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

Thu 25 January 2024, 09:45 - 13:00

Pentecost-South rooms, The Academic Centre, Maidstone Hospital

Maidstone and Tunbridge Wells NHS Trust

Agenda

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

01-1
To receive apologies for absence

David Highton

01-2
To declare interests relevant to agenda items

David Highton

01-3
To approve the minutes of the 'Part 1' Trust Board meeting of 21st December 2023

David Highton

Board minutes, 21.12.23 (Part 1).pdf (13 pages)

01-4
To note progress with previous actions

David Highton

Board actions log (Part 1).pdf (3 pages)

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

01-5
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 (1 pages)

Reports from the Chair of the Trust Board and Chief Executive

01-6
Report from the Chair of the Trust Board

David Highton

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

01-7
Report from the Chief Executive (incl. an update on the car parking position and future plans)

Miles Scott

CEO January report.pdf (5 pages)

Reports from Trust Board sub-committees

01-8
Quality Committee, 10/01/24

Maureen Choong

Summary of Quality C'ttee, 10.01.24.pdf (2 pages)

01-9
Finance and Performance Committee, 23/01/24

Neil Griffiths

Summary of Finance and Performance C'ttee 23.01.24.pdf (1 pages)

01-10
People and Organisational Development Committee (incl. the Quarterly update from the Guardian of Safe Working Hours (covering October to December 2023)), 19/01/24

Richard Finn

Summary of People and Organisational Development Cttee, 19.01.24 (incl the Quarterly update from the Guardian of Safe Working Ho.pdf (6 pages)

Integrated Performance Report

01-11
Review of the Integrated Performance Report (IPR) for December 2023

Miles Scott and colleagues

Integrated Performance Report (IPR) Dec 2023.pdf (41 pages)

Quality items

01-12
To approve the NHS Resolution maternity incentive scheme submission

Sarah Flint and Rachel Thomas

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

To approve the NHS Resolution maternity incentive scheme submission.pdf (19 pages)

People

01-13
To commit to the implementation of the sexual safety in healthcare charter

Sue Steen

Trust Board Sexual Safety Paper.pdf (4 pages)

01-14
Outcome of 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)

Sue Steen

Outcome of the review of the consultant interview and recruitment process.pdf (9 pages)

Systems and Place

01-15
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 (7 pages)

Planning and strategy

01-16
To approve the Full Business Case (FBC) for the reconfiguration of acute stroke services

Sean Briggs

FBC for acute stroke services.pdf (134 pages)

Assurance and policy

01-17
Six-monthly review of the Trust’s red-rated risks

Joanna Haworth

Six-monthly review of red rates risks.pdf (21 pages)

01-18
Quarterly report from the Freedom to Speak Up Guardian

Jack Richardson and Ainne Dolan

N.B. This item has been scheduled for 12.30pm

Quarterly report from the Freedom to Speak Up Guardian - January 2024.pdf (6 pages)

01-19
To consider any other business

David Highton

01-20
To respond to any questions from members of the public

David Highton

01-21
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 21ST DECEMBER 2023, VIRTUALLY VIA WEBCONFERENCE

NHS Maidstone and Tunbridge Wells NHS Trust

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board (Chair)	(DH)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Neil Griffiths	Non-Executive Director	(NG)
	Jo Haworth	Chief Nurse	(JH)
	Peter Maskell	Medical Director	(PM)
	David Morgan	Non-Executive Director	(DM)
	Steve Orpin	Deputy Chief Executive / Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Miles Scott	Chief Executive	(MS)
	Wayne Wright	Non-Executive Director	(WW)
In attendance:	Karen Cox	Associate Non-Executive Director (except item 12-11)	(KC)
	Richard Finn	Associate Non-Executive Director	(RF)
	Rachel Jones	Director of Strategy, Planning and Partnerships	(RJ)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Sue Steen	Chief People Officer	(SS)
	Jo Webber	Associate Non-Executive Director	(JW)
	Alex Yew	Associate Non-Executive Director	(AY)
	Kevin Rowan	Trust Secretary	(KR)
	Sarah Flint	Chief of Service for Women's Children's and Sexual Health (for item 12-13)	(SF)
Observing:	The meeting was livestreamed on the Trust's YouTube channel.		

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

12-1 To receive apologies for absence

There were no apologies.

12-2 To declare interests relevant to agenda items

AY declared that he was a member of the NHS Kent and Medway Integrated Care Board's (KM ICB's) Productivity and Investment Committee.

DH then reported that SM had been appointed as the Trust's new Medical Director, from 01/01/24, and PM would be leaving the Trust Board, to become the Medical Director (Integrated Care) at the West Kent Health and Care Partnership (HCP). DH duly thanked PM for his time as Medical Director over the past seven years and wished him well for his new role.

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

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

12-4 To note progress with previous actions

The content of the submitted report was noted and DH acknowledged that action 11-8b would remain open and an update would be provided at the next 'Part 1' Trust Board meeting.

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

DH introduced the item by noting the discussion that had taken place at the Trust Board meeting on 30/11/23, and the commitment to receive monthly updates on progress in implementing the recommendations within the 'Part 1' Trust Board meetings. DH then pointed out that it had only been three weeks since the previous Trust Board meeting, so the content of the submitted update had been limited.

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

- The Trust Board had accepted the 16 recommendations that were applicable to the Trust and would implement those in full.
- The submitted report contained the current status assessment against each of the 16 recommendations.
- The report would be developed into a more detailed assurance statement and the February 2024 Trust Board meeting would be given the full details of the assessment.
- A Corporate Project had been established to implement the remaining recommendations, and in particular the recommendations that were new.
- The Trust had committed to implementing the recommendations by the end of March 2024, but the Trust would aim to provide a definitive position to the Trust Board meeting in February 2024.
- The Trust had met with representatives from the KM ICB and NHS England (NHSE) during w/e 15/12/23 and they had both agreed with the process of providing an assurance statement and a separate action plan.

WW asked how the implementation of the actions would be validated. MS explained that as the completion of each action was confirmed, the compliance status document would provide evidence of such implementation. WW asked whether there would be an opportunity for the Trust's Internal Audit function to validate that evidence. MS however confirmed that external scrutiny would be provided by NHSE and the KM ICB.

Reports from the Chair of the Trust Board and Chief Executive

12-6 Report from the Chair of the Trust Board

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

- The report contained details of the three consultant appointments that had been made since the previous Trust Board meeting.
- The latest junior doctors' strike was currently in progress, so the Trust's staff should be thanked for their continued hard work during that period. A future strike by the junior doctors' would take place in early January 2024.

12-7 Report from the Chief Executive

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

- As DH had noted under item 12-6, the Trust was in the second day of the first period of the latest junior doctors' strikes. Circa 51% of the Trust's junior doctors had participated in the strike, but SB and his team had undertaken significant preparation, so the Trust was able to confirm that patient safety and patient flow had been maintained, and would continue to be maintained until the end of the current strike.
- Although patient safety had been maintained, and cancer treatment would continue, the strike would result in an adverse impact on elective activity, and a negative impact on both income and expenditure. The delivery of the Trust's updated plans for 2023/24 had been predicated on there being no further industrial action, so the adverse impact had not been covered in such plans. The ICB had recognised that the Trust had incurred such costs, but as of yet, the ICB had not committed to provide additional funding to cover the costs.
- The Trust was experiencing very high levels of emergency activity, but was introducing some new initiatives, such as Virtual Wards, which were making a positive difference. Each year there had been at least one new scheme that had been able to improve the Trust's underlying productivity position, and that context was important in relation to the 2019/20 workforce growth review that would be considered under item 12-16. Only eight Trusts in the country had a net

productivity increase i.e. they had increased their productivity more than their costs, and the Trust was one of those eight, which demonstrated the links between treating patients well, working to an agreed budget and planning for the future.
- The Trust's equality, diversity and inclusion (EDI) strategy was being actively implemented, and new steps were being taken each month. There was also active engagement with the staff networks, which had been demonstrated by the work on Disability History Month.

SB referred to the productivity issues, which were very important for staff morale, and noted that some of the Trust's investments had been in schemes to improve staff wellbeing, so asked whether there would be challenges in continuing with such investments in a tighter financial climate, given the possibility that the ICB and NHSE would adopt a more 'command and control' regime. MS replied that any decisions regarding budget setting would be easier if the Trust's underlying productivity continued to improve, but also highlighted the importance of not considering budget setting in isolation from other factors. DH added that the role of the Trust Board was very important, particularly in resisting any pressure that may be applied externally, and challenge any attempt to reduce important investment in staff wellbeing.

Reports from Trust Board sub-committees

12-8 Quality Committee, 13/12/23

MC referred to the submitted report and highlighted that the meeting had been a 'deep dive', and focused on ophthalmology. MC continued that the Committee heard that there was good reporting of information; which included the reporting of concerns and issues, but the service had been asked to provide a further update to the Committee, as although some good work had started, it was not yet complete, so the Committee was not yet fully assured.

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

NG referred to the submitted report and highlighted the following points:
- The Committee had reviewed the Model Hospital Benchmarking Opportunity within the Medicine & Emergency Care Division. When taken at face value, the opportunity was of very significant value, but the situation was more complicated, although the Committee felt there was more that could be done by the Division, particularly in relation to transformational change. However the Committee recognised the fantastic job the Division was currently doing on performance; as well as the need to support the team to achieve the desired outcome.
- The Committee had also acknowledged that the Trust's financial position was very precarious, so the situation needed to be closely monitored.

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

EPM referred to the submitted report and highlighted the following points:
- The meeting had been an in-person 'deep dive' meeting, which had been very beneficial. It was therefore likely that the Committee would have more face-to-face/in-person meetings in 2024.
- The Trust's Medical Appraisal Lead had attended for consideration of the data regarding medical appraisal and revalidation, and they had agreed to attend again each year to share their experiences further.
- A strategy review was conducted, which discussed culture, and it was agreed that there should be a further focus on flexible working and EDI.
- EPM had had an initial email exchange with SB in relation to the operational input to the Committee and SB had agreed that SB or one of his team would attend the meetings in 2024.
- Robotic Process Automation had been discussed and the dependencies on the IT and Digital team were recognised, so it was important that the dependencies were addressed.

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

JW referred to the submitted report and highlighted the following points:
- Car parking issues had again been discussed, and the Committee had recognised the negative impact of patients not being able to park on the flow of outpatient appointments, and particularly for sonography appointments.

- The new patient experience strategy had been discussed, which recognised the significant engagement work done by the Deputy Chief Nurse, Quality and Experience.
- The patient experience aspects of the Care Quality Commission (CQC) maternity inspection and the findings from the national NHS maternity survey were considered.
- The National Audit of Dementia was also considered, and the lack of timescale to implement any change between the annual audits was noted.

Integrated Performance Report (IPR)

12-12 Review of the IPR for November 2023

MS referred to the submitted report and drew Trust Board members' attention to the "Executive Summary" section on page 6 of 38. SS then referred to the "People" Strategic Theme and highlighted the following points:

- The target for staff turnover rate was 12% and the current rate was 12.4%. The Trust had been accepted onto NHSE's exemplar retention programme, which was a very positive development, and that would result in some external support. The primary focus was on staff turnover within the first 12 to 24 months of appointment.
- The "% of Afc 8c and above that are BAME" target was 12%, and was a nationally-set target. The Trust would need an additional three to four persons in such roles, as there were already eight Black and Asian Minority Ethnic (BAME) staff in such posts. A meritocracy would still need to apply but the aforementioned EDI strategy would include a major focus on that objective in 2024, and the target was achievable.
- The Trust's compliance with "Statutory and Mandatory Training" was 88.9%, although there had been some underperformance, which related to the introduction of the Oliver McGowan Mandatory Training on Learning Disability and Autism Tier. There had however been circa 66% compliance with that training within six months, which was very positive. A 'deep dive' had been undertaken into the 32 individual Statutory and Mandatory training programmes, and five of the 32 areas were not currently meeting the target, so these would be the focus of further work. All of the non-compliant training involved updates i.e. annual or three-yearly refresher training. Work would also take place in 2024 to review the rationale for the 32 training courses, given the high level of commitment.

DH asked whether the Trust's inclusion in the NHS People Promise Exemplar programme would involve any funding. SS confirmed it would, in the form of an additional person, but it would also provide the Trust with access to the Trusts that had been in cohort 1 of the programme. DH noted that Buckinghamshire Healthcare NHS Trust had been in cohort 1 and the programme had made a significant difference.

WW referred to the turnover rates for staff that had left the Trust soon after starting and asked what analysis had been done on the issue. SS confirmed that an A3 process was taking place on the turnover that occurred within 12 to 24 months, but highlighted the importance of the external environment, which indicated that high turnover was a more general feature in the current labour market per se. SS continued that work was being done on the Trust's Employee Value Proposition (EVP), and on ensuring that new staff had a discussion with their line managers about their future career development. SS also emphasised the importance of role clarity, training and development, clear future direction and good 'onboarding', as well as managing the energy of new starters. WW therefore asked whether real clarity on the key themes would be provided to the next two Trust Board meetings, to enable a focus on the action that would be taken. SS confirmed that that was intended by the plan being developed, but pointed out that much of the work that was already being done would form part of that plan. WW asked whether that would be visible at the next Trust Board meeting, and SS confirmed that the A3 work would be able to be considered by that point.

PM then referred to the "Patient Safety & Clinical Effectiveness" Strategic Theme and confirmed that he would discuss mortality under item 12-14. SM therefore reported the following points:

- Work was continuing on the "Incidents resulting in Moderate + Harm" target, and it was hoped that improved data would be available by the end of January 2024.

- The most recent data for “Safe Staffing Levels” was over 100%, which was due to the provision of enhanced care to specific patients. The positive position also however reflected the work that had been done in recruiting additional staff.

SM then referred to the Infection Prevention and control section of the “Patient Safety & Clinical Effectiveness” Strategic Theme and highlighted the following points:
- *Clostridiodes difficile* cases had reduced for November, but there was still a volatile rate of infection, and outbreak meetings continued to be held as required.
- The Trust had managed to deep clean five wards at Tunbridge Wells Hospital (TWH), so SM would like to thank SB for allowing the decant ward to be used to enable the deep clean programme to proceed.
- The *E.Coli* rate had also reduced.

DH referred to the deep cleans of the wards and stated that he presumed the use of the decant ward would soon be lost. SM confirmed that the use of the decant ward for the deep clean programme had already been removed, to enable that ward to be prepared for winter escalation. SM added that the ward deep clean programme had to be undertaken during the summer, and the programme relied on the escalation ward being closed in sufficient time.

SB then referred to the “Patient Access” Strategic Theme and highlighted the following points:
- The data in the IPR was not final for the Referral to Treatment (RTT) and cancer access performance, due to the Trust Board meeting being held earlier in the month than usual.
- All the cancer access performance targets had again been met, which had been the case for almost every month during the last 4.5 years.
- SB would also like to thank the staff for providing cover during the latest junior doctors’ strike, which had been very challenging.
- The Trust was still performing very well on the Emergency Department (ED) four-hour waiting time target and was still within top three to five performing Trusts in the country, despite experiencing the highest ever number of ED attendances. SB was however committed to ensuring performance returned to being above 80%.
- Ambulance handover performance had been very good, thanks to the efforts of the ED staff.
- Elective activity performance had been very strong all year, and the first real improvement on RTT performance had been seen. The final validated position would likely to be close to, or above, 70%, which was the first month the RTT performance had been at that level for a while. The number of patients waiting 40 weeks or more for treatment had now reduced to circa 600, from circa 1000 a few months ago.
- There had been continued improvement in performance against the Diagnostics Waiting Times and Activity (DM01) standard and the Trust was gradually getting closer to the 99% target.
- There had been a slight reduction in outpatient utilisation, but the final validation was expected to lead to an improved position from that reported in the IPR. There was also continued improvement in telephone call response time performance.

SO referred to the improvements that had been made over time, and noted that many of these had focused on improving patient flow in the ED, but asked whether more action was planned to improve the use of out of hospital care and inpatient discharges. SB highlighted the good working relationship that the Trust had with Kent Community Health NHS Foundation Trust (KCHFT) and with Social Services, and noted that although more could be done by both organisations, there were also additional internal improvements that the Trust could make in relation to such aspects.

WW commended SB and his team for their continued good performance, but referred to the ED four-hour waiting time target and noted that there had been some examples of patients waiting eight hours, so asked what the 70% performance meant, in terms of the length of wait for those not seen, treated or discharged in four hours. SB explained that the patients that waited the longest usually required more specialist treatment, so lower performance meant delays in the receipt of such specialist treatments. SB then elaborated on the wider consequences of poor patient flow performance and emphasised that the consequences were very far reaching. WW however clarified that his point was what could be done to maintain the performance, given the increased non-elective activity. SB stated that he would not expect a decrease in performance and

highlighted the intended future approach. SB also noted that the Trust had not received increased funding for the circa 28% increase in non-elective activity the Trust's EDs had seen over the recent past. DH added that the conventional wisdom was that bed occupancy should be no higher than 85%, and the Trust was consistently operating at circa 95%, so there was not enough contingency. DH continued that the Trust had circa 100 inpatients per day who no longer met the criteria to reside; whilst if the utilisation of the Virtual Ward service improved, that would help, so there were two opportunities to help with patient flow, but the Virtual Ward change was much more within the Trust's control. DH added that the issues were well understood by the other Chairs of the Trust's Boards within Kent and Medway.

JW referred to the patients who no longer met the criteria to reside and noted that Local Authorities had their own financial pressures, so asked for a comment on how that situation would likely develop in 2024. SB noted that social care budgets were constrained, and the issue was one of the Trust's major challenges, although it was usually the staffing sickness absences that had the most adverse effect during that time of the year. SB added that the Trust would however continue to focus on the issue.

JW also asked about the position for East Sussex patients. SB explained that there were differences between Kent and East Sussex patients, in terms of social care provision, but the Trust was working to optimise the position.

RF remarked that during the COVID-19 pandemic, senior staff had been deployed at the ED, which RF understood had made a major difference, so asked if that model was still being applied. SB explained that there were many examples of consultants working very closely with the EDs, and that had been commended during the Emergency Care Improvement Support Team (ECIST) review that the Trust had had during 2023, but the key question was whether the Trust could do more. SB continued that he believed the Trust could do more and added further context.

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

- JH would provide more information in January 2024 on the actions that would be taken in response to the analysis regarding "To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience" Breakthrough Objective.
- The complaints response rate target had started to improve, and some additional funding had been secured to strengthen the central complaints team.
- The reduction in Friends and Family Test (FFT) response rate across all areas had been attributed to the implementation of the "Patients Know Best" patient portal, as the FFT function had been erroneously switched off during the implementation. However that had now been rectified and an increased response was therefore expected in December.
- The themes of the comments from the FFT surveys related to parking, communication and waiting times, all of which were the subject of current work. However, the FFT recommendation rate for ED had dropped to 80%.

RJ then referred to the "Systems" Strategic Theme and highlighted the following points:

- The report was the first time that RJ had been able to provide data on the inpatients who no longer met the criteria to reside, as there had been several data sources relating to such patients. It had however now been decided that the TeleTracking system would be used as the primary data source for internal reporting, although the Trust made national returns on such patients that used a different data source.
- RJ intended to submit some information to the Trust Board, via a separate report, once it had been reviewed by the Executive Team Meeting, that provided 'one view' of the system position, and the high-level messages regarding such patients, which were very variable, and were currently very high numbers of in the Trust.
- It was too early to state whether the recent work that had been conducted on the "To increase the number of patients leaving our hospitals by noon on the day of discharge" Breakthrough Objective would have a lasting impact, but RJ wanted to thank the junior doctors that had been allocated to the work.

- The 33% target was expected to be met for elective wards by the end of March 2024, but delivering the target for non-elective wards would be more challenging, RJ still however intended to deliver the target, as there had been a 10% improvement on the starting position, although it no other Trust in the country was delivering that target as far as RJ was aware.

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

- There had been an overall financial surplus of £2.6m in the month, which was £1.5m favourable to the plan, and that had reflected the funding the Trust had received from the KM ICB in relation to the impact of the previous industrial action. That funding had mostly covered the Trust's direct costs, but there had also been an adjustment in the Elective Recovery Fund threshold. The Trust's position was however adverse to its plan for the year-to-date by £0.3m, which was related to other pressures.
- The delivery of the plan to breakeven at the year-end was still forecast, but that was increasingly challenging, and the position would be further adversely affected by the current and future industrial action.
- A significant improvement had been made in relation to the "Reduce the amount of money the Trusts [sic] spends on premium workforce spend: Monthly Agency Spend" Breakthrough Objective, but that improvement had not been continued into the latter part of 2023/24. The key area remained the Medicine & Emergency Care Division, and medical staffing remained the primary area of focus, although work was also taking place on nursing and other staffing. Temporary staffing usage was also expected to increase during the winter period. There was a strong link between the Breakthrough Objective and the Cost Improvement Programme (CIP) delivery, and although the CIP performance had improved in month 7, month 8 had not continued that improvement.
- The position had been discussed in detail at the Finance and Performance Committee meeting on 19/12/23.

DH asked whether NHSE had indicated that any funding would be provided for the current and future industrial action. SO replied that no such confirmation had been received, but the Trust had previously anticipated the financial impact of future strikes, and that was expected to be between £400 to £500k of direct costs, plus reduced elective activity income.

EPM referred to the £6.2m of adverse variance against the year-to-date CIP target and asked for further details. SO explained that there was variance across all areas of the Trust, although most of the Trust's cost base was in the clinical areas, so they were main area the focus. SO continued that the Medicine & Emergency Care Division had a CIP target of circa £10m, but was only forecast to deliver £7m. SO however noted that the Trust was starting to over-deliver on income for elective activity, so the CIP slippage was being partly offset by that income. EPM queried whether the CIP variance was discussed at the Strategy Deployment Review (SDR) meetings. SO confirmed that almost every Division had CIP delivery as one of their six to eight 'driver metrics', which also included the "Reduce the amount of money the Trusts [sic] spends on premium workforce spend" Breakthrough Objective. SO also highlighted that when the Finance and Performance Committee had discussed the productivity opportunities within the Medicine & Emergency Care Division, the Committee had challenged the Division to focus more on transformational changes to deliver services differently, which would take more time to consider and realise, and that would be the challenge in delivering the CIP for 2024/25. EPM stated that it would be helpful for the Trust Board to consider what the CIP approach would be for 2024/25, and what accountability would be applied if that was not delivered. SO confirmed he would be content to provide such details.

Action: Provide Trust Board members with details of the approach that would be applied to delivering the Cost Improvement Programme (CIP) for 2024/25 (including the learning points that had been identified from the 2023/24 CIP) (Deputy Chief Executive/Chief Finance Officer, December 2023 onwards)

WW remarked that the Trust Board had not discussed the role that IT, digital and data had in enabling and supporting innovation to any great extent, so asked what SO had planned in that regard. SO explained that these had tended to be used as enablers and not been considered as objectives in its own right, but the revised Digital and Data Strategy would be submitted to the

Trust Board within the next two months; whilst a quarterly update on the strategy had been scheduled at the Finance and Performance Committee, to monitor progress, but information could also be submitted to the Trust Board if required. WW asked for a timescale. KR confirmed that the draft Digital and Data Strategy was currently scheduled to be reviewed at the Finance and Performance Committee in January 2024, and submitted to the Trust Board, for approval, in February. WW queried whether the draft strategy could be reviewed at other Trust Board sub-committees, as not all Trust Board members attended the Finance and Performance Committee. SO explained that there had been wide engagement during the development of the strategy, and the draft would be considered by the Finance and Performance Committee because of its particular role on digital matters, but SO was content for the draft strategy to be reviewed by other Trust Board sub-committees, if that was desired. DH agreed that would be helpful. SO therefore agreed to liaise with KR to schedule the review of the strategy at the relevant Trust Board sub-committee meetings.

Action: Liaise to schedule a "To review the draft Digital and Data Strategy" item at the relevant Trust Board sub-committee meetings (i.e. beyond the Finance and Performance Committee), prior to the strategy being submitted for approval by the Trust Board (Deputy Chief Executive/Chief Finance Officer and Trust Secretary, December 2023 onwards)

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

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

- The Trust had had a CQC inspection of the maternity service at TWH on 29/08/23, and a Section 29A Warning Notice had been issued on 31/10/23. The Warning Notice highlighted five areas of concern: post partum haemorrhage (PPH) rates, monitoring of outcomes, concerns about the clinical audit programme, delays in Induction of Labour, and delays in conducting caesarean sections.
- A Maternity Improvement Group had been established in response, which would be initially chaired by JH. An Improvement adviser had also been appointed to provide support, whilst there were fortnightly oversight meetings with the ICB and NHSE.
- The current focus was on the issues related to the Warning Notice, but the focus would then shift to wider issues in the CQC's inspection report.
- Key leads had been identified for each area, and a multidisciplinary approach had been adopted, with an obstetrician and midwife working together.
- The submitted report contained high-level details of the workstreams and but there were also more detailed plans, with nominated leads and dates for improvements. The Trust had shared such plans with the ICB and NHSE, and they were content that the correct actions had been identified, although some guidance had been provided on some issues.
- All of the work would be supported by a communications strategy, for both internal and external communications.
- The key risks related to consultant capacity, industrial action, the Christmas holiday period and the impact on the senior midwifery team.

SF confirmed she had nothing to add to what JH had reported.

DH noted that MC had initially agreed to take DH's place on the consultant obstetrician interview panel on 18/12/23, but the panel had then been deferred to January 2024, so asked why that had been the case. SF explained that the original timescale had not been realistic to enable shortlisting and allow the shortlisted candidates to meet the team and properly prepare, so it had been agreed to have a short deferral. SF also commented on the strength of the applications that had been received, and on the challenges in recruiting.

SO asked whether the resources that were required to respond to the Warning Notice were in place. JH explained that the aforementioned external support had been welcome, and although the resources that had been provided for staffing were also welcome, the appointment of consultants and midwives was not straightforward. JH also noted that the project management support that SO had allocated had been very helpful; whilst SF added that a maternity project lead had also been

appointed, but there was a risk relating to staffing shortages within the maternity governance team, due to unrelated sickness absence. SF therefore stated that the support position was evolving, but additional support may be needed once the final CQC inspection report had been published.

DH then stated, on behalf of KC, who had experienced some technical issues with her audio functionality, that it would be helpful for the six workstreams within the Warning Notice project to be 'RAG'-rated, to indicate the progress against the expected delivery of the required actions. JH agreed that that could be done.

Action: Arrange for the six workstreams within the Maternity Section 29A Warning Notice project to be 'RAG'-rated, to indicate the progress against the expected delivery of the required actions (Chief Nurse, December 2023 onwards)

MC asked whether an SDR process would be applied to the work. JH replied that that had been considered, but a different approach had had to be taken to the response to the Warning Notice, given the short timescale to respond. JH however acknowledged that the wider maternity improvement work would need to align with the SDR process.

WW asked whether SS and her team were providing appropriate support for the maternity team. SF confirmed that the aforementioned communications plan included support, and SF and her senior colleagues had discussed the support with SS and the Deputy Chief People Officer, Organisational Development. SF then also provided her further perspective; whilst SS provided her observations and explained the support approach further. DH added that although the Non-Executive Directors' roles involved obtaining assurance, the role also involved the provision of appropriate support, so it was imperative that the Trust Board struck the appropriate balance between the two. The point was acknowledged.

12-14 <u>Quality mortality data</u>

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

- The Trust's Hospital Standardised Mortality Ratio (HSMR) position was on downward trend, whilst the Summary Hospital-level Mortality Indicator (SHMI) was as expected.
- The improvements were likely due to the increased awareness, which had been led by the Mortality Surveillance Group (MSG), and that work included identifying trends, and only one trend remained current, which related to sepsis. The work undertaken on clinical coding had also played a part.
- Pages 6 and 7 of 12 showed the data for ethnicity by relative risk. There were no particular indications of differences but the situation would continue to be monitored.
- The Medical Examiner service was now reviewing many community-related deaths, and the Trust was now working with many GP practices. More practices would then participate once the mandated system was introduced in April 2024.
- PM was aware of some 'soft' intelligence that indicated that weekend deaths were higher than weekday deaths, so that would be discussed further with SM and the Chief of Service for Medicine & Emergency Care. The Structured Judgment Reviews (SJRs) that had been conducted indicated that there may be an issue with handover and weekend staffing, so that would be considered further.

DH referred to the expected extension of the Medical Examiners' service from April 2024 and asked if there were enough Medical Examiners. PM confirmed that was the case, but stated that main issue was that although the Trust had the MSG, GP practices were not mandated to have such a review process, so the deaths relating to primary care would just receive an initial review by a Medical Examiner, and not be subject to an SJR.

People

12-15 <u>Nursing and Midwifery staffing review (annual review)</u>

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

- The report included the outcome of nursing establishment review, but the equivalent review for midwives had deliberately not been conducted, given the CQC Warning Notice that had been

discussed under item 12-13. A review of midwifery staffing would therefore be submitted to the Trust Board at an appropriate future point.

- The vacancy rate for Registered Nurses and Clinical Support Workers had reduced significantly, which reflected the success of the collaborative approach to recruitment.
- The Trust had worked hard to retain staff and had received a Pastoral Care Quality Award for its work with Internationally Educated Nurses, and a National Preceptorship Interim Quality Mark.
- The governance relating to Safe Staffing had been strengthened, which had included the Trust-wide implementation of the Safer Nursing Care Tool.
- The establishment review had been undertaken using the three recommended areas: evidenced-based tools; professional judgement; and acuity and dependency; as well as some other aspects such as the location and layout of the wards.
- JH was aware that there had been significant recent investment in nursing staffing, following the previous year's staffing review, and the relevant additional staff were not yet in post.
- The latest review had recommended an increase in 15.36 Whole Time Equivalent (WTE) posts, for safety purposes, but it was proposed to explore how this could be addressed using existing establishments. However, if that was not feasible, a Business Case for additional resources would be developed.

DH observed that it was interesting that 12.88 WTE of the overall aforementioned 15.03 WTE were within the Medicine & Emergency Care Division, given the aforementioned significant increase in non-elective activity. DH therefore emphasised that the Trust Board was duty bound to continue to raise that issue with commissioners, as the Trust could not continue to reach record activity levels without being properly resourced. MS acknowledged the point but noted that the growth in posts was highest in Medicine & Emergency Care, as would be discussed under item 12-16, so the Trust needed to be clear on its position, as it would not be correct to state that the activity increases had not resulted in increased resources. DH however noted that the Trust had self-funded that growth. MS agreed that the argument should continue to be made to the ICB, but added that it was important to understand just how constrained the ICB's financial position was. DH acknowledged the point but stated that it was nonetheless important to continue to raise the issue with the ICB, even if their ability to respond as the Trust wanted was constrained.

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

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

- The work had been a useful exercise that should be repeated internally, but it had posed many questions, which were still being worked through.
- A detailed analysis of all the posts that had been added to the establishment had been undertaken, and where reconciliation was still needed, that would be addressed through meetings and the 2024/25 business planning process.
- The Trust's core establishment had increased by 21% during the period, much of which related to a reduction in vacancy rates. There had been an increase in bank and agency staffing, but that position had decreased significantly over the last 12 months.
- The largest investment of funding had been in the Medicine & Emergency Care, Surgery, Core Clinical Services and Cancer Services Divisions.
- The banding profile analysis indicated the need for further work on skill mix.

AY referred to a statement on page 7 of 12 that "Productivity, based on real terms cost weighted activity (CWA) and cost growth has increased in MTW by 3.6% since 2019/20" and asked whether that position was positive or negative. SS explained that the Trust was one of only eight Trusts that had increased their productivity more than their costs, so any benefit to that effect was positive. SO confirmed that the position was positive as the KM ICB position had decreased by 14.3% over this same period.

AY also referred to the three graphs in the "Part 1 - Establishment growth 19/20 to 22/23 – impact" section on page 7 of 12 and asked for further details. SO elaborated on what the analysis showed and explained the cost weighted activity (CWA) metric that had been applied. SO also noted that the Finance and Performance Committee meeting in January 2024 would consider further details on the Trust's wider productivity. AY queried whether any increase in productivity was sufficient to

justify increased staffing. SO replied that although the submitted report had aimed to justify the overall growth, it was important to maintain focus on more granular aspects of productivity, including in relation to Business Cases.

DM cautioned against focusing on analysis that just used two data points, as the limitations of such analysis had led the Trust to change its IPR. DM therefore emphasised the need for a more specific analysis to properly understand the position, and consider what, if any, action was required. The point was acknowledged.

WW encouraged post-implementation reviews of Business Cases to be conducted, and also highlighted the need to capture any talent management aspects of the submitted report. SS agreed that the both points were important to the development and implementation of the Culture and People Strategy.

MS then commented that the work had been driven by a national request, but the Trust would be using the work internally to improve. MS also highlighted the importance of considering productivity when making decisions about expenditure, and although it was too simplistic to conclude that all productivity improvements justified the associated expenditure, it was also too simplistic to conclude that all cost reductions would improve productivity. MC concurred and SO then gave his further views on the relationship between productivity and good overall performance and cautioned against short-term decision making.

DH acknowledged that the national productivity position had been reported as a 16% decline, but DH had attended two recent NHS Chair network meetings which had attempted to explain the position and both had claimed that the productivity decline was a lot lower than 16%, so if that was correct, the Trust's productivity may be even better than that reported. DH also noted that the introduction of additional posts during the COVID-19 pandemic had received challenge but the changes in patient acuity had not been adequately recognised, so agreed that more granular analysis was therefore required.

The plan relating to the 2019/20 workforce growth review was approved as submitted.

Systems and Place

12-17 <u>Update on the West Kent Health and Care Partnerships (HCP) and NHS Kent and Medway Integrated Care Board</u>

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

- The inaugural meeting of the Primary, Community and Social Care Provider Collaborative had taken place on 11/12/23, and RJ would provide updates to the Trust Board as the Collaboratives developed.
- The acute services review draft report was intended to be issued in mid- to late-January 2024, but RJ believed that timescale was optimistic. RJ would however submit the outcome to the Trust Board when available.
- The HCP's priority areas were contained in the submitted report.
- The ICB's staff consultation process had now been concluded with no redundancies from the West Kent HCP staff.
- The Kent and Medway Pathology Network team were now under the auspices of the Trust, from 01/12/23, and the Network Managing Director was working closely with RJ.
- The business planning process for 2024/25 had now commenced.

DH added, as the Chair of the Kent and Medway Provider Collaborative Board, that progress was being made, but he would rather such progress was made properly rather than being rushed to adhere to an ad hoc deadline. The point was acknowledged.

Planning and strategy

12-18 <u>Update on the Virtual Ward service</u>

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

- The Virtual Ward service had been established one year ago, following national advice and guidance.
- The Trust had been given £1.5m funding for the service, and had partnered with a company called “Luscii” to enable patients to be managed in their own homes through the use of technology.
- There had been limited engagement for the first six to nine months, as there was very little evidence that a Virtual Ward service was safe, so there had been some reluctance from consultants to make referrals to the service. However the Trust had worked closely with KCHFT to address the concerns. There was also an issue with capacity in the community, and travel between patients was a very limiting factor.
- There were 30 patients on the Virtual Ward at present, and there had been circa 42 patients the previous week due to a concerted effort by SB’s team.
- There was a circa 15% readmission rate, although that compared favourably against a seven-year study from a comparable Hospital at Home service in Victoria, Australia.
- There had been one Serious Incident (SI), which turned out to be a near miss.
- Work had been done on potential capacity, and it had been concluded that 60 patients per month could be allocated to the Virtual Ward, plus the 48 patients on the respiratory Virtual Ward. 60 patients would therefore be the aim, although the increase from 30 to 60 would need to be done carefully, and proper engagement was needed with the cardiologists.
- The governance arrangements had been described over a year ago, and much of the quality reports on the Virtual Ward went to the HCP. However the Trust provided the staff for the service, so PM would like to submit some quality metrics to the Trust’s Quality Committee. JH and SM were aware of PM’s views.
- The report contained some comments that had been received from patients who had experienced the service.

JW confirmed that she and MC would be very keen to hear about the Virtual Ward at the Quality Committee and suggested that the item be considered at a ‘deep dive’ meeting in the first instance. PM welcomed the item being considered at the next available ‘deep dive’ meeting.

Action: Liaise with the Chair of the Quality Committee to confirm the scheduling of a “Review of the quality-related aspects of the Virtual Ward service” item at a future Quality Committee ‘deep dive’ meeting (Trust Secretary, December 2023 onwards)

EPM noted the patient feedback in the report but asked if there were any negative comments that could be used for learning. PM confirmed that there were no such substantial comments, but acknowledged that there was a need to further explore any constructive negative comments, so stated that he would discuss that with the team and present any relevant information at the aforementioned Quality Committee ‘deep dive’ meeting.

Action: Ensure that the future “Review of the quality-related aspects of the Virtual Ward service” item at the Quality Committee ‘deep dive’ meeting contained details of any negative patient feedback that had been received about the service (Medical Director, December 2023 onwards)

RF noted that the report did not contain any commentary on learning from the experience of the service’s first year. PM explained that every readmitted patient had a formal clinical review, so learning took place via that process. PM then gave some examples of learning, but noted that further information would be reported to the Quality Committee.

WW noted that remote patient monitoring was a developing field in the USA and many technological developments had occurred, which may soon be available in the UK. PM noted that “Luscii” often asked the Trust to speak about the Virtual Ward service at conferences, as they believed the Trust was relatively well advanced, but PM had recently become aware of some new technology called an “Accufuser” that would enable antibiotics to be administered more than twice per day. PM added that he would however welcome any further ideas for technical improvements.

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

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

- Ordinarily, an OBC would involve a detailed options appraisal and preferred option, but as there were two radically different options, with different significant financial consequences, the OBC was focused on the further development of such options.
- The Finance and Performance Committee had reviewed the OBC and agreed with the recommendation to progress to a Business Case for option 2, which would involve a modular build above the Acute Medical Unit (AMU) at Maidstone Hospital via a lease arrangement.

DH noted that he had heard that the capital departmental expenditure limit (CDEL) cover for leases would be provided to Integrated Care Systems rather than individual Trusts, so asked whether the Trust was sure it would be able to obtain the necessary cover. SO confirmed there was no such certainty and the Trust would not be able to seek such certainty without further details.

The Outline Business Case (OBC) for the Urology Investigation Unit (UIU) was approved as submitted.

12-20 To consider any other business

There was no other business.

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

KR reported that he had received some communication from a member of the public just before the Trust Board meeting had started, but it would not be appropriate to respond to the large number of questions posed in a meeting in public, so KR would respond to the individual directly outside of the Trust Board meeting.

12-22 To approve the motion (to enable the Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

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

Actions due and still 'open'

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

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
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	A report has been submitted to the Trust Board meeting in January 2024.
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	January 2024	The "Action Plan" within the Integrated Performance Report (IPR) has been updated (and this is reflected in the IPR submitted to the January 2024 Trust Board meeting).
12-12a	Provide Trust Board members with details of the approach that would be applied to delivering the Cost Improvement Programme (CIP) for 2024/25 (including the learning points that had been identified from the 2023/24 CIP).	Deputy Chief Executive / Chief Finance Officer	January 2024	The next draft of the CIP programme is due internally on 31/01/24. A detailed report will be submitted to the Finance and Performance Committee in February, and details of the CIP approach and current standing of the CIP schemes will then follow to the Trust Board, as part of the Trust's planning submissions for 2024/25 (which will likely be considered at the Trust Board's meeting in March and April 2024).
12-12b	Liaise to schedule a "To review the draft Digital and	Deputy Chief Executive /	January 2024	Liaison occurred, and it was agreed that the draft

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

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
	Data Strategy" item at the relevant Trust Board sub-committee meetings (i.e. beyond the Finance and Performance Committee), prior to the strategy being submitted for approval by the Trust Board.	Chief Finance Officer and Trust Secretary		strategy should be scheduled for review at the People and Organisational Development Committee meeting on 19/01/24. It was also agreed that the draft strategy should be circulated to all Quality Committee members by email, as the 'main' Quality Committee meeting on 10/01/24 was too early, whilst the Quality Committee 'deep dive' meeting on 14/02/24 would only involve a few of the Committee's members (that circulation then took place on 12/01/24). It was therefore also agreed that the Finance and Performance Committee's review and agreement of the strategy should be scheduled for 27/02/24, with the Trust Board's approval scheduled for 28/03/24.
12-13	Arrange for the six workstreams within the Maternity Section 29A Warning Notice project to be 'RAG'-rated, to indicate the progress against the expected delivery of the required actions.	Chief Nurse	January 2024	The progress against the six workstreams is RAG rated, and this rating is included in the update report that is considered by the Executive Team Meeting (ETM) every fortnight.
12-18a	Liaise with the Chair of the Quality Committee to confirm the scheduling of a "Review of the quality-related aspects of the Virtual Ward service" item at a future Quality Committee 'deep dive' meeting.	Trust Secretary	December 2023	Liaison occurred and the Chair of the Quality Committee agreed that a Virtual Ward item should be scheduled for the Quality Committee 'deep dive' meeting in April 2024 (although this scheduling will be confirmed at the Quality Committee 'deep dive' meeting in February).

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	Trust Secretary	October 2023	It was subsequently agreed with the Chair of the Trust Board to submit a report to the

Ref.	Action	Person responsible	Original timescale	Progress
	the new NHS Provider Licence conditions.			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 March 2024 due to the volume of work involved in the review (which is considerable, despite the light touch' label).
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 and Finance and Performance Committee beforehand).
12-18b	Ensure that the future "Review of the quality-related aspects of the Virtual Ward service" item at the Quality Committee 'deep dive' meeting contained details of any negative patient feedback that had been received about the service.	Medical Director (Integrated Care) at the West Kent Health and Care Partnership (HCP) (N.B. The individual was the Trust's Medical Director at the time the action was agreed)	December 2023 onwards	The requested content is expected to be included in the report, which is provisionally scheduled for the Quality Committee 'deep dive' meeting in April 2024.

NHS Maidstone and Tunbridge Wells NHS Trust

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. That meeting heard that the Trust would address the 16 recommendations that apply to the Trust[1] 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 second such update report is therefore enclosed.

The key points of note since the last report to the Trust Board are as follows:

- A formal Corporate Project has been established to implement the 16 Trust-related recommendations, 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. The Corporate Project Group has replaced the previous "Core Group meeting", which had overseen the Trust's response to Fuller's mortuary-related crimes since December 2020.
- The Corporate Project Group is chaired by the Chief Executive, as the Senior Responsible Owner (SRO) for the project, and the membership includes the Chief Nurse, Medical Director, Chief Operating Officer, Chief People Officer, Chief of Service for Core Clinical Services; the Trust's Human Tissue Authority Designated Individual (who is also the Clinical Director for the new Care After Death Directorate); the Head of Service for the Care After Death Directorate; the Director of Quality Governance; the Director of Emergency Planning & Response; and the Trust Secretary. The project is supported the Trust's Corporate Projects Lead.
- External scrutiny is being provided via an "MTW Assurance meeting - The Fuller Inquiry" meeting/process managed by the Kent and Medway Integrated Care Board. The meeting involves several senior representatives from the ICB and NHS England, as well as from the Trust. One meeting has been held to date, and a further meeting is scheduled for 05/02/24.
- Although the Trust is not responsible for the implementation of the other recommendation in the report[1], the Trust Secretary has contacted Kent County Council to enquire about their approach to implementation, in light of the government's commitment to ensure that a full response to the recommendations was reported to parliament in spring 2024.

The current status of the 16 recommendations that apply to the Trust is as follows:

- Complete: Recommendations 4, 5.
- Complete (further evidence being collated): Recommendations 3, 8.
- Complete (though some minor aspects are outstanding): Recommendations 1, 2, 6, 7, 9, 10, 13, 14, 15 and 16.
- Partially complete (further steps required being finalised): Recommendation 11.
- Implementation in progress: Recommendation 17.

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.)[2]

Assurance

[1] Recommendation 12 was that "Kent County Council and East Sussex County Council should examine their contractual arrangements with Maidstone and Tunbridge Wells NHS Trust to ensure that they are effective in protecting the safety and dignity of the deceased".

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

NHS Maidstone and Tunbridge Wells NHS Trust

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?
10/01/2024	Mr	**Kehinde**	**Odubamowo**	Obs & Gynae	April 2024	New
10/01/2024	Ms	**Mahnaz**	**Akunje**	Obs & Gynae	February 2024	New
17/01/2024	Dr	**Simantee**	**Guha**	Microbiology	April 2024	Replacement
17/01/2024	Dr	**Lara**	**Payne**	Microbiology	March 2024	Replacement

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:

- National industrial action by junior doctors took place just before Christmas and was followed by a six-day second period of action earlier this month. The recent action coincided with one of our most challenging periods in the middle of winter, but despite the difficulties this presented we continued to provide a good service and ensured all critical treatments went ahead. Clinical and operational leaders worked closely with colleagues to support staff and our services, and to reduce any impact on patients as we focussed on maintaining our activity for oncology patients and new patients, as well as providing safe, timely emergency care. This, however, came at the expense of a significant number of postponed outpatient appointments and elective procedures, and placed a lot of pressure on staff, but we remain committed to providing patients with the care they need at the right time. Anyone affected by the action has been contacted and rebooked in for the nearest available time.

- Reflecting back on 2023, the periods of industrial action throughout the year, the increased attendances and the continued need to make COVID-19 part of business as usual, meant it was a year of challenging circumstances. Despite this, our teams skilfully cared for more than 900,000 people over the course of the year. This included:
  - 220,000 patients in our emergency departments.
  - 430,000 outpatient appointments.
  - More than 5,560 babies welcomed into the world

  Our colleagues provided outstanding services throughout 2023, including:
  - 88,000 chemotherapy and radiotherapy treatments
  - 22,200 surgeries
  - 12 million tests in our labs
  - 660,000 prescriptions dispensed
  - Over 115,000 CT and MRI scans performed
  - 270,000 portering jobs logged
  - Over 718,000 patient meals served
  - More than 586,000 calls handled by switchboard

  From clinical staff, diagnostics and laboratories, to catering colleagues, IT department and recruitment teams – all colleagues played an integral role in helping us deliver outstanding patient care in 2023. On behalf of the Trust, I would like to thank all our staff for their continued commitment and dedication.

- We started the new year with a visit from Secretary of State for Health and Social Care, Victoria Atkins, who officially opened our West Kent Community Diagnostic Centre (CDC). Located near Maidstone Hospital, the CDC will enable thousands more patients to get faster access to tests including x-rays, CT, MRI, DEXA and ultrasound scans. The centre at Hermitage Court, on Hermitage Lane, also provides additional clinic rooms and x-ray, respiratory and cardiology rooms. With 98% of Trust patients needing diagnostic tests, the CDC will provide checks and scans to around 149,000 people in its first year. During her visit, the Secretary of State talked to clinical staff working in the purpose built centre and patients undergoing treatment. Local MPs Greg Clark, Tracey Crouch and Helen Grant also joined the visit and met members of our senior management team to discuss the initiatives MTW has implemented which have enabled us to become one of the top performing trusts in the country. Further expansion of the CDC will see the completion of a dedicated unit to

house the CT and MRI scanners, (currently operating out of temporary mobile facilities), along with outpatient rooms, phlebotomy and point of care testing.

- The new year will see the themes of investment and innovation continue, as we focus on a number of large-scale infrastructure projects. These include:

  - The ongoing Kent and Medway Orthopaedic Centre build at Maidstone Hospital ahead of operational go live in March. Once complete, the theatres will expand planned orthopaedic surgical capacity at MTW and across Kent, Medway and East Sussex. This will play an important part in elective recovery and the reduction of patient waiting times across the region.
  - The Stroke Unit re-configuration progresses after seeing the completion of phase two before Christmas. This saw the delivery of 25 of the 35 new Acute Stroke Unit (ASU) beds at Maidstone Hospital. The newly refurbished part of ASU includes a spacious reception, a new therapies area and a quiet room for patients and their relatives. Phase three of the refurbishment project is now underway, creating the remaining 10 ASU beds, the link between the new ASU and recently refurbished Hyper-Acute Stroke Unit (HASU) next door, and a dedicated space for multidisciplinary team meetings. The final stage of the work is due to complete in the spring.
  - The Kent and Medway Medical School project at Tunbridge Wells Hospital continues. Once fully established, it will place 120 additional medical students with MTW each year - a 315% increase in the total number of students we currently take. This represents a five-fold increase in our commitment to medical education and secures a supply of doctors for years to come.

- Trust Board members will recall that it was agreed at the Trust Board meeting on 30/11/23 that an “Update on the car parking position and future plans” item should be scheduled at the Trust Board meeting in January 2024. Subsequent discussion with the Chair of the Trust Board agreed that it would be better if that update was included as part of my report to the Trust Board in January. A car parking update has therefore been included in Appendix 1, for information (Trust Board members should also note that the same update report was considered at the 'main' Quality Committee meeting on 10/10/24).

- We recently appointed Dr Sara Mumford as the Trust’s new Medical Director. Dr Mumford, who was previously Deputy Medical Director and Director of Infection and Prevention Control (DIPC) at MTW, took over from Dr Pete Maskell at the start of this year and has also retained the DIPC responsibility. Dr Maskell will be taking up the role of Medical Director (Integrated Care) at the West Kent Health and Care Partnership and will continue to work clinically in the MTW Frailty service and community home treatment service. On behalf of the Trust, I would like to thank Dr Maskell for his support and hard work over the last six years, and congratulate Dr Mumford on her new role.

- The Trust recently celebrated the one-year anniversary of our Patient First Improvement System (PFIS). The system forms part of our ‘Exceptional people, outstanding care’ programme, which helps staff feel empowered to make changes that will benefit both our patients and teams. PFIS trains colleagues, both clinical and non-clinical, to identify issues by raising tickets and use new problem-solving skills to improve processes. The aim of the system is to make continuous improvement part of all our day-to-day roles. Over 300 tickets have been raised so far, meaning 300 potential improvements and efficiencies have been identified, ranging from clutter on wards to the need for new equipment, and actions are now being put in place to address them.

- Emergency Department (ED) teams at Tunbridge Wells Hospital (TWH) feature in the new series of Channel 5’s ‘A&E After Dark’ programme, which broadcast its first episode on 4 January. The show will air on Thursdays at 9pm on 5Star until 15 February. The series will also be available to stream on the My5 app. Now on its fifth series, ‘A&E After Dark’ offers a glimpse of what it’s like to work on the front line of emergency care after hours, and the

latest series features three EDs including TWH. On behalf of the Trust, I would like to thank all staff, patients and their families who were involved in the programme, both in front of the camera and behind the scenes. The documentary will help us to highlight the skill of colleagues and the incredible work they all do in supporting our patients.

- MTW has recently been awarded the Interim Quality Mark for the Preceptorship Programme for Nurses. The award officially recognises that the Trust's Programme meets the standard of the National Preceptorship Framework. The Preceptorship Programme is run by our Nursing and Midwifery Education team, and ensures new members of staff have the support they need to kickstart their careers, develop their confidence and put their knowledge into practice. The Programme also ensures that patients receive safe and compassionate care from confident and competent staff.

- I am delighted to report that the Trust has been selected by NHS England (NHSE) to be an NHS People Promise Exemplar organisation for 2024. NHSE's People Promise programme was created by thousands of staff who were asked their thoughts on what would make the NHS a great place to work. As part of this, NHSE launched the People Promise Exemplar programme last year, selecting 23 NHS providers to work with them on a project to improve staff experience across all the People Promise domains.

  The People Promise domains are:
  - We are compassionate and inclusive
  - We are recognised and rewarded
  - We each have a voice that counts
  - We are always learning
  - We work flexibly
  - We are a team

  NHSE have seen emerging evidence of the staff leaver rate falling faster in the NHS People Promise Exemplar organisations, which are a mix of community and mental health bodies. MTW is the first acute trust in the region to be selected as a People Promise Exemplar, and will receive additional resourcing to help us focus on improvements that will help us retain a happy, engaged and healthy workforce.

- Congratulations to the winner of the Trust's Employee of the Month award for November, Fiona Rooney, who works as a receptionist in the Radiotherapy team. Fiona is a good ambassador for patient experience within the department. She has championed the drive for new waiting room chairs in Radiotherapy and also successfully arranged for Macmillan to fund a television for one of the Radiotherapy patient waiting rooms. Fiona also liaised with Notcutts garden centre, who donated a Christmas tree to the department.

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

Executive Summary

Background

- The increase in activity across the sites from areas like ED and Outpatients along with new developments like the Kent & Medway Orthopaedic Centre have significantly increased demand on car parking. The solutions are not easy and involve considerable capital investment.

• Staff Car Parking

- Arrangements are being made to create park and ride facilities on both sites to increase staff car parking. The cost is significant and will involve an increase in staff car parking fees. The Trust is currently working with two land owners providing 50 – 100 spaces with a bus service to the each site. This is currently being considered by the Business Case process. Due to conditions such as ANPR and pre registration of registration numbers it is not possible to use this for public park and ride. This is in addition to the 60 spaces available for staff at the Mercure Hotel in Tunbridge Wells and parking at Hermitage Court.
- It is hoped that any Park and Ride could start in April depending on the financial situation.
- This is a short to medium term option to allow further exploration of options.
- An option is also being explored for further parking at Hermitage Court. Issues of road safety remain and the Director of Strategy & Partnerships will be discussing with Highways to see what solutions might be available.
- As more staff move down to Hermitage Court this will also help alleviate staff parking issues at MGH

• Patient Car parking

- The options are very limited for increasing patient and visitor car parking. However the following options are being considered. Additional car parking should be released as more patients use Hermitage Court CDC rather than attending the main site.

Options to increase on site parking

Maidstone

Install a top deck on top of the remaining staff car park at the rear of MGH. This could increase the spaces available by 150. Spaces could then be redistributed so an additional 60 patient spaces can be created with the rest increasing staff spaces. This would require either capital or leases funding and planning permission. A Business Case will be worked up by Facilities once the Park and Ride options are completed to explore this option.

In addition there are options to use a private developer to build additional parking utilising top decks on car parks at the front of the hospital. The developer would then run these car parks and keep any income. This would result in new expanded car parking but a reduction in income to the Trust.

Tunbridge Wells

Install a top deck on one of the car parks however this would need planning permission and significant capital/lease funding. There are also issues with the helipad that will need resolution.

There are options to use a private developer to build additional parking utilising top decks on car parks. The developer would then run these car parks and keep any income. This would result in new expanded car parking but a reduction in income to the Trust.

Once the details of private developer options are fully known a business case will be prepared.

Quality Committee, 10/01/24 **Committee Chair (Non-Executive Director)**

The Quality Committee met (virtually, via webconference) on 10th January 2024 (a 'main' meeting).

1. **The key matters considered at the meeting were as follows:**
   - The Committee reviewed the **actions from previous meetings**.
   - The **reports from the Committee's sub-committees** (The Complaints, Legal, Incidents, PALS, Audit, Risk and Mortality (CLIPARM) group; the Infection Prevention and Control Committee; and the Health and Safety Committee) were considered, wherein the Committee acknowledged the importance of ensuring the Trust's Health and Safety Team was appropriately resources and supported the programme of work to improve lipid management in West Kent. It was agreed under the former that the Chief Pharmacist / Clinical Director of Pharmacy and Medicines Optimisation should liaise with the Divisional Head of Quality and Governance, Core Clinical Services to ensure that future Core Clinical Services Divisional Governance Reports included details of the West Kent lipid optimisation programme in conjunction with Novartis.
   - The summary reports from the **Patient Experience Committee, 07/12/23** and the last **Quality Committee 'deep dive' meeting** were noted.
   - The issues raised from the **reports from the clinical Divisions** included the increased utilisation of the Divisional dashboards to support the closure of open incidents; the further work required in relation to Duty of Candour compliance, particularly written Duty of Candour compliance; the challenges associated with increased demand in the histopathology service; the additional recruitment activity within the reporting period; the impact of operational pressures on the number of 12-hour breaches reported; and the improved compliance with the Paediatric Early Warning System (PEWS). The Core Clinical Services Divisional Governance report included the outputs of the Quality Assurance of Aseptic Preparation Services. The following actions were agreed:
     - The Divisional Head of Quality and Governance, Core Clinical Services should review the risk register entry related to mortuary capacity to ensure the risk rating reflected the mitigations which had been implemented and the increased pressures on available mortuary capacity
     - The Divisional Head of Quality and Governance, Core Clinical Services should ensure that the Core Clinical Services Divisional Governance report to the Committee's meeting in March 2024 includes details of the action plans in response to the Aseptics regional assessment and the United Kingdom Accreditation Service (UKAS) gap analysis for the transition to ISO 15189:2022
     - The Lead Matron, Medicine and Emergency Care should ensure that the Medicine and Emergency Care Divisional Governance report to the Committee's meeting in March 2024 includes details of the improvement plan for the National Institute for Health and Care Excellent (NICE) guidelines which were awaiting review
     - The Divisional Director of Nursing and Quality, Surgery should check, and confirm to Committee members, whether the Kent and Medway Orthopaedic Centre (KMOC) included sufficient panic buttons
     - The Director of Maternity should ensure that the risk regarding the lack of administrative support within Women's Services was updated to reflect the impact of the additional administrative staff which had been recruited
   - The Director of Strategy, Planning and Partnerships and Associate Director of Business Intelligence attended for a **review of impacts of health inequalities on patient outcomes** which included a comprehensive overview of the key findings for Kent and Medway and the Trust catchment zone; the methodology which had been adopted for the data collection process; the impact of deprivation of service requirements; and the further work required to ensure that all patient demographics could access services equitably. It was agreed that the Director of Strategy, Planning and Partnerships should ensure that the recommendations contained within the "Review of impacts on health inequalities on patient outcomes" report

were amended, prior to submission to the Executive Team Meeting (ETM), to include a recommendation related to the development of an equality impact assessment

- The Committee reviewed the **update on complaints (for quarters 1 and 2, 2023/24)** wherein the Committee acknowledged the year on year increase in the number of complaints received and it was agreed that the Director of Quality Governance should investigate what, if any, correlation there was between the increased number of complaints received by the Trust and the increased demand for services at the Trust.
- The Deputy Chief Nurse, Quality and Experience provided the latest **update on the work to achieve an 'Outstanding' CQC rating** wherein the Committee was informed of the latest position in regards to the "Outstanding Care" Corporate Project and it was acknowledged that the further development was required in relation to the "Outstanding Care" Corporate Project to identify the associated key performance indicators.
- The Medical Director presented the latest **Mortality update** and it was agreed that the Medical Director / Director of Infection Prevention and Control should investigate what, if any, correlation there was between standards of care identified within the Structured Judgement Review (SJR) process and protected characteristics. The Chief Nurse then outlined the intention to investigate whether there was any correlation between patient demographics and both Serious Incident rates and Duty of Candour compliance.
- The latest **Serious Incidents (SIs),** which included the report from the Learning and Improvement (SI) Panel, were reported by the Medical Director and the Committee emphasised the importance of the development of an easy-read Duty of Candour letter. It was agreed that the Patient Safety Manager should ensure that future "Update on Serious Incidents (SIs) (incorporating the report from the Learning and Improvement (SI) Panel)" reports included a "Key areas of concern & progress" section.
- The **update on the plans in relation to car parking at the Trust** was noted.
- The Committee reviewed the **draft Internal Audit plan for 2024/25** which was supported as submitted.
- The committee reviewed the **findings from its evaluation for 2023** wherein it was agreed that the Director of Quality Governance and the Assistant Trust Secretary should liaise to consider how reporting to the Committee could be improved, including both the utilisation of executive summaries and the length of reports which are submitted to the Committee.

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

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

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

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

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

Summary report from the Finance and Performance Committee, 23/01/24	**Committee Chair (Non-Exec. Director)**

The Committee met on 23rd January 2024, via webconference.

1. **The key matters considered at the meeting were as follows:**
   - The 'deep dive' item focused on the **'new' 31-day referral to treatment cancer standard** which related to the change introduced in October 2023 whereby the previous ten cancer access standards had been merged into three standards. The Chief of Service and Acting Divisional Director of Operations for the Cancer Services Division attended and gave details of the current performance, and the plans and forecast future performance trajectory. Both also expressed confidence that the required performance (of 96%) would be achieved by the end of March 2024, although it was noted that the main risks to that achievement were related to staffing and recruitment, and to the reliability of the Linear Accelerator (LinAc) equipment.
   - The **Patient Access strategic theme metrics for December** were reviewed and it was noted that the 62-day cancer waiting time target was still being met, and no significant problems were anticipated for future performance, although the waiting list backlog had risen to circa 6% from 4%, as a result of the recent industrial action.
   - The review of **financial performance for December** highlighted that the Trust was in a difficult position, and there was reducing time to address the issues; as the year-to-date position was a £1.3m deficit, which was £1.1m adverse to the planned position. A discussion was held on the actions that would be taken, which included a detailed critique of the approach to try and further reduce the Trust's expenditure on agency staff.
   - The latest **quarterly analysis of consultancy use** was reviewed and it was noted that although the year-end expenditure was likely to be slightly above that for 2022/23, that was primarily related to the engagement of some specialised consultants for time-limited projects, and the underlying expenditure level would be similar to 2022/23.
   - The latest **quarterly update on the Estates response to the external Estates and Facilities review** was considered, which focused heavily on compliance issues & it was agreed that the item should be replaced with an "Update on the Estates Directorate" item three times per year.
   - An **update on the options being pursued to manage the risk relating to the age of the imaging equipment in Radiology was given**, which included the status of the red-rated risk register entry and likely timeline for mitigation.
   - The Director of Strategy, Planning and Partnerships attended to give an **update on 2024/25 operational planning**, which noted that although the national planning guidance had not yet been received, Integrated Care Boards (ICBs) were expected to be asked to achieve financial balance. It was also noted that an extraordinary Trust Board meeting would likely be needed in March to approve the Trust's final planning submission to the ICB.
   - An **update on the financial risks regarding the Kent and Medway Medical School accommodation project**, which was on track to be completed by the end of March 2024, was given, and it was agreed to schedule a further update at the Committee's meeting in February.
   - The **Full Business Case (FBC) for the reconfiguration of acute stroke services** was reviewed and the Committee agreed to recommend that the Trust Board approve the FBC.
   - The **draft Internal Audit plan for 2024/25** was reviewed and the Committee confirmed its support for the plan, which will be agreed by the Audit and Governance Committee in March.
   - The content of the **summary report from the People and Organisational Development C'ttee** meeting in December 2023 was noted, as was the Committee's **forward programme**.

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

3. **The issues that need to be drawn to the attention of the Board are as follows:**
   - The Committee recommended that the Trust Board approve the FBC for the reconfiguration of acute stroke services (this has been submitted to the Board under a separate agenda item).

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, 19/01/24 (incl. the Quarterly update from the Guardian of Safe Working Hours (covering October to December 2023))

Committee Chair (Non-Exec. Director)

The People and Organisational Development Committee met (virtually, via webconference) on 19th January 2024 (a 'main' meeting).

The key matters considered at the meeting were as follows:

- The **actions from previous 'main' meetings** were noted.
- The Programme Director, Premium Staffing Spend presented the latest update on the **workforce efficiency programme** which included the intended further review of the Trust's control environment to reduce agency expenditure; and the additional work required to reduce bank expenditure including the introduction of the Patchwork Bank module of the Patchwork Healthcare Solution. The Committee emphasised the importance of the development of robust governance arrangements to ensure a continued focus on the reduction of temporary staffing expenditure following the transition to 'Business As Usual' (BAU) and the following actions were agreed that:
  - The Assistant Trust Secretary should schedule a "Review of the future governance and BAU arrangements for the Workforce efficiency programme" item at the February 2024 People and Organisational Development Committee 'deep dive' meeting
  - The Deputy Chief Executive / Chief Finance Officer should consider, and confirm to the Assistant Trust Secretary, which of the Trust's Divisional Triumvirates should attend a future Committee meeting to present their progress in the reduction of, and future plans to reduce, temporary staffing expenditure
  - The Programme Director, Premium Staffing Spend should ensure that the "Workforce efficiency programme" report to the Committee's meeting in March 2024 includes a detailed focus on the reduction of temporary staffing expenditure for Consultants and Allied Health Professionals
- The Chief People Office provided a **further update on the National NHS Workforce Plan** which included the risks to delivery associated with any reduction in the availability of funding, wherein the Committee emphasised the importance of identifying the key tactical priorities which could be delivered by the Trust in the short-term and highlighted the importance of a Kent and Medway system-wide approach to the expansion of trainee placement capacity and it was agreed that Deputy Medical Director should liaise with the Chiefs of Service for each of the Trust's Clinical Divisions to explore what, if any, additional engagement mechanisms could be implemented for potential consultant candidates, including senior specialist trainees. It was also agreed that the Director of Medical Education should ensure that the Deputy Medical Director was invited to the support sessions for senior medical trainees.
- The Committee reviewed the Trust's draft **Digital and Data Strategy,** ahead of submission to the Trust Board in March 2024, of approval, wherein the Committee emphasised the importance of ensuring a robust focus on Artificial Intelligence, automation and other factors which could potential impact the Trust's workforce, including the associated risks and benefits, and noted the Trust-wide dependency on IT to deliver service innovations. Committee members also identified ethics as a key are which needed further consideration as part of the Digital and Data Strategy. It was agreed that the Deputy Chief Executive / Chief Finance Officer and Chief People Officer should liaise to consider what, if any, assurance role the Committee should hold in relation to the Trust's Digital and Data Strategy (e.g. conducting the initial review of the draft digital and data workforce plan).
- The Committee conducted a **review of the pastoral care support requirements for Internationally Educated staff** including the feedback from the latest 'Chief Nurse Listening Event' which included a comprehensive overview of the measures which had been implemented to improve the pastoral care support for Internationally Educated staff and the improved feedback which had been received from Internationally Educated staff regarding their experience at the Trust and it was agreed that the Chief Nurse should provide Committee members with the dates

for the 2024 'Chief Nurse Listening Events'. It was also agreed that the Assistant Trust Secretary should liaise with the Chief Nurse and Deputy Medical Director to consider, and confirm, the scheduling of a "Further review of the Pastoral Support requirements for Internationally Education staff (incl. International Medical Graduates (IMGs))" item at a future Committee meeting to ensure an overarching presentation of the common themes, and lessons learned.

- The **Guardian of Safety Working Hours** attended for the latest **quarterly update** which covered October to December 2023 (the report has been enclosed under Appendix 1) and highlighted the reduction in exception reports compared to the previous year-to-date.
- The **Director of Medical Education** provided their latest **six-monthly update** which included a comprehensive overview of the findings of the latest General Medical Council (GMC) Survey; the impact of challenges associated with the recruitment to specific specialities and gaps in substantive staffing levels on junior doctors; and the challenges associated with the request to accept additional Year 3 undergraduate students in 2024/25. The Committee acknowledged the progress which had been made in relation to the key themes which had been identified.
- The Committee noted **draft Internal Audit plan 2024/25**, and it was confirmed that any feedback should be provided to the Deputy Chief Executive / Chief Finance Officer, external to the meeting.
- The Committee noted the latest **monthly review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR); update from the Health and Wellbeing Committee;** and the **recent findings from relevant Internal Audit reviews (6-monthly report).**
- It was agreed that the Chair of the Committee and the Assistant Trust Secretary should liaise to confirm the method of the **Committee's evaluation for 2024**, to enable circulation of the evaluation to Committee members for completion ahead of the Committee's meeting in March 2024.
- The Committee's **forward programme** was noted.
- The Committee conducted **an evaluation of the meeting** wherein the diversification attendees was supported.

In addition to the actions noted above, the Committee agreed that: The Director of IT and Associate Director of Business Intelligence should amend the Trust's draft "Digital and Data strategy" to reflect the Committee's feedback, including details of the proposed Governance arrangements, prior to submission to the February 2024 Finance and Performance Committee meeting.

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

- The quarterly update from the Guardian of Safe Working Hours (covering October to December 2023) is enclosed in Appendix 1, for information and assurance

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

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

'MAIN' PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE – JANUARY 2024

NHS Maidstone and Tunbridge Wells NHS Trust

QUARTERLY UPDATE FROM THE GUARDIAN OF SAFE WORKING HOURS (APRIL TO JUNE 2023) **GUARDIAN OF SAFE WORKING HOURS**

The enclosed report covers the period October 2023 – December 2023:

- During this period there were a total of 137 Exception Reports
- 132 were related to hours/working patterns
- 5 were related to missed educational opportunities
  - 3 were related to immediate patient concerns (double counted with hours)

Reason for circulation to People and Organisational Development Committee
Assurance

Reporting Period: October 2023 to December 2023

Exception Reports-Work Schedule related

Specialty	Grade	No. Exceptions raised
Anaesthetics	ST7	1
Medicine	FY1	47
Medicine	FY2	3
Medicine	CT1	3
Medicine	CT2	3
Medicine	CT3	4
ENT	FY2	4
General surgery	FY1	5
General surgery	FY2	1
Geriatric medicine	FY1	2
Paediatrics	ST1	2
Obstetrics and Gynaecology	FY2	2
Obstetrics and Gynaecology	ST4	5
Obstetrics and Gynaecology	ST6	5
Obstetrics and Gynaecology	ST7	6
Orthopaedics	FY1	5
Orthopaedics	FY2	1
Haematology	CT1	10
Haematology	CT2	11
Emergency	FY2	7
Oncology	ST3	3
Urology	FY1	2
Total		132

Exception Reports-Education Opportunities missed

Specialty	Grade	No. Exceptions raised
Medicine	FY1	2
Medicine	FY2	1
Paediatrics	ST1	2
Total		5

(**Total combined ERs Oct – Dec 2023 = 137**)

Comparison to the last quarterly report (July - Sep 2023)

There was a decrease in ERs of 8% , from 149 in July – Sep 2023 to 137 in Oct-Dec 2023

Comparison to the same quarter last year (Oct - Dec 2022)
There was a decrease in ERs of 18%, from 167 Oct – Dec 2022 to 137 Oct - Dec 2023

Work Schedule Reviews
No work schedule reviews were instigated during this period.

Fines
No fines were instigated during this period.

Report commentary
During the period Oct – Dec 2023 there were 137 a total of exception reports filed.
132 of these were filed due to hours/work pattern
5 of these were filed due to missed education opportunities.
(3 of these were filed due to an immediate patient concern. These were all double counted with work pattern)

ERs were filed across the breadth of Specialities.
The number of reports has decreased compared to the same period one year ago (137 compared to 167)
This may reflect the change over from the allocate to the patch work reporting system and recruitment in general medicine.

The largest number of reports is still in medicine
This is particularly at the FY1 level (47). The majority of these where reports for overtime. Mostly for an hour. The majority of reasons given were finishing documentation/administrative tasks. In a few cases they were for dealing with a sick patient or talking to relatives. There were a few regarding lack of staff. I have written to the director and managers of medicine to highlight the large number of FY1 in medicine exception reporting and ask for their thoughts and potential solutions.

Another area of note was in obstetrics and gynaecology. This involved higher trainees. There were two issues.
One trainee reported that on two occasions while working a 24-hour shift (partly off site) he was left without an SHO due to sickness. He was told there was no mechanism to pay him extra. He felt that without this there was no incentive for the department to push to find and pay for a replacement. He is still in discussion about this. I will monitor the outcome.

A second issue in obstetrics and gynaecology was where trainees where expected to come in at 7.45am to consent before theatres. This is still under discussion and I will also monitor the outcome. I have written to the clinical director and manager for O&G to highlight these issues and ask for their thoughts and potential solutions.

There were quite a few reports in haematology . Previously the reports had been from higher trainees regarding their contract at the weekend. Fortunately this seems to have been resolved. However there are quite a few exception reports from more junior trainees regarding working extra hours due to lack of staff. Their supervisors have responded saying that they are looking to get more staff but the issue seems to be ongoing. I have written to their clinical director and manager to ask what measures are being put into place.

I have written twice to the body who coordinate the guardians in the deanery to try and get ER figures so as to bench mark our trust against others but have not had a reply. I will now contact individual guardians over the next month for their figures.

Finally I have followed up on progress as to non-training grades being able to exception report. I am told there is a technical problem as there is a limit to how many doctors can log onto the allocate system which is still being used to do exception reports. The new patchwork system has developed an exception reporting facility which should hopefully solve the problem. I have emphasised that this is seen by the trust as a priority.

Guardian of safe working

NHS
Maidstone and Tunbridge Wells NHS Trust

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

The IPR for month 9, 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, 23/01/24

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

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

NHS
Maidstone and Tunbridge Wells NHS Trust

Integrated Performance Report

December 2023

MTW
exceptional people, outstanding care

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.

Maidstone and Tunbridge Wells NHS Trust

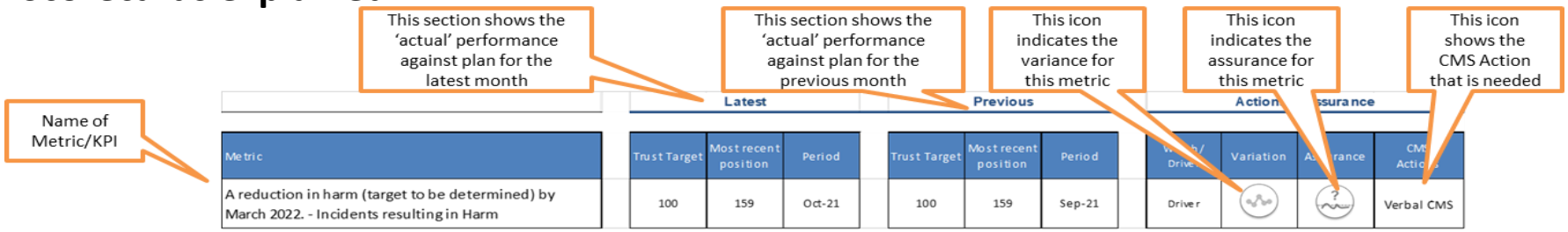
Escalation Rules:

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

Escalation Pages:

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

Scorecards explained



Further Reading / other resources

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

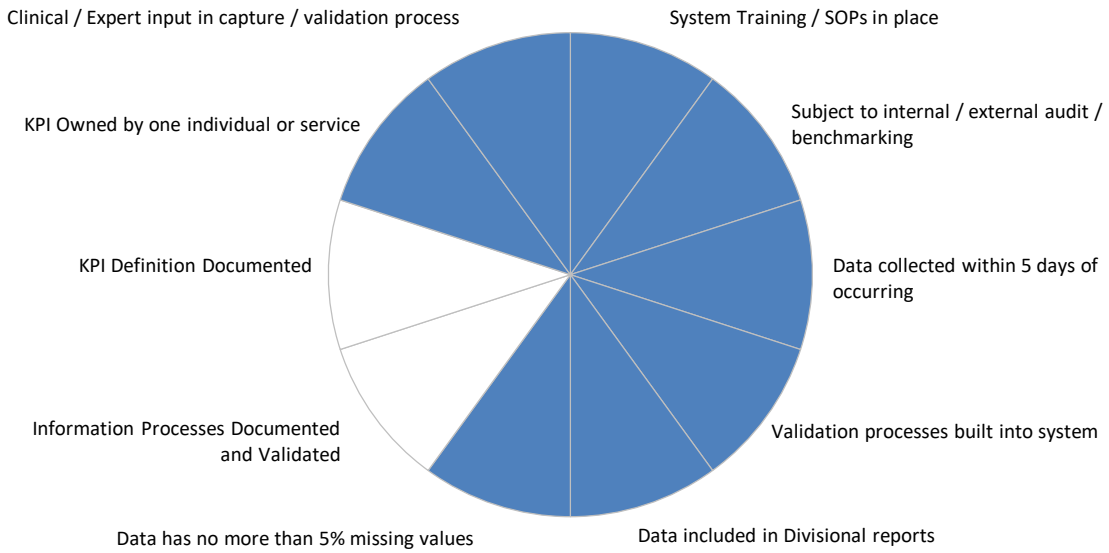
MTW exceptional people, outstanding care

Forecasts

	CQC Domain	Metric	DQ Kite Mark	Latest: Trust Target	Latest: Most recent position	Latest: Period	Previous: Trust Target	Previous: Most recent position	Previous: Period	Actions & Assurance: Watch / Driver	Actions & Assurance: Variation	Actions & Assurance: Assurance	Actions & Assurance: CMS Actions	Forecast: 3 Month Forecast	Forecast: Variation	Forecast: 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.

Executive Summary

Executive Summary: Vacancy Rate improved further to 6.5%. Turnover Rate continues to experience special cause variation of an improving nature and consistently failing the target. Agency spend did not achieve the target for December 23 but continues to experience special cause variation of an improving nature. The Nursing Safe Staffing Levels remains above target at 97.2% for December and remains in common cause variation. 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 £1.9m in deficit in the month which was £0.8m adverse to plan. Year to Date the Trust is £1.3m in deficit which is £1.1m 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 December 23 at 97.4%. 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 continues to experience 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 December 23. Performance for First outpatient activity levels achieved above plan for December and is now experiencing common cause variation 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 December 2023, but remain above 1920 levels. Elective (inpatient and day case combined) activity was above plan for December 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 achieved the recovery trajectory for December 23 and is no longer escalated. The Trust's performance remains one of the highest both Regionally and Nationally. Ambulance handovers continues to experience special cause variation of an improving nature but has now failed the target for more than six months and is therefore escalated. The National Cancer Waiting Times (CWT) Standards have changed. The Trust has achieved the new combined 62 day First Definitive Treatment Standard as well as the 28 Day faster diagnosis compliance standard. The 31 day first definitive treatment is now a combined standard. The Trust did not achieve the National target for this standard in November but was above our internal recovery trajectory. 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.

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)
- Ambulance Handovers <30 minutes (P.17)
- Emergency Admissions in Assessment Areas (P.17)
- Cancer 31 Day Standard (Combined) (P.18)
- Planned levels of Diagnostics activity (P.18)

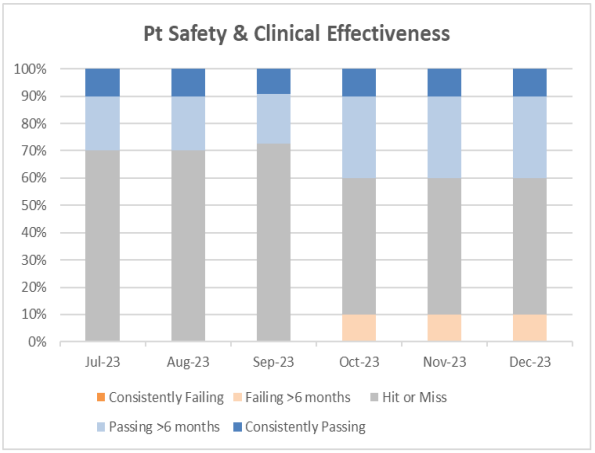
Patient Experience:
- New Complaints Received (P.20)*
- Complaints responded within target (P.21)
- FFT Response Rates: A&E, Outpatients, Maternity (P.21)

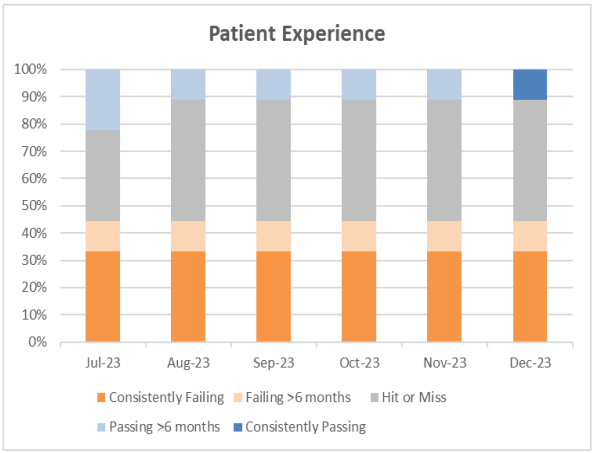
Systems:
- Decrease the number of occupied bed days for patients identified as no longer fit to reside (NFTR), (shown as rate per 100 occupied beddays) (P.23)
- Discharges before Noon (P.24)

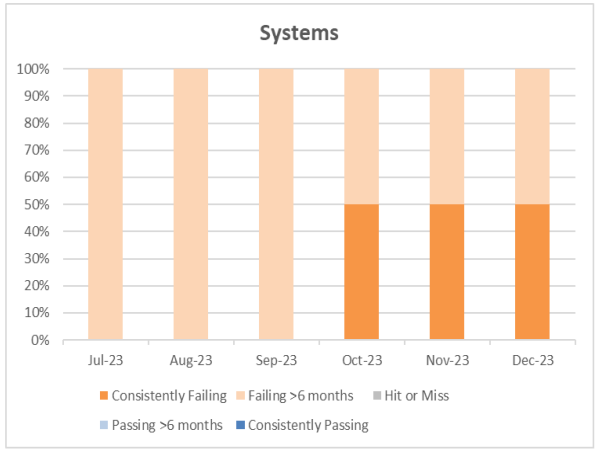
Sustainability: Agency Spend (P.26)

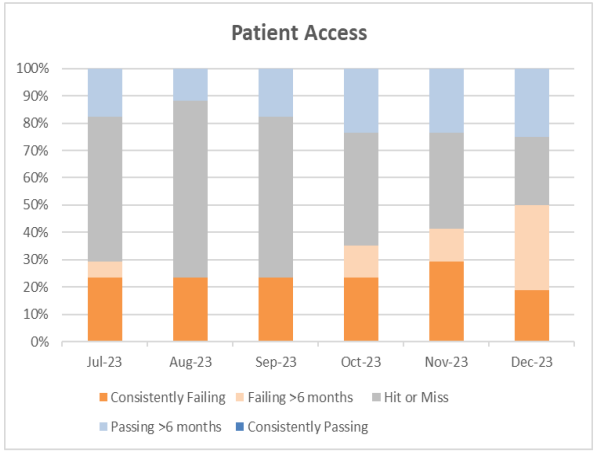
*Escalated due to the rule for being in Hit or Miss for more than six months being applied

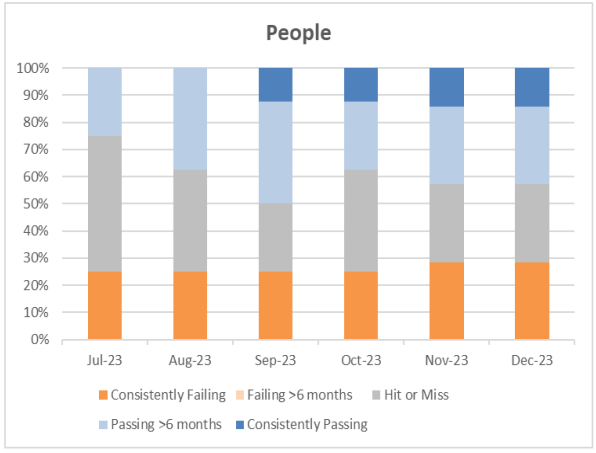
Assurance Stacked Bar Charts by Strategic Theme

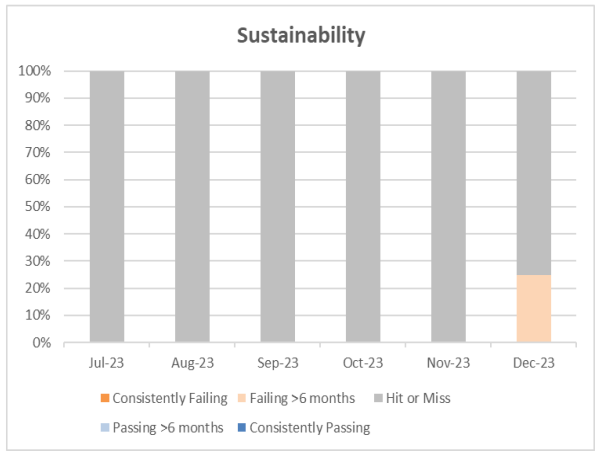












Matrix Summary

December 2023		Assurance				
		Pass★	Pass	Hit and Miss	Fail	Fail -
Variance	Special Cause - Improvement	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)	Reduce the Trust wide vacancy rate to 12% Safe Staffing Levels To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience.	Flow: Ambulance Handover Delays >30mins To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20) 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 Achieve the Trust RTT Trajectory RTT Patients waiting longer than 40 weeks for treatment Transformation: CAU Calls answered <1 minute 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 - 62 Day (New Combined Standard) Cancer - 28 Day Faster Diagnosis Completeness	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 A&E 4 hr Performance 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 Friends and Family (FFT) % Response Rate: Inpatients 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 Cancer - 31 Day First (New Combined Standard) Flow: % of Emergency Admissions into Assessment Areas Transformation: % OP Clinics Utilised (slots) % complaints responded to within target	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays Achieve the Trust RTT Trajectory RTT Patients waiting longer than 40 weeks for treatment Friends and Family (FFT) % Response Rate: Outpatients Friends and Family (FFT) % Response Rate: Maternity To increase the number of patients leaving our hospitals by noon on the day of discharge
	Special Cause - Concern			% VTE Risk Assessment (one month behind) Cash Balance (£k)		

Strategic Theme: People

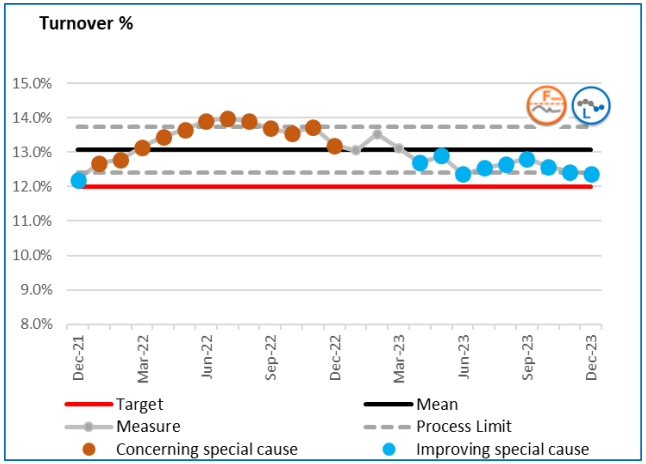
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Well Led	Reduce the Trust wide vacancy rate to 12%		8%	6.5%	Dec-23	8%	7.1%	Nov-23	Driver			Note Performance	5.9%		
Breakthrough Objectives	Well Led	Reduce Turnover Rate to 12%		12%	12.4%	Dec-23	12%	12.4%	Nov-23	Driver			Full CMS	12.2%		
Constitutional Standards and Key Metrics (not in SDR)	Well Led	Sickness Absence		4.5%	4.3%	Nov-23	4.5%	4.1%	Oct-23	Driver			Not Escalated			
	Well Led	Statutory and Mandatory Training		85.0%	89.0%	Dec-23	85.0%	88.9%	Nov-23	Driver			Not Escalated			
	Well Led	Percentage of AfC 8c and above that are Female		62.0%	70.1%	Dec-23	62.0%	70.6%	Nov-23	Driver			Not Escalated			
	Well Led	Percentage of AfC 8c and above that have a Disability		3.2%	6.3%	Dec-23	3.2%	5.1%	Nov-23	Driver			Not Escalated			
	Well Led	Percentage of AfC 8c and above that are BAME		12.0%	7.6%	Dec-23	12.0%	8.1%	Nov-23	Driver			Escalation			

Breakthrough Objective: Counter Measure Summary

Metric Name – Reduce Turnover Rate to 12%

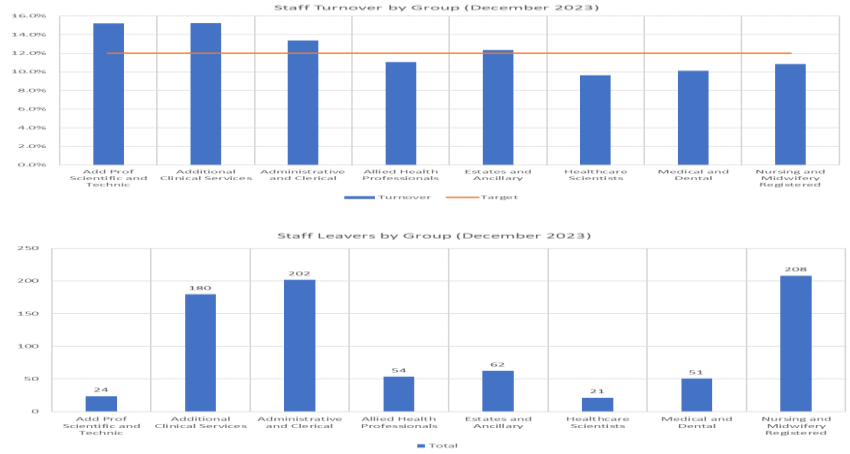
Owner: Sue Steen
Metric: Turnover Rate
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Dec--23
12.37%
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

2. Stratified Data



3. Top Contributors & Risks

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

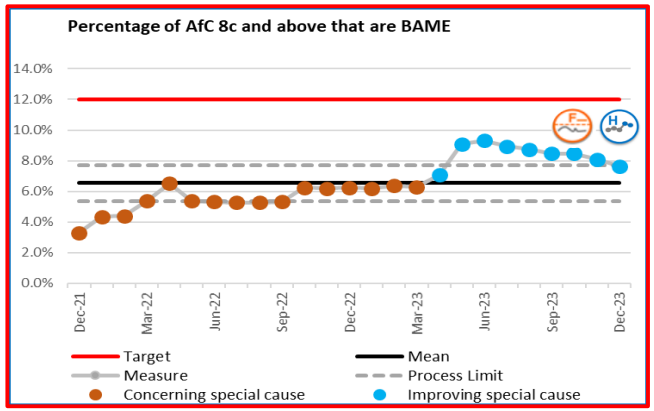
Attraction	Learning & Development
Flexible working can be too rigid / No free food / Increased cost of living at TW site / No USP staff benefits for working at MTW	No clear progression path / Upskilling does not lead to promotion
Inadequate break times / Poor wellbeing	Onboarding slow / Gaps in leadership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

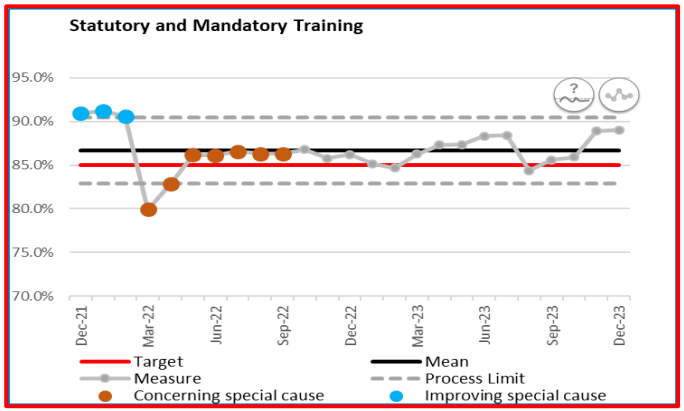
A full action plan by the working groups has been developed; some of the key actions shown:

Countermeasures	Target Completion Date
Develop a Media Attraction Campaign Dashboard to showcase successes / lessons learnt	Jan-24
Review every single step of the recruitment process to identify further opportunities for automation and intervention, to reduce timings	Mar-24
Develop outline structure of MTW Connect event, including speakers and networks	Mar-24
Combining new starter, recruitment and induction surveys into one: the onboarding survey. Five touch points during the first year. Review data in February to assess quality of responses	February-24
Develop new A3 specifically targeting reducing the number of leavers who have been with the Trust for 24 months or less	Mar-24
Develop new A3 specifically targeting 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 fedback monthly)	Mar-24
Recruitment of People Promise Manager (Externally Funded)	Mar-24

People – Workforce: CQC: Well-Led



Dec-23
7.6%
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



Dec-23
89%
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 9 have a disability , 11 are BAME and 101 are female. **Actions:** Mandate for EDI recruitment reps to be on all interview panels of 8C and above. Second cohort of reverse mentoring launched in November with staff from ethnic minority backgrounds and those with long term health conditions as mentors Focus on recruitment of 8c and above: • Identifying potential turnover • Reviewing JD & creating recruitment campaign • Creating robust & equitable methods of shortlisting & interviewing • Scrutiny of recruitment decisions & provision of feedback to non successful candidates	**Statutory and Mandatory Training**: It was only in November 2023 that the methodology used to generate these numbers was aligned with L&D reporting. In addition to some legacy courses that shouldn't have been included, from August 2023 a new mandatory training course had been included in the numbers that produce this graph, explaining the three consecutive months below the mean line. 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. EDI steering Board commenced October to drive improvement. Further discussions around the EDI strategy talking place The Trust Board are in the process of agreeing EDI objectives which will be measured in April 2024.

Strategic Theme: Patient Safety & Clinical Effectiveness

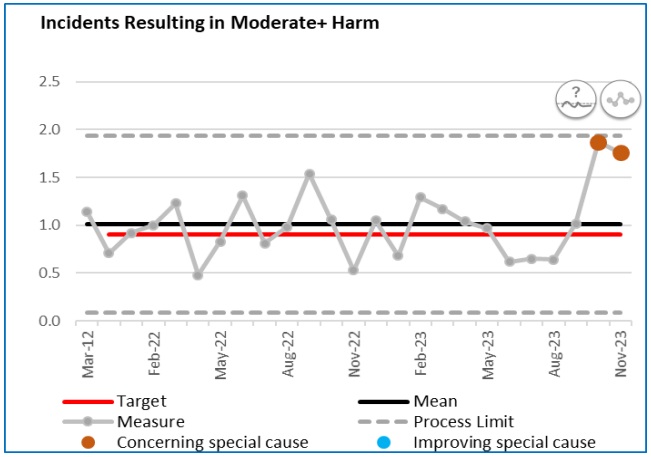
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Safe	Reduction in rate of patient incidents resulting in Moderate+ Harm per 1000 bed days (data runs one month behind)		0.90	1.76	Nov-23	0.90	1.87	Oct-23	Driver			Verbal CMS	1.28 Feb 24		
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	11	Dec-23	11	7	Nov-23	Driver			Not Escalated			
	Safe	Standardised Mortality HSMR		100.0	93.8	Sep-23	100.0	94.1	Aug-23	Driver			Not Escalated			
	Safe	Summary Hospital-level Mortality Indicator (SHMI)		100.0	92.8	Sep-23	100.0	90.8	Aug-23	Driver			Not Escalated			
	Safe	Never Events		0	0	Dec-23	0	0	Nov-23	Driver			Not Escalated			
	Safe	Safe Staffing Levels		93.5%	101.7%	Dec-23	93.5%	98.7%	Nov-23	Driver			Not Escalated			
	Safe	IC - Rate of Hospital E.Coli per 100,000 occupied beddays		32.6	5.3	Dec-23	32.6	10.7	Nov-23	Driver			Not Escalated			
	Safe	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays		25.5	42.5	Dec-23	25.5	26.6	Nov-23	Driver			Escalation			
	Safe	IC - Number of Hospital acquired MRSA		0	0	Dec-23	0	0	Nov-23	Driver			Not Escalated			
	Safe	Rate of patient falls per 1000 occupied bed days		6.4	7.0	Dec-23	6.4	7.1	Nov-23	Driver			Note Performance			

Vision: Counter Measure Summary

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

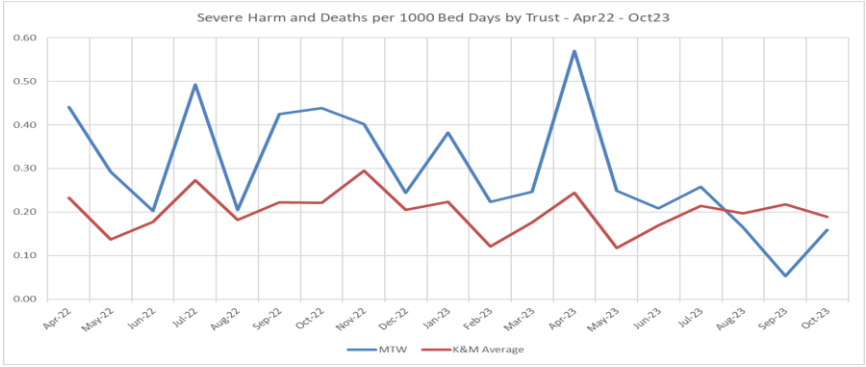
Owner: Sara Mumford
Metric: Incidents resulting in moderate+ harm per 1000 bed days
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



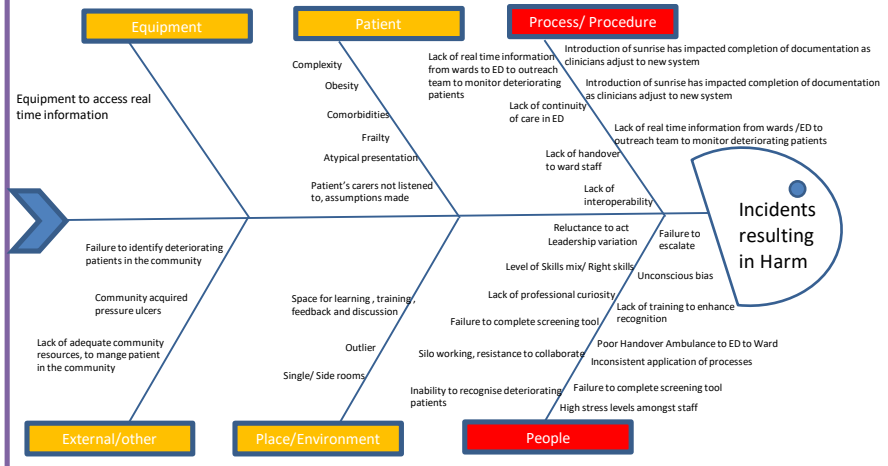
Nov-23 (1 month arr)
0.53
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
0.9
Target Achievement
Metric is in variable achievement of target for +6 Months

2. Stratified Data



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

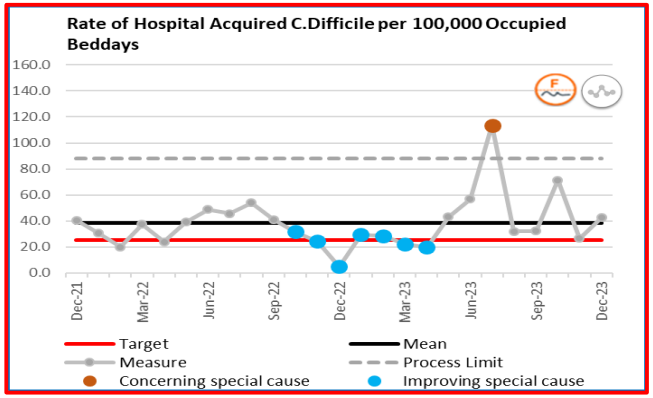
3. Top Contributors



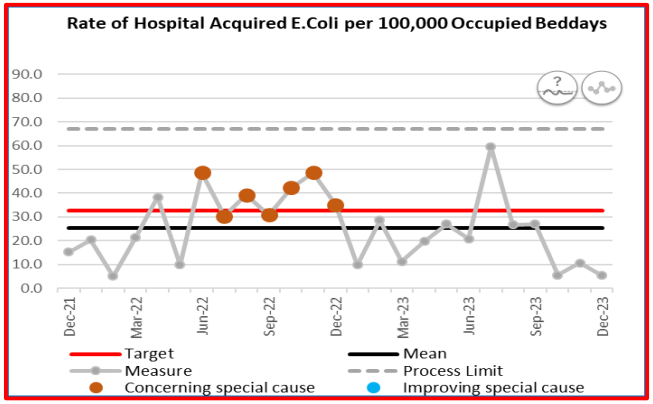
4. Action Plan

Contributor	solution /countermeasure	Owner	Due By
Patient Safety and Clinical Effectiveness	**Next Steps:** • Review of categories in InPhase to refresh list, including addition of categories specific to deteriorating patients, Sepsis, AKI. • Further workshop planned on the 31st of January with project team to finalise incident reporting categories for InPhase to provide more accurate reporting. • Deteriorating Patient Lead Nurse funding agreed in principle, business case process for approval in progress • Peri-arrest information on InPhase in the audit section • Peri-arrest and cardiac arrest, hospital acquired AKI and sepsis to join SDR process • Pull sepsis tool compliance data and understand what is the denominator data **Risks** • Delayed timeline for the implementation of the vital sign project Mar. end 2024 which will enable the outreach team to be automatically alerted of deteriorating patients. • Lack of robust education package to address the challenges associated with deteriorating patients.	Patient Safety Project Team	Jan 2024 31th Jan 2024

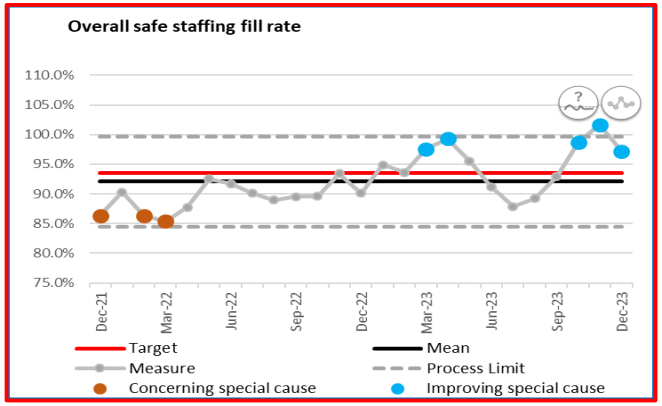
Patient Safety and Clinical Effectiveness: CQC: Safe



Dec-23
42.5
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



Dec-23
5.3
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



Dec-23
97.2%
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 exceeded the expected limits during December with 8 cases. Actions that continue to be undertaken include:

- Ongoing surveillance and monitoring of cases – there were 2 cases of CDI on both John Day and Pye Oliver ward – No evidence of transmission of infection was found following ribotyping results
- Weekly review of patients with CDI by the IPC team and with the Consultant Microbiologist during the C diff round
- Timely feedback of lessons learnt from rapid review investigations
- 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:

- The senior corporate nursing team have a focus on the continued reduction of temporary staffing usage and are meeting with Divisional Nursing Teams to support this.
- 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.
- Due to operation pressures and sickness, the soft go live for the reporting of Safe Staffing Red Flag incidents was delayed and will now occur in January/February. 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:

- No evidence of transmission of infection
- Learning from investigations are shared within the Directorate via the HCAI weekly status. Directorate IPC reports are presented to IPCC
- Commode cleanliness audit undertaken in December demonstrated improvement on the previous year
- Invasive devices QIP being implement to improvement the management of peripheral cannulas and prevent line related infections. 11 ward audited to date with a role out of training and updates to address any areas for improvement.

Safe Staffing Fill Rate:

- Oceans Blue system it currently being adapted to ensure the validity of data reporting.
- The establishment review paper was presented at Trust Board in December 2023. The October 2023 establishment review identified areas requiring an uplift. Planning for this is being explored with the Divisional teams
- SafeCare training will be rolled out to the Clinical site teams, so the live system can be utilised on a daily basis.

Strategic Theme: Patient Access

				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	Responsive	Achieve the Trust RTT Trajectory		74.3%	68.7%	Dec-23	73.8%	69.8%	Nov-23	Driver			Full CMS	75.4%		
Breakthrough Objectives	Responsive	To achieve the planned levels of new outpatients activity (shown as a % 19/20)		115.1%	115.4%	Dec-23	117.1%	128.6%	Nov-23	Driver			Note Performance	143.7%		
Constitutional Standards and Key Metrics (not in SDR)	Responsive	RTT Patients waiting longer than 40 weeks for treatment		621	681	Dec-23	626	655	Nov-23	Driver			Escalation	709		
	Responsive	Access to Diagnostics (<6weeks standard)		91.8%	97.4%	Dec-23	90.0%	97.8%	Nov-23	Driver			Not Escalated	99.0%		
	Responsive	A&E 4 hr Performance		82.0%	82.7%	Dec-23	86.1%	83.7%	Nov-23	Driver			Not Escalated	85.2%		
	Responsive	Cancer - 31 Day First (New Combined Standard) - data runs one month behind		96.0%	90.0%	Nov-23	96.0%	87.4%	Oct-23	Driver			Escalation	93.9% Feb 24		
	Responsive	Cancer - 62 Day (New Combined Standard) data runs one month behind		85.0%	85.7%	Nov-23	85.0%	86.4%	Oct-23	Driver			Not Escalated	86.2% Feb 24		
	Responsive	Cancer - 28 Day Faster Diagnosis Compliance (data runs one month behind)		75.0%	76.7%	Nov-23	75.0%	75.3%	Oct-23	Driver			Not Escalated	75.8% Feb 24		
	Responsive	Cancer - 28 Day Faster Diagnosis Completeness (data runs one month behind)		80.0%	86.7%	Nov-23	80.0%	87.6%	Oct-23	Driver			Not Escalated	87.2% Feb 24		

- 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)

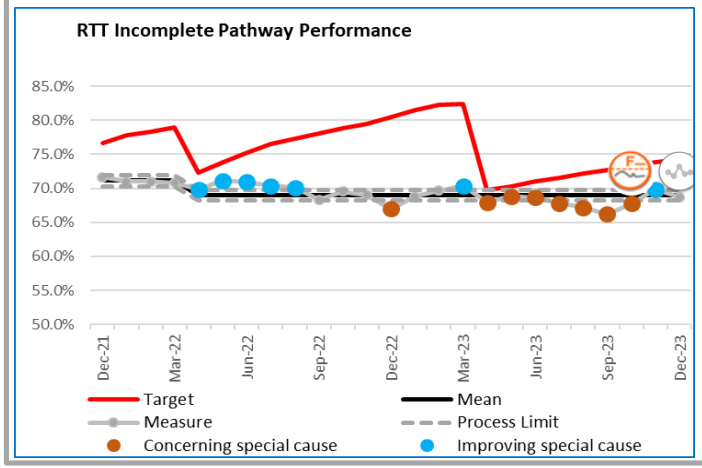
				Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Constitutional Standards and Key Metrics (not in SDR)	Effective	Transformation: % OP Clinics Utilised (slots)		85.0%	77.0%	Dec-23	85.0%	80.6%	Nov-23	Driver			Escalation
	Effective	Transformation: % of Patients Discharged to a PIFU Pathways		1.5%	5.7%	Dec-23	1.5%	5.2%	Nov-23	Driver			Not Escalated
	Effective	Transformation: CAU Calls answered <1 minute		90.0%	78.5%	Dec-23	90.0%	75.6%	Nov-23	Driver			Escalation
	Effective	Flow: Ambulance Handover Delays >30mins	TBC	5.0%	7.5%	Dec-23	5.0%	6.7%	Nov-23	Driver			Escalation
	Effective	Flow: % of Emergency Admissions into Assessment Areas		65.0%	59.3%	Dec-23	65.0%	61.8%	Nov-23	Driver			Escalation
	Responsive	To achieve the planned levels of elective (DC and IP cobined) activity (shown as a % 19/20)		105.4%	113.0%	Dec-23	103.0%	106.9%	Nov-23	Driver			Not Escalated
	Responsive	To achieve the planned levels of outpatients follow up activity (shown as a % 19/20)		107.1%	103.1%	Dec-23	103.2%	116.0%	Nov-23	Driver			Not Escalated
	Responsive	To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20)		143.7%	139.0%	Dec-23	149.9%	144.9%	Nov-23	Driver			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



Dec-23
68.7%
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
73.8%
Target Achievement
Metric is consistently failing the target

2. Stratified Data

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.

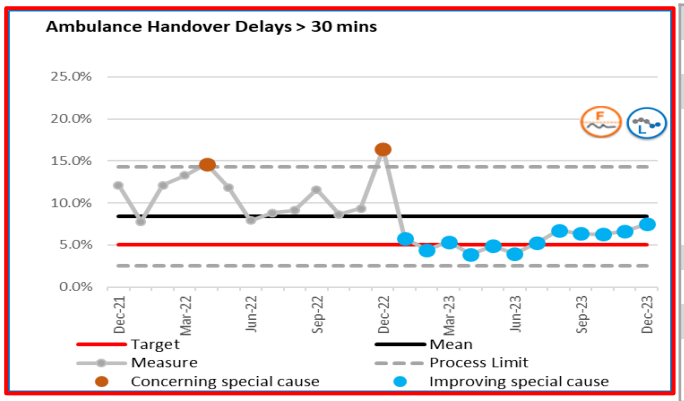
Key Risks:

- 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.
- Trajectory assumes that Additional activity continues till end financial year, this could be impacted by financial position

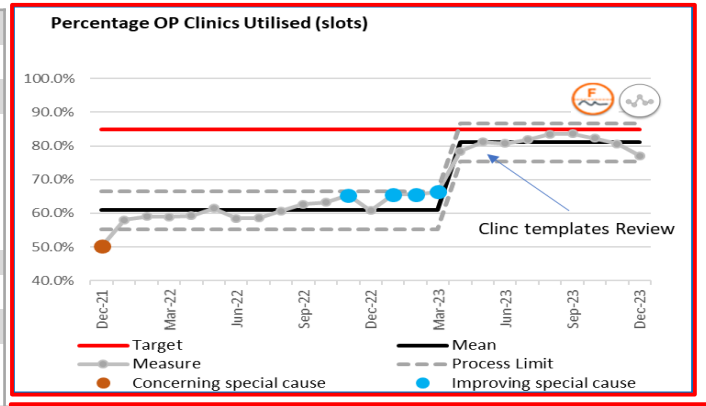
4. Action Plan

Countermeasures	Action	Who / By when	Complete
Improved New Outpatient Activity	Focussed work on GIRFT Further Faster initiatives,. Clinical validation standardisation pilots Reduction in FUPS and replacing with News in T&O following clinical validation	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✓
	Failed text reminder report developed to improve DQ	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

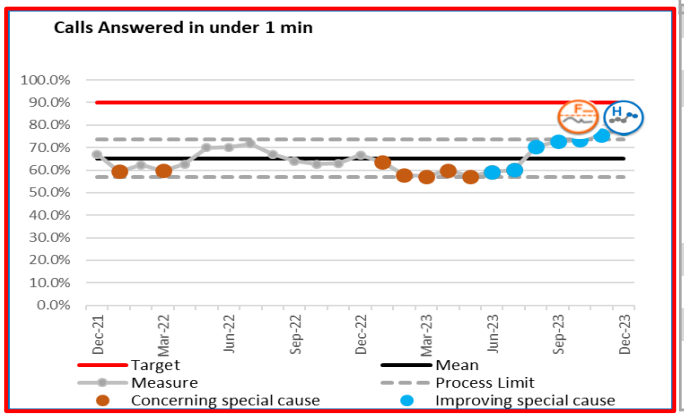
Patient Access: CQC: Responsive



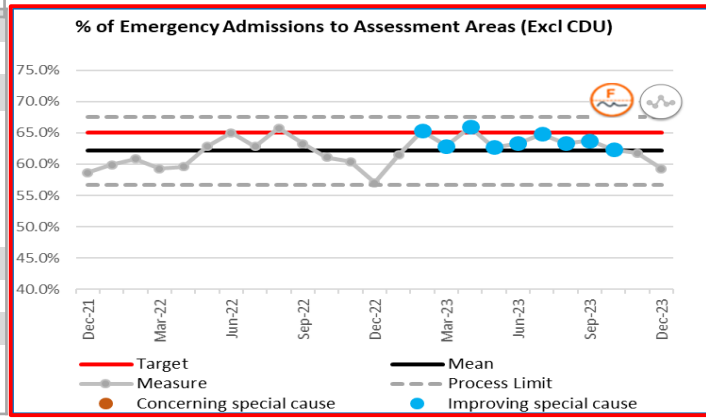
Dec-23
7.5%
Variance / ,Assurance
Metric is currently experiencing special cause variation of a concerning nature and failing the target for 6+ months
Maximum Limit
5%
Business Rule
Full escalation as has failed the target for 6+months



Dec-23
77.0%
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



Dec-23
78.5%
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



Dec-23
59.3%
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:

Ambulance Handover <30mins: is experiencing special cause variation of a concerning nature and has now failed the target for 6+months.

Outpatient Utilisation: is experiencing common cause variation and has failed the target for more than six months..

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:

Ambulance Handover <30mins: There has been a renewed focus on ambulance handovers as we need to achieve over 90% performance for quarters 3 & 4. A trust wide approach to this is underway and wee are currently on track to deliver. Review of pin sign off process in progress

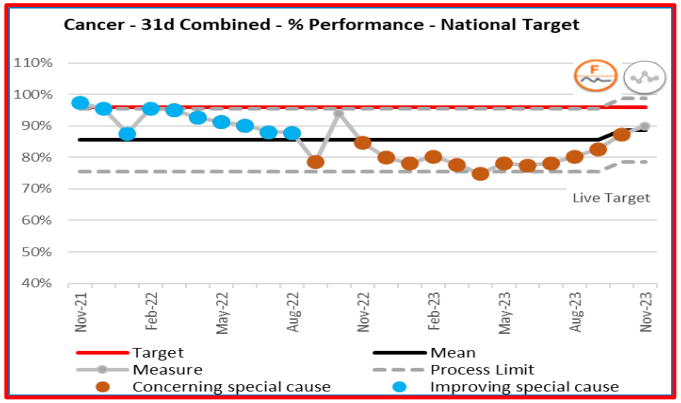
Outpatient Clinic Slot Utilisation: The OPD team continue to work with the CAUs on their clinic templates to improve utilisation by 20%. Next, the focus is on consultant led clinics under 80% and nurse led clinics.
Performance against the under 1 minute KPI:. Daily report by hour and by speciality are 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.

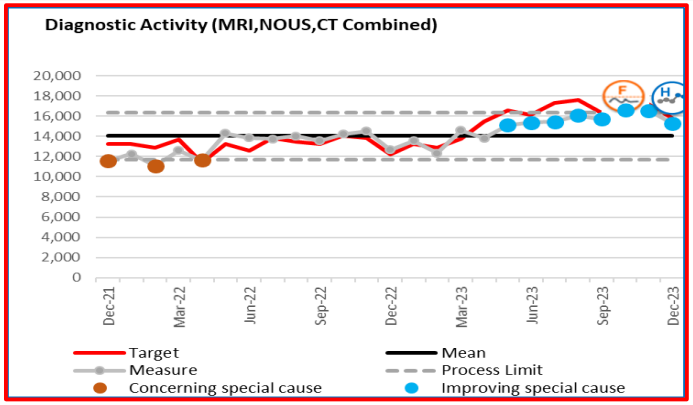
Assurance & Timescales for Improvement:

Ambulance Handover <30mins: We are on an upward trajectory and look to be achieving the target again in a month. Outcome of pin sign off process to be reviewed 26th January 2024 and action plan developed.
Outpatient Slot Utilisation The aim is to ensure that no planned elective / consultant led clinic is under 85% utilised. The OPD team have worked to identify 'planned elective' vs. 'emergency / hot clinics'. Work required to improve utilisation of nurse led 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: We achieved our interim target of 70% in Aug, Sep, Oct, Nov, and 75% target for Nov and Dec and new starters should help maintain that through further periods of Industrial Action / site pressures. OPD contact centre continues to support calls.
% of Emergency Admissions to Assessment Areas (Excl CDU): Outcomes from working group to reviewed 26th January 2024 and action plan developed.

Patient Access: CQC: Responsive



Nov-23
90%
Variance / ,Assurance
Metric is currently experiencing common cause variation and failing the target for 6+ months
Target (National)
96%
Business Rule
Full escalation as has failed the target for 6+months



Dec-23
15280
Variance / Assurance
Metric is currently experiencing Special Cause Variation of an improving nature and failing the target for >6 months
Target (Internal)
15790
Business Rule
Full escalation as has failed the target for 6+months

Summary:	Actions:	Assurance & Timescales for Improvement:
Cancer 31 day First Definitive (Combined): This National Standard has now changed and is a combination of the previous targets. This indicator is experiencing common cause variation and has failed the target for 6+months (however new target only in place from October 2023.	**Cancer 31 Day First Definitive (Combined):** Detailed recovery plan in place to reduce waiting times for subsequent radiotherapy, as this is the area resulting in the most 31 day breaches. Additional staff in place in February and March to increase capacity and pathway transformation underway to decrease turnaround times	**Cancer 31 Day First Definitive (Combined):** Focus on implementation of detailed recovery plan.
Diagnostic Activity (MRI, NOUS, CT Combined): is experiencing special cause variation of an improving nature and has failed the target for more than six months..	**Diagnostic Activity (MRI, NOUS, CT Combined):** Ongoing review of activity levels against plan to maximise efficiency - improving position noted MRI position under review specifically as inefficiencies highlighted in service	**Diagnostic Activity (MRI, NOUS, CT Combined):** Continued improvement sustained across all modalities except MRI.

Strategic Theme: Patient Experience

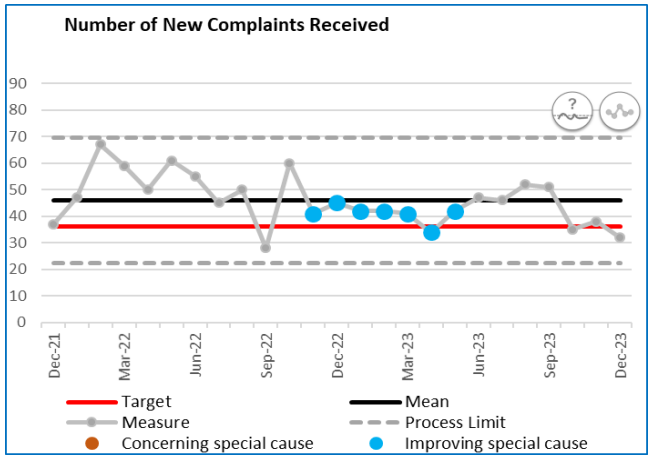
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Caring	To reduce the overall number of complaints or concerns each month		36	32	Dec-23	36	38	Nov-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	13	Dec-23	24	21	Nov-23	Driver			Note Performance	21		
Constitutional Standards and Key Metrics (not in SDR)	Caring	Complaints Rate per 1,000 occupied beddays		3.9	1.7	Dec-23	3.9	2	Nov-23	Driver			Not Escalated			
	Caring	% complaints responded to within target		75.0%	70.6%	Dec-23	75.0%	58.8%	Nov-23	Driver			Escalation			
	Caring	% VTE Risk Assessment (one month behind)		95.0%	94.8%	Nov-23	95.0%	95.0%	Oct-23	Driver			Not Escalated			
	Caring	Friends and Family (FFT) % Response Rate: Inpatients		25.0%	18.5%	Dec-23	25.0%	17.3%	Nov-23	Driver			Not Escalated			
	Caring	Friends and Family (FFT) % Response Rate: A&E		15.0%	5.1%	Dec-23	15.0%	4.6%	Nov-23	Driver			Escalation			
	Caring	Friends and Family (FFT) % Response Rate: Maternity		25.0%	5.1%	Dec-23	25.0%	8.0%	Nov-23	Driver			Escalation			
	Caring	Friends and Family (FFT) % Response Rate: Outpatients		20.0%	6.7%	Dec-23	20.0%	5.1%	Nov-23	Driver			Escalation			

Vision: Counter Measure Summary

Metric Name – To reduce the overall number of complaints or concerns each month

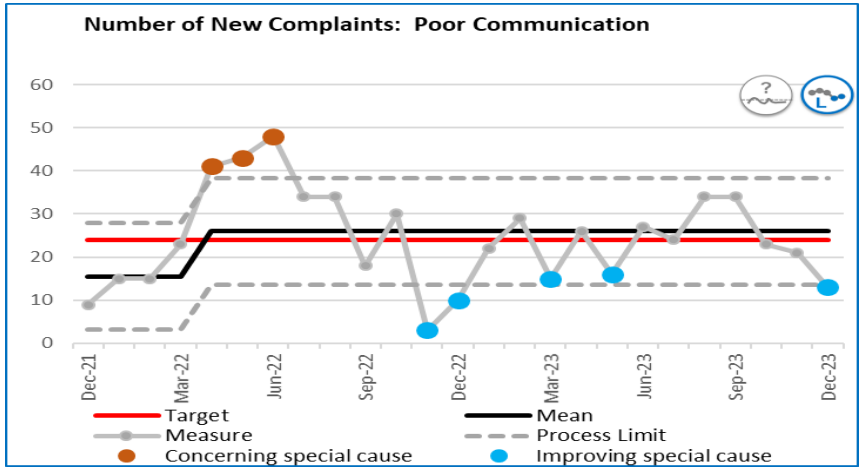
Owner: Joanna Haworth
Metric: Number of Complaints Received Monthly
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Dec-23
32
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



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. The key contributors are:

1. Staff attitude and behaviour
2. Inconsistent communication
3. Inaccurate communication

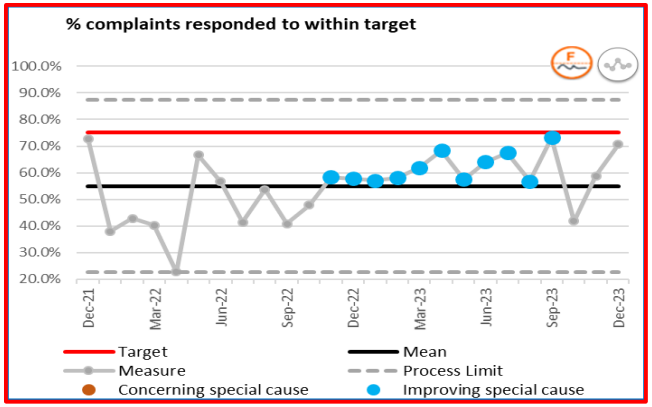
Key Risks:

1. The effect of Industrial action and winter pressures on the action timelines.
2. Accurate and consistent data capture
3. Standardisation of measures about Divisional actions for complaints
4. Competing workloads for Divisional teams to execute actions related to feedback received.

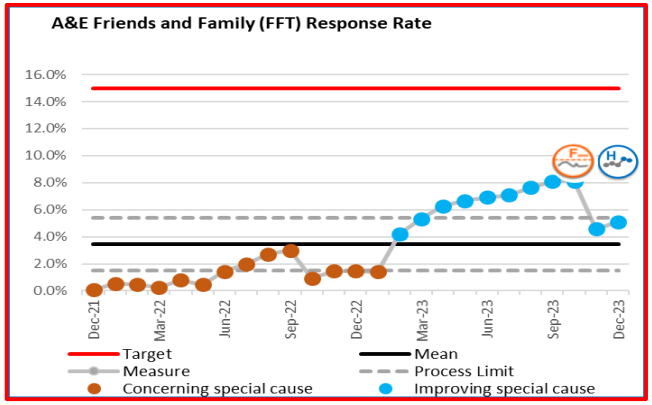
4. Action Plan

Counter-measure	Contributor	Action	Who	By when	Complete (Y/N)
Staff Communication – Oral	Lack of clear communication Breakdown in communication between clinicians and patients – lack of information sharing Patient not being verbally told things – treatment planning, new medication, sharing with families Test results not being communicated to patients	Discuss themes from complaints in clinical governance meetings – Record Lessons learnt – Divisional/directorate Dataset available via directorate InPhase dashboards.	DDNQ, Chiefs of services, DDOs Heads of Nursing, GMs, CDs To confirm with Governance leads if this is in place	Jan-24	N
Staff Communication - Written	Lack of clear explanation Breakdown in written communication to patients and between professionals including test results	Clarity in Electronic discharge notes and patient notes. Clarity	DDNQ, Chiefs of services, DDOs Heads of Nursing, GMs, CDs		N
Staff attitudes and behaviour	Staff Attitude / Rudeness/Manner	Drama based learning – Role playing Training modules delivered by provider (Scoping providers)	Divisional Triumvirates	Mar-24	N
Capturing the correct Communication related categories on InPhase	Issues in identifying the correct category of complaints while reporting on InPhase, to identify Communication complaints accurately	Aligning complaints categories in InPhase. Mandatory questions to identify complaints relating to communications to be added	Complaints team/ Stuart Jones	Mar-24	N

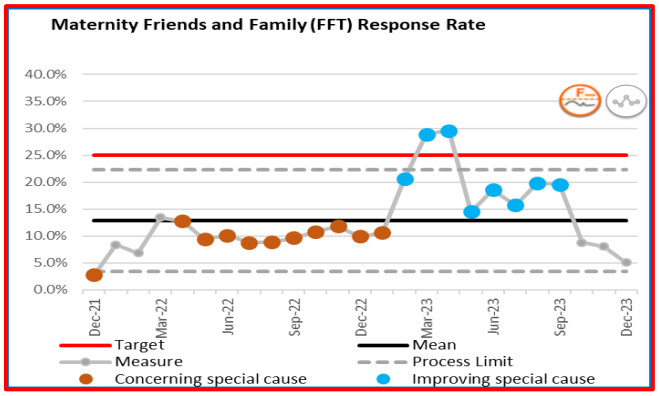
Patient Experience: CQC: Caring



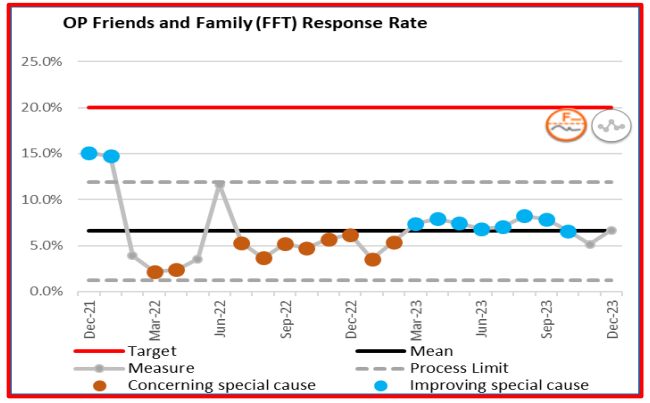
Dec-23
58.8%
Variance / Assurance
Metric is in common cause variation and failing the target for 6+ months
Target (Internal)
75%
Business Rule
Full Escalation as failed the target 6+ months



Dec-23
5.1%
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



Dec-23
5.1%
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



Dec-23
6.7%
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 81.8%

Friends and Family Response Rate - Maternity: Is experiencing Common Cause Variation, but is consistently failing the target.
Recommended Rate is 96.2%

Friends and Family Response Rate - Outpatients: Is experiencing special cause variation of a concerning nature and is consistently failing the target
Recommended Rate is 95.2%
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
- Agency worker (started mid Jan) and Bank work being offered to existing complaints team members to maintain a level of performance.

A&E: Overall an improving picture. 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. December is a difficult month to collect FFT feedback

Maternity: Volunteers supporting with FFT collection. 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. December has seen staff leave, junior doctor strikes and volunteers on leave – which is why the drop in response rates.

Outpatients: SMS text messaging still in use, QR Codes available. Key themes: Parking and communication are still the main themes.

FFT Response All: The impact of the Christmas break, junior doctors strike and shortage of volunteers this month resulted in a slight drop in response rate for this month. Lesser numbers of paper cards responses (from 1600 to 1144) was one of the key contributors for dip in FFT rates.

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.

Risk: IQVIA Contract ends on 4th Feb and the new contract is likely to start on the 21st Feb, hence there might be a dip in the response rate.

Strategic Theme: Systems

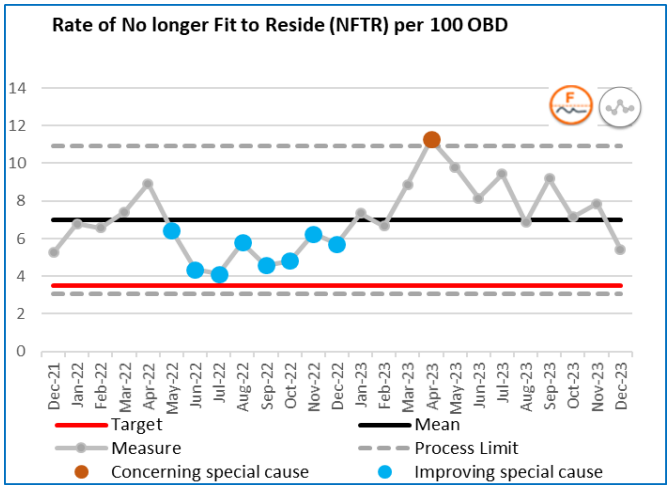
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Effective	Decrease the number of occupied bed days for patients identified as no longer fit to reside (NFTR), (shown as rate per 100 occupied beddays)		3.5	5.4	Dec-23	3.5	7.9	Nov-23	Driver			Full CMS	8.0		
Breakthrough Objectives	Effective	To increase the number of patients leaving our hospitals by noon on the day of discharge		33.0%	23.7%	Dec-23	33.0%	21.8%	Nov-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

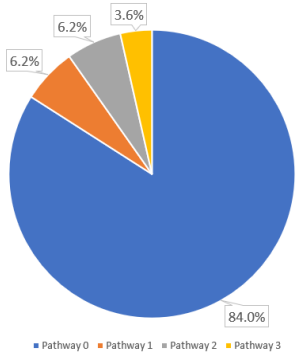
1. Historic Trend Data



Current Data Source: Teletracking
Dec-23
5.4
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 December Discharge Sitreps show that there was a daily average of 152 patients that were NFTR and of these 51 patients on average had a LOS of 14 days or greater.
- A breakdown of patients discharged by pathway is shown below.



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.
- The completion of these fields in Sunrise is underway, with support from the work in Medway, to ensure robust data is available in PAS, not just tele-tracking.
- 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

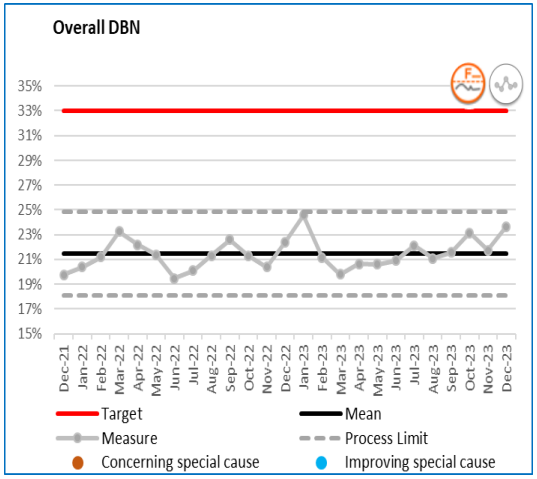
	Action	Who	When	Complete
Robust Data Flows	• Work with Key Stakeholders on reviewing data sources and statutory mandatory returns for No Longer Meeting the Criteria to Reside to NHSE, in order to improve quality of data to the system	FR/ RS/ AG	Dec23	Task and finish group now set up
A3 Process	• Work 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/RCS P/ SM	Dec23	Complete
A3 process	• A review of the now agreed data has commenced using A3 thinking to derive the most impactful actions. This will be agreed via the Discharge & Flow WK HCP meeting • MTW have held weekly under 21 day MFFD meetings and seen a positive decrease in the number of patients no longer fit to reside.	RJ/AC/ DMcL	Mid Feb 23	

Breakthrough: Counter Measure Summary

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

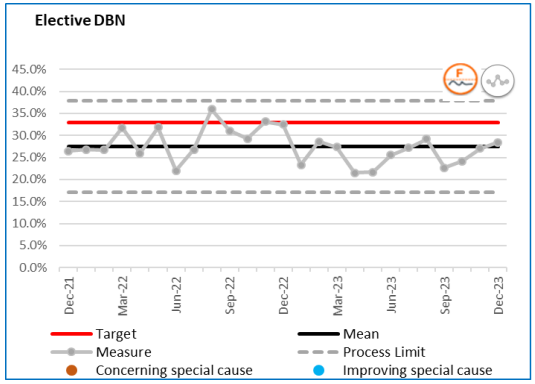
Owner: Rachel Jones
Metric: Discharges before Noon
Desired Trend: 7 consecutive data points above the mean

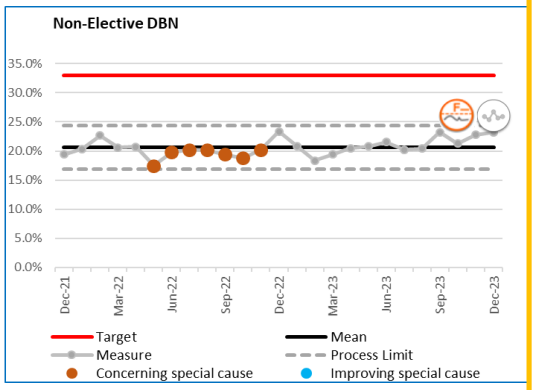
1. Historic Trend Data



Current Data Source: PAS
Dec-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





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	Delayed
	• 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	Complete In Progress
	• Continued roll out of CLD education for nursing teams and awareness raising			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 (on week 3 currently)	Wards & CI team	6 week test	In Progress
	• Agree roll out plan if test successful		3/24	
	• Change EDN structure in Sunrise to align with clerking model- Change has been made, now in testing phase	Sunrise		In progress
	• Change EPMA & Sunrise TTO module to reduce time taken to complete medicines element of EDN (requires planned Sunrise upgrade completion first)- Drag and drop of TTOs in Sunrise enabled, now in testing	JS JS		In Progress
	• Review discharge element of SAFER bundle on board rounds & sunrise/teletracking use	FR/BC	2/24	Not started yet
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

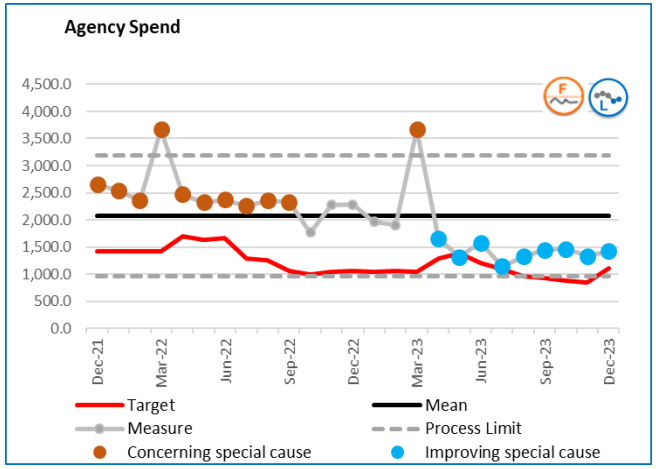
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision Goals / Targets	Well Led	Delivery of financial plan, including operational delivery of capital investment plan (net surplus(+)/net deficit (-) £000)		-988	-987	Dec-23	-510	-509	Nov-23	Driver			Verbal CMS	-1038		
Breakthrough Objectives	Well Led	Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000		1,114	1,423	Dec-23	850	1,332	Nov-23	Driver			Full CMS	1672		
Constitutional Standards and Key Metrics (not in SDR)	Well Led	CIP		1,517	1,043	Dec-23	1,513	1,109	Nov-23	Driver			Not Escalated			
	Well Led	Cash Balance (£k)		15,869	13,473	Dec-23	19,459	16,467	Nov-23	Driver			Not Escalated			
	Well Led	Capital Expenditure (£k)		3,869	3,896	Dec-23	3,113	3,690	Nov-23	Driver			Not Escalated			
	Well Led	Delivery of the variable Elective Recovery Funding (ERF) plan - £000		90,775	99,327	Dec-23	84,247	88,090	Nov-23	Driver			Not Escalated			
	Well Led	Delivery of Other Variable Income (Non-ERF) plan - £000		23,214	19,020	Dec-23	21,686	16,962	Nov-23	Driver			Not Escalated			

Breakthrough: Counter Measure Summary

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

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

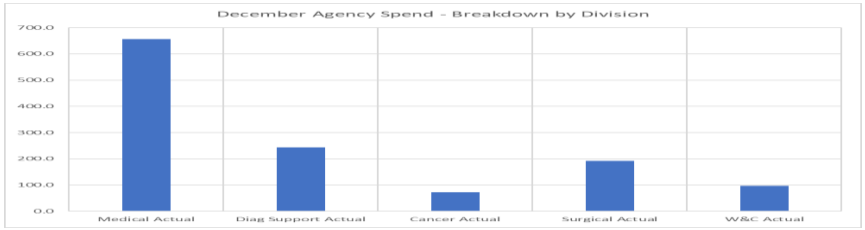
1. Historic Trend Data

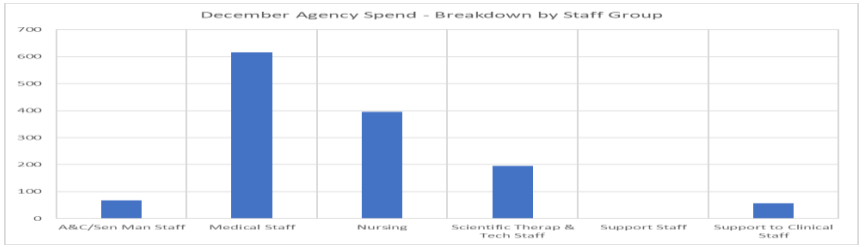


Dec-23
1,423
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Target (Internal)
1114
Target Achievement
Metric has failed the target for >6 months

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

2. Stratified Data





3. Top Contributors/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
- 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
Increased controls over agency usage	Further escalation of authorisation to executive level (particularly around lines of work), potential "ban" on use of agency / certain agencies in specific areas, reduction in automatic agency approval and executive level review of prospective agency bookings.	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 on previous sessions 117; Attended 61; Booked on future sessions 28 Finance Training: 92; 47	Proposal to be presented to exec team & PODCO Jan24 Further Rostering and Finance 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 – Feb 2024 Q1 2024

NHS
Maidstone and Tunbridge Wells NHS Trust

Appendices

MTW
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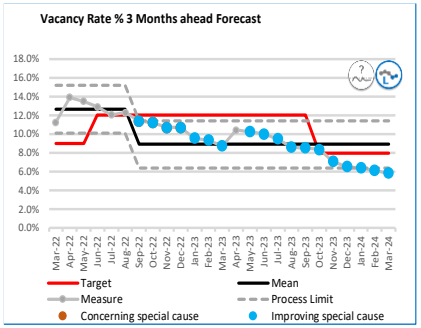
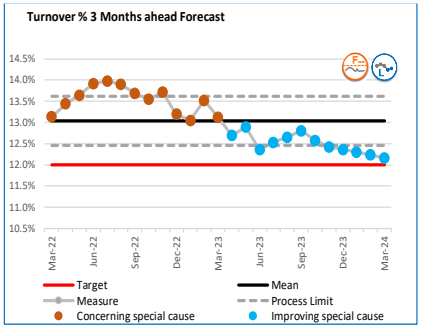
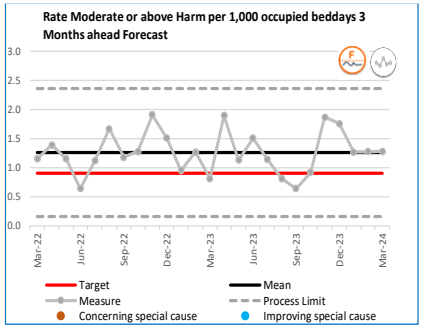
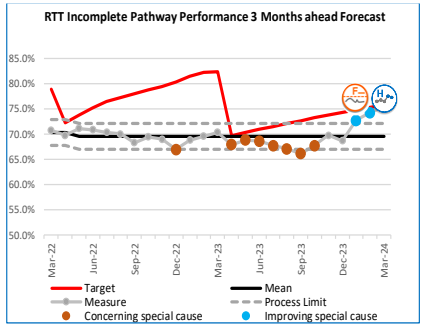
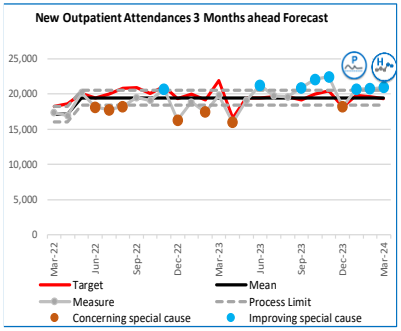
Forecast SPCs (3 month forward view) for Vision and Breakthrough Objectives

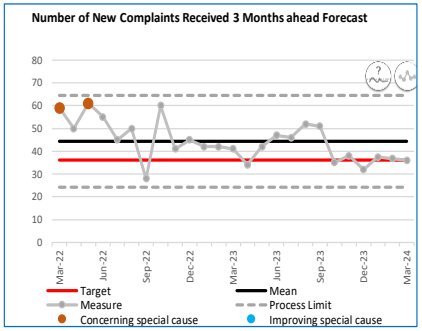


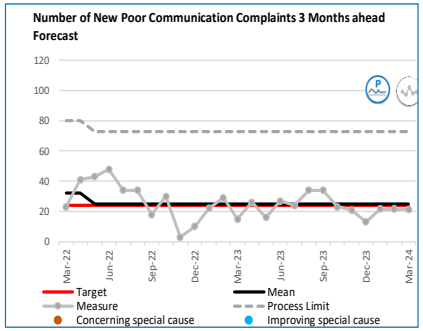


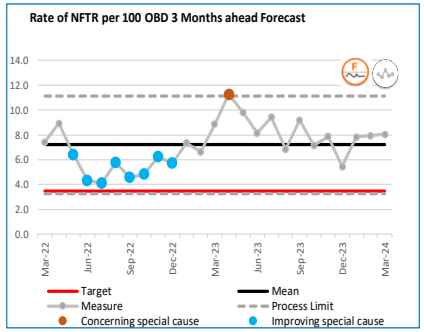


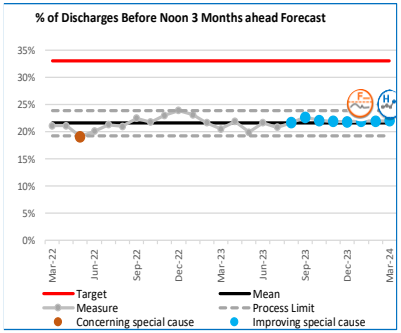


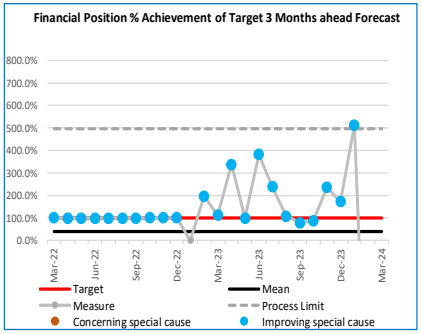


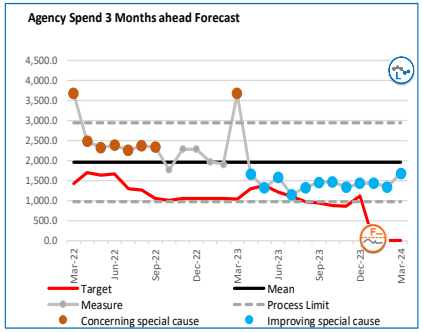




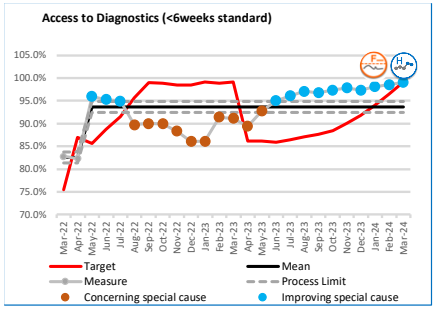


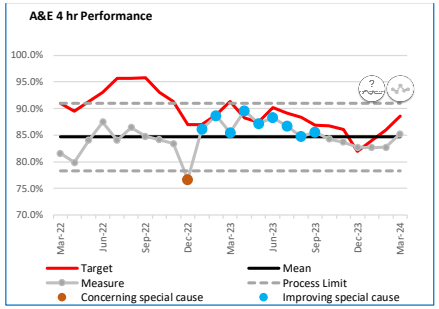


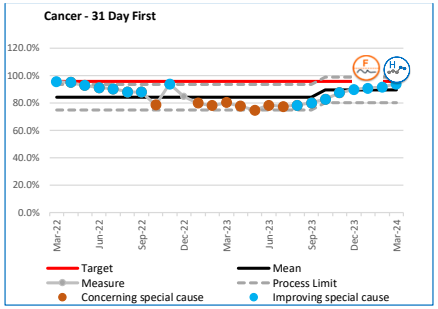


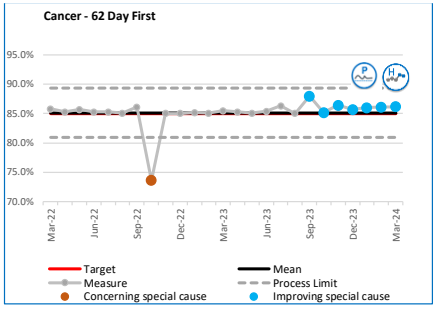


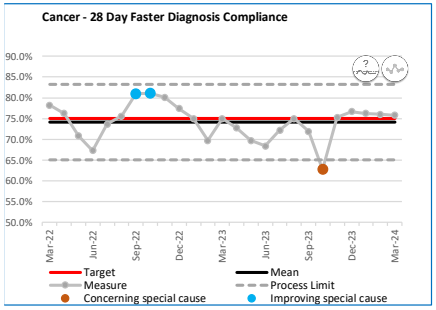
Forecast SPCs (3 month forward view) for Patient Access Indicators

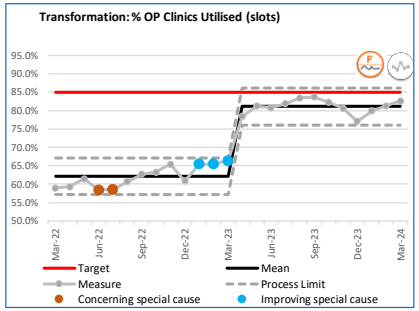


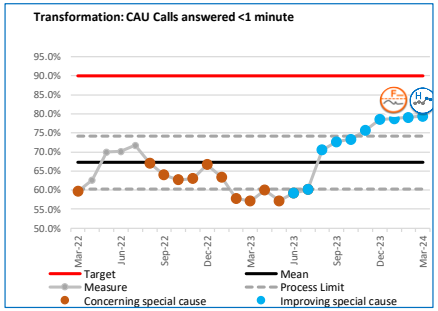


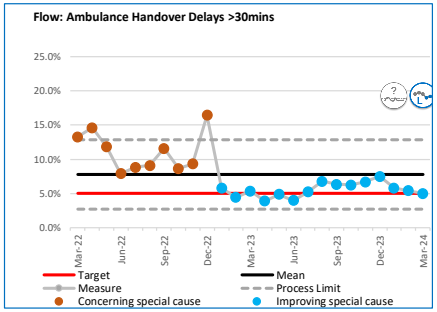


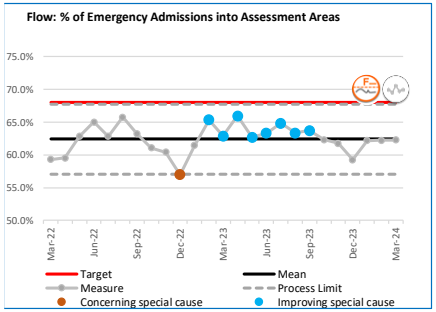


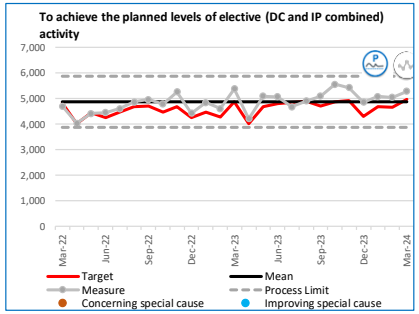


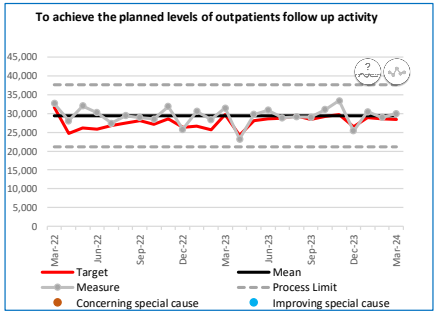


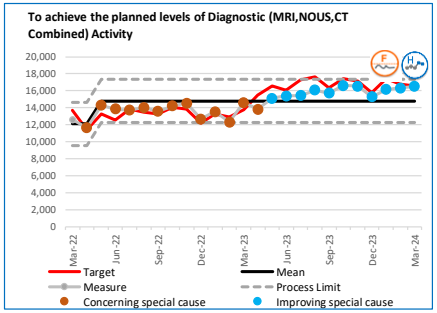






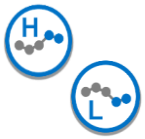






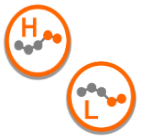
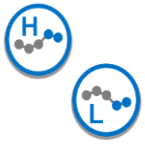
SDR Business Rules Driven by the SPC Icons

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

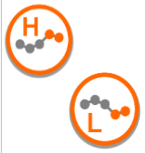
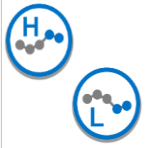
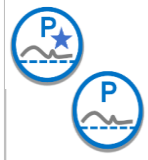
SDR Business Rules Driven by the SPC Icons

Assurance: Hit & Miss

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

Passing, Failing and Hit & Miss Examples

Metrics that consistently **pass** have:

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

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

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

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

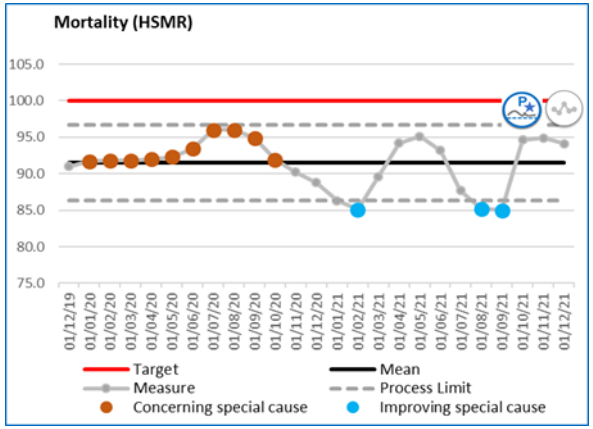
The **target** line **between** the **upper** and **lower** control limit for all metric types

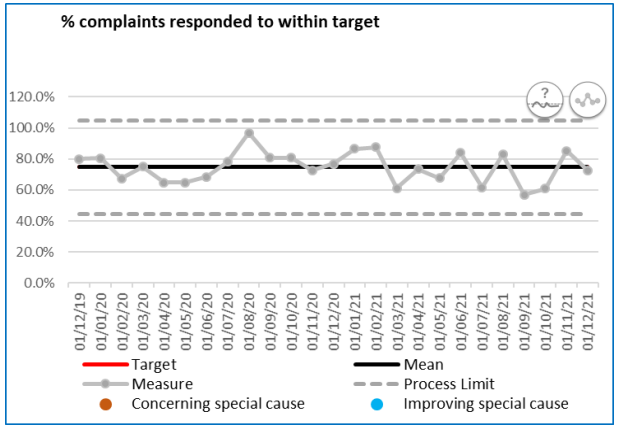
Metrics that consistently **fail** have:

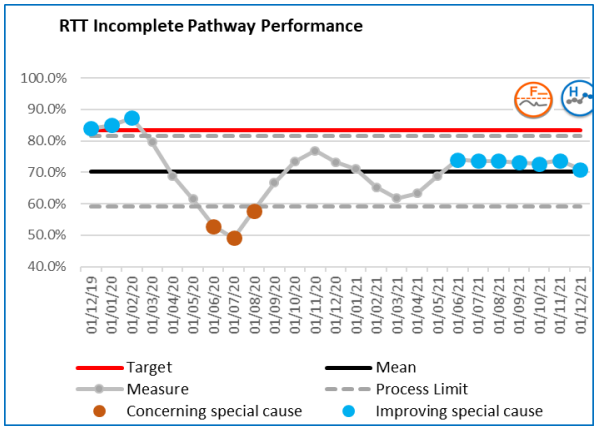
The **lower** control limit **above** the target line for metrics that need to be **below the target**

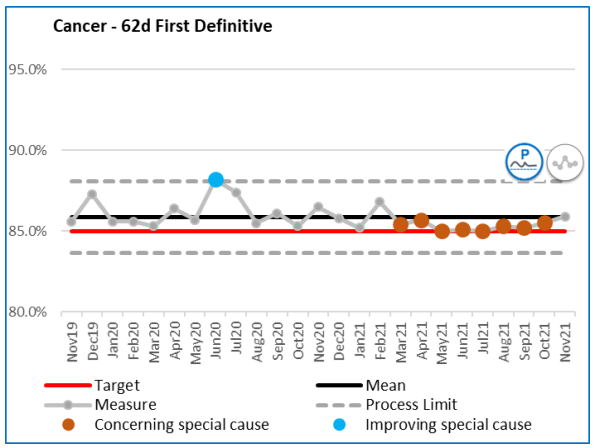
The **upper** control limit **below** the target line for metrics that need to be **above the target**

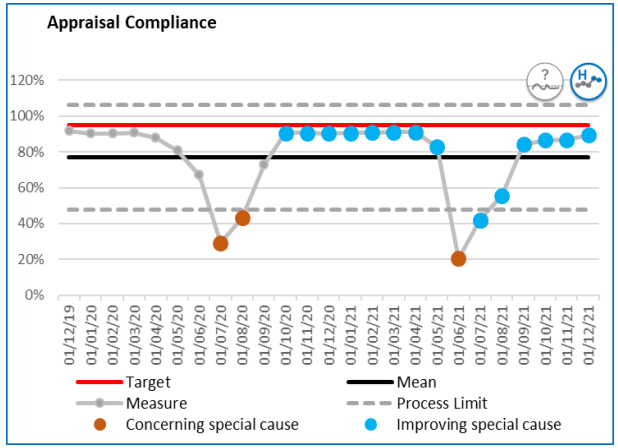
A metric not achieving the target for 6 months or more will be flagged as failing

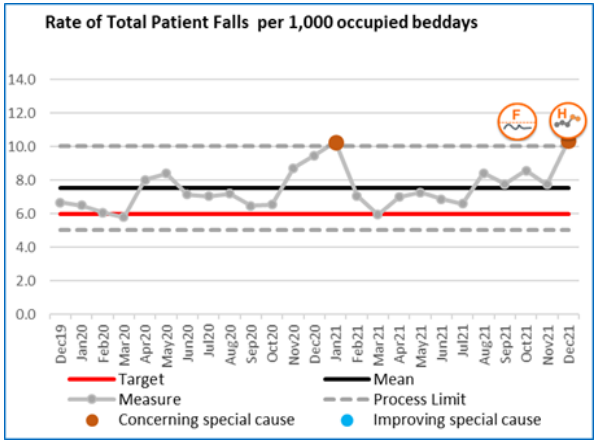












Executive Summary

- The Trust was £1.9m in deficit in December which was £0.8m adverse to plan. Year to date the Trust is £1.3m in deficit which is £1.1 adverse to plan.
- The key year to date pressures are; CIP slippage (£8m), CDC delay to fully opening and underutilisation of CT capacity (£2.6m), medical pay award pressure (£0.8m), overspend within patient transport (£0.5m) and unfunded December industrial action impact (£0.4m). To mitigate these pressures the Trust has overperformed against variable income net of estimated spend (£8m) and had non recurrent benefits of £3m.
- Cost Improvement Plans (CIP) are behind plan by £8m year to date and are forecasted to be £14.9m adverse to plan at the year end
- The Trust is forecasting to deliver the breakeven financial plan however this requires £8.6m of run rate improvements and assumes the industrial impact for December and January will be fully funded (estimated at £1.3m). The increase in additional actions which are now necessary mean
  there is a risk to the delivery of the financial plan

Current Month Financial Position

- The Trust was £1.9m in deficit in the month which was £0.8m adverse to plan. The impact of industrial action in the month was £0.4m, this included £0.25m increase in additional costs and £0.15m reduction in income due to cancellations.
- **Key Favourable variances in month are:**
  - Clinical Income overperformed in the month by c£1.3m which was largely due to overperformance against ERF activity (£1.8m) which was part off set by a YTD correction associated with the changes to ERF baseline (£0.4m) and Industrial action (£0.15m).
  - A full stock review of Tunbridge Wells theatres was carried out which resulted in a £0.8m stock adjustment.
  - Reduction in doubtful debt estimate of £0.4m which was a result if a detailed review of the outstanding debt.
  - The benefited by non recurrent benefits of £0.6m in the month which related to a credit note for ventilators and doubtful debt reduction.
- **Key Adverse variances in month are:**
  - Pay budgets were overspent in the month by £1m of which £0.25m was due to industrial action therefore leaving a net pay pressure of £0.75m. There was an increase of £0.6m in pay between months which was with in temporary staffing spend in part due to operational pressures and Industrial action in the month.
  - CDC delay to full capacity and also due to under utilisation of the CT capacity (£0.2m)

Year to Date Financial Position

- The Trust is £1.3m in deficit which is £1.1m adverse to plan
- The key year to date variances are as follows:
  - **Adverse Variances**
    - CIP Slippage (£8m)
    - CDC delay to full capacity and also due to under utilisation of the CT capacity (£2.6m)
    - Medical pay award pressures (£0.8m)

- Overspend within Patient Transport budget (£0.5m) and unfunded Industrial action impact (£0.4m)

- **Favourable Variances**
  - Variable activity overperformance including change to ERF target (£8m) net of estimated spend.
  - Non recurrent benefits (£3.3m)

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 £2.6m 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 £14.9m 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£0.65m 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 closing cash balance for December was £13.5m which is slightly lower than the plan value of £15.9m. The cash balance significantly reduces in the last quarter of the financial year; primarily due to invoices being received relating to capital projects which are finishing towards the end of the financial year end - the forecast cash built in to be paid in total is £20.9m linked to capital payments to suppliers within the last quarter.
- The Trust's cash flow is aligned to the Income & Expenditure (I&E) plan and working capital adjustments from the Balance Sheet. If the in-year I&E position moves adversely then this has a negative impact on the Trust's cash flow and the Trust would need to implement various strategies to ensure the Trust cash remains in balance whilst meeting its commitments. The Trust is working closely with local NHS organisations to improve receivables and payables aged balances, however local NHS organisations are also struggling with cash.
- The Trust is working with Suppliers, the 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 target of 95%. For December the percentages were for Trade suppliers by value, 96.6%, and by volume 96.7%; for NHS suppliers by value 95.3% and by volume 90.8%.

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**.
  - 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**.** The ICS wide Digital Pathology FBC was approved in December. The overall cost of £3.635m is split over 2 financial years, 23/24 = **£2.982m** and 24/25 = £653k.

- **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 9 Actuals (excluding IFRS16)**
  - The YTD spend at M9 is **£25.3m** against a YTD budget of **£36.7m**. 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

  - The Trust has not yet applied the change in accounting for PFIs relating to remeasurement of the PFI finance liability in line with IFRS 16 principles. This must

be completed by year end, using the new models released by DHSC in October and December. The impact will be to change the level of finance interest charged into the position. As this is a partly retrospective change, NHSE are treating it as a "technical" adjustment for 2023/24 that does not impact on performance measurement.

Year end Forecast:

- The Trust is forecasting to deliver the breakeven financial plan however this requires £8.6m of run rate improvements and assumes the industrial impact for December and January will be fully funded (estimated at £1.3m).
- The increase in additional actions which are now necessary mean there is a risk to the delivery of the financial plan.

Maidstone and Tunbridge Wells NHS Trust

Finance Report

Month 9
2023/24

Maidstone and Tunbridge Wells NHS Trust

1a. Dashboard

December 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	58.9	56.5	2.4	0.2	2.2	526.3	514.4	11.9	(0.3)	12.2	709.9	688.7	21.2
Expenditure	(56.5)	(53.3)	(3.2)	(0.2)	(3.1)	(489.6)	(476.4)	(13.2)	0.3	(13.5)	(658.6)	(636.7)	(21.9)
EBITDA (Income less Expenditure)	2.3	3.2	(0.9)	0.0	(0.9)	36.7	38.0	(1.3)	0.0	(1.3)	51.4	52.0	(0.7)
Financing Costs	(4.5)	(4.3)	(0.2)	0.0	(0.2)	(38.8)	(38.7)	(0.1)	0.0	(0.1)	(68.6)	(69.3)	0.7
Technical Adjustments	0.3	0.1	0.3	0.0	0.3	0.7	0.4	0.3	0.0	0.3	17.3	17.3	(0.0)
Net Surplus / Deficit	**(1.9)**	**(1.1)**	**(0.8)**	**0.0**	**(0.8)**	**(1.3)**	**(0.2)**	**(1.1)**	**0.0**	**(1.1)**	**0.0**	**0.0**	**0.0**
Cash Balance	13.5	15.9	(2.4)		(2.4)	13.5	15.9	(2.4)		(2.4)	2.0	2.0	0.0
Capital Expenditure (Incl Donated Assets and IFRS16)	3.9	3.9	(0.0)		(0.0)	26.0	37.4	(11.4)		(11.4)	68.3	68.0	(0.4)
Cost Improvement Plan	1.6	3.7	(2.1)		(2.1)	14.2	22.2	(8.0)		(8.0)	18.4	33.3	(14.9)

Summary Current Month:
- The Trust was £1.9m in deficit in the month which was £0.8m adverse to plan. The impact of industrial action in the month was £0.4m, this include d £0.25m increase in additional costs and £0.15m reduction in income due to cancellations.

Key Favourable variances in month are:
- Clinical Income overperformed in the month by c£1.3m which was largely due to overperformance against ERF activity (£1.8m) which was part off set by a YTD correction associated with the changes to ERF baseline (£0.4m) and Industrial action (£0.15m).
- A full stock review of Tunbridge Wells theatres was carried out which resulted in a £0.8m stock adjustment.
- Reduction in doubtful debt estimate of £0.4m which was a result if a detailed review of the outstanding debt.
- The benefited by non recurrent benefits of £0.6m in the month which related to a credit note for ventilators and doubtful debt reduction.

Key Adverse variances in month are:
- Pay budgets were overspent in the month by £1m of which £0.25m was due to industrial action therefore leaving a net pay pressure of £0.75m. There was an increase of £0.6m in pay between months which was with in temporary staffing spend in part due to operational pressures and Industrial action in the month.
- CDC delay to full capacity and also due to under utilisation of the CT capacity (£0.2m)

Year to date overview:
- The Trust is £1.3m in deficit which is £1.1m adverse to plan, the Trusts key variances to the plan are:

Adverse Variances:
- CIP Slippage (£8m)
- CDC delay to full capacity and also due to under utilisation of the CT capacity (£2.6m)
- Medical pay award pressures (£0.8m)
- Overspend within Patient Transport budget (£0.5m) and unfunded Industrial action impact (£0.4m)

Favourable Variances
- Variable activity overperformance including change to ERF target (£8m) net of estimated spend.

CIP (Savings)
- The Trust has a savings target for 2023/24 of £33.3m and has delivered £14.2m year to date which is £8m 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 £2.6m pressure which is in part due to the delay to full capacity and also due to under utilisation of the CT capacity. 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 £14.9m 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, the forecast assumes this will be full funded.
- **Kent and Medway Medical School (KMMS)** – The forecast includes £0.9m of liquidated damages.
- **Pathology Managed Service VAT reclaim review** - A risk has arisen from a recent notification by HMRC of a potential challenge to CoS 31 VAT recoveries from November 2021 relating to MLS Pathology contract with Roche. The review is not complete by HMRC. Mitigation actions are using our VAT advisers to dispute the process undertaken and to counter-challenge the basis of the HMRC position when it is clarified.

Dec-23		DAY				NIGHT				TEMPORARY STAFFING						Nurse Sensitive Indicators					Financial review		
Hospital Site name	Health Roster Name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Bank/ Agency Usage	Agency as a % of Temporary Staffing	Bank / Agency Demand: RN/M (number of shifts)	WTE Temporary demand RN/M	Temporary Demand Unfilled - RM/N (number of shifts)	Overall Care Hours per pt day	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Comments	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Acute Medical Unit (M) - NG551	96.1%	116.5%	-	-	115.6%	122.4%	-	-	36.0%	48.4%	154	10.97	61	10.4	17.7%	80.0%	2	0		186,227	222,634	(36,407)
MAIDSTONE	Stroke Unit (M) - NK551	79.6%	77.9%	-	100.0%	87.4%	79.3%	-	100.0%	27.6%	12.2%	309	21.85	96	8.9	50.0%	100.0%	3	4		365,782	409,119	(43,337)
MAIDSTONE	Cornwallis - NS251	187.4%	184.6%	-	-	94.5%	98.3%	-	-	9.5%	17.3%	102	6.97	28	15.2	46.2%	100.0%	2	0		128,440	126,224	2,216
MAIDSTONE	Culpepper Ward (M) - NS551	101.7%	103.9%	-	-	98.3%	141.8%	-	-	34.3%	29.6%	19	1.29	5	5.4	0.0%	100.0%	1	0		118,416	137,337	(18,921)
MAIDSTONE	Edith Cavell - NS459	131.2%	100.6%	-	100.0%	121.8%	158.4%	-	-	48.9%	31.5%	66	4.65	8	7.4	43.8%	100.0%	5	0		121,085	155,531	(34,446)
MAIDSTONE	John Day Respiratory Ward (M) - NT151	99.9%	103.2%	-	-	104.0%	118.0%	-	-	29.4%	11.3%	100	7.02	17	6.6	55.6%	93.3%	8	4		156,436	184,903	(28,467)
MAIDSTONE	Intensive Care (M) - NA251	92.6%	104.9%	-	-	98.5%	86.7%	-	-	13.5%	1.1%	96	6.66	19	74.6	133.3%	100.0%	0	0		240,066	265,074	(25,008)
MAIDSTONE	Lord North Ward (M) - NF651	91.3%	102.0%	-	100.0%	96.7%	119.4%	-	-	16.2%	8.0%	30	2.25	10	8.3	36.7%	100.0%	3	0		117,054	126,795	(9,741)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	98.2%	54.5%	-	100.0%	75.8%	-	-	-	23.8%	6.3%	20	1.36	2	20.4	0.0%	100.0%	2	0		60,413	61,301	(888)
MAIDSTONE	Mercer Ward (M) - NJ251	104.1%	107.5%	-	100.0%	101.1%	159.2%	-	100.0%	37.2%	32.2%	56	3.83	4	6.3	7.1%	100.0%	2	2		114,115	156,076	(41,961)
MAIDSTONE	Peale Ward COVID - ND451	88.2%	101.0%	-	-	97.1%	103.2%	-	-	17.0%	7.9%	44	3.06	9	8.1	56.8%	95.2%	3	0		124,265	105,528	18,737
MAIDSTONE	Pye Oliver (Medical) - NK259	137.5%	136.9%	-	-	139.6%	186.4%	-	-	65.9%	49.9%	100	7.11	1	8.5	65.4%	88.2%	5	0		135,990	197,875	(61,885)
MAIDSTONE	Short Stay Surgical Unit (M) - NE751	83.2%	90.4%	-	-	66.7%	-	-	-	18.3%	3.2%	28	1.74	5	27.1	0.0%	100.0%	0	0		59,953	65,684	(5,731)
MAIDSTONE	Whatman Ward - NK959	90.8%	141.0%	-	100.0%	106.5%	197.4%	-	-	61.8%	44.5%	64	4.46	9	7.9	45.9%	94.1%	8	3		104,475	168,967	(64,492)
MAIDSTONE	Maidstone Birth Centre - NP751	104.1%	88.9%	-	-	97.7%	96.8%	-	-	12.6%	0.0%	20	1.12	0	37.2	0.0%	100.0%	0	0		77,570	86,844	(9,274)
TWH	Acute Medical Unit (TW) - NA901	102.7%	116.7%	-	100.0%	105.5%	141.9%	-	100.0%	40.5%	48.9%	230	16.61	87	9.9	11.8%	93.3%	11	1		254,957	297,930	(42,973)
TWH	Coronary Care Unit (TW) - NP301	96.8%	91.9%	-	-	97.8%	-	-	-	12.8%	0.0%	25	1.85	4	11.5	69.6%	93.8%	1	0		75,962	74,866	1,096
TWH	Hedgehog Ward (TW) - ND702	95.4%	199.2%	-	-	95.7%	267.7%	-	-	38.5%	20.5%	138	9.08	21	9.7	11.1%	100.0%	1	1		168,781	267,600	(98,819)
TWH	Intensive Care (TW) - NA201	96.6%	107.5%	-	-	100.0%	66.3%	-	-	3.2%	0.0%	42	2.58	5	34.8	1400.0%	92.9%	0	4		381,661	404,267	(22,606)
TWH	Private Patient Unit (TW) - NR702	103.2%	96.8%	-	-	99.9%	93.5%	-	-	20.9%	0.0%	35	2.26	4	8.8	125.0%	100.0%	3	0		73,468	77,146	(3,678)
TWH	Ward 2 (TW) - NG442	87.0%	98.6%	-	100.0%	102.2%	126.9%	-	100.0%	30.2%	21.0%	100	7.31	52	6.4	16.7%	100.0%	12	1		183,318	199,573	(16,255)
TWH	Ward 10 (TW) - NG131	101.8%	127.4%	-	100.0%	107.5%	114.4%	-	-	0.0%	No hours	No Demand	No Demand	No Demand	8.1	3.7%	100.0%	2	0		149,847	179,265	(29,418)
TWH	Ward 12 (TW) - NG132	84.5%	99.3%	-	100.0%	88.0%	96.8%	-	-	22.9%	14.0%	116	7.16	47.00	6.1	17.2%	100.0%	7	0		149,950	162,450	(12,500)
TWH	Ward 20 (TW) - NG230	122.3%	125.5%	-	100.0%	143.7%	135.5%	-	-	49.2%	61.3%	199	13.14	31	8.7	14.6%	100.0%	5	2		176,689	223,261	(46,572)
TWH	Ward 21 (TW) - NG231	91.8%	105.0%	-	100.0%	98.2%	101.6%	-	-	15.3%	7.5%	84	5.39	23	6.0	10.7%	100.0%	3	1		152,563	166,144	(13,581)
TWH	Ward 22 (TW) - NG332	76.1%	121.4%	-	-	87.2%	120.1%	-	-	37.8%	21.1%	137	9.76	53	6.1	42.1%	100.0%	21	5		150,276	216,938	(66,662)
TWH	Ward 30 (TW) - NG330	88.1%	84.5%	-	100.0%	89.5%	130.3%	-	100.0%	41.1%	0.5%	134	8.30	37	6.2	-	-	10	1		128,507	188,113	(59,606)
TWH	Ward 31 (TW) - NG331	88.1%	101.9%	-	100.0%	100.0%	116.1%	-	-	26.5%	6.0%	138	8.81	44	6.5	-	-	3	3		142,604	211,167	(68,563)
TWH	Ward 32 (TW) - NG130	90.5%	89.1%	-	100.0%	94.8%	107.0%	-	100.0%	22.5%	6.3%	73	4.96	23	9.4	0.0%	100.0%	4	0		151,293	169,238	(17,945)
TWH	Ward 33 (Gynae) (TW) - ND302	95.1%	88.7%	-	-	96.8%	96.8%	-	-	30.9%	5.0%	55	3.55	8	7.8	14.0%	100.0%	2	0		102,927	103,269	(342)
TWH	SCBU (TW) - NA102	104.6%	182.0%	-	-	116.2%	69.6%	-	-	19.4%	2.4%	96	5.86	11	11.0	87.5%	100.0%	0	0		212,704	194,732	17,972
TWH	Short Stay Surgical Unit (TW) - NE901	90.8%	92.6%	-	100.0%	101.6%	103.3%	-	100.0%	12.8%	0.0%	23	1.40	5	13.3	20.2%	98.6%	0	0		83,819	96,149	(12,330)
TWH	Surgical Assessment Unit (TW) - NE701	96.9%	96.8%	-	-	94.9%	100.0%	-	-	25.7%	3.4%	40	2.81	4	18.4	4.8%	88.9%	0	0		78,755	86,878	(8,123)
TWH	Midwifery (multiple rosters)	74.5%	61.1%	-	-	88.0%	85.6%	-	-	14.1%	4.1%	690	39.08	221	**14.0**	13.3%	97.1%	**0**	**0**		1,225,381	1,313,707	(88,326)
Crowborough	Crowborough Birth Centre (CBC) - NP775	50.8%	81.7%	-	-	22.6%	64.5%	-	-	5.4%	0.0%	48	2.99	27	-	-	-	0	0		113,851	101,142	12,709
MAIDSTONE	Accident & Emergency (M) - NA351	100.6%	99.7%	-	100.0%	100.2%	84.8%	-	-	33.4%	30.2%	356	24.46	21	-	0.0%	82.0%	1	0		386,824	462,135	(75,311)
TWH	Accident & Emergency (TW) - NA301	101.2%	82.3%	-	100.0%	101.5%	82.8%	-	100.0%	40.9%	40.3%	468	32.43	42	-	5.8%	81.6%	4	0		418,955	533,380	(114,425)
																				Total Established Wards	**7,073,379**	**8,199,242**	**(1,125,863)**
																				Additional Capacity bec Cath Labs	57,909	49,351	8,558
																				Whatman			
																				Other associated nursing costs	5,597,139	5,145,202	451,937
																				Total	12,728,427	13,393,796	**(665,369)**

Under fill / Overfill

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

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

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

NHS Maidstone and Tunbridge Wells NHS Trust

To approve the NHS Resolution maternity incentive scheme submission	Chief of Service Womens, Childrens and Sexual Health

Summary of the background section

NHS Resolution operates a Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST. This is the fifth year of the scheme. To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution by 12 noon on 01/02/24.

Summary of the analysis / conclusions section

The enclosed report provides details on the Trust's compliance for the NHS Resolution maternity incentive scheme submission. The evidence is available for internal and external scrutiny, in order to support assurance and oversight against declared compliance. For those Safety Actions where full compliance has not been achieved, the Trust Board are requested to review and approve the associated action plan proposed by the maternity services.

Which Committees have reviewed the information prior to Board submission?
Executive Team Meeting, 23rd January 2024

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

Summary of the recommendation/s section (incl. any action needed by the ETM)

The Trust Board is asked to:

1. Approve the declaration of compliance against each Safety Action in view of the evidence or action plan available and give permission to the Chief Executive to sign the Board declaration form prior to submission to NHS Resolution.
2. Note and approve the action plan to address findings from the ATAIN reviews (see appendix 1) (for safety action 3)
3. Note position and action plan against the implementation of RCOG guidance on the employment of locum doctors and compensatory rest for non-resident on call doctors. (see appendix 2) (for safety action 4).
4. Note position and action plan against the implementation of RCOG guidance on the consultant attendance for clinical situations when a consultant is required to attend in person. (see appendix 3) (for safety action 4)
5. Note that the Neonatal Medical Staffing standards have been met. (see appendix 4) (for safety action 4).
6. Note that an updated action plan is in place to comply with the Neonatal Nursing standards (see appendix 5) (for safety action 4)
7. Note whether the funded establishment is compliant with the latest midwifery workforce calculation and agree action plan if shortfall highlighted (see appendix 6) (for safety action 5).
8. Note multidisciplinary training compliance achieved at the end of the reporting period and trajectory to meet 90% target within a 12-week period (appendix 7) (for safety action 8).
9. Note site of evidence in specific relation to qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme (appendix 8) (for safety action 10)
10. Review and approve the action plans completed for each safety action not met (for Safety Actions 5, 8, 9)

MTW Maternity Incentive Scheme CNST Year 5 Submission Progress Report

January 2024

MTW

NHS
Maidstone and Tunbridge Wells
NHS Trust

Introduction

NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care.

The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.

The scheme incentivises ten maternity safety actions as referenced in previous years' schemes. Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

In conclusion, this report provides progress and position prior to the Trust Board's declaration in February 2024.

This year of the programme has seen a significant increase in the minimum requirements of many of the safety actions. The evidence is available for internal and external scrutiny, in order to support assurance and oversight against declared compliance. For those safety actions where full compliance has not been achieved, the Trust Board are requested to review and approve the associated action plan proposed by the maternity services.

Safety Action 1 - Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Achieved

Required standard	Evidence to meet requirement
a) All eligible perinatal deaths should be notified to MBRRACE-UK within seven working days. For deaths from 30 May 2023, MBRRACE-UK surveillance information should be completed within one calendar month of the death.	Achieved Evidence available: • PMRT Flow Chart • PMRT leaflet • PMRT report Q2 and Q3 • Maternity Safety & Improvement Board Risk report • Quarterly Maternity Services report to Trust Board Q1 and Q2 • Final PMRT MTW Case List for CNST
b) For 95% of all the deaths of babies in your Trust eligible for PMRT review, parents should have their perspectives of care and any questions they have sought from 30 May 2023 onwards.	
c) For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from 30 May 2023. 95% of reviews should be started within two months of the death, and a minimum of 60% of multi-disciplinary reviews should be completed to the draft report stage within four months of the death and published within six months	
d) Quarterly reports should be submitted to the Trust Executive Board from 30 May 2023.	

Safety Action 2 - Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

Achieved

Required standard	Evidence to meet requirement
1. Trust Boards to assure themselves that at least 10 out of 11 Clinical Quality Improvement Metrics (CQIMs) have passed the associated data quality criteria in the "Clinical Negligence Scheme for Trusts: Scorecard" in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2023. Final data for July 2023 will be published during October 2023.	Achieved Evidence achieved: • Portal submission capture • CNST-July-2023-scorecard • Email evidence • SDCS Cloud access form
2. July 2023 data contained valid ethnic category (Mother) for at least 90% of women booked in the month. Not stated, missing, and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001)	
3. Trust Boards to confirm to NHS Resolution that they have passed the associated data quality criteria in the " Clinical Negligence Scheme for Trusts: Scorecard" in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2023 for the following metrics: Midwifery Continuity of carer (MCoC). i. Over 5% of women who have an Antenatal Care Plan recorded by 29 weeks and also have the CoC pathway indicator completed. ii. Over 5% of women recorded as being placed on a CoC pathway where both Care Professional ID and Team ID have also been provided.	
4. Trusts to make an MSDS submission before the Provisional Processing Deadline for July 2023 data by the end of August 2023.	
5. Trusts to have at least two people registered to submit MSDS data to SDCS Cloud who must still be working in the Trust.	

Safety Action 3 - Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?

On track

Required standard	Evidence to meet requirement
a) Pathways of care into transitional care (TC) have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care.	On track Evidence available: • Transitional Care guideline • Stakeholder engagement • ATAIN & TC report Q1 and Q2 • LMNS/ICB sign off • Quadrumvirate sign off Evidence in progress: • Trust Board sign off
b) A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies equal to or greater than 37 weeks. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate (clinical directors for neonatology and obstetrics, Director or Head of Midwifery (DoM/HoM) and operational lead) as well as the Trust Board, LMNS and ICB.	
c) Drawing on the insights from the data recording undertaken in the Year 4 scheme, which included babies between 34+0 and 36+6, Trusts should have or be working towards implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both late preterm and term babies. There should be a clear, agreed timescale for implementing this pathway.	

Safety Action 4 - Can you demonstrate an effective system of clinical workforce planning to the required standard?

On track

Required standard – a) Obstetric Medical Workforce	Evidence to meet requirement
1) NHS Trusts/organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas: a. currently work in their unit on the tier 2 or 3 rota or b. have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP) or c. hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums.	On track Evidence available: • 3) SOP – Roles and responsibilities of the On-Call Obstetric & Gynaecology Consultant • 1,2,3) Audit and action plan • 1,2) SOP - Medical Agency and Internal Locum Booking Process for In and Out of Hours • 4) Audit and action plan Evidence in progress: • Clinical Governance minutes (18.1.24) • Maternity Safety & Improvement Board minutes (17.1.24) • LMNS meeting minutes • Trust Board minutes
2) Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings	
3) Trusts/organisations should implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. Services should provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.	
4. Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.	

Safety Action 4 - Can you demonstrate an effective system of clinical workforce planning to the required standard? continued

Required standard	Evidence to meet requirement
b) Anaesthetic medical workforce A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients (ACSA standard 1.7.2.1)	Achieved Evidence available: • June 2023 rota
c) Neonatal medical workforce The neonatal unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards of medical staffing. A review has been undertaken of any 6 month period between 30 May 2023 – 7 December 2023	On track Evidence available: • Workforce review document Evidence in progress: • Trust Board minutes
d) Neonatal nursing workforce The neonatal unit meets the service specification for neonatal nursing standards. If the requirements have not been met in year 3 and or year 4 and 5 of MIS, Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).	On track Evidence available: • Establishment review paper and action plan • Shared with ODN • Shared with LMNS Evidence in progress: • Trust Board minutes

Safety Action 5 - Can you demonstrate an effective system of midwifery workforce planning to the required standard?

Not achieved

Required standard	Evidence to meet requirement
a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed.	Achieved Evidence available: • BirthRate+ review
b) Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.	On track Evidence in progress: • Action plan • Trust Board minutes • Shared with ICB
c) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service	Achieved Evidence in progress: • Dashboard presentation
d) All women in active labour receive one-to-one midwifery care	
e) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year five reporting period. (Recommendation only - to include midwifery red flag events)	Not achieved Evidence not achieved: • 6 monthly midwifery staffing review papers to Trust Board

Safety Action 5 - Action plan

Action plan 1

Safety action	Q5 Midwifery workforce planning	**To be met by**	Q1 = 2024/25
Work to meet action	*Present the Perinatal Quality Surveillance Model monthly at Trust Board to enable oversight of midwifery staffing/safety concerns. In addition a six monthly staffing review will need to be undertaken and presented at Trust Board.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	Yes
Action plan owner	*Director of Maternity*		
Lead executive director	*To be confirmed*		
Amount requested from the incentive fund, if required			*£0.00*
Reason for not meeting action	*Establishment reviews completed however delay in receiving final report therefore not presented at Trust Board within the required timeframe.*		
Rationale	*The timely provision of key performance and safety metrics to the Trust Board will enable the oversight of assurance and escalation of concerns/barriers to the provision of safe care.*		
Benefits	*The timely provision of key performance and safety metrics to the Trust Board will enable the oversight of assurance and escalation of concerns/barriers to the provision of safe care.*		
Risk assessment	*Lack of Trust Board oversight regarding midwifery staffing and safety concerns.*		

	How?	**Who?**	**When?**
Monitoring	Monthly reporting to Trust Board	Chief Nurse	Monthly

Safety Action 6 - Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?

Achieved

Required standard	Evidence to meet requirement
1) Provide assurance to the Trust Board and ICB that you are on track to fully implement all 6 elements of SBLv3 by March 2024. To evidence adequate progress against this deliverable by the submission deadline in February, providers are required to demonstrate implementation of 70% of interventions across all 6 elements overall, and implementation of at least 50% of interventions in each individual element. These percentages will be calculated within the national implementation tool.	Achieved Evidence available: • MTW SBLCBv3 implementation summary MIS (CNST) • LMNS assured final position Q2
2) Hold quarterly quality improvement discussions with the ICB, using the new national implementation tool.	

Safety Action 7 - Listen to women, parents and families using maternity and neonatal services and coproduce services with users

On track

Required standard	Evidence to meet requirement
1. Ensure a funded, user-led Maternity and Neonatal Voices Partnership (MNVP) is in place which is in line with the Delivery Plan and MNVP Guidance (due for publication in 2023).Parents with neonatal experience may give feedback via the MNVP and Parent Advisory Group.	On track Evidence available: • MTW MNVP ToR • MNVP Quarterly report • MNVP meeting agenda and minutes • Chair Core Offer JD • MNVP letter to equity partners • MTW co-production gap analysis report • Written confirmation of remuneration and expenses • MNVP work plan • CQC Maternity Survey action plan • MNVP feedback 15 steps TWH Evidence in progress: • LMNS Board minutes
2. Ensuring an action plan is coproduced with the MNVP following annual CQC Maternity Survey data publication (due each January), including analysis of free text data, and progress monitored regularly by safety champions and LMNS Board.	
3. Ensuring neonatal and maternity service user feedback is collated and acted upon within the neonatal and maternity service, with evidence of reviews of themes and subsequent actions monitored by local safety champions.	

Safety Action 8 – Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

Not achieved

Required standard	Evidence to meet requirement
1. A local training plan is in place for implementation of Version 2 of the Core Competency Framework. 2. The plan has been agreed with the quadrumvirate before sign-off by the Trust Board and the LMNS/ICB. 3. The plan is developed based on the "How to" Guide developed by NHS England. The training requirements set out in the Core Competency Framework require 90% attendance of relevant staff groups by the end of the 12 month period	Not achieved Evidence available: • 2023 Maternity Core Competency Training Plan • Safety Action 8 training compliance and action plan Evidence in progress: • Updated Maternity Core Competency TNA • Quadrumvirate agreement • LMNS/ICB minutes • Trust Board minutes

Safety Action 8 – Action plan

Action plan 2

Safety action	Q8 In-house training	**To be met by**	Q2 = 2024/25
Work to meet action	*Fulfil shortfall in practice development team (Band 7 1wte) in order to support delivery of training and work to align with national framework.. Undertake gap analysis and agree a local training plan for the implementation of the version 2 of the Core Competency Framework, based on the "How to" guide, that is agreed by the quadrumvirate, Trust Board and LMNS/ICB. Ensure attendance at LMNS Training Assurance Group.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	Yes
Action plan owner	*Perinatal Quadrumvirate*		
Lead executive director	*To be confirmed*		
Amount requested from the incentive fund, if required			*£65,000.00*
Reason for not meeting action	*Vacancy and sickness within the midwifery practice development team resulted in a focused approach to delivering and maintaining training compliance as per existing local training plan.*		
Rationale	*Ensures mapping and delivery of training requirements against Core Competency Framework V2*		
Benefits	*Enhancement of existing multi-disciplinary training by aligning with the national framework.*		
Risk assessment	*Failure to align with the national framework*		

	How?	**Who?**	**When?**
Monitoring	Monthly update to be included within PQSM report and reviewed at Maternity Board.	Director of Maternity	Monthly

Safety Action 9 – Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?

Not achieved

Required standard	Evidence to meet requirement
a) All six requirements of Principle 1 of the Perinatal Quality Surveillance Model must be fully embedded. b) Evidence that discussions regarding safety intelligence; concerns raised by staff and service users; progress and actions relating to a local improvement plan utilising the Patient Safety Incident Response Framework are reflected in the minutes of Board, LMNS/ICS/ Local & Regional Learning System meetings. c) Evidence that the Maternity and Neonatal Board Safety Champions (BSC) are supporting the perinatal quadrumvirate in their work to better understand and craft local cultures.	Not achieved Evidence available: • SOP – Safety Champion Pathway • Safety Champion report Apr/May, Jun/Jul, Aug/Sep • Quarterly Maternity Services reports to Trust Board Q1 and Q2 • Echo June, Aug • Legal services report Oct ’23 • Confirmation Board Safety Champions Evidence not achieved: • Perinatal Quality Surveillance Model report • Legal services report Jan ‘24 • Trust Board minutes re: Board Safety Champion and Quad meetings and escalation of required support

Safety Action 9 – Action plan

Action plan 3

Safety action	Q9 Safety Champions	**To be met by**	Q1 = 2024/25
Work to meet action	*Present the Perinatal Quality Surveillance Model monthly at Trust Board to enable oversight of midwifery staffing/safety concerns.* *Establish links with new head of legal department to establish legal report addition to the agenda of Maternity Board.* *Review schedule and content of meetings between the perinatal quadrumvirate and Board Safety Champions*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	Yes
Action plan owner	*Director of Maternity*		
Lead executive director	*To be confirmed*		
Amount requested from the incentive fund, if required			*£0.00*
Reason for not meeting action	*Monthly data reviewed and presented quarterly to Trust Board.* *Sickness and vacancy within Trust legal team.* *Establishment of quadrumvirate delayed due to awaited recruitment to post.*		
Rationale	*The timely provision of key performance and safety metrics to the Trust Board will enable the oversight of assurance and escalation of concerns/barriers to the provision of safe care.*		
Benefits	*The timely provision of key performance and safety metrics to the Trust Board will enable the oversight of assurance and escalation of concerns/barriers to the provision of safe care.*		
Risk assessment	*Lack of Trust Board oversight regarding midwifery staffing and safety concerns.*		

	How?	**Who?**	**When?**
Monitoring	Monthly reporting to Trust Board	Chief Nurse	Monthly

Safety Action 10 – Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI) from October 2023) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?

Achieved

Required standard	Evidence to meet requirement
A) Reporting of all qualifying cases to HSIB/ MNSI from 6 December 2022 to 7 December 2023. B) Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 until 7 December 2023. C) For all qualifying cases which have occurred during the period 6 December 2022 to 7 December 2023, the Trust Board are assured that: 1. the family have received information on the role of HSIB/MNSI and NHS Resolution's EN scheme; and 2. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.	Achieved Evidence in progress: • HSIB, ENS & EBC Case Database extract report

Summary of current position

Safety Action	Standard	Current Compliance
1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Achieved
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Achieved
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	On track
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	On track
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Not Achieved
6	Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	Achieved
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users	On track
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	Not Achieved
9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	Not Achieved
10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI) from October 2023) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?	Achieved

NHS Maidstone and Tunbridge Wells NHS Trust

To commit the implementation of sexual safety in healthcare charter **Chief People Officer**

Summary / Key points

On the 4th September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. It is expected that signatories will implement all ten commitments by July 2024.

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

The Trust Board is asked to approve the signature of the sexual safety in healthcare charter on behalf of the Trust

Which Committees have reviewed the information prior to Board submission?

N/A

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

To approve the signature of the sexual safety in healthcare charter on behalf of the Trust

[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

What are NHS staff experiencing?

The BMJ and Guardian collected data on sexual safety incidents, the responses show that more than 35 000 sexual safety incidents were reported to 212 NHS trusts in England between 2017 and 2022.

An article on Sexual harassment, sexual assault and rape by colleagues in the surgical workforce, published in 2023, revealed 63.3 per cent of women reported being the target of sexual harassment.

A survey in 2021, of 2,500 doctors by the British Medical Association (BMA) found a third of female and a quarter of male respondents had experienced unwanted physical conduct in the workplace.

A survey by UNISON and the Nursing Times in 2021 revealed 60 per cent of nursing staff had experienced sexual harassment at work. These results show this is an issue affecting many NHS staff and it needs to be addressed.

Sexual harassment refers to unwanted conduct of a sexual nature which has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.

Unwanted conduct of a sexual nature may include:

- sexual comments or jokes;
- taking and/or displaying sexually graphic pictures, posters or photos including posts of a sexual nature through contact on social media, downloaded images, electronic device screens or other means;
- suggestive looks, staring or leering;
- propositions and sexual advances;
- making promises in return for sexual favours;
- sexual gestures;
- intrusive questions about a person's private or sex life, and discussing your own sex life;
- spreading sexual rumours about a person;
- coercion, including pressure for sexual favours;
- sending sexually explicit emails or text messages;
- unwelcome touching, hugging, massaging or kissing;
- criminal behaviour, including sexual assault, stalking, indecent exposure and offensive communications.

Unacceptable sexual conduct may refer/relate to a person or persons of the same or different sex; it may be witnessed or overheard by a third party, and does not need to be directed at any individual.

As signatories to this charter, we would be required to commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards staff at MTW. We would commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.

9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.

Where any of the above is not currently in place, we commit to work towards ensuring it is in place by **July 2024.**

Next Steps and Action Plan.

Following the Trust Board approval and support to sign the Sexual Safety Charter the next steps will be to develop clear objectives, timelines and deliverables against the following steps:

1. **Establish a working group:**
   - Develop a workstream responsible for developing and implementing the Sexual Safety Action Plan for staff.
   - Include representatives from People & OD, divisional representatives, union and network colleagues, FTSU and safe space champions and interested parties.

2. **Review the 2024 staff survey and research evidence:**
   - Review the reported prevalence of sexual harassment or inappropriate behaviour among staff as identified in the recent staff survey
   - Review all ER, inphase (Datix) and FTSU reports over the last 12-24 months.
   - Use survey results to identify specific areas of concern and develop interventions accordingly.

3. **Review and Update Policies:**
   - Review existing policies related to workplace conduct, harassment, and discrimination.
   - Update policies to include specific provisions addressing sexual safety, consent, and reporting mechanisms.
   - Ensure that policies are easily accessible to all staff.

4. **Review the reporting system:**
   - Review the current process of reporting systems e.g. FTSU for staff to report incidents of sexual harassment or inappropriate behaviour.
   - Provide multiple reporting channels, including anonymous options.
   - Communicate the reporting process clearly to all staff.

5. **Implement Training Programs:**
   - Develop sexual safety training programmes and integrate this into leadership development and management fundamental training for all people leaders.
   - Include topics such as recognising and preventing harassment, bystander intervention, and creating a respectful workplace culture.
   - Provide training on reporting procedures and support services available.

6. **Promote Bystander Intervention:**
   - Encourage a culture of bystander intervention where staff members feel empowered to speak up and support their colleagues.
   - Provide scenarios and training to help staff recognise and address inappropriate behaviour.

7. **Communicate Support Services:**
   - Ensure that confidential support services are available for staff who experience sexual harassment.
   - Collaborate with external organisations specialising in workplace harassment prevention and support.

8. **Strengthen Grievance Procedures:**
   - Review and enhance the grievance procedures related to sexual safety complaints.
   - Ensure a transparent and fair investigation process with clear timelines for resolution with trained and experienced investigating officers.

9. **Raise Awareness:**
   - Launch awareness campaigns promoting a culture of respect and dignity in the workplace.
   - Utilise various communication channels to share information about the Sexual Safety Action Plan, reporting mechanisms, and available support services.

10. **Conduct Regular Audits:**
    - Implement regular audits to assess the effectiveness of the action plan.
    - Evaluate the number and nature of reported incidents, staff satisfaction with support services, and the impact of training programs.
    - Use audit findings to make continuous improvements.

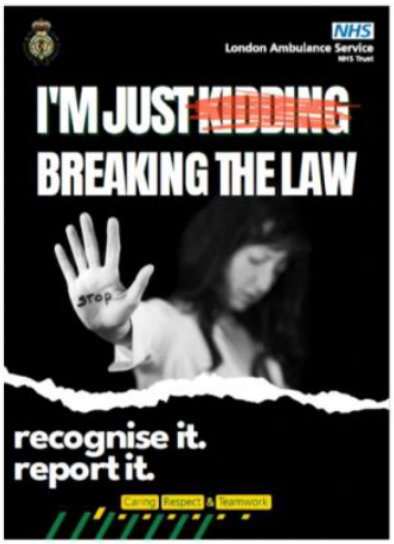
11. **Employee Assistance Programme (EAP):**
    - Strengthen and promote the availability of the Employee Assistance Programme.
    - Review and ensure that the EAP includes counselling services specifically addressing issues related to workplace harassment.

12. **Leadership Accountability:**
    - Hold leadership accountable for fostering a safe and respectful workplace.
    - Implement measures to address inappropriate behaviour at all levels of the Trust.

13. **Collaboration with Unions and Employee Representatives:**
    - Engage with unions and employee representatives to ensure their involvement in developing and implementing the Sexual Safety Action Plan.
    - Seek their input and collaboration in addressing staff concerns.

14. **Periodic Review and Revision:**
    - Schedule periodic reviews of the action plan to incorporate feedback, assess emerging trends, and adapt to changing needs.

<u>Examples of Awareness Campaigns in the NHS</u>



NHS Maidstone and Tunbridge Wells NHS Trust

Outcome of 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**

Summary / Key points

This paper has been produced following discussion around consultant recruitment and retention at October 2023 Trust Board, this identified an action to review the consultant interview and recruitment process as well as wider attraction and retention issues.

The following outlines a number of significant actions that have been taken and are in train. The Trust Board ate asked to review the programme, consider any further actions that are required and receive assurance that the focus on attracting, recruiting and retaining our valued medical workforce is captured in this action plan.

Which Committees have reviewed the information prior to Board submission?
n/a

Reason for receipt at 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

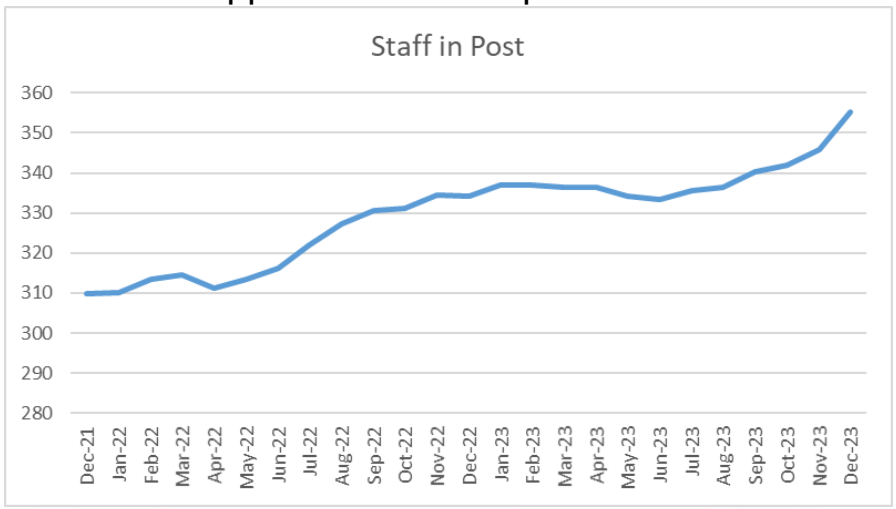
Summary of the report

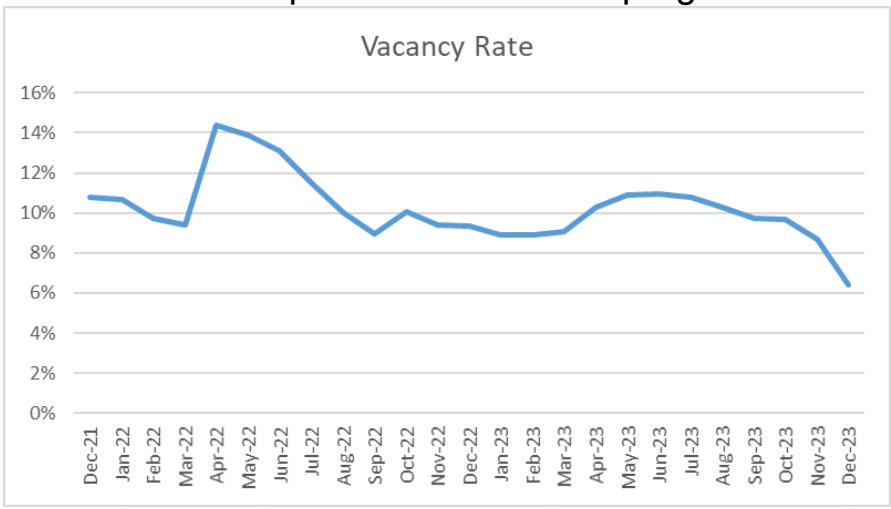
This paper has been produced following discussion around consultant recruitment and retention at October 2023 Trust Board, this identified an action to review the consultant interview and recruitment process as well as wider attraction and retention issues..

As background, consultant vacancy rates have improved over the last 12 months, from 10.7% (41WTE) in December 2022, to 6.4% (24.4WTE) in December 2023 with 5 additional employment offers being made following selection panels held in January 2024.

Whist this progress is positive, there is as we know a background and contract of a national shortage of consultants particularly in some specific specialities as well as a risk of premium agency costs which are needed to cover gaps in our establishment. it is therefore critical that we not only continue to reduce our vacancy rate, but that we ensure we do as much as possible to retain and motivate our medical workforce.

Feedback from stakeholders across the Trust (including members of the Board) has been collated with a number of opportunities for improvement identified. A plan has been developed which is now in progress.





Issues highlighted

Maidstone and Tunbridge Wells NHS Trust

Following feedback, a number of themes were highlighted around how to improve consultant resourcing:

Theme	Challenge
Talent management / use of our professional networks	• No proactive attraction geared towards trainees reaching the end of training programme • No coordinated approach to using existing MTW medical professionals and their networks in identifying potential candidates
Attraction	• National recruitment challenges for certain specialties • Lacking approved attraction packages (i.e. Recruitment premia etc) known to be offered by other Trusts in the area • Minimal advertising of benefits offered by MTW • Limited data around success of campaigns – no opportunity to analyse and review
Shortlisting	• College rep availability • Lack of clarity around expected timeframes for shortlisting
Interview / selection process	• Lack of clarity on expectations and guidelines for recruiting managers leading to inconsistencies • Lack of consistent process at interview (e.g. inconsistencies in requirement for presentation, stakeholder panels etc) • Challenges in arranging and supporting Exec team and college rep attendance at Advisory Appointment Committees (AAC)
HR function (Medical Staffing)	• Lack of visibility of medical recruitment team in divisions • Lack of transparency around resignations and how the team is made aware • Lacking visibility of vacancies • Some delays in actioning of pay-impacting changes • Some delays in adverts going live • Delays in pre-employment checks (often relating to VISAs) – lack of close relationships and reduced visibility in divisions means communication around these delays can be missed.
General	• Aging consultant population – some areas experiencing age imbalances, with older consultants starting to wind down, creating a greater workload and more stressors for the remaining medical workforce (possible higher turnover)

Actions implemented

Of the themes highlighted, a plan has been set to introduce improvements (more detail in the following slide / annex) with a number of these already underway:

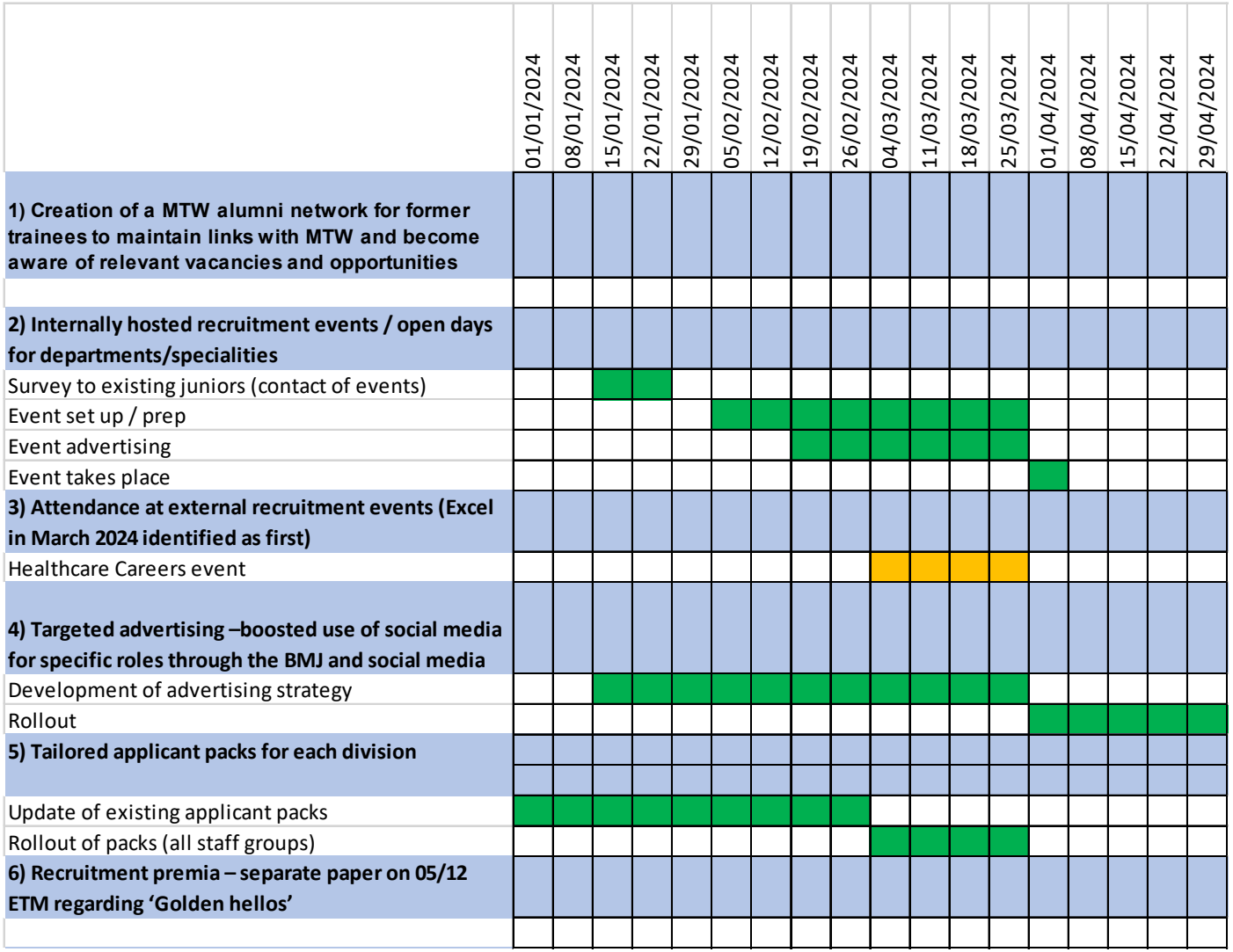
- Talent Management / Attraction – open days are being planned now with divisions (initially Medicine & Emergency, Obs & Gynae), targeting existing juniors / networks to ensure we get as many interested through our networks to attend and apply for upcoming posts.
- Attraction – MTW will have a stand at the Healthcare and Nursing (which includes medial) Recruitment Fair at the ExCel in April 2024 (planning now to ensure senior medics can represent MTW)
- Attraction – a golden hello payment has been approved for use. The mechanism and level of payment is set depending on clear criteria linked to the role and historical recruitment activity.
- Shortlisting – Far earlier engagement with Royal Colleges for panel reps now in place, as well as clearer timing on when panels will be sitting.
- Interview selection / process – a pre-meet for the selection panel a minimum of 48 hours in advance of any selection panel now in place, facilitated by medical recruitment colleagues.
- Interview selection / process – an overhauled bank of interview questions (led by the Chief and Deputy Chief Medics) has been introduced, including values based questions. These questions have been used on 2 panels to date in January, with positive feedback received.
- HR function – increased support in advance of panels, attendance at divisional vacancy panels to speed up adverts going live and the introduction of a tracker to give greater visibility on recruitment activity / expected timelines to hire
- General – contact made with Northumbria NHS Trust (seen as a high performer for consultant recruitment) who will shar their approach, in particular to selection / psychometrics.

Improvement plan

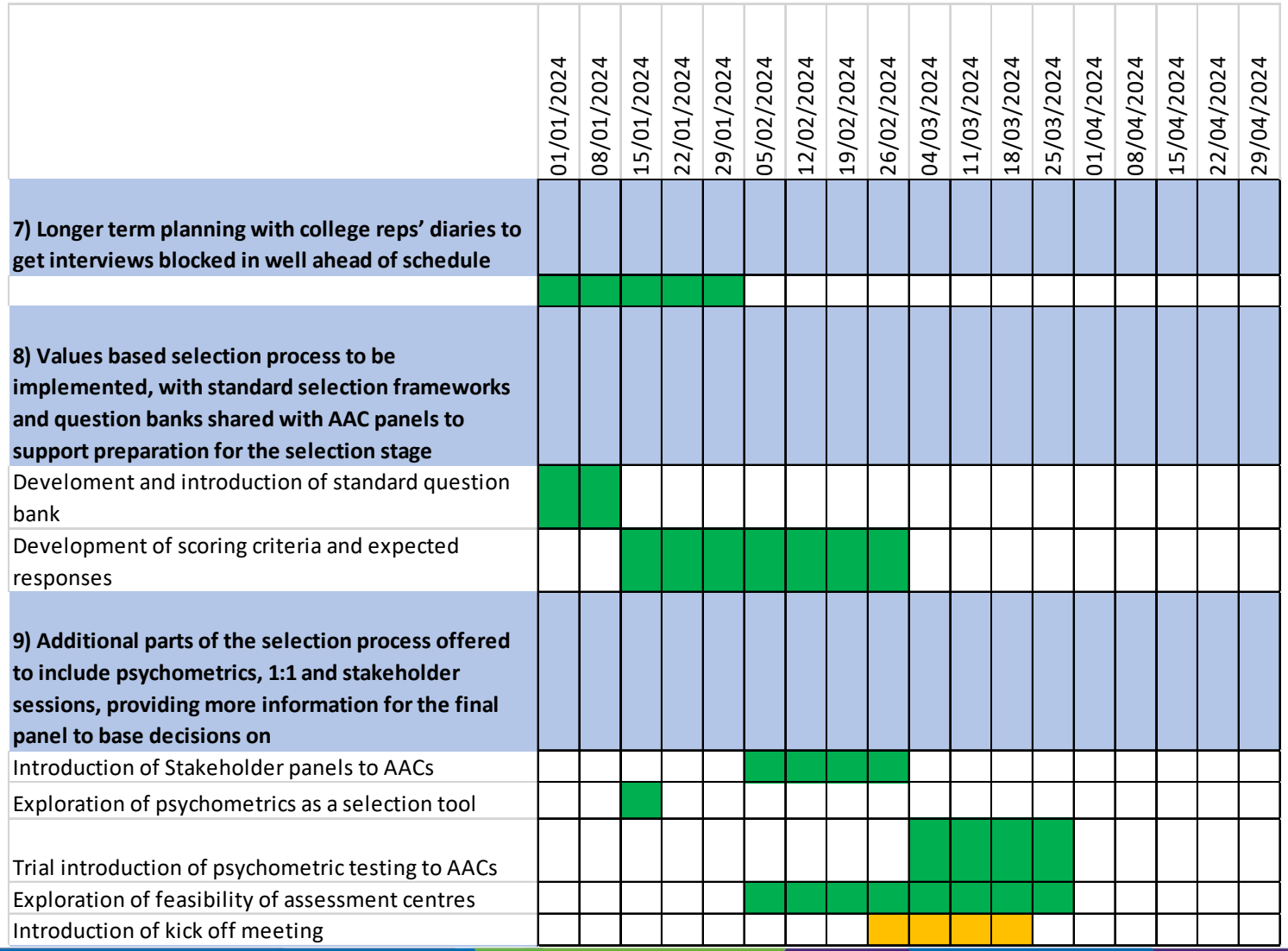
Theme	Actions	Timing
Talent management / use of our professional networks	1) Creation of a MTW alumni network for former trainees to maintain links with MTW and become aware of relevant vacancies and opportunities. (BMJ have a platform we could trial)	1) TBC (anticipated Q1 of 24/25)
Attraction	2) Internally hosted recruitment events / open days for departments/specialities (to trial with MEC) 3) Attendance at external recruitment events (Excel in March 2024 identified as first) 4) Targeted advertising –boosted use of social media for specific roles through the BMJ and social media 5) Tailored applicant packs for each division / speciality (work underway) 6) Recruitment premia – separate paper on 05/12 ETM regarding 'Golden hellos'	2) Preparation – live, implementation, March 2024 3) ExCel booked (April 2024) 4) Strategy being developed (following AfC success) with roll out for Q1 24/25 5) Packs ready to roll out 6) Ready to use (no vacancies currently fit criteria)
Shortlisting	7) Longer term planning with college reps' diaries to get interviews blocked in well ahead of schedule	7) In place
Interview / selection process	8) Values based selection process to be implemented, with standard selection frameworks and question banks shared with AAC panels to support preparation for the selection stage 9) Additional parts of the selection process offered to include psychometrics, 1:1 and stakeholder sessions, providing more information for the final panel to base decisions on	8) Question bank updated and shared 9) Stakeholder panels to be introduced Feb 24, psychometrics to be trialled Mar 24
HR function (Medical Staffing)	10) Closer support in the preparation and support on the day of panels, including linking with Medical Education regarding any development needs identified at selection stage for successful candidates 11) Review of the structure and model of the Medical Staffing team, with a view to having leads for each division to directly support on recruitment	10) In place 11) Review underway
General	12) Succession planning / identification of potential leavers in the longer term through the People & OD divisional plans	12) Feb 24 (in line with Business Planning)

Annex A – activity timeline

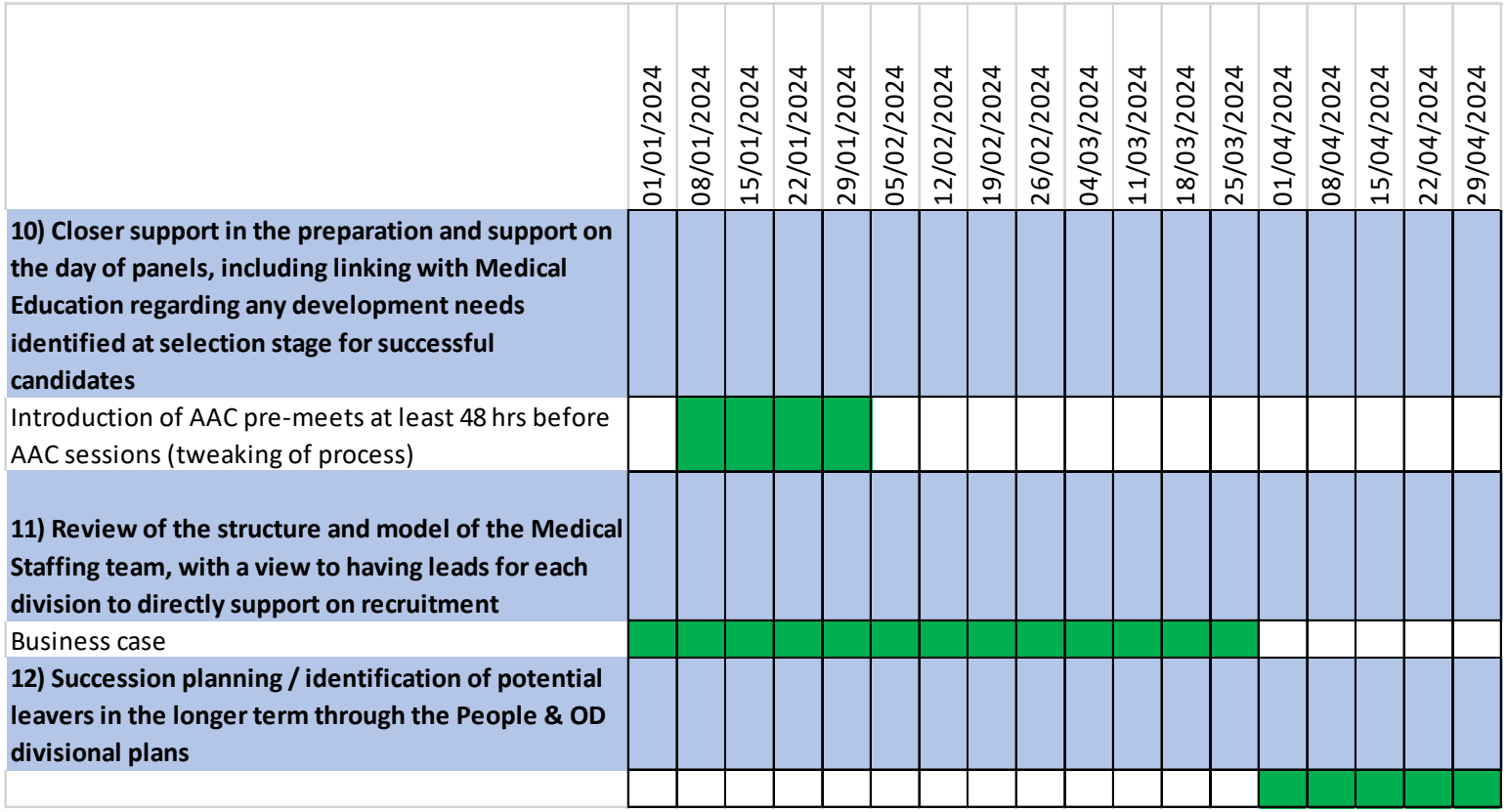
Improvement plan timeline



Improvement plan timeline



Improvement plan timeline



NHS
Maidstone and Tunbridge Wells NHS Trust

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, 23/01/24

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

Maidstone and Tunbridge Wells NHS Trust

University Hospitals Sussex NHS Foundation Trust

ICB and West Kent HCP update

January 2024

Exceptional people, outstanding care

ICB/ System news

- The system remains focused on financial recovery for this financial year and work is now beginning to look at future years.
- The double and triple lock processes remain in place and further work on additional control measures are being considered.
- Work has commenced to review the current delivery of the Joint Forward View as the revised Integrated Care Strategy is being developed for approval.
- NHS K&M are under taking engagement events and running an online survey to consider how to improve health and wellbeing for women and those born female. The survey runs until the end of January.

West Kent HCP

- The HCP Development Board that took place on 21st December focussed on reviewing the WK place discharge and flow work which describes the current position for acute, community and care home flows. It identifies areas of opportunity for us and is being presented within the partner organisations during January.
- The other main area of focus is the delivery of the winter plan. This includes a review of all of the funded discharge/admission avoidance schemes with a view to making some recurrent funding decisions. The executive group meeting in January reviewed the virtual ward performance and also heard from NELFT about the progress and plans for young people's mental health including neuro diversity.
- Finally the work our district council partners have completed on their local priorities was considered with some key themes around making every contact count, longer term funding for voluntary and community partners, shared use of space and assets and encouraging physical activity.

West Kent HCP

- The HCP Development Board that took place on 18th January 2024 focussed on the system financial position and developing the role of the HCP in addressing the system sustainability challenge. The following recommendations were supported:
  - Clarify the West Kent sustainability challenge using the framework being developed for Kent & Medway overall and understand the system-wide position on the same basis.
  - b. Engage with ICB colleagues to agree clear expectations for WK HCP led delivery over, say, three years.
  - c. Work within the HCP, (board, executive and clinical & professional board), to develop proposals and to confirm the resourcing, authority/delegated authority, capex, non-recurring bridging finance and anything else required to deliver these proposals over three years. As far as possible this should be developed on a consistent basis across all four HCPs in Kent & Medway.
- It also considered a report from Involve on the impact of 5 social prescribing schemes in WK:

West Kent HCP

- PCN Social Prescribing
- PCN Children's Health and Wellbeing Navigation
- Health Inequalities Social Prescribing
- Hospital Social Prescribing
- Community Navigation

Impact on GP appointment attendances -12%

A&E attendances			Unplanned secondary care stays	
Cohort	% change		Cohort	% change
Adult Carers	-19.83%		Adult Carers	-4.79%
Over 55s with frailty/ill health	-23.64%		Over 55s with frailty/ill health	-5.18%
18–55-year-olds with ill health	-18.78%		18–55-year-olds with ill health	-2.80%
Primary Care Network ARRS patients	-15.41%		Primary Care Network ARRS patients	-8.29%
Average reduction	-19.42%		Average reduction	-5.23%

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.

NHS Maidstone and Tunbridge Wells NHS Trust

To approve the Full Business Case (FBC) for the reconfiguration of acute stroke services — **Chief Operating Officer**

The enclosed report provides an update on the stroke reconfiguration to develop a hyperacute and acute stroke unit (HASU/ASU) and gives a progress update on:

- summary of the purpose and objectives of the HASU/ASU development
- the reconfiguration work on the Maidstone site including the capital position
- the anticipated financial position both in terms of capital and revenue
- progress with the development of staffing and pathways for the unit
- risks and mitigations
- ongoing challenges and management

Appended to the report is the Full Business Case (FBC), which was written by the Integrated Care Board (ICB) for all three organisations (Dartford and Gravesend NHS Trust (DGT), East Kent Hospitals University NHS Foundation Trust (EKHUFT), Maidstone and Tunbridge Wells NHS Trust (MTW)) for consistency. The FBC was fully informed by the Trust.

The FBC has been reviewed by the Executive Team Meeting (ETM) on 16th January 2024, and will be reviewed by Finance and Performance Committee (F&P) on 23rd January 2024 to consider recommending approval of the case by the Trust Board.

The aim of the report is to update the Board, confirm the review outcomes of ETM and F&P, and seek approval for the FBC. This will then be confirmed to the ICB and remaining revenue funding will be released in April 2024 for the final phase of the HASU/ASU development.

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

- Medicine and Emergency Care Divisional Board
- Executive Team Meeting, 16th January 2024
- Finance and Performance Committee, 23rd January 2024

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

The FBC is submitted to the Trust Board for 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

Stroke HASU/ASU Reconfiguration FBC, Trust Board, 25.01.2024

Maidstone and Tunbridge Wells NHS Trust

Introduction and Context:

The stroke reconfiguration to develop hyper acute and acute stroke (HASU/ASU) units in line with national standards and guidelines, is a system case for Kent and Medway and has been lead by the ICB. Based on population and stroke activity, Kent and Medway needs three units and the decision in 2019 was that these units are to be at Ashford Hospital, Maidstone Hospital and Darent Valley Hospital (EKHUFT, MTW, DGT). This will ensure each unit has a the minimum 500 strokes per annum as per the national standards.

On this basis MTW worked with the system stroke programme to develop the requirements for the service and inform the local and system business cases. The Trusts business cases have been produced by the ICB for consistency, but have been informed by the Trust throughout the programme and the Clinical Effectiveness Group as part of the ICB Governance

Business Case objectives

- **Objective 1:** To deliver financially sustainable services
- **Objective 2:** To ensure that Kent and Medway is able to develop consolidated HASU/ASU stroke services to improve population outcomes
- **Objective 3:** To deliver fit for purpose estate solutions to ensure the three HASU/ASUs in Kent and Medway are able to deliver the capacity required
- **Objective 4:** To ensure the workforce is in place to deliver the required standards of care 24/7 as per best practice guidelines
- **Objective 5:** To improve patient, carer and staff experience of stroke services across Kent and Medway.

Delivery of the objectives will be achieved by:

- Provision of a seven-day dedicated specialist unit
- Rapid assessment with eligible patients receiving thrombolysis within 2 hours of calling an ambulance (call to needle time) and brain imaging within one hour
- Admit patients directly onto a specialist stroke unit within four hours
- Patients stay in the stroke unit for 90% of the inpatient episode;
- Patients assessed by specialist stroke consultant and stroke trained nurse and therapist within 24 hours
- Increasing access to specialist staff and equipment all day every day
- Provision of have seven-day stroke consultant, trained nurse and therapist cover

Expected Benefits:

- More people will survive a stroke
- Improved quality of life and independence for people who have had a stroke
- Reduced length of stay in hospital
- Greater number of people being able to return home rather than go into residential or nursing care after a stroke
- Consistent delivery of an overall A grade for SSNAP
- Improved recruitment and retention of specialist staff

Investment and Progress:

Capital

The capital for the programme is from Public Dividend Capital (PDC). The OBC this was set at £6.24m for MTW, but the passage of time and increase in building material costs led to a review of costs. This was amended to and approved at £7.062m. Despite the FBC not having been approved, the ICB approved three early draw downs in 2021/22 and 2022/23.

- Early release of the capital has resulted in completion of phases 1 and 2 (refurbishment of the old AMU and refurbishment of old ASU and Chaucer). Phase 1 was completed in September 2023, with phase 2 being completed on 20th December 2023. Final snagging is underway but the ward areas are in use and functioning effectively.
- Phase 3 will complete the spend of the capital envelop. This phase started on 2nd January 2024 and will be completed, with the build in use by 31st March 2024.
- The programme is scheduled to come in on budget or with a small capital contingency.

Revenue

In 2024/25 the inflated revenue impact of the case is:

- Pay increase is £9.3m pa covering all disciplines and grades confirmed in the business case and aligned to national stroke standards. Staff recruitment is well underway for the full establishment. An uplift of staffing was approved during COVID when Medway stroke unit closed. At this point the Trust staffed to 46 wte ASU beds. The increase to 49 beds (14 HASU and 35 ASU) will require a further 22.36 wte. Funding will be available from April 2024 once the case is signed off.
- Non pay increase totals £2.5m pa, and capital charges £0.6m per annum.

Risk and Mitigations:

Risks	Mitigations	Impact/Outcome
Capital cost increase due to delays, construction price increases and high inflation	Negotiation with ICB for c£800k increase in capital allocation; negotiation with contractors to fix prices and work to a confirmed timeline	Capital budget £7.062m; build programme (phase 3 to be completed by end March 2024) scheduled to deliver on budget
Recruitment and retention of specialist staff and funded baseline by ICB does not include allowance for bank or agency	Early recruitment to FBC establishment; progressive training and development for all grades and disciplines; MDT development	Development programme in place; robust recruitment plan in place
Lack of external specialist rehabilitation	Development of specialist stroke rehab at Sevenoaks hospital; continuation of the community stroke rehabilitation at home with private provider (Hilton) with continued funding form the ICB	Both initiatives working well and regularly evaluated; continued work with ISDN regarding the stroke rehab strategy for K&M
Increase in demand for stroke services	Streamlining patient pathways; implementation of stroke assessment bay supported by specialist staff (funded in FBC baseline); development of ambulatory pathways which also bring tariff income	Remodelling of the bed requirement based on 2021/2021/2022 activity showed a potential increased requirement of 2 beds – will be mitigated by efficiencies

Capacity and Activity:

- Activity growth has been determined in the case which sees MTW strokes grow from 766 in 2019 to 1172 in 2021 with an anticipated average of 1148 per annum. This is due to growth and the impact of the closure of Medway stroke unit in 2020, where MTW took 82% of the Medway flow. The number of beds as modelled in the case is 49 overall split by 14 HASU and 35 ASU. The unit will have 53 beds (due to the high cost of removing them during construction to reduce to 49), which will not be resource within the business case.
- Due to the time lapse from confirmation of the numbers to production of the FBC and completion of the build, MTW has seen a small increase in admissions for stroke which show a potential 2 bed increase.
- The most dramatic change has been as a result of the development of an ambulatory pathway which manages patients who would previously have been admitted on an outpatient pathway. This takes pressure off of acute beds and carries a specific tariff.
- The latter two issues are not part of the this case and will be managed by the Division in the business planning round to review activity and income.

Ongoing challenges:

- The substantial capital and revenue investment in the reconfiguration and development of the MTW stroke service by the ICB is recognised
- There is a potential financial and service pressure with the 4 ‘swing’ beds, which brings the HASU/ASU bed base to 53 whilst funded at 49 beds.
- CEG and Stroke Programme Board agreed to the HASU/ASU numbers in November 2022
- Section 2.16.5 of the business case clearly articulates:
    - Each unit would have 4 ‘swing’ beds which would not be funded by the business case
    - Recognition that there is a potential need for more beds with population growth and subsequent growth in stroke activity
    - This will be monitored to determine performance against KPI’s and bed usage
- The service is not yet clear on HASU/ASU efficiency as it is not operating as such and has inherent inefficiencies working across a number of clinical areas during the build.
- The risk is that, despite the pathway improvements in stroke, other specialty patients other will access these beds during times of pressure and they are not resourced
- Conversely not approving the business case will result in the final HASU/ASU staffing not being in the baseline from April 2024. This risks the final 22.63 wte equivalent staffing to meet HASU/ASU standards

Action/Mitigation:

- The funding/staffing requirement has been shared and discussed with the division.
- Income opportunities are being reviewed which could net circa £100k-£200k from improved coding
- The agreement is to present this FBC for approval and for the Division to explore the income opportunities and develop a case for the 4 beds in their business planning round.
- A small shortfall in the revenue cost of capital has been identified and the Trust is pursuing additional income of £70k pa from the ICB. Taking into account the size of the scheme this represents a very small percentage (less than 0.5%) and financial risk when compared with the total revenue value of £12.4m. This is being managed with ICB.

Summary Current Position:

- Due to delays with the business case the ICB approved a draw down of the total £7.062m capital.
- Phase 1 (HASU area) is complete, phase 2 (25 of the ASU beds) was completed and occupied on 20th December 2023
- Phase 3 will be completed by 31st March 2024, thereafter HASU and ASU will be formally in place
- The build will be delivered within the capital resources
- Majority of increased staffing is in the baseline as a result of the activity increase due to the Medway Stroke Unit closure in June 2020.
- 22.36 wte are left to recruit, and early recruitment is underway to endeavour to have all posts filled ready for April 2024
- The staffing in the model is based on the agreed by the system programme and is set out in the case. This differs slightly to the staffing in the current safer staffing initiative being led by the Chief Nurse at MTW. This is referred to in the case and has been approved by the directorate
- Hilton stroke rehabilitation partnership is working well as is the Sevenoaks hospital rehabilitation beds
- MTW continue to achieve A rating for SSNAP
- A separate case regarding the cost and use of the 4 ‘swing’ beds will be developed by the Division and this has been agreed.

Kent and Medway
Integrated Stroke
Delivery Network

NHS

Full Business Case

Reconfiguration of acute stroke services

Maidstone and Tunbridge Wells NHS Trust

Final

We are a network of organisations and individuals working in partnership to prevent stroke and improve stroke care in Kent and Medway.

Document control

Information

Programme	Kent and Medway acute stroke services reconfiguration
Title	Full business case for the reconfiguration of acute stroke services Maidstone and Tunbridge Wells NHS Trust
Author(s)	Julia Nason
Version	Final
Document owner	NHS Kent and Medway
Filename	FBC Acute Stroke Reconfiguration MTW
Status	Final

Version Control

Version	Date	Amended by	Summary of changes
1.0	05/05/2023	Julia Nason	Document creation
2.0	25/05/2023	Jo Cutting	Minor amends throughout, revision of procurement section
3.0	21/09/2023	Julia Nason	Addition of finance section, economic appraisal, workforce section plus minor revisions throughout.
3.1	03/10/2023	Julia Nason	Formatting
3.2	12/10/2023	MTW	Comments
3.3-3.4	25/10/2023	Julia Nason	Minor amends and formatting

Approval

Name and Title / Board	Date	Version	Comments
MTW			
Divisional Board	04.12.23	Final	Approved pending discussion re management of future growth
Business Case Review Panel	08.12.23	Final	*Chairs action to approve. Undertaken virtually*
Executive Team Meeting	16.01.24	Final	*TBC*
Finance and Performance	23.01.24	Final	*TBC*
Trust Board	25.01.24	Final	*TBC*
NHS Kent and Medway			
Executive Management Team			

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Appendix J	Quality impact assessment
Appendix K	Equality impact assessment

List of abbreviations

Abbreviation	Definition
AMU	Acute Medical Unit
ASU	Acute stroke unit
BAME	Black and minority ethnic
BREEAM	Building Research Establishment Environment Assessment Model
CCG	Clinical commissioning group
CEG	Clinical Effectiveness Group
CSF	Critical success factors
DGT	Dartford and Gravesham NHS Trust
DMBC	Decision making business case
DVH	Darent Valley Hospital
EKHUFT	East Kent Hospitals University Foundation Trust
ESD	Early supported discharge
FBC	Full business case
GIRFT	Getting it Right First Time Programme
HASU	Hyper-acute stroke unit
ICB	Integrated Care Board
ICS	Integrated care system
ICSS	Integrated community stroke service
IIA	Integrated impact assessment
IRP	Independent Reconfiguration Panel
ISDN	Integrated Stroke Delivery Network
ITU	Intensive therapy unit
JCCCG	Joint Committee of Clinical Commissioning Groups
JFP	Joint Forward Plan
JHOSC	Joint Health Overview and Scrutiny Committee
K&C	Kent and Canterbury Hospital
K&M	Kent and Medway
KPI	Key performance indicator

Abbreviation	Definition
LOS	Length of stay
LSOA	Lower super output area
LTP	Long Term Plan
MFT	Medway NHS Foundation Trust
MGH	Maidstone Hospital
MTW	Maidstone and Tunbridge Wells NHS Trust
NHSEI	NHS England and NHS Improvement
NICE	The National Institute for Health and Care Excellence
NZC	Net zero carbon
OBC	Outline business case
PCBC	Pre-consultation business case
PCN	Primary care networks
PER	Project evaluation review
PFI	Private finance initiative
PIR	Post implementation review
PPE	Post project evaluation
QEQM	Queen Elizabeth The Queen Mother
SRO	Senior responsible officer
SSNAP	Stroke Sentinel National Audit Programme
TIA	Transient ischaemic attack
TUPE	Transfer of Undertakings Protection of Employment
VfM	Value for money
WHH	William Harvey Hospital
WTE	Whole time equivalent

1 Executive Summary

1.1 Introduction

This full business case (FBC) follows on from the Kent and Medway (K&M) reconfiguration of acute stroke services outline business case (OBC) which was approved by the Stroke Programme Board in February 2021.

The FBC is for the reconfiguration of stroke services at Maidstone and Tunbridge Wells NHS Trust (MTW) under the future model of care and the works required to achieve this. It describes the plans to improve the safety and sustainability of acute stroke services, building on the feedback provided by staff, patients and the public. The NHS has worked with the Kent and Medway Joint Health Overview Scrutiny Committee (JOHSC) throughout the development of the plans described.

The FBC describes how the proposed reconfiguration will:

- reduce lives lost relating to stroke by at least one per fortnight;
- reduce disability relating to stroke resulting in more people returning home and living more independent lives;
- deliver clinically sustainable, high quality stroke services that are accessible to Kent and Medway residents 24 hours a day, seven days a week;
- reduce the length of stay in hospital following a stroke;
- deliver financially sustainable services;
- improve patient, carer and staff experience;
- deliver fit for purpose estate and workforce.

1.1.1 Structure and content of the document

The FBC has been prepared using the agreed standards and format for business cases, as set out in His Majesty's Treasury Green Book guidance on appraisal and evaluation, the Guide to Developing the Project Business Case 2018 and guidance from NHS England and NHS Improvement (NHSEI).

The approved format is the Five Case Model, which comprises the following key components:

- the **strategic case** section. This sets out the case for change, together with the supporting investment objectives for the scheme;
- the **economic case** section. This demonstrates that the organisation has selected the most economically advantageous offer, which best meets the existing and future needs of the service and optimises value for money (vfm);
- the **commercial case** section. This sets out the content of the proposed deal;
- the **financial case** section, which confirms funding arrangements, affordability and the effect on the balance sheet of the organisation;

- the **management case** section which details the plans for the successful delivery of the scheme to cost, time and quality.

1.2 Background

1.2.1 Provision of hospital stroke services in Kent and Medway

There are three hospital trusts providing acute services across three sites in Kent and Medway. People in Kent and Medway also use stroke services provided by hospitals outside of the county. This includes the Princess Royal University Hospital in Orpington (part of Kings College Hospital NHS Foundation Trust). The stroke review focuses on hospital services in Kent and Medway.

The configuration of hospital stroke services is detailed below and highlights the location of stroke services at the time of public consultation in 2018 and currently in 2023.

Hospital stroke services accessed by Kent and Medway patients

Trust	Site	Location	Stroke provision 2018	Stroke provision 2023
Dartford and Gravesham NHS Trust (DGT)	Darent Valley Hospital (DVH)	Dartford	✓	✓
East Kent Hospitals University NHS Foundation Trust (EKHUFT)	Kent and Canterbury Hospitals (K&C)	Canterbury		✓
	Queen Elizabeth the Queen Mother Hospital (QEQM)	Margate	✓	
	William Harvey Hospital (WHH)	Ashford	✓	
Maidstone and Tunbridge Wells NHS Trust	Maidstone General Hospital (MGH)	Maidstone	✓	✓
	Tunbridge Wells Hospital	Tunbridge Wells	✓	
Medway NHS Foundation Trust (MFT)	Medway Maritime Hospital	Gillingham	✓	
Kings College Hospital NHS Foundation Trust (out of area)	Princess Royal University Hospital	Orpington	✓	✓

1.2.2 Review of stroke services

The Kent and Medway Stroke Review was commissioned in December 2014. This was in response to concerns by Kent and Medway Clinical Commissioning Groups (CCGs) about the performance and sustainability of hospital stroke services across all units in Kent and Medway. The CCGs and hospital trusts were tasked with developing proposals to improve outcomes for patients, reducing deaths and disability.

Since then, the programme has established a case for change and a proposed vision for a new model of care across the area. The future model of care will see specialist stroke services consolidated at three hospitals, each with a hyper-acute stroke unit (HASU) and an acute stroke unit (ASU), to ensure rapid access to specialist staff, equipment and imaging to improve quality and outcomes for patients.

HASUs enable patients to have rapid access to the right skills and equipment and be treated 24/7 on a dedicated stroke unit, staffed by specialist teams. Following a stroke, a patient will be taken directly to a HASU where they will receive dedicated expert care, including immediate assessment, access to a CT scan and clot-busting drugs (if appropriate) within 30 minutes of arrival at the hospital.

ASUs are for subsequent (after 72 hours) hospital care. These units offer ongoing specialist care with seven-day therapies services (physiotherapy, occupational therapy, speech and language therapy and dietetics input) and effective multi-disciplinary team (MDT) working.

Formal public consultation on the proposed future arrangements took place in early 2018. In February 2019 the Joint Committee of CCGs (JCCG) approved a decision-making business case (DMBC) to support the implementation of three hyper-acute and acute stroke units in Ashford, Maidstone and Dartford. This decision was challenged via two judicial reviews and a referral to the Secretary of State for Health and Social Care. The judicial reviews found in favour of the NHS in February 2020. Following the judgement, Medway Council and a claimant applied to the Court of Appeal requesting the right to appeal the decision. The request was refused and the high court decision in favour of the NHS cannot be contested. The Secretary of State confirmed support for the reconfiguration in November 2021.

Since the NHS decision in February 2019, there have been three emergency temporary changes to stroke services in Kent and Medway:

- Tunbridge Wells Hospital stroke service transferred to Maidstone Hospital in September 2019 due to staffing challenges.
- In April 2020, in response to Covid, East Kent Hospitals University Foundation Trust transferred its stroke services at William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital to the Kent and Canterbury Hospital. The stroke service remains at Canterbury at this time.
- Medway Hospital stroke service closed in July 2020 due to staffing challenges. The majority of stroke patients that would previously have gone to Medway Hospital are now going to Maidstone Hospital with a small number going to Darent Valley Hospital.

The current position is that acute stroke services are provided from Darent Valley Hospital in Dartford, Maidstone Hospital in Maidstone and Kent and Canterbury Hospital in Canterbury. It is now the intention to develop full HASUs on the Dartford and Maidstone sites and establish a HASU at Ashford. The service at Canterbury remains temporary. These temporary emergency service changes have significantly changed the baseline position of the preferred option.

In 2022, it was confirmed by NHSEI there is no longer a requirement for national approval of the business cases for the three sites. The approval process is now through trust boards and NHS Kent and Medway.

The reconfiguration is being funded by the Kent and Medway health system from the capital allocation over a three-year period. Monies to commence implementation have been released in order to make swift progress.

1.2.3 Impact of Covid-19

As with many other transformation programmes across the NHS, the stroke review was paused during the system-wide response to the COVID-19 pandemic, meaning that some pre-agreed deadlines and milestones shifted. With the NHS now able to focus on longer term strategic aims, the implementation of the new units has commenced at pace.

1.2.4 Timeline

Dec 2014	Stroke review launched.
Dec 2016	Case for change and vision finalised following significant pre-consultation stakeholder engagement.
Dec 2017	Completion of options development and appraisal, and agreement of the clinical model. The first Joint Committee of CCGs in Kent and Medway is established to develop the future arrangements for acute and hyper-acute stroke services.
Feb 2018	The CCGs publishes the pre-consultation business case (PCBC) and undertakes formal consultation into the proposed service changes.
Feb 2019	Joint CCG announces preferred option to create three HASUs at Dartford, Ashford and Maidstone. Submission of the DMBC to NHSEI.
Mar 2019	Joint CCG decision referred to the Independent Reconfiguration Panel (IRP). Assurance process for DMBC is paused as a result.
Apr 2019	Applications for judicial review into the Joint CCG's decision launched.
Oct 2019	Temporary emergency service change: The acute stroke service at Pembury Hospital in Tunbridge Wells is transferred to Maidstone Hospital.

Feb 2020	Judicial review outcome: High court ruled in favour of the proposed service changes.
Apr 2020	Temporary service change due to COVID: The acute stroke service provided by EKHUFT at William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital is transferred to the Kent and Canterbury Hospital.
Jul 2020	Temporary emergency service change: The acute stroke service at Medway Hospital was transferred to Maidstone Hospital and Darent Valley Hospital.
Feb 2021	DMBC edited into the format of an OBC as requested by NHSEI. Draft OBC submitted to NHSEI with updated financials and timeline.
Nov 2021	Approval to proceed with stroke reconfiguration from Secretary of State following the referral to the IRP.
Nov 2022	NHSEI confirms that each trust is to produce an FBC for system approval.

1.3 The Strategic Case

1.3.1 The strategic context

The Strategic Case sets out the national and local strategic context and aligns the programme with key priorities.

Stroke is a major health problem in the UK. It is a preventable and treatable disease which, nevertheless, is the third biggest cause of death in the UK and the largest single cause of severe disability.

- Stroke costs the UK economy £26bn per year, including £8.6bn to the NHS and social care and £15.8bn in unpaid care[i]. This is forecast to rise to between £61bn and £91bn by 2035.
- On average, new onset strokes cost £45k in the first year and £25k in subsequent years.
- Stroke strikes every five minutes. There are around 100,000 new stroke cases and 1.3 million people living with its consequences each year in the UK[ii].

[i] A Patel (2019) Estimated societal costs of stroke in the UK based on a discrete event simulation, https://pubmed.ncbi.nlm.nih.gov/31846500/

[ii] Stroke Association (2018) State of the nation: Stroke statistics. https://www.stroke.org.uk/system/files/sotn_2018.pdf

- By 2035, the number of strokes will increase by almost half and the number of stroke survivors by a third[iii].

Stroke services have been reconfigured across the country with services consolidated to provide rapid access to specialist staff, equipment and imaging. This has demonstrated an improvement in quality and outcomes for patients. For example, in London, the reconfiguration of urgent stroke services in 2010 led to an increase in thrombolysis rates from 12% in February to July 2010 to 18% in January to July 2012 and saved almost 100 lives per year[iv].

Locally, prevalence across Kent and Medway in 2021/22[v] was 1.8%. This is in line with the national average; however, there is variation across the population. Medway and Swale has the lowest prevalence at 1.4%, Dartford, Gravesham and Swanley at 1.6%, West Kent at 1.8% and East Kent at 2.1%. At neighbourhood level, New Romney and Dymchurch are the highest in Kent at 3%, followed by Herne Bay at 2.7% and Westgate, Birchington, Broadstairs, Minster and Ash at 2.6%.

In the same year, £26.6m was spent on acute stroke care in Kent and Medway - an average of £8,726 per patient[vi].

The proposals are in line with the ambitions within the NHS Long Term Plan, which identifies transforming stroke care as a priority. The plan points to strong evidence that hyper-acute interventions such as brain scanning, and thrombolysis are best delivered as part of a networked 24/7 service. The plan supports centralised hyper-acute stroke care delivered by a smaller number of well-equipped and staffed hospitals, based upon evidence of the greatest improvements in adopting this model of care.

The FBC supports the Kent and Medway integrated care system's shared outcome to provide centres of excellence for specialist care where that improves quality, safety and sustainability.

1.3.2 The case for change

There is a compelling clinical case for the reconfiguration of acute stroke services to improve the safety and quality of services and to ensure the sustainable provision of acute stroke services in the future. Kent and Medway is one of only a few geographies in the country which does not provide stroke services in line with the national standards and cannot offer patients the benefits of accessing HASUs.

In 2017 the Kent and Medway Stroke Programme Board agreed to five strategic objectives linking back to the major challenges set out in the PCBC:

- **Objective 1:** To deliver financially sustainable services;
- **Objective 2:** To ensure that Kent and Medway is able to develop consolidated HASU/ASU stroke services to improve population outcomes;

[iii] NHS Digital (2018). Mortality from stroke. https://digital.nhs.uk/data-and-information/publications/clinical-indicators/compendium-of-population-health-indicators/compendium-mortality/current/mortality-from-stroke

[iv] Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis, Morris, S. et al, BMJ, August 2014

[v] Health and Care Partnership profiles, Version 4.1 © Medway Council, Public Health Intelligence Team, 06/07/2023

[vi] 2021/22 Mede data for patients with a primary diagnosis of I60-I64 in Kent and Medway

- **Objective 3:** To deliver fit for purpose estate solutions to ensure the three HASU/ASUs in Kent and Medway are able to deliver the capacity required;
- **Objective 4:** To ensure the workforce is in place to deliver the required standards of care 24/7 as per best practice guidelines;
- **Objective 5:** To improve patient, carer and staff experience of stroke services across Kent and Medway.

There is a wealth of evidence that the way hospital stroke services are organised can have a major impact on outcomes after stroke. The evidence[vii] states:

- the most important care for people with any form of stroke is **prompt admission to a specialist stroke unit**. In Kent and Medway there are currently no hyper-acute stroke units (there are acute stroke services but none that provide the 24/7 cover and access to specialist skills that are required for a hyper-acute stroke unit);
- that hyper-acute stroke services enable patients to have **rapid access to the right skills and equipment and be treated 24/7** on a dedicated stroke unit, staffed by specialist, multi-disciplinary teams. In Kent and Medway there are insufficient specialist staff.
- for **brain imaging to be urgently available** with access to other imaging and good interpretation. In 2021/22, approximately 30% of patients in Kent and Medway did not have a scan within the recommended one hour of admission to hospital.
- that following a brain scan, **suitable patients should have thrombolysis** (an injection to help dissolve the blood clot) as soon as possible and within one hour of arriving at hospital. In 2021/22 approx 60% of eligible patients in Kent and Medway received thrombolysis and 40% received it within the one-hour timeframe.

Historically, Kent and Medway providers have struggled to meet the SSNAP quality standards, which measure whether services are delivering to national quality standards. There has been a marked increase in scores following the temporary service moves on to three sites between October 2019 and July 2020, supporting the case for change.

The challenges are now centred around the lack of specialist staff available 24 hours a day, seven days a week. In addition, many patients do not receive the most appropriate diagnostics and treatment within recommended time standards. The well published evidence shows that non-compliance with standards for clinical quality results in unnecessary and increased levels disability, poor quality of life and avoidable deaths.

[vii] Stroke Services: Configurations Decision Support Guide, Tony Rudd and Nighat Hussain, 2015

1.3.3 Business scope and future model of care

The scope of the programme is to implement three new co-located hyper-acute stroke units and acute stroke units across Kent and Medway at Darent Valley Hospital, Maidstone Hospital and William Harvey Hospital. These units are to be staffed by specialists all day, every day.

The Kent and Medway hyper-acute and acute stroke units will:

- be a seven-day dedicated specialist unit with more than 500 confirmed stroke admissions;
- achieve rapid assessment and imaging; imaging within one hour and call to needle (thrombolysis) times of two hours;
- have patients admitted directly onto a specialist stroke unit within four hours;
- have patients stay in the stroke unit for 90% of the inpatient episode;
- assess patients by specialist stroke consultant and stroke trained nurse and therapist within 24 hours;
- have seven-day stroke consultant cover;
- have seven-day stroke trained nurse and therapist cover.

1.3.4 Capacity plan and implications

In the OBC, activity modelling for the HASU/ASU sites was based on a three-year average from 2015/16 to 2017/18. Due to the passing of time and temporary moves of the stroke units, members of CEG agreed that the three-year average primary activity should be rolled forward to 2019-2021.

In addition, it was agreed that the 2020 activity should be adjusted to reflect the national drop in stroke incidence during the start of the covid pandemic (11% from April to June 2020). The 2019-2021 three-year average primary activity at each of the three sites is detailed below.

Primary stroke activity at each site

Year	MFT (est)	DGT	PRUH	MTW	EKHUFT
2019	487	489	172	766	1,218
2020	244	524	186	874	1,192
2020 – Covid adjustment (11%)	**8**	16	5	26	37
2021	0	708	188	1,172	1,354
MFT closure	(739)	132	0	607	0
Updated three-year average	**0**	**623**	**184**	**1,148**	**1,267**

The impact of the updated activity means that a further 13 beds are required across Kent and Medway. The greatest impact on bed numbers is at MTW which has increased from 41 to 49 beds. Bed numbers at DGT remain the same following a reduction in the activity to transfer from Bexley.

Impact of the updated bed model

	DGT			MTW			EKHUFT			K&M		
	HASU	ASU	Total	HASU	ASU	Total	HASU	ASU	Total	HASU	ASU	Total
K&M model 2019-21 avg	10	24	**34**	14	35	**49**	15.4	38.6	**54**	39.4	97.6	**137**
OBC 2015/16 – 2017/18 Avg (revised)	10	24	**34**	12	29	**41**	14	35	**49**	36	88	**124**
Inc to DMBC	0	0	**0**	2.2	5.9	**8.1**	1.3	3.6	**4.9**	3.5	9.5	**13**

1.3.5 Workforce plan and implications

The table below shows the impact of the reconfiguration of stroke services on whole time equivalent (wte) staffing numbers by staff type at MTW.

Movement of staff

Impact on WTE	2023 Establishment	New model	Movement
Registered nurses	54.22	68.19	13.97
Unregistered nurses	29.30	25.86	(3.45)
PAM	20.70	25.97	5.27
Therapy assistants	7.24	6.49	(0.75)
Orthoptist	1.00	1.50	0.50
Thrombolysis nurses	8.60	9.16	0.56
Pharmacy	1.00	1.00	0
Psychology	0.50	1.65	1.15
Management	2.00	2.00	0
Senior management	2.00	2.00	0
Consultants	7.50	8.00	0.50
Admin and clerical	6.80	11.41	4.61
	140.86	**163.22**	**22.36**

1.4 Economic case

1.4.1 The procurement processes

Having confirmed the Maidstone site as the preferred site for one of the three HASU/ASU units in Kent and Medway, the process for designing the layout of the unit and the phasing of the works to minimise

disruption to the site was undertaken. This was followed by a tender and procurement process for a three-phase build:

- **Phase 1:** a single stage tender process under a JCT Minor Works Building Contract 2016. This was a minor works to an area which has been refurbished to become an intensive therapy unit (ITU) during the pandemic.
- **Phases 2 and 3:** a two-stage selective tendering process using a JCT Standard Building Contract Without Quantities. These two phases require major refurbishment works.

The top scoring contractor was **WW Martin Ltd**.

1.4.2 Economic appraisal

This section provides a detailed overview of the main costs and benefits associated with each of the short-listed options. It references how they were identified and the main sources and assumptions. These have then been reconciled in a cost benefit analysis to identify which option provides the greater benefits for the least cost.

Business as usual is not an option due to the temporary services changes that have already occurred within stroke services in Kent and Medway. In addition, the national stroke guidelines stipulate the minimum requirement as a seven-day service.

For the purposes of this business case 'business as usual' is the 'do minimum' option and is referred to as 'BAU'.

1.4.3 Estimating benefits

The extra costs to commissioners will be offset by cash-releasing benefits. This includes an estimated £811 per patient in savings in the first 90 days post stroke and £314 per year over the subsequent ten years due to improved outcomes and lower levels of disability in people who have had a stroke . These estimates are based on the evaluation of the impact of similar changes to service in other areas.

For prudence, only 50% of this financial benefit has been factored into the modelling for Kent and Medway. This assumption is a reduction from the 75% of the financial benefit modelled in the OBC and is in consideration of the temporary service changes to a three-site model resulting in the early achievement of some benefits.

Main benefits

Type	Direct to organisation(s)	Indirect to organisation(s)
Quantitative (or quantifiable) Cash releasing	• Reduction in total post-acute impatient cost • Reduction in total costs over the next 10 years of	• Reduction in use of locum and agency staff to support the stroke workforce.

Type	Direct to organisation(s)	Indirect to organisation(s)
	the lifetime of a stroke patient.	
	The above are accounted for in the financial case appraisals	**The above are NOT accounted for in the financial case appraisal due to the baseline being costed at midpoint.**
Non-cash releasing	• Increase the patients admitted to the individual stroke unit • Increase the number of patients who spend 90% of their stay on a stroke unit • Reduced length of stay for acute stroke admissions from the current 15 days to 13 (with a stretch of 11).	
	All of the above are NOT accounted for in the economic case appraisals	
Qualitative (or non-quantifiable)	• Improved staff experience • Increase the number seen by a consultant.	• Improved patient experience • Improved independence • 1.1% reduction in deaths from admissions to a stroke unit • Increased rate of thrombolysis • Increase compliance with call to needle time of 120 mins • Increase the rates of thrombolysis within 30 mins of diagnosis.

1.4.4 Qualitative benefits appraisal

Successful implementation of the changes proposed by the stroke review will deliver improvements for both the people receiving stroke care in Kent and Medway and the staff delivering the services.

Qualitative benefits criteria

Investment objectives	Qualitative benefits
To deliver financially sustainable stroke services	• Reduction in length of stay by at least two days • Full implementation of best practice tariff for stroke • Reduced disability and improved independence • Improvement in the net present value for stroke services.
To ensure K&M is able to develop consolidated HASU/ASU stroke services to improve population outcomes	• All HASUs to see between 500 and 1500 strokes per year in line with national best practice • To deliver improved thrombolysis rates for the K&M population • Deliver a call to needle time of 120 mins for an increased number of patients • Increase the number of patients admitted to a stroke unit within four hours • Increase the number of patients who spend 90% of their stroke admission on a stroke unit • To reduce deaths from stroke within 90 days.
To deliver fit for purpose estate solutions to ensure the 3 HASU/ASU's are able to deliver the capacity required	• All HASUs to see between 500 and 1500 strokes per year in line with national best practice • To ensure all HASUs have the ability to flex capacity when required by retaining an 80% occupancy standard • To ensure patients are able to access CT scanning and other relevant diagnostics within half an hour of arrival.
To ensure the workforce is in place to deliver the required standards of care 24/7 as per best practice guidelines	• Improve access to consultant care 24/7 • To reduce the locum and agency usage for stroke services • Increase the number of patients seen in a transient ischaemic attack (TIA) clinic post triage.
To improve patient, carer and staff experience of K&M stroke services	• Improved patient experience • Improved staff experience • Improve patient independence and reduce stroke related disability.

1.4.5 Net present cost findings

From a cost perspective, Option B has the lowest NPC; however, benefits need to be considered to give an overall net result. The following table considers the traditional method and the new method of discounting monetary values of non-financial benefits.

Key net present cost results of economic appraisals

	Undiscounted £'000	Discounted £'000
BAU		
Capital	0	0
Revenue	550,298	353,735
Risk	0	0
Less Benefits		
Cash releasing benefits	0	0
Costs net of savings	**550,298**	**353,735**
Option B		
Capital	32,399	31,298
Revenue	686,409	437,834
Risk	0	0
Less Benefits		
Cash releasing benefits	89,930	54,601
Costs net of savings	**596,480**	**383,233**

1.4.6 Summary of overall results

The economic appraisal concluded that:

- **Option B** was the favoured option by a large margin, against the do minimum, in the non-financial benefits;
- the base case of the financial modelling identifies **Option B** as the preferred option;
- when combining the NPV of the financial benefits exercise with the CIA net present costs, **Option B** shows the highest net present value.

Option B is therefore the health economy's preferred option as shown below.

Options evaluation outcome

Evaluation Results		Option B
Economic appraisals	2	1
Benefits appraisal	2	1
Risk appraisal	2	1
Overall Ranking	2	1

1.5 Commercial case

1.5.1 Required services

The project is for the refurbishment and redevelopment of existing stroke spaces, across three phases:

- **Phase 1:** the refurbishment of the old acute medical unit (AMU) to develop clinic rooms, the acute stroke assessment unit and the 14 bedded HASU.
- **Phase 2:** the modification and alteration of the Chaucer ward and current ASU to develop upgraded ASU beds and facilities.
- **Phase 3:** the joining of the Chaucer ward bays to create the new 35 bed ASU and associated facilities, and the refurbishment of the therapy areas.

1.5.2 Early drawdown of capital

To maintain the timeline for the opening of the unit, requests for early drawdown of capital funding were approved by the ICB ahead of approval of the FBC.

Release of capital

Year	Capital release	Balance
2021/22	£0.120m	£6.942m
2022/23	£1.945m	£4.997m
2023/24	£1.285m	£3.712m
2023/24	£3.712m	£0

1.5.3 Contract price

WW Martin Ltd is the preferred principal contractor under the Scape framework to deliver the construction of the refurbishment of the stroke department at Maidstone Hospital.

The total price of the contract for MTW is detailed below.

Contract price

Area	Cost
Construction costs Phase 1	£344,588
Construction costs Phase 2 and 3	£4,094,521
Fees and Contingency	£1,060,000
VAT on construction (excludes fees)	£887,821
Clinical Equipment and IT	£675,070
TOTAL	**£7,062,000**

1.5.4 Personnel implications (including TUPE)

The Transfer of Undertakings (Protection of Employment) Regulations 1981 (TUPE) will not apply to this investment and all staff will continue to be employed by MTW. The implementation of the proposed changes will result in an increase to the staffing establishment.

1.5.5 Accountancy treatment

The assets underpinning delivery of the service will be on the organisation's balance sheet of the relevant organisation. Maidstone is a refurbishment of an existing ward and will be an increase to the organisation's assets.

1.6 Financial case

1.6.1 Financial assumptions

The assumptions below have been used to calculate the economic and financial impact of the proposed investment scheme.

Financial modelling assumptions

OBC	FBC
Stroke activity	
Modelled activity at each site based on average 3,010 K&M activity distrusted so patients flow to closest site by travel time.	Modelled activity at each site based on updated average for 2019 to 2021, 3,222. Baseline no longer includes the 68 provided at outside Kent sites. K&M activity distrusted so patients flow to closest site by travel time.
Beds numbers (13-day method assumes 20% of stroke patients are discharged after 2-day HASU stay, 13% of patients of stroke patients	Beds numbers (13-day method assumes 20% of stroke patients are discharged after 2-day HASU stay, 13% of patients of stroke patients

OBC	FBC
are discharged after 3-day HASU stay, with remaining two-thirds staying a further 15 days in ASU).	are discharged after 3-day HASU stay, with remaining two-thirds staying a further 15 days in ASU). 80% Occupancy
Includes TIA uplift (10% activity, one-day HASU stay) and mimic uplift (25% activity, two-day HASU stay).	Includes TIA uplift (10% activity, one-day HASU stay) and mimic uplift (23% activity, two-day HASU stay). 80% Occupancy
In total, the TIA and mimic uplift equates to 1,100 patients per year.	In total, the TIA and mimic uplift equates to 1,063 patients per year.
A 5% increase in demand has been modelled following a review of stroke related admissions to ensure resilience.	No growth added as little change in numbers following review. Any increase in activity will be managed via in reach to medical beds which is how capacity is managed now.
No further reductions in demand from public health initiatives or technology has been assumed.	No change.
Stroke tariff (income for providers/ spend for commissioners)	
HRG4+ 2019/20 stroke BPT 19/20 applied to the modelled stroke activity (tariff split taken as the average seen across K&M sites in 16/17).	No longer funded by tariff. Income assumed as cost based on current financial regime.
For TIA average HRG4+ 19/20 TIA tariff applied to modelled activity (10% of confirmed stroke activity).	
Workforce costs	
Total stroke workforce required based on South East Coast recommendations per HASU/ASU.	Total stroke workforce required based on South East Coast recommendations per HASU/ASU.
Costed at national mid-band salaries as at 2019/20 with salary on-costs and salary uplift for unsocial hours.	Costed at national mid-band salaries as at 2023/24 with salary on-costs and salary uplift for unsocial hours.
• 24% registered nurses 24/7 shift • 29% band 3 24/7 shift • 34% band 2 24/7 shift • 13% all bands for 7 day working	No change to unsocial uplift.
Outer London fringe allowance for DVH.	Outer London fringe allowance for DVH.

OBC	FBC
Vacancies assumed filled by bank 58% and agency 42%. Rates assumed at 25% additional cost for bank and 50% additional cost for agency.	No vacancies assumed . All posts assumed filled.
Service on-costs	
Uplift applied to workforce costs of 15% for clinical; 10% for non-clinical (except DVH at 14%) and 3% for corporate staff. This equates to 28% for east and west and 32% for north.	No change.
Assumption reviewed against each of the providers' service line reporting data where available. This reflects the economies of scale provided at EKHUFT and the additional site costs due to the PFI in Dartford. The average remained consistent with the 'do- minimum' assumption.	
Cost of capital	
3.5% dividend for public capital taken from depreciating life of asset.	No change.
40 years for new build, 20 years for refurb and 7 for specialist equipment.	
Straight line depreciation over the life of the asset.	
Depreciation commences from Q1 of asset go live.	
No assumption made for impairment of the asset.	
No assumed residual value.	
No contributions or externalities.	
VAT	
Where costs are for services where VAT can be recovered the costs have been included net of VAT.	No change.
Contingencies	

OBC	FBC
• None for revenue as staffing levels based on standards	None for revenue as staffing levels based on standards.
• Capital costs include optimism bias as a contingency.	None for capital as costs based on tendered values.
CIP	
None assumed.	No change.
Inflation	
Indicators as per the long-term plan. Year six onwards assumed as per year five	Indicators as per the long-term plan. Year three onwards assumed as per year two
Transition costs	
25% of new establishment filled 6 months prior to go live, 75% of new establishment filled prior to go live.	No transition required for phase 1 (west and north).
50% Registered nurses. 25% Therapists and 100% CNS (hard-to-fill vacancies) of EKHUFT gap assumed in line with phase 1 timeline the rest 25% 6 months and 75% 3 months pre go live.	Assumed all staffing required for EKHUFT in post by phase 1 'go live'.
Post 'go live' all patient facing posts filled to 95%.	All post filled.
Decommissioning costs	
• None assumed. All staff to be redeployed into new stroke service or within current hospital vacancies. • Freed up ward capacity utilised to enable improved delivery of other existing services. • For each of the sites that will cease provision of a stroke service £250k has been assumed as a cost to the commissioner. This is based on the estimated % premium cost to cover shifts with agency staff.	Not applicable. Service already operating from three sites.
Project costs	
Identified posts costed at mid-point. Project management and human resources. Cost of STP programme team not included as funded from STP.	None as project costs now in Trust baselines.

OBC	FBC
Patient transport costs	
Costs provided by the ambulance trust based on details of patient numbers and the extra miles to be travelled to the new units.	None as costs in baseline due to service already moved.

1.6.2 Current costs

The current costs for each provider is detailed below.

Baseline costs

Baseline	EKHUFT	MTW	DGT	Total
Activity - stroke	1,267	1,148	623	3,038
Activity - TIA	127	115	62	304
Beds	52	38	26	116
WTE	155.83	140.86	98.36	395.05
	£'000	£'000	£'000	£'000
Income	(10,421)	(9,890)	(7,204)	(27,515)
Pay	8,142	7,726	5,457	21,325
Indirect/overheads	2,280	2,163	1,746	6,189
Net loss	**0**	**0**	**0**	**0**

1.6.3 Impact on income and expenditure

The total uninflated income and expenditure for the preferred option over its intended life span is shown in the table below.

Capital funding will be received via draw down of Public Dividend Capital (PDC).

The revenue impact of the new model will be funded by NHS Kent and Medway via additional investment in the service through income top up.

Uninflated income and expenditure for the preferred option over 20 years

Uninflated	Year 22/23 £'000	Year 23/24 £'000	Year 24/25 £'000	Year 25/26 £'000	Year 26/27 £'000	Year 27/28 £'000	Year 28/29 £'000	Year 29/30 £'000	Year 30/31 £'000	Year 31/32 £'000	Year 32/33 £'000	Year 33/34-42/43 £'000
Capital	2,065	4,997	-	-								
Income	(9,890)	(9,890)	(9,890)	(9,890)	(9,890)	(9,890)	(9,890)	(9,890)	(9,890)	(9,890)	(9,890)	(98,899)
Investment	0	(160)	(2,036)	(1,919)	(1,872)	(1,859)	(1,847)	(1,834)	(1,822)	(1,810)	(1,797)	(17,295)
Pay	7,726	7,726	8,852	8,852	8,852	8,852	8,852	8,852	8,852	8,852	8,852	88,520
Non pay	2,163	2,163	2,479	2,374	2,339	2,339	2,339	2,339	2,339	2,339	2,339	23,386
Capital charges	0	160	596	583	571	559	546	534	521	509	497	4,288
Net loss	**0**	**(0)**	**0**	**(0)**	**(0)**	**0**	**(0)**	**0**	**0**	**(0)**	**0**	**(0)**

The following table details the total inflated income and expenditure for the preferred option.

Inflated income and expenditure for the preferred option

Inflated	Year 22/23 £'000	Year 23/24 £'000	Year 24/25 £'000	Year 25/26 £'000	Year 26/27 £'000	Year 27/28 £'000	Year 28/29 £'000	Year 29/30 £'000	Year 30/31 £'000	Year 31/32 £'000	Year 32/33 £'000	Year 33/34-42/43 £'000
Income	(9,890)	(9,890)	(9,959)	(10,029)	(10,099)	(10,170)	(10,241)	(10,313)	(10,385)	(10,458)	(10,531)	(110,663)
Income - top up	0	(160)	(2,050)	(1,946)	(1,912)	(1,912)	(1,913)	(1,912)	(1,913)	(1,914)	(1,913)	
Pay	7,726	7,726	9,038	9,228	9,421	9,619	9,821	10,028	10,238	10,453	10,673	119,863
Non-pay	2,163	2,163	2,484	2,383	2,353	2,357	2,362	2,367	2,371	2,376	2,381	26,593
Capital charges	0	160	600	591	583	574	566	557	548	538	529	4,788
Net loss	**0**	**(0)**	**112**	**227**	**346**	**470**	**595**	**726**	**859**	**996**	**1,138**	**40,581**

1.6.4 Impact on balance sheet

The capital assets are refurbishment of buildings owned by the trust and is reflected in their balance sheet. The proposed expenditure will have the impact of the balance sheet as shown in the following table. For MTW it will be a capital addition to their owned buildings and equipment. The additional cost of the asset maintenance is included as a revenue cost.

Impact on balance sheet

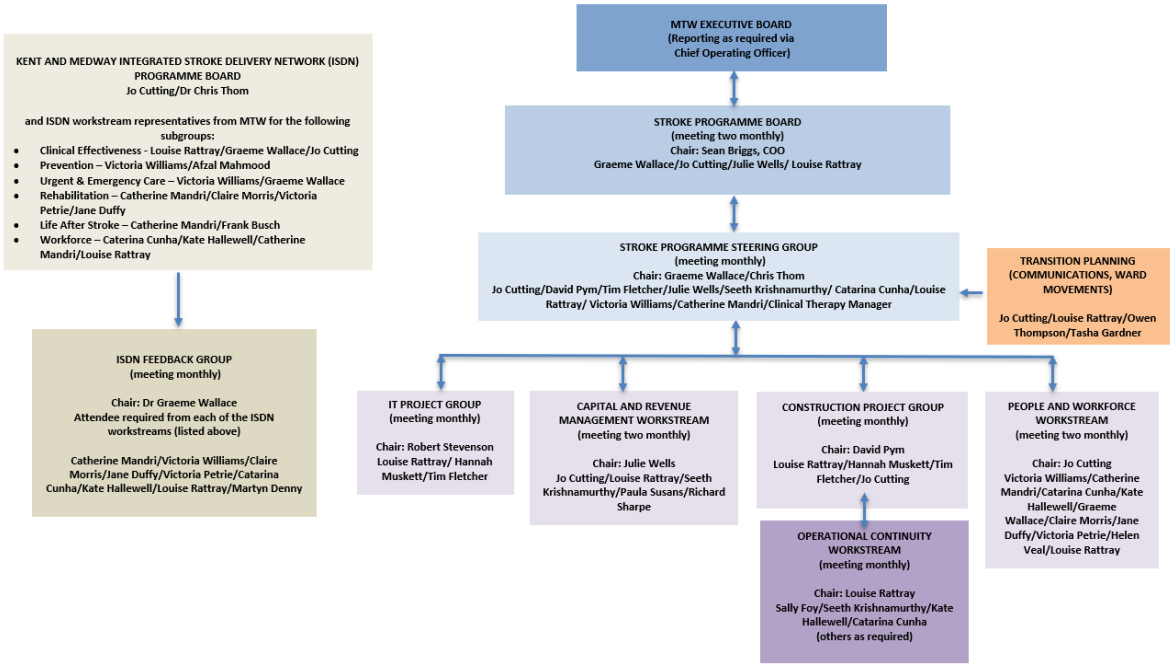
	Up to 22/23	23/24	Total
Fixed Assets	2,065	4,997	7,062
System capital	2,065	4,997	7,062

1.7 Management case

1.7.1 Project management arrangements

The stroke programme is an integral part of the Kent and Medway ICS transformation programme. It is supported by the ICB's Strategic Change team, a central change team led by a senior responsible officer (SRO) which supports the providers with delivery of their programmes. The provider organisations also have their own stroke programme teams to support planning and implementation.

The reporting organisation and the reporting structure for the project are as follows:



MTW stroke project structure

1.7.2 Implementation plan

A high-level outline plan is set out below.

Project plan

Milestone Activity	Date
FBC complete	October 2023
FBC approved by Trust boards and ICB	December 2023
Phases 2 and 3 contract complete	15 December 2023

Milestone Activity	Date
Construction – mobilisation	11 April 2023
Construction Phase 2 start	2 May 2023
Construction Phase 2 handover	18 December 2023
Construction Phase 3 start	8 January 2024
Phase 3 handover	31 March 2024
Early recruitment process to commence	1 October 2023
New staff in post	1 April 2024
HASU/ASU go live	1 April 2024
Post implementation evaluation	1 October 2024
Project close	1 November 2024

1.7.3 Benefits realisation and risk management

The ultimate responsibility for the delivery of the programme benefits rests with the Kent and Medway SRO for the project. The Kent and Medway Acute Stroke Reconfiguration Programme Board will oversee delivery of the benefits. The role of the MTW Stroke Programme Board will be to assure itself that all allocated benefits are accurately identified, and their realisation is being effectively managed.

The MTW Stroke Programme Board will ensure that robust arrangements for the on-going management of risk during the key phases of the programme are established. This will include independent assessment and audit activities

1.7.4 Post project evaluation arrangements

The arrangements for post implementation review (PIR) and project evaluation review (PER) have been established in accordance with best practice and will follow the guidance set out by NHS England's *Capital investment and property business approval guidance for NHS trusts and foundation trusts Annex 2: Post-project evaluation templates.*

These templates provide a proforma to complete the post project evaluation (PPE) exercise. There are two templates to complete the two-stage PPE exercise:

- **Stage 1:** for an initial review within six months of business case approval or from commissioning a new service and/or facility;
- **Stage 2:** for a further review two years (recommended) after commissioning a new service and/or facility.

1.8 Recommendation

The Full Business Case concludes that, strategically and economically, the delivery of the hyper-acute and acute stroke service model and associated capital works at Maidstone Hospital (as part of the Kent and Medway acute stroke reconfiguration programme) represents the optimal approach.

Signed: **Date:**

Kate Langford

Chief Medical Officer

Senior responsible owner for the reconfiguration of acute stroke services in Kent and Medway

NHS Kent and Medway

2 The Strategic Case

2.1 Introduction

This section of the FBC provides the environmental and strategic context for the proposed investment. It sets out the case for change, together with the supporting investment objectives for the scheme.

2.2 Part A: The strategic context

2.2.1 About stroke

A stroke is the brain equivalent of a heart attack. The blood supply to part of the brain is interrupted by either a blood clot or a bleed and the surrounding brain tissue is damaged or dies. There are two main types of stroke, ischaemic and haemorrhagic stroke. Ischaemic strokes are the most common form of stroke, caused by a clot blocking or narrowing an artery carrying blood to the brain. A haemorrhagic stroke is where a blood vessel bursts or leaks and blood spills into or around the brain and creates swelling and pressure, damaging cells and tissue in the brain. This is more likely to have a poor outcome and even death.

Transient ischaemic attacks (TIAs) often called 'mini strokes' are a temporary stroke that occur when the blood supply to part of the brain is cut off for a short time only. This results in short term symptoms which normally disappear within 24 hours. This is often a warning that the patient may be at risk of a more serious stroke occurring.

The likelihood of suffering a stroke increases with conditions such as high blood pressure or cholesterol, an irregular heart rhythm (atrial fibrillation), age, smoking and obesity.

2.3 National context

2.3.1 Impact of stroke

Stroke is a major health problem in the UK. It is a preventable and treatable disease which, nevertheless, is the third biggest cause of death in the UK and the largest single cause of severe disability.

- Stroke costs the UK economy £26bn per year, including £8.6bn to the NHS and social care and £15.8bn in unpaid care[1]. This is forecast to rise to between £61bn and £91bn by 2035.
- On average, new onset strokes cost £45k in the first year and £25k in subsequent years.
- Stroke strikes every five minutes. There are around 100,000 new stroke cases and 1.3 million people living with its consequences each year in the UK[2].
- By 2035, the number of strokes will increase by almost half and the number of stroke survivors by a third[3].

2.3.2 Stroke reconfiguration in England

Stroke services have been reconfigured across the country with services consolidated to provide rapid access to specialist staff, equipment and imaging. This has demonstrated an improvement in quality and outcomes for patients. For example, in London, the reconfiguration of urgent stroke services in 2010 led to an increase in thrombolysis rates from 12% in February to July 2010 to 18% in January to July 2012 and saved almost 100 lives per year[4].

The implementation of HASUs and the centralisation of stroke services at a smaller number of hospitals have considerable financial benefits. Evidence from the National Audit Office[5] suggests that faster access to tests and specialist treatment, and the associated efficiencies and improved patient outcomes have helped to save the NHS an estimated £456m between 2007 and 2014. The report states that reconfiguration has also been shown to deliver an absolute reduction in mortality of 3% and enables an additional 6% of people to achieve independent life at home after a stroke.

2.4 Local context

2.4.1 Stroke in Kent and Medway

In 2021/22, stroke prevalence across Kent and Medway[6] was 1.8%, in line with the regional average of 1.84% and national average of 1.81%[7]. However, there is variation across the population. Medway and Swale has the lowest prevalence at 1.4%, Dartford, Gravesham and Swanley at 1.6%, West Kent at 1.8% and East Kent at 2.1%. At neighbourhood level, New Romney and Dymchurch are the highest in Kent at 3%, followed by Herne Bay at 2.7% and Westgate, Birchington, Broadstairs, Minster and Ash at 2.6%.

2.5 Overview of the Kent and Medway system and key providers

2.5.1 Kent and Medway Integrated Care System

Kent and Medway is one of the larger systems in the country with total healthcare spend amounting to around £4bn per year. The integrated care system (ICS) is a partnership of all parts of the NHS working together with councils and other partners. It comprises four acute providers, an NHS community provider, two non-NHS community providers, a large NHS mental health trust, a number of wider mental health providers and 200 general practices. In April 2020, the eight CCGs and the Sustainability and Transformation Partnership merged to become a single CCG and in July 2022, it became NHS Kent and Medway Integrated Care Board. There are two local authorities and 12 borough and district councils and a wide range of voluntary sector partners.

There are three key groupings working at the different geographies of neighbourhood, place and system:

- **forty-two primary care networks (PCNs)** have been formed across Kent and Medway. A PCN consists of groups of general practices working together, and in partnership with community, mental health, social care, pharmacy, hospital and voluntary services in their local area, to offer more personalised, coordinated health and social care to the people living in their area;

- **four place-based health and care partnerships**, drawing together all provider NHS organisations in a given area and working more closely with social care;
- **a single integrated care board (ICB)** which plans and buys healthcare services to meet the needs of the people living in Kent and Medway. Its responsibilities include procuring services, having a statutory duty around quality and safeguarding, a statutory duty around public involvement, leading financial management, leading performance management, leading emergency planning, overseeing primary care at scale, leading workforce planning and developing a "one-team" people strategy.

2.5.2 Dartford and Gravesham NHS Trust

DGT provides services to around 400,000 people in north Kent and south east London. Its headquarters are at DVH in Dartford, which opened in September 2000. The hospital building is run as part of a Private Finance Initiative (PFI). The building is owned by a private sector company, The Hospital Company (Dartford) Limited, and the trust leases the building. DVH has inpatient beds and specialties that include day-care surgery, general surgery, trauma and orthopaedics, cardiology, maternity and general medicine. The trust also provides services at Queen Mary's Hospital, Sidcup, and radiology at Erith and District Hospital. In addition, the trust provides services in Gravesham Community Hospital in Gravesend as well as community locations across the population.

2.5.3 East Kent Hospitals University Foundation Trust

EKHUFT is a large hospitals trust serving around 700,000 people in east Kent. The trust has more than 1,000 acute beds across five hospitals and employs more than 10,000 staff. It also provides community clinics and some specialist services for a wider population, including renal services in Medway and Maidstone and a cardiac service for all of Kent based at William Harvey Hospital, Ashford.

Kent and Medway's Clinical Trials Unit is based in Queen Elizabeth The Queen Mother Hospital, Margate, and the trust takes part in many clinical research studies and recruits high numbers of patients into research trials.

As a teaching Trust, EKHUFT plays a vital role in the education and training of doctors, nurses and other healthcare professionals, working closely with local universities and Kings College University in London.

2.5.4 Maidstone and Tunbridge Wells NHS Trust

MTW is a large acute hospital trust located across two main sites, Maidstone Hospital and Tunbridge Wells Hospital. The trust employs 7,000 full and part time staff and provides a full range of general hospital services and specialist care to more than 600,000 people living in west Kent and East Sussex. The trust has around 700 beds for acute care. In addition, MTW is one of the largest providers of specialist cancer services in the country, providing cancer care to around 1.9 million people across Kent and East Sussex.

2.6 Alignment with business strategies

The implementation of the stroke review is in line with guidelines on stroke treatment and management from the Royal College of Physicians, the National Institute for Health and Care Excellence (NICE) guidance, and the NHS Long Term Plan (LTP), all of which support the centralisation of urgent and emergency stroke services into hyper-acute stroke units to deliver improved care and outcomes. This is further supported by a wealth of evidence from other parts of the country where the HASU model has been implemented, most notably in London, Manchester and Northumbria.

2.6.1 National strategies and programmes

The NHS Long Term Plan[8] recognises the importance of tacking the growing impact of stroke in England. It set outs the ambitions for the NHS over ten years to 2029, identifying stroke as a clinical priority. It outlines how partners will work together to improve stroke care along the entire pathway, from prevention to rehabilitation.

The plan points to strong evidence that hyper-acute interventions such as brain scanning, and thrombolysis are best delivered as part of a networked 24/7 service. The plan supports centralised hyper-acute stroke care delivered by a smaller number of well-equipped and staffed hospitals, based upon evidence of the greatest improvements in adopting this model of care. This would see a reduction in the number of stroke-receiving units, and an increase in the number of patients receiving high-quality specialist care, meeting seven-day national clinical standards for stroke care.

In addition, mechanical thrombectomy and clot-busting treatment (thrombolysis) can significantly reduce the severity of disability caused by a stroke. Reconfiguring stroke services into specialist centres would improve the use of thrombolysis. This model of care would ensure 90% of stroke patients receive care on a specialist stroke unit and that all patients who could benefit from thrombolysis (about 20%) receive it. This combination of specialist stroke care, thrombolysis and thrombectomy would result in the NHS having the best performance in Europe for people with stroke.

The LTP also proposes higher intensity care models for stroke rehabilitation in the community, delivered in partnership with voluntary organisations including the Stroke Association, to support improved outcomes to six months and beyond.

The National Stroke Programme[9] has been developed jointly by NHS England and the Stroke Association in consultation with a wide range of clinical experts and people affected by stroke.

The programme supports local organisations to meet the ambitions for stroke set out in the LTP and deliver better prevention, treatment and care for the 85,000 people who have a stroke in England each year. It aims to ensure that the groundwork is laid for change in every area of the country. The programme aims to:

- improve post-hospital stroke rehabilitation models for stroke survivors;
- deliver a ten-fold increase in the proportion of patients who receive a clot-removing thrombectomy to end their stroke so that each year 1,600 more people will be independent after their stroke;
- train more hospital consultants to offer thrombectomy in more sites, providing a national service;

- deliver clot-busting thrombolysis to twice as many patients, ensuring 20% of stroke patients receive it by 2025 – the best performance in Europe;
- enhance the Sentinel Stroke National Audit Programme (SSNAP) to identify further need and drive improvements across the stroke pathway, including rehabilitation;
- ensure three times as many patients receive six-month reviews of their recovery and needs – from 29% today to 90%.

The National Stroke Service Model[10] outlines best practice stroke care; from prevention initiatives aimed at addressing health inequalities, more efficient diagnosis through improved imaging services, cutting-edge treatments and innovative rehabilitation and life after stroke services. All of which will be delivered by Integrated Stroke Delivery Networks (ISDNs) to:

- prevent thousands of strokes by identifying and supporting people with atrial fibrillation, high blood pressure and high cholesterol, all of which increase the risk of stroke;
- make sure that more patients get the best treatment by improving access to ICT and MRI scanning, clot-busting drugs and clot extraction treatment, and train more NHS consultants to offer the latest surgical techniques;
- increase availability and quality of rehabilitation services, working with the Stroke Association and other partners, so that more stroke patients can leave hospital earlier and make a good recovery at home;
- create new 24/7 integrated stroke networks across the country to make sure that patients receive high quality care and treatment, sooner.

The national service model for an integrated community stroke service (ICSS)[11] is part of the National Stroke Service model and describes ICSS' coordinating transfer of care of stroke survivors from hospital and providing home-based stroke rehabilitation through a specialist multidisciplinary team structure. The ICSS is an integrated seven days per week service, providing early supported discharge (ESD), high-intensive and needs-based community stroke rehabilitation and disability management. The ICSS works collaboratively with the voluntary sector and social care to ensure tailored patient centred care with provision of six-month reviews, information, and longer-term support in the community. ICSS services can be accessed both from hospital and the community with pathways dependent on the individual needs of stroke survivors.

Integrated Stroke Delivery Networks[9] bring people and organisations together to deliver the best possible care for their population. Led by integrated care systems, ISDNs include providers and commissioners of services across the whole stroke pathway. ISDNs are responsible for designing and delivering optimal stroke pathways, which will ensure that more people who experience a stroke receive high-quality specialist care, from pre-hospital, through to ESD, community specialist stroke-skilled rehabilitation and life after stroke. Their development is key to delivering on the LTP commitments for stroke.

The overarching aim of an ISDN is to enhance the quality of stroke care, by improving clinical outcomes, patient experience and patient safety. The ISDN does this by bringing key stakeholders

together, to facilitate a collaborative approach to service improvement of the whole stroke pathway ensuring a patient centred, evidence-based approach to delivering transformational change.

Key ambitions

- Best practice personalised stroke pathways configured and managed from pre-hospital care onward, including ambulance, thrombectomy, ESD and six-month reviews, and then building to cover the entire pathway from prevention through to life after stroke.
- A flexible, future-proofed competency-based stroke workforce, supported by a skills and capabilities framework and toolkit.
- A comprehensive dataset that meets the needs of clinicians, commissioners and patients in capturing care quality and outcomes.

ISDNs have established links to other relevant networks including regional Getting it Right First Time (GIRFT) implementation hubs, PCNs, Academic Health Science Networks and strategic clinical networks, the ISDNs' core focus is to agree priorities for delivery of the stroke components of the LTP and develop operational plans for clear patient pathways.

Stroke Getting it Right First Time Programme National Specialty Report[12] brings together findings and recommendations based on the evidence and data collated during the GIRFT review of stroke services. The report considers the pressures that stroke services are facing, which result in inconsistent provision of a specialist workforce, inadequate resource and funding, sub-optimal access to diagnostic services and interventions, limits on understanding capacity and demand, and varied access to community and third sector resources to support stroke survivors on their recovery journey. The report makes practical recommendations to address the pressures and support regional delivery of the LTP for stroke by supporting many of the objectives of the national Stroke Delivery Programme and service models. This includes:

- Implementing the national optimal stroke imaging pathway, including:
  - working towards 24/7 access to imaging;
  - aligning with NICE guidance for TIA;
  - reducing unwarranted variation in poor access to MRI;
  - improving brain imaging within one hour of arrival for all patients with stroke;
  - reducing duplication of MRI and CT within 24 hours of arrival;
  - ensuring 24/7 access to CT angiogram and CT perfusion;
  - incorporating guidance from Sir Mike Richards' diagnostic imaging review.
- reducing door to intervention times for all stroke subtypes;
- ensuring access to highly specialised stroke units for patients with stroke in less than four hours and for more than 90% of their stay;
- ensuring equitable and timely access to services that reduce the risk of complications following stroke, including:

  - reduce time to swallow screen, with or without speech and language team assessment, and review relationship with the use of antibiotics in the first seven days;
  - deliver definitive feeding solutions for those patients with prolonged dysphagia;
  - avoid health inequity in access to multidisciplinary care across the days of the week;
  - reduce falls risk and subsequent harm from falls;
  - implement stroke-specific venous thromboembolism assessment and ensure treatment/intervention;
- improving access to and time to thrombectomy intervention. Aiming for 8% of all patients with stroke accessing thrombectomy by 2025;
- working with local systems and ensuring adherence to NICE guidance for TIA. Patients with suspected TIA must be assessed seven days a week with remote triage to prioritise assessment within 24 hours;
- ensuring assessment include appropriate investigations including brain imaging, carotid vessel imaging (where appropriate) and rhythm check to exclude atrial fibrillation;
- transforming delivery of care and efficiency of workforce by incorporation of digital technology.

2.6.2 Local strategies

Kent and Medway Interim Integrated Care Strategy[13]: The inception of the ICS has led to the development of the interim integrated care strategy, which sets out the shared purpose and common aspiration of partners to work in increasingly joined up ways. It is rooted in the needs of people, communities and places and will help the ICS drive forward on the agreed priorities for action across health and social care in Kent and Medway.

The strategy describes six shared outcomes that system partners will work together to achieve (**Figure 1**). The stroke programme has a role in supporting these outcomes; particularly shared outcome 5, through the development of hyperacute stroke units:

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

The NHS delivery plan for the integrated care strategy is the Joint Forward Plan (JFP). Year 1 of the JFP will be published by 30 June 2023.

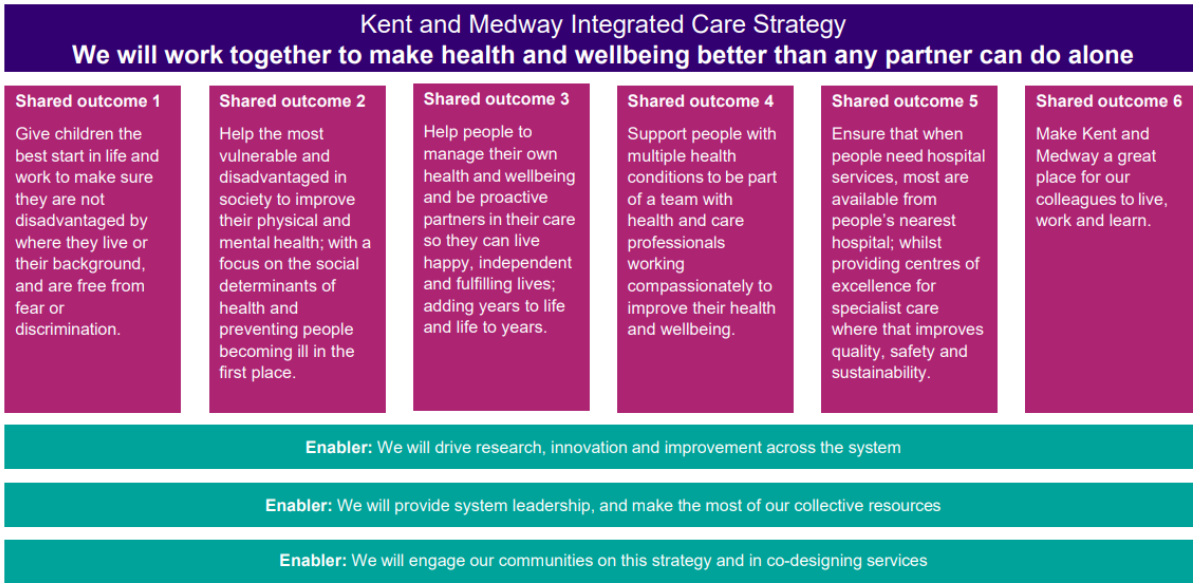


Figure 1: Kent and Medway interim integrated care strategy shared outcomes

2.7 Part B: The case for change

2.8 Investment objectives

As detailed in the OBC, in 2017 the Kent and Medway Stroke Programme Board agreed to five strategic objectives linking back to the major challenges set out in the PCBC:

- **Objective 1:** To deliver financially sustainable services;
- **Objective 2:** To ensure that Kent and Medway is able to develop consolidated HASU/ASU stroke services to improve population outcomes;
- **Objective 3:** To deliver fit for purpose estate solutions to ensure the three HASU/ASUs in Kent and Medway are able to deliver the capacity required;
- **Objective 4:** To ensure the workforce is in place to deliver the required standards of care 24/7 as per best practice guidelines;
- **Objective 5:** To improve patient, carer and staff experience of stroke services across Kent and Medway.

Since the OBC was developed, these objectives have been reviewed and remain valid. The services in their current form do not support or enable these objectives.

The five strategic objectives can be translated using the SMART approach (specific, measurable, achievable, relevant, and time-bound) as detailed in **Table 1.**

Table 1: Investment objectives

Investment objective	Specific	Measurable	Achievable	Realistic	Timely
To deliver financially sustainable services	• Secure improvements in quality of life for patients while minimising the level of investment required.	• Reduction in lifetime costs of stroke survivors • Reduced vacancy levels • Improved SSNAP score	• Deliver sustainable improvements in quality and performance through the application and embedding of continuous improvement methodologies	• Establishment of a model of care consistent with clinical standards	• Lifetime benefits of stroke survivors delivered from following quarter after stroke.
To ensure that K&M is able to develop consolidated HASU/ASU stroke services to improve population outcomes	• Delivery of a service as directed by the NHS plan to the clinical standards	• Improved patient independence • Reduction in stroke related death • Increased percentage of people admitted to a stroke ward within 4 hours • Increased the rate of thrombolysis • Increased access to a consultant 7 days per week • Reduction in health inequalities	• Using performance management and key performance indicator (KPI) criteria • Clinical standards developed and approved nationally	• Assumptions based on achievements delivered by the other stroke networks which have already implemented the service in line with the service specification.	• The benefits are phased over the medium term following the change. • Improvement to SSNAP A in 6 months in line with delivery of other stroke networks.

Investment objective	Specific	Measurable	Achievable	Realistic	Timely
To deliver fit for purpose estate solutions to ensure the three HASU/ASUs in K&M are able to deliver the capacity required	• Units established that deliver the service co-located to CT scan facility and resus. • Flexibility of unit design to enable growth of 4 beds per unit.	• Estate is fit for purpose to see the numbers of patients that will flow to them under the new configuration (no less than 500). • Decrease in the number of non-stroke patients on the stroke ward by having appropriate stroke estate • Delivery of key co-adjacencies • Achievement of time to diagnostics by ensuring diagnostic capacity is available	• Using performance management and KPI criteria as a means to determine refresh requirements avoiding arbitrary timelines which drive excess cost.	• Opportunities provided for further rationalisation where this is conducive to organisational objectives and maintaining high quality clinical care • Ensuring KPIs do not drive over supply and cost	• Commence procurement as soon as draw down released to complete the FBC
To ensure the workforce is in place to deliver the required standards of care 24/7 as per best practice guidelines	• Whole system approach adopted to recruitment and job retention.	• 7 day per week staffing • Improved staff morale • Improved recruitment and retention • Timely access to diagnostics • Reduction in stroke vacancy rates	• Act as an enabler for staff development across the system. • Links with local training organisation to support training.	• Incremental increase of the work force prior to opening the new units. • Workforce strategy to underpin the recruitment and retention of staff	• Commence workforce plan as soon as draw down released to complete FBC.

Investment objective	Specific	Measurable	Achievable	Realistic	Timely
		• Enablement of a sustainable network of staff			
To improve patient, carer and staff experience of stroke services across K&M	• Deliver the clinical standards to achieve the clinical benefits identified from the new model of care.	• Improved patient experience • Improved stroke survival rates at 90 days • Improved independence • Improved staff experience by having a network across K&M • A sustainable multi-disciplinary approach to staffing delivered.	• KPI register developed from co-created outcome measures	• Facilitation for closer working and ongoing relationships within the ISDN	• Recruitment and retention strategy developed as part of FBC • Interim changes implemented as the service requires. • Incremental increase of staffing numbers.

Financial sustainability is deemed to have been achieved if the current position of providers does not deteriorate and that the financial benefits result in a lower investment requirement of the ICB than the 'do minimum' alternative.

2.9 Critical success factors

The critical success factors (CSFs) are the attributes essential to the delivery of the transaction against which the project success will be assessed. They have been designed to make sure that the investment objectives, constraints and dependencies which are set out in this Strategic Case can be met.

The Kent and Medway Stroke Programme identified five CSFs. Each option needed to:

- deliver the key standards and co-dependencies with a sustainable workforce;
- be implementable within a reasonable timeframe;
- be a strategic fit in line with other consultation and designation processes;
- be accessible to patients and carers;
- demonstrate high level affordability.

2.10 Existing arrangements

In Kent and Medway, hospital stroke services have historically been provided from all seven acute hospital sites. Interim emergency moves of stroke services from Tunbridge Wells Hospital, Medway Hospital, William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital have taken place over the past three years.

A total of 3,222 strokes are treated in the Kent and Medway catchment area (defined as people for whom a Kent and Medway acute hospital site is the closest site in terms of travel time) each year.

There are three hospital trusts providing hospital stroke services across the three sites:

- Dartford and Gravesham NHS Trust which provides hospital stroke services in Dartford (Darent Valley Hospital);
- East Kent Hospitals University NHS Foundation Trust which provides hospital stroke services in Canterbury (Kent and Canterbury Hospital);
- Maidstone and Tunbridge Wells NHS Trust which provides hospital stroke services in Maidstone (Maidstone Hospital).

Table 2 below gives an overview of the **2023/24 operating income** and costs of the existing stroke services for the population who will access them across Kent and Medway.

Table 2: Baseline costs

Baseline	EKHUFT	MTW	DGT	Total
Activity - stroke	1,267	1,148	623	3,038
Activity - TIA	127	115	62	304
Beds	52	38	26	116
WTE	155.83	140.86	98.36	395.05
	£'000	£'000	£'000	£'000
Income	(10,421)	(9,890)	(7,204)	(27,515)
Pay	8,142	7,726	5,457	21,325
Indirect/overheads	2,280	2,163	1,746	6,189
Net loss	**0**	**0**	**0**	**0**

2.11 Business needs

This section provides an account of the problems, difficulties and service gaps associated with the existing arrangements in relation to future needs and any changes since submission of the OBC.

2.11.1 Key challenges

There is a wealth of evidence that the way hospital stroke services are organised can have a major impact on outcomes after stroke. The evidence[14] states:

- the most important care for people with any form of stroke is **prompt admission to a specialist stroke unit**. In Kent and Medway there are currently no hyper-acute stroke units (there are acute stroke services but none that provide the 24/7 cover and access to specialist skills that are required for a hyper-acute stroke unit);
- that hyper-acute stroke services enable patients to have **rapid access to the right skills and equipment and be treated 24/7** on a dedicated stroke unit, staffed by specialist, multi-disciplinary teams. In Kent and Medway there are insufficient specialist staff;
- for **brain imaging to be urgently available** with access to other imaging and good interpretation. In 2021/22, approximately 30% of patients in Kent and Medway did not have a scan within the recommended one hour of admission to hospital;
- that following a brain scan, **suitable patients should have thrombolysis** (an injection to help dissolve the blood clot) as soon as possible and within one hour of arriving at hospital. In 2021/22 approx 60% of eligible patients in Kent and Medway received thrombolysis and 40% received it within the one-hour timeframe;
- that **patients are transferred home as soon as possible** where rehabilitation continues at the same intensity and with the same expertise as in the inpatient setting (ESD where appropriate). There is insufficient provision of ESD and rehabilitation services in Kent and Medway.

2.11.2 Stroke service performance in Kent and Medway

Historically, Kent and Medway providers have struggled to meet the SSNAP quality standards, which measure whether services are delivering to national quality standards. There has been a marked increase in scores following the temporary service moves on to three sites between October 2019 and July 2020, supporting the case for change.

The challenges are now centred around the lack of specialist staff available 24 hours a day, seven days a week. In addition, many patients do not receive the most appropriate diagnostics and treatment within recommended time standards. The well published evidence shows that non-compliance with standards for clinical quality results in unnecessary and increased levels disability, poor quality of life and avoidable deaths.

Data from SSNAP in **Table 3** demonstrates the improvement across provider organisations following the temporary consolidation of services. Further improvements are anticipated following the implementation of the three HASUs.

Table 3: Data from the Stroke Sentinel National Audit programme for Kent and Medway

Hospital	Dec 16 - Mar 17	April - Jul 17	Aug - Nov 17	Dec17 - Mar 18	Apr - Jun 18	Jul - Sep 18	Oct - Dec 18	Jan - Mar 19	Apr - Jun 19	Jul - Sep 19	Oct - Dec 19	Jan - Mar 20	April - Jun 20	Jul - Sep 20	Oct - Dec 20	Jan - Mar 21	April - Jun 21	Jul - Sep 21	Oct - Dec 21	Jan - Mar 22	April - Jun 22	Jul - Sep 22	Oct - Dec 22	Jan - Mar 23	April - Jun 23
DVH	D	D	D	E	D	D	D	D	C	D	D	D		C			D	C	B	B	B	B	C	C	B
QEQM	D	C	D	D	D	D	D	D	D	C	D	D													
WHH	C	B	B	B	B	C	C	D	D	C	D	D													
K&C														A			A	A	A	B	B	B	A	A	A
MGH	A	A	B	B	B	B	A	A	B	B	C	D		A			A	A	B	B	B	A	B	A	A
TWH	C	C	C	C	C	B	C	B	C	C															
MMH	D	D	D	E	E	E	E	D	D	D	E	E													

Temporary emergency service transfer

Clinical audit was suspended for the duration of this quarter.

2.11.3 Impact of high service performance on stroke patients

The evidence[15] shows that compliance with quality standards delivers an improvement in:

- six and 12 month modified Rankin scale outcomes (the Rankin scale is used to measure the degree of disability or dependence in the daily activities of people who have suffered a stroke or other causes of neurological disability);
- the percentage of stroke patients returning home (increase);
- the percentage of patients being discharged to a residential or nursing home (decrease);
- the percentage of patients returning to work (increase);
- patients and carers outcomes relating to quality-of-life scores such as Euro-QOL, SF-36, the Stroke Impact Scale, and the Stroke Carer Burden Scale.

2.11.4 Length of stay

Getting people out of hospital and into rehabilitation as quickly as possible is crucial in delivering high quality care and better outcomes. It is also expensive to keep people in hospital if they can be safely cared for elsewhere. In Kent and Medway, the length of stay for people who have had a stroke is an average 15.2 days[16]. This is higher than has been achieved in areas which developed hyper-acute stroke units[17].

2.11.5 Financial considerations

An estimated £26.6m was spent by the ICB on acute stroke activity in the Kent and Medway catchment area in 2021/22 - an average of £8,726 per patient[18].

2.12 Potential business scope and key service requirements

This section describes the potential scope for the project in relation to the above business needs and any changes since submission of the OBC.

2.12.1 Business scope

The scope of the programme is to implement three new co-located hyper-acute stroke units and acute stroke units across Kent and Medway at Darent Valley Hospital, Maidstone Hospital and William Harvey Hospital. These units are to be staffed by specialists all day, every day.

2.12.2 Out of scope

Stroke rehabilitation and prevention are linked areas of work and were key themes that surfaced during the formal public consultation in the spring of 2018. These parallel and supporting areas of work are not part of the minimum scope although they are referenced and subject to separate business cases and planning. The CCGs made a commitment to ensure that improved rehabilitation services are in place to support the go-live of HASUs.

2.13 Vision for the future

Our aspiration for health and social care in Kent and Medway is a model which prevents ill-health, intervenes earlier and delivers excellent, integrated care closer to home. Our vision is that patients in Kent and Medway:

- are supported to self-care where appropriate;
- have easy access to advice when needed in person and using technology;
- can access care through most appropriate pathway;
- are rapidly triaged to the most appropriate provider;
- consistently receive care which is in line with best practice;

- have optimised experience and outcomes seven days a week.

2.13.1 Ambition for stroke services

For hospital stroke services, the ambition is to deliver clinically sustainable, high quality stroke services that are accessible to Kent and Medway residents 24 hours a day, seven days a week. The new model of care will:

- fulfil the best practice recommendations as set out in the National Stroke Strategy 2007;
- deliver improved quality of care, patient experience and patient outcomes;
- support the sustainability of Kent and Medway stroke services by consolidating hospital stroke care, as required.

It will deliver several benefits for patients, as shown in **Section 2.17**.

- More people will survive a stroke.
- Improved quality of life and independence for people who have had a stroke.
- Greater number of people being able to return home rather than go into residential or nursing care after a stroke.
- Reduced length of stay in hospital after a stroke.
- Better access to high quality services and expertise.

The issues with urgent stroke care identified in the case for change (**Section 2.7**) will be addressed.

- The development of hyper-acute stroke units to which patients can be directly admitted within a maximum of four hours of arriving at hospital.
- An increase in the number of stroke patients seen at each unit to meet national quality guidelines on minimum throughput.
- Increasing access to specialist staff and equipment all day every day.
- Ensuring eligible patients receive thrombolysis within 120 minutes of calling an ambulance with a suspected stroke.
- Enabling most patients to access brain imaging within one hour of admission to hospital.
- Delivering assessment by a multi-disciplinary team seven days a week in all units.
- Supporting all hospitals to achieve an overall A grade for SSNAP performance.

Ultimately the ambition is to reduce the number of people who have a stroke, provide the best possible care to those who do, reduce the number of deaths from a stroke and improve the outcomes and independence for those who survive. Based on evidence from similar reconfigurations in other

parts of England we anticipate a minimum of an additional life will be saved every two weeks in Kent and Medway following the introduction of HASUs.

2.13.2 The stroke pathway

Although this FBC focuses on hospital stroke care through the development of HASUs/ASUs, the commitment is to ensure that improvements are achieved across the whole pathway. The stroke pathway can be separated into five sections, as shown in **Figure 2**: The full stroke pathway.

- **Prevention:** supporting people to follow healthy lifestyles and reducing the numbers of people who are at risk of, or experience, a stroke.
- **Urgent and acute:** care whilst a person is experiencing a stroke, mainly focusing on getting a person to urgent care services as quickly as possible and then providing the highest quality care.
- **Rehabilitation and long-term support:** rehabilitation following a stroke to give the highest quality of life possible in a setting of care as close to home as possible. Rehabilitation should start on day one of a stroke. Personalised care should be provided for as long as the person needs it.

The focus of this FBC is on the urgent (acute) part of the stroke pathway. However, it is recognised that to achieve the very best outcomes for patients, effective and comprehensive stroke rehabilitation is essential, and work is underway to ensure an improvement in stroke rehabilitation services in Kent and Medway.

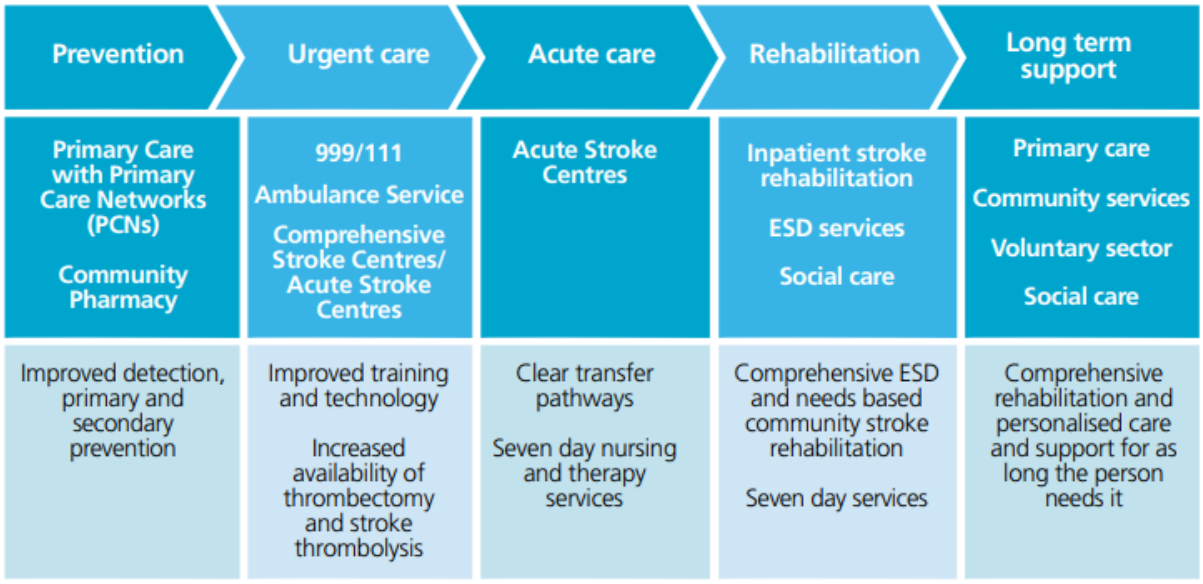


Figure 2: The full stroke pathway

2.13.3 Prevention

Although the focus of this FBC is on hospital stroke services, it is acknowledged that the prevention of stroke is a key priority. The vision is that every part of the health and social care system will view

prevention as their business. Staff will take every opportunity to offer advice, guidance, and support to people so that they can improve their lifestyles and their health outcomes. The system will be equipped with appropriate tools and resources to make this happen.

Clinicians have identified the following factors as crucial to improving stroke prevention:

- reduction in smoking rates;
- improvements in diabetes detection and care;
- better identification and management of high blood pressure and atrial fibrillation;
- more widespread use of statins;
- a focused strategy on the identification and prophylactic anticoagulation of patients with atrial fibrillation;
- primary prevention initiatives to address obesity and increase physical activity.

In Kent and Medway, there are initiatives to improve public health and help prevent strokes, particularly by targeting smoking and obesity. It is important we ensure these activities/interventions are also targeted towards our populations who reside in areas of increased deprivation where these factors are more prevalent and therefore greatest impact could be made in long term health gains.

2.13.4 Urgent stroke services

The National Stroke Service Model and the National Clinical Guideline for Stroke (2016) provides guidance on recommended best practice. This shows that key to successful outcomes for stroke patients is a high-quality stroke unit with rapid access to diagnostics, specialist assessment and intervention. Evidence shows that rapid specialist assessment and intervention in the hyper-acute phase (the first 72 hours after a stroke) reduces mortality and improves long term outcomes for stroke patients.

It is possible to have separate hyper-acute stroke units (HASUs - first 72 hours) and acute stroke units (ASUs - 72+ hours) on different hospital sites. However, a similar workforce is required to cover each type of unit and therefore it is sensible to co-locate HASUs and ASUs to support the consolidation of the workforce into fewer units. Co-locating HASUs and ASUs also significantly reduces the need to transfer patients which increases their length of stay. Clinicians therefore agreed that hyper-acute stroke units and acute stroke units would be co-located in Kent and Medway.

The key requirements of 'good' hyper-acute and acute stroke units that delivers the best outcomes for patients are:

- access 24 hours, seven days a week;
- rapid and accurate diagnosis;
- clinical expertise;
- access to imaging and good interpretation;
- direct admission to a specialist stroke unit;

- immediate access to treatment;
- specialist centres with enough numbers of patients and expert staff;
- high quality information and support for patients and carers;
- inpatient care through a specialist unit with co-ordinated assessment and plans for discharge to continued rehabilitation;
- the service measures what it does, publishes data and constantly looks for improvements.

To meet these requirements, Kent and Medway hyper-acute and acute stroke units will adhere to the following national recommendations for hyper-acute and acute stroke units[19]:

- be a seven-day dedicated specialist unit with more than 500 confirmed stroke admissions;
- achieve rapid assessment and imaging; imaging within one hour and call to needle (thrombolysis) times of two hours;
- have patients admitted directly onto a specialist stroke unit within four hours;
- have patients stay in the stroke unit for 90% of the inpatient episode;
- assess patients by specialist stroke consultant and stroke trained nurse and therapist within 24 hours;
- have seven-day stroke consultant cover;
- have seven-day stroke trained nurse and therapist cover.

In addition, the South East Strategic Clinical Network Stroke and TIA Service and Quality Core Standards 2016 set out that the care of people with suspected stroke should aim to minimise time from call to needle to a recommended standard of within 120 minutes. This requires:

- call to (hospital) door time as soon as possible (less than 60 minutes);
- door to needle time for those appropriate for in licence use of IV thrombolysis as soon as possible (less than 60 mins[20]).

Hyper-acute and acute stroke units should be delivered to a high standard regardless of the day of the week or the time of the day. Hospitals need to provide seven-day services such as diagnostics and therapies where they have traditionally been a Monday to Friday service or on call for emergency patients. A seven-day service supports the development of co-located hyper-acute and acute stroke units which will enable TIA clinics to be accessed seven days a week and the urgent pathway to be accessed 24 hours a day. The national guidance notes that the quality of the hyper-acute and acute stroke unit is the single biggest factor that can improve a person's outcomes following a stroke[21]. Successful stroke units are built around a stroke-skilled multi- disciplinary team that can meet the needs of individuals.

2.13.5 Hospital stroke pathway

Clinicians have agreed a hospital stroke patient pathway for Kent and Medway, which is shown in **Figure 3**: Hospital stroke patient pathway. This complies with the 2016 National Clinical Guideline for Stroke from the Royal College of Physicians.

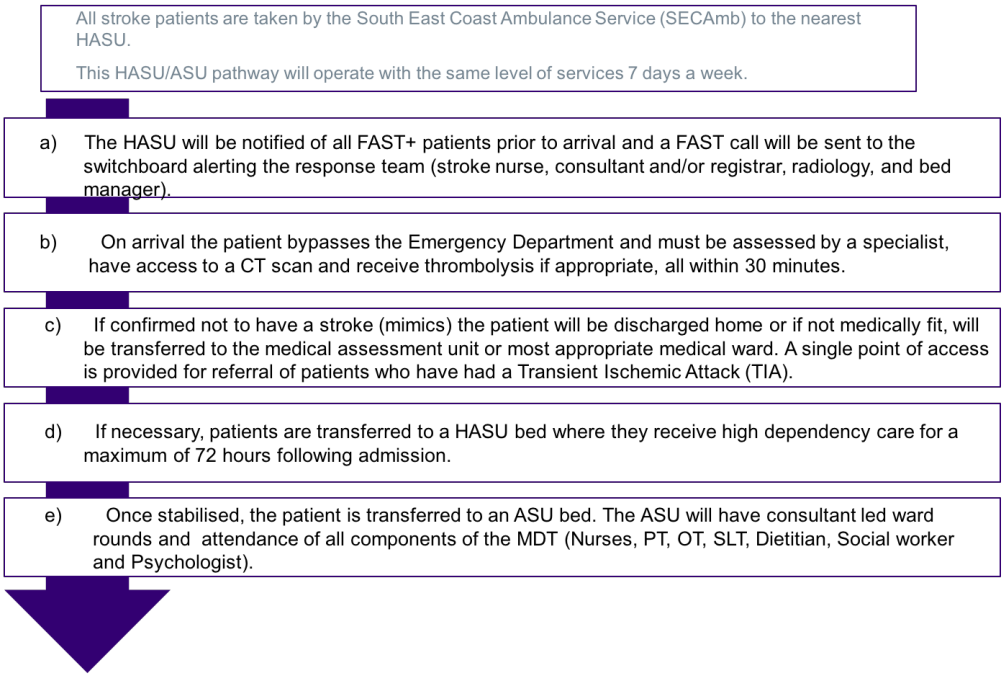


Figure 3: Hospital stroke patient pathway

Pre-hospital: evidence shows that the more rapidly thrombolysis is administered, the better the outcomes for stroke patients. The ambulance service will work to minimise the amount of time taken to assess and stabilise the person and then convey them to the nearest hyper-acute stroke unit (HASU). The HASU will be notified of all FAST+ patients (people with stroke symptoms) prior to arrival and a FAST+ call will be sent to the switchboard alerting the response team (stroke nurse, consultant and/or registrar, radiology and bed manager).

Thrombolysis: thrombolysis with alteplase is administered to around 10% of patients experiencing a stroke in Kent and Medway, and it is expected that this would continue to be administered to the same or more people under the new model of care. Thrombolysis with alteplase is a treatment administered to stroke patients which can break down and disperse a clot that is preventing blood from reaching the brain. Breaking down a blood clot can restore blood flow to the brain, and, if given early enough, can save brain cells from damage and reduce disability. All thrombolysis decisions are made by a consultant. If, following a CT scan, thrombolysis is indicated, it will be administered within four hours from symptom onset and within 30 minutes of arrival at the HASU.

Mechanical thrombectomy is an emergency procedure to remove a blood clot using surgery. Currently, mechanical thrombectomy is only offered in full neurosciences centres (there are no

neurosciences centres in Kent and Medway and therefore currently patients must travel to London). A thrombectomy service is currently being developed in east Kent and is expected to start in April 2024. In the interim, there are agreed pathways and agreements in place with specified regional neuroradiology centres for mechanical thrombectomy.

Mimic and transient ischemic attack (TIA) pathways: some patients who are brought to hospital with a suspected stroke have not actually had a stroke but may still require follow-up care. This includes patients with mimic symptoms, some of whom may require neurology input, and people with a TIA, which may be a precursor to a stroke. Under this model, the clinicians at local non-HASU/ASU hospitals would be able to link into stroke physicians at the HASU/ASU sites, leveraging advances in technology and telemedicine. In addition, GPs and other healthcare professionals will be able to contact a stroke specialist at the HASU/ASU sites 24 hours a day seven days a week for advice.

Mimics: if the condition does not require further hospital care, the patient will be discharged with appropriate follow-up care in the patient's local hospital. If the condition requires further general hospital care, the patient will be quickly transferred to the general team within the HASU hospital if the predicted length of stay is two days or less or to the general team at their local hospital site if the predicted length of stay is more than two days.

Hyper-acute stroke unit (HASU): patients with an identified stroke will be admitted to a hyper-acute stroke unit (HASU) bed where they will stay for a maximum of 72 hours. A HASU is like a critical care unit. In line with national guidance, patients on the hyper-acute stroke unit will have immediate access to[22]:

- specialist medical staff trained in the hyper-acute and acute management of people with stroke, including the diagnostic and administrative procedures needed for the safe and timely delivery of emergency stroke treatment;.
- specialist nursing staff trained in the hyper-acute and acute management of people with stroke, covering neurological, general medical and rehabilitation aspects;
- stroke specialist rehabilitation staff;
- timely diagnostic, imaging and cardiology services;
- tertiary services for endovascular therapy, neurosurgery and vascular surgery.

The HASU will have continuous access to a consultant with expertise in stroke medicine, with consultant review seven days per week. Scans will be staged according to clinical priority with stroke a prioritised service for scanning. Specialist stroke staff will be trained to request scans to eliminate any delays. The CTA (CT angiography) service will be interpreted by a stroke consultant in the first instance followed by radiology report next working day.

Acute stroke unit (ASU): once stabilised and if continuing urgent care is required, patients will be transferred from a hyper-acute stroke unit (HASU) bed to an acute stroke unit (ASU) bed. An ASU is like a ward with access to rehabilitation space. In line with the national guidance the acute stroke unit will provide:

- specialist medical staff trained in the urgent management of people with stroke;
- specialist nursing staff trained in the urgent management of people with stroke, covering neurological, general medical and rehabilitation aspects;
- stroke specialist rehabilitation staff;
- access to diagnostic, imaging and cardiology services;
- access to tertiary services for neurosurgery and vascular surgery.

Patients on the ASU will have continuous access to a consultant with expertise in stroke medicine, with consultant review seven days per week. There will be attendance of all components of the multi-disciplinary team (nurses, physiotherapists, occupational therapists, speech and language therapists, dietitians, orthoptics, social workers and psychologists) as patient rehabilitation will start here. If a patient requires continued intensive rehab and more support than they could receive at home, they will move to a stroke rehabilitation unit. This may be co-located with the acute stroke unit or provided elsewhere in community hospitals.

2.13.6 Pathways between HASU/ASU and non-HASU/ASU sites

If potential stroke patients arrive at hospital sites without a HASU/ASU, or they have a stroke as an inpatient at a non-HASU/ASU site, they will be immediately transferred to the HASU/ASU site by ambulance under the care of the critical care team with remote support provided by the HASU/ASU site. Clear protocols and procedures will be in place between the hospital sites to facilitate the immediate care and fast transfer of the patient. Clinicians have agreed a pathway of care (shown in **Figure 4**) for these patients.

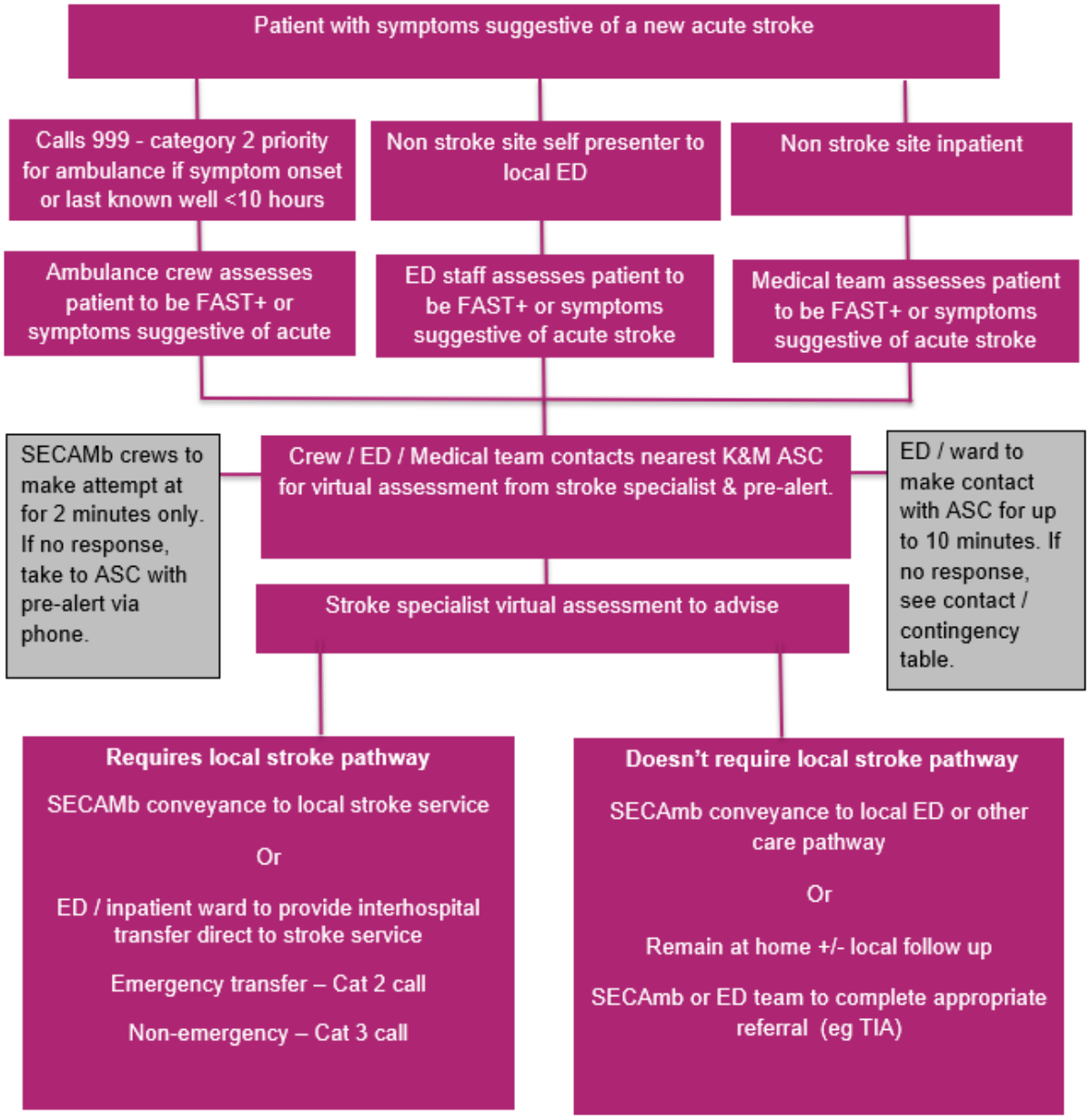


Figure 4: Pre-hospital patient pathway

2.13.7 End of life care in hospital

On occasion, stroke patients will be on an end-of-life pathway while in hospital. Each provider already has agreed end-of-life pathways for these patients and clinicians agreed that these pathways would continue to be used as part of the new model of care and reviewed as part of implementation to ensure the most up to date care is in place for end-of-life stroke pathways.

2.13.8 Community stroke services including long term support

People who have survived their initial stroke and stabilised are either transferred from the HASU, or the ASU to community stroke rehabilitation services. The aim of stroke rehabilitation is to support the

stroke survivor to overcome and adapt to their physical, mental and social complications which have been adversely affected by stroke.

While this FBC focuses on acute stroke services, it is recognised that acute stroke services need to be supported by robust community provision, delivered locally for people with stroke and their families. It is also recognised that provision of out of hospital capacity is a vital part of the sustainable delivery of a HASU/ASU in order that patient flow is maximised and maintained.

Work has therefore taken place to develop plans for comprehensive and equitable community rehabilitation services, which will be delivered locally and will support the implementation of HASUs.

2.14 Integrated Impact Assessment

In line with statutory duties, two integrated impact assessments (IIAs) were undertaken at key points in the review; during the development of the PCBC and again when a preferred way forward was identified.

The IIAs identified the following characteristics of the Kent and Medway population:

- **Increase in the local population:** from 2011 to 2031, planned housing developments are expected to result in an additional 414,000 residents in Kent and Medway. This growth is forecast to be distributed unevenly across Kent and Medway, with most housing growth in Medway, Dartford and Maidstone.
- **Aging population with more complex health needs:** growth in the number of people aged 65 and over in Kent and Medway is over four times greater than growth in those under 65. The older population will have greater and more complex health needs than those who are under 65.
- **Health inequalities across Kent and Medway:** poor health outcomes are more prevalent among some groups, living in certain areas. For example, women living in the most deprived areas of Thanet live, on average, 22 years less than those in the least deprived areas. The prevalence of mental health problems in Kent and Medway is generally in line with the rest of England, but mental health problems disproportionately affect people living in the most deprived areas in Kent and Medway.
- **Local people living in poor health with preventable long-term conditions:** more than 528,000 local people live with one or more significant long-term health conditions, many of which are preventable. National data suggests that for those living with one long-term condition, spending is three times higher than for a healthy individual (rising to 10 times higher for those with two long-term conditions). This is higher for Kent and Medway, where the total spend per resident with a long-term condition is six times higher than for a healthy resident. This showed that people from the most deprived quintile will be disproportionally impacted by the proposed changes in terms of travel and access, compared to the general population. However, the positive health impacts from the proposed changes, including improved clinical outcomes, are likely to also be experienced disproportionately by this group due to their higher likelihood to require stroke services. Therefore, the impact of increased travel times will be felt by visitors and carers who will need to travel further to visit patients.

An IIA Task and Finish Group was formed to review the recommendations arising from the IIA with a focus on equalities and health inequality. It comprised representatives from CCGs, local authorities and patient representatives. Areas covered included the following:

- a focus on health promotion and prevention particularly for deprived populations as a way of reducing the number of people having a stroke and therefore requiring treatment;
- close monitoring of activity and outcome information during implementation and beyond to ensure that quality standards are being met and the benefits of the changes are being realised, especially for deprived populations;
- work with a wide range of transport services including public transport, private transport and voluntary transport to ensure remote and deprived populations can access services and visit patients;
- review of the cost/availability of car parking spaces for patients and carers as part of the implementation of the plans;
- review other support opportunities to support access to visit patients;
- impact of the developments on carbon emissions;
- consideration of current travel routes and future planning.

2.14.1 Impact on deprived communities

During the consultation and following the identification of the preferred option, concerns were expressed by local authorities and local communities about the impact of the planned changes on deprived communities. In particular, the Medway and Thanet communities believe that the level of deprivation in these areas should have been a factor in the decision-making process. Deprivation was considered at both the PCBC and DMBC stages.

Moving to the model of HASU/ASUs as described in the FBC will improve outcomes for all patients, irrespective of whether they live in a deprived area or not. Additionally, there is no evidence to show that the location of hyper-acute stroke units improves deprivation or reduces health inequalities for specific communities – although they do improve outcomes for the population overall. There is also no evidence to show that HASUs should be sited in areas of highest incidence or prevalence.

The two IIAs do describe that some people living in some deprived communities will experience longer travel times to access services, however it also clearly states that the benefits of hyper-acute stroke care will very likely outweigh this. Further, the evidence shows that not only will the proposals not exacerbate inequality; they will reduce it, as those most at risk of stroke (including those living in deprived communities) have the most to gain from improvements in the service.

The most important and effective methods of addressing stroke as a public health issue in deprived areas are (i) prevention; and (ii) long term care post-stroke. Rapid treatment during the acute phase is of substantially less importance in addressing the differences as between more and less deprived communities. In recognition of this, the JCCCG agreed that a business case for stroke rehabilitation would be developed with improved rehabilitation in place when the HASU/ASU model goes live.

The committee also proposed an additional resolution around the importance of prevention specifically regarding reducing health inequalities.

2.15 Stakeholder engagement

2.15.1 Public consultation

The formal consultation on the proposals for urgent stroke services in Kent and Medway and the surrounding areas of Bexley and High Weald, Lewes and Havens ran for 11 weeks from 2 February to 20 April. The public consultation activity was comprehensive, reaching in excess of two million people, and generating over 5,000 responses to the consultation.

The consultation fully met its objectives as set out in the consultation plan published as part of the PCBC. The targets for reach and responses were significantly exceeded and a rich depth and breadth of feedback, perspectives and views on the proposals were gathered as a result.

2.15.2 Key themes from the consultation

The responses to the consultation were collated and independently analysed and show the key themes that emerged.

Do people agree with the case for change and the proposal to establish HASUs?

Overall, people agreed with the proposal to establish HASU/ASUs in Kent and Medway, and there was a high level of agreement and understanding of the arguments put forward regarding the benefits of having HASU/ASUs in Kent and Medway.

- People understood that current services are not good enough and are not on a par with other areas of the country.
- Residents generally agreed it is better to be treated by specialists and that HASU/ASUs would improve access to specialist care.
- Over three-quarters of respondents to the telephone survey agreed that it makes sense to create HASUs/ASUs and that these units would improve access to specialist treatment and improve the quality of urgent care for stroke patients.
- Almost 9 in 10 (87%) of the responses to the consultation questionnaire agreed that there are convincing reasons to establish HASUs in Kent and Medway, and over three-quarters agreed that HASU.ASUs would improve access to specialist care and improve quality of care for stroke patients.

However, some members of the public were unsure whether there is a clear case for changing the way stroke services are delivered. This was because they felt they did not have enough information or knowledge to judge whether the reasons for change are justified, that the investment may be better focussed across the whole pathway or were concerned over the potential impact on other local services of introducing HASU/ASUs. There was a concern over whether after care, including

rehabilitation services and care in the community was being considered as part of the review, and the impact that HASU/ASUs will have on these services.

A minority of people questioned the existing evidence that shows HASU/ASUs provide better outcomes. However, most questions and concerns were not generally around whether HASU/ASUs should be established, but where they should be located.

Is three the right hyper-acute stroke units the right number for Kent and Medway?

While many people understood the reasoning behind having three units in the area, and specifically the argument that it would be difficult to staff more than three units in the area, some felt that staffing should not drive such decisions, and that more should be done instead to improve recruitment and retention of staff. Many felt that the geography of the area means that four units would be better in order to provide fair and equal access to all residents.

2.15.3 Views of the five proposed options

Respondents to the consultation questionnaire were asked to rank the five proposed options in order of preference. Whilst there was no clear 'winner', the most preferred option from the surveys was Option A (Darent Valley, Medway Maritime and William Harvey Hospitals), closely followed by Option B (Darent Valley, Maidstone and William Harvey Hospitals). The key reasons given for preferring these options are that they have potentially the greatest reach and accessibility.

Of those expressing a preference for a particular option, many acknowledged that they would choose the option with their preferred hospital, usually the one closest to where they live. Many people (especially from Thanet) did not feel any option was suitable and expressed a desire for K&C or QEQM to be re-considered as one of the options. All options were perceived to leave east Kent (particularly Thanet) at a disadvantage with little or no choice. Residents often stated that the other NHS reviews and the potential new hospital in Canterbury should be considered before deciding on the locations of the units.

2.15.4 Post-consultation activity

Following the consultation, it was identified that further engagement was required with black and minority ethnic (BAME) groups as the Stroke Programme Board felt insufficient response had been gathered from these groups during consultation. This work was done during August 2018 and was focussed on BAME communities most at risk of having a stroke. This engagement found that:

- 63% of the BAME community surveyed felt the stroke consultation proposal made sense with 57% of people feeling it was based on a solid argument;
- the most frequently raised concern was about length of time and distance to travel to a stroke unit for both patients and relatives/friends, followed by concerns about staffing and quality of care at new stroke units and post stroke follow up;
- a unique issue for these communities was concerns about translation services and language barriers in the event of a stroke, both for ambulance and hospital care.

2.15.5 Consideration of the consultation activity and responses

The consultation activity and responses were considered by the JCCCG and JHOSC to make sure that statutory responsibility had been fulfilled and that the responses to the consultation had been properly addressed. Both committees agreed that the extent of consultation and engagement activity undertaken during the consultation period, the number of responses received, and the consistency of the themes coming through from the feedback gathered meant the themes arising from the consultation can reasonably be relied upon to be a fair representation of the views of the impacted population across Kent and Medway, Bexley and High Weald Lewes Havens.

The JCCCG noted other issues that had been raised such as access for deprived populations and travel times for carers and agreed that mitigations for these issues would be developed as part of the DMBC and implementation planning.

The JHOSC discussed the importance of rehabilitation services, and requested that the NHS ensures sufficient, high quality rehabilitation services are in place at the same time as any hyper-acute stroke units are implemented. This is being addressed.

2.16 Activity, demand and capacity modelling

2.16.1 Activity review 2022

The original activity assumptions outlined in the OBC were agreed in December 2017. Since 2019 there have been temporary changes to acute stroke services provided by MTW, MFT and EKHUFT. The consolidation of stroke services onto three sites has provided the opportunity to evaluate the original activity assumptions.

In April 2022 the Clinical Effectiveness Group (CEG) undertook a review of the clinical model and activity assumptions within the OBC to ensure they remain robust.

2.16.2 Clinical model

In 2017, the Clinical Reference Group developed the Kent and Medway stroke clinical model. The activity is shown as strokes, mimics and TIAs which is then converted to bed numbers using a set of assumptions on occupancy rates and length of stay (LOS). This model was agreed by the JCCCG, The SE Clinical Senate and NHS England. The activity in the previous business cases was based on this clinical model.

The parameters for the clinical model on which the OBC was based are detailed in **Table 4**.

Table 4: Clinical model

Assumption	K&M clinical model
Occupancy HASU	80%
Length of stay HASU	3
Occupancy ASU	90%

Assumption	K&M clinical model
LOS ASU	15
% of strokes to ASU	66.7%
TIA % of strokes	10%
TIA LOS	1
Mimics % of strokes	23%
Mimics LOS	2
Discharged to ESD after 3 days	33.3%
Stroke diagnosis codes	
I61	Intracerebral haemorrhage
I62	Intracranial haemorrhage (non-traumatic)
I63	Cerebral infarction
TIA	Transient cerebral ischaemic attacks & syndromes

2.16.3 Updated activity to 2019-2021

In the OBC, activity modelling for the HASU/ASU sites was based on a three-year average from 2015/16 to 2017/18. Due to the passing of time and temporary moves of the stroke units, members of CEG agreed that the three-year average primary activity should be rolled forward to 2019-2021.

In addition, it was agreed that the 2020 activity should be adjusted to reflect the national drop in stroke incidence during the start of the covid pandemic (11% from April to June 2020)[23]. The 2019-2021 three-year average primary activity at each of the three sites is detailed in **Table 5**.

Table 5: Primary stroke activity at each site

Year	MFT (est)	DGT	PRUH	MTW	EKHUFT
2019	487	489	172	766	1,218
2020	244	524	186	874	1,192
2020 – Covid adjustment (11%)	**8**	16	5	26	37
2021	0	708	188	1,172	1,354
MFT closure	(739)	132	0	607	0
Updated three-year average	**0**	**623**	**184**	**1,148**	**1,267**

Table 6 details the revised activity flows and shift of the three-year average primary activity to 2019-2021 in comparison with the original activity figures within the OBC.

Table 6: Revised activity figures

	Avg 2019-2021				Avg 2015/16 – 2017/18			
	DGT	EKHUFT	MTW	Total	DGT	EKHUFT	MTW	Total
Stroke activity	807	1,267	1,148	3,222	807	1,239	896	2,942
TIA	81	127	115	323	81	124	90	294
Mimics	186	291	264	741	186	285	206	677

The shift in flows following the consolidation of stroke services onto three sites enables stronger testing of the activity assumptions. The review shows:

- the activity that transferred from MFT was significantly higher than originally modelled. In addition, MGH received a greater percentage of the activity than anticipated;
- a change in flow from MGH and WHH following the phase 2 implementation period was originally assumed (67 strokes from MGH to WHH). However, there has not been a statistically significant increase in flows to MGH following the temporary emergency transfer of acute stroke services to K&C.

2.16.4 Impact of the updated activity

The impact of the updated activity means that a further 13 beds are required across Kent and Medway as detailed in **Table 7**. The greatest impact on bed numbers is at MTW which has increased from 41 to 49 beds. Bed numbers at DGT remain the same following a reduction in the activity to transfer from Bexley.

Table 7: Impact of the updated bed model

	DGT			MTW			EKHUFT			K&M		
	HASU	ASU	Total	HASU	ASU	Total	HASU	ASU	Total	HASU	ASU	Total
K&M model 2019-21 avg	10	24	**34**	14	35	**49**	15.4	38.6	**54**	39.4	97.6	**137**
OBC 2015/16 – 2017/18 Avg (revised)	10	24	**34**	12	29	**41**	14	35	**49**	36	88	**124**
Inc to DMBC	0	0	**0**	2.2	5.9	**8.1**	1.3	3.6	**4.9**	3.5	9.5	**13**

Table 8 shows that DGT and MTW can accommodate the additional beds within their plans. However, EKHUFT does not have the ability to increase bed numbers within their planned unit, therefore mitigations are required for two beds.

Table 8: Total beds at each site

	Current beds	HASU/ASU beds required	Capacity of new units
DGT	28	34	36
EKHUFT	50	54	52
MTW	46	49	53

2.16.5 Activity growth assumptions

Stroke is a disease that is strongly associated with increased age. The demographics of Kent and Medway show an increase in elderly populations and so the number of strokes could be expected to increase. However, it is also known that the other risk factors for stroke (high blood pressure, high cholesterol, smoking and untreated atrial fibrillation) are all reducing through public health initiatives raising awareness and detection of these conditions.

Additional increases in population are also forecast due to new housing developments in Ebbsfleet, and Otterpool; however, these are expected to be predominantly younger populations (based on the new population in the homes already built in Ebbsfleet) where the incidence of stroke is low.

In November 2018, the South East Clinical Senate conducted a review of the preferred option for the stroke service configuration in Kent and Medway. One of their recommendations was that the assumption of zero growth in stroke hospital admissions should be reviewed. This is because the original forecast included **first-ever** stroke incidence rather than total admissions.

In December 2018, Medway Public Health Intelligence Unit undertook a review of stroke incidence modelling to forecast stroke related hospital admissions. In summary, it concluded that additional bed capacity may be required due to an increase in projected population growth including the growth in those aged 65 years and over and it modelled a number of scenarios. The worst-case planning assumption is a 5% year on year growth. This does not take in account any further impact of public health measures or new technology.

As a result of the report, a flex of four beds (medical) was agreed at each unit to address variation in demand and growth and was reflected within the OBC. These are not funded in the baseline and usage will have to be monitored to understand the impact.

This assumption was reviewed and agreed by CEG and the Programme Board in November 2022.

2.17 Impact on workforce

Table 9 shows the 2023 stroke workforce establishment for the three providers, the future workforce requirement in wte and the current gap to full establishment under the HASU workforce model. It also describes the working pattern for 24/7, seven-day or five-day working. It does not include additional staffing to deliver service improvements outside of the agreed HASU workforce model e.g. the stroke assessment unit, which will be subject to a separate business case.

The staffing model was agreed through the programme governance process in 2017, with the establishment updated in 2022 to reflect the increase in beds. These staff will be funded under the

FBC. MTW currently has a Safer Staffing initiative under way, led by the Chief Nurse, which will review the establishment and skill mix. This is a local initiative and will be managed by MTW.

Table 9: Workforce establishment

Staff	Band	Pattern	DGT New staff model (WTE)	Gap (wte)	MTW New staff model (WTE)	Gap (wte)	EKHUFT New staff model (WTE)	Gap (wte)	Total gap
Registered Nurse	6	24/7	9.03	**(3.92)**	25.28	0.17	5.60	1.6	**(2.15)**
Registered Nurse	5	24/7	33.88	**15.11**	37.91	12.80	61.77	9.67	37.58
Unregistered	4	24/7		**(1.92)**					**(1.92)**
Unregistered	3	24/7		**(0.92)**	24.66	**(4.15)**	29.68	**(5.44)**	**(10.51)**
Unregistered	2	24/7	20	**0.05**	0.00	0.00		0	0.05
Clinical lead (lead practitioner)	8b	5	1	**0**	1.00	0.00	1.00	0	0
Clinical lead (Matron)	8a	5	1	**0**	1.00	0.00	1.00	0	0
Service manager				**0**			1.00	0	0
Operations manager				**0**			1.00	0	0
CNS	7	5	4.6	**0.6**	3.00	0.00	1.80	0.8	1.4
Ward Manager	7	7	1	**(2)**	2.00	0.00	2.00	0	**(2)**
Thrombolysis nurse	6	24/7	5.28	**5.28**	9.16	0.56	12.00	0	5.84
Co-ordinator	6	5		**0**	0.00	0.00		0	0
Co-ordinator	3	7		**0**	2.31	2.31		0	2.31
HCA triage	3	5		**0**	1.20	0.70	1.40	1.4	2.1
Therapy lead	8a	5	1	**1**	0.00	0.00	1.00	1	2
Physiotherapist	7	5	1	**0.04**	4.88	2.38	2.20	2.2	4.62
Physiotherapist	6	7	3	**0**	4.88	**(0.32)**	5.00	5	4.68
Physiotherapist	5	7	3	**0**	0.00	0.00	3.00	3	3
Occupational Therapist	7	5	2	**1**	4.67	3.87	2.00	2	6.87
Occupational Therapist	6	7	3	**0**	4.67	**(2.03)**	5.00	5	2.97
Occupational Therapist	5	7	2	**0**	0.00	0.00	3.00	3	3
S&L Therapist	7	5	2	**0.4**	1.85	1.05	5.45	5.45	6.9
S&L Therapist	6	7	1	**(0.4)**	2.77	**(0.13)**	2.00	0	**(0.53)**

Staff	Band	Pattern	DGT New staff model (WTE)	DGT Gap (wte)	MTW New staff model (WTE)	MTW Gap (wte)	EKHUFT New staff model (WTE)	EKHUFT Gap (wte)	Total gap
S&L Therapist	5	7	1	**0**	0.00	0.00		0	0
Dietician	7	5	1	**1**	0.00	0.00		0	1
Dietician	6	7	0	**(1.5)**	2.25	0.45	2.19	1.39	0.34
Dietician		7	0.5	**0.5**	0.00	0.00		0	0.5
Therapy Assistants	4	24/7		**(2)**	0.00	0.00	5.00	1	**(1)**
Therapy Assistants	3	24/7	5.7	**3.81**	6.49	**(0.75)**	7.00	2.2	5.26
Clinical Psychologist	8a	5	1.4	**1.4**	1.65	1.15	2.10	2.1	4.65
Clinical Psychologist	7	5		**0**	0.00	0.00		0	0
Consultant		5	7.2	**1.2**	8.00	0.50	9.00	0	1.7
Medical Secretaries	4	5	3.5	**1.4**	4.00	1.50	2.38	0	2.9
Medical Secretaries	3	5		**0**			5.83	0	0
Ward based pharmacist	8a	5	1	**0**	1.00	0.00		0	0
Ward based pharmacist	7	5		**0**	0.00	0.00	1.00	1	1
Ward based pharmacist	5	5	1	**1**	0.00	0.00		0	1
Stroke Co-ordinators	3	5		**(1)**	0.00	**(1.40)**		0	**(2.4)**
Stroke Co-ordinator	6	5		**0**				0	0
Admin assistant	3	7	2.4	**0**	3.30	0.90	7.70	3.7	4.6
Admin support	3	5		**0**	1.80	1.30		0	1.3
Admin support	2			**0**			3.00	1.2	1.2
IDT Co-ordinator	7	5		**0**	2.00	1.00		0	1
IDT Co-ordinator	4	5	2	**2**	0.00	0.00	1.00	0	2
Orthoptist	7	5			1.00	0.00		0	0
Orthoptist	4	5			0.50	0.50		0	0.5
		Total	**120.49**	**22.13**	**163.22**	**22.36**	**193.10**	**37.27**	**81.76**

2.17.1 Current workforce gaps

Table 9 shows a total gap of 81.76 wte across the staff groups between the three providers (DGT 22.13 wte, MTW 22.6 wte and EKHUFT 37.27 wte).

Consultants: The current gap across the three providers totals 1.7 wte and each provider has a recruitment strategy to fill this gap.

Nursing gaps: There is ongoing staffing shortage in registered nursing workforce and providers are increasingly recruiting overseas nurses to fill some of these vacancies especially band 5 roles. Overseas trained nurses will have to undertake and pass the Objective Structured Clinical Examination (OSCE) once in post in addition to gaining further stroke specific competencies. It could take between three to six months to get the new staff competent to work in a HASU unit.

Band 6 nurse roles: Providers are mainly employing 'grow your own' strategies' through career progression and development.

Clinical Therapies: There are ongoing challenges in recruiting into speech and language therapists. Providers are looking at employing various strategies including 'growing your own', using local targeted recruitment and social media.

Pharmacists: This is an area of concern due to growing national shortage of pharmacists. With this in mind, recruitment will commence early to allow enough time to recruit into these roles. This will involve employing a combination of strategies including targeted recruitment, local and international recruitment, social media recruitment.

Psychologists: Another area of major concern in terms of recruitment due to a long- standing shortage in this area. Providers are looking to employ various targeted recruitment strategies.

Admin and Clerical: No particular issues in recruitment, mainly adopting a 'grow your own', apprenticeships, career progression for internal staff.

Plans for recruitment are detailed in **Section 6.5**.

2.18 Main benefits criteria

The reconfiguration will deliver a range of benefits across the system to patients, staff and providers as detailed in **Table 10.**

A set of performance indicators for the benefits of service change has been developed (**Appendix A**). The performance indicators will help the programme to monitor whether the expected benefits of the changes are being delivered. The changes proposed to stroke services centre on patient and clinical outcomes and the programme will therefore seek to demonstrate it has had a positive impact in these areas.

Table 10: Main benefits

Investment objectives	Main benefits criteria
Investment objective 1	• Improved patient independence • Reduction in length of stay

Investment objectives	Main benefits criteria
To deliver financially sustainable stroke services	• Improved patient experience. Cash releasing across the health and social care system: • Reduction in agency spend • Improved value for money
Investment objective 2 To ensure that K&M is able to develop consolidated HASU/ASU stroke services to improve population outcomes	• Improved patient independence • Reductions in stroke related death • Increased percentage of people admitted to a stroke ward within 4 hours • Increased rate of thrombolysis • Increased access to a consultant 7 days per week • Reduction in health inequalities.
Investment objective 3 To deliver fit for purpose estate solutions to ensure the three HASU/ASUs in K&M are able to deliver the capacity required	• Fit for purpose estate • Decreased number of non-stroke patients on the stroke ward by having appropriate stroke estate • Delivery of key co-adjacencies • Achievement of time to diagnostics by ensuring diagnostic capacity is available.
Investment objective 4 To ensure the workforce is in place to deliver the required standards of care 24/7 as per best practice guidelines.	• Staffing 7 days per week • Improved staff morale • Improved recruitment and retention • Timely access to diagnostics • Reduction in stroke staff vacancy rates • A sustainable network of staff.
Investment objective 5 To improve patient, carer and staff experience of stroke services across K&M	• Improved patient experience • Improved stroke survival rates at 90 days • Improved independence • Improved staff experience by having a network across Kent and Medway • Delivery of a sustainable multi-disciplinary approach to staffing.

2.19 Main risks

The main business and service risks (design, build and operational over the lifespan of the scheme) associated with the potential scope for this project are shown in **Table 11**, together with their counter measures. Further details are available within the risk register at **Appendix B**.

Table 11: Key strategic risks

Risk	Counter measures
Design • Implementing three different solutions across three different providers to an agreed timescale.	• Detailed implementation planning • Sign off from provider trusts
Development • Supplier • Specification • Timescale • Change management and project management	• Multiple providers with different suppliers • All providers have completed organisational business cases to support implementation which were part of the DMBC • All providers and the central stroke team have programme managers in place and an identified governance structure • Timescales are north west Kent and Medway units to go live together and east Kent to go live as soon as the new build unit is complete.
Implementation risks • Supplier • Timescale • Specification and data transfer • Cost risks • Change management and project management • Training	• Not securing the capital to deliver the estates solutions required. • Risk of increasing costs related to programme delays that move into another financial year. • Delays related to a PFI provider programme in Dartford • Delays related to a large capital build programme in east Kent
Operational risks • Supplier • Availability • Performance • Operating cost • Project management	• Delivering go-live across multiple organisations • Achieving the required staffing levels across all three units by implementation • Transitional cost management • Maintaining the current services whilst transforming services into a new configuration – • Lack of sufficient and robust rehabilitation in the community at go live

2.20 Constraints

The project is subject to the following constraints:

- availability of capital to support the required estates works. If capital is not available, the new model of care cannot be implemented. The health economy would need to incrementally invest in seven day working and therapy staff;
- patient safety is paramount and must be maintained throughout the transitional period and the new model of care. Services must have robust arrangements in place to ensure that any delivery is safe and is high quality;

- ability to adequately recruit and train the new staff required for the new service model.

2.21 Dependencies

The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme:

- community services provision across Kent and Medway that consistently delivers and is capable of sustaining flow across the system. The delivery of improved rehabilitation services at the same time as go-live for the HASU/ASU model is required to ensure the flow of patients is maintained. The ICB has been provided with an indication of the level of investment required for 2023/24. Incremental development plans are being produced to enable a phased implementation of improved rehabilitation services;
- the phasing of this plan and the timelines associated will have to be confirmed as any delay in opening the HASU/ASU and implementation of community rehabilitation services is likely to impact on HASU/ASU beds.

3 The Economic Case

3.1 Introduction

The Economic Case documents the range of options that were considered within the OBC. The chapter details the competitive procurement activities that were undertaken on the recommended option and provides evidence to show that the offer received is economically advantageous, meets the service needs and optimises value for money.

3.2 Options appraisal

The stroke review in Kent and Medway has followed a detailed and thorough process for identifying potential options that would deliver the required improvements in stroke care and patient outcomes. The option selection process began with thousands of potential options which were reduced overtime by applying increasingly stringent criteria to ultimately identify the one option most likely to deliver the necessary improvements to care and outcomes.

3.2.1 Business as usual

The business-as-usual option is no change to the permanent configuration of services. This is no longer an option due to the temporary emergency changes that have already occurred within stroke services in Kent and Medway.

3.2.2 Do minimum

The do minimum option is no change in the current configuration of services. It includes investment to develop a seven-day service in line with the national standards. It does not include investment in estate or equipment.

3.3 Critical success factors

The CSFs share the attributes to the delivery of the programme against which success will be assessed. They have been designed to make sure the strategic objectives, constraints and dependences, which are set out in the Strategic Case, can be met.

The stroke programme has identified five CSFs, which are detailed in **Table 12.**

Table 12: Critical success factors

Critical success factor	Description
Deliver the key standards and co-dependencies with a sustainable workforce	• Delivers key quality standards • Addresses co-dependencies

Critical success factor	Description
	• Workforce available to deliver it • Sufficient throughput or catchment population to maintain skills and deliver services cost effectively
Be implementable within a reasonable timeframe	• Delivers financial and clinical sustainability within a medium-term timeframe.
Be a strategic fit	• Implements the outcomes of other recent consultations or designation processes.
Be accessible to patients and carers	• Population can access services within a window of 120 minutes from call to needle.
Demonstrate high level affordability.	• Does not increase the 'do nothing' financial baseline.

3.4 Short listed options

The short-listed options identified at OBC are as follows:

Table 13: Short-listed options

Option	Site	Location
A	Darent Valley Hospital Medway Maritime Hospital William Harvey Hospital	Dartford Gillingham Ashford
B	Darent Valley Hospital Maidstone Hospital William Harvey Hospital	Dartford Maidstone Ashford
C	Maidstone Hospital Medway Maritime Hospital William Harvey Hospital	Maidstone Gillingham Ashford
D	Medway Maritime Hospital Tunbridge Wells Hospital William Harvey Hospital	Gillingham Tunbridge Wells Ashford
E	Darent Valley Hospital Tunbridge Wells Hospital	Dartford Tunbridge Wells Ashford

All configurations were deemed possible to deliver the required standards as per the evaluation criteria and the JCCCG agreed these should be presented for public consultation. The public consultation took place between February and April 2018.

3.5 The preferred option

The preferred and agreed option at OBC stage was **Option B: Darent Valley Hospital, Maidstone Hospital and William Harvey Hospital.**

3.6 The procurement process

Having confirmed the Maidstone site as the preferred site for one of the three HASU/ASU units in Kent and Medway, the process for designing the layout of the unit and the phasing of the works to minimise disruption to the site was undertaken. This was followed by a tender and procurement process for a three-phase build:

- **Phase 1:** a single stage tender process under a JCT Minor Works Building Contract 2016. This was a minor works to an area which has been refurbished to become an intensive therapy unit (ITU) during the pandemic.
- **Phases 2 and 3:** a two-stage selective tendering process using a JCT Standard Building Contract Without Quantities. These two phases require major refurbishment works.

The supplier contracts are provided in **Appendix C, D** and **E**.

MTW appointed MODUS Construction Consultants to prepare a tender report following the tender submissions. Their report provided MTW with their findings and analysis of the returns and their recommendations. The report provided details on:

- the tendering process and list of tenderers;
- details of tenders received;
- detailed review of the lowest three tenderers.

In undertaking this review, MTW has followed all relevant NHS procurement legislation. All contractors on the NHS Framework Agreement met legislative requirements. The Scape framework was chosen because it demonstrates value for money and allows for prompt commencement of works.

3.6.1 Structure of the procurement

The scheme has been procured based on a single stage process for Phase 1, and two stage process for Phases 2 and 3.

- Phase 1 was awarded following a competitive process using the Scape framework.
- Phases 2 and 3 were negotiated with the supplier, following their successful award of Phase 1.

The timeline for the procurement process is outlined in **Table 14.**

Table 14: Procurement timeline

Activity	Start	Completion	Status
Tender period	2 August 2022	17 August 2022 17:00	Complete
Tender reviews	18 August 2022	24 August 2022	Complete
Client decision and contractor appointment	24 August 2022	26 August 2022	Complete
Contractor mobilisation	30 August 2022	2 September 2022	Complete
Phase 1 construction period	5 September 2022	2 December 2022	Complete
Phases 2 and 3 design period	September 2022	December 2022	Complete
Phase 2 mobilisation	February 2023	April 2023	Complete
Phase 2 and 3 construction period	May 2023	March 2024	On track

3.6.2 Phase 1: Proposal

The tender documents were issued to the four contractors on the Scape framework. Site visits were deemed necessary when accessing the tender for this scheme and bidders were invited to book an appointment for a site visit ahead of submission. Following receipt of the information, three of the four tenderers confirmed that they could provide a return and one declined. All tenders were received by the due date.

3.6.3 Phase 1: Evaluation approach

The evaluation approach comprised a number of steps that were designed to test the tenderers' capabilities. This included:

- evaluation of a written response to technical and qualitative requirements;
- standardisation and normalisation of costs;
- commercial evaluation of the suppliers;
- a due diligence for the preferred supplier at the end of the process.

3.6.4 Phase 1: Evaluation criteria

Tenders submitted were assessed against the full evaluation criteria in **Table 15** and then scored in line with the scoring matrix detailed in **Table 16**.

Table 15: Tender evaluation criteria and weighting

Section no.	Evaluation Criteria	Weighting	Demonstrated by
1	**Technical and quality evaluation**	**60%**	**Fully compliant response to:**
1.1	Proposed team	15%	Question 1
1.2	Relevant experience	20%	Question 2
1.3	Logistics	10%	Question 3
1.4	Sustainability and social value	10%	Question 4
1.5	Health and safety	5%	Question 5
2	**Financial evaluation**	**40%**	**Fully compliant response to:**
2.1	Price	40%	See Section 12 of the Tender Document

3.6.4.1 Financial evaluation

Tenderers completed the pricing documents contained within the tender document. A fully detailed analysis and comparison of all three tenders and the cost estimate was completed. To ensure the returns were compared on a like-for-like basis, provisional sums were standardised to allow direct comparison. This analysis is provided in **Appendix F**.

Post tender interviews were then held with a view to fixing the costs to provide a more accurate assessment.

Table 16: Evaluation criteria scoring matrix

Score	Criteria
0	No response received
1	No response received but justifiable rationale given
2	Response received but more than one major reservation about meeting the requirement
3	Full response received but several minor or one major reservation about meeting the requirement
4	Fully comprehensive response but a minor reservation about meeting the requirement
5	Fully comprehensive response, meeting all aspects of the requirement/compliance

3.6.4.2 Evaluation of total score

The evaluation team met collectively to discuss and agree the final scores.

The scores were multiplied by the weighting applied to each question to provide the overall score for each question. Final scores for the technical, cost and quality elements were then aggregated to provide an overall total score for each supplier. Further details are provided in **Appendix F** and **G**.

Table 17: Tender technical and quality score (60%)

Supplier	Score	Weighted score (out of 60)
A	19	46
B	21	50
C	16	37

Table 18: Tender price evaluation (40%)

Supplier	Price (£)	Weighted score (out of 40)
A	£464,067	39
B	£473,086	39
C	£456,604	40

Table 19: Tender combined score (100%)

Supplier	Weighted Score (out of 100)
A	85.36
B	88.61
C	77.00

3.6.5 Tender outcome

The top scoring supplier was supplier B: **WW Martin**.

Once this process was completed, the top scoring tenderer and the two tenderers that had taken part in this stage of the process were notified of the outcome and the standstill period commenced.

3.6.6 Phases 2 and 3 procurement

A two-stage selective tendering process was established for Phases 2 and 3 under a JCT Standard Building Contract Without Quantities. This process enabled a reduction of risk to the organisation due to the number of unknowns going into phases 2 and 3 requiring resolution before the project could progress.

- Rates for preliminary works, overheads and profit were established in the Stage 1 competitive tendering process.

- A Stage 4 design package was issued to WW Martin Ltd (the successful contractor for the phase 1 tender) including a contract sum analysis for pricing purposes.
- Costs of the preliminary works were established using the agreed rates and construction programme.
- All packages were tendered by WW Martin Ltd to three sub-contractors (competitive process contractor side). WW Martin Ltd completed a review of each tender package focussed on cost and quality. Their preferred sub-contractor was then presented to Modus for sign off.
- Overheads and profit on the packages were added at the percentage established in the Stage 1 tender.
- This was an open book process which concluded with a lump sum contract sum (JCT Standard Building Contract without Quantities) with best value achieved using competition within the WW Martin supply chain.
- Once the lump sum was agreed, a value for money report was issued demonstrating that the process has achieved best value.

3.7 Economic appraisal

3.7.1 Introduction

This section provides a detailed overview of the main costs and benefits associated with each of the short-listed options. It references how they were identified and the main sources and assumptions. These have then been reconciled in a cost benefit analysis to identify which option provides the greater benefits for the least cost.

Business as usual is not an option due to the temporary services changes that have already occurred within stroke services in Kent and Medway as detailed in **Section 1.2.2**. In addition, the national stroke guidelines stipulate the minimum requirement as a seven-day service.

For the purposes of this business case 'business as usual' is the 'do minimum' option and will be referred to as 'BAU'.

The economic evaluation has therefore been undertaken against the outcome of the option appraisal detailed above. When assessing against the evaluation matrix the following value for money assessment was produced.

3.7.2 Capital costs

This business case compares the capital costs associated with the preferred option. The capital costs are the tendered prices for MGT and Maidstone and an estimated cost for EKHUFT works.

There are no capital costs for business as usual.

3.7.3 Revenue costs

For the quantitative assessment, the net present value (NPV) was calculated for the cashflows under the options. The Department of Health and Social Care template comprehensive investment appraisal

(CIA) and the HM Treasury Green Book approach to estimating costs have been applied. VAT has been stripped out of all options as per the guidance.

Table 20 identifies the core assumptions in estimating costs included in the Economic Case.

Table 20: Financial modelling assumptions

OBC	FBC
Stroke activity	
Modelled activity at each site based on average 3,010 K&M activity distrusted so patients flow to closest site by travel time.	Modelled activity at each site based on updated average for 2019 to 2021, 3,222. Baseline no longer includes the 68 provided at outside Kent sites. K&M activity distrusted so patients flow to closest site by travel time.
Beds numbers (13-day method assumes 20% of stroke patients are discharged after 2-day HASU stay, 13% of patients of stroke patients are discharged after 3-day HASU stay, with remaining two-thirds staying a further 15 days in ASU).	Beds numbers (13-day method assumes 20% of stroke patients are discharged after 2-day HASU stay, 13% of patients of stroke patients are discharged after 3-day HASU stay, with remaining two-thirds staying a further 15 days in ASU). 80% Occupancy
Includes TIA uplift (10% activity, one-day HASU stay) and mimic uplift (25% activity, two-day HASU stay).	Includes TIA uplift (10% activity, one-day HASU stay) and mimic uplift (23% activity, two-day HASU stay). 80% Occupancy
In total, the TIA and mimic uplift equates to 1,100 patients per year.	In total, the TIA and mimic uplift equates to 1,063 patients per year.
A 5% increase in demand has been modelled following a review of stroke related admissions to ensure resilience.	No growth added as little change in numbers following review. Any increase in activity will be managed via in reach to medical beds which is how capacity is managed now.
No further reductions in demand from public health initiatives or technology has been assumed.	No change.
Stroke tariff (income for providers/ spend for commissioners)	
HRG4+ 2019/20 stroke BPT 19/20 applied to the modelled stroke activity (tariff split taken as the average seen across K&M sites in 16/17).	No longer funded by tariff. Income assumed as cost based on current financial regime.
For TIA average HRG4+ 19/20 TIA tariff applied to modelled activity (10% of confirmed stroke activity).	

OBC	FBC
Workforce costs	
Total stroke workforce required based on South East Coast recommendations per HASU/ASU.	Total stroke workforce required based on South East Coast recommendations per HASU/ASU.
Costed at national mid-band salaries as at 2019/20 with salary on-costs and salary uplift for unsocial hours.	Costed at national mid-band salaries as at 2023/24 with salary on-costs and salary uplift for unsocial hours.
• 24% registered nurses 24/7 shift • 29% band 3 24/7 shift • 34% band 2 24/7 shift • 13% all bands for 7 day working	No change to unsocial uplift.
Outer London fringe allowance for DVH.	Outer London fringe allowance for DVH.
Vacancies assumed filled by bank 58% and agency 42%. Rates assumed at 25% additional cost for bank and 50% additional cost for agency.	No vacancies assumed . All posts assumed filled.
Service on-costs	
Uplift applied to workforce costs of 15% for clinical; 10% for non-clinical (except DVH at 14%) and 3% for corporate staff. This equates to 28% for east and west and 32% for north.	No change.
Assumption reviewed against each of the providers' service line reporting data where available. This reflects the economies of scale provided at EKHUFT and the additional site costs due to the PFI in Dartford. The average remained consistent with the 'do- minimum' assumption.	
Cost of capital	
3.5% dividend for public capital taken from depreciating life of asset.	No change.
40 years for new build, 20 years for refurb and 7 for specialist equipment.	
Straight line depreciation over the life of the asset.	
Depreciation commences from Q1 of asset go live.	

OBC	FBC
No assumption made for impairment of the asset.	
No assumed residual value.	
No contributions or externalities.	
VAT	
Where costs are for services where VAT can be recovered the costs have been included net of VAT.	No change.
Contingencies	
• None for revenue as staffing levels based on standards	None for revenue as staffing levels based on standards.
• Capital costs include optimism bias as a contingency.	None for capital as costs based on tendered values.
CIP	
None assumed.	No change.
Inflation	
Indicators as per the long-term plan. Year six onwards assumed as per year five	Indicators as per the long-term plan. Year three onwards assumed as per year two
Transition costs	
25% of new establishment filled 6 months prior to go live, 75% of new establishment filled prior to go live.	No transition required for phase 1 (West and North).
50% Registered nurses. 25% Therapists and 100% CNS (hard-to-fill vacancies) of EKHUFT gap assumed in line with phase 1 timeline the rest 25% 6 months and 75% 3 months pre go live.	Assumed all staffing required for EKHUFT in post by phase 1 'go live'.
Post 'go live' all patient facing posts filled to 95%.	All post filled.
Decommissioning costs	
• None assumed. All staff to be redeployed into new stroke service or within current hospital vacancies.	Not applicable. Service already operating from three sites.

OBC	FBC
• Freed up ward capacity utilised to enable improved delivery of other existing services. • For each of the sites that will cease provision of a stroke service £250k has been assumed as a cost to the commissioner. This is based on the estimated % premium cost to cover shifts with agency staff.	
Project costs	
Identified posts costed at mid-point. Project management and human resources. Cost of STP programme team not included as funded from STP.	None as project costs now in Trust baselines.
Patient transport costs	
Costs provided by the ambulance trust based on details of patient numbers and the extra miles to be travelled to the new units.	None as costs in baseline due to service already moved.

3.7.4 Estimating benefits – methodology

The benefits associated with implementing HASUs were identified through several workshops and meetings with a wide range of stakeholders and agreed by the Stroke Programme Board (**Appendix A**).

The benefits identified fell into the following main categories:

- improved clinical outcomes for patients
- improved experiences for patients and their carers
- improved experiences for staff, due not only to improvements in patient care, but also improved team and multi-disciplinary working and increased opportunities to maintain and enhance skills
- supporting the delivery of financially sustainable services.

Table 21: Main benefits

Type	Direct to organisation(s)	Indirect to organisation(s)
Quantitative (or quantifiable) Cash releasing	• Reduction in total post-acute impatient cost • Reduction in total costs over the next 10 years of the lifetime of a stroke patient.	• Reduction in use of locum and agency staff to support the stroke workforce.

Type	Direct to organisation(s)	Indirect to organisation(s)
	The above are accounted for in the financial case appraisals	**The above are NOT accounted for in the financial case appraisal due to the baseline being costed at midpoint.**
Non-cash releasing	• Increase the patients admitted to the individual stroke unit • Increase the number of patients who spend 90% of their stay on a stroke unit • Reduced length of stay for acute stroke admissions from the current 15 days to 13 (with a stretch of 11).	
	All of the above are NOT accounted for in the economic case appraisals	
Qualitative (or non-quantifiable)	• Improved staff experience • Increase the number seen by a consultant.	• Improved patient experience • Improved independence • 1.1% reduction in deaths from admissions to a stroke unit • Increased rate of thrombolysis • Increase compliance with call to needle time of 120 mins • Increase the rates of thrombolysis within 30 mins of diagnosis.

The extra costs to commissioners will be offset by cash-releasing benefits. This includes an estimated £811 per patient in savings in the first 90 days post stroke and £314 per year over the subsequent ten years due to improved outcomes and lower levels of disability in people who have had a stroke[24]. These estimates are based on the evaluation of the impact of similar changes to service in other areas.

For prudence, only 50% of this financial benefit has been factored into the modelling for Kent and Medway. This assumption is a reduction from the 75% of the financial benefit modelled in the OBC and is in consideration of the temporary service changes to a three-site model resulting in the early achievement of some benefits.

3.7.5 Qualitative benefits appraisal

Successful implementation of the changes proposed by the stroke review will deliver improvements for both the people receiving stroke care in Kent and Medway and the staff delivering the services.

The benefits framework has been developed by clinicians through the Stroke Clinical Reference Group and the Stroke Programme Board. It has also been tested with patient representatives.

3.7.5.1 Methodology

The benefits to the NHS come from the implementation of the HASUs as these do not currently exist in Kent and Medway. The merits of each option to deliver the benefits were captured in the evaluation process and were not differentially applied for each option. The purpose of the programme is to deliver the expected benefits.

The key clinical inputs have been derived from the case for change and the clinical standards for stroke services. Clinicians spent time reviewing all the potential benefits that will arise from the reconfiguration of services in detail and identified those which are expected to have the greatest impact.

Table 22: Qualitative benefits criteria

Investment objectives	Qualitative benefits
To deliver financially sustainable stroke services	• Reduction in length of stay by at least two days • Full implementation of best practice tariff for stroke • Reduced disability and improved independence • Improvement in the net present value for stroke services.
To ensure K&M is able to develop consolidated HASU/ASU stroke services to improve population outcomes	• All HASUs to see between 500 and 1500 strokes per year in line with national best practice • To deliver improved thrombolysis rates for the K&M population • Deliver a call to needle time of 120 mins for an increased number of patients • Increase the number of patients admitted to a stroke unit within four hours • Increase the number of patients who spend 90% of their stroke admission on a stroke unit • To reduce deaths from stroke within 90 days.
To deliver fit for purpose estate solutions to ensure the 3 HASU/ASU's are able to deliver the capacity required	• All HASUs to see between 500 and 1500 strokes per year in line with national best practice • To ensure all HASUs have the ability to flex capacity when required by retaining an 80% occupancy standard • To ensure patients are able to access CT scanning and other relevant diagnostics within half an hour of arrival.

Investment objectives	Qualitative benefits
To ensure the workforce is in place to deliver the required standards of care 24/7 as per best practice guidelines	• Improve access to consultant care 24/7 • To reduce the locum and agency usage for stroke services • Increase the number of patients seen in a transient ischaemic attack (TIA) clinic post triage.
To improve patient, carer and staff experience of K&M stroke services	• Improved patient experience • Improved staff experience • Improve patient independence and reduce stroke related disability.

3.7.6 Net present cost findings

This section summarises the key results of the economic appraisals for each option.
From a cost perspective, Option B has the lowest NPC; however, benefits need to be considered to give an overall net result. The following sections consider the traditional method and the new method of discounting monetary values of non-financial benefits.

Table 23: Key net present cost results of economic appraisals

	Undiscounted £'000	Discounted £'000
BAU		
Capital	0	0
Revenue	550,298	353,735
Risk	0	0
Less Benefits		
Cash releasing benefits	0	0
Costs net of savings	**550,298**	**353,735**
Option B		
Capital	32,399	31,298
Revenue	686,409	437,834
Risk	0	0
Less Benefits		
Cash releasing benefits	89,930	54,601
Costs net of savings	**596,480**	**383,233**

3.7.7 Option appraisal conclusions

The key findings are as follows:

- ***'Do nothing'*** – This option ranks second as it neither provides the required service as per the standards and costs more
- ***Option B – Darent Valley Hospital, Maidstone Hospital and William Harvey Hospital:*** This option ranks first as it evaluated more favourably against the evaluation criteria, specifically the ability to deliver and workforce. It provides the most effective way to deliver HASU/ASUs in Kent and Medway.

3.8 Risk appraisal – unquantifiable

3.8.1 Risk management

All risks are owned by the Stroke Programme Board. A risk register is maintained and actively reviewed at project team level and all risks rated as amber and above are reported and reviewed by the Programme Board. No costs have been incurred due to the strategic risks.

The strategic case lists risks that may prevent the project achieving its stated objectives. This section provides an overview of the identified key risks associated with each option, i.e. the risks that relate specifically to an option and not the wider project, in relation to achieving the investment objectives.

3.8.2 Methodology

Risk appraisal has been undertaken and involved the following distinct elements:

- identifying all the possible business and service risks associated with each option
- assessing the impact and probability for each option
- calculating a risk score.

Table 24 was used to allow reviewers to undertake the risk evaluation with a consistent perspective of likelihood and probability.

Table 24: Risk evaluation matrix

0-5 = Low Risk		Severity of potential Impact				
6-10= Moderate Risk		Negligable	Minor	Moderate	Major	Catastrophic
11-15 = High Risk		Temp service impact. Minor delay for patients. No loss of activity. Insignificant damage to assets Minimal cost impact	Minor service disruption Delay to treatment - but same day. Some damage to assets property but small cost	Loss of process. Patient treatment delayed - defer some activity. Some asset damage needing central Funds. Possible complaints	Major process loss - loss of activity. Major delay to and deferal of patients Complaints highly likely Serious damage to assets	Process fundamentally fails Overall loss of activity Unable to treat patients. External reported event Extensive asset damage
16-15 = Very High Risk		1	2	3	4	5
Likelihood of the event happening	Almost Certain 5	5	10	15	20	25
	Likley to occur 4	4	8	12	16	20
	Possibly occur 3	3	6	9	12	15
	Unlikely possibility 2	2	4	6	8	10
	Rare 1	1	2	3	4	5

3.8.3 Risk scores

A workshop assigned the risk scores shown in **Table 25** based on participants' judgment.

The risk scores assume that no additional investment has occurred (including enhancement to DGT and MGH from the closure of the stroke unit in Medway).

Table 25: Summary of risk appraisal results

Summary of risk appraisal	Do nothing			Option B		
(Pr = probability)	Pr.	Impact	Total	Pr.	Impact	Total
To deliver financially sustainable services	5	4	20	1	4	4
To deliver fit for purpose estate solutions to ensure the 3 HASU/ASU's in K&M are able to deliver the capacity required	5	4	20	1	4	4
To ensure the workforce is in place to deliver the required standards of care 24/7 as per best practice guidelines	4	3	12	2	3	6
To improve patient, carer and staff experience of stroke services across K&M	4	4	16	1	4	4
Total			**68**			**18**
Rank			**2**			**1**

The key considerations that influenced the scores achieved by the various options are detailed in **Table 26**.

Table 26: Summary of risks for shortlisted options

Objective	Do minimum Carry on with current configuration by organisation but deliver 24/7	Option B Deliver HASU/ASU consistent with service standards
Long term sustainability of the service including ensuring a service that is flexible and adaptable to change	Risk of preventing integration or standardisation Overall solution is fragmented Unable to deploy new solutions.	Able to provide a comprehensive service for all residents of Kent and Medway, with the capacity to grow and flex according to need
Clinical service. Ensuring an effective, integrated and efficient service	Limited ability to improve on quality parameters.	Ability to achieve SSNAP key quality parameters including time to scan and access to thrombolysis.
Estate fit for purpose 3 HASU/ASUs in K&M are able to deliver the capacity required	Unable to deliver the required capacity to accommodate the modelled activity and growth.	Required estate would allow delivery of the required, modelled capacity.
Staff experience. Delivering an improved environment for staff	Limited options for improving environment, leading to minimal improvement in staff experience.	Estate would allow for required improvements in staff experience and capacity.
Patient experience. Delivering improved quality and outcomes for patients	Minimal demonstrable improvement in patient experience due to limited ability to deliver significantly improved outcomes.	Ability to achieve SSNAP quality outcomes would lead to improvements in patient experience.

3.9 Constraints

Constraints like dependencies are the potential to disrupt the smooth progress of any project and as such must be identified and managed proactively. The constraints identified for the project are listed below:

- available budget ultimately approved to deliver the project
- the ability to recruit and train the new staff required for the new service model.

3.10 Dependencies

Within any complex programme of work dependencies between projects and work streams are inevitable and must be closely managed. Failure to identify and manage key dependencies will lead to cost overruns and schedule slippage.

One of the key dependencies is the delivery of the separate business case for stroke rehabilitation. For the model to be delivered effectively, there must be comprehensive, equitable rehabilitation services in place to achieve the modelled length of stay. This is to protect capacity in the acute units by ensuring patients can be discharged to appropriate rehabilitation services as soon as they are well enough.

The stroke programme has a separate workstream to deliver the rehabilitation business case and secure investment. This is part of the whole programme of work required to deliver the ISDN.

3.11 Economic appraisal conclusion

In summary, the economic appraisal concluded that:

- Option B was the favoured option by a large margin, against do-minimum, in the non-financial benefits in **Table 22;**
- the base case of the financial modelling identifies Option B as the preferred option in **Table 23**;
- when combining the NPV of the financial benefits exercise with the CIA net present costs, Option B shows the highest net present value as shown in **Table 23**.

Option B is therefore the health economy's preferred option as shown in **Table 26**.

Table 27: Options evaluation outcome

Evaluation Results	Do minimum	Option B
Economic appraisals	2	1
Benefits appraisal	2	1
Risk appraisal	2	1
Overall Ranking	2	1

The incremental impact of the options is shown in **Table 28**.

Table 28: System-level net present value incremental impact

Net present value incremental impact		Capital	Service investment	Cash benefits	Transition (early recruitment)	NET
Option	Description	£'000	£'000	£'000	£'000	£'000
Preferred option	DVH, MGH, WHH	(31,298)	(54,495)	54,601	(4,382)	(4,276)

4 The Commercial Case

4.1 Introduction

This section of the FBC sets out the deal in relation to the preferred option outlined in the Economic Case for MTW to deliver hyper-acute and acute stroke services at Maidstone Hospital. The Commercial Case is to provide assurance that the supporting contract will be commercially viable.

4.2 Required services

The project is for the refurbishment and redevelopment of existing stroke spaces, across three phases.

- **Phase 1:** the refurbishment of the old acute medical unit (AMU) to develop clinic rooms, the acute stroke assessment unit and the 14 bedded HASU.
- **Phase 2:** the modification and alteration of the Chaucer ward and current ASU to develop upgraded ASU beds and facilities.
- **Phase 3:** the joining of the Chaucer ward bays to create the new 35 bed ASU and associated facilities, and the refurbishment of the therapy areas.

The acute stroke assessment unit is a six-bedded unit staffed by stroke specialist nurses, a registrar/clinical fellow and a stroke consultant. A total of 65% of MTW's stroke activity is initially seen within the assessment unit, the majority of which is received from SECAmb as direct admissions. Referrals are also received from GPs, same day emergency care and other inpatient settings. The increased use of the stroke assessment unit to cover weekends from December 2022, directly improved MTW's SSNAP rating for Domain 2: Stroke Unit from an E to a B and reduced the median time to stroke unit from over four hours to less than one hour. The stroke assessment unit is also vital in maintaining flow through the acute stroke unit and is a major contributing factor to an admission avoidance rate of 40%.

Chaucer Ward is a 28-bedded ward which was previously used as the stroke rehabilitation ward. As part of the covid response, MTW established the Hilton pathway, with appropriate patients managed within the community. This enabled MTW to repurpose the Chaucer Ward and increase its capacity for covid patients. The ward was then established as part of the acute stroke unit to accommodate the proportion of Medway patients for whom Maidstone is their closest stroke unit following the temporary emergency transfer of the stroke service at MFT in June 2020.

4.3 Planning permission

Specialist planning consultants have confirmed that planning permission for the development is not required.

4.4 Design

The trust's aim has been able to deliver an affordable project within the allotted budget without compromising clinical functionality. The design has been developed through extensive consultation with the clinical team, considering space allowances, the nature of the procedures being undertaken and the need for future flexibility.

This sub-section focuses on the design and associated issues such as net zero carbon (NZC) and 1:50 drawings. The scheme has been designed in line with government targets for sustainability and efficiency, the requirements of modern methods of construction, and ambition to achieve NZC.

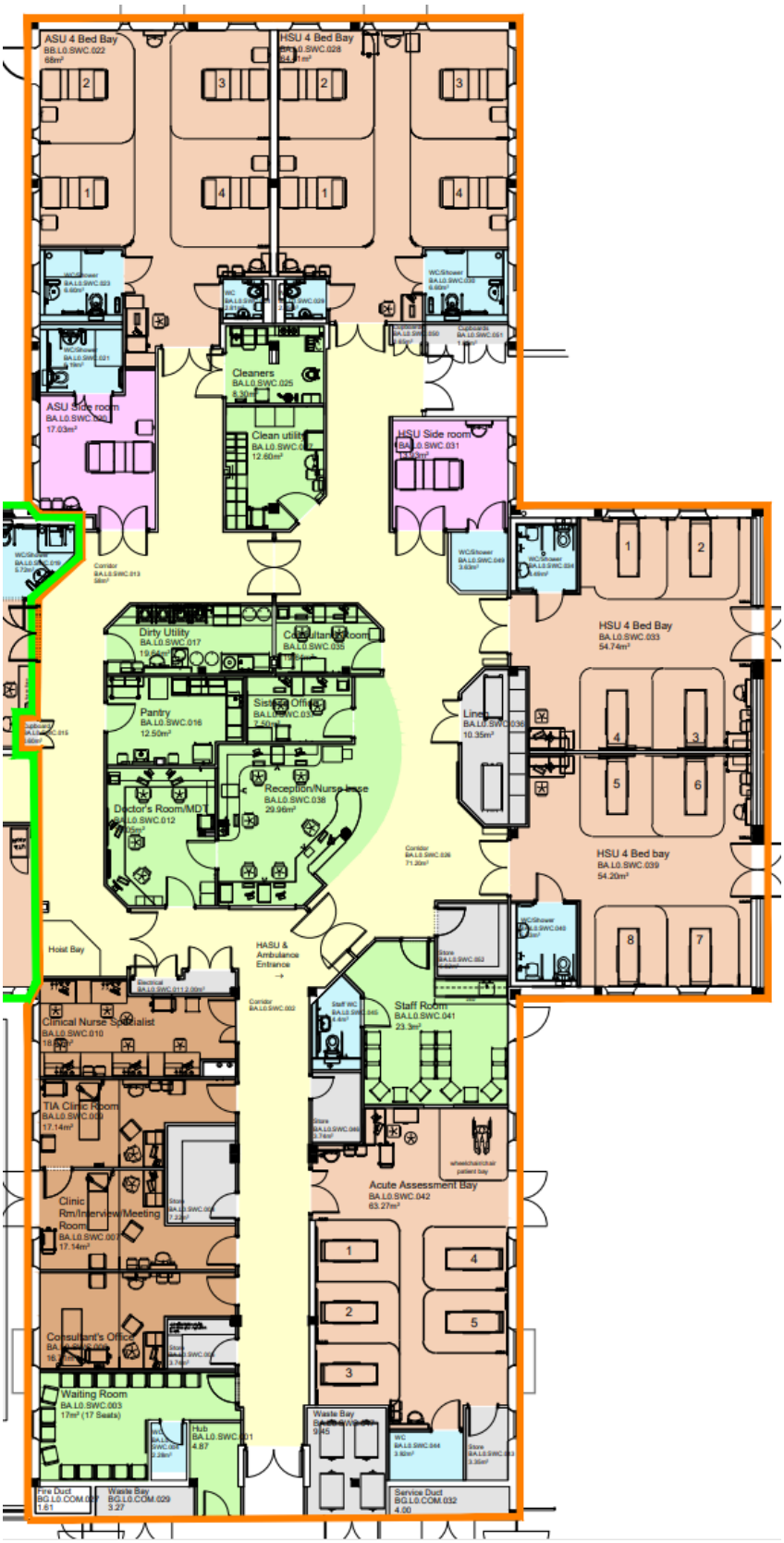


Figure 5: Phase 1 – Stroke Unit proposed

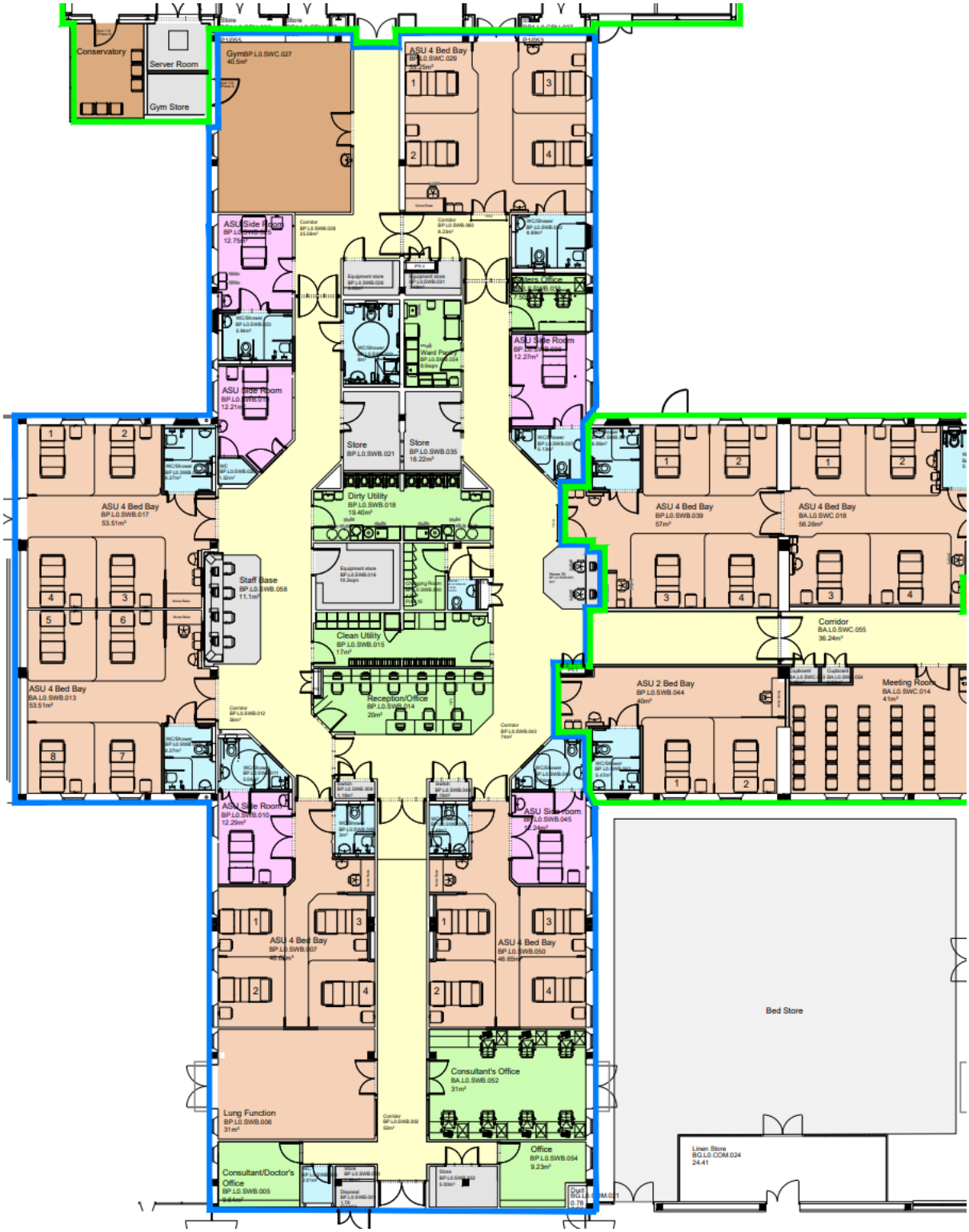


Figure 6: Phase 2 Stroke unit (Chaucer) proposed plan

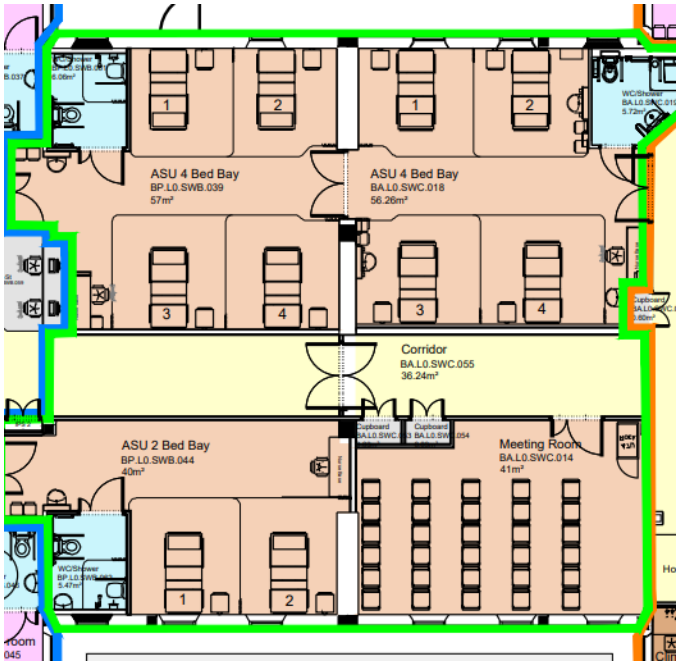


Figure 7: Phase 3 Stroke unit proposed plan

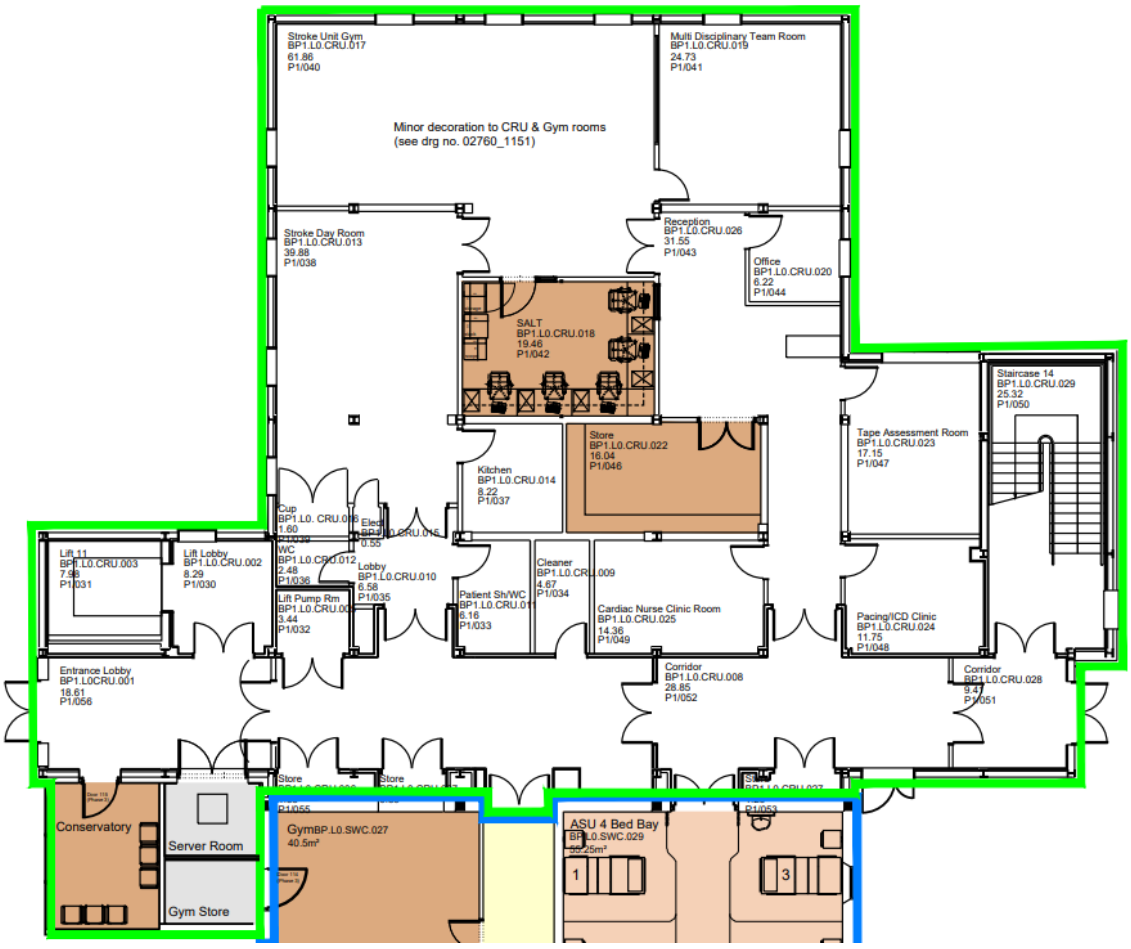


Figure 8: Phase 3 Stroke unit (cardiac investigations unit and gym) proposed plan

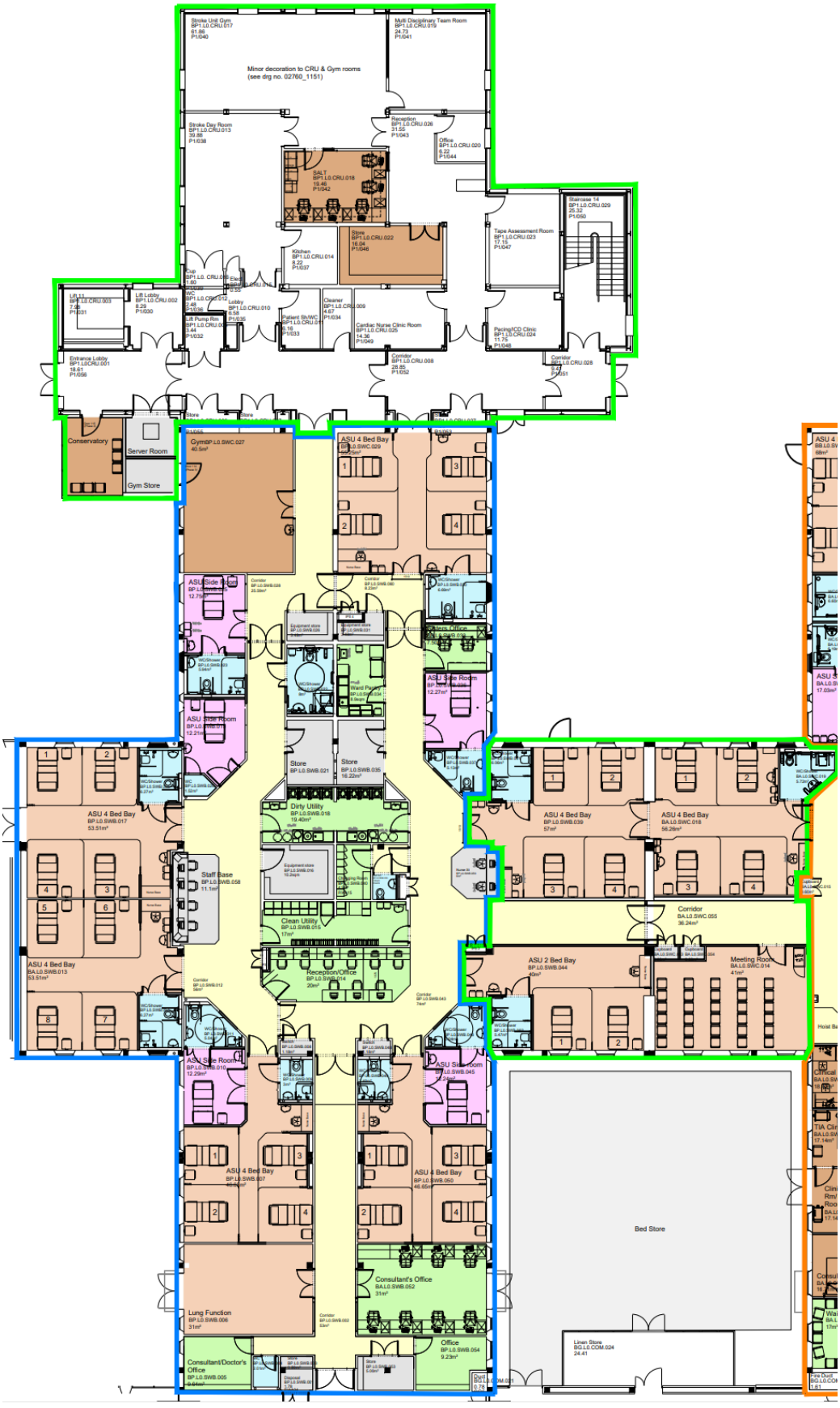


Figure 9: Phases 2 and 3 Stroke unit (cardiac investigations unit and gym) proposed plan

4.5 Net zero carbon

The trust is committed to achieving the NHS NZC target. The stroke ward is an existing facility that is being remodelled and there are few treatments that can be applied to support the low carbon approach. Similarly, the provision of primary services to the facility is from the existing hospital infrastructure systems and therefore the ability to provide substantial NZC solutions is restricted to the systems in place.

4.5.1 Approach to low carbon

A low carbon approach has been adopted in the following areas:

Mechanical services

- The new mechanical ventilation system air handling plant will incorporate heat recovery.
- The primary heat source will be taken from existing supplies to remove the requirement to develop new infrastructure and reduce construction carbon.
- The ventilation system has been designed to reduce specific fan power.
- There will be no humidity control on the ventilation plant.
- All systems will be controlled via the new building energy management system and will operate on weather compensation.
- Chilled water will be provided to the stroke unit from high efficiency external mounted air-cooled chillers.
- All heating pipework will be insulated to prevent heat loss.
- Corrosion inhibitors will be added to the system to extend the life of the insulation.

Electrical services

- The lighting levels will be achieved using LED lights.
- Lighting controls will consider daylight levels and motion which will allow lights to dim or turn themselves off, mindful of the need for patient care and clinical requirements.
- The emergency lighting system is a self-testing, self-reporting system. It reduces the maintenance input by delivering status reports directly to a dedicated laptop with complete diagnostics and location of failing devices.

4.5.2 Building Research Establishment Environment Assessment Model (BREEAM)

This is not relevant to this project although the design will, where possible, be developed in the spirit of BREEAM.

4.5.3 Carbon off-setting

The location of the stroke unit prevents the inclusion of any further carbon reduction schemes. In the approach to carbon off-setting, the mechanical, electrical and plumbing systems have been designed in two ways:

- manufacturers of plant and equipment close to the works site have been considered and chosen;
- a lighting manufacturer has been chosen for their approach to carbon off-setting. For every light fitting purchased they plant a tree to help compensate for the carbon dioxide (CO_2) released because of their manufacturing and selling activities. The planting of 16,000 trees in March 2022 has taken the total number of trees planted to 165,687, sequestering over 41,000 tonnes of CO_2 equivalent over a period of 100 years. A further 13,725 trees will be planted by the end of 2023, some of which will be as a result of this scheme.

4.5.4 Sustainability

Sustainable construction means building with renewable and recyclable resources and materials. During construction projects, care must be taken to reduce waste and energy consumption where possible and protect the natural environment around the site. All the materials used in the design have been chosen to provide compliance and longevity in operation during the life cycle of the development working on a 25 to 30-year renewal cycle. All the equipment specified can be removed, broken down into component parts, and recycled.

4.6 Modern methods of construction

The stroke unit redevelopment project comprises the refurbishment and remodelling of an existing ward space within the ground floor. There are set points that limit the options in adopting modern methods of construction to its fullest extent, however the following items lend themselves to this approach and have been adopted in the development of this scheme.

Mechanical Services

- Pre-manufacture of the air handling plant so that it can be easily dropped into place reducing the amount of work on site.
- Pre-manufacture and piping of the medical gas system oxygen isolation units.

Electrical Services

- Pre-manufacture of the bed head units so they can all be delivered to site, immediately fixed to the walls and connected.

4.7 Estates and facilities management targets

The extensive refurbishment of the existing ward areas to create the HASU/ASU will replace and update all mechanical and electrical equipment and wiring. This will reduce the pressure on the estates service for ongoing maintenance and repairs and allow more efficient working, reducing estates staff time.

In terms of backlog maintenance, the HASU/ASU maintenance will form part of the overall plan for maintenance of the site to ensure it continues to be efficient and effective and is kept in prime condition. Backlog maintenance of the area will not be required initially as the extensive refurbishment will mean the area is new. After a period, the HASU/ASU will go onto the backlog maintenance schedule; however, the up-to-date nature of the equipment will result in a reduction of backlog maintenance requirements.

There is no increase in space for the delivery of the service so no impact on estates staffing or resources is anticipated.

It is expected the upkeep and maintenance for the first five years after completion will be circa £8k per year.

4.8 Procurement and selection process: WW Martin Ltd

A competitive procurement process was undertaken using the Scape framework supported by MTW's procurement team and specialist advisors, Modus Construction Consultants. A summary of the process undertaken is provided in **Section 3.6** of the Economic Case.

The procurement process was undertaken in two stages. WW Martin Ltd was awarded the contract for Phase 1 of the works and procurement has approved the continued use of these contractors for Phase 2 and 3**.**

4.9 Terms of contract

WW Martin Ltd is the preferred principal contractor under the Scape framework to deliver the construction of the refurbishment of the stroke department at Maidstone Hospital.

Table 29: Duration of contract

Phase of works	Length of contract
1	10 weeks
2 and 3	48 weeks

4.10 Price of contract

The total price of the contract for MTW is detailed in **Table 30**.

Table 30: Contract price

Area	Cost
Construction costs Phase 1	£344,588
Construction costs Phase 2 and 3	£4,094,521
Fees and Contingency	£1,060,000
VAT on construction (excludes fees)	£887,821
Clinical Equipment and IT	£675,070
TOTAL	**£7,062,000**

4.11 Agreed risk transfer

The general principle is that risk is passed to 'the party best able to manage them', subject to value for money. The associated risks in the design, build and operational phases have been apportioned between MTW and the suppliers as described in **Table 31**.

Table 31: Risk transfer matrix

Risk category	Agreed allocation				
	Trust	Design Team	Architects	Building contractors	Shared
Design risk	✓	✓	✓		✓
Construction and development risk	✓			✓	✓
Transition and implementation risk	✓			✓	✓
Availability and performance risk	✓			✓	✓
Operating risk	✓				
Variability of revenue risk	✓				
Termination risk	✓			✓	✓
Technology and obsolescence risk	✓				✓
Controls risk	✓				✓

4.12 Early drawdown of capital

The approved costs provided by MTW in the OBC totalled £6.24m. This was revisited in 2020 and was deemed appropriate given the information available at the time and the capital split was agreed across two years to 2022. As delays continued, the same split to the capital was applied as detailed in **Table 32**.

Table 32: Capital phasing

Year	Capital
2021/22	£120,000
2022/23	£1,945,000
2023/24	£4,997,000
TOTAL	£7,062,000

In terms of financial governance, a FBC is usually required before funds can be released. However, to maintain the timeline for the opening of the unit, three requests for early drawdown of capital funding were approved by the ICB.

4.12.1 Early drawdown 1

An early drawdown of £120k was provided in 2021/22 for site surveys.

4.12.2 Early drawdown 2

The second request was received in August 2022. Due to the timelines for the procurement process and the development of the FBC, there was not sufficient time to use the 2022/23 capital allocation of £1.9m for the completion of the Phase 1 works and the purchase of equipment. If the £1.9m was not used in year it would have increased the capital requirement for 2023/24, which could not have been accommodated by the system and would have delayed the completion of the build. A breakdown of costs is shown in **Table 33**.

Table 33: Breakdown of early drawdown of capital 2022/23

Area	Costs 2022/23
Phase 1	£599k
Phase 2 & 3 (pre order equipment)	£273k
Fees (65%)	£455k
Surveys	£50k
Legal fees	£20k
Clinical/medical and IT equipment (est 85%)	£503k
TOTAL	**£1.9m**

4.12.3 Early drawdown 3

In March 2023 a third request for early drawdown was received. Following procurement, the contractors only agreed to hold their prices for three months until May 2023 (due to the current financial climate this has become industry standard). If the build could not start in May there would likely have been an increase in costs which would have delayed the business case and the build of the next two phases of the programme. To commence Phase 2 of the build on schedule, an early draw down of £1.285m was released in April 2023. This enabled the contractors to order long lead time equipment and commence preparation work. A breakdown of costs is shown in **Table 34**.

Table 34: Breakdown of early drawdown of capital 2023/24

Area	Costs 2022/23
Compound set up	£10k
Ironmongery	£42k
Doors	£220k
Integrated plumbing system and sanitaryware	£215k
Building management system control panel	£255k
Chillers	£320k
Nurse call bedheads	£173k
Clinical furniture	£50k
Total	**£1.285m**

4.12.4 Early drawdown 4

Due to the revised timelines for the development and approval of the FBC, a request for the remainder of the capital monies was requested in June 2023 to prevent delays to the work and support winter pressures. THE ICB approved the release of the balance of £3.712m to complete the works.

Table 35: Release of capital

Year	Capital release	Balance
2021/22	£0.120m	£6.942m
2022/23	£1.945m	£4.997m
2023/24	£1.285m	£3.712m
2023/24	£3.712m	£0

4.13 Personnel implications

The Transfer of Undertakings (Protection of Employment) Regulations 1981 (TUPE) will not apply to this investment and all staff will continue to be employed by MTW. The implementation of the proposed changes will result in an increase to the staffing establishment as described in **Section 2.17**.

4.14 Accountancy treatment

The assets underpinning delivery of the service will be on the organisation's balance sheet of the relevant organisation. Maidstone is a refurbishment of an existing ward and will be an increase to the organisation's assets.

5 The Financial Case

5.1 Introduction

The purpose of this section is to set out the forecast financial implications (as set out in the economic case) and the contract with the recommended Supplier, following the outcome of the competitive tender.

5.2 Assumptions

As stated in the Economic Case, the assumptions in **Table 20** have been used to calculate the economic and financial impact of the proposed investment scheme.

Table 20: Financial modelling assumptions

OBC	FBC
Stroke activity	
Modelled activity at each site based on average 3,010 K&M activity distrusted so patients flow to closest site by travel time.	Modelled activity at each site based on updated average for 2019 to 2021, 3,222. Baseline no longer includes the 68 provided at outside Kent sites. K&M activity distrusted so patients flow to closest site by travel time.
Beds numbers (13-day method assumes 20% of stroke patients are discharged after 2-day HASU stay, 13% of patients of stroke patients are discharged after 3-day HASU stay, with remaining two-thirds staying a further 15 days in ASU).	Beds numbers (13-day method assumes 20% of stroke patients are discharged after 2-day HASU stay, 13% of patients of stroke patients are discharged after 3-day HASU stay, with remaining two-thirds staying a further 15 days in ASU). 80% Occupancy
Includes TIA uplift (10% activity, one-day HASU stay) and mimic uplift (25% activity, two-day HASU stay).	Includes TIA uplift (10% activity, one-day HASU stay) and mimic uplift (23% activity, two-day HASU stay). 80% Occupancy
In total, the TIA and mimic uplift equates to 1,100 patients per year.	In total, the TIA and mimic uplift equates to 1,063 patients per year.
A 5% increase in demand has been modelled following a review of stroke related admissions to ensure resilience.	No growth added as little change in numbers following review. Any increase in activity will be managed via in reach to medical beds which is how capacity is managed now.

OBC	FBC
No further reductions in demand from public health initiatives or technology has been assumed.	No change.
Stroke tariff (income for providers/ spend for commissioners)	
HRG4+ 2019/20 stroke BPT 19/20 applied to the modelled stroke activity (tariff split taken as the average seen across K&M sites in 16/17).	No longer funded by tariff. Income assumed as cost based on current financial regime.
For TIA average HRG4+ 19/20 TIA tariff applied to modelled activity (10% of confirmed stroke activity).	
Workforce costs	
Total stroke workforce required based on South East Coast recommendations per HASU/ASU.	Total stroke workforce required based on South East Coast recommendations per HASU/ASU.
Costed at national mid-band salaries as at 2019/20 with salary on-costs and salary uplift for unsocial hours.	Costed at national mid-band salaries as at 2023/24 with salary on-costs and salary uplift for unsocial hours.
• 24% registered nurses 24/7 shift • 29% band 3 24/7 shift • 34% band 2 24/7 shift • 13% all bands for 7 day working	No change to unsocial uplift.
Outer London fringe allowance for DVH.	Outer London fringe allowance for DVH.
Vacancies assumed filled by bank 58% and agency 42%. Rates assumed at 25% additional cost for bank and 50% additional cost for agency.	No vacancies assumed . All posts assumed filled.
Service on-costs	
Uplift applied to workforce costs of 15% for clinical; 10% for non-clinical (except DVH at 14%) and 3% for corporate staff. This equates to 28% for east and west and 32% for north.	No change.
Assumption reviewed against each of the providers' service line reporting data where available. This reflects the economies of scale provided at EKHUFT and the additional site costs due to the PFI in Dartford. The average remained consistent with the 'do- minimum' assumption.	

OBC	FBC
Cost of capital	
3.5% dividend for public capital taken from depreciating life of asset.	No change.
40 years for new build, 20 years for refurb and 7 for specialist equipment.	
Straight line depreciation over the life of the asset.	
Depreciation commences from Q1 of asset go live.	
No assumption made for impairment of the asset.	
No assumed residual value.	
No contributions or externalities.	
VAT	
Where costs are for services where VAT can be recovered the costs have been included net of VAT.	No change.
Contingencies	
• None for revenue as staffing levels based on standards	None for revenue as staffing levels based on standards.
• Capital costs include optimism bias as a contingency.	None for capital as costs based on tendered values.
CIP	
None assumed.	No change.
Inflation	
Indicators as per the long-term plan. Year six onwards assumed as per year five	Indicators as per the long-term plan. Year three onwards assumed as per year two
Transition costs	
25% of new establishment filled 6 months prior to go live, 75% of new establishment filled prior to go live.	No transition required for phase 1 (West and North).
50% Registered nurses. 25% Therapists and 100% CNS (hard-to-fill vacancies) of EKHUFT gap assumed in line with phase 1 timeline the	Assumed all staffing required for EKHUFT in post by phase 1 'go live'.

OBC	FBC
rest 25% 6 months and 75% 3 months pre go live.	
Post 'go live' all patient facing posts filled to 95%.	All post filled.
Decommissioning costs	
• None assumed. All staff to be redeployed into new stroke service or within current hospital vacancies. • Freed up ward capacity utilised to enable improved delivery of other existing services. • For each of the sites that will cease provision of a stroke service £250k has been assumed as a cost to the commissioner. This is based on the estimated % premium cost to cover shifts with agency staff.	Not applicable. Service already operating from three sites.
Project costs	
Identified posts costed at mid-point. Project management and human resources. Cost of STP programme team not included as funded from STP.	None as project costs now in Trust baselines.
Patient transport costs	
Costs provided by the ambulance trust based on details of patient numbers and the extra miles to be travelled to the new units.	None as costs in baseline due to service already moved.

5.3 Source of costs

5.3.1 Inflators

Table 36: Inflators

Inflation rates	Year 0	Year 1*	Year 2	Year 3 onwards
AFC pay deal			0.0%	0.0%
Pay and mix			2.1%	2.1%
Pay		0.0%	2.1%	2.1%
Non-pay (net of CIP)			0.2%	0.2%
Other - tariff uplift			0.7%	0.7%

* Not used as pay amended to 2023/24 pay levels.

5.3.2 Current costs

Table 37: Baseline costs

Baseline	EKHUFT	MTW	DGT	Total
Activity - stroke	1,267	1,148	623	3,038
Activity - TIA	127	115	62	304
Beds	52	38	26	116
WTE	155.83	140.86	98.36	395.05
	£'000	£'000	£'000	£'000
Income	(10,421)	(9,890)	(7,204)	(27,515)
Pay	8,142	7,726	5,457	21,325
Indirect/overheads	2,280	2,163	1,746	6,189
Net loss	**0**	**0**	**0**	**0**

5.3.3 Estimating costs

WTE provided by Trusts and costed at 2023/24 pay levels.

Indirect/overheads calculated using the methodology identified in the assumptions.

5.3.4 Overview of non-recurrent costs

There are no non-recurrent costs.

5.4 Impact on the income and expenditure of the organisation

The total uninflated income and expenditure for the preferred option over its intended life span is shown in **Table 38**.

Capital funding will be received via draw down of Public Dividend Capital (PDC).

The revenue impact of the new model will be funded by NHS Kent and Medway via additional investment in the service through income top up.

Table 38: Uninflated income and expenditure for the preferred option over 20 years

Uninflated	Year 0 22/23 £'000	Year 1 23/24 £'000	Year 2 24/25 £'000	Year 3 25/26 £'000	Year 4 26/27 £'000	Year 5 27/28 £'000	Year 6 28/29 £'000	Year 7 29/30 £'000	Year 8 30/31 £'000	Year 9 31/32 £'000	Year 10 32/33 £'000	Year 11- 20 33/34- 42/43 £'000
Capital	2,065	4,997	-	-								
Income	(9,890)	(9,890)	(19,780)	(17,307)	(9,890)	(9,890)	(9,890)	(9,890)	(9,890)	(9,890)	(9,890)	(98,899)
Investment	0	(160)	(2,036)	(1,919)	(1,872)	(1,859)	(1,847)	(1,834)	(1,822)	(1,810)	(1,797)	(17,295)
Pay	7,726	7,726	16,578	14,647	8,852	8,852	8,852	8,852	8,852	8,852	8,852	88,520
Non pay	2,163	2,163	4,642	3,996	2,339	2,339	2,339	2,339	2,339	2,339	2,339	23,386
Capital charges	0	160	596	583	571	559	546	534	521	509	497	4,288
Net loss	**0**	**(0)**	**0**	**(0)**	**(0)**	**0**	**(0)**	**0**	**0**	**(0)**	**0**	**(0)**

The total inflated income and expenditure for the preferred option are shown in **Table 39**.

Table 39: Inflated income and expenditure for the preferred option

Inflated	Year 22/23 £'000	Year 23/24 £'000	Year 24/25 £'000	Year 25/26 £'000	Year 26/27 £'000	Year 27/28 £'000	Year 28/29 £'000	Year 29/30 £'000	Year 30/31 £'000	Year 31/32 £'000	Year 32/33 £'000	Year 33/34-42/43 £'000
Income	(9,890)	(9,890)	(9,959)	(10,029)	(10,099)	(10,170)	(10,241)	(10,313)	(10,385)	(10,458)	(10,531)	(110,663)
Income - top up	0	(160)	(2,050)	(1,946)	(1,912)	(1,912)	(1,913)	(1,912)	(1,913)	(1,914)	(1,913)	
Pay	7,726	7,726	9,038	9,228	9,421	9,619	9,821	10,028	10,238	10,453	10,673	119,863
Non-pay	2,163	2,163	2,484	2,383	2,353	2,357	2,362	2,367	2,371	2,376	2,381	26,593
Capital charges	0	160	600	591	583	574	566	557	548	538	529	4,788
Net loss	**0**	**(0)**	**112**	**227**	**346**	**470**	**595**	**726**	**859**	**996**	**1,138**	**40,581**

5.5 Demand and capacity impact

Table 40 shows the impact of the reconfiguration of stroke services on whole time equivalent (wte) staffing numbers by staff type. A workforce plan to underpin the recruitment service is described in **Section 6.5**.

Table 40: Movement of staff

Impact on WTE	Establishment	New model	Movement
Registered nurses	54.22	68.19	13.97
Unregistered nurses	29.30	25.86	(3.45)
PAM	20.70	25.97	5.27
Therapy assistants	7.24	6.49	(0.75)
Orthoptist	1.00	1.50	0.50
Thrombolysis nurses	8.60	9.16	0.56
Pharmacy	1.00	1.00	0
Psychology	0.50	1.65	1.15
Management	2.00	2.00	0
Senior management	2.00	2.00	0
Consultants	7.50	8.00	0.50
Admin and clerical	6.80	11.41	4.61
	140.86	**163.22**	**22.36**

5.6 Impact on balance sheet

The capital assets are refurbishment of buildings owned by the trust and is reflected in their balance sheet. The proposed expenditure will have the impact of the balance sheet as shown in **Table 41**. For MTW it will be a capital addition to their owned buildings and equipment. The additional cost of the asset maintenance is included as a revenue cost.

Table 41: Impact on balance sheet

	Up to 22/23	23/24	Total
Fixed Assets	2,065	4,997	7,062
System capital	2,065	4,997	7,062

5.7 Sensitivity analysis

No sensitivity analysis has been undertaken as the capital works have commenced and are fully tendered. Any staffing not recruited too will require cover by bank to ensure a compliant service.

6 The Management Case

6.1 Introduction

This section of the FBC addresses the achievability of the scheme. Its purpose is to detail the actions that will be required to ensure the successful delivery of the scheme in accordance with best practice.

6.2 Deliverability

Due to the complexity of the scheme, it will be delivered in phases to reduce winter compromise on bed capacity. There will be a six-month pause between the completion of Phase 1 and the commencement of Phase 2. The second and third phases will run consecutively. Phase 1 works have been completed.

Phase 1: **the refurbishment of the AMU to develop clinic rooms, the acute stroke assessment unit and a 14 bedded HASU**

The area was fully refurbished five years ago with further work undertaken to create the ITU during the pandemic. The Phase 1 work was undertaken from September to mid-December 2022. This ensured that the escalation bed capacity, which was taken out during the period of refurbishment, was reinstated for winter.

An early drawdown of £1.9m funding was approved by NHS Kent and Medway in August 2022 to enable works on this phase.

Phases 2 and 3: the refurbishment of the current ASU and Chaucer ward to create the ASU

These areas are older and in need of more robust refurbishment. These works commenced in May 2023 for completion by December 2023. Delays to the work have now pushed the completion date to March 2024.

An early drawdown of £1.285m funding was approved by NHS Kent and Medway in March 2023 to enable works on this phase to commence.

6.2.1 Bed capacity management

During all phases of the build attention has been given to the management of the bed stock on the Maidstone Hospital site to review and limit any compromise to the number of acute general beds on the site.

Phase 1

For phase 1 this was not an issue as the old AMU was not used as an inpatient area and therefore did not reduce the bed base. A number of office areas, and the Day Treatment Suite had to be relocated and this was completed successfully.

Phase 2 and 3

Phase 2 reduces the allocated beds to 40 and Phase 3 to 43 beds against a plan of 49. To support the reduction in beds, the following mitigations are being implemented:

- increasing the number of Sevenoaks Community Hospital rehabilitation beds from 8 to 11 (complete);
- increasing the Hilton stroke pathway credits by 10 credits per week, with a view to increasing by a further 16 credits per week (mid-May), enabling greater numbers of patients to be discharged on this ESD pathway;
- creating a new ambulatory pathway, with a view to combining this with the virtual ward (early May);
- commissioning four flats at the Royal British Legion complex on Hermitage Lane (mid-May);
- adding six beds on Corn Wallis ward (an escalation ward in winter) for stroke overspill beds which will cohort stroke patients in one place. These will be staffed by stroke nurses and therapists and medical staff from the stroke team.

These mitigations will remain in place until the completion of the works in December 2023.

6.3 Programme management arrangements

The stroke programme is an integral part of the Kent and Medway ICS transformation programmes. It is supported by the ICB Strategic Change team, a central change team led by a senior responsible officer (SRO) which supports the providers with delivery of their programmes. The provider organisations also have their own stroke programme teams to support planning and implementation.

The management and governance of the programme will be aligned with best practice described in the Treasury recommended methodology for programme management (Managing Successful Programmes). The over-arching programme management will focus on the delivery of the key financial and non-financial benefits and outcomes associated with the reconfiguration of hospital services.

6.3.1 Programme structure at system level

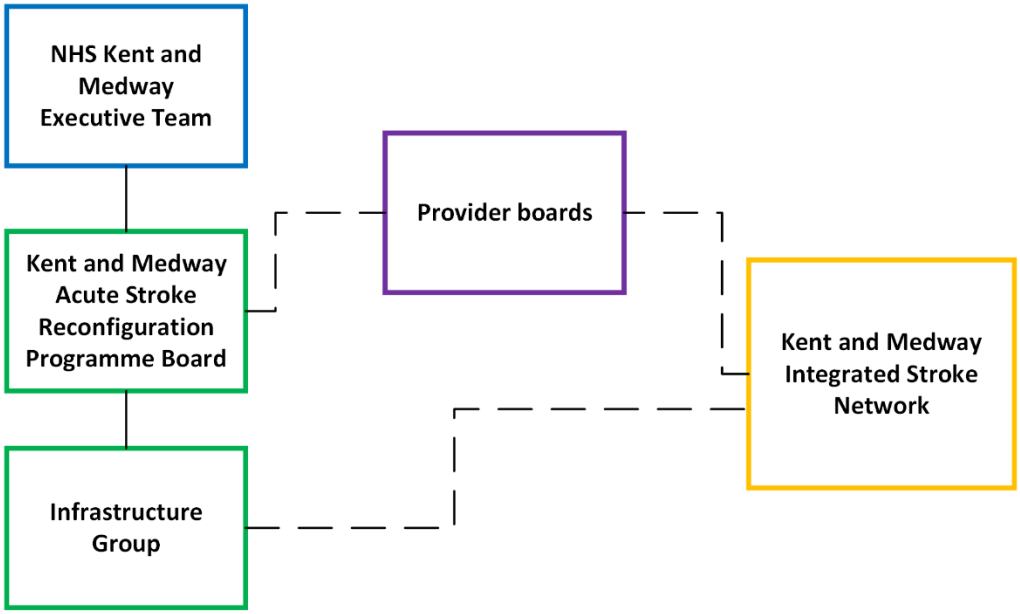


Figure 10: NHS Kent and Medway acute stroke reconfiguration programme structure

The acute stroke reconfiguration programme was separated from the ISDN programme in April 2023 and will be overseen by the Kent and Medway Acute Stroke Reconfiguration Programme Board. The programme board will report to the Executive Board by exception advising on:

- the progress of the programme in line with scope, budget and timescales;
- the programme risks and mitigations, including management of project and programme interdependencies.

6.3.2 MTW project management arrangements

PRINCE 2 project methodology will be used to manage underpinning project lifecycles from start-up to closure to ensure the rigorous planning and monitoring of the project. The project management will focus on delivery of the key enabling actions and outputs that support achievement of the overarching programme benefits and outcomes.

The project team will ensure that the project is managed in accordance with best practice. The team will provide project coordination and planning capability to support the programme director. It will also hold responsibility for risks and issues management and planning for benefits realisation.

6.3.3 MTW project structure

The reporting organisation and the reporting structure for the project are as follows:

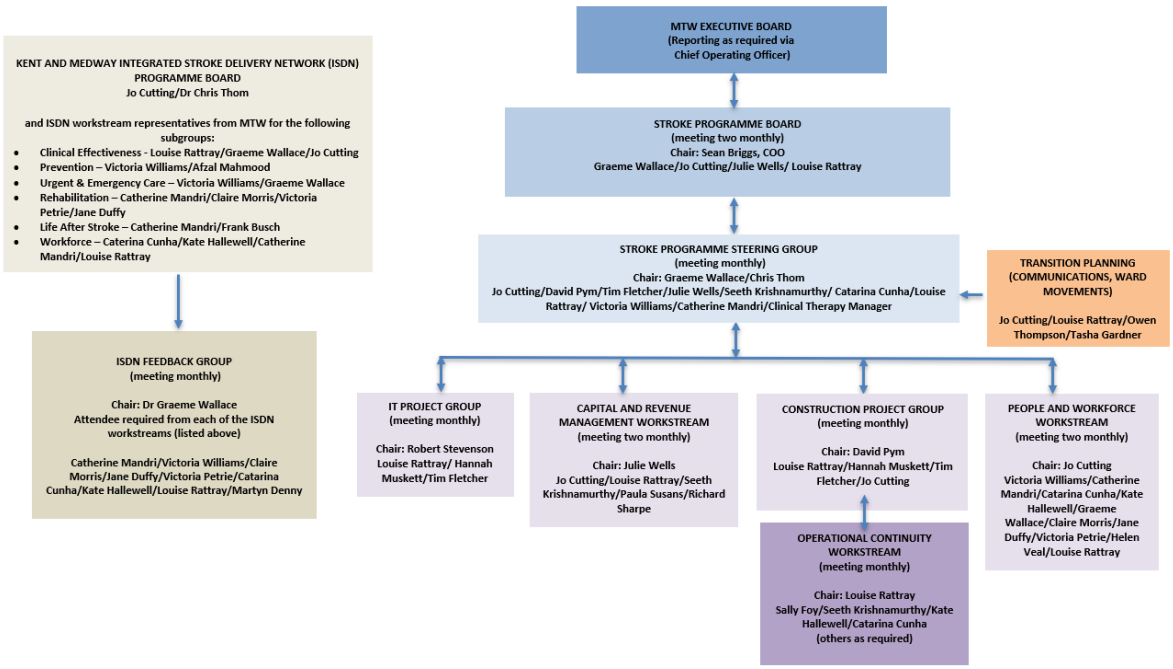


Figure 11: MTW stroke project structure

6.3.4 MTW Stroke Programme Board

The MTW Stroke Programme Board is an existing, programme specific, decision-making body. Its membership includes executive, clinical and programme representation. It is responsible for the governance of the Stroke Development Programme and the successful delivery of the hyper-acute and acute stroke units at Maidstone Hospital.

The programme board will report into MTW's executive board via the SRO, to give progress reports against the programme plan and identifying any key risks and decision points.

The programme board retains responsibility for delivery of the programme and the single accountable person is the programme SRO, currently the Chief Operating Officer, who chairs the programme board.

The SRO has significant experience in overseeing transformational change schemes and has a firm understanding of the project's objectives and its governance. The main functions of the programme board are:

- to provide strategic direction and overview to the Stroke Development Programme via the governance structure in place;
- to ensure that the programme objectives are aligned to the trust's strategic objectives and the ISDN plans;

- to ensure the Stroke Programme Steering Group and workstreams have the appropriate constitution to deliver its terms of reference, ensuring appropriate representation from key stakeholders;
- to receive and consider progress reports and information from the Stroke Programme Steering Group and act, when required, upon recommendations;
- the successful delivery of the agreed new HASU/ASU at Maidstone Hospital within the timescales agreed;
- to agree the costs of the HASU/ASU scheme and provide strategic financial management of the NHS resource;
- to ensure that risks and issues are managed appropriately and that mitigating actions are in place, with all red risks being identified to the trust executive;
- to confirm plans as to how stroke services will operate during transition and ensure interim plans are in place to maintain stroke services when considering different 'go live' timetables.

The terms of reference and the membership of the programme board are provided in **Appendix I**.

6.3.5 Stroke programme steering group

The Stroke Programme Steering Group is responsible for the governance of the Stroke Development Programme to deliver the reconfiguration of stroke services at MTW.

It provides overarching governance and assurance and support to the following sub-groups:

- Finance, commissioning, activity and contracting workstream
- Construction project group
- People and workforce group
- ISDN and patient pathway group

The main functions of the Stroke Programme Steering Group are to:

- drive the reconfiguration programme forward to deliver the objectives within the agreed timescales;
- deliver regular progress, issues and risks updates to the Stroke Programme Board and Kent and Medway ISDN Programme Board;
- ensure leadership for each of the workstreams is appropriate and consistent;
- manage identified risks and ensure appropriate mitigation plans are in place;
- implement the governance structure, terms of reference and membership of the workstreams and consider progress reports and updates from the workstreams;

- ensure appropriate monitoring arrangements are in place to quickly identify problems or concerns within the programme and ensure rapid remedial action;
- direct, monitor and review the programme delivery plans for each of the workstreams;
- ensure that the project is delivered within the timeline identified;
- deliver appropriate and accurate communication with all internal and external stakeholders throughout the programme;
- oversee the necessary service changes and developments to ensure the HASU/ASU and Stroke Rehabilitation services best fit the needs of the patient group and is in line with Kent and Medway ISDN plans.

6.3.6 The workstreams

The workstreams undertake detailed work on clinical and technical aspects of the project and are key to successful delivery of the scheme. Workstreams are led by the programme director and include operational continuity, people and workforce, capital and revenue, construction, and IT.

The workstreams:

- act on behalf of the MTW stroke stakeholders;
- monitor progress the project's objectives and baselined plans and provide advice and guidance to the Stroke Programme Steering Group;
- consider change requests and, where supported, recommend approval to the Stroke Programme Steering Group;
- manage project-level risks, ensuring that each has an identified owner and effective mitigation plan, escalating to the Stroke Programme Steering Group;
- monitor progress of any benefits scheduled to be realised during the life of the projects;
- facilitate the flow of information to and from the Stroke Programme Steering Group and the Programme Board.

6.3.7 Project management budget

The programme posts at MTW are funded within the ICB total programme resource at a cost of £152k per year.

Table 42: Project management costs

Position	Whole time equivalent (wte)	Cost
Band 9 Programme Director	0.6	£86,977
Band 8a Programme Manager	0.6	£37,969

Support costs	Misc human resources/Finance/Estates	£27,054
Total cost		**£152k**

6.3.8 Project plan

A high-level outline plan is set out in **Table 43**. A more detailed plan is included in **Appendix J**.

Table 43: Project plan

Milestone Activity	Date
FBC complete	October 2023
FBC approved by Trust boards and ICB	December 2023
Phases 2 and 3 contract complete	15 December 2023
Construction – mobilisation	11 April 2023
Construction Phase 2 start	2 May 2023
Construction Phase 2 handover	18 December 2023
Construction Phase 3 start	8 January 2024
Phase 3 handover	31 March 2024
Early recruitment process to commence	1 October 2023
New staff in post	1 April 2024
HASU/ASU go live	1 April 2024
Post implementation evaluation	1 October 2024
Project close	1 November 2024

6.4 Use of special advisers

The trust has used external advisors for this project. This supplements the trust's internal resource and provides complementary expertise in specific fields that the trust is not able to source internally.

Table 44: Special advisers

Specialist Area	Adviser
Procurement	Modus Construction Consultants
Project management	Gardiner & Theobold
Technical	CTP Consulting
Technical	Hazle McCormack Young LLP

Specialist Area	Adviser
Technical	Stewarts Building Services Consultancy

6.5 Arrangements for recruitment

It is the intention to start early recruitment on approval of the business case, with staff starting in post from April 2024, ensuring no costs are incurred in the current year. Following recruitment there will be a period of training focussed on stroke-specific competencies to ensure staff have appropriate skills.

Plans for addressing the workforce gaps are aligned with NHS People Plan[25] and the NHS Long Term Workforce Plan 2023[26].

Recruitment: It is expected that MTW will commence recruitment as soon as the business case is approved. Recruitment will concentrate on ongoing local recruitment campaigns for staff groups including band 5 nurses, which has the greatest gap at 12.8 wte. Band 6 nurses will be recruited mainly from existing band 5 staff through career development.

MTW is also taking advantage of apprenticeship schemes for roles such as nursing assistants and stroke coordinators to help retain existing staff as well as creating career pathways for staff.
The organisation is engaged in ethical international recruitment with good relocation packages and pastoral care to fill current gaps.

Training and upskilling: Supporting transferrable training through clear education pathways, reskilling and upskilling existing staff (e.g upskilling registered nurses to a specialist role) and creating clear career pathways. Continued standardisation of competencies and training of stroke staff to competencies. Engaging with clinical education, universities, and Health Education England.

New roles: MTW will be looking at exploring new entry pathways into the workforce with the aim of reducing the reliance on overseas recruitment in line with the NHS Long Term Workforce Plan. Also exploring new roles such as nurse practitioners and physician assistants to create career pathways for existing and new staff. There will also be a focus on developing new skills, capabilities and supporting staff through education and training thereby equipping them with the skills required to deliver the best quality of care.

Actions prior to business case approval

- Commence recruitment strategy workstream with representation from the stroke MDT. These meetings will continue regularly throughout the remainder of the financial year. Recurring agenda items will include gap analysis, turnover and retention of staff, succession planning and workforce redesign.
- Review all job descriptions and ensure that they are representative of the roles to be recruited. Engage with trust communications team to write attractive job adverts and discuss social media strategy. Edit current recruitment video to fully reflect current stroke service at MTW.

- Plan the detail of the recruitment open days and ensure that staff will be present to represent all disciplines. Work with communications team to advertise the open days. Release the updated recruitment video onto the trust website and all social media platforms. Nominate interview panels for each of the posts.

Actions post business case approval

- Advertise all posts on TRAC. Commence open days, to include a tour of the stroke unit and a display and presentation of the floor plans of the finished HASU/ASU. Continue regular recruitment strategy workstream meetings to discuss ongoing progress.
- Commence interviews for any posts applied for. Continue open days, to include a tour of the stroke unit and a display and presentation of the floor plans of the finished HASU/ASU. Continue regular recruitment strategy workstream meetings to discuss ongoing progress.
- Continue with interviews as posts are applied for and appoint as appropriate. Discussion with recruitment strategy workstream and clinical leads regarding number of applications and appointments made thus far. Difficult to recruit to posts may need alternative strategies or considerations of alternative ways of working.

6.6 Arrangements for change management

The programme board/steering group will manage the organisational and cultural changes arising from the implementation of the programme. These change management processes are interwoven into the governance of the programme, the programme plan and the readiness assessment within the benefits framework.

Communication during implementation will be managed internally and externally.

Internal: there will be regular communication through team briefings and the staff bulletin. Regular meetings will be scheduled with staff working within stroke to ensure they are appraised of progress. Formal up-dates will be provided to relevant Trust boards/committees as per the trust governance structure.

External: this will involve MTW's Communications and Patient Engagement teams. All appropriate external communications channels will be used alongside internal channels to ensure our staff are updated by the trust. The Patient Engagement team will use existing channels to engage with established patient networks. Key messages will be used by both teams to support the delivery of consistent messaging across all channels and to all audiences. This approach will ensure stakeholders are aware of and understand the developments within the service.

6.7 Arrangements for benefits realisation

The ultimate responsibility for the delivery of the programme benefits rests with the Kent and Medway SRO for the project. The Kent and Medway Acute Stroke Reconfiguration Programme Board will oversee delivery of the benefits.

On a quarterly basis the Kent and Medway Acute Stroke Reconfiguration Programme Board will review the benefits register. Any expected benefits that are 'off-track' will be escalated to individual provider programme boards as appropriate.

The role of the MTW Stroke Programme Board will be to assure itself that all allocated benefits are accurately identified, and their realisation is being effectively managed.

A copy of the project benefits register is attached at **Appendix A**. This sets out who is responsible for the delivery of specific benefits, how and when they will be delivered and the required counter measures. The benefits register is used to associate each benefit with specific stroke programme objectives and establish how benefits will be measured, the owner of the benefit and any baseline performance data.

6.7.1 Benefits reporting

The benefits register details measurement points to evaluate progress against the target. As measurements are taken, reports will be submitted by the benefit owner to the Stroke Programme Steering Group and Stroke Programme Board. A summary report of all benefits allocated to MTW will be submitted to the Kent and Medway Acute Stroke Reconfiguration Board on a quarterly basis.

Arrangements will be made as part of the project closure to ensure benefits realisation management remains a key focus of the operational management team, post-project. It is best practice for benefits to be owned by an operational manager from the point of identification to ensure a true sense of ownership and embed the benefits management approach.

6.8 Arrangements for risk management

The MTW Stroke Programme Board will ensure that robust arrangements for the on-going management of risk during the key phases of the programme are established. This will include independent assessment and audit activities. Strategies for the active and effective management of risk will include:

- identifying possible risks in advance and putting mechanisms in place to minimise the likelihood of them materialising with adverse effects;
- having rigorous processes in place to monitor the risks, and access to reliable, up to-date information about the risks;
- having agreed actions to control or mitigate against the adverse consequences of the risks, if they should materialise;
- ensuring that decision-making processes during the programme are supported by a framework for risk analysis and evaluation.

To identify the specific risks the programme will use a number of approaches that will include structured review meetings involving the programme board, the steering group, the workstreams and

the programme management team. This will encourage participation and ownership of the risks by key personnel.

On a monthly basis the Stroke Programme Board will review the internal risk register. All programme risks with a risk score of 15 or more (calculated by multiplying likelihood by consequence) will be escalated to the Kent and Medway Acute Stroke Reconfiguration Board. The role of the Stroke Programme Board Trust Board will be to assure itself that all risks related to the MTW scheme are accurately identified and mitigated.

A copy of the MTW project risk register is attached at **Appendix B**. This sets out who is responsible for the management of risks and the required counter measures.

6.9 Arrangements for contract management

The Contracts team at MTW will be responsible for the establishment and initiation of contract with WW Martin Ltd.

Contract monitoring arrangements are defined in Section 5 of the contract document. This includes aspects such as progress review meeting frequency and reporting requirements.

During the implementation phase of the contract, the contract will be managed through the governance arrangements set out above. Any deviations or changes will be approved by the Stroke Programme Steering Group and the Stroke Programme Board, will approve or reject all change requests pertinent to the project.

6.10 Arrangements for post project evaluation

The arrangements for post implementation review (PIR) and project evaluation review (PER) have been established in accordance with best practice and will follow the guidance set out by NHS England's *Capital investment and property business approval guidance for NHS trusts and foundation trusts Annex 2: Post-project evaluation templates.*

These templates provide a proforma to complete the post project evaluation (PPE) exercise. There are two templates to complete the two-stage PPE exercise:

- **Stage 1:** for an initial review within six months of business case approval or from commissioning a new service and/or facility;
- **Stage 2:** for a further review two years (recommended) after commissioning a new service and/or facility.

6.10.1 Post implementation review

This review ascertains whether the anticipated benefits have been delivered. Prior to the formal project closure, the first PIR will be planned to take place within 12 months following the completion of the project. This will provide an opportunity to review progress against any benefits realisation milestones that were projected forward, beyond the end of implementation. The operational

management teams undertaking the PIR will agree the frequency of any future meetings to review any benefits that may be realised beyond the initial 12-month period from the project's closure.

6.10.2 Project evaluation review

This review appraises how well the project was managed and whether it delivered to expectations.

Although the implementation project activity will cease soon after the final stabilisation period has ended, it is anticipated that the project will be formally closed approximately three months beyond this date to allow the collation of any monitoring data. At the formal project closure stage, the Project Implementation Review (PIR) will be undertaken. This will include the completion of a final lessons report, which will complete the compilation of all lessons identified throughout the life of the project so this can be shared as required within and across the organisations to benefit other projects.

6.11 Contingency plans

In the event this project fails, the following arrangements are in place to guarantee the continued delivery of the service:

- the business case assumes at this stage that the build will be completed as it is now 50% of the way through and therefore to bring the site back to useable capacity, it must be completed. Should the contract fail, the remainder of the works will be reprocured and the bed management plan extended until the works are complete;
- if there are challenges with revenue, which does not support the development of an ultimately accredited HASU/ASU, the service will operate as previously, streaming patients effectively according to the stage of their stroke and acuity;
- immediately following the point at which the project is deemed to have failed and has been stopped, an urgent review of the reasons for failure will be ascertained. Depending on the cause and how far the project has progressed, appropriate actions will be taken. Action might include:
    - a review of the business case to establish if a viable project remains and, if so, what remedial action is required to bring the failed project back on track;
    - decisions to change the project's scope and or approach;
    - the approval of additional funding if deemed appropriate;
    - the appointment of additional or replacement project management resources.

7 References

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NHS Maidstone and Tunbridge Wells NHS Trust

Red Risk Report **Chief Nurse**

The enclosed report provides a summary of the current risk profile of the Trust, highlighting the overall number of risks, a breakdown of risks by score and strategic theme.

As discussed in May 2023's report, this report has a greater alignment to the Trusts six strategic themes, to improve the Trust Boards oversight of risk. The regularity of the reviews of risks and their associated controls and planned actions is currently under review as part of the Trusts risk improvement plan. In the interim divisional and corporate leads continue to review their risks with the support of the Director of Quality Governance, pending recruitment to a substantive Trust Head of Risk Management position.

There are **213** "finally approved" open risks on the risk register, which is a circa **39%** increase from May 2023 (153 finally approved risks) with 30 new risks added since November 1st 2023. Risk closure activity continues to average **10** risks per month, whilst risk opening activity averages **13** risks per month.

Risks overdue for review have recently improved (by **17%**). Oversight of risks by division has been recently strengthened, as a live view of overdue risks has been added to the new divisional and directorate dashboards on InPhase.

Currently there is no Trust risk lead in post, for assurance this is being recruited to. The risk register overview is being maintained by the Director of Quality Governance, (with the support of the Trusts InPhase digital quality management systems lead). Together they are reviewing all new risks and supporting teams in ensuring these are being reviewed and updated appropriately.

A risk oversight and operational improvement plan has been drafted amalgamating recommendations made by the CQC in 2023 and Deloittes recent governance review. This improvement plan will be presented to ETM for approval in February 2024, it is also likely that further Board development work is necessary as we move towards using the strategically aligned risks as part of a formalised assurance framework.

This is the first report of this style, where risks, including red risks have been aligned to the strategic themes. Therefore, the Trust Board is asked to review and discuss the report with feedback being especially welcomed on the reports content and format.

Which Committees have reviewed the information prior to Trust Board submission?
- Executive Team Meeting, 9th January 2024

Reason for submission to the Trust Board (discussion, information, assurance) [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

January 2024
Report Owner: Chief Nurse – Jo Haworth

Trust Board

Red Risk Report

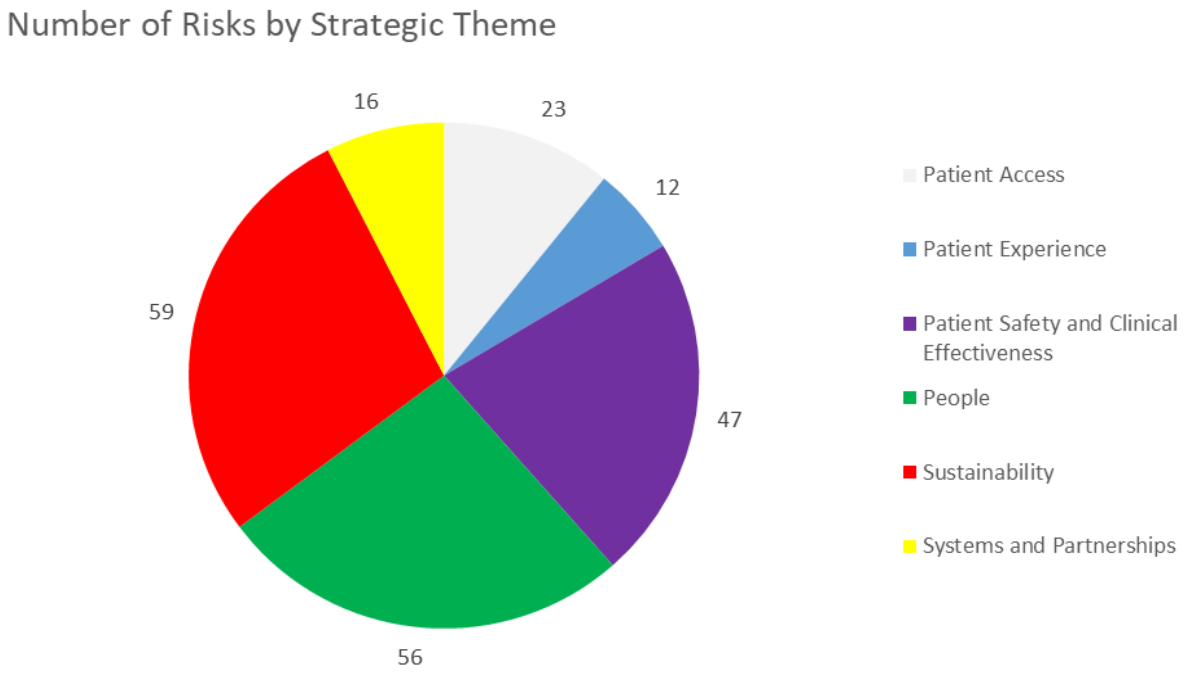
Purpose

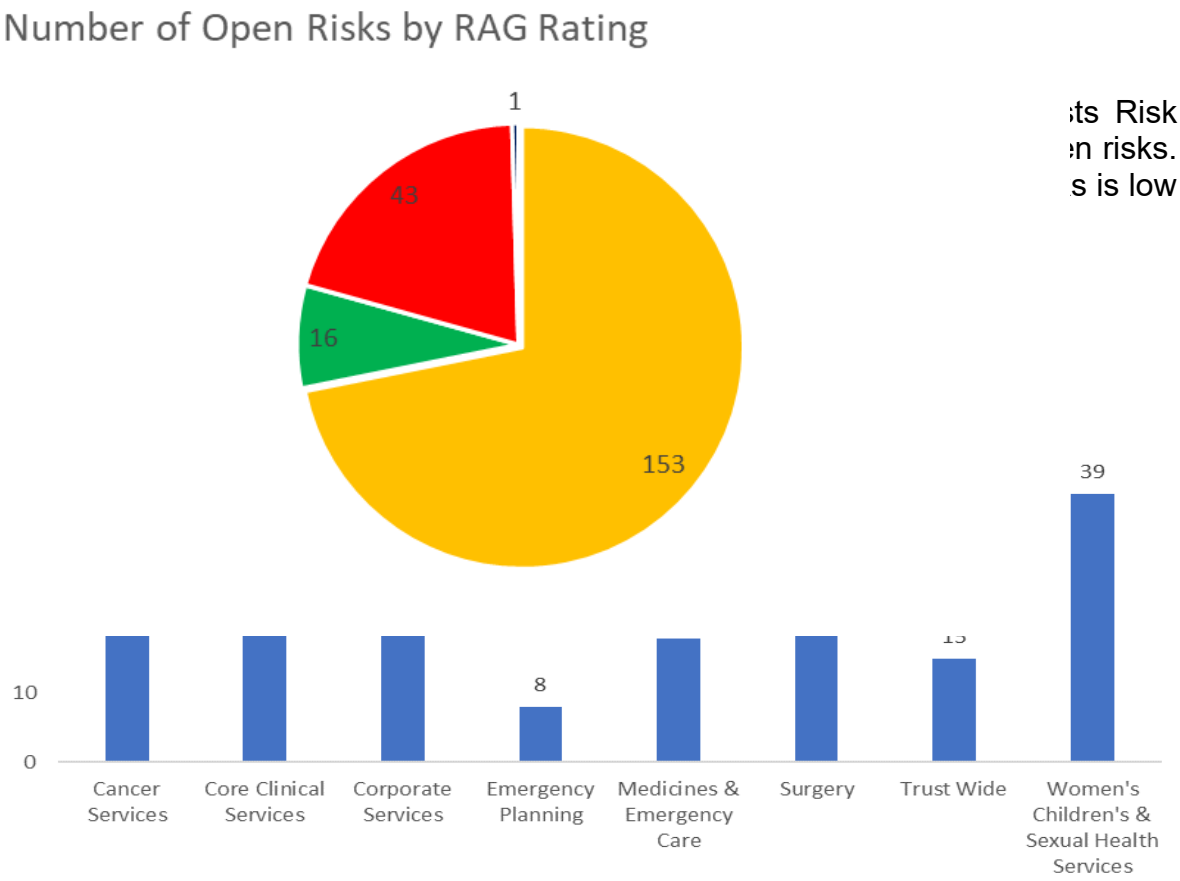
This paper provides the Board with details from Trusts overarching corporate risk register alongside additional detail linked to the Trusts highest rated “red risks”

Open Risks

As of 16th January, there were **213** open, finally approved risks on the risk register. The two charts below show the proportion of red, amber and green risks that comprise these open risks on the Trusts risk register and also the open risks split by strategic theme.

In the future this could form the basis of a strategic assurance framework, with the performance tracked of each overarching strategic risk linked to its associated risks via a traditional assurance framework template.





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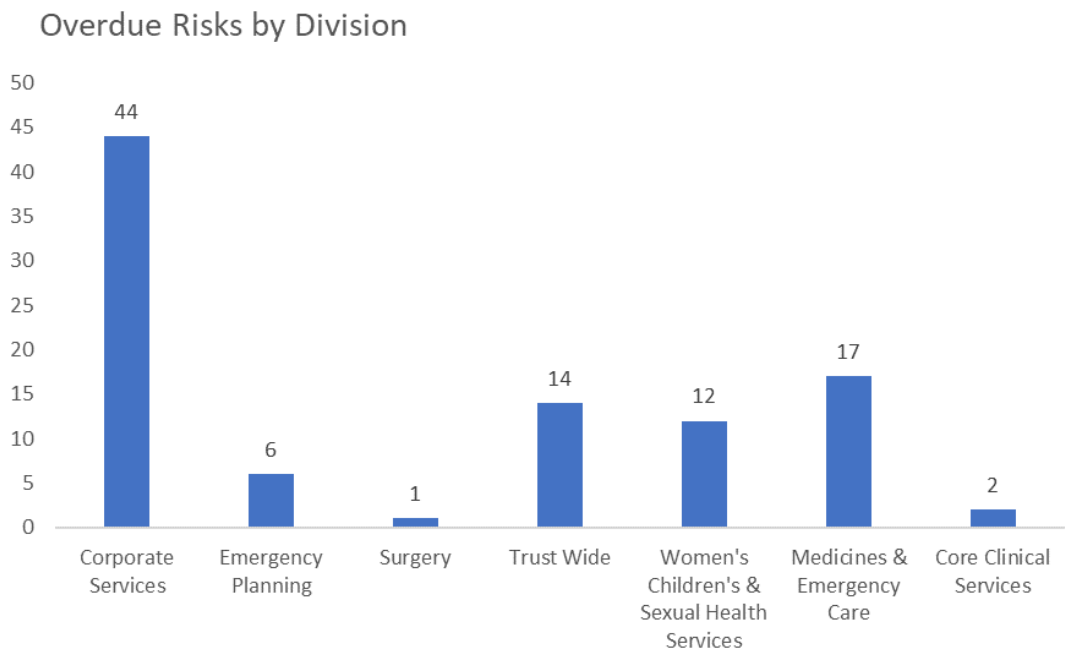
Overdue Risks

Of the 213 open risks **45%** have passed their review due date (a reduction of 14% since last month). The following graph shows the number of overdue risks by division which indicates there is a need for improvement work to be undertaken with the Medicines & Emergency Care Division, Women's, Children's and Sexual Health Services Division, Corporate Services and "Trust Wide" risk owners.

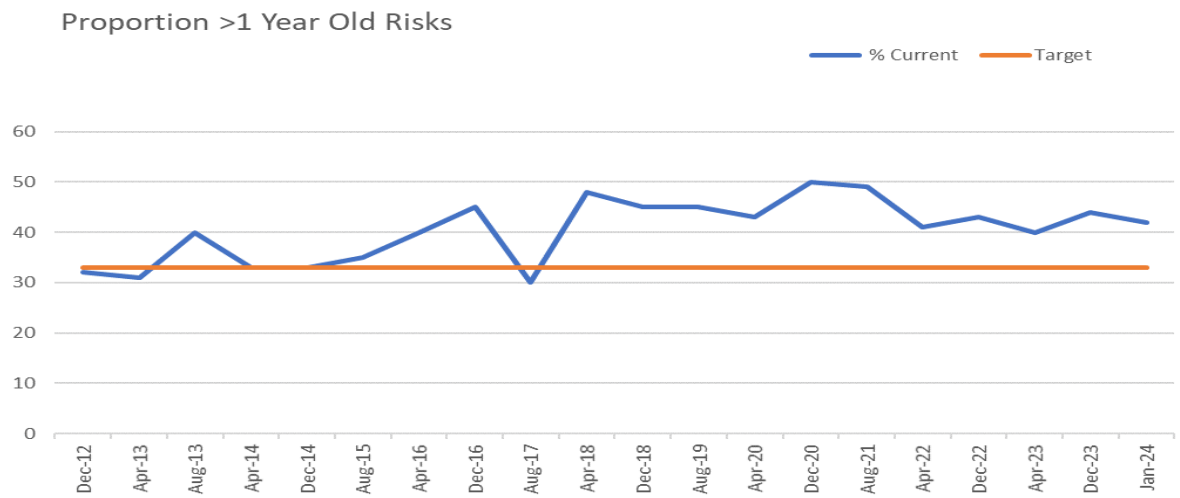


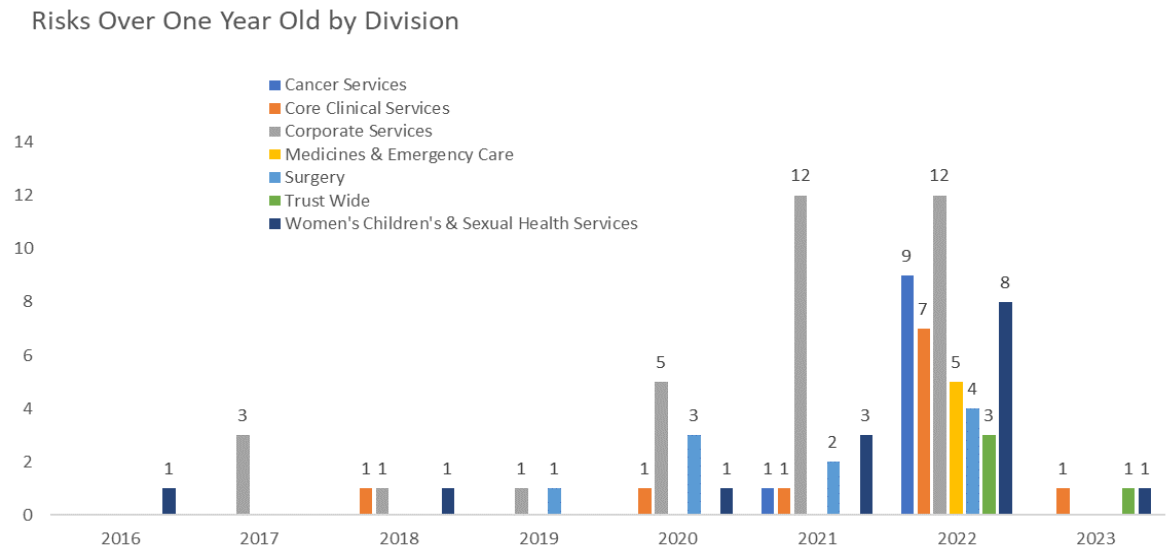
Risk owners are encouraged to ensure that the next planned review date is selected on the system in line with internal risk review processes. Reminder reports have ceased during a period of absence for the Trusts risk lead. In the interim the Director of Quality Governance has been contacting risk owners of high rated risks to ensure overdue risks are being updated.

Risks Open Over One Year

Of the 213 open risks **42%** are over one year old which is an increase from **39.7%** reported in May 2023. Divisional and directorate risk leads are asked to keep risk entries as up-to-date as possible, with updates at least every two months. Older risks may indicate that a risk is not being actively managed.

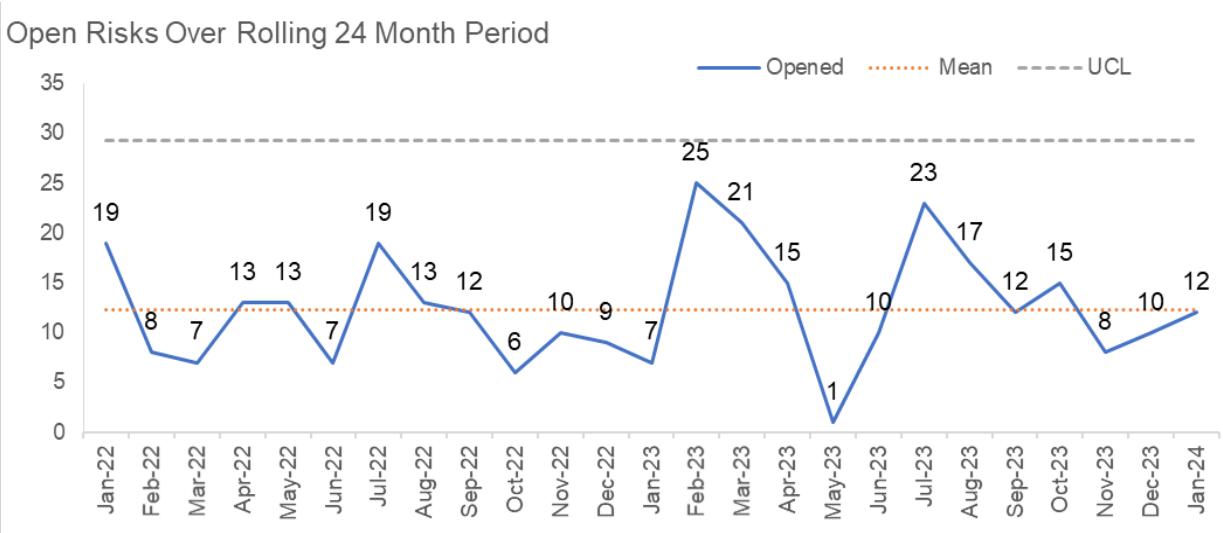
The graph below shows the trend overtime of the number of risks that have remained open for more than one year, the target being 33 *a target set by the Trusts Risk Lead and included in the previous historically produced reports.





Risks Opened Over Time

The following graph shows the number of risks opened each month over a 24-month rolling period. **107** new risks have been added to the risk register since May 2023 with 12 additional risks opened in month *when the data was pulled on the 16th January 2024.

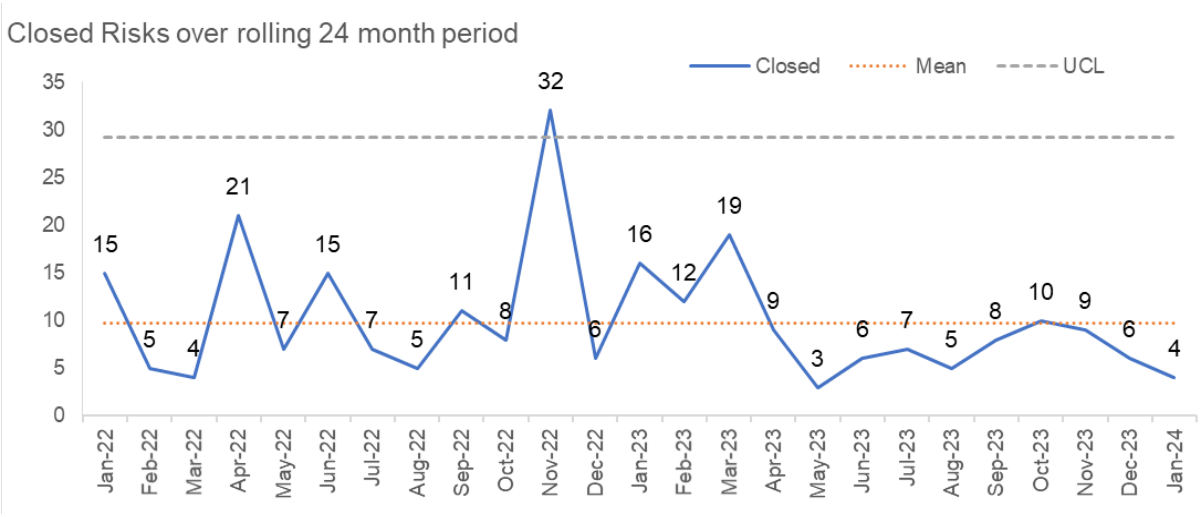


Risks Closed Over Time

63 risks have been closed since April 2023, a breakdown of these is provided in Appendix One.

The following graph shows the number of risks closed each month over a 24-month rolling period, with 4 additional risks closed when the data was pulled on the 16th January 2024. It is clear that more risks are being opened than closed each month. It is encouraging that our services are actively using the Trusts risk register but further

work is needed to assure ourselves that each Division has an established forum for reviewing their risks on a monthly basis.



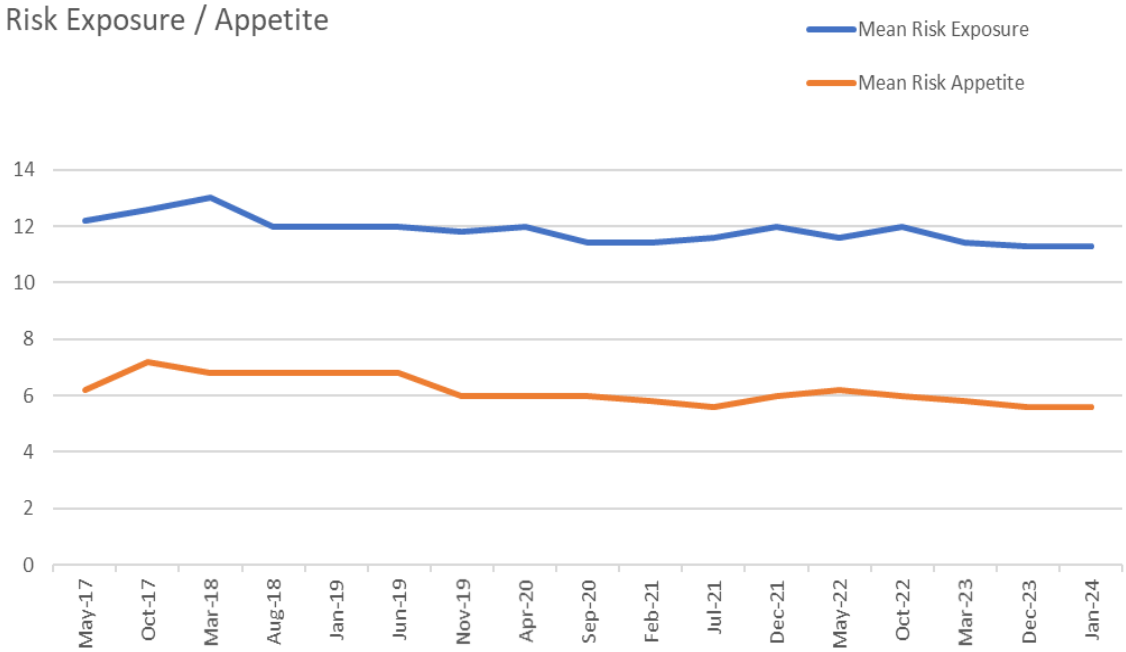
Risk exposure and appetite

The chart below demonstrates the average (mean) current risk scores, which illustrates the Trusts risk exposure and appetite.

The average (mean) current risk scores (taken from all open risks) calculates the Trusts **"risk exposure"**. This is the current generalised risk score of all of the Trusts open risks. An upward or downward trend would indicate the Trust is holding more or less risk within its open risks

The average (mean) target risk score (taken from all open risks) calculates the Trusts "risk appetite". This is the amount of risk generally each service is willing to tolerate in order to close a risk,

As of 16th January 2024, the risk exposure was **11.3** and the risk appetite **5.6**. These have reduced slightly over time but the figure remains broadly steady. There is therefore, work to be undertaken with divisions to look at potentially lowering their threshold for closing risks and therefore increasing the Trusts risk appetite, this work will form part of the Trusts risk management improvement plans.


Risk Exposure / Appetite
Mean Risk Exposure
Mean Risk Appetite
14
12
10
8
6
4
2
0
May-17
Oct-17
Mar-18
Aug-18
Jan-19
Jun-19
Nov-19
Apr-20
Sep-20
Feb-21
Jul-21
Dec-21
May-22
Oct-22
Mar-23
Dec-23
Jan-24

Overview of Red Risks (Risks scored 15 and above)

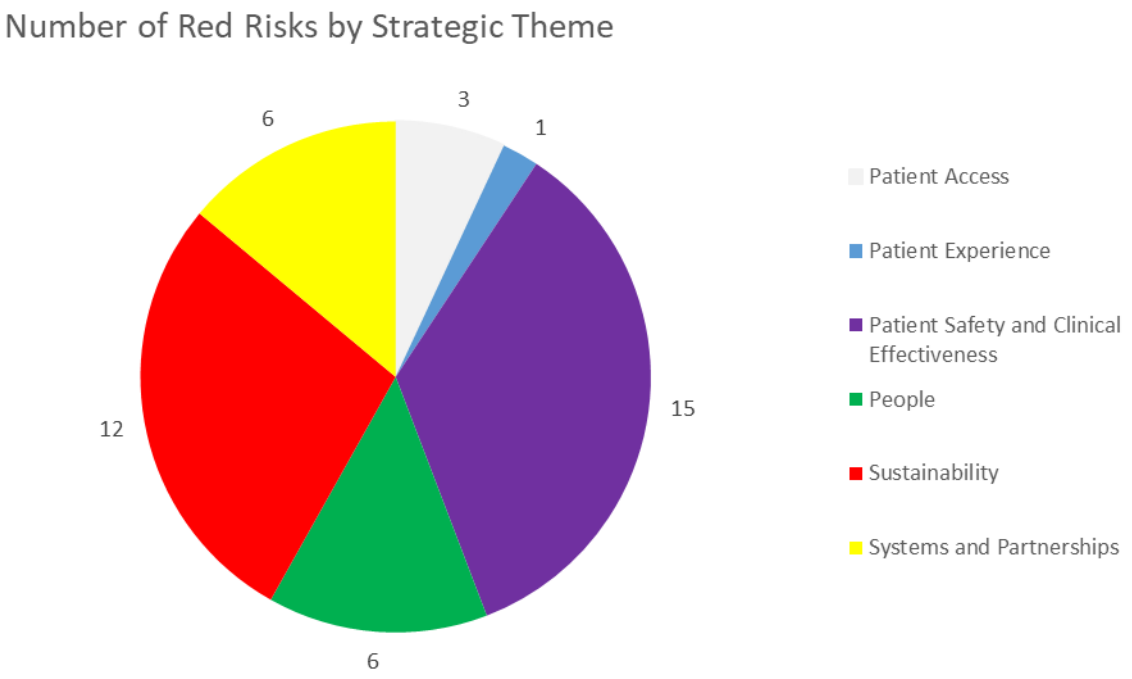
There are **43** open red risks on the Trusts risk register and the majority are rated 16 out of 25.

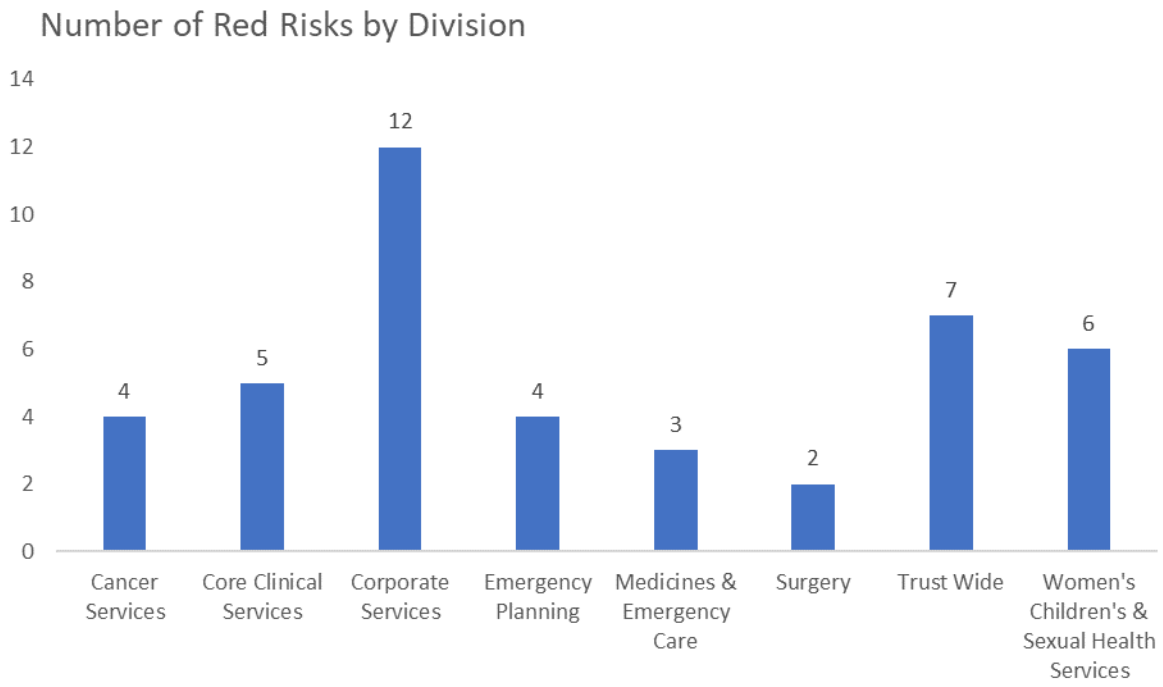
Breakdown of Open Red Risk Scores

Rated 25	Rated 20	Rated 16	Rated 15
0	8	21	14

Red Rated Risks by Strategic Theme

The graphs below provide the number of red risks reported by division and strategic theme. Patient safety and sustainability are the prevalent strategic themes amongst the red risks.





A full update of red rated risks by strategic theme is outlined in the following pages. Of note new red risks include

Patient Experience Red Risks

Division	Risk Id	Opened	Title	Rating (current)	Rating (target)
Women's Children & Sexual Health	1260	09-Feb-23	Potential for poor patient experience regarding consent within Maternity services – this links to an identified theme in the complaints received for this service	16	4

People Red Risks

Division	Risk Id	Opened	Title	Rating (current)	Rating (target)
Corporate Services	1202	09-Aug-22	Industrial Action	20	12
Corporate Services	2955	30-Jun-23	Insufficient workforce within the 3 safeguarding teams (adult safeguarding, children safeguarding and midwifery safeguarding) to meet the current demand.	16	8
Trust Wide	1154	26-Apr-22	Challenges in maintaining staff moving and handling skills resulting in related incidents with potential for harm to patients and staff	16	6
Trust Wide	1270	23-Feb-23	Lack of medical devices training in the Trust	16	4
Trust Wide	1259	08-Feb-23	Statutory & Mandatory Training Compliance	16	12
Corporate Services	3033	01-Dec-23	Risk to risk oversight and function secondary to there being no current head of risk in post	15	6

Patient Access Red Risks

Division	Risk Id	Opened	Title	Rating (current)	Rating (target)
Surgery	3008	25-Sep-23	Operational planning limiting the demand and capacity within the Ophthalmology service	20	8
Women's Children's & Sexual Health Services	3050	08-Jan-24	***New** Triaging delays linked to Gynae referrals	15	9
Women's Children's & Sexual Health Services	3010	29-Sep-23	Lack of administration staff in gynaecology and maternity	15	6

Patient Safety & Clinical Effectiveness Red Risks

Division	Risk Id	Opened	Title	Rating (current)	Rating (target)
Trust Wide	2980	03-Aug-23	Risk of Healthcare associated C. difficile and breaching national limits of number of cases	20	12
Women's Children's & Sexual Health Services	3005	15-Sep-23	Resuscitaires at Tunbridge Wells Hospital maternity unit and stand-alone Birth Centres are past their asset life posing a risk to the safety of the new-born	20	10
Cancer Services	3023	24-Oct-23	Haematology patients are at risk of being lost to follow up	16	6
Emergency Planning	3012	10-Oct-23	There is a risk that the poor radio reception at TWH will affect the security teams effectiveness	16	4
Medicines & Emergency Care	1150	21-Apr-22	Impact of increase in number of inpatients with mental health needs / neurological deficit.	16	9
Medicines & Emergency Care	2981	03-Aug-23	Unsuitable environment for mental health and neurological deficit paediatric and adult patients in ED cross site	16	9
Surgery	3035	06-Dec-23	Recurrent failure of IT systems and equipment vital for the clinical imaging of patients for clinical review with the potential for delays in service delivery.	16	8
Trust Wide	2999	02-Sep-23	Radiation Incidents not being automatically notified via InPhase or categorised so that reports can be made as required under IR(ME)R, IRR, or EPR	16	8

Women's Children's & Sexual Health Services	1275	01-Mar-23	Swab, needle and instrument count is not being completed in line with Trust policy.	16	4
Women's Children's & Sexual Health Services	3038	08-Dec-23	Paediatric Emergency Drug Calculator not available on trust devices or printable	16	8
Corporate Services	1235	30-Nov-22	Poor compliance with nursing documentation standards (Trust wide)	15	6
Corporate Services	1205	12-Aug-22	Patients are at risk of legionella infections from unsafe, non-complaint hot and cold-water systems at Tunbridge Wells Hospital	15	10
Medicines & Emergency Care	3043	02-Jan-24	***New** Reduced service capacity of the Medical Infusion Suite and Endocrine testing due to increased demand and reduction of clinical space.	15	12
Trust Wide	2995	03-Nov-23	Shortage of Defibrillators	15	10
Trust Wide	1300	23-Mar-23	Risk to patient safety due to inability to meet key safety standards when caring for adult patients with a tracheostomy	15	6

Sustainability Red Risks

Division	Risk Id	Opened	Title	Rating (current)	Rating (target)
Corporate Services	3039	11-Dec-23	There is a digital informatics risk that a misconfiguration in the Maternity EPR (E3) can cause backfilling of new clinical information into a historical patient record creating an erroneous medical record	20	4
Core Clinical Services	1310	03-Apr-23	Equipment - Replacement of equipment required for General and ED Plain Film Imaging Rooms across the MGH and TWH sites.	16	8
Core Clinical Services	1311	03-Apr-23	Equipment - Replacement of equipment required for CT Imaging at MGH and TWH.	16	3
Core Clinical Services	1312	03-Apr-23	Equipment - Replacement of equipment required for Theatre Imaging at MGH and TWH.	16	4
Core Clinical Services	2945	03-Apr-23	Equipment - Replacement of equipment required for Fluoroscopy imaging rooms at the TWH site	16	4
Core Clinical Services	2947	03-Apr-23	Equipment - Replacement of equipment required for Mammography at the TWH site.	16	2
Corporate Services	1286	21-Mar-23	Statutory Compliance	16	12
Cancer Services	1269	22-Feb-23	KOMS Server Hardware	16	4
Corporate Services	2952	29-Jun-23	There is a facilities risk (affecting ICT infrastructure) that due to inadequate air conditioning capability within the Main ICT server room the server system could overheat	15	10

			causing a loss of ICT across the Trust		
Corporate Services	2948	21-Jun-23	There is a risk that MTW IT systems will be slowed / have functionality issues secondary to Server Processing Capacity	**15**	5
Corporate Services	3054	11-Jan-24	***New** UPS in PPP Server Room is aged and in need of replacement	**15**	10
Cancer Services	2998	01-Sep-23	Radiotherapy CT Canterbury Provision	**15**	5

Systems & Partnership Red Risks

Division	Risk Id	Opened	Title	Rating (current)	Rating (target)
Emergency Planning	3052	09-Jan-24	***New** TWH access control door system is not resilient	20	5
Emergency Planning	3051	09-Jan-24	***New** Insufficient backups of TWH access control door system	20	5
Emergency Planning	3053	09-Jan-24	***New** TWH access control door system lacks suitable cyber security protections	20	5
Cancer Services	3042	21-Dec-23	Issues at East Kent Foundation Trust hospital relating to time form referral to reporting of scans and histologist	16	8
Corporate	1267	17-Feb-23	Clinical Audit performance – backlog of audits to be completed	15	6
Corporate	1288	24-Mar-23	NICE Guidance - backlog of guidance to be reviewed	15	6

Appendix One

Closed Risks (May 2023 - Dec 23)

63 risks have been closed since April 2023, a breakdown of these is provided below

Division	Risk Id	Opened	Title	Closed date
Emergency Planning	1271	27-Feb-23	Difficulties in recruiting security staff putting security staff, Trust staff and patients at risk	31-Dec-23
Surgery	1146	12-Apr-22	Inability to maintain optimal consultant anaesthetic cover due to increased sickness and vacancy absences	19-Dec-23
Surgery	1043	08-Jul-21	Increase in the number of elective Caesarean Section lists	19-Dec-23
Surgery	2994	23-Aug-23	Lack of General Surgery bed capacity	19-Dec-23
Cancer Services	962	16-Oct-20	Sunrise implementation issues resulting in the ability for consultants to use their EPR/Order KOMS effectively	15-Dec-23
Cancer Services	3025	25-Oct-23	Delays in the Implementation of T34 syringe pumps for Palliative and EoLC patients.	15-Dec-23
Corporate Services	749	13-Nov-17	Learning from incidents - the failure to learn	30-Nov-23
Corporate Services	2949	23-Jun-23	TARN - Trauma Audit Research Network - cyber incident	30-Nov-23
Core Clinical Services	1139	14-Mar-22	Lack of HL7 for pathology LIMS	24-Nov-23
Core Clinical Services	1161	11-May-22	Failure of Biochemistry analysers at TW site	24-Nov-23
Core Clinical Services	828	04-Feb-19	Staff shortages within Haematology/Transfusion	24-Nov-23
Core Clinical Services	856	21-Jun-19	Lack of Space on Maidstone Blood Sciences	24-Nov-23
Cancer Services	837	07-Mar-19	Delays in transport following outpatient appointments	15-Nov-23
Cancer Services	2964	21-Jul-23	Substandard clinical area for the plaster service at Maidstone Hospital.	15-Nov-23
Core Clinical Services	1247	12-Jan-23	Presence of shower in Blood Sciences at TW site	07-Nov-23
Surgery	1163	12-May-22	Delay in implementing Urology Registrar of the week	30-Oct-23
Women's Children's & Sexual Health Services	2985	07-Aug-23	Increase in number of Children under 12 months presenting with unexplained injuries (NAI)	25-Oct-23
Women's Children's & Sexual Health Services	1285	16-Mar-23	Paediatric mandatory training compliance	25-Oct-23

Women's Children's & Sexual Health Services	2977	01-Aug-23	Diabetes on-call service unavailability	25-Oct-23
Women's Children's & Sexual Health Services	2987	10-Aug-23	Risk of malfunction on new aero chambers for use with inhalers within paediatric areas	25-Oct-23
Corporate Services	1268	22-Feb-23	Liberty Protection Safeguards Implementation as a Responsible Body	18-Oct-23
Medicines & Emergency Care	1157	27-Apr-22	Patients waiting over the 6-week target for Echocardiogram	18-Oct-23
Surgery	1281	07-Mar-23	Capacity in Oculoplastic Service	13-Oct-23
Surgery	1243	16-Dec-22	Capacity in Corneal Service	13-Oct-23
Trust Wide	1192	25-Jul-22	Philips Health Systems V60 and V60 Plus ventilators – potential unexpected shutdown leading to complete loss of ventilation	12-Oct-23
Medicines & Emergency Care	1308	09-Jun-23	Emergency Department Discharge Summaries	21-Sep-23
Corporate Services	1093	01-Nov-21	There is a risk that the monthly coding deadlines will not be met due to the impact of Sunrise on the coding workflow.	18-Sep-23
Medicines & Emergency Care	998	03-Mar-21	Nursing staffing shortages in Medicine and Emergency Care	18-Sep-23
Corporate Services	1306	19-Apr-23	IT Service Desk Staffing Levels	14-Sep-23
Corporate Services	2984	07-Aug-23	On Sunrise EPR user role Phlebotomist is able to Place a Blood Transfusion Order.	13-Sep-23
Surgery	1229	08-Nov-22	Tracheostomy tube procurement	06-Sep-23
Trust Wide	1253	01-Feb-23	There is no provision of a Hospital Independent Domestic Violence Advisor (HIDVA) at Maidstone and Tunbridge Wells NHS Trust	06-Sep-23
Corporate Services	2965	27-Jul-23	Tunbridge Wells loading bay risk of fall	01-Sep-23
Women's Children's & Sexual Health Services	2991	23-Jun-23	Ongoing issues with water pressure and water quality across delivery suite and the trust.	29-Aug-23
Women's Children's & Sexual Health Services	2978	10-Jul-23	Young people on Hedgehog Ward - sectioned under the MHA (level 2) Paediatric ward is an unsuitable placement for these patients. Risk of self-harm and absconding	11-Aug-23
Women's Children's & Sexual Health Services	1189	20-Jul-22	Lack of paediatric middle grade doctors	08-Aug-23

Core Clinical Services	1238	07-Dec-22	Age of the Imaging Equipment in Radiology at MTW	03-Aug-23
Medicines & Emergency Care	1255	03-Feb-23	Delays in psychiatric pathways	03-Aug-23
Corporate Services	1078	07-Sep-21	Control and prevention of health care associated infections including C.difficile and multi resistant organisms	19-Jul-23
Corporate Services	1083	20-Sep-21	Risk of severe harm from nosocomial Covid -19 infection	19-Jul-23
Women's Children's & Sexual Health Services	1307	28-Apr-23	Consultant pay rate consultation	19-Jul-23
Cancer Services	1190	22-Jul-22	Nuclear Medicine staff exceeding annual IRR17 dose limits in the event of a contamination incident	18-Jul-23
Medicines & Emergency Care	1153	26-Apr-22	Unavailability of Retrospective Data from Sunrise to Complete Monthly Sepsis Audit in ED	18-Jul-23
Women's Children's & Sexual Health Services	2957	04-Jul-23	IT performance at Riverside Sexual Health Services in GCH	18-Jul-23
Women's Children's & Sexual Health Services	1261	09-Feb-23	Lack of Cardiotocography (CTG) machines on maternity unit at Tunbridge Wells Hospital	17-Jul-23
Surgery	973	10-Dec-20	Paediatric follow up waiting lists	26-Jun-23
Surgery	1031	09-Jun-21	Lack of bed capacity has led to mixed sex compliance and poor patient experience	26-Jun-23
Women's Children's & Sexual Health Services	1236	01-Dec-22	Shortage of Neonatal Specialist Nurses - Band 6	16-Jun-23
Women's Children's & Sexual Health Services	1216	28-Sep-22	Extended waiting list for Paediatric Endoscopy	16-Jun-23
Core Clinical Services	1179	07-Jul-22	Blood Bank Issue Fridge location	12-Jun-23
Surgery	1251	25-Jan-23	Insufficient written clinical guidance for rescheduling outpatients	07-Jun-23
Core Clinical Services	1079	07-Sep-21	No quality assurance or governance oversight on Point of Care Testing	30-May-23
Women's Children's & Sexual Health Services	1166	26-May-22	Paediatric Diabetes - staffing and succession planning	19-May-23
Medicines & Emergency Care	1249	16-Jan-23	Lack of visibility of drug chart on EPMA once patients discharged from ED	16-May-23

Emergency Planning	1058	30-Jul-21	Loss of Telecommunications	28-Apr-23
Emergency Planning	1124	27-Jan-22	CCTV room not Information Commissioners Office (ICO) compliant	28-Apr-23
Core Clinical Services	1287	22-Mar-23	Failure and increased unreliability of aging ED Imaging X-ray rooms across MTW	27-Apr-23
Core Clinical Services	1239	07-Dec-22	Risk of delayed patient contact due to complexity of new VFC system process	19-Apr-23
Women's Children's & Sexual Health Services	952	08-Sep-20	CAMHS Patients within Paediatric Inpatients	13-Apr-23
Women's Children's & Sexual Health Services	1223	18-Oct-22	BCG clinics capacity and staffing	13-Apr-23
Women's Children's & Sexual Health Services	1283	16-Mar-23	Temporary loss of premises at Overy Street: Dartford Sexual Health Clinic	06-Apr-23
Core Clinical Services	1147	13-Apr-22	Staff shortages in Microbiology	03-Apr-23
Core Clinical Services	1006	17-Mar-21	Lack of robust Quality Management System in Blood Sciences	03-Apr-23

NHS
Maidstone and Tunbridge Wells NHS Trust

Quarterly report from the Freedom to Speak Up Guardian	Freedom to Speak Up Guardian (FTSUG)

The latest quarterly report from the Freedom to Speak Up Guardian (FTSUG) is enclosed.

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

Reason for receipt at the 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

Board of Directors (Public)

Freedom To Speak Up Guardian Report Q3 (October 2023 – December 2023)

Action Requested / Recommendation

Discuss the content and recommendations outlined in the report.

Summary

This is the third quarter report for 2023/24 covering the period October 2023 to December 2023 presented to the board by the Freedom to Speak Up Guardian. The purpose of this report is to identify trends, issues; and provide a progress report on the Freedom to Speak Up function.

The previous substantive FTSU Guardians left their posts in July 2023. The Deputy Chief People Officer for Organisational Development covered the role until the appointment of an interim FTSU Guardian in September 2023, who took up post in January 2024. The post will be substantively advertised later in 2024. In that time, it is proposed that options for developing the service and considered. An update on this will be included in the next Board report.

The Freedom to Speak Up Guardian received **nineteen** concerns raised in the last quarter. In Q3, the splits are between bullying/ harassment cases (**ten**), health and safety **(four)** and (**five)** in the "other" category.

Concerns were received through various routes including: direct contact via the FTSU inbox and anonymous portal logs.

Author: Jack Richardson, Interim Freedom To Speak Up (FTSU) Guardian

Date: January 2024

Freedom To Speak Up Non-Executive Director	Maureen Choong
Freedom To Speak Up Executive Lead	Sue Steen
Freedom To Speak Up Guardian (interim)	Jack Richardson

The FTSU Agenda is to:

- Protect patient safety and quality are
- Improve experience of workers
- Promote learning and improvement

By ensuring that:

- Workers are supported in speaking up
- Barriers to speaking up are addressed
- Encourage a positive culture of speaking up
- Ensure issues raised are used as an opportunity for learning and development

Q3 Review

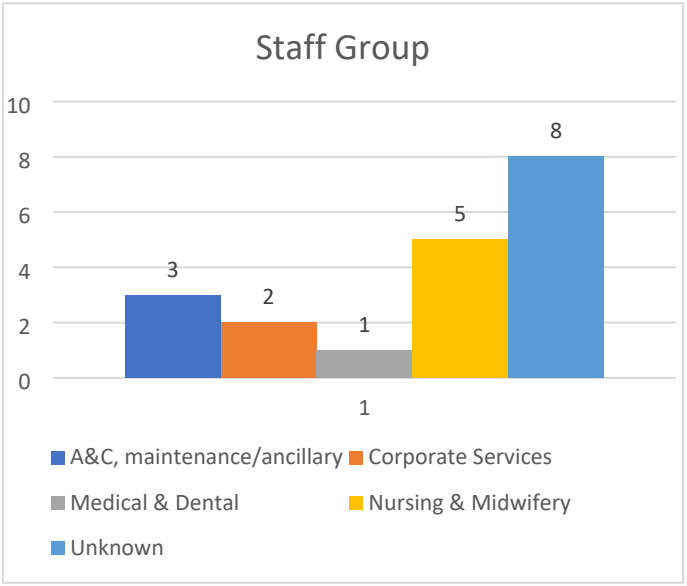
The new structure to the FTSU function has been put in place. WTE FTSU Guardian will be responsible for FTSU going forward, with the Deputy CPO Organisational Development and CPO providing FTSU cover to ensure the function remains resilient.

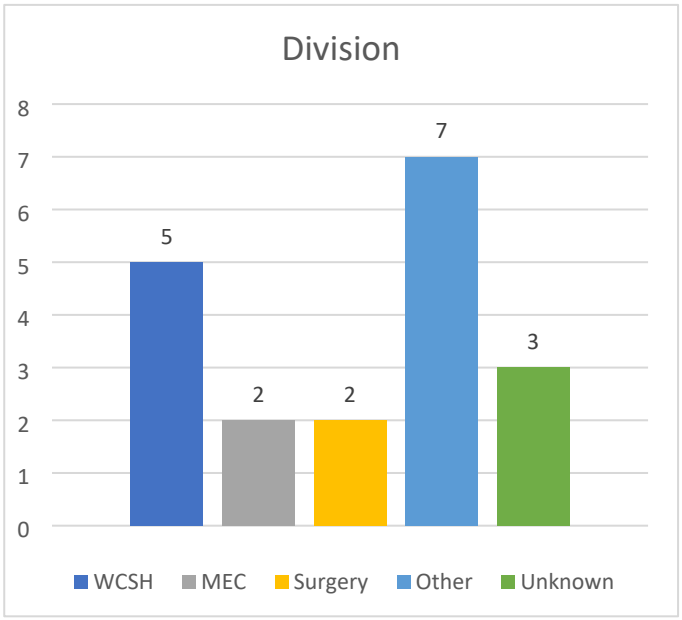
Whilst the interim FTSU Guardian is in place, to ensure a robust and consistent function, the FTSU Guardian, CPO and Deputy CPO have and will continue to meet weekly with the lead FTSU Ned Maureen Choong.

The Trust's policy document surrounding FTSU has been updated in line with the National Guardian's Office paper. This document has been created to ensure consistency and clarity across the NHS. This has been uploaded to the staff intranet.

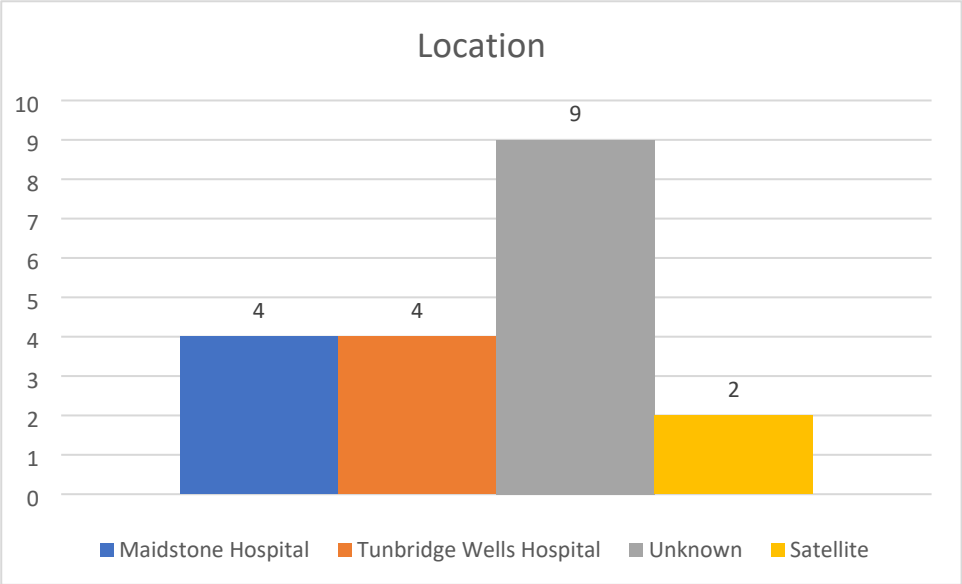
The number of concerns this quarter remains low - of the concerns we have received, many have been resolved promptly. There has however been complexities in a small number of these cases, involving health and safety concerns. In addition, it has been noted that, in the period immediately after the publication of the Public Inquiry of the Mortuary crimes, there was a slight increase in the reporting of FTSUs. Last year, 32% (12/35) of Q3 concerns were risen in December; this figure has *risen* to 40% this year (9/19). We cannot determine the exact cause of this increase as there does not appear to be a pattern in issues raised related to specific themes, nor was there additional communications promoting FTSU during this time. We can however speculate that people are more sensitive to issues.

2023/24 Q3 data collection



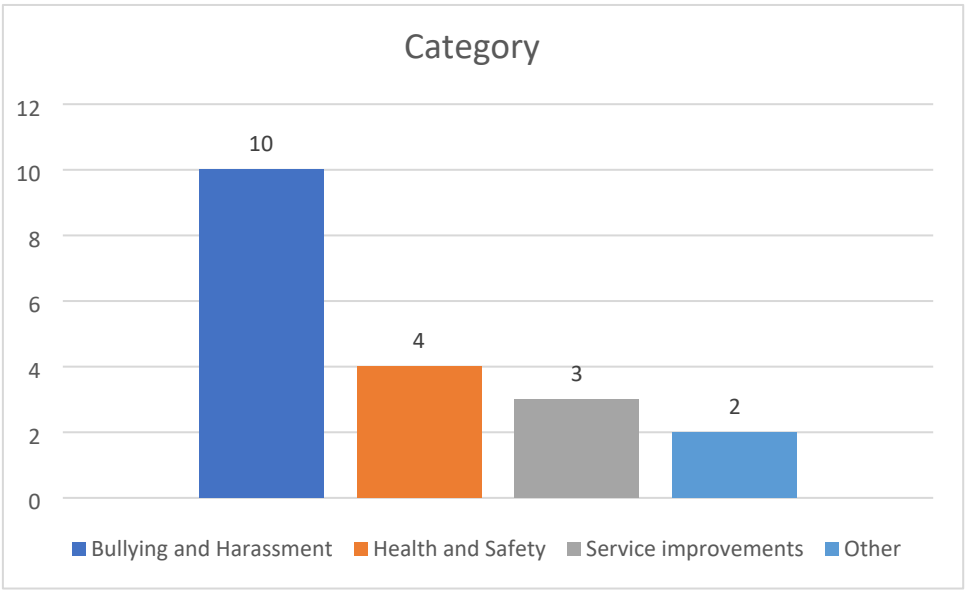


The majority of cases reported this quarter were in the Unknown category. This comprises of any issue raised that cannot be isolated to one site, or when the reporter has not specified the location. More cases came from the 'Other' divisions, which consists of Domestics, Facilities, Corporate services. The highest reporting rate were raised by Unknown staffing groups. These are currently being either followed up or escalated. Where concerns have been raised via the anonymous portal or via the safe space champions it has can be difficult to identify staff group which is reflected in the higher number of unknowns in that category.



The FTSU function continues to work with the HRBPs and OD in sharing intelligence regarding areas where concerns have been raised. A number of these areas are where OD interventions are in place or being planned. In a bid to improve our ability to look for patterns and trends that might be of concern, conversations are underway with the Director of Quality Governance to develop ways to triangulate data across the People, Quality and FTSU functions.

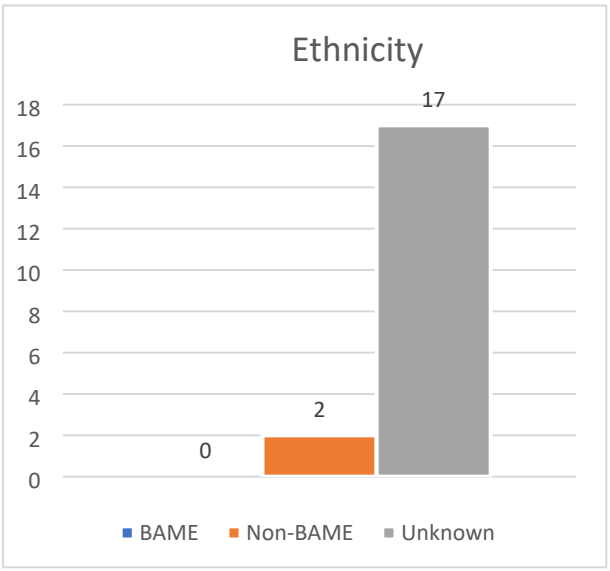
Themes/Issues



Cases of dignity and respect remain a concern as they continue to be the majority of issues raised, followed by the 'health and safety' category. Therefore, workplace behaviours continue to be an area of focus. There is a prominence of 'other' and 'unknown' throughout the past FTSU quarter, this is due to issues being raised anonymously, or that are complex and cannot fit within the specified criteria. There has been an increase in cases raised that offer insight from teams on potential service improvements (**Three cases this quarter, up from 0 in the last**).

Where there are statistics of “unknown” against any of the charts, this is linked to anonymous reports raised through the intranet or incident reporting (InPhase) systems. As such, where no means of contact is provided by the person raising the concern we are unable to explore further any details of the issue.

In the majority of cases it has not been possible to identify whether ethnicity has been a factor in FTSU issues or reporting, although other People data indicate that this may be the case.



*Breakdown of ‘Other’ category	Number
Potential service improvements	3
Advice of HR nature	1
Querying banding	1
Total	**5**

NB: Concerns falling under the “other” category are escalated and raised with relevant Managers as appropriate. In many cases the concern being “closed” upon passing the concern on. In some cases, it may remain open until a response has been received from the Manager.