to build the foundations of improved health and wellbeing for the Kent and Medway population.

The Kent and Medway Integrated Care Partnership (ICP) provides a unique opportunity for the NHS and social care to work together with local government and other partners to ensure those chances to improve population health are recognised and maximised, and to ensure that we use our resources to address our population's most pressing needs.

Some examples of how we will work together include embedding population health management across the system and working together on improving the economic prosperity of the county to improve health and wellbeing.

We recognise that integration will not happen without our concerted, collective effort. We are determined to lead by example and create a culture of collaboration and trust, putting the health and wellbeing of the people of Kent and Medway at the heart of everything we do.

## Population health management (PHM)

Our vision is to ensure that Kent and Medway's population has the best health possible. PHM uses historical and current data to understand what factors are driving poor health outcomes in different population groups, taking a broad view across the wider determinants. Local services can then design new proactive models of care which will improve health and wellbeing today as well as in future years.

Our key goal will be to ensure a whole system collaborative approach to adopting PHM, working across the NHS, council services including public health and social care, the voluntary and community sector and the communities and neighbourhoods of Kent and Medway, to design new models of proactive care and deliver improvements in health and wellbeing which make best use of our collective resources.

People accumulate harms to health across the course of their lives, starting from conception through to old age. Approaches to PHM and prevention need to consider and address each of the stages of people's lives.

A new **economic strategy for Kent and Medway** is being developed.

**Three objectives:** By 2030 we want our economy to be more...

Productive

Sustainable

Inclusive

To 2030: **Five ambitions** to...

Enable innovative, productive and creative businesses

Widen opportunities and unlock talent

Secure resilient infrastructure for planned, sustainable growth

Place economic opportunity at the centre of community renewal and prosperity

Create diverse, distinctive and vibrant places

Leading to economic and wider environmental, health and wellbeing outcomes

## Our vision

**‘We will work together to make health and wellbeing better than any partner can do alone.’**

By doing this, we will:



1. **Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.**



2. **Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.**



3. **Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.**



4. **Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.**



5. **Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.**



6. **Make Kent and Medway a great place for our colleagues to live, work and learn.**

The remainder of this document sets out our strategy for achieving each of these six strategic outcomes. We also set out our key enablers of system leadership focus, how we will drive research, innovation and improvement across the system, and our next steps, including engaging with our communities.



## Chapter 2

**We will give children the best start in life and work to make sure they are not disadvantaged by where they live or their background and are free from fear or discrimination.**

We will achieve this by:

- delivering effective maternity services
- supporting families to start well
- adopting a whole family approach
- safeguarding children.

## Maternity services

We are committed to improving outcomes and experience for families using our maternity and neonatal services. We will continue to implement the ambitions of the NHS Long Term Plan and use the learning from the Independent Inquiry into East Kent maternity services (known as the Kirkup Report) to help us hear the voices of families who use services and involve them in helping us make positive changes.

Through the existing clinically led partnership of our local maternity and neonatal system (LMNS) we will:

- Ensure that we have robust processes to identify quality concerns across all of our trusts, enabling shared learning and taking proactive actions to improve patient safety.
- Continue to develop local Maternity Voices Partnerships as our main way of hearing service user feedback and involving people who have used services in making improvements.

- Embed personalised care and support planning to increase choice and control for women throughout their pregnancy and postnatal period.
- Take targeted action on workforce recruitment, retention and training to ensure that all of our maternity and neonatal services achieve sustainable, safe and effective staffing levels.
- Support all of our trusts to implement maternity continuity of carer, initially focusing on black, Asian and mixed ethnic groups and those living in our most deprived communities.
- Take targeted action to improve equity of outcomes for those from local minority groups and deprived communities, engaging closely with voluntary sector groups who support these communities, and developing a more diverse workforce.
- Procure a new shared maternity information system across all of our trusts to give families improved access to their records and enable better information sharing.
- Ensure community maternity services work in close partnership with health visiting and other community services for families, particularly in the development of Family Hubs.

Kent Start for Life – we have built our awareness and understanding of the impacts of perinatal mental health on infant health. Training has been offered and delivered to different groups such as non-health professionals. This has included highlighting the differing needs and ways in which ethnicity or culture may change the way mental health need is expressed by pregnant or post-natal women and recognising that partners' and carers' mental health is impacted as well. Focus groups in Kent contributed to the findings which reiterated the need to help inform and support parents – to-be and parents in the workforce which led to the development of parental workplace wellbeing recommendations.

- Continue to develop our specialist perinatal mental health community services, enabling more people to access them, including assessment and signposting for partners.
- Complete implementation of Thrive, our new maternal mental health service offering psychological support for birth trauma and perinatal loss.
- Complete the implementation of other new services that support families who need extra help during their maternity journey, including smoking cessation pathways, pelvic health services, and specialist maternal medicine.

## Starting well

Health inequalities begin early in life. Differences exist between population groups in many key health outcomes for children. These differences include smoking in pregnancy, breastfeeding and childhood obesity, which can affect health and wellbeing outcomes in later life.

We need to take a holistic and family-centered approach. Integrated support for families must include a wide offer that spans housing, communities, health, education, social care and the voluntary sector.

The prevention of poor health and wellbeing outcomes before birth and the promotion of good health and wellbeing at the start of life lays the foundation for better health outcomes. The wider socio-economic context of the family and community also contributes, for example, if fewer children experience child poverty, adult health outcomes and healthy life expectancy will improve.

Services need to evolve to meet the needs of the population, be evidence based and co-produced with our partners and users that have lived experiences. Therefore, a focus on growing our place and system workforce to work together to deliver care closer to home and within a wider network of support at local level (for example VCSE) is required.

Through this we will:

- support parents to be the best parents they can be
- ensure high quality preschool education and school readiness
- provide inclusive education that will optimise every child's potential
- support practices to increase uptake of childhood immunisations, including a targeted media campaign to improve coverage of pre- school vaccination.

We know that we need to rapidly improve the support we provide to children with special educational needs and disabilities (SEND) in Kent and Medway, including those who are neurodiverse, and we will work as a system to do this. Short-term actions will include better and faster clinical assessment of SEND needs, improving the experience that parents have when they contact us and strengthening SEND provision in mainstream schools. In the longer-term, we will explore arrangements to bring services for children with SEND together to maximise our resources and deliver better outcomes and experience for children and families.

Medway Council is committed to its child-friendly Medway programme, demonstrating that the voices, needs, priorities and rights of children are an integral part of public policies, programmes and decisions.

Being **overweight or obese** increases the risk of developing a host of diseases. In Kent and Medway, over a third of children aged 10 to 11 are overweight or obese and are more likely to stay obese into adulthood. At a practical level, establishing widespread use of initiatives such as the 'daily mile' in schools can reduce obesity, increase fitness and improve classroom focus. Our built environment also has a role to play, for example, access to green spaces and safe walking and cycling routes to schools. **MedwayGO** by Medway Council provides healthy meals and activities including sport and nature walks during school holidays for children eligible for benefits-related free school meals.



## Whole family approach

A whole-family approach, with early help and a focus on preventing rather than responding to crises, is an essential component to reducing inequalities. Taking an approach like this across Kent and Medway Integrated Care System will better enable families to have the confidence to take ownership of their health and care journey. It will ensure improved outcomes by addressing issues such as generational trauma, housing challenges and other components that inhibit families from thriving.

We are committed to developing a **family hub** model, including access to Start for Life universal services: midwifery, health visiting, mental health, infant feeding, safeguarding and special educational needs and disabilities (SEND).

The programme presents an opportunity to streamline and improve early identification, assessment and interventions for children and families through the hub model.

The funding will enable improved integration, particularly in relation to perinatal mental health and parent infant relationships, parenting support, infant feeding and home learning environments. It is also an opportunity to deliver more young person's mental health services in the community. Early and targeted identification will also prevent unnecessary escalation and identify families with complexities earlier.

Consistent contact with lead practitioners will enable better engagement with families to help grow their confidence to navigate the system and manage their health and care needs.

All transitions are important points in a child's or their family's lives. We recognise that children and their families' experiences of transitions can be difficult and sometimes traumatic. This can destabilise families, making it harder for them to cope, especially when the people supporting them - practitioners, services, interventions – move on or change.

Implementing a strategic approach to integration, whole-family, patient-led, asset-based health and care can help to address some of the challenges children and families face at a time of transition. Needs-led and outcome-based systems help to reduce unnecessary and unwanted change.

Families should feel seen, heard and enabled to ask for help and to feel confident to help themselves. The system should have a clear understanding of the local communities, demographics and needs to build a workforce and offer that meets the diverse needs of the population. Growing neighbourhood and place-based solutions and innovations outside of (but connected to) specialist services will target populations that are seldom engaged.

We aim to build a system where a family is met with understanding and empathy when they tell their story, and we respond with a coordinated solution that addresses their needs.

## Safeguarding and looked after children

Protecting children and young people is one of our most important responsibilities. As partners, we need to bring together our collective information, skills and resources to provide fully joined up support for children and families. In everything that we do to support and protect children and young people, we will put them at the centre, ensuring their voice is listened to and they have a say in decisions about them.

We will safeguard and promote the welfare of looked after children and care leavers, supporting them to live a positive and fulfilled life and transition into independence with confidence and ambition for the future. This means ensuring they have a stable and supportive place to live, a good education, full assessment and support for their physical, mental and emotional needs and feel part of their community.

Many partners will play a role in this, for example:

- Medway Council and Kent County Council have a statutory duty to provide services for safeguarding children and the NHS is a statutory partner
- working with council housing teams to ensure that permanent housing is available for care leavers
- working with VCSE organisations to provide advocacy for young people.

We will ensure the information that all agencies collect about looked after children and care leavers is used to the best advantage to plan and deliver support for them, including to support a smooth transition into adulthood.

A particular challenge for our system is the large number of unaccompanied asylum-seeking children that arrive in the county due to Kent's border location. These children and young people are extremely vulnerable, and we have a responsibility to provide care for them, which stretches system resources. We will continue to work closely with Government to support the National Transfer System and ensure new arrivals are cared for fairly and safely without disproportionate impact on our area.

Multiagency safeguarding arrangements are in place for Kent and Medway through safeguarding children's partnerships, however, there is more work to be done. For example, Medway's children's services has been inadequate since 2019 and are working under statutory notice from Central Government. The ICS presents opportunities to strengthen our partnership approach so we can ensure children and young people grow up in safe, strong communities free from adverse situations that could harm them.

'Virtual School Kent' champions the educational achievement of looked after children and care leavers, ensuring they receive a good quality of education and out of school learning, closing attainment gaps and encouraging the voice of young people to be heard.

Priorities for safeguarding children and young people that partners have identified include:

- reducing significant harm to children under two
- reducing injuries as a result of serious youth violence
- identifying and responding to risks of child sexual exploitation
- preventing other forms of exploitation including 'County Lines' drug trafficking
- implementing the Prevent strategy to safeguard from radicalisation and extremism
- preventing domestic abuse and providing effective support for victims and their children
- helping, and where necessary, protecting children in households where neglect is a feature.

Delivering our priorities for children's safeguarding will require a strong partnership response, enhancing the sharing of information to understand the risks and root causes and putting in place a coordinated multiagency response where everyone plays their role. We will more widely embed learning from practice reviews and other learning opportunities to continuously improve practice right down to the frontline across all services for children and families.



## Chapter 3

**We will help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.**

We will achieve this by:

- tackling inequalities and preventing ill health, targeting those most in need
- supporting people deal with the current cost of living crisis
- tackling mental health issues with the same energy and priority as physical illness
- addressing the social determinants of health, such as community support and employment and skills
- developing the Kent and Medway physical environment as a place where people thrive.



## Tackling inequalities and preventing ill health

### The challenge...

Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are.

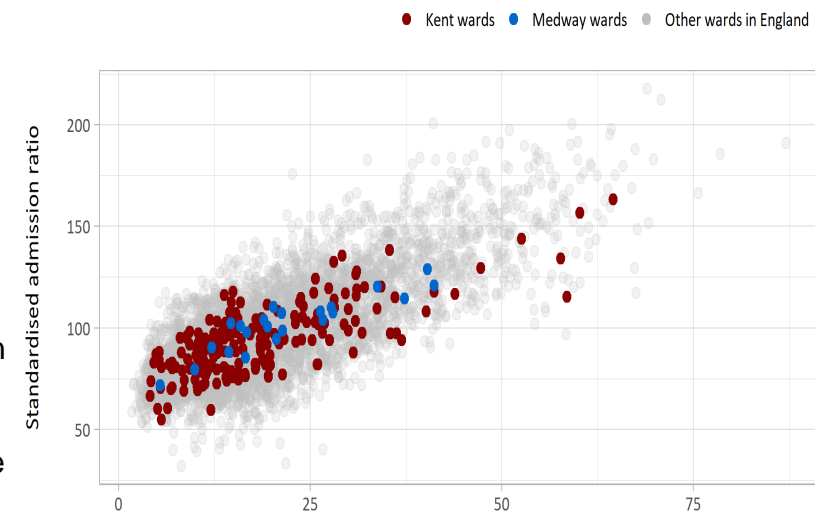
In Kent and Medway people in more affluent areas live longer than those living in more deprived areas. Life expectancy is significantly shorter for some groups of people, including homeless people, people with learning disabilities and people with severe mental illness compared to the general population. Another important group is looked after children, who are at significant risk of being disadvantaged in a number of ways that can lead to poor health and wellbeing outcomes and considerable demand on health and care services.

There are inequalities in the access to both primary care (general practice, community pharmacy, dental services) and secondary care (hospital or clinic). Digital exclusion can also play a key role in inequality of access to services.

Emergency admissions to hospital are more common in areas with higher levels of deprivation. Research also shows that individuals from more deprived communities are less likely to engage in preventative programmes, such as immunisations, screening, dental check-ups and eye tests, when facing no immediate discomfort or disability. People from deprived areas are more likely to present to health care providers at a later stage of illness.

Services are often poorest in the areas that need them most - an issue known as the “inverse care law”. It is hard to attract and retain high quality clinicians to areas with high deprivation and needs. The work may be harder due to the high needs of the local people. There may also be more VCSE services in more affluent areas where it is easier to attract volunteers. A strategic approach to tackling inequalities will need to address these issues.

The Kent and Medway Listens programme was a community engagement process which (via community organisations) heard the voices of vulnerable people throughout Kent about their experience of living through Covid-19 and took those voices directly to the integrated care board (ICB) leadership to create a series of pledges and actions, listening to the voices of people in need.



Index of Multiple Deprivation score, IMD2019

Ministry of Housing, Communities & Local Government, IMD 2019.  
Office for Health Improvement and Disparities, Fingertips, Indicator ID: 93227.  
Hospital Episode Statistics (HES), NHS Digital.

The Armed Forces community includes serving personnel (Regular and Reservists), former service personnel and their family and carers. In Kent and Medway, this community is about 8-10 per cent of our population and is a group that frequently experiences health inequalities and poorer access to healthcare as a result of developing more complex needs during or following their service. Those with the most needs often live in areas of high deprivation. Their families can also be disadvantaged through the frequent moves, and associated absence due to military service. We will have due regard for the needs of this community in implementing this strategy.

## Our solutions

We can deliver sustainable and resilient approaches and evidence-led change; putting people and communities at the heart of the conversation which focus on reducing health inequalities. Our key goal will be to ensure a whole system collaborative approach to **population health management**, reducing and, where possible, removing avoidable unfairness in people's health and well-being outcomes.

This means that our health and social care provision needs to be made available to all, with increasing attention needed for those who are more disadvantaged - an approach known as **'proportionate universalism'** - helping everyone, whilst improving the lives of those with the worst health, fastest.

We will empower our **local neighbourhood and place-based partners** to tailor services and interventions to meet the needs of their communities. We will support the development of local prevention plans.

We aim to make promotion of healthy choices part of every encounter with individuals - **making every contact count (MECC)**. This can help ensure individuals are signposted to additional support that they need, for example, support for health behaviours such as weight loss, social issues such as loneliness or economic challenges such as access to benefits.

All public sector workers and services who are in contact with people should offer MECC supported by simple signposting systems that minimise the work involved for the front-line worker. The approach is also appropriate for voluntary, community and social enterprise (VCSE) sector workers. Each service will wish to consider what the likely challenges those they serve may face, and ensure signposting to that support is available, for example health visitors in areas with high child poverty could signpost to advice on access to benefits.

Carers' Support East Kent is a charity that provides carers with the information and support they need. Their services are available to people who look after a relative or friend, who due to physical or mental illness, age-related difficulties, disability, or an addiction, cannot manage without their support.

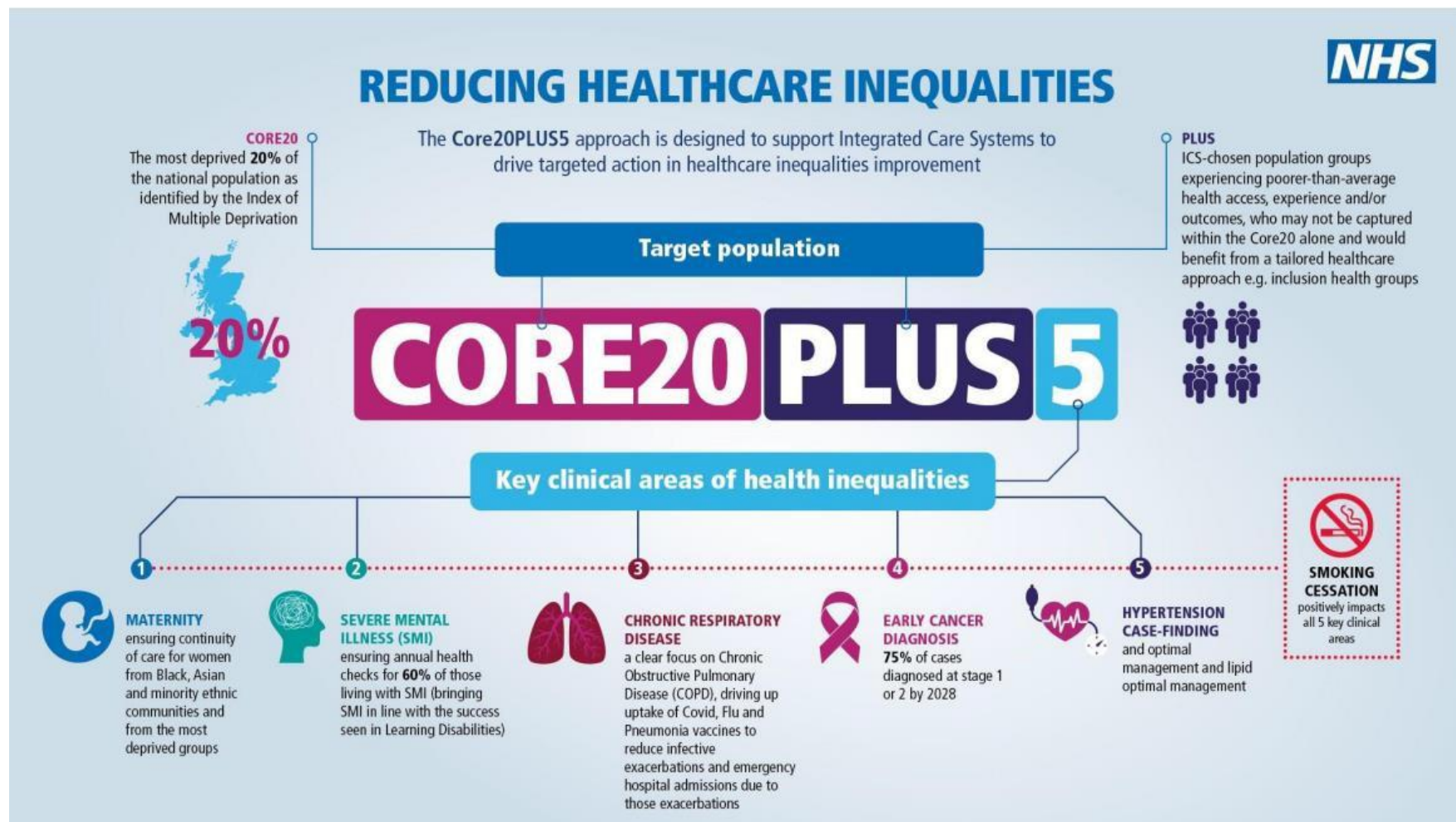
East Kent's social prescribing platform is managed by Social Enterprise Kent for the East Kent area. The service can support with short term issues such as: food and fuel support, form filling, social isolation, as well as long term support such as: housing, debts, benefits and more.

Our NHS organisations will also continue to adopt the **Core20PLUS5 model** to target those most in need.

Core20PLUS5 is a national NHS approach to support the reduction of health inequalities at both national and system level.

The approach defines a target population group – the ‘Core20PLUS’ – and identifies ‘five’ focus clinical areas requiring accelerated improvement. We will also respond to the recent additions for children and young people.

Core20PLUS5 will support us to drive targeted action in improving healthcare inequalities. This aligns with our approach to population health management and gives a foundation on which to build future joint action, engaging our local communities in design and delivery, which will lead to health and care partnerships aligning to this approach, and identifying specific local population groups.



## Cost-of-living crisis

The cost-of-living crisis is likely to have a detrimental effect on people's health and could widen health inequalities. It is an issue of high importance for the system and an early opportunity to work together better.

Alongside national interventions, partners across the Kent and Medway integrated care system (ICS) are putting in place support for local people. Kent County Council and Medway Council are ensuring vulnerable people can access help including food and fuel vouchers and community services are working to identify people who are struggling and refer them to support. The district councils in Kent are responding to local needs through their housing and benefits teams and providing advice. NHS Kent and Medway is factoring cost-of-living pressures into winter planning, identifying transport options to help patients access appointments and supporting staff wellbeing. The VCSE sector provides a range of support for people experiencing financial hardship including food banks, employment support and debt advice.

It is a challenging time for all partners, for example the VCSE itself is under pressure with costs increasing, whilst for some donations are falling, and demand for support is likely to continue to increase.

The integrated care partnership (ICP) has agreed to coordinate activity where this will add value and agree collectively how best to focus resources to have the greatest positive impact on health and wellbeing.



The Kent County Council financial hardship programme addresses a strategic need to develop a solution which allows frontline teams greater visibility of individual vulnerability, both financially and socially (for example: homelessness, falls prevention) to enable a proactive response in providing support. It involves, among other things, district frontline teams using risk stratification for case finding. It also includes a 'no wrong door' approach for referring people to support - the 'ReferKent' system.



# Mental wellbeing

## *The challenge*

Our mental health and physical health must be treated equally. The Covid-19 pandemic has shone a spotlight on the importance of mental wellbeing and the vital role of communities in tackling issues such as loneliness and isolation.

People in Kent and Medway who have a serious mental illness experience significantly worse health outcomes than people who do not. For example:

- Adults in Kent and Medway with a serious mental illness are 3.6 times more likely to die prematurely.
- In 2021, nearly one in five six to 16yearolds had a probable mental disorder and we have seen this increase in recent years.
- The prevalence of people with more than one long-term illness or condition is around 50 per cent higher amongst those with a serious mental illness than the rest of the population.
- The rate of suicide across the county was 10.9 per 100,000 in 2015-17. This is higher than the England average rate which was 9.6.

## *Our solutions*

We will deliver **high quality mental health and wellbeing support to our population, giving it equal energy and focus as supporting physical health**. We will:

- Promote positive mental wellbeing in all communities.
- Work through communities to tackle the wider drivers of mental ill health in all age groups including: loneliness, financial distress, abuse, addiction, housing and relationships.
- Ensure people of all ages with mental health issues can access the support they need, whether that's clinical treatment or wider support such as housing, access to and retention in employment etc.

The NHS Long Term Plan sets out an ambitious mental health service model, taking more action on prevention. The **Kent and Medway Mental Health Learning Disability and Autism Provider Collaborative Board (MHLDA PCB)** brings together all the mental health and wellbeing partners with those with lived experience to design a new way of working, integrate service models and develop a shared accountability for improving the mental health and wellbeing of our communities.

“As local authority, third sector and health partners we will build on the foundations we have put in place in recent years to transform the way Mental Health, Learning Disability and Autism services are delivered across Kent and Medway and, vitally, significantly improved the outcomes and experiences for service users, families and carers.”

## **The MHLDA Provider Collaborative Board**

Through our community mental health framework, **Mental Health Together**, we are implementing an entirely new service model to support people with complex mental health difficulties. It will provide a person who is living with serious mental illness care that is centred around them, their family and local community, by joining up support from different services that can help. The model focusses on supporting mental ill health in the context of someone's whole life, for example how debt, relationships and employment can impact someone's mental wellbeing, as well as how physical health can impact them too.

We will also deliver our **local transformation plan for children, young people, and young adults' emotional wellbeing and mental health**. The plan outlines how we will widen access to services closer to home, reduce unnecessary delays and deliver specialist mental healthcare. It is based on a clearer understanding of young people's needs, provided in ways that work better for them.

## Community Support

Our **communities** can provide us with support, resilience and a feeling of belonging that help us to lead healthy and fulfilled lives and reduce the need for health and care services. We will continue to work in partnership to promote **community safety**, tackling issues such as crime, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome.

Alongside the important role of public sector partners, it is often the informal support from the thousands of local organisations, community networks and local volunteers that help to make a community and create a sense of identity. As a system we will recognise, value and support the vital role that these groups and individuals play, and engage in a way that utilises these community assets for our population's health and wellbeing.

Befriending offers supportive, reliable relationships through volunteer befrienders to people who would otherwise be socially isolated. Medway Voluntary Action are working in partnership with Carers FIRST, Medway Health and Care Partnership (HCP) and other local voluntary and community organisations to deliver and co-ordinate befriending support in Medway.

**Social prescribing** helps to connect people to community services and groups local to them that can help to support their mental and physical health. For example, environmental sustainability activity can play a key role in supporting people with mental health problems. When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.

The profile and level of investment in social prescribing has increased considerably over the last few years. This rapid progression has led to an increase in the number of providers and services such as link workers, community navigators and community wardens.

Kent and Medway is in a good position, through the development of a number of initiatives, to now go further by building on and strengthening what is in place through the system.

South Kent Mind Provides coffee, cakes, and lunches at low cost, as well as fresh bread sold separately, for all members of the community. The café also runs classes on coping with life, and food and mood, as well as general wellbeing activities.

A strategy board was set up in June 2022 to set the strategic direction and a steering group began in July 2022 to take the work forward and develop a **social prescribing and community navigation strategy** that sets the framework for social prescribing and community navigation across the Kent and Medway system.

Kent and Medway councils are an integral part of the strategy board and are working collaboratively to ensure future commissioning is aligned and meeting common goals and outcomes for the people in our communities.

We are also working together to implement a **single social prescribing platform** that will be launched in 2023. It will enable the public and referrers to search a single directory of services and provide the infrastructure for a single Kent and Medway referral pathway, helping to contribute to an approach with “no wrong door” to access services.

## Employment and skills

Access to good, stable work with fair pay is one of the building blocks of good health and wellbeing. Loss of employment can lead to financial hardship, increased social isolation, loss of self-esteem and purpose and insecure housing tenure, and lead to poor health outcomes. A healthy population is also an essential component of a successful and productive economy.

Our ambition is to grow the Kent and Medway economy and ensure that everyone can benefit from increased prosperity. This will include working with partners to boost skills levels, attracting more good-quality jobs into the area and supporting businesses to grow. We will particularly focus on areas that are falling behind the rest of the county on measures like employment and skills levels, helping reduce inequalities in opportunity. We will also seek to close gaps between Kent and Medway's economic performance and the rest of the south east.

The ICS will work with the partners involved in economic development, employment and skills to ensure it plays its role in achieving our ambition. As major employers and purchasers we can also play a direct role in improving local economic prosperity.

Priorities already identified by partners to improve access to good quality employment and skills include:

- Supporting young people into work through dedicated support and guidance, exploring opportunities for work-based learning and increasing access to higher education.
- Supporting the existing workforce by increasing access to training that reflects new technologies being used in the workplace and helping people re-skill and move between jobs and sectors over their career.
- Building stronger relationships between employers and education and skills providers to put in place the skills that the local area needs to grow.
- Building on Kent and Medway's strengths, including in life sciences, to promote innovation and create more high-quality jobs.
- Promoting Kent and Medway as a great place to live and work to attract and retain skilled workers.
- Helping people with mental health or learning disabilities into sustained work.

The new Kent and Medway Economic Strategy will set out shared objectives.



Where people are finding it hard to access or remain in work due to mental or physical health issues, there needs to be sufficient support in place to help them find appropriate, good-quality work. We will do this by working together to maximise uptake of Department of Work and Pensions (DWP) support programmes and continuing to work with experts in the VCSE sector, who can provide support to address all of the issues that a person might be facing in returning to work, including: improving confidence, securing training to develop new skills and practical support on applying for jobs. We will also work with employers to help them adapt and accommodate the needs of all employees.



## The built environment

The ICS continues to recognise the fundamental impact that the homes and environment that we live in have on our health and wellbeing.

Everyone who lives in Kent and Medway should have access to a decent, safe, secure, warm and affordable home.

We will work with housing providers, VCSE partners and others to continue to improve the quality of housing of all tenures. Our key priorities include improving the energy efficiency of private rented households to reduce fuel poverty and addressing issues like dampness that can cause health problems.

We will encourage housing that is designed with health and wellbeing built in, promoting healthy lifestyles, and responding to the impacts of climate change and changes to the way we all live and work.

We will continue to work together to prevent and respond to homelessness, addressing the root causes.

As Kent and Medway continues to grow, partners will work together to plan housing development and regeneration in a way that improves quality of life for new and existing communities, with the physical infrastructure in place that we all need. This includes good transport links, high speed internet connection and sufficient childcare, school places and health and care services to meet local needs.

Access to green space and nature is beneficial for physical and mental health. The physical environment is one of Kent and Medway's greatest natural strengths. We will continue to support everyone to be able to access open spaces including at parks, at the coast, and via safe walking and cycling routes.

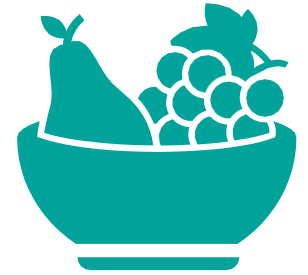
Protecting and enhancing our environment is a priority across the system. There are clear health and wellbeing benefits to reducing carbon emissions, improving air quality and managing the impacts of climate change. Reaching our challenging environmental targets and adapting to climate change will require all partners to play their part and system partners to coordinate their activity to go further and faster. We will play our role as anchor institutions, minimising our environmental impact and promoting sustainable practices across the system.



For example, as Swale Borough Council started to give consideration to the future expansion of Faversham to meet local needs, the Duchy of Cornwall's land at the south east edge of the town was identified as the most sustainable location for growth.

Careful consideration is being given to the architecture and materials but also the landscape ecology, soil, air and water of the land which can all be improved over time by sensitive development, intelligent land uses and management practices. Public spaces and streets will be designed around the pedestrian rather than the car. They will provide a sense of wellbeing and connection to nature for people and the planet; helping to create a new community that will thrive in the long term.





## Chapter 4

**We will help people to manage their own health and wellbeing and be proactive partners in their care, so they can live happy, independent and fulfilling lives; adding years to life and life to years.**

We will achieve this by:

- supporting our population to adopt positive health behaviours
- protecting the public from diseases such as Covid-19
- supporting people to age well - championing resilience and independence
- delivering personalised care so people have choice and control over their care
- providing palliative and end-of-life care to those in the last stages of their life.

## Health behaviours

Health behaviours, for example, our diet or whether we are physically active, have a direct impact on health outcomes.

As part of our population health management approach, we will deliver **evidenced-based support**, including emotional and mental health support, at an appropriate scale to help people: maintain a healthy weight, eat a healthy diet, participate in physical activity, maintain good sexual health, and minimise alcohol, substance and tobacco use. Increasing activity and preventing diabetes is identified as a priority by all 14 councils within Kent and Medway.

We will continue to conduct system-wide health needs assessments to help us to target where we need to mitigate against health and social inequalities, and test and learn from new approaches to promoting **positive health behaviours**. For example, we will build on current health inequalities pilots to provide targeted, improved **access to proactive reviews and screening, including dental checks**, supported by patient-focused support services that understand and address barriers and behaviours which prevent people from engaging in their wellbeing and long-term health.

We will learn from and develop schemes delivered through the voluntary sector to provide holistic support to the public in accessing care and meeting preventative goals. With nearly two thirds of adults within Kent and Medway already overweight or obese, local community support for weight management is vital to help our population to thrive.

We will engage with and raise awareness of National programmes - such as the **NHS Digital Weight Management Programme and the Diabetes Prevention Programme** - and incorporate these into existing pathways in a coherent way to ensure that we optimise their impact within Kent and Medway.



**Smoking** is the most important cause of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. While smoking rates in Kent and Medway have significantly fallen over the last decade, rates remain high in some areas and occupations, for example, routine and manual. Furthermore, in 2020/1 over a tenth of mothers in Kent and Medway smoked at the time of delivery, which is significantly higher compared to England average.

Cancer Research UK reports that, whilst smokers from more deprived areas are more likely to access stop smoking services, when they do, they are less likely to successfully quit. This pattern is also seen in Kent and Medway. It is therefore important that every aspect of referral and treatment pathways are focused on helping reduce the smoking rates in these higher prevalence groups. We will **make every contact count** to signpost support.

**Contraceptive services** providers will work together to ensure a seamless service for the public and will also consider the wider health and sexual health needs of the patients. With the additional pressures on GP practices and sexual health services, the ICS will monitor and evaluate accessibility to ensure people have good access to contraception.

## Health protection

The past two years have shone a spotlight on the important role that our health protection responsibilities play in delivering improved outcomes for our population and the communities we serve.

Health protection is multi-faceted and there are many agencies involved in protecting the public from communicable diseases, non-infectious environmental hazards and the risks of a future in which antimicrobials are no longer effective.

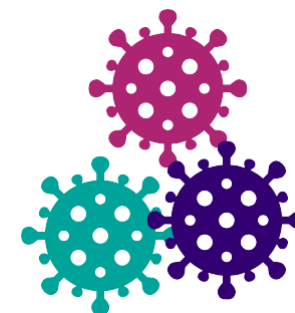
A cross-cutting theme is to ensure that particularly vulnerable groups are being identified, and their needs around the prevention and response to health protection issues are addressed. These groups include: refugees and asylum seekers - a particular challenge for Kent and Medway - homeless people, Roma, Sinti, Travellers and other groups.

Health Protection includes:

- **infection prevention and control** (IPC) arrangements within health and social care settings as well as in the community
- tackling antimicrobial resistance in the community, primary, secondary and tertiary care

- managing and controlling communicable diseases, and new and emerging infections
- environmental hazards including: air and water quality, food safety, contaminated land, and control of biological, chemical, radiological and nuclear threats
- reducing the impact of vaccine-preventable diseases through **immunisation**
- national **screening** programmes
- **emergency preparedness**, resilience and response (EPRR) across all hazards, including epidemics and pandemics.

The Kent and Medway Health Protection Board is a multi-agency board on health protection across Kent and Medway, with a focus on protecting the public. Originating from a multi-agency board that coordinated the system response to the Covid-19 pandemic, this board has now taken charge of the wider remit of health protection, building on the effective partnerships and networks developed over the last two years.



The board provides oversight of existing health protection issues, as well as horizon scanning for any emerging situations and threats to support a joined-up and coherent system. The board provides assurance and system leadership to directors of public health in Kent and Medway in relation to their statutory functions around health protection.

The board oversees the appropriateness of strategies and plans in place on health protection and emergency prevention, planning and response matters. It receives updates on areas of health protection and recommends steps for system-wide improvement, system alignment and the commissioning of services with a focus on reducing health inequalities in our populations.

In addition, task and finish groups support the board around specific health protection areas to recommend steps.

Our adult social care services support people of all ages to live as full and safe a life as possible. They will continue to promote people's wellbeing prevent, reduce or delay the need for care and support and safeguard vulnerable adults. We will do this by focusing on the individual strengths of people with care needs, their families and carers.

Accessible and integrated health and social care services where partners work together will enable people to live independently and safely within their local community.

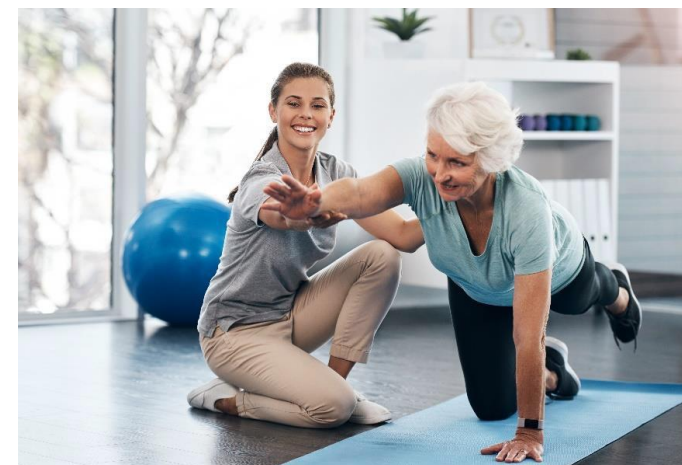
We are committed to:

- Giving people choice and control about the care and support they receive throughout their lives.
- Empowering people to maintain good physical and mental health and well-being.
- Offering people relevant support, information, guidance and interventions to enable them to be proactive and address any lifestyle or related issues, promoting healthy ageing and reducing the likelihood of escalation of health or care need.
- Connecting people with their community, for example, through social prescribing, to help to combat social isolation and loneliness, and enrich later life.

Key priorities and pathways include:

- Promoting a multidisciplinary approach where professionals work together in an integrated way to provide tailored support that helps people live well and independently at home for longer.
- Developing community response teams to support people with health issues before they need hospital treatment and help those leaving hospital to return and recover at home.
- Making the system more coordinated so it is easier to navigate and get the right care to maintain independence.
- Proactive identification of those that are frail or at greater risk of future hospitalisation, care home admission or death so that we can target prevention strategies and support people to manage their health and wellbeing as they age and provide support on the basis of their needs through to the end of their life.
- Offering more support in care homes including making sure there are strong links between care homes, local general practices and community services.

- Embedding technology-enabled care such as wearable devices and home monitors as core tools to support long term health problems in new ways, and support people to remain at home safely where possible.
- The Kent and Medway Care Record will support continuity of care and a holistic approach for people at higher risk of deteriorating health.







# Personalised Care Delivery

***Personalised care** means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs.*

**NHS England**

Personalised care represents a new relationship between people, professionals and the health and care system. It provides a positive shift in power and decision-making that enables people to have a voice, to be heard and be connected to each other and their communities. It takes a whole system approach, integrating services around the person including health, social care, public health and wider services.

Kent and Medway's personalised care approach is underpinned by the ESTHER philosophy, this emphasises the '**what matters to me**' methodology.

We currently have 1,700 ESTHER ambassadors across Kent and Medway in social care and the voluntary, community and social enterprise (VCSE) sector, and more than 100 in partner NHS organisations. Both Kent and Medway councils work with '**Think local, act personal**' to make personalised care real.

## Shared decision-making and patient and resident choice

- Encouraging our workforce to carry out training for shared decision making and patient and resident choice via the Personalised Care Institute (PCI).
- Enabling our residents to have discussions on their treatment and care including what is important to meet their needs.

## Personalised care and support planning (and review)

- Encouraging take up of the Personalised Care Institute (PCI) Personalised care and support planning module across all Primary Care Networks (PCNs) and our delivery partners.
- Encouraging local maternity services to utilise the PCI for personalised care planning.
- Addressing the disparity in data collection of personalised care and support plans. There is inconsistency across the system in approach and coding across the PCNs.

## Social prescribing and care navigation (community-based support)

Tailored to local strengths but with a more consistent, equitable and joined up approach across the Kent and Medway system.

## Personal health budgets (PHBs) and integrated personal budgets

Increasing our offer of PHBs and direct payments through continuing to support and evaluate pilot projects working with our system partners.

Work **with** Better Care Fund to support early discharge across the system.

## Enabling choice (including legal right to choose)

Legal right to choose a provider in respect of first outpatient appointment and a suitable alternative provider, if people are not able to access certain services within the national waiting time standards.

## Supported self - management

Encouraging people with lived experience to carry out peer leadership training to support others with their experience.

For example, a project developing volunteers to teach others to check their own blood pressure, and what to do if this is not normal.

**Enablers: Leadership - co-production and change - workforce - finance - commissioning and payment**

## Dementia care

We are committed to ensuring that every person living with dementia is supported to live as well and as independently as possible. The means receiving high quality, compassionate care from diagnosis through to end of life. This applies to all care settings, whether home, hospital or care home. We will:

**Empower and support people and their carers:**

Promoting individual health and wellbeing, empowering people and their carers to effectively access better information and support.

**Empower our workforce:** Developing a more productive, competent, and confident workforce (including in the care sector) to use the tools and information they need to provide high quality care and support.

**Improve partnerships:** Working closely with partners to seek opportunities to collaborate, innovate, and share information to deliver better outcomes for people.

**Improve standards, safeguarding and quality of care:** Working with all providers to continually improve the quality of dementia care, delivered in an integrated way, with the person with dementia at the centre.

Key priorities and pathways include:

- Increasing awareness and education on how to avoid the risks by promoting individual health and wellbeing, empowering people and their carers to effectively access better information and support.
  - Increase Kent and Medway's dementia diagnosis rate (DDR), ensuring that individuals and their families are able to access timely and accurate diagnosis. We aim to create an improved referral pathway that is individualised and person-centred.
  - Support people living with dementia to live happy, healthy, fulfilled lives remaining safely at their normal place of residence with appropriate support, and making a smooth transition into other residential settings when needed.
  - Enable carers to be able to access support at the right time, helping them to continue in their caring role, whilst also maintaining a life of their own.
  - Ensure that people living with dementia are able to die with dignity in a place of their choosing; for those living with dementia and their families to feel supported during this difficult time and ensure the end of life care provided is excellent.
- To work in partnership across health, social care, community, voluntary and independent provision to develop services that reflect the wants and needs of people living with dementia in Kent and Medway, which will:
    - recognise the need for a collaborative journey where people's values and opinions are recognised
    - be delivered with care, compassion, kindness, and friendliness
    - keep people well informed
    - treat people as individuals and not make assumptions
    - offer consistent support and motivation
    - ensure that people are listened to and not disregarded.

## Palliative and End of Life Care (PEoLC)

The Palliative and End of Life Care Strategy (Adults and Children and Young People) in Kent and Medway 2022-2027 published in May 2022 provides a steady basis from which to grow. The strategy was based upon the six national ambitions for palliative and end of life care:



Our strategy aims to make sure that individuals who are in the last stages of their lives and dying receive the care they need to preserve their dignity and wellbeing, to keep them independent for as long as possible and to be comfortable, dying in a place of their choosing.

Since July 2022, the Integrated Care Board also has become responsible for PEOLC as part of the Health and Care Bill with both statutory guidance and a handbook for implementation published in late September 2022.

Key local, regional and national priorities include:

- Improving the identification of those who are likely to be within the last year of life with targeted support to manage their changing health needs over time.
- Supporting people to die in their place of choice by ensuring models of care and services evolve over time, always keeping the individual's wishes at the heart of decision making.
- Raising community awareness of death and dying to enable 'compassionate communities' to grow, and providing robust bereavement services for all.
- Providing a single point of access, available 24-hours-a-day, seven-days-a week to provide an alternative to 111/999 in times of crisis and to enable more people, where appropriate, to live well and die well, at home or the place of their choosing such as a hospice.
- Developing advance care plans for every individual enabling joined up care through the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) roll out across Kent and Medway.
- Prescriptions for medicines that support comfort at the end of life will be the norm and readily available in pharmacies and we will aim to broaden training for informal carers on how to administer these 'just in case' medications.
- Supporting people and their families during the transition between children's and adults' services.
- Learning from individuals and families to improve comfort, dignity and ensure wishes are being met.
- Providing a comprehensive end of life care training programme across all in Health and Social Care in Kent and Medway.



## Chapter 5

**We will support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.**

We will achieve this through:

- high quality primary care
- patient empowerment and multidisciplinary teams
- support for carers.



## Primary care

Primary care is, and will remain, the bedrock of the NHS. It is the first point of contact with the NHS and is highly valued by people. It plays a vital role in supporting those with complex conditions. With the right tools, skills and investment, our primary care workforce can continue to deliver world class, place-based patient care.

We know that it is still too difficult for people to get an appointment to see their GP and primary care team, and we must do all we can to support people and general practices.

We want **general practice** to offer a consistently high-quality service to everyone in Kent and Medway, delivered by a skilled multidisciplinary team working in partnership with other health and care services to maximise benefits for our population.



We want general practice to remain true to its core principles of continuity of care and a person-centred approach whilst playing an active part in developing the integrated care system for Kent and Medway. The patient consultation will remain at the heart of general practice but the ways in which that care will be delivered is changing.

Our general practices will increasingly work with neighbouring practices through **primary care networks (PCNs)** to deliver place-based care for their local patient populations. People will benefit from more joined up care in the community, with care being received in the most appropriate setting at a local level and with local accountability.

Practice teams will widen the range of services provided with an extended range of clinical and support staff providing care for both physical and mental health and allowing patients to see the right professional more quickly.

Technology will be used to best effect for patients and general practice staff, offering better care, helping people stay healthier and more independent and improving efficiency for general practice teams. For those unable to use technology other options will be available offering care of equal quality.

Kent and Medway ICB has recently taken over delegated authority for commissioning **pharmacy, optometry and dentist** services.

Harnessing the role of **pharmacy** as part of a PCN approach to the delivery of local health and care services, we will ensure all pharmacies are supporting people with health care, self-care, signposting and healthy living advice.

We will improve and increase access to **dentist** services, maximising capacity and improving urgent care, minimising deterioration of oral health and reducing health inequalities.

We will also improve people's access to NHS sight tests and other locally commissioned eye health services, focussing on improving equality of access for everyone. We will ensure that **optometry** services are integrated into wider system as a key component of vital community-based services.

### Medicines optimisation

Spanning health, social care and justice, total spend on medicines across the ICS is estimated at c.£500m, with an estimated annual growth of eight per cent. Our ICS has developed a pharmacy and medicines optimisation strategy to ensure that medicines are utilised safely and effectively to improve patient outcomes, whilst reducing wastage in medicines usage.

## Patient empowerment and multi-disciplinary teams

The increasing number of people living with long-term conditions means that the needs of our population are often complex, requiring agencies to work in partnership to provide the desired outcomes for our population.

People with multiple health conditions are best served by teams made up of multiple disciplines. This will ensure a holistic approach to common conditions such as cancer, cardiovascular disease, dementia, respiratory disease, and frailty.

Identifying people that require multi-disciplinary care earlier and being proactive in their referral will lead to better outcomes.

Primary care will be supported in targeting proactive referrals for people based on their individual needs and choices. Complex care teams and multi-disciplinary teams working with primary care and social care will co-ordinate identified groups of people and respond to needs and opportunities at a local level.

A strategic joint needs assessment, in support of Better Care Fund improvements between health and social care, will identify opportunities to invest in sustainable improvements in housing, environments and access to care close to home with the aims of enabling independence through system design with timely access to care where appropriate. This strategy will be informed by evidence including lessons learned from patient-centred services such as complex care nursing and multi-disciplinary teams.

A model of shared decision-making will empower the people of Kent and Medway to make informed choices about how, when and where they receive care. This will utilise personal health budgets and social prescribing where appropriate, alongside patient-centred services such as complex care teams encompassing physical, mental health and social care disciplines, enabled by the Better Care Fund.

Where possible, delivering care in a person's own home will help maintain independence and quality of life. This needs to coincide with easy, local access to support services and where appropriate, assistive technologies to continue independence.

We will develop a strategy to build links with the voluntary, community and social enterprise (VCSE) sector to facilitate the business as usual approach to linking people with non-NHS and local authority services.

Cardiovascular disease outcomes are improving but remain the biggest cause of premature mortality nationally. A person dies of cardiovascular disease in Kent and Medway every two hours.

As a system, we are strengthening collaborative working in our cardiovascular networks to improve earlier detection of those at risk, and working with prevention programmes to manage cardiovascular risks, for example, high blood pressure or cholesterol, at an earlier stage. This includes increasing access to education and support to enable people to manage their own condition.

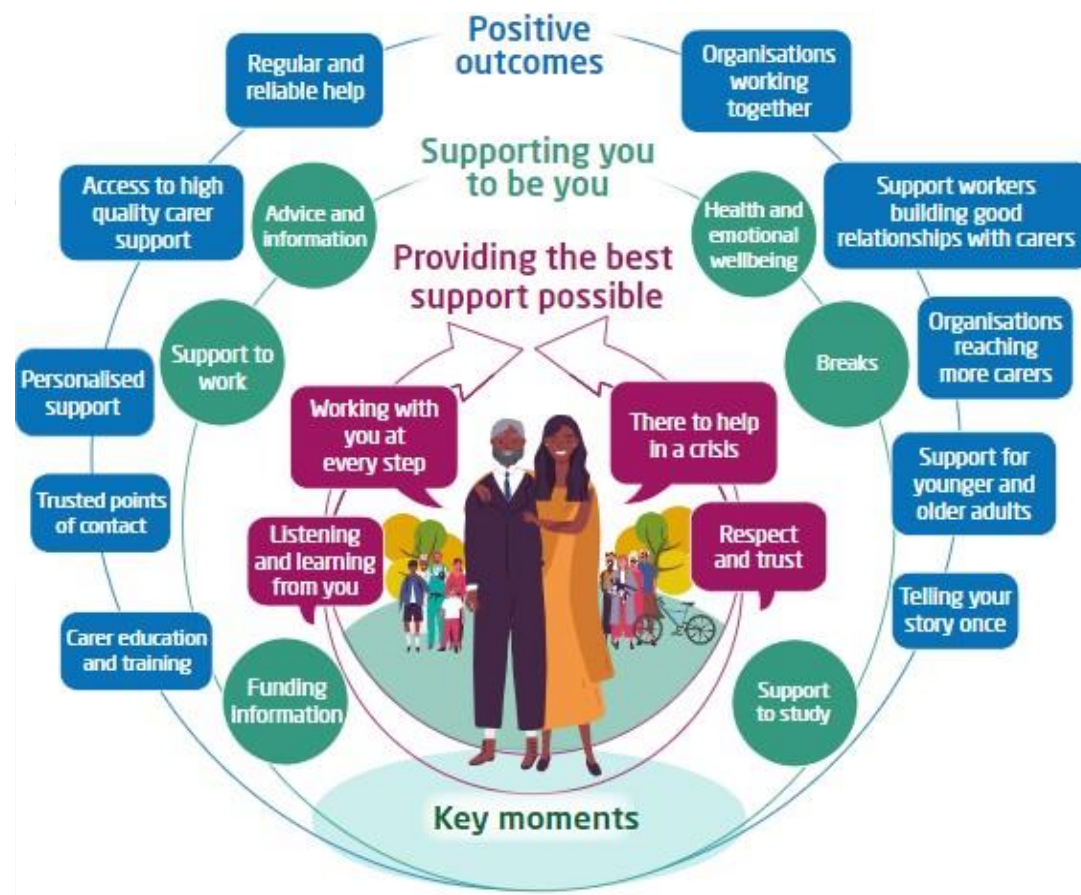
Our networks are committed to reducing the variation of services and outcomes across the system by adopting population health management approaches to identify gaps and target resources.

## Support for carers

We recognise the important role of formal and informal carers in a person's care team. There are many different types of carer and they come from all walks of life, ages, ethnicities, and backgrounds. Anyone can find themselves in a caring role at some point in their life. However, they have one thing in common, their role directly benefits the people they look after and society as a whole, so we must recognise their needs and support them too.

A carer's role can make paid work, study, maintaining social connections and getting involved in leisure activities difficult and sometimes almost impossible. Carers are more likely to suffer with physical, emotional and mental health problems.

Young carers can experience lower educational attendance and attainment, isolation and physical and mental health problems due to their caring responsibilities. We are committed to working as a partnership to address this. We will continue to work together to ensure there is good understanding across all services that work with children about the impacts of being a young carer, how to identify 'hidden carers' and how to put support in place for them. Voluntary, community and social enterprise (VCSE) organisations provide vital support for carers of all ages, including: one-to-one support for young carers to build resilience and help them cope with challenges, respite activities and in-school support.



Source: Kent Adult Carers' Strategy 2022-2027



## Chapter 6

**We will ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.**

We will achieve this through:

- providing quality healthcare as close to home as possible
- continuing to develop centres of excellence for specialised services
- a range of alternatives to hospital care, shorter stays and safe discharge enabling effective flow through the system.





## Hospitals and centres of excellence

We recognise the importance of providing **quality healthcare as close to our populations as possible** and we will continue to plan our services in to enable this to happen.

Access to hospital care at the right time is not just about location, it is also about how we look at how services are configured within a place. Partners within the integrated care system (ICS) must join up health and care around individuals so that they can access the service and receive the requisite quality. Some hospital services will continue to move to community-based settings. For example, during the Covid-19 pandemic, virtual wards and consultations helped ease pressure on hospitals and enabled primary care and other parts of the system to provide essential services.

There is a compelling case for investment and change in the way acute care is delivered to the population of East Kent. Since 2015, we have worked closely with East Kent Hospitals University NHS Foundation Trust, other partner organisations, and the public to review how hospital services should change. The proposals form the basis of a bid to become one of the government's new hospitals programme. Over the next few years, we will continue to support the Trust to further develop their plans to improve the care it provides for East Kent residents.

Nevertheless, there is compelling evidence that creating centres of clinical excellence provides improved outcomes for patients. Increasing the volume and variety of cases within a specialism in centres of excellence that have all the necessary supporting clinical adjacencies, helps to address major geographical inequalities in life expectancy, infant mortality and cancer mortality. These centres of clinical excellence are also proven to attract and retain quality staff and enhance clinical research and innovation.

Here in Kent and Medway, we have already established a number of centres of excellence. We already have two neo-natal intensive care units, one single inpatient renal centre, one single centre for primary percutaneous coronary intervention (PPCI), and a small number of specialist cancer surgical centres.

We are also in the process of creating three hyper acute stroke units, and we will shortly be centralising all inpatient vascular surgery at Kent and Canterbury Hospital. We will continue to work with all partners to further develop centres of excellence where there are clear clinical benefits from doing so.



The recent Health and Care Act gave NHS England the powers to delegate commissioning responsibility to integrated care boards for NHS specialised services and there is a national ambition to delegate commissioning responsibility for 67 of the 154 specialised services from NHS England to integrated care boards.

From April 2024, Kent and Medway Integrated Care Board (ICB) will take over commissioning responsibility for 67 services, such as complex neurology and tier four child and adolescent mental health services and will become the lead commissioner for these specialised services for Kent, Surrey and Sussex.

## Improving flow through the system

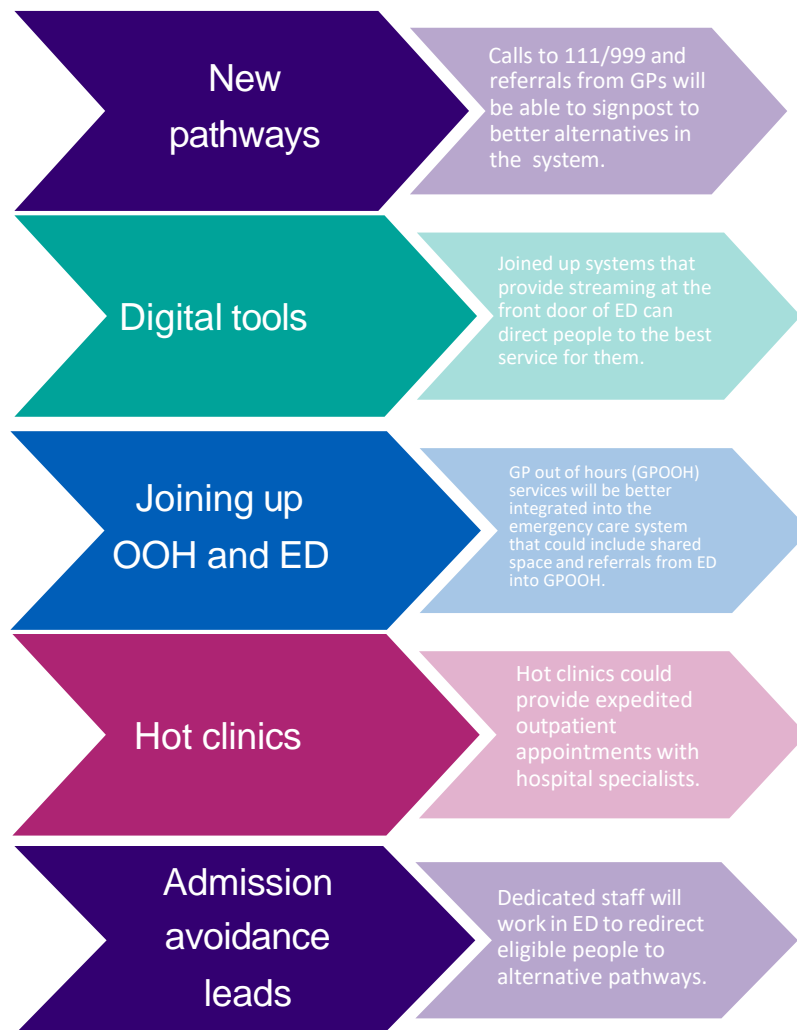
Demand on our emergency departments (EDs) is at an all-time high nationally, exacerbated by seasonal pressures such as winter-related illnesses as well as overflow from primary care and inappropriate referrals. In turn, this leads to full hospital wards, made worse by the challenges of discharging patients from the acute hospital setting.

Embedding new models and services will allow us to not only reduce pressure on emergency departments (Eds) but also deliver more appropriate care faster and closer to the patient's home.

**Urgent treatment centres (UTCs)** and facilities that can provide **same day emergency care** are able to redirect people who would otherwise have visited an emergency department. By reviewing the provision of these services across our region, we will ensure they are reflective of best practice, and we will champion these services to reach the best standards.

### Working together during surge

In peak times, we want to improve the communication channels of our services throughout the system, so they can escalate and de-escalate to support the wider system and take proactive decisions to balance demand.



We will continue to develop relationships with our partners and get better at using data and evidence to inform commissioning decisions. By improving our commissioning relationships with providers of **adult social care**, including the private sector and voluntary, community and social enterprise (VCSE) sector we will ensure sufficiency of the adult social care market and aid discharge from the acute setting.

**Community services** play a significant role in supporting acute hospitals both in prevention of the exacerbation of health issues, reducing the need for admission, and in rehabilitating people to prevent re-admission.

### A focus on discharge

Our ambition is that the Kent and Medway system jointly plans, commissions, and delivers discharge services that maintain flow and are affordable within existing budgets available to NHS commissioners and local authorities, pooling resources where appropriate and responding to seasonal pressures.

We will leverage the benefits of being able to work at system-level to support improved flow and faster, more successful discharges. This will include reducing the transactional behaviour and competition that exists for health and local authority placements.

We will be able to manage the market better, providing joint commissioning and shared tariff and payment mechanisms for care.

Similarly, being able to evaluate our performance at system level will unlock new insights. We will monitor quality effectiveness, outcomes and value for money through new frameworks.

## Alternatives to hospital

### Local enhanced services

Certain investigations and treatments which could traditionally only be provided in hospital will increasingly be available in primary care, with wider skill mixes, more estate options and extended hours.

### Community diagnostic centres

A system-led network solution for diagnostics aims to reduce time to diagnosis through improved patient flow. They provide convenience for patients, away from acute hospital, with rapid results.

### Virtual wards

Patients can get the care they need at home safely and conveniently, rather than being in hospital thanks to virtual wards, enabled by telemetry and wearables, support is delivered by a multi-disciplinary team at a distance.

### Urgent community response (UCR)

We are bolstering our UCR services that aim to see patients within two hours of referral in their own home.

## Shorter in-patient stays

### Single electronic patient record

As part of a our system-wide digital transformation, we're aiming for a single, electronic patient record that will allow clinicians to provide continuity of care with easy access to important clinical information.

### Same day emergency care

Providing rapid and targeted treatment to applicable patients without prolonged admission can reduce the risks with long stays in hospital.

### Better testing and pathology

Consolidating pathology services allows for more consistent, clinically appropriate turnaround times, ensuring the right test is available at the right time.

### Urgent treatment centres

These community services can be used to relieve pressure on larger A&E departments, which are better placed for treating the seriously unwell, shortening waiting times for both ambulances and patients.

## Successful discharge

### Discharge pathways programme

Kent and Medway Integrated Care Board has used the Better Care Fund (BCF) to help deliver closer collaboration and joint risk sharing when funding and delivering discharge pathways.

Single, integrated discharge teams will have access to system-wide knowledge and resources to plan discharge.

### Reablement

Joint commissioning of care will have a stronger focus on reablement and therapy and reduce the number of handovers needed between services.

### Data-supported discharge services

Improved discharge flow is underpinned by system-level demand and capacity modelling as well as accurate and contemporary data to support us in identifying inequality across the system, allowing us to implement steps to improve pinch points and equality.



## Chapter 7

**We will make Kent and Medway a great place for our colleagues to live, work and learn.**

We will achieve this through:

- championing an inclusive workforce
- looking after our people
- growing our local workforce
- building 'one' workforce.



## Our context

There are over 80,000 health and care colleagues across a range of services based in Kent and Medway.

We have a multi-generational workforce with differing needs and there are opportunities to work more closely together to offer attractive employment at each stage of people's careers.

While good examples of collaboration and innovation exist and should be adapted and scaled up where we can, there are differing experiences across our teams which should be tackled. This is especially true for colleagues from ethnic minority groups and those with disabilities or long-term conditions.

The demand for staff is outstripping supply and, along with an ageing workforce, this is putting increased pressure on our teams.

There are many opportunities to work together as a system to grow and develop our workforce and make Kent and Medway a great place for our colleagues.

## Our ambition

Wherever you work in health and care in Kent and Medway, we want it to be a great place to work and learn.

We see our future as one where our people champion Kent and Medway as a great place to work; where they are empowered to drive improvement, innovation and are active in research.

We want our people to work together across organisations and collaborate with local residents to create communities that are amongst the healthiest in England.

We want our workforce to: work together, across health, care and voluntary sector, enjoy their work, learn and develop in their jobs, be empowered, engaged and develop to be excellent at what they do.

To do this, organisations within the integrated care system (ICS) will work together to attract and retain professionals, work with education and training providers to develop exciting and diverse careers and training opportunities, provide talented and capable leadership and offer flexible and interesting careers.



### Homegrown doctors

Kent and Medway Medical School is a ground-breaking new collaboration between local universities and NHS partners. The curriculum is delivered with integration in mind, with early exposure to a range of health and care professionals, and early experience in general practice. In the future, locally trained doctors will be able to serve our local communities and work within the integrated care system (ICS) to meet the challenges of modern health and social care.

### Championing inclusive teams

We will work with all our partner organisations to embed cultures that promote civility, respect and inclusion, providing shared talent and development opportunities and education for leaders and teams, with shared action to grow and celebrate our diversity and be representative of our communities including systematically addressing bias, empowering and developing colleagues from underrepresented groups and celebrating diversity at all times.

We will build from best practice, working with colleagues with lived experience to build inclusive teams and cultures and tackle racism and discrimination.

### Looking after our people

We will develop wrap-around wellbeing services for our workforce. These will support those with illnesses as well as empowering colleagues to proactively manage their wellbeing. We will identify specific interventions that align with our population health priorities, particularly with colleagues who are experiencing health inequalities.

### Growing our workforce and skills

We will build on our Kent and Medway Health and Care Academy by working in partnership with local employers, schools, careers services and education partners to create a robust pipeline of local workforce for future years, developing new roles such as apprenticeships, new ways of working such as cross-organisational portfolio roles with the skills and digital capability to be ready for the modern workplace.

We want to develop programmes that help to reduce long term and youth unemployment, bring young people into work and support carers as part of our wider workforce. We will create an attractive employment proposition for health and care. One that develops and retains our exceptional local workforce and attracts people into careers in health and care from within and beyond Kent and Medway, reducing the need for expensive agency workers.

### Building 'one' workforce at place

Working across health and care partnerships, we will use our anchor institutions to develop one workforce at place, create integrated neighbourhood teams with embedded flexible working, mobility and enabled through digital technology and capabilities.

Through this, we hope to reduce unnecessary commuting and reduce our carbon footprint. We also have a vital and valued volunteer workforce - we will ensure that that we celebrate their invaluable work but also seek their input to shape, improve and deliver services.

The Kent and Medway people strategy is being developed alongside the integrated care strategy and five-year joint forward plan, and is being led by the chief people officers across Kent and Medway, with engagement of a range of partners. The strategy development will be overseen by the Integrated Care Board's People Committee.

## Chapter 8

### **We will drive research, innovation and improvement across the system**

We will achieve this through:

- establishing ways to better collaborate on research across our system
- unlocking additional capacity by empowering our workforce to take part in research and improvement in their everyday work
- championing innovation and being open to trying new ideas
- sharing and using data safely and effectively to achieve better outcomes
- embracing digital transformation as a system.

## Our research context

There is a large amount of high-quality research already taking place across Kent and Medway. However, this research is not always as widely shared as it could be, and it is difficult to find out what research is under way across the system.

The data that our partners hold is a rich source of information that can provide valuable insights and, in turn, can drive improvement. Trusted frameworks and governance structures are needed to facilitate combined data sets.

The formation of our integrated care system (ICS) presents an opportunity to establish new ways of working and reshape the focus of our research. Our aim is to bring the research activity, data and innovation of our organisations closer together. This will allow for better **collaboration**, unlock additional research **capacity**, and help share **innovation** across our system, collectively to improve the lives of people who reside and work in Kent and Medway.

## Our six research and innovation outcomes are set out below:

### 1. People are well informed and understand it's their right and choice to participate in research.

- We'll achieve this by integrating research messaging into everyday communications.
- We'll achieve this by making available an expansive and diverse portfolio of studies that unites system partners for equitable access to patients, carers and the general public.

### 3. Research evidence is utilised to support improved outcomes.

- We'll achieve this by enabling system-wide capability to access and synthesise new evidence.

### 4. Co-develop new research projects in response to local evidence gaps and in line with local strengths.

- We'll achieve this by commissioning local research, with university collaboration in response to local needs and priorities.

### 5. Increase the number and diversity of the research and innovation workforce.

- We'll achieve this by supporting our workforce, promoting research as a career and jobs that span multiple disciplines.

### 6. Enabling and supporting the adoption and spread of proven innovation, for better outcomes and thriving lives.

- We'll achieve this by horizon scanning and industry engagement to generate a rich pipeline of useful Innovation.

## Research Collaboration

Involving all of our partners will allow us to apply a more holistic approach, considering more of the wider determinants of health and challenging partners to view prevention as our primary focus.

Our own research should be utilised to help us plan and commission services more effectively. By consulting with our research community on modelling and appropriate methodologies, we can commission services based on local, evidence-based research.

As our confidence in collaborative research grows, we will understand the needs of our communities better, and identify collective solutions to address them.



### Joint research collaborative (JRC)

The JRC brings established NHS trust research and innovation units and local academic partners together, and now has been extended to public health and social care teams. This will support better prioritisation of research objectives and improve representation of otherwise under-represented service users.

### Health determinants research collaboration

Medway Council, in collaboration with the University of Kent, has been successful in bidding for £5m in funding to establish a Health Determinants Research Collaboration, one of just 13 in the country. The team will conduct research on wider determinants of health which will inform council and ICS policy on how we work to improve health and wellbeing.

Kent County Council public health has recently set up a research, innovation and improvement unit working with adult social care (known as Kent Research Partnership) and the wider council to strengthen existing research infrastructure, capacity and culture. This will build upon KCC public health's track record on international research activities (health and Europe), experience in linked dataset development and associated education and training activities such as Darzi Fellowship and other university placement programmes.

### Units

- Pockets of expertise
- Small, highly skilled teams
- Health-focused
- Specific geographies and groups



### Hubs

- Holistic approaches to research
- Shares knowledge widely throughout system
- Trains and upskills wider workforce

Our research and innovation units are key centres of talent and expertise that need to be harnessed to disseminate learning throughout the system. Our aim is to develop these into hubs that broaden our outlook and equip more people with skills to carry out research and improvement work.

With a system-wide overview, we can deploy additional support, such as in general practice and district councils, to bolster their research output and align it to wider system priorities.

Lastly, there is the opportunity to create new integrated research roles that traverse different sectors as well as advocating for adding research activity into job descriptions.



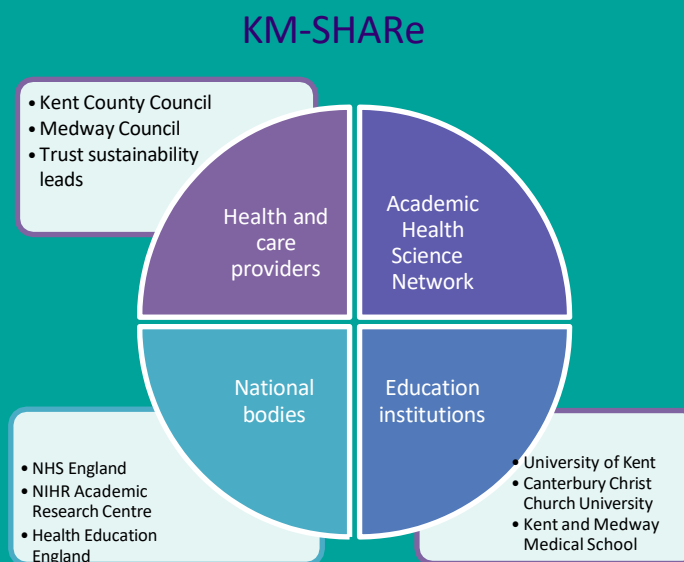
## Quality Improvement and Innovation

We will make a commitment to, and adopt, a **single methodology and philosophy** (such as Quality, Service Improvement and Redesign – QSIR), and develop capacity and capability at all levels of the integrated care system (ICS). We will change culture to increase focus on experimentation and rapid improvement cycles.

Upskilling our workforce and empowering colleagues to take on research, innovation and quality improvement across a wider cross-section of our system will provide greater capacity. In doing so, we can instil continual improvement across the entire system.

Quality improvement and innovation are activities already underway across the system. As an ICS, we will be better able to share best practice and learning. We will work with regulators, such as the Care Quality Commission (CQC) and Office for Standards in Education, Children's Services and Skills (Ofsted), where appropriate to drive improvement through the system.

KM-SHARe is a collection of local and national partners who are coming together, hosted by the ICS, to overcome traditional boundaries to focus on sustainability and environmental initiatives in support of our green plan.



## Covid-19 driving innovation

Throughout the pandemic, additional research activities were undertaken by social care, public health and primary care teams in order to respond to issues directly affecting local populations. Maintaining this momentum and capitalising on reduced barriers to work between organisations can be facilitated by the joined-up approaches of working as an integrated system.

We will build a partnership between the University of Kent and key partners, such as the Kent and Medway Medical School, to build a centre of excellence in delivering research that creates evidence and solutions for local health and care providers and commissioners.

We will ensure a focus on key system enablers, with strategic attention to digital, including shared data and analytics.

### Data and Information Sharing

Easy access to information when and where it is required through **the Kent and Medway Care Records Programme** will help guide our decision making, allowing for informed decisions on real-world, local knowledge.

Allowing this data to be more routinely shared throughout our system will be enabled through better legislation at both a national level and through local arrangements.

Through the **My Care Record** programme we will provide the residents of Kent and Medway with access to their own medical record.

Our long-term ambition is to build a **trusted research environment**, based on national guidance, that will allow for a safe, secure space for linked data across our local region.

A shared information governance model across local government and NHS will be developed to enable data sharing and integration for secondary uses such as population health.



### Digital transformation

The integrated care system (ICS) digital charter describes how we want to work together on both a data and digital standpoint. Our collective aim is to **reduce complexity, communicate digital plans** and **deliver healthcare transformation** through a series of digital and data programmes.

Some of the ways to do this include empowering digital champions to lead transformation, building confidence within our workforce around digital and data and developing a sustainable service that does away with waste and consolidates in areas where there is duplication.

We are investing in the development of single clinical systems across the ICS. Examples include a single pathology information system, a single maternity system and a single cancer information system which will provide richer data and further develop record sharing with people.



## Chapter 9

**We will provide system leadership and make the most of our collective resources.**

We will achieve this through:

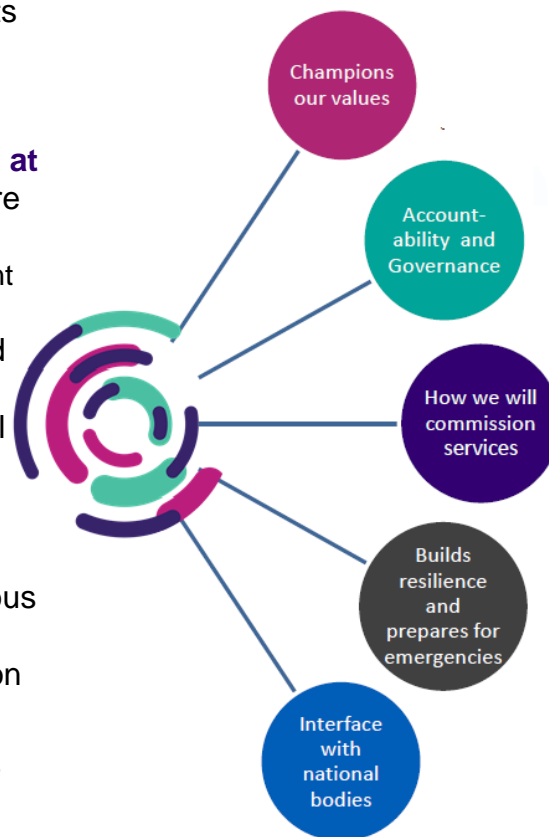
- championing our values
- monitoring quality and providing governance
- guiding resource allocation
- interfacing with national bodies
- building resilience and preparing for emergencies
- working with our places and neighbourhoods to align priorities and develop implementation plans.

At **system level** we must focus on the complex issues that can only be dealt with by acting together. We are facing a period of significant financial challenge. We recognise the tangible patient and population benefits that can come from closer working with partners in delivery and commissioning of services.

We will work with our **health and care partnerships at place level** to ensure that priorities and ambitions are aligned and that robust implementation plans are developed with the system holding each other to account for the delivery. Organisations need to **understand each other better** so that we reduce duplication and make the most of our collective resources. Where appropriate, we will also use the tools at our disposal to pool our resources and overcome barriers to integration.

We will position voluntary, community and social enterprises (VCSE) as our strategic partners in various workstreams throughout the ICS by having an established VCSE alliance with formal agreements on how we will work together.

This strategy reflects insights from the public and the output of a Symposium held in October 2022, which had over 100 participants from across the system. As leaders, we must find ways to create space to continue to build a **culture of collaboration and trust**.



Our values act as the foundations for the way we conduct our work. We will build a culture of organisational trust and transparency and be prepared to take risks to achieve the right outcomes for our population. This extends beyond how we work together as a system but also sets out how we should interact with private businesses, voluntary organisations and the people of Kent and Medway. We will continue to build partner leadership and commit to tackling the wider determinants of health.

We must monitor progress of activity and our impact and hold each other to account for delivery on commitments. For the first time, targets will encompass combined metrics for both health and social care. We will work to develop core outcomes that will enable us to show tangible improvement. Governance will enable coordinated prioritisation and planning of activities and sharing of best practice between partners.

We will continue to listen to the voice of those with lived experience of our services, including those unable to access what they perceive they need. We are committed to increasing the resources that we can allocate and share between partners, that are jointly commissioned across health and social care. The ICB is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services. This could support new and emerging provider collaboratives and remove obstacles to operational teams working together.

We have legal duties to be prepared to respond and coordinate services in emergencies. System-wide resilience and emergency preparedness requires robust leadership and accountability. We have a robust system-level response plan and test these plans locally, regionally and nationally. Our ongoing, coordinated response to Covid-19 is led at an ICS level.

As changes take place across health and social care on a national level, the ICS will act as the voice of the people of Kent and Medway on the national stage. We will advocate on behalf of our community and influence wider policy to benefit our population.



Section 75 agreements allow us to pool budgets between local health and social care organisations and authorities.

We have agreed a new Section 75 agreement for learning disability and autism (LDA) services earlier this year, with Kent County Council, Medway Council and NHS Kent and Medway as partners in this single Section 75 arrangement, a move from the two separate ones.

As system partners, we are working to understand the impacts associated with significant housing developments, including the likely health needs and the future provision of health services. Through this process and as part of the wider healthcare infrastructure strategy, we will continue to identify infrastructure development requirements, including through developer contributions, that support the provision of additional healthcare services and healthcare facilities (including plans associated with existing facilities) for local populations.

### Co-design and joined-up commissioning

The formation of our integrated care system (ICS) will transform how we commission services. Supported by legislation, we will deploy services and pathways that are tailored to specific needs and localities.

We will involve service users throughout design and seek regular feedback to respond to new demands and improve experiences. We will involve the voluntary, community and social enterprise (VCSE) sector and Healthwatch as additional important voices in the development of our services.

These services will be able to transcend health and social care for joined up, single access provision with an emphasis on staying well and prevention.

The Better Care Fund (BCF) allows spending for joined-up services that span health and social care, bringing them closer together in a more streamlined way.

Work has also commenced to review all BCF spend in Kent and Medway. We will look for opportunities for further joint working and re-working the BCF to make it fit for purpose and a transformational vehicle. The first stages of this work will be completed before 2023.

For example, in Medway, a joint commissioning management group, made up of system senior officers oversees all spends from the BCF. The partnership commissioning function ensures that health and social care are both embedded in new contracts.

### Our Green Plan

Kent and Medway integrated care system (ICS) is taking the impact of climate change on health and inequalities very seriously. Partners across the system are now working together to create a coordinated plan of activity to maximise the effect of our collective action in tackling climate change. The more we do to reduce carbon emissions, improve air quality and promote biodiverse green spaces, the bigger the positive impact on our population's health and wellbeing. Our vision is bold: It is to embed sustainability at the heart of everything we do, providing first-class patient care in the most sustainable way. Not just by choosing greener but by using less, repurposing what we use, and avoiding waste.

It is imperative that we work at pace and at scale as partners to deliver a combined approach not only to reducing our carbon footprint, but also promoting biodiversity and adapting to the changes in our climate that are already happening. We are confident that we can unite with our partners and our communities to achieve the ambitions of our green plan, and beyond.

We have responded to the NHS commitment to be the first healthcare service in the world to reach net zero on carbon emissions by 2040 by producing a five-year green plan, which we will deliver in partnership with staff, patients and suppliers.

## Playing our part as ‘anchor institutions’

Our reach extends beyond how we work together as a system. The term ‘anchor institutions’ is used to describe large organisations, connected to their local area, that use their assets and resources to benefit the communities around them.

We have many large organisations across the ICS and all have a vital role to play in the health and wellbeing of our communities. As public sector anchor institutions in Kent and Medway, we will explore how we can make a difference directly to influence health and wellbeing in a positive way, including tackling health inequalities. For example, through:

- how we procure goods and service, using the power of our supply chains to broaden our reach
- looking after our workforce and offering training, employment, and professional development opportunities
- looking at how we use our buildings and land, e.g. ensuring that all green spaces across the ICS footprint are utilised fully for the benefits of biodiversity, the welfare of our staff and the people of Kent and Medway
- reducing our environmental impact and being leaders in achieving Net Zero
- working in partnership with other anchors
- retaining wealth in the region and driving inclusive, sustainable economic growth.



## Chapter 10

### **What's next? Engaging our communities on the issues that matter.**

We will actively engage our communities on this strategy and our joint forward plan.

We will achieve this through:

- involving people from all walks of life to have their voice heard
- utilising multiple channels to ensure accessibility
- refreshing our strategy and developing supporting documents.



## Next steps

In this document, we have laid out our interim strategy on how we will work together to improve the lives of people in Kent and Medway. We plan to publish an updated strategy in the autumn of 2023 to reflect the insights gathered from a wide range of engagement activities.

Our immediate next step is to create a plan to transform these initial ambitions into reality. This will be a five-year joint forward plan.

Medway Council is refreshing its joint local health and wellbeing strategy to be published in late 2023 and Kent County Council is developing an action plan based on the priorities set out in this strategy.

We will work to develop core outcomes that will enable us to measure success and show tangible improvement. We will then compile an annual report that will reflect on our performance and track our progress against targets.

Before the start of each financial year, we will publish a refreshed five-year plan, setting out our activities across health and social care that will work towards achieving our strategic goals. We will update our plan to celebrate our successes, refocus our efforts and respond to new challenges.

## A new approach to engagement

We will not succeed unless we actively engage with and listen to the communities we serve, and people working throughout the system.

We want to:

- raise awareness of the work to improve health and care in Kent and Medway and the wider determinants of health and wellbeing
- give people the opportunity to influence decisions
- ensure insights gathered are considered in future plans and strategies.

Engagement activities will support us to identify priorities and improve the way we deliver services for local people. Formal public consultation and engagement activities will take place for Medway Council and Kent County Council and system partners to further develop and refine their strategies throughout 2023.

Collectively, we will use multiple channels to reach our audiences. We will ensure that, where possible, any engagement or involvement opportunities are accessible, locally available, allow for reasonable adjustments, and, where appropriate, provide resources and training to build capability and capacity to enable effective participation.

At times, engagement will be carried out on a system basis (for instance a programme of roadshows, surveys and online engagement platforms). At other times, health and care partnerships, which bring together partners at a place-based level, will lead more localised engagement, including through local district and borough councils and primary care networks, which will engage through their patient participation groups.

Individual partners may also deliver localised engagement activities. Partners will share the insights gathered through all engagement activities.

We will support, complement and champion this place-based and neighbourhood engagement and make sure there are mechanisms in place for local insights to be considered and inform strategies and plans.



## Have your say

We need everyone to help us do things differently. It's time to make positive, long-term change to the way we plan and deliver services so that we can make meaningful changes to the health and wellbeing of Kent and Medway residents.

We want to prevent ill-health wherever possible. This strategy outlines some of the work we are planning – we want to know what you think and your ideas.

There are lots of ways for you to have your say to help us plan for the future.

Your views will be listened to and will help shape our plans and strategies for the future.

You can share your thoughts on our strategy or on wider issues relating to health and wellbeing by registering for our online platform:

[Have Your Say in Kent and Medway](#)

[www.haveyoursayinkentandmedway.co.uk/](http://www.haveyoursayinkentandmedway.co.uk/)

Here you will also find out more about some of the exciting projects underway and examples of how we are demonstrating our new future.

- Alternatively, you can write to us at:

[kmicb.engage@nhs.net](mailto:kmicb.engage@nhs.net) or

The Engagement Team

Kent and Medway ICS

Kent House

81 Station Road

Ashford

TN23 1PP





**To approve the Trust's Equality, Diversity and Inclusion (EDI)  
Strategy 2022-2026**

**Chief People Officer**

The EDI Strategy has been reviewed, and recommended for approval, by the 'main' People and Organisational Development Committee meeting 16/12/22; and the Executive Team Meeting (ETM) on the 10/01/23. It was agreed at the latter that the Chief People Officer and Deputy Chief People Officer, Organisational Development should amend the Equality, diversity and inclusion (EDI) Strategy to reflect the comments given at the ETM on 10/01/23, and submit the Strategy to the Trust Board, for approval.

The enclosed report has been duly amended to reflect the comments received at the ETM on the 10/01/23.

The Trust Board is requested to review, and if appropriate approve, the Trust's EDI Strategy for 2022 to 2026.

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

- 'Main' People and Organisational Development Committee, 16/12/22
- Executive Team Meeting, 10/01/23

**Reason for receipt at the Board (decision, discussion, information, assurance etc.) <sup>1</sup>**

Review and approval

<sup>1</sup> 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

# Equality, Diversity and Inclusion (EDI) Strategy 2022 - 2026



# Foreword

The Equality, Diversity and Inclusion Strategy 2022 – 2026 for Maidstone and Tunbridge Wells NHS Trust (MTW) sets out our commitment, over the next four years, to create a culture where staff can bring their authentic selves to work, be valued for their contribution and thrive in an environment free from discrimination or harassment.

This strategy was developed using evidence from key equality reports, staff survey results and insights from our stakeholders, namely staff network representatives, Freedom to Speak Up Guardian team, Staff Side and HR colleagues, Organisational Development colleagues and our Chief People Officer.

The focus of this strategy will be to pilot initiatives, add value to existing work underway, and share, learn and collaborate with colleagues across the Kent and Medway Integrated Care System. This is a sub-strategy of our people and culture strategy and feeds into the equity, diversity and personalisation strategic priority.



Best wishes,  
**Jo Taylor**  
Head of Staff Engagement and Equality



# Executive summary

We aim to create an inclusive, compassionate and high performing culture where our people can thrive and be their best selves at work.

The strategy sets out a vision and plan to ensure that equality, diversity and inclusion is at the core of everything we do at MTW.

It reflects and responds to legal, national, regional and local healthcare policies.

These include: Equality Act 2010, NHS Long Term Plan, NHS People Plan and Promise, Model Employer Strategy for Race Equality and the national focus on health and wellbeing following the COVID-19 pandemic.



## To fulfil our legal duties

### Equality Act 2010

Offers legal protection from discrimination in the workplace and access to services

### Human Rights Act 1998

Protects human rights in clinical and organisational practice – fairness, respect, equality, dignity, autonomy

### Health and Social Care Act

Reduces inequalities in access and outcomes of care



## To fulfil regional and local healthcare policy

### NHS long-term plan

Focuses on joined up health and care to meet local needs

### NHS People Plan and Promise

Emphasises compassionate, inclusive and flexible work cultures

### Model Employer Strategy for Race Equality

Reduces race inequality and renewed attention on health and workplace inequalities due to the COVID-19 pandemic



## To fulfil NHS standard contract

### Workforce Race Equality Standard (WRES)

Providing BAME staff with equal access to career opportunities and ensures that they receive fair treatment in the workplace

### Workforce Disability Equality Standard (WDES)

Supports positive change and creates a more inclusive environment for people with disabilities

### Gender pay gap

Equity of pay across genders

Language in the EDI world updates frequently. Whilst the term equality has always meant that everyone has the same opportunities and receives the same treatment and support, it is now widely recognised that we need to support individuals. Therefore, the term equity represents giving individuals what they need in order to make things fair. Within this document we aim to use the term equity unless standards dictate otherwise.





# Our six priorities

This strategy has been developed and informed through engaging with and listening to our key stakeholders to understand what is important to them, and ensures that we are focussing on the things that people want us to improve.



# Strategic aims for inclusion

1

Proactively seek opportunities to exceed our legal obligations to eliminate discrimination, harassment and victimisation and ensure equity of opportunity for our staff and patients

2

Have strong leadership evidenced by a well-led environment in which our staff are valued for their diversity and the contributions they bring from their own experiences

3

Develop and embed an inclusive culture, that encourages and values diversity, uniqueness and experiences of our staff, enabling them to be themselves and bring their whole self to work

4

Ensure our staff feel equipped and confident to, and do, speak out when they see bias or discrimination, to ask questions and challenge in a way that encourages constructive conversations and supports positive change

## The outcomes we expect to see over the next four years include:

- A workforce that is diverse in terms of ethnicity, disability, sexual orientation, gender and age
- Talent management creating career progression opportunities which positively reflect in our retention and recruitment
- A kinder workforce where staff have better experiences, have positive working relationships and have a voice that is heard and acted upon
- The leadership at the most senior levels of the organisation who are role-modelling inclusive behaviours and taking accountability for supporting challenge and change.



# Promise and commitment

## The NHS People Promise

We are compassionate and inclusive | We are kind and respectful | We all feel the pressure at times, but we care for each other, as we care for our patients | We don't tolerate any form of discrimination, bullying or violence, and call out inappropriate behaviour | We are open and inclusive | We understand, encourage and celebrate diversity, making the NHS a place where we all feel we belong.

### Our commitment to equity, diversity and inclusion

- ✓ We aim to have a workforce that reflects the diverse community we serve
- ✓ We will promote the diversity of talent within MTW so that staff fulfil their potential and have access to opportunities
- ✓ We will engage with and respond to the interests of our stakeholders and their needs
- ✓ We will involve those who use our services in the design and delivery of their care
- ✓ We will take every opportunity to advance equity, diversity and inclusion in the design, delivery and review of all our functions, policies and practices
- ✓ We will challenge behaviour at all levels which goes against this commitment and support our workforce to do the same





# Our challenges

Throughout the NHS there is evidence that staff from under-represented groups have worse experiences at work.

The COVID-19 pandemic has exacerbated this and for some it has highlighted further the inequalities they face. This is one of many ongoing challenges, from pay and award gaps, recruitment and promotion gaps, under-representation at senior levels in the workforce, lack of inclusion and being discriminated against. We hear the lived experiences of our staff from minority groups and see the data from our staff surveys, gender pay gap, workforce race and workforce disability reports.

## Inclusive recruitment

- There is a lack of transparency around internal job opportunities and secondments
- Staff from minority groups report consistently not being shortlisted for roles they feel they have the skills and experience for
- Interview feedback either isn't forthcoming or doesn't support staff in their development

## Talent management and succession planning

- Assumptions are often made that staff from certain cultures are not willing to progress
- The process for accessing CPD isn't fair and equitable
- Talent conversations don't always take place and staff aren't provided with opportunities to grow and develop

## Civility, kindness and respect

- Staff from minority groups report discriminatory behaviour and language from patients, staff and managers
- Bullying behaviour is left unchecked
- Reports of discrimination, bullying and harassment aren't taken seriously and investigated appropriately

## Voice and engagement

- Staff are worried about the implications of speaking out about staff and managers
- There is a lack of understanding of how our staff networks can best support staff during challenging times
- The lived experiences of our staff aren't fully understood or treated with genuine concern

## Leadership

- Our leaders are not always open to learning about diversity and inclusion
- Staff don't see leaders consistently challenging poor behaviour and language
- Senior leaders aren't consistent role models for equity, diversity and inclusion

## Values and behaviour

- Staff have a lack of understanding of the experiences and challenges of staff and patients with protected characteristics
- Our values aren't consistently demonstrated throughout the organisation
- We don't encourage and support our staff to call out inappropriate language and behaviour from patients, staff and relatives

**43.8%** of staff don't believe MTW acts fairly regarding career progression/promotion – NHS Staff survey 2021

**322** staff experienced discrimination at work from a manager/team leader or colleague – NHS Staff survey 2021

**37.8%** of staff did not feel safe to speak up about things that concerned them at MTW – NHS Staff survey 2021

**20.7%** of staff experienced harassment, bullying or abuse at work from colleagues – NHS Staff survey 2021

White staff are 1.37 times more likely to be appointed from shortlisting compared to BME staff – WRES 2022

There are zero BAME non clinical staff in bands 8d and 9 compared to 12 and 13 white staff – WRES 2022

There are no disabled clinical staff in bands 8c and above – WDES 2022

MTW are proud to offer:

### Staff networks

- Disability
- Menopause
- Cultural and Ethnic Minorities Network (CEMN)
- LGBT+
- Senior Women Leaders
- Autism
- Carers
- Chronic Pain
- Inter-Faith Parents

### Disability confidence

- Confident leader status
- Staff Health Passport
- Disability leave
- Disability and autism awareness training

### LGBT+ inclusion

- Trans awareness training
- Stonewall Workplace Equality Index (WEI)
- MTW Pride
- NHS Rainbow Badge
- LGBT+ conferences

### Race equity

- Reverse mentoring
- BAME mentoring
- White Ally training
- Anti racist training
- See ME First initiative
  - demonstrating inclusion for our ethnic minority staff
- The Power of Me!
  - career development event for ethnic minority staff

### Speaking out

- Safe Space Champions
- Mediation service
- Mental Health First Aid
- Please add Freedom to Speak Up Guardians

**LGBT+**  
Network

**Disability**  
Network



**Cultural and  
Ethnic Minorities  
Network**



*I am a Safe Space  
Champion*

# Current programme of work

EDI work throughout 2022 has focused on a number of areas that are reflected in the strategy, these include:

## Values-based recruitment

We have supported the ICS in the commissioning and development of De-Biasing Recruitment training – the ICB have committed to all recruiting managers taking part in this training over the coming 1–2 years. The pilot took place in October and has started to roll out from November/December 2022. Recruiting managers in high turnover areas and those who have large areas of responsibility for recruitment have been prioritised.

## Civility and respect

The first three cohorts of mediators have been trained and successfully completed their assessments. Working with the HR advisers, usage of the mediation service is growing and is expected to rise with the implementation of Respectful Resolution (RR). RR is a stepped process to empower staff to have conversations enabling issues around bullying and harassment and other relationship issues at work to be resolved early. This might also include facilitated conversations and mediation. This has allowed us to set up a process where there are a number of informal options available to resolve issues before they enter a formal grievance. Training so that we can deliver this content is scheduled for February 2023.

## Voice and engagement

We continue to support our staff networks and in 2022 we launched a parent support group, interfaith network and menopause network, providing more staff with an opportunity to connect. We continue to train Safe Space Champions to provide listening ears and support to staff.

We provide career development support and contribute to the values-based induction for our staff where we talk specifically about issues relating to EDI.

## Leadership

We have delivered EDI sessions on all Exceptional Leadership programmes to date and have set a plan to continue to support the programme going forwards. We have received our action plan from the NHS Rainbow Badge assessment and are setting out our plans to promote involvement for all leaders. We will develop an internal reverse mentoring programme which brings together staff from all minority groups and a variety of our leaders.

## Values and behaviour

We continue to deliver EDI overview training, white ally training and host trans awareness training, which also covers issues that might relate to our patients, e.g. inclusive language and forms. We provide career development support and contribute to the values-based induction for our staff where we talk specifically about issues relating to EDI. We also work in a bespoke way with teams to address issues arising from cultural clash.



# Staff networks and support

Our staff networks have gone from strength to strength and have seen additional peer support groups develop over the last year such as;

the Autism Support Group, Carers Network, Chronic Pain Support Group, Parents Group, Inter-Faith Network, Senior Women Leaders Network and Menopause Support Group, which all provide opportunities for staff to share their unique lived experiences and provide support to one another.

## Cultural and Ethnic Minorities Network (CEMN)

This network has driven and supported many initiatives during the last two years including:



- Our first reverse mentoring programme which saw the whole Trust Board being mentored by BAME staff from a wide range of roles
- A first-of-its-kind KMICS BAME mentoring programme which matches mentors with BAME mentees across the system focussing on career development
- Piloted an innovative de-biased recruitment process and supported the training of 40+ EDI recruitment representatives to support recruiting panels to understand how to run de-biased shortlisting and interviews
- Supported the development and delivery of our White Ally Programme along with the 'See ME First' badge scheme
- Provided support in developing an EDI module, drawing on Trust data and the lived experiences of our ethnic minority staff, for our ongoing Exceptional Leaders Programme
- Acted as advocates to staff experiencing discrimination from ethnic minority backgrounds.

## LGBT+ Network

The network has driven and supported many initiatives during the last two years including:



- Launching the very first MTW Pride event, visiting all the main MTW sites with stands and goodie bags at each and a further 100 staff signed up to the NHS Rainbow Badge pledge

- Continuing to work with teams to develop inclusive environments for our staff and patients, ensuring that appropriate language is used in documentation and inclusive representation in our imagery
- Supporting midwifery services in implementing the Brighton NHS Trust's Gender Inclusive Toolkit which supports trans and non-binary birthing people
- Being assessed for the NHS Rainbow Badge Phase 2 Assessment Scheme and developing an action plan to improve inclusion in our HR policies, training and staff confidence in supporting LGBT+ patients and staff, and our service delivery.

## Disability Network

The DisAbility network has continued to grow in size and has held monthly meetings hosting activities related to disabilities for the whole Trust including:



- The support provided by Occupational Health with reasonable adjustments
- Introduction of the Staff Health Passport
- Supporting staff with autism in the workplace.

The network plays active roles as subject matter experts to the Trust in developing services, our senior leadership training programmes and supporting campaigns such as 'Different Not Less', which focuses on our patients and colleagues with autism.

Pippa Meakins, Chair of the network, has shared her plans to:

- Promote the networks
- Hold acceptance and awareness events
- Improve training about disabilities
- Positively influence the recruitment process for people with disabilities
- Introduce a mentoring system for both staff and managers to provide positive experiences of disabilities for all.



## The commitments we make:

✓

We will break down the barriers that staff with protected characteristics face in the recruitment process

✓

We will increase the diversity of our workforce and measure this through our WRES, WDES and gender pay gap data

✓

We will work with all areas of the business to provide diversity data and insights, and promote inclusive recruitment practices

✓

We will apply values-based recruitment principles to ensure inclusive shortlisting and interview processes

## Our four year plan

Aim 1

Bias recognised and challenged in recruitment

Aim 2

Improved diversity across the workforce

2022-23

- Ensure secondment opportunities and internal-only roles are advertised appropriately throughout the Trust via a vacancy hub on the intranet
- Undertake WRES workshops with all divisions and discuss race disparity
- Create second cohort of EDI recruitment reps and formalise process for accessing them to be used within shortlisting and recruitment panels
- Encourage diverse recruitment panels and use of EDI recruitment reps
- Assist in developing inclusive job descriptions, job adverts and interview questions
- Provide support to recruiting managers to have useful feedback conversations with unsuccessful candidates

2023-24

- Undertake WDES workshops with all divisions and discuss disability disparity
- Undertake gender pay gap workshops with all divisions and discuss gender disparity
- Work with external agencies to support people with disabilities in applying for roles within the organisation – utilising working interviews where required
- Roll out values-based recruitment to all recruiting managers
- Review progress of WRES workshops with divisions using race disparity data

2024-25

- Undertake sexual orientation workshops with all divisions and discuss disparity
- Review progress of WDES workshops with divisions using disability disparity data
- Review progress of gender pay gap workshops with divisions using gender pay gap data

2025-26

- Continued review of diversity of ethnicity, gender, disability and sexual orientation with divisions
- Review role of EDI recruitment reps
- Review impact of values-based recruitment

11

12/21

178/194






## The commitments we make:




We will support managers to have meaningful talent development conversations with their staff




We will ensure that development needs are identified through the appraisal process



We will make access to CPD funding equitable for all



We will create talent pools to support the career pathways of our staff and aid retention



We will create a culture to support succession planning and develop corporate skills

## Our four year plan



Strong career pathways and equitable access to promotion and development



Improvement in retention levels



- Update the appraisal system to provide opportunities for regular development conversations
  - Create a database for successors in collaboration with HR business partners and departmental leads
  - Centralise the CPD process and create more transparency
  - Create talent pools for internal staff and those identified at recruitment stages
  - Pilot succession programme for executives / divisional leads and key roles
  - Further utilisation of levy funding to support development
- Review pilot and roll out to all areas
  - Review successor database and update every six months
  - Review talent pools
  - Review centralised CPD panel process
- Continued promotion of apprenticeships and NHS Leadership Academy opportunities to meet development and succession planning needs
- Conduct comprehensive review of talent and succession planning





## The commitments we make:



We will promote a kind workforce culture where staff are supported to have positive experiences



We will provide access to tools to help staff have meaningful interactions with each other



We will develop our capability to support positive staff relationships




We will work to eradicate bullying and harassment in the workplace

## Our four year plan



**Aim 1**

Eradicate bullying and harassment experienced by staff



**Aim 2**

Early and informal conflict resolution

2022-23



- Provide 'Kindness into Action' e-learning for all
- Deliver workshops for staff on Respectful Resolution
- Align the Civility, Dignity and Respect policy to the Respectful Resolution pathway
- Train 25 staff as internal mediators and communicate the service to the Trust

2023-24



- Review impact of Kindness into Action, Respectful Resolution and mediation service on WRES and WDES data and against employee relation cases
- Consider training second cohort of mediators
- Continue to deliver Kindness into Action and Respectful Resolution master classes

2024-25



- Continued promotion of tools to support kinder workforce

2025-26



- Undertake comprehensive review of kindness interventions







## The commitments we make:



We will create a culture that values the views, thoughts and opinions of all



We will provide opportunities for staff to raise worries and concerns, and support them to find the best resolution



We will promote and champion the role that our staff networks have to play in supporting our employees



We will use opportunities to learn from lived experiences

## Our four year plan



Aim 1

Staff can speak up without fear of reprisal



Aim 2

Support is provided at an appropriate time

2022-23



- Promote speaking out to all through Safe Space Champions, Freedom to Speak Out Guardians and staff networks
- Widen the network of Safe Space Champions
- Support the development of additional staff networks and peer support groups

2023-24



- Review impact of speaking out routes against National NHS Staff Survey
- Create learning opportunities for staff to better support each other
- Widen the network of Safe Space Champions

2024-25



- Review outcomes and impact of speaking out

2025-26




- Continued review of impact of speaking out against WRES, WDES and National Staff Survey







## The commitments we make:



We will provide opportunities for learning about equity, diversity and inclusion at all levels of leadership across MTW



We will share good practice and case studies



We will challenge our leaders to role model our leadership behaviours and be active upstanders for justice

### Our four year plan



**Aim 1** Leaders role model appropriate behaviours




**Aim 2** Leaders provide critical and supportive challenge where needed

2022-23	2023-24	2024-25	2025-26
<ul style="list-style-type: none"><li>• Design and deliver EDI element within Exceptional Leaders programme</li><li>• Promote attendance at White Ally training for senior leaders</li><li>• Design and deliver internal reverse mentoring programme with a focus on mentors with long-term health conditions and/or from ethnic minority backgrounds for senior leaders</li><li>• Publish action plan from the NHS Rainbow Badge assessment and promote involvement for all leaders</li></ul>	<ul style="list-style-type: none"><li>• Review and deliver EDI element within Exceptional Leaders programme</li><li>• Deliver internal reverse mentoring programme using a wider range of minority staff as mentors</li></ul>	<ul style="list-style-type: none"><li>• Review and deliver EDI element within Exceptional Leaders programme</li><li>• Deliver internal reverse mentoring programme using a wider range of minority staff as mentors</li></ul>	<ul style="list-style-type: none"><li>• Conduct comprehensive review of reverse mentoring programme using insights and data from National NHS Staff Survey</li></ul>







## The commitments we make:



We will provide opportunities for learning about equity, diversity and inclusion for all staff




We will develop a culture where supportive challenge is the norm and discrimination is eradicated




We will challenge all staff to be active upstanders for justice

### Our four year plan



**Aim 1**

Everyone has a better understanding of the challenges faced by staff and patients with protected characteristics



**Aim 2**

Staff and patients promote MTW as an inclusive organisation

2022-23	2023-24	2024-25	2025-26
<ul style="list-style-type: none"><li>• Provide Trans Inclusion training</li><li>• Deliver White Ally training</li><li>• Provide Disability Awareness training</li><li>• Deliver EDI overview training</li><li>• Provide career development support for staff with protected characteristics</li></ul>	<ul style="list-style-type: none"><li>• Provide Cultural Awareness training</li><li>• Deliver Ally training</li><li>• Provide Disability Awareness training</li><li>• Deliver EDI overview training</li><li>• Provide support to staff to be active upstanders through support networks</li><li>• Provide job carving and working interview awareness for recruiting managers</li></ul>	<ul style="list-style-type: none"><li>• Continue to assess and provide training in EDI</li></ul>	<ul style="list-style-type: none"><li>• Conduct comprehensive review of impact of learning interventions using insights, National Staff Survey data and information from Datix</li></ul>





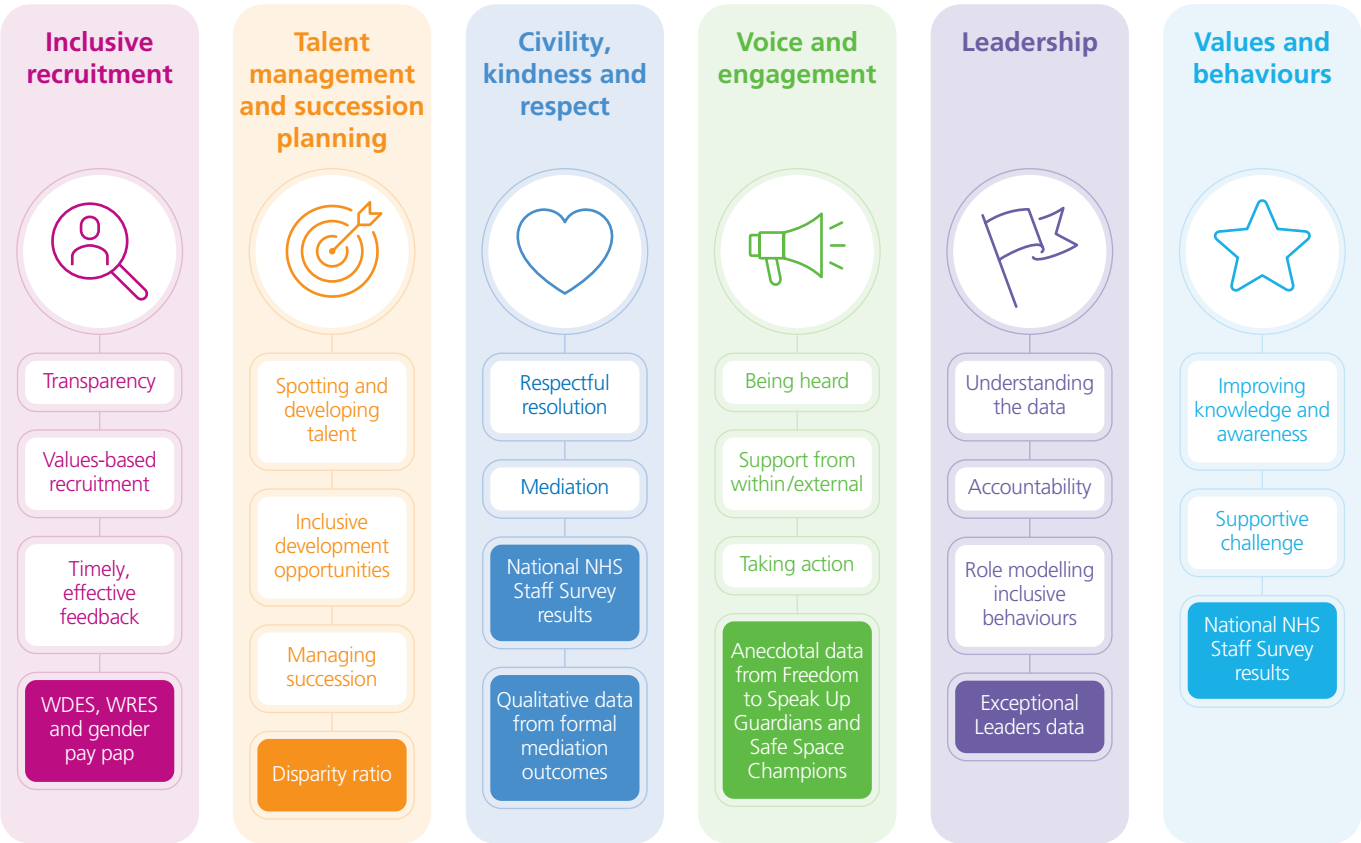
## Service delivery

This strategy sits within the EDI team which oversees the implementation. The success of the delivery relies upon many other stakeholders within MTW.



# Measures

The measures of success and progress on delivery will be reported through the People and OD Committee.



## What EDI means to me

"MTW encouraging equality, diversity and inclusion supports employees being treated fairly and equally and supports good morale in the workplace"

**Elizabeth Parker**  
Head of Resourcing

"EDI means having frameworks, processes and policies that encourage and ensure everyone has access to opportunity, promotes equity, fairness and transparency. This way EDI is embedded in everything we do and not any one leader"

**Valentina Ideh**  
Senior Business and Delivery Manager (Medical Directorate)  
Co-Chair of the Cultural and Ethnic Minority Network

"EDI is about bringing people together, understanding each other's perspectives and ideas as well as their backgrounds and experience. EDI is not just feeling equal but being equal in the workplace"

**Jessanay Turner-Moss**  
Senior HR Advisor

"Strength lies in differences, not in similarities"

**Stephen R Covey**

**Ruby Dey**  
Programme Manager, Transformation Team  
Co-Chair of the Cultural and Ethnic Minorities Network

"As chair of the LGBT+ network, EDI means to me the ability of everyone to be themselves at work and to bring their whole self to work whilst feeling safe, and for all to be equal regardless of whether or not they have a protected characteristic"

**Sharon Melville**  
Clinical Nurse Lead, Care Coordination Centre  
Co-Chair of the LGBT+ Network

"For me, EDI is about given equal opportunity to everyone and transparency in everything we do in the workplace"

**Abraham Adegoke**  
General Manager for Facilities Management

# National targets

	2022/23	2023/24	2024/25
Women at Band 8c and above	62%	64%	66%
Staff with disabilities at Band 8c and above	3.2%	3.6%	4%
Staff from ethnic minority backgrounds at Band 8c and above	12%	16%	20%
Ethnic minority staff at all levels of the organisation			19%



**Maidstone Hospital**

Hermitage Lane  
Maidstone  
Kent, ME16 9QQ

01622 729000

**Tunbridge Wells Hospital**

Tonbridge Road  
Tunbridge Wells  
Kent, TN2 4QJ

01892 823535



## Trust Board meeting – January 2023

Quarterly report from the Freedom to Speak Up Guardian	Freedom to Speak Up Guardian / Deputy Freedom to Speak Up Guardian
The latest quarterly report from the Freedom to Speak Up Guardian (FTSUG) is enclosed.	
<b>Which Committees have reviewed the information prior to Board submission?</b> N/A	
<b>Reason for receipt at the Board (decision, discussion, information, assurance etc.) <sup>1</sup></b> Discussion	

<sup>1</sup> 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

# Board of Directors (Public)

## Freedom To Speak Up Guardian Report Q3 (October 2022 – December 2022)

### Action Requested / Recommendation

Discuss the content and recommendations outlined in the report.

### Summary

This is the third quarter report for the period April 2022 to March 2023 presented to the board by the Freedom To Speak Up Guardian (FTSUG). The purpose of this report is to identify trends, issues; and provide a progress report on the Freedom to Speak Up function.

An interim Deputy Freedom To Speak Up Guardian, Natalie Hayward, has been appointed as maternity cover for a period of one year commencing in April 2022.

The Freedom to Speak Up Guardian received **thirty-six** concerns raised in the last quarter. In Q3, as in previous quarters, the majority of concerns raised relate to cases where staff feel unfairly treated or harassed at work, with sixteen cases logged in the respect and dignity category. However, it should be noted that **twelve** of the **sixteen cases** relate to the same area and the consistent theme in this area are concerns around dignity and respect.

Concerns were received through various routes including: direct contact with the FTSUG, anonymous portal logs, safe space champions; and speaking up through the exit interview process.

**Author:** Natalie Hayward, Interim Deputy Freedom To Speak Up (FTSU) Guardian

**Date:** January 2023

<b>Freedom To Speak Up Non-Executive Director</b>	Maureen Choong
<b>Freedom To Speak Up Executive Lead</b>	Sue Steen
<b>Freedom To Speak Up Guardian</b>	Christian Lippiatt
<b>Deputy Freedom To Speak Up Guardian</b>	Ola Gbadebo-Saba
<b>Deputy Freedom To Speak Up Guardian</b>	Natalie Hayward (Maternity Cover for Ola Gbadebo-Saba)

### The FTSU Agenda is to:

- Protect patient safety and quality are
- Improve experience of workers
- Promote learning and improvement

### By ensuring that:

- Workers are supported in speaking up
- Barriers to speaking up are addressed
- Encourage a positive culture of speaking up
- Ensure issues raised are used as an opportunity for learning and development

## 2022/23 year to date data collection

Quarter	Month/Year	MGH	TWH	Satellite Sites	Unknown	No. of Contacts
Q1	April-June 2022	7	9	2	5	23
Q2	July – September 2022	7	13	8	9	37
Q3	October – December 2022	11	20	0	5	36

In quarter three of 2022/3, **thirty-six** cases were logged with FTSU. Of these, **eleven** cases relate to Maidstone General Hospital (MGH) and **twenty** cases relate to Tunbridge Wells Hospital (TWH), however; **twelve** relate to the same department and identify similar themes in the nature of the concerns. There were **five** further cases from an unknown location and no concerns raised from satellite sites. The total number of cases received in quarter three are comparable in number to the previous quarter and demonstrate a similar proportion of concerns being raised in Maidstone and Tunbridge Wells with a decline in reports from satellite sites. A driving factor in the lack of concerns raised from satellite sites may be due to the FTSU guardian not basing themselves at these sites during this quarter as has been the case in previous quarters. This demonstrates that further work is still needed in bedding speaking up in areas outside of the two main sites.

Of the **ninety-six** total cases for the YTD; **four** are currently open and all cases are closed from the previous year.

When reviewing the data submitted it shows that the majority of the concerns received in quarter three have been raised by staff working in nursing and midwifery. See appendix A.

A comparison analysis on data from the same quarter (Q3) in previous years shows a significant increase of the total number of cases from **twenty-one** in 2021 to **thirty-six** in 2022. This continues the trend of an upward trajectory of cases coming to FTSU and demonstrates a continued awareness and understanding of Freedom to Speak Up and the effectiveness of the promotional activities of the guardians across the organisation. See appendix B.

### Themes/Issues

Theme	Number
Patient Safety	5
Bullying/ Harassment	16
Fraud	0
Health & Safety	4
*Other	11
Total	36

*Breakdown of 'Other' category	Number
Welfare concerns – mental health	4
Suggestion for improvement	2
Recruitment process unfair	2
IT concern	1
Complaint – staff restaurants	1
Social media	1
Total	11

The themes reported on in this paper, that were raised to FTSUG, continue to identify that a majority of staff concerns centre around respect and dignity issues. The next highest category is the 'other' category which is broken down in the second table. There were **two** concerns raised regarding the recruitment process and lack of transparency as well Freedom To Speak Up Guardian Board Report. January 2023

as **four** concerns raised about staff welfare who were signed posted to the relevant services who were able to support their mental wellbeing.

It is worth noting that **twelve** of the **sixteen** concerns raised around dignity and respect pertain to a specific area. The Guardian has escalated these matters to the clinical leaders responsible for the area and supporting feedback sessions to the teams on the FTSU matters that are being reported. Working in partnership with the OD team and sharing information, where appropriate, is assisting the OD team in the work currently underway in this area to improve the experience of staff. We are meeting individuals regularly and feeding back to ensure that concerns which have been raised are being addressed and followed through.

The vast majority of individuals who have raised these concerns have all asked to remain anonymous as they fear that they may suffer a detriment to their career for speaking up. The Guardian is working with colleagues to address these concerns without compromising confidentiality.

The cases that relate to patient safety concerns were all escalated to the appropriate channels. **Three** cases have been closed with the staff and guardian satisfied that the concerns raised were appropriately addressed. The remaining **two** cases have been escalated to senior leaders and remain open whilst we await assurances that the concerns have been addressed.

When comparing 2022/3 data with themes arising in Q3 in previous years, the data shows that the 'respect and dignity' category appears to have a large increase to previous quarters with other categories proportionately in a similar position however as explained above it must be noted that twelve of the cases in the respect and dignity category pertain to the same area and staff have logged similar concerns within this area. See appendix C.

As requested at the previous board meeting a comparison table has been included of the staff groups raising concerns to FTSU comparing the same quarter in previous years. See appendix D. This indicates an increase in nursing and midwifery and a decline in AHP's. Additionally, it demonstrates more use of the anonymous reporting portal.

### **Case Study**

A recent FTSU case required greater interaction with HR and clinical management teams. It highlighted a potential area for improvement in working relationships for staff who are employed by MTW but managed operationally and clinically by an outside organisation in services commissioned by MTW.

It is our suggestion that moving forward, closer consideration is given to contractual arrangements with clear expectations and guidelines on how staff are treated when being managed by other providers and that service managers are able to robustly managed and a clear process should concerns be raised by staff.

Moving forward, it is an area that FTSU can collaborate with the OD and HR team in sharing the lessons learnt from the case which has now been resolved and closed for the individual concerned but can be useful in ensuring staff do not have similar experiences in the future.

### **Collaborative Working**

There has been useful collaborative working in recent months where the FTSU guardians have contributed to help deliver a consistent message on creating healthy cultures of speaking up and raising concerns across the Trust. This included areas such as; working with the Leadership & Development Team in producing content for the new value-based inductions which has been delivered face to face to all new staff employed by MTW. There is further development underway where we are working with our wellbeing, psychological and patient safety colleagues in fine tuning the material to ensure there is no overlap in information being shared. There is a working day planned for February to discuss how we can improve the delivery even more and make it a more coherent and enjoyable experience for the inductees.

FTSU guardians and wellbeing colleagues are delivering a joint presentation at a staff away day session in January and will be an opportunity to develop a joint message on staff wellbeing and promoting speaking up. Feedback from the session can then be used to develop a session that can then be shared at other staff meetings or events in the future.

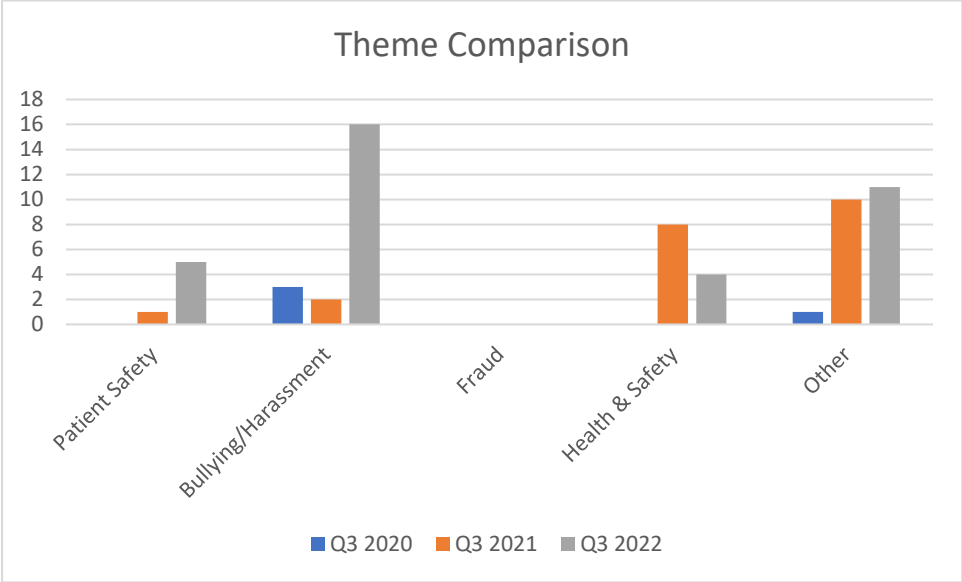
#### Appendix A: Staff Group who have raised concerns

Staff Group	Number
Nursing & Midwifery	15
Medical	2
Unknown	13
AHP's	4
Corporate Services	0
Administration, Clerical & Maintenance/Ancillary	2
<b>Total</b>	<b>36</b>

#### Appendix B: Comparison of concerns logged and staff group

Total concerns logged	Q3 2020	Q3 2021	Q3 2022
Maidstone	3	2	11
Tunbridge Wells	1	13	20
Satellite Sites	0	0	0
Unknown	0	6	5
<b>Total</b>	<b>4</b>	<b>21</b>	<b>36</b>

Appendix C: Comparison of themes being reported



Appendix D: Comparison of staff groups

