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

Thu 21 December 2023, 09:45 - 13:00

Virtually, via Webconference

Agenda

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

12-1
To receive apologies for absence

David Highton

12-2
To declare interests relevant to agenda items

David Highton

12-3
To approve the minutes of the 'Part 1' Trust Board meeting of 30th November 2023

David Highton

📄 Board minutes, 30.11.23 (Part 1).pdf (16 pages)

12-4
To note progress with previous actions

David Highton

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

The Independent Inquiry into the issues raised by the David Fuller case

12-5
Monthly update on the implementation of the recommendations from the Phase 1 report of the Independent Inquiry into the issues raised by the David Fuller case

Miles Scott

📄 Fuller Inquiry recommendations update.pdf (3 pages)

Reports from the Chair of the Trust Board and Chief Executive

12-6
Report from the Chair of the Trust Board

David Highton

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

12-7
Report from the Chief Executive

Miles Scott

📄 Chief Executive's report December 2023 FINAL.pdf (3 pages)

Reports from Trust Board sub-committees

12-8
Quality Committee, 13/12/23

Maureen Choong

📄 Summary of Quality C'ttee, 13.12.23.pdf (1 pages)

12-9
Finance and Performance Committee, 19/12/23

Neil Griffiths

📄 Summary of Finance and Performance C'ttee 19.12.23.pdf (1 pages)

12-10
People and Organisational Development Committee, 15/12/23

Emma Pettitt-Mitchell

📄 Summary of People and Organisational Development Cttee, 15.12.23.pdf (2 pages)

12-11
Patient Experience Committee, 07/12/23

Jo Webber

📄 Summary of Patient Experience Committee 07.12.23.pdf (2 pages)

Integrated Performance Report (IPR)

12-12

Review of the IPR for November 2023

Miles Scott and colleagues

📄 Integrated Performance Report (IPR) Nov 2023.pdf (38 pages)

Quality items

12-13
Response to the Section 29A Warning Notice issued by the Care Quality Commission (CQC) in relation to the Trust's Maternity and midwifery services

Joanna Haworth and Sarah Flint

N.B. This item has been scheduled for 11.30am.

📄 Response to the Section 29A Warning Notice.pdf (8 pages)

12-14
Quarterly mortality data

Peter Maskell

📄 Quarterly mortality update.pdf (12 pages)

People

12-15
Nursing and Midwifery staffing review (annual review)

Joanna Haworth

📄 Annual NM Workforce Report for Trust Board Dec 2023 version 9.pdf (12 pages)

12-16
To approve the plan relating to the 2019/20 workforce growth review

Sue Steen

📄 19-20 workforce growth report.pdf (12 pages)

Systems and Place

12-17
Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB)

Rachel Jones

📄 Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB).pdf (5 pages)

Planning and strategy

12-18
Update on the Virtual Ward service

Peter Maskell

📄 Update on the Virtual Ward service.pdf (14 pages)

12-19
To approve the Outline Business Case (OBC) for the Urology Investigation Unit (UIU)

Rachel Jones

📄 Urology Investigation Unit (UIU) Outline Business Case (OBC).pdf (40 pages)

12-20
To consider any other business

David Highton

12-21
To respond to any questions from members of the public

David Highton

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

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

12-22
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 30TH NOVEMBER 2023, VIRTUALLY VIA WEBCONFERENCE

NHS
Maidstone and
Tunbridge Wells
NHS Trust

<mark>FOR APPROVAL</mark>

Present:	David Highton	Chair of the Trust Board (Chair)	(DH)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Neil Griffiths	Non-Executive Director	(NG)
	Jo Haworth	Chief Nurse	(JH)
	Peter Maskell	Medical Director	(PM)
	David Morgan	Non-Executive Director	(DM)
	Steve Orpin	Deputy Chief Executive / Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Miles Scott	Chief Executive	(MS)
	Wayne Wright	Non-Executive Director	(WW)
In attendance:	Karen Cox	Associate Non-Executive Director (N.B. Arrived during item 11-7 – refer to the relevant minute for the specific details)	(KC)
	Richard Finn	Associate Non-Executive Director	(RF)
	Rachel Jones	Director of Strategy, Planning and Partnerships	(RJ)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Sue Steen	Chief People Officer (N.B. Left during item 11-18 – refer to the relevant minute for the specific details)	(SS)
	Jo Webber	Associate Non-Executive Director	(JW)
	Kevin Rowan	Trust Secretary	(KR)
	Sarah Flint	Chief of Service for Women's Children's and Sexual Health (for item 11-19)	(SF)
	Rachel Thomas	Director of Maternity (for item 11-19)	(KR)
Observing:	The meeting was livestreamed on the Trust's YouTube channel.		

[N.B. Item 11-7 was considered before item 11-6]

11-6   To receive apologies for absence

There were no apologies, but it was noted that Alex Yew (AY), Associate Non-Executive Director, would not be in attendance.

11-7   The Phase 1 report from the Independent Inquiry into the issues raised by the David Fuller case

DH firstly reported that the Phase 1 report of Independent Inquiry into the issues raised by the David Fuller case had been lodged in parliament at lunchtime on 28/11/23, and given the gravity of that report, the Trust had decided to have an item on the report as the first item on the Trust Board meeting agenda. DH then emphasised the impact on the family members of Fuller's victims, which was the most harrowing part of the Inquiry's report, and read some extracts from the "Family accounts" chapter of the report.

DH then noted that the "Family accounts" chapter contained 48 interviews which were extremely powerful, and stated that he wanted to take the opportunity on behalf of the Trust, the Trust Board, and the previous NHS organisations that Fuller had worked for before Maidstone and Tunbridge Wells NHS Trust was created, to say that he was deeply sorry for the pain and anguish that the families had suffered.

DH then reported that it was almost exactly three years since the Police had approached the Trust, having identified evidence of Fuller's mortuary crimes, following his arrest for murder, and for most of the first year since that point, Fuller's mortuary crimes had remained confidential to a small number of individuals at the Trust, which included the Trust Board, before the details became

publicly known. DH also stated that although it was very difficult to understand how devastated the victims' families must feel, the Inquiry's report had highlighted that very much.

MS endorsed DH's comments regarding the victims' families and apologised again that the Trust had not better protected their loved ones after their death.

MS then referred to the submitted report and highlighted the following points:
- The background to the case was well known to Trust Board members, but David Fuller had been employed by the NHS in the late 1980s, as a maintenance supervisor, and he had been arrested in December 2020 for two historic murders in Tunbridge Wells. The Police had then discovered significant evidence, from Fuller's home, of the offending he had committed in the Trust's mortuaries.
- In December 2021, Fuller pleaded guilty to the two murders and received two whole life prison sentences. He also received concurrent sentences totalling 12 years in respect of the mortuary offences.
- An Independent Inquiry was then commissioned by the Secretary of State for Health and Social Care at the time of Fuller's conviction. The Chair of that Inquiry had already been commissioned by the Trust to be an independent chair of the Trust's internal investigation.
- The Inquiry covered a period of over 30 years, and the 300-page report had been published on 28/11/23.
- Maria Caulfield MP, the Parliamentary Under Secretary of State in the Department of Health and Social Care had said, in a Parliamentary statement that "We fully welcome the report, and will ensure that there is a full response to the recommendations in Spring 2024, and that lessons are learned across the wider NHS so that no family has to go through this experience again". The Trust would work closely with Ministers to participate in that process.
- The Trust's eight local MPs had issued a joint statement, and they too had stressed the importance of the lessons being learned not just by the Trust, but across the NHS.
- MS would like to thank Sir Jonathan Michael and his Inquiry team for their detailed work, and confirmed that the Trust accepted the report's recommendations in full, and was committed to implement all the recommendations in full.
- Sir Jonathan Michael had noted in the Inquiry's report that that Fuller alone was responsible for his criminal behaviour, but the report also references some serious failings at the Trust and in the predecessor NHS organisations for which Fuller worked. Those failings were, quite rightly, the focus of the Inquiry's report.
- The Inquiry's report made 17 recommendations in total, 16 of which were for the Trust, and the recommendations covered a range of important themes which included mortuary security, mortuary practices, adherence to policies and procedures, criminal records checks, the monitoring of mortuary access and the use of CCTV, the sharing of information, and more widely, Trust governance and oversight by external and regulatory bodies.
- Over two-thirds of the recommendations had already been fully actioned and the Trust would act quickly to implement all of the remaining actions.
- In terms of next steps, the Trust would first develop a comprehensive action plan to cover all of the recommendations, and all of the lessons from the Inquiry.
- MS would ensure that all of the recommendations were addressed by no later than 31/03/24, to enable these to be included in the aforementioned parliamentary report referred to by Maria Caulfield MP. MS was however confident that the remaining recommendations would be able to be implemented more quickly than that date.
- A comprehensive report would be considered at each 'Part 1' Trust Board meeting, to enable the Trust Board to go through the action plan and consider whether the Trust was not just addressing the letter of the recommendations, but also the spirit.
- The Trust would also continue to support those families of Fuller's victims who wanted such support. MS had met family members that week and the previous week, and that support offer was open ended.
    Action: Schedule a "Monthly update on the implementation of the recommendations from the Phase 1 report of the Independent Inquiry into the issues raised by the David Fuller case" item at the Trust Board's meetings, from December 2023 to March 2024 (Trust Secretary, November 2023 onwards)

MS then invited questions, and DH noted that the Trust Board was content to consider questions from members of the public via email, using the email address that had been listed on the agenda that had been published on the Trust's website.

WW remarked that it was difficult for him, as someone who had experienced the death of a loved one, and the impact of the case would be felt by thousands of wider family members, so asked what the Trust was doing to support the families, and how the community and voluntary groups were being mobilised to provide support. MS asked SM to respond, as SM had led the Families Support Cell and worked closely with the Police and Victim Support. SM reported that the Trust had been really keen to support the families, in recognition of the devastating nature of the crimes, and SM had chaired a multi-agency group that worked in close partnership with Kent Police and other governmental agencies; and the group had commissioned a specific support package of care, through Victim Support, that included a dedicated 24-hour helpline; access to psychological support, which included counselling, bereavement and trauma therapy; and translation services, where these were required. SM continued that the support package also allowed each family member that contacted Victim Support to have a dedicated individual case worker, and those case workers remained in place to the present, if the family member required this. SM also noted that families were able to access the Victim Support advice website called "My Support Space". SM then stated that she had contacted Victim Support, ahead of the Inquiry's report being published, and they had confirmed that the support remained in place. SM then reported that the Trust also wanted to offer some direct additional support, for any families that wanted to speak with the Trust, so the Trust had gained consent to contact any family members that wished to talk to the Trust, and each had been contacted by a senior clinician, who had apologised again for the hurt and terrible crimes that Fuller had committed, and were able to answer questions openly about what had happened, how it had happened, and what changes the Trust had made since the crimes had been identified. SM added that such contacts would continue to be available for as long as the family members wanted. SM also stated that the family members had been offered a meeting with MS or another member of staff, and several family members had accepted that offer, which had continued throughout the case, with the most recent meeting taking place with MS on 29/11/23. SM also noted that the Trust had established a dedicated phoneline for family members to contact the Trust, whilst a helpline had also been available during Fuller's trial and during that week, and three new contacts had been received through that facility.

WW asked whether there was a time limit for the support described by SM. SM confirmed that there was no time limit and whatever support any family member needed would be made available.

WW then noted that the Inquiry's report contained some critical comments about the initial contact the Trust had made with the families, so asked whether there was an opportunity to provide, for example, some training to approach traumatic cases with more compassion. SM confirmed that all the senior clinicians that made the initial calls to the families had all received training in delivering bad news, which was part of their working lives, but additional training relating to the incidents and Fuller's crimes had been provided. SM continued that the staff had also been trained by the Kent Police Family Liaison team, and although the Trust acknowledged that some family members had perceived what the Trust was trying to do in a different way, the Trust's actions had been absolutely well-intentioned, and the Trust cared a great deal about the families. SM noted that the Police Family Liaison Officers had taken a letter from MS to their notification meetings with the families that had introduced the idea that the Trust would be willing to make contact with the families, but no family member had been contacted until they had given their consent for such contact; whilst the family members also had the choice of whether they had an immediate call or a delayed call, and several family members did not want to speak with the Trust until after Fuller's trial and/or sentencing had concluded, so the Trust had respected such requests. MS added that SM had led a partnership across Kent Police, the Trust and Victim Support, as a single support package, and the Trust had reviewed the work it conducted with the Police via the National Crime Agency. MS confirmed that it was important to learn lessons, as the support the Trust provided had never had to be provided before, and the comments in the Inquiry's report would be considered, but the Trust had tried at every stage to be led by the wishes of the families, and work with their consent. MS added that any family member that had wanted to speak with MS or to another senior Trust staff member was able to do so, and MS had been completely open about what he knew and

understood. MS also noted that a compensation scheme had been established, to make it easier for families to engage with the claims process, rather than have to pursue individual litigation claims, and that scheme remained open to new applicants. MS however confirmed that further reflection would now take place, following the publication of the Inquiry's report, and that would be used to inform similar activities in the future.

[N.B. KC joined the meeting at this point]

NG noted that one of the more overarching recommendations in the Inquiry's report related to criticisms of the Trust's governance, so asked what more could, or should, be done, to respond to that important criticism. SO replied that the Trust had commissioned an independent governance review earlier in 2023 that focused on four main areas: overall board effectiveness and leadership, the Trust's Committee structure and its effectiveness, governance connectivity through the Trust, and risk management. SO continued that a draft report had been issued and a final report was expected very soon, and the draft report contained several recommendations and these had started to be implemented, although there was more work to be done. SO also confirmed that the Trust would now reflect on the commentary within the Inquiry's report and recommendation, to ensure that was covered. JH added that some of the recommendations were already being progressed, but the work would also link with the outcome of the Trust's inspection by the Care Quality Commission (CQC) in March 2023.

JW noted that the Inquiry's report had stated that the Trust was apparently performing well but had significant underlying issues, so asked how these situations could be reconciled. MS emphasised the need to not be complacent and not presume that because the Trust performed very well in many areas, every area was performing well. MS continued that the report contained important lessons, which included the need to be sufficiently curious, and was a stark reminder of the need to be vigilant, even in a high-performing organisation, and explore every opportunity to improve.

DH noted that MS had stated earlier that circa 70% of the recommendations had already been accepted, but asked for further details. MS explained that at least 11 of the 16 recommendations for the Trust had been fully implemented, and many of those recommendations had been informed by an independent peer review of mortuary practice that the Trust had commissioned over two years ago, as well as an independent peer review of the Trust's security systems, both of which had been considered by the Trust Board. MS elaborated on the recommendations that had been implemented, but noted that others, which included the governance review to which SO had referred, were in progress; whilst at least one recommendation was new to the Trust, which was to ensure that deceased people were always treated with the same regard to dignity and safeguarding as other patients, and to address the safeguarding point, the Trust would need to engage with the Local Safeguarding Boards and Local Authority, so the specific actions required would need to be agreed with such stakeholders. MS therefore stated that the implementation of that recommendation would therefore need to extend into 2024, and progress would be reported via the aforementioned monthly Trust Board report.

DH referred to the latter point and emphasised the importance of the progress report being considered in the 'Part 1' (i.e. public) Trust Board meeting until the recommendations had been completed, starting with the Trust Board meeting in December 2023.

RF then commended the completion of several of the recommendations, and MS' commitment to complete the others, but expressed concern that the Trust would just focus on the 16 recommendations, given the underlying issues that the Inquiry's report had raised regarding the way the Trust worked and its culture, so asked how the Trust would address the inferred criticisms of the Trust. MS acknowledged that there were wider lessons, beyond the 16 recommendations, which included how the Trust worked with families after an incident, and the Trust needed to reflect on every aspect of that work, to inform the management of future incidents. MS also stated that in terms of culture, the Inquiry had questioned whether people were sufficiently curious over a period of thirty years, in a range or organisations, and with a totally new workforce, including within the mortuary, and Fuller's employment transferring from the NHS to a private contractor. MS continued that Fuller had moved hospitals during that time, and a whole range of departments had engaged frequently with the mortuary, such as the Site Practitioners, porters, the Bereavement team etc.,

but the issue of curiosity, which MS had raised during recent staff briefings, would be the focus for much of the Trust's work in the area. SS added that the Trust had been implementing its management leadership development programme, Exceptional Leaders, for circa two years, which was based primarily on coaching and compassionate leadership, and developing the capability and competencies of the Trust's senior managers, and over 400 senior leaders had been through the programme. SS continued that the Trust had then started to apply the programme to the Trust's emerging and developing leaders, and that programme was dedicated to creating the style of leadership that was much more inclusive and aligned to the Trust's Strategy Deployment Review (SDR) process and Patient First Improvement System (PFIS), all of which would help develop the Trust's culture. SS also reported that 'Freedom to Speak Up' had been another area of focus for the Trust, and the Trust welcomed the raising of concerns via that route, as well as from the staff surveys, which in future would include additional questions about inappropriate behaviour in the workplace. SS also noted that Organisational Development (OD) and culture plans were starting to be deployed in the Divisions, that would consider issues like staff turnover, complaints etc., to try and identify if there were any 'red flags' or early warning signs.

WW then referred to the Inquiry's first recommendation, which related to contractors being accompanied and asked whether there was an opportunity to expand that beyond the mortuary. MS replied that none of the work that was being done was restricted solely to the mortuary, unless it was a very specific mortuary-related question. MS continued that, for example, the aforementioned security peer review covered the whole Trust, and the measures the Trust had taken to improve security were Trust-wide; as were the actions that SS had described in relation to culture and OD; whilst the lesson from the curiosity point raised in the Inquiry's report would be applied across the organisation.

DM then observed that risk identification was always the hardest part of risk management, as it required curiosity and imagination, but DM hoped that the aforementioned external governance review, which included risk management as one its four themes, would address that point. DM noted that he was aware that JH was committed to improving the position.

NG then asked for assurance that there were sufficient resources in place to implement all of the Inquiry's recommendations. SO confirmed that the required resources would be made available, and added that significant investment had already been made thus far, and that would continue to be the case until the recommendations were implemented in full.

JW asked for details of the Disclosure and Barring Service (DBS) checks on contractors' staff, and whether the Trust was confident that such staff were fully covered by DBS checks when these were legally required. SS noted that the Trust had, almost three years ago, commenced a full review of the DBS checking process, before the crimes of Fuller had been identified, and that included substantive staff, contractors and agency workers. SS continued that all of the staff who were engaged through NHS framework arrangements required appropriate levels of DBS checks to comply with the procurement process, but the Trust had introduced a second line of defence. SS also noted that the DBS compliance reports that were considered by the People and Organisational Development Committee included contractors and agency workers.

DH then asked SO whether any questions had been submitted from members of the public. SO reported that one long and complex series of interlinked questions had been submitted but the Trust would need to respond to that in writing.

DH then emphasised that the Inquiry's report had only been published on 28/11/23, so the Trust would need to further reflect on the content, although the Trust Board would continue to oversee the Trust's response at its public meetings until the end of March 2024, by which time the Trust hoped to have fully implemented all the recommendations. DH however added that some of the other work, such as that on culture and OD, would continue beyond March 2024, and be incorporated into the Trust's ongoing work. DH also stated that it would be appropriate, given the Inquiry's criticism that mortuary practice was not reviewed at Trust Board level, for a mortuary report to be submitted to the Trust Board at least every six months, for the foreseeable future. DH also noted that the Inquiry Chair had stated that the Trust would be asked to contribute to Phase 2

of the Inquiry's work, which would explore the wider position, both within and outside the NHS, and the Trust remained committed to supporting the Inquiry during that Phase.

Action: Add a "Six monthly update on mortuary issues" item to the Trust Board's forward programme (Trust Secretary, November 2023 onwards)

DH then called for a brief recess before continuing with the remainder of the agenda.

[N.B. The Trust Board took a brief recess at this point and considered item 11-7 upon its return]

11-8   To declare interests relevant to agenda items

DM declared that his son worked for Grant Thornton LLP, who were the external auditors of the Trust and the Charitable Fund, and would feature under item 11-17.

11-9   To approve the minutes of the 'Part 1' Trust Board meetings of 26th October and 20th November 2023

The minutes were approved as true and accurate records of the meetings.

11-10   To note progress with previous actions

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

- **10-13a ("Liaise with the Deputy Medical Director to consider what further action may be required to strengthen the Trust's Employee Value Proposition in relation to medical staff").** PM referred to the content of the "Progress" column and added that the Deputy Medical Director had met with RF and explored the issues, which would be taken forward. It was therefore confirmed that the action should be closed.

- **10-13b ("Liaise with the Medical Director, Director of Infection Prevention and Control and Chief People Officer to review the consultant interview process in light of the comments made at the 'Part 1' Trust Board meeting on 26/10/23.").** MS referred to the content of the "Progress" column and added that an update would be given at the next Trust Board meeting to provide progress on the action taken thus far. SS added that a formal report on the issue would be submitted to the Executive Team Meeting (ETM) on 05/12/23. DH queried whether the report should be considered at the Trust Board in January 2024. This was agreed. EPM noted that work on the Trust's Employee Value Proposition (EVP) had also been considered by the People and Organisational Development Committee, so any further updates on that issue would need to be aligned, as the Committee would receive another update at its meeting in March 2024. DH queried whether the aforementioned report should therefore not be considered by the Trust Board until March 2024. SS however clarified that the action related to the consultant recruitment process, and the work on that should be considered by the Trust Board earlier. It was therefore agreed to schedule an item at the Trust Board meeting in January 2024.

Action: Submit a report to the Trust Board meeting in January 2024 on the review of the consultant interview and recruitment process (in light of the comments made at the 'Part 1' Trust Board meeting on 26/10/23) (Chief People Officer, January 2024)

- **10-15b ("Liaise to confirm the text that would accompany the Trust Board's decision that the plans for the development of the Kent and Medway Provider Collaboratives should be approved "subject to…" certain conditions.").** RJ referred to the content of the "Progress" column and added that the Trust had four conditions: that the work did not duplicate other work, and provided additional benefit; that the Collaboratives worked in an integrated way and not in silos; that the work was aligned with the priorities of the Health and Care Partnerships within Kent and Medway; and finally that the Collaboratives used a clear and structured improvement methodology in place, to implement improvements. DH added that there would be a meeting in mid-December 2023 that would enable those issues to be discussed. It was therefore confirmed that the action should be closed.

SO then referred to closed action 10-10a and highlighted that the circular Data Quality kite mark segments had now been matched to align with the order of the data quality criteria. The point was acknowledged.

11-11 Report from the Chair of the Trust Board

DH referred to the submitted report and highlighted the following points:
- Three different consultant appointments panels had been held, and it was good to see that the consultant workforce continued to grow.
- The next report would include details of at least two more consultant histopathologist appointments, following a panel that DH had chaired on 27/11/23.
- Anything that the Trust could do to improve its EVP and the efficiency of its recruitment processes would be very welcome.

11-12 Report from the Chief Executive

MS referred to the submitted report and highlighted the following points:
- It was important to acknowledge the current operational pressures, but patient flow had been maintained.
- A very successful nursing and midwifery conference had been held on 29/11/23. The conference had been very well attended, and the spirit had been very positive. MS had confirmed that the Trust Board was very committed to promoting nursing and midwifery, and that would be discussed further under item 11-20, when the nursing and midwifery strategy would be considered.
- The report contained an update on progress with the Green Plan.
- A 'topping out' ceremony had been held for the Kent & Medway Orthopaedic Centre.
- The second phase of the Community Diagnostic Centre had now started, and a formal opening ceremony would likely be held in the new year.
- The Trust's anaesthetic department had received accreditation under the Royal College of Anaesthetists' Anaesthesia Clinical Services Accreditation scheme.
- The Virtual Fracture Clinic had won a Health Tech Newspaper award.

WW referred to the update on the Green Plan and asked whether any green element of the Trust's future electrification was being considered. MS replied that the largest contribution to carbon reduction had been in energy efficiency, but the opportunities to generate the Trust's own energy would be considered in the future. SO added further details about the Trust's procurement of green energy. JW noted that there some local examples of micro-generation of energy from elsewhere, such as in East Sussex Healthcare NHS Trust, who had installed solar panels in their car parks, so highlighted the need for the Trust to consider such options. MS agreed and confirmed that he would ensure that the next routine update to the Trust Board on green issues included details of what the Trust could do to generate renewable green energy.
Action: Ensure that the next "Annual approval of the Trust's Green Plan" report to the Trust Board included details of what the Trust could do to generate renewable green energy (Chief Executive, July 2024)

MC then referred to the content of the report that related to the development of a new Patient Experience Strategy and asked whether a date had been scheduled for the Trust Board to receive details of the progress made. JH explained that the first engagement event with patients had been held on 16/11/23, and the feedback was still being processed, to enable that to be reported to the Patient Experience Committee meeting on 07/12/23, and the strategy to then be developed. MC asked that the next Trust Board meeting be given a date as to when the strategy would be ready to be considered by the Trust Board. JH agreed.
Action: Provide the Trust Board with a date as to when the new Patient Experience Strategy would be ready to be considered for approval by the Trust Board (Chief Nurse, December 2023)

Reports from Trust Board sub-committees

11-13 Quality Committee, 08/11/23

JW referred to the submitted report and highlighted the following points:
- A discussion had been held regarding Sepsis, which focused on training and patient information.

- The Patient Experience strategy, which MC and JH had referred to under item 11-12, had been discussed.
- The need to ensure there was sufficient patient car parking had been discussed, and the matter would be considered again at the next Quality Committee meeting.
- The benefit of After Action Reviews (AARs) had been noted,
- The findings from the CQC's Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection had been enclosed in Appendix 1.
- An update on the implementation of the Quality Accounts priorities for 2023/24 had been considered.
- The latest quarterly maternity report had been considered but that would be discussed under item 11-19.

MS referred to car parking discussion and noted that a proposal would be submitted to the Trust Board soon, although the details were still being finalised, so the report would likely be submitted to the Trust Board's meeting in January 2024.

Action: Schedule an "Update on the car parking position and future plans" item at the Trust Board meeting in January 2024 (Trust Secretary, November 2023 onwards)

DH then highlighted that the IR(ME)R inspection report in Appendix 1 was related to the provision of radiotherapy at the Trust's sites at Maidstone and the Kent and Canterbury Hospitals. MC asked whether the action plan in response to the IR(ME)R Improvement Notice had been considered at the Quality Committee. JH stated that she believed the timescale had prevented such consideration, so initially agreed to check and confirm. MS however stated that the Trust had now received confirmation from the CQC that they were content that the Trust had resolved the issues. JH also confirmed that was the case.

11-14 Finance and Performance Committee, 28/11/23

NG referred to the submitted report and highlighted the following points:
- An update on the outpatient transformation work was relieved, and some good progress had been made, which included the launch of the Patient Portal and the development of new pathways. The Committee was assured with the momentum and a further update has been requested.
- The Trust continued to be very busy, but it had maintained good performance on a range of performance metrics.
- The financial performance was finely balanced, and although there had been an improvement in Cost Improvement Programme performance, the Trust was still behind its intended position, so the need to consider future productivity had been highlighted.
- The Digital Pathology Full Business Case had been considered and supported.
- The Committee had also agreed to support the ongoing development of the Business Case for the Urology Investigation Unit.

WW referred to the Committee's consideration of the financial risks regarding the Kent and Medway Medical School, and asked for further details, including whether the project was on track. NG explained that the project was broadly on track, but noted that the situation was quite complex. RJ added that she was responsible for managing the project at an executive level and confirmed that the project was on track, and the risk had been able to be mitigated, via the support of the funder, to assist with the cashflow issues that had been identified by the company that had acquired the project delivery company. RJ continued that that company had several projects in place at the same time, so although the issue was not without risk, such risks were being managed.

11-15 People and Organisational Development Committee, 24/11/23 (incl. the Guardian for Safe Working Hours Annual Report 2022/23)

EPM referred to the submitted report and highlighted the following points:
- The Guardian for Safe Working Hours had attended, and their Annual Report 2022/23 was enclosed in Appendix 1.

- The limited assurance internal audit review on the Use of Temporary Staffing had been considered, and EPM was aware that that had already been considered by the Audit and Governance Committee and Finance and Performance Committee.
- JH had presented the "Our nursing and midwifery strategy 2024 – 2027", which would be considered under item 11-20.
- EVP had been considered, as EPM had mentioned under item 11-10.
- A review of the Divisional People Plans was conducted.

KR however clarified that the limited assurance internal audit review on the Use of Temporary Staffing had not been reviewed by the Finance and Performance Committee. The point was acknowledged.

11-16 Audit and Governance Committee, 09/11/23 (incl. approval of revised Terms of Reference)

DM referred to the submitted report and highlighted the following points:
- The limited assurance review on Use of Temporary Staffing had been considered, but the issues were understood to be related to documentation, rather than major gaps in controls. In any case, work had taken place since the review, and a follow-up review would be undertaken by internal audit.
- The future development of risk management had been considered, and as had been noted under item 11-7, there would be a significant focus on risk identification, to address the issue of 'unknown unknowns'.
- The latest security report had been discussed, and good progress had been made, with benefits being seen in staff training. It had however been acknowledged that additional investment would be required.
- The single tender waivers position had improved
- Revised Terms of Reference for the Committee had been agreed and these had been submitted to the Trust Board for approval.

The Trust Board approved the revised Terms of Reference for the Audit and Governance Committee, as submitted.

11-17 Charitable Funds Committee, 22/11/23 (incl. approval of the revised Terms of Reference and approval of Annual Report and Accounts of the Trust's Charitable Fund, 2022/23)

DM referred to the submitted report and highlighted the following points:
- Revised Terms of Reference had been agreed, which formalised the attendance of the Head of Charity and Fundraising.
- The Annual report and Accounts for 2022/23 had been agreed, and these had been submitted to the Trust Board, for approval, as had the Management Representation Letter.
- A fundraising update had also been enclosed in Appendix 4, and good progress had been made.

DH explained, for the benefit of any observers, that the Trust was the corporate trustee, and the Trust Board therefore acted as the agent of that trustee.

The Trust Board approved the revised Terms of Reference for the Charitable Funds Committee, as submitted.

The Trust Board then approved the Annual Report and Accounts of the Trust's Charitable Fund, 2022/23; and the Management Representation Letter for 2022/23, as submitted.

EPM then asked for clarity that the two sums of money that were currently invested in Santander and Virgin Money would be invested in the Royal Bank of Scotland (RBS). DM explained that the two accounts would be closed and all the funds transferred to RBS, but £85k would be invested in MetroBank. EPM asked if the additional investment in RBS would mean that the RBS balance would be higher than £85k. DM confirmed that would be the case, but he believed that investment in RBS was subject to a higher level of financial protection that the £85k that was covered by the

Financial Services Compensation Scheme. KR however stated that that was not his understanding, and the £85k protection limit would apply to the RBS investment, but the Committee had discussed the proposed investment with MetroBank because of the publicised issues regarding the financial status MetroBank. DM therefore agreed to check and confirm the level of financial protection that was in place for the monies that were held with the RBS.

Action: Check and confirm the level of financial protection that was in place for the charitable fund monies that were held with the Royal Bank of Scotland (Chair of the Charitable Funds Committee, November 2023 onwards)

Integrated Performance Report

11-18   Integrated Performance Report (IPR) for October 2023

MS referred to the submitted report and highlighted that there had been a slight development in the method and report, which was explained on pages 4 and 5 of 36. SS then referred to the "People" Strategic Theme and highlighted the key issues relating to the Vision Goal to "Reduce the Trust wide vacancy rate to 12%" and the "Reduce Turnover Rate to 12%" Breakthrough Objective.

SS then also reported that "Statutory and Mandatory Training" metric compliance was currently at 85.9% against a target of 85%, but the introduction of the Oliver McGowan mandatory e-learning training had had an adverse impact on compliance. SS continued that, as the "Assurance & Timescales for Improvement" section on page 11 of 36 had stated, work had been commissioned to review the compliance with each statutory and mandatory training course in isolation, to ensure that no particular area of training had low compliance, despite the overall target being met. SS stated that she would therefore take an action to report the outcome of that review at the next Trust Board meeting.

Action: Provide the Trust Board with the outcome of the review of compliance against each separate statutory and mandatory training course (Chief People Officer, December 2023)

SO asked when the 12% target for the turnover rate would likely be met. SS explained the complex factors that affected performance and stated that it would be a long-term project that may take 12 to 24 months. SS elaborated on the actions being taken and planned, and noted that more work was required before she would be able to confidently commit to a specific timescale.

WW commended the performance on the appraisal rate, but asked SS for her views on changing the target to 100%. SS confirmed that there was an expectation that everyone that required an appraisal should have one, but there were always some variables, so SS would propose that the focus should be on the areas where a lack of appraisal triangulated with other issues. SS therefore stated that a 'soft' target of 100% should be accepted, but cautioned against setting a 100% target for reporting purposes. SS also noted that there would be a focus on the quality of appraisals in the future. WW noted that he was aware of some other organisations that had set a 100% target, and opined that doing so would provide an important message. The suggestion was acknowledged.

WW then referred to the "Percentage of AfC 8c and above that are BAME" target and queried the rationale for the 12% target, and whether that was realistically achievable, given the BAME population in the Trust's catchment area. SS confirmed the target had been set nationally, but SS wanted to see improvement from the 8.5% to 12%, whilst acknowledging that the 12% was probably not achievable, particularly in a short time period. DM pointed out that the increased percentage was likely to involve small numbers, so the focus should be on more widespread improvement rather than focus on individuals. MC also acknowledged the challenging nature of the target but highlighted the need to still aim to meet the target.

PM then referred to the "Patient Safety & Clinical Effectiveness" Strategic Theme and noted there were no escalation items. SM however reported that there was no data for the "Number of Deteriorating Patients with Moderate+ Harm" Breakthrough Objective, as a decision had been taken to re-base the data, and that had proved to be more complicated than had been anticipated. SM added that the data may not be available until January 2024.

SM then referred to the infection control metrics and highlighted the following points:

- *Clostridiodes difficile* cases had increased slightly, and performance was showing common cause variation. All of the actions were continuing, which included the deep clean of the wards at Tunbridge Wells Hospital (TWH), and one ward was being deep cleaned every two weeks.
- The Trust was working across Kent and Medway on a 'CDI collaborative', and a successful first meeting had been held w/c 20/11/23.
- The *E.Coli* position had improved over the last month, and the 12-month rolling position had also improved. Lots of actions had been taken, which included a nurse training on cannular technique and other areas.

DH asked whether the CDI Collaborative would be accountable to the Provider Collaborative or directly to the NHS Kent and Medway Integrated Care Board. SM explained that it would report into the monthly Infection Prevention and Control leaders' forum across Kent and Medway, and the Collaborative was a sub-group of that forum.

MS then highlighted that the "Safe Staffing Levels" metric was showing special cause variation of an improving nature. JH thanked all those involved in the improvement.

SB then referred to the "Patient Access" Strategic Theme and highlighted that the Emergency Department (ED) 4-hour waiting time target and ambulance handover performance continued to be strong, but more work was needed out of hours. SB also reported that cancer access and Diagnostics Waiting Times and Activity (DM01) standard performance was still strong.

JH then referred to the "Patient Experience" Strategic Theme and highlighted that efforts were continuing to try and reduce the complaints that related to communication. JH also acknowledged the reduction in complaints response performance for October and noted that a Business Case was being developed to improve the resilience in the Complaints team.

JH then reported that there had been an improved position for the ED Friends and Family Test (FFT) response rate, but more work was needed in outpatients; whilst the transfer to the new FFT provider was progressing and that would be implemented in February 2024.

DH asked whether the new Patient Portal would be able to assist with the FFT response. JH explained that the new FFT provider was different to the Patient Portal provider, but the new FFT provider offered a range of services that would enable far better FFT data to be obtained.

RF referred to slide 19 of 36, which stated that "A3 Thinking currently underway to understand the themes of complaints and concerns where poor communication is the main issue affecting patient experience", and asked whether sufficient attention was being paid to the Objective. JH stated that the A3 thinking had highlighted that "Incorrect or poor communication" was the top contributor and elaborated on the content of the table and chart, but asked that the action plan better reflect the data analysis. JH agreed to include in action plan.
Action: Ensure that the "Action Plan" for the "To reduce the overall number of complaints or concerns each month" Breakthrough Objective within the Integrated Performance Report better reflected the content of the "Top Contributors and Key Risks" section (and in particular the outcome of the 'A3 thinking' work) (Chief Nurse, November 2023 onwards)

[N.B. SS left the meeting at this point]

DM asked for the rationale for the 3.9% target for "Complaints Rate per 1,000 occupied beddays", and asked whether that was still the correct target. JH explained that it was a historical target, but noted that the target was being reviewed, to consider DM's query.

JW asked what a "Hospital acquired incident" that was listed on page 19 of 36. JH acknowledged the term was vague but clarified that it was likely to be a pressure ulcer or fall.

RJ then referred to the "Systems" Strategic Theme and highlighted the following points:
- The report included some early data on the "Decrease the number of occupied bed days for patients identified as no longer fit to reside (NFTR)" for the first time.
- The Trust had struggled to make a step change on the "To increase the number of patients leaving our hospitals by noon on the day of discharge" Breakthrough Objective from 22% to

national target of 33%. Significant progress had however been made and two junior doctors had been appointed to a project to make the Electronic Discharge Notification (eDN) by one day. 'Tests of change' were being conducted in three wards, working with those junior doctors. RJ was therefore confident that she would be able to report improvement soon.

WW referred to the 33% target referred to in RJ's latter point and asked what part of that was within the Trust's control. RJ confirmed the target was within the Trust's control and confirmed that the 33% target should be retained as RJ considered that to be achievable. RJ then elaborated on the changes in discharge time that would be required to make the step change. WW asked when RJ expected the target to be met. RJ explained the dynamics involved with other agencies and confirmed that she believed it was work in progress, and stated that she would prefer not to give a trajectory at present, but RJ would continue to report performance to the Trust Board.

SO then referred to the "Sustainability" Strategic Theme and highlighted the following points:
- No items had been identified for escalation but the extraordinary Trust Board meeting on 20/11/23 had approved the latest submission regarding the annual plan.
- The Trust had a surplus of circa £900k in month, compared to a planned surplus of £1m, so the Trust was circa £1.8m adverse to its plan for the year to date, all of which was related to strike costs. The Trust had now received confirmation that such costs would be funded, so SO had increased confidence that the Trust would deliver the plan for the year. There were no additional risks to bring to the Trust Board's attention.
- Slide 24 of 36 showed the Elective Recovery Fund (ERF) performance and Trust was circa £2m ahead of plan, and that delivery was expected to accelerate, given the absence of any future industrial action.

RF then congratulated the Business Intelligence team on the "3 Month Forecast" which had been added to each Breakthrough Objective and the "Forecast SPCs (3 month forward view) for Vision and Breakthrough Objectives" section on page 26 of 36. SO then described the further plans to develop the forecast data in the new calendar year.

Quality Items

11-19 Quarterly Maternity Services Report

RT referred to the submitted report and highlighted the following points:
- Four Serious Incidents (SIs) had been declared in quarter 2 of 2023/24, three on which had been Healthcare Safety Investigation Branch (HSIB) cases, although such cases had now become Maternity and Newborn Safety Investigations (MNSI).
- A new maternity triage assessment procedure, Birmingham Symptom Specific Obstetric Triage System (BSOTS), had been commenced on the maternity unit in August 2023.
- There had been no stillbirths in the quarter, so there had been no Perinatal Mortality Review Tool (PMRT) cases to review.
- The issues with sonographer staffing were still present, and the service had to use agency staff to fill staffing gaps. There had been some challenges within the Clinical Administration Unit (CAU) team, but some appointments had been made. A new locum consultant had started in post in the summer, but more needed to be done in relation to consultant staffing.
- There had been two maternity champion 'walkabouts' in the quarter: one at the Crowborough Birth Centre and one at the neonatal unit, and some positive feedback had been provided.
- There had been a reduction in FFT response rate, so further work was required to address that.
- The CQC national maternity survey for 2023 had been issued, and the majority of the Trust's scores were in the top 20% range of all Trusts surveyed by the Trust's survey provider, IQVIA, with no scores are in the bottom 20% range.
- The work in relation to the Saving Babies Lives Care Bundle continued but that was very challenging.
- The main maternity service had been inspected by the CQC in August and the CQC had subsequently inspected the two standalone Birth Centres. The Trust had been issued with a Section 29A Warning Notice on 31/10/23. Information had therefore been submitted to the CQC and a response was awaited. The service was committed to addressing the CQC's concerns.

- The submitted report contained details of the mental health support following pregnancy loss and barriers to breastfeeding, following the Trust Board's previous queries.
- There had been increased maternity activity in September and October, and that had led to issues with post natal bed capacity and patient flow.

KC asked for further information about the staffing position. RT replied that one of the largest challenges had been the fact that midwives had not been able to qualify from Canterbury Christ Church University, as that had been a major source of recruitment for the Trust, so alternative approaches had had to be considered. RT continued that it was also important to continue to explore why staff had left, via exit interviews, and that had identified that many staff were at their retirement age, so work was underway to support such staff to 'retire and return' and/or work via the Bank. SF added that the service was currently funded for 16 full-time consultants, and the Trust had just issued advertisements for the substantive posts that were currently being filled by locums. SF continued that the service also had an unfunded post to reduce the waiting list, but the gynaecology list remained high. SF continued that a benchmarking exercise was being undertaken to compare the service's staffing against other Trusts, although it was difficult to compare 'like for like'. SF also reported that the service was generally well-staffed, and there was a full complement of doctors in training, there were some challenges so a plan was being developed to expand the workforce. SF also noted that the aforementioned staffing challenges in CAU had an impact on the service's ability to utilise clinics if capacity was released.

NG commented that he usually took great assurance when RT and SF presented to the Trust Board, but that did not reconcile with the CQC's findings, so asked for a comment. SF explained that maternity services were very complex and ever-changing, which was reflected in the increased requirements of NHS Resolution's Maternity Incentive Scheme. SF also provided further context regarding the challenges in balancing competing pressures. RT added additional details, which included that the midwives in the governance team may have to work clinically, for safety reasons, during periods of increased activity, and that may have resulted in some audits not being completed, so it was a constant balancing position. RT also stated that the service had been heartened by the positive findings from the CQC's maternity survey, but many of the issues identified via the CQC's inspections, such as meeting the National Institute for Health and Care Excellence's Induction of Labour guidelines, reflected national issues.

JH then referred back to the problems with midwifery students at Canterbury Christ Church University and reported that second- and third-year students from that University had now been transferred onto a bespoke programme at the University of Surrey. JW also noted that the nursing and midwifery establishment review report that had been approved by the Trust Board, and which had included a maternity staffing uplift, had now been approved by the Kent and Medway Integrated Care Board (KM ICB).

DH remarked that the apparent incongruence between the Trust Board's and CQC's understanding of the maternity service would likely have been a shock, so asked if SF and RT had been appropriately supported. SF confirmed that support had been provided, by SB and JH in particular. MS however added that the Trust was still engaging with the CQC about their inspection findings, but MS believed there was no disconnect between the Trust's and CQC's understanding of the service, as the CQC had assessed the service against national initiatives that many Trusts were struggling to apply. MS stated that he did not therefore believe there had been a difference from what the Trust Board had previously been told. The point was acknowledged. SF added that more than 65% of maternity units had been rated as "Requires Improvement", whilst SF was aware of at least one maternity service at another Trust that had been rated as "Inadequate".

Workforce

11-20 To approve the "Our nursing and midwifery strategy 2024 – 2027"

JH referred to the submitted report and highlighted the following points:
- A successful nursing and midwifery conference had been held on 29/11/23, and MC and JW had attended. It was pleasing to see that all attendees were still present at the end of the

conference, when MS gave his closing address. There was also a positive forward-looking vibe at the end of the meeting.

- The "Our nursing and midwifery strategy 2024 – 2027", which had been previously been considered by the ETM and People and Organisational Development Committee, had received a 'soft' launch at the conference, although JH acknowledged that the strategy needed to be formally approved by the Trust Board.
- The strategy had been created by the Trust's nursing and midwifery workforce, by a series of engagement events and focus groups.
- The strategy focused on ensuring that staff were Skilled, Kind and Proud, and there were six strategic aims and priorities under these three themes. Each aim would be led by a senior nurse or matron.
- JH was aware that the strategy was not as detailed as some Trust Board member would like, but the strategy would be accompanied by detailed plans in due course.
- Monitoring would take place by the Nursing, Midwifery, AHP and Pharmacy Board, and a report would also be submitted to the People and Organisational Development Committee, although JH needed to confirm the frequency of that latter report.

The Trust Board approved the "Our nursing and midwifery strategy 2024 – 2027" as submitted.

Systems and Place

11-21 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 approval of the Safer Staffing Business Case, to which JH had referred under item 11-19, was very positive.
- RJ would provide further details on the Acute Provider Collaborative acute service reviews, but the timescales involved were very swift. A draft report was expected in January 2024, with a final report in March 2024. It had however been acknowledged how challenging that timescale would be, given the winter period.
- The HCP developments included work regarding neighbourhood teams, and some good examples had been presented, via case studies.
- The Digital Front Door scheme would proceed.
- The West Kent HCP Medical Director (Primary Care); and PM, as the West Kent HCP Medical Director (Integrated Care), had explained their approach to HCP, and that was contained in the "West Kent Clinical Leadership Priorities" report from page 6 onwards.

Planning and strategy

11-22 Review the updated plan for the forthcoming winter period

SB referred to the submitted report and highlighted that funding for the winter plan had now been agreed with SO, and SB wanted to thank all the Trust's teams for their continued hard work. SB also noted that some further capacity was still able to be opened.

NG noted that the winter plan had been reviewed at the Finance and Performance Committee, and observed that Harrogate and District NHS Foundation Trust had announced that they would provide social care directly, which NG understood was already being provided by Northumbria Healthcare NHS Foundation Trust, so asked whether that was something that could be considered, either as a Trust or as an Integrated Care System (ICS). MS explained that the Trust's previous concerns had been around access to home care, but there had been a recent marked improvement in the provision of such care, so the Trust's focus would be on ensuring the correct supply of social care for all the different pathways. MS clarified that the option of providing social care had not been considered, but the Trust had good working relationship with social care and with Kent Community Health NHS Foundation Trust. NG clarified that his question was related to exploring new social care models. MS confirmed that the Trust was exploring lots of innovative options, but was not considering becoming a social care provider at present. RJ added that the West Kent Discharge and Flow Programme Board would be the main forum to discuss issues regarding the supply of social care. DH also noted that there had been some developments in East

Kent relating to rehabilitation-supported beds, as a pilot, and that may be able to be transferred into West Kent during the coming year.

DH then referred to the statement on page 6 of 15 that "LoS appears to be on a downward trajectory. The past 12 weeks has averaged 7.5 days against 8.4 for a similar period last year", and stated that he recalled the average length of stay being 6.5 days when he had first joined the Trust, so asked if the increase to 7.5 days was linked to patient acuity increasing, because of the success of the Same Day Emergency Care (SDEC) service. PM confirmed that was the case, but noted that there had been a national increase in the acuity and frailty of patients, which was also related to age and access to primary care. PM continued that the SDECs would become a base for the Virtual Ward and added further details.

JW then asked for details of the East Sussex patients that were treated at TWH. PM replied that part of the answer related to Virtual Wards but acknowledged that more could be done for such patients. MS added that the Trust was able to separate out East Sussex patients and was able to monitor any delays. MS also noted that SB had been able to agree that Kent and Medway facilities could be used for East Sussex patients, and particularly for pathway 2 patients.

11-23 Update on the corporate objectives

RJ referred to the submitted report and highlighted that the content was related to a discussion at a previous Trust Board meeting. RJ also noted that the report contained details of the agreed Corporate Projects.

WW referred to the content of the "Breakthrough Objective" column on page 3 of 5 and asked whether numerical targets would be added. RJ clarified that performance on the Breakthrough Objectives was reported within the IPR, but RJ could meet with WW outside of the Trust Board meeting to explain the situation, if WW would find that helpful. SM then explained the position for the "Reducing Deteriorating patients and sepsis by 50%" Breakthrough Objective.

11-24 To approve the Digital Pathology Full Business Case (FBC)

DH noted that the Business Case was ICS-based, and involved the Trust and East Kent Hospitals University NHS Foundation Trust (EKHUFT). RJ then referred to the submitted report and highlighted the following points:
- The Finance and Performance Committees of both EKHUFT and the Kent and Medway ICB had supported the Case, and the Trust had received a letter that confirmed the revenue funding would be met by the ICB, which had been specifically asked by the Trust's Finance and Performance Committee.
- Every Committee that had considered the Case at EKHUFT and the Trust had been supportive, & all had highlighted the need to ensure the full potential benefits were described and realised.
- The investment would be provided externally. NHS England would provide the capital funding, whilst the Kent and Medway ICB would provide the revenue funding. The Trust's Finance and Performance Committee had asked about the flows of money but RJ clarified that the external funds would just pass through the Trust.

DH added that MS and DH had interviewed three histopathologists on 27/11/23 and the major improvements that digital pathology would provide had been emphasised.

The Trust Board approved the Digital Pathology Full Business Case (FBC) as submitted.

11-25 The Trust's response to the "Helping Queen Victoria Hospital (QVH) develop a vision for the future"

RJ referred to the submitted report and highlighted the following points:
- There was no strategy for QVH at present, but the Trust was conducting some initial engagement regarding their future.
- RJ and MS had met with the new Chief Executive of Queen Victoria Hospital NHS Foundation Trust and they had emphasised that that Trust would not pursue any mergers, given the previous recent history.

- Some clinical tensions between QVH and the Trust had been acknowledged, but it was agreed that some OD work would be helpful.
- Some more engagement sessions would be held at the Trust, to enable further feedback to be provided to QVH; and there would also be some ICS-wide engagement.

11-26 Six-monthly update on the project to develop a Maggie's Centre at Maidstone Hospital

SB referred to the submitted report and confirmed the Trust and Maggie's were continuing to liaise closely, and it was hoped that the groundwork for the Centre would begin within the next two years.

DH noted that the person who had been appointed as the fundraiser for the project had been the Senior Philanthropy Manager at Demelza for several years and commended that appointment.

11-27 To consider any other business

KR asked the Trust Board to delegate the authority to the 'Part 2' Trust Board meeting scheduled for later that day to make decisions in relation to the Trust's external audit contract. The requested authority was duly granted.

11-28 To respond to questions from members of the public

KR confirmed that no further questions had been submitted prior to the meeting, beyond those that had been referred to under item 11-7.

11-29 To approve the motion (to enable the Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

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

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress[1]
11-18b	Ensure that the "Action Plan" for the "To reduce the overall number of complaints or concerns each month" Breakthrough Objective within the Integrated Performance Report better reflected the content of the "Top Contributors and Key Risks" section (and in particular the outcome of the 'A3 thinking' work).	Chief Nurse	November 2023 onwards	The position has been improved slightly this month, but further work is required and this is planned for January 2024 with the team.

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
10-13b	Liaise with the Medical Director, Director of Infection Prevention and Control and Chief People Officer to review the consultant interview process in light of the comments made at the 'Part 1' Trust Board meeting on 26/10/23.	Chief Executive	November 2023	Liaison occurred, and it was agreed at the Trust Board meeting on 30/11/23, that the Chief People Officer would submit a report to the Trust Board meeting in January 2024 on the review of the consultant interview and recruitment process.
11-7a	Schedule a "Monthly update on the implementation of the recommendations from the Phase 1 report of the Independent Inquiry into the issues raised by the David Fuller case" item at the Trust Board's meetings, from December 2023 to March 2024.	Trust Secretary	December 2023	The items were scheduled.
11-7b	Add a "Six monthly update on mortuary issues" item to the Trust Board's forward programme.	Trust Secretary	December 2023	The items were scheduled.
11-12b	Provide the Trust Board with a date as to when the new Patient Experience Strategy would be ready to be considered for approval by the Trust Board.	Chief Nurse	December 2023	The strategy will be submitted to the Patient Experience Committee in March and will then be submitted to the Trust Board
11-13	Schedule an "Update on the car parking position and future	Trust Secretary	December 2023	The item was scheduled.

1	Not started	On track	Issue / delay	Decision required

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
	plans" item at the Trust Board meeting in January 2024.			
11-17	Check and confirm the level of financial protection that was in place for the charitable fund monies that were held with the Royal Bank of Scotland.	Chair of the Charitable Funds Committee	December 2023	It has been confirmed that there is a higher level of protection with the Royal Bank of Scotland, as it is part of the Government Banking Service, which is protected by the government. The protection is unlimited i.e. there is no maximum value.
11-18a	Provide the Trust Board with the outcome of the review of compliance against each separate statutory and mandatory training course.	Chief People Officer	December 2023	The details will be covered in the Integrated Performance Report (IPR) item at the December 2023 Trust Board meeting.

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
05-16	Liaise with the Executive Directors to undertake a light-touch review of the Trust's compliance with the new NHS Provider Licence conditions.	Trust Secretary	October 2023	It was subsequently agreed with the Chair of the Trust Board to submit a report to the Trust Board meeting in September 2023 (having been reviewed at the Executive Team Meeting (ETM) beforehand). However the Chair of the Trust Board subsequently agreed to a deferral to January 2024 due to the volume of work involved in the review (which is considerable, despite the light touch' label).
11-10	Submit a report to the Trust Board meeting in January 2024 on the review of the consultant interview and recruitment process (in light of the comments made at the 'Part 1' Trust Board meeting on 26/10/23).	Chief People Officer	January 2024	An item has been scheduled for the Trust Board meeting in January 2024.
11-12a	Ensure that the next "Annual approval of the Trust's Green Plan" report to the Trust Board included details of what the Trust could do to generate renewable green energy.	Chief Executive	July 2024	The Director of Estates and Capital Development has been asked to ensure the content is included in the report submitted to the Trust Board meeting in July 2024 (which will be submitted to the Executive Team Meeting (ETM) and Finance and Performance Committee beforehand)

Monthly update on the implementation of the recommendations from the Phase 1 report of the Independent Inquiry into the issues raised by the David Fuller case	**Chief Executive**

The Phase 1 report of the Independent Inquiry into the issues raised by the David Fuller case was published on 28/11/23, and the Trust Board meeting on 30/11/23 discussed the report at length. The Trust Board meeting heard that the Trust would address the 16 recommendations that apply to the Trust by 31/03/24, and it was agreed that a monthly update on the implementation of the recommendations would be submitted to the Trust Board, from December 2023 to March 2024. The first such update report is enclosed.

A formal Corporate Project is being established to deliver the work, to enable the Trust to inform the spring 2024 response to the recommendations that Maria Caulfield MP, the Parliamentary Under Secretary of State in the Department of Health and Social Care committed to in the parliamentary statement that was given on 28/11/23.

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

Reason for submission to the Trust Board (decision, discussion, information, assurance etc.)[1]
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 of the current status of the 16 recommendations

The following table summarises the current assessment of the compliance status for the 16 recommendations that apply to the Trust. It should however be noted that this is a provisional status, as a comprehensive assessment against the recommendations is still in progress. The future monthly reports to the Trust Board will include a more detailed assessment of compliance, along with the associated evidence and details of any outstanding actions[2].

Recommendations ("Maidstone and Tunbridge Wells NHS Trust…)	Provisional status
1. …must ensure that non-mortuary staff and contractors, including maintenance staff employed by the Trust's external facilities management provider, are always accompanied by another staff member when they visit the mortuary. For example, maintenance staff should undertake tasks in the mortuary in pairs"	Complete (evidence being collated)
2. …must assure itself that all regulatory requirements and standards relating to the mortuary are met and that the practice of leaving deceased people out of mortuary fridges overnight, or while maintenance is undertaken, does not happen"	Complete (evidence being collated)
3. …must assure itself that it is compliant with its own current policy on criminal record checks and re-checks for staff. The Trust should ensure that staff who are employed by its facilities management provider or other contractors are subject to the same requirements."	Complete (evidence being collated)
4. …must assure itself that its Mortuary Managers are suitably qualified and have relevant anatomical pathology technologist experience. The Mortuary Manager should have a clear line of accountability within the Trust's management structure and must be adequately managed and supported"	Complete (evidence being collated)
5. "The role of Mortuary Manager at Maidstone and Tunbridge Wells NHS Trust should be protected as a full-time dedicated role, in recognition of the fact that this is a complex regulated service, based across two sites, that requires the appropriate level of management attention"	Complete (evidence being collated)
6. …must review its policies to ensure that only those with appropriate and legitimate access can enter the mortuary"	Complete (evidence being collated)
7. …must audit implementation of any resulting new policy and must regularly monitor access to restricted areas, including the mortuary, by all staff and contractors"	Partially complete (further steps required being finalised)
8. …should treat security as a corporate not a local departmental responsibility"	Complete (evidence being collated)
9. …must install CCTV cameras in the mortuary, including the post-mortem room, to monitor the security of the deceased and safeguard their privacy and dignity."	Complete (evidence being collated)
10. …must ensure that footage from the CCTV is reviewed on a regular basis by appropriately trained staff and examined in conjunction with swipe card data to identify trends that might be of concern."	Complete (evidence being collated)
11. …must proactively share Human Tissue Authority reports with organisations that rely on Human Tissue Authority licensing for assurance of the service provided by the mortuary"	Partially complete (further steps required being finalised)
13. "We have illustrated throughout this Report how Maidstone and Tunbridge Wells NHS Trust relied on reassurance rather than assurance in monitoring its processes. The Board must review its governance structures and function in light of this"	Complete (evidence being collated)
14. …Board must have greater oversight of licensed activity in the mortuary. It must ensure that the Designated Individual is actively involved in reporting to the Board and is supported in this."	Partially complete (further steps required being finalised)

---

[2] A Corporate Project is being established to oversee the implementation of the outstanding recommendations

Recommendations ("Maidstone and Tunbridge Wells NHS Trust…)	Provisional status
15. …should treat compliance with Human Tissue Authority standards as a statutory responsibility for the Trust, notwithstanding the fact that the formal responsibility under the Human Tissue Act 2004 rests with the Designated Individual. The Act will be subject to review in Phase 2 of the Inquiry's work".	Complete (evidence being collated)
16. "The Chief Nurse should be made explicitly responsible for assuring the Maidstone and Tunbridge Wells NHS Trust Board that mortuary management is delivered in such a way that it protects the security and dignity of the deceased"	In progress (the steps required are being considered)
17. …must treat the deceased with the same due regard to dignity and safeguarding as it does its other patients"	In progress (the steps required are being considered)

NHS
Maidstone and
Tunbridge Wells
NHS Trust

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

Consultant appointments

I and my Non-Executive colleagues are responsible for chairing Advisory Appointment Committees (AACs) for the appointment of new substantive Consultants. The Trust follows the Good Practice Guidance issued by the Department of Health, in particular delegating the decision to appoint to the AAC, evidenced by the signature of the Chair of the AAC and two other Committee members. The delegated appointments made by the AAC since the previous report are shown below.

Date of AAC panel	Title	First name/s	Surname	Department	Potential / Actual Start date	New or replacement post?
27/11/23	Consultant Histopathology	Olena	Dotsenko	Histopathology	March 2024	Replacement
27/11/23	Consultant Histopathology	Nataliya	Piletska	Histopathology	March 2024	Replacement
04/12/23	Consultant Trauma & Orthopaedics	Craig	Zhao	Trauma & Orthopaedics	December 2023	New

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

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

---

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

Report from the Chief Executive   **Chief Executive**

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

- Our hospitals are currently managing the challenges of national industrial action by the British Medical Association (BMA). Earlier this month, the BMA announced further strike action by junior doctors which began on 20 December and will run until 23 December. A second period of action will take place from 3 to 9 January. Our teams have worked on plans to sustain our services over this challenging period, which fall at a time when we are also tackling winter pressures. In common with the rest of the NHS, we expect there will be some disruption to normal services, including some postponements to outpatient appointments and elective procedures, though we will endeavour to keep these postponements to a minimum. Our clinical and operational teams are working hard to ensure patient safety and to maintain urgent and emergency services, maternity and cancer care. On behalf of the Trust, I would like to thank colleagues for their continued dedication and commitment to providing outstanding care to our patients in challenging circumstances.

- Following publication last month of the Phase 1 Independent Inquiry report investigating the mortuary crimes committed by David Fuller, the Trust is finalising an action plan to ensure the Inquiry's recommendations are fully implemented by the end of March 2024. A separate report has been submitted to the Trust Board.

- The Trust recently celebrated the one-year anniversary of our virtual ward service going live. Virtual wards enable patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery while freeing up hospital beds for patients that need them most. Patients on the virtual ward are reviewed daily by the clinical team and check-in with their personal devices and Trust-issued devices. They are supported by a multi-disciplinary team in our centralised virtual ward monitoring hub, who can provide a range of tests and treatments. In the last 12 months, we have rolled out nine different virtual ward pathways, with more being developed. As a result, we have already cared for nearly 400 patients and saved approximately 3,000 bed days, which in turn has generated more capacity in our hospitals. Since June, we've also been collaborating with partners to enhance the service, working with Kent Community Health Foundation Trust (KCHFT) to introduce the Urgent Care virtual ward. This has enabled us to provide essential treatments including intravenous antibiotics and blood-related procedures. The virtual ward has received fantastic feedback, with 95% of patients rating the service as 'good' or 'very good'.

- Following the successful pilot of the Clinical Navigation Hub (previously referred to as the Clinical Pathway Hub), the pilot has been extended to run throughout winter until the end of March 2024. The Clinical Navigation Hub (CNH) pilot was set up in September by the Trust, in partnership with South East Coast Ambulance Service (SECAmb) and Kent Community Health NHS Foundation Trust (KCHFT), to signpost paramedics to the most appropriate service for patients to receive treatment. The CNH is made up of clinicians from MTW, KCHFT and senior paramedics. Together, the team speak to ambulance crews who are on the scene with patients, and make joint decisions on the best treatment service for the patients' needs. This means patients are not automatically brought to MTW's Emergency Departments, but assessed at the scene and redirected to a more appropriate service when needed, such as an Urgent Treatment Centre or one of the Trust's Same Day Emergency Care Units. Ambulance crews continue to bring patients to ED when required. Since the pilot began, the CNH has assisted paramedics with 268 patients, 75% of whom subsequently avoided ED. Consequently, 454 bed-days were saved due to these patients

not needing to be admitted to hospital. Category two (SECAmb) response time targets have also been achieved on more than 80% of operational days, meaning ambulances have been getting to patients quicker. Category two relates to emergency calls about serious conditions, such as a stroke or chest pain, which may require rapid assessment and/or urgent transport.

- MTW has been shortlisted alongside our electronic bed management system provider, TeleTracking, for the HSJ Partnership Awards 2024, in two categories recognising our collaborative work: 'HealthTech Partnership of the Year' and 'Best Acute Sector Partnership with the NHS'. Our entries focused on the bed-management system in our Care Coordination Centre, which helps manage flow across our hospitals. The data system provides real-time visibility of available beds, and details how many of the 700 beds across the Trust's hospitals are empty, may need cleaning or have a patient who is leaving. Use of the system has allowed MTW to significantly reduce the amount of time a bed is empty and has also reduced the time a patient spends in ED before they are transferred to a ward from one hour 40 minutes to 40 minutes. This ensures patients arriving in ambulances are quickly moved into the ED. The system has also enabled the Trust to increase the number of planned operations performed each day and given nurses and ward staff more time back to focus on patient care. The winners of the HSJ Partnership Awards 2024 will be announced on 21 March.

- The Trust has received a certificate and mark of trust from the British Standards Institute (BSI) for the compliance of our Electronic Data Management System. MTW has met standard BS 10008 which outlines best practice for the storage and transfer of information, and the implementation of safe and effective electronic information management systems. This means we take steps to ensure data is kept safe, and that data is transferred between systems securely. On behalf of the Trust, I would like to congratulate our Healthcare Records staff and all the supporting teams involved in achieving this accreditation, which certifies our commitment to best practice in data protection and patient confidentiality.

- We launched the second cohort of our reverse mentoring programme at the Trust earlier this month, successfully matching 14 pairs of staff and senior leaders. Our reverse mentoring programme provides an opportunity for staff with long term health conditions/disabilities and/or from ethnic minority backgrounds to share their lived experiences with senior leaders, allowing those leaders to gain insights they may not have previously been aware of or understood. As well as providing new perspectives and opportunities for organisational change and improvement, the programme is a valuable tool for knowledge sharing and supports MTW's culture of continuous learning. The pairs from our second cohort will meet once a month over the next six months, culminating in a celebration event where they will share their experiences and how their learning will influence practices across the Trust.

- To mark Disability History Month, the Equality, Diversity and Inclusion (ED) team collaborated with the DisAbility Network and hosted roadshows at Maidstone and Tunbridge Wells Hospitals. The roadshows aimed to raise awareness, celebrate historical moments in disability, share personal stories and provide support and guidance to staff and managers. A large number of colleagues engaged with the roadshows, with many of the conversations centring around staff health passports and how they support conversations about long term health conditions. Staff also attended to seek advice and guidance on reasonable adjustments in the workplace.

- The Trust recently welcomed Health Education England (HEE) Postgraduate Dean for Kent, Surrey and Sussex (KSS), Professor Jo Szram, to Tunbridge Wells Hospital. Professor Szram met with colleagues to talk about expanding learning opportunities in health across the region, and was also given a tour of the new medical school building site. Professor Szram is a consultant respiratory physician at Royal Brompton Hospital, beginning the role of KSS Postgraduate Dean last year. During her visit, she delivered a

presentation to senior consultants, divisional leads and members of our Executive team about the Long-Term Workforce Plan. Professor Szram also addressed plans to double the number of undergraduate medical school training places, as well as how the NHS will turn these plans into reality. This included details of a ten-year programme of activity looking into the redistribution of HEE speciality training posts, with the South East due to be the largest recipient with an increase of 950 posts.

- Our Head of Radiation Physics, Katy Fleckney, was recently announced as a winner of the Science Council's Continuing Professional Development (CPD) Awards for Chartered Scientists. Winners of the CPD Awards demonstrate a commitment to undertaking work-based learning and self-directed learning at the highest standards, to provide an outstanding service to both staff and patients. Katy leads the Trust's Radiation Physics department, which provides a scientific, clinical and technical service to staff who use radiation in our Radiology and Nuclear Medicine teams, and in our top-performing Kent Oncology Centre, as well as to other healthcare providers across Kent and the south east. Our congratulations to Katy on achieving this award.

- As part of the Trust's Green Plan, we are continuously identifying ways in which we can reduce our carbon footprint. One of the many ways we are addressing this is by trialling local produce days in our staff restaurants at both Maidstone and Tunbridge Wells Hospitals, with the aim of reducing food miles. Our teams have been building relationships with local suppliers and our staff restaurants recently held their first local produce day, which featured Kentish ingredients sourced as locally as Wainscott, Sevenoaks and Paddock Wood. In addition to supporting MTW's commitment to sustainability, sourcing ingredients from local suppliers invests in our community and benefits local businesses.

- Congratulations to the winner of the Trust's Employee of the Month award for November, Donna Meers, a Physiotherapist in our Core Clinical Services Division. Donna is always striving to grow and develop the pelvic health service. She has implemented many positive changes, including setting up a physiotherapy-led perineal clinic for women who have had third- or fourth-degree tears during delivery, as well as a pre-op gynae group to ensure patients have the information they need ahead of their surgery.

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, 13/12/23   Committee Chair (Non-Exec. Director)

The Quality Committee met (face-to-face / in-person) on 13th December 2023 (a 'deep dive' meeting).

1. The key matters considered at the meeting were as follows:
- The status of **actions from previous meetings** was noted.
- The Chief of Service, Surgery; Divisional Director of Nursing and Quality, Surgery and the Divisional Director of Operations, Surgery presented a **review of the Trust's Ophthalmology Service and associated improvement plan** which provided Committee members with a detailed overview of the challenges within the Ophthalmology service and the recovery plan in response to those key areas of concern. The Committee emphasised the importance of focusing on those areas which were within the Trust's capacity to improve such as the issues which arose from the utilisation of multiple different IT systems and influencing the delivery of the required cultural changes. It was agreed that the Patient Safety Manager should liaise with representatives from the Kent and Medway Integrated Care Board to acquire national benchmarking data for Ophthalmology incident rates and wait times. It was also agreed that the Chair of the Quality Committee, Chief Nurse and Chief Operating Officer should liaise to consider what mechanisms should be implemented to ensure Quality Committee members were informed of the progress with the Ophthalmology recovery action plan.
- A discussion was held on the **items scheduled for scrutiny at future Quality Committee 'deep dive' meetings**; wherein the Committee considered a number of potential areas for scrutiny in 2024 and the following actions were agreed:
  - The Patient Safety Manager should provide Committee members with the latest incident reporting data for the Ophthalmology Service
  - The Chief Nurse should liaise with the Director of IT to discuss the potential scheduling of a "Review of information systems failures and patients lost to follow-up" at the Committee's meeting in April 2024
  - The Assistant Trust Secretary should schedule a "To consider the key risk and areas for scrutiny by the Quality Committee 'deep dive' for 2024" item at the Committee's meeting in February 2024
  - The Assistant Trust Secretary should provisionally reschedule the "Further update on the management of Diabetes at the Trust (incl. future demand modelling and the initiatives to support improved patient outcomes); and "Further update on the management of pressure ulcers (incl. the progress with the implementation and embedding of the Pressure Ulcer Risk Primary or Secondary Evaluation Tool (PURPOSE-T))" items from the Committee's meeting February 2024 to the meeting in April 2024

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

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

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

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

---

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

Summary report from the Finance and Performance Committee, 19/12/23	Committee Chair (Non-Exec. Director)

The Committee met on 19ᵗʰ December 2023, face-to-face / in-person.

1. **The key matters considered at the meeting were as follows:**
   - The 'deep dive' item focused on the **review of the Model Hospital Benchmarking Opportunity within the Medicine & Emergency Care Division** which related to a previous report that indicated there was a potential £28.8m opportunity. The Divisional triumvirate attended and presented the results of their own analysis which identified an initial opportunity of circa £7.3m, and the actions that could be taken to deliver that through productivity gains and cost reduction. A helpful discussion was held which highlighted the need to explore more transformational changes as the overall opportunity is more considerable. It was also noted that day to day operational performance is very strong and this needs to be carefully considered in the context of financial benchmarks. It was agreed that an update on progress should be scheduled at a future Committee meeting in early 2024.
   - The **Patient Access strategic theme metrics for November** were reviewed and the continued strong performance on Referral to Treatment (RTT), and the reduction of patients who had waited 40 weeks or more for treatment was highlighted; as was the delivery of the cancer access targets. The Committee acknowledged the continued hard work of everyone involved.
   - The review of **financial performance for November** highlighted that the Trust had received £2m of funding for the direct costs of the previous industrial action, but several key variances meant that the year-to-date position was £0.3m adverse to the planned position. The item also considered the latest position for the Integrated Care System (ICS).
   - The Committee **reviewed the Trust's draft financial strategy** and made some suggestions on the issues that should be covered. The strategy would now be developed further and a revised version would be considered by a future Committee meeting, prior to it being submitted to the Trust Board, for approval, in May 2024.
   - The latest **six-monthly update on the Facilities response to the external Estates and Facilities review** was considered, and it was agreed to replace the report with an "Annual update on the Facilities Management Directorate" report.
   - The **details of the usage of the space freed up at Maidstone Hospital for clinical utilisation through the Business Case for unit D, Hermitage Court** was noted (the Committee had asked for such details when the Business Case had been considered earlier in the year).
   - The Director of IT and Programme Director for EPR (Sunrise) and Digital Transformation presented the latest **Quarterly Digital and Data update**, which included the details of the latest risks and the development of the Digital & Data Strategy. The Committee acknowledged that the meeting would be the last to be attended by the Programme Director for EPR (Sunrise) and Digital Transformation, as they would leave the Trust in January, so they were duly thanked.
   - The Committee received **notification of a potential personal data breach relating to the Euroking maternity records software,** which was used by three of the acute Trusts in Kent and Medway; and the Director of IT explained the approach being taken to address the issues.
   - The **recent findings from relevant Internal Audit reviews** were considered.
   - The content of the **summary report from the People and Organisational Development Committee** meeting in November 2023 was noted, as was the latest **use of the Trust Seal.**
   - The Committee's **forward programme** was noted.

2. **In addition to the agreements referred to above, the Committee agreed that:**
   - The value of the retentions that were related to the £0.9m risk of liquidated damages for the Kent and Medway Medical School accommodation project would be checked and confirmed.

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, 15/12/23	**Committee Chair (Non-Exec. Director)**

The People and Organisational Development Committee met (face-to-face / in-person) on 15th December 2023 (a 'deep dive' meeting).

The key matters considered at the meeting were as follows:
- The **actions from previous 'main' meetings** were reviewed.
- The Trust's Medical Appraisal Lead attended for the Committee's **consideration of the data regarding medical appraisal and revalidation** which provided a comprehensive overview of the process and purpose of medical appraisals; the utilisation of 360-degree feedback and the future plans to improve the quality of medical appraisals. The Committee was also informed of the issues in relation to the provision of departure and appointment information for doctors to Trust's Medical Appraisal Team and it was agreed that the Chief People Officer should investigate what, if any, mechanisms could be implemented to ensure that the Trust's Medical Appraisal Team were informed, in a timely manner, of the departure and appointment of doctors at the Trust. It was also agreed that the Deputy Chief Nurse, Workforce and Education should liaise with the International Medical Graduate (IMG) Tutor to ensure the lessons learned in relation to pastoral care for Internationally Educated Nurses were considered in the development of pastoral support for IMGs.
- The Trust's Engagement Lead and Deputy Chief People Office, Organisational Development facilitated a **Deep Dive on how the People and Culture Strategy, 2022-25 is impacting the Trust's Culture and future areas of focus** wherein an in-depth discussion was held regarding the progress which had been made to date in terms of the People and Culture Strategy, 2022-25 and the further work which was required in relation to the development of key aspects including flexible working and Equality, Diversity and Inclusion (EDI); although the progress which had been made in relation to the latter was acknowledged. The Committee commended the achievement of NHS People Promise exemplar status by the Trust. It was agreed that the Chair and Vice Chair of the Committee should liaise with the Chief Operating Office to discuss what, if any, operational representation was required at future Committee meetings
- The Head of People Performance and Improvement provided an **update and review of the utilisation of automation for recruitment** which included the challenges which had been encountered as part of the pilot of Robotic Process Automation (RPA). The Committee emphasised the importance of ensuring the return on investment from the utilisation of automation was robustly detailed and a discussion was held regarding the importance of the development of the Digital and Data Strategy. It was agreed that the Chair of the Committee should ensure that the dependencies in terms of Robotic Process Automation (RPA) on IT capacity were highlighted at the Trust Board meeting on 21/12/23
- The Committee noted the latest **monthly review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR).**
- The **plan relating to the 2019/20 workforce growth review**, which has been submitted to the Trust Board under a separate agenda item, for approval, was submitted to the Committee, for information; however, was not reviewed within the Committee's meeting due to time constraints.
- The Committee conducted an **evaluation of the meeting** wherein Committee members gave their perspective on what had worked well.

In addition to the actions noted above, the Committee agreed that:
- The Assistant Trust Secretary should liaise with the Deputy Medical Director and Director of Medical Education to discuss the scheduling of a "Review of the process for the non-clinical performance management of medical staff" item at a future Committee meeting
- The Assistant Trust Secretary should schedule an "Update on medical appraisal and revalidation" item at the January 2025 People and Organisational Development Committee 'deep dive' meeting, to enable Committee members to assess the progress which had been made in terms of the "future plans"

The issues from the meeting that need to be drawn to the Board 's attention as follows:
▪ The dependencies in terms of Robotic Process Automation (RPA) on IT capacity.

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 Patient Experience Committee, 07/12/23	Committee Chair (Non-Executive Director)

The Patient Experience Committee (PEC) met on 7th December 2023, Trust Management Meeting Room, Trust Management Corridor, Maidstone Hospital

The key matters considered at the meeting were as follows:

- The status of **actions from previous meetings** was noted.
- The Senior Strategy Development Manager provided a **further update on the improvement plan for car parking at the Trust's sites** which included that a Business Case was under development for consideration by the Business Case Review Panel (BCRP) to enable a long-term strategic response to car parking at the Trust and the following actions were agreed:
  - The Assistant Trust Secretary should schedule a "Further update on the improvement plan for car parking at the Trust's sites" item at the Committee's meeting in March 2024.
  - The Deputy Divisional Director of Operations, Core Clinical Services should investigate the reported cancellation of Sonography appointments associated with patients arriving late due to a lack of available car parking capacity.
  - The Senior Strategy Development Manager should check, and confirm to Committee members, what, if any, actions were being implementation to address the utilisation of the Trust's car parking capacity for non-Trust business.
  - The Senior Strategy Development Manager should explore what, if any, additional signposting was required to aid patient identification of individual car parks at the Trust.
  - The Deputy Divisional Director of Operations, Core Clinical Services should review, and if required amend, the Trust's diagnostic appointment letters to ensure appointment locations were clearly identified (e.g. Maidstone Hospital or the Community Diagnostic Centre).
- The Committee conducted a **review of the revised Patient Experience Strategic Theme, Patient Experience Strategy and Framework pilot** which included a comprehensive overview of the engagement events which had been implemented to support the development of the Trust's Patient Experience Strategy and the benefits associated with the new patient portal. It was agreed that the Deputy Chief Nurse, Quality and Experience should ensure that the "Review of the revised Patient Experience Strategic Theme, Patient Experience Strategy and Framework pilot" report to the Committee's meeting in March 2024 includes details of the timelines for the delivery of the "Next Steps".
- The Committee conducted a **review of the patient experience related aspects of the March 2023 Care Quality Commission (CQC) inspection findings** which included an overview of the action plan and Working Groups which had been established to address the findings.
- The Director of Maternity presented a r**eview of the 2022 CQC Maternity survey action plan** wherein a discussion was held regarding the support and resourcing which was required to deliver the Maternity Services improvements and it was agreed that the Director of Maternity should provide Committee members with details of the timeline for delivery of the actions in response to the findings of the 2022 Care Quality Commission Maternity Survey.
- The Deputy Chief Nurse for Quality and Patient Experience provided an **update on the Friends and Family Test (FFT)** and highlighted the increased functionality which would be afforded by the Trust's new FFT provider once the contract commenced in February 2024.
- The Committee received Divisional reports from the **Surgery** and **Core Clinical Services** Divisions, which included details of the key themes of complaints; the challenges associated with increased demand for service provisions; and the focus on a "you said, we did" approach.
- The Lead Practitioner for Dementia attended for an **update on the local data available from the "Dementia Care in General Hospitals Round 6 Audit"** wherein the Committee acknowledged the lack of time available for any improvements to be embedded between the findings of the previous audit being issued and the new audit commencing.
- The Lead **Chaplain** attended for their annual **update** which included the patient and staff benefits associated with the Trust's Chaplaincy service and the additional resourcing which was required to ensure all individuals received the support they required.

- The Patient Experience Lead provided the annual **volunteers update** which included details of the approval of a SWAN Volunteer Coordinator to support end of life care; and the impact of COVID-19 on volunteering.
- The Patient Research Champion gave an **update from the National Institute for Health Research (NIHR)**.
- The Projects and Engagement Officer for Healthwatch provided a verbal **update from Healthwatch** which included the key initiatives which had been supported by Healthwatch.

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

The issues that need to be drawn to the attention of the Board: N/A

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

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

Integrated Performance Report (IPR) for November 2023	**Chief Executive / Executive Directors**

The IPR for month 8, 2023/24, is enclosed, along with the monthly finance report and latest "Planned verses Actual" Safe Staffing data.

Which Committees have reviewed the information prior to Board submission? Finance and Performance Committee, 19/12/23

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

November 2023

Contents

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

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

Forecasts

	CQC Domain	Metric	DQ Kite Mark	Latest			Previous			Actions & Assurance				Forecast		
				Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Well Led	Reduce the Trust wide vacancy rate to 12%		12%	8.5%	Sep-23	12%	8.6%	Aug-23	Driver			Note Performance	8.1%		
Breakthrough Objectives	Well Led	Reduce Turnover Rate to 12%		12%	12.8%	Sep-23	12%	12.7%	Aug-23	Driver			Full CMS	12.7%		

A three month forward view forecast has been included in the IPR for the Vision and Breakthrough metrics. Variation and Assurance icons being generated for the forecasted position to give an indicative view of performance at that point. There are varying approaches being used to generate these forecasts. Some are statistical and others based on detailed plans and / or upcoming known events. These are signed off by Exec. SROs.

Data Quality Kite Marks
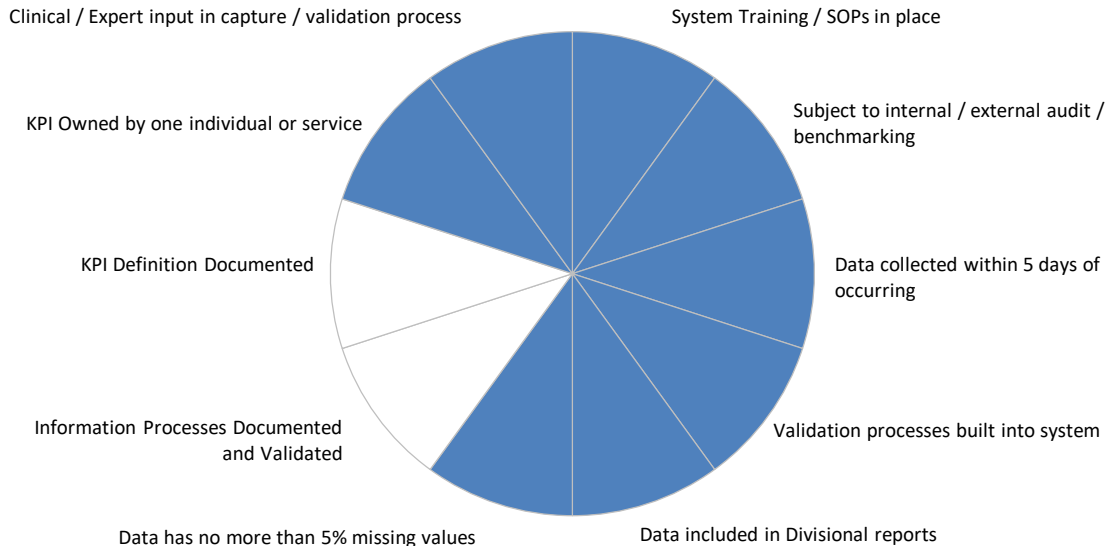
A Kite Mark has been assigned to each metric in the report. This has been created by assessing the source system against relevant criteria as well as the documentation and oversight associated with each metric.

A point has been assigned for each of the criteria met. The maximum score is ten. There are ten segments in the Kite Mark image and the corresponding segments are shaded blue based on those that have been met.

The ordering of the criteria has been kept consistent so users can see which criteria are met/unmet. So in the example shown, the 'KPI documentation' and 'Information Process documentation' are unmet.

The implementation of this is an audit recommendation.

Clinical / Expert input in capture / validation process

System Training / SOPs in place

KPI Owned by one individual or service

Subject to internal / external audit / benchmarking

KPI Definition Documented

Data collected within 5 days of occurring

Information Processes Documented and Validated

Validation processes built into system

Data has no more than 5% missing values

Data included in Divisional reports

Executive Summary

Executive Summary: Vacancy Rate achieved the new stretch target at 7.1%. Turnover Rate is now experiencing special cause variation of an improving nature and consistently failing the target. Agency spend did not achieve the target for November 23 but continues to experience special cause variation of an improving nature. The Nursing Safe Staffing Levels has increased further in November to a high of 101.7%. This can be attributed to the decrease in the vacancy rate, an increase in fill rate, and an elevation in additional staff needed to support enhanced care patients. Sickness levels continue to experience special cause variation of an improving nature and have achieved the target for more than six months. Statutory and Mandatory Training remains in common cause variation and variable achievement. The percentage of staff Afc 8a or above that are BAME is consistently failing the target but is in special cause variation of an improving nature. The Trust was £2.6m in surplus in the month which was £1.5m favourable to plan. Year to Date the Trust is £0.5m in surplus which is £0.3m adverse to plan.

The rate of incidents causing patients moderate or higher remains in common cause variation and variable achievement of the target. The breakthrough indicator for this strategic theme is currently being reviewed and therefore no data is shown this month until this has been confirmed. The rate of C.Difficile has failed the target for six months and the rate of E.Coli is escalated due to being in Hit or Miss for more than six months. Complaints response times have failed the target for more than 6 months and therefore remain escalated. Friends and Family Response rates remain challenging.

Diagnostic Waiting Times achieved the recovery trajectory target set for November 23 at 97.8%. It is now experiencing special cause variation of an improving nature and has achieved the recovery trajectory target for more than six consecutive months. RTT performance improved in November but remains below the recovery trajectory, now experiencing special cause variation of a concerning nature and consistently failing the target. We remain one of the best performing trusts in the country for longer waiters but have reported one month end breach in November 23. Performance for First outpatient activity levels achieved above plan for November and is now experiencing special cause variation of an improving nature and passing the target for six consecutive months. Outpatient Utilisation is experiencing common cause variation and has failed the target for more than six months. Diagnostic Imaging activity levels remain below plan for November 2023, but remain above 1920 levels. Elective (inpatient and day case combined) activity was above plan for November 2023 and remains above plan year to date. This metric is now experiencing common cause variation and variable achievement of the target.

The number of patients leaving our hospitals before noon continues to experience common cause variation and consistently failing the target. A&E 4hr performance was below trajectory for November 23 at 83.7% and has now failed the submitted target for more than six consecutive months. The Trust's performance remains one of the highest both Regionally and Nationally. Ambulance handovers remain in special cause variation of an improving nature and variable achievement. The Trust continues to achieve the Cancer Waiting Times (CWT) 62 Day and 2 Week Wait (2WW) standard and has achieved the 31 day first Definitive Treatment Standard in October. The CWT 28 day faster diagnosis compliance standard is now experiencing common cause variation and variable achievement of the standard. CWT metrics are the Provisional reported monthly positions, but the position hasn't been fully validated yet. Finalised reports will be available after the 6 monthly refresh, in January 2024. Initial results, following validation, suggest that the 31 day standard may achieve the target for July and August 23 and the CWT 28 day Faster Diagnosis compliance standard is likely to improve once the finalised positions are submitted in January 24.

Escalations by Strategic Theme:

People:
- Turnover Rate (P.9)
- % of Afc 8c and above that are BAME (P.10)
- Statutory and Mandatory Training (P.10)*

Patient Safety & Clinical Effectiveness:
- Incidents resulting in Moderate + Harm (P.12)*
- Infection Control – Rate of C.Diff and E.Coli (P.13)*
- Safe Staffing (P.13)*

Patient Access:
- RTT Performance (P.16)
- Outpatient Calls answered <1 minute (P.17)
- Outpatient Clinic Utilisation (P.17)
- A&E 4 hr Performance (P.17)
- Emergency Admissions in Assessment Areas (P.17)
- Planned levels of Diagnostics activity (P.17)

Patient Experience:
- New Complaints Received (P.19)*
- Complaints responded within target (P.20)
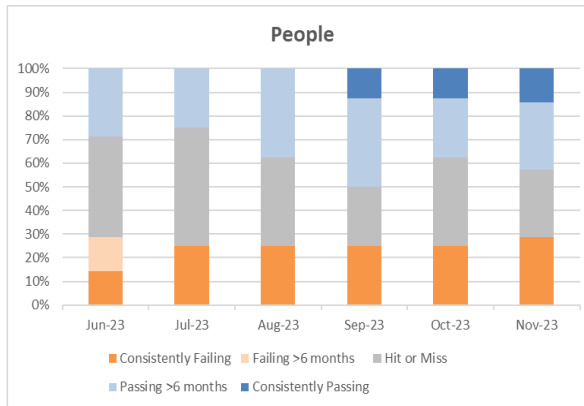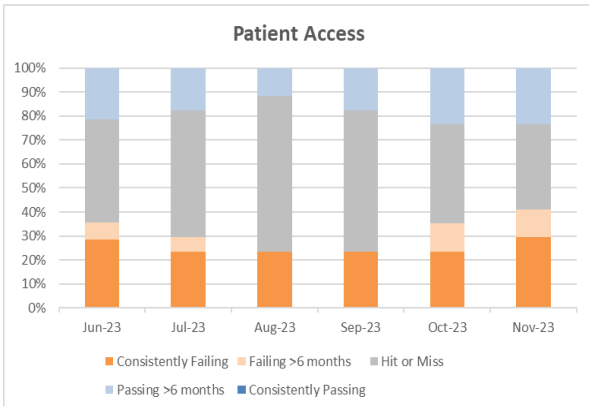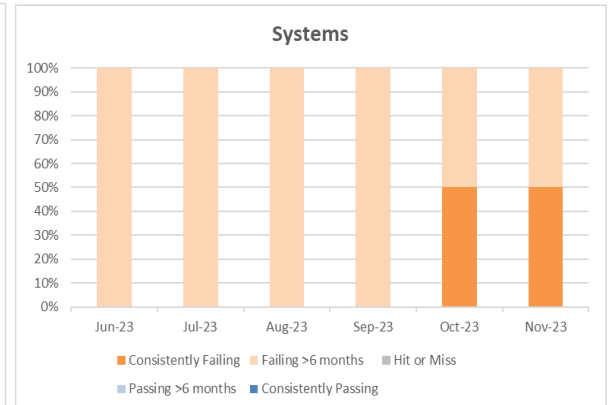- FFT Response Rates: A&E, Outpatients, Maternity (P.20)

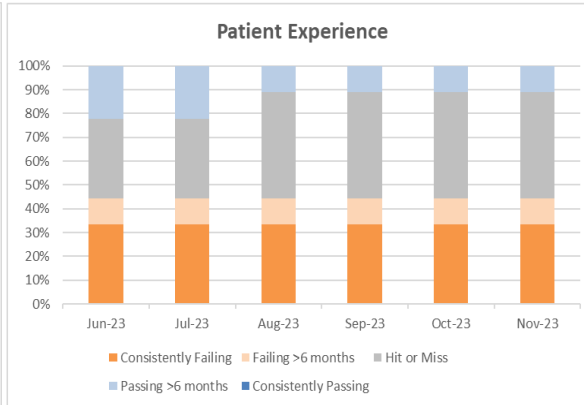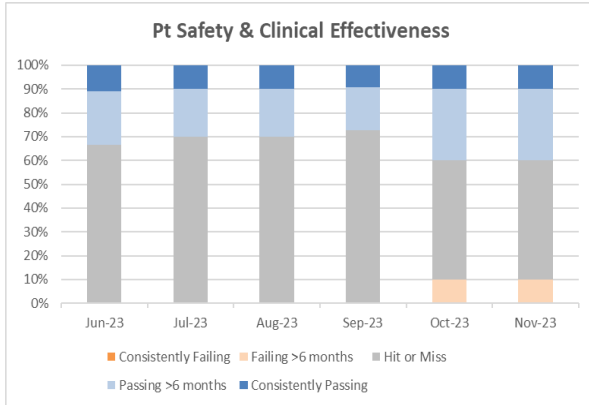**Systems:**
- Decrease the number of occupied bed days for patients identified as no longer fit to reside (NFTR), (shown as rate per 100 occupied beddays) (P.22)
- Discharges before Noon (P.23)

Sustainability: Agency Spend (P.25)

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

Assurance Stacked Bar Charts by Strategic Theme

Matrix Summary

November 2023 — **Assurance**

	Pass ★	Pass	Hit and Miss	Fail	Fail -
Special Cause - Improvement (H / L)	Percentage of AfC 8c and above that have a Disability Summary Hospital-level Mortality Indicator (SHMI)	Sickness Absence Percentage of AfC 8c and above that are Female Standardised Mortality HSMR Never Events Access to Diagnostics (<6weeks standard)	Safe Staffing Levels Flow: Ambulance Handover Delays >30mins Friends and Family (FFT) % Response Rate: Inpatients Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000		Reduce Turnover Rate to 12% Percentage of AfC 8c and above that are BAME Transformation: % OP Clinics Utilised (slots) To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20) Friends and Family (FFT) % Response Rate: A&E
Common Cause		Number of New SIs in month To achieve the planned levels of new outpatients activity (shown as a % 19/20) Cancer - 2 Week Wait Cancer - 28 Day Faster Diagnosis Completeness Complaints Rate per 1,000 occupied beddays	Statutory and Mandatory Training Reduction in rate of patient incidents resulting in Moderate+ Harm per 1000 bed days (data runs one month behind) IC - Rate of Hospital E.Coli per 100,000 occupied beddays IC - Number of Hospital acquired MRSA Rate of patient falls per 1000 occupied bed days Cancer - 31 Day First Cancer - 62 Day Cancer - 28 Day Faster Diagnosis Compliance To achieve the planned levels of elective (DC and IP cobined) activity (shown as a % 19/20) To achieve the planned levels of outpatients follow up activity (shown as a % 19/20) To reduce the overall number of complaints or concerns each month To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience. Delivery of financial plan, including operational delivery of capital investment plan (net surplus(+)/net deficit (-) £000) Capital Expenditure (£k)	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays A&E 4 hr Performance Flow: % of Emergency Admissions into Assessment Areas % complaints responded to within target Decrease the number of occupied bed days for patients identified as no longer fit to reside (NFTR), (shown as rate per 100 occupied beddays)	Achieve the Trust RTT Trajectory RTT Patients waiting longer than 40 weeks for treatment Friends and Family (FFT) % Response Rate: Maternity Friends and Family (FFT) % Response Rate: Outpatients To increase the number of patients leaving our hospitals by noon on the day of discharge
Special Cause - Concern (H / L)			% VTE Risk Assessment (one month behind) Cash Balance (£k)		

Variance

Strategic Theme: People

|				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Well Led	Reduce the Trust wide vacancy rate to 12%		8%	7.1%	Nov-23	8%	8.4%	Oct-23	Driver			Note Performance	7.2%		
Breakthrough Objectives	Well Led	Reduce Turnover Rate to 12%		12%	12.4%	Nov-23	12%	12.6%	Oct-23	Driver			Full CMS	12.2%		
Constitutional Standards and Key Metrics (not in SDR)	Well Led	Sickness Absence		4.5%	4.1%	Oct-23	4.5%	4.0%	Sep-23	Driver			Not Escalated			
	Well Led	Statutory and Mandatory Training		85.0%	88.9%	Nov-23	85.0%	85.9%	Oct-23	Driver			Not Escalated			
	Well Led	Percentage of AfC 8c and above that are Female		62.0%	70.6%	Nov-23	62.0%	70.0%	Oct-23	Driver			Not Escalated			
	Well Led	Percentage of AfC 8c and above that have a Disability		3.2%	5.1%	Nov-23	3.2%	4.6%	Oct-23	Driver			Not Escalated			
	Well Led	Percentage of AfC 8c and above that are BAME		12.0%	8.1%	Nov-23	12.0%	8.5%	Oct-23	Driver			Escalation			

Breakthrough Objective: Counter Measure Summary
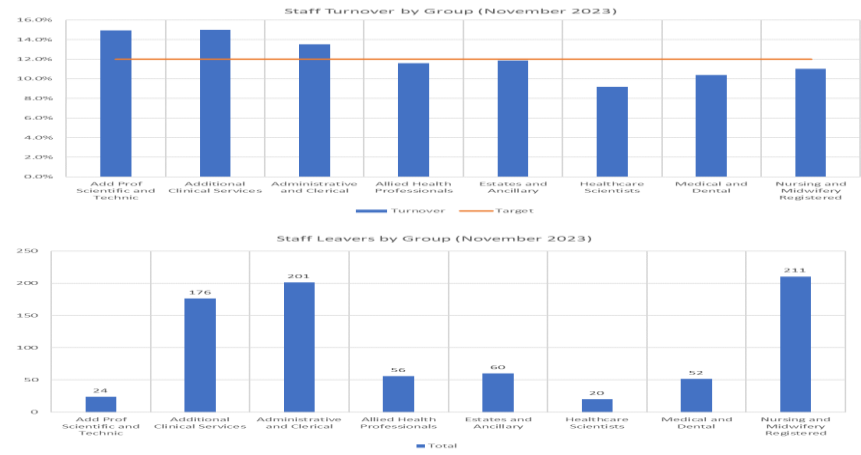
Metric Name – Reduce Turnover Rate to 12%

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

1. Historic Trend Data

Turnover %
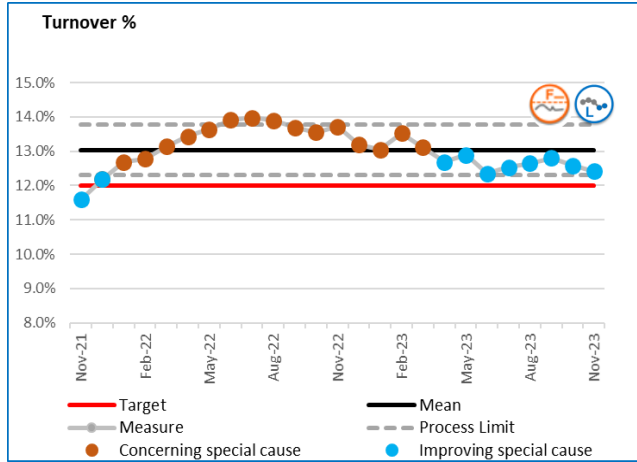
Nov--23
12.42%

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

Max Target (Internal)
12%

Business Rule
Full CMS

Legend: Target, Mean, Measure, Process Limit, Concerning special cause, Improving special cause

2. Stratified Data

Staff Turnover by Group (November 2023)

Staff Leavers by Group (November 2023)

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

A full action plan by the working groups has been developed; some of the key actions shown:

Countermeasures	Target Completion Date
Develop a Media Attraction Campaign Dashboard to showcase successes / lessons learnt	Jan-24
Decrease overall time to hire (conditional offer letter to sign off) to 25 working days by December 2023 - at 30 days (Sept), down from 43 days (July)	Jan-24
Deep dive into the average time candidates are in each stage of the recruitment process	Jan-24
Combining new starter, recruitment and induction surveys into one: the onboarding survey. Five touch points during the first year. Review data in six months to assess quality of responses	May-24
Develop new project specifically looking at reducing the number of leavers who have been with the Trust for 24 months or less	Mar-24
Develop new project specifically looking at reducing the number of admin and clerical leavers	Mar-24
Focused Nursing & HCSW Retention Group & Plan led by Nursing (revised action plan and ensure actions fed back monthly)	Mar-24

People – Workforce: CQC: Well-Led

Percentage of AfC 8c and above that are BAME
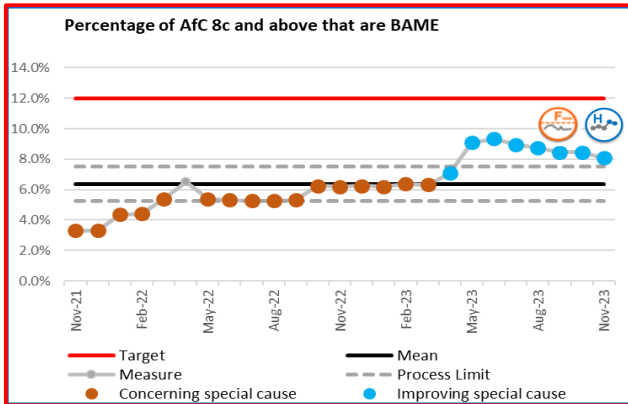
Nov-23
8.1%

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

Target (National)
12%

Business Rule
Full Escalation

Statutory and Mandatory Training
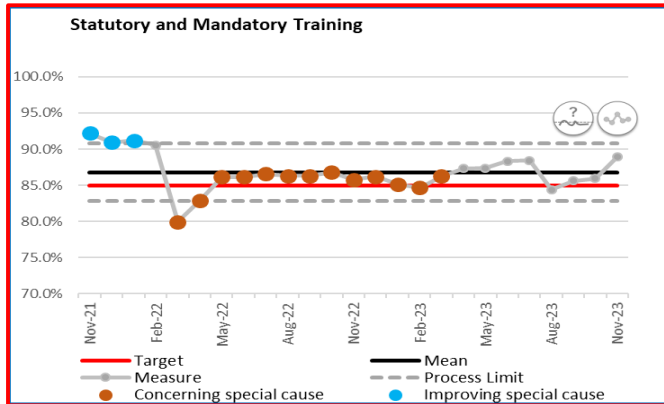
Nov-23
88.9%

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

Target (National)
85%

Business Rule
Escalated as in hit and miss for 6+ months

Summary:	Actions:	Assurance & Timescales for Improvement:
% of AfC 8c and above that are BAME: This metric is experiencing special cause variation of an improving nature and consistently failing the target. **Statutory and Mandatory Training:** This metric is experiencing common cause variation and variable achievement of the target for 6+ months.	**% of AfC 8c and above that are BAME:** (NB: These are not rapidly changing indicators). As at November 23 the current number of staff (WTEs) that are AfC 8c and above is 136. Of these 7 have a disability , 11 are BAME and 96 are female. **Actions:** • Mandate for EDI recruitment reps to be on all interview panels of 8C and above • EDI steering Board commenced October to drive improvement • Second cohort of reverse mentoring launched in November with staff from ethnic minority backgrounds and those with long term health conditions as mentors • Further discussions around the EDI strategy talking place • Focus on recruiting BAME staff in bands 8c and above – utilisation of appropriate platforms to advertise roles to BAME people.	**Statutory and Mandatory Training**: A review of the data reporting took place in November to ensure the relevant courses are captured correctly in the calculation. Compliance against each separate statutory and Mandatory Training course is being undertaken. **% of AfC 8c and above that are BAME:** Develop and deliver values based recruitment training is being developed. This will initially target managers in Divisions with high turnover. Focus on anti racism took place for the senior leadership away day on 25/10/2023 The Trust Board are in the process of agreeing EDI objectives which will be measured in April 2024.

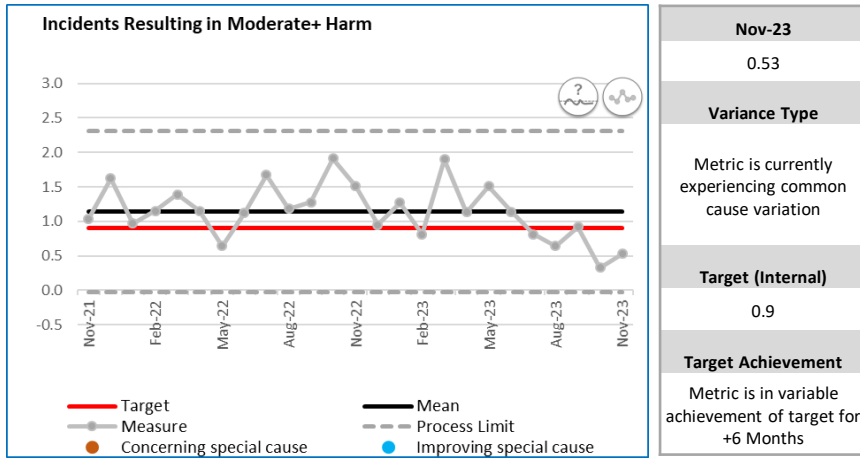# Strategic Theme: Patient Safety & Clinical Effectiveness

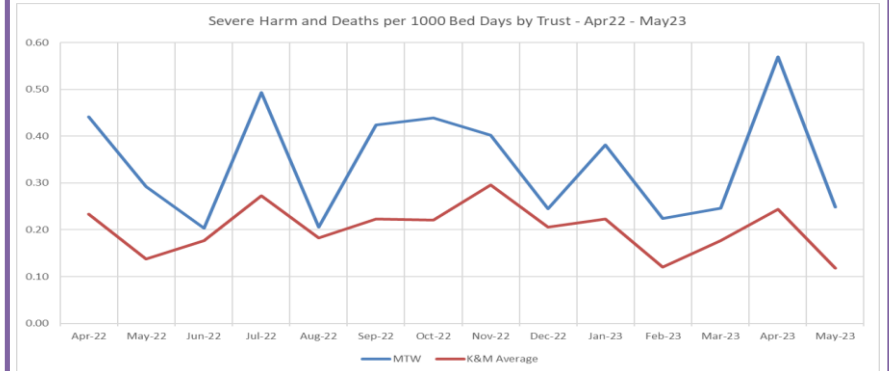|	CQC Domain	Metric	DQ Kite Mark	Latest			Previous			Actions & Assurance				Forecast		
				Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Safe	Reduction in rate of patient incidents resulting in Moderate+ Harm per 1000 bed days (data runs one month behind)		0.90	0.53	Oct-23	0.90	0.33	Sep-23	Driver		?	Verbal CMS	0.74	L	?
Breakthrough Objectives	Safe	Number of Deteriorating Patients with Moderate+ Harm (data runs one month behind)		TBC	TBC	TBC	TBC	TBC	TBC	Driver	No SPC	No SPC	Verbal CMS	TBC	No SPC	No SPC
Constitutional Standards and Key Metrics (not in SDR)	Safe	Number of New SIs in month		11	7	Nov-23	11	11	Oct-23	Driver		P	Not Escalated			
	Safe	Standardised Mortality HSMR		100.0	94.1	Aug-23	100.0	96.7	Jul-23	Driver	L	P	Not Escalated			
	Safe	Summary Hospital-level Mortality Indicator (SHMI)		100.0	90.8	Aug-23	100.0	90.7	Jul-23	Driver	L	P★	Not Escalated			
	Safe	Never Events		0	0	Nov-23	0	0	Oct-23	Driver	L	P	Not Escalated			
	Safe	Safe Staffing Levels		93.5%	101.7%	Nov-23	93.5%	98.7%	Oct-23	Driver	H	?	Not Escalated			
	Safe	IC - Rate of Hospital E.Coli per 100,000 occupied beddays		32.6	15.9	Nov-23	32.6	5.3	Oct-23	Driver		?	Not Escalated			
	Safe	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays		25.5	26.6	Nov-23	25.5	69.2	Oct-23	Driver		F	Escalation			
	Safe	IC - Number of Hospital acquired MRSA		0	0	Nov-23	0	0	Oct-23	Driver		?	Not Escalated			
	Safe	Rate of patient falls per 1000 occupied bed days		6.4	7.1	Nov-23	6.4	7.5	Oct-23	Driver		?	Verbal CMS			

Vision: Counter Measure Summary

Project/Metric Name – Reduction in harm : Incidents resulting in moderate to severe harm and death

Owner: Sara Mumford
Metric: Incidents resulting in moderate+ harm per 1000 bed days
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data

Incidents Resulting in Moderate+ Harm

Legend:
- Target
- Measure
- Concerning special cause
- Mean
- Process Limit
- Improving special cause

Nov-23	
0.53	
Variance Type	
Metric is currently experiencing common cause variation	
Target (Internal)	
0.9	
Target Achievement	
Metric is in variable achievement of target for +6 Months	

2. Stratified Data

Severe Harm and Deaths per 1000 Bed Days by Trust - Apr22 – May23

MTW — K&M Average

When compared to peers in Kent and Medway for severe and catastrophic harm MTW is an outlier, recording more harm in this category. Indicating the severity of harm caused to patients at MTW is greater than the rest of Kent and Medway

3. Top Contributors
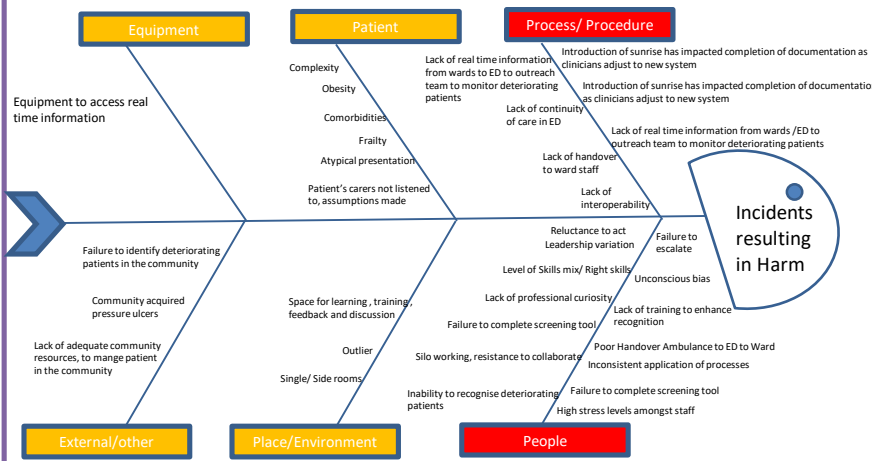
4. Action Plan

Contributor	solution /countermeasure	Owner	Due By
Patient Safety and Clinical Effectiveness	A deteriorating patients and sepsis charter has been completed and the BO A3 is in the process of being developed. A draft problem statement has been included, Data for the current situation to be finalised. **Next Steps:** • Review of Categories in InPhase to refresh list, including addition of categories specific to deteriorating patients, Sepsis, AKI.	Medical Director	
		Patient Safety	Dec 23
	• Workshop with project team to review incident reporting categories to finalise the list for InPhase to provide more accurate reporting.	Project Team	20th Dec 2023
	• Chief Registrars enlisted to support project	SM	Complete
	Risks • Deteriorating patient Lead Nurse specialist not in place to lead programme of work • Protected time for senior medical clinicians to effectively participate in the improvement work		

Patient Safety and Clinical Effectiveness: CQC: Safe

Rate of Hospital Acquired C.Difficile per 100,000 Occupied Beddays
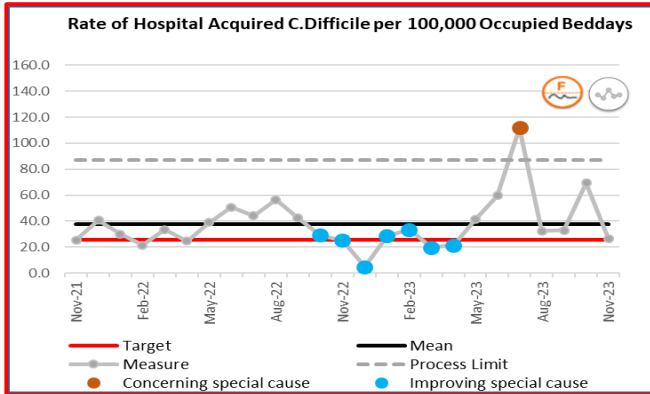
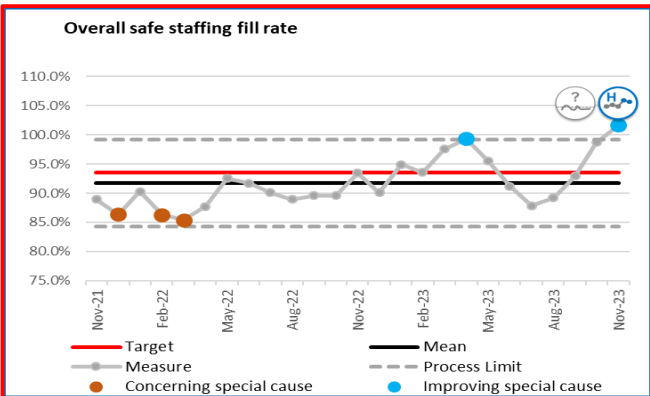| Nov-23 |
|---|
| 26.6 |
| **Variance / Assurance** |
| Metric is currently experiencing common cause variation and has failed the target for 6+ months |
| **Max Target** |
| 25.5 |
| **Business Rule** |
| Escalated as failed target for 6+ months |

Rate of Hospital Acquired E.Coli per 100,000 Occupied Beddays
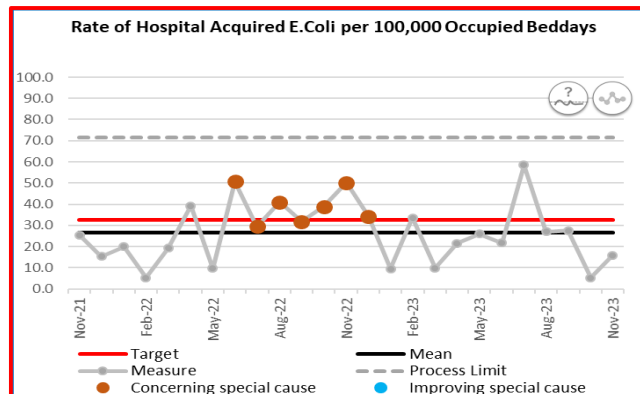
Nov-23
15.9
Variance / Assurance
Metric is currently experiencing Common Cause Variation and variable achievement of the target
Max Target (Internal)
32.6
Business Rule
Escalated as in Hit & Miss for 6+ months

Overall safe staffing fill rate

Nov-23
101.7%
Variance / Assurance
Metric is currently experiencing special cause variation of an improving nature and variable achievement of the target
Target (National)
93.5%
Business Rule
Escalated as in Hit & Miss for 6+ months

Summary:

Rate of C.difficile: is experiencing special cause variation of a deteriorating nature and has failed the target for 6+ months.

Rate of E.coli:: is experiencing common cause variation and variable achievement of the target.

Safe Staffing Fill Rate - is experiencing special cause variation of an improving nature and variable achievement of the target.

Actions:

The Cdiff rates were within expected limits during November. Actions that continue to be undertaken include:
- 5 wards at TW have been deep cleaned and essential maintenance work completed
- Enhance cleaning undertaken at MH where possible – plan to deep clean MoU over the Christmas period
- Ongoing surveillance and monitoring of cases
- Timely feedback of lessons learnt from rapid review investigations
- Commode cleanliness audit planned for December
- E.coli rates remain within expected limits. An ongoing QIP is being undertaken to support an improvement in the management of peripheral cannulas
- .

Safe staffing Fill Rate:
- Critical staffing escalation cards are now live,
- The senior corporate nursing team are supporting the Temporary staffing team with oversight of Nursing and Midwifery Temporary staffing. Live complaints are currently being reviewed, with meetings actioned to discuss issues within bank staff.
- A soft go live for the reporting of Safe Staffing Red Flag incidents will occur in December. This will bring the Trust in line with National guidance for the management of Safe staffing. Training has been rolled out to clinical teams, which will provide governance for staffing concerns and risk mitigation.

Assurance & Timescales for Improvement:

Infection Control:
- Rates of CDI declined from the previous month with no evidence of transmission of C diff infection identified in November
- Learning from investigations are shared within the Directorate via the HCAI weekly status. Directorate IPC reports are presented to IPCC
- Ongoing work being undertaken to improve the monitoring and management of mattresses ensuring that they are fit for use
Peripheral cannula management and care education and training provided to wards were audits have been done, plan for Trust wide roll out as part of the QIP
Safe Staffing Fill Rate:
- Full utilisation of the Oceans Blue reporting system will be shared with clinical teams, providing governance and oversight of rostering KPI compliance.
- There has been completion of the October 2023 establishment reviews, with paper currently being written to present to Trust board in December 2023.
- Monitoring of SafeCare indicates that compliance is above 75% on most clinical areas. Those with a lower compliance are being supported by the SafeCare Clinical Lead.

Strategic Theme: Patient Access

	CQC Domain	Metric	DQ Kite Mark	Latest			Previous			Actions & Assurance			Forecast		
				Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Responsive	Achieve the Trust RTT Trajectory		73.8%	69.4%	Nov-23	73.2%	67.8%	Oct-23	Driver			Full CMS	74.1%		
Breakthrough Objectives	Responsive	To achieve the planned levels of new outpatients activity (shown as a % 19/20)		117.1%	126.9%	Nov-23	106.1%	116.7%	Sep-23	Driver			Note Performance	124.9%		
Constitutional Standards and Key Metrics (not in SDR)	Responsive	RTT Patients waiting longer than 40 weeks for treatment		626	661	Nov-23	632	829	Oct-23	Driver			Escalation			
	Responsive	Access to Diagnostics (<6weeks standard)		90.0%	97.8%	Nov-23	88.5%	97.4%	Oct-23	Driver			Not Escalated			
	Responsive	A&E 4 hr Performance		86.1%	83.7%	Nov-23	86.7%	84.3%	Oct-23	Driver			Escalation			
	Responsive	Cancer - 2 Week Wait		93.0%	95.8%	Oct-23	93.0%	97.4%	Sep-23	Driver			Not Escalated			
	Responsive	Cancer - 31 Day First		96.0%	99.1%	Oct-23	96.0%	97.5%	Oct-23	Driver			Not Escalated			
	Responsive	Cancer - 62 Day		85.0%	83.9%	Oct-23	85.0%	85.2%	Sep-23	Driver			Not Escalated			
	Responsive	Cancer - 28 Day Faster Diagnosis Compliance		75.0%	75.3%	Oct-23	75.0%	62.8%	Sep-23	Driver			Not Escalated			
	Responsive	Cancer - 28 Day Faster Diagnosis Completeness		80.0%	87.6%	Oct-23	80.0%	84.2%	Sep-23	Driver			Not Escalated			

- CWT metrics are the Provisional reported monthly positions, but the position hasn't been fully validated yet. Finalised reports will be available after the 6 monthly refresh in January 2024 and the position is expected to improve.
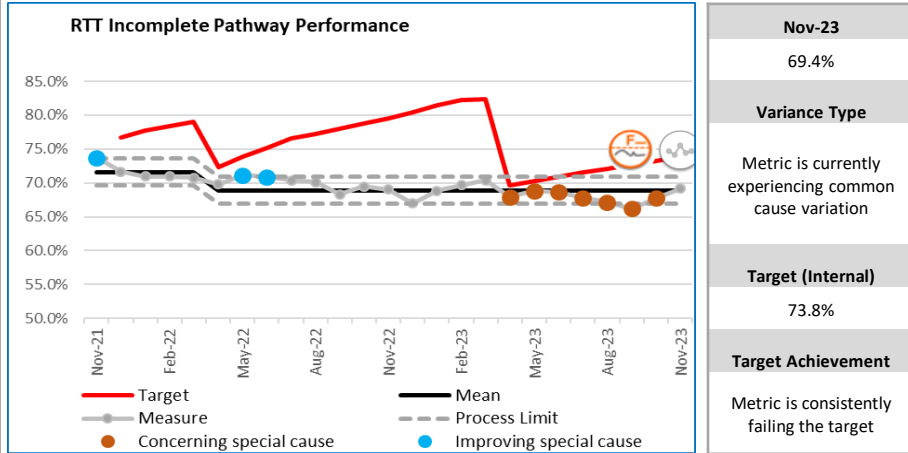
Strategic Theme: Patient Access (continued)

CQC Domain	Metric	DQ Kite Mark	Latest			Previous			Actions & Assurance				Forecast		
			Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Constitutional Standards and Key Metrics (not in SDR)															
Effective	Transformation: % OP Clinics Utilised (slots)		85.0%	77.4%	Nov-23	85.0%	82.1%	Oct-23	Driver		F	Escalation			
Effective	Transformation: % of Patients Discharged to a PIFU Pathways		1.5%	5.7%	Nov-23	1.5%	5.2%	Oct-23	Driver	No SPC	No SPC	Not Escalated			
Effective	Transformation: CAU Calls answered <1 minute		90.0%	75.5%	Nov-23	90.0%	73.4%	Oct-23	Driver	H	F	Escalation			
Effective	Flow: Ambulance Handover Delays >30mins	TBC	5.0%	6.8%	Nov-23	5.0%	6.2%	Oct-23	Driver	L	?	Not Escalated			
Effective	Flow: % of Emergency Admissions into Assessment Areas		65.0%	61.8%	Nov-23	65.0%	62.3%	Oct-23	Driver		F	Escalation			
Responsive	To achieve the planned levels of elective (DC and IP cobined) activity (shown as a % 19/20)		103.0%	110.8%	Nov-23	99.6%	113.9%	Sep-23	Driver		?	Not Escalated			
Responsive	To achieve the planned levels of outpatients follow up activity (shown as a % 19/20)		103.2%	113.4%	Nov-23	98.4%	104.3%	Sep-23	Driver		?	Not Escalated			
Responsive	To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20)		149.9%	144.9%	Nov-23	145.0%	138.2%	Oct-23	Driver	H	F	Escalation			

Vision: Counter Measure Summary

Project/Metric Name – Achieve the Trust RTT

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

1. Historic Trend Data

RTT Incomplete Pathway Performance

	Nov-23
	69.4%
Variance Type	Metric is currently experiencing common cause variation
Target (Internal)	73.8%
Target Achievement	Metric is consistently failing the target

NB: November position not yet finalised so is subject to slight change

2. Stratified Data

Average Weeks Wait for OP New Appointment
Highest 15 Specialties
November 2023

3. Top Contributors

Despite being above plan for our new outpatients. Although some of the key specialties with long waits are still under plan. The trust wide themes/top contributors are as follows:

- Long waits for 1st Outpatient appointment
- Achievement of activity targets for new outpatients and electives
- Follow ups without procedure above plan

BAU actions continue and focussed clinical engagement with Further Faster GIRFT Programme.

Key Risks:
- There is a risk that medical industrial action will affect achievement of the planned trajectory for activity affecting RTT.
- Waiting list growth could be affected due to increase in referrals and systems pressure.
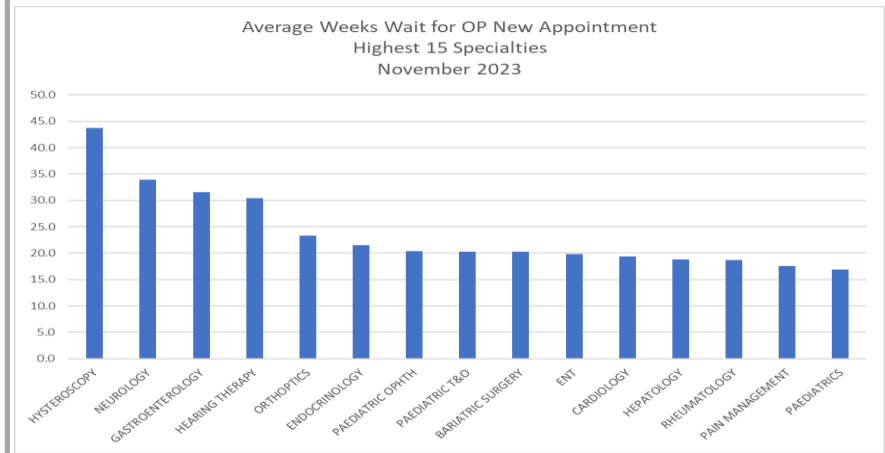
| Countermeasures	Action	Who / By when	Complete
Improved New Outpatient Activity	Focussed work on GIRFT Further Faster initiatives,. Clinical validation standardisation pilots	SC	Mar24
	Pre-appointment expanding use of A&G/Smart Pathways via EROS	SC	Full roll out May 24
	Trust STT pathways pilot in Gen Surg/Gastro to reduce long waits for 1st Appointments	SC/GM's	March 24
DNA Reduction	Two Way Text roll out for adults/paeds. Reduction of DNA 1% = 432 less missed appts	SC	Sept 23✔
	Trust wide DNA Task and Finish group	SC	March 24✔
Monitoring of over 40 weeks	Tuesday PTL and Trust Access Performance meeting. Additional PTLs for Gastro, Neuro & Gen Surg	RTT Lead and PAT team	Weekly and in progress✔
Recovery Plan	Full RTT recovery plan by end March- Reduction of 40wks Percentage increase of RTT compliance RTT Training Plan	SC	March 24

Patient Access: CQC: Responsive

ED Total Performance
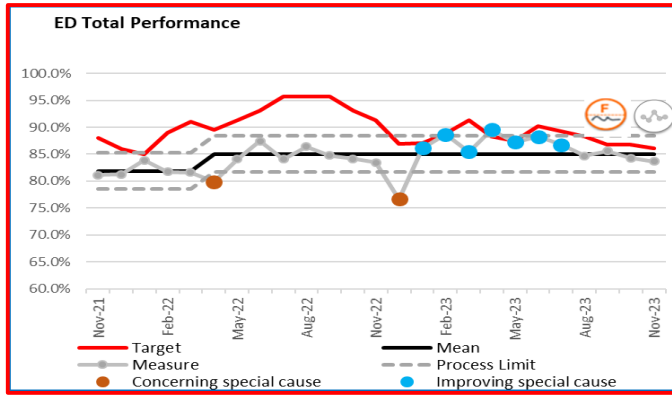
Sep-23
83.7%

Variance / Assurance

Metric is currently experiencing common cause variation and failing the target for 6+ months

Target (submitted)

86.1%

Business Rule

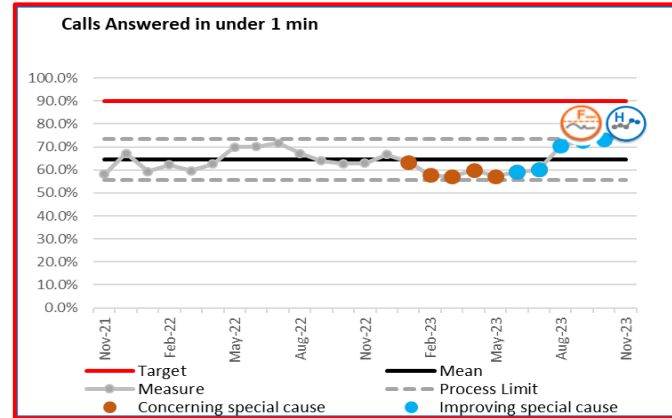Full escalation as has failed the target for 6+months

Percentage OP Clinics Utilised (slots)

Clinc templates Review
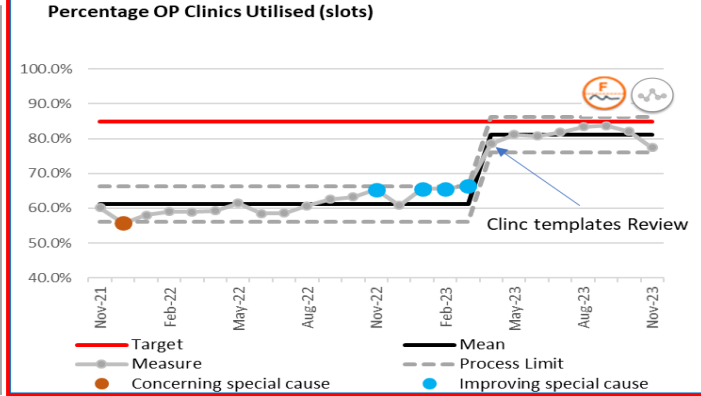
Nov-23
77.4%

Variance / Assurance

Metric is currently experiencing Common Cause Variation and failing the target for >6 months

Target (Internal)

85%

Business Rule

Full escalation as has failed the target for 6+months

Calls Answered in under 1 min

Nov-23
75.5%

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 as consistently failing the target

% of Emergency Admissions to Assessment Areas (Excl CDU)

Nov-23
61.7%

Variance / Assurance

Metric is currently experiencing common cause variation and failing the target for 6+ months

Target (Internal)

65%

Business Rule

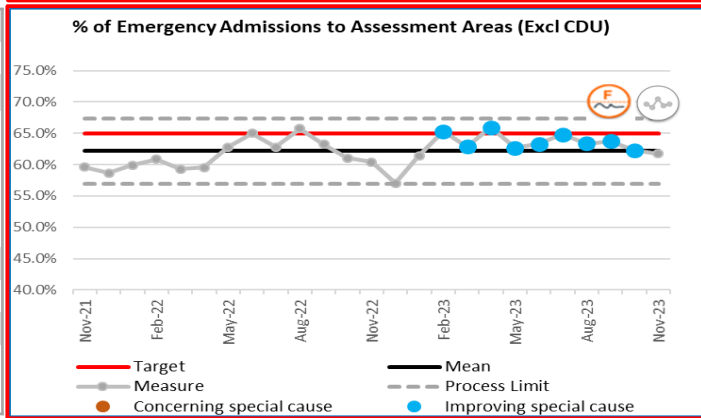Full Escalation as has failed the target for 6+months

---

Summary:

A&E 4 hr Performance: is experiencing common cause variation but has failed the target for 6+months.

Outpatient Utilisation: is experiencing common cause variation and has failed the target for more than six months. All Divisions are below the 75% target except Cancer Services.

Calls Answered <1 min: is experiencing special cause variation of an improving nature and remains consistently failing the target. The areas with the lowest rate is 2WW, Women & Children, Surgical Specialties, and T&O.

% of Emergency Admissions to Assessment Areas (Excl CDU): is experiencing common cause variation but has failed the target for 6+ months.

Actions:

A&E 4hr Performance: Review of breach reasons and trends that have been occurring. Focused work underway reviewing performance out of hours especially at TWH

Outpatient Clinic Slot Utilisation: The OPD team continue to work with the CAUs on their clinic templates to improve utilisation by 20%. Next, the focus is on consultant led clinics under 80% and nurse led clinics.

Performance against the under 1 minute KPI:. Daily report by hour and by speciality are circulated to the General Managers and team leaders to highlight peaks and troughs of performance. The team are working with CAUs to review phone rotas and ensure all hours are covered - working with specialities to design a rota based on busiest call times.
% of Emergency Admissions to Assessment Areas (Excl CDU): Medical SDCE performance continues to be at above national standard of 33% of medical take with AFU and AEC taking over 50% of medical NE attenders. A trust wide working group for flow will have a focus on improvements in surgical SDEC including SAU pulling over night and OAU taking more patients from ED.

Assurance & Timescales for Improvement:

A&E 4hr Performance: A trust wide working group at DDO level, chaired by the COO to be set up focusing on flow to reduce the amount of bed breaches. Review of out of hours breaches with monthly deep dive to ensure focus.

Outpatient Slot Utilisation The aim is to ensure that no planned elective clinic is under 85% utilised. The OPD team have worked to identify 'planned elective' vs. 'emergency / hot clinics'. Currently mapping a Trust wide trajectory to improve from 80% to 85%. DNA working group and speciality based GIRFT work to support improvement.
Calls Answered within 1 minute in the CAUs: Many speciality CAUs are reporting short staffing, however, new staff from an admin specific recruitment event are starting in post to support CAU recruitment. We achieved our interim target of 70% in Aug, Sep, Oct, Nov (75% target for Nov) and new starters should help maintain that through further periods of Industrial Action / site pressures. OPD contact centre continues to support calls.
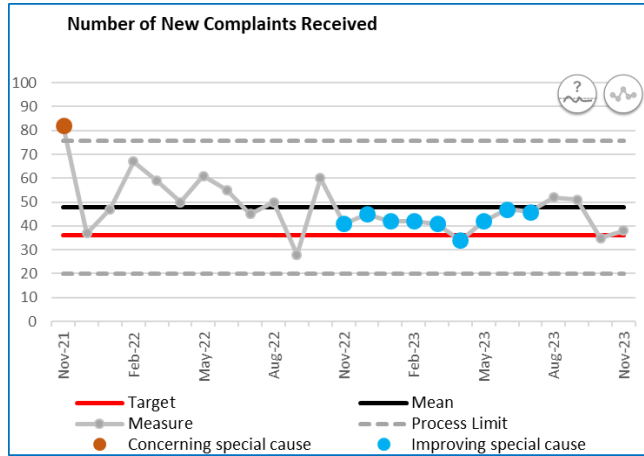
Strategic Theme: Patient Experience

	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Caring	To reduce the overall number of complaints or concerns each month		36	38	Nov-23	36	35	Oct-23	Driver		?	Verbal CMS	36		?
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	23	Nov-23	24	34	Oct-23	Driver		?	Verbal CMS	25		?
Constitutional Standards and Key Metrics (not in SDR)	Caring	Complaints Rate per 1,000 occupied beddays		3.9	2.0	Nov-23	3.9	2	Oct-23	Driver		P	Not Escalated			
	Caring	% complaints responded to within target		75.0%	58.8%	Nov-23	75.0%	41.9%	Oct-23	Driver		F	Escalation			
	Caring	% VTE Risk Assessment (one month behind)		95.0%	94.4%	Oct-23	95.0%	95.0%	Sep-23	Driver	L	?	Not Escalated			
	Caring	Friends and Family (FFT) % Response Rate: Inpatients		25.0%	27.2%	Nov-23	25.0%	25.8%	Oct-23	Driver	H	?	Not Escalated			
	Caring	Friends and Family (FFT) % Response Rate: A&E		15.0%	8.1%	Nov-23	15.0%	8.1%	Oct-23	Driver	H	F	Escalation			
	Caring	Friends and Family (FFT) % Response Rate: Maternity		25.0%	8.8%	Nov-23	25.0%	19.6%	Oct-23	Driver		F	Escalation			
	Caring	Friends and Family (FFT) % Response Rate: Outpatients		20.0%	5.7%	Nov-23	20.0%	6.7%	Oct-23	Driver		F	Escalation			

Vision: Counter Measure Summary

Metric Name – To reduce the overall number of complaints or concerns each month
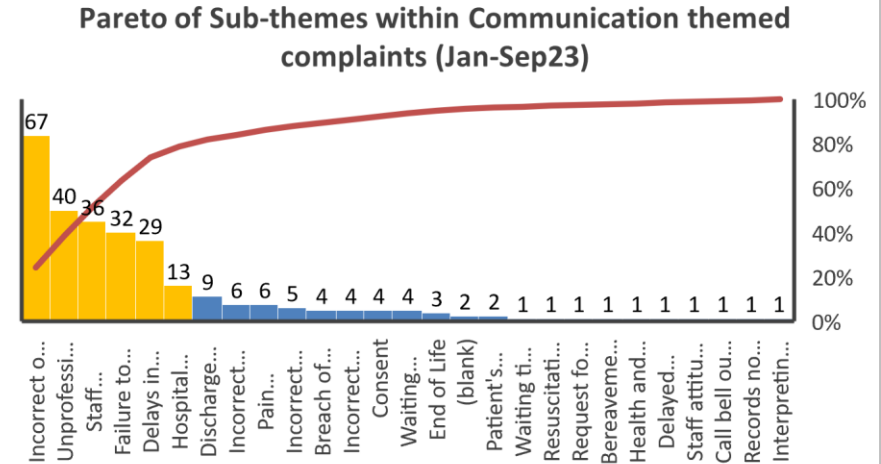
Owner: Joanna Haworth
Metric: Number of Complaints Received Monthly
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data

Number of New Complaints Received

Legend:
- Target (red line)
- Measure (grey line)
- Concerning special cause (brown dot)
- Mean (black line)
- Process Limit (dashed grey line)
- Improving special cause (blue dot)

Nov-23
38

Variance Type
Metric is currently experiencing Common Cause Variation

Max Limit (Internal)
36

Target Achievement
Metric is in variable achievement of the target for 6+ months

2. Stratified Data

Pareto of Sub-themes within Communication themed complaints (Jan-Sep23)

Values: 67, 40, 36, 32, 29, 13, 9, 6, 6, 5, 4, 4, 4, 4, 3, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1

Categories: Incorrect o..., Unprofessi..., Staff..., Failure to..., Delays in..., Hospital..., Discharge..., Incorrect..., Pain..., Incorrect..., Breach of..., Incorrect..., Consent, Waiting..., End of Life, (blank), Patient's..., Waiting ti..., Resuscitati..., Request fo..., Bereaveme..., Health and..., Delayed..., Staff attitu..., Call bell ou..., Records no..., Interpretin...

3. Top Contributors and Key Risks

A3 Thinking currently underway to understand the themes of complaints and concerns where poor communication is the main issue affecting patient experience

Incorrect or poor communication	67
Unprofessional conduct	40
Staff Attitude	36
Failure to meet communication needs	32
Delays in communication	29
Hospital acquired incidences	13

Key Risks:
1. Process risk: Moving from IQIVIA to HCC for FFT by Feb 2023 can affect patient experience responses received.
2. Impending industrial action can affect patient experience.

Horizon Events:
1. Impact of PKB– Briefly discussed at Patient experience workshop
2. Formulation of Patient Experience Strategy, following patient experience workshop held on 16th of Nov.

4. Action Plan

|	Action for A3	Timeline	Progress
Define	Method to collect data from InPhase to be defined and agreed	August	Complete
	Current state of play being analysed	September	Complete
	Audit of complaints to be completed	October	Complete
Measure	Root Cause being identified	October	Complete
	Patient Voice being collected using an overall Patient Experience survey to inform part of Patient Experience Strategy	Nov-Dec	In Progress
Analyse	Analysed the sub themes and completed root cause analysis and to create a list of countermeasures	Dec-Feb23	In Progress
Improve	Action Log is being drafted with the project team and will be submitted as part of the A3 refresh	Dec-Jan23	In Progress
Control			

Patient Experience: CQC: Caring

% complaints responded to within target
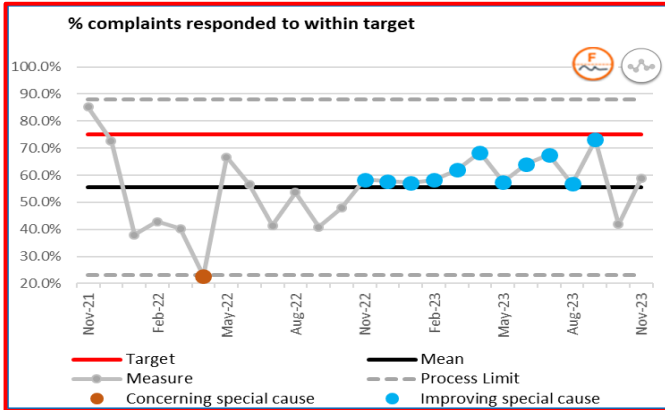
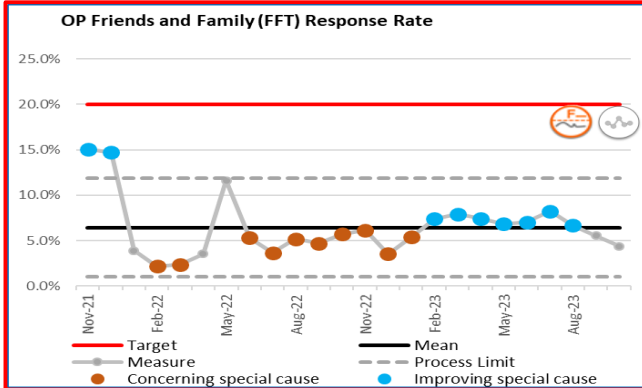| Nov-23 |
|---|
| 58.8% |

Variance / Assurance

Metric is in common cause variation and is failing the target for 6+ months

Target (Internal)

75%

Business Rule

Full Escalation as failed the target 6+ months

A&E Friends and Family (FFT) Response Rate
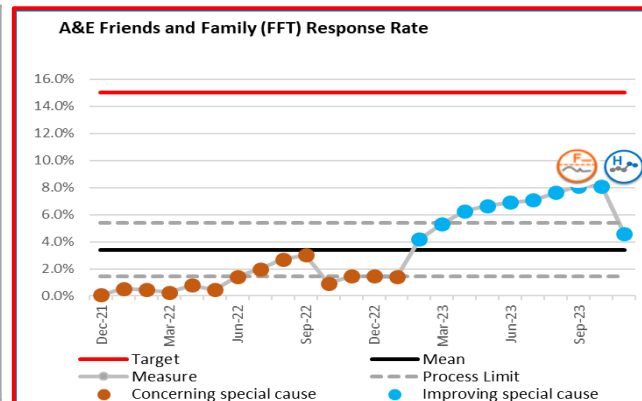
Nov-23
4.6%

Variance / Assurance

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

Target (Internal)

15%

Business Rule

Full Escalation as consistently failing the target

Maternity Friends and Family (FFT) Response Rate
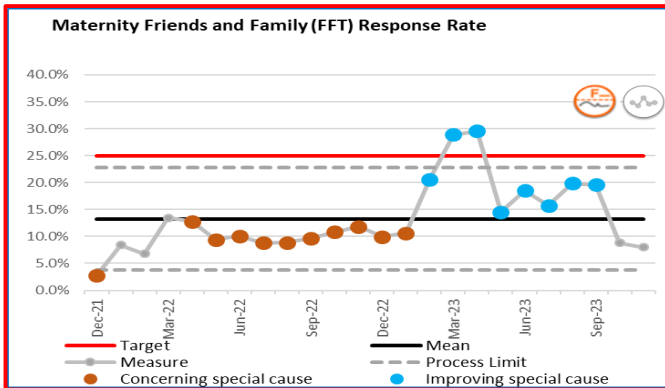
Nov-23
8.0%

Variance / Assurance

Metric is currently experiencing common cause variation and is consistently failing the target

Target (Internal)

25%

Business Rule

Full Escalation as consistently failing the target

OP Friends and Family (FFT) Response Rate

Nov-23
4.4%

Variance / Assurance

Metric is currently experiencing common cause variation and is consistently failing the target

Target (Internal)

20%

Business Rule

Full escalation as is consistently failing the target

Summary:

% Complaints responded to within target: this indicator is experiencing common cause variation and has failed the target for >6months, noting the target has not been met since November 2021

Friends and Family Response Rate - A&E: Is experiencing Special Cause Variation of an improving nature, but is consistently failing the target.
Recommended Rate is 80.5%

Friends and Family Response Rate - Maternity: Is experiencing Common Cause Variation, but is consistently failing the target.
Recommended Rate is 97.6%

Friends and Family Response Rate - Outpatients: Is experiencing special cause variation of a concerning nature and is consistently failing the target
Recommended Rate is 100%
Word clouds being reviewed for key sentiments and shared with divisions.

Actions:

Complaints Response Rate: Complaints performance recovery and stabilisation actions include:
• Weekly oversight meetings led by CN and DQG
• Second Business Case for revised complaints model submitted December 2023
• Bank work being offered to existing complaints team members

A&E: Although an improving picture, the drop in ED due to text messaging being stopped as explained below. Recommendation rate had dropped to 80% - Key themes are waiting time, poor communication, staff attitudes. Mitigation: Reviewing the A3 on Patient Experience for Medicine and looking at the previous actions and their sustainability.

Maternity: Significant drop due to text messaging being stopped and other priorities like CQC within the division. Discussions in progress to identify dedicated staff to address patient experience in maternity. FFT Recommendation key themes: Parking, reception staff attitude, however note very minimal responses.

Outpatients: Drop noted due to the error in SMS text messaging as explained below. FFT Recommendation key themes: Parking, communication and noisy department.

FFT Response All: Drop in FFT responses in November (5250) as compared to 6800 in Oct-23. This was realised as SMS text messaging service had been switched off in error during the launch of PKB. This has been rectified now.

Assurance & Timescales for Improvement:

Friends and Family (FFT) response Rates: New contract with FFT provider (HCC) has been approved and engagement meetings have commenced with key stakeholders. Current contract with IQUVIA ending Feb-2024. Project plan in place with HCC with agreed dates for implementation.

SDR to consider report amendment to show positivity rates rather than response rates to match NHS England. Of note, our positivity rate are above national average.

Strategic Theme: Systems

	CQC Domain	Metric	DQ Kite Mark	Latest			Previous			Actions & Assurance			Forecast		
				Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Effective	Decrease the number of occupied bed days for patients identified as no longer fit to reside (NFTR), (shown as rate per 100 occupied beddays)		3.5	7.9	Nov-23	3.5	7.1	Oct-23	Driver			Full CMS	8.2		
Breakthrough Objectives	Effective	To increase the number of patients leaving our hospitals by noon on the day of discharge		33.0%	23.7%	Nov-23	33.0%	21.8%	Oct-23	Driver			Full CMS	22%		

Vision: Counter Measure Summary

Project/Metric Name – Decrease the number of occupied bed days for patients identified as No longer fit to Reside

Owner: Rachel Jones
Metric: Rate of NFTR per 100 OBD
Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data

Rate of No longer Fit to Reside (NFTR) per 100 OBD

Legend:
- Target (red line)
- Measure (grey line)
- Concerning special cause (brown dot)
- Mean (black line)
- Process Limit (dashed line)
- Improving special cause (blue dot)
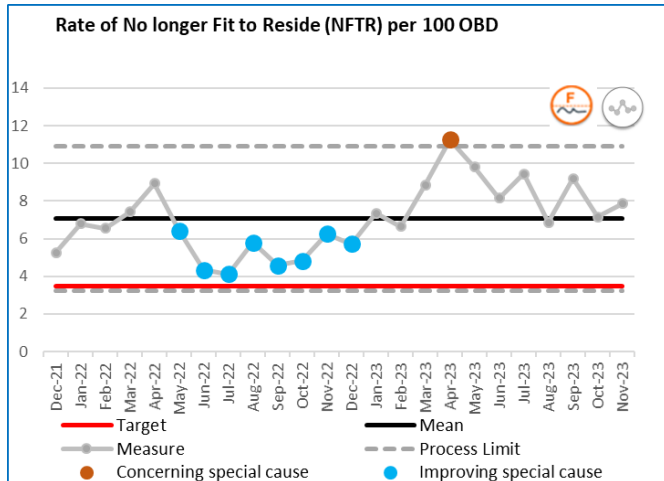
Current Data Source:	
Teletracking	
Nov-23	7.9
Variance Type	Metric is currently experiencing common cause variation
Target (Internal)	3.5
Target Achievement	Metric has failed the target for 6+ months

2. Stratified Data

- Data from the November Discharge Sitreps show that there was a daily average of 151 patients that were NFTR and of these 54 patients on average had a LOS of 14 days or greater.
- A breakdown of patients discharged by pathway is shown below.

Pie chart values: 82.4%, 6.8%, 7.1%, 3.7%

Legend: ■ Pathway 0 ■ Pathway 1 ■ Pathway 2 ■ Pathway 3
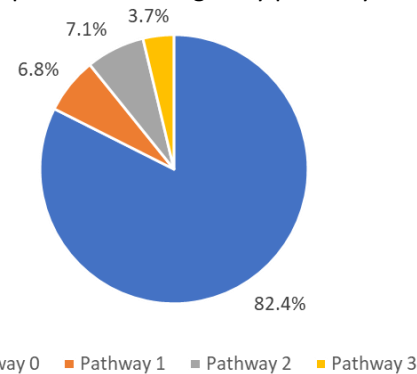
3. Top Contributors

- A Task and Finish Group has been established to review the current data flows relating to discharges with a view to aligning these to ensure consistency in reporting.
- A demonstration of the approach being used in Medway was well received by the group and elements of this will be adopted as MFT uses the same underlying system architecture as MTW.
- Once the data capture, validation and reporting processes have been redesigned – work will commence on the A3.
- In the meantime, Teletracking will remain the data source for this metric in the IPR, with manual validation of the CUR and PAS data being used for the Discharge Sitrep (sent daily and weekly to NHS England).

4. Action Plan

	Action	Who	When	Complete
Robust Data Flows	• Work with Key Stakeholders on reviewing data sources and statutory mandatory returns for No Longer Meeting the Criteria to Reside to NHSE, in order to improve quality of data to the system	FR/RS/AG	Dec23	Task and finish group now set up
A3 Process	• Work with key stakeholders across the system through the West Kent HCP Discharge and Flow Group following agreement on the current work on one version of the truth for WK.	FJ/RC SP/SM	Dec23	

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

Percentage of Discharges before Noon
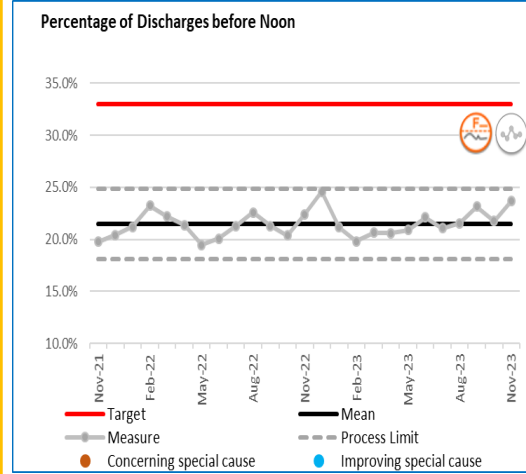
Current Data Source:	Teletracking
Nov-23	23.7%
Variance Type	Metric is currently experiencing common cause variation
Target (Internal)	33%
Target Achievement	Metric is consistently failing the target

2. Stratified Data

Elective DBN

Non-Elective DBN

3. Top Contributors and Key Risks

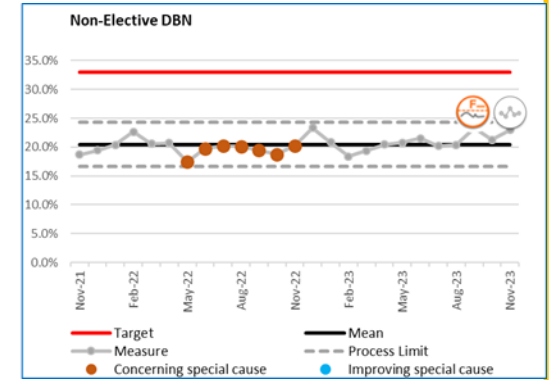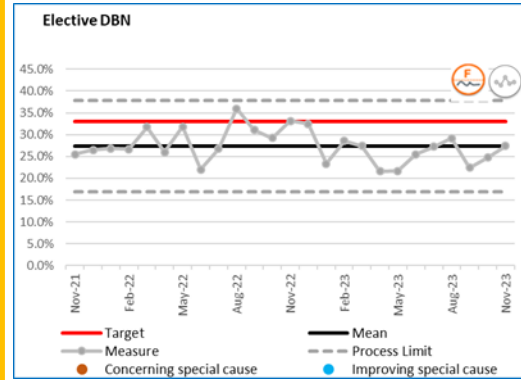| Area of Analysis	Considered a Top Contributor?
EDN	EDNs are a top contributor in delays in discharge time. There is a clinically led EDN project group focusing on expediting the completion of EDN to ensure discharges are completed before noon.
	A focus group working on EDN proforma to align with the clerking model to facilitate quicker completion on EDNs
Criteria Led Discharge	Data shows Criteria led discharge was only utilised 1.3% of all discharges – hence focus around identifying patients with CLD and recording them on Sunrise, have been identified.

Key Risks:
1. Clinical buy-in to manage CLD processes differently
2. Sunrise still in change freeze – Timeline will affect implementation of the changes and Sunrise data from HISBI – Report extraction
3. Clinical capacity to prioritise EDNs
4. Clinical capacity to focus on discharge processes in times of severe operational pressures

4. Action Plan

CM	Action	Who	When	Complete
Criteria Led Discharge	• Paper to ETM on CLD approach on recommendations	RJ	Dec 23	In Progress Complete
	• Competencies and E-learning uploaded to L&D (MTW learning) for Matrons and Band 7s to complete and training to be disseminated across all wards for CLD.	NP	Rolling	In Progress In Progress
	• Changes in Sunrise to identify patients with CLD, on the taskbar and reports to be extracted from Sunrise (When the sunrise upgrade is completed)	NP/RS/RT	Dec 23	Delayed – early 2024
EDN	• Engagement with lead consultants and ward teams on ward 21, Cornwallis & Lord North on EDN opportunities	Registrars	1/11/23	Complete
	• Begin testing afternoon board rounds & EDN completion day before planned discharge	Wards & CI team	6 week test period from 1/12	In Progress
	• Agree roll out plan if test successful	BC	TBC	
	• Change EDN structure in Sunrise to align with clerking model	JS	3/24	Delayed
	• Change EPMA & Sunrise TTO module to reduce time taken to complete medicines element of EDN (requires planned Sunrise upgrade completion first)	JS		In Progress
Delay Reason	• Develop data export from Teletracking to BI warehouse to enable in house bespoke reporting – Task & Finish Group now in place.	RS		In Progress
	• Develop data migration from Sunrise to Teletracking	JS		In Progress

Strategic Theme: Sustainability

|				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Well Led	Delivery of financial plan, including operational delivery of capital investment plan (net surplus(+)/net deficit (-) £000)		-1,099	-2,583	Nov-23	-1,014	-873	Oct-23	Driver	(variation)	(?)	Verbal CMS	354	(variation)	(?)
Breakthrough Objectives	Well Led	Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000		880	1,332	Nov-23	935	1,464	Sep-23	Driver	(L)	(?)	Note Performance	1105	(L)	(?)
Constitutional Standards and Key Metrics (not in SDR)	Well Led	CIP		3,648	1,325	Nov-23	3,567	1,602	Oct-23	Driver	No SPC	No SPC	Not Escalated			
	Well Led	Cash Balance (£k)		19,459	16,467	Nov-23	19,691	18,533	Sep-23	Driver	(L)	(?)	Not Escalated			
	Well Led	Capital Expenditure (£k)		3,113	3,690	Nov-23	2,738	3,991	Sep-23	Driver	(variation)	(?)	Not Escalated			
	Well Led	Delivery of the variable Elective Recovery Funding (ERF) plan - £000		81,410	88,090	Nov-23	70,457	75,324	Oct-23	Driver	No SPC	No SPC	Not Escalated			
	Well Led	Delivery of Other Variable Income (Non-ERF) plan - £000		21,003	16,962	Nov-23	18,224	14,533	Oct-23	Driver	No SPC	No SPC	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
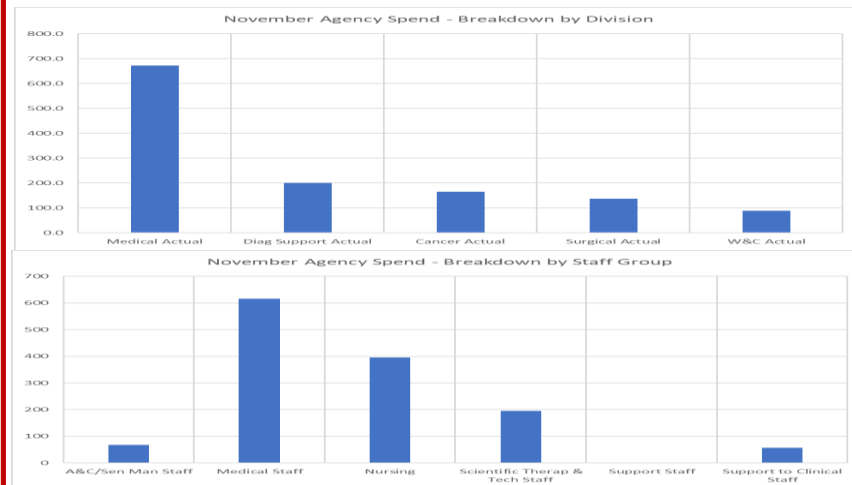**Desired Trend:** 7 consecutive data points below the mean

1. Historic Trend Data

Agency Spend
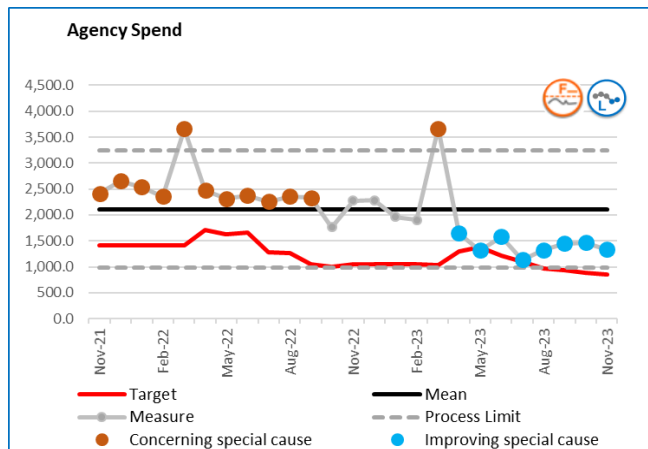
	Nov-23
	1,332
Variance Type	
	Metric is currently experiencing special cause variation of an improving nature
Target (Internal)	
	850
Target Achievement	
	Metric is consistently failing the target

Legend:
- Target
- Mean
- Measure
- Process Limit
- Concerning special cause
- Improving special cause

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

2. Stratified Data

November Agency Spend – Breakdown by Division
(Medical Actual, Diag Support Actual, Cancer Actual, Surgical Actual, W&C Actual)

November Agency Spend – Breakdown by Staff Group
(A&C/Sen Man Staff, Medical Staff, Nursing, Scientific Therap & Tech Staff, Support Staff, Support to Clinical Staff)

3. Top Contributors/Risks

Contributing factors to premium workforce spend have been narrowed down to:
- Medical workforce gaps
- AHP workforce gaps
- Nursing Workforce gaps
- Mental health and security support (skilled mental health workers are not currently available on the bank)
- Increased spend in Medicine and Emergency Care

Risks/Issues:
- Increased demand to our ED adversely impact premium workforce spend
- Planned industrial action for Junior Doctors will require backfill with premium workforce
- Unplanned annual leave could adversely impact workforce planning in March

4. Action Plan

Action	Status	By when
eRostering for non-medical staffing – controls and usage.	Specific focus on: authorisation rights, pay to grade, longest serving agency staff, rapid pool and areas with escalated rates.	Will go to BAU When controls show process had been embedded
Data and reporting	Create dashboard (Oceansblue, Patchwork and Allocate) with the first divisional reports for performance meetings - manually pulled. Working with users, BI, Allocate, Patchwork and Oceansblue to develop a standard dashboard that covers all relevant KPIs, driving staff costs.	OceansBlue reporting implemented. March 24
Accountability and training	Managerial training programme for B5-9 managers – getting the basics right. This will include governance structures and data (as above). Rostering Training: Booked 117, Attended 61 Finance Training: Booked 92, Attended 40, Booked on future sessions 19	Proposal to be presented to PODCO Jan24 Further training sessions in Jan-Mar 24
Medical rostering	Decision to be made on most appropriate supplier by end of May – pilot implemented in time for next rotation in medicine. Medicine has been piloting it for 5 months, developing its functionalities. Contract being amended to include more users Bank roll-out commencing Trust-wide Rostering business case being developed.	Pilot to be extended to Ophthalmology – Jan 2024 Q1 2024
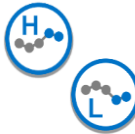
Appendices
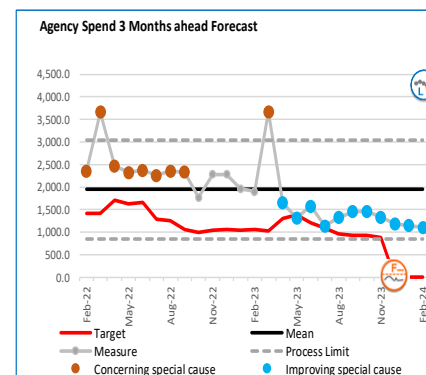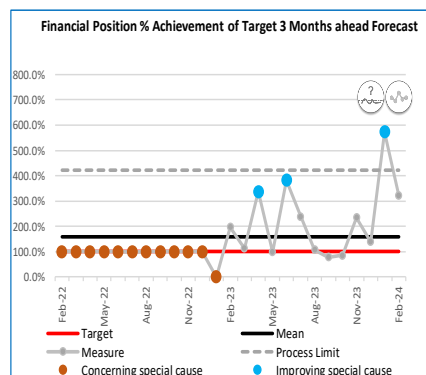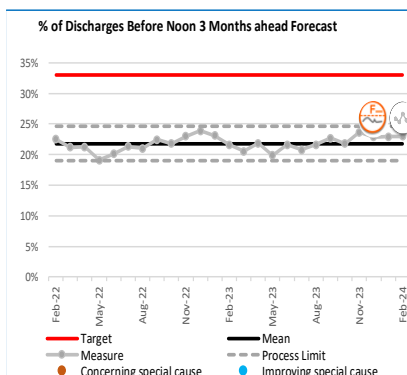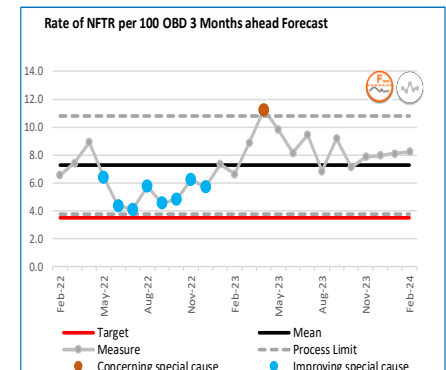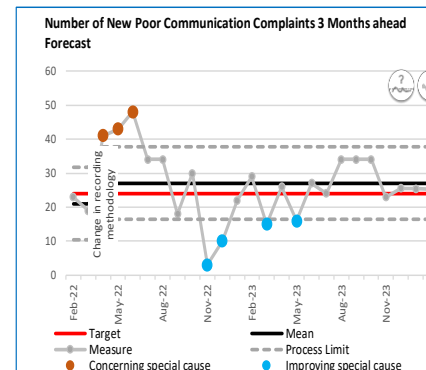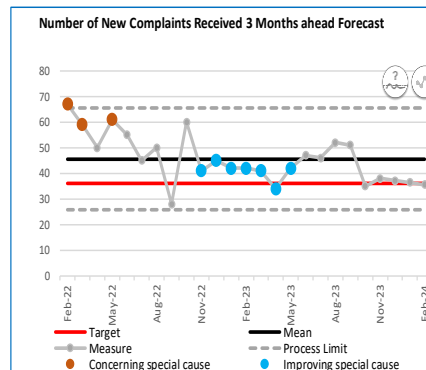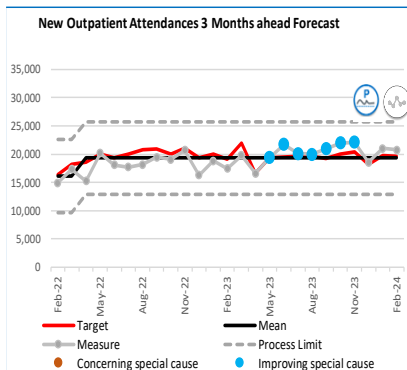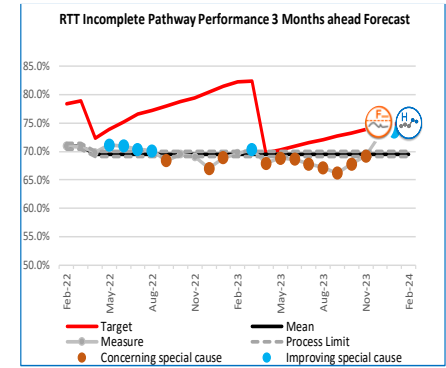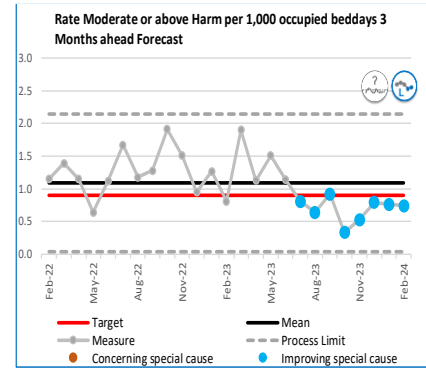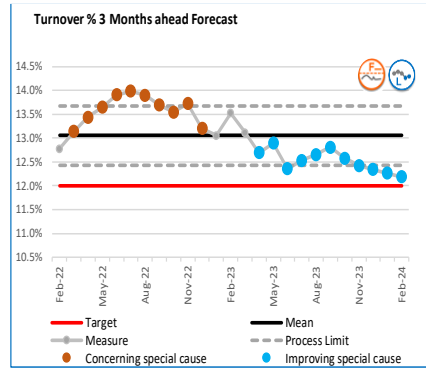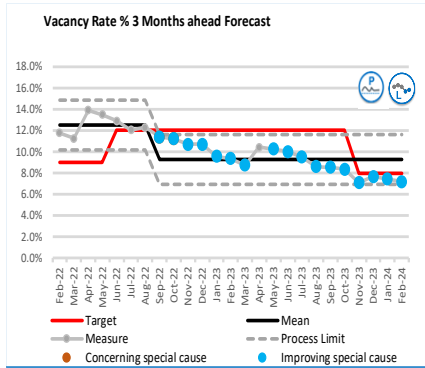
SDR Business Rules Driven by the SPC Icons

Assurance: Failing

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

SDR Business Rules Driven by the SPC Icons

Assurance: Hit & Miss

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

SDR Business Rules Driven by the SPC Icons

Assurance: Passing

Variation	Assurance	Understanding the Icons	Business Rule – DRIVER	Business Rule - WATCH
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target, but is showing a Special Cause for Concern. A <u>verbal CMS</u> is required to support continued delivery of the target	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
		Common Cause - no significant change. Assurance indicates consistently (P)assing the target.	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	Metric is Passing the Target and is in Common Cause variation. <u>Note performance</u>
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is Passing the Target and is showing a Special Cause of Improvement. <u>Note performance</u>, consider revising the target / downgrading the metric to a 'Watch' metric	Metric is Passing the Target and is showing a Special Cause of Improvement. <u>Note performance</u>

Passing, Failing and Hit & Miss Examples

Metrics that consistently **pass** have:

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

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

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

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

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

Metrics that consistently **fail** have:

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

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

A metric not achieving the target for 6 months or more will be flagged as failing
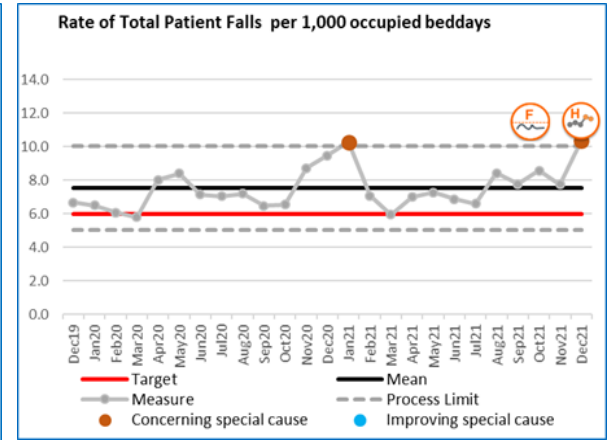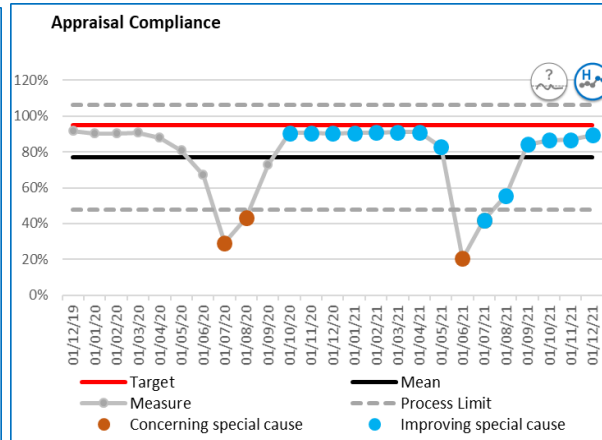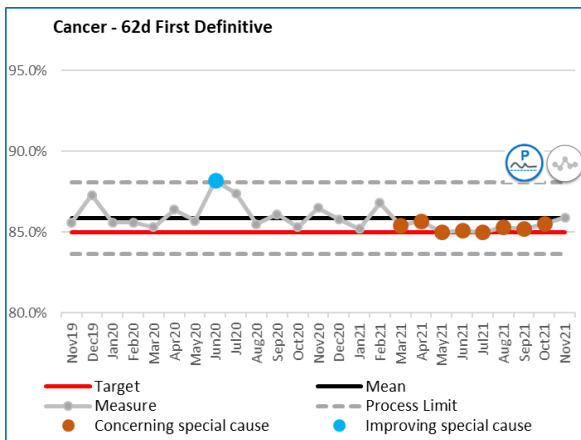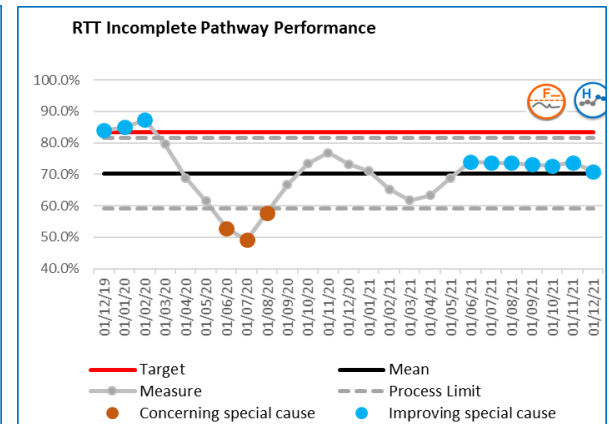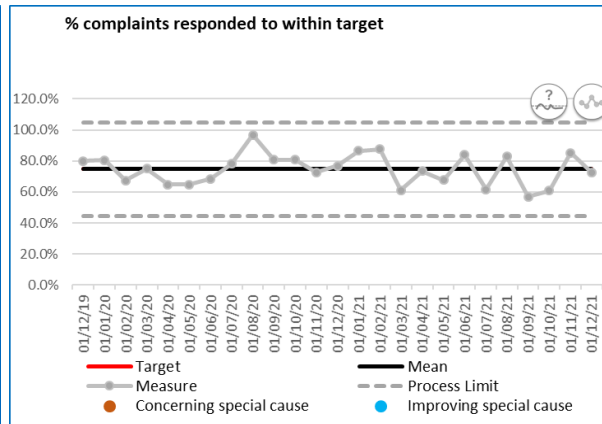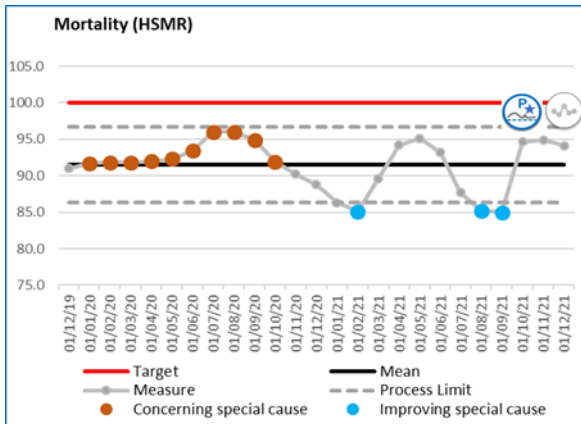
REVIEW OF LATEST FINANCIAL PERFORMANCE

Executive Summary

- The Trust was £2.6m in surplus in November which was £1.5m favourable to plan. Year to date the Trust is £0.5m in surplus which is £0.3 adverse to plan.

- The key year to date pressures are; CIP slippage (£6.2m), CDC delay to fully opening and underutilisation of CT capacity (£2.8m), medical pay award pressure (£0.7m) and other pressures (mainly pay related) of £0.6m. To mitigate these pressures the Trust has overperformed against variable income net of estimated spend (£7.3m) and had non recurrent benefits of £2.7m.
- Cost Improvement Plans (CIP) are behind plan by £6.2m year to date.
- The Trust is forecasting to deliver the breakeven financial plan however this requires £7.2m of run rate improvements.

Current Month Financial Position

- The Trust was £2.6m in surplus in the month which was £1.5m favourable to plan.

- The Key variances to plan are:
  - In line with national guidance and the Trusts Recovery plan additional income was received to fund the year to date costs associated with the Industrial action (£2m) and changes applied to the ERF performance target (2% reduction) improved the position by £1.5m. Additionally to this Clinical Income also overperformed in the month (net of high cost drugs and devices) by c£0.7m which was largely due to overperformance against ERF activity.
  - The Trust released year to date held contingency of £0.7m which was planned to be released in line with the recovery plan.
  - Reduction in doubtful debt estimate of £0.4m following a detailed review of the outstanding debt.
  - Pay budget was overspent in the month by £1.9m, £0.5m was due to an increase in the CEA accrual to cover the anticipated costs of the award and £0.1m due to a non recurrent increase in pension contribution. There was an increase in both substantive and temporary staffing spend in the month which in part was a result of operational pressures in the month.
  - CDC delay to full capacity and also due to underutilisation of the CT capacity (£0.3m)

Year to Date Financial Position

- The Trust is £0.5m in surplus which is £0.3m adverse to plan.

- The key year to date variances are as follows:
  - **Adverse Variances**
    - CIP Slippage (£6.2m)
    - CDC delay to full capacity and also due to underutilisation of the CT capacity (£2.8m)
    - Medical pay award pressures (£0.7m)
    - Other pressures mainly pay related (£0.6m)

  - **Favourable Variances**
    - Variable activity overperformance including change to ERF target (£7.3m) net of estimated spend.
    - Non-recurrent benefits (£2.7m)

Risks

- **Community Diagnostic Centre (CDC)** delay to full occupancy – financial risk has arisen due to the delays in opening additional capacity in the CDC. Year to date there is under-performance against the income plan causing a net £2.8m pressure which is in part due to the delay to full capacity and also due to underutilisation of the CT capacity. Phase 2 has now been handed over to the Trust and patients are starting to be seen from mid November. The forecast assumes an increased level of activity in quarter four, there is a risk to the income if this activity isn't delivered.
- **CIP Delivery** - The Trust has a large CIP target for 2023/24 and there is £15.5m of unidentified CIP. The PMO continues to work with Divisions to improve CIP delivery.
- **Industrial Action** - The Trust will incur unfunded costs / loss in variable related income associated with future Industrial actions, based on current rates this could equate to c£0.5m pressure per month if consultants and junior doctors both strike.
- **Kent and Medway Medical School (KMMS)** – The forecast includes £0.9m of liquidated damages.

Cashflow position:

- The Trust carried forward an opening cash balance of £7.98m from 2022/23. The Trust's cash plan for 2023/24 was to maintain liquidity and BPPC performance, with a planned year-end balance of £2m. The Trust's cash flow is aligned to the Income and Expenditure plan for 2023/24 with working capital adjustments from the Balance Sheet and then revised during the year due for updated information eg: pay rises, additional funding etc. The month end cashflow balances remain consistent through the year but gradually reduce towards the end of the year as commitments are realised, resulting in a closing cash balance forecast for March 2024 of £2m.

- The closing cash balance for November was £16.47m, a reduction in the cash balance from October's position of £18.53m. The Trust has drawn down capital PDC of £14.73m to date, primarily relating to the Kent and Medway Orthopaedic Centre.

- The Trust is working with Suppliers, Procurement Department and budget holders/authorised signatories to ensure invoices are receipted, approved and paid as promptly as possible, this is to assist with the Trust adhering to the BPPC (Better Payment Practice Code) target of 95%. Currently the Trust is meeting this in three of the four measures:

  1. Trade suppliers by value   96.7%
  2. Trade suppliers by volume   96.5%
  3. NHS suppliers by value   95.5%
  4. NHS suppliers by volume   90.2%

Capital Position

- The Trust's capital plan, excluding IFRS16 leases, agreed with the ICB for 2023/24 is **£38.5m**. The Trust's share of the K&M ICS control total is **£14.016m** for 2023/24, including **£4.996m** from system funds for the Phase 3 HASU completion; and **£6.41m** of the costs of the K&M Orthopaedic Centre above the agreed national funding. The Trust has a net sum of **£2.6m** to cover all other capital spend for the year. The Trust has sold the MGH MRI for **£0.96m** (NBV) under the outsourced contract, which was planned to support related enabling works for the new MRI at TWH. The cost of the enabling works has increased since the plan was set, but remains to be finally confirmed. The Division (Core Clinical) and Estates are working to confirm the plan for enabling works for both the MRI and CT held in storage in relation to the TWH site

- **Additional Funding**
  - **£22.47m** of national funding for the Kent and Medway Orthopaedic Centre project is included. The FBC was approved at the NHSE/DHSC Joint Investment Scrutiny Committee on 12th June 2023. The Trust also received PDC of **£121k** for digital diagnostics (iRefer) for 2023/24. Additional National funding has been received for an additional Breast Screening Ultrasound of **£95k**, an Interventional Radiology (IR) Suite at TWH of **£535k** and Digital Pathology of **£242k**.
  - Further National funding has become available in 2023/24 (from National CDC slippage) and the Trust has been successful in their bid for **£1m in 23/25** and **£0.5m in 24/25**. This funding means that the equivalent System funding has been released back to the ICB. In addition the Trust has determined that the maximum spend on the CDC in 2023/24 will be **£3.7m**. The Trust will receive £2m from System funds in 2023/24. The overall project has therefore slipped into 2024/25 and the current assessment is for an additional £3.5m requirement (£2m slippage from 23/24 plus up to £1.5m additional cost pressure from tender returns). The source of this capital in 2024/25 needs to be agreed with the ICB but there is a provisional £3m identified against system funds. The Trust was successful in bids from ICB System funding, but on the basis that this funding is brokered back in 2024/25. The successful bids are for an Ultrasound **(£100k)**, Image Intensifiers **(£260k)** and laptops **(£200k)**. Additional bids from ICB System funding was agreed for £238k, the successful bids are for portable ultrasounds **(£72k)**, resuscitaires **(£84k),** IT switches **(£6k)** and specialist lab benching **(£**76k) – this funding does not need to be brokered back in 2024/25**.**

- **Other Funds**
  - PFI lifecycle spend per the Project company model of **£1.5m** - actual spend will be notified periodically by the Project Company. Donated Assets of **£0.4m** relating to forecast donations in year.

- **Month 8 Actuals (excluding IFRS16)**
  - The YTD spend at M8 is **£21.4m** against a YTD budget of **£32.8m**. The main variance relates to the KMOC project where the phasing information provided for the plan was based on commitments rather than actual spend, so the plan year to date is ahead of expected delivery. Forecast outturn spend remains on plan.

- **Leased/IFRS16 capital**
  The Trust included **£29.48m** of potential IFRS 16 liabilities in its 2023/24 plan. This includes **£4.3m** of expected lease remeasurements arising from increases to the rental agreements from inflation clauses, that now require to be capitalised. The remaining **£25.1m** is for potential new lease capitalisations: the most significant is the KMMS accommodation which is expected to be a value of **£15.3m** assuming completion by the end of 2023/24. NHSE regional office has indicated that nationally Trusts have planned for more resource than HMT has allocated. Expected commitments will be funded in 2023/24 but where schemes are not in a position to complete in the financial year, or there is no actual financial commitment as yet, Trusts have been asked to provide a realistic outturn projection that removes assumptions of this funding. The Trust therefore adjusted its Month 6 outturn to a figure of **£21.64m**

Year end Forecast:
- The Trust is forecasting to deliver the breakeven financial plan however this requires £7.2m of run rate improvements.

Finance Report

Month 8
2023/24

Maidstone and Tunbridge Wells NHS Trust

Dashboard

November 2023/24

	Current Month					Year to Date					Annual Forecast / Plan		
	Actual	*Plan*	*Variance*	Pass-throu	*Revised Variance*	*Actual*	*Plan*	*Variance*	Pass-throug	*Revised Variance*	*Forecast*	*Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	61.9	58.2	3.8	(0.0)	3.8	467.4	457.9	9.5	(0.5)	10.0	706.6	688.3	18.3
Expenditure	(55.1)	(52.8)	(2.4)	0.0	(2.4)	(433.1)	(423.1)	(10.0)	0.5	(10.5)	(655.3)	(636.3)	(19.0)
EBITDA (Income less Expenditure)	6.8	5.4	1.4	0.0	1.4	34.4	34.8	(0.4)	0.0	(0.4)	51.3	52.0	(0.7)
Financing Costs	(4.3)	(4.3)	0.1	0.0	0.1	(34.3)	(34.4)	0.1	0.0	0.1	(68.6)	(69.3)	0.7
Technical Adjustments	0.0	0.1	(0.0)	0.0	(0.0)	0.4	0.4	0.0	0.0	0.0	17.3	17.3	(0.1)
Net Surplus / Deficit	**2.6**	**1.1**	**1.5**	**0.0**	**1.5**	**0.5**	**0.8**	**(0.3)**	**0.0**	**(0.3)**	**0.0**	**0.0**	**(0.0)**
Cash Balance	16.5	19.5	(3.0)		(3.0)	16.5	19.5	(3.0)		(3.0)	2.0	2.0	0.0
Capital Expenditure (Incl Donated Assets and IFRS16)	3.7	3.1	(0.6)		(0.6)	22.1	33.5	(11.5)		(11.5)	65.6	68.0	2.4
Cost Improvement Plan	1.3	3.6	(2.3)		(2.3)	12.4	18.6	(6.2)		(6.2)	17.8	33.3	(15.5)

Summary Current Month:
- The Trust was £2.6m in surplus in the month which was £1.5m adverse to plan.

Key Favourable variances in month are:
- In line with national guidance and the Trusts Recovery plan additional income was received to fund the year to date costs associated with the Industrial action (£2m) and changes applied to the ERF performance target (2% reduction) improved the position by £1.5m. Additionally to this Clinical Income also overperformed in the month (net of high cost drugs and devices) by c£0.7m which was largely due to overperformance against ERF activity.
- The Trust released year to date held contingency of £0.7m which was planned to be released in line with the recovery plan.
- Reduction in doubtful debt estimate of £0.4m which was a result if a detailed review of the outstanding debt.

Key Adverse variances in month are:
- Pay budget were overspent in the month by £1.9m, £0.5m was due to a increase in the CEA accrual to cover the anticipated costs of the award and £0.1m due to a non recurrent increase in pension contribution. There was an increase in both substantive and temporary staffing spend in the month which in part was a result of operational pressures in the month.

Year to date overview:
- The Trust is £0.5m in surplus which is £0.3m adverse to plan, the Trusts key variances to the plan are:

Adverse Variances:
- CIP Slippage (£6.2m)
- CDC delay to full capacity and also due to under utilisation of the CT capacity (£2.8m)
- Medical pay award pressures (£0.7m)
- Other pressures mainly pay related (£0.6m)

Favourable Variances
- Variable activity overperformance including change to ERF target (£7.3m) net of estimated spend.
- Non recurrent benefits (£2.7m)

CIP (Savings)
- The Trust has a savings target for 2023/24 of £33.3m and has delivered £12.4m year to date which is £6.2m adverse to plan.

Risks
- **Community Diagnostic Centre (CDC) delay to full occupancy** – financial risk has arisen due to the delays in opening additional capacity in the CDC. Year to date there is under-performance against the income plan causing a net £2m pressure which is in part due to the delay to full capacity and also due to under utilisation of the CT cap acity. The forecast assumes an increased level of activity in quarter four, there is a risk to the income if this activity isn't delivered.
- **CIP Delivery** - The Trust has a large CIP target for 2023/24 and there is £15.5m of unidentified CIP. The PMO continues to work with Division s to improve CIP delivery.
- **Industrial Action** - The Trust will incur unfunded costs / loss in variable related income associated with future Industrial actions.
- **Kent and Medway Medical School (KMMS)** – The forecast includes £0.9m of liquidated damages.

Hospital Site name	Health Roster Name	DAY Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	NIGHT Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Bank/Agency Usage	Agency as a % of Temporary Staffing	Bank/Agency Demand: RN/M (number of shifts)	WTE Temporary demand RN/M	Temporary Demand Unfilled -RM/N (number of shifts)	Overall Care Hours per pt day	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Comments	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Acute Medical Unit (M) - NG551	101.8%	113.1%	-	-	112.1%	114.3%	-	-	29.6%	52.9%	123	8.40	53	9.0	60.0%	100.0%	1	0		186,226	198,441	(12,215)
MAIDSTONE	Stroke Unit (M) - NK551	120.8%	126.6%	-	100.0%	129.7%	120.6%	-	-	45.9%	76.6%	298	20.87	42	9.3	37.5%	100.0%	10	6	Falls and PU data combined for all Stoke areas	343,900	415,665	(71,765)
MAIDSTONE	Cornwallis - NS251	104.1%	191.8%	-	-	100.0%	98.3%	-	-	11.5%	78.2%	104	6.92	12	14.5	60.2%	100.0%	1	0		128,440	131,481	(3,041)
MAIDSTONE	Culpepper Ward (M) - NSS51	98.3%	89.1%	-	-	101.7%	103.3%	-	-	27.5%	95.7%	24	1.67	2	4.8	46.5%	100.0%	2	1		118,416	142,645	(24,229)
MAIDSTONE	Edith Cavell - NS459	119.6%	93.6%	-	100.0%	101.1%	145.0%	-	-	31.8%	74.5%	27	1.80	2	6.5	31.3%	100.0%	5	0		121,085	135,617	(14,532)
MAIDSTONE	John Day Respiratory Ward (M) - NT151	96.4%	98.8%	-	-	100.7%	101.7%	-	-	27.3%	91.3%	107	7.50	13	6.3	77.8%	95.2%	3	0		156,436	184,718	(28,282)
MAIDSTONE	Intensive Care (M) - NA251	96.7%	99.9%	-	-	96.4%	86.7%	-	-	11.8%	100.0%	69	4.86	12	53.6	233.3%	100.0%	0	0		240,066	239,840	226
MAIDSTONE	Lord North Ward (M) - NF651	92.2%	88.8%	-	100.0%	84.0%	96.7%	-	-	9.4%	100.0%	30	2.21	10	8.3	3.3%	100.0%	2	0		117,054	117,479	(425)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	115.2%	58.4%	-	100.0%	107.0%	-	-	-	29.0%	98.2%	17	1.07	0	17.0	0.0%	100.0%	0	0		60,413	56,292	4,121
MAIDSTONE	Mercer Ward - NJ251	107.8%	102.1%	-	100.0%	100.0%	158.3%	-	-	30.6%	67.1%	53	3.67	3	6.4	28.6%	83.3%	1	0		114,115	140,863	(26,748)
MAIDSTONE	Peale Ward COVID - ND451	93.6%	134.5%	-	-	99.2%	140.0%	-	-	21.2%	66.7%	46	3.28	12	9.0	21.6%	100.0%	2	0		124,265	108,672	15,593
MAIDSTONE	Pye Oliver (Medical) - NK259	123.9%	134.7%	-	-	137.5%	186.9%	-	-	65.6%	47.9%	124	8.88	13	8.2	26.9%	100.0%	5	2		135,990	189,700	(53,710)
MAIDSTONE	Short Stay Surgical Unit (M) - NE751	94.2%	91.2%	-	-	100.4%	-	-	-	28.1%	93.4%	49	2.85	10	29.4	0.0%	100.0%	0	0		59,953	63,736	(3,783)
MAIDSTONE	Whatman Ward - NK959	97.6%	143.5%	-	-	105.6%	199.5%	-	-	61.9%	53.3%	61	4.28	7	7.9	5.4%	100.0%	6	1		104,475	165,308	(60,833)
MAIDSTONE	Maidstone Birth Centre - NP751	102.4%	91.4%	-	-	105.7%	100.0%	-	-	10.0%	100.0%	25	1.17	0	26.3	0.0%	95.0%	0	0		77,570	88,029	(10,459)
TWH	Acute Medical Unit (TW) - NA901	104.3%	109.1%	-	100.0%	110.0%	138.6%	-	-	45.0%	57.3%	214	15.47	52	9.7	15.0%	94.7%	13	0		254,956	304,930	(49,974)
TWH	Coronary Care Unit (TW) - NP301	94.2%	96.6%	-	-	100.0%	-	-	-	13.4%	100.0%	24	1.80	5	11.4	34.8%	100.0%	0	0		75,962	71,988	3,974
TWH	Hedgehog Ward (TW) - ND702	94.8%	157.4%	-	-	108.9%	208.7%	-	-	47.5%	65.1%	209	14.26	34	8.9	9.8%	100.0%	0	0		153,164	232,240	(79,076)
TWH	Intensive Care (TW) - NA201	104.3%	102.9%	-	-	102.6%	67.8%	-	-	2.2%	100.0%	33	1.79	4	30.6	1300.0%	100.0%	1	1		381,661	389,641	(7,980)
TWH	Private Patient Unit (TW) - NR702	110.4%	115.4%	-	-	100.0%	100.0%	-	-	28.6%	98.4%	31	1.97	0	21.2	137.5%	100.0%	0	0		73,468	84,389	(10,921)
TWH	Ward 2 (TW) - NG442	93.7%	110.4%	-	100.0%	113.4%	200.0%	-	100.0%	46.1%	57.1%	89	6.40	28	7.8	30.6%	100.0%	17	2		183,318	190,763	(7,445)
TWH	Ward 10 (TW) - NG131	103.0%	103.1%	-	-	102.5%	115.0%	-	-	32.2%	81.8%	116	8.13	26	6.5	14.8%	100.0%	6	0		149,847	180,757	(30,910)
TWH	Ward 12 (TW) - NG132	89.4%	97.3%	-	100.0%	95.1%	99.8%	-	100.0%	18.5%	96.9%	82	5.20	20.00	6.3	20.7%	100.0%	13	2		149,950	170,083	(20,133)
TWH	Ward 20 (TW) - NG230	109.9%	130.8%	-	100.0%	128.4%	131.6%	-	-	44.9%	47.1%	163	11.04	30	8.1	16.7%	100.0%	10	2		176,689	224,934	(48,245)
TWH	Ward 21 (TW) - NG231	92.8%	114.5%	-	100.0%	99.4%	103.4%	-	-	10.8%	97.8%	59	3.67	14	6.1	3.6%	50.0%	2	2		152,563	173,380	(20,817)
TWH	Ward 22 (TW) - NG332	71.5%	123.3%	-	100.0%	91.7%	136.7%	-	-	39.5%	77.9%	119	8.69	49	6.4	15.8%	77.8%	11	0		150,276	200,946	(50,670)
TWH	Ward 30 (TW) - NG330	85.9%	83.7%	-	100.0%	95.0%	136.1%	-	100.0%	39.5%	100.0%	126	7.89	32	6.0	6.5%	100.0%	5	2		128,507	177,623	(49,116)
TWH	Ward 31 (TW) - NG331	93.5%	101.3%	-	100.0%	95.8%	137.9%	-	-	34.1%	99.0%	132	8.16	23	6.5	15.9%	100.0%	10	2		142,604	207,595	(64,991)
TWH	Ward 32 (TW) - NG130	93.2%	91.1%	-	100.0%	95.8%	109.3%	-	100.0%	29.4%	99.3%	97	6.32	16	7.0	0.0%	100.0%	0	1		151,293	166,908	(15,615)
TWH	Ward 33 (Gynae) (TW) - ND302	97.6%	99.6%	-	-	98.8%	100.0%	-	-	41.0%	94.7%	75	4.86	11	7.0	14.0%	100.0%	1	0		102,927	105,139	(2,212)
TWH	SCBU (TW) - NA102	100.9%	139.5%	-	-	102.3%	104.3%	-	-	19.0%	100.0%	93	5.40	2	13.2	37.5%	100.0%	0	0		212,704	206,359	6,345
TWH	Short Stay Surgical Unit (TW) - NE901	89.7%	99.8%	-	100.0%	103.3%	100.0%	-	-	15.8%	98.1%	31	2.03	0	11.4	7.3%	100.0%	1	0		83,819	99,755	(15,936)
TWH	Surgical Assessment Unit (TW) - NE701	97.8%	100.0%	-	-	100.0%	100.0%	-	-	25.5%	100.0%	40	2.79	1	12.6	3.8%	93.3%	1	0		78,755	82,781	(4,026)
TWH	Midwifery (multiple rosters)	78.7%	66.3%	-	-	92.2%	89.1%	-	-	15.2%	97.0%	672	35.60	119	13.8	25.4%	97.7%	0	0		853,932	968,159	(114,227)
Crowborough	Crowborough Birth Centre (CBC) - NP775	60.3%	84.5%	-	-	86.8%	86.7%	-	-	19.0%	100.0%	74	4.22	8	154.4	85.7%	100.0%	0	0		113,850	104,976	8,874
MAIDSTONE	Accident & Emergency (M) - NA351	103.2%	91.9%	-	100.0%	105.7%	92.2%	-	100.0%	43.5%	63.8%	454	31.60	22	-	0.0%	77.7%	5	0		386,824	481,909	(95,085)
TWH	Accident & Emergency (TW) - NA301	103.4%	83.0%	-	100.0%	102.9%	88.3%	-	100.0%	42.1%	68.2%	438	30.41	25	-	4.7%	83.4%	2	0		416,455	507,358	(90,903)
	Total Established Wards																				6,697,356	7,743,610	(1,046,254)

	Budget £	Actual £	Variance
Additional Capacity beds Cath Labs Whatman	57,909	47,760	10,149
Other associated nursing costs	5,351,374	5,324,372	27,002
Total	12,106,639	13,115,743	(1,009,104)

RAG Key

Under fill

Overfill

Green: equal to or greater than 90% but less than 110%
Amber Less than 90% OR equal to or greater than 110%
Red equal to or less than 80% OR equal to or greater than 130%

Response to the Section 29A Warning Notice issued by the Care Quality Commission (CQC) in relation to the Trust's Maternity and Midwifery services

Chief Nurse and Chief of Service Womens, Childrens and Sexual Health

The enclosed report provides information on the 29A Warning Notice which was issued by the Care Quality Commission (CQC) in August 2023, and the approach that the Maternity and Midwifery services are taking to address the concerns contained in the warning notice.

Which Committees have reviewed the information prior to Trust Board submission?
- Executive Team Meeting, 19/12/23

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

Trust Board

Response To Maternity Services Care Quality Commission (CQC) Warning Notice

Reason/s for submission to the ETM

Decision	
Discussion	
Information	✓
Other (state)	

Link to corporate breakthrough objective/s

Reduce complaints re poor communication		Increase discharges by 12pm	
Reduce deteriorating patients with moderate+ harm	✓	Reduce premium workforce expenditure	
Achieve planned levels of new outpatient activity		Reduce staff turnover to 12%	

Maternity services were visited on 29th August 2023 and the CQC issued a section 29a warning notice.

The deadline for the initial response is currently 30th January 2024.

Required Improvements

1. The service does not have effective governance processes or accurate data collection to monitor, gain assurance, and work to reduce the incidence and severity of PPH

2. The service and trust board does not have effective Trust processes to monitor and improve clinical outcomes for women, birthing people and babies

3. The service does not have an effective program of regular audit to ensure the quality and safety of the service

4. The service does not reduce the risks to women, birthing people waiting for induction of labour putting them at risk of harm.

5. The service does not always provide timely emergency caesarean sections putting women, birthing people, and babies a harm.

Progress update

Response To Maternity Services Care Quality Commission (CQC) Warning Notice – 18th December 2023

Exec summary:

- Maternity Improvement Group established chaired by the Chief Nurse. Divisional and Directorate triumvirates engaged.

- Terms of reference agreed

- Fortnightly oversight / support meeting with ICB and NHSE

- Workstreams created aligned to the issues in the warning letter with medical and midwifery leads appointed.

- In-depth action plans developed for each workstream, with leads and dates for completion

- Governance structure and reporting lines in place to manage response to warning notice.

- External improvement adviser appointed to support improvement – two days per week with effect from 4th December 2023.

- Agreement to align all improvement activity to the 4 themes in the 3 year plan

- Governance structure updated to move to weekly Divisional meetings and weekly oversight.

- Communications plan being drafted

- Fortnightly oversight / support meeting with ICB and NHSE

How we are managing the project
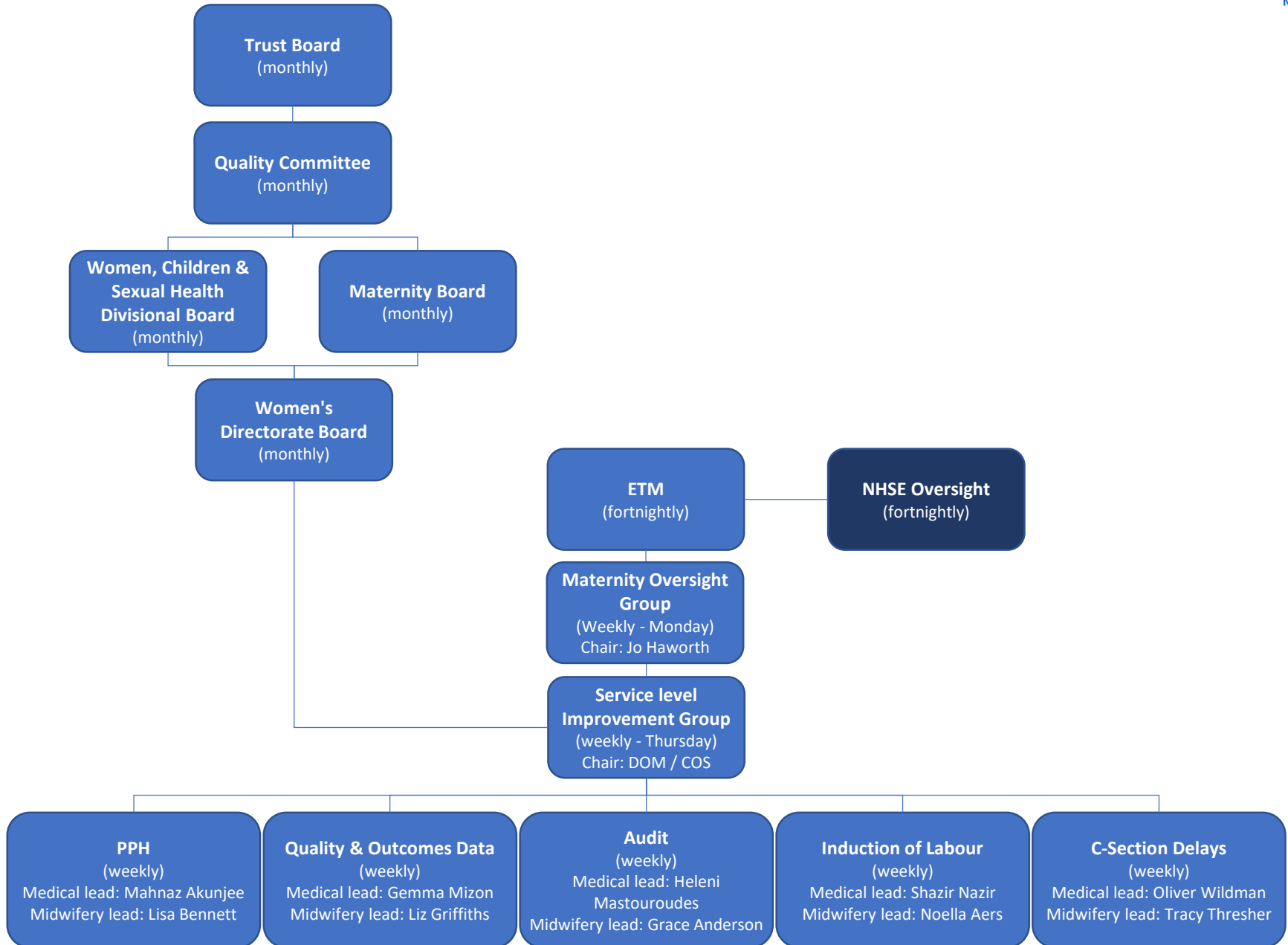
Workstreams

29A Key Workstreams	
workstreams	**High level actions**
Post Partum Haemorrhage	Review existing PPH improvement plan
	Review PPH incident reporting/investigation process
	Review and publish PPH policy
	Review process, and data for monitoring PPH
Quality and outcomes data	Review processes for identification and monitoring of trends/concerns including the development of action plans
	Identify processes to include EDI data in maternity dashboards
	Identify process to include RDI data in maternity incidents and complaints
	Review dashboard metrics to include incidence of mental health and safeguarding
Audits	Develop processes for monitoring rare risks
	Review level of harm thresholds for incidents
	Review of audit and audit processes
	Add risk re audit resource to maternity risk register
Induction of Labour	Develop risk assessment tool and process for escalation
	Develop process to consistently capture and monitor red flags Review processes for identification and monitoring of trends/concerns including the development of action plans Include the risk of delay to IOL on the maternity risk register
	Review decision not to adopt NICE OL guidance
Caesarean Section delays	Review process for monitoring trends, identifying concerns and developing action plans
	Develop process to consistently capture and monitor red flags
	Develop process to monitor all non-elective LSCS to confirm category and time to delivery intervals
Communications	Inform staff of CQC warning notice
	Develop strategy for continuous communications

Response To Maternity Services Care Quality Commission (CQC) Warning Notice – 18th December 2023

Improvements initiated / completed:

PPH
- PPH existing improvement plan in place. Initial findings from review found increased incidents in relation to instrumental deliveries – clinical workshops initiated.
- PPH guidelines reviewed and published.
- Work initiated in relation to improved monitoring including use of SPC and board oversight.

Data
- Digital midwives liaising with BI to agree metrics to add to dashboard

Audit
- Key audits identified
- 1 month prospective audit to assess compliance with targets and identify themes for c-section delays commenced
- SBAR audit in progress

IOL
- IOL guideline refreshed and now published.
- Agreement from divisional team to review demand and capacity for IOL (NICE guidance).
- Daily Sit rep now includes number of IOL waiting more than 2 hours

C-Section
- Audit commenced
- Discussions with NHSE/ LMNS and local Trusts re best practice

General
- Actions reviewed and aligned to 3 year maternity delivery plan themes
- Additional midwife is now allocated to Ante Natal Unit staff
- Approval to start recruitment of additional consultants, pending full business case, to support increased clinical hours in ANU
- Initiating reviews of information recorded on delivery suite board and standardised information at clinical handovers

Communications
- Communication plan in progress

Progress update

Response To Maternity Services Care Quality Commission (CQC) Warning Notice – 18th December 2023

Next Steps:
• Communications plan to be finalised. • Further development of action plan to ensure supporting evidence is robust • Meeting with Patient Safety Team to agree framework for maternity incidents, including oversight of EDI data • Review the actions against existing action plans (3 year delivery plan and CNST) • Mapping of governance structure • Scoping of practice from good performing maternity units around issues within the warning notice • Scoping of resources required to support the improvement programme

Risks:
• Consultant capacity to cover ongoing clinical commitments and contribute to maternity improvement plan – potential mitigations are offering additional paid time and recruitment of a locum. • Senior midwifery capacity - business as usual tasks may be delayed as staff focus on response to the CQC warning notice. • Junior Doctor industrial action will remove medical capacity for improvement work • Communication plans will not be finalised in time for the release of the CQC report

NHS
Maidstone and
Tunbridge Wells
NHS Trust

Quarterly mortality data	**Medical Director**

This report is submitted in line with guidance from the National Quality Board, March 2017. This stipulates that Trusts are required to collect and publish on a quarterly basis specified information on deaths. This should be through a paper and an agenda item to a public board meeting in each quarter to set out the Trust's policy and approach and publication of the data and learning points.

Which Committees have reviewed the information prior to Board submission?
▪ 'Main' Quality Committee, 08/11/23

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

---

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

MORTALITY – SUMMARY REPORT
October 2023

The last T health (Dr Fosters) update was in October of 2023, therefore the data period is Jul 2022 - Jun 2023

Background

The report provides an overview of mortality using the Hospital Standardised Mortality Ratio and the Standardised Mortality Ratio. The report presents intelligence with potential recommendations for further investigation. This report should be used as an adjunct to supplement other pieces of work completed within the Trust and not used in isolation.

Methods
Using routinely collected hospital administrative data derived from Hospital Episode Statistics (HES) and analysing in the Healthcare Intelligence Portal tool, this report examines in-hospital mortality, for all inpatient admissions for the 12-month time period Jul 2022 - Jun 2023.

Risk adjustment is derived from risk models based on the last 10 years of national HES data up to and including April 2023 (unless otherwise stated). This is the most recent benchmark period available. Statistical significance is determined using 95% confidence intervals unless otherwise stated.

SHMI data for the time period Jun-22 to May-23 was obtained from NHS Digital's Indicator Portal. SHMI is updated and rebased monthly.

HEADLINES

Data Period: Jul 2022 - Jun 2023

Metric	Result
HSMR	96.2 (within expected) (91.2 – 101.4)
HSMR position vs. peers	Regional acute peer group = 17 trusts: • 9 lower-than-expected • 6 within expected • 2 higher-than-expected Peer group = 92.8 (lower-than-expected) (91.6 – 94.0)
All Diagnosis SMR	92.6 (lower-than-expected)
Significant Diagnosis Groups	• Septicemia (except in labour) (725 superspells; 186 deaths)
CUSUM breaches	• Peritonitis and intestinal abscess (Feb-23) • Septicemia (except in labour) (Dec-22) (Feb-23) • Congestive heart failure, nonhypertensive (Oct-22) (Dec-22) • Substance-related mental disorders (Oct-22) • Conduction disorders (Aug-22) • Other acquired deformities (Aug-22)
SHMI position	(Jun-22 to May-23) 90.70 (as expected)

1

HOSPITAL STANDARDISED MORTALITY RATIO OVERVIEW

HSMR for Jun-23 is 74.91 and 'lower-than-expected', based on 4079 superspells and 85 deaths (crude rate 2.08%).

HSMR for the period Jul-22 to Jun-23 is 96.19 and 'within expected', based on 47,664 superspells and 1383 deaths (crude rate 2.90%).

Expected rates and crude rates have both decreased, and consequently the improvement in HSMR is driven by expected rate falling at a slower pace than the crude rate.

Compared to the regional peer group, MTW are not statistically significantly different; and nationally, the Trust demonstrate common cause variation.

Figure 1 – HSMR Monthly Trend
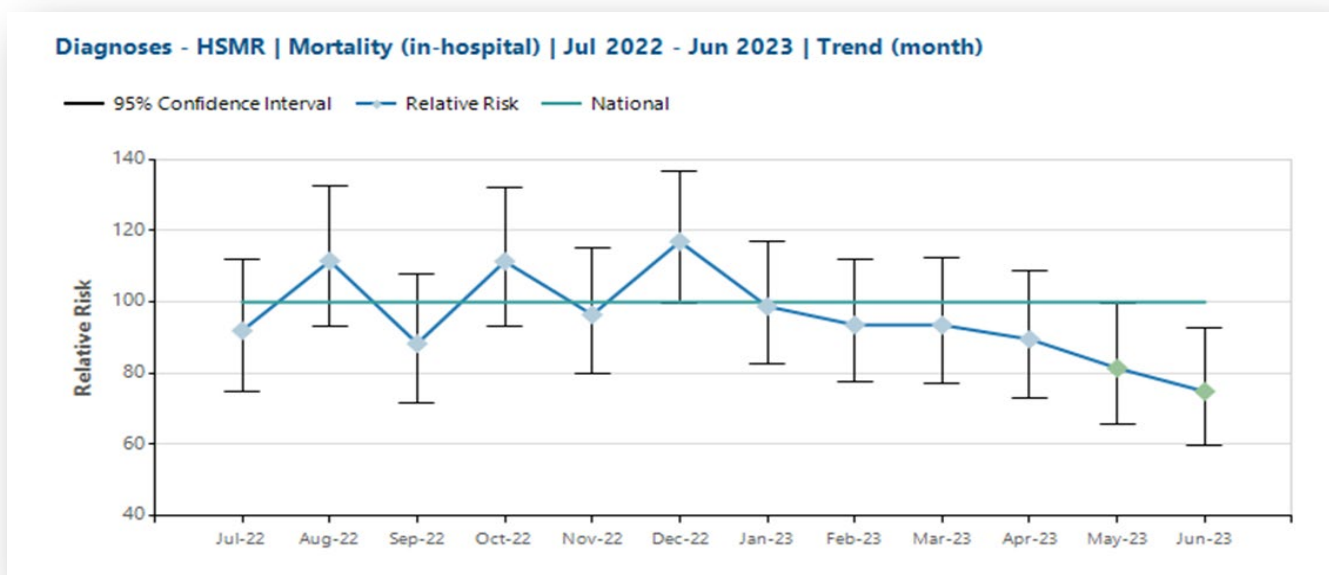
Figure 2 – HSMR 12 Month Rolling Trend
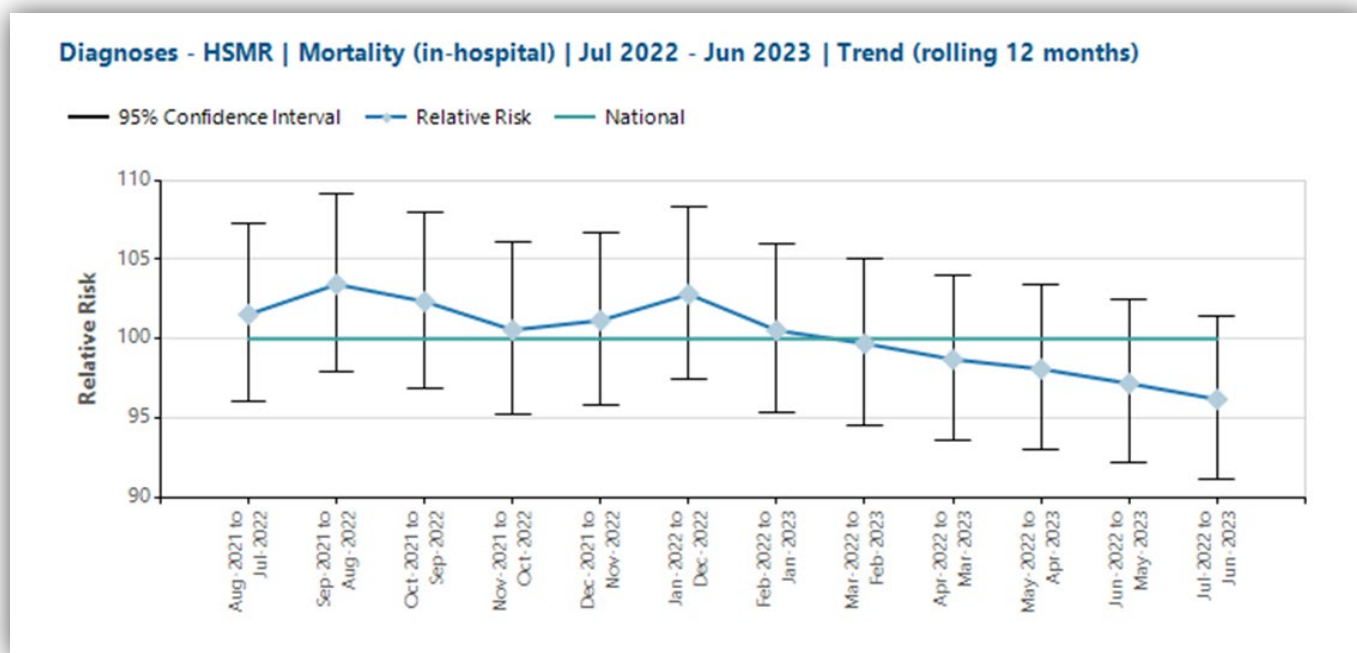
Figure 3 – HSMR 12 Month Peer Comparison

Diagnoses - HSMR | Mortality (in-hospital) | Jul 2022 - Jun 2023 | REGION (acute)
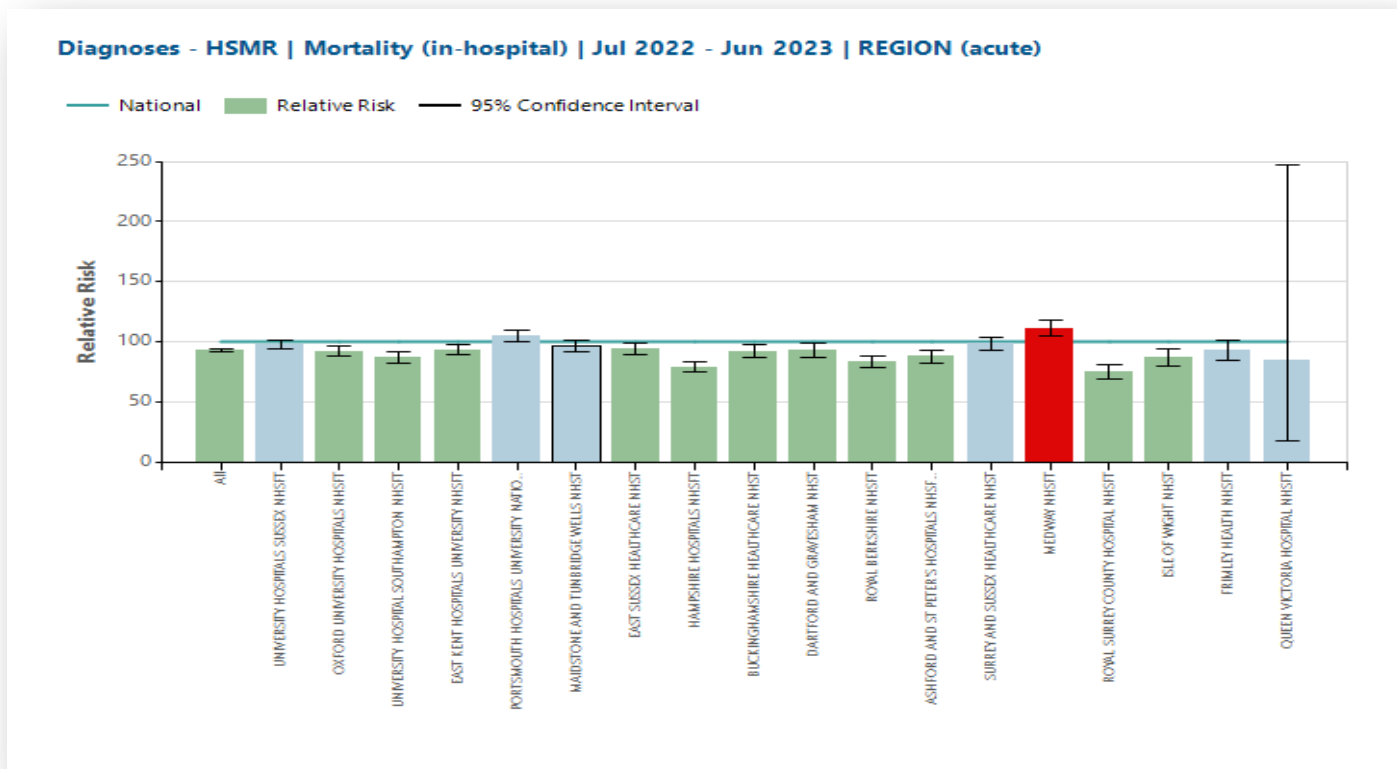
Figure 3.1 – HSMR 12 Month Peer Comparison: National (Acute, Non-Specialist) Funnel Plot
(MTW = blue; all other Trusts = brown)

3
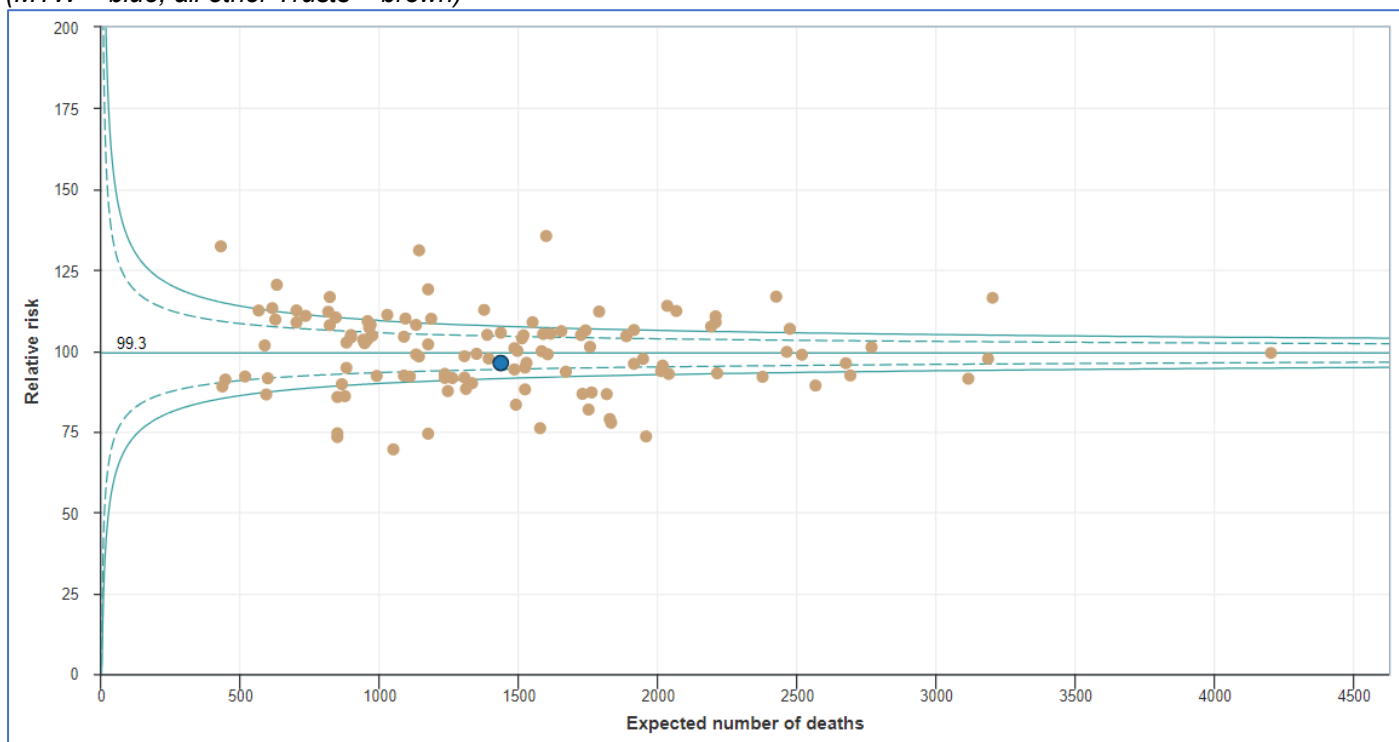
MONTHLY SHMI

Key points

SHMI for the period Jun-22 to May-23 is 90.70 and "as expected". There are no "higher-than-expected" outliers when looking across the 10 published groups with relative risk bandings from NHS control limit methodology.

As expected SHMI

91,670	2,265	2,495	0.9070
Provider spells	Observed deaths	Expected deaths	SHMI value

Diagnosis group description	Diagnosis group number	Provider spells	Observed deaths	Expected deaths	SHMI value	SHMI banding
Acute myocardial infarction	57	460	25	35	0.6177	Lower than expected
Acute bronchitis	74	820	15	20	0.7026	As expected
Cancer of bronchus; lung	15	85	25	20	1.1679	As expected
Fluid and electrolyte disorders	37	245	10	15	0.7472	As expected
Fracture of neck of femur (hip)	120	275	25	20	1.1815	As expected
Gastrointestinal hemorrhage	96	270	10	15	0.7492	As expected
Pneumonia (excluding TB/STD)	73	890	115	135	0.8537	As expected
Secondary malignancies	30	105	25	25	1.1376	As expected
Septicaemia (except in labour), Shock	2	510	105	125	0.8244	As expected
Urinary tract infections	101	705	20	25	0.6995	As expected

4

MTW
exceptional people, outstanding care

APPENDICES: TRENDS IN MORTALITY BY ETHNICITY GROUPS

Key points
- There are no statistically significant findings when looking at ethnicity HSMR values at MTW in the last 12 months. This is true of both 'broad categories' and more intricate 'groups'.
- It is interesting to note though that the most significant difference between MTW and national peers is that the Trust have a higher-than-average rate of superspells in the ethnicity group 'any other white background' than elsewhere.

Figure 16.0 – Ethnicity Categories by Relative Risk (Last 12 Months)

Ethnicity (group)	Superspells	% of All	Spells	Observed	%	Expected	%	O-E	RR	LO	HI
All	47,284	100.0%	47,434	1,389	2.9%	1435.0	3.0%	-46.0	96.8	91.8	102.0
'White'	40,897	86.5%	41,028	1,259	3.1%	1294.3	3.2%	-35.3	97.3	92.0	102.8
'Other'	2,821	6.0%	2,828	74	2.6%	72.1	2.6%	1.9	102.6	80.6	128.8
Unknown (99)	1,721	3.6%	1,723	30	1.7%	42.5	2.5%	-12.5	70.6	47.6	100.8
'Asian or Asian British'	701	1.5%	705	15	2.1%	11.6	1.6%	3.4	129.8	72.6	214.1
'Mixed'	476	1.0%	481	3	0.6%	4.1	0.9%	-1.1	74.0	14.9	216.3
'Other Ethnic Groups'	344	0.7%	345	4	1.2%	5.7	1.7%	-1.7	69.8	18.8	178.7
'Black or Black British'	324	0.7%	324	4	1.2%	4.7	1.5%	-0.7	84.3	22.7	215.8

Figure 16.1 – Ethnicity Groups by Relative Risk (Last 12 Months)

Ethnicity	Superspells	% of All	Spells	Observed	%	Expected	%	O-E	RR	LO	HI
All	47,284	100.0%	47,434	1,389	2.9%	1435.0	3.0%	-46.0	96.8	91.8	102.0
British (White)	34,315	72.6%	34,420	1,012	2.9%	1058.3	3.1%	-46.3	95.6	89.8	101.7
Any other White background	6,437	13.6%	6,463	244	3.8%	231.8	3.6%	12.2	105.2	92.5	119.3
Not stated	2,821	6.0%	2,828	74	2.6%	72.1	2.6%	1.9	102.6	80.6	128.8
Not known	1,721	3.6%	1,723	30	1.7%	42.5	2.5%	-12.5	70.6	47.6	100.8
Any other Asian background	429	0.9%	431	8	1.9%	5.9	1.4%	2.1	135.7	58.4	267.4
Any other Mixed background	314	0.7%	318	3	1.0%	3.4	1.1%	-0.4	88.1	17.7	257.5
Any other ethnic group	305	0.6%	306	4	1.3%	5.1	1.7%	-1.1	78.5	21.1	201.0
Any other Black background	235	0.5%	235	4	1.7%	2.7	1.1%	1.3	150.5	40.5	385.3
Indian (Asian or Asian British)	177	0.4%	178	3	1.7%	2.7	1.5%	0.3	111.8	22.5	326.7
Irish (White)	145	0.3%	145	3	2.1%	4.2	2.9%	-1.2	72.2	14.5	211.0
White and Asian (Mixed)	77	0.2%	78	0	0.0%	0.3	0.3%	-0.3	0.0	0.0	1374.0
Bangladeshi (Asian or Asian British)	68	0.1%	69	2	2.9%	1.6	2.3%	0.4	127.4	14.3	459.8
African (Black or Black British)	60	0.1%	60	0	0.0%	1.8	3.0%	-1.8	0.0	0.0	200.7
White and Black Caribbean (Mixed)	58	0.1%	58	0	0.0%	0.3	0.6%	-0.3	0.0	0.0	1149.5
Chinese (other ethnic group)	39	0.1%	39	0	0.0%	0.6	1.6%	-0.6	0.0	0.0	578.6
Caribbean (Black or Black British)	29	0.1%	29	0	0.0%	0.3	0.9%	-0.3	0.0	0.0	1407.8
Pakistani (Asian or Asian British)	27	0.1%	27	2	7.4%	1.4	5.2%	0.6	142.0	15.9	512.8
White and Black African (Mixed)	27	0.1%	27	0	0.0%	0.1	0.2%	-0.1	0.0	0.0	5926.7

Figure 16.2 – Ethnicity Group Peer Comparison (Last 12 Months)

6
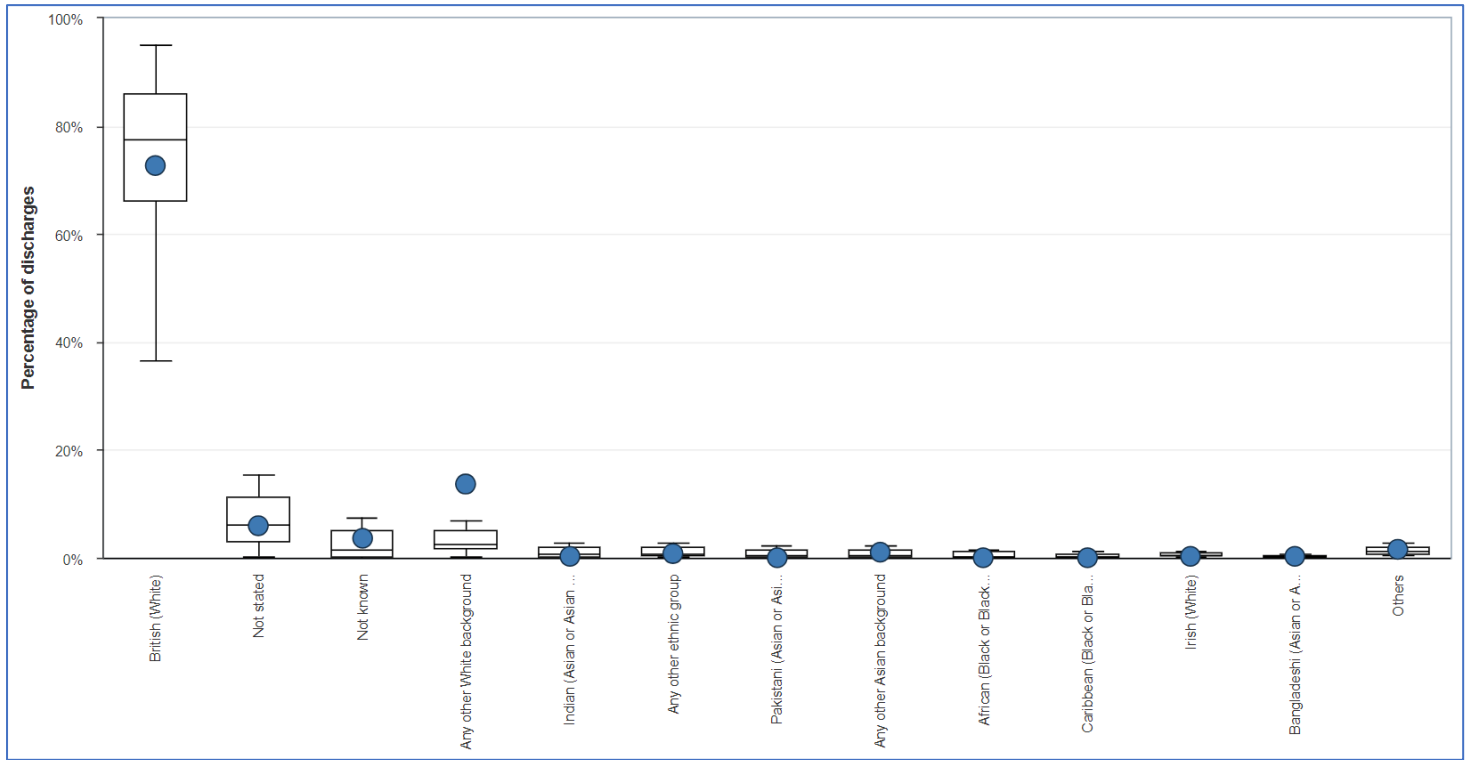
Mortality Surveillance Group (MSG)
and
Medical Examiner Service Update

Medical Examiner Service
ME Service Update

- In August and September 2023, the number of deaths were 115 and 133 respectively, with the ME Service scrutinising all deaths. The Service achieved a 99% and 100% performance respectively in number of cases scrutinised in August and September.

- The Service continues to perform well scrutinising a high percentage of deaths. There is additional capacity in the Service as recruitment to the full establishment to include a community ME Service has occurred. However due to delays in legislation mandating the ME Service in the community, all community cases are not being scrutinised.

- 41 GP practices of the 54 in West Kent have signed up to use the Medical Examiner Service in principle and the plan is to approach other 13 practices from early November 2023

- Engagement with community providers continues to be good, there have been a few GP practices deciding to opt out of using the ME Service until legislation is in place which is expected in April of 2024.

- A visit from the Regional Medical Examiner to the MTW hosted ME Service is planned for the 9th of November 2023

Month	Number of Deaths	Number Scrutinised	% of Deaths Reviewed	Number that Took Over 3 Calendar Days to Complete (of those applicable, not including Coroner cases)	% Over 3 Calendar Days to Complete
Apr-23	128	126	98%	60	48%
May-23	129	129	100%	33	26%
Jun-23	105	105	100%	47	45%
Jul-23	125	123	98%	47	38%
Aug-23	115	114	99%	46	40%
Sep-23	133	133	100%	44	33%

ME Service Performance August 2022 - September 2023
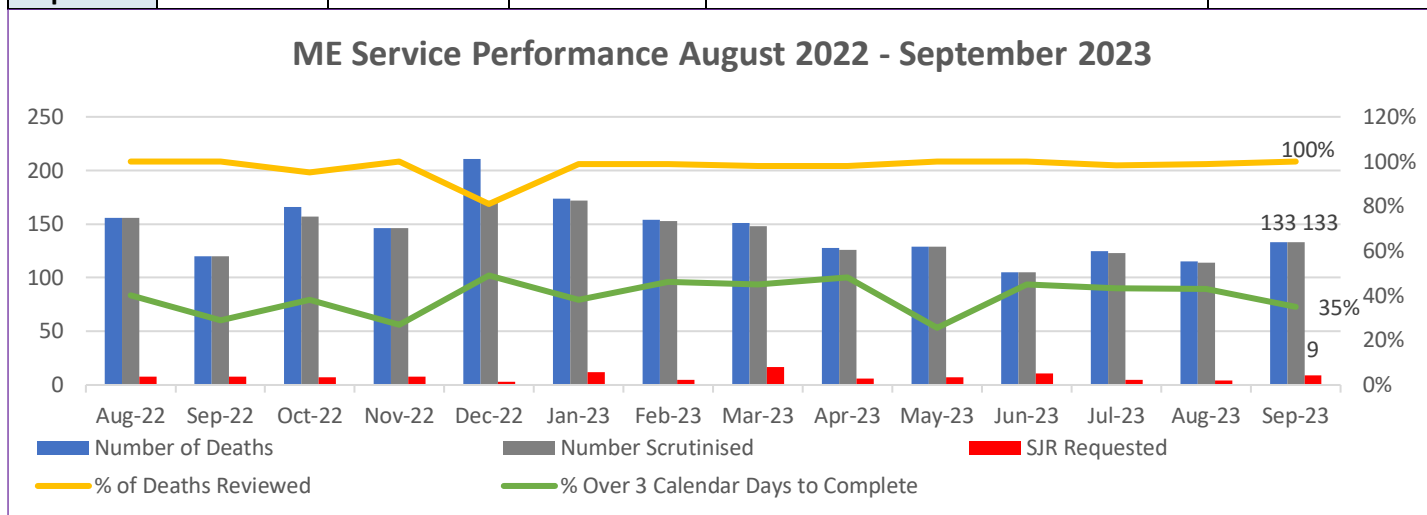
Challenges faced by the ME Service

- Timeliness of death summary completion by attending physicians impacts on the ability of the Service to complete the scrutiny process within the stipulated 3 days
- Inadequate funding by NHSE/I to operate a good quality Service

8

Mortality Surveillance Group (MSG)

The role of the Mortality Surveillance Group involves supporting the Trust to provide assurance that all hospital associated deaths are proactively monitored, reviewed, reported and where necessary investigated. A further responsibility of the group is to ensure lessons learnt from Mortality reviews are disseminated appropriately and actions implemented to improve outcome for patients and quality of services provided.

Learning from Mortality reviews identified the following needs:

- Sepsis continues to be a theme highlighted by the Structured Judgement Review. In a case discussed at MSG, there was delay in antibiotics administration due to prescribing errors. It must be clear that the prescription is for the right time and given within 1 hour if sepsis is identified.
- No planned weekend review, it is unclear if this would have changed the outcome in the case discussed at MSG. However, when a consultant plan identifies the need for a weekend review this should certainly be conducted
- Clinicians need to be aware of discussing patients' details, if their families are being contacted over phone. Leaving answerphone messages for families should be avoided in relation to bereavement.
- In another case discussed at MSG more could have been done to treat, monitor and escalate care in a timely manner, thereby optimising small chances of survival was highlighted.
- Delayed reporting of outpatient CT scan caused delayed management options & probably resulted in negative outcome for the patient.

The following practice was highlighted

- Excellent clinical review from senior Specialty Registrar who rightly challenged the consultant's decision regarding DNAR / ceilings of treatment. Letter of recommendation sent from MSG to registrar.
- All physical and holistic assessments and examinations were carried out thoroughly and in a timely fashion with appropriate and timely referrals made to other specialties and disciplines as required considering additional needs, past medical history and prognosis in a case discussed at MSG.
- Good evidence of multidisciplinary working throughout with appropriate and timely discussions with other specialities to ensure best care
- EOLC initiated well with very good communication with family
- Good investigations and management for patients with abdominal pain

9

Structured Judgement Review (SJR)

An SJR is a standardised review of a patient's death undertaken by a trained clinician making safety and quality judgement of care phases. The SJR reviewer makes explicit comments about phases of care with scores attributed to each phase and the overall care received.

Year	Outstanding SJRs	Completed SJRs
Apr 21 to Mar 22	1	111
Apr 22 to Mar 23	2	104
Apr 23 to Mar 24	9	56
SJR Total backlog	12	268

- Additional capacity to support the SJR process and continuous work with SJR reviewers to clear the SJR backlog is yielding a positive result.

- The backlog has seen a massive decline as cases within the backlog are monitored and reviewed.

- The current SJR backlog position is 12, this pertains to SJRs allocated to reviewers, yet to be completed, having exceeded the 4-week stipulated SJR turnaround time.

- There are 5 additional SJRs raised by the ME Service this year not within the backlog.

- This brings the total number of SJRs to be reviewed to 17, the lowest number of SJRs outstanding in the last 2 years.

Summary of 'Poor Care' from SJR Review

MSG Meeting	No of SJRs	Overall 'Poor care'	Overall 'Very poor Care'
Aug-23	MSG cancelled		
Sept-23	25	6	1
Oct-23	14	2	0

- In August 2023, MSG was cancelled as many stakeholders were on planned leave and the meeting was not quorate.

- In September, all management aspects of MSG were stood down and the meeting was purely clinical to discuss the large number of SJR cases due to the cancellation in August. There were 6 SJRs with an overall assessment of 'Poor care' and 1 'Very poor care' SJR discussed at MSG.

- In October, the Mortality Surveillance Group reviewed 2 SJRs with an overall assessment of 'Poor care'.

- Learning from both very poor/poor care and good practices highlighted from cases reviewed at MSG continue to be highlighted to directorates.

10

Actions from 'Poor care' SJR Reviews

- The 'Very poor care' SJR discussed at the September MSG meeting was referred to the SI panel to determine if it met the criteria for an SI declaration. It was reviewed by the SI panel and did not meet the SI criteria

- A 'Poor care' case discussed at the September MSG and another discussed at the October MSG meeting have also been referred to the SI panel and the outcome of both referrals is pending

- Feedback to directorates to aid learning from all SJRs occurs via mortality leads to teams, letter to clinical directors and senior clinicians involved in the case. Cases are also discussed through Clinical Governance meetings.

- In some specific cases, the MSG co-chair provides SJR reports and extracts from MSG meeting minutes to senior members of teams posing questions and asking for assurance around processes to aid learning.

Next steps

- The annual mortality audit is due and MSG members are working closely with the Audit team and ME Service to plan this.

- A learning from deaths section is being developed in the Patient Safety Learning Hub on the intranet. This will enable key themes, trends and cross cutting issues in the trust to be highlighted, supporting learning and change in clinical practice.

- The first series of revamped divisional mortality reports are due to be presented at clinical governance meetings in November. The plan is for mortality to be a standing agenda item in trust clinical governance meetings

- Continue to progress the Medical Examiner community roll out project.

- Continue with the active work to reduce the SJR backlog which proving effective.

11

exceptional people, outstanding care

Nursing and Midwifery Staffing Review (annual review)	**Chief Nurse**

Executive Summary:

This report outlines the outputs and recommendations of the annual nursing establishment review and describes the current nursing and midwifery staffing position, recruitment pipeline and the monitoring of safe staffing.

The annual establishment review followed the format used in 2022, and was completed during October and November 2023 to ensure that there are the correct Nursing staffing and skill mix to meet the needs of patients. In addition, this year the Safer Nursing Care Tool was implemented. This is an evidenced base tool giving data relating to patient acuity and dependency and used to inform establishment reviews.

This reviewed all nursing clinical areas within the Trust, including adult and paediatric inpatient wards, out-patient services, clinical nurse specialists, theatres, and endoscopy.

The establishment review cycle is aligned with business planning taking into consideration any proposed workforce changes the recommendations of which are included in this report.

There will be a separate establishment review of midwifery staffing, which will be completed and presented in Quarter 4.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 19/12/23

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

Information, assurance and decision.

---

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

1

1. Introduction

This report presents a full annual review of Nursing workforce to assure the Board and the public regarding Nursing safe staffing levels. In addition, this report outlines progress made over the past 12 months in relation to Nursing & Midwifery workforce. There will be a separate report reviewing the maternity workforce as further work and consideration is required to ensure all CQC recommendations are met.

Nursing & Midwifery Workforce progress over the last 12 months:

Working closely with HR colleagues significant progress has been made as outlined below:

Theme	Action
Healthcare Support Workers (HCSW)	• Saturday recruitment open days for Healthcare Support Workers, from June 2023 have been every two months with good attendance, dates have been set 2024. • Reviewed the care certificate and given more time back in the induction period for more practical teaching, to improve basic care. • Standardisation in HCSW supernumerary time established.
Recruitment	• Continuation of quarterly Saturday recruitment open days for Registered Nurses & Midwives with good attendance. • Mapping IEN recruitment in line with the nursing workforce plan. • Commenced the NMC Supporting Information From Employers (SIFE) process for HCSW who have been working for 12 months in non-registered practice in health and social care setting in the UK. • Commenced the process for 3rd students to apply for roles within the Trust (having streamlined the process following feedback from last year).
Retention	• Continuation of the Nursing Retention working group, reporting into Trust-wide Retention Programme Board. • Launch of a new preceptorship programme against national framework in May 2023. Evaluation extremely positive with new material constantly being added to reflect the needs of the organisation. • Internationally Educated Nurse/Midwife (IEN/M) Pastoral Care Nurse in post since April 2023. • Pastoral Care Quality Award received September 2023. • Successfully obtained National Preceptorship Interim Quality Mark. • IEN council established. • ACP role expansion considered in business planning with the Lead ACP for the Trust actively involved in discussions within divisions and directorates.
Safe Staffing	• Nursing Establishment Business case submitted and approved by both Board and ICB, following October 2022 establishment review. • Continuation of Healthroster Confirm & Support meetings against framework. KPI's reviewed to reflect National guidance, with significant improvement from all areas within Nursing and Midwifery. • Safe staffing policy live. • Safer Nursing Care Tool (SNCT) training rolled out. Audits completed in February, June and October 2023. Data collection tool developed and used for 2023 establishment reviews.

2

	• Critical staffing cards now live, providing structure and process for the escalation of reduced staffing. Training embedded in emergency on call training. • Significant reduction in agency spend, including new agency approval process. • The recommendations of the 2022 nursing and midwifery establishment review were accepted and approved by the Trust Board and ICB in November 2023.
Training & Development	• Daily recording of 'planned versus actuals' RAG rated, with distribution to senior team embedded into practice. • Nursing and Midwifery Strategy launched. • Successful first Nursing and Midwifery conference (November 2023), with planned future events.

2. Current Staffing Position

Significant recruitment progress has been made in the last year, with the most recent data showing that the number of Registered Nurses/Midwives (RN/RM) in post has increased by 170 WTE (from 1794.90 wte in October 2022 to 1964.2 wte in October 2023). See Figure 1.

Registered Nursing & Midwifery Vacancies have reduced to 194.4 wte, resulting in an improved vacancy rate of 9% compared to 13.6% in October 2022 (see Figure 2). Currently, there are 60.0 wte IENs that are pending completion of the OSCE exam and subsequent Nursing and Midwifery Council (NMC) pin. Following receipt of their pin, vacancies will reduce to 134.4 wte.

Figure 1: Registered Nursing & Midwifery Vacancies (WTE)

3
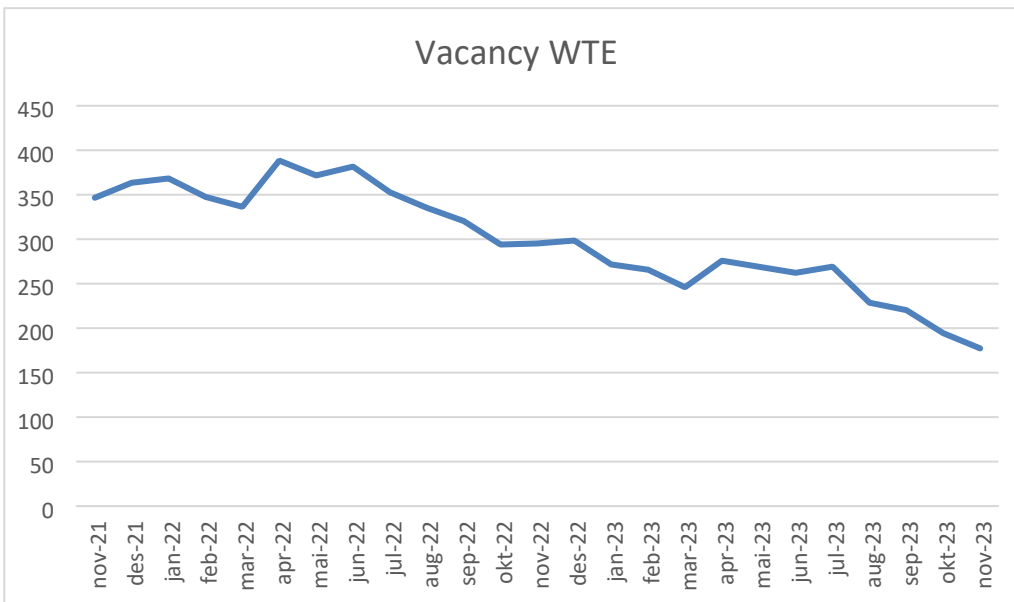
Figure 2: Registered Nursing & Midwifery Vacancy Rate
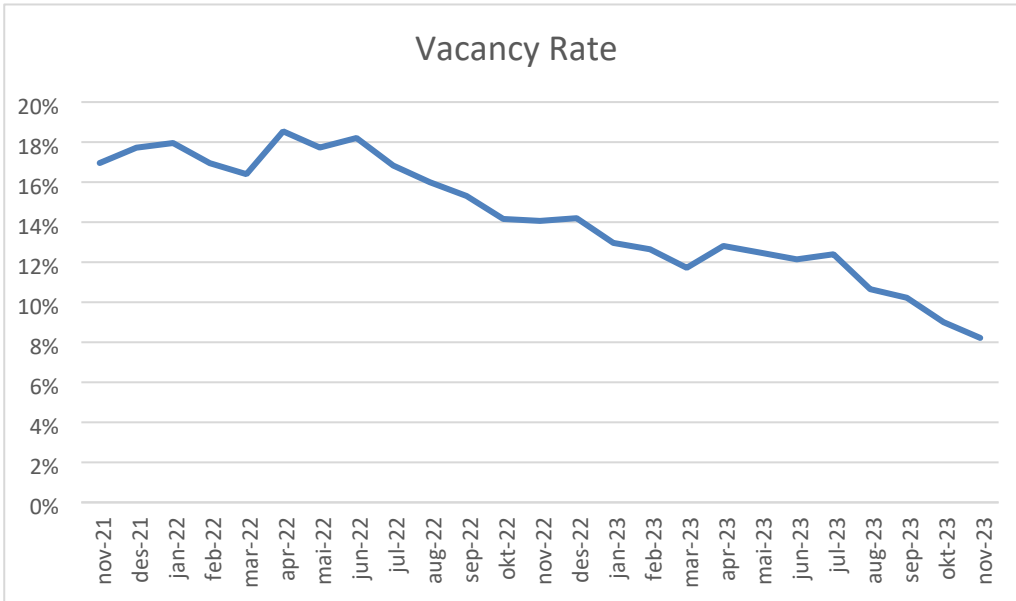
There are now 644.9 wte HCSW in post (compared to 591.91 wte in November 2022), with a current vacancy rate of 9.8% compared to 20.6% in 2022. See Figure 3.

Bi-monthly recruitment open days for HCSWs are ongoing, with a good attendance. Dates have been forecast into 2024. As a result of this, the Trust is an improved position and has been removed from the NHSE South East Region direct support plan (the Trust is no longer an outlier within the region for HCSW vacancies).

Figure 3: Healthcare Support Worker Vacancies
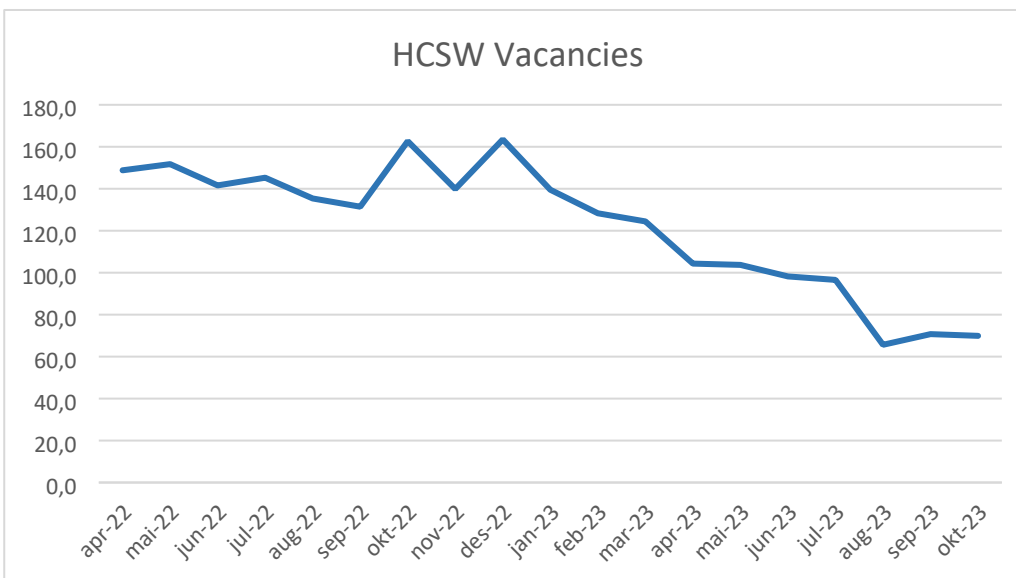
Data Source: November 2023 BI Recruitment Dashboard for Nursing Midwifery.

4

3. Recruitment

Recruitment activity has remained a focus for the Trust, and recruitment events are planned for 2024. These include an annual calendar of events, social media campaigns for hard to recruit areas, and continued attendance at national recruitment events (such as those for the Nursing Times). Despite a decrease in vacancy rates, recruitment open days will continue in 2024, with bi-monthly HCSW events and quarterly RN events. IEN recruitment continues, with predicted numbers in line with the nursing and midwifery workforce plan.

Additional Recruitment Pipelines

In line with the Nursing and Midwifery Workforce plan, further expansion of the Trainee Nurse Associate (TNA) and Registered Nurse Degree Apprenticeship (RNDA) roles will occur, with scoping undertaken to establish funding for this. There are currently 34 staff members who are on the RNDA pathway, with the first due to qualify in Summer 2024. Since 2021, 26 staff members have progressed through the TNA programme, with a further 8 expected to qualify in 2024.

4. Monitoring of Safe Staffing

Compliance with daily reporting of 'planned versus actuals' has improved, giving the senior nursing and midwifery team an improved oversight of the daily nursing and midwifery staffing in a RAG rated format. The imminent roll out of red flag safe staffing events (within clinical areas) will give further information on staffing challenges. This will facilitate the dynamic management of staffing by the matrons and clinical site team, ensuring that National safe staffing directives and governance processes are followed.

The SNCT audit has now completed its yearly cycle, with the report supporting the October 2023 establishment reviews. Further development of the SNCT audit programme will reflect the new parameters implemented in 2023 by the CNO Safe Staffing Team, and see the audit tool rolled out to the Emergency Departments.

The Critical Staffing escalation cards are now live, and will provide clinical teams and on call managers with a safe staffing escalation process. Training on these cards will be embedded by the Emergency Planning Team within the Managers On Call training.

Safe Care®

Safe Care® is used across all adult and children inpatient areas to support the real time visibility of staffing levels across the Trust. The next stage of this project is to roll out Safe Care® to the Clinical Site Team, supporting understanding of the daily acuity and dependency of clinical areas. This will also assist with dynamic management of staff through redeployment and confirmation of attendance.

Staffing Fill Rates

'Planned vs actual' staffing fill rates are monitored monthly and submitted to NHSIE.

5

	Sep-23
	92.9%
Variance / Assurance	
	Metric is currently experiencing common cause variation and has failed the target for 6+ months
Target (National)	
	93.5%
Business Rule	
	Escalated as in Hit & Miss for 6+ months
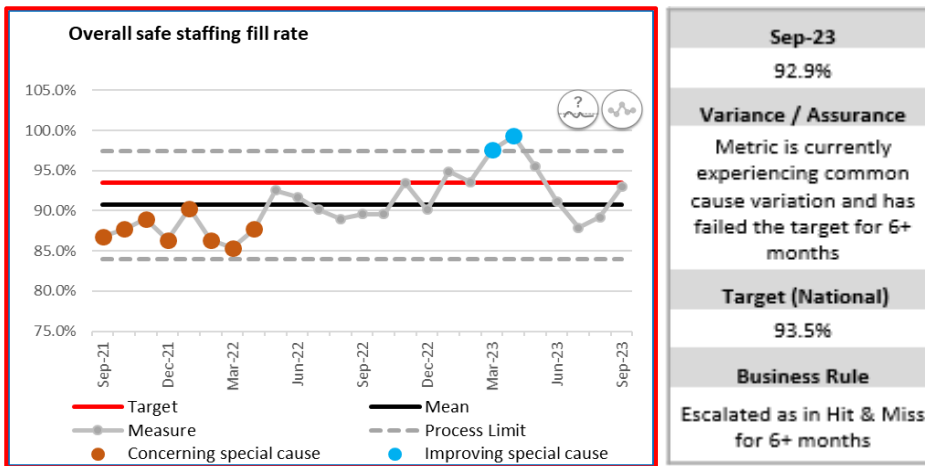
Data Source: September 2023 BI staffing fill rate data (most recent report).

Rostering confirm and support meetings have improved the utilisation of nursing rosters. These have been further enhanced by the use of Oceans Blue workforce compliance reporting and the resetting of KPI's to ensure they are in line with national parameters.

Full utilisation of this data reporting system will be shared with clinical teams, providing governance and oversight of rostering KPI compliance. A focus on reduction of temporary staffing out of hours has seen an increase in substantive staffing on these shifts.

In addition, following full approval of the Establishment review business case by the ICB, mapping of the posts will be facilitated with the Divisions. This will support the safe staffing fill rate within the clinical areas.

5. Annual Establishment Review

The annual establishment review cycle was revised in 2022 to ensure alignment with the business planning cycle. Reviews for 2023 where were carried out using methodologies set out by the National Quality Board (NQB) 'Right staff, right Skills, in the right place' (2013), 'Safe, sustainable productive staffing' (July 2016) and the Developing Workforce Safeguards: using a triangulated approach to ensure the use of:

- Evidence based tools (where they exist)
- Professional Judgement
- Based on patients' needs, acuity, dependency and risks.

The implementation of the SNCT (an NHSE/I approved and validated tool for use in establishment setting) has allowed the Trust to collect acuity and dependency data in February, June and October 2023. This data has been shared with the clinical areas and has been used in the 2023 establishment reviews.

Key Recommendations of Workforce Changes following Establishment Review

The establishment review of each department was undertaken to ensure there are safe, effective and consistent establishments across the Trust. As noted previously, the recommendations of the 2022 establishment review were accepted and approved by the Trust Board and ICB in November 2023. Implementation of these recommendations (additional roles) is underway.

6

The subsequent recommendations have been made following the 2023 review and have been prioritised based on safety. The majority of the remaining additional requirements are recommended to be taken forward within the Divisions via business planning, as these increased requirements are related to increases in activity.

As in previous years the same methodology has been applied and these recommendations have been reviewed and prioritised by the Chief Nurse and Deputy Chief Nurse for Workforce and Education. These have been split into four categories; recommended change, divisional review high priority, divisional review and on hold.

Safety Critical Recommendations

Surgical Division Recommendations

Area	Band	Recommend Change
Critical Care Outreach	7	Additional RN at night weekends (currently 1) 1.48wte
		Total 1.48

Medicine & Emergency Care Division Recommendations*

Area	Band	Recommended Change
Ward 22 (TW)	2	Additional 1HCSW on Night extra two beds (2.48WTE)
ED (TW)	5	To cover second 24hr Triage nurse (5.2wte)
A&E Paediatric Services Riverbank - NC370	5	Increase by 1 RN day and night (5.2wte)
		Total wte: 12.88

*This does not include the gap identified from the Stroke Business case of 4.93 wte RN and 18.22 wte HCSW.

Cancer Division Recommendations

Area	Band	Recommended Change
Outpatients cross site	7	I WTE Practice Development Nurse (1.00wte)
		Total wte: 1.00

Total

Area	Band	Recommended Change
		Total wte: 15.36

These are the recommendations of the annual establishment review; however, it is recognised that there has been significant financial investment in the nursing workforce in 2022/23 and recruitment to these posts continues, therefore it has not yet been possible to measure the impact of these posts.

In view of this, further analysis is required to understand how these recommendations can be fully implemented. Next steps will include a further review of the current skill mix across each division, a review of long-term vacancies and other resources and analysis of temporary staffing spend. Consideration will also be given to the development of a business case to support implementation if required.

7

Activity Recommendations – Divisions to consider, via business planning

Surgical Division Recommendations

Area	Band	Recommend Change – Divisional Lead
SAU (TW)	5	Increase night by 1 RN
SAU (TW)	5	Increase day by 1 RN
ENT	4	Increase establishment by 1.2 WTE cross site
Vascular Access Service NT401	6	Additional 2 B6 WTE to support increased activity
ITU TWH	7	1 WTE Band 7 rehab and follow up

Medicine & Emergency Care Division Recommendations

Area	Band	Recommended Change – Divisional Lead
Whatman Ward - NK959	2	Additional 1 HCSW on LD
Mercer Ward (M) - NJ251	2	Additional 1HCSW on Night
AMU/AEC (TW)	5	Addition B5 at weekend
Culpepper (M)	2	Additional 1 HCSW on Night
A&E Paediatric Services Riverbank - NC370	5	Increase by 1 NN to support 24 hour 7-day service
Paeds A&E TW	5	Increase by 1 RN day and N

Women Children & Sexual Health Division Recommendations

Area	Band	Recommendation – Divisional Lead
SCBU (TW) - NA102	7	Additional 0.5wte practice development Nurse

Area	Band	Consider Recommendation – Divisional Lead
Paediatrics Out Patients - LC451 & LC402	7	BCG Clinic paediatrics & maternity
Hedgehog	6	To support National RCPCH Standards
Paediatrics Out patients – LC451 & LC402	2	Additional 2 HCSW (1 per site)
Ward 33	2	Additional 3 WTE HCSW

Cancer Division Recommendations

Area	Band	Consider Change – Divisional Lead
HODU (TW)	6	Additional 1 WTE

Divisional Considerations

Surgical Division

Area	Band	Division to consider with activity plans
Endoscopy (M)	7	Increase by 8 wte due to increase activity
Endoscopy (TW)	7	Increase by 2.2 wte due to increase in activity
Pain Team	7	Increase band 6-7 1 wte development role
ITU (TWH)	3	Increase rota coordinator to 2.4 wte

8

Medicine & Emergency Care Division

Area	Band	Division to consider with activity plans
CCU (TW)	5	Increase Ward clerk to 1 WTE
AMU/AEC (TW)	3	2 additional HCSW(posts removed for flow coordinator)
AAU	3	1 additional HCSW (posts removed for flow coordinator)
ED (M)	5	Additional 10.72 WTE band 5- phased approach

Women Children & Sexual Health Division

Area	Band	Division to consider with activity plans
Hedgehog (TW)	7	ACP role to be converted from band 6- 7
Neo-natal (TWH)	7	Parental support sister rebanded 6-7
Children's OPD	2	1 additional HCSW on each site
Ward 33 (Gynae) (TW) - ND302	6	Triage Phone EGAU
Whitehead Ward (Gynae) (M) - NK359	6	Additional 0.8 WTE B6
Whitehead Ward (Gynae) (M) - NK359	3	Additional B3 A&C to make 1 WTE post, currently 0.64

Ongoing areas of Focus from Establishment review:

From the 2022 establishment review the Nursing & Midwifery Workforce Action Plan was developed (Appendix 2). In addition to the ongoing work, further areas of focus were identified and include the following:

- The majority of areas are reporting supernumerary time, further work needs to be undertaken to ensure this is consistent across the Trust as a 60/40 split and fully funded.
- The use of Registered Mental Health Nurses (RMNs) and Mental Healthcare Support Workers to provide 1-1 care has been reviewed over the year with the closure of the pool of RMNs. Work has continued on the enhanced care project with a Lead Mental Health Professional currently being recruited to support this essential piece of work.
- The Nursing and Midwifery teams have taken an active part in the Trusts project to reduce temporary worker spend, and have made significant progress in this area (Appendix 1).
- Currently MTW apply a 21% uplift to mitigate annual leave, study leave, sickness etc. The NHSI National Quality Board (2018) recommend an uplift of 22.2% for ward areas and 25% for specialist areas such as ED.
- During the establishment review it was recognised that increases in activity and Consultant posts have not necessary considered all aspects of the Nursing and Midwifery workforce. It is recommended that the corporate nursing team undertakes further work with the Divisions to support the mapping of activity against existing establishments as a separate piece of work.

6. Conclusion

Following the 2023 establishment review, it is recommended that there is an increase of 15.36 WTE to ensure safety in the areas outlined above, however it is recognised that in the current financial position further analysis is required to understand how these recommendations can be fully implemented. Next steps would include a review of current skill mix, long term vacancies and

9

analysis of temporary staffing spend. Development of a business case will be considered to support implementation if required. Further discussion is required in relation to the stroke business case and the associated staffing gap

A process for monitoring implementation will be agreed between the Corporate Nursing team and Finance, regarding recommendations associated with divisional business planning, where agreements are made.

Significant work has been undertaken over the last year in regard to the nursing and midwifery workforce to support safe staffing, further work is planned to embed this in 2024/2025

10

Appendix 1: Reduction in Agency Spend
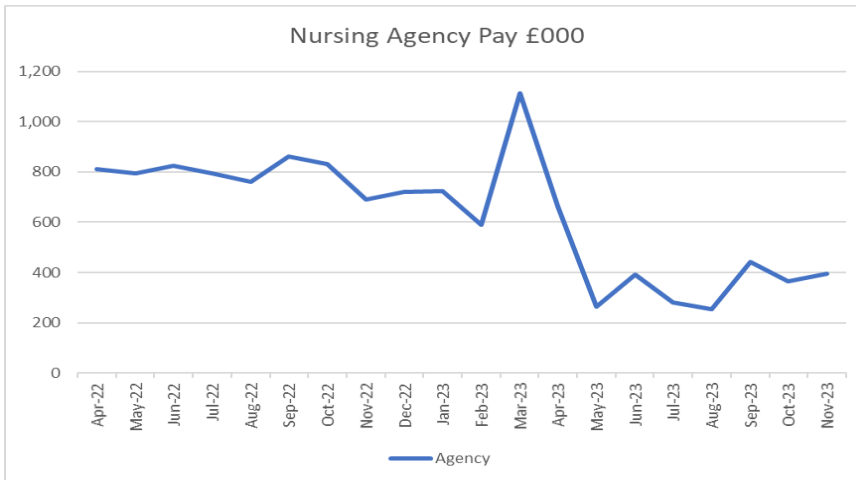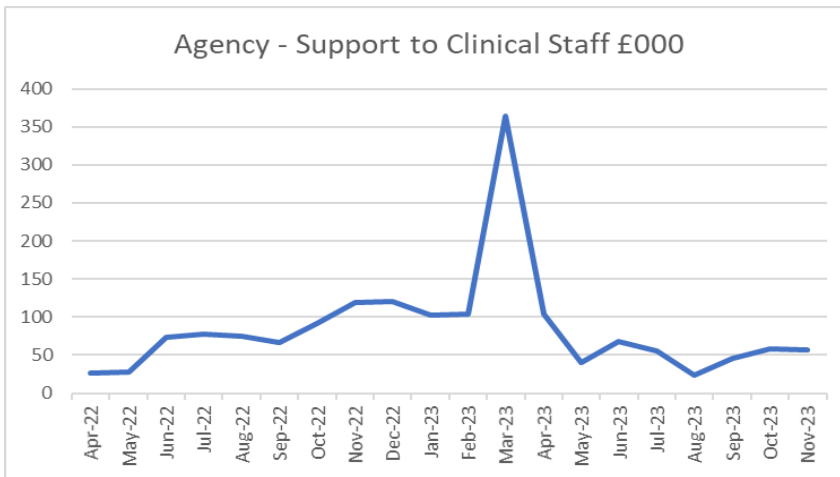
Figure 1: Nursing Agency Pay

Figure 2: Clinical Support Worker Agency Spend

11

Appendix 2: Nursing & Midwifery Workforce Action Plan (from establishment review)

Action	Owner	Status
Prioritise workforce proposals (red, amber, green, blue)	Chief Nurse/DCN	Complete
Complete gap analysis using Workforce Rota Calculator Vs roster	Matrons & Finance Managers	Complete
Understand how uplift is calculated for all bands	DCN/Head of Finance	Ongoing
Understand how band 4 roles sit in budget	Head of Finance	Complete
Agree how Healthroster actions will be completed	DCPO	Complete
Standardise skill mix % i.e number of Band 6 per ward	DCN	Ongoing
Correct discrepancies with HCSW numbers	DCN/business planning	Ongoing
Ensure workforce modelling is robust for new services	Chief Nurse/DCN	Complete
Review shift handover times in maternity	DCN/Head of Midwifery	Ongoing
Completion of birth rate+ in Maternity	DCN/Head of Midwifery	Complete
Scope safeguarding demand paediatrics and maternity	DCN Quality & Patient Experience	Ongoing
Standardise Band 7 Supernumerary time	Chief Nurse/DCN	Ongoing
Standardise admin time for CNS with a clear job planning process	DDNQ	Ongoing
Consider increase in Student nurses – rotational placements	Head of Nursing Safe Staffing	Complete
ACP role expansion to be included in business planning	DCN	Ongoing
Improve governance in healthroster, ESR and budget alignment	DCN/Head of Finance/DCOP	Complete
Standardise use Workforce Rota Calculator	Matrons & Finance Managers	On going
Uplift not meeting national recommendations of 22% ward areas and 25% specialist areas	DCN/business planning	On going
Confirm Ward Clerk uplift	Head of Finance	Ongoing
Review activity in divisional business planning and impact on nursing workforce – ED, Clinical Nurse Specialists, Outpatients, Preop, Theatres.	DDNQ/DDO	On going
Increase in consultants Vs outpatient/CNS workforce mapping	DDNQ/DDO	On going
Create model for nursing establishments within outpatient settings	Head of Finance	Complete
Standardise recruit to turnover by 2 WTE band 5's per ward	DCN/Head of Finance	Ongoing
Review budget for escalation areas	DCN/Head of Finance	Complete
Correct Healthroster discrepancies	DCPO	Complete
Flexible working agreements to be recorded centrally	DCPO	Complete
Flexible working guidance for working predominately nights.	DCPO	Not due
Agree process for professional nursing support for temporary staff	Head of Nursing SS/DCPO	Complete
Review drop down reasons for additional shifts	Head of Nursing SS/DCPO	Complete

12

To approve the plan relating to the 2019/20 workforce growth review	**Chief People Officer**

Following the submission of 2023/24 Operational Plans, NHS England (NHSE) South East Region wrote to the Kent & Medway Integrated Care Board (ICB) setting out a series of financial controls to be implemented in June. Included within the request was the following requirement:

Financial Control 1.1:
- Produce and review a complete reconciliation of staff increases since 2019/20 with full justification for post increases based on outcomes/safety/quality/new service models.
- A review of the value for money of the outcomes of these new posts should be included.
- Where value for money is not demonstrated a plan for the removal of the post needs to be in place.
- The overall plan to be signed off by the Board and the ICB.

This requirement was commissioned through the ICB, covering three specific areas of focus:
1. Detailed analysis of all posts added to the establishment between March 2020 and March 2023, the rationale for the implementation of the post, and confirmation of an ongoing requirement for the post
2. Detailed analysis of all workforce currently being utilised above establishment, rationale for their utilisation and confirmation of ongoing requirement for the posts
3. The banding profile of workforce at March 2020 and March 2023, by substantive staff in post and establishment

This report summarises the work undertaken to meet the requirements, including the ICB areas of focus and plan for the Board's approval, ahead of submission to the ICB by 31/12/23.

The response has been formally reviewed by the Executive Team Meeting (ETM) and will continue to be explored to identify areas for cost savings, considerations for potential future investment as appropriate and to ensure appropriate levels of compliance and governance on establishment growth.

Which Committees have reviewed the information prior to Trust Board submission?
- Executive Team Meeting (ETM), 12/12/23
- People and Organisational Development Committee, 15/12/23

Reason for submission to the Trust Board (decision, discussion, information, assurance etc.) [1]
For information and approval of the plan for Quarter 4 and 2024/25 business planning round, ahead of submission to the Kent & Medway ICB by 31st December 2023.

---

[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

Following the submission of the 2023/24 operational plans, NHSE South East Region wrote to the Kent & Medway ICB setting out a series of financial controls to be implemented in June. Included within this was the following requirement:

Financial Control 1.1:

  i.   *Produce and review a complete reconciliation of staff increases since 19/20 with full justification for post increases based on outcomes/safety/quality/new service models.*
  ii.   *A review of the value for money of the outcomes of these new posts should be included.*
  iii. *Where value for money is not demonstrated a plan for the removal of the post needs to be in place.*
  iv.   *The overall plan to be signed off by the Board and the ICB.*

This requirement was commissioned through the ICB, covering 3 specific areas of focus:

  1. Detailed analysis of all posts added to the establishment between March '20 and March '23, the rationale for the implementation of the post, and confirmation of an ongoing requirement for the post
  2. Detailed analysis of all workforce currently being utilised above establishment, rationale for their utilisation and confirmation of ongoing requirement for the posts
  3. The banding profile of workforce at March '20 and March '23, by substantive staff in post and establishment

This report summarises the work undertaken to meet the requirements, including the ICB areas of focus and plan for the Trust Board approval, ahead of submission to the ICB by 31st December.

Exceptional people, outstanding care

Part 1 - Establishment growth - 19/20 to 22/23

Headlines

The Trust core establishment has increased by 21% (1,293WTE) between March 2020 and March 2023. This establishment growth supports and aligns with an increase in performance.

This increase included an element of bank and agency staffing to meet demand, in particular over 2020/21 and 2021/22. These increases have been significantly reduced in the last 12 months.

This proportion began to reduce in 22/23 and 23/24, as the vacancy rate for substantive staff caught up with demand, reaching the current position of a vacancy rate of 8.4% in October 2023.

Workforce Growth March 2020 to March 2023
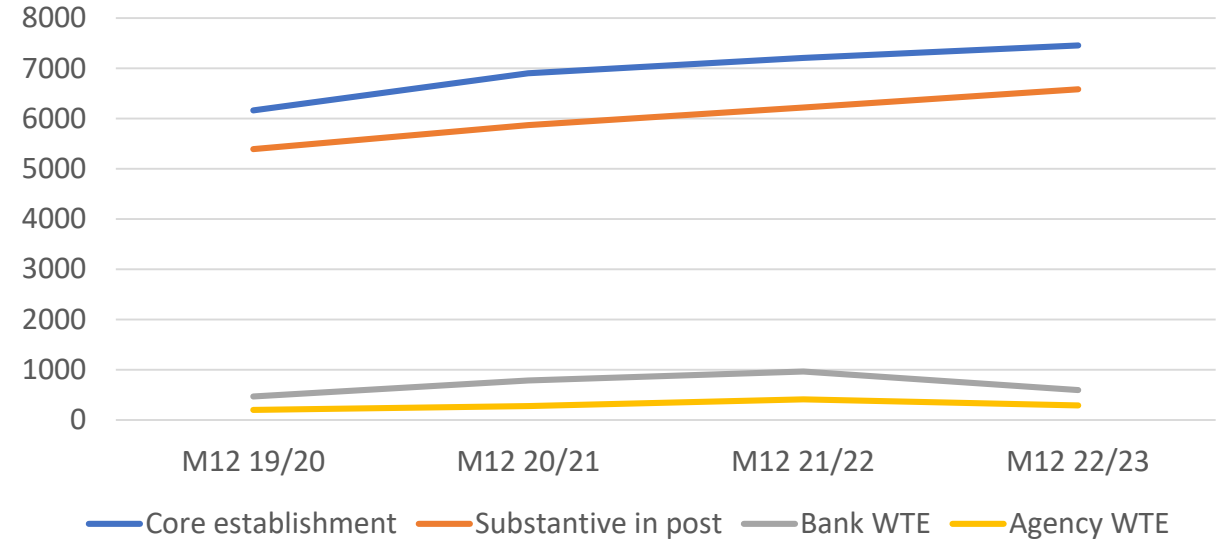
Vacancy rate (%) - March 2020 to March 2023
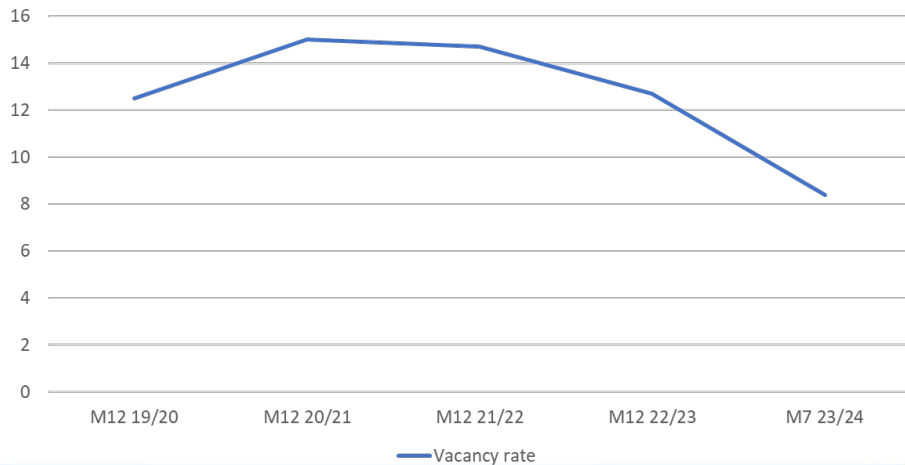
Month	Core Establishment	Substantive WTE	Bank WTE	Agency WTE	Total WTE	Workforce plan
Mar '20	6,165	5,396	466	201	6,063	6,063
Mar '21	6,901	5,869	786	278	6,933	6,909
Mar '22	7,208	6,220	961	406	7,586	7,002
Mar '23	7,458	6,584	596	289	7,469	7,306
Growth	**1,293**	**1,188**	**130**	**88**	**1,741**	**1,243**
Growth	**21%**	**22%**	**28%**	**43%**	**23%**	**21%**

Exceptional people, outstanding care

Part 1 - Establishment growth 19/20 to 22/23 – changes by division / rationale

Division/Directorate	Sum of WTE increase	Sum of Avg £ + oncosts	% increase from 19/20
Medicine & Emergency	341.52	£16,676,900.31	23.7%
Surgery	280.52	£14,404,023.14	21.4%
Core Clinical	239.23	£11,753,944.66	26.7%
Cancer Services	137.05	£7,648,146.16	27.8%
Women, Children & Sexual Health	50.56	£2,622,704.07	7.3%
Operations & Facilities	52.22	£2,053,830.32	9.1%
People & OD	47.10	£2,816,306.35	58.1%
Medical (incl Research / Education)	39.14	£2,340,344.60	56.7%
ICT	30.24	£1,808,176.31	17.1%
Corporate other (Strategy, Clinical governance, Trust Secretary, Trust Management)	24.00	£1,435,060.56	22.4%
Finance	21.52	£1,286,770.97	15.0%
Estates	17.55	£1,190,579.60	20.7%
Nursing Quality	16.21	£969,263.82	33.8%
Grand Total	**1296.86**	**£67,006,050.87**	**21.1%**

Rationale	Sum of Est FTE	Sum of Avg £ + oncosts
Approved Business Case (service no longer required)	-2.00	-£68,565.90
Approved Business Case (service still required)	771.58	£40,196,877.42
Increased Demand	97.36	£3,824,767.42
Other (more detail on next slide)	301.60	£15,338,828.05
Recovery	117.81	£6,970,625.43
Safer Staffing	10.51	£743,518.45
Grand Total	**1296.86**	**£67,006,050.87**

To note – the rationale table above has been further broken down in the following slide.

- The key drivers of growth over this period have been commissions for additional services, covering both new activity and existing from other providers. These include the Stroke service (from Medway) and Ophthalmology (North Kent). The Trust has also invested in services to improve elective recovery, urgent care, patient flow and cancer performance. With such large workforce increases, the Trust has also invested in its corporate teams to maintain effective support.

- The other driver during this period was Covid. While many of these additional roles have now been removed, there remain some retained e.g. the Covid Testing team, which is expected to remain for now. The Trust closed two escalation wards in May and July this year which are expected to open over winter, reflecting demand not having reduced to pre-pandemic levels and winter pressures.

- Any posts which have not yet been removed and are not required, will be closely reviewed and where appropriate deleted from the establishment.

Exceptional people, outstanding care

4

Business Case	Sum of FTE	Sum of Avg £ + oncosts
Commissioned Activity	440.03	£21,720,123.40
Cancer Support	107.65	£6,013,335.35
Other investment	78.10	£5,222,935.35
People and OD	51.95	£2,745,560.94
Digital	58.46	£2,346,525,45
7 day service	18.96	£1,141,528.45
National Funding	16.44	£1,006,868.24
Digital (reduction)	-2.00	-£68,565.90
Grand Total	769.59	£40,128,311.52

Other: Further Detail on Rationale	Sum of Est FTE	Sum of Avg £ + Oncosts
A reduction in hours	3.95	£197,457.87
Alternative funding identified	29.95	£1,849,795.12
Approved in business planning	1.00	£49,989.33
CIP	-58.35	-£2,532,819.55
Coding issue incorrect	0.47	£23,494.99
COVID	189.64	£7,783,672.05
Development role	3.00	£149,968.00
Funding allocated	1.40	£47,996.13
Funding for staff in post	3.83	£211,703.62
Funding for Staff Side Chair	1.40	£84,808.36
Funding rolled over	1.00	£91,000.00
Increase in hours	0.04	£1,999.57
Increase in hours - funding identified	0.80	£42,860.32
Internal System Correction	19.66	£1,328,647.71
Move of budget	9.50	£295,647.30
Needed for new Consultants	0.91	£31,197.48
Needed to fund staff in post	2.00	£110,967.35
New post but within budget	3.55	£133,173.57
No overall growth in Division	-22.38	£282,846.67
Post regrade	1.00	£70,395.65
Post regrade - within budget	0.59	£41,533.43
Post removed	-259.87	-£12,529,485.50
Quality	1.00	£98,510.75
Rebanding	9.96	£752,688.90
Recoding	146.40	£6,901,693.89
Regular vacancy	0.40	£36,400.00
Restructure/Rebanding	19.79	£1,354,574.50
Safety	29.30	£1,114,637.69
Skill Mix	152.49	£6,868,766.92
Temporary Secondment	0.50	£58,482.78
To fund staff in post	7.67	£325,645.75
Unit Manager required	1.00	£60,577.40
Grand Total	301.60	£15,338,828.05

- Aside from approved business cases and Covid, the next largest set of changes related to the banding / skills mix of teams at a local level, reflecting the need for an agile set of resource to support the service requirements of the time.

- Every change has been validated through an approved business case, a small number of 3.27WTE remains under review.

- Where posts have been established at risk to respond to significant operational or service demand without future recurrent funding these will being picked up through divisional finance meetings and will form part of both the identification of cost improvement for 2023/24 or will be subject to business planning review if costs pressures are not predicted until next financial year.
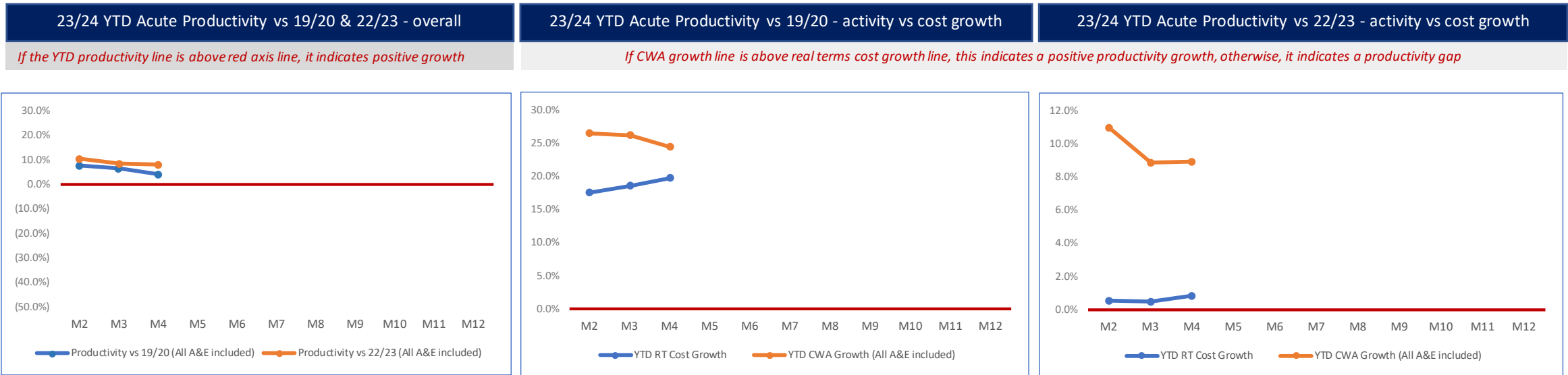
Exceptional people, outstanding care

Productivity, based on real terms cost weighted activity (CWA) and cost growth has increased in MTW by 3.6% since 2019/20. This is in contrast to the Kent & Medway ICB, which has decreased by 14.3% over this same period of time.

In addition to the CWA figures, performance in elective RTT, urgent care (evidenced through ED performance) and cancer are all positive.

This indicates that the investment and oversight of new roles within the Trust during such a period of change have ensured productivity has not only been protected, but increased. AS covered in previous slides the establishment growth exercise has identified a small number of posts within the establishment (mainly related to Covid response) which are not required going forward and will be reviewed and removed from the budget.

23/24 YTD Acute Productivity vs 19/20 & 22/23 - overall	23/24 YTD Acute Productivity vs 19/20 - activity vs cost growth	23/24 YTD Acute Productivity vs 22/23 - activity vs cost growth
If the YTD productivity line is above red axis line, it indicates positive growth	*If CWA growth line is above real terms cost growth line, this indicates a positive productivity growth, otherwise, it indicates a productivity gap*	

Exceptional people, outstanding care

Part 2 – Analysis of workforce being used 'above establishment'

Workforce 'above establishment' has been defined as any staff group within a division where the cumulative substantive, bank and agency use exceeds the budget WTE as a **snapshot at 31 October 2023**. The review identified areas of above establishment as set out in the table.

Common themes for over-establishment in clinical areas are related to the cover of long term absence (sickness, maternity leave etc.), the impact of industrial action and covering Internationally Educated Nurses who are in the process of gaining their OSCE and are supernumerary.

The other theme, relating in particular to Facilities, has been the increase in service demand. This will need to be factored in to 2024/25 planning.

The newly established divisional vacancy control panels also now ensure a greater level of oversight to new roles being approved and advertised.

None of the posts identified as over establishment are substantive, which does allow for them to be removed in future.

To note – this is a snapshot as at 31st October, some costs have already been removed (e.g. industrial action cover). However, if this picture maintained over 12 months, it would equate to ~150WTE over establishment, at an estimated additional cost of approx. £6m - £8m.

Division	Staff Group / WTE over	Reason / plan to reduce
Medicine & Emergency Care	Admin & Clerical (20 WTE bank, 2 WTE Fixed Term Contracts)	Bank – introduction of Sunrise in ED has temporarily increased resource requirement FTC – 2 recruitment leads (business case being prepared)
Medicine & Emergency Care	Medical (combined bank/agency of 33WTE)	Continued budget review is ongoing through finance reconciliation and establishment control. Cover for absence and other contingencies are included,
Medicine & Emergency Care	Nursing (combined bank/agency of 9WTE)	Cover for IENs while substantive colleagues obtain OSCE
Cancer Services	Nursing (bank 7WTE)	Cover for maternity leave, sickness and unplanned absence
Surgery	Medical (bank 24WTE)	Cover for industrial action and RMO cover
Surgery	Nursing (combined bank/agency 13WTE)	Cover for sickness absence, increase in demand and IEN supernumery
WC&SH	Medical (bank 7WTE)	Cover for increased demand and industrial action
Facilities	AfC (bank 41WTE)	Increased demand (night catering, cleaning regimes) and sickness cover

Exceptional people, outstanding care

Part 3 - MTW's banding profile

The table below outlines the current proportion of staff at various bandings when compared to other trusts in Kent & Medway (orange), as well as the relative change in those bandings when compared to 2019/20 (green).

Further analysis in the following slide.

SIP	Mar '23 % of Total							Growth %					
	DGT	EKHUFT	MTW	MFT	KMPT	KCHFT		DGT	EKHUFT	MTW	MFT	KMPT	KCHFT
Apprentice	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%		0.00%	-79.45%	0.00%	0.00%	0.00%	0.00%
Band 1	0.03%	0.00%	0.20%	0.00%	0.00%	0.00%		0.00%	-100.00%	-57.30%	0.00%	0.00%	-100.00%
Band 2	14.95%	18.35%	15.79%	22.91%	14.56%	9.64%		13.46%	-0.36%	4.50%	5.19%	-6.44%	-24.34%
Band 3	10.13%	8.52%	11.56%	6.53%	17.85%	19.35%		22.05%	8.23%	22.80%	1.76%	12.93%	19.68%
Band 4	7.56%	9.03%	10.21%	7.81%	9.37%	15.03%		56.99%	37.07%	54.95%	28.07%	49.19%	11.02%
Lower Grade	**32.68%**	**35.93%**	**37.75%**	**37.24%**	**41.79%**	**44.02%**		**24.24%**	**8.75%**	**19.56%**	**8.61%**	**10.98%**	**3.60%**
Band 5	20.11%	21.05%	17.28%	17.40%	10.64%	14.95%		40.61%	43.82%	12.19%	7.77%	12.01%	22.43%
Band 6	15.44%	14.46%	13.68%	16.16%	19.07%	18.01%		12.79%	14.21%	20.27%	15.03%	4.12%	-1.75%
Band 7	10.93%	9.99%	11.40%	8.28%	12.37%	14.75%		33.98%	14.49%	24.34%	27.60%	30.15%	12.88%
Band 8 - Range A	3.61%	2.79%	4.10%	2.40%	4.47%	3.83%		31.53%	26.72%	38.52%	8.76%	13.36%	14.63%
Middle Grade	**50.09%**	**48.28%**	**46.47%**	**44.25%**	**46.55%**	**51.54%**		**28.79%**	**26.33%**	**19.42%**	**13.76%**	**12.82%**	**9.78%**
Band 8 - Range B	1.60%	1.34%	1.32%	1.08%	2.67%	1.40%		71.27%	12.34%	27.84%	23.52%	27.70%	19.59%
Band 8 - Range C	0.63%	0.47%	0.73%	0.50%	1.30%	0.62%		40.46%	90.58%	101.39%	45.09%	70.17%	15.72%
Band 8 - Range D	0.28%	0.23%	0.22%	0.20%	0.88%	0.19%		-14.06%	-2.26%	-21.90%	98.68%	22.19%	-53.04%
Band 9	0.33%	0.13%	0.41%	0.23%	0.42%	0.24%		168.89%	490.00%	177.78%	45.14%	188.96%	183.16%
VSM	0.19%	0.24%	0.29%	0.15%	0.53%	0.17%		0.00%	-11.49%	12.27%	-42.18%	17.33%	-14.29%
Higher Grade	**2.86%**	**2.41%**	**2.97%**	**2.17%**	**5.79%**	**2.62%**		**54.97%**	**22.33%**	**42.38%**	**24.12%**	**38.97%**	**9.49%**
Trainees	5.96%	5.75%	4.98%	5.44%	0.25%	1.22%		39.75%	15.71%	-25.21%	16.44%	178.33%	16.79%
Career/Staff Grades	3.23%	2.23%	2.75%	5.74%	2.45%	0.52%		39.70%	21.03%	#DIV/0!	61.45%	38.09%	-1.19%
Consultants	5.00%	5.39%	5.08%	5.16%	2.86%	0.03%		31.45%	13.52%	20.14%	14.50%	-3.44%	-76.92%
Other	0.00%	0.00%	0.00%	0.00%	0.32%	0.06%		0.00%	0.00%	-100.00%	-100.00%	-63.36%	-28.57%
Medical & Other	**14.38%**	**13.37%**	**12.81%**	**16.35%**	**5.88%**	**1.83%**		**36.70%**	**17.15%**	**17.31%**	**27.86%**	**3.05%**	**3.35%**
Grand Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**		**28.86%**	**17.93%**	**19.77%**	**14.01%**	**12.64%**	**6.85%**

Exceptional people, outstanding care

Part 3 - MTW's banding profile

Headlines

Junior grades – when compared to other Trusts, we are on the higher end of junior graded staff in the acute sector. This group has also grown at almost the exact same rate as the overall organisation, this is whilst improving on efficiency and performance, demonstrating that the foundation of the Trust from a banding perspective has remained strong over this period.

Middle grades have also grown roughly in proportion with the overall organisation, and when comparing with similar organisations is on the lower end when compared with others across the system.

Whilst we have seen growth in the higher grades over this period this has brought the Trust into the broadly comparable range demonstrating that historically these roles have not been in line with the average across the system. These increased were approved as part of validated business cases.

The main factors for the changes in number at our senior level has been to recognise the increase in size/scope of the Trust and the requirement to attract / retain senior managers of sufficient calibre to deliver to this agenda.

Medical workforce is the area where growth has been lower than the Trust average by a significant proportion. This highlights across the Trust areas of potential future workforce focus as part of the service and business planning process for 2024/25 and for consideration of where there are potential risks in our workforce skill demographics.

SIP Mar '23 WTE	DGT	EKHUFT	MTW	MFT	KMPT	KCHFT	Total
Band 8 - Range B	61.91	122.45	87.59	47.68	89.15	63.54	472.32
Band 8 - Range C	24.44	42.75	48.28	22.3	43.41	28.07	209.25
Band 8 - Range D	11.00	21.12	14.79	9.00	29.46	8.50	93.87
Band 9	12.91	11.80	27.00	10.16	13.87	10.76	86.50
VSM	7.16	22.13	19.30	6.84	17.6	7.80	80.83
Higher Grade	**110.25**	**220.25**	**196.96**	**95.98**	**193.49**	**118.66**	**935.60**

SIP Mar '23 %	DGT	EKHUFT	MTW	MFT	KMPT	KCHFT	Total
Band 8 - Range B	13.11%	25.93%	18.55%	10.09%	18.88%	13.45%	100.00%
Band 8 - Range C	11.68%	20.43%	23.07%	10.66%	20.75%	13.41%	100.00%
Band 8 - Range D	11.72%	22.50%	15.75%	9.59%	31.38%	9.06%	100.00%
Band 9	14.92%	13.64%	31.22%	11.75%	16.04%	12.44%	100.00%
VSM	8.86%	27.37%	23.88%	8.46%	21.77%	9.65%	100.00%
Higher Grade	**11.78%**	**23.54%**	**21.05%**	**10.26%**	**20.68%**	**12.68%**	**100.00%**
Proportional Split Based on Total SIP (All bands)	**12.09%**	**28.61%**	**20.76%**	**13.87%**	**10.47%**	**14.21%**	**100.00%**

Exceptional people, outstanding care

Financial and workforce controls

In addition to the workforce growth review, there are a number of controls in place regarding workforce changes:

Existing controls

- Business Case Review Panel and robust challenge and ROI requirements
- Monthly Finance divisional panels
- HRBP / senior oversight of any higher starting salary requests (in line with AfC guidance)
- Job Evaluation panels for consistent role banding (in line with AfC guidance)
- Executive sign off of non-clinical agency and any over framework (break glass) approvals
- Annual workforce planning as part of the business planning cycle

Controls introduced in 2023/24

- Vacancy control panels - introduced in October 2023, these weekly panels are led through the triumvirates across all divisions, including Corporate Services. Supported by Finance Managers, HR Business Partners and Recruitment, to support / challenge all vacancies. This has already resulted in the delay or cancellation of some vacancies, pending further authorisation
- Premium Spend Programme controls – a range of controls including a revised agency approval policy (August 2023) and ensuring that agency interactions are handled by the Temporary Staffing team.
- Rostering compliance has also been a significant focus as poor rostering and planning impacts directly on our temporary staffing spend.
- Removal of a small number of posts that have been vacant for over 6 months with no active plans to recruit which will continue.

Exceptional people, outstanding care

Plan

As the review demonstrates, MTW has seen significant growth and associated productivity since 2019/20. This identification of investment and growth continues to be reviewed in order to highlight areas of focus, particular areas to dig further to review cost pressures and opportunities for cost avoidance, in particular ensuring the link between any WTE increase and productivity continues as we look to 2024/25 and for opportunities for further efficiencies for productivity growth.

In addition to the existing work and controls, there are some key activities required for the remainder of 2023/24 and into 2024/25:

1) Increasing our substantive workforce and reducing the need for bank / agency through the Workforce Supply and Premium Spend programmes:
- Further reduction of the vacancy rate, driven through workforce planning and continued improvements to the recruitment process through automation
- A Q4 focus on groups where turnover remains well above the 12% target: Admin & Clerical and staff with less than 24 months service
- A focus, through clinical, operational and HR leads, on implementing improvements agreed through ETM to consultant resourcing, looking to improve talent identification, attraction, selection and onboarding of consultants and ultimately reducing the number of vacancies in this group
- Continued work through the Temporary Staffing team to lead negotiations with long-serving agency staff to convert to substantive / bank and therefore reduce spend in this area
- All roles highlighted as being above establishment to be reviewed to ensure they are either removed or factored as part of the 2024/25 planning round

2) 2024/25 Business Planning
- This round of planning is expected to formally commence in January 2024, with operational, HR and Finance colleagues working together, in line with NHSE / ICB guidance (expected week beginning 18th December)
- In this round of planning, there will be a focus on the removal of posts which have been vacant for over 6 months, with no recruitment activity.
- Roles which have been aligned with Covid / recovery will also be scrutinised to ensure they are still required.

The Board is asked to approve this plan, ahead of submission to the ICB by 31st December.

UPDATE ON THE WEST KENT HEALTH AND CARE PARTNERSHIP (HCP) AND NHS KENT AND MEDWAY INTEGRATED CARE BOARD (ICB)	DIRECTOR STRATEGY, PLANNING AND PARTNERSHIPS

The enclosed report provides an overview of developments in West Kent Health Care Partnership and the Kent & Medway Integrated Care Board.

Which Committees have reviewed the information prior to Trust Board submission?
- Executive Team Meeting, 19/12/23

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

---

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

ICB and West Kent HCP update

December 2023

ICB/ System news

- The ICB are inviting organisations in K&M to engage with the NHS England (London and south east regions) consultation about very specialist cancer treatment services for children.

- For K&M they are currently provided by The Royal Marsden at its site in Sutton and St George's Hospital in Tooting. The consultation will help NHS England decide where they should be in the future and closes midnight on 18th December.

- The K&M wide digital pathology business case was supported by MTW, EKHUFT and the ICB.

- The provider collaborative are now established with work underway to commence the acute services review and the first community collaborative meeting taking place on 11th December.

Exceptional people, outstanding care

West Kent HCP

- The ICB staff consultation with HCP facing staff has been completed. For WK HCP we have been able to mitigate the potential redundancy with requests for reducing hours that have met the requirements.

- The WKHCP Primary Care Demand and Capacity Project is now in its final phase to establish a clear picture of the demand and capacity of each GP Practice within West Kent. There has been a short delay due to IG requirement and therefore will now complete in March 2024.

- Work continues to progress in the HCP priority areas:
    - Frailty and complex care
    - Adult and children's mental health
    - Integrated Neighbourhood Teams
    - Health inequalities
    - Discharge and flow

Exceptional people, outstanding care

Risks and challenges

- *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.

- *Finance pressures* – the system pressures and focus on financial balance is likely to have an impact on the development activities of the HCP for 23/24 and 24/25.

Exceptional people, outstanding care

Update on the Virtual Ward service	**Medical Director**

The enclosed report provides information on…
- An evaluation of the Virtual Ward since its implementation in November 2022
- A forecast plan for the Virtual Ward including activity, clinical pathway development and the service model
- Finally, the key risks and challenges to the Virtual Ward will be outlined

Which Committees have reviewed the information prior to Trust Board submission?
- The Executive Team Meeting (ETM), 19/12/23

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

AN EVALUATION OF THE MTW ACUTE VIRTUAL WARD

Including Hospital Avoidance

1.0   Executive Summary

The Acute Virtual Ward (VW) was introduced in MTW in October 2022 aligned to national priorities promoting the use of virtual wards to support acute healthcare demand and the investment of £1,498k by the Integrated Care Board to implement the Service.

The objective of the Virtual Ward was to reduce Emergency Department (ED) attendance, hospital admission and improve flow and occupancy rates using the Virtual Ward model. Improved clinical effectiveness, patients' experience and financial efficiencies were other benefits of the new service.

Since its implementation over 350 patients have been accepted with Respiratory, Medical, Haematology, Stroke and Frailty pathways in place. This has resulted in over 2400 bed days being saved in the first year. Additional pathways are being developed including Total Parental Nutrition (TPN), Gastroenterology, Diabetes and urology.

The Service, at its one-year milestone has not met the 10,000 bed days savings suggested by NHSE. Activity during the first 5 months of the service was low, however engagement with clinicians and pathways (medical and frailty) coming online have increased activity to about 70 patients a week.

The ability to increase activity is largely dependent on the availability of treatment slots provided by KCHFT's Urgent Care Virtual Ward (UCWV). On average only 50% of the required treatment slots have been provided and is the single biggest risk to the Service. This has an impact on the level of clinical engagement and confidence of clinicians to refer patients to the service. Staggered recruitment as part of the Service implementation resulted in missed opportunities. There was scope for over 200 patients to have been accepted by the virtual ward over 5 months which did not occur. The Service has a 15% rate of return from the Virtual Ward via 2 pathways, 11% return to an acute bed base whilst 4% return for an assessment and go back to the Virtual ward.

The recommendation is a 60 patient bed Virtual Ward run over 7 days with a 200-patient monthly capacity by April 2024. To achieve this the Service will require 80 treatment slots provided by the UCVW consistently. Additional pathways in the pipeline will need to be developed with good engagement from clinical teams. There is scope for referrals to come into the Virtual Ward from the Clinical hub working with primary care. Based on this forecast the Service is expected to save over 12,000 bed days with an associated cost saving of £4.8 million. The monitoring hub forecast cost is £1.62 million to run the Service for another year, this does not take into consideration the treatment element of the hub. The expectation is that the UCVW will need to employ 10 additional nurses to meet the increased demand of 80 slots a day.

A Quality Assurance framework will need to be developed to support the Service ratified by the HCP Quality Committee (and possibly the MTW/KCHFT quality assurance fora) early next year.

2.0   Evaluation Aims Objectives and Outcomes

The purpose of this evaluation is to provide local evidence on the effectiveness of the Acute Virtual Ward in monitoring and providing treatment to MTW appropriate in-patients within the community. Especially in the areas of hospital avoidance, length of hospital stay, escalation bed need, early discharge, flow through the hospital, satisfaction and experience of patients utilising the Service, clinical effectiveness and safety, financial viability of the service and areas requiring improvement.

2.1.1   Figure 1: The Virtual ward team (See Appendix 1)

2.2   The MTW Virtual Ward

The MTW Acute Virtual Ward consists of a centralised hub based at Maidstone General Hospital, providing nursing cover 24 hours a day 7 days a week. Senior nurses work on each site to support the identification of patients suitable for pathways supported by the Virtual Ward. Appropriate patients are sent home with an iPad if they do not have a smart phone device and equipment with remote monitoring by the hub. Patients provide

vital signs on a daily basis via the Luscii app (See Appendix 2) using provided wearables and patients are contacted via daily Facetime calls by the nurses in the hub. Luscii was procured by the trust in April 2022 for £452.6k for 2 years, until march 2024

3.0   Results and Findings

3.1   Acute Virtual Ward Activity

3.1.1   Figure 3: Acute Virtual Ward Activity
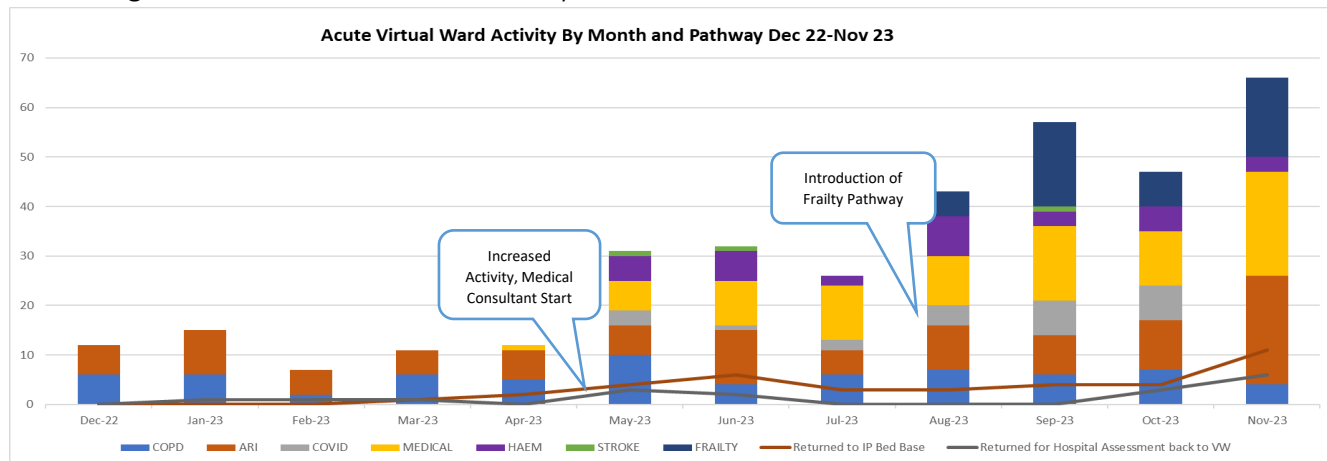
The Virtual Ward activity has been rising, it commenced with a respiratory pathway averaging 12 patients a month. The introduction of additional pathways and engagement with a medical consultant, Dr Andrew Ross-Parker providing medical oversight and referrals to the Virtual Ward has significantly increased activity up to 69 in the month of Nov. There are several pathways in development including General Surgery, Orthopaedics, Total Parental Nutrition (TPN), Urology, Gastroenterology, Diabetes and Endocrinology

3.1.2   Treatment Capacity of UCVW versus Acute Virtual Ward Demand (See Appendix 3)
The Capacity of the UCVW to provide treatment in the community has a negative impact on the number of patients that can be referred to the Acute Virtual Ward. On a monthly basis, the UCVW has only been able to provide on average 50% of the treatment required by patients on the Acute Virtual Ward. There was also missed opportunity to refer patients to the Virtual Ward. The data shows that if all of those patients where referred to the Virtual Ward, it would have resulted in a 100% increase in activity. Some of the blockages internal to MTW include Doctors declining, HTS not followed up, VW not followed up or no established pathway in place. External blockages were attributed to the capacity of the UCVW.

Table 1: Virtual Ward Activity, Associating Cost Savings and Missed Opportunity

Dec.22 -Oct 23 Activity, Beddays Saved and associating cost savings						Potential Opportunity Missed June 23-October 2023		
Pathway	Patient No	Bed Cost (£)	Av. LOS (day)	Bed days saved	Bed days saved	Patient No	Bed days saved	Bed days saved
General Medicine	63	350	2	105	£36,824	126	210	£73,647
Respiratory	169	350	9	1270	£444,512	338	2540	£889,025
Frailty	29	350	12	291	£101,703	58	581	£203,406
Haematology	29	770	6	145	£111,873	58	291	£223,747
					£694,912			£1,389,824

The total number of bed days saved was calculated with an average LOS for each specialty, amounting to just under 2000 bed days in the year. This includes ED avoidance; hospital admission avoidance and reduced ward stay from patients referred from the wards. The bed days saved from reduced LOS on the ward has been reduced by 50% to factor in the Inpatient stay on the ward. The business case estimated a 10,000-bed day saving in the first year and the Service met 20% of this target. However, the first 5 months after the Virtual Ward implementation activity was low, this has started to improve with increased clinical engagement and as more pathways are developed

Table 1 outlines the financial costs and bed days saved since the introduction of the Virtual Ward amounting to over £690K. The missed opportunity for transfers to the Virtual Ward who met the inclusion criteria would have doubled activity in the Virtual Ward resulting in over £1.3m in savings which is just under the £1.5m investment from the ICB. Taking into consideration that this was the first year of the Virtual Ward, initial activity was low as pathways were developed with engagement from clinicians. However, to realise increased benefits, improvement work to develop additional pathways, engagement with clinicians, adequate staffing levels in the Virtual Ward and capacity to provide treatment in the Hospital at Home team (UCVW) is required for the Virtual Ward to be viable

Quality

3.2 Governance

7.3.1   Governance flow diagram (See Appendix 6)
Governance arrangements were developed and have being horned over time to strengthen quality governance. MTW hold the contract for the Virtual Ward but a memorandum of understanding sits between MTW and KCHFT. Both providers have a quality governance framework and are obliged to assure their respective boards (and/or Quality Committees) whilst the HCP holds strategic responsibility of the service through its joint quality committee and joint executive meeting (then on to the board)

3.3 Patient Satisfaction

3.3.1   Friends and Family Test / Patient Feedback
A survey of 19 users of the Virtual Ward Service participated in the friends and family test with 95% of responders rating the service as good or very good. And 5% neither good or poor indicating the good experience for service users of the Virtual Ward. There has also been good feedback from service users and instances where patients have been able to take part in family and community events because of the availability of the Virtual Ward Service. (See appendix 5)

3.4 Clinical effectiveness and Safety

Work is ongoing to streamline the process when patients die at home but are on the Virtual Ward so they are efficiently transferred to our acute site mortuaries. This ensures a consistent and respectful handling of all deceased individuals. There has been, sadly, 1 patient dying on the Virtual Ward, a review by the Medical Director has been completed and a Structured Judgement Review will be conducted in line with the learning from deaths process.

3.4.1   Rate of Return
Patients who are deteriorating or contact the Virtual Ward monitoring hub are returned to the hospital within 2 hours of first contact. 15% of patients on average return to the hospital via two pathways, some patients get admitted back into MTW's bed base (11%) whilst others come in for an assessment and go back unto the Virtual Ward (4%).

3.4.2 Incidents associated with the Virtual Ward

There have been 5 incidents raised associated with the Service, upon validation by the senior virtual ward team 4 were inappropriate incidents logged and have been closed. Two of those incidents have resulted in training being offered about the service and its processes. A fifth incident is still undergoing investigation and remains open. (See appendix 7)

4.0 Discussion

4.1 Service Improvements

Analysis of the performance of the Virtual Ward since implementation in Dec 2022 has highlighted key challenges that the Service faces and areas of improvement to boost activity and increase both quantitative and qualitative benefits.

Clinical Engagement is a critical success factor for the Virtual Ward Service and further engagement is required to bring online pathways under development. **Treatment capacity of the Urgent Care Virtual Ward** to deliver treatment has been a major challenge for the Service and a sustainable plan need to be in place. The planned increased activity in 2023/24 is dependent on treatment provision in the community and a major risk to the Acute Virtual Ward Service. **Developing additional specialty pathways** is key to growing the capacity of the Virtual Ward. Developing collaborative working with the **Clinical Hub** will increase the scope of the Virtual Ward working with the Clinical Hub to reduce activity at the hospital front door. Formalise **collaborative working with the community** working with first responders/ emergency services including the fire brigade, police and ambulance service. This is important as conveyance of Virtual Ward patients back to the hospital is dependent on them and forms a critical part of the Virtual Ward '*golden hour*' protocol.

An options appraisal has been conducted (see appendix 8), the recommendation is to operate a 60 Bed capacity Virtual Ward with treatment delivered by KCHFT's UCVW.

4.1 Preferred Option: 60 Bed Capacity Virtual Ward with treatment deliver by KCHFT's UCVW.

4.1.1 Figure 12: Forecast Activity with Service improvements

Acute Virtual Ward Forecast Activity and Beddays Saved By Month and Pathway Dec 22-Oct 24
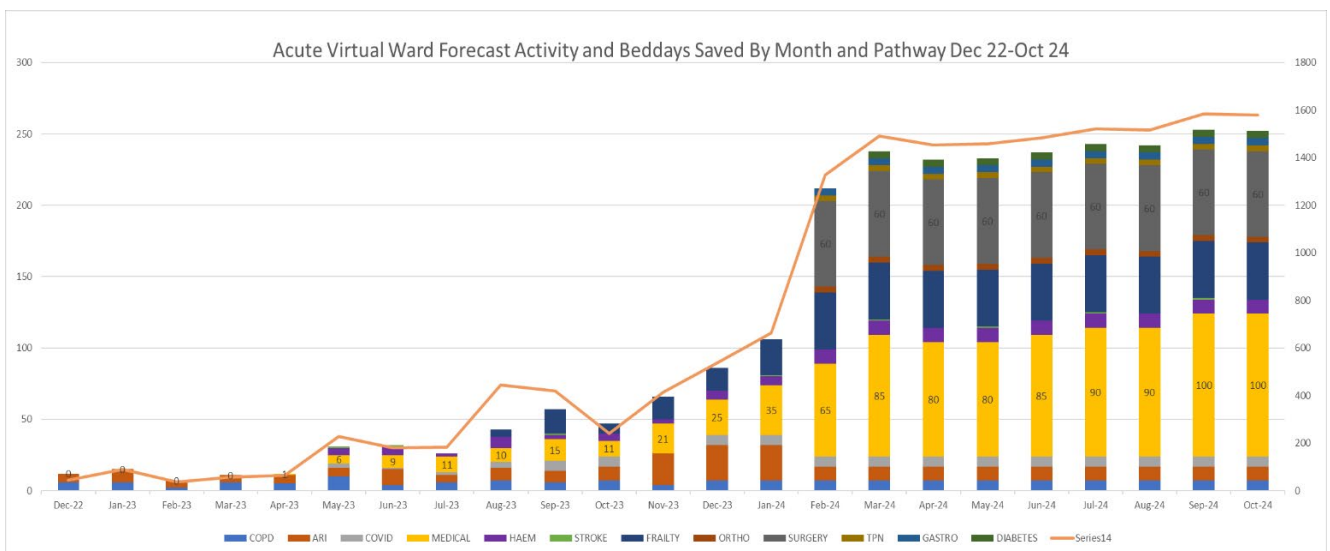
The graph above models the increased activity of the Virtual Ward in 2023/24 with the introduction of new pathways currently being developed with specialties. The new year should see an increase in Frailty activity, Surgery, Gastro, orthopaedics, Urology, Diabetes and TPN. This activity increase in the graph does not take into consideration possible benefits of working with the Clinical Hub. The estimation is over 1600 bed days saved on a monthly basis.

The plan is to operate the Virtual Ward with a 60-bed capacity at any one time offering a 7 days Service. The average LOS for patients in the Virtual Ward will be 7 days with a monthly capacity of about 200 patients. 50% of the forecast activity will require treatment in the community ranging from 2 to 3 slots a day amounting to about 80 slots per day (See Appendix 9). Currently, the UCVW inclusion criteria does not provide for patients with more than 2 treatment slots a day and 50% percent of forecast activity will require support from the UCWV. This introduces a risk to our ability to deliver on the forecast activity.

Pathway	Patient No	Bed Cost (£)	Av. LOS (day)	Bed days saved	Est. savings (not including the cost of the VW)
RESPIRATORY	320	£350	7	1870	£654,640
MEDICAL	856	£350	5	3574	£1,250,830
HAEM	105	£770	17	1490	£1,147,666
STROKE	5	£350	4	17	£5,845
FRAILTY	417	£350	12	4178	£1,462,419
ORTHOPAEDICS	36	£350	17	511	£178,857
SURGERY	540	£350	5	2255	£789,075
TPN	36	£350	30	902	£315,630
GASTRO	45	£350	7	263	£92,059
DIABETES	40	£350	10	334	£116,900
TOTAL	2400			15394	£6,013,921
Adjusted at 80% Occupancy rates	1920			12315	£4,811,136

The above table estimates the benefits of the forecast activity. Operating at 80% capacity running a 60 bed Virtual Ward, the expectation is just over 12,000 beddays days saved with an associating cost saving of £4.8m

4.1.2 Estimated Cost of Virtual Ward Service

Post(s)/ costs	Band	1 WTE direct cost	backfill % (i.e. AL and absence)	% of time on monitoring hub	1 WTE/ unit Cost	0-30 'bed' WTE	0-30 'bed' cost	31-60 'bed' WTE	31-60 'bed' cost	61-90 'bed' WTE	61-90 'bed' cost
example	7	£70,000	10%	100%	£77,000	1	£77,000	2	£154,000	3	£231,000
Non-pay Monitoring tech fixed cost	n/a	£204,312	0%	100%	£204,312	1	£204,312	1	£204,312		£0
Non-pay Monitoring tech cost variable cost	n/a	£35,688	0%	100%	£35,688	1	£35,688	1	£35,688		£0
Manager	8c	£91,296	0%	100%	£91,296	1	£91,296	1	£91,296		£0
Matron	8a	£65,422	0%	100%	£65,422	1	£65,422	1	£65,422		£0
Ward manager	7	£59,373	0%	100%	£59,373	1	£59,373	1	£59,373		£0
Nurse monitoring	6	£49,063	21%	100%	£59,366	3.39	£201,252	3.39	£201,252		£0
Staff nurses	5	£39,829	21%	100%	£48,193	15.58	£750,848	15.58	£750,848		£0
Admin, Pharm & IT Support	5	£39,829	21%	100%	£48,193	3.19	£153,736	3.19	£153,736		£0
Clinical Coder	6	£49,063	0%	100%	£49,063	1	£49,063	1	£49,063		£0
Net Total						27.16	£1,610,990	27.16	£1,610,990	0	£0
Trust Overheads											
Total with overheads							£1,610,990		£1,610,990		£0

The total cost to operate the service is highlighted in the table above amounting to £1.61m.

4.2 Risks

There are several risks associated with the Virtual Ward including a risk to service delivery associated with the UCVW able to provide the treatment capacity to meet this activity growth. The estimation is 10 additional nurses delivering treatment in the community to Virtual Ward patients. Staffing levels introduces a further risk to the ability to run the service at capacity. There is a risk that the ICB may not be able to fund the Virtual Ward with all providers in the HCP competing for resources from the same funding pot. A detailed risk log outlines this in appendix 10

5.0   Conclusion

In conclusion, the Virtual Ward Service is a positive initiative that is aligned to the NSH strategic priorities and addresses the local West Kent challenges around Acute Health care capacity.

The Service at the 1-year milestone has not meet all of the objectives set out in the business case. However, as a budding Service there has been significant growth in its scope and activity levels with benefits to be realised in year 2. The ability to deliver treatment at the patient's home and clinical engagement to develop pathway and refer patients are the 2 biggest challenges the Service faces. Attaining sustainability around treatment delivery is crucial to grow the Virtual Ward Service.

6.0   Recommendations

The recommendation on the evaluation of the Virtual Ward is as follows:

- To operate the Virtual Ward with a 60-bed capacity at an 80% occupancy rate with treatment provided by KCHFT's UCVW
- To work collaboratively with KCHFT and the ICB to ensure the required 80 treatment slots per day to increase the Virtual Ward's capacity is guaranteed
- To develop a Quality Governance Framework ratified by the Quality Committee by the first quarter of 2024
- To conduct a formal review of the Virtual Ward in April 2023 to ensure the activity trajectory and risks are mitigated
- To ensure the operational team implement the Virtual Ward Service plan
- To set up a clinical quality assurance group who will be overseen by the HCP CPQAG and may send reports to MTW/KCHFT quality committees.
- To develop an SOP outlining the mortality processes to be followed when a patient dies on the Virtual Ward.
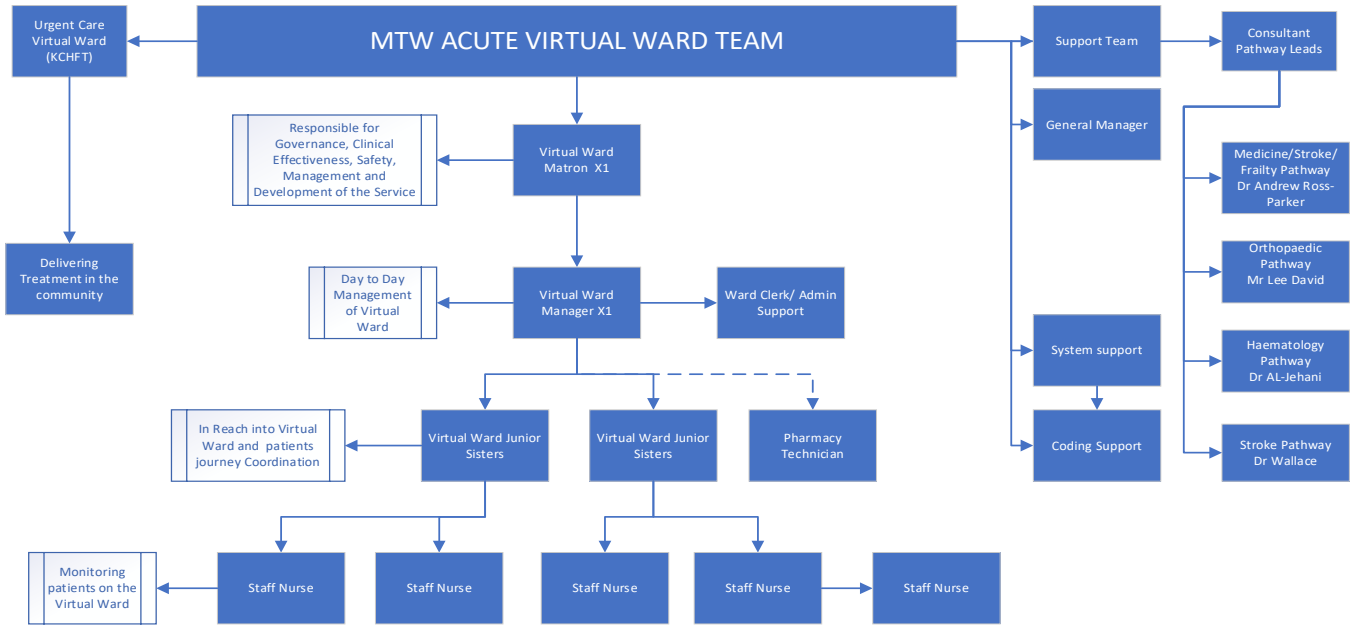
7.0   References

The Royal College of Emergency Medicine (2021) *RCEM Acute Insight Series: Crowding and its Consequences.* UK

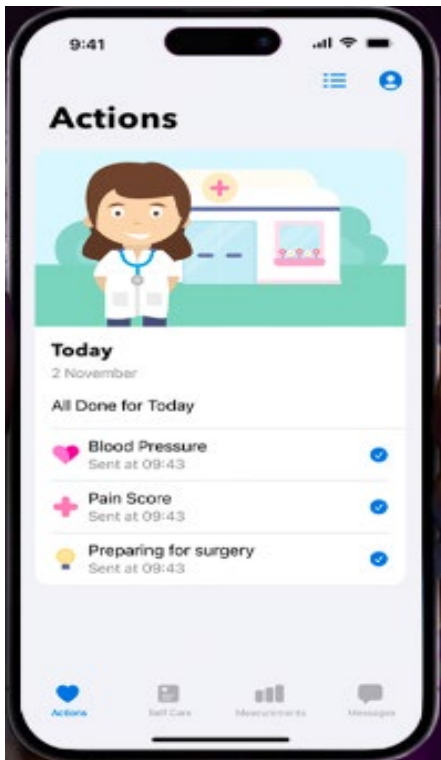Available at: RCEM Acute Insight Series: Crowding and its Consequences
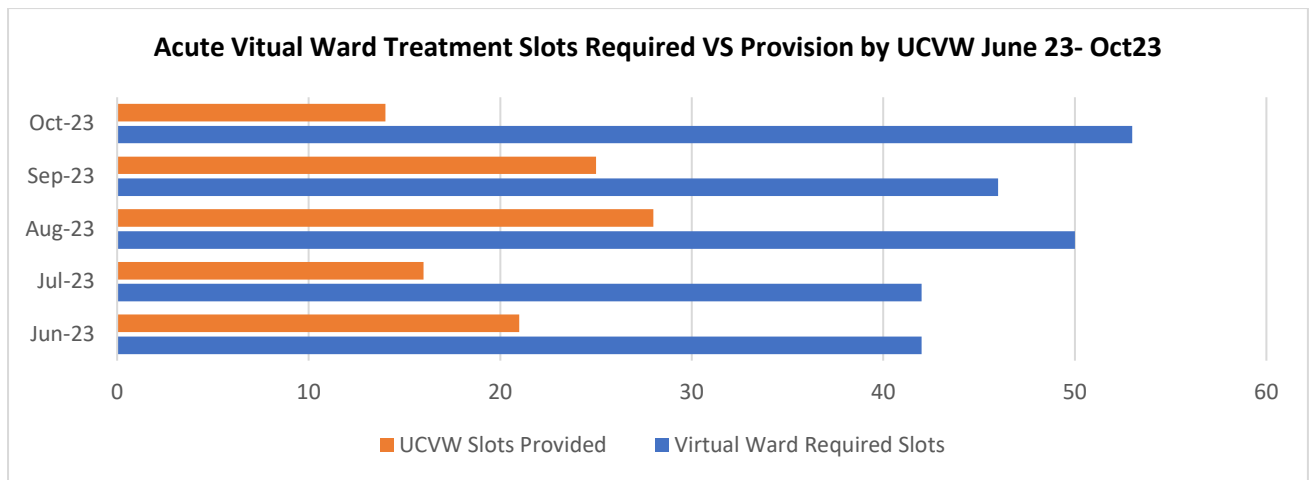
Assessed: 04/12/2023
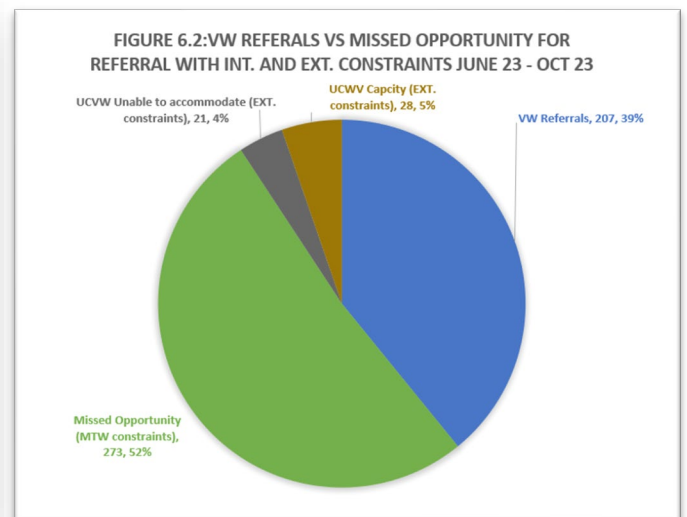
8.0   Appendices

Appendix 1: Virtual Ward Team

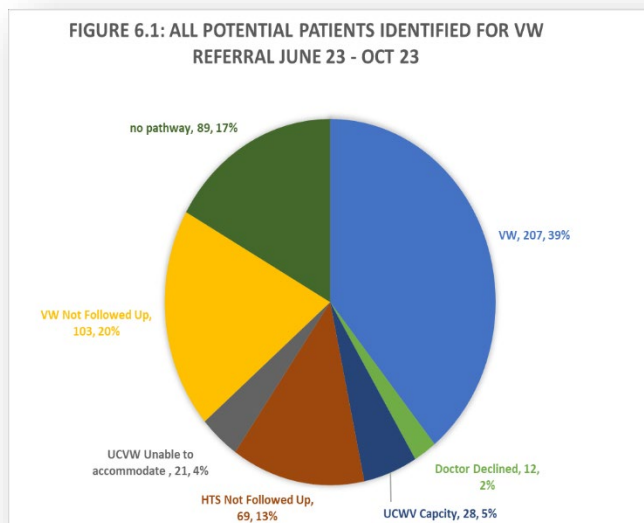Appendix 2: Luscii App

Appendix 3: UCWV slots provided versus demand from Virtual Ward

Acute Vitual Ward Treatment Slots Required VS Provision by UCVW June 23- Oct23

Legend: ■ UCVW Slots Provided ■ Virtual Ward Required Slots

Appendix 4: Potential missed opportunity for the Virtual Ward June - Oct 2023

FIGURE 6.1: ALL POTENTIAL PATIENTS IDENTIFIED FOR VW REFERRAL JUNE 23 - OCT 23

- no pathway, 89, 17%
- VW, 207, 39%
- VW Not Followed Up, 103, 20%
- UCVW Unable to accommodate , 21, 4%
- HTS Not Followed Up, 69, 13%
- UCWV Capcity, 28, 5%
- Doctor Declined, 12, 2%

FIGURE 6.2:VW REFERALS VS MISSED OPPORTUNITY FOR REFERRAL WITH INT. AND EXT. CONSTRAINTS JUNE 23 - OCT 23

- UCVW Unable to accommodate (EXT. constraints), 21, 4%
- UCWV Capcity (EXT. constraints), 28, 5%
- VW Referrals, 207, 39%
- Missed Opportunity (MTW constraints), 273, 52%

Appendix 5: Virtual Ward Feedback

Sentiment	Comment	Date	ID
☺	it's a fantastic service! thank you so much	03 Jul 2023	187751
☺	Wonderful experience! felt very supported and able to remain with my family. thank you so much!	19 May 2023	187755
☺	I have found this service invaluable and the nurses are so helpful, it is really friendly service and just so useful.	19 May 2023	187741
☺	I think this type of care service is fantastic	15 May 2023	187740
☺	amazing service, found the nurses very supportive and knowledgeable	11 May 2023	187682
☺	great support nice knowing there is someone on the end of the phone day and night to support me.	11 May 2023	187743

Appendix 6: Governance flow diagram
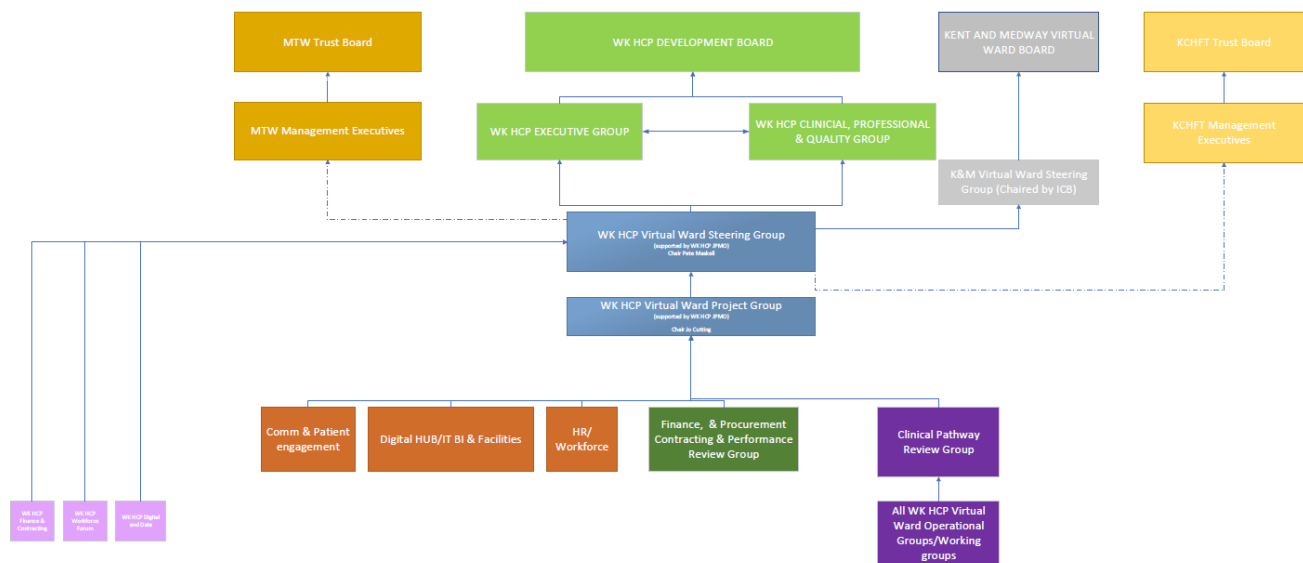
Appendix 7: Incidents associated with the Virtual Ward

	Theme	Level of Harm	outcome
1	Lack of understanding of Virtual ward Service	No Harm	VW have offered to provide extra train on virtual ward to ED staff
2	– Inappropriate incidents raised to Virtual ward (PICC line infection, attended AEC for review and sent home)	N/A	N/A
3	Inappropriate incident Miscommunication within respiratory department (referred back to team)	N/A	N/A
4	Inappropriate incident raised by VW Staff - Miscommunication	No Harm	Incident closed and training provided to staff
5	Near Miss: Patient safety concern with Virtual Ward 'Golden Hour' process not followed by staff	Low Harm	Ongoing investigation

Appendix 8: Options Appraisal

#	Options Appraisal		
1	Option 1: Do Nothing: **Not recommended**	Continue the service as it is, identify patients within the acute setting and onboard them to the AVW with monitoring equipment. Provide monitoring oversight with contact to patients and daily ward round with consultants. If needed treatment provided by Hospital at home team.	Benefits: Drawbacks: -Limited capacity dues to UCVW treatment capacity -Confidence in the Service by clinician to refer patients -Financially unviable as the activity levels are too low
2	Option 2: Stop Service **Not recommended**	Disband the Virtual Ward	Benefits: -No financial investment Drawbacks: -Staff at risk - Increase in use of Escalation wards and SDEC areas - Flow impact in ED and increased occupancy rates -Impact on quality indicators arounds fall, pressure damage, hospital acquired infection and increased mortality risk from ED waiting time
3	Option 3: 90 Bed Capacity Virtual Ward **Not recommended**	Virtual Ward Service with a 90-bed capacity with treatment provided by KCHFT's UCVW	The data demonstrates activity levels are not sufficient to run the Service at a 90-bed capacity.
4	Option 4: 60 Bed Capacity Virtual Ward **Not recommended**	Virtual Ward Service with a 60-bed capacity and treatment provided by MTW	Benefits: -Access for out of area patients - Guarantee treatment capacity mitigating the biggest risk to service delivery Drawbacks: This option is not aligned with the strategic direction to develop a Health Care Partnership (HCP)
5	Option 5: 60 Bed Capacity **Recommended**	Virtual Ward Service with a 60-bed capacity and treatment provided by KCHFT	Benefits: -ED avoidance, improve patient flow - Better waiting times - Streamlined Virtual Ward pathways from ED front door - At this capacity the Virtual Ward is a financially viable service

8.1.1 Appendix 9: Estimated Community Treatment Requirement to meet Increased Virtual Ward Activity

Pathway	Monthly Patient Activity		Av. LOS (day)	Monthly Treatment Slots Required
RESPIRATORY	24	24	7	168
MEDICAL	100	142	5	710
HAEM	10	20	30	600
STROKE	1	2	4	8
FRAILTY	40	0	12	0
ORTHOPAEDICS	4	3	17	51
SURGERY	60	90	5	450
TPN	4	8	30	240
GASTRO	5	13	7	91
DIABETES	5	10	10	100
Total Monthly Slots				**2418**
Daily slots				81

Appendix 10: Risk Log

Risk No	Risk Name	Risk Description	Risk Category	Likelihood	Impact	Score	Risk Owner	Mitigation	Last Review	Next Review Date
1	UCVW ability to deliver treatment slots required	There is a risk that the Urgent Care Virtual Ward is unable to deliver treatment slots	Delivery	4	4	16	Sally Foy	work with ICB and KCHFT leads to deliver a sustainable plan	12/12/2023	12/01/2024
2	Recurrent budget to fund service	There is a risk that the ICB may not be able to fund the Virtual Ward with all providers in the HCP competing for resources from the same funding pot	Financial	3	4	12	Sally Foy	work with ICB and HCP partners to deliver a sustainable plan	12/12/2023	12/01/2024
3	Failure /Downtime with monitoring system		IT	2	4	8	Sally Foy		12/12/2023	12/01/2024
4	Staffing Issues	Inability to run the service at capacity dues to low staffing levels	Delivery	4	4	16	Sally Foy		12/12/2023	12/01/2024
5	Harm to patients	multidisciplinary and multi organisational nature of the VW may introduce misunderstanding of clinical responsibility causing harm to patients. There is also the risk that of clinically unwell patients transferred to the Virtual Ward and needing to be conveyed back into the acute bed base with the level of activity projected	Clinical	3	5	15	Sally Foy		12/12/2023	12/01/2024

To approve the Outline Business Case (OBC) for the Urology Investigation Unit (UIU)	**Director of Strategy, Planning and Partnerships**

The enclosed Outline Business Case (OBC) for the Urology Investigation Unit (UIU) was reviewed by the Executive Team Meeting (ETM) and Finance and Performance Committee, in November 2023. The latter recommended that the OBC be approved by the Trust Board, and thereby enable the development of the Full Business Case (FBC).

The key points from the Finance and Performance Committee discussion were as follows:
- The Case was an early outline case with two distinct options, and a request to progress to a full outline business case for option 2 - a modular build above AMU (Maidstone) via a lease arrangement. This approach was proposed on the basis that the scale of the costs and resources required to fully develop both options to OBC status precluded full exploration of both. Option 3 was for a decant and refurbishment of area F (MH) via capital, which would require relocation of existing services.
- The ETM had supported the full exploration of the viability of option 2, which involved a risk of £100k+VAT, for the design and planning, in the event of the project not proceeding. It was however noted at the meeting that the actual risk was likely be below the full £100k. It was also noted that a potential way to estimate the lease cost for this option had been identified and this would be explored as a preliminary step to determining if further exploration of option 2 was pragmatic.
- Establishing the costs for option 3 would be a significant task with the main cost related to assessment of the viability of relocating existing services. It was however acknowledged that this work would likely be required in the longer term, as part of the wider control plan for the site, but was not easily or cost-effectively conducted at the current time.

Which Committees have reviewed the information prior to Trust Board submission?
- Executive Team Meeting (ETM), 14/11/23
- Finance and Performance Committee, 28/11/23

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

---

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

NHS
Maidstone and Tunbridge Wells
NHS Trust

BUSINESS CASE	Urology Investigation Unit

Stage of Plan	Single stage "Justification" (J) ☐ Stage 2 – Outline Business Case (OBC) ✓ Stage 3 - Full Business Case (FBC) ☐	
ID reference *Contact: mtw-tr.bcrp@nhs.net*	**ID938**	
Division	Surgery	
Site / Department / Directorate	Urology	
Project Lead	David Robinson /Lesley Baxter/ Naomi Butcher/Ali Henderson	
Prioritisation has been agreed at (*Tick as applicable and please provide detail in strategic background section*)	Service development priority in divisional annual plan ✓	
	Charitable funds group/s ☐	
	Other (Specify) ☐	

Approvals (*mandatory to complete*)	**Name**	**Date approved**
Has the case been approved at a Divisional Board? YES / ~~NO~~ (*please delete as appropriate*)		
If not, who from Divisional Leadership Team has approved the case on behalf of the Division?		
Executive Sponsor / SRO approval	Rachel Jones	Oct 23
Other approval? ☐ *Please specify*		

Checklist (*please complete in conjunction with your Finance Business Partner*)
Is the case financially breakeven/cost neutral or better? ☐ Funding: Recurrent ✓ or Non-Recurrent ☐
Is there a Capital Funding requirement? ✓ Is that requirement in the Trust's prioritised Capital Programme? ☐
Have the funding assumptions been clearly documented in the Financial Case, including whether funding is fully secured? ✓
ICB approval is required for all revenue investments with a full year effect of more than £10k for non-pay and £50k for pay. Is it more than £10k non pay ☐ or £50k pay ☐
Have benefits and risks been identified and quantified ✓
Does the proposal impact on other Divisions/Directorates? YES / ~~NO~~ (*please delete as appropriate*)
Have they been involved in the planning? YES / ~~NO~~ (*please delete as appropriate*)

Stakeholders			
Role	**Name**	**Role**	**Name**
Finance Manager	Doug Wood	EME Services Mgr.	Michael Chalklin
Estates	David Pym	Outpatients lead/s	Grace O'Driscoll
Facilities Management	Brian Whitfield	Charitable funds mgr.	N/A
ICT/Clinical Systems & EPR	Malcolm Catchpole	HR Business Partner	Lucy O'Neil
Core Clinical Services lead/s	Jelena Pochin	Procurement team	Bob Murray
Emergency Planning team	John Weeks	Other (specify)	
Space	Linda GULLIVER	Other (specify)	

Executive Summary

Recommendation: This case asks for approval to proceed to the level of planning for a Urology Investigation Unit for the trust located at Maidstone hospital, **equivalent of RIBA stage 2. 'Concept design' on the preferred option.**

An estimate of £100k +VAT has been received from ModuleCO for this level of design and planning. This becomes payable in the event of the project **not** proceeding as otherwise that cost will be wrapped into the full contract value.

The current urology unit at MGH is considered unfit for purpose. It is approximately 1/3 or the floor area required, is not designed as a UIU, has too few consultation and procedure rooms, has consultation rooms that are too small and a layout that is inefficient. Staff facilities are lacking.

The committee are asked to note two potentially viable options:

Option 2: A modular build at Maidstone through lease arrangement
Option 3: A decant and refurbishment of Block F, first floor at Maidstone, through capital
Clinically and operationally both options have similar benefits although the right flow is easier to achieve in a bespoke unit. However, the decant option carries additional implementation risk in that it requires decant of three services.

The project team ask for approval to pursue further planning on the preferred option 2

> **Option 2. The modular build** would be expected to be procured via a lease arrangement commencing in 2024-25
> > At this stage, the viable location is above AMU at MGH.   The modular build early estimate cost by Estates is c. £14M. To get to Full Business Case stage with appropriate level of design and planning, Estates estimate the trust will require design, planning and professional fees costs for RIBA stage 4 is estimated at 8% of the construction cost estimates.

> **Option 3. The decant and refurbishment** would be procured via capital in 2024-25. The location is first floor, Block F at MGH. This requires decant and the provision of alternative accommodation for sexual health, pain clinic, infusion clinic and some gynaecology offices that currently occupy the space. The refurbishment early estimate cost by Estates is c. £8.25M. This is the preferred option if capital is available   Decant and deprovision early estimated costs by Space Team for Sexual Health and Chronic pain are shown at **appendix 8** but are in excess of £6.5M. The decant risk is considered significant at this stage

It is anticipated that the trust will need to apply for regional investment to assist with funding the development and RIBA stage 2 would help progress that case

Strategic background context and need -

This Outline Business Case describes two potentially viable options for a UIU at MTW with the modular build preferred by the project team

With increasing demand and limited space currently, there is a compelling need to transform the way the urology service works. This has been recognised nationally in GIRFT programme national urology specialty report.

The GIRFT national report for urology promotes the roll-out of dedicated urological investigation units (UIUs)[1]; to develop a greater emphasis on urology outpatient services and day surgery procedures; and extend the role of specialist nurses – a move which would, in turn, free up consultant time to provide consultant-led emergency urology care.

---

[1] *https://gettingitrightfirsttime.co.uk/surgical_specialties/urology-surgery/*

Urology has a very significant outpatient workload. Approximately 30,000 attendances each year. There are significant opportunities to streamline that work and to move some unscheduled work to a planned pathway and to move some inpatient operative procedures to a more ambulatory pathway.

There are opportunities to develop pathways that move workload to professionals other than the consultant workforce and to make a more efficient, effective and fulfilling work pattern for our staff. The urology team have already developed develop digital enhanced service offers and there are further opportunities available to advance those opportunities

As described by GIRFT and as demonstrated at successful units across UK these changes are possible with a UIU environment that facilitates the new working arrangements. This case develops the plan to provide that environment for MTW patients.

These changes are against a background of increasing Clinical demand. There has been a 69% increase in 2WW referrals to the urology service in 2022 above the level seen in 2020 when there were 1706 2WW referrals. COVID suppressed presenting demand in 2020 but the current level or 2WW wait referrals is 23% (approximately 10 more patients referred with suspected cancer per week) above the peak level of cancer referrals seen before COVID in 2018.

The Kent and Medway Cancer Alliance forecasts Urology 2WW cancer referrals to increase at MTW from a mean of 241/month in 2022 to 374 / month by Mar 2026. This is a forecast further 55% increase over 4 years

Objectives -

1. To effectively manage significant pressure on urology patient cancer waiting time standards in short and long term by developing a unit fit for purpose in line with demand

2. Provide a urology investigation unit environment that enables the best use of staff and supports most efficient and supportive working practices, recruitment and retention.

3. To provide a urology investigation unit service environment and pathway that supports patients with urology needs to receive a high-quality service at the right place, right time by right people, in line with key components from GIRFT guidance

The preferred option.

1. **A modular build** to be procured via a lease arrangement commencing in 2024-25
At this stage, the preferred potentially viable location is above AMU at MGH.

Planned key benefits to come from the investment.

Organisational benefits
- An improvement in productivity[2] through having an UIU, as demonstrated at University Hospitals Sussex, bringing 30% extra OP new attendances and urology OP procedures with additional **£369,600/y tariff income**[3]
- Additional activity through releasing theatre time associated with the above enabling 120 new dc/ ordinary admissions through operating theatres replacing those moved to UIU. *The average combined dc/ ordinary tariff 22/22 associated with HRG LB09C – LB42D = £2081* =£**249,700 per year**
- Reduction in follow up appointments, an estimated 25% reduction = 5109 fewer follow up attendances /y = cost reduction of **£454,701/y**

---

[2] https://www.uhsussex.nhs.uk/news/one-year-on-urology-investigation-unit-reduces-admissions-and-expands-capacity/

[3] Assumption based on 30% uplift to 8000 new OP attendances with tariff of £154 each from https://www.england.nhs.uk/wp-content/uploads/2020/11/22-23NT_AnnexA-National-tariff-workbook-Nov22-1.xlsx

- Increase proportion of surgery that is day case thereby releasing bed day costs with an estimated **bed day cost reduction of £41,400 per year**
- Achievement of urology cancer standards
- Consolidated position as a leading urology and cancer service.
- Staff efficiencies, improved recruitment and retention.

Staff benefits
- Working environment space fit for purpose
- satisfaction of providing quality service
- MDT approach, training opportunities.
- Administration and clinical collaboration to improve working relationships and efficiency

Financial benefits.
- Consolidate activity, reduce turnover, private practice income potential TBC

Early diagnosis of cancer

Health inequalities.
- One of the 5 key clinical areas for driving improvement in relation to health inequalities in NHS "CORE 20 +5" is early cancer diagnosis – 75% at stage 1 or 2 by 2028. The urology service will be key to achieving that core NHS target.
- Ease of access, avoidance of duplication, in particular for those who find accessing the hospital difficult.
- Purpose built environment meeting Health Technical Memorandum in relation to appropriate design of clinical environments ensuring equitable access

Measurable benefit Key Performance Indicator (KPI)	Baseline Position	Future Outcome
An improvement in productivity[4] through having an UIU, as demonstrated at University Hospitals Sussex, bringing about 30% extra OP new attendances and urology OP procedures [5]	8000 OP new attendances	8000 Outpatient new +30% = 2400 attendances - additional £369,600/y tariff income[6]
Reduction in follow up appointments. *(see urology GIRFT assumptions in main text)*	20436/y	25% reduction = 5109 fewer follow up attendances /y = cost saving of £454,701/y
Additional dc/ ordinary admitted activity through releasing theatre time associated with the above enabling 120 new dc/ ordinary admissions through operating theatres replacing those moved to UIU.	Current DC/Ordinary admitted urology activity	The average combined dc/ ordinary tariff 22/22 associated with HRG LB09C – LB42D = £2081 =£249,700 per year
Increase proportion of urology surgery that is day case thereby releasing bed day costs. *(see urology GIRFT assumptions in main text)* Procedures, such as prostate biopsies, certain bladder outlet procedures done as outpatient procedure using local anaesthetic rather than a GA in theatres This will reduce waiting times for theatre slots, avoid using general anaesthetic and saves waiting time for the patient.	120 admissions/yr. change from IP to DC	120 bed day saving = £41,400 cost saving

---

[4] https://www.uhsussex.nhs.uk/news/one-year-on-urology-investigation-unit-reduces-admissions-and-expands-capacity/

[5] https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/12/Urology_2021-12-10_Guidance_Outpatient-transformation.pdf

[6] Assumption based on 30% uplift to 8000 new OP attendances with tariff of £154 each from https://www.england.nhs.uk/wp-content/uploads/2020/11/22-23NT_AnnexA-National-tariff-workbook-Nov22-1.xlsx

Achievement of cancer standards for urology	NHS digital cancer registry: K&M ICB Case-mix adjusted percentage of cancers diagnosed at stages 1 and 2 for 18 cancer types: 53% (particularly prostate)	Urology UIU will make a significant contrition to improve this towards the national target of 75%
Volume of consultant, non-consultant doctor, and PAM consultations delivered CW baseline	To be defined	
% of patients discharged or treatment agreed at 1st visit	To be defined	

Risks
Risk of not doing it: • Loss of service, loss of staff and difficulty to recruit   • Increase in high cost premium staffing   • Poor quality service in relation to patient experience optimal patient outcomes   • Inefficient use of resources i.e. barriers to further development of one stop working, barriers to increasing ambulatory care, barriers to increasing planned emergency care, requirement for more follow up appointments/ multiple visits than otherwise necessary
Delivery risk: IFRS 16 rules   Feasibility of location from estates perspective   Capital funding constraints
Residual Risk: Contract management

Financial impact of the preferred option			
Full year effect – include VAT unless recoverable			
Summary of financial impacts			
CAPITAL COSTS	**£**	**FUNDING SOURCE**	**£**
Estates		Identified in the Trust capital plan	
IT		Identified in directorate revenue budget	
Equipment		Other *(specify)*	
Total Capital Cost		**Additional Financial Information**	
REVENUE COSTS			
		This case asks for approval to proceed to the level of planning for a Urology Investigation Unit for the trust located at Maidstone hospital, **equivalent of RIBA stage 2. 'Concept design' on the preferred option.**	
Pay			
Non- Pay			
Capital Charges			
Total Revenue Cost per annum		An estimate of £100k +VAT has been received from ModuleCO for this level of design and planning. This becomes payable in the event of the project **not** proceeding as otherwise that cost will be wrapped into the full contract value.	
INCOME			
SLA			
Other			
Surplus/Loss			
		At this stage this preferred options have an estimated cost by estates of £14M (modular build)	
		or Decant and refurbishment of (£8.25M refurbishment of Block F + £6.5M Mall and therapies)	
		It is anticipated that the trust will need to apply for regional investment to assist with funding the development	

TIMETABLE -	
Milestone	**Date**
OBC to BCRP	24th Oct 2023
ETM	31st Oct 2023
Finance and Performance Committee	Nov 2023
Trust Board	Nov 2023

Modular build	
Next stage design and planning permission	Start Dec 23
Regional funding review	Before April 2024
Tender evaluation	Mar - April 2024
Enter into contract	May 2024
Build	Up to April 2025
Decant and refurbishment	
Prepare 'The Mall' and Therapies areas	April 2024 to March 2025
Decant block F	Before April 2025

Business case format

This OBC has been prepared using the agreed standards and format for business cases.
The approved format is the Five Case Model, which comprises the following key sections

Strategic Case section. This sets out the case for change, together with the supporting investment objectives for the scheme
Economic Case section. Long list and short list of options to meet the existing and future needs of the service.
Work on identifying the option that optimises value for money will be completed at OBC
Commercial Case section. Initial procurement and workforce strategy
Financial Case section, with at this stage high level estimates of funding arrangements, affordability and the effect on the balance sheet of the organisation
Management Case section which scopes the plans for the successful delivery of the scheme to cost, time and quality.

Appendices included:
Appendix 1 Maidstone UIU current clinic allocation and description
Appendix 2 Floor plan of current UIU
Appendix 3. Example UIU design from GSTT
Appendix 4: Initial new UIU room specifications
Appendix 5 – Option benefits scoring
Appendix 6 – Option risk scoring
Appendix 7 – High level cost estimate methodology

Strategic Case

With increasing demand and limited space in UIU currently there is a compelling need to transform the way the urology service works. This has been recognised nationally in GIRFT programme national urology specialty report.

The GIRFT national report for urology promotes the roll-out of dedicated urological investigation units (UIUs)[7]; to develop a greater emphasis on urology outpatient services and day surgery procedures; and extend the role of specialist nurses – a move which would, in turn, free up consultants to provide consultant-led emergency urology care.

Urology has a very significant outpatient workload. Approximately 30,000 attendances each year. There are significant opportunities to streamline that work and to move some unscheduled work to a planned pathway and to move some inpatient operative procedures to a more ambulatory pathway.

There are opportunities to develop pathways that move workload to professionals other than the consultant workforce and to make a more efficient, effective and fulfilling work pattern for our staff. The urology team have already developed develop digital enhanced service offers and there are further opportunities available to advance those opportunities

National Urology Getting It Right First Time (GIRFT) Guidance
GIRFT has published a set of guidance for improving urology services, with links to the key ones the project group have referred to included below:

- GIRFT Urology Outpatient Transformation – A practical Guide to Delivery - Published Jan 2022 https://gettingitrightfirsttime.co.uk/wp-content/uploads/2022/01/Urology_2022-01-12_Guidance_Outpatient-transformation.pdf

- A practical guide to maximise efficiency - clinically led urology outpatient guidance https://gettingitrightfirsttime.co.uk/wp-content/uploads/2023/07/ClinicallyledUrologyOutpatientGuideJuly23FINAL-V1.pdf

- A guide to Urological Investigation Units (UIU) in June 2023: https://gettingitrightfirsttime.co.uk/wp-content/uploads/2023/06/Urology_Guidance_UIU-FINAL-V1-June-2023.pdf

The GIRFT team has identified five key components that will deliver maximum impact to patient experiences and outcomes, as well as supporting a sustainable NHS. These are:

1. **Specialist advice** (advice and guidance): empowering GPs to provide optimum urology support to patients closer to home, aided by guidance from specialist urology teams
2. **Remote consultations:** providing choice to patients about the way in which they interact with their treating clinical team
3. **Personalised follow up** - patient initiated follow up (PIFU): using PIFU to empower patients to manage their health with support from health services by providing new solutions for contacting health providers, as and when patients choose
4. **Using remote monitoring (RM):** using remote monitoring of investigations to reduce low value follow up appointments and ensuring that patients only remain in secondary care follow up when such supervision is essential
5. **Expanding one-stop outpatient services**: to enable a larger cohort of urology outpatients to undergo clinical assessment, investigations and management-planning in a single visit to the outpatient department

Urology, with a large emphasis on outpatient diagnostics and care is well placed to meet the challenges of inefficiencies in the way health care has traditionally been delivered, workforce shortages, an aging population and requirements to reduce patient journeys to health care facilities

---

[7] *https://gettingitrightfirsttime.co.uk/surgical_specialties/urology-surgery/*

GIRFT urology identifies the development of Urological Investigation Units as a key approach to using urology outpatient services more effectively by concentrating activity together. UIUs are specially designated outpatient facilities, which are equipped and staffed to offer a comprehensive range of urology diagnostic and treatment interventions.

Regional urology services
MTW- Regional oncology centre (chemotherapy and radiotherapy) with brachytherapy, complex procedures for benign prostatic hypertrophy including laser prostatectomy with focus on day cases and complex upper urinary tract surgery for stones including effective use of the high power, high frequency laser and PCNL for the most complex stone cases, regional paediatric urology provision.

Dartford and Gravesham Trust- Stone centre with fixed lithotripter -complex stone work and PCNLs. MDM with metabolic services and biochemist. Andrology service though post currently vacant.
Medway Trust- Cancer centre and female urology service with single Da Vinci robot. Adrenal service and robotic procedures for kidneys/ adrenals- 4/5 kidney surgeons and 2 doing partial nephrectomies but majority of surgeons visit from regional bases (MTW and Dartford). Much of the renal surgery done at Medway is non-specialist cancer surgery and a significant part of specialist cancer surgery is referred onwards to Guys (Cystectomy with orthotopic and complex renal surgery).
EKUFT has a separate MDT and surgical hub with provision of Da Vinci surgery in specialist and non-specialist renal cancer, radical prostatectomy, radical cystectomy. Oncology cover provided in partnership with MTW. Also delivers stone surgery, BPH core urology.

GIRFT and the benefits of a UIU

Urological services are increasingly shifting towards an outpatient setting and it is estimated that there are approximately 3 million outpatient consultations in urology taking place per annum in England. UIUs offer a more efficient way of working with potential to benefit patients, the healthcare organisation and the workforce. Furthermore, UIUs can support the NHS commitment to be 'net zero', and the reasons underpinning this are discussed below.

Co-locating staff and services in a dedicated facility makes it possible to increase the number of 'one stop' pathways that the department can offer in high volume areas such as haematuria, lower urinary tract symptoms and low risk bladder cancer. This greatly reduces the ne ed for patients to undertake multiple visits to the hospital and therefore reduces the travelling time and inconvenience for patients, even if the UIU is not in their local hospital.

The model also supports the current work to consider how existing treatments can be moved down the 'intensity gradient' in the case of UIUs, by moving procedures that were conventionally done in a day case theatre into appropriately equipped procedure rooms. This includes procedures such a local anaesthetic trans-perineal prostate biopsy, trans—urethral laser ablation and some bladder outlet procedures.

By having administrative control over the various consulting and procedure rooms, the service can alter the room usage to meet the unpredictable surges in demand that occur in individual pathways. This mitigates against imbalances in access times for patients awaiting investigation or treatment due to the increased flexibility.

In relation to staff development, the UIU is an ideal set ting in which to offer supervision and professional development for nursing and allied health practitioners, in keeping with the need to develop an expanded, multi-disciplinary workforce. Urology area networks (may want to consider an academy model, whereby they can offer experience and training to practitioners from around the UAN given the high volume of co located work that takes place in a UIU. This can support smaller units where the ability to balance training with service delivery is more challenging. There are also early indications that a UIU is a more attractive workplace for outpatient teams and can help to address recruitment issues. This could reflect the more team- based approach to clinical care as well as the positive feedback received from patients.

As a healthcare system, the NHS is committed to net zero by 2045 and there are many opportunities to support this ambition through UIU working. Examples include reducing the number of outpatient attendances and particularly repeat attendances and offering local anaesthetic, non- admitted diagnostics or treatment pathways in preference to admitted or general anaesthesia pathways, where appropriate.

Early Cancer diagnosis and addressing health inequalities A key enabler for reducing health inequality within the NHS Core 20 Plus 5 approach. By promoting early cancer diagnosis towards target of 7% of cases diagnosed at stage 1 or 2 by 2018
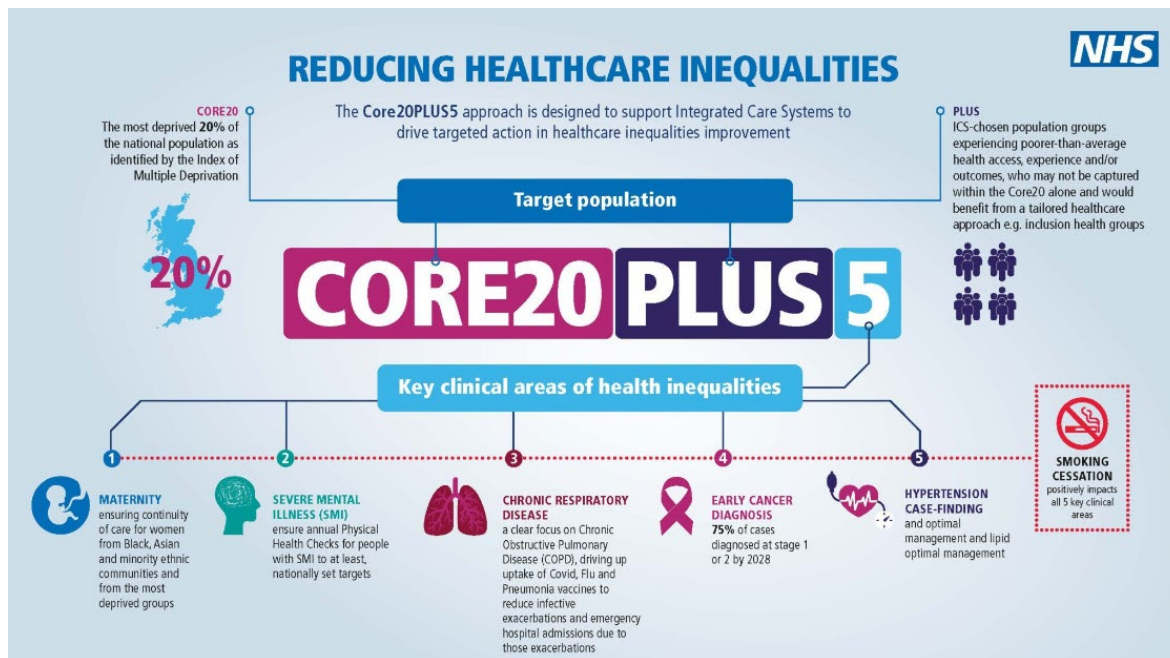
MTW Urology service clinical strategy
- Develop outpatient facility which would allow multi specialist clinics including blended virtual and F2F, consultant and staff and specialist doctor clinics with parallel specialist nursing or physician associate clinics
- Develop appropriate access to technology to allow development of video and phone follow up
- Develop facilities to support the delivery both of HVLC surgery as day surgery, and complex surgery with appropriate theatre, recovery, ITU and ward facilities to support this.

# The case for change
Objectives

1. To effectively manage significant pressure on urology patient cancer waiting time standards, in short and long term by developing a unit fit for purpose in line with demand

2. Provide a urology investigation unit environment that enables the best use of staff and supports most efficient and supportive working practices, recruitment and retention

3. To provide a urology investigation unit service environment and pathway that supports patients with urology needs to receive a high-quality service at the right place, right time by right people, in line with key components from GIRFT guidance

Case for change re objective 1 – To effectively manage significant pressure on urology patient cancer waiting time standards, in short and long term by developing a unit fit for purpose in line with demand

The K&M Cancer Alliance has prepared some analyses of urology cancer activity trend and forecasts. The region wide forecasts are attached below.

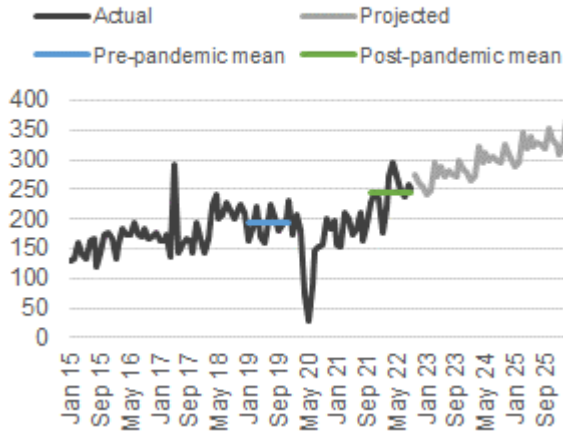**Urological cancer: scenarios for future activity**
Kent & Medway Trusts

Chosen scenario = 1 year trend for referrals; between pre-pandemic trend and 1 year trend for treatments
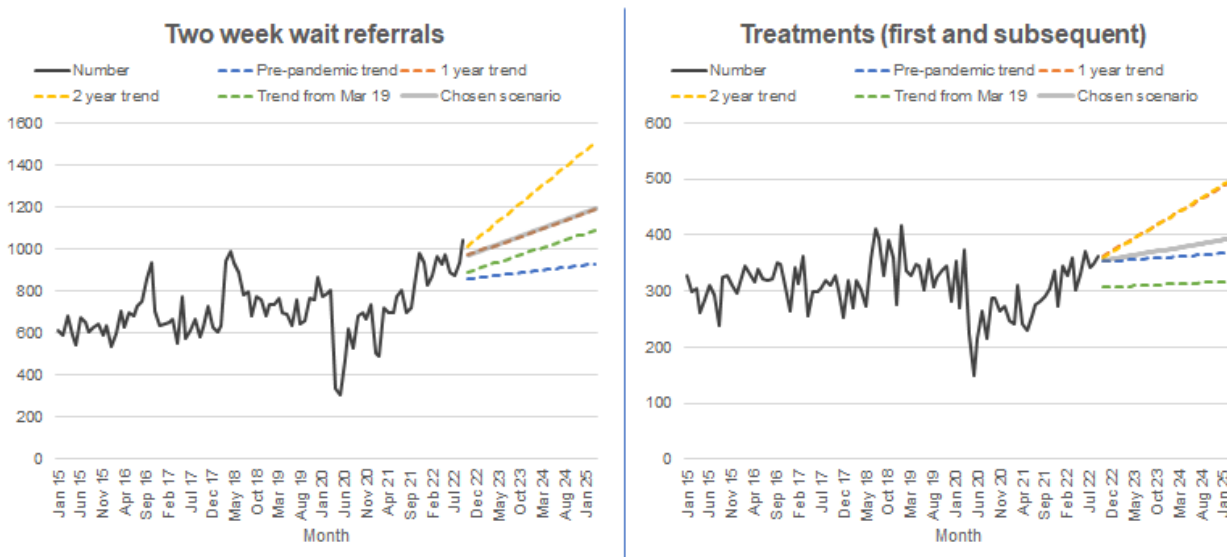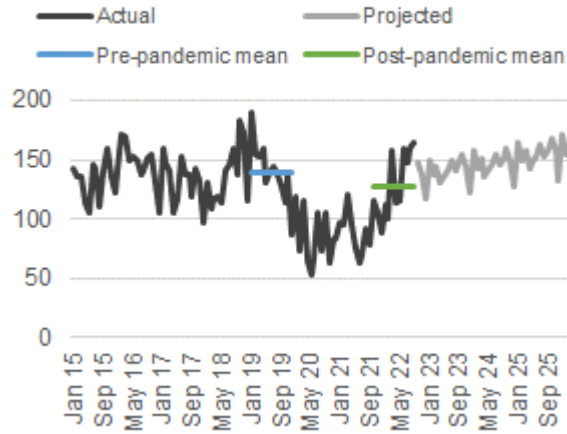
The Cancer Alliance MTW specific forecasts are attached below:

MTW – TWW referrals

MTW – Treatments

The Cancer Alliance forecasts Urology 2WW cancer referrals to increase at MTW from a mean of 241/month in 2022 to 374 / month by Mar 2026. **This is a forecast 55% increase over 4 years**

Urology Cancer Treatments (first and subsequent) are forecast by the Alliance to increase by 28% over 4 years

The cancer Alliance also has some scenarios for growth projections for specific urology cancers which show prostate cancer treatments in particular having seen a sharp increase.

Urological cancer: trends by tumour sub-type
Kent & Medway Trusts
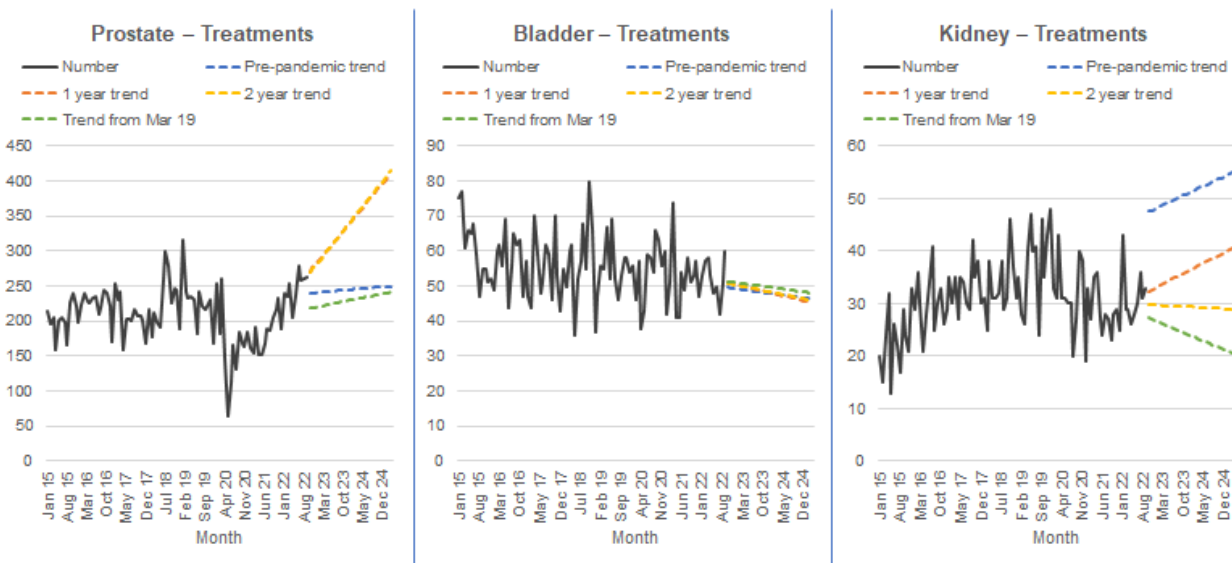
Overall referral rates to the service have historically been influenced by national awareness campaigns which increase referrals and can make 18 weeks RTT more difficult to meet. The service has to balance the prioritisation of diagnosis of cancer and patients with benign but life-limiting urological conditions who wait longer for treatment

The table below demonstrates that in light of the increased demand the service has been **under significant pressure to hold waiting times for first outpatient appointment**. The waiting time for first urgent and routine outpatient appointment (Orange and grey lines) have increased significantly in the last year.

Graph- Urology OP waiting time pressure

Urology OP new average waiting time by priority type
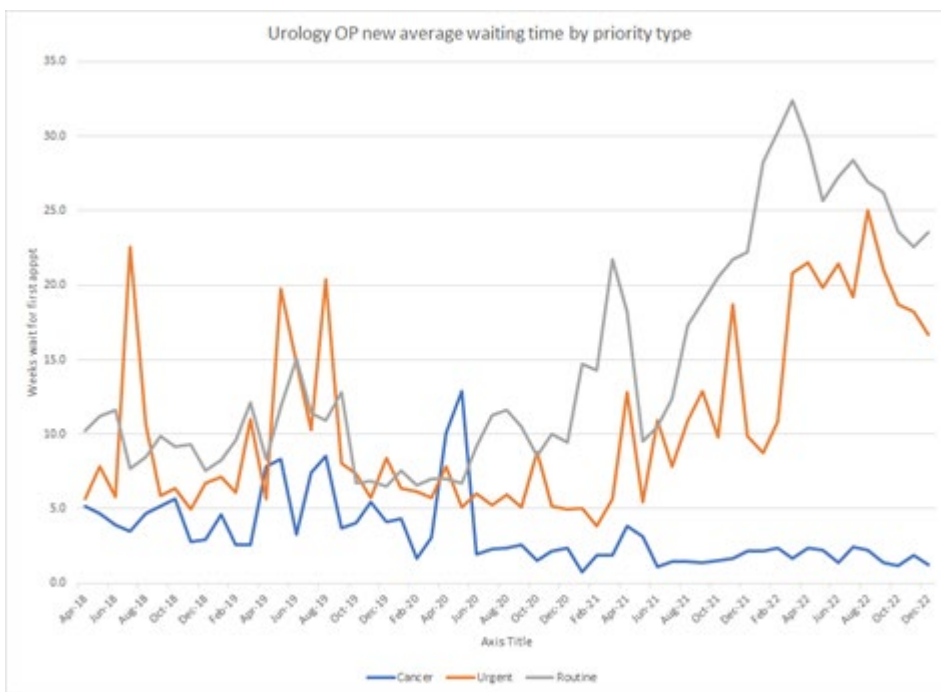
Urgent referrals which have historically mostly been seen in 1-2 months have in recent months been experiencing waits of 4-5 months. Routine referrals for first outpatient appointment have increased to 5-6 months or more.

The cancer standards that apply to urology services:
2-week wait from urgent referral to first appointment
31 days between decision to treat and first treatment
62 days from referral to treatment
28 days from urgent referral to diagnosis

In relation to appropriate clinical environment to manage a urology cancer service it should be noted that:
Cancer clinics require clinic rooms of size and number to allow concurrent multidisciplinary team involvement in patient care
It is usual that these consultations will include 2 members of clinical staff, a patient and a relative in rooms that can only accommodate 2 chairs
It is important to provide time and space for detailed counselling of patients after tests have been performed, so that they are able fully to absorb the information that is being given to them.

Case for change re objective 2 Provide a urology investigation unit environment that enables the best use of staff and supports most efficient and supportive working practices, recruitment and retention

Urology team co location for maximum efficiency including administration, medical team and nursing team to provide multidisciplinary input as required for urology patient pathway there is a requirement for both:
- Clinic rooms of a size for effective team input into complex patient requirements
- A requirement for sufficient number of rooms to enable co location of clinics - capacity and future room allocation plan required

Units that have adopted the one-stop clinic approach report high levels of clinician satisfaction, with staff enjoying the ability to carry a clinical assessment to a conclusion.

Patients often experience a gap between their investigation and their treatment – entailing the requirement to re-attend, which is less convenient for them, delays symptom relief and increases costs for MTW. Even greater delays arise when there are patient pathway delays for imaging investigations such as USS and CT scanning.

GIRFT for Urology notes the important role that specialist nurses play in UIU with much of the work able to be completed by them **given appropriate team co-location and support.**

Case for change re objective 3. To provide a urology investigation unit service environment and pathway that supports patients with urology needs to receive a high-quality service at the right place, right time by right people, in line with key components from GIRFT guidance

There has been a 69% increase in 2WW referrals to the service in 2022 (2889 referrals extrapolated from M8) above the level seen in 2020 when there were 1706 2WW referrals.

COVID suppressed presenting demand in 2020 but the current level or 2WW wait referrals is 23% (**approximately 10 more patients referred with suspected cancer per week) above the peak level of cancer referrals seen before COVID in 2018.**

There is a growing range of diagnostic tests and treatments that can be conducted via well specified urology outpatient facilities. As well as a core of standard urological investigations the list includes flexible cystoscopy, prostatic biopsy and urodynamic testing.

Urology outpatient clinics now increasingly offer treatments such as intravesical instillations to treat bladder pain and botulinum toxin injections for overactive bladders. In addition, procedures such as removal of ureteric stents, vasectomies, bulkamid treatment, cystodiathermy, laser to small bladder tumours, LA bladder biopsies and minimally invasive treatments for bladder outflow obstruction. All of this activity is a crucial part of the urology workload, but **with appropriate outpatient facilities, the patient rarely requires admission.**

Key components of GIRFT guidance indicate a UIU design that can accommodate:

Specialist advice service (advice and guidance): empowering GPs to provide optimum urology support to patients closer to home, aided by guidance from specialist urology teams.
- Benefits of this will include increased ability to take patients straight from hospital front door and increased potential to take
- Direct referrals to the urology department, reducing waiting times and taking pressure off A&E. This has been delivered in other centres by having space in clinic dedicated to the registrar of the week or hot clinics hosted by specialist nurses. *(The outline clinical specifications of the new unit at MGH include an area dedicated for this function)*
- Increase of pre-referral triage, and appropriate advice and guidance.
- The advisor role can be undertaken by appropriately trained individuals from different clinical disciplines (e.g. doctor, specialist nurse, advanced nurse practitioner) determined by the structure and staffing of individual departments.

Remote consultations: providing choice to patients about the way in which they interact with their treating clinical team
- Requires planned space and timing for maximum efficiency and co-location of key staff and technology to promote increase of video consultations
- reducing wasteful "did not attend" appointments.

Personalised follow ups - patient initiated follow up (PIFU): using PIFU to empower patients to manage their health with support from health services by providing new solutions for contacting health providers, as and when patients choose
- Requires dedicated space and co-location of key staff
- Efficient services are vital to regaining control over the backlog of care
- Certainty about next contact by co-locating booking staff, secretarial and clinical services reduces number of patient contacts to check next step.

Better use of remote monitoring (RM): using remote monitoring of investigations to reduce low value follow up appointments and ensuring that patients only remain in secondary care follow up when such supervision is essential.
- Requires dedicated space and co-location of key staff

Expansion of one-stop outpatient services: to enable a larger cohort of urology outpatients to undergo clinical assessment, investigations and management-planning in a single visit to the outpatient department.

- For larger urology departments such as MTW, multi-condition one-stop clinics could be considered. This requires co-location of a range of services and staff that patients will need to meet their needs in one visit.
- Requires clinic rooms of sufficient size and number to allow the multidisciplinary team to provide required care in one visit. Urology service faces immediate critical challenge in finding clinic space to manage urology cancer waiting times. Clinic rooms do not meet specification for clinic space and there is no room for expansion in the immediate current unit location.
- The current UIU has significant imitations on recovery provision that impact on interventional procedures that can be offered without handing patient off and/ or requiring another hospital attendance. Current Urological Investigation Unit (UIU) is lacking in required facilities especially additional endoscopy space and ability to perform day case surgery under local (TULA/bladder tumour treatment)
- Reduced patient reliance on cars, public transport and hospital transport to get to appointments, also contributes to the NHS agenda to deliver a 'net zero' national health service
- There is a risk that in concentrating a clinical pathway into one visit, patients may be rushed in their deliberations about the different options for treatment that are available to them. It is incumbent on those designing clinic flow and environment, to ensure that sufficient time and space is set aside for careful counselling of patients.

Demand for routine and urgent urology outpatient and day case elective activity.
The 23-24 annual plan of urology department elective capacity against demand showed the service needs significant additional outpatient, day case and theatre capacity.

Constraints and dependencies
A UIU has the following required and preferred clinical adjacencies:

Required and preferred adjacency

Service / function	Required on site	Useful, but not essential, co adjacency	Not required on site, (or may be referred in or to in 2-4 hours)
Urology Operating theatres	✓		
Inpatient beds facility	✓		
Acute admissions	✓		
Dedicated Urology ward	✓		
Blood tests	✓		
Electrocardiogram	✓		
X-ray	✓		
Brachytherapy suite	✓		
General Anaesthetics	✓		
Acute Cardiology			✓
Hyper---acute Stroke Unit			✓
Acute Stroke Unit			✓
Nephrology (not including dialysis)		✓	
Inpatient Dialysis		✓	
Acute Oncology		✓	
Palliative Care		✓	
Neurology Acute			✓
Paediatrics	✓		
Neonatology			✓
X---ray and Diagnostic Ultrasound	✓		

Service / function	Required on site	Useful, but not essential, co adjacency	Not required on site, (or may be referred in or to in 2-4 hours)
CT Scan	✓		
MRI Scan	✓		
Cardiac MRI			✓
Nuclear Medicine	✓ (bone scan / renal)		
Interventional Radiology	✓(nephrostomy)		
Clinical Microbiology		✓	
Infection Service		✓	
Laboratory microbiology			✓
Haematology and Biochemistry			✓
Acute Inpatient Rehabilitation			✓
Occupational Therapy			✓
Physiotherapy			✓
Speech and Language			✓
Dietetics		✓	
Acute Mental Health Services		✓	

Economic Case - The short list options

The strategic outline case, and discussions arising from that relating to the objectives and critical success factors distilled the long list of options to the following 3 short list options:

- Option 1. Do nothing
- **Option 2 A modular build** at Maidstone through lease arrangement
- **Option 3 A decant and refurbishment** of Block F, first floor at Maidstone, through capital arrangement

Option evaluation

Option 1. Do nothing

 (Risk score 48, Benefit score 0)
Discarded, this option fails to meet any objectives.**) Option 1 failed to meet the objectives**
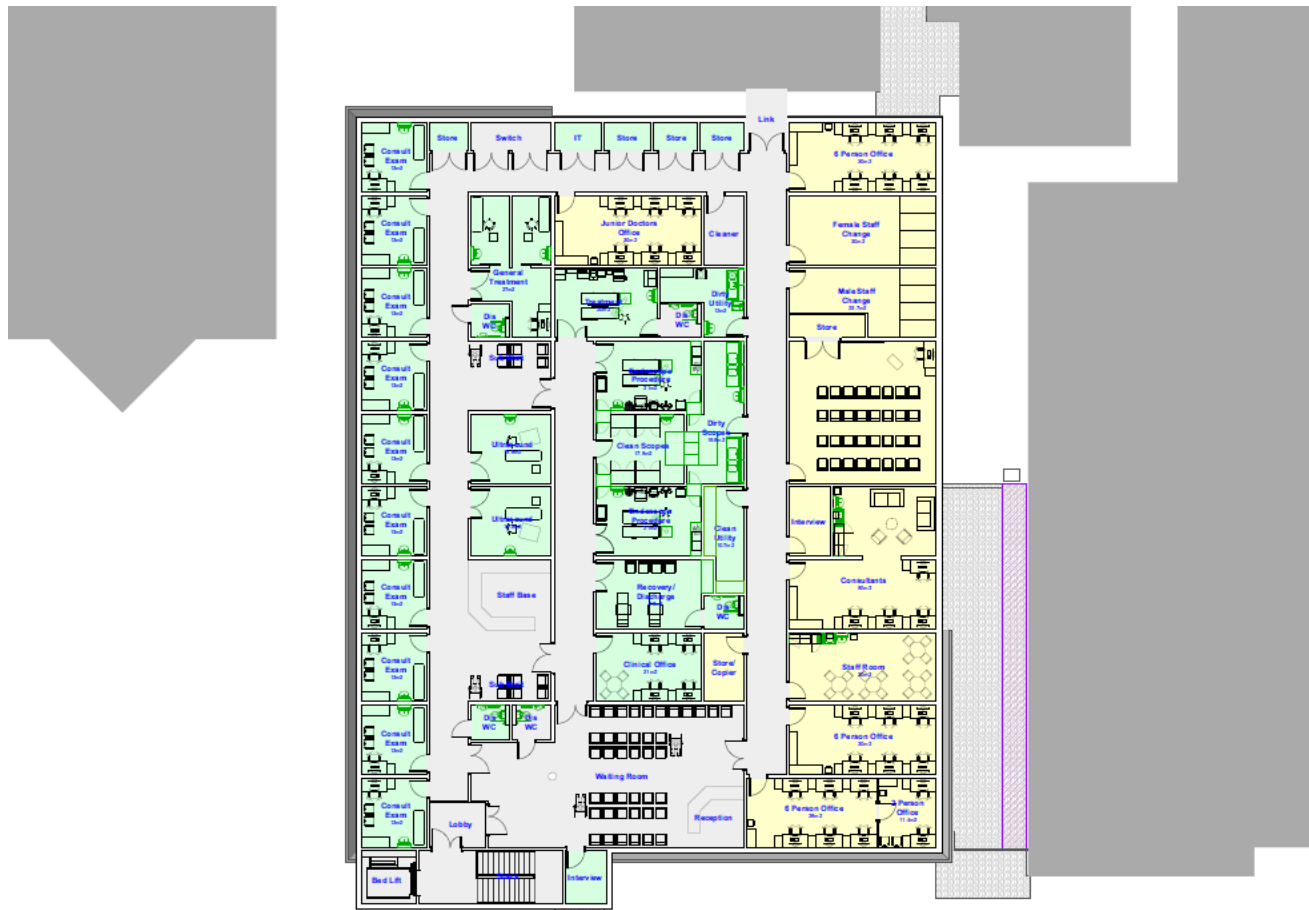
 Option 2

(Risk score 9, Benefit score 75)

This option has the same benefit score as option 3 but less risk as there is no decant required to achieve the build

The modular build would be expected to be procured via a lease arrangement commencing in 2024-25

At this stage, the viable location is above AMU at MGH. The modular build early estimate cost by Estates is c. £14M.

An early floor plan of a new build (modular construction) UIU at MGH above current AMU.

Maidstone Hospital - Proposed UIU
Preliminary 1st Floor Layout   1:100 @ A3   Issued 08/09/23

The modular build would allow Block F, were the decant to go ahead, to be used for other clinical services

Option 3. The decant and refurbishment

(Risk score 21, Benefit score 75)

This option has the same benefit score as option 2 but has a higher risk score to reflect the amount and complexity of decant required.

It would be procured via capital in 2024-25. The location is first floor, Block F at MGH. This requires decant and the provision of alternative accommodation for sexual health, pain clinic, infusion clinic and some gynaecology offices that currently occupy the space. The refurbishment early estimate cost by Estates is c. £8.25M. Decant and deprovision early estimated costs by Space Team for Sexual Health and Chronic pain are shown at **appendix 8** but are in excess of £6.5M

Block F is currently occupied by:

Sexual Health   318m^2
Chronic Pain   608m^2 (inc Theatre/treatment room)
Gynae-Onc   69m^2
MIU – occupied approx. 120m^2 when they were in Stroke (now HASU)

Space team early outline plan for these services includes potential to:

- Move sexual health to a community setting. (The Mall at Maidstone Town Centre). This is considered clinically appropriate. (See estimated costs of Mall project).   It may be achievable by April 2025
- Move Physio outpatients, a service currently occupying 687m^2 to the Mall or other identified location. (See estimated costs of Mall project below).
- Move Pain clinic /chronic pain to the space vacated by the physio outpatients service.
- Move pre-assessment service out of MGH to an offsite location, potentially Hermitage Court, although space has not been identified there yet.
- Move infusion services to the space currently occupied by pre-assessment or they might move to the vacated physio outpatient space with chronic pain clinics but that would require pain clinic to reduce floor area.
- The gynaecology office spaces might move to the vacated UIU area

THE MALL (ground floor only 1,384m^2):
Basic rent £86/m^2 = £119,024
Service charge = £80k (estimate)
Estimated fit out (excl VAT) £3.8m
Option for owner of Mall to fit out under our spec and spread cost over monthly rent.
Lease – min 5 years, but would expect 10-15 years
IT – estimate £100k

Floor plan of current Block F at MGH

Block F - First Floor

KEY PLAN

Maidstone and Tunbridge Wells
NHS
NHS Trust
Estates Department

Maidstone Hospital		
Basic Floor Plan		
Block F - First Floor		
03005484		
1:150	Aug 16	BC

From this point on the sections should be completed for the preferred option only

Estates to work with division to refine specification

Benefits of developing the preferred option

Organisational benefits

- An improvement in productivity[8] through having an UIU, as demonstrated at University Hospitals Sussex, bringing 30% extra OP new attendances and urology OP procedures with additional **£369,600/y tariff income**[9]
- Reduction in follow up appointments with an estimated **follow up reduction of** 25% reduction = 5109 fewer follow up attendances /y = cost saving **of £454,701/y per year**
- Increase proportion of surgery that is day case thereby releasing bed day costs with an estimated **bed day cost reduction of £41,400 per year**
- Additional activity through releasing theatre time associated with the above enabling 120 new dc/ ordinary admissions through operating theatres replacing those moved to UIU. *The average combined dc/ ordinary tariff 22/22 associated with HRG LB09C – LB42D = £2081* =£**249,700 per year**
- Achievement of urology cancer standards
- Consolidated position as a leading urology and cancer service.
- Staff efficiencies, improved recruitment and retention.
- Additional space for endoscopy needed to help achieve cancer waiting times given increase in referrals, in the space vacated by the current UIU
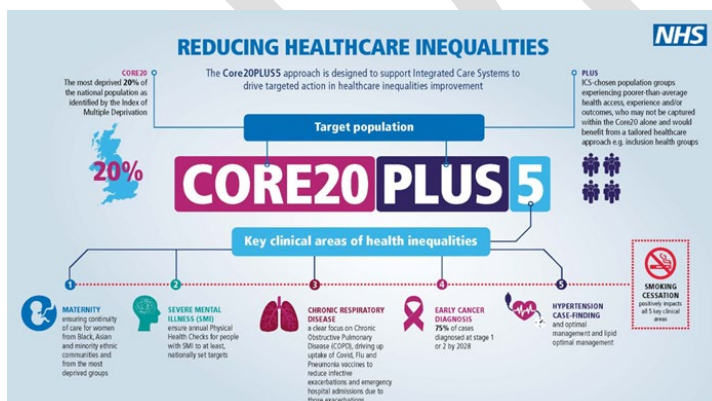
Staff benefits

- Working environment space fit for purpose
- satisfaction of providing quality service
- MDT approach, training opportunities.
- Administration and clinical collaboration to improve working relationships and efficiency

Financial benefits.

- Consolidate activity, reduce turnover, private practice income potential TBC

Early Cancer diagnosis and improvement in relation to health inequalities.

- One of the 5 key clinical areas for driving improvement in relation to health inequalities in NHS "CORE 20 +5" is early cancer diagnosis – 75% at stage 1 or 2 by 2028. The urology service will be key to achieving that core NHS target.

---

[8] https://www.uhsussex.nhs.uk/news/one-year-on-urology-investigation-unit-reduces-admissions-and-expands-capacity/

[9] Assumption based on 30% uplift to 8000 new OP attendances with tariff of £154 each from https://www.england.nhs.uk/wp-content/uploads/2020/11/22-23NT_AnnexA-National-tariff-workbook-Nov22-1.xlsx

- Ease of access, avoidance of duplication, in particular for those who find accessing the hospital difficult.
- Purpose built environment meeting Health Technical Memorandum in relation to appropriate design of clinical environments ensuring equitable access

Commercial Case

Services, assets and space required

This is a case for a new unit. There is no significant new equipment that is not part of the build or new staffing associated with the development. Required movable equipment schedule to follow at FBC .

Staffing plans

Workforce plan

This case is to build a clinical estate that is fit for purpose. The objectives are to provide a clinical environment that enables the service to meet the cancer standards, provide an environment for staff enabling them to maximise productivity and efficiency and to meet best practice for quality and effective service. Against a background of rising demand, a more efficient effective service will manage that demand with less additional staff than would otherwise be the case.

Impacts on and interfaces with other services.

A more efficient well designed UIU is expected to have a positive impact on other services including theatres, and take pressure of urgent urology attendances off A&E.

Surgery will work with Diagnostics to develop diagnostic pathways that are most efficient for patients and service. The UIU pathways are designed to provide early appropriate diagnostics at the right time and place, not more diagnostics per patient.

Procurement route

The proposed lease solution will be sourced via tendering using available framework agreements and appropriate contract terms, contract length and payment mechanisms will be defined through the procurement exercise

Procurement will assist the development of a specification, evaluation criteria and open market tender documentation.

In order to comply with the Public Contract Regulations, there are 2 routes to market available;

1.	via a mini competition through an NHS framework, or

2.	by undertaking a full tender.

Option 1 will have a slightly shorter timeframe, but will be restrictive in the suppliers we are able to invite

Option 2 can provide more flexibility for specification development, but is more resource heavy.

Both routes will use formal evaluation criteria and scoring methodology to define the qualitative and financial aspects of each solution, and hence identify the best value for money option in a structured and transparent way.

Financial Case – Funding and affordability

Please include at a minimum:
The capital and revenue costs of the proposed investment. How the investment will be funded and any affordability gap (if applicable).

For the preferred option. Full year effect – include VAT unless recoverable

Breakdown of financial impacts *(State Financial Year)*	Y 0	Y1	Y2	Y 3	Y 4	Y 5
CAPITAL COSTS						
Estates						
IT						
Equipment						
VAT						
Total Capital Costs						
REVENUE COSTS						
Pay						
Non-pay						
Other						
Other (non- operating) expenditure						
Capital charges						
Total Revenue Costs						
INCOME						
SLA						
Other (e.g. cash releasing benefits) Please specify and describe below)						
Surplus/Loss						

Summarise the activity, income assumptions relating to the preferred option.

This case asks for approval to proceed to the level of planning for a Urology Investigation Unit for the trust located at Maidstone hospital, **equivalent of RIBA stage 2. 'Concept design' on the preferred option.**
An estimate of £100k +VAT has been received from ModuleCO for this level of design and planning. This becomes payable in the event of the project **not** proceeding as otherwise that cost will be wrapped into the full contract value.

At this stage this preferred option has an estimated cost by estates of £14M (modular build)

or Decant and refurbishment of (£8.25M refurbishment of Block F + £6.5M Mall and therapies)

It is anticipated that the trust will need to apply for regional investment to assist with funding the development

How the investment will be funded		
Funding source/ body	**£ & % of total**	**Secured? If not secured indicate status of negotiation**
Identified in the Trust capital programme		
Identified in directorate revenue budget		

Other *(specify)*		

If in part or fully funded by charitable funding has the charitable fund manager given approval?
No ☐ **Yes** ☐ **Not yet** ☐
Fund holder name:

Management Case: Arrangements for successful implementation

Project team

Project sponsor: Rachel Jones

Clinical champion: Mr Ali Henderson

Project managers: Lesley Baxter

Project director: David Robinson

Strategy Team lead: Nick Baber

Estates team lead: David Gulliver

Space team lead: Linda Gulliver

Finance lead: Directorate support and Deputy directors of finance as appropriate

Delivering the key measurable benefits

Benefit	Baseline value	Target Value	Measure	Timing	Responsibility & notes
An improvement in productivity[10] through having an UIU, as demonstrated at University Hospitals Sussex, bringing about 30% extra OP new attendances and urology OP procedures [11]	8000 OP new attendances	8000 Outpatient new +30% = 2400 attendances - additional £369,600/y tariff income[12]	OP new attendance	First full year of operation	Surgery
Reduction in follow up appointments. *(see urology GIRFT assumptions in main text)*	20436/y	25% reduction = 5109 fewer follow up attendances /y = cost saving of £454,701/y	Follow up appointment ratio	TBC	Surgery
Increase proportion of urology surgery that is day case thereby releasing bed day costs. *(see urology GIRFT assumptions in main text)*	120 admissions/yr. change from IP to DC	120 bed day saving = £41,400 cost saving	Urology DC	TBC	Surgery
Additional dc/ ordinary admitted activity through releasing theatre	Current DC/Ordinary admitted	The average combined dc/ ordinary tariff 22/22	DC/Ordinary admitted urology activity	TBC	Surgery

---

[10] https://www.uhsussex.nhs.uk/news/one-year-on-urology-investigation-unit-reduces-admissions-and-expands-capacity/

[11] https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/12/Urology_2021-12-10_Guidance_Outpatient-transformation.pdf

[12] Assumption based on 30% uplift to 8000 new OP attendances with tariff of £154 each from https://www.england.nhs.uk/wp-content/uploads/2020/11/22-23NT_AnnexA-National-tariff-workbook-Nov22-1.xlsx

Benefit	Baseline value	Target Value	Measure	Timing	Responsibility & notes
time associated with the above enabling 120 new dc/ ordinary admissions through operating theatres replacing those moved to UIU.	urology activity	associated with HRG LB09C – LB42D = £2081 =£249,700 per year			

Timetable/ project plan

TIMETABLE -	
Milestone	**Date**
OBC to BCRP	24th Oct 2023
ETM	31st Oct 2023
Finance and Performance Committee	Nov 2023
Trust Board	Nov 2023
Modular build	
Next stage design and planning permission	Start Dec 23
Regional funding review	Before April 2024
Tender evaluation	Mar - April 2024
Enter into contract	May 2024
Build	Up to April 2025
Decant and refurbishment	
Prepare 'The Mall' and Therapies areas	April 2024 to March 2025
Decant block F	Before April 2025

The surgical division and the outpatient transformation leads will draw upon GIRFT's Practical Guide to the Delivery of Urology Outpatient Transformation
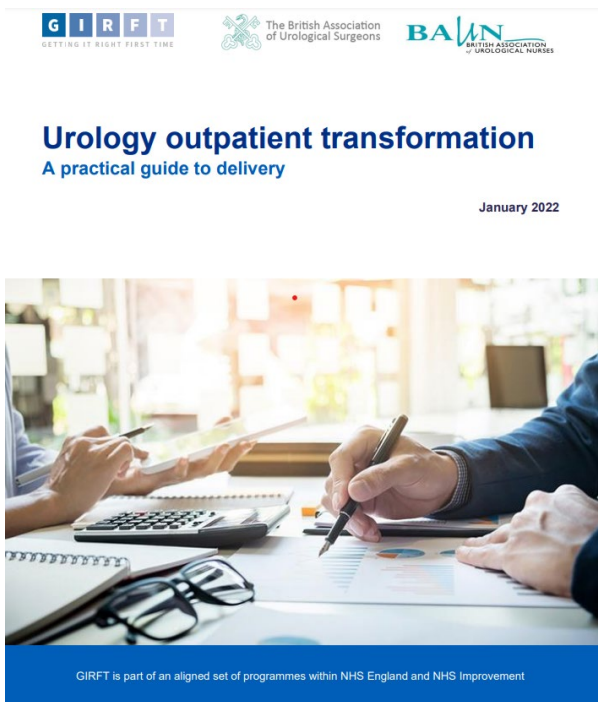
Managing any key risks associated with delivering the project

Risk	Baseline risk score (l x i)	Summary mitigation/ contingency	Mitigated risk score (L x i)	Lead
IFRS 16 rules	8	Capital accountant input in procurement process	4	Finance team
Feasibility of location from estates perspective	8	Working with potential contractors, commissioning professional reports, accounting for Division adjacency requirements	4	Estates Team
Capital funding constraints	0	Preferred option is a lease	0	N/A

Data Protection Impact Assessment (DPIA)

The process designed to identify risks arising out of the processing of personal data and to minimise these risks as far and as early as possible
(Please tick box as appropriate)

Not required ✓ Completed ☐ Required but not completed yet ☐

Clinical Quality Impact Assessment (preferred option)

For guidance on QIA requirements contact the Project Management Office

Clinical Effectiveness			
Have clinicians been involved in the service redesign?	Yes ✓	No ☐	N/A ☐
Has evidence been used in the redesign? (e.g. NICE guidance)	Yes ✓	No ☐	N/A ☐
Are relevant Clinical Outcome Measures already being monitored?	Yes ✓	No ☐	N/A ☐
Are there any risks to clinical effectiveness?	Yes ✓	No ☐	N/A ☐
Have the risks been mitigated?	Yes ☐	No ☐	N/A ✓
Have risks been added to departmental risk register review date set?	Yes ☐	No ☐	N/A ☐
Are there any benefits to clinical effectiveness?	Yes ✓	No ☐	N/A ☐
Notes on clinical effectiveness: **A current risk to clinical effectiveness would be mitigated by this investment**			

Patient Safety. Has the impact of the change been considered in relation to: *(highlight as appropriate)*			
Infection Prevention and Control?	Yes ☐	No ✓	N/A ☐
Safeguarding vulnerable adults/ children?	Yes ☐	No ✓	N/A ☐
Current quality indicators?	Yes ☐	No ✓	N/A ☐
Quality Account priorities?	Yes ☐	No ✓	N/A ☐
CQUINS?	Yes ☐	No ✓	N/A ☐
Are there any risks to patient safety?	Yes ☐	No ✓	N/A ☐
Have the risks been mitigated?	Yes ☐	No ☐	N/A ✓
Have the risks been added to department risk register & review date set?	Yes ☐	No ☐	N/A ✓
Are there any benefits to patient safety?	Yes ✓	No ☐	N/A ☐
Notes on patient safety:			

Patient experience			
Has the impact of the redesign on patients/ carers/ members of the public been assessed?	Yes ✓	No ☐	N/A ☐
Does the redesign lead to improvements in the care pathway?	Yes ✓	No ☐	N/A ☐
Are there any risks to the patient experience?	Yes ☐	No ✓	N/A ☐
Have the risks been mitigated and / or added to the departmental risk register and a review date set?	Yes ☐	No ☐	N/A ✓
Are there any benefits to the patient experience?	Yes ✓	No ☐	N/A ☐
Notes on patient experience:			

Health inequalities
What planned or potential positive or negative impacts will the development have on health inequalities? Consider who may have their service or access to service improved or compromised? Describe these impacts
The current UIU space is not fit for purpose and does not meet the required standards for an outpatient unit. Not meeting these standards adversely impacts many patients but particularly those with complex needs

Overall impact on quality					
What is the overall impact on service quality? – *please tick one box*					
Improves quality	✓	Maintains quality	☐	Reduces quality	☐

Clinical lead's comments:

Appendices

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

Appendix 1 Maidstone UIU current clinic allocation and clinic description

|		Monday	Tuesday	Wednesday	Thursday	Friday
Flexi room	AM	Flexi list	Flexi list	Flexi list	Flexi list	Flexi list
	PM	Flexi list	Biopsy recovery	Flexi list	Bisopsy recovery	Flexi list
Biopsy room	AM	Biopsy list	HY Clinic	TWOC/ISC/ISD		Urodynamics
	PM	Biopsy list	Biopsy list	TWOC/ISC/ISD	Biopsy list	Litho - 2nd Friday
CNS room	AM	TWOC/ISC/ISD	Mito/ BCG	Mito/ BCG	Urol. Sr.	Urol. Sr.
	PM	Bx recovery wk 1, 3, 5	Mito/ BCG	Mito/ BCG	Urol. Sr.	Urol. Sr.
Counselling room	AM	Biopsy recovery	CNS clinic		CNS clinic	CNS clinic
	PM	CNS Wk 1,3,5 Bx recovery wk 2,4	CNS clinic	CNS clinic	CNS clinic	CNS clinic
Consulting room 1	AM	Nurses	Nurses	Nurse	Nurse	Nurse
	PM	Nurses	Nurses	Nurse	Nurse	Nurse
Consulting room 2	AM	Sarah	HY		JD - C2WW	Dr. clinic
	PM	MSC 1,3,5. IR wk 2.4	TS	IR - 1,3,5 AH - 2,4	JD	BP
Consulting room 3	AM	Orange clinic	HY	Cont. m		Litho - 2nd Friday
	PM	MSC 1,3,5. IR wk 2.4	TS	IR - 1,3,5 AH - 2,4	JD	BP
Consulting room 4	AM		HY	Muro nurse		Litho - 2nd Friday
	PM	MSC 1,3,5. IR wk 2.4	TS	IR - 1,3,5 AH - 2,4	JD	BP

Clinics highlighted yellow cancer clinics identified as a priority to mitigate

Clinic operational description

| clinics	Description of the clinics
Flexi list	Patient waits in reception area. 1.need to do a urine dip test, if clear then proceed for a flexi. If it shows signs of infection then flexi cancelled and rebooked. 2. go through to room and flexi carried out, after flexi they need to pass urine before discharge. (Most patients do straight away but occasionally some patients will need to go back to waiting room until they have passed urine. all patients have to be escorted through to UIU at all times
LATP/Biopsy clinic	patient waits in reception area until nurse calls him through for procedure. Doctor consents him then nurse prepares him for procedure on couch. Procedure done (takes about an hour per patient doctor dependant) after procedure patient waits in a different room for about an hour to recover, we don't have a specific recovery room. once nursing staff happy patient is ok they can then go home with wife or family member to drive then home. we give then drink and biscuits.
outpatient clinics in yellow	patient waits in reception area. Nearly all patients do a flow test so they sit in waiting area drinking water until ready to pass urine, they need a full bladder so sometimes they could be there for an hour or so, escorted into unit to do flow test and have a bladder scan then go back to waiting room until doctor ready to see them. escorted into consulting room by nurse and have opa with doctor. Once finished escorted back to reception area and go home. sometimes patients will go back and forth to UIU to try to pass urine and at all times must be escorted.
urodynamic clinic	patient waits in reception area drinking water to fill bladder to then do flow test and urine dip. Escorted into UIU to have procedure. Doctor or nurse consents them and procedure performed after procedure doctor will give them results and a plan of treatment, then discharged home
Mito/BCG clinic	nurse led clinics for intravesical bladder cancer treatment. patient needs to have urine dip prior to receiving treatment. Again, waits in reception area until nurse escorts them through to U.I.U
Lithotripsy	Patient waits in reception until nurse calls them to consulting room. Patient observations recorded and then escorted to UIU to for urine dip. Patient then goes back to reception until escorted by nurse to procedure room for lithotripsy. We currently use a room in endoscopy for this as it is lead lined. Once procedure do nurse escorts patient back into consulting room and set of obs. done then goes back to reception for an hour, water offered to patient after an hour patient goes back to consulting room for last set of obs. All patients must pass urine before allowed home once ok
CNS clinics	these are nurse led clinics. The majority of the patients do not need to do a flow test but occasionally some will again they will need to be escorted into the unit by a nurse

Appendix 2. Floor plan of current UIU

Current UIU floor area at MGH
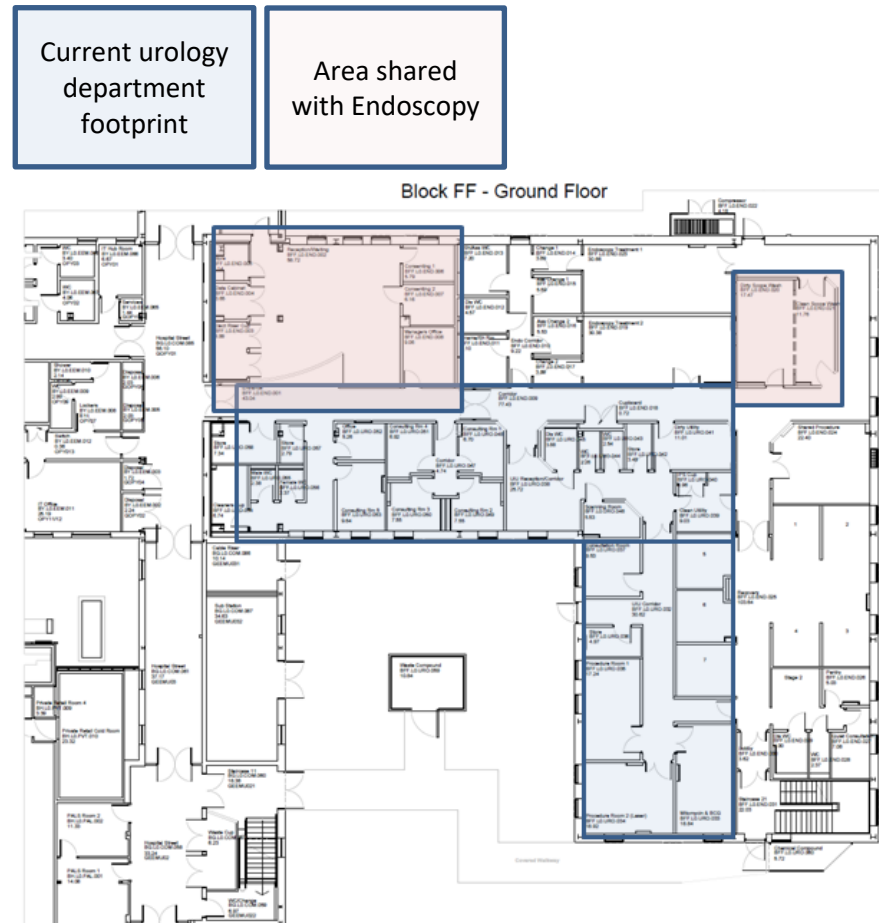
The whole department excluding administration areas which are located outside the unit is currently approximately 320m2. Some of that area is shared with endoscopy
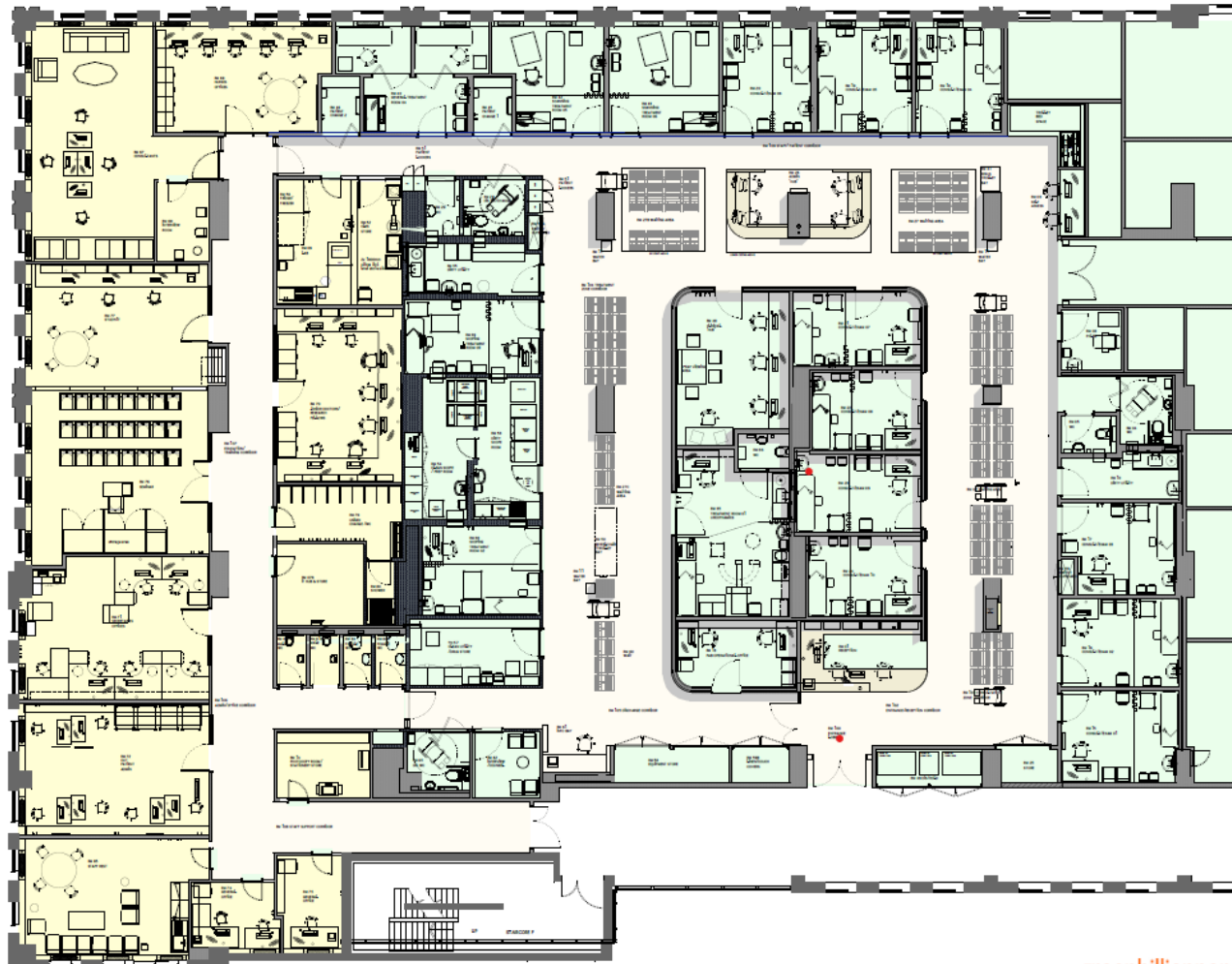
Appendix 4: Initial new UIU room specification

Specification 1 (1216 m2)

AREA ID	Space description	Number/ (size) in current unit and notes about current facility	Number in future unit	Notes about the future facility	Type of area ie. Clinical or Administration/ Support	Estimate of m2 per room	Calculated function m2	Cost per m2 new build £5.6K	Est Cost per m2 refurbishment £3.5K	Cost of facility - new build in £, K	Cost of facility - refurbishment in £ K
1	Large waiting area with large reception desk	Currently shared with endoscopy. Need one aproximately the size of endoscpoy waiting room just for UIU	1	Need one aproximately the size of endoscpoy waiting room just for UIU ,Based on 30 people 3 wheel chair users	Support	50	50	£5,600	£3,500	£280,000	£175,000
2	Smaller waiting area for patients waiting to do flow tests	0	1	small sub wait area Based on 10 people 1 wheel chair user	Support	18	18	£5,600	£3,500	£100,800	£63,000
3	Nurses station with intercom system through to small reception	0	1		Support	12	12	£5,600	£3,500	£67,200	£42,000
4	Large Diagnostic rooms with interlocking changing rooms	2 , wthout interlocking changing	6	Large with interlocking changing spaces based on 25m2 room 3 m2 chnaging	Clinical	28	168	£5,600	£3,500	£940,800	£588,000
5	Scanning room	1	2	These are quite small - consulting room size with couch	Clinical	10	20	£5,600	£3,500	£112,000	£70,000
6	Room for lithotripsy	Currently sharing a room in endoscopy on set days	1	Consulting room size with couch	Clinical	14	14	£5,600	£3,500	£78,400	£49,000
7	Recovery area with chairs and trolleys	0	1	Space for 3-4 trolleys and 4-6 chairs. Will double as a same day emergency care (SDEC) area	Clinical	65	65	£5,600	£3,500	£364,000	£227,500
8	Emergency room for inpatients/ambulance patients	0	0	Incorporate into above	Clinical		0				
9	Urology nurse specialist rooms	1 currently shared by three continenece nurses with plan for 2 more nurses to be employed	5	Consulting type space with couch	Clinical	14	70	£5,600	£3,500	£392,000	£245,000
10	Toilets for patients within the unit, some set up for flow tests.	3	6	4 need to be disabled size toilets	Clinical	4	24	£5,600	£3,500	£134,400	£84,000
11	Consulting rooms	3. (The joint cancer clinic alone require 8 rooms operating concurrently)	8	Full consulting spaces with couch	Clinical	14	112	£5,600	£3,500	£627,200	£392,000
12	Nurses area to coordinate the clinic and keep patient notes.	2 - required in current unit due to design of unit	1	Like a nurses staion	Support	12	12	£5,600	£3,500	£67,200	£42,000
13	Cancer Nurse Specalist consultation rooms	1 which currently doubles as a recovery area	2	Small office type consultation room - no couch	Clinical	16	32	£5,600	£3,500	£179,200	£112,000
14	Decontamination room with 2 machines, space for drying cabinet for scopes	Currently shared with endoscopy.	1	To be confirmed re policy for decontamination. Est. about a small consulting room space?	Clinical	20	20	£5,600	£3,500	£112,000	£70,000
15	Clean room for scope equipment	Shared with endoscopy	1		Clinical	25	25	£5,600	£3,500	£140,000	£87,500
16	Sluice	Shared with endoscopy	1		Clinical	17	17	£5,600	£3,500	£95,200	£59,500
17	Kitchen and coffee room for staff	0	1		Clinical	24	24	£5,600	£3,500	£134,400	£84,000
18	Toilet for staff	2	2		Support	4	8	£5,600	£3,500	£44,800	£28,000
19	Office space for booking team (8-10 people)	Outside of unit currently	1	for 8-10 people	Support	51	51	£5,600	£3,500	£285,600	£178,500
20	Large open office for secretaries (8-10 people)	Outside of unit currently	1	for 8-10 people	Support	51	51	£5,600	£3,500	£285,600	£178,500
21	Management office for unit sister	1	1		Support	12	12	£5,600	£3,500	£67,200	£42,000
22	Rooms for Urology practitioner and staff	Outside of unit currently	1	Office type space for 3 people	Support	14	14	£5,600	£3,500	£78,400	£49,000
23	Consultant office with 4 desks	Outside of unit currently	1	Office type space for 4 people	Support	16	16	£5,600	£3,500	£89,600	£56,000
24	Large store room for stock	1	1		Support	20	20	£5,600	£3,500	£112,000	£70,000
25	Large conference room	0	1	eg room in corner top floor cancer centre	Support	30	30	£5,600	£3,500	£168,000	£105,000
26	Research office/space	0	1	How Many People	Support	16	16	£5,600	£3,500	£89,600	£89,600
27	Circulatation / corridor space etimate	0	1	33% of overall space	Support	300	300	£5,600	£3,500	£1,680,000	£1,050,000
28	Linen Store	0	1		Support	3	3	£5,600	£3,500	£16,800	£10,500
29	IT Hub Room		1		Support	9	9	£5,600	£3,500	£50,400	£31,500
30	Electric Cupboard		1		Support	3	3	£5,600	£3,500	£16,800	£10,500
							1216			£6,809,600	£4,289,600

Appendix 5 – Option benefits scoring

Option benefits comparison table
- Option 1. Do nothing
- Option 2.   A decant and refurbishment of the 'block F' area within the hospital.
- Option 3. A new build UIU at MGH as per specification 1
- Option 4. A new build UIU at MGH as per specification 2

Benefit description	Benefit Weight (A)	Option 1 do nothing		Option 2 A new modular build UIU at MGH		Option 3 Decant / refurb block F	
		Score (B)	A x B	Score (B)	A x B	Score (B)	A x B
Efficiencies e.g. follow up / increase dc	**5**	0	0	5	25	5	25
Quality – patient experience and outcomes	**5**	0	0	5	25	5	25
Staffing recruitment retention and job satisfaction	**5**	0	0	5	25	5	25
		Option 1 Total	0	Option 2 Total	75	Option 3 Total	75

ID938 – Urology Investigation Unit
of 39
07/11/2023 v4

Page 36

37/40

169/172

Appendix 6 – Option risk scoring

- Option 1. Do nothing
- Option 2. A decant and refurbishment of the 'block F' area within the hospital.
- Option 3. A new build UIU at MGH as per specification 1
- Option 4. A new build UIU at MGH as per specification 2

Option risks comparison table

RISK	Option 1 Do nothing			Option 2 A new modular build UIU at MGH			Option 3 Decant and refurbishment of the 'block F'		
	Likelihood of risk occurring (L)	Impact if risk occurs (i)	Risk score (L * i)	Likelihood of risk occurring (L)	Impact if risk occurs (i)	Risk score (L * i)	Likelihood of risk occurring (L)	Impact if risk occurs (i)	Risk score (L * i)
Risk 1 Disruption during build	0	3	**0**	3	3	**9**	3	3	**9**
Risk 2 Decant risk	0	3	**0**	0	3	**0**	4	3	**12**
Risk 3 Loss of staff	4	4	**16**	0	4	**0**	0	4	**0**
Risk 4 Poor quality service	4	4	**16**	0	4	**0**	0	4	**0**
Risk 5 failure to meet NHS standards	4	4	**16**	0	4	**0**	0	4	**0**
Total			**48**			**9**			**21**

ID938 – Urology Investigation Unit
of 39
07/11/2023 v4

Page 37

38/40

170/172

Appendix 8

Decant of Block F and re-provided space, early estimated costs

CURRENT SIZE OF SERVICES:
Physio   687m^2
Sexual Health   318m^2
Chronic Pain   608m^2 (inc Theatre/treatment room)
Gynae-Onc   69m^2
MIU – occupied approx. 120m^2 when they were in Stroke (now HASU)

THE MALL (ground floor only 1,384m^2):
Basic rent £86/m^2 = £119,024
Service charge = £80k (estimate)

Estimated fit out (excl VAT) £3.8m
Option for owner of Mall to fit out under our spec and spread cost over monthly rent.
Lease – min 5 years, but would expect 10-15 years
IT – estimate £100k

Excellent public transport adjacencies (bus, train) plus multi-storey car park

ESTATES EARLY ESTIMATES:

	From	Level	m2 of Existing Accommodation	To	m2 of New Accommodation	Comments	Provision type	Cost Basis	Estimated Cost
Chronic Pain	F	1	578	J (current Therapies location)	622	Is the Chronic Pain area fully utilised?	Consulting rooms already available	Mix of using same space and reconfigure gym areas	£2,500,000
Gynae-Onc nurses (Block F Level 1) (Option A)	F	1	69	J (current Therapies location)	69		Office space already available - dependent on reconfiguration of area for other services	Estimated at 4 clinic rooms	£175,000
Gynae-Onc nurses (Block F Level 1) (Option B)	F	1	69	FF (current Urology location)	69		Some change from consulting rooms to offices	Estimated at 4 clinic rooms	£175,000
Medical Infusion Unit (MIU) (This move only possible if Pre-assessment moved, they might co-locate in Therapies with Chronic Pain) TBC	F (currently temp location in Chronic Pain)		120 (previously in AMU)	EE (current Pre-assessment location)	140	Previous location within former AMU - move to temporary location within Chronic Pain to enable Phase 1 of Stroke Development	Require waiting area plus large room to house treatment chairs plus store.	Open space requirement	£375,000