

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

Thu 23 February 2023, 09:45 - 13:00

Pentecost-South, Academic Centre, Maidstone Hospital

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).

02-1

To receive apologies for absence

David Highton

02-2

To declare interests relevant to agenda items

David Highton

02-3

To approve the minutes of the 'Part 1' Trust Board meeting of 26th January 2023

David Highton

 Board minutes, 26.01.23 (Part 1).pdf (9 pages)

02-4

To note progress with previous actions

David Highton

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

02-5

Report from the Chair of the Trust Board

David Highton

N.B. This will be a verbal report.

02-6

Report from the Chief Executive

Miles Scott

 Report from the Chief Executive - February 2023.pdf (3 pages)

Reports from Trust Board sub-committees

02-7

Quality Committee, 10/02/23

Maureen Choong

 Summary of Quality C'ttee, 10.02.23.pdf (2 pages)

02-8

Finance and Performance Committee, 21/02/23

Neil Griffiths

 Summary of Finance and Performance C'ttee 21.02.23.pdf (1 pages)

02-9

People and Organisational Development Committee, 17/02/23 (incl. quarterly update from the Guardian of Safe Working Hours)

Emma Pettitt-Mitchell

 Summary of People and Organisational Development Cttee, 17.02.23 (incl. quarterly update from the Guardian of Safe Working Hours).pdf (5 pages)

Integrated Performance Report

02-10

Integrated Performance Report (IPR) for January 2023

Miles Scott and colleagues

 Integrated Performance Report for January 2023.pdf (39 pages)

Systems and Place


02-11

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

Rachel Jones

(incl. details of the teams which have been developed to support the programme of work and referenced the discussions in

relation to Primary Care Senior Leadership).

 Update on the West Kent Health and Care Partnership (HCP) and Medway Integrated Care Board (ICB).pdf (3 pages)

Assurance and policy

02-12

Emergency Planning Annual Report, 2022 and future emergency planning

Sean Briggs

N.B. A video will be played during the meeting, to accompany the written report.

 Emergency Planning Annual Report, 2022 and future emergency planning.pdf (6 pages)

02-13

To consider any other business

David Highton

02-14

To respond to any questions from members of the public

David Highton

02-15

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 26TH JANUARY 2023, 9:45 AM, VIRTUALLY VIA
WEBCONFERENCE**

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board (Chair)	(DH)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Neil Griffiths	Non-Executive Director	(NG)
	Jo Haworth	Chief Nurse	(JH)
	Peter Maskell	Medical Director	(PM)
	David Morgan	Non-Executive Director	(DM)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Steve Orpin	Deputy Chief Executive/Chief Finance Officer	(SO)
	Miles Scott	Chief Executive	(MS)
	Wayne Wright	Non-Executive Director	(WW)
In attendance:	Richard Finn	Associate Non-Executive Director	(RF)
	Rachel Jones	Director of Strategy, Planning and Partnerships	(RJ)
	Sue Steen	Chief People Officer	(SS)
	Jo Webber	Associate Non-Executive Director	(JW)
	Kevin Rowan	Trust Secretary	(KR)
	Natalie Hayward	Deputy Freedom to Speak Up Guardian (for item 01-16)	(NH)
	Christian Lippiatt	Freedom to Speak Up Guardian (for item 01-16)	(CL)
Observing:	The meeting was livestreamed on the Trust's YouTube channel.		

01-1 To receive apologies for absence

No apologies were received but it was noted that Karen Cox (KC), Associate Non-Executive Director; and Sara Mumford (SM), Director of Infection Prevention and Control would not be in attendance.

01-2 To declare interests relevant to agenda items

No interests were declared.

01-3 To approve the minutes of the meeting of 22nd December 2022

The minutes of the meeting were approved as a true and accurate record of the meeting, but JH referred to item 12-10, on page 3 of 12, and clarified that Patient Experience Committee meeting in March 2023 would not receive a new Patient Experience strategy, but would receive an update on the work to pilot the new Patient Experience Framework. DW welcomed the clarification.

01-4 To note progress with previous actions

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

- **Action 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”).** RJ reported that the funding that had been provided could be used to support all hospital discharges i.e. not just for patients from West Kent. DH therefore confirmed that the action should be closed.

01-5 Report from the Chair of the Trust Board

DH reported that there had been no Advisory Appointments Committee panels since the last Trust Board meeting. DH also noted that MS’ report, under item 01-6, referred to several recent external visits to the Trust, and highlighted that both the Secretary of State for Health and Social Care and

the Chair of NHS England's (NHSE's) board had stated that their visits had been the best hospital visits they had undertaken. DH wanted to therefore use that as opportunity to thank all the Trust's staff for all their hard work in ensuring that the Trust was held in such high regard.

01-6 Report from the Chief Executive

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

- 2022 had seen over 200,000 attendances at the Trust's Emergency Department (ED) in a year for the first time. The high number of attendances had been influenced by the generic pressures experienced across the NHS, but also by the Strep A issue, which had led to significant attendances to the paediatric ED.
- MS would like to echo DH's thanks to the Trust's staff for their continued hard work and their commitment to quality.
- A significant range of developments were planned for the year ahead, for services, estates developments and digital projects. The latter would include the development of a Patient Portal, which was expected to lead to improvements in both productivity and patient experience.

Reports from Trust Board sub-committees

01-7 Quality Committee, 11/01/23

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

- There had been exemplary progress by each Division to ensure that patients who had waited a long time for treatment were assessed for adverse outcomes. The process would therefore now be monitored through the Divisions, and would only be reported to the Quality Committee by exception, although the Committee would consider one further report on the issue.
- Compliance issues had been discussed, which included compliance with the Duty of Candour.

01-8 Finance and Performance Committee, 24/01/23

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

- The challenging month in December 2022 had been acknowledged, although SB had reported that the position in January 2023 had been slightly less challenging.
- The Social Care Discharge Fund schemes were discussed, and it was noted that the winter plan preparations had had a positive effect.
- The Committee had heard that the Trust's financial plan was on track.
- The plans for 2023/24 were discussed, with RJ, and a discussion was held on the tension between delivering the Trust's current access performance and achieving financial balance.
- The work to develop the Cost Improvement Programme (CIP) and approach for 2023/24 was discussed and it had been good to see that lessons had been learned from the 2022/23 CIP.
- Cross-committee working had been discussed & the "Patient Experience" strategic theme metrics had been highlighted. Although these were outside the Committee's remit, it had been agreed to raise the Committee's concerns, ahead of JH speaking to the metrics under item 01-11.

01-9 People and Organisational Development Committee, 20/01/23

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

- The meeting had been the Committee's first face-to-face/in-person meeting for three years.
- SO had attended to present on the sustainability strategic theme and objective, which was to reduce premium agency expenditure, and some innovative ideas were proposed.
- The Advanced Clinical Practitioner and Allied Health Professional workforce projects had been presented. The good progress that had been made was acknowledged and the further work required was discussed.

DH referred to second point and acknowledged the scale of the challenge, but also the importance, of reducing the Trust's premium agency expenditure.

01-10 Charitable Funds Committee, 20/01/23 (incl. approval of the Charitable Fund Fundraising Strategy, 2023 to 2027)

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

- The meeting had been an extraordinary meeting with only one item, to review the Charitable Fund Fundraising Strategy.
- The draft Strategy had been reviewed before by the Committee, and had also been reviewed by the Executive Team Meeting (ETM), and it was recommended for approval by the Trust Board.
- The Strategy intended to make the fundraising and dispersal of charitable funds more integrated into the life of the Trust.
- DH would like thank the Head of Charity and Fundraising, who had developed the Strategy, despite only being at the Trust for a short time, and the Director of Emergency Planning & Response.
- If the Strategy was approved, the Charitable Funds Committee and Charity Management Committee would oversee the development and delivery of an associated action plan.

DH commented that it was an excellent strategy document and others concurred. The Charitable Fund Fundraising Strategy, 2023 to 2027 was therefore approved as submitted.

Integrated Performance Report

01-11 Integrated Performance Report (IPR) for December 2022

SS referred to the "People" Strategic Theme and reported the following points:

- There had been a slight reduction in staff turnover in the annual rolling average, from 13.7% to 13.2%. Performance had been affected by several factors, including seasonal variations and a reduced number of new starters, as staff usually waited for the new year before seeking a new job. The Breakthrough Objective was to reduce the rate to 12%, and it was clear that that would not be achieved by 31/03/23. There were however some signs of positivity regarding retention across the whole NHS, so all those involved in the work to influence that should be thanked.
- 'Retire and return' schemes were important, while a 'deep dive' was being undertaken for Administrative and Clerical and lower graded staff, as these groups had particular recruitment and retention problems. The actions being taken included the introduction of 'stay interviews', to try and better understand what could be done to ensure staff stayed at the Trust; while the 'Exceptional people for all' programme had commenced.
- The sickness absence position was settled, at 4.5%, which was in accordance with the target, although there had been an increase in the formal management of sickness absence cases, so work was underway to understand whether there were any key drivers.
- The appraisal rate was at circa 90%, and key areas of non-compliance were being investigated. Consideration would also be given to setting mandatory objectives for the Trust's people leaders in relation to appraisal.

JW asked whether long COVID was a factor in the sickness absence rate. SS replied that a small number of staff had experienced long COVID, but she was not able to claim that that was a significant factor in the overall absence rate.

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

- There had been a reduction in the number of *Clostridioides difficile* cases, but the Trust had reached its target limit.
- The number of COVID-19 cases had reduced, and it was believed that the Trust had now passed the expected peak of cases.

PM then explained the latest position in relation to the mortality position:

- The mortality rates had breached the Trust's internal monitoring 'rules', but both the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) were 'as expected'. The HSMR had however increased, so PM had asked Telstra Health UK to work more closely with the Trust to understand exactly what actions were required.
- PM had chaired the Mortality Surveillance Group (MSG) for the first time on 25/01/23, and he had been struck by the ever-increasing role of the MSG and the Medical Examiners, and the relationship between the Medical Examiners and Structured Judgment Review (SJR) reviewers. PM believed the MSG should have a far wider role, to disseminate the information it considered, and Telstra Health UK had agreed to attend all the MSG meetings.

- The Clinical Coding department had undertaken a 'deep dive' of SJRs and had identified that infection and sepsis was a problem in the Trust.
- The falls rate continued to be in common cause variation around the trajectory, but the reduction in falls had not made a significant difference to patient harm, so the Trust may have just reduced non-injurious falls. The Trust's falls rate was now the same as neighbouring Trusts, so it was intended to move the falls work to 'business as usual' and shift the focus to sepsis.

WW asked for further details about safe staffing levels. PM stated that a positive correlation between safe staffing and falls, of 0.5, had already been demonstrated, and PM believed there would likely be a similar correlation between safe staffing and pressure damage, although many cases of pressure damage were community-acquired. DH asked whether it would be correct to state that safe staffing levels were lower in December because of the Christmas period. JH confirmed that sickness absences had increased in December, but the position had started to resolve, and significant progress had been made with nursing recruitment. JH also however clarified that the safe staffing report within the IPR only included nursing and midwifery staff, as such data was required to be reported nationally. JH also pointed out that staff were transferred between areas to try and mitigate absences.

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

- There had been very significant pressures in December 2022 and staff should be thanked for their efforts during that month. However, lessons needed to be learned, and the Trust's senior leadership team needed to be better prepared for December 2023. December 2022 had adversely affected the performance on the ED 4-hour waiting time target, which had fallen to 76.5%; as well as elective activity, and the Trust should not be willing to accept that level of performance again.
- The 62-day cancer waiting time target had been met, but the Trust still had a problem with Urology and SB was grateful to SO and others for their support in addressing that problem.
- The performance in January 2023 had improved.

DM remarked that he had been struck by the attendance numbers within the report that had been submitted under item 01-6, which had stated that there had been over 200,000 ED attendances, and asked whether any lessons could be learned from identifying whether any patients had attended multiple times. SB confirmed that work on such issues had commenced and there were some good examples of work in certain areas, such as frailty, but it was acknowledged that more could be done. MS highlighted the need for such work to involve the Trust's partners, including in primary care, and in particular the Integrated Neighbourhood Teams within the Health and Care Partnership (HCP), to consider whether a different approach could be adopted for high-volume users of the Trust's EDs, as such patients were usually also high-volume users of other organisation's services. WW asked whether the Trust captured demographic details of admissions, as WW was aware that some of the patients who attended the ED at Maidstone Hospital (MH) travelled from outside the Trust's area. MS acknowledged that the change in attendances at MH had been greater than at Tunbridge Wells Hospital (TWH), but postcode analysis had not identified any wholesale demographic shifts in attendance patterns. MS however emphasised that the Trust's approach was to ensure that it provided the right response to the attendances that materialised, rather than query whether certain patients should have attended in the first place, and provide a rapid response that was proportionate to such patients' needs.

WW asked whether there was any indication that patients had opted to bypass their GP and attend the ED. MS acknowledged that there was an element of such circumstances, which was a phenomenon across the country, and the Trust's EDs had been very successful in managing such patients, by, for example, providing them with a timed appointment to return within a few hours. MS however pointed out that GPs were providing more appointments, and seeing more patients, than ever before, and the aforementioned Integrated Neighbourhood Teams would aim to focus on high-volume activity. SB added that the data the Trust captured from its pathways had confirmed that patients who bypassed their GPs had been a major driver in the increased ED attendances over the past year, although the Trust needed to consider how it could improve its response to such attendances. PM also reported that the HCP had identified that the two large patient groups that were readmitted or had multiple attendances were mental health and frailty patients, and both

groups were within the HCP's priorities. PM also stated that the underlying issues were multi-faceted. DM clarified that his original question was not concerned with preventing attendances, but to consider whether an alternative approach would be better for the patients who attended most. MS agreed.

DH then noted that SB had apologised for the Trust's 76.5% ED 4-hour waiting time target performance but highlighted that winter pressures in the NHS had typically been seen in January and February, rather than December, and although the flu aspect of the pressures had possibly been predictable, there was a confluence of other, less predictable, pressures in December that had adversely affected the performance. DH also noted SB's comments that the position in January had improved, so opined that one of the consequences of a difficult December could be a smoother path through the traditional winter pressure season, which could, in turn, provide opportunities to reduce the number of escalation beds within quarter 4 of 2022/23. SB acknowledged the point.

JH then referred to the "Patient Experience" Strategic Theme and reported the following points:

- Complaints response performance had been sustained, at 57.8%, and JH was hopeful that the performance for January 2023 would exceed 60%.
- The number of overdue complaints had reduced, and there were now only circa 60 overdue complaints. There had also been a significant reduction in the number of reopened complaints, which indicated that there had been an improvement in the quality of complaints responses.
- Divisional oversight and quality control would be strengthened, and this was being trialled in the Women's Children's and Sexual Health and Cancer Services Divisions. It was then hoped to extend the arrangements to the Surgery and Medicine & Emergency Care Divisions before the end of March 2023.
- The complaints that had been open for a long time, some of which had been open for over a year, would continue to be an area of focus.
- The fact that the complaints response performance had been able to be sustained, given the significant pressures experienced in December 2022, was testimony to the hard work of the Divisional teams and the Central Complaints team.
- The Trust's new Complaints lead would start in March 2023, and that would provide the opportunity to review the Trust's current processes.

EPM asked whether the Central Complaints team was now at its full complement, pending the arrival of the new lead. JH confirmed that was the case, as some new staff had started in December 2022.

EPM also expressed disappointment that some complaints had been open for over a year, and asked about the accountability arrangements for such complaints. JH gave assurance that weekly oversight meetings were in place, and elaborated on the details, but acknowledged that more work was needed.

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

- The position had improved slightly, but the challenges remained, particularly in the EDs. Benchmarking had showed that the Trust's ED Friends and Family Test (FFT) performance was worse than other local acute Trusts, so the FFT team had been asked to explore the data further and try and learn from other such Trusts.
- The Trust's FFT recommendation rate was also lower than the Trust's target, although data analysis showed that this reflected the aforementioned operational demands.
- Work would continue to reduce the number of complaints that related to communication, and a key component of that work would be compassion and ensuring appropriate liaison occurred with SS' team, from an Organisational Development (OD) perspective.
- The previously-reported challenges with the FFT provider continued, and the Trust was therefore exploring a potential early release from the contract, which would expire in August 2023; as well as considering whether the FFT could be incorporated into the 'wayfinding' work that SB's team was undertaking within outpatients.

RF acknowledged the focus that JH had described in relation to the ED FFT response rate, but asserted that the overall FFT performance was not good enough, when compared to the Trust's

plan, so asked what action would be taken. Before JH answered, DH asked RJ whether the FFT was still a national requirement within the new NHS operating plan guidance, as the aforementioned work on the Patient Portal may provide a better way to collect patient experience data. JH agreed with DH and confirmed that only the maternity FFT was mandated, but the Trust had acknowledged that further work was required in relation to patient experience and engagement in the maternity service. JH also noted that some suggestions had been made to capture patient experience data in an alternative way. RF agreed that the Trust needed to change the way it measured patient experience, to ensure it drove improvement. DM queried whether, given how busy ED was, it was a question of the Trust's resources being directed to the priority of providing care and treating patients rather than asking them to complete an FFT survey. SB confirmed that care and treatment was the Trust's priority, while JH agreed that she would much prefer clinical staff to focus on care than on the FFT. JH continued that a range of other options, such as SMS reminders etc. had been tried, but they had not had the desired effect, so JH supported the consideration of an alternative approach to collecting patient experience data. JW noted the potential adverse effect of wider survey fatigue. DH noted that some EDs had adopted a simple push button method of obtaining feedback, and DM confirmed that such a method worked well in the mining industry, in relation to safety. The point was acknowledged.

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

- The target was 33% and current performance was 22.8%, which was an improvement.
- The process improvements that had been made in relation to the metric had enabled the Trust to maximise its utilisation of the services funded via the Social Care Discharge Fund; and there were two main areas of focus: nurse-led discharge and compliance with Electronic Discharge Notification (eDN). Progress had therefore been steady but RJ expected further progress.
- Another important aspect was the out-of-hospital work being done with the Trust's partners, and the Chief Executive of Kent Community Health NHS Foundation Trust was leading that work across Kent and Medway.

WW asked whether RJ expected the 33% target to be delivered by the end of March 2023. RJ replied that she expected a step change on the weekday performance by the end of March 2023, but the required weekend performance would take a longer time to achieve. RJ added that further discussion would be held at the Nursing, Midwifery, AHP and Pharmacy Board in February 2023, but more work was required to develop a trajectory.

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

- The Trust's capital expenditure had not been formally escalated, but there was a significant gap between what the Trust had planned to spend and what had actually been spent. The gap was largely due to the fact that Trust's plan was based on significant capital funding being spent for the Kent and Medway Orthopaedic Unit but the progress expected had not been made and the Full Business Case would not be considered until later in 2023. SO did however expect far greater capital expenditure over the next weeks.
- The Breakthrough Objective, to reduce the amount of expenditure on premium agency staff, was in escalation, and the position had been affected by three main factors: HealthRoster performance; unfunded escalation areas; and reduction of vacancies. A range of actions were being taken, which included review of the top 25 agency workers and top 25 high cost locums. SO therefore expected that such actions, plus the aforementioned recent recruitment efforts, should lead to a reduction in expenditure in February and March 2023.

01-12 To confirm the Trust's current 2022/23 year-end financial forecast

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

- NHSE had published a protocol that any organisation, and any system, was expected to follow, should they wish to change their financial forecast. All the organisations in the Kent and Medway Integrated Care System (ICS) had therefore been asked to complete the process, even if they were not planning to change their forecast.
- The Trust was not planning to change its forecast, but the Kent and Medway Integrated Care Board (ICB) intended to change its forecast.

DH confirmed that the Finance and Performance Committee had agreed that the Trust should proceed with the request, and that the four named signatories should therefore sign the statement, but clarify that the Trust did not intend to change its forecast.

DH then confirmed he was content to support the submission of the Board Assurance Statement, and asked the three other named signatories whether they were also content. DM, SO and MS all confirmed their support. The Trust Board therefore approved the submission of the Board Assurance Statement as submitted.

Quality Items

01-13 Quarterly Maternity Services report

DH explained that it had been agreed to ask MC, as the Chair of the Quality Committee and the Maternity board safety champion, to present the Quarterly Maternity Services report that month, as representatives of the maternity service had attended the last three Trust Board meetings. MC then referred to the submitted report and highlighted the following points:

- There had been a range of external reviews in relation to maternity services, and these had placed a heavy reporting burden on the Trust's service.
- As the Maternity board safety champion, MC joined JH and several members of the maternity service's clinical team, to walk around the service, to speak to staff privately and obtain their thoughts on workload and safety. MC had been heartened about the staff's willingness to discuss what could be done differently, and the issues were discussed in detail at the Maternity Board, of which MC was a member, and JH was the Chair.
- The Maternity Voices Partnership Chair was now re-engaged with the Trust, following a gap of circa two to three months when the individual in the role had been unavailable.
- It was acknowledged that the submitted report was quite data-heavy, so JH was working with the maternity team to develop a report that was more accessible.

JH added that it had been agreed that the frequency of the Maternity Board's meetings would increase, to reflect the amount of information required to be reviewed. JH continued that each monthly meeting would alternate its focus between governance, safety and risk; and patient and/or pregnant persons' experience and staff experience; while there would also be a focus on neonates. JH also pointed out that a national maternity dashboard was awaited, and that was expected later in 2023. DH remarked that it would be good if the national dashboard covered the NHS Resolution maternity scheme, Ockenden review and the Independent Investigation into East Kent Maternity Services, although it was important for the Trust to focus on wider quality issues and not just comply with external requirements. The point was acknowledged.

Systems and Place

01-14 Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB)

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

- The submitted report included, for information, the draft Integrated Care Strategy, which had been produced by the ICB and ICS. The Strategy would form the basis of the response to the Joint Forward View that was being developed.
- The other main focus of work across the ICS, and at the Trust, was business planning, which was due at the end of March 2023.
- Several sessions had been held with the Trust's partners in the HCP about the aforementioned Integrated Neighbourhood Teams, and it had been agreed that there would be nine such teams, to align with the existing Primary Care Network footprints.
- A 'digital front door' approach was being explored.
- The line-management of the former Integrated Commissioning Team had now been transferred to the West Kent HCP, which was the first step of formal delegation to the HCP.

NG asked how the Integrated Care Strategy aligned with Provider Collaboratives. RJ explained that a potential model for Provider Collaboratives was being developed, but much further work was required, including on the governance arrangements. MS added that he understood the proposal

would be that the providers would create some form of 'committee in common', which would serve as a vehicle for collaborative working, and which would incorporate several workstreams, but the proposal would be submitted to the Trust Board once it had been fully developed. DH stated that did not believe that the ICB should direct how the providers worked together, so confirmed he would discuss the issues with MS outside of the meeting. The point was acknowledged.

WW asked what would be different about the approach to health inequalities, to ensure there was integration between the ICS and the various community groups. RJ stated that she believed the only way to make a real difference would be through the HCP, not just the ICS. RJ added that the HCP needed to use the recently-issued revised Joint Needs Assessment as a framework for future action, and the Trust, as part of the HCP, would need to engage fully with such discussions.

Planning and strategy

01-15 To approve the Trust's Equality, Diversity and Inclusion (EDI) Strategy 2022-2026

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

- The Strategy set out a commitment across a four-year period.
- SS would like to thank the Head of Staff Engagement and Equality, who had led the development of the strategy with support from the staff networks, the Freedom to Speak Up Guardian (FTSUG) team, StaffSide representatives, and the Trust staff who had taken part in the listening events. SS also wanted to thank the ETM and People and Organisational Development Committee, who had considered earlier drafts of the Strategy and provided their comments and support.
- The vision within the Strategy was to "create an inclusive, compassionate and high performing culture where our people can thrive and be their best selves at work".
- The Trust's PRIDE values feature heavily within the Strategy, which was an enabling strategy to the overall People and Culture Strategy, and supported the NHS People Promise.
- The Strategy identified six key pillars: inclusive recruitment; talent management and succession planning; civility, kindness and respect; voice and engagement; leadership; and values and behaviours.
- The "Our challenges" section, on page 8 of 21, noted that the 2021 NHS Staff survey had shown that 43.8% of staff did not believe that the Trust acted fairly regarding career progression/promotion, which was startling, regardless of whether it was perception or reality.
- The Trust had an increasing number of staff networks and peer support groups, the latter of which included groups for senior women leaders, autism, and carers, and there was a plan to raise the visibility of the networks at the Trust Board over the next year.
- The Strategy had been extended to four years to ensure there was sufficient capacity to deliver the sustainable change that was required.

DM noted that data was usually referred to at a macro level, but wondered what could be done at a micro level, to, for example, identify which staff were not moving jobs, in response to the perception that the Trust did not act fairly regarding career progression/promotion. SS acknowledged that macro-level data had identified the existence of 'glass ceilings' for certain people, including women and those from certain ethnic backgrounds; and also the existence of a gender pay gap. SS also noted that work had been undertaken to, for example, consider individuals who had been unsuccessful several times in their attempt to move role.

MC commended the layout and presentation of the Strategy, but asked what engagement had been undertaken with families, visitors and patients, given the benefit of EDI for the wider environment, rather than for just the Trust as an employer. MC also asked whether an accessible version of the Strategy was intended to be produced. SS noted that the closest activity to gaining insight on the wider environment had been obtained from the development with the FTSUGs and also the staff listening events. SS also confirmed that she would explore the production of accessible versions of the Strategy.

Action: Explore the production of accessible versions of the Trust's Equality, Diversity and Inclusion (EDI) Strategy 2022-2026 (Chief People Officer, January 2023 onwards)

WW asked what SS considered to be the two or three main risks to the delivery of the Strategy, and what action would be taken to address such risks. SS highlighted the importance of compliance, including ensuring that processes were followed and that hiring managers were supported to address instances of, for example, unconscious bias. SS continued that management development and awareness, in terms of ‘hearts and minds’, was also important, as the Strategy was not just about delivering external targets. SS also highlighted the need to use data to ensure there was targeted action, but added that she would be interested to hear WW’s views on the risks outside of the meeting.

The Trust’s Equality, Diversity and Inclusion (EDI) Strategy 2022-2026 was approved as submitted.

Assurance and policy

01-16 Quarterly report from the Freedom to Speak Up Guardian

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

- No cases from the Trust’s satellite sites had been reported within the quarter. It had been recognised that cases from such sites increased when the FTSUGs were based on the sites, so work was taking place to promote the raising of concerns at such locations and encouraging the recruitment of local Safe Space Champions.
- The submitted report contained a case study on page 4 of 7.
- The FTSUGs had to work collaboratively with a range of colleagues to ensure that the concerns raised by staff were taken seriously and addressed.
- The FTSUG team had also worked with the Learning and Development team to ensure that FTSUG content was included in the Trust’s new values-based induction programme.

RF commended the quality of the report but observed that it was interesting that page 4 of 7 stated that “twelve of the sixteen concerns raised around dignity and respect pertain to a specific area”, so asked what monitoring occurred to ensure that the action taken in response sustained the intended position. CL stated that a check was undertaken with the individual who raised the concerns after two to three months, to assess that the situation was satisfactory. CL also noted that if there was a Safe Space Champion in the area, issues could be monitored more closely, but if there was no Safe Space Champion, the recruitment of such a Champion would be encouraged.

EPM referred to the “Bullying/Harassment” cases and asked for further details, including whether the issues were related to internal or external factors. CL stated that the cases were mainly internal, as bullying and harassment by patients and visitors was not usually managed by the FTSUG team. EPM therefore asked CL to describe the level of support being given in such cases. CL duly elaborated on the approach and NH added further details regarding the use of mediation.

SS then highlighted that the meeting would be NH’s last Trust Board meeting, as she would soon change roles. SS therefore thanked NH for her contribution. CL echoed SS’ comments and expressed his own appreciation.

01-17 To consider any other business

There was no other business.

01-18 To respond to questions from members of the public

KR confirmed that no questions had been received.

01-19 To approve the motion (to enable the Board to convene its ‘Part 2’ meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

Trust Board Meeting – February 2023

Log of outstanding actions from previous meetings	Chair of the Trust Board
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Actions due and still 'open'

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

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
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	February 2023	The details of the progress to date has been included in the "Update on the West Kent HCP and NHS Kent and Medway ICB" report submitted to the February Trust Board meeting.
01-15	Explore the production of accessible versions of the Trust's Equality, Diversity and Inclusion (EDI) Strategy 2022-2026.	Chief People Officer	January 2023	This will be included within the communication plan for the EDI Strategy.

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:

- We are delighted that performance at MTW has been recognised regionally and nationally this week and the Trust has moved to level 1 in the NHS England System Oversight Framework (NOF) – a move which recognises the significant improvements and progress made by staff across the Trust in recent years. The decision by NHS England (NHSE) to move MTW from NOF 2 to 1 (the highest level) follows a recommendation by the Kent and Medway Integrated Care Board (ICB). MTW is one of only eight acute hospital trusts in England in level 1 which is given to trusts who are consistently high performing and play an active leadership role in supporting local and ICB priorities. The [NHS Oversight Framework](#) provides a monitoring framework to support delivery across the NHS. It also ensures the priorities of partner organisations are aligned and partners work together to develop locally appropriate plans. Within the framework are four levels, starting at level 1 for high performing trusts and moving down to level 4, for trusts facing serious quality and/or financial challenges and needing a high level of external support.
- In recent months our Emergency Departments (ED) have seen record number of attendances but we continue to regularly position in the top ten performing Trusts and were also the second-best performing Trust in the country for January. This is down to the hard work and commitment of each individual involved in the patient journeys through our hospitals and we're continuing to look at ways to improve flow from admission to discharge, recently holding two Creating Capacity events. The events saw representation from the Integrated Discharge Team, matrons, general managers, ward managers, therapies and flow co-ordinators and worked collaboratively between MTW, KCHFT, KCC, KMPT and East Sussex to help get our patients home sooner.
- Strike action has taken place at trusts across the country this month. While staff at MTW are not currently involved in industrial action, those colleagues who voted in these ballots cast their votes for action by a significant margin, but the required threshold of total votes cast was not met. We are now looking ahead to the outcome of the British Medical Association (BMA) ballot for junior doctors which closed on 20 February. This is expected nationally to result in a vote to strike and if so, it will be a 72-hour continuous strike. At MTW, we have a high number of doctors affected if a 'yes' vote is achieved and we are developing plans to ensure shifts and rosters are covered during this time, ensuring our patients will continue to receive the best possible care. The Hospital Consultants and Specialists Association (HCSA) is a smaller union for medical staff, whose members are largely consultants. Their national ballot for junior doctors closed last month with a 'yes vote', however this will affect only a very small number of staff at MTW. In addition to this, the HCSA are conducting an indicative ballot with consultants in respect of pension benefits. This will determine whether or not a strike ballot is called on this matter.
- Across all departments we saw a 14% increase in patients in 2022 compared to 2021. In response to the continued rise in demand for our services we're working hard to ensure we have the right workforce and staffing levels. We currently have over 360 colleagues going through pre-employment checks or with start dates booked in and have seen other recent successes such as recently welcoming 38 Internationally Educated Nurses (IEN), which is one of the highest numbers we have had to date. We've also been delighted to see our vacancy rate continue to fall and reached a milestone in December when they dropped below 10% and seen some exceptional levels of engagement with our recruitment events, getting record attendances for our Registered Nursing, Midwife and Paediatric event with further events scheduled across the year.

- We are delighted to welcome the return of our staff and volunteer Star Awards for the first time since 2019. Colleagues across MTW work incredibly hard and this is a wonderful opportunity to recognise the care and dedication they show every day. Members of the public are encouraged to nominate a member of staff, volunteer, team or service who they feel has made a real difference to patient care. There are eight categories to choose from which reflect the behaviours and values we see across the Trust every day. Nominations are open until 28 February [and details of all the categories and a nomination forms can be found on the MTW website](#). In March an MTW judging panel will have the very difficult task of choosing the winners who will be announced at the awards event in April. Please do encourage staff and anyone who uses our services to make a nomination.
- Last month colleagues were praised 'maximising the use of data to get patients the care they need faster' by NHS England Chief Executive, Amanda Pritchard during a visit to Maidstone Hospital. This was the latest in a series of high-profile visits, including the [Secretary of State for Health and Social Care, Steve Barclay](#) and [NHS Chair, Richard Meddings](#) who were both able to hear about our performance work in relation to constitutional standards including Urgent and Emergency Care, cancer and Referral To Treatment (RTT). Ms Pritchard's visit included our busy Emergency Department and our [Care Coordination Centre \(CCC\)](#). The centre uses real time data to constantly monitor the Trust's 700 beds to improve the movement of patients through its hospitals. This has significantly reduced the amount of time a bed is empty and, the time a patient spends in the Trust's emergency departments before they are moved to a bed. It also ensures patients arriving by ambulance are quickly moved into the ED's. Ms Pritchard was able to see for herself how clinical teams in ED and John Day Ward interact with and also benefit from the CCC and the bed management system which underpins that work.
- The work of our Care Coordination Centre and ED's was also highlighted in a [recent article in The Economist \(article behind paywall\)](#).
- Plans to digitise our services will continue throughout 2023 and our new patient portal is due to launch in the spring following a recent review of portal systems. Once fully established, this will enable patients to 'self-manage' areas of their care, make changes to appointments, receive reminders and view letters from their GP. This will not only help reduce our did not attend (DNAs) rates, allowing us to reallocate appointments to other patients, but also free up the time of administrative teams, allowing them to focus on other areas of care. The portal will also help reduce spend on postage and clinical correspondence by up to 60%.
- In recent weeks we've seen some exciting developments in our capital projects and service level improvements and expansions. These include:
 - Outline business case approval for our Kent and Medway Orthopaedic Centre based at Maidstone Hospital which will increase elective capacity across the region by around 5,000 cases per year. Groundworks have continued across throughout the winter and a schedule of works has now been finalised.
 - Development of the bariatric service at Tunbridge Wells Hospital continues and over 40 patients have now been referred to the service which ensures people receive treatment locally.
 - A business case has recently been approved for brachytherapy HDR (high dose rate) which is a type of internal radiotherapy treatment. The capital equipment is now on order and, once commissioned, we will start repatriating prostate cancer patients who have previously travelled to London for treatment.
 - The Pathology Team have secured network funding for a Fluorescence In Situ Hybridization (FISH) development. FISH is molecular test performed by the Molecular Pathology laboratory within Cellular Pathology for patients across Kent and Medway with a diagnosis of either Breast or Gastric Cancer following their HER 2 testing. This will help tailor the patient's treatment of choice, resulting in them receiving the most suitable drugs for their disease.

- On Saturday 4 February we marked World Cancer Day 2023 and celebrated the work of our teams who are delivering some of the fastest access to cancer treatment in the country. In the year our Kent Oncology Centre turns thirty, we focussed on a wide range of staff working across multiple sites and services, highlighting their roles and career paths. In other areas of care, as part of HIV Testing Week (6-12 February) teams working in our Sexual Health services travelled to a number of locations across north and west Kent including town centres in Maidstone, Tunbridge Wells, Gravesend, Swanley and Dartford. The aim of the tour was to talk to as many people as possible to normalise conversations and reduce stigma, as well as offering on the spot free and confidential 'insti HIV testing'.
- MTW's first EDI (Equality, Diversity and Inclusion) Strategy was approved by Trust Board last month. This reviews the achievements and growth of our staff networks and sets out an ambitious inclusion plan for the next three years. The focus is on providing transparent and inclusive recruitment practices and how we develop and manage our staff and create a kinder workplace for everyone. The strategy also details how we continue to embrace a culture which values the views, thoughts and opinions of all; developing our leaders as role models; and developing a culture where supportive challenge is the norm and discrimination is eradicated.
- Our new staff intranet launched last month, helping to better connect and inform our colleagues. A number of new features, which support both wider and more targeted information sharing, include remote access on non-Trust devices, new sections for clinical divisions and directorates and front-end editing to make updates easier for nominated page administrators. The new intranet will continue to be developed over the coming months and a new staff directory will be rolled out as part of phase 2. A new Trust website will follow later this year. Thank you to Digital Communications Manager, Fiona Jones for her work within this project.
- Congratulations to the winner of the Trust's Employee of the Month award for January – Cardiology Secretary, Caron Douse. Caron was praised for her work in supporting her team throughout the pandemic amidst a number of recruiting difficulties for the service and described as the 'backbone' of the department. Teresa Jamieson, Clinical Support Worker won the Highly Commended award for always accommodating to the complexities of the roles of the wider team.

Which Committees have reviewed the information prior to Board submission?

N/A

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

Information and assurance

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

Summary report from Quality Committee, 10/02/23 Committee Chair (Non-Exec. Director)

The Quality Committee met (virtually, via webconference) on 10th February 2023 (a Quality Committee ‘deep dive’ meeting).

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

- The **actions from previous meetings** were reviewed and it was agreed that the Medical Director should liaise with representatives from the Trust’s Research and Innovation Department to ensure that health inequalities were considered as part of the development process for research at the Trust.
- The Clinical Director, Pathology, Head of Pathology Service and Principal Biomedical Scientist; and General Manager, Pathology attended for an **In-depth review of risk ID2578 “Staff shortages Out of Hours Haematology / Transfusion”** which included a comprehensive overview of the new mitigations which had been implemented; details of the local training programme which was supported by the Kent and Medway Pathology Network and the revised risk rating which had been allocated to the risk. It was agreed that the Patient Safety Manager should liaise with the General Manager for Pathology to ensure that Haematology / Blood Transfusion patient safety incidents were appropriately recorded on the Trust’s Datix incident reporting system. It was also agreed that the Assistant Trust Secretary should schedule a “Brief update on the management of risk ID2578 “Staff shortages Out of Hours Haematology / Transfusion” item at the August 2023 Quality Committee ‘deep dive’ meeting.
- The Deputy Chief Nurse, Quality and Experience and the Tissue Viability Clinical Nurse Specialist presented a **review of the management of pressure ulcers** which provided Committee members with details of the increased prevalence of pressure ulcers since the COVID-19 pandemic and the associated contributing factors; the measures which had been implemented to support pressure ulcer monitoring and the key recommendations to improve the management of pressure ulcers in 2023. It was agreed that the Chief Nurse should provide the Trust’s Tissue Viability Clinical Nurse Specialist with the contact details for representatives of King’s College Hospital NHS Foundation Trust’s Tissue Viability Team, to enable the development of a catalogue of images of pressure damage on various skin colours. It was also agreed that the Chief Nurse and Medical Director should liaise to consider what, if any, mechanisms could be implemented to increase clinical engagement with the management of pressure ulcers at the Trust.
- The Committee reviewed the **items scheduled for scrutiny at future Quality Committee ‘deep dive’ meetings**, and it was confirmed that the April 2023 Quality Committee ‘deep dive’ meeting would focus on a further review of the Quality and Clinical Governance issues associated with the implementation of the Electronic Patient Record; a further review of the management of Sepsis at the Trust; and an in-depth review of the Trust’s mortality rate.
- The Committee conducted an **evaluation of the meeting** wherein a discussion was held regarding the potential methods to support the dissemination of the lessons learned at future Committee meetings and it was agreed that the Assistant Trust Secretary should investigate whether it was feasible to record the April 2023 Quality Committee ‘deep dive’ meeting, to enable the proceedings to be viewed by those Committee members and attendees that were unable to attend. It was also agreed that the Assistant Trust Secretary and Patient Safety Manager should liaise to investigate the feasibility of publishing the Quality Committee ‘deep dive’ presentations on the “Patient Safety” domain of the Trust’s Intranet, to enable such presentations to be viewed by Trust staff.

2. In addition to the agreements referred to above, the meeting agreed that: It was agreed that the Assistant Trust Secretary should schedule a “Brief update on the management of pressure ulcers” item at the August 2023 Quality Committee ‘deep dive’ meeting.

3. The issues from the meeting that need to be drawn to the Board’s attention are: N/A

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

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

1. Information and assurance

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

Summary report from the Finance and Performance Committee, 21/02/23	Committee Chair (Non-Exec. Director)
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The Committee met on 21st February 2023, via a webconference.

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

- The **actions from previous meetings** were reviewed which considered how the Committee should work more closely with other forums on key topics impacting performance. It was agreed that both of the proposed options should be implemented i.e. that the Committee should receive the summary report that the Trust Board currently received from the People and Organisational Development Committee; and that the Committee should consider asking other Trust Board sub-committees to undertake work on a particular issue (and receive a report back from that sub-committee), should this be considered necessary.
- The clinical management team for the **Urology department** attended for a **deep dive** which highlighted the significant post-COVID-19 pressures faced by the service, which had seen a 69% rise in 2-week cancer waiting time referrals in 2022. Two priority service developments were also discussed at length: the introduction of a surgical robot and a new Urology Investigation Unit. The Committee heard that although it would be feasible to pursue the former via revenue funding, the latter would likely require capital funding, so involved additional complexity. The Committee acknowledged that the major next step would be the development of the Outline Business Case for the robot, which was expected within the next 2 months.
- The **Patient Access strategic theme metrics for month 10** (i.e. January 2023) were reviewed, which highlighted the current strong performance on the Emergency Department 4-hour waiting time target; the delivery of the cancer access targets; the patients who had waited 40 weeks or more for treatment; and the Diagnostics Waiting Times and Activity (DM01) standard, which was expected to start to recover from April 2023. The reduction in the number of patients who were 'medically optimised for discharge' was also acknowledged, although it was questioned whether there had been a sufficient reduction in escalation beds as a result.
- The Deputy Director of Finance (performance) reported on the **financial performance for month 10**, which noted that a breakeven position had been delivered for the month, and although that was adverse to the financial plan, the year-end forecast was still for a breakeven position, however proposed industrial action in March and end of year annual leave accrual could have an impact on this position.
- The Programme Director for EPR (Sunrise) attended to provide an **update on the implementation of the Electronic Patient Record (EPR)**, which noted that the Electronic Prescribing and Medicines Administration (EPMA) system had now been 'live' for 14 weeks. It was also noted that the 'go live' date for the Electronic Discharge Notification (eDN) work had been moved from March to April, in light of the industrial action by junior doctors that was expected in March. There had been performance issues with the system, particularly out of hours which was being closely monitored and being discussed with the supplier.
- The **draft Internal Audit plan 2023/24** was reviewed and it was agreed that the Trust Secretary should explore whether the plan could include a more explicit review that covered compliance with Trust policies; as well as a review of security access control arrangements.
- The latest **use of the Trust Seal** was noted.

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

- The Deputy Director of Finance (Financial Performance) should provide details of the financial provisions that were expected at the end of 2022/23; and also arrange for further details of the Trust's approach to financial reserves to be included in the financial plan for 2023/24.
- The Committee's meeting on 28/03/23 should be converted to a virtual meeting.

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

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

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

Information and assurance

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

Summary report from the People and Organisational Development Committee, 17/02/23 (incl. quarterly update from the Guardian of Safe Working Hours (covering October to December 2022))
**Committee Chair
(Non-Exec. Director)**

The People and Organisational Development Committee met (virtually, via webconference) on 17th February 2023 (a 'main' meeting).

The key matters considered at the meeting were as follows:

- The **actions from previous 'main' meetings** were noted and it was agreed that the Interim Deputy Chief People Officer, Workforce and Systems should ensure that the "Monthly review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR)" report to the March 2023 People and Organisational Development Committee 'deep dive' meeting included details of the actions which had been implemented to reduce temporary staffing expenditure at the Trust. It was also agreed that the Interim Deputy Chief People Officer, Workforce and Systems should ensure that the analysis of the reasons provided by staff when requesting bank shifts was incorporated into "Monthly review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR)" report to the April 2023 'Main' People and Organisational Development Committee meeting.
- The Committee received an **update on the Trust's 'listening events' and key themes** which included details of the areas of improvement which had been identified; the methodology which had been utilised; and the process by which service areas were prioritised for 'listening events'. It was agreed that the Deputy Chief People Officer, Organisational Development should Develop an overview of the key themes from the Trust's 'listening events' by Division, to support the development of a culture of self-improvement and self-reflection.
- The Head of Learning and Development attended for an **update on Learning and Development at the Trust** (including the findings of the review of the quality of the appraisals conducted at the Trust) wherein the Committee expressed concerns regarding the availability of funding, from NHS England, to support career development, as career development had been highlighted as a key priority for Trust staff as part of the 'listening events' programme of work and the Committee supported the proposed approach to the Trust's appraisal process for 2023. It was agreed that the Head of Learning and Development should inform Committee members of the outputs of the discussion at the Executive Team Meeting (ETM) regarding the proposed establishment of a recurrent career development fund at the Trust, to enable the Committee to consider what, if any, further actions were required
- The Deputy Chief Nurse, Organisational Development provided a **brief overview of the key priorities which had been identified by the International Educated Nurse (IEN) / International Educated Midwife (IEM) Pastoral Care Network** which included the further work required to improve the accommodation and arrival experience of IENs and IEMs and it was agreed that the Deputy Chief Nurse, Workforce and Education should liaise with the Vice-Chancellor of the University of Kent (Associate Non-Executive Director) to investigate what, if any, lessons could be learned regarding the provision of support to Internationally recruited staff.
- The **Director of Medical Education** attended for the latest **quarterly update** wherein the challenges experience by Junior Doctors were acknowledged and it was agreed that the Chief People Officer should investigate what, if any, actions could be implemented to improve the rostering and first impressions of Junior Doctors upon arrival at the Trust
- The Committee conducted a **review of the relevant aspects of the Risk Register** (including an in-depth review of risk ID2578 "Staff shortages Out of Hours Haematology / Transfusion") which included details of the revisions to the Trust's risk management process and the review of the People risk which was scheduled at the Executive Team Meeting (ETM). It was agreed that the Assistant Trust Secretary should schedule a "Brief overview of the outputs of the review of the People related risks by the ETM" item, to be noted, at the April 2023 'main' People and Organisational Development Committee meeting.

- The Interim Deputy Chief People Officer, People and Systems presented the latest **review of the “Strategic Theme: People” section of the Integrated Performance Report (IPR)** which included details of intention for the Recruitment Team to streamline the Trust’s onboarding processes and introduce new Key Performance Indicators (KPIs) to measure the associated improvements and it was agreed that the Chief People Officer should provide Committee members with further details of the functionality afforded by the “Wagestream” software and any potential associated cost implications. It was also agreed that the Chief People Officer should investigate what, if any, actions could be implemented to increase the retention rate of internationally educated nurses.
- The latest **quarterly update from the Guardian of Safe Working Hours** (covering October to December 2022) was noted (and this is enclosed in Appendix 1, for information and assurance).
- The Committee noted the latest **quarterly review of the findings from the 'Moving On' survey** and **quarterly review of Internal Communications**; the **recent findings from relevant Internal Audit reviews** (6-monthly report) and the **review of the draft Internal Audit plan for 2023/24**.
- The **method of the People and Organisational Development Committee’s evaluation for 2022** was noted, and it was agreed that further discussions would be held, with the Assistant Trust Secretary, external to the meeting.
- The Committee’s **forward programme was noted**.
- Under the **evaluation of the meeting** it was agreed that the Committee Chair and the Chief People Officer should liaise to consider what, if any, amendments were required in relation to reporting process to Committee, to enable further oversight by members of the ETM.
- Under Any Other Business it was agreed that the Chief People Officer should provide Committee members with details of the initial outputs of the “W1 Leadership Capacity & Capability” and “W3 Culture of High Quality, Sustainable Care” discussions in preparation for the Trust’s Care Quality Commission (CQC) Well Led inspection. It was also agreed that the Assistant Trust Secretary should liaise with the Deputy Chief Executive / Chief Finance Officer to investigate whether it was feasible for a “Further update on the actions to reduce agency fees as part of the “Strategic theme: Sustainability”” item to be submitted to the April 2023 ‘main’ People and Organisational Development Committee meeting.

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

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

- The quarterly update from the Guardian of Safe Working Hours (covering October to December 2022) is enclosed in Appendix 1, for information and assurance

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

Information and assurance

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

**'MAIN' PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE –
FEBRUARY 2023**



QUARTERLY UPDATE FROM THE GUARDIAN OF SAFE WORKING HOURS (COVERING OCT TO DEC. 2022) GUARDIAN OF SAFE WORKING HOURS

The enclosed report covers the period October 2022 to December 2022:

- During this period there were a total of 180 Exception Reports
- 10 were related to missed educational opportunities
- The majority of ERs were made by medical trainee doctors: 80- Fy1, 2 - Fy2, 25 - CT and 6 - ST grade.
- 24 ERs were filed by two Haematology registrars for excessive hours compared to their Work Schedules. Work Schedule reviews have been completed.
- Inadequate staffing levels were the main reason for excessive hours worked by trainee doctors during this period.

Reason for circulation to People and Organisational Development Committee

Assurance

Reporting Period: October 2022 to December 2022

Exception Reports (ERs) - Work Schedule related

Specialty	Grade	No. Exceptions raised
Medicine	FY1	80
	FY2	2
	CT	25
	ST1	8
ENT	FY2	2
Paediatrics	FY2	1
	ST1	2
Orthopaedics	FY2	9
Cardiology	ST	2
Gastroenterology	FY1	4
Haematology	CT	1
	ST	15
Ophthalmology	ST	13
Emergency	FY2	1
Total		165

Exception Reports - Education Opportunities missed

Specialty	Grade	No. Exceptions raised
Medicine	FY1	1
Haematology	ST	8
	FY2	1
Total		10

(Total combined ERs = 180)

Work Schedule Reviews

Two Work Schedule reviews were undertaken for two Haematology Specialist registrars.

Fines

No fines were instigated during this period.

Report commentary

During the period Oct – Dec 2022 there were a total of 180 ERs filed.

10 of these were files due to missed education opportunities.

ERs were filed across the breadth of Specialities.

My main concern this period was the volume of ERs across general medicine. The Trust received 114 across all grades of trainees, with 80 from FY1 doctors.

Reasons for filing ERs mostly relate to excessive workload, with staff shortages as a recurring theme resulting in extra hours worked.

As Guardian, I have informed the Chief of Service for Medicine and Emergency Care, of the numbers of ERs for medicine and included the Deputy Chief of Service for Medicine and Emergency Care, and Endocrinologist & Honorary Senior Lecturer King's College London in the communications.

I am aware over the past few months they have been working closely with the medicine management team, reviewing staffing levels across the medicine Directorate and improving conditions for trainee doctors.

The next major bulk of ERs come from the two Haematology registrars. They filed 16 ERs between them related to working hours and a further 8 due to missed education opportunities. The main issue was related to extra hours worked in excess of their agreed Work Schedule on starting the placement This was compounded with educational meetings not occurring that were on rota. I have discussed these issues with their educational Supervisors, Consultant Haematologist and Consultant Haematologist who have already initiated 'Work Schedule reviews/ and rectified the issues raised.

Lastly, the main number of ERs arose from Ophthalmology Specialist registrars, 13 ERs were filed. The main issue was that clinic was over running frequently. As Guardian I have contacted the Consultant Ophthalmologist regarding ways of mitigating this happening in future.

I will end this report by signing off as Guardian of Safe Working Hours after six years in the role. Dr Tim Bell, Emergency Department Consultant has taken over the role, on an interim basis, with the intention of applying and interviewing for the permanent role.

Dr Matt Milner, Former Guardian of Safe Working Hours

Trust Board meeting – February 2023

Integrated Performance Report (IPR) for January 2023**Chief Executive / Members
of the Executive Team**

The IPR for month 10, 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, 21/02/23, Finance and Performance Committee, 21/02/23

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

Review and discussion

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

Integrated Performance Report

January 2023

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• Business Rules for Assurance Icons	Pages 29 - 31
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Note: Detailed dashboards and a deep dive into each SDR and CQC Domain are available on request - mtw-tr.informationdepartment@nhs.net

Key to KPI Variation and Assurance Icons

Variation			Assurance					
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause - no significant change	Consistent (P)assing of Target - Upper control limit is below the target line or Lower control limit is above the target line (depending on the nature of the metric)	Metric has (P)assed the target for the last 6 (or more) data points, but the control limits have not moved above/below the target.	Inconsistent passing and failing of the target	Metric has (F)ailed to meet the target for the last 6 (or more) data points, but the control limits have not moved above/below the target.	Consistent (F)ailing of Target - Lower control limit is below the target line or Upper control limit is above the target line (depending on the nature of the metric)	Data Currently Unavailable or insufficient data points to generate an SPC

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

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

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	Latest			Previous			Assurance			
	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Driver / 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 a 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 was breakeven in the month which was £1.2m adverse to plan. Year to date the Trust is £1.2m adverse to plan generating a £2.5m deficit.

With the continued improvement in the Nursing Vacancy Rate, the Nursing Safe Staffing Levels have Increased to 94.9% in January, passing the target for that month & bringing it into variable achievement of the target. The rate of inpatient falls continues to experience common cause variation and variable achievement of the target. Hospital on-set of COVID remains in escalation. These indicators also impact the Incidents resulting in harm indicator which is experiencing special cause variation of a concerning nature and has now failed the target for 6 months.

Diagnostic Waiting Times has remained similar in January 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 special cause variation of a concerning nature and has not achieved the trajectory target for more than six months. We remain one of the best performing trusts in the country for longer waiters. First outpatient activity levels are now experiencing special cause variation of an improving nature but have failed the trajectory target for more than six months, however levels remain above 1920 levels. Diagnostic Activity levels have not achieved the target for more than six months but remain consistently above 1920 levels. Elective activity is now experiencing special cause variation of an improving nature and passing the target as has achieved the plan for more than six consecutive months. It therefore remains above plan Year to date (YTD).

The number of patients leaving our hospitals before noon is now experiencing special cause variation of an improving nature. A&E 4hr performance is experiencing common cause variation at 86% 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 improved in January and are now experiencing special cause variation of an improving nature but remain in full escalation. The Trust has once again achieved the Cancer Waiting Times 62 Day standard for the month of December and has continued to achieve the national 2 Week Wait (2WW) Standard. 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:

- Incidents resulting in Harm (P.11)
- Infection Control (P.12)*

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:

- Complaints responded within target (P.22)
- FFT Response Rates - all areas (P.23)

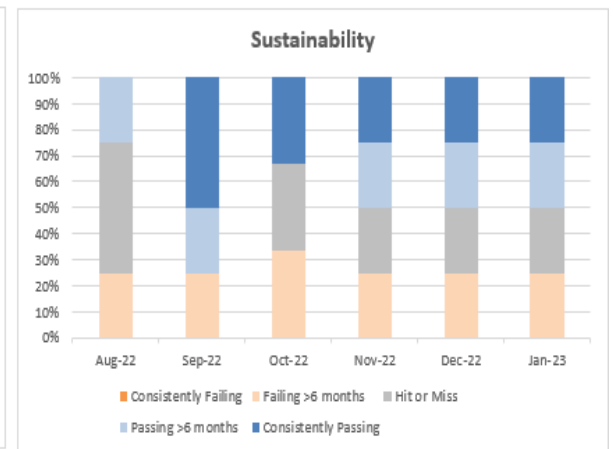
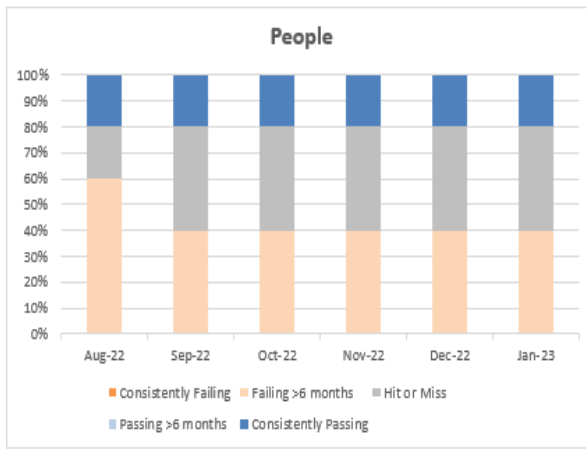
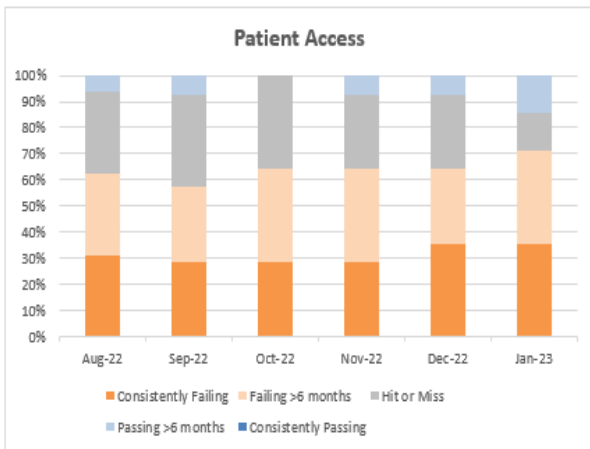
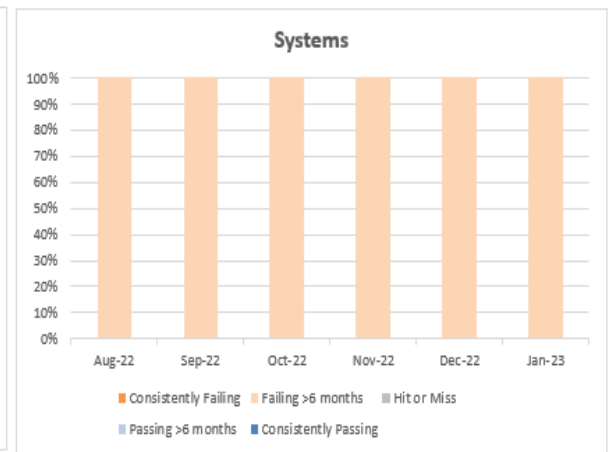
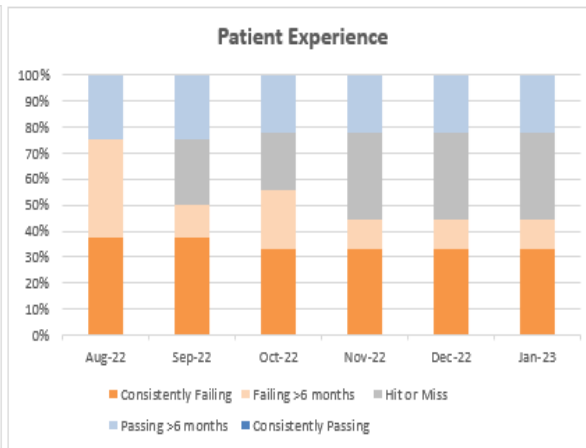
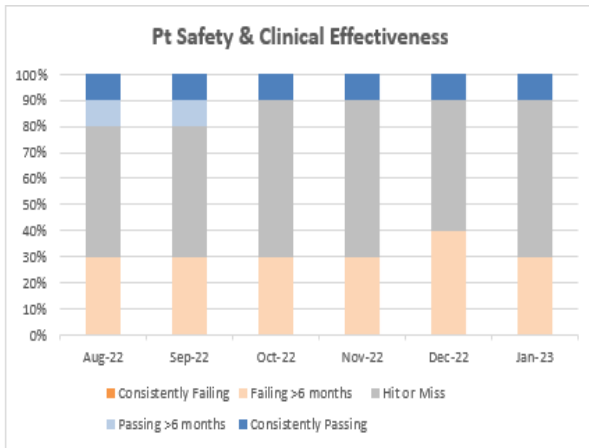
Systems:

- Discharges before Noon (P.25)

Sustainability

- Agency Spend (P.27)






Assurance Stacked Bar Charts by Strategic Theme













Matrix Summary

January 2023

Assurance

		Pass ★ 	Pass 	Hit and Miss 	Fail 	Fail - 
Variance	Special Cause - Improvement 	Flow: % of Emergency Admissions that are zero LOS (SDEC)	Ensure activity levels for theatres match those pre-Covid - Total Elective Capital Expenditure (£k)	Reduce the Trust wide vacancy rate to 12% by the end of the financial year 2022-3 Delivery of financial plan, including operational delivery of capital investment plan. 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	To achieve the planned levels of new outpatients activity (shown as a % 19/20)	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 Transformation: % OP Clinics Utilised (slots) Access to Diagnostics (<6weeks standard) Transformation: CAU Calls answered <1 minute Flow: Ambulance Handover Delays >30mins
	Common Cause 	Summary Hospital-level Mortality Indicator (SHMI)	Cancer - 2 Week Wait 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 Number of New SIs in month Cancer - 62 Day Never Events Safe Staffing Levels 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 Friends and Family (FFT) % Response Rate: Inpatients	RTT Patients waiting longer than 40 weeks for treatment Ensure activity levels for outpatients match those pre-Covid - Follow Up Outpatients Reduce the amount of money the Trusts spends on 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) Friends and Family (FFT) % Response Rate: A&E
	Special Cause - Concern 	Cash Balance (£k) Statutory and Mandatory Training			Achieve the Trust RTT Trajectory by March 2023 Reduce Turnover Rate to 12% by March 2023 Standardised Mortality HSMR % complaints responded to within target Flow: Super Stranded Patients	

Strategic Theme: People

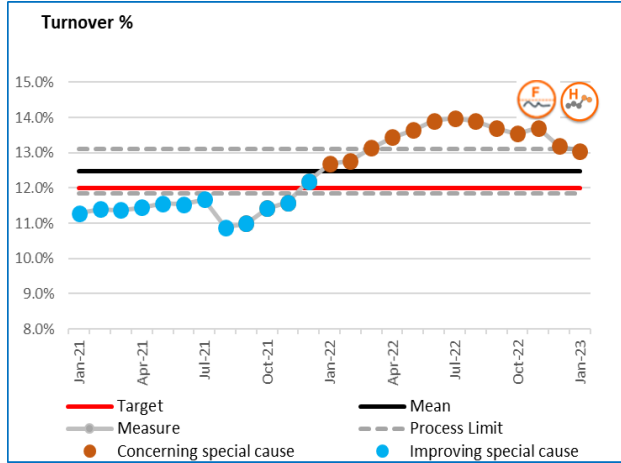
	CQC Domain	Metric	Latest			Previous			Actions & Assurance			
			Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Well Led	Reduce the Trust wide vacancy rate to 12% by the end of the financial year 2022-3	12%	9.6%	Jan-23	12%	10.7%	Dec-22	Driver			Note Performance
Breakthrough Objectives	Well Led	Reduce Turnover Rate to 12% by March 2023	12%	13.1%	Jan-23	12%	13.2%	Dec-22	Driver			Full CMS
Constitutional Standards and Key Metrics (not in SDR)	Well Led	Sickness Absence	4.5%	5.3%	Dec-22	4.5%	4.5%	Nov-22	Driver			Not Escalated
	Well Led	Appraisal Completeness	95.0%	90.2%	Jan-23	95.0%	89.6%	Dec-22	Driver			Escalation
	Well Led	Statutory and Mandatory Training	85.0%	85.1%	Jan-23	85.0%	86.2%	Dec-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

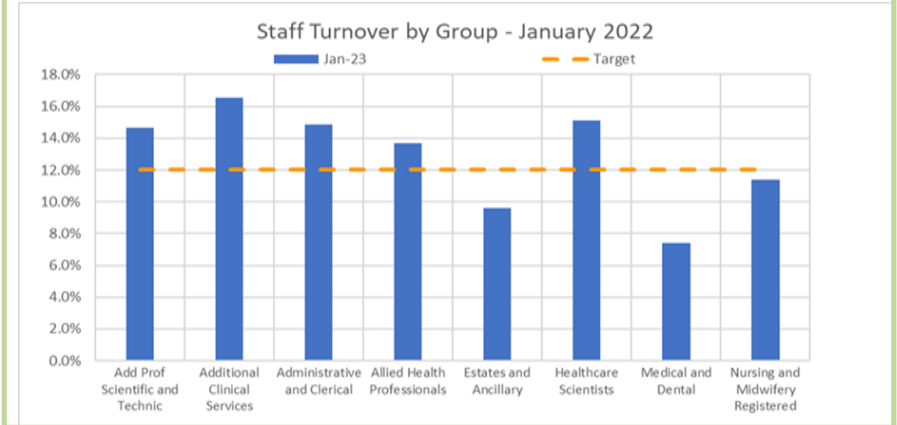
1. Historic Trend Data



Jan-23
13.05%
Variance / Assurance
Metric is currently experiencing special cause variation of a concerning nature and has not achieved the target for more than 6 months
Max Target (Internal)
12%
Business Rule
Full CMS as not achieved target for 6+ months

2. Stratified Data

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

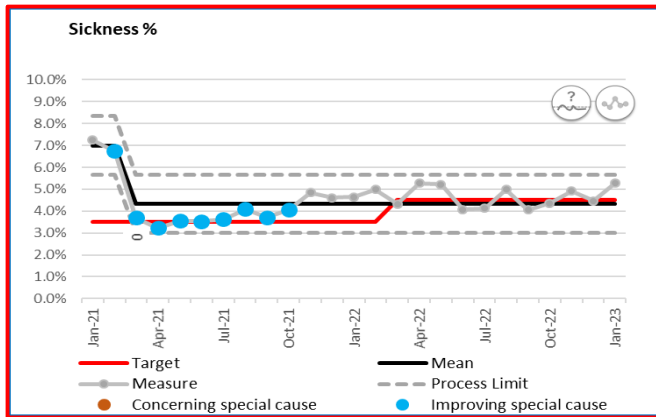
Attraction	Learning & Development
Flexible working can be too rigid / No free food / Increased cost of living at TW site / No USP staff benefits for working at MTW	No clear progression path / Upskilling does not lead to promotion
Inadequate break times / Poor wellbeing	Onboarding slow / Gaps in leadership 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

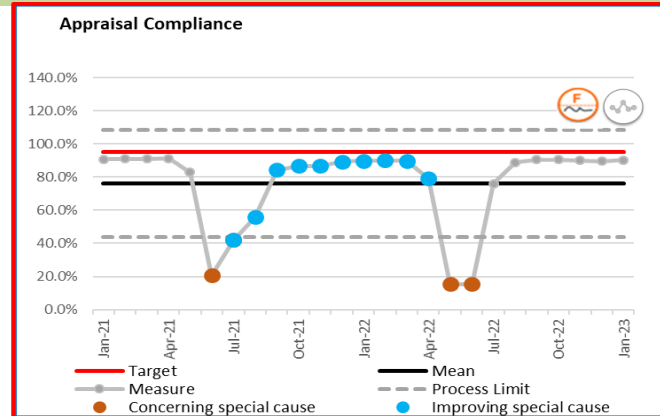
The A3 continues to be developed. Full action plans by the working groups developed; some of the key actions shown:

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
Continued improvements with Social media and innovative recruitment campaigns	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 current and ex-employees returning to MTW in line with pension flexibilities from 1 st April.	Introduced stay interviews through pilot. Current focus on hot spots and high turnover areas. Onboarding Survey to be launched early March.
Process mapping for end to end recruitment has taken place. KPIs and reduced time to fill have been implemented.	Introduce a clear and consistent Recruitment and Retention approach to be determined. Work also on benefits and rewards statements ongoing.

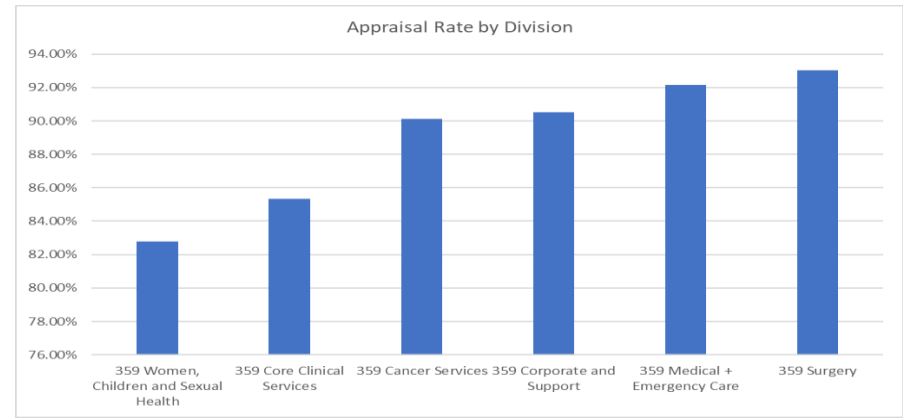
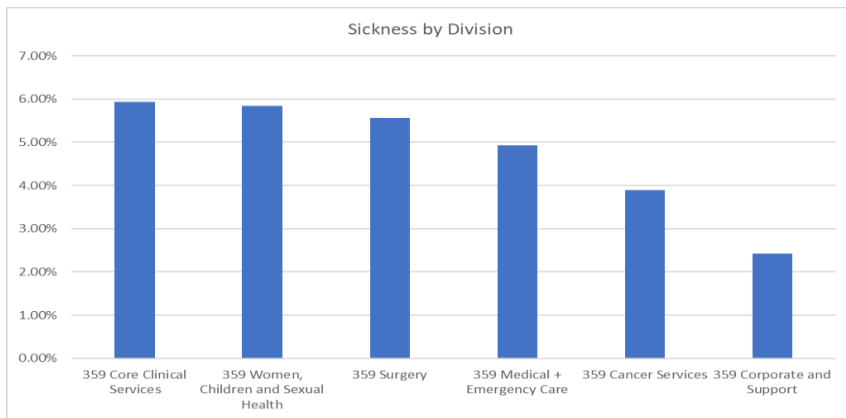
People – Workforce: CQC: Well-Led



Dec-22
5.28%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Max Target (Internal)
4.5%
Business Rule
Escalated as in Hit & Miss for >6months



Jan-23
90.19%
Variance / Assurance
Metric is currently experiencing Common Cause Variation and failing the target for 6+ months
Max Target (Internal)
95%
Business Rule
Has failed the Target for 6+ Months



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: An increase from November absence levels, reflecting usual seasonal reasons for absence. Sickness absence within expected limit.

Covid Booster vaccination window has now closed and Flu vaccinations continue until the end of March 23.





















Appraisal Completeness: A stretch target of 95% was introduced in 2022/23. The previous target of 90% was increased to a stretch target. Ongoing work with Divisions to improve performance is taking place targeted at areas of lower compliance.

Assurance & Timescales for Improvement:

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

Increased numbers of sickness management cases are brought through to support people on long-term absence or with underlying health conditions.

Strategic Theme: Patient Safety & Clinical Effectiveness

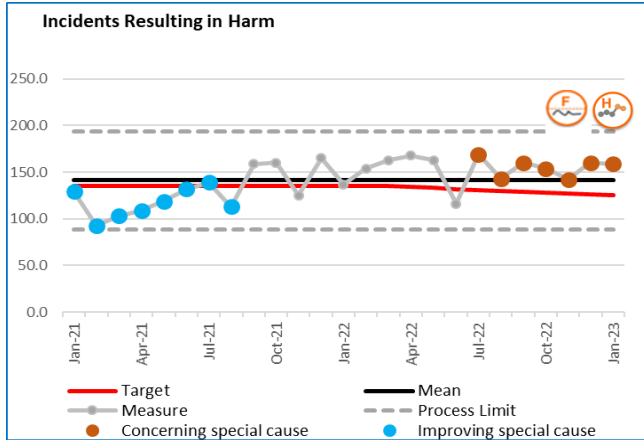
	CQC Domain	Metric	Latest			Previous			Actions & Assurance			
			Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Safe	Reduction in incidents resulting in harm by 8.2% by March 2023	125	159	Jan-23	126	160	Dec-22	Driver			Full CMS
Breakthrough Objectives	Safe	Reduction in the rate of patient falls to 6.36 per 1000 occupied bed days by March 2023	6.50	7.83	Jan-23	6.57	7.58	Dec-22	Driver			Verbal CMS
Constitutional Standards and Key Metrics (not in SDR)	Safe	Number of New SIs in month	11	9	Jan-23	11	4	Dec-22	Driver			Not Escalated
	Safe	Standardised Mortality HSMR	100.0	101.2	Sep-22	100.0	103.1	Aug-22	Driver			Escalation
	Safe	Summary Hospital-level Mortality Indicator (SHMI)	100.0	93.3	Sep-22	100.0	92.9	Aug-22	Driver			Not Escalated
	Safe	Never Events	0	0	Jan-23	0	0	Dec-22	Driver			Not Escalated
	Safe	Safe Staffing Levels	93.5%	94.9%	Jan-23	93.5%	90.1%	Dec-22	Driver			Not Escalated
	Safe	Infection Control - Hospital Acquired Covid	0	6	Jan-23	0	38	Dec-22	Driver			Escalation
	Safe	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays	22.7	28.6	Jan-23	22.7	4.9	Dec-22	Driver			Not Escalated
	Safe	IC - Number of Hospital acquired MRSA	0	0	Jan-23	0	0	Dec-22	Driver			Not Escalated

Vision: Counter Measure Summary

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



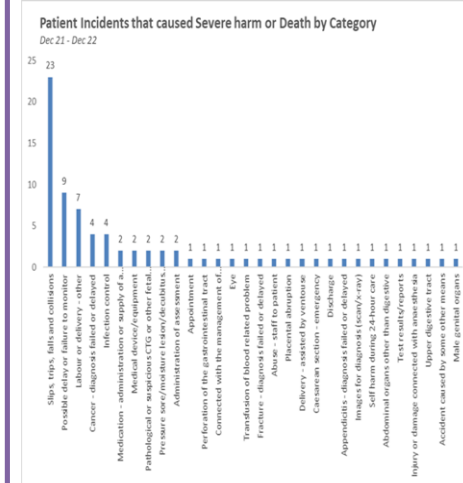
Jan-23
159

Variance / Assurance
Metric is currently experiencing Special Cause Variation of a concerning nature and has not achieved the target for more than 6 months

Max Target (Internal)
125

Business Rule
Full Escalation as not achieved target for 6+ months

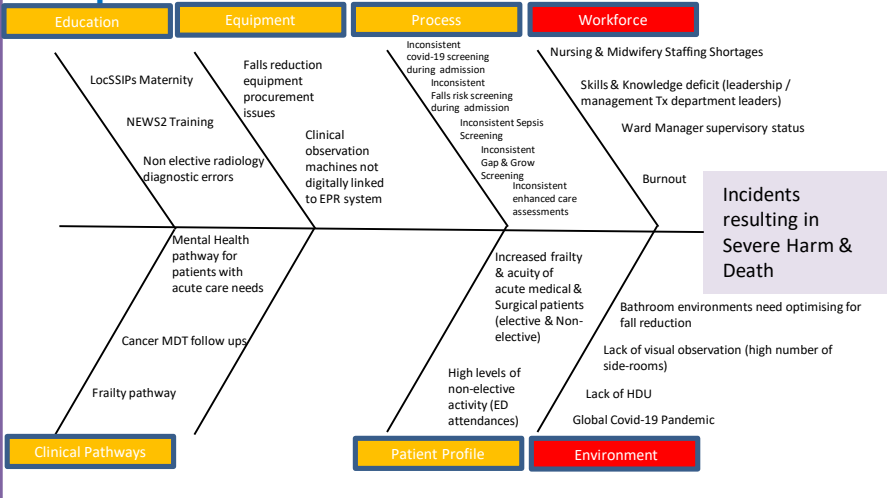
2. Stratified Data



Incidents resulting in Harm

Category	Dec
Pressure sore/moisture lesion/decubitus ulcer	30
Slips, trips, falls and collisions	37
Self harm during 24-hour care	13
Possible delay or failure to monitor	9
Post-partum haemorrhage > 1,000ml	7
Injury or poor outcome for the mother	6
Infection control	4
Medication - medication error during the prescription process	4
Medication - administration or supply of a medicine from a clinical area	3
Accident caused by some other means	3
Treatment, procedure - other means	3
Medical device/equipment	2
Connected with the management of operations/treatment	2
Upper digestive tract	1
Unstable angina - diagnosis failed or delayed	1
Bones and/or joints - other than skull or spine	1
Cancer - diagnosis failed or delayed	1
Discharge	1
Eye	1
Financial loss	1
Images for diagnosis (scan/x-ray)	1
Assessment - other	1
Abuse - patient to patient	1
Respiratory tract	1
Self harm in primary care, or not during 24-hour care	1
Test results/reports	1
Transfer	1
Total	157

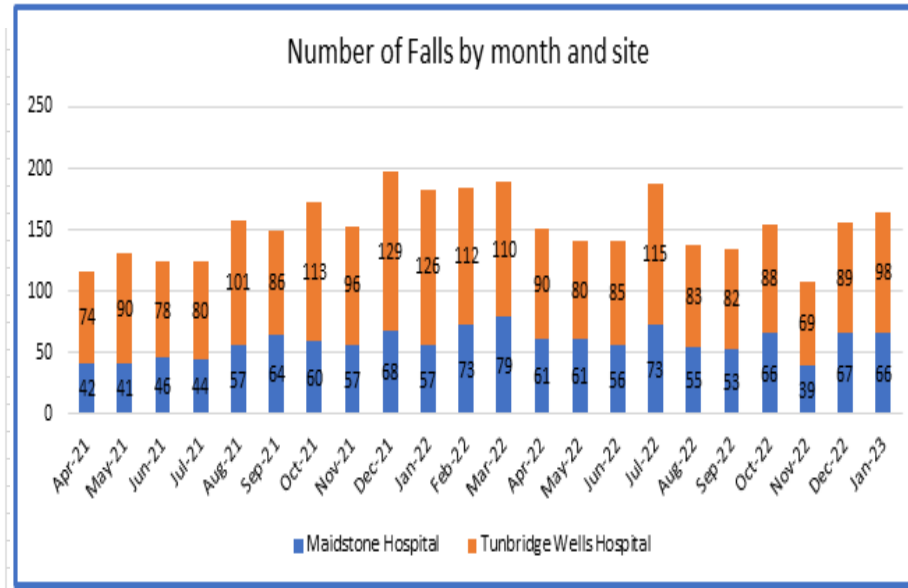
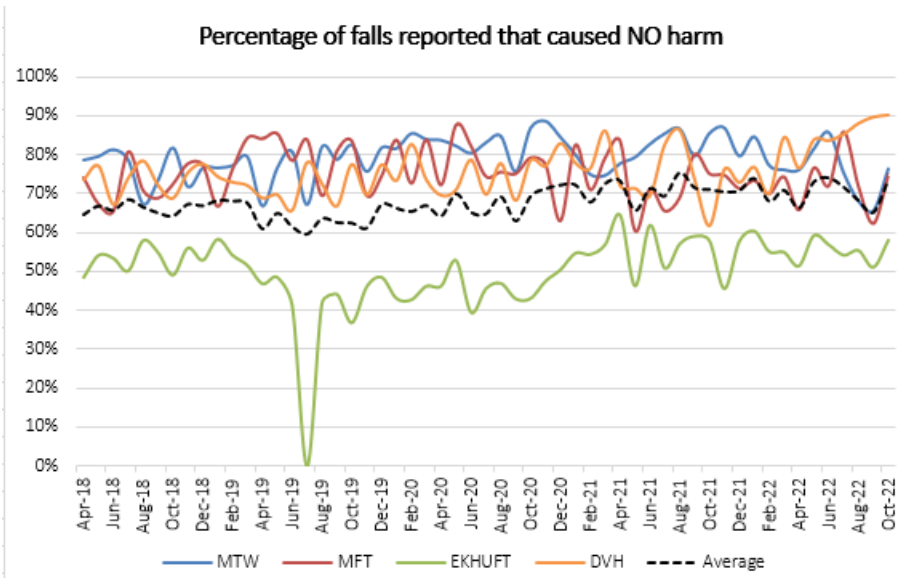
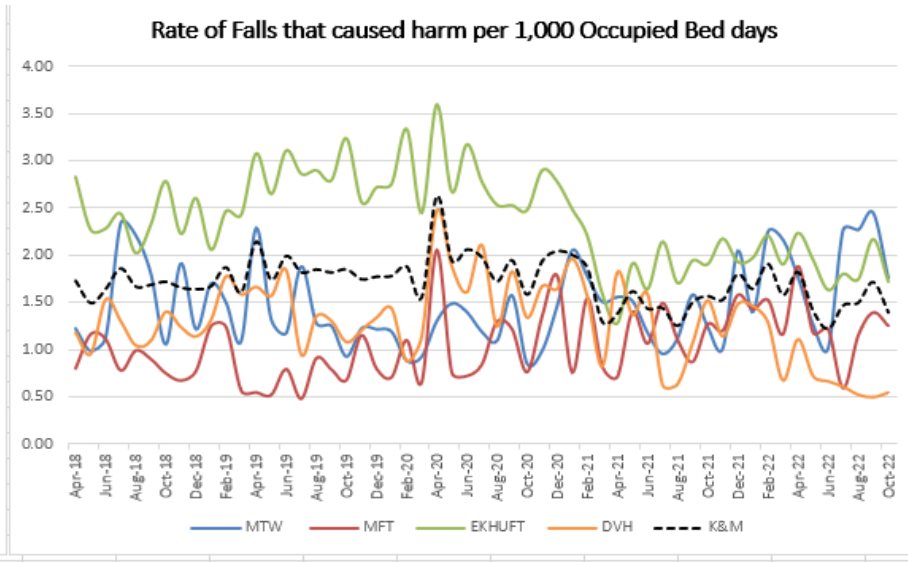
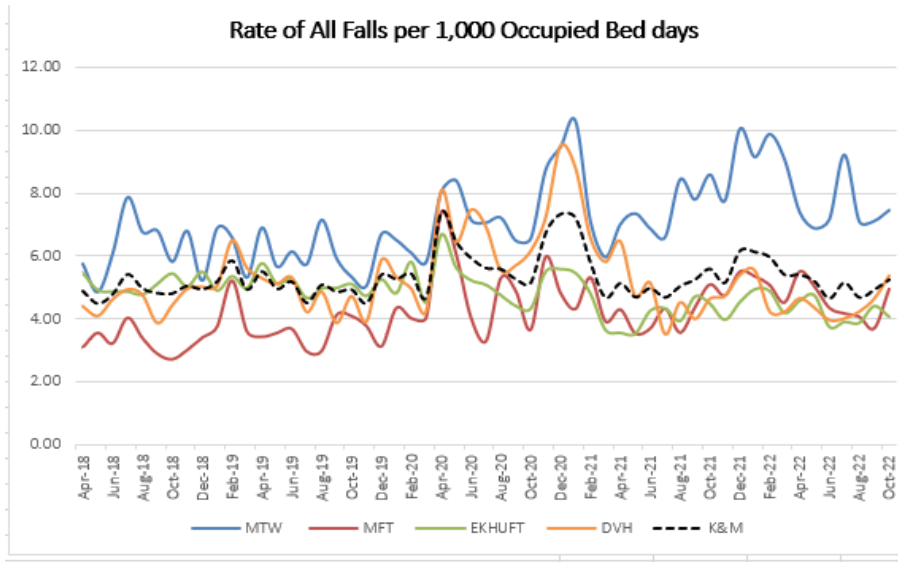
3. Top Contributors



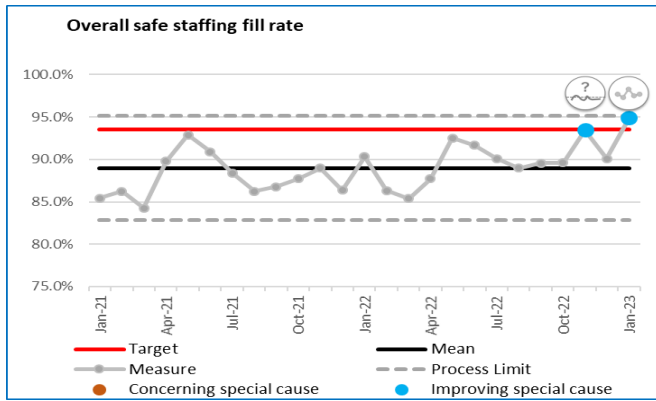
4. Action Plan

Contributor	solution /countermeasure	Owner	Due By
Workforce	safer staffing fill rate levels	CNO/CPO	Ongoing
Environment/ Equipment/ Process	<p>Focus on Slips, trips and falls, as major contributing factor to incidents resulting in severe harm (30%).</p> <p>-Falls has increased in Jan compares to Dec. 7 wards have contributed to this increase and a deep dive with all 7 wards has occurred. Wards will also have to present their findings to slips trips and falls meeting</p> <p>-Harm data has been analysed to determine other top contributors to fall and a decision on overall harm focus need to be made. Current KPI is centred around all harm, but analysis of the data indicate there may be greater benefit focusing on severe harm.</p> <p>-Other possible areas of focus may include pressure ulcers and deteriorating patients (including sepsis)</p> <p>- SI data and SJR data have been analysed ahead of an A3 thinking session tentatively scheduled for 2nd March consisting of relevant stakeholders from across the trust</p>	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

MTW Falls Rates VS Neighboring trusts



Patient Safety and Clinical Effectiveness: CQC: Safe

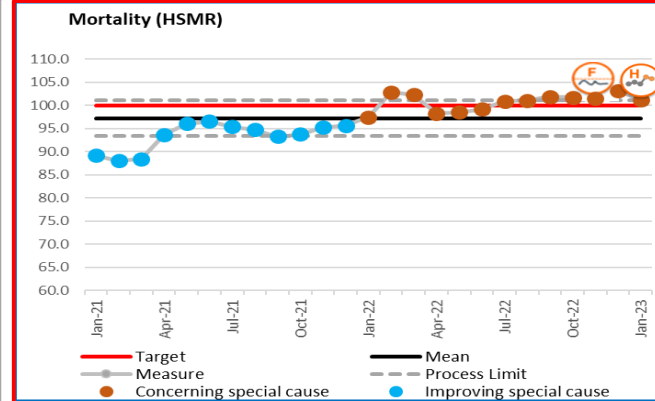


Jan-23
94.9%

Variance / Assurance
Metric is currently Common cause variation and variable achievement of the target

Target (Internal)
93.5%

Business Rule
For information as has moved into hit & miss

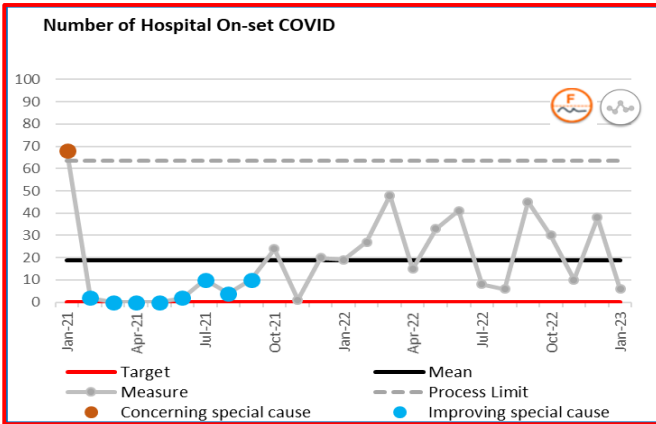


Jan-23
101.2

Variance / Assurance
Metric is currently experiencing Special Cause Variation of a concerning nature and has not achieved the target for >6months

Max Target (Internal)
100.0

Business Rule
Full Escalation as has not achieved target for > 6months

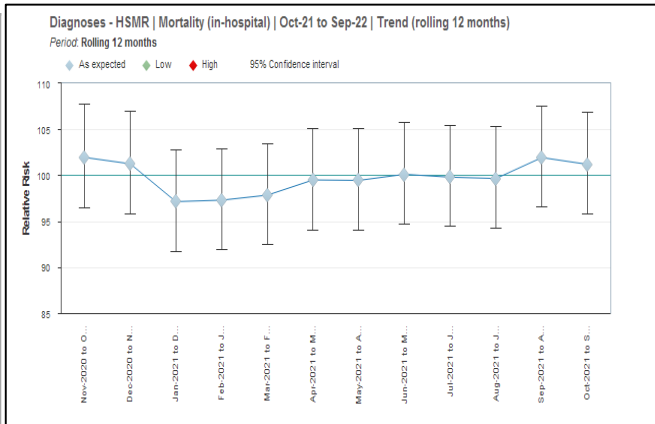


Jan-23
38

Variance / Assurance
Metric is currently experiencing Common Cause Variation and has not achieved the target for >6 months

Max Target (Intern)
0

Business Rule
Full Escalation as has not achieved the target for > 6 months



Jan-23
As Expected

Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target

Max Target
As Expected

Business Rule
Shown for information in support of HSMR metric.

Summary:

Safe Staffing Fill Rate: The level reported has moved to Common cause variation and variable achievement of the target

Hospital on-set COVID: This indicator is experiencing common cause variation and has failed to achieve 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. Retention of Registered Nurses/Midwives and Healthcare Clinical Support Workers (HCSWs) is now a focus with a view to reduce turnover rates. The nursing retention group continues, and is now feeding into the Trust wide retention board. Career roadshows and the Corporate Nursing retention group is ongoing. Student councils are in the planning stage, with the first scheduled for the end of February 2023.

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 hospitals 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. After seeing very high rates of COVID and Flu during December and early January we now seeing a decline. Masks continue to be worn by all staff in clinical area and corridors and we continue to encourage mask wearing by visitors.

Assurance & Timescales for Improvement:

Safe Staffing Fill Rate: Real time daily staffing data has been developed by the Senior Corporate Nursing and ICC team. The Safe Staffing policy was approved at January 2023 PRC. Planning for the first Safer Nursing Care Tool Audit at MTW is completed with data collection being facilitated through the Inphase system. SNCT additional training packages and processes have been signed off and approved by the CNO Safe Staffing team at NHSEI. Recruitment activity continues to move at pace. An increase in HCSW vacancies was seen owing to funded establishments on escalation wards. NHSEI are supporting MTW in the reduction of HCSW vacancies. A process mapping exercise has been completed which will aid the streamlining of current procedures. Business a usual international recruitment is going to be supported with a rolling interview schedule commencing in January 2023

Infection Control: We have exceeded our limit for CDI with total of 69 cases to date against a year end limit of 63 (6 in January). This increased rate correlates with a similar picture regionally and nationally. IPC team continue to work with the site teams, departments and clinical operations to review patient pathways to support flow and patient safety. The IPC team continue to promote IPC best practice principles through ward and department based training

Strategic Theme: Patient Access

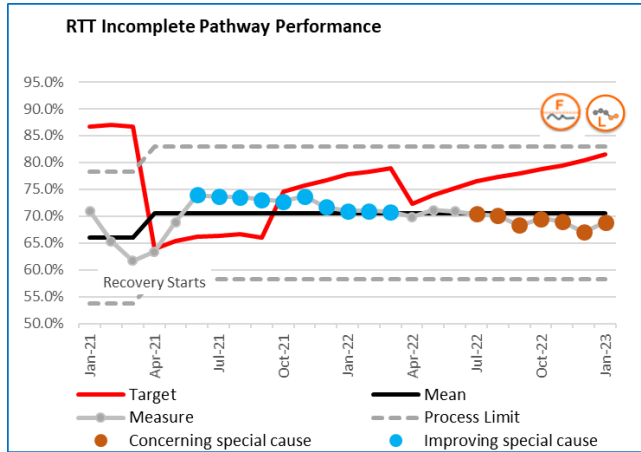
	CQC Domain	Metric	Latest			Previous			Actions & Assurance			
			Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Responsive	Achieve the Trust RTT Trajectory by March 2023	81.5%	68.8%	Jan-23	80.4%	67.0%	Dec-22	Driver			Full CMS
Breakthrough Objectives	Responsive	To achieve the planned levels of new outpatients activity (shown as a % 19/20)	115.0%	103.1%	Jan-23	120.0%	106.3%	Dec-22	Driver			Full CMS
Constitutional Standards and Key Metrics (not in SDR)	Responsive	RTT Patients waiting longer than 40 weeks for treatment	447	677	Jan-23	458	709	Dec-22	Driver			Escalation
	Responsive	Access to Diagnostics (<6weeks standard)	99.1%	86.1%	Jan-23	98.5%	86.1%	Dec-22	Driver			Escalation
	Responsive	A&E 4 hr Performance	87.0%	86.0%	Jan-23	87.0%	76.5%	Dec-22	Driver			Escalation
	Responsive	Cancer - 2 Week Wait	93.0%	95.1%	Dec-22	93.0%	93.1%	Nov-22	Driver			Not Escalated
	Responsive	Cancer - 62 Day	85.0%	85.2%	Dec-22	85.0%	85.0%	Nov-22	Driver			Not Escalated
	Effective	Transformation: % OP Clinics Utilised (slots)	85.0%	63.0%	Jan-23	85.0%	59.0%	Dec-22	Driver			Escalation
	Effective	Transformation: % of Patients Discharged to a PIFU Pathways	1.5%	3.4%	Jan-23	1.5%	2.9%	Dec-22	Driver			Not Escalated
	Effective	Transformation: CAU Calls answered <1 minute	90.0%	63.5%	Jan-23	90.0%	66.7%	Dec-22	Driver			Escalation
	Effective	Flow: Ambulance Handover Delays >30mins	5.0%	5.8%	Jan-23	5.0%	16.4%	Dec-22	Driver			Escalation
	Effective	Flow: % of Emergency Admissions into Assessment Areas	65.0%	63.5%	Jan-23	65.0%	57.0%	Dec-22	Driver			Not Escalated
	Responsive	To achieve the planned levels of elective (DC and IP cobined) activity (shown as a % 19/20)	98.4%	103.4%	Jan-23	110.8%	115.9%	Dec-22	Driver			Not Escalated
	Responsive	To achieve the planned levels of outpatients follow up activity (shown as a % 19/20)	90.8%	97.6%	Jan-23	103.3%	103.5%	Dec-22	Driver			Escalation
	Responsive	To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20)	200.4%	112.3%	Jan-23	220.4%	116.4%	Dec-22	Driver			Escalation

Vision: Counter Measure Summary

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

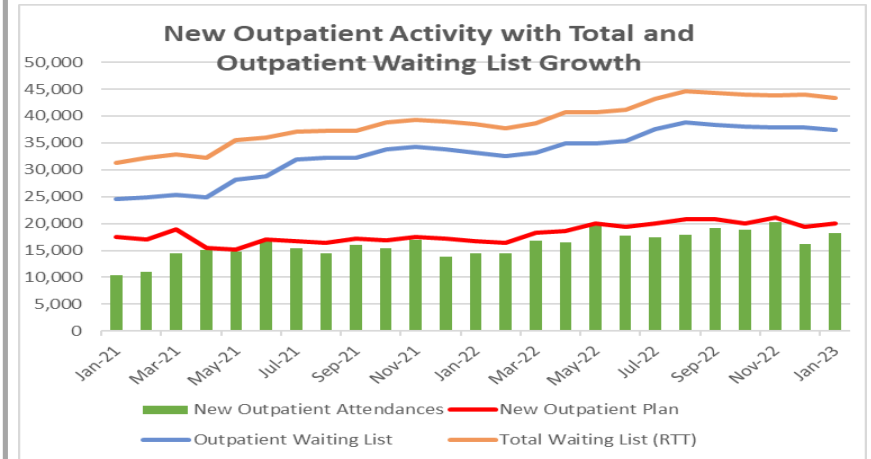
Owner: Sean Briggs
Metric: Referral to Treatment time Standard
Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data



Jan-23
68.8%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target (Internal)
81.5%
Target Achievement
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 specialities 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 specialities with the lowest performance against the 18 week standard

4. Action Plan

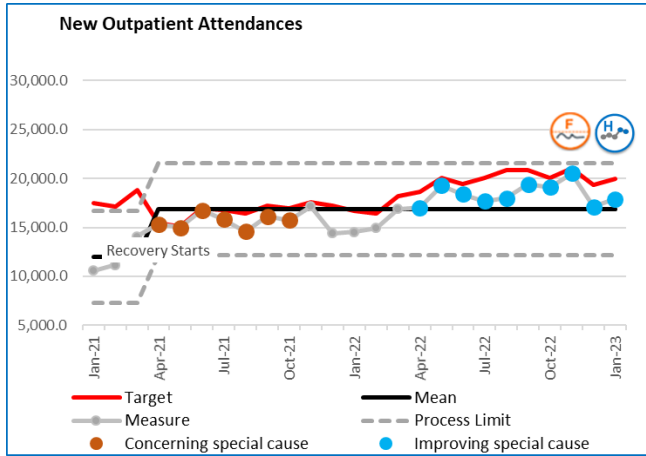
Countermeasures	Action	Who / By when	Complete
Improved New Outpatient Activity	Focussed work on the Breakthrough Objective to Increase New Outpatient Activity	SP	Ongoing
Validation	Recovery plan agreed – Operational team commenced validation from Jan	CAU & PAT team	Ongoing
Daily PTL	Gynae team – focus on patients from 28 weeks to longest waiter Additional PTL for Gastro, General Surgery and T&O.	Specialty GM, Patient Access and Deputy COO	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

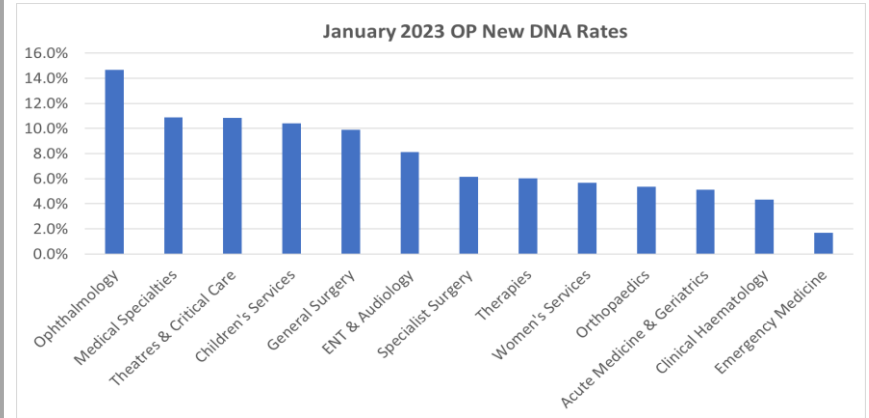
Owner: Sean Briggs
Metric: Elective Activity: New Outpatients
Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data



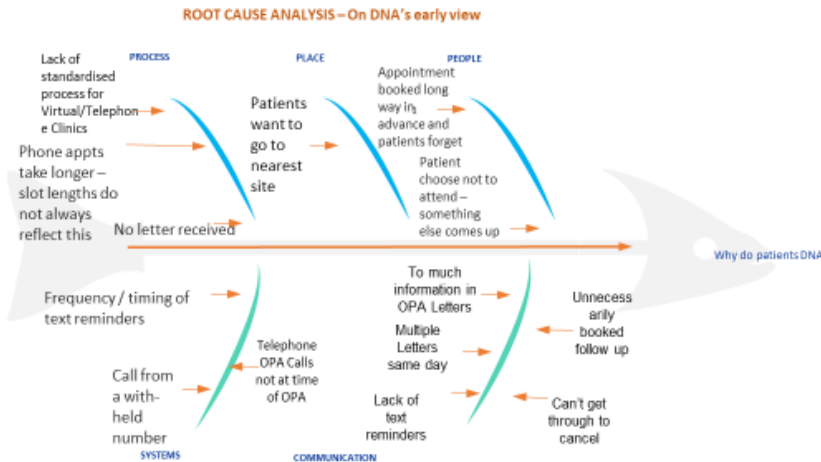
Jan-23
17,896
Variance Type
Metric is currently experiencing Common Cause Variation
Target
19,971
Target Achievement
Metric has failed the target >6months

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

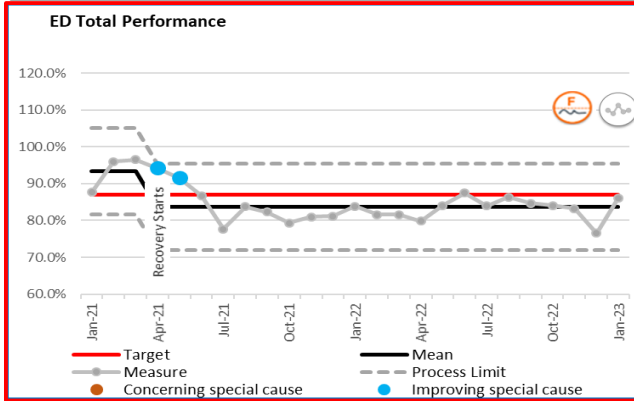
3. Top Contributors



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	Feb-23
	IT Load balancers installed	IT	Mar-23
	Go live	Project Team	Mar-23
Switch on Paediatric Text under 13's reminders (agreed for Ophth)	Awaiting agreement from IG and Safeguarding teams	SP	Mar-23
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
Best Practice	Research and link in with National missed appointment groups	SP/AM	Mar-23

Patient Access – Hospital Flow: CQC: Responsive

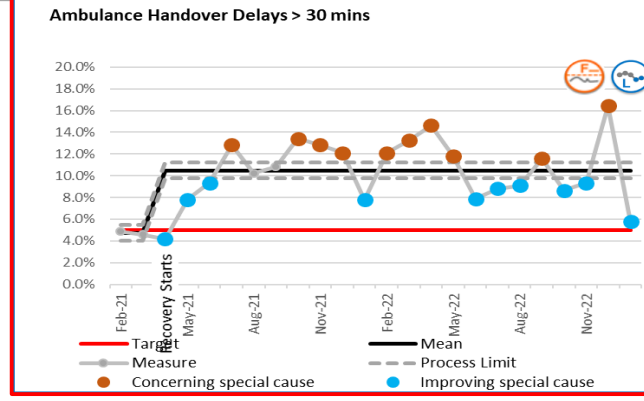


Jan-23
86.04%

Variance / Assurance
Metric is currently experiencing Common Cause variation and has failed the target for >6 months

Target (Internal)
87.00%

Business Rule
Full Escalation as has failed the target for > 6 months

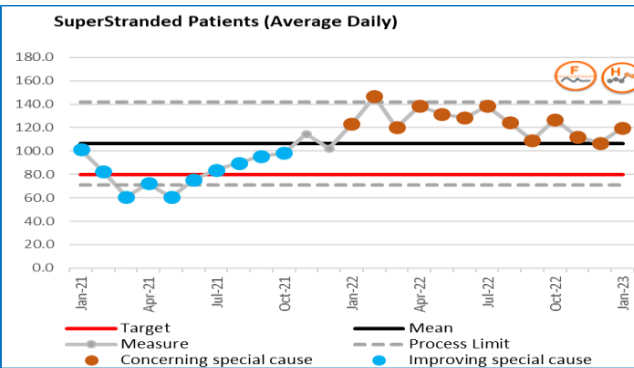


Jan-23
5.8%

Variance / Assurance
Metric is currently experiencing Special Cause variation of an improving nature and is consistently failing the target

Max Limit (Internal)
5%

Business Rule
Full Escalation as is consistently failing the target

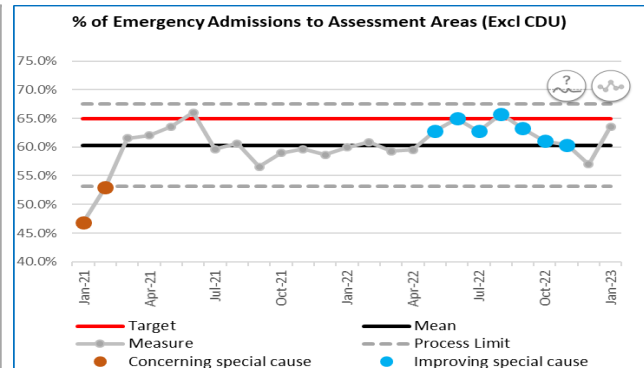


Jan-23
120

Variance / Assurance
Metric is currently experiencing Special Cause variation of a concerning nature and has failed the target for >6 months

Max Limit (Internal)
80

Business Rule
Shown for Info as related to A&E Performance



Jan-22
63.5%

Variance / Assurance
Metric is currently experiencing common cause variation and variable achievement of the target

Target
65%

Business Rule
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 an improving 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.

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. Focused work on triage and non referred patients

Ambulance handover delays: Process of PIN entry now embedded, capacity issues in both ED departments throughout December. Ambulance window now completed

Super-Stranded Patients: improved in Feb Adult social care fund is improving OOH capacity

% of Emergency Admissions to Assessment Areas: 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 Medical SDEC need plan for reduce capacity taken up with returning patients

Assurance & Timescales for Improvement:

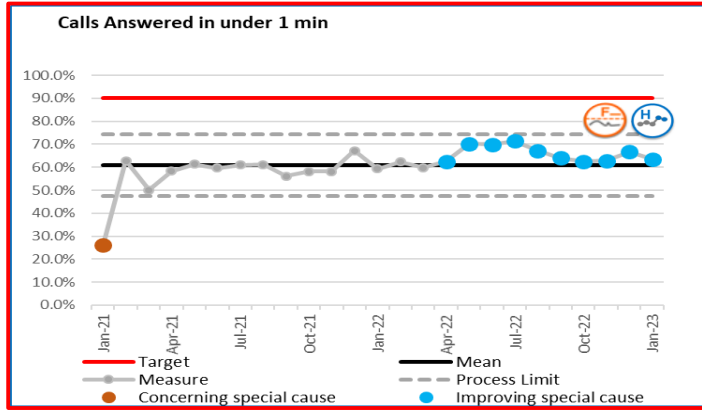
ED 4hr performance (inc MIU): Continue with ED improvement huddles. Daily monitoring of UTC utilisation to increase use of available resource. Review of medical staffing to meet demand. Increased capacity in UTC to match Strep A demand.

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.

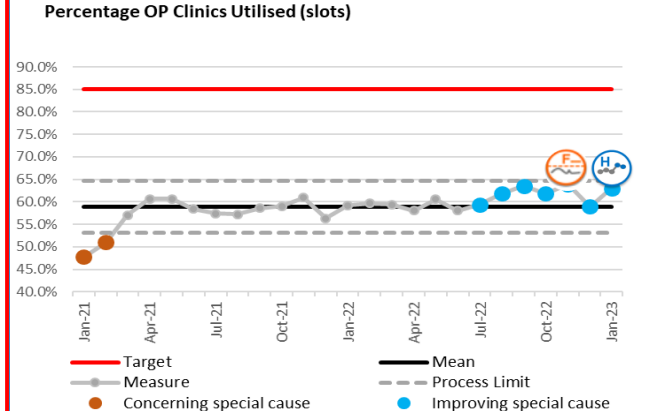
Super stranded patients: Creating capacity event to bring an MDT approach. Improved understanding of pathways and introduction of resource packages.

% 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.

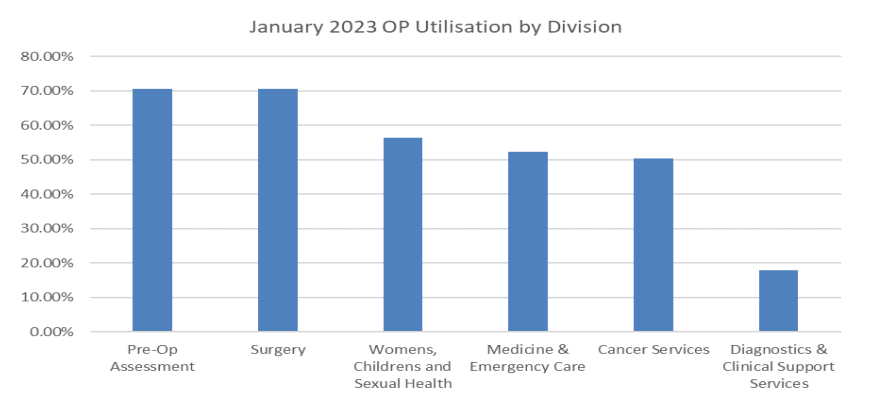
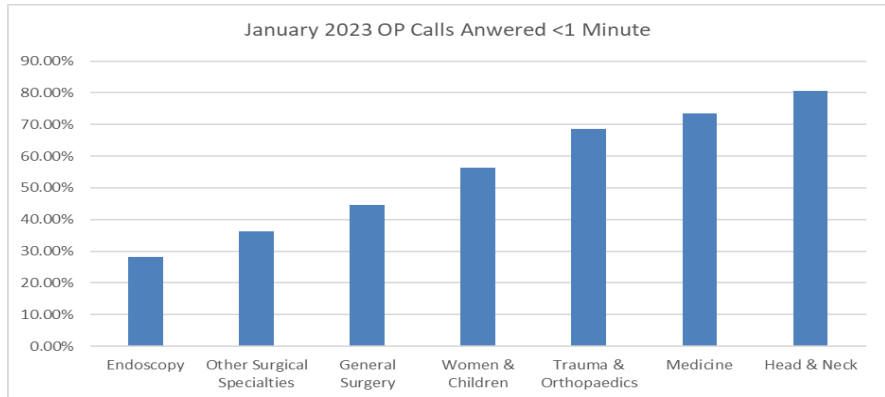
Patient Access – Transformation: Outpatients: CQC: Responsive



Jan-23
63.5%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature and consistently failing the target
Target (Internal)
90%
Business Rule
Full Escalation

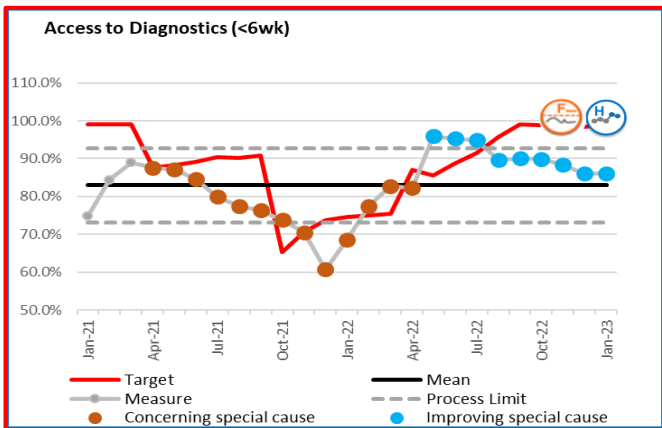


Jan-23
65%
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature and consistently failing the target
Target (Internal)
85%
Business Rule
Full Escalation

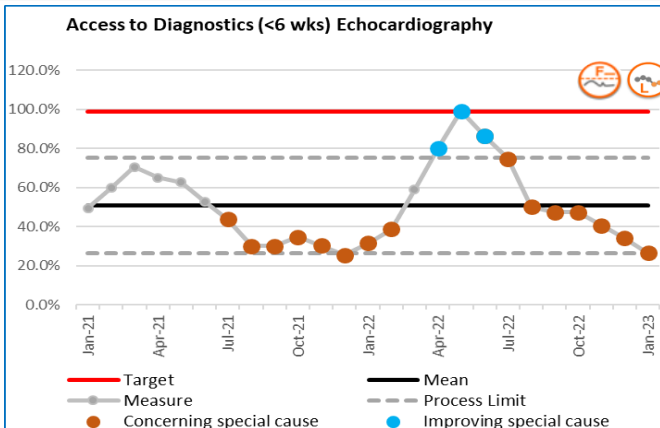


Summary:	Actions:	Assurance & Timescales for Improvement:
<p>Calls Answered: The number of calls answered in less than 1 minute is experiencing special cause variation of an improving nature and remains consistently failing the target. The areas with the lowest response rate is Endoscopy followed by Surgical Specialties,</p> <p>Outpatient Utilisation: This indicator is experiencing special cause variation of an improving nature and consistently failing the target.</p>	<p>Calls Answered: The OPD team will continue to work with the lowest performing areas in order to increase performance and improve patient satisfaction. CAU performance continues to be challenged and reviewed at the weekly meeting. Local teams in the lowly performing areas are formulating action plans. The 2WW team have received 2WTE additional support in Jan2023 and performance dramatically increased. OPD communication centre pilot will be revisited with a view to either finding a centralised space or locally embedding team members into CAU's for a fixed period of time. The team has 2WTE vacancies with a third arising at end of February 2023. A recruitment will commence to fill the 3WTE vacancies.</p> <p>Outpatient Slot Utilisation: Introduction of SOAP and Focal (reporting) to the outpatient team to support management of utilisation of clinic templates.</p>	<p>Calls Answered: an improvement action plan will be up dated and re- drafted in February 2023. This will incorporate CAU feedback and the OPD teams recruitment timescales. Shadowing of staff in the better performing CAUs will occur during February 2023 so that good management practices can be identified, shared, and implemented across CAUs to enable further improvements on call answering times. The call performance dashboard is also live.</p> <p>Outpatient Slot Utilisation: a corporate project is being scoped on clinic templates to ensure they remain up to date and accurately reflect available slots. The weekly meeting will start to include a 6-4-2 forward look report of both room and slot utilisation.</p>

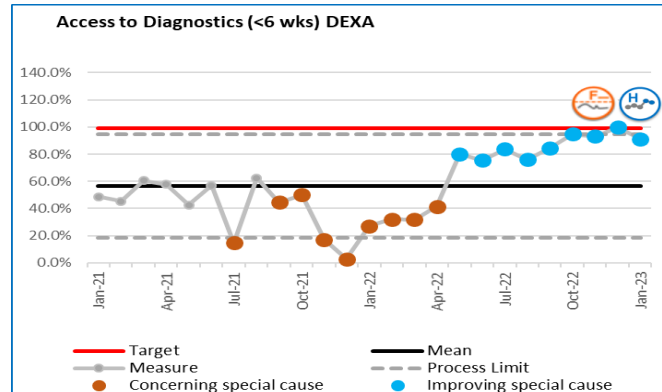
Patient Access – Diagnostics Waiting Times: CQC Responsive



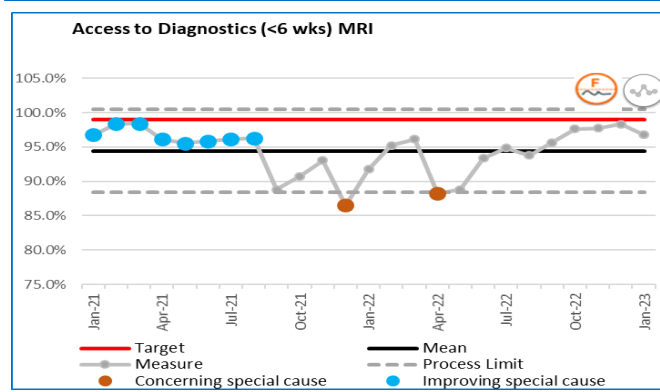
Jan-23	86.1%
Variance / Assurance	Metric is currently experiencing special cause variation of an improving nature and is consistently failing the target
Target (Internal)	88.6%
Business Rule	Full Escalation



Jan-23	26.6%
Variance / Assurance	Metric is currently experiencing special cause variation of a concerning nature and consistently failing the target
Max Limit (Internal)	99%
Business Rule	For Information as Contributor to Overall



Jan-23	91.2%
Variance / Assurance	Metric is currently experiencing special cause variation of an improving nature and consistently failing the target
Max Limit (Internal)	99%
Business Rule	For Information as Contributor to Overall



Jan-23	96.8%
Variance / Assurance	Metric is currently experiencing common cause variation and has failed the target for more than six months
Max Limit (Internal)	99%
Business Rule	For Information as Contributor to Overall

Summary: Actions: Assurance & Timescales for Improvement:

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).

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

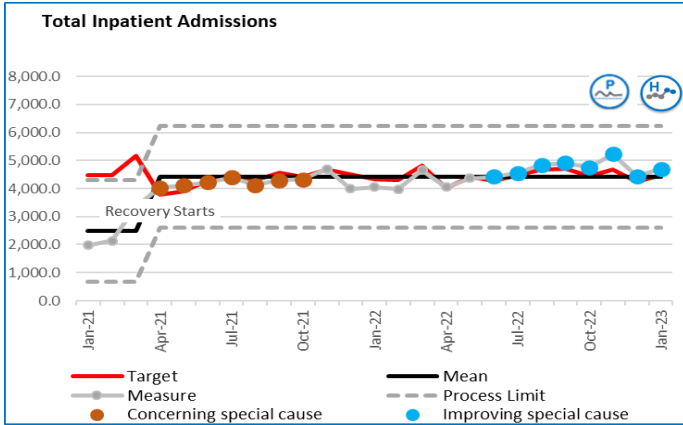
MRI: Monitoring equipment has arrived and paediatric backlog now cleared.

Echocardiography: Awaiting delivery of new Echocardiogram machines. Recovery plan has been updated and is progressing.

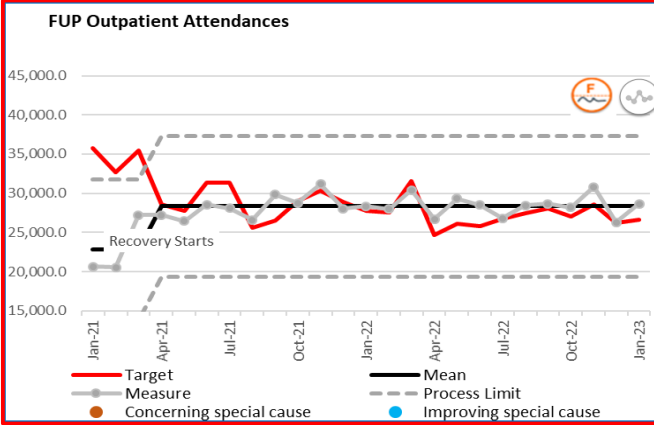
DEXA: The Recovery plan has been completed and the service is now DM01 compliant. In December, achieved 99.6%.

MRI: Paediatric backlog now cleared. Managed service has gone live

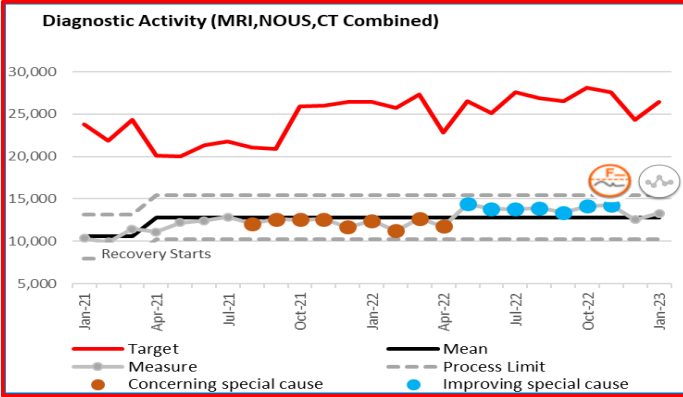
Patient Access –Activity Levels: CQC Responsive



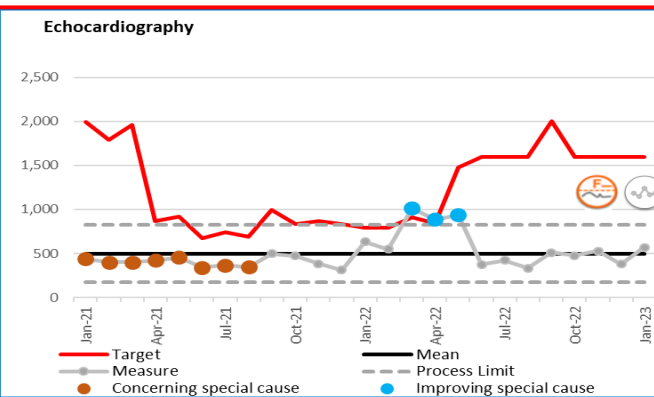
Jan-23
4,702
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature and has passed the target for >6 consecutive months
Target
4,472
Business Rule
Not Escalated



Jan-23
28,642
Variance / Assurance
Metric is currently experiencing Common Cause Variation and has failed the target for >6 consecutive months
Target
26,654
Business Rule
Escalated



Jan-23
13,321
Variance / Assurance
Metric is currently experiencing common cause variation and consistently failing the target
Target
26,466
Business Rule
Full Escalation as consistently failing the target



Jan-23
572
Variance / Assurance
Metric is currently experiencing common cause variation and is consistently failing the target
Target
1600
Business Rule
For Information as Contributor to Overall

Summary:

Elective Activity (DC/EL): This indicator is now experiencing special cause variation of an improving nature 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 has failed the target for >6 months. Activity levels for January 2023 were higher 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:

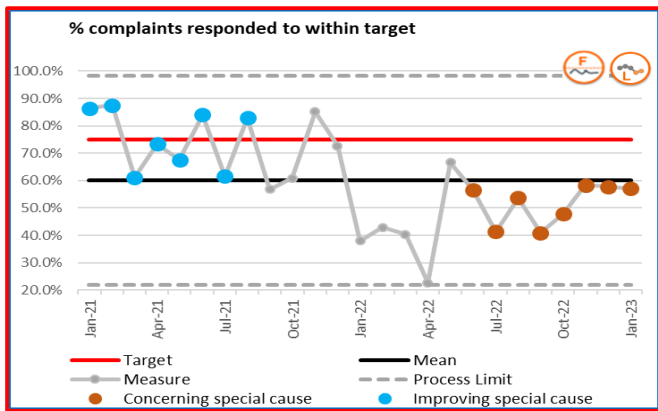
Elective Activity (DC/EL): Weekly focus on submitted activity plans with the speciality and directorate teams. 6-4-2 scheduling meetings in place and any capacity identified continues to be offered to speciality teams. Weekly focus on theatre utilisation and productivity continues via trust performance 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.

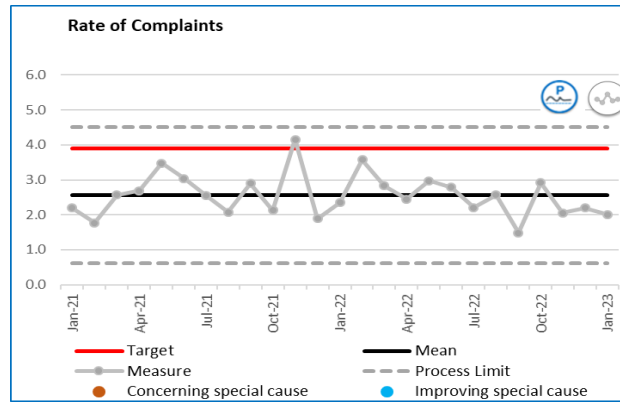
Strategic Theme: Patient Experience

	CQC Domain	Metric	Latest			Previous			Actions & Assurance			
			Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Caring	To reduce the overall number of complaints or concerns each month	36	42	Jan-23	36	45	Dec-22	Driver			Verbal CMS
Breakthrough Objectives	Caring	To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience.	24	12	Jan-23	24	13	Dec-22	Driver			Note Performance
Constitutional Standards and Key Metrics (not in SDR)	Caring	Complaints Rate	3.9	2.0	Jan-23	3.9	2	Dec-22	Driver			Not Escalated
	Caring	% complaints responded to within target	75.0%	57.1%	Jan-23	75.0%	57.8%	Dec-22	Driver			Escalation
	Caring	% VTE Risk Assessment (one month behind)	95.0%	95.7%	Dec-22	95.0%	95.8%	Nov-22	Driver			Not Escalated
	Caring	Friends and Family (FFT) % Response Rate: Inpatients	25.0%	10.6%	Jan-23	25.0%	18.0%	Dec-22	Driver			Not Escalated
	Caring	Friends and Family (FFT) % Response Rate: A&E	15.0%	1.4%	Jan-23	15.0%	1.5%	Dec-22	Driver			Escalation
	Caring	Friends and Family (FFT) % Response Rate: Maternity	25.0%	10.6%	Jan-23	25.0%	9.9%	Dec-22	Driver			Escalation
	Caring	Friends and Family (FFT) % Response Rate: Outpatients	20.0%	3.6%	Jan-23	20.0%	6.2%	Dec-22	Driver			Escalation

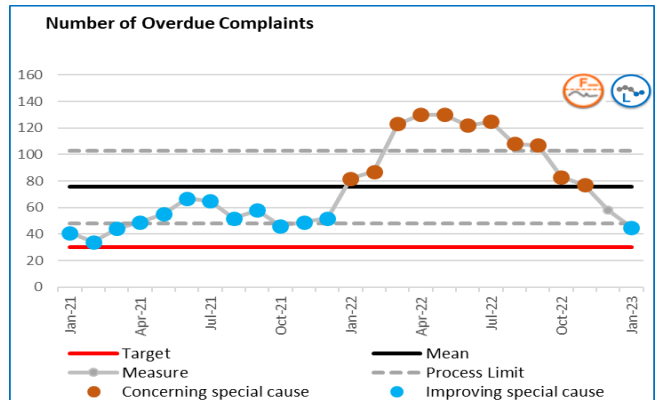
Patient Experience: CQC: Caring (Hit or Miss >6 months)



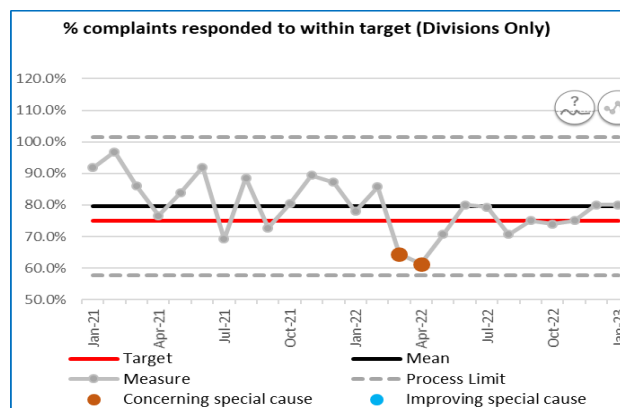
Jan-23
57.8%
Variance / Assurance
Metric is special cause variation of a concerning nature and failing the target for 6+ months
Target (Internal)
75%
Business Rule
Full Escalation failed the target 6+ months



Jan-23
2.1
Variance / Assurance
Metric is currently experiencing Common Cause Variation and has achieved the target for 6+ months
Max Limit (Internal)
3.9
Business Rule
For Information as linked to % Complaint Responded



Jan-23
45
Variance / Assurance
Metric is currently experiencing special cause variation of an improving nature and consistently failing the target
Max Limit (Internal)
30
Business Rule
For Information as linked to % Complaint Responded



Jan-23
80.0%
Variance / Assurance
Metric is currently experiencing special cause variation of a concerning nature and variable achievement of the target
Max Limit (Internal)
75%
Business Rule
For Information as linked to % Complaint Responded

Summary:

% Complaints responded to within target: this indicator is experiencing special cause variation of a concerning nature 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 improving special cause variation of an improving nature but has consistently failed the target since October 2020.

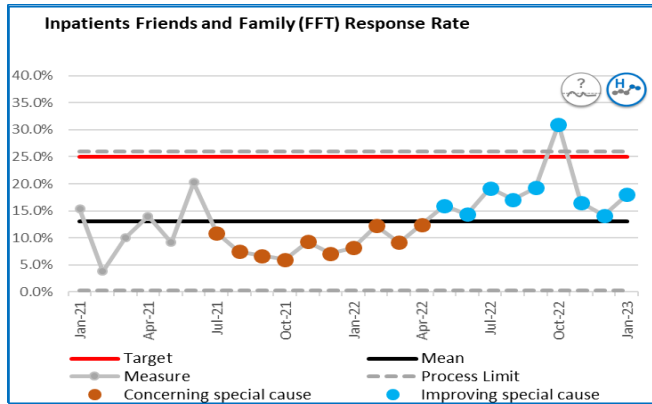
Actions:

- % 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
 - Successful recruitment to x2 12 month Complaint Lead posts
 - Business case for revised complaints model (meeting new 2022 National framework) being finalised
 - Targeted work plan in place with daily monitoring by management team
 - Complaints QA now handed back to divisional leads
 - 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 and overdue complaints
 - Expect to see continued improvement in % compliance in November as a result of new 40-day timeframe

Patient Experience: CQC: Caring

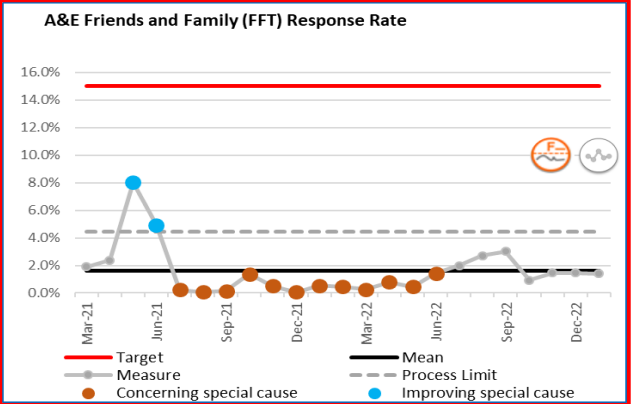


Jan-23
10.6%

Variance / Assurance
Metric is currently experiencing Common cause variation and is variable achievement of the target

Target (Internal)
25%

Business Rule
Not Escalated

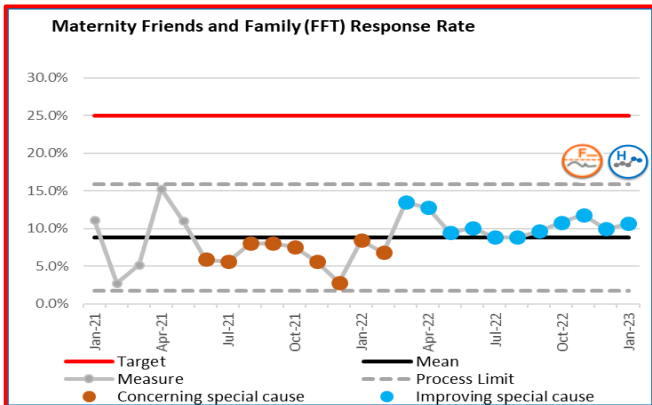


Jan-23
1.4%

Variance / Assurance
Metric is currently experiencing Common Cause Variation and is consistently failing the target

Target (Internal)
15%

Business Rule
Full Escalation as consistently failing the target

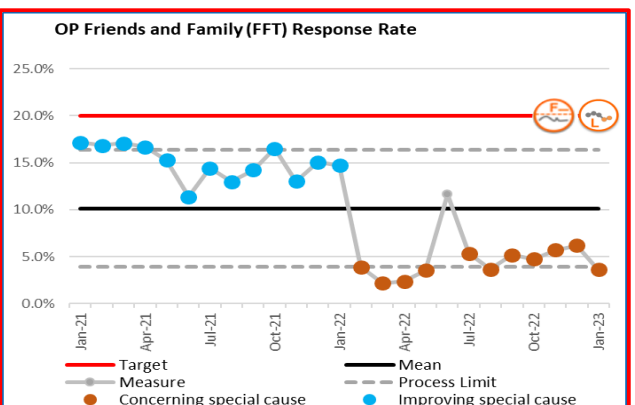


Jan-23
10.6%

Variance / Assurance
Metric is currently experiencing special cause variation of an improving nature and is consistently failing the target

Target (Internal)
25%

Business Rule
Full Escalation as not achieved target for >6months



Jan-23
3.6%

Variance / Assurance
Metric is currently Special Cause Variation of a concerning nature and is consistently failing the target

Target (Internal)
20%

Business Rule
Full escalation as is consistently failing the target

Summary: Actions: Assurance & Timescales for Improvement:

Inpatients (Daycase and IP): Inpatients combined (daycase and IP) has reduced from 1123 in December to 683 in January, current month figures break down as 282 were IP and day cases were 401. The trend continues with the majority of day cases being from Maidstone.

A&E: A&E responses have reduced this month, from the 282 in December to 227 in January, monthly response rate is 1.4%

Maternity: Maternity response rate for Q2 which is the only question measured nationally and looks at actual place of birth has increased slightly, with 49 responses in January compared to 46 in December. Response rate is 10.6% for the month and 10.3% YTD. There were 6 response for Q4 (Postnatal care in community).

Outpatients: Outpatient responses have decreased. Total outpatient responses for January were 1869.

FFT response rate year on year has shown an increase.

Inpatients: this has previously shown an improving picture - to continue with current methodology. Paper card uploads with the facility to use QR code and online. Volunteers are supporting with FFT collection.

A&E: this has previously shown an improving picture – to continue with current methodology. Meeting held with directorate and action plan put in place, and attended Clinical Governance meeting in February to promote FFT. Hybrid method using text, QR code and online.

Maternity: This is an improving picture. Meeting held with the directorate to look at support to improve FFT response rate. Volunteers are supporting with FFT collection.

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: Around 500 paper card surveys for January were uploaded into February's return; February's response rate should therefore show an improving picture.

Scoping in progress for new provider to provide FFT responses and surveys.

Inpatients: Continue monthly review

A&E: Continue monthly review

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

Outpatients: 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.





Meetings held with ED and Maternity to review FFT and actions put in place including updating IQVIA hierarchy, printing and supplying FFT posters, using iPads and volunteers supporting with FFT collection.

Updated FFT reports circulated to staff.

Comms put out reminding staff about FFT. FFT FAQs being drafted to share with staff.

We will continue to monitor all aspects of FFT.

Strategic Theme: Systems

	CQC Domain	Metric	Latest			Previous			Actions & Assurance			
			Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Effective	Decrease the number of occupied bed days for patients identified as medically fit for discharge (shown as rate per 100 occupied beddays)	3.5	7.4	Jan-23	3.5	5.7	Dec-22	Driver			-
Breakthrough Objectives	Effective	To increase the number of patients leaving our hospitals by noon on the day of discharge	33.0%	24.2%	Jan-23	33.0%	24.5%	Dec-22	Driver			Full CMS

Breakthrough: Counter Measure Summary

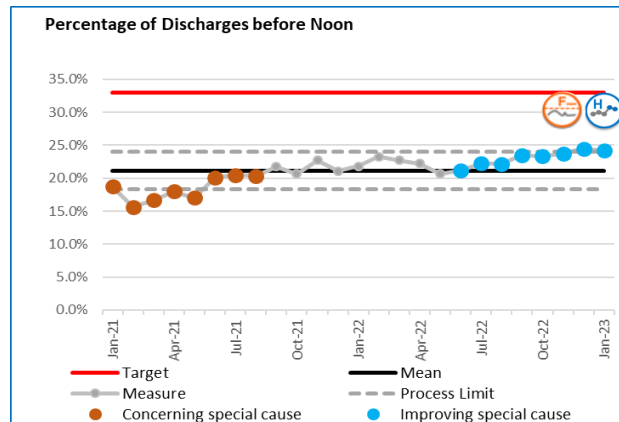
Project/Metric Name – To increase the number of patients leaving our hospitals by noon on the day of discharge to 33%

Owner: Rachel Jones

Metric: discharges before noon

Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data



Current Data Source:

Teletracking

Jan-23

24.2%

Variance Type

Metric is currently experiencing special cause variation of an improving nature

Target (Internal)

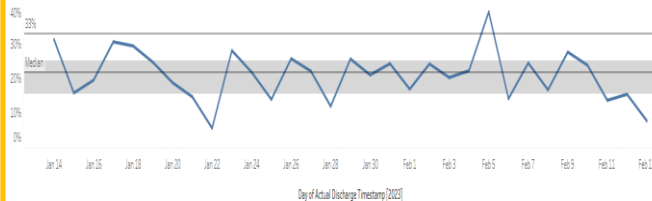
33%

Target Achievement

Metric is consistently failing the target

2. Stratified Data

TT Data Saturday 05/02/23: 39% achieved. There was a good weekend performance due to discharge lounge being open and flow coordinators working the weekends which has brought up the average. Performance slightly dropped during Feb half term. Wednesdays seem to be lower consistently – cause being mitigated.



Week Day	Date	%DBN
M	23/01/2023	28
T	24/01/2023	22
W	25/01/2023	14
T	26/01/2023	26
F	27/01/2023	22
M	30/01/2023	21
T	31/01/2023	24
W	01/02/2023	17
T	02/02/2023	24
F	03/02/2023	20
M	06/02/2023	14
T	07/02/2023	24
W	08/02/2023	17
T	09/02/2023	28
F	10/02/2023	24
Average		22

4. Action Plan

Counter-measure	Action	Who	When	Complete
Data Source imprvms.	• Teletracking now being used as the reporting system. This has demonstrated a 2-3% improvement due to data quality.	NS/ RS		Complete
Hilton Pathway	• New process embedded. Moving service to BAU. • Looking into possible Hilton Stroke pathway improvements using the lessons learned from the General Hilton pathway	Hilton/N P/AG/ FR / OT	31.03.23	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 rd March). • Competency framework completed - in draft format. • CLD flag now on Teletracking and now on board round summary sheets from sunrise. • Wards with lower DBN numbers will be piloted	KC/ FR / NP	31.03.23	In Progress
EDN	• Pilot utilising sunrise for EDN starts 21 st Feb on TWH wards 21 and 30.	RG / SF / JS	21.2.23	In Progress
NCTR	• Focus work being undertaken on data quality for NCTR to deduce impact on BTO projects.	RS/ RG	14.03.23	In Progress











3. Top Contributors

Area of Analysis	Considered a Top Contributor?
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.

Hilton removed as top contributor as new processes and systems move to business as usual.

Red to be carried forwards in this project. Amber to be observed from other programmes

Strategic Theme: Sustainability

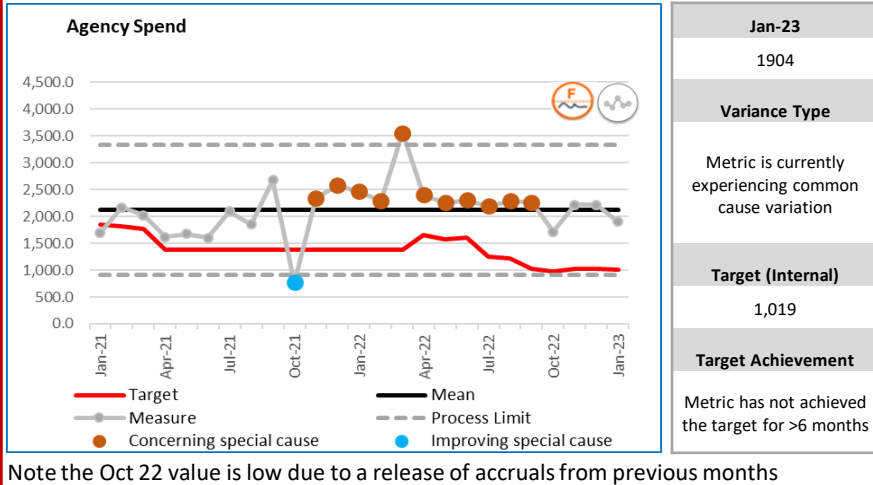
	CQC Domain	Metric	Latest			Previous			Actions & Assurance			
			Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision Goals / Targets	Well Led	Delivery of financial plan, including operational delivery of capital investment plan (net surplus+)/net deficit (-) £000)	1,186	2	Jan-23	1,086	1087	Dec-22	Driver			Note Performance
Breakthrough Objectives	Well Led	Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000	1016	1904	Jan-23	1021	2214	Dec-22	Driver			Full CMS
Constitutional Standards and Key Metrics (not in SDR)	Well Led	CIP	4097	1263	Jan-23	4097	1280	Dec-22	Driver			Not Escalated
	Well Led	Cash Balance (£k)	7406	18241	Jan-23	8983	27782	Dec-22	Driver			Not Escalated
	Well Led	Capital Expenditure (£k)	6751	429	Jan-23	6332	1037	Dec-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

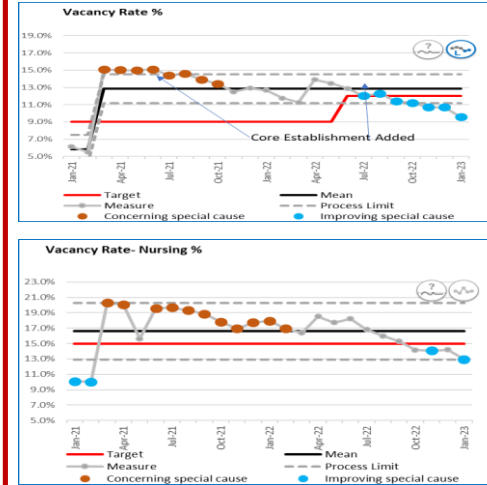
Owner: Steve Orpin
Metric: Premium Workforce Spend
Desired Trend: 7 consecutive data points below the mean

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: continues to experience special cause variation of an improving nature.

Nursing Vacancy Rate: Metric continues to experience common cause variation and variable achievement of the target..

3. Top Contributors

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

- Healthroster Performance
- Unfunded Escalation areas
- Reduction of vacancies
- Enhanced control environment

Escalation Impact: Chaucer Ward escalation was open in January 2023 and additional spend incurred, however improvements in agency spend in other areas led to a decrease in spend overall (not the increase predicted).

Escalation capacity is expected to reduce further during February 2023 which should support further reductions

4. Action Plan

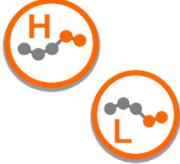



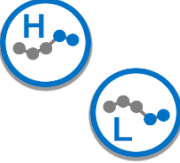
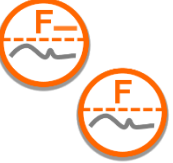
The “reason for booking” is inconsistently completed which makes it difficult to determine the top contributors.

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
Review of agency booking controls/authorisation processes and confirm rostering deadlines – how early we can go agency	Jan 23
Set up working group to look at Formulation of additional controls for Agency Spend	Feb 23
Review of bank rates and a proposal	Feb 23

Appendices

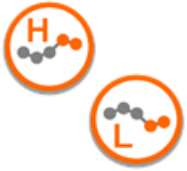



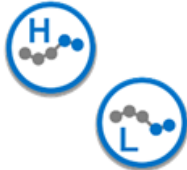

SDR Business Rules Driven by the SPC Icons

Assurance: Failing

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

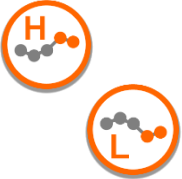



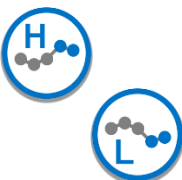

SDR Business Rules Driven by the SPC Icons

Assurance: Hit & Miss


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

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 Passing the Target, but is showing a Special Cause for Concern. A <u>verbal CMS</u> is required to support continued delivery of the target</p>	<p>Metric is Passing the Target, but is showing a Special Cause for Concern. <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 Passing the Target and is in Common Cause variation. <u>Note performance</u>, consider revising the target / downgrading the metric to a 'Watch' metric</p>	<p>Metric is Passing the Target and is in Common Cause 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 Passing the Target and is showing a Special Cause of Improvement. <u>Note performance</u>, consider revising the target / downgrading the metric to a 'Watch' metric</p>	<p>Metric is Passing the Target and is showing a Special Cause of Improvement. <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 consistently **fail**  have:

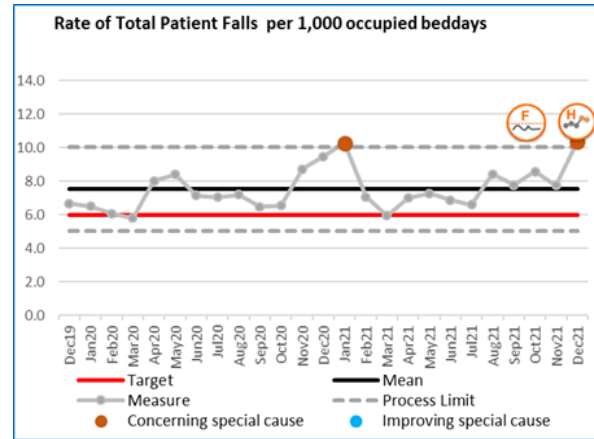
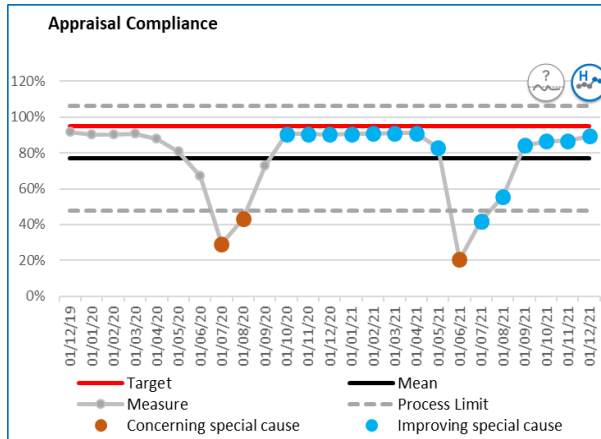
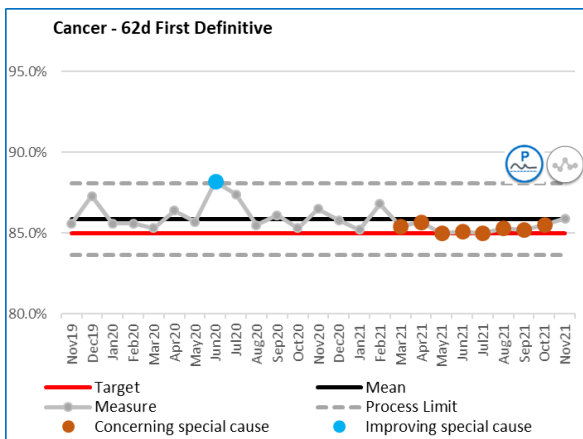
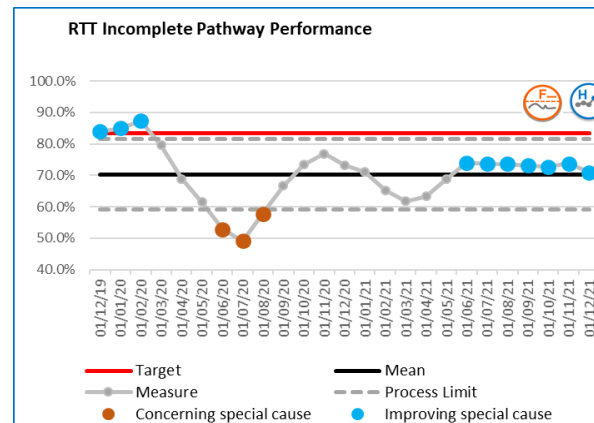
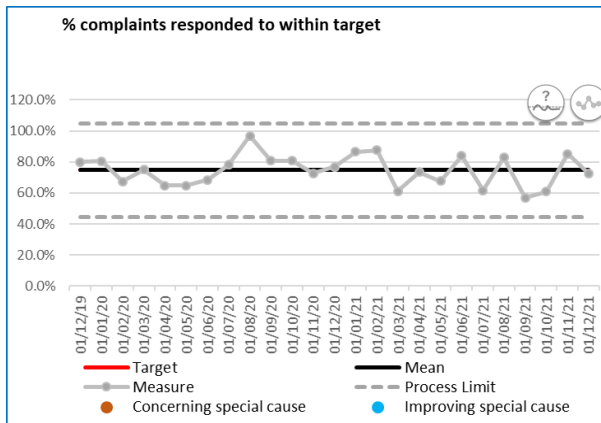
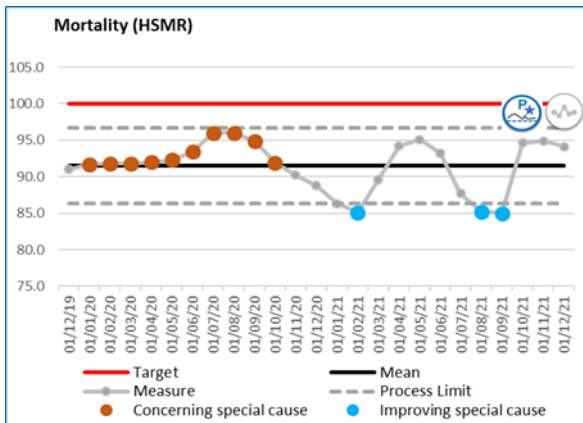
The **lower control limit above** the target line for metrics that need to be **below the target**

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 

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

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



Executive Summary

- The Trust was breakeven in the month which was £1.2m adverse to plan. Year to Date the Trust is £3.6m in deficit which is £1.2m adverse to plan.
- The key pressure is within pay budgets which are adverse to plan by £3.1m. The main pressures continue to be within Medicine and Emergency Division medical staffing spend (£5.6m) and facilities staffing (£1.5m). These pressures were partly offset by underspends within Nursing (£2.7m), support to clinical staff (£0.3m), Scientific and Technical staff (£0.2m) and Admin and Clerical (£0.1m).
- Cost Improvement Plans (CIP) are behind plan with a year to date adverse position of £11.4m. 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 £5.3m. 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 £1.1m.
- The Trust is forecasting to deliver a breakeven position however there are unmitigated risks of £2m.

Year to Date Financial Position

- The Trust is in deficit by £3.6m which is £1.2m adverse to plan.
- The key year to date variances is as follows:
 - **Adverse Variances**
 - CIP Slippage (£11.4m).
 - Pay budgets overspent by £3.1m. The main pressures continue to be within Medicine and Emergency Division medical staffing spend (£5.6m) and facilities staffing (£1.5m). These pressures were partly offset by underspends within Nursing (£2.7m), support to clinical staff (£0.3m), Scientific and Technical staff (£0.2m) and Admin and Clerical (£0.1m).
 - **Favourable Variances**
 - Release of £6.2m from reserves. The following reserves have been released: £2.4m from growth reserve to offset unfunded waiting list initiatives incurred, £2m from service developments and £1.8m 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 (£1.4m), additional clinical income to fund additional service developments and non elective growth support, (£1.2m), Elective outsourcing below budget (£0.7m) and overperformance in interest receivable (£0.5m).

Risks

- The Trust is forecasting to deliver a breakeven position but £2m 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 £1.1m There is also a specific ESRF financial risk included within the £1.1m relating to Radiotherapy commissioned by NHSE Specialised Commissioning that equates to a

clawback of £1.2m, 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 breakeven in the month which was £1.2m adverse to plan.
- The key current month variances are as follows:
 - CIP slippage of £2.8m in the month, this slippage was offset by;
 - Additional clinical income to fund additional service developments and non elective growth support, (£1.2m)
 - Year to date adjustment relating to IFRS 16 charges (£0.4m)
 - Credit associated with scope contracts (£0.2m)

Cashflow

- The closing cash balance at the end of January 2023 was £18.2m which is higher by £10.8m 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 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 January is - Trade in value 97% and by quantity is 96.1; for NHS by value is 94.3% and by quantity is 85.7%.

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 In-Health proposed contract). They also include carry forward spend from projects that were planned for completion in 2021/22 but have overrun e.g. Annexe and Oncology OPD.
 - **ICT:** ICT schemes include EPMA costs relate to contractual commitments, IT for KMMS, iPro Anaesthetics, EPR infrastructure upgrade, eChemo prescribing and devices replacement.

- **Equipment:** Includes contractual commitments from 21/22 relating to schemes that could not be delivered by 31st March due to supplier issues, along with emergency schemes approved by ETM. 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 22/23 (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, Endoscopy Decontamination of £58k, Cyber Security £48k, EPR Optimisation (£500k), Patient Portals - Wayfinder (£352k) and Digital Pathology (Fish) £186k. The Trust submitted bids to the ICB against available slippage, £592k has been approved for CDEL adjustment in M11.
- **M10 outturn:** £5.7m was spent in M10 against the original Plan of £33.7m. The variance relates mostly on the Barn and Stroke projects: The delay on the Barn 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.
- The CDC modular build, with approved national funding for 2022/23, is still at tender stage - 11 bids are being evaluated. Responses indicate both timeline risk and cost risk. Cost risk will be mitigated by reviewing and reducing scope but is not yet quantifiable. Timeline risk is significant to recognising costs in 2022/23. The current estimate is of slippage of £5.2m against the £9.87m agreed by NHSE for 2022/23. There is therefore a significant capital risk for 2023/24 capital plan which is being discussed with the ICB for the first cut planning submission due on 23rd February.

Year-end Forecast

- The Trust is currently forecasting to deliver a breakeven position but has unmitigated risks of £2m which if materialised would mean the Trust would be overspent by £2m.
- 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 10
2022/23

Dashboard

January 2022/23

	Current Month					Year to Date					Annual Forecast / Plan		
	Actual	Plan	Variance	Pass-	Revised	Actual	Plan	Variance	Pass-	Revised	Forecast	Plan	Variance
				through	Variance				through	Variance			
£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Income	55.4	53.4	2.0	0.1	1.8	538.6	529.7	8.9	(0.1)	9.0	649.3	636.7	12.6
Expenditure	(52.0)	(48.1)	(3.8)	(0.1)	(3.7)	(505.3)	(493.1)	(12.2)	0.1	(12.3)	(603.7)	(589.3)	(14.5)
EBITDA (Income less Expenditure)	3.4	5.3	(1.9)	0.0	(1.9)	33.3	36.6	(3.3)	0.0	(3.3)	45.5	47.5	(1.9)
Financing Costs	(3.5)	(4.1)	0.6	0.0	0.6	(37.5)	(39.5)	2.0	0.0	2.0	(46.8)	(48.7)	1.9
Technical Adjustments	0.0	(0.0)	0.1	0.0	0.1	0.5	0.4	0.1	0.0	0.1	1.2	1.2	0.0
Net Surplus / Deficit (Incl Top Up funding support)	0.0	1.2	(1.2)	0.0	(1.2)	(3.6)	(2.5)	(1.2)	0.0	(1.2)	0.0	0.0	(0.0)
Cash Balance	18.2	7.4	10.8		10.8	18.2	7.4	10.8		10.8	2.0	5.0	(3.0)
Capital Expenditure (Incl Donated Assets)	0.4	6.8	6.3		6.3	5.7	33.7	(28.0)		(28.0)	1.5	1.7	0.3
Cost Improvement Plan (Internal £30m target)	1.3	4.1	(2.8)		(2.8)	10.4	21.8	(11.4)		(11.4)	14.3	30.0	-15.7

Summary Current Month:

- The Trust was breakeven in the month which was £1.2m adverse to plan.

The Trusts key variances to the plan are:

- CIP slippage of £2.8m in the month.
- The CIP slippage was offset by additional clinical income (£1.2m) to fund additional service developments and non elective growth support, year to date adjustment relating to IFRS 16 charges (£0.4m) and £0.2m credit associated with scope contracts.

Year to date overview:

- The Trust is £1.2m adverse to plan generating a £2.5m deficit year to date.

- The Trusts key variances to the plan are:

Adverse Variances:

- CIP Slippage (£11.4m)
- Pay budgets overspent by £3.1m. The main pressures continue to be within Medicine and Emergency Division medical staffing spend (£5.6m) and facilities staffing (£1.5m). These pressures were partly offset by underspends within Nursing (£2.7m), support to clinical staff (£0.3m), Scientific and Technical staff (£0.2m) and underspend within Admin and Clerical (£0.1m).

Favourable Variances:

- Release of £6.2m from reserves. The following reserves have been released: £2.4m from growth reserve to offset unfunded waiting list initiatives incurred, £2 m from service developments and £1.8m 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 (£1.4m), additional clinical income to fund additional service developments and non elective growth support (£1.2m), Elective outsourcing due to Elective activity below budget (£0.7m) and overperformance in interest receivable (£0.5m)

CIP (Savings)

- The Trust has an external (NHSE/I) savings target for 2022/23 of £20m but an internal savings requirement of £30m. Against the £30m internal target the Trust has delivered £10.4m savings year to date which is £11.4m 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 £1.1m There is also a specific ESRF financial risk included within the £1.1m relating to Radiotherapy commissioned by NHSE Specialised Commissioning that equates to a clawback of £1.2m, 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 £2m unmitigated risks to the forecast.

Update on the West Kent Health and Care Partnership (HCP) and Medway Integrated Care Board (ICB)	Director of Strategy, Planning and Partnerships
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The enclosed report provides information and updates on the establishment of the Kent & Medway Integrated Care Board (ICB) and the West Kent Health Care Partnership (WKHCP) and includes details of the teams which have been developed to support the programme of work and referenced the discussions in relation to Primary Care Senior Leadership.

Which Committees have reviewed the information prior to Board submission?

N/A

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

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

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

West Kent HCP and K&M ICB update
February 2023

Kent & Medway Integrated Care Board

Work continues on the Joint Forward View document. It has been agreed that this will be an NHS facing response to the draft Integrated Care Strategy. A workshop was held on 24th January to consider the approach and information required.

The draft operational plan will be submitted to the ICB on 10th February with an extra ordinary Board arranged to sign off our final submission on 20th March. Most of the technical guidance was only received at the beginning of February and therefore work is underway to understand the ICB approach to 23/24.

Work is also continuing on developing provider collaboratives with governance models and funding being explored.

The ICB have made the following new appointments:

- Martin Carpenter, Chief Digital Transformation Officer
- Rachel Hewett, Director of System Strategy
- Saba Sadiq – Director of Finance
- Lee Martin – Chief Delivery Officer
 - Mark Atkinson – Director of System Commissioning and Operational Planning
 - Justin Chisnall – Director of Patient Pathways
 - Mary Tunbridge (interim 18/01/2023) Director of Elective Care
 - Jacqui Sarakbi – Director of Urgent and Emergency Care
 - Sukh Singh – Director of Primary Care Commissioning
 - Taps Matakuti – Director of Adult Mental Health System Collaboration
 - Marie Hackshall – System Programme Lead for Learning Disability and Autism
 - Nikki Teesdale – Director of Health and Social Care Medway and Swale
 - Karen Sharp – Director of Health and Social Care East Kent
 - Sally Mackinnon – Director of Health and Social Care West Kent
 - Ian O'Connor – Director of Health and Social Care DGS
- Chief Nurse Officer's Senior Leadership Team:
 - Tara Laybourne – Deputy CNO – Professional Workforce Lead
 - Jane O'Rourke – Interim Director of Children's Services
 - Siobhan Jordan – Deputy CNO - Director of Quality and Safety
 - Andre Fox – Deputy CNO - Interim Director of Care & Experience
 - Becky Collins – Director of Maternity and Neonatal Services/SRO for the LMNS
 - Ian Brandon – Associate Director of Quality
 - Melary Kapapiro – Associate Director of IPC
 - Tracy Adams – Associate Director of Patient Safety
- Dr Ashwari Peshen – Deputy Chief Medical Officer (Primary Care)

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. We are working with the ICB to consider resourcing the development of the INTs with a specific focus on clinical leadership.

We have completed work on a job description for a primary care medical director for WK HCP. This post will be focussed on West Kent and but will link into the ICB Medical Director and deputy

Medical director. The funding has been identified from within the West Kent budget and recruitment will commence shortly.

We have established an HPC Discharge Capacity Programme Board which met for the first time on 7th February. This includes all partners and will inform the work that Mairead McCormick (CEO of KCHFT) is leading on discharge pathways across K&M. The work is being undertaken using the A3 methodology. The initial diagnostic is complete and was considered at the first Board. Partners have agreed the workstreams which are:

- Business intelligence - demand and capacity planning
- Finance and commissioning – funding streams
- Safer Better Sooner – virtual care, pathways, transformation
- Intermediate care – rehab and home care
- Transfer of Care hub – gap analysis

Partners are nominating appropriate representatives for the groups and will develop the A3 thinking within each workstream.

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.

**Emergency Planning Annual Report, 2022 and future
emergency planning**

Chief Operating Officer

This report highlights the work of the Emergency Planning Response and Recovery Team during 2022. It summarises:

- Incidents
- Training & Exercises
- Planning
- Infectious Diseases & Infection Control
- Partnerships

A video will also be played during the meeting to support the enclosed report.

Which Committees have reviewed the information prior to Board submission?

N/A

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

Information and assurance

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

Emergency Planning & Response Annual Report 2022



1. Introduction

- 1.1** This report summarises the work of the Emergency Planning and Response Team at MTW for the calendar year ending December 31st 2022. As a Category 1 Responder under the Civil Contingencies Act 2004 has specific duties in relation to Emergency planning as well other contractual duties from NHS England. The Trusts Accountable Emergency Officer remains the Chief Operating Officer.
- 1.2** The team welcomed Fire Safety & Security in to the directorate and these two services will submit a separate annual report to Board in due course.
- 1.3** The Trust were fully compliant against the NHS England EPRR Core standards during 2022.

2. Training & Exercising

- 2.1** The team have undertaken training across the county both with Chemical, Biological & Radiation incidents for acute trusts colleagues at Medway and Darent Valley Hospital and radiation incidents with Kent Community Health at Minor Injury Units and Urgent treatment Centres.
- 2.2** Command Foundation and refresher training has continued along with Loggist training.
- 2.3** Exercise Ragdoll 5 continued our joint exercises with Kent Police in another table top exercise.
- 2.4** A number of communications exercises have been carried out including with ICB and SECAMB colleagues.
- 2.5** A number of training videos are now ready including new evacuation processes and business continuity, in addition videos highlighting key parts of the emergency response are hosted on the Trust learning platform and are being rolled out via QR codes in departments so staff can access quickly via mobile phones.

3. Business Continuity

- 3.1** The planned water shut off at TWH has been a good opportunity to review business continuity across the site.
- 3.2** The Business Continuity Project supporting divisions to review local service business continuity plans is well underway.
- 3.3** Almost all the disruptions experienced by the Trust in 2022 presented Business Continuity Challenges and highlighted the need for divisional management teams to review and update plans and to invest time during service development in Business Continuity planning.

4. Community Safety

- 4.1** The team have continued to represent the NHS at Safety Advisory Groups attempting to promote admission avoidance and to look at NHS business continuity. This year was especially busy because of additional events because of the Platinum Jubilee.

5. Climate Change & Adverse Weather

- 5.1** This year started with the warmest New Year's Day on record and a year marked by weather extremes. The continuing effects of extreme weather require further action and investment by the Trust.

5.2 Red Warning – High Winds – the arrival of Storm Eunice on February 18th with wind speeds above 100mph saw the Met Office issue its first red warning for high winds in Kent. This was a challenge as it was in the middle of the day with a lot of temporary structures on the sites some of which started to structural weaken along with trees and fencing and become a safety hazard. The year also saw several yellow warnings for wind.

5.3 Red Warning – Extreme Heat – the Summer heatwave presented challenges especially as the heatwave approached an unprecedented 40 degrees. The Trusts estate is not designed to withstand these sorts of high temperatures and despite the best efforts of hiring air conditioning units some areas exceeded a workable temperature.

It is important the organisation does not consider this a one off and appropriate extra resources are set aside for heat related infrastructure especially in design stages of projects. Some of the estate will always superheat even in a normal Summer and portable air conditioning presents hazards in clinical areas. The Executive Team received a report into the key issues and proposed actions which the Director of Estates and Director of EPRR will take forward.

5.4 Snow – in December snow arrived following a Yellow warning causing traffic disruption as people left town centres after Christmas shopping. Snow and ice clearance on the Sunday night proved difficult along with transportation of staff through treacherous conditions. A review of snow clearing contracts has been carried out by Estates. In addition, some new equipment is being purchased. The 4WD plan is being reviewed along with accommodation and a new plan will be available for consultation shortly.

6. Plans

6.1 A complete review of all response plans is underway. This includes the combining of the major incident, business continuity and critical incident plans to make it easier to use. In addition, a new adverse weather plan is being constructed to replace separate plans for winter weather, heatwave, flooding and other climate related responses.

6.2 A complete review of site evacuation plans is underway including training packages and new evacuation bags.

7. Infectious Diseases & Infection Control

7.1 Monkeypox – outbreaks of monkeypox occurred in the UK from May 2022 – working with Infection Control, Sexual Health and the core services division plans were put in to place for a vaccination hub covering Kent & Medway.

7.2 Combined Pandemic Plan – Following on from COVID 19 a combined pandemic plan is now in production – this recognises some core actions that need to occur regardless of the cause of the pandemic. This will also encompass lessons identified during COVID 19 and recognise that the previous planning for an influenza pandemic needed to be broader to encompass other infections.

7.3 Covid 19 Public Inquiry – the team worked with KCHFT to ensure the organisations were prepared for the upcoming COVID 19 public inquiry. This included cataloguing archives and files centrally.

7.4 Support was provided to ED and paediatrics during the recent increase in attendances due to concerns about Strep A infections.

8. Utilities

- 8.1** During the heat and during the freezing weather water supplies failed across large parts of the Trusts catchment area. The team worked with South East Water to ensure stocks of bottled water were available to discharge patients and maintain patient flow. On two occasions supplies to the hospital at MGH were under threat and required additional contingency measures.

9. VIP

- 9.1** The Prime Minister and the Chancellor of the Exchequer visited Maidstone Hospital in February. Our plans and established relationships with Police and partners meant they had confidence in our organisation.

10. Other Incidents

- 10.1** In April an electrical fire broke out in the Emergency Department at TWH requiring attendance of the Fire Brigade – there were no injuries and services returned to normal quickly. Plans to continue ED services worked well.
- 10.2 Operation London Bridge**
The sad death of HM Queen Elizabeth II in September saw plans activated to mark the historic occasion. Planning for the Coronation, in particular public events is underway.
- 10.3 Industrial Action**
During the last half of the year the focus was industrial action planning. Although the Trust did not experience industrial action among its teams, planning gathered pace including the response to the Ambulance Service strike.
- 10.4 Mass Fatalities**
In December a number of people tragically died crossing the channel and the Trust supported the Police and HM Coroner as part of plans to manage mass fatalities and disaster victim identification processes.
- 10.5** The team have assisted in contingencies for the construction of the Medical School at Tunbridge Wells Hospital.

11. Partnerships

- 11.1** In the Summer we hosted Police Cadets at Tunbridge Wells Hospital and were visited by one of the Assistant Chief Constables who also visited and thanked some of our security team.
- 11.2** Long standing partnerships with both HEMS and HM Coastguard along with Kent Fire & Rescue, Kent Police and other services have paid dividends in terms of planning and response this year.
- 11.3** The team also hosted visits from other EPRR teams from across the country.
- 11.4** The team worked with external partners, security and fire safety to host two staff awareness days promoting personal safety, resilience and planning for a range of scenarios.
- 11.5** The team have also supported front line teams during periods of operational pressure.

12. Conclusion

12.1 The Trust remains well prepared for emergencies and meets all the requirements of the NHS England Core Standards.

12.2 The Trust should focus on four areas in 2023.

- The impact of severe weather events. These events are increasing and becoming more severe in terms of impact.
- Business continuity for disruptions at divisional level – especially where services move or are redesigned.
- A deep dive in to communications resilience to ensure the organisation is maximising the use of technology but not over reliant on one system such as mobile phones.
- Highways gridlock – working with partners to ensure access to sites even during times of significant highways disruption.

DRAFT