Agenda

NHS Medway NHS Foundation Trust

Public Trust Board Meeting

Wednesday, 08 November 2023 at 12:30 – 15:30 Trust Boardroom and via MS Teams

Item	Subject	Presenter	Page	Time	Action
1.	**Preliminary Matters**				
1.1	Chair's Introduction and Apologies	Chair	Verbal	12:30	Note
1.2	Quorum				
1.3	Declarations of Interest				
2.	**Minutes of last meeting and Action Log**				
2.1	Minutes of 13 September 2023	Chair	3	12:35	Approve
2.2	Action Log		12		Discuss
2.3	Chief Executive Update	Chief Executive	13	12:40	Note
2.4	League of Friends Annual Update	League of Friends	17	12:50	Note
2.5	Council of Governors Update	Lead Governor	Verbal	13:00	Note
3.	**Integrated Quality Performance Report (IQPR) and Board Assurance Framework (BAF)**				
3.1	IQPR	All Executives	29	13:10	Note
3.2	BAF		65		Note/ Approve
4.	**QUALITY**				
4.1	Quality Assurance Committee Update (September 2023 and November)	Chief Nursing Officer, Chief Medical Officer, NED	83 86	13:30	Assurance
4.2	EPRR Assurance	Chief Operating Officer	88	13:40	Approve
4.3	Medical Education Annual Report	Chief Medical Officer	94	13:50	Note
	WELLBEING BREAK – 13:55 – 14:05				
5.	**PATIENTS**				
5.1	Patient Story: Lynn Gallimore – Hip Replacement	Associate Director of Patient Experience	104	14:05	Note/ Discuss
6.	**PEOPLE**				
6.1	People Committee Update (September 2023)	Chief People Officer, NED	109	14:25	Assurance
7.	**SUSTAINABILITY**				
7.1	Finance, Planning and Performance Committee Update (September and October 2023)	Chief Finance Officer, NED	112 115	14:35	Assurance

7.2	Finance Report (Month 6)	Chief Finance Officer	118	14:45	Note
8.	**SYSTEMS AND PARTNERSHIP**				
8.1	Mid-Year Strategy Review	Director of Strategy and Partnerships	137	14:55	Assurance
9.	**ITEMS DEFERRED/NOT RECEIVED**				
9.1	Patient Led Assessment of the Care Environment (PLACE) *Transfer of responsibility from CFO to COO submit in January 2024. Deferred Sept and Nov 2023*	Chief Operating Officer	-	15:00	Assurance
10.	**CLOSING MATTERS / BOARD BUSINESS**				
10.1	Reflection	Chair	Verbal	15:05	Discuss
10.2	Any Other Business				Note
10.3	Date and time of next meeting: Wednesday, 17 January 2023				

Minutes of the PUBLIC Trust Board Meeting

Wednesday, 13 September 2023 12:30 – 15:30

Medway Maritime Hospital, Windmill Road, Gillingham, Kent, ME7 5NY

and Virtually on MS Teams

PRESENT		
	Name:	**Job Title:**
Members:	Jo Palmer	Trust Chair
	Adrian Ward	Non-Executive Director
	Alan Davies	Chief Financial Officer
	Alison Davis	Chief Medical Officer
	Annyes Laheurte	Non-Executive Director
	Evonne Hunt	Chief Nursing Officer
	Gary Lupton	Non-Executive Director
	Gavin MacDonald	Chief Delivery Officer
	Jayne Black	Chief Executive
	Leon Hinton	Chief People Officer
	Mojgan Sani	Non-Executive Director
	Nick Sinclair	Chief Operating Officer
	Paulette Lewis	Non-Executive Director
	Sue Mackenzie	Non-Executive Director
Attendees:	Abby King	Incoming Deputy Director of Communications
	Adebayo Da Costa	Governor – Staff
	Chikanso Aroyewun	Business Manager to Chief Executive (Observing)
	Glynis Alexander	Director of Communications and Engagement
	Jenny Chong	Associate Non-Executive Director
	Jignesh Patel	Governor – Swale
	Martina Rowe	Governor – Medway
	Matthew Capper	Director of Strategy and Partnership/Company Secretary
	Nicola Ellis Webb	Member of the Public
	Paul Stephens	Member of the Public
	Tom Lister	Health Spaces
	Vanessa Page	Governor – Staff
Apologies:	Alana Marie Almond	Deputy Company Secretary

	Mark Spragg	Non-Executive Director
	Rama Thirunamachandran	Academic Non-Executive Director

1 PRELIMINARY MATTERS

1.1 Chair's Welcome and Apologies

Chair was delighted to welcome guests to the Board and in particular two new Non-Executive Directors who joined the Trust on 01 September 2023; Gary Lupton and Mojgan Sani. Chair was delighted with the appointments.

Mojgan Sani has been a Chief Pharmacist, Controlled Drugs Accountable Officer, and Director of Medicines Optimisation in large NHS hospitals. Recently she has been the Corporate Director of Clinical Outcomes and Effectiveness within the NHS. Her vast experience extends to a number of other areas, and I am delighted she has decided to join our Board.

Our second new NED is Gary Lupton, who will already be familiar to a number of you, as he was Executive Director of Estates and Facilities at the Trust from 2018 to 2022. Gary also contributed to the estates strategic vision for the NHS in Medway and Swale, and has led on transformational changes in Kent and Medway, including the implementation of the PPCI (heart attack) service based in Ashford. Welcome back to Medway, Gary.

Day in, day out we are learning from the experience of our patients and making improvements across the Trust. This continues even when the hospital is under intense pressure, and I would like to thank our colleagues who have worked hard over the summer months to care for patients and to keep delivering improvements.

We have experienced increased pressure at times due to the industrial action taken on several occasions by junior doctors and consultants. While we support colleagues' right to take industrial action, we also recognise that during these periods other staff are required to step in to ensure we can maintain safe care for our patients, and I would like to personally thank them on behalf of the Board for all they have done.

I would also like thank patients who have had their surgery or appointments delayed due to the industrial action – your understanding is appreciated.

There have also been a number of joyous occasions over the summer;
In July we enjoyed a summer fun day which highlighted the great work of our hospital charities and raised money to pay for much appreciated extras for our patients.

In August I was pleased to join Jayne, Gavin and other colleagues to take part in the Medway Pride parade for the first time. It was a lovely event and an important opportunity for us to demonstrate our commitment to the LGBTQIA+ community.

In September I was pleased to join Evonne and other colleagues to take part in the Swale Pride festival – another great event and one that we will hope to support again in future.

We are now looking forward to our Annual Members' Meeting which is being held in the hospital (and on MS Teams) from 18:00 on Wednesday 27 September. At the meeting we will provide reviews of progress during the year, and be joined by clinical colleagues who will give a presentation on a particular project which is helping save lives in the hospital.

1.2 **Quorum**
The meeting was confirmed to be quorate.

1.3 **Declarations of Interest**
There were no declarations of interest.

2 MINUTES OF THE LAST MEETING AND ACTION LOG

2.1 The minutes of the meeting held on 12 July 2023 were **APPROVED** as a true and accurate record.

2.2 The Action Log was reviewed and updated accordingly, which can be found under separate cover.

2.3 **Chief Executive Update**
Jayne Black updated the Board in line with the paper submitted which was taken as read, highlighting:

a) Industrial action, Jayne reiterated Jo's thanks to colleagues for their hard work and to patients who have been impacted by the action she gave sincere apologies. The Trust is working to deal with the impact.
b) The Trust being highly commended for gynecology training
c) Congratulating the Research team who have been shortlisted in the Nursing Times Awards
d) Pharmacy colleagues being shortlisted in the 'Medicines, Pharmacy, and Prescribing Initiative of the Year'.
e) Professor Stephen Powis was welcomed to Medway to meet some our award-winning staff and hear about major improvements.

The Board **NOTED** the report

2.4 **Council of Governors Update**
David Brake updated the Trust Board, highlighting the following events:

a) The popular Summer Family Fun Day returned on 28 July and was an extremely successful and enjoyable day for all. The Hospital Radio provided the music. Total of £661.74 raised which will be put to the good use for patients and colleagues. Thanks to all.
b) During the Anniversary of Patient First in July, David joined engagement stands in the main Entrance where they obtained feedback from patients and received useful and varied responses.
c) The Trust took part in the Medway Pride LGBTQIA+ community event and it was a fantastic, vibrant engagement event.
d) The Governors attended the Swale Pride LGBTQIA+ community event and was
e) Engaging with younger people in Medway and Swale, to improve on membership at younger ages. The Governors are to attend the Fresher's Fayre on 20 September and Canterbury Christchurch Welcome Service Fayre on 21 September.
f) Annual Members Meeting will be attended by the Governors on 27 September 2023.

3 INTEGRATED QUALITY PERFORMANCE REPORT (IQPR) AND BOARD ASSURANE FRAMEWORK (BAF)

3.1 **Integrated Quality and Performance Report (IQPR)**
The Executive Team presented the report in line with the papers submitted. Jayne Black, Chief Executive confirmed that the IQPR has been in this format for the last six months and a review is due to take place to ensure it is adequate for its purpose.

Evonne Hunt, Chief Nursing Officer presented to the Board for noting:

a) The Friends and Family Test (FFT) recommend rate is steadily increasing. Looking at initiatives to continue to increase response rates. Maternity FFT suffered a sudden decrease therefore a deep dive A3 has been developed to ascertain the top contributors to highlight key areas and key times to provide focus for the divisions.
b) Sustained reduction in Mixed Sex Accommodation (MSA) breaches trust wide. A marginal increase in reported MSA breaches in the last reporting period.
c) Complaints; there has been an increase in Patient Advisory Liaison Service (PALS) and the team are trying to ascertain why. 63 complaints closed in month reducing total of open complaints to 111, work still to do.
d) Low and no harm incidents remain above 95% KPI threshold. Moderate and above harm incidents remain consistently less than 1% of total incidents reported.
e) 20% of all moderate and above incidents relate to patient falls.

Alison Davis, Chief Medical Officer presented to the Board for noting:

f) Mortality; rolling 12 month HSMR for April 2022 - Mar 2023 is 112.9 and 'higher than expected'. Single month HSMR for March 2023 is 83.7 and 'as expected'
g) SHMI for March 2022 – February 2023 is 1.14 and 'higher than expected'.
h) Detailed Actions and Improvements from the report, including; Deep Dives, Medical Examiner involvement, working closely with Chief Operating Officer and teams plus 7/11 actions completed from the Task and Finish Group.
i) Teletracking will also assist with the management of information and error will be obvious for colleagues.
j) Something to celebrate; VTE Specialist Nurse recruitment is now in post and VTE risk assessments up to 98% complete. Thanks to Nikki Lewis and the team for their ongoing work in improvements.

Nick Sinclair, Chief Operating Officer presented to the Board for noting:

k) RTT continues to be a priority for the Trust. In July 2023 the number of patients waiting longer than 52 weeks has increased (June 870 to July 1,019). Key drivers for the increase are capacity in ENT and Endoscopy and the impact of Industrial Action (IA). Jayne Black wanted to note that the Trust will protect Cancer RTT as much as possible during IA.
l) ENT; exploring solutions as a Kent and Medway system wide collaborative piece and work is progressing.
m) Endoscopy; multiple uptake bids have been submitted to increase endoscopy capacity, either through a Community Diagnostic Centre approach or expanding on site.
n) Continuing meetings with NHSE, they are content with actions being taken.
o) Working with Community Partners to maximise care provision to address performance rate increases.
p) DM01 – there is a decline but this is in line with Endoscopy. Cancer two week wait has recovered and is compliant.

Leon Hinton, Chief People Officer presented to the Board for noting:

q) The new Breakthrough Objective is to deal with retention of staff and improving turnover.
r) Building Intention to leave process which will be finalised and implemented in September 2023. Complete review and refresh on Exit Interviews.
s) Voluntary turnover is reducing faster than our breakthrough objective turnover. Continuing to improve.
t) Vacancy rate is now one of the lowest in the entire system.
u) On target for system agency spend.

v) Collaborative working with ITU/HDU has significantly reduced agency usage with better bank utilisation.
w) Neurodiversity Toolkit – work is starting across ICS partners to share in the development of resources.
x) Commencing international recruitment of pharmacists.
y) Chair and Jayne Black wanted to thank colleagues for the improvement in appraisal and VTE rates.

Alan Davies, Chief Financial Officer presented to the Board for noting:

z) The Month 4 position; The Trust reports a deficit of £3.4m in month 4 of 2023/24 and year to date deficit of £13.1m; this is £5.0m adverse to the YTD plan agreed with NHSE and ICB. Medical and nursing pay continue to be the primary areas of overspend. The industrial action had a negative impact on staffing overspend. Jayne Black noted that the impact of IA must be captured correctly.
aa) The full value of ESRF income has been included in the position £5.3m, as well as Community Diagnostics Centre (CDC) income of £3.2m; there is a risk of partial repayment for both of these income sources as planned activity levels are not being delivered.
bb) The in-month income and expenditure position of £3.4m is in line with the average run-rate of the first quarter (£3.3m), however the planned deficit has reduced to £1.0m in July - from £2.3m in June – as a result of the efficiencies programme phasing.
cc) Next steps and mitigations were stated as per the report and the Finance Planning and Performance Committee and Executive Team will continue to monitor this.

Chair congratulated the team on progress made.
ACTION NO: TB/014/2023 - Two metrics needed amendment; 'serious incidents being responded to in 60 days' and 'duration of time in ED'. Ensure that the one on the website is updated to ensure the correct position.

The Board **NOTED** the Integrated Quality Performance Report

3.2 **BAF**

The Executive Team presented the report in line with the papers submitted. The BAF consists of 21 strategic risks aligned to each of the Trust's True North Domains. These BAF risks are broken down as follows:

a) Patients – 5 (Risk scores range between 6 and 12)
b) Quality – 1 (Risk score of 20) -
c) Systems and Partnerships – 5 (Risk score range between 9 and 16)
d) People – 3 (Risk score range between 6 and 12)
e) Sustainability – 7 (Risk score range between 8 and 25)

There have been no strategic risk scores reduced in Q1. One strategic risk score has seen an increase in Q1 - System and Partnership 4d

Executive team to look at the 11 risks that have not moved, and based on mitigating actions are we comfortable with the trajectories.

ACTION NO: TB/014/2023 – BAF need some amends and will need to be uploaded to the website.

The Board **NOTED** the Board Assurance Framework

4 QUALITY

4.1 Quality Assurance Committee Update (July and August 2023)

Paulette Lewis and Evonne Hunt updated the Board in line with the papers submitted, providing headlines from the Assurance Reports for the meetings held on Wednesday, 26 July 2023 and Wednesday, 30 August 2023. The paper was taken as read. The Committee agreed to inform Trust Board of the following matters and mitigating actions:

a) Safeguarding level 3 training; the safeguarding team are providing additional training sessions.
b) End of life care dealing with deaths; the team are providing training to staff of having difficult conversations and breaking bad news.
c) Euroking data issue; national issue with incorrect data and has been presented to the executive team. No safety or harms identified. The trust is looking for a good digital system for maternity.
d) Increase of violence and aggression incidents; violence and aggression steering group has been set up to support implementation of zero tolerance to violence and aggressions to staff.
e) Paediatric mental health patients; shortage of tier 4 mental health beds for Paediatric patients, this is a national issue.
f) Bleeper system for Resus
g) Communication and culture, hospital wide.
h) Resus mandatory training.
i) Safeguarding Children Level 3 Training compliance – escalation from Safeguarding Strategic Group – Jayne Black has asked as this appeared in both July and August – this needs monitoring through the Committee.

The Board were **ASSURED** by the reports submitted.

4.2 Perinatal Quality Surveillance Quarterly Report

Alison Herron presented the reports in line with the papers submitted, providing an update and assurance to the Trust Board on the quarterly Perinatal Quality Surveillance Data. The paper was taken as read with the following highlights:

a) Complaint and on target with All Safety Actions compliant with SI submissions
b) No HSIB referrals in June 2023
c) No current breaches in action plans
d) 2 MBRRACE cases reported within mandatory timeframe
e) Received two Final HSIB reports which has been shared personally with staff involved and via our shared learning portal (Friday News) Action Plans created and distributed to leads.
f) No current breaches in completing the action plans.
g) Top risks remain around staffing but this is a national problem. The Trust is looking more into international recruitment and has rolling adverts to recruit to maternity (currently 14 vacancies).
h) FFT Feedback is 39% response rate– nationally the Trust are being asked how it got to this response rate.

The Board offered their support, **NOTED**, were **ASSURED** and **APPROVED** the report.

4.3 Patient First Strategy

Gavin Macdonald presented the report in line with the paper submitted, updating the Board on the strategy outline, system and ethos; explaining the journey so far and next steps.

a) The Board were asked to approve the report resulting in an external facing document co-created with Strategy and Communications colleagues, using Medway and Patient First (PF) branding/design and in an easy-read accessible document.
b) The Patient First improvement system provides us with a set of tools, behaviours and routines designed to deliver daily, continuous improvement and performance excellence. The Trust is in its first year of PF and the strategy will be helpful for colleagues and patients going forward.
c) The Strategy outlined the Trusts commitment to the Patient First Improvement system and ethos, explaining the journey so far and our next steps for the future.
d) Gavin asked that the Strategy is reviewed same time next year.
e) Chair said that it was an excellent piece of work, well written and an interesting read.

The Board **APPROVED** the report

4.4 **Infection Prevention Control Strategy**
Evonne Hunt presented the report in line with the paper submitted, introducing the Trusts new Infection Prevention and Control (IPC) Strategy for the next three years, highlighting visions and aspirations for providing high quality care to patients.

a) The Strategy has been through the Quality Assurance Committee for a thorough review and have approved the strategy. The Board congratulated the team on a good piece of work.

The Board **APPROVED** the new IPC Strategy.

[There was a ten minute Wellbeing Break at this point.]

5 PATIENTS
No reports at this meeting

6 PEOPLE
6.1 **People Committee Update (July 2023)**
Sue Mackenzie and Leon Hinton presented the report in line with paper submitted, providing headlines from the Assurance report for the meeting held on 27 July 2023. The report was taken as read, with the following highlights:

a) Congratulated the team on meeting the breakthrough objective of 90% of wellbeing checks and appraisals being met for six months
b) StatMan compliance hitting the 85% target is also an overall good result, but within that we do have some training which is not meeting the target, primarily those that are face to face.
c) NHSE bullying and harassment case report to be presented at the next Committee.

The Board congratulated the team and were **ASSURED** by the report submitted.

7 SUSTAINABILITY
7.1 **Finance, Planning and Performance Committee Update (July and August 2023)**
Annyes Laheurte presented the report in line with paper submitted, providing headlines from the Assurance report for the meeting held 27 July 2023. The report was taken as read, with the following highlights:

a) The Month 4 position; The Trust reports a deficit of £3.4m in month 4 of 2023/24 and year to date deficit of £13.1m; this is £5.0m adverse to the YTD plan agreed with NHSE and ICB.

Medical and nursing pay continue to be the primary areas of overspend. Number of measures put in place to come to fruition within the year but the Trust is not seeing the benefits yet.

b) Capital work is progressing and is behind plan, the adverse position seen is due to the plan phasing and Endoscopy.
c) Efficiencies Programme has an overall RAG rating of red for June, with a gap of £10m.
d) From a national report it would appear that the Trust's cost base is lower than the national average, which is in contradiction to the financial results. This could mean that the Trusts income is not at the right level and it is not funded sufficiently. There is a big piece of work called 'Capturing and Counting' to ensure the Trust is paid for services provided. It is in its infancy but a report is expected at Committee in November.

The Board were **ASSURED** by the report.

7.2 **Finance Report (Month 4)**

Alan Davies presented the report in line with the paper submitted, advising the Trust reporting a £13.1m deficit for month 4, and this being £5.0m adverse to the plan. The monthly deficit target for the Trust is £1m per month for the remainder of the year. Efficiencies to date total £3.4m this being £1.1m adverse to plan. The paper was taken as read and update given during IQPR discussion.

The Board **NOTED** the report.

7.3 **Financial Efficiencies – Current Position**

Gavin Macdonald presented the report in line with the paper submitted providing an update on the progress with the 2023/24 efficiencies programme, including some enhanced governance arrangements.

a) Against the £27m target, just under £17m has been identified, phased and delivering.
b) In addition there are schemes to the value £8.5m going though approval panel by the end of August 2023. This will total £25m identified by the end of this August 2023.
c) The Trust is already delivering in excess of what was delivered in last year's efficiencies programme.
d) Work has progressed to ensure accurate capture and counting of activity which has identified efficiencies to the value of £10.6m of which £1m is in year 1, non-block.

The Board **NOTED** and were **ASSURED** by the report.

8 SYSTEMS AND PARTNERSHIP

8.1 **Audit and Risk Committee Update (September 2023)**

Chair presented the report as Mark Spragg sent apologies, in line with the paper submitted, providing headlines from the Assurance report for the meeting held 22 June 2023.

a) Action for KPMG to review benchmarking and tools in place for Safe Staffing analysis.
b) The Internal and External Audit Tracker to go to the next Executive Meeting for review.
c) QAC Chair to be asked for Assurance for Maternity staffing levels and staff morale.

The Board **NOTED** and **ASSURED** by the report.

9 CLOSING MATTERS / BOARD BUSINESS

9.1 Reflection

Chair thanked all of those who contributed to the meeting today for the production of papers and for the presentations that we've received. It was appreciated and great to see the quality of the reports coming through and all of the improvement.

9.2 **Questions from the Public**

There were a number of questions submitted by a member of the public addressed as follows:

1) Digital Strategy query: Does the Trust have an IT Disaster Recovery Plan of Action. If so are all named staff positions in it familiar and well practices in what action to take in such an event and has it been proved to work?
Gavin MacDonald answered: *Yes there is a plan in place, this is included on the Trust website and there are hard copies strategically placed throughout the organisation. All senior staff within IT have completed Disaster Recovery trainings within the last 12 months.*

2) Digital Strategy query: Does the Trust have a Departure (Exit) process for all leavers to ensure their access security devices (hardware and software) and MFT equipment are returned and security clearance removed? On last day of their employment with MFT?
Gavin MacDonald answered: *Yes the Trust does have Leavers Process; there is an electronic staff record which flags when staff members are due to leave and IT have a checklist to work through. In addition there is a policy called the Removal Media Disposal policy, which is applied; the hardware collected and the access to the software is removed.*

3) Quality: What mitigating processes and procedures have been put in place to prevent falls? Why are there so many falls?
Evonne Hunt answered: *Some patients are very vulnerable, they can be quite frail and in unfamiliar surroundings. Sometimes when moving around the hospital, it can contribute to them feeling unsteady or slightly confused. There are multiple actions taken to help to prevent falls; Patients are risk assessed upon arrival to ED to determine the chances of them having a fall. Enhanced care given, additional staffing and support to the wards patients are on. In addition there is extra training for falls, specialist nurses, and safety footwear. The total number of falls are reduced from March figures, the team are doing more work to reduce further.*

9.3 **Any Other Business**

There were no matters of any other business.

9.4 **Date of next meeting**

The next formal Board meeting will be on 08 November 2023

The meeting closed at 15:45

These minutes are agreed to be a correct record of the PUBLIC Trust Board Meeting of Medway NHS Foundation Trust held on Wednesday, 13 September 2023

Signed …….. Date …….
Chair

Public Trust Board
Action Log

Actions are RAG Rated as follows:

Off trajectory - The action is behind schedule	Due date passed and action not complete	Action complete/ propose for closure	Action not yet due

Meeting Date	Minute Ref / Action No	Action	Action Due Date	Owner	Current position	Status
13.09.23	TB/014/2023	IQPR - Two metrics needed amendment; 'serious incidents being responded to in 60 days' and 'duration of time in ED'. Ensure that the one on the website is updated to ensure the correct position. BAF - some amends required and will need to be uploaded to the website.	08.11.23	Evonne Hunt, Chief Nursing Officer	Update at the meeting	White

Chief Executive's Report – November 2023

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.

The Board is asked to note the content of this report.

Thanks to outgoing Chair

I would like to give my personal thanks to Jo Palmer, who left her role as Chair of the Trust at the end of October. It was a privilege and a pleasure to work with Jo as our Chair and she offered me tremendous support in my time as Chief Executive. The skills and expertise she brought to the role have been invaluable, and combined with her compassion and integrity, we have been very fortunate to benefit from her commitment to Medway. She left with our very best wishes and thanks for all she has done.

Industrial action

Junior doctor and consultant colleagues across the country took part in further industrial action in recent weeks; we would like to apologise to patients who had their appointments re-scheduled as a result.

We are continuing to work hard to ensure we have robust plans in place to minimise the impact to patients of further periods of industrial action.

New bed management system

Our new bed management system, supplied by TeleTracking, went live on schedule in early October. It has been running smoothly, with just a few glitches in the early days as you would expect with a project of this scale. We are already seeing how this system is transforming the way we move patients in and out of beds across the

hospital, with clinicians having more time freed up to care for patients and less time spent waiting for a bed, which is crucial to flow.

Annual Members' Meeting

More than 80 members of the public attended the Trust's Annual Members' Meeting on Wednesday 27 September 2023. I gave an update on progress delivered by our improvement programme, Patient First; the Quality Account and an update on our Quality Strategy were presented by Chief Nursing Officer Evonne Hunt. Chief Financial Officer Alan Davies presented the Annual Accounts and Lead Governor Cllr David Brake gave an update on the valuable work Governors have done to support patient, public and community engagement over the past year.

Our featured speaker was Dr Arangham Lingham, Darzi Fellow and Orthopaedic Registrar, on the subject of 'Avoidable Cardiac Arrest Calls and Creating a Learning Culture with Patient First.' He spoke about his multi-disciplinary team's success in reducing the number of avoidable cardiac arrest calls from an average of five a month to just one. He was joined by Vimbai Bayonne, a Medway patient with lived experience and Diabetic Specialist Nurse, who spoke about her experience of patient care. I express my personal thanks to her for sharing her experience in this way.

National recognition for Emergency Department

I was delighted that official NHS statistics confirmed our Emergency Department as one of just 16 Trusts in the country in September to achieve the NHS England target of admitting, transferring or discharging 76 per cent of patients within the four hour target.

This was a fantastic achievement which means that, coupled with our improvements to ambulance handover performance, patients requiring emergency treatment in Medway and Swale are now being cared for more quickly and consistently than in recent years. We now need to make sure this improvement is sustained.

Patient First Strategy

I'm pleased to share the news that we have finalised and published our Patient First Strategy. The strategy document sets out our commitment to Patient First as our improvement programme to help us achieve the best care outcomes through brilliant people, and be a leading partner within an integrated system of health and social care. The strategy is available on the Trust website.

Valuable outreach work by our Resuscitation Service Team

The Trust's Resuscitation Service Team has been doing great work teaching lifesaving skills to younger members of our community. They have been visiting primary schools and youth clubs and groups to deliver CPR training across Medway and Swale. The session is designed to be fun and interactive while providing children and young people with the vital resuscitation skills needed to help save a person's life.

Sadly, the survival rate for an out-of-hospital cardiac arrest is less than one in 10 people and only 30 to 40 per cent of people receive bystander CPR in the UK. Thanks to our Resuscitation Service Team going out into the community and educating people about how to do CPR they're helping to give those who have a sudden cardiac arrest the best chance of survival which is fantastic.

Recognition for our Urology pathway

The Urology Team is expecting a visit from the NHS England Cancer Programme this month (November) for a deep dive into how they have overcome challenges in performance to become one of the top Trusts in the country for the urology pathway.

There have previously been challenges in our lower GI diagnostic performance, but we are now among the top Trusts in the country for the urology pathway, which is testament to the team's hard work.

Raising the profile of our Namaste care service

Our first Namaste Care Practitioner, Emily Brown, was invited to talk at the Namaste Care International (NIC) Conference in September, about how our Namaste care service is benefiting patients and their families. We became the first acute Trust in the UK to introduce the service in a hospital setting earlier this year.

The event was attended by hundreds of professionals such as care and nursing managers, chief executives, academics and decision makers from around the globe. It was a chance for NCI members to come together to learn, share and celebrate how they touch lives through their work and to provide them with the latest information, research, and training.

Our theatres operating better than ever

The hard work of our Theatres Team is paying off. In September they were ranked by Model Health System* as first in the UK, with an average late start of 14 minutes, and sixth in the country for theatre utilisation.

The team has managed to improve their efficiencies through Patient First methodology. They identified issues that were leading to late starts and poor turnaround times in our theatres and subsequently having a huge impact on our rating. They then worked together with consultants, anaesthetists and service managers to implement changes.

This is a fantastic improvement as in September 2022, the Trust was ranked in the lower quartile for both late starts and theatre utilisation on the Model Health System. Improved efficiency with greater theatre output will in turn reduce the backlog of patients waiting for their surgery and the Theatre Team continues to push to maintain their current positions to ensure we provide the very best of care to our patients.

**Model Health System is an NHS tool which summarises performance data and is used to benchmark services against other Trusts across the region and the country*.

The Medway League of Friends

Janet Harsent, Chair/Trustee
Marion Cogger, Secretary/Trustee

The Medway League of Friends

Our League of Friends was established over 55 years ago and our aim has always been to support health services. Money is raised through sales in our shops and as you will see from the list of monies we have donated over the years, that equates to millions of cups of tea and coffee, thousands of bars of chocolates and newspapers, etc. etc.

Our Mission Statement is:

> ‘To provide funds and support to enhance the care and welfare of patients, staff and other users of health services in the Medway area’

We are open to patients, staff and visitors and we are very proud that we were one of the few League of Friends facilities who were able to stay open during Covid. Can we please thank the Trust Board for this and whilst we could not serve patients and staff we were a life-line to staff, particularly those who worked long shifts and then might have had to face a queue at their local supermarket, just to buy daily essentials.

Hospital Radio Medway

Hospital Radio Medway is part of The Medway League of Friends. They provide a valuable service to patients and the wider community from their studios in the basement. HRM volunteers visit wards and departments to collect requests which are then played over the radio system.

And they can meet all types of requests from Bing Crosby to Adele.

HRM is self-funding and they apply for various local grants as well as collecting donations via their outside broadcasts

Our Volunteers . . . .

Our Donations . . . . .

MONIES PAID SINCE 1995		
Year	Total - £	
1995/6	42,749	
1996/7	35,002	
1997/8	48,657	
1998/99	48,596	
1999/2000	140,824	
2000/1	137,762	
2001/2	113,789	
2002/3	89,263	
2003/4	124,298	
2004/5	117,357	
2005/6	228,348	
2006/7	204,300	
2007/8	164,516	
2008/9	413,535	
2009/10	131,102	
2010/11	268,974	
2011/12	299,776	
2012/13	229,137	
2013/14	368,754	
2014/15	281,166	
2015/16	257,675	
2016/17	316,057	
2017/18	399,257	
2018/19	314,826	inc. £249,987 advance for capital items
2019/20	211,911	
2020/21	1,457	contribution to MSA funded donation
2021/22	231,923	includes Memorial garden grant (£30K)
Total	**5,221,011**	

2022 Purchases

Ward / Department	Item	Value - £
Neonatal Unit	Baby Simulation Manikins – Lifecast Body Simulation	5,545
Maternity Department	Jaundice Meters x 2	7,798
Colposcopy Department	3 x Gynae chairs	11,415
Various	15 Defibrillators	94,935
Endocrine Department	Fridge to hold dynamic function test medicines	825
	TOTAL	**£120,418**

2022:

BABY SIMULATION MANIKINS – LIFECAST BODY SIMULATION - £5,545

A request was received by The Medway League of Friends from the Neonatal Unit for a baby simulation manikin. Whilst simulation manikins are available in the hospital for adults and full-term babies, there was no such training aid for pre-term babies.

Updated framework guidance advised babies as young as 22 weeks should be considered for resuscitation, but staff require appropriate training.

(Please note the photographs are of manikins but look very realistic)

2 x Jaundice Meters Maternity/Community - £7,800

The Medway League of Friends was asked to consider a bid for two replacement jaundice meters to be used to detect jaundice in neonates. The meters which were in use at the time were often being repaired/serviced and, therefore, not available for the team. The Community Senior Sister advised that the meters 'are a very big help in providing a non-invasive way of testing our babies for jaundice. They provide reassurance for our families, and also us as care providers".

2022:

3 x Gynae Couches for the Colposcopy Department - £11,315

The Colposcopy Department asked for the League's help to fund three replacement patient couches. It was noted the couches in use were non height-adjusting, the wheels were beyond repair and they did not have a removable lower section to enable scans to be undertaken. The Manager of the department advised the replacement couches will be in constant use for patient scans and enable the service to be compliant with national recommendations and best practice.

Pharmacy Refrigerator for the Endocrine Department - £825

The Manager and Consultant Physician working in the Endocrine Department asked the League if they would consider funding a refrigerator to hold special medicines used for dynamic function tests. These tests are used to help diagnose some complex endocrine conditions and enable staff to start the right treatment sooner; also to monitor patients who already have a diagnosis and are on special treatments and for tests to be undertaken in the department under the direct supervision of the endocrine team.

2023 Purchases to date

Ward / Department	Item	Value - £
25 x Cell Savers	Obstetrics	21,000
Paediatrics	Neopuffs	27,751
FeNO devices	Cardio Respiratory	6,013
Surgiquest	Theatre	21,050
FeNo devices	Equipment Library	6,013
Urogynaecology Clinic	Bladder Scanner	9,343
Equipment Library	Bladder Scanners	18,686
ICU	Cooling Unit	16,082
	TOTAL	**£125,937**

New Shop

As you know, the Trust entered into a lease with the League and this enabled us to complete a project to refurbish the current shop. Despite many hours of deliberations, 'discussions' on colour schemes, location of tills, coffee machines and the like, the new shop finally opened in June this year. And our formal opening took place on 1st November.

We have received so many comments on the new facility which made all the hard work worth-while.

But …… sadly, the number of thefts from the shop has increased considerably since the pandemic and we have now installed anti-theft screens at the entrance doors

Medway League of Friends

And that’s what The Medway League of Friends is all about.
Do you have any questions please ?

NHS
Medway
NHS Foundation Trust

Integrated Quality & Performance Report

September - 2023

Executive Summary

Jayne Black
Chief Executive

Key Messages

- The Workforce sub-domain is showing the highest volume in metrics improving for Statistical Variance
- The Access sub-domain has the highest number of variances that are statistically showing concern
- Incident Management and Mortality domains indicate a mix of metrics that are both statistically concerning and improving.
- Whilst the FFT sub-domain is showing the largest number of metrics not meeting the Assurance thresholds, 80% of them are showing consistent or improved variation
- Both Systems & Partnerships sub-domains (Access & Emergency Care) are demonstrating a mix of metrics that both pass and fall short of the thresholds
- Overall, 41 metrics are showing improved statistical variance (+3 from last month) against 43 which are showing concern (+2 from last month) in month. The remaining metrics are showing no significant change and therefore are consistent.

True North	Sub Domain	Variation			Assurance		
			L	H L	P	F	?
Patients	Complaints	5	1	0	0	1	1
	FFT	4	4	2	0	8	2
	PALS	2	0	2	0	0	0
	Patient Experience	2	0	0	0	0	2
	PHSO	3	1	0	0	0	0
People	Workforce	7	8	1	1	4	6
Quality	Falls	6	1	0	0	0	3
	Health & Safety	1	1	0	0	0	0
	Incident Management	6	8	6	1	3	1
	IPC	9	1	0	2	0	2
	Legal & Information Governance	0	1	2	0	0	0
	Maternity	7	1	1	0	0	0
	Medicines	1	0	1	1	0	0
	Mortality	6	3	4	1	3	4
	Pressure Ulcer	5	0	3	0	0	2
	Risk & Policy	2	1	3	0	0	0
	VTE	0	1	0	0	0	1
Sustainability	Financial Position	8	1	5	0	0	9
Systems & Partnerships	Access	12	3	11	3	5	11
	Emergency Care	6	4	1	1	4	3

Patients

Evonne Hunt
Chief Nursing Officer

Operational Lead:
Dan Rennie-Hale - ***Director of Quality & Patient Safety***
Nicola Lewis - ***Associate Director of Patient Experience***

Committees:
Quality Assurance Committee (QAC)

Patients

Ambition: Providing outstanding, compassionate care for our patients and their families, every time

FFT

Total FFT Recommend %

Type	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
	95.0%			74.6%	84.9%	84.3%	87.9%	87.7%	87.5%	88.4%	89.9%	89.6%	89.8%	89.2%	89.3%

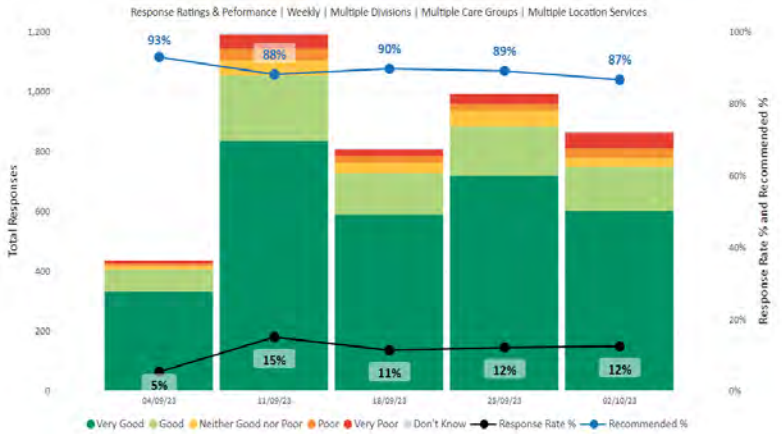
True North Domain: **Patients**

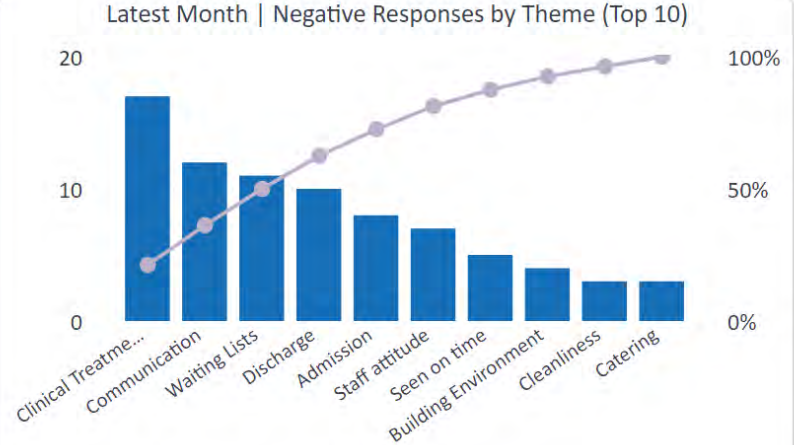
KPI Threshold: 95.0%

Sub Domain KPIs: 10

Variation Summary:

4	2	0	0	4





Key Messages

- The data issues reported during September are now fully rectified
- The recommend and response rate for Maternity areas has seen a positive increase in the last 4 weeks
- The top 3 themes and trends reported by patients remain the same as the last reporting period
- A full refresh of all FFT surveys has been completed with the addition of the same day FFT survey.

Issues, Concerns & Gaps

- Staff attitude remains a consistent theme from patient feedback
- Response and recommend rate remain static within the Outpatients and Emergency departments
- Text messages are sent to patients who have attended ED, SDEC and assessment areas however, only 12.5% respond to this.

Actions & Improvements

- A staff attitude A3 has been developed however, further work is required with the CNO and divisional teams to progress this. Actions and improvements will be shared through the Patient Experience Group
- Increase the engagement and uptake of text message responses within the OPD. Work has commenced with clinicians to inform patients they will receive a text and to ask them to complete it.
- To add the refreshed FFT surveys, map to their respective areas and communicate with all teams when these have gone live.

Patients

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Patients	FFT			Total FFT Recommend %	95.0%	H	F	74.6%	84.9%	84.3%	87.9%	87.7%	87.5%	88.4%	89.9%	89.6%	89.8%	89.2%	89.3%
				Total FFT Response Rate %	45.0%		F	11.2%	8.1%	10.6%	9.9%	9.9%	10.0%	9.4%	11.2%	11.5%	11.6%	11.9%	10.9%
				Inpatients FFT Recommend %	95.0%	H	F	70.3%	90.7%	86.0%	87.6%	89.1%	85.5%	85.7%	90.7%	92.5%	93.2%	93.5%	91.3%
				Inpatients FFT Response Rate %	45.0%	H	F	18.8%	10.3%	14.7%	14.6%	15.9%	17.2%	15.5%	24.8%	30.6%	32.0%	31.7%	28.2%
				Emergency Care FFT Recommend %	95.0%		F	61.3%	66.8%	67.3%	75.7%	73.5%	73.7%	82.9%	81.1%	75.3%	75.2%	73.1%	74.8%
				Emergency Care FFT Response Rate %	45.0%	L	F	12.7%	8.4%	9.0%	8.0%	7.4%	7.2%	7.5%	8.4%	6.9%	7.0%	8.0%	5.9%
				Outpatient FFT Recommend %	95.0%	H	F	89.7%	90.0%	90.3%	91.4%	91.1%	91.7%	91.4%	92.8%	92.2%	91.9%	91.6%	92.0%
				Outpatient FFT Response Rate %	45.0%		F	8.5%	7.5%	10.5%	9.1%	9.3%	8.7%	8.3%	8.6%	8.6%	8.6%	8.4%	8.5%
				Maternity FFT Recommend %	95.0%	L	?	95.0%	88.2%	55.6%	97.3%	92.5%	95.1%	95.6%	89.5%	83.8%	82.3%	87.8%	92.5%
				Maternity FFT Response Rate %	45.0%		?	10.8%	4.3%	2.4%	31.7%	22.3%	55.4%	32.9%	44.3%	35.8%	17.2%	31.9%	32.0%
	Patient Experience			Mixed Sex Accommodation (MSA) Compliance %	0.0%		?	1.2%	2.0%	2.0%	2.1%	5.1%	4.3%	1.2%	1.1%	0.8%	0.8%	0.5%	0.6%
				Mixed Sex Accommodation Breaches	0		?	211	346	348	389	835	795	205	189	130	147	83	109
	Complaints			Complaints	-			50	37	37	34	53	44	32	24	23	28	42	35

Patients

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Patients	Complaints			Complaints Closed	-			25	20	21	43	39	28	15	38	90	60	46	52
				Complaints Open - Month End	-	L		162	179	195	186	201	218	235	221	154	122	120	103
				Complaints Re-Opened	-			0	8	0	2	3	6	0	0	7	2	2	1
				Complaints Acknowledged Within 3 Working Days %	95.0%		?	92.0%	94.6%	94.6%	91.2%	96.2%	95.5%	100.0%	100.0%	95.7%	100.0%	97.6%	100.0%
				Complaints Breached %	5.0%		F	69.2%	80.0%	75.0%	73.0%	77.3%	82.5%	82.9%	88.6%	58.6%	45.0%	51.4%	61.8%
	PALS			Patient Advice and Liaison Service (PALS) Concerns	-			469	507	367	432	377	346	251	403	380	247	260	282
				PALS Closed	-	L		451	478	345	357	258	256	188	277	257	197	202	221
				PALS Open - Month End	-	H		36	65	87	163	282	372	435	561	684	734	792	853
				PALS Converted to Complaints	-			2	1	6	4	8	4	2	2	0	7	6	4
	PHSO			Parliamentary and Health Service Ombudsman (PHSO) Cases	-			1	1	0	1	2	3	1	1	2	2	0	0
				PHSO Cases Closed - Partially Upheld	-			0	0	0	0	0	0	0	0	0	0	1	0
				PHSO Cases Closed - Upheld	-			-	-	-	-	-	-	-	-	-	-	-	-
				PHSO Cases Closed - Not Upheld	-	L		0	1	0	0	0	0	0	0	0	0	0	0

SIOR - Patients

Successful Deliverables

- Complaints – Closed more complaints than opened (52 vs 35) in September for the 5th consecutive month.
- Complaints – Downward trend in total open complaints since April-23; ahead of improvement trajectory
- Complaints – 100% of complaints acknowledged within 3 working days
- MSA breaches have seen a slight increase in the last reporting period

Next Steps

Complaints – continue to meet monthly objectives of the complaints recovery plan

Identified Challenges

- Complaints – dearth of complaints for central team to write as over 90% awaiting comments from clinical teams
- Complaints – over half of all complaints received are not responded to within 25 day standard
- PALS – ineffective feedback loop for closing PALs resulting in month on month increase in open PALS
- PALS – 30% of PALS contacts relate to inability of service user to make contact with service/clinical team
- Industrial action and significant challenges with flow have affected timely ICU, HDU step downs and flow across all areas. ICU and HDU are the 2 main contributors for MSA breaches.

Next Steps

- PALS – work with PEG and senior leads to review PALS closure process
- Teams to escalate their potential step downs from ICU and HDU to the site team as early as possible. The implementation of teletracking may assist this process.

Opportunities

Complaints – exploring options for pre-drafting complaint responses before going to clinical teams to prevent existing bottle neck
PALS – review the current PALS closure process
PALS – increase contact/access information to services on externally available media and visibility across the hospital
MSA - To move the project to BAU

Next Steps

- To wait for the teletracking reports for MSA to be established

Risks

- Complaints – If turnaround times for comments from clinical teams are not received in a timely manner, then complaint responses will exceed the Trust's 25 working day KPI, leading to increased dissatisfaction from complainants.
- There is a lack of robustness in the management approach to MSA. This is reflected on the risk register as a score of 12.

Next Steps

- To review the MSA risk in line with policy. To treat and mitigate in line with the project actions

Quality

Evonne Hunt
Chief Nursing Officer

Alison Davis
Chief Medical Officer

Operational Leads:
Dan Rennie-Hale - ***Director of Quality & Patient Safety***
Vacant - ***Medical Director for Quality & Safety***

Committees:
Quality Assurance Committee (QAC)

Quality

Ambition: Excellent outcomes, ensuring no patient comes to harm and no patient dies who should not have

Incident Management

Low or No Harm Incidents %

Type	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
	95.0%		P	98.6%	98.7%	98.9%	98.8%	99.6%	99.7%	99.3%	99.0%	99.0%	99.1%	98.8%	98.5%

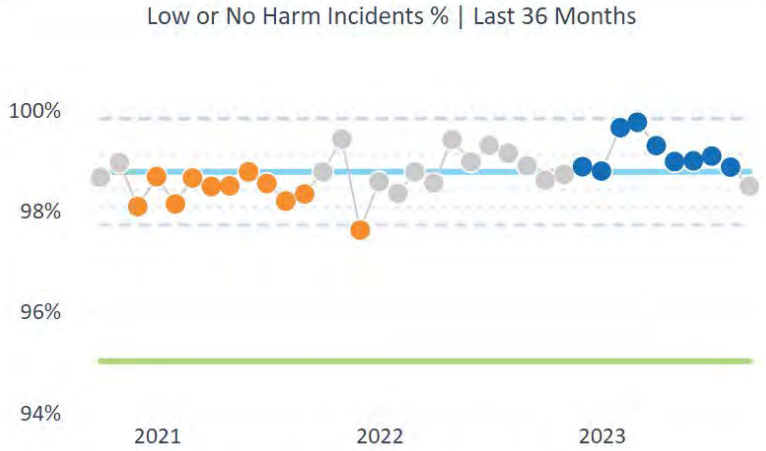
True North Domain: Quality

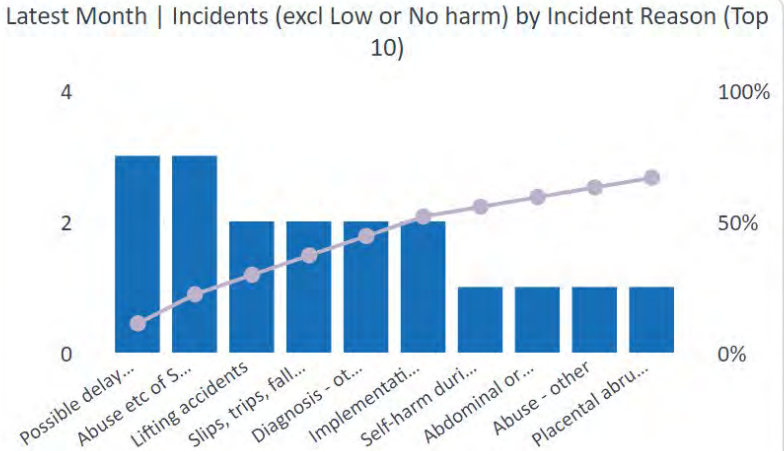
KPI Threshold: 95.0%

Sub Domain KPIs: 20

Variation Summary:

	L	H	L	H
5	1	6	4	4





Key Messages

Serious Incidents – 12 closed in September taking total open to 31 (ahead of improvement trajectory and lowest position in last 36 months) with 75% first time closure percentage with ICB SI panel
PSIRF – transitioning to PSIRF will enable proportionate investigation of incidents based on opportunity for learning rather than a rigid framework e.g. slips, trips and falls
MFT remains an organisation that has low numbers of moderate harm and above incidents as a percentage of total incidents

Issues, Concerns & Gaps

Incidents – rising number of incidents (total number) causing moderate harm and above seen in August and September (pre-validation)
Serious Incidents – Majority of SI investigations exceed 60 working day target

Actions & Improvements

Incidents – increased reporting of H&S (inc V&A) incidents will enable greater understanding and learning/improvement from such incidents
Incidents – undertaking an analysis of moderate harm incidents in August and September to determine any themes or commonality

Quality

Ambition: Excellent outcomes, ensuring no patient comes to harm and no patient dies who should not have

Mortality

Crude Mortality Rate %

Type	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
	1.3%			1.7%	1.7%	2.0%	1.9%	1.8%	1.5%	2.0%	1.4%	1.3%	1.3%	1.3%	1.4%

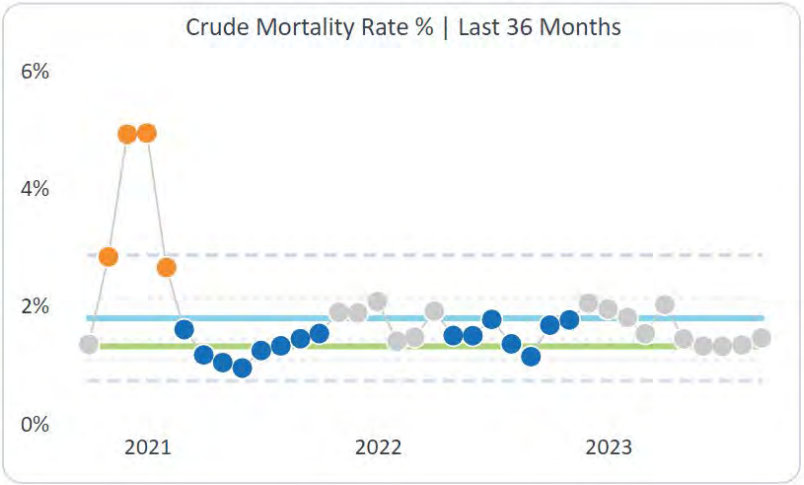
True North Domain: Quality

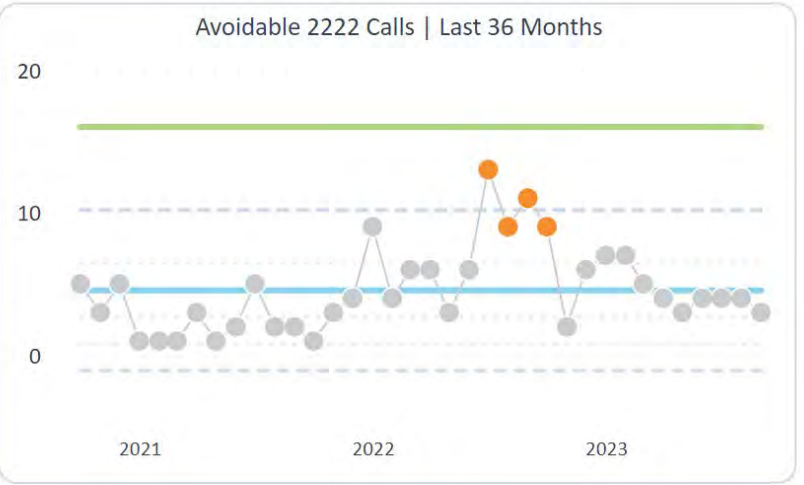
KPI Threshold: 1.3%

Sub Domain KPIs: 13

Variation Summary:

	L	H	L	H
6	0	4	1	2





Key Messages

- HSMR for June 22- May 23 is 110.7 and 'higher than expected' though an improvement in overall HSMR
- HSMR for May 23 has returned to the 'within expected' driven by the observed deaths significantly dropping to lower than the expected deaths for the second time this year
- SHMI for May 22- April 23 is 1.14 and 'higher than expected'.
- A total of 8 (7.6%) of SJRs completed in September. No failings in care identified.
- Comparable case-mix group: Medway are performing very much in line with the comparable group (Trusts with similar demographic). Regional: Medway remain an outlier. But have seen an improvement in HSMR. Across the Region, other Trust have not seen the same improvement. National: Medway continue to report outside control limits, however have improved in their position relative to national peers (the Trust had the 11th highest relative risk last month, whereas this month have dropped to 16th).

Issues, Concerns & Gaps

- In hospital crude rates continue to rise while out of hospital crude rates continue to fall which appears to be the driver in the upward trend in SHMI
- The Trust is one of only 9 other Trusts with a 'higher than expected' SHMI. SHMI has been higher than expected for 9 consecutive months
- COPD &Bronchiectasis diagnosis group has alerted on HSMR again as having a higher than expected amount of deaths and showing no signs of improvement. As a large, high risk volume group, this impacts overall HSMR.

Actions & Improvements

- Joined up work with MCH to look into readmissions and to review patients who could be treated in the community
- Joined up work with Medical Examiner Office to highlight cases linked to alerts: readmission, stranded patients and patients with COPD as a primary diagnosis with no evidence of formal diagnosis
- Working groups with speciality leads in Respiratory and Gastroenterology to ascertain why these diagnosis groups continue to alert.
- Emergency Weekend HSMR has made a significant improvement. Any slight improvement next month will likely see this metric return to 'as expected' values.

Quality

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Quality	Incident Management			Low or No Harm Incidents %	95.0%		P	98.6%	98.7%	98.9%	98.8%	99.6%	99.7%	99.3%	99.0%	99.0%	99.1%	98.8%	98.5%
				Total Incidents Reported	-	H		1,489	1,311	1,405	1,464	1,358	1,538	1,102	1,154	1,463	1,505	1,650	1,767
				Incidents with Harm (Moderate and above)	0	H	F	21	17	16	18	5	4	8	12	15	14	19	27
				Incidents Open - Month End	-			1,149	1,091	1,137	1,614	1,432	1,585	1,290	1,120	1,252	1,219	1,185	1,373
				Incidents Overdue - Month End	-	L		60	69	94	128	364	475	271	237	179	161	142	180
				Serious Incidents	-	L		9	15	9	8	11	10	2	8	4	3	4	7
				Serious Incidents Closed	-			5	5	11	9	2	9	10	9	11	8	14	12
				Serious Incidents Open - Month End	-	L		52	62	60	59	68	69	61	60	53	48	38	31
				Serious Incidents Responded to Within 60 Days %	95.0%		F	0.0%	25.0%	37.5%	44.4%	15.4%	22.2%	30.0%	14.3%	57.1%	0.0%	0.0%	0.0%
				Serious Incidents Closed by ICB 1st Time %	-	H		0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	40.0%	44.4%	36.4%	62.5%	35.7%	75.0%
				Never Events	0	L	?	0	0	0	0	0	0	0	0	0	0	0	0
				Duty of Candour Compliance Stage 1 %	-	H		94.7%	92.3%	90.9%	73.3%	87.5%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%
				Duty of Candour Compliance Stage 2 %	-	L		100.0%	20.0%	42.9%	66.7%	0.0%	14.3%	0.0%	27.3%	23.1%	30.0%	21.4%	0.0%

Quality

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Quality	Incident Management			RIDDOR Incidents	-	H		1	0	1	4	4	1	3	2	4	4	3	4
				RIDDOR Compliance %	-			100.0%	-	100.0%	100.0%	75.0%	100.0%	66.7%	100.0%	75.0%	100.0%	66.7%	75.0%
				Health & Safety Incidents	-	H		4	10	43	38	31	19	25	17	19	107	117	110
				Sharps Injuries	-	H		8	3	6	10	7	8	8	11	8	15	14	10
				Violence & Aggression Incidents	-	H		57	45	45	56	54	60	74	83	155	141	109	134
				Assaults - Patient on Staff	-	H		36	11	24	23	27	36	41	44	71	58	62	74
				EDNs Completed Within 24hrs %	90.0%	H	F	53.7%	59.5%	67.0%	68.7%	69.5%	70.5%	70.8%	75.3%	76.0%	74.1%	72.8%	75.3%
	Falls			Low or No Harm Falls %	95.0%		?	98.0%	91.6%	96.9%	98.2%	95.5%	98.9%	96.4%	100.0%	98.6%	97.1%	94.9%	97.8%
				Falls - Total	-			100	95	96	111	89	90	84	61	71	69	78	93
				Falls - Low Harm	-			26	18	23	23	24	19	15	14	20	25	24	28
				Falls - Moderate Harm	-			1	5	2	1	4	0	0	0	0	1	3	0
				Falls - Severe Harm	0		?	1	2	1	1	0	1	3	0	1	1	1	2
				Falls Resulting in Death	0	L	?	0	1	0	0	0	0	0	0	0	0	0	0

Quality

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Quality	Falls			Falls per 1,000 Bed days	-			6.58	6.44	6.24	6.95	6.33	5.88	6.32	4.44	5.38	4.99	5.67	6.70
	Pressure Ulcer			Pressure Ulcers - Total	-	H		25	45	28	36	51	38	33	30	37	43	41	41
				Pressure Ulcers - Grade 1	-	H		0	0	0	7	12	15	8	2	6	16	15	14
				Pressure Ulcers - Grade 2	-			5	14	6	5	11	6	5	10	3	9	5	5
				Pressure Ulcers - Grade 3	0		?	0	0	0	0	0	0	0	0	1	0	0	0
				Pressure Ulcers - Grade 4	0		?	2	1	0	0	0	0	0	1	0	1	0	0
				Pressure Ulcers - Unstageable	-			12	15	11	12	19	10	9	9	14	7	9	6
				Pressure Ulcers - Deep Tissue Injury	-			6	15	11	12	9	7	11	8	13	10	12	16
				Pressure Ulcers per 1,000 Bed Days	-	H		1.65	3.05	1.82	2.26	3.63	2.48	2.48	2.18	2.80	3.11	2.98	2.95
	Medicines			Medicine Errors - Total	-	H		98	83	64	73	66	87	71	72	82	98	101	71
				Low or No Harm Medicine Errors %	95.0%		P	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	99.0%	99.0%	100.0%
	IPC			IPC Incidents	-			26	15	21	22	9	19	11	7	24	30	54	41
				C-Diff Cases - Hospital Acquired Total	-			3	6	6	3	1	4	7	6	8	3	1	5

Quality

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Quality	IPC			C-Diff Cases - Hospital Acquired YTD (Cumulative)	35			26	32	38	41	42	46	7	13	21	24	25	30
				C-Diff Cases - Hospital Acquired (HOHA)	-			3	5	2	2	1	2	5	4	5	2	0	3
				E.coli Cases - Hospital Acquired	-			2	2	3	5	3	3	6	4	4	5	7	4
				E.coli Cases - Hospital Acquired YTD (Cumulative)	77			34	36	39	44	47	50	6	10	14	19	26	30
				MRSA Cases - Hospital Acquired	0		?	0	0	0	0	0	0	1	1	0	0	0	0
				MSSA Cases - Hospital Acquired	-			1	3	6	0	2	0	2	3	7	2	1	2
				MSSA Cases - Hospital Acquired YTD (Cumulative)	-			14	17	23	23	25	25	2	5	12	14	15	17
				Covid-19 Diagnosed - Total	0	L	?	228	56	136	97	151	192	107	25	47	42	73	104
	Mortality			Crude Mortality Rate %	1.3%		?	1.7%	1.7%	2.0%	1.9%	1.8%	1.5%	2.0%	1.4%	1.3%	1.3%	1.3%	1.4%
				Avoidable 2222 Calls – Cardiac Arrest	1		?	4	1	3	3	1	3	2	1	1	2	0	1
				Avoidable 2222 Calls – Peri-Arrests	3	H	?	5	1	3	4	6	2	2	2	3	2	4	2
				Avoidable 2222 Calls	16		P	9	2	6	7	7	5	4	3	4	4	4	3
				HSMR (All)	100	H	F	116.01	116.86	116.80	114.95	114.86	112.87	112.96	110.63				
				Expected Death Rate %	-	H		3.6%	3.5%	3.6%	3.6%	3.7%	3.8%	3.8%	3.9%				

Quality

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Quality	Mortality			SHMI	1	H	F	1.13	1.13	1.14	1.13	1.14	1.14	1.14					
				Fractured NOF Within 36 Hours	92.0%		?	79.3%	73.0%	73.7%	83.3%	56.1%	48.6%	67.6%	72.2%	56.0%	48.4%	76.7%	
				Number of Deaths Reviewed via SJR	-	H		20	14	9	19	13	8	8	11	14	15	9	8
				SJRs Completed %	25.0%	H	F	13.2%	8.7%	4.7%	10.8%	8.1%	5.2%	5.0%	8.5%	11.0%	11.3%	7.1%	6.4%
				Total Number of Deaths Due to Failings in Care	-	L		1	0	0	2	0	0	0	0	0	0	0	0
				Number of LD Deaths Reviewed via SJR	-			1	0	0	1	3	0	1	1	0	1	0	1
				Total Number of LD Deaths Due to Failings in Care	-			0	0	0	0	0	0	0	0	0	0	0	0
	VTE			VTE Risk Assessment Completed %	95.0%	H	?	72.3%	94.1%	82.6%	73.7%	73.2%	80.6%	84.6%	88.4%	91.8%	98.2%	98.8%	99.2%
	Maternity			Caesarean Section %	-			50.4%	53.3%	50.1%	44.6%	52.5%	40.5%	49.3%	45.2%	50.8%	48.2%	44.9%	47.3%
				Elective C-Section %	-	H		17.2%	19.3%	19.1%	17.6%	22.7%	15.9%	17.2%	16.7%	20.8%	16.4%	16.9%	22.0%
				Emergency C-Section %	-			33.2%	34.0%	31.1%	27.0%	29.8%	24.7%	32.1%	28.6%	29.9%	31.8%	28.0%	25.3%
				PPH greater than 1000mls	-			46	47	36	52	35	34	40	35	44	35	56	30
				Total Number of Still Births Greater Than 24 weeks Gestation	-	L		0	0	0	0	0	0	0	0	0	0	0	0

Quality

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Quality	Maternity			Neonatal Deaths	-			1	0	1	1	0	0	2	2	1	2	4	4
				Maternity Serious Incidents	-			1	1	0	2	2	1	0	1	0	2	0	0
				Maternity HSIB Referrals	-			0	0	0	1	0	0	0	0	0	1	0	0
				Number of cases of Hypoxic Encephalopathy (HIE) grades 2 & 3	-			0	0	2	0	1	0	0	0	0	1	0	0
	Risk & Policy			Risks Approved	-	H		7	10	7	16	32	60	19	13	18	12	18	16
				Risks Approved - Low	-			0	0	0	0	0	0	1	0	0	0	0	0
				Risks Approved - Moderate	-			0	1	1	1	1	1	0	0	1	0	3	0
				Risks Approved - High	-	H		2	6	3	11	28	48	10	8	11	8	11	11
				Risks Approved - Extreme	-	H		5	3	3	4	3	11	8	5	6	4	4	5
				Risks Approved - Closed	-	H		0	1	0	1	3	1	6	33	24	3	6	15
	Health & Safety			Resuscitation Training Compliance %	-	H		76.1%	78.3%	78.6%	79.4%	79.1%	78.7%	79.4%	79.3%	80.9%	81.1%	78.6%	79.5%
				Mental Capacity Act Training Compliance %	-			80.5%	79.8%	79.9%	80.1%	81.0%	81.8%	81.9%	81.9%	83.1%	82.3%	81.3%	80.6%
	Legal & Information Governance			Inquests Received	-	H		7	6	8	7	8	10	0	5	3	14	18	16

Quality

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Quality	Legal & Information Governance			Inquest Hearings	-			4	8	4	5	3	0	2	4	3	3	5	6
				Regulation 28 Reports	-			0	1	0	0	0	0	0	0	0	0	0	0

SIOR - Quality

Successful Deliverables

- FNoF - 22 patients were admitted with fracture neck of femur in Sept23. 14 patients (68%) were operated with in 36 hrs. 5 (23%) out of 22 patients did not get theatre slot with in 36 hrs of admission, 3 patients (9%) were medically unfit hence time to surgery was more than 24 hours
- Serious Incidents – 12 closed in September taking total open to 31 (ahead of improvement trajectory and lowest position in last 36 months) with 75% first time closure percentage with ICB SI panel
- Falls prevention equipment training has been provided to all wards in September. This will continue month on month
- There were three wards in September that achieved 100% in their CRASH bundle audit these were Harvey, Sheppey frailty unit and Tennyson.
- VTE compliance has reached 99.2% which is above target for the 4th consecutive month
- Full QI plans for falls and HAPU's have been approved for use. This will reduce the time spent on individual investigations when incidents of harm occur.
- IPC - 0 outbreaks for COVID declared so far in 2023

Next Steps

- FNoF - Aim to improve the number of patients operated on within 36 hours following admission, through creating extra theatre space allocation
- Serious Incidents – continue to investigate and close SIs in line with improvement trajectory

Identified Challenges

- Incidents – rising number of incidents causing moderate harm and above (19 in August and 27 in September pre-validation)
- Serious Incidents – Majority of SI investigations exceed 60 working day target
- IPC -30 cases of C.difficiles at end of September 2023 close to threshold likely to breach before end of year
- There were no members of the falls team present for 2 weeks in September due to sickness and leave.
- Keats ward were the highest contributor for falls in September reporting 12 falls which is a significant increase
- VTE reporting to move to the T&T steering group, however a start date has not been confirmed .
- A process to report positive radiology scans for patients discharged within the last 90 days for investigation has not progressed

Next Steps

- Incidents – undertake an analysis of moderate harm incidents in August and September to determine any themes or commonality resulting in the increase and present at PSG
- IPC – Continue to monitor wards with high infection numbers using a period of increased incidence and then use findings to devise bespoke simulation training
- IPC – to work as part of Kent and Medway CDI collaborative
- The falls team will provide an increased period of support on Keats over the next 4 weeks in accordance with the QIP, which incudes a documentation audit by the ward manager.
- All VTE actions that have not progressed to be escalated again through the DCSS care group and to the CMO

Opportunities

- Incidents – increased reporting of H&S (inc V&A) incidents will enable greater understanding and learning/improvement from such incidents
- PSIRF – transitioning to PSIRF will enable proportionate investigation of incidents based on opportunity for learning rather than a rigid framework
- Triangulation – Development of a CLIPS report to triangulate learning from complaints, legal, incidents, pals
- SI actions – centralised database enabling improved monitoring of progress and thematic analysis of improvements
- IPC - Simulation training well received but need to consider next actions should ward continue to not improve
- VTE nurse to develop a mandatory training package for clinical teams and to be provided with time to present at staff induction

Next Steps

- PSIRF – continue transition from SIF to PSIRF ready for 1st Jan 2024
- FNoF - The long term Ortho-geriatrician to support the medical care has been advertised
- VTE: Radiology teams to inform the process for reporting a positive VQ/Doppler/CTPA scan to the VTE nurse specialist and develop a SOP
- NAFF - The move to NAFF (Non-Ambulatory Frailty Fractures) from NOF relates to equity of care and removing the unintended consequences of disadvantaging frail fracture patients when focusing on those with hip fractures. The parameters aren't agreed nationally, and thus capture is difficult. Once we have that data, we can look to refine the capture, and work towards defining realistic metrics that support the optimum use of the theatre resources.

Risks

- Incidents – falls rate remains consistently high at over 5 falls per 1000 OBDs
- PSIRF – risk of suitably trained incident investigators trained in PSIRF and systems investigation ahead of go live date.
- FNoF - Lack of theatre space still remains the main factor and medically unfit patients is the secondary factor for not achieving the 36 hrs operating target
- IPC - Possibility of breaching the 2023/24 thresholds for MRSA and C.difficile - 1667
- VTE: Information from the VTE assessment is not being pulled through to PAS and being logged on a separate software system / There is no robust process for reporting positive VQ /
- Mattresses and falls equipment failures are not being escalated to the specialist teams which results in their disposal. There is no process within the clinical engineering team to monitor and track equipment appropriately. This has been added to the risk register.

Next Steps

- Continue to encourage reporting of incidents whilst investing those reported as moderate harm or above
- FNOF continue to look at ways of increasing theatre capacity and productivity; whilst also improving medical optimisation of patients
- VTE – use corporate project to create feedback for VQ/Doppler/CTPA

SIOR - Maternity

Successful Deliverables

- Monthly PMRT meetings attended by a multidisciplinary panel including external experts and lay members for Maternity cases
- Ad hoc Neonatal PMRT review panels for the Neonatal team which have good attendance with external experts and all Neonatal consultants attend regularly. An allocated Obstetric consultant also attends
- Meeting held with BI, digital midwife and DOM to review process for validation of data. Outcome is that data is accurate for this months report - 0 SI's reported, 0 HIE 2 and 3, 0 HSIB referrals
- Improvement in the number of Post Partum Haemorrhage in Sept – use of Carbotocin for EMCS has assisted this

Next Steps

- Embed monthly meetings with both Obstetric and Neonatal Lead Consultants and Lead Bereavement Midwife
- PPH – Pilot of the use of Carbotocin is complete – results and a request for the drug to be used as a regular drug at EMCS to be presented at medicine management group

Identified Challenges

- Reduced number of External Obstetric and Risk members available for Obstetric Reviews
- All ATAIN (Avoiding Term Admissions to Neonatal unit) cases need an MDT review. Current process is not robust to ensure a review of all cases, in particular including transitional care and home admission which has doubled the number of cases under review at the weekly CRIG meeting
- 4 Neonatal deaths – 1 x 26+5 coroner case twin 2, MTW case with baby transferred to MFT NICU, 1 x 23+6 twins coroner case potential issues in relation to TWIN 2 resuscitation, 38+4 birth at DVH baby transferred to MFT SCBU with known congenital abnormalities and expected incompatible with life

Next Steps

- Discuss with Obstetric Team to widen the available members and invite the featl wellbeing team and PMRT leads from DVH and EKHUFT
- ATAIN process is under review by care group senior management

Opportunities

- To ensure protected hours for lead Bereavement Midwife/PMRT Midwife can be allocated to ensure CNST standards are met/maintained
- Wider distribution of MBRRACE recommendations and action plans – through MNSCAG/LMNS/maternity audit meeting/staff newsletter and padlet

Next Steps

- Ring fence 1 shift per month for the lead bereavement midwife to ensure all aspects of MBRRACE are completed
- Quarterly Maternity Bereavement Newsletter to be sent out with Fridays News

Risks

- PMRT not completed due to High level investigation/ Serious Investigation or HSIB investigation within CNST timeframes
- Potential risk for CNST standards on notification/surveillance/PMRT not being met due to annual leave/sickness or clinical acuity. Monitored through CNST task and finish group and Care group leads.

Next Steps

- Training of Bereavement support midwife/champions in all areas for MBRRACE reporting
- Daily check on the MBRRACE system to check for any cases that need completion
- Escalation to Matron/Senior management if concerns due to sickness/annual leave/acuity around completion of the PMRT tool within CNST standards

Systems & Partnerships

Nick Sinclair
Chief Operating Officer

Operational Leads:
Benn Best - ***Divisional Director - Planned Care***
Holly Reid - ***Divisional Director - Unplanned and Integrated Care***

Committees:
Finance & Performance Committee

Systems & Partnerships

Ambition: Delivering timely, appropriate access to acute care as part of a wider integrated care system

Access

RTT Incompletes Performance %

Type	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
	92.0%	L	F	61.5%	62.3%	60.0%	60.9%	61.4%	60.3%	59.7%	60.0%	59.8%	58.3%	56.6%	55.4%

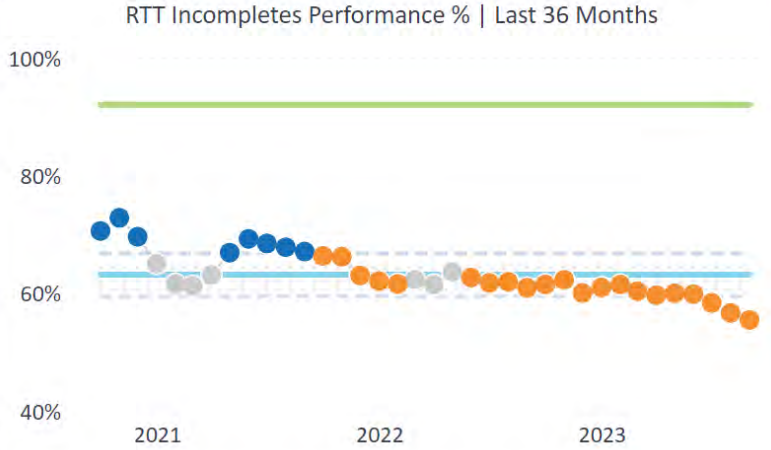
True North Domain: **Systems & Partnerships**

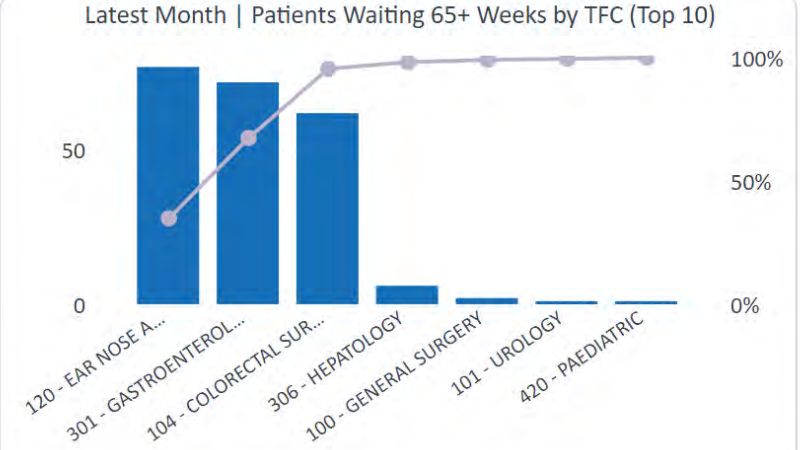
KPI Threshold: 92.0%

Sub Domain KPIs: 26

Variation Summary:

	L	H	L	H
12	3	8	1	2





Key Messages

- RTT continues to be a priority for the Trust. Treating all patients within 40 weeks is one of the Trusts key breakthrough objectives in the Patient First programme
- In September 2023 the number of patients waiting longer than 52 weeks has increased to 1.219 (August 1,153). Key drivers for the increase are capacity in ENT and Endoscopy and the impact of Industrial Action on Theatres and Outpatients

Issues, Concerns & Gaps

- ENT remains the primary concern for 52 and 78 week risk. Plans in place to manage backlog and to move to a sustainable position in 2024
- Diagnostic capacity in Endoscopy is delaying diagnosis and treatment times for Colorectal/General Surgery, Gastroenterology and Hepatology. Plans in place to mitigate these issue in the next quarter using mutual aid.

Actions & Improvements

- Recovery plans developed for specialties that are behind trajectory (ENT, Colorectal, Gastroenterology, Rheumatology) to reduce first outpatient waiting times and to treat long waiting patients
- Outpatient plans being finalised to reduce follow-up appointments and increase new appointments
- Validation of patients with long waiting times and harm review process established.
- Independent Sector capacity (insourcing and outsourcing) used where funded to support.

Systems & Partnerships

Ambition: Delivering timely, appropriate access to acute care as part of a wider integrated care system

Emergency Care

Total EC 4 Hour Performance %

Type	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
	95.0%	H	F	62.0%	61.0%	57.0%	68.5%	70.4%	72.7%	75.4%	74.8%	73.2%	71.2%	73.6%	74.6%

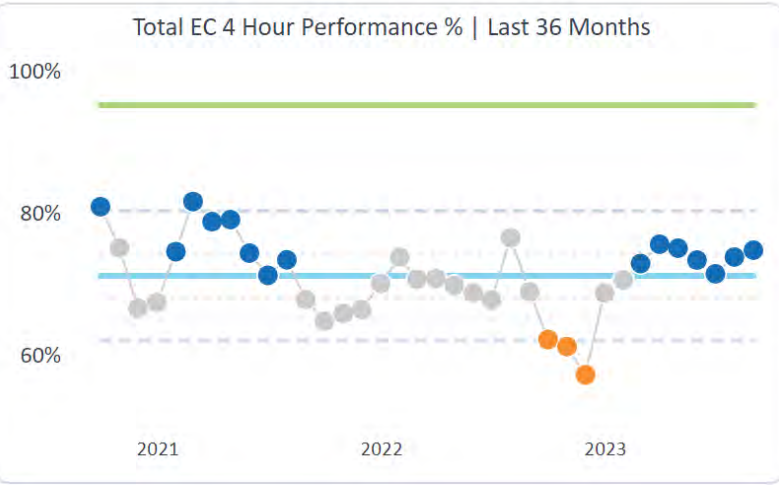
True North Domain: **Systems & Partnerships**

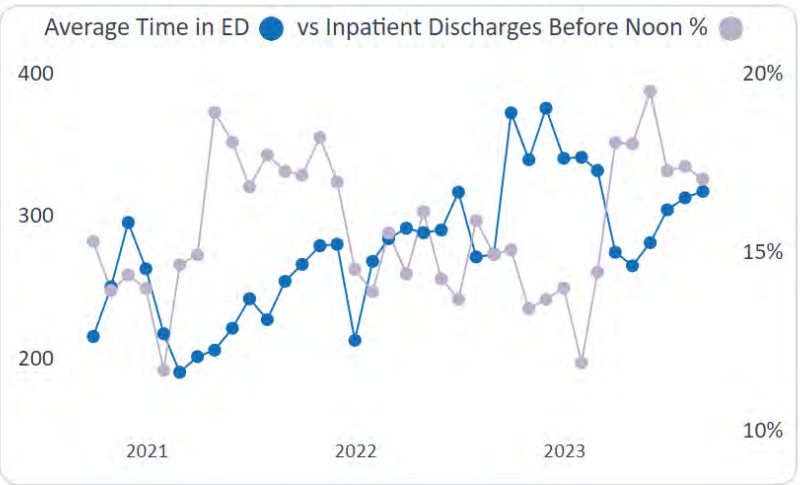
KPI Threshold: 95.0%

Sub Domain KPIs: 11

Variation Summary:

	L	H	L	H
6	0	1	3	1



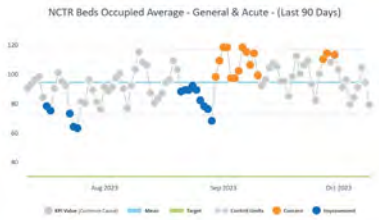


Key Messages

Total 4 hour performance stabilised throughout January and achieved incremental improvement since then. April saw the highest total 4 hour performance at 75.4%, in over 12 months. There has been a small deterioration to 71.3% in July, recovering to 73.6 % August, and achieving 74.6& in September, being one of only 16 Trusts in the country to achieve the 74% metric. Type 1 and Non-admitted has seen consistent and sustained improvements, with June seeing the highest Type 1 performance in the last 12 months at 65.9%, and 65.8% for September. Non-admitted has maintained improvements with 3 in 5 months since March 23 meeting or exceeding 80% (80.5% for September). Type 3 performance continues to present a challenge, achieving 86.1% for September.

Issues, Concerns & Gaps

- Flow out of the acute floor continues to be a key contributor, with the Trust not yet achieving 40% of discharges by midday and caring for large numbers of medically fit patients.
- Type 3 performance continues to be lower than previous, though a small improvement in September to 86.1%.



Actions & Improvements

We strive to achieve continuous, incremental improvement in our patients journey through acute care, and have taken the following actions:

1. Refreshed CDU pathway live and improving in utilisation, with the greatest numbers in CDU in August (340) and 332 for September, compared to less than 200 April and prior. Plans are to redesign use of the acute floor to expand CDU capacity, taking advantage of the increased service provision from Safe Haven from 12th October,
2. Next steps are to continue working with MedOcc to improve flow management and sustain recent incremental improvements, and work on utilisation of SDEC and Safe Haven Pathways

Systems & Partnerships

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Systems & Partnerships	Access			RTT Incompletes Performance %	92.0%	L	F	61.5%	62.3%	60.0%	60.9%	61.4%	60.3%	59.7%	60.0%	59.8%	58.3%	56.6%	55.4%
				RTT 65+ Week Waiters	0	H	F	37	93	139	202	221	104	119	90	91	101	176	221
				RTT 40+ Week Waiters	-	H		1,935	1,930	2,258	2,370	2,569	2,726	3,083	3,236	3,139	3,465	4,235	4,381
				RTT Waiting List Size	-	H		34,347	34,433	34,615	35,403	35,991	36,835	36,659	37,018	37,847	38,661	39,676	40,468
				RTT 52 Week Breaches	0	H	F	504	567	603	590	560	471	581	820	877	1,019	1,143	1,212
				OP Average Time to First Appointment (days)	60	H	F	88.11	92.73	85.14	86.72	88.98	87.82	77.62	87.20	84.92	89.23	85.40	92.34
				Outpatient DNA Rate %	10.0%	H	P	7.8%	7.5%	8.6%	7.3%	7.1%	7.4%	7.1%	7.4%	7.6%	7.3%	7.1%	8.7%
				OP First to Follow Up Ratio	-	L		1.83	1.81	1.85	1.96	1.82	1.79	1.85	1.93	1.82	1.58	1.66	1.50
				Operations Cancelled by Hospital on Day	0		?	10	18	19	10	8	29	8	13	13	12	5	14
				Cancelled Operations Not Rescheduled < 28 Days %	-			60.0%	33.3%	36.8%	30.0%	25.0%	51.7%	37.5%	53.8%	7.7%	50.0%	80.0%	7.1%
				Urgent Operations Cancelled for 2nd Time	0		?	0	0	2	1	0	1	2	2	1	2	0	2
				Day Case Rate %	-			85.1%	84.8%	84.8%	85.7%	84.8%	84.9%	85.5%	85.1%	83.5%	85.2%	85.6%	84.6%
				Average Elective Length of Stay (days)	3		P	0.33	0.38	0.32	0.29	0.29	0.33	0.35	0.31	0.35	0.33	0.32	0.35

Systems & Partnerships

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Systems & Partnerships	Access			Average Non-Elective Length of Stay (days)	10	H	P	4.71	4.64	4.59	4.76	4.56	4.57	4.94	4.57	4.64	4.52	4.52	4.95
				104 Day Cancer Waits	-	H		4	5	3	11	4	5	6	9	4	11	10	
				Cancer 2ww Performance %	93.0%		?	93.3%	89.6%	92.8%	84.6%	70.7%	80.9%	94.5%	94.8%	92.2%	94.3%	88.5%	
				Cancer 2ww Performance - Breast Symptomatic %	93.0%	L	?	80.0%	74.3%	68.1%	44.4%	6.9%	16.7%	93.6%	100.0%	83.3%	100.0%	41.7%	
				Cancer 31 Day First Treatment Performance %	96.0%	H	?	96.4%	98.1%	98.2%	100.0%	98.2%	100.0%	100.0%	98.8%	98.7%	99.3%	98.3%	
				Cancer 31 Day Subsequent Treatments - Drugs %	98.0%		?	100.0%	100.0%	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
				Cancer 31 Day Subsequent Treatments - Surgery %	94.0%		?	100.0%	89.5%	96.6%	88.9%	91.3%	100.0%	93.8%	91.3%	100.0%	100.0%	85.0%	
				Cancer 62 Day Treatment - GP Refs %	85.0%		?	85.0%	80.6%	84.8%	71.9%	85.6%	79.0%	80.1%	68.5%	72.7%	73.6%	75.2%	
				Cancer 62 Day Treatment - Cons Upgrades %	50.0%		?	76.7%	80.0%	76.2%	66.7%	75.0%	87.5%	77.8%	72.7%	37.5%	82.8%	73.3%	
				Cancer 62 Day Treatment - Screening Refs %	90.0%		?	75.0%	90.9%	66.7%	75.9%	72.7%	100.0%	88.9%	40.0%	90.0%	77.8%	55.6%	
				Cancer 28 Day Faster Diagnosis %	75.5%		?	71.5%	71.8%	62.4%	61.2%	75.3%	75.7%	77.5%	69.2%	72.3%	73.2%	73.9%	
				Cancer 28 Day Faster Diagnosis Screening %	-	H		40.0%	60.5%	56.3%	73.9%	86.2%	54.5%	81.8%	88.5%	56.4%	68.9%	68.5%	
				DM01 Performance %	99.0%	L	F	79.1%	79.3%	74.7%	71.1%	72.4%	72.2%	67.7%	65.5%	67.1%	65.1%	59.8%	61.6%

Systems & Partnerships

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Systems & Partnerships	Emergency Care			Total EC 4 Hour Performance %	95.0%	H	F	62.0%	61.0%	57.0%	68.5%	70.4%	72.7%	75.4%	74.8%	73.2%	71.2%	73.6%	74.6%
				IP Discharged Before Noon % (Inc transfers to ADL)	40.0%		F	15.0%	13.4%	13.6%	13.9%	11.8%	14.4%	18.0%	18.0%	19.5%	17.2%	17.3%	17.0%
				Type 1 EC 4 Hour Performance %	75.0%		F	45.5%	48.3%	46.5%	52.1%	58.2%	58.2%	62.8%	64.8%	65.9%	63.0%	64.2%	65.8%
				Total EC 12 Hour Breaches	0	H	?	420	263	560	422	428	540	131	106	190	344	387	572
				Average Time in EC Department (mins)	200		F	371.19	338.40	374.41	339.31	340.03	330.79	273.57	264.09	280.25	303.24	311.73	316.17
				Number of ED Arrivals by Ambulance	-			2,940	2,350	2,984	2,896	2,704	2,915	2,929	3,048	2,777	3,007	2,978	3,009
				Ambulance Handover Delays (> 30 mins)	-	L		679	150	277	103	111	77	57	32	40	59	42	46
				Ambulance Handover Delays (> 60 mins)	0	L	?	304	10	37	8	5	3	2	2	3	1	2	3
				Bed Occupancy - General & Acute %	92.0%		P	92.4%	91.7%	91.8%	91.9%	93.6%	93.1%	90.1%	89.7%	89.2%	89.2%	87.8%	88.8%
				Medically Fit for Discharge Patients %	9.0%			-	-	-	-	-	-	-	-	-	-	-	-
				30 Day Readmission Rate	13.0%	L	?	8.5%	8.4%	9.3%	9.6%	9.7%	9.4%	10.0%	9.2%	10.1%	9.7%	9.3%	8.6%

SIOR - Access

Successful Deliverables

RTT
- Patient Initiated Follow-up (PIFU) continues with clinical engagement sessions delivered in Cardiology, Diabetes, Endocrine and Rheumatology in September
- ENT task and finish group continues to work on additional capacity plans to manage backlog

DM01
- Plans for additional Endoscopy capacity through mutual aid have commenced with MTW and DGT
- Non-obstetric Ultrasound and Echocardiography capacity at the Rochester CDC has commenced

Cancer - Achieved 2ww target in September with 93.39%. Both 28 day and 62 day achieving around 70% mainly due to LGI and UGI performance associated with endoscopy capacity. 2ww target will no longer exist from October

Next Steps

RTT
- Continue rollout of PIFU in medical specialities to reduce Outpatient follow-ups and increase new appointment capacity

Cancer
- Continue to work with all tumour sites to ensure good performance. Lung and LGI FDS nurses now in place should help with 2ww performance

Identified Challenges

RTT
- ENT capacity will continue to be a challenge for 52 week plus and 78 week plus patients
- Colorectal and Gastroenterology 52 week waits are increasing due to limited Endoscopy capacity

DM01 - Endoscopy capacity and activity with PPG (outsourced provider) has reduced recently. Improvement plans in place

Cancer - Endoscopy capacity remains a challenge is affected both 28 day and 62 day compliance.

Next Steps

RTT
- Additional Outpatient capacity for ENT is being identified to reduce waiting times
- Plan for the validation of long waiting ENT patients is being finalised

DM01 - Regular meetings taking place to identify and resolve PPG endoscopy issues

Cancer - Continue to work with all tumour sites to ensure good performance. Lung and LGI FDS nurses now in place should help with 2ww performance . Await additional mobile unit to support with Endoscopy capacity

Opportunities

RTT
- Potential for ENT activity to be sent to the Independent Sector. This is being scoped with the ICB's support

Cancer
- Funding has been agreed for 1 mobile unit at the CDC in Sheppey which will provide 392 additional slots per month. Awaiting decision re second mobile unit on acute site at MFT

Next Steps

RTT
- Follow-up with ICB for potential ENT capacity

Cancer
- Await additional mobile unit to support with capacity

Risks

RTT
- The Trust is still unable to monitor ENT pathways at DVH due to data issues with the BI team (at DVH). Activity reports are being developed. Senior operational meetings are taking place to resolve the situation

Cancer
- Ability to meet 28 day and 62 day targets remains a risk until mobile unit is up and running on Sheppey

Next Steps

RTT
- DGT ENT contract discussions have taken place. A new SLA is being developed

Cancer
- Await additional mobile unit to support with capacity

SIOR - Emergency Care

Successful Deliverables

Non-Admitted 4 Hour

- Sustained improvements in non-admitted performance (80.5% for September), being one of only 16 Trusts to achieve the national target of 74% for overall 4 hour performance in September. Sustained improvement in Type 1 performance at 65.8% for September despite continued high attendances and high NCTR numbers, significant improvement in utilisation of CDU pathway.

Admitted 4 Hour

- Recent small deterioration in Type 1 Admitted to 5.7% in Sept from 6.7% in August.

Next Steps

- Sustain incremental improvement through increased utilisation of CDU for ambulant patients requiring observations by utilising alternative space if experiencing large numbers of mental health attendances
- Expansion of service provision for patients requiring lower acuity mental health input with increased hours from Oct, allowing further utilisation of CDU capacity

Admitted 4 Hour

- De-escalation and protection of recently escalated EAU and Discharge lounge, and embedding of escalation processes to improve flow.

Identified Challenges

Non-Admitted 4 Hour

- Type 3 performance
- SECAmb to MedOcc Conveyance
- Volume of mental health attendances

Admitted 4 Hour

- Flow from acute floor to admitted wards, including impact of ongoing Industrial Action
- MFFD Numbers / difficulty achieving 100% utilisation of community capacity

Next Steps

- Work with Medocc to change operational model to manage demand more appropriately with booked appointments
- Monitoring of recovery trajectory from MCH
- Utilisation and expansion of “Safe Haven” for lower acuity mental health attendances, expansion of hours in Oct

Opportunities

- Mental health pathways, enabling CDU to be more fully utilised
- Increase Safe Haven capacity from 12th Oct
- Collaborative working with SECAmb to reduce direct conveyances to ED.
- A-Ted pathways, including M-TED and F-TED (Mental health and Frailty alternatives to ED).
- De-escalation allowing Refer and Move work-stream, and achievement of short stay acute ward.
- Go-live of Tele-tracking
- Go-live of Amherst bed capacity

Next Steps

- Improved utilisation and expansion of provision of Safe Haven, design new pathways working with KMPT for patients waiting inpatient mental health placement
- Scoping conveyance opportunities with SECAmb to address the 10-13% attendances that get streamed immediately to Medocc
- Progress on work streams focussing on ATED including hot clinics (cardiology pilot review and substantive plans) and in-reach increase, alternatives to ED for frailty patients and mental health patients
- De-escalation allowing Refer and Move work-stream, and achievement of short stay acute ward.
- Project to re-launch booked appointments for minor injuries within Area 3

Risks

Overall

- System capacity – ICB/Community/MedOcc/Mental Health
- Operational capacity to enact change and improvements, competing priorities
- Availability of funding for capital changes, and invest to save models
- Acuity and volume of attendances
- Ongoing industrial action

Next Steps

Overall

- Progression on schemes aimed at improved access to alternatives to ED including Mental Health Pathways (via Safe Haven and Capital works) Hot Clinics and In-reach services, etc.
- Analysis of FrailTED and MenTED outputs and development of action plans for MFT
- Closer working with Type 3 providers and SECAmb (MedOcc and UTCs) to improve pathways, streaming and performance. Review of booked appointment systems for Type 3 attendances. Improvement trajectory for MedOcc

People

Leon Hinton
Chief People Officer

Operational Lead:
Dominika Kimber - ***Deputy Director of HR & Organisational Development***

Committees:
People Committee

People

Ambition: To be the employer of choice and have the most highly engaged staff in the NHS

Workforce

National Staff Engagement Score

Type	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	6.93	H	F	6.63	6.63	6.63	6.63	6.63	6.63

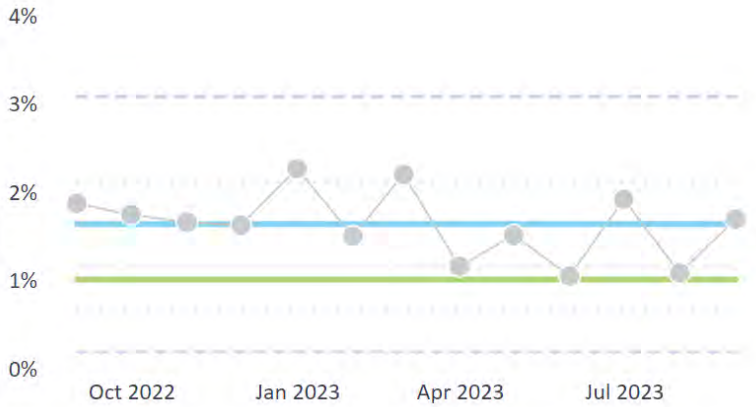
True North Domain: People

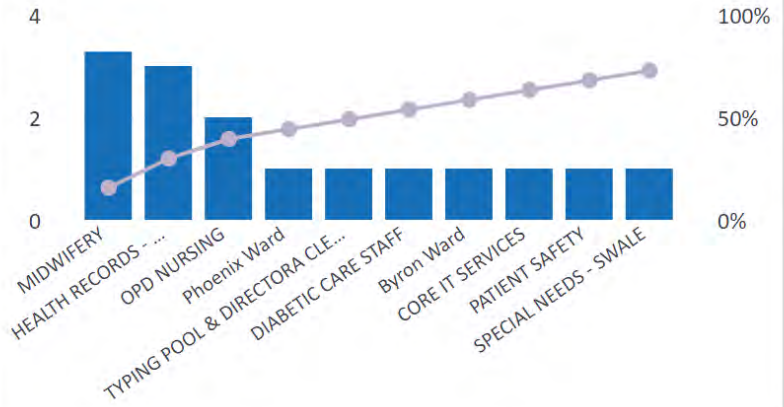
KPI Threshold: 6.93

Sub Domain KPIs: 16

Variation Summary:

	L	H	L	H
7	1	0	3	5





Key Messages

The Trust's True North objective is to be in the top 25% of Trusts nationally for staff engagement reported through the national staff survey.

The new breakthrough objective, to reduce voluntary turnover within the first two years of employment to 12% is now in operation with September 2023 reporting higher than the monthly target (a very slight positive direction over 12-months); unplanned care has seen a continued improvement over the last six-month and planned care has seen an inconsistent leaver rate. The Trust is commissioning a new 'Intention to Leave' system replacing the notice process following the end-to-end process finalised in September and enacted by early November.

Issues, Concerns & Gaps

- Quality of the leaver process in ensuring exit interviews are carried out and learning applied;
- Limited data in real-time, to ensure we have a system in place to identify future leavers (intention to leave);
- Continue to make improvements to our WRES/WDES indicators to ensure our recruitment, promotion and development pathways are based on best practice;
- Limited data regarding flexible working take up.

Actions & Improvements

- Commissioning of the intention to leave IT system through September and October (build and user-testing) for go-live in early November
- Delivery of improvement plan developed and governed by anti-bullying and harassment group;
- Breakthrough huddle pack to be improved to ensure divisions have quality stratified data.

People

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
People	Workforce			National Staff Engagement Score	6.93	H	F	6.63	6.63	6.63	6.63	6.63	6.63						
				Voluntary Turnover % - First 2 Years Employment	1.0%		?	1.7%	1.6%	1.6%	2.3%	1.5%	2.2%	1.1%	1.5%	1.0%	1.9%	1.1%	1.7%
				Staff Appraisal Rate %	90.0%	H	F	87.9%	89.1%	89.5%	90.3%	90.9%	91.9%	92.4%	92.3%	92.3%	91.5%	91.7%	89.4%
				Staff in Post (FTE)	-	H		4,538.08	4,560.53	4,596.81	4,615.74	4,634.59	4,689.60	4,685.21	4,702.85	4,735.57	4,767.63	4,845.65	4,847.91
				Staff Leavers (FTE)	-			78.57	52.76	58.66	63.97	55.81	66.40	55.76	51.88	45.45	59.55	127.36	77.43
				Staff Starters (FTE)	-			113.06	80.43	46.69	94.05	71	87.72	66.93	80.02	59.85	75.25	163.98	88.81
				Vacancy Rate %	9.0%	L	?	9.3%	8.9%	8.2%	8.1%	7.5%	6.4%	7.4%	7.1%	6.0%	5.4%	4.9%	4.2%
				Voluntary Turnover %	8.0%		F	12.3%	12.0%	12.0%	12.6%	12.6%	12.2%	12.3%	12.2%	12.2%	11.7%	11.3%	11.2%
				Staff Fill Rate - Total %	85.0%	H	?	79.0%	80.6%	78.6%	78.2%	80.0%	82.2%	87.7%	89.9%	91.1%	91.8%	90.5%	88.1%
				Staff Fill Rate % (Total) - Registered Nurse	-	H		79.4%	79.6%	78.2%	76.5%	78.3%	80.3%	86.0%	87.1%	88.4%	88.1%	86.3%	84.8%
				Care Hours per Patient Day (CHPPD)	9.50		F	7.56	7.76	8.03	8.10	8.53	8.52	9.14	9.21	9.27	9.14	9.13	8.88
				Sickness Absence Rate - Total %	4.0%	L	?	4.9%	4.6%	5.5%	4.8%	4.6%	4.6%	4.0%	4.0%	4.0%	4.4%	4.7%	4.9%
				Sickness Absence Rate - Short Term %	2.0%		?	2.9%	2.4%	3.3%	2.4%	2.4%	2.5%	2.1%	2.0%	1.8%	2.0%	2.4%	2.8%

People

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
People	Workforce			Sickness Absence Rate - Long Term %	2.0%			2.0%	2.1%	2.2%	2.4%	2.2%	2.0%	1.9%	2.0%	2.1%	2.4%	2.3%	2.1%
				StatMan Training Compliance %	85.0%			86.3%	87.0%	87.2%	87.1%	86.8%	87.1%	87.5%	87.6%	88.7%	87.4%	83.6%	84.8%
				Professional Registration Compliance %	100.0%			-	-	-	-	-	-	-	-	-	-	-	100.0%

SIOR - People

Successful Deliverables

- Total of 15 international nurses, 1 international AHP, 27 new junior doctors and 98 AfC candidates all successfully recruited and onboarded in September
- NHSE took the decision to formally remove Medway from their Direct Support Programme for CSWs due to our declining CSW vacancies
- Provided reassurances to NSHE regarding our plans for diversifying our international recruitment pipeline and moving away from red list countries

Next Steps

- Managing Teams Fairly (MTF) relaunched on ESR
- Anti-Discrimination Statement (ADS) communications plan presented to People Committee
- Trust maintains below NHSE Trust agency target (<3.7% total paybill)

Identified Challenges

- IELTS results were not being verified prior to international candidates being brought over to the UK, this has resulted in one individual being rejected NMC membership by the NMC.
- Delays with the issuing of visas meant we were only able to onboard 15 international nurses this month, rather than the 32 we had intended.
- Industrial action requirements pre, during and post is having an impact on the day to day service for Temporary Resourcing and Medical Rota Coordination Service

Next Steps

- Embedding of IELTS into pre-employment checks

Opportunities

- Align bank rate to Trust's within ICS following the AFC updated pay scales (paper being reviewed by executives pending an outcome)
- Emergency Department (including CHED) junior rotas moving to the centralised Medical Rota Coordination Service – Interviews planned for Weds 11th October 2023
- Current review of the Temporary Resourcing complaints process with support from Divisional Director of Nursing, Deputy Chief Nurse and Chief Nurse

Next Steps

- Neurodiversity Toolkit – work has started across ICS partners to share in the development of resources; benchmarking with MCH and KMPT has begun
- NHSE High Impact Actions for EDI has launched, and both MFT and K&M System discussions have taken place

Risks

- Induction training spaces are fully booked until December, this has caused issues for some wards and departments who are looking for staff to start earlier than the dates they have been provided with. The issue is with clinical training and at present Resus and M&H are unable to provide any additional training sessions.

Next Steps

- Review the understanding of the importance of Equality Impact Assessments in decision-making.

Sustainability

Alan Davies
Chief Financial Officer

Operational Lead:
Paul Kimber - *Deputy Chief Financial Officer*

Committees:
Finance & Performance Committee
Audit & Risk Committee

Sustainability

Ambition: Living within our means providing high quality services through optimising the use of our resources

Financial Position

Breakeven Revenue Budget (£)

Type	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
	£0	H	?	2.94m	4.08m	2.10m	1.76m	-4.53m	-3.73m	-0.02m	-0.01m	2.57m	2.43m	3.91m	3.67m

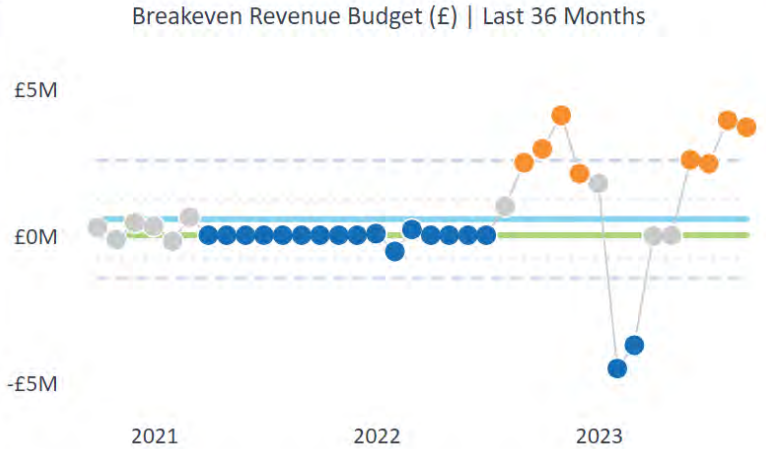
True North Domain: **Sustainability**

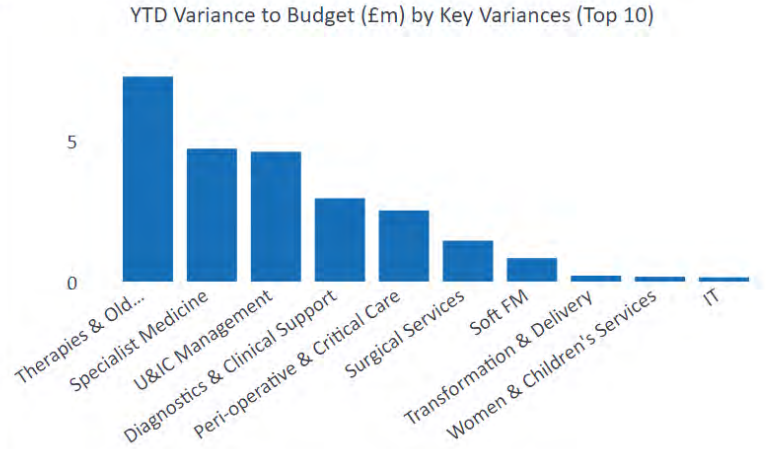
KPI Threshold: £0

Sub Domain KPIs: 14

Variation Summary:

	L	H	L	H
8	0	5	0	1





Key Messages

The Trust reports a deficit of £4.7m in month 6 of 2023/24 and year to date deficit of £22.7m; this is £12.5m adverse to the YTD plan agreed with NHSE and ICB. The in-month run-rate has improved by £0.2m, this mainly due to temporary staffing spend decreasing by £1.0 million from Month 5, Clinical Negligence Scheme for Trusts (CNST) maternity refund £0.5 million, however these are mainly offset by underfunding of the medical pay award (£0.9 million), and Public Dividend Capital dividend being £0.3 million higher due to a lower cash balance due to the deficit position. The Trust is currently in SOF4 and must demonstrate delivery against its financial targets

Issues, Concerns & Gaps

The full value of contract income for ESRF and Community Diagnostics Centre (CDC) has been included in the position; there is a risk of partial repayment for ESRF income estimated at c£2.1m and £0.5m CDC income as planned activity levels are not being delivered (primarily due to the impact of Industrial Action). Further confirmation of this is being worked through with the ICB. The full value of the £27m efficiencies target has yet to be fully identified; more opportunities are being presented to the panel for approval and a dragons den event has proposed further areas of potential efficiency.
Medical and nursing pay continue to be the primary areas of overspending and are being tracked through the Sustainability breakthrough huddle.

Actions & Improvements

Implementation of mitigations within divisions to control overspending on medical and nursing pay costs, via the Breakthrough Objective for Sustainability.

Further development, approval and implementation of efficiency schemes continues.

Implementation of enhanced financial controls

Continued training to budget holders, as well as support with budget variance analysis.

Sustainability

KPI Scorecard

Domain	Sub Domain	Type	BO	Key Performance Indicator	Threshold	V	A	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Sustainability	Financial Position			Breakeven Revenue Budget (£)	£0			2.94m	4.08m	2.10m	1.76m	-4.53m	-3.73m	-0.02m	-0.01m	2.57m	2.43m	3.91m	3.67m
				Total Financial Overspend (£)	£0			2.50m	3.79m	2.86m	2.24m	2.55m	12.72m	1.02m	1.31m	3.30m	4.56m	5.33m	4.83m
				Agency Spend %	3.7%			3.1%	3.1%	2.8%	2.5%	3.5%	1.9%	2.6%	3.0%	2.7%	3.0%	2.9%	3.0%
				Bank Spend %	10.0%			11.9%	12.2%	11.2%	12.7%	11.6%	7.8%	12.8%	12.4%	11.1%	11.6%	13.8%	9.8%
				(Surplus) / Deficit (£)	£0			3.04m	4.18m	2.20m	1.76m	-4.63m	-4.83m	2.46m	2.47m	4.82m	3.42m	4.90m	4.66m
				Agency Spend (£)	-			0.71m	0.70m	0.63m	0.56m	0.78m	0.80m	0.60m	0.70m	0.71m	0.75m	0.74m	0.80m
				Income (£)	-			-32.64m	-33.03m	-34.20m	-34.37m	-39.66m	-60.80m	-34.16m	-34.78m	-35.20m	-36.16m	-35.35m	-36.35m
				Income (£) vs Budget	£0			-0.41m	-0.69m	-1.93m	-1.65m	-7.35m	-27.50m	-0.24m	-0.89m	-0.02m	-1.83m	-1.02m	-0.58m
				Total Pay Spend (£)	-			22.74m	22.74m	22.26m	22.69m	22.54m	42.56m	23.10m	23.32m	25.79m	24.45m	25.75m	26.83m
				Total Pay Spend (£) vs Budget	£0			2.28m	2.22m	1.78m	1.85m	2.02m	22.13m	0.88m	1.12m	2.51m	2.64m	4.04m	3.22m
				Total Non-Pay Spend (£)	-			11.19m	12.65m	12.32m	11.14m	10.99m	11.03m	11.58m	11.70m	12.29m	12.91m	12.52m	11.77m
				Total Non-Pay Spend (£) vs Budget	£0			1.20m	2.61m	2.30m	1.13m	1.17m	1.13m	-0.47m	-0.35m	0.26m	1.53m	1.04m	0.74m
				Actual Worked FTE	-			4,952.63	5,017.52	5,001.50	4,999.98	5,102.29	5,227.19	5,127.10	5,174.36	5,229.67	5,215.43	5,344.21	5,240.17
				Actual Worked FTE vs Budget	0			-70.95	-5.15	-31.02	-38.51	68.30	192.45	43.79	82.68	156.70	138.77	211.60	150.93

SIOR - Sustainability

Successful Deliverables

Reduction to run rate, in particular bank staff expenditure £0.9m and additional sessions £0.2m.

Next Steps

Completion of the Financial Recovery Plan refresh documents.
Issue Business Planning guidance.

Identified Challenges

The three key challenges currently faced by the Trust continue to be:

1. Delivery of the elective activity plans
2. Management of medical and nursing pay costs, both of which are significantly overspent year to date.
3. Identification, development, implementation and delivery of the efficiencies programme.

Next Steps

Implementation of the counter measures following the development of A3 documents for nursing and medical pay costs, as part of the 'control of overspending' breakthrough objective.
Further development, approval and implementation of efficiency schemes in the pipeline.

Opportunities

More efficiency schemes identified as a result of dragons style efficiency meetings. These opportunities are being developed to contribute towards the £27m target this year as well as next year's target See efficiencies report for further detail.
The Trust is implementing the enhanced financial controls in line with ICB/NHSE requirements

Next Steps

Further progress with working alongside the ICB in populating the medium term financial plan. This is expected to contribute towards the efficiency programme.

Business planning guidance for 23/24 has been agreed and is being rolled out..

Risks

Ongoing risks continue, including:

- Identification and delivery of the efficiency programme for 2023/24.
- Delivery of the Elective Services Recovery Fund activity as included in the activity and financial plans.
- Ongoing control of recruitment, agency spend, additional sessions, independent sector costs and non-pay
- Medical Pay award costs underfunded by £2.7m for the year therefore represents an equivalent additional cost pressure
- Reducing cash balance if deficit continues.

Next Steps

Ongoing monitoring and reporting of risks through to Execs and FPPC.

Meeting of the Trust Board in Public
Wednesday, 08 November 2023

Title of Report	Board Assurance Framework Quarterly Update (Q2)		**Agenda Item**	3.2
Author	Claire Cowell, Integrated Governance Practitioner			
Lead Executive Director	Evonne Hunt, Chief Nursing Officer			
Executive Summary	The Board Assurance Framework (BAF) consists of 20 strategic risks aligned to each of the Trust's True North Domains. There are a number of risks that have seen no movement for six months or more. 11 of the 20 strategic risks have had no movement in the last six months, this has been escalated to each of the relevant Executives and Operational risk owners, alongside being escalated via the Risk and Compliance Assurance Sub-Committee and onward to Audit and Risk Committee. Support sessions have been delivered by the Integrated Governance Team to several operational risk owners to enable a better understanding of the actions required to manage the risks effectively			
Proposal and/or key recommendation:	The Board is asked to note the report for assurance and discussion.			
Purpose of the report (tick box to indicate)	**Assurance**	✓	Approval	
	Noting	✓	Discussion	
Committee/Group at which the paper has been submitted:	This report has not been discussed at any other group or sub-committee. It will be on the agenda retrospectively 'for noting' or both the: 1) Risk and Compliance Assurance Sub-Committee (November 23) 2) Audit and Risk Committee (December 23)			
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:			
	Priority 1: (Sustainability) ✓	**Priority 2: (People)** ✓	**Priority 3: (Patients)** ✓	**Priority 4: (Quality)** ✓	**Priority 5: (Systems)** ✓
Relevant CQC Domain:	Tick CQC domain the report aims to support:			
	Safe: ✓	**Effective:** ✓	**Caring:** ✓	**Responsive:** ✓	**Well-Led:** ✓
Identified Risks, issues and mitigations:	As outlined in the relevant sections of the Board Assurance Framework.			
Resource implications:	N/A			
Sustainability and /or Public and patient engagement	N/A			

considerations:			
Integrated Impact assessment:	N/A		
Legal and Regulatory implications:	There are regulatory requirements on the Trust to have effective systems and processes for the identification and management of risk.		
Appendices:	Board Assurance Framework (excel spreadsheet) Board Assurance Framework Summary Report Q2		
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act		
For further information or any enquires relating to this paper please contact:	Integrated Governance Team medwayft.integratedgovernance@nhs.net		
Reports require an assurance rating to guide the discussion:	No Assurance		There are significant gaps in assurance or actions
	Partial Assurance		There are gaps in assurance
	Assurance	✓	Assurance minor improvements needed.
	Significant Assurance		There are no gaps in assurance
	Not Applicable		No assurance required.

Board Assurance Framework Summary Report – Q2

Claire Cowell

Integrated Governance Practitioner

Executive Summary

The Board Assurance Framework (BAF) consists of **20** strategic risks aligned to each of the Trust's True North Domains. These BAF risks are broken down as follows:

- Patients: There are 5 risks with scores ranging between 8 and 12
- Quality: There is 1 risk with a score of 20
- People: There are 3 risks with scores ranging between 6 and 12
- Systems & Partnerships: There are 5 risks with scores ranging between 6 and 16
- Sustainability: There are 6 risks with scores ranging between 8 and 25

There have been 3 strategic risk scores reduced in Q2

- Patient 1c
- System and Partnership 4a and 4b

6 strategic risk scores have seen an increase in Q2

- Patient 1a, 1d and 1e
- Systems & Partnerships 4d
- Sustainability 5a and 5b

This summary report is accompanied by the full BAF report.

Executive Summary Continued

A total number of 11 strategic risks have had no movement for at least 6 months, including:

- Patient 1b
- Quality 2a
- People 3a, 3b and 3c
- System & Partnership 4c and 4e
- Sustainability 5c, 5d, 5e and 5g

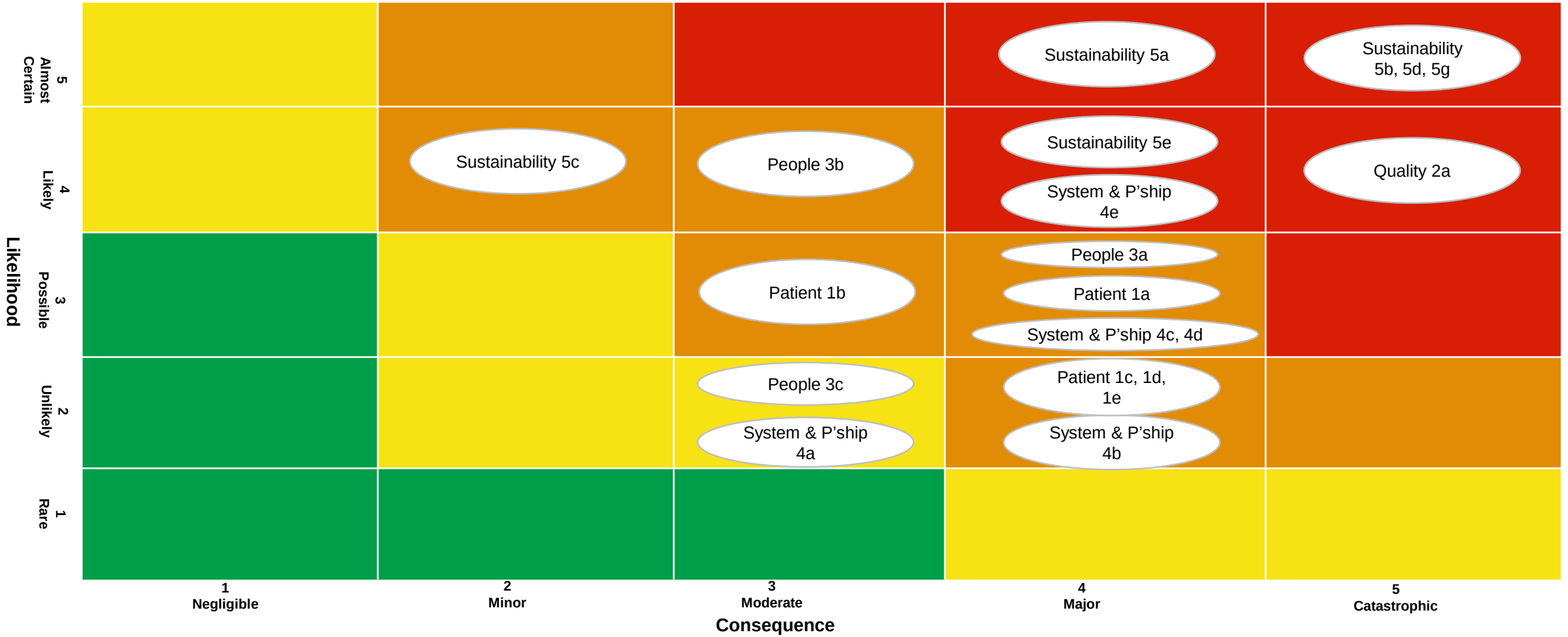
Slides 6 to 16 provide an overview of strategic risks with no movement in the last 6 months.

The following BAF risks are rated 15 and above:

- Quality 2a - Lack of timely escalation and treatment of deteriorating patients
- System & Partnership 4e - There is a risk of financial impact if we are unable to increase flow and close escalation areas
- Sustainability 5a - The cost of our escalation capacity raises a risk against our current overspend *(if the Length of Stay efficiency cannot mitigate this there will be a financial impact)*
- Sustainability 5b – Not delivering the Efficiencies Programme will impact Trust overspend and increase cost pressures Trust wide
- Sustainability 5d - Mitigating against medical staffing (agency/locum/additional sessions) is a risk to overspend
- Sustainability 5e - Financial governance to be strengthened
- Sustainability 5g - Delivery of the control total and FRP

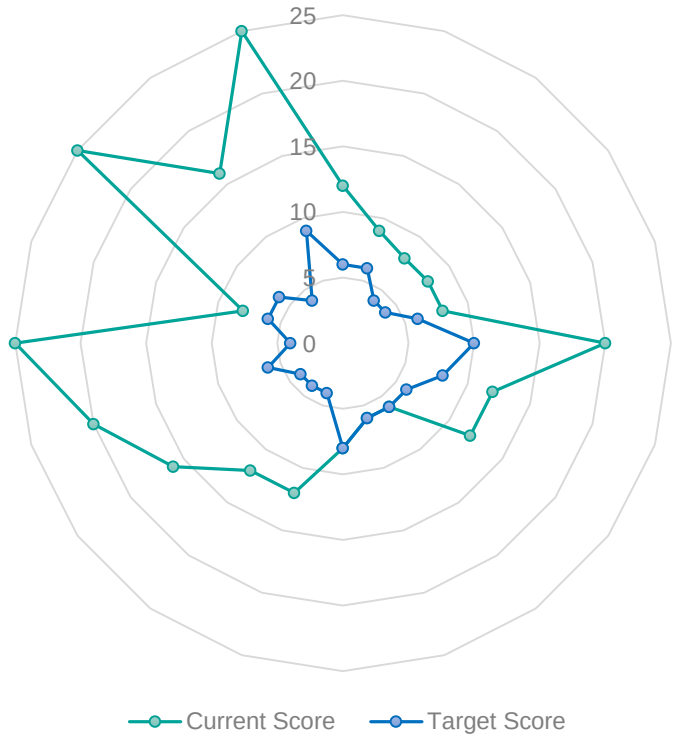
BAF; Heat Map

The heat map details the risk score of each BAF risk

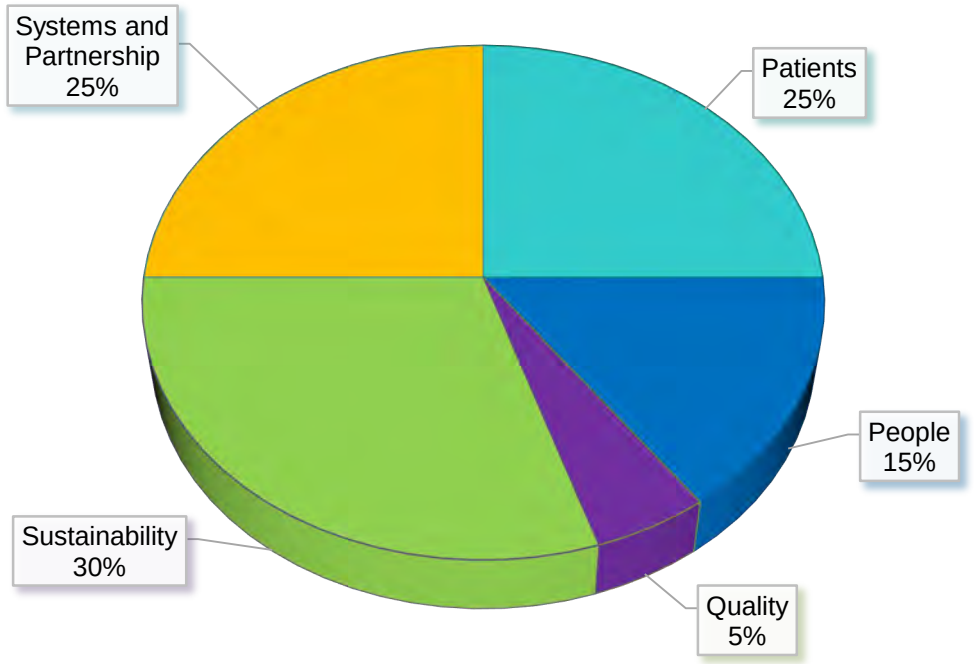


Risk Movement

Risks Current vs. Target Score



RISKS BY TRUE NORTH DOMAIN



Patients

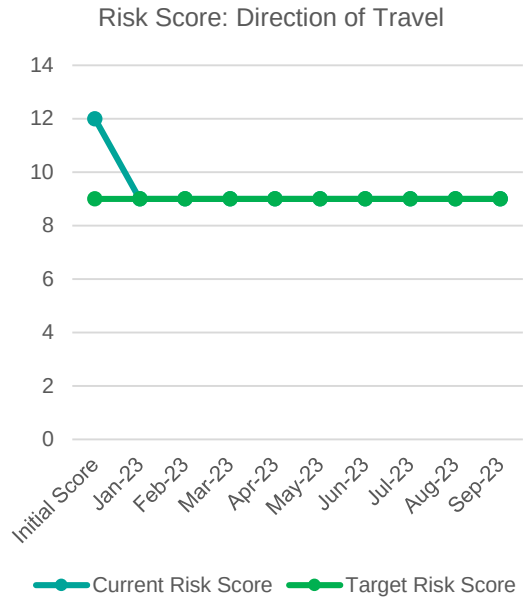
Ambition: Providing outstanding, compassionate care for our patients and their families, every time

Patient FIRST

NHS Medway NHS Foundation Trust

Executive Owner: Chief Nursing Officer | Operational Owner: Associate Director of Patient Experience

Risk ID: Patient 1b	Principle Risk Name and Description: Potential lack of patient feedback standardisation approach could result in development of multiple approach to feedback questions and data collection which could lead to data variation which cannot be used for benchmarking across the Trust								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** Indicator:	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	4	3	12	Inpatients FFT Response Rate	45%	31.9%	31.6%	28.2%	30.6%
Current Risk Score:	3	3	9	Emergency Care FFT Response Rate	45%	7.0%	8.0%	5.9%	7.0%
Target Risk Score:	3	3	9	Outpatient Care FFT Response Rate	45%	8.9%	8.4%	8.5%	8.6%
Assurnce Strength	High			Maternity Care FFT Response Rate	45%	17.2%	31.9%	32.0%	27.0%
Adequacy of Controls:	Adequate			Total FFT Response Rate	45%	11.6%	11.9%	10.9%	11.5%



Key Messages

All surveys have been reviewed and updated. This action is complete and awaiting approval with Execs. **Once complete to consider this risk for closure.**

Issues, Concerns, Gaps

Mitigating actions to address gaps complete.

Actions & Improvements

Full review of all FFT surveys has taken place and cross reference the relevance against all clinical areas.

Quality

Ambition: Excellent outcomes, ensuring no patient comes to harm and no patient dies who should not have

Executive Owner: Chief Medical Officer | Operational Owner: Deputy Chief Medical Officer

Risk ID: Quality 2a	Principle Risk Name and Description: Lack of timely escalation and treatment of deteriorating patients								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** Indicator:	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	5	5	25	Avoidable 2222 Calls - Total	0	4	4	3	4
Current Risk Score:	4	5	20	Avoidable 2222 Calls - Cardiac Arrest	12	2	0	1	1
Target Risk Score:	2	5	10	Avoidable 2222 Calls - Peri-Arrest	35	2	4	2	3
Assurnce Strength	Low								
Adequacy of Controls:	Inadequate								

Key Messages

- Targets set are for financial year 2023/24.
- Target for Peri-Arrest calls is based on 30% reduction on 2022/23 total.

Issues, Concerns, Gaps

- Three mitigating actions are overdue their due date:
    1. Improve monitoring, recognising and acting on patient observations.
    2. Culture improvement.
    3. Re-write of TEP form.

Actions & Improvements

1. Mitigate delays in review and treatment post referral – action complete, high NEWS score is visible to ART.
2. Improve ALS /BLS Training Compliance - progress made but still work to do – action complete.

People

Ambition: To be the employer of choice and have the most highly engaged staff in the NHS

Patient FIRST

NHS Medway NHS Foundation Trust

Executive Owner: Chief People Officer | Operational Owner: Deputy Chief People Officer

Risk ID: People 3a	Principle Risk Name and Description: There is a risk that the Trust may be unable to staff clinical and corporate areas sufficiently to function								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** **Indicator:**	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	4	4	16	Vacancy Rate	9.0%	5.5%	4.8%	4.2%	4.8%
Current Risk Score:	3	4	12	Sickness Absence Rate	4.0%	4.2%	4.6%	4.9%	4.6%
Target Risk Score:	2	4	8	Substantive Workforce	85.0%	91.8%	90.5%	88.1%	90.1%
Assurnce Strength	Medium								
Adequacy of Controls:	Partial								

Key Messages

- Two mitigating actions are overdue their due date:
  1. Introduction of culture and transformation climate survey for areas with Patient First rollout.
  2. Recruitment and Retention for difficult to recruit and retain roles: New approach to be explored with the system and new policy written.

Issues, Concerns, Gaps

- Safe staffing levels for the periods of industrial action.
- Improve our end to end recruitment and on boarding process.
- Improve our understanding of the reasons why staff leave clinical areas difficult to recruit to.

Actions & Improvements

1. Multi - disciplinary preparation for industrial action, open and transparent communications with staff and trade unions.
2. A3 on the recruitment and on boarding process.
3. New Intention to Resign process will include Stay Conversations and new approach to Exit interviews

People

Ambition: To be the employer of choice and have the most highly engaged staff in the NHS

Executive Owner: Chief People Officer | Operational Owner: Deputy Chief People Officer

Risk ID: People 3b	Principle Risk Name and Description: Should there be a deterioration of staff engagement with the Trust due to lack of confidence, this may lead to worsening morale and subsequent increase in turnover								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** Indicator:	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	4	3	12	Staff Survey Engagement Score	6.93	6.63	6.63	6.63	6.63
Current Risk Score:	4	3	12	Appraisal Rate	90%	91.0%	91.7%	89.4%	90.7%
Target Risk Score:	2	3	6						
Assurnce Strength	Medium								
Adequacy of Controls:	Partial								

Key Messages

- Staff Survey Engagement Score – Target delivery by 2025
- Two mitigating actions are overdue their due date:
  1. Relaunch of Trust Values
  2. Delivery of Freedom to Speak up Strategy

Issues, Concerns, Gaps

- Currently we have no data which could be used to improve staff retention e.g. reasons behind our high turnover of staff in the first two years of employment.
- To understand the engagement of newly recruited employees to be able to address any factors which may affect their engagement levels and their retention in the first two years of their employment.

Actions & Improvements

1. Design and introduction of processes which will improve our understanding of reasons why staff leave their employment with us (stay conversations, exit interviews) – on track for end Oct.
2. ICB New Starter Survey has been implemented and first results need to be analysed – on track for end Nov.

People

Ambition: To be the employer of choice and have the most highly engaged staff in the NHS

Patient FIRST

NHS Medway NHS Foundation Trust

Executive Owner: Chief People Officer | Operational Owner: Deputy Chief People Officer

Risk ID: People 3c	Principle Risk Name and Description: Should the Trust lack the right skills and the right values, this may lead to poor performance, poor care, worsening morale and subsequent increase in turnover. IMPACT: This may lead to an impact on patient experience, quality, safety and risk the Trust's aim to be an employer of choice.								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** **Indicator:**	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	4	3	12	StatMan compliance	85.0%	87.4%	83.6%	84.8%	85.3%
Current Risk Score:	2	3	6	Appraisal rate	90.0%	91.0%	91.3%	89.4%	90.6%
Target Risk Score:	2	3	6	Vacancy rate	9.0%	5.8%	4.8%	4.2%	4.9%
Assurnce Strength	High			Substantive workforce	85.0%	91.8%	90.5%	88.1%	90.1%
Adequacy of Controls:	Adequate								

Key Messages

- Three mitigating actions are overdue their due date:
  1. Review of induction process and management essentials Delivery of Freedom to Speak up Strategy
  2. Ensure competency profiles are up to date and correctly mapped for all positions.
  3. Encourage improved attendance of staff in Stat Man training, implement policy and fines for DNAs.

Issues, Concerns, Gaps

- Evaluate quality of appraisals.
- Development of succession plans and links with the Trust Talent Management Strategy.

Actions & Improvements

1. Evaluation of the quality of appraisals – action on track for end Dec.
2. Delivery of Trust Talent Management Strategy – this will form part of the People Strategy.

Systems & Partnerships

Ambition: Delivering timely, appropriate access to acute care as part of a wider integrated care system

Medway NHS Foundation Trust

Executive Owner: Chief Operating Officer | Operational Owner: Divisional Director of Operations (Planned Care)

Risk ID: System & Partnership 4c	Principle Risk Name and Description: Risk around lack of operational performance for example not meeting constitutional measures (new quality indicators)								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** **Indicator:**	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	3	4	12	Average time in EC Dept (mins)	7	303.24	311.71	316.19	310.38
Current Risk Score:	3	4	12	Ambulance HO delays >60mins	0	1	2	3	2.00
Target Risk Score:	1	4	4	Patients in ED for 12hr +	0	344	387	572	434
Assurnce Strength	Medium			Pre-noon discharge	40%	17.2%	17.4%	17.0%	17.2%
Adequacy of Controls:	Inadequate			ED 4hr performance	95%	71.2%	73.6%	74.6%	73.1%

Key Messages

- The score reflects the challenge with our MFFD position and the estate/environment restrictions that impact on the ability to achieve escalation capacity. However these controls are strengthened by the current Flow and Discharge Programme under the Patient First Programme.

Issues, Concerns, Gaps

- Consider benefit realisation for the Acute Medical Model and unintended consequences standard work for Board Round processes.

Actions & Improvements

- Actions complete.

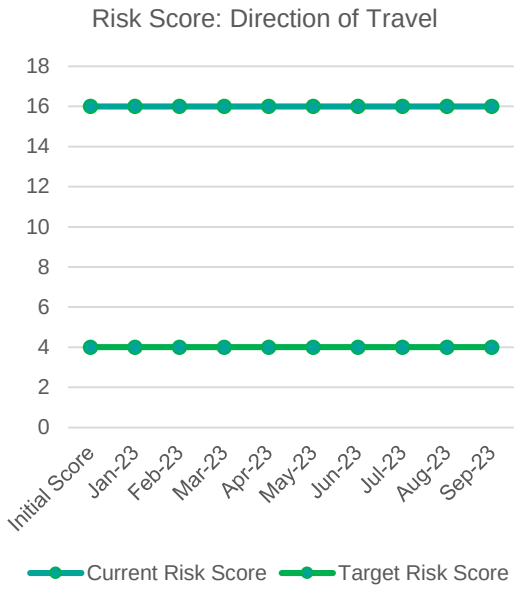
Systems & Partnerships

Ambition: Delivering timely, appropriate access to acute care as part of a wider integrated care system

Medway NHS Foundation Trust

Executive Owner: Chief Operating Officer | Operational Owner: Divisional Director of Operations (Planned Care)

Risk ID: System & Partnership 4e	Principle Risk Name and Description: There is a risk of financial impact if we are unable to increase flow and close escalation areas								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** Indicator:	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	4	4	16	Pre Noon Discharge - G&A Adult > 1 Day LoS	40%	17.2%	17.4%	17.1%	17.2%
Current Risk Score:	4	4	16	Avg. Length of Stay - G&A Adult > 1 Day LoS	7	10.8	10.9	12.6	11.4
Target Risk Score:	1	4	4	Bed Occupancy - G&A Adult > 1 Day LoS	92.0%	93.7%	92.4%	92.4%	92.8%
Assurnce Strength	Medium			NCTR at Midnight (count) - Month Average	80	54	63	72	63
Adequacy of Controls:	Inadequate			IP Discharges - - G&A Adult > 1 Day LoS (Including Transfer to ADL)		1854	1826	1823	1834



Key Messages

- The Trust is under increasing demand and is frequently operating in Opel 4 and Business Continuity our increase in patients without a criteria to reside (100 - 150) and the low discharge profile reduces flow and increases demand for bed capacity. The improvement activity taking place requires a cultural and transformational change as well as informed training to support best practice which will take some time to fully embed.

Issues, Concerns, Gaps

- An operational plan that supports the closure of escalations area's. Full collaboration with system partners in discharging patients that have no criteria to reside in an acute bed. Cultural change within clinical teams across the Trust. Training programme that emphasises golden standard discharge processes.
- Standardised LoS meetings with divisional care groups to challenge and escalate patients for MDT, Snr review.
- Review of discharge processes and pathways across the HaCP to reduce NCTR and NCTR LoS

Actions & Improvements

- Both Divisions providing senior oversight of BR's to support discharge planning against EDD.
- Each care group attends a LLoS meeting BiWeekly chaired by DoOF&I.
- HaCP discharge group reviewing pathways via an action plan following the Vital Hub audit.

Sustainability

Ambition: Living within our means providing high quality services through optimising the use of our resources

Executive Owner: Chief Financial Officer | Operational Owner: Financial Improvement Director

Risk ID: Sustainability 5c	Principle Risk Name and Description: Current spend on drugs Trust wide is a risk to reducing overspend due to overall overspend on drugs – there needs to be a focus on changes in prescribing habits								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** Indicator:	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	5	5	25	Drugs variance to budget in-month (£m)		- 0.4	- 0.4	- 0.1	1.2
Current Risk Score:	4	2	8	Forecast variance to budget (£m)		-	-	TBC	TBC
Target Risk Score:	3	2	6						
Assurnce Strength	Low								
Adequacy of Controls:	Partial								

Key Messages

- Elements of the cost overspend is offset by income for these products.
- Appointment to medicines optimisation pharmacist post to review medicines usage and expenditure data with care groups MDTs – post appointed to with a start date of 14 Oct.

Issues, Concerns, Gaps

- Dedicated oversight of medicines usage and expenditure through detailed and automated analysis of data, linking to activity.
- Monthly and quarterly medicines usage and expenditure reports required for care group oversight of medicines expenditure.
- Analysis of last year and this year's budget against expenditure to understand key drivers to overspend.

Actions & Improvements

1. BI to develop a bespoke medicines usage and expenditure reporting tools (e.g. highlight top medicines expenditure in budgets, top changes in drug lines etc.) – action overdue.
2. BI to create a monthly and quarterly standardised medicines usage and expenditure report for commentary by care groups – action overdue.

Sustainability

Ambition: Living within our means providing high quality services through optimising the use of our resources

Executive Owner: Chief Financial Officer | Operational Owner: Deputy Chief Financial Officer

Risk ID: Sustainability 5d	Principle Risk Name and Description: Mitigating against medical staffing (agency/locum/additional sessions) is a risk to overspend								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** Indicator:	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	5	5	25	Medical staff variance to budget in-month £m	-	- 2.0	- 2.7	- 1.4	9.3
Current Risk Score:	5	5	25	Forecast variance to budget £m	-	-	-	TBC	TBC
Target Risk Score:	3	2	6						
Assurnce Strength	Low								
Adequacy of Controls:	Inadequate								

Key Messages

- The YTD adverse variance to plan includes costs associated with the industrial action, vacancies, ED pressures, weekend anaesthetics cover and cover for ENT and HDU, together with rotational doctor/GIM costs.

Issues, Concerns, Gaps

- Job planning is current incomplete - work paused during August due to annual leave and is now subject to completion of demand and capacity modelling.
- Progression and implementation of medical efficiency cross-cutting scheme actions - additional support requested.

Actions & Improvements

- Recruitment plan development, particularly for hard to recruit to posts.
- Identify and procure an appropriate rostering platform to ensure all specialties have rostered medical staffing. Internal audit review of adequacy of rostering processes and controls.

Sustainability

Ambition: Living within our means providing high quality services through optimising the use of our resources

Executive Owner: Chief Financial Officer | Operational Owner: Deputy Chief Financial Officer

Risk ID: Sustainability 5e	Principle Risk Name and Description: Financial governance to be strengthened								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** Indicator:	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	4	4	16	Number of lapsed budget holder training (no.)	0	86	86	86	
Current Risk Score:	4	4	16	Number of lapsed budget holder training (%)	0%	45%	45%	45%	
Target Risk Score:	2	2	4						
Assurnce Strength	Low								
Adequacy of Controls:	Inadequate								

Key Messages

- The number of budget holders trained vs not trained will be kept under review to ensure staff have had appropriate training to meet their fiduciary duties. Communication will be released to emphasise the requirements and tools available.

Issues, Concerns, Gaps

- Review the scope and content of the financial training provided.
- Confirmation required for inclusion of budget holder training as part of statman.

Actions & Improvements

- Budget statement notifications have now been turned on for budget holders, including reference to upcoming dates for budget holder training.

Sustainability

Ambition: Living within our means providing high quality services through optimising the use of our resources

Executive Owner: Chief Financial Officer | Operational Owner: Deputy Chief Financial Officer

Risk ID: Sustainability 5g	Principle Risk Name and Description: Delivery of the control total and FRP								
Risk Rating & Analysis:	**Likelihood**	**Consequence**	**Risk Score**	**Relevant Key Performance Metrics (taken from the Patient First Dashboard)** Indicator:	**Tar**	**Jul-23**	**Aug-23**	**Sep-23**	**Average**
Initial Risk Score:	5	5	25	Variance to control total	-	- 2.4	- 3.9	- 3.7	- 12.5
Current Risk Score:	5	5	25						
Target Risk Score:	3	3	9						
Assurnce Strength	Low								
Adequacy of Controls:	Inadequate								

Key Messages

- The Trust reported a deficit for 2022/23 of £6m against an original operating plan (and Financial Recovery Plan year 1 position) of breakeven. The underlying position was a larger deficit given the support funding and non-recurrent mitigations deployed. The Trust reports an adverse position in month and YTD for 2023/24.

Issues, Concerns, Gaps

- Undertake further FRP reset work.
- Implementation of enhanced financial controls.

Actions & Improvements

- Clinical strategy and other strategic development opportunities will be a key element of the FRP refresh.

Meeting of the Trust Board
Wednesday, 13 September 2023

Title of Report	Quality Assurance Committee – Assurance Report 27 September 2023		**Agenda Item**	4.1a
Author	Emma Tench, Assistant Company Secretary			
Lead Executive Director	Evonne Hunt, Chief Nursing Officer Alison Davis, Chief Medical Officer			
Executive Summary	Assurance report to the Trust Board from the Quality Assurance Committee, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.			
Proposal and/or key recommendation:	N/A			
Purpose of the report (tick box to indicate)	**Assurance**	✓	Approval	
	Noting		Discussion	

(If appropriate) state reason for submission to Private section of Board:	Patient Confidentiality:	Staff Confidentiality:	Commercially Sensitive:	Exceptional Circumstances:
Committee/Group at which the paper has been submitted:	Minutes from the September 2023 Quality Assurance Committee to be approved at the Committee on 25 October 2023.			

Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability) ✓	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	**Priority 5: (Systems)** ✓
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe:	Effective:	Caring:	Responsive:	**Well-Led:** ✓
Identified Risks, issues and mitigations:	NIL				
Resource implications:	NIL				
Sustainability and /or Public and patient engagement considerations:	NIL				

Integrated Impact assessment:	Not applicable	
Legal and Regulatory implications:	NIL	
Appendices:	Key headlines and assurance level listed below.	
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act.	
For further information or any enquires relating to this paper please contact:	Evonne Hunt, Chief Nursing Officer: Evonne.hunt1@nhs.net Alison Davis, Chief Medical Officer: alison.davis20@nhs.net	
Reports require an assurance rating to guide the discussion:	No Assurance	There are significant gaps in assurance or actions
	Partial Assurance	There are gaps in assurance
	Assurance	Assurance with minor improvements needed.
	Significant Assurance	There are no gaps in assurance
	Not Applicable	No assurance required.

Key headlines	Assurance Level
1. Integrated Quality Performance Report (IQPR) The Committee **NOTED** the report, highlighting no movement with Mortality HSMR data as a concern, monthly updates will continue to come to the Committee.	
2. Assurance and Escalation Report from Quality and Patient Safety Sub-Committee (QPSSC) held 21 September 2023 The Committee were **ASSURED** by the report, the decision made and the actions taken.	
3. Sample Rejection Incidents Report The Committee were **ASSURED** by the report outlining reasons for the recent rise in sample rejections, which is a result of increased reporting and not increased incidents. The Committee was assured the team are on track to deliver.	
4. Mental Health Update Report The Committee **NOTED** the report, providing an update on Mental Health provision at the Trust and work taking place to improve services to patients with mental health issues.	
5. Safeguarding Performance The Committee **NOTED** the report, providing an update on July data safeguarding performance and the successful deliverables. An update on training numbers and DATIX is to come back to the committee.	

6. Patient Experience Update Report (incl. PALS, Complaints, MSA) The Committee were **ASSURED** by activity around friends and family feedback across the organisation, offering triangulation of themes and trends against Friends and Family Testing (FFT), complaints and Patient Advice and Liaison Service (PALs) contacts.	
7. Namaste International Conference The Committee **NOTED** the report, advising how the Trust has been invited to present at the international Namaste Care Conference, and an update on Namaste care at the Trust and the improvements it gives to all.	
8. Maternity 10 Safety Actions Update The Committee were **ASSURED** by the report, providing an update on the outcome of the Maternity Coroner Inquest Case MI-012561. The case will be monitored through the Quality Sub-Committees.	
9. Mortality and Morbidity and Learning from Death and Medical Examiners Activity Update Report The Committee **NOTED** the contents of the report, providing an update on mortality and morbidity, SHMI, HSMR, learning from deaths, structured judgment reviews, deep dives and medical examiner's office activity. The Committee discussed the mortality dashboard up to August 2023, as per the report.	
10. Clinical Effectiveness and Outcomes includes NICE Guidelines and Clinical Audit Programme Update. The Committee NOTED the report, providing an update on clinical effectiveness, NICE guidelines and national and local audits. The Committee noted the successful deliverables.	
11. CQC – Update on new regulatory approach The Committee NOTED the report, providing and update on the CQC new regulatory approach, including topic areas and quality statements under each key question. The statements describe what good care looks like and will link to the regulation.	
Actions and Escalation to Board • HSMR Data was identified as a risk. • 33% Safeguarding training compliance.	

Meeting of the Trust Board in Public
Wednesday, 08 November 2023

Title of Report	Quality Assurance Committee – Assurance Report 02 November 2023		**Agenda Item**	4.1b	
Author	Emma Tench, Assistant Company Secretary				
Lead Executive Director	Evonne Hunt, Chief Nursing Officer Alison Davis, Chief Medical Officer				
Executive Summary	Assurance report to the Trust Board from the Quality Assurance Committee, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.				
Proposal and/or key recommendation:	N/A				
Purpose of the report (tick box to indicate)	**Assurance**	✓	Approval		
	Noting		Discussion		
Committee/Group at which the paper has been submitted:	Minutes from the November 2023 Quality Assurance Committee to be approved at the Committee on 07 December 2023.				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability)	**Priority 2: (People) X**	**Priority 3: (Patients) X**	**Priority 4: (Quality) X**	Priority 5: (Systems)
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe: X	Effective:	**Caring: X**	Responsive:	**Well-Led: X**
Identified Risks, issues and mitigations:	NIL				
Resource implications:	NIL				
Sustainability and /or Public and patient engagement considerations:	NIL				
Integrated Impact assessment:	Not applicable				
Legal and Regulatory implications:	NIL				
Appendices:	Key headlines and assurance level listed below.				
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act.				

For further information or any enquires relating to this paper please contact:	Evonne Hunt, Chief Nursing Officer: Evonne.hunt1@nhs.net Alison Davis, Chief Medical Officer: alison.davis20@nhs.net

Key headlines	**Assurance Level**
1. Integrated Quality Performance Report (IQPR) The Committee **NOTED** the report.	
2. Assurance and Escalation Report from Quality and Patient Safety Sub-Committee (QPSSC) held 19 October 2023 The Committee were **ASSURED** by the report, the decision made and the actions taken.	
3. Quality and Patient Safety Quarter 2 Report The Committee **APPROVED** the report.	
4. Trust Strategic Safeguarding Annual Report 01 April 2022 to 31 March 2023 The Committee **NOTED** the report.	
5. Patient Safety Incident Response Plan (PSRIP) The Committee **APPROVED** the report,	
6. Perinatal Quality Surveillance Report The Committee were **APPROVED** the report.	
7. Maternity 10 Safety Actions Update (inc. CNST) The Committee **APPROVED** the report	
8. Maternity Self-Assessment Surveillance Report The Committee were **APPROVED** the report	
9. Research and Innovation Annual Report The Committee **NOTED** the contents of the report	
10. Draft Quality Strategy The Committee **NOTED** the contents of the report, as per previous months QAC review	
Actions and Escalation to Board • Quality Strategy expected to be presented at Trust Board in January 2023. • Falls and Pressure Ulcers • Safeguarding Training compliance • Safeguarding Annual Report discussed in full. • Research and Innovation Annual Report discussed in full to be presented at Trust Board in January 2023.	

Meeting of the Trust Board
Wednesday, 08 November 2023

Title of Report	Emergency, Preparedness, Resilience and Response (EPRR) Annual Assurance Report 2023	**Agenda Item**	4.2
Author	Brian Williams, Head of Emergency Preparedness, Resilience and Response		
Lead Executive Director	Nick Sinclair, Chief Operating Officer		
Executive Summary	This report provides the Trust Board with an update of progress of the EPRR work plan 2022-23 and an overview and understanding of Trust compliance with the 2023 NHS EPRR Core Standards assurance. Last year MFT submitted their EPRR assurance achieving 'partial compliance' in the following standards in; Establishment of EPRR portfolio, staff training portfolios, lack of BCP management structure and governance and audit. The trust also were 'non complaint' within our CBRN training and assurance. This resulting in a "Partial Compliant" assurance in line with the NHSE Framework, unfortunately, we were also the only Trust in Kent and Medway to be given an area of 'non-compliance'. To give some background, in April 2023 the Trust had 36% of staff training within the CBRN standards, by the end of October we surpass the 80% mark. Our Business continuity position was also a key area of concern with only 6 in date BCP in April, we are now sitting above 50% with a trajectory to be 75% by the end of the calendar year. I am pleased to advise that we have recently submitted our EPRR assurance & having self-assessed against the framework and achieved **"Full Compliance"** across all areas of the given framework. This will be the first year in quite some time that the Trust have submitted a fully complaint assurance, which is a really positive reflection on the Trust.		
Proposal and/or key recommendation:	The Board is asked to note and APPROVE this Annual EPRR Assurance Report 2023		

Purpose of the report (tick box to indicate)	Assurance		**Approval**	**X**
	Noting		Discussion	

Committee/Group at which the paper has been submitted:	Senior Operations Meeting Executive Team Meeting				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability)	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	**Priority 5: (Systems)** ✓
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe: ✓	**Effective:** ✓	Caring:	**Responsive:** ✓	Well-Led:

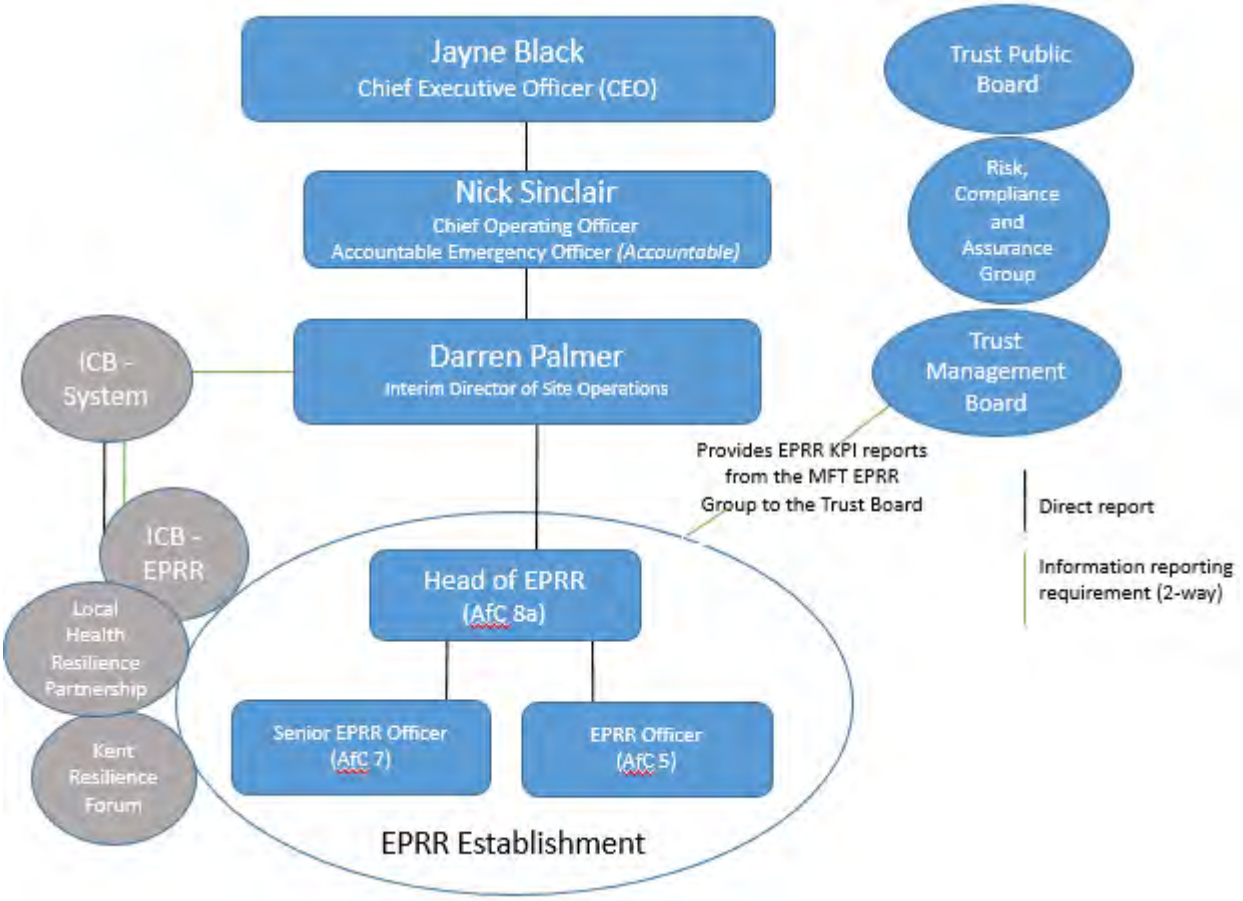
Identified Risks, issues and mitigations:	N/A		
Resource implications:	N/A		
Sustainability and /or Public and patient engagement considerations:	N/A		
Integrated Impact assessment:	Not applicable		
Legal and Regulatory implications:	2023 NHS EPRR Core Standards assurance.		
Appendices:	N/A		
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act		
For further information or any enquires relating to this paper please contact:	Brian Williams brian.williams4@nhs.net		
Reports require an assurance rating to guide the discussion:			
	No Assurance		There are significant gaps in assurance or actions
	Partial Assurance		There are gaps in assurance
	Assurance		Assurance minor improvements needed.
	Significant Assurance		There are no gaps in assurance
	Not Applicable	✓	No assurance required.

1.0 Trust EPRR Governance and Accountability

1.1 The current Trust EPRR establishment and accountability is represented below:

1.2 The department were at full establishment in June 2023. Since then 1 staff member has commenced Maternity leave with a 12 month contracted replacement who joined the team in August. The current Head of EPRR is seconded to GM of ED & Acute Medicine whilst the band 7 is seconded to the Head of EPRR role leaving the establishment at 2 currently until February/March 2024.

1.3 The previous governance for EPRR in the Trust was reconfigured and reflects in new reporting structures. There is a Trust 'EPRR group', chaired by the delegated AEO for the Trust and is established to assist the Trust Board in fulfilling organisational responsibilities in relation to the Civil Contingencies Act 2004. The Group has reviewed Terms of Reference, in keeping with the new reporting structures, membership and responsibility for maintenance and oversight of: all Trust EPRR plans, EPRR Risk register, EPRR Training and Exercising programme, Incident records management and retention and all lessons identified from debriefing post-exercises and incidents. The Group reports to the Risk, Compliance and Assurance Group.



2.0 NHS EPRR Core Standards – Annual Assurance process

2.1 The ability of the Trust to remain resilient and responsive to emergencies and incidents which disrupt day to day operations, over a sustained period, is due to our collective commitment to Emergency Preparedness, Resilience and Response (EPRR).

2.2 NHS England is responsible for gaining assurance that the NHS is prepared to respond to incidents and emergencies, while maintaining the ability to remain resilient and continue to deliver critical services. This is achieved through the EPRR annual assurance process with providers submitting a self-assessed view of compliance against a set of 73 Core standards: NHS England » Emergency preparedness, resilience and response: core standards

2.3 There are 63 NHS EPRR core standards for Acute Trusts to comply with, spanning 10 domains:

1. Governance
2. Duty to risk assess
3. Duty to maintain plans
4. Command and control
5. Training and exercising
6. Response
7. Warning and informing
8. Co-operation
9. Business continuity
10. Chemical Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT).

2.4 The 2023 assurance process requires Medway NHS Foundation Trust to comply with **63** of these Core standards and in addition, **10** standards relating to planning and response arrangements for 'EPRR Training' as part of a regional 'deep dive'. The complete Assurance assessment report, improvements

plan and all sufficient evidence to **substantiate** this compliance, signed by the Trust AEO, is due by **29 August 2023.**

2.5 The overall EPRR assurance rating is based on the percentage of core standards the organisation assesses itself as being compliant with, from being non-Compliant through to Fully Compliant:

Overall EPRR assurance rating	Criteria
Fully	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

100%	99-89%	88-77%	76% or less
Number of fully compliant core standards to achieve the percentage			
64	63-57	56-49	48

2.6 The organisation's EPRR self-assessment rating and all supporting evidence is shared with the Kent and Medway ICB and LHRP no later than **29 August 2023**. This should consist of the following, signed off by the Trust accountable emergency officer (AEO):

- Self-assessment against individual core standards relevant to its organisation type
- Action plans to ensure full compliance with all core standards
- Overall assurance rating.

2.7 The Kent and Medway ICB then review the evidence supplied, agree the rating and submit this to the NHS Regional head of EPRR. NHS England Regional heads of EPRR then submit the assurance ratings for each of their organisations and a description of their regional process to Stephen Groves, Director of Emergency Preparedness, Resilience and Response (NHS England) before 29th November 2023.

2.8 Where an organisation considers itself less than fully compliant, ICBs are expected to investigate further, and support the development of any corrective actions by way of peer reviews, on site investigation visits.

3.0 Trust EPRR Core Standards Position and improvements plan 2022

3.1 An action plan was agreed by the Trust Board in October, following the 2022 EPRR Core Standards Assurance self-assessment, which required improvements to obtain 'Full Compliance' for 2023. Progress with these improvements are detailed below. All actions are complete.

Ref 5) This is fully compliant with both these EPRR posts now fully recruited and inducted into the EPRR establishment. We have recently appointed a Band 5 for maternity cover.

Ref 24) The EPRR Training and Exercising Prospectus for 2023 is available. EPRR are working with Organisational Development to align training access and competencies to ESR for improving the uptake and reporting of staff completing EPRR training data. EPRR core training is now under Statutory & Mandatory.

Ref 46) The Trust Business Continuity plan review will be undertaken by a senior representation task and finish group convened by the EPRR team. This will prioritise and identify the Trust's essential services; all process, activities and interdependencies to plan solutions for and enable the continuity of

Essential services during a period of disruption - caused by the pre-defined risks within the NHS Business Continuity Framework.

Ref 47) The new Senior EPRR Officer has now completed the Business Continuity Institute Certification and is able to provide training and advice for all service leads reviewing their Business Continuity Plans. A Trust Business Continuity Network will be formed aligned to the Business Continuity Framework 2022 and Business Continuity Terms of Reference 2022 in the New Year.

Ref 51) The Recommendations directly related to Business Continuity arrangements, from the KPMG audit 2021, requiring EPRR action have been completed. The residual actions are now dependant on service lead staff to develop their Business Impact Analysis and/or review service level Business Continuity Plans – with support and advice from the EPRR team where needed.

Ref 58) The Trust is in a much improved position, with 54% of ED staff, 2 Site Team and several divisional staff now competent in CBRN response. The current EPRR training plan has a trajectory for the Trust to reach 84% CBRNe training compliance by October 2023. This was achieved by the Senior EPRR & EPRR officer being trained in delivery of this course and in collaboration with the ED Leadership team. This training was outsourced over to MTW colleagues trained to deliver this CBRN training, to an agreed Local Health Resilience Partnership standard until April. A number of further dates have been supplied to ED with each having a number of staff allocated to each in training.

4.0 Trust EPRR Core Standards Position Statement 2023

4.1 The areas of compliance are detailed below. Where a standard is partially or non-compliant, there is a requirement for an Action plan to accompany this for improving the Assurance outcome for 2023.

EPRR Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	11	0	0
Command and control	2	2	0	0
Training and exercising	4	4	0	0
Response	7	7	0	0
Warning and informing	4	4	0	0
Cooperation	4	4	0	0
Business Continuity	10	10	0	0
CBRN	12	12	0	0
Total	**62**	**62**	**0**	**0**

Deep Dive (all EPRR Training)	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
DD1. EPRR TNA				
DD2. Minimum Occupational Standards				
DD3. EPRR Staff Training				
DD4. Senior Leadership Training				
DD5. Access to training materials				
DD6. Training data				
DD7. Monitoring				
DD8. JESIP Doctrine				
DD9. Continuous Improvement Process				
DD10. Evaluation				
Total	**10**	**10**		

4.2 Based on our self-assessment MFT's overall EPRR Assurance for 2023 is **Fully Compliant.**

5.0 Summary of recent Incidents

5.1 The incidents below, required emergency responses to mitigate impacts to the safety and security of patients, staff and visitors in the Trust. Following each event, an Incident debrief in accordance with the NHS EPRR framework, was undertaken with staff involve, to identify lessons and improve response plans and processes for the 'next eventuality'.

5.2 The external incidents were monitored by the EPRR Lead for any impacts to the Trust, via links into the Kent Resilience Forum and Local Health Resilience Partnership colleagues and multi-agency meeting groups.

5.3 Internal incidents

Severe Weather – Commencing 4/12/22
Pre Amber alert – National Platelet Shortage – 14/12/22 > 29/12/22
Critical Incident – 22/12/2022
Industrial action Junior Doctors – various dates
Industrial Action Consultants – various dates
A structured response to the incident with some praise from the ICB around reporting and appropriate escalation.
Foul Water release Wards:

- 09/03/23
- 21/03/23
- 23/03/23
- 27/03/23

5.4 External Incidents - with potential impacts to the Trust

Small boat refugee incident – Channel – 14/12/2022
East Kent Water loss incident 19/12/2022 > 23/12/2022
Oxygen Cylinder Shortage, National – 30/12/2022 > 11/01/2022

6.0 Summary of 2022 EPRR Training, Exercising and meetings

6.1 Attendance to EPRR Training is currently managed by the EPRR lead by advertising training to appropriate staff, delivering the training and then recording on a central EPRR Training Register, linked to an EPRR Training needs analysis for Trust Staff. This has not historically linked to ESR for automation of compliance uptake and recording but this will be progressed as part of the 2023 EPRR work plan. The Trust is following all appropriate training schedules. For more detail please contact the report author.

7.0 Lessons Identified – Quality Improvements

Each complex Incident and/or Exercise that occurs in the Trust, requires a debrief with the staff involved, to ensure that lessons are identified and translated into recommended actions informing quality improvements to plans, processes, access to resources and identify training requirements. A tangible example of this would be the establishment of a Trust-wide Incident Response WhatsApp group following the foul water leaks incidents, which has improved the timely escalation and alerting and coordinated response to incidents on site.
This year, the following debrief reports have been developed and submitted to Trust Management Board, before being presented to the Risk Compliance and Assurance Group.

Foul water leaks incidents
Exercise Bazelgette – Theatres Evacuation
Communications exercise May 2023

Other debrief reports have been developed following smaller scale incidents/exercises. The lessons and recommendations from all, are translated to the MFT Lessons Identified action log, overseen by the MFT EPRR Group.

Meeting of the Trust Board
Wednesday, 08 November 2023

Title of Report	**Medical Education Report**	**Agenda Item**	4.3
Author	Janette Cansick, Director of Medical Education Ashike Choudhury, Deputy Director of Medical Education Carol Atkins, Head of Medical Education Services June Mossop-Toms, Medical Education Manager		
Lead Executive Director	Alison Davis, Chief Medical Officer		
Executive Summary	To inform/advise the Board of: 1. Introduction and the structure of Medical Education 2. Changes in Trainee Establishment including National Workforce Expansion and Redistribution Programmes 3. Finance and Education Centre upgrade 4. Impact of Industrial Action on Postgraduate Doctors in Training 5. Update on Quality Visit action plans 6. General Medical Council (GMC) 2023 survey 7. Simulation Report 8. Undergraduate Report 9. Library Report The Trust has one Director of Medical Education supported by one Deputy Director of Medical Education, Head of Medical Education Services and Medical Education Manager to oversee medical training, with educational leads within different training programmes and specialties to oversee localised delivery. The DME is accountable to the Trust Chief Medical Officer and NHSE Workforce Training and Education (WTE) Directorate Kent Surrey Sussex (KSS) Postgraduate Dean. Medical Education is responsible for: Postgraduate medical training (for doctors in training posts) and some support for SAS doctors; Undergraduate training (from two medical schools – Kings College Hospital (GKT) and Kent and Medway Medical School (KMMS); Simulation training; Knowledge and Library services; Physician Associate students; Pharmacy training. Our current priorities are: a. Driving quality improvement programmes in Medicine and Surgery, in response to KSS Quality and GMC survey results. b. Establishing improved provision for International Medical Graduates, both trainees and Locally Employed Doctors. c. Expanding number of KMMS students on site – providing education and training as well as ensuring accommodation. d. Ongoing planning and working with Services to accommodate additional trainees (which will improve patient care) through expansion and redistribution of trainee posts nationally, e. Strengthening the role of educators across the Trust through Community of Medway Medical Educators and enhanced provision of training opportunities and educational CPD workshops. f. Education Fellow programme.		

<table>
<tr><td></td><td colspan="5">g. Focusing on provision of multi-professional learning opportunities, through simulation, clinical librarians and Faculty of Education collaborative working.
h. Completing Phase 4 of the Education Centre refurbishment to ensure excellence in educational facilities.</td></tr>
<tr><td>Proposal and/or key recommendation:</td><td colspan="5">The Board is requested to:
1) Receive an update on the current NHSE KSS Quality Visits and GMC Survey responses
2) Receive an update on current and possible future expansion of postgraduate doctors in training (trainee) establishment
3) Receive an update on expanding KMMS student numbers, along with ongoing GKT students.
4) Be aware of the risks and mitigations identified within Medical Education:
a. Service financial pressures leading to difficulty in incorporating additional training posts.
b. Accommodation requirements for additional medical students
c. Education and training quality concerns across Medicine, Surgery and General Paediatrics
d. Increased training lead and administration support requirements for support of Locally Employed Doctors.</td></tr>
<tr><td rowspan="2">Purpose of the report (tick box to indicate)</td><td>Assurance</td><td></td><td>Approval</td><td></td></tr>
<tr><td>Noting</td><td>x</td><td>Discussion</td><td></td></tr>
<tr><td>Committee/Group at which the paper has been submitted:</td><td colspan="5">People Committee</td></tr>
<tr><td rowspan="2">Patient First Domain/True North priorities (tick box to indicate):</td><td colspan="5">Tick the priorities the report aims to support:</td></tr>
<tr><td>Priority 1: (Sustainability)</td><td>Priority 2: (People)
✓</td><td>Priority 3: (Patients)
✓</td><td>Priority 4: (Quality)
✓</td><td>Priority 5: (Systems)</td></tr>
<tr><td rowspan="2">Relevant CQC Domain:</td><td colspan="5">Tick CQC domain the report aims to support:</td></tr>
<tr><td>Safe:
✓</td><td>Effective:
✓</td><td>Caring:
✓</td><td>Responsive:
✓</td><td>Well-Led:
✓</td></tr>
<tr><td>Identified Risks, issues and mitigations:</td><td colspan="5">Be aware of the risks and mitigations identified within Medical Education:
1) Education and training quality concerns across Medicine, Surgery and General Paediatrics. Non improvement of GMC domains may lead to withdrawal of training posts. Reduction in IMT expansion in medicine.
2) Accommodation requirements for additional medical students
3) Service financial pressures leading to difficulty in incorporating additional training posts.
4) Increased training lead and administration support requirements for support of Locally Employed Doctors.</td></tr>
<tr><td>Resource implications:</td><td colspan="5">New NHSE KSS contracts with enhanced oversight of our budgets from them</td></tr>
</table>

Sustainability and /or Public and patient engagement considerations:	Not applicable		
Integrated Impact assessment:	Not applicable		
Legal and Regulatory implications:	NHS England Kent, Surrey and Sussex, Education Contract		
Appendices:	None		
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act		
For further information please contact:	Janette Cansick – janette.cansick@nhs.net Carol Atkins – catkins@nhs.net		
Reports require an assurance rating to guide the discussion:			
	No Assurance		There are significant gaps in assurance or actions
	Partial Assurance		There are gaps in assurance
	Assurance		Assurance minor improvements needed.
	Significant Assurance		There are no gaps in assurance
	Not Applicable	✓	No assurance required.

1. Introduction and Structure of Medical Education at MFT

NHS England has now incorporated Health Education England as the Workforce Training and Education (WTE) Directorate. MFT, as a Local Education Provider (LEP), sits under the Kent Surrey Sussex (KSS) area. MFT is contracted through the NHSE Education Contract and allocated budget to fund specific education and training and to meet strategic education and training objectives. A broad range of education and training services are commissioned with the expectation of provision of high quality learning and training environments that support the learning and development of Learners undertaking education/training within the Trust. MFT is expected to support national workforce priorities and those identified locally through KSS Deanery, and to make investment plans and decisions based on long-term workforce planning.

MFT has a duty to demonstrate that the quality of the education and training that we provide in the clinical environment is maintained and continuously enhanced so that Training posts and Practice Placement programmes are effective and responsive to needs of the learners, patients, service users and carers, employers, commissioners and professional/regulatory bodies. The expected outcome of quality placements and training is excellent patient care provided by competent and capable staff. The Trust has an Executive Education Lead (EEL) at Board level (Chief Medical Officer) who will form the main point of contact for the organisation with KSS on all matters involving workforce or education contained within the Education Contract.

The Director of Medical Education (DME) is responsible for managing the KSS Contract on behalf of their LEP, within the national guidelines set out by the GMC and the medical Royal Colleges, and the regional systems. KSS expects the quality of training to be maintained and improved in terms of: administrative support for PGME; clinical medical education; programmed activities and local course delivery; provision of library services and resources supporting IT access; provision of

simulation facilities; and faculty development.

Technology-enhanced learning has been embraced, facilitating ongoing hybrid approach to teaching and meetings; induction has predominantly been brought back face to face. There have been ongoing developments of the Education Centre, now in Phase 4, with consequent updated facilities, both estate and technology.

Workforce (see Figure 1 & 2)

- DME dually accountable in the Trust to Miss Alison Davis, Chief Medical Officer (CMO), and at NHSE WTE KSS to Prof.Jo Szram, Postgraduate Dean. Dr Janette Cansick, DME meets with the CMO fortnightly 1:1 and weekly at the CMO Operational Meeting.
- Deputy DME Dr Ashike Choudhury
- Head of Medical Education Services (Carol Atkins) is responsible to the DME. She is supported by an operational Medical Education Manager (MEM, June Mossop-Toms) and administration team (including the Undergraduate & Simulation team).
- Local Faculty Group (LFG) leads (College Tutors) in all clinical areas, Foundation Training Programme Director (FTPD), Director of Undergraduate Medical Education (DUME) and specialist leads (e.g. Simulation, Careers, SAS tutors), who report into the DME.
- There are currently about 160 Educational Supervisors registered as GMC trainers
- In addition the quality of Pharmacy education and training is overseen by the DME.
- The Library & Knowledge Services reports to the DME & Head of Medical Education Services.

Educational Quality Governance

How the quality of medical education and training is monitored is crucial. In particular, providing clear mechanisms for and enabling trainees and students to voice any concern is vital, in order to have a continuous improvement methodology.

- Voice of Postgraduate Doctors in Training
    - Trainee in Action groups in key areas of need (medicine, surgery, pharmacy)
    - Representatives at Specialty Local Faculty Groups (LFGs) and Local Academic Board (LAB)
    - Meetings with DME and CMO
    - Junior Doctors' forum (contract issues) – led by Guardian of Safe Working (GSW)

- Local Faculty Groups (LFG, chaired by College Tutors) meet three times a year

- Local Academic Board (LAB) meets three times a year
    - reports from all areas of medical education, with joint learning
    - Simulation, Pharmacy and Library reports
    - All LFG leads summarise improvements and any concerns arising
    - Trainee Representatives provide feedback, including patient safety concerns
    - GMC survey results and KSS Quality visits are discussed.
    - All quality metrics are discussed.

Figure 1: Structure of Senior Medical Education with links and reporting lines

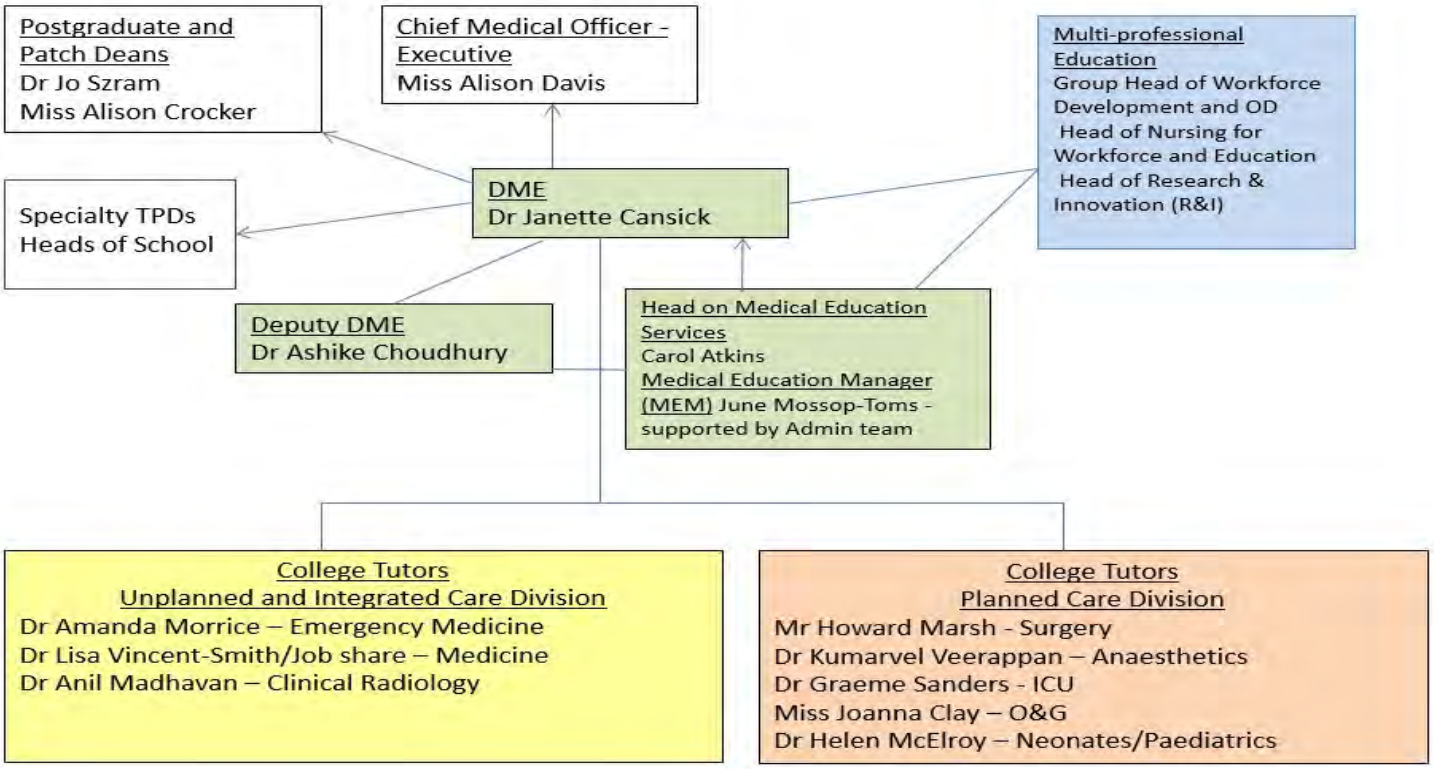
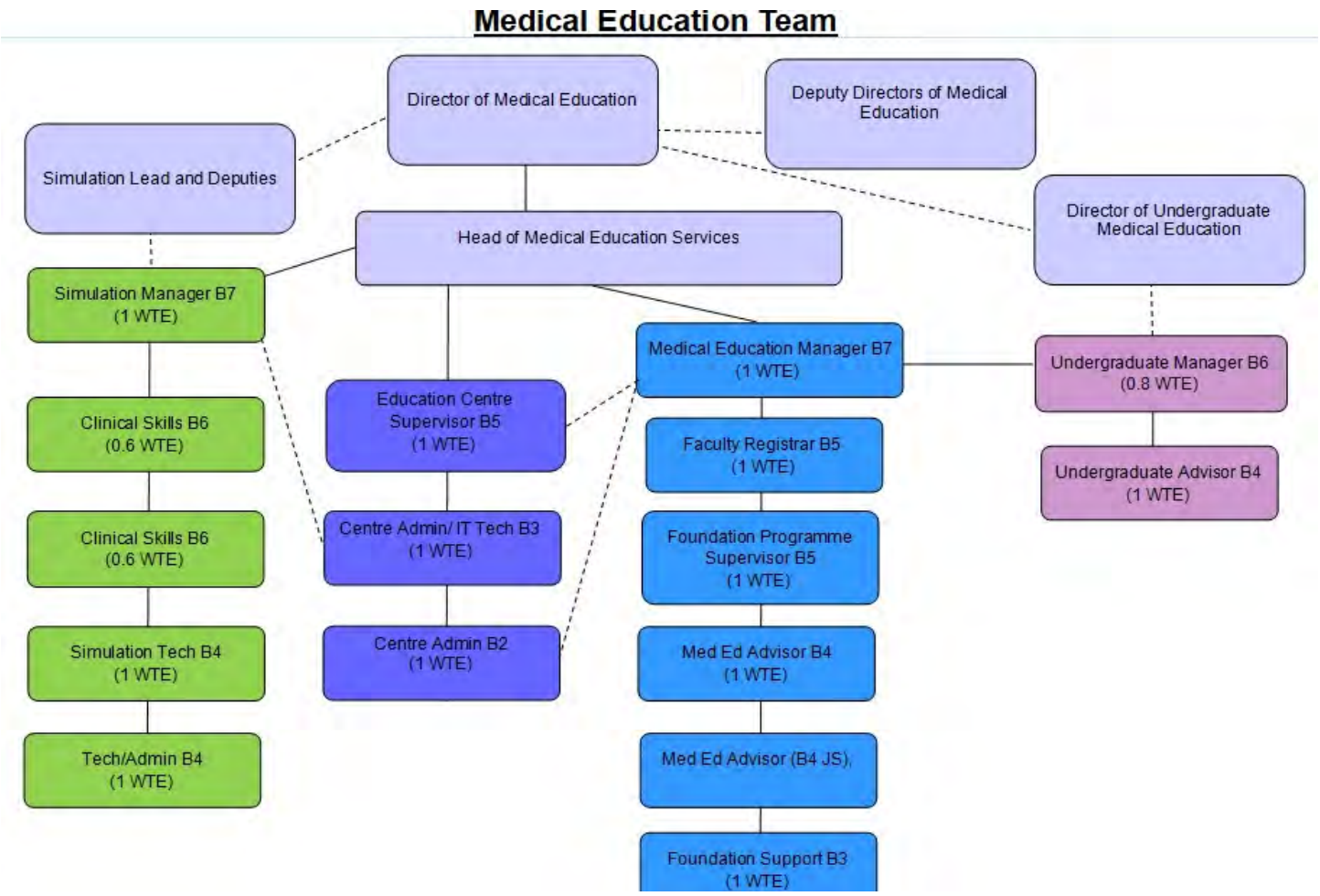


Figure 2: Structure of Operations Medical Education with links and reporting lines



2. Update on Trainee Establishment

1. Chief Registrar in Medicine
   There has been a Chief Registrar in post October 2022 to 2023; Dr Panday has extended for six months with additional senior Medical Education Fellow duties. This post is critical in linking quality improvements such as Hospital at Night, deteriorating patient pathway with reduction of arrest calls, implementation of block rota in Medicine. Dr Panday has supported collaborative working across Education and Services, supporting significant improvements for trainee experience.

2. National Workforce and Redistribution and Expansion Programmes
   This ongoing work has led to an expansion in Foundation Year 1 posts (now 56), and Foundation Year 2 posts (now 55), which has mitigated against some reduction in GP training posts due to reduction in length of GP training from 3 years to 2 years with increase in community training posts.

In 2023/4 we have received the following expansion in higher posts:

- T&O = ST3 x 1
- Anaesthetics/ICU = ST4 x 1
- ENT = ST3 x 1
- ED = ST4 x 2
- Paediatrics = ST6 x 1
- Obs & Gynae = ST3 x 1
- Haematology = ST4 x 1

In 2024/5 we are working towards an increase in the following areas:

- Urology = ST3 x 1
- Medicine (IMT level) = IMT1 x 4
- Paediatrics = ST1, 2, 4 x total 3
- Respiratory = ST4 x 1
- Endo & Diabetes = ST4 x 1
- Anaesthetics = ST4 x 1

The allocation of four IMT posts is very welcome and reflective of the improvements in quality of medical training provision now provided in Medicine, a credit to colleagues supervising these trainees both clinically and educationally. We anticipate a further increase in IMT posts in the following years.

3. Finance

Medical Education in MFT oversees the funding and quality for the training programmes and posts in a wide variety of specialties in the Trust and community. The DME carries direct responsibility for the financial management of the tariffs which cover funding for all direct costs involved in delivering medical education and training by the Trust. There is increasing oversight of expenditure by KSS, in particular for Undergraduate spend. There have been some changes in some allocations to Trust, for example additional monies allocated for provision of IMG tutor (now appointed) and an increase in Foundation monies to support increased TPD and administrative time.

Education Centre Upgrade and Refurbishment

The final phase (Phase 4) of the Education Centre works is in progress. The Trust Board has been supportive of the refurbishments, supported by Medical Education monies and capital allocation, for the benefit of all Trust staff. Going forward this will enable us to accommodate the education and training for increased numbers of postgraduate doctors in training as well as medical students through KMMS. It will also support any future University status application.

4. Impact of Industrial Action

Industrial Action, both for ‘junior doctors’ and consultants, is beginning to cause concern as to the impact on education and training. In particular for Foundation doctors who have a maximum number of days out of training with potential concern on training progression if it is exceeded. For other trainees, progression of training is based on demonstration of competencies; it is imperative that focus is kept on enabling each trainee to fulfil their training requirements. This is even more acutely felt for trainees in craft specialties (all surgical specialties, gynaecology, anaesthetics, cardiology and gastroenterology), where there may be an impact on provision of training lists. We have invested, through Covid recovery funds (similar concerns in Covid), in immersive simulation and expansion of laparoscopic simulation equipment; this will help in mitigation of risk.

5. Quality Visits

Pofessor Jo Szram, Postgraduate Dean for KSS, visited the Trust in January 2023 and this will be an annual visit. This gave an opportunity for the CEO, CMO and DME to meet with her to discuss the priorities of Education and Training in the Trust. We have had no Postgraduate focus quality visits this year. The Quality Action Plan is ongoing, but there is only one remaining action relating to the original concerns across Medicine. This relates to the introduction of a block rota across Medicine from August 2023; we are currently collating feedback from trainees on their experiences of this.

There was also an informal visit from KMMS to review how the newly allocated year 3 students had been integrated into their placements. The feedback was very positive.

6. GMC National Trainee Survey (NTS) 2023

National picture

The National Trainee Survey concentrates on the following areas:

- learning environment and culture
- educational governance and leadership
- supporting learners
- supporting educators
- developing and implementing curricula and assessments.

Nationally the response rate from trainees was 73%, down on 2022 (76%). The survey results show that, thanks to the hard work and dedication of trainers, trainees and education organisations, the quality of training across the UK remains high. 86% of trainees were positive about their clinical supervision, and 83% said the quality of their experience in their post was good or very good.

However, the findings also lay bare the challenges ahead. Two thirds (66%) of trainees and over half (52%) of trainers are at high or moderate risk of burnout, the highest level since the GMC introduced the questions from the Copenhagen inventory in 2018. Around one out of three trainees (37%) and trainers (32%) told us that their work frustrates them to a high or very high degree. Clearly, there is an urgent need to address the extreme pressures the health system is facing. *National training survey 2023 Results*

Results for Medway
We are pleased to see excellent results in Obstetrics and Gynaecology, with Clinical Supervision out of hours (*96.88% up by 6% on 2022*), Reporting Systems (*86.67%*), Supportive Environment (*82.50%*) & Educational Governance (*81.25%*). The Department was also 'Highly Commended' for Training in Gynaecology by the Royal College of Obstetrics and Gynaecology in 2023.

Additionally, improvements are in GP trainee feedback for Medicine, with green flags for access to study leave (*from 36.31% to 92.36%*). Clinical Radiology (*Reporting Systems & Study Leave*) and ACCS trainees in the trust have scored within the national average.

We received four Patient Safety concerns of which two are now closed and two have been transferred onto our Quality Action Plan for further follow ups. These are scrutinised by NHSE KSS Quality and regularly revisited by Senior Medical Education team. One of these relates to provision of Translation services in the Trust; the other to length of CEPOD lists, now finishing at midnight rather than 03:00am (except for life or limb threatening surgery)

A few red and pink flags remain across General Internal Medicine and Acute Medicine, however this is much improved from 2021/22, a reflection of the positive efforts across Education and Service in the Trust. All action plans are subject to scrutiny by County Dean on behalf of GMC/Dean KSS NHSE.

Disappointingly, there are a number of new red flags in Cardiology, Paediatrics and Surgery, in particular General Surgery (Foundation Training) & Urology. These include overall satisfaction, supportive environment and reporting systems.

Apart from Cardiology, concerns in these areas had already been raised by trainees over the last academic year, through formal and informal reporting systems. Hence there has been engagement in Surgery and Urology with trainers and trainees for several months to tackle issues including local induction, rota design, access to theatre opportunities and support out of hours. The Director of Medical Education, the Deputy DME and the recently appointed College Tutor for Surgery will be taking steps to work with the previously established Trainee in Action Group on an improvement cycle, which continues to be monitored through feedback mechanisms.

The Paediatrics Department has been offered further support by CMO office to look at some of the wider issues reported by trainees over the last year. The Cardiology Department have engaged in understanding this feedback and already significant improvements have been put in place.

Overall satisfaction of our trainees has decreased from 75.36 to 68.95, which places us last out of 11 acute Trusts in KSS. It is also concerning to see the numbers of red and pink against lack of green flags across the whole Trust. This ranking is also affected by how trainees have answered nationally and across KSS. The Senior Medical Education team attend regional meetings to learn and share good practice with other regional teams.

We have reported to NHSE KSS Quality our initial responses to the red flags and actions to address and improve these. These actions are being monitored and actioned further through our education governance process through specialty Local Faculty Groups (LFGs) and the Local Academic Board (LAB) which includes doctor in training representatives to give feedback on training experiences.

Medical Education is committed to the highest quality in Education Governance along with support and development of our trainers and trainees. The quality of the product at Medway is predominantly measured by Learner Satisfaction. The GMC National Trainee Survey is an example of this. It is influenced by staff morale, teamwork and feeling valued by trainers, departmental culture and non-medical colleagues of the departments. There are a number of Trust '*Patient First*' projects, particularly in the People work stream, whose visions are symbiotic with Medical Education's.

Two of the initiatives launched in 2023 were a redesigned Induction Process and a Community of Medway Medical Educators, both of which are intended to improve learner satisfaction, but also to improve demonstrable learning in the trainees and application of learning and training in the workplace with our patients. The development of Medical Education staff and resources including Simulation and expansion of education fellows will consolidate and improve the formal teaching programmes.

There are also important points to consider from the National report regarding wellbeing, discriminatory behaviours, leadership skills, rota design and the impact of the Pandemic.

7. Simulation Report (Dr Manisha Shah, Gemma Dockrell)

The Simulation department has continued to take initiative to improve patient safety, from induction of medical staff through to their placements on the ward.

Simway hospital was introduced for Foundation year 1 induction in August 2023. Using a multi-disciplinary team approach (consultants, registrars, nurses, pharmacists, ART nurse), skills teaching was provided as well as systems familiarization stations (introducing bleep system, prescribing, escalation policies, SBAR handover tool).

There has been further evolving of multidisciplinary simulation based education, for example: Foundation Simulation includes nursing staff; Specialist Simulation includes nursing, midwifery and allied health professionals; Undergraduate Transition to F1 simulated ward round includes nurse, physiotherapy and pharmacy students.

PROMPT has been further developed and will be held in-situ to meet the mandatory requirements, utilising a full MDT approach and reviewing system weaknesses.

Overall there has been an increase in mandatory simulation requirements across both undergraduate and postgraduate curricula. In particular, speciality simulation requirements are increasing. A comprehensive overview of this is currently being undertaken to plan the most efficient ways of providing for the sign off requirements of both skills and simulation, across the various specialties.

Use of the immersive simulation facilities has increased. There has been ongoing VR development and implementation with a current focus on medication errors. The VirtaMed Lapros and Arthros simulation trainer is available for all in speciality of general, gynae and orthopaedic surgery.

8. Undergraduate Medical Education (Dr Priya Krishnan)

In addition to our existing GKT (year 4 and 5) undergraduate medical students, we now receive students from KMMS. The Year 3 curriculum for KMMS has been successfully rolled out and Year 4 students have just started in Trust for the first time.

The incorporation of KMMS students, with curriculum implementation, has proven challenging at times, as it is new for both KMMS and the Trust; there has been a marked increase in need for administrative support due to the stringent requirements requested. The year 3 students have required more wellbeing support, this being their first clinical placement. Faculty has been increased for both educational and clinical supervision, as well as leads overseeing curriculum provision. Simulation requirements have also increased. Two of the medical education fellows support delivery of teaching, both in the Education Centre (including clinical skills) and at the bedside, with involvement of Foundation year 1 and 2 doctors.

The implementation of a new Student Common Room has been one of the highlights of the year as this has addressed the students' needs to have a communal space where they can relax/work in a group setting as this is not something that is feasible in their accommodation – it has been very well received. It also enables both GKT and KMMS students to share experiences.

Accommodation have refreshed the newly allocated flats for the students. The door access system has been replaced and the Estates Team have worked hard to implement pest control measures.

9. Knowledge and Library Services (Richard Pemberton)

The Knowledge and Library Service has developed in many ways over the last year, with significant improvements. They were nominated for a NIHR Clinical Research Network Support Award.

We have appointed two Clinical Librarians who have become embedded with clinical teams. The feedback from the clinical teams has been positive, acknowledging that they improve access to evidence and save clinical staff time. By providing this "gift of time" and improving access to the latest evidence for decision making the Knowledge and Library team are making a positive difference to patient care. The team has doubled the number of evidence searches undertaken. The success of the Clinical Librarian project has the potential to create more demand than capacity. This could lead to a need for further Clinical Librarians in the future

Supported by Estates and Facilities, the Knowledge and Library Service have created an improved learning and study environment for students, trainees and staff. This includes increased accessibility to library resources for example BMJ Best Practice has been embedded in the Electronic Patient Record system.

Additionally we have engaged with non-clinical teams to support best practice for example providing search services for Estates and a Knowledge Mobilisation toolkit for Human Resources.

The library resource budget has not increased in line with the increase in resource costs which will lead to a reduction in the available resources in the future.

Patient Story to Board

Lyn Gallimore

Nikki Lewis, Associate Director of Patient Experience

Hospital Admission

- Lyn was admitted to hospital following a left hip replacement in late August.
- From the moment of her arrival to being discharged, she could not fault anything from her initial operation, ward care and follow up care
- Initially she was informed that her operation would be scheduled in October 2023, however was delighted to be informed that her appointment would be in August 2023

Theatres and Recovery

- Her care could have not been any better in the anaesthetic and recovery room
- They made her feel relaxed pre surgery during the insertion of the epidural
- Post surgery she had some delays due to her low blood pressure, however she was kept well informed and provided food and drinks during her stay in recovery

Ward Care - Ocelot

- Lyn could not have wished for better care on the ward
- The nurses were very professional and kept her informed at every stage
- Care assistants were equally professional
- All staff paid good attention to infection prevention and control

Overall

Overall, the care that Lyn received was a relaxed and pleasant experience. However there were the following points to note for improvement

Item	Action	Owner	
Nurses and CSWs were noting patient observations on paper and transferring onto the computer	- All areas have a computer on wheels for staff to document observations straight onto the system - the ART team are leading on a project to promote the use of timely completion of observations. This is aligned to the avoidable 2222 breakthrough objective led by the CMO	CMO / DDoNs / HoNs	31/11/23 March 2024
Little interaction between groups of workers or acknowledgment on arrival	- Team work and attitude are being actioned within the fundamentals of care group and FFT driver huddles - Out of hours visibility from the senior matrons and nursing teams have been commenced in the last 6 weeks. - An A3 and action log will be presented to Patient Experience group	CNO / DIPC /DDoNs / HoNs / ADPE	31/10/23 30/11/23

Meeting of the Trust Board
Wednesday, 8 November 2023

Title of Report	People Committee – Assurance Report 28 September 2023		**Agenda Item**	6.1
Author	Dominika Kimber, Deputy Director of HR and Organisational Development Alana Marie Almond, Deputy Company Secretary			
Lead Executive Director	Leon Hinton, Chief People Officer			
Executive Summary	Assurance report to the Trust Board from the People Committee, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.			
Proposal and/or key recommendation:	N/A			
Purpose of the report (tick box to indicate)	**Assurance**	✓	Approval	
	Noting		Discussion	
Committee/Group at which the paper has been submitted:	Minutes from the September 2023 People Committee to be approved at the People Committee on 30 November 2023.			
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:			
	Priority 1: (Sustainability) ✓	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	**Priority 5: (Systems)** ✓
Relevant CQC Domain:	Tick CQC domain the report aims to support:			
	Safe:	Effective:	Caring:	Responsive:	**Well-Led:** ✓
Identified Risks, issues and mitigations:	NIL			
Resource implications:	NIL			
Sustainability and /or Public and patient engagement considerations:	NIL			
Integrated Impact assessment:	Not applicable			
Legal and Regulatory implications:	NIL			
Appendices:	Key headlines and assurance level listed below.			

Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act.	
For further information or any enquires relating to this paper please contact:	Leon Hinton, Chief People Officer: leon.hinton@nhs.net	
Reports require an assurance rating to guide the discussion:	No Assurance	There are significant gaps in assurance or actions
	Partial Assurance	There are gaps in assurance
	Assurance	Assurance with minor improvements needed.
	Significant Assurance	There are no gaps in assurance
	Not Applicable	No assurance required.

Key headlines	**Assurance Level**
1. Revised Terms of Reference The Committee **APPROVED** the term of reference subject to amendments and a post-meeting review from the Chief Nursing Officer.	
2. Integrated Quality Performance Report (IQPR) AND Board Assurance Framework (BAF) The Committee **NOTED** the reports. The Committee has requested an update on international nurses, pastoral care and turnover. Behavioural economics are to be considered when reviewing the fee for DNA in regard to StatMan Training.	
3. HR and OD Performance Group, People Strategy and Project Update The Committee was **PARTIALLY ASSURED** by the report, requesting more information regarding People Projects in future meetings.	
4. Industrial Action Update The Committee NOTED the report, providing a summary of the key action the Trust is taking in preparedness for possible industrial action, managed through EPRR.	
5. Safe Staffing Report The report was not submitted. The report is to be presented at an Extraordinary People Committee.	
6. Anti-Discrimination Statement The Committee **APPROVED** the statement and draft plan in principle, subject to amendments and post review/comment from the Chief Nursing Officer. To be presented to the Trust Board for ratification.	

7. WRES and WDES Action Plan The Committee **NOTED** the plans for the WRES and WDES action plan.	
8. Meeting Etiquette Policy The Committee **APPROVED** the policy subject to amendments and post meeting review/comment from the Chief Nursing Officer.	
9. Integrated Governance Policies The Committee **APPROVED** the following Policies: • Attendance Management • Disciplinary and SOP • Work Experience and SOP	
10. Health Care Worker Vaccination Campaign 2023/24 The Committee **NOTED** the report providing a high level plan for the healthcare worker covid and flu vaccination campaign for 2023/24, in line with the best practice management checklist for public assurance via Trust Boards.	
11. Harmonising of Bank Rates – Wellbeing of Staff The Committee **NOTED** the report which has previously been approved by the Executive Group, and discussed at Finance Planning and Performance Committee. The report provided design principles, recommendations and costings to increase all non-medical bank rates to match the next lowest paying acute Trust.	
Actions and Escalation to Board An Extraordinary meeting to be confirmed to discuss: • Bullying and Harassment • Safe Staffing [*Post meeting note: this meeting was not convened but the November 2023 has both items on the agenda to discuss at length.]*	

Meeting of the Trust Board
Wednesday, 8 November 2023

Title of Report	Finance Planning and Performance Committee – Assurance Report 28 September 2023		**Agenda Item**	7.1a
Author	Paul Kimber, Deputy Chief Financial Officer Alana Marie Almond, Deputy Company Secretary			
Lead Executive Director	Alan Davies, Chief Financial Officer			
Executive Summary	Assurance report to the Trust Board from the Finance, Planning and Performance Committee, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.			
Proposal and/or key recommendation:	N/A			
Purpose of the report (tick box to indicate)	**Assurance**	✓	Approval	
	Noting		Discussion	

Committee/Group at which the paper has been submitted:	Minutes from the Finance, Planning and Performance to be approved at the next Committee on 26 October 2023.				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability) ✓	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	**Priority 5: (Systems)** ✓
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe:	Effective:	Caring:	Responsive:	**Well-Led:** ✓
Identified Risks, issues and mitigations:	NIL				
Resource implications:	NIL				
Sustainability and /or Public and patient engagement considerations:	NIL				
Integrated Impact assessment:	Not applicable				
Legal and Regulatory implications:	The Trust has a statutory duty to achieve breakeven and meet the constitutional performance standards				

Appendices:	Key headlines and assurance level listed below.	
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act.	
For further information or any enquires relating to this paper please contact:	Paul Kimber, Deputy Chief Financial Officer paul.kimber1@nhs.net	
Reports require an assurance rating to guide the discussion:	No Assurance	There are significant gaps in assurance or actions
	Partial Assurance	There are gaps in assurance
	Assurance	Assurance with minor improvements needed.
	Significant Assurance	There are no gaps in assurance
	Not Applicable	No assurance required.

Key headlines	**Assurance Level**
1. Terms of Reference (ToR) The Committee **APPROVED** the revised ToR subject to minor amendments.	
2. Board Assurance Framework (BAF) The Committee **NOTED** the BAF, and **APPROVED** the escalation to Board, with regards to: Risk 5b – rating 20 to 25 reflecting passage of time, data cleanse of the tracker and scrutiny of the schemes identified at this time. Partial assurance given.	
3. Corporate Finance Risk Register. The Committee **NOTED** the update, highlighting the current position and next steps to move the Trust into a more effective state of risk management.	
4. Operational Performance Report M5 – including the Integrated Quality Performance Report The Committee **NOTED** the report highlighting key performance metrics of emergency demand, patient flow, and referral to treatment (RTT), cancer and diagnostic performance.	
5. Endoscopy Update The Committee **NOTED** the contents of the report. Highlighting the capacity shortfall business case, delayed until December 2025, and the interim solution. The report is to return to FPPC in November 2023 for decisions on route to take.	
6. Finance Report M5	

The Committee **NOTED** the report for M5, reporting a £18m deficit year to date. A monthly deficit target for the Trust is £1m per month for the remainder of the year. Currently ESRF income is being reported on plan with a £1.3m risk of repayment if activity targets are not met, this has been reduced by £0.7m since Month 4 and includes the 2% adjustment for April activity targets affected by medical industrial action. Efficiencies to date total £4.2m this being £3.2m adverse to plan. No assurance given.	
7. Efficiencies Programme Report The Committee **NOTED** report providing an update on progress with the Trust's planning process for 2023/24 and the current position against the efficiencies programme. The non-recurrent figures are to be added into the chart. The income piece must be added to the efficiencies report and tracked. No assurance given.	
8. Financial Recovery Plan The Committee were **NOTED** the Strategic Initiative A3 Recovery Plan, the Strategic Interventions and the Implementation of Enhanced Financial Controls	
9. Business Planning Update The Committee **NOTED** the contents of the report highlighting the Trust's process, progress and current position against requirements for 2024/25, highlighting the timetable of internal submissions.	
10. Business Case for Theatre Robot The Committee did **NOT APPROVE** the submitted business case, requesting accurate figures, preferred supplier, tender process, benefits, revenue and impact analysis**.** This will be presented at the next meeting in October 2023.	
Actions and Escalation to Board • Risk 5b 'Delivery of the efficiency programme' to be escalated. Risk rating 20 to 25 reflecting the passage of time and delivering the full £27m.	

Meeting of the Trust Board in Public
Wednesday, 8 November 2023

Title of Report	Finance Planning and Performance Committee – Assurance Report 26 October 2023			**Agenda Item**	7.1b
Author	Alana Marie Almond, Deputy Company Secretary				
Lead Executive Director	Alan Davies, Chief Financial Officer				
Executive Summary	Assurance report to the Trust Board from the Finance, Planning and Performance Committee, ensuring all nominated authorities have been reviewed and approved. The report includes key headlines from the Committee.				
Proposal and/or key recommendation:	N/A				
Purpose of the report (tick box to indicate)	**Assurance**	✓	Approval		
	Noting		Discussion		
Committee/Group at which the paper has been submitted:	Minutes from the October 2023 Finance, Planning and Performance to be approved at the next Committee on 30 November 2023				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability) ✓	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	**Priority 5: (Systems)** ✓
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe:	Effective:	Caring:	Responsive:	**Well-Led:** ✓
Identified Risks, issues and mitigations:	NIL				
Resource implications:	NIL				
Sustainability and /or Public and patient engagement considerations:	NIL				
Integrated Impact assessment:	Not applicable				
Legal and Regulatory implications:	The Trust has a statutory duty to achieve breakeven and meet the constitutional performance standards				
Appendices:	Key headlines and assurance level listed below.				
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act.				

For further information or any enquires relating to this paper please contact:	Paul Kimber, Deputy Chief Financial Officer paul.kimber1@nhs.net

Key headlines	Assurance Level
1. Self-Effectiveness Assessment Survey The Committee **NOTED** the results of the survey. The Chair and CFO will review the findings of the survey.	
2. Board Assurance Framework (BAF) The Committee **NOTED** the BAF, including the increase in risk 5a from 12 to 20, following further information being made available about open and unbudgeted beds. The CNO and CMO are to be invited to the November FPPC to discuss medical and nursing staffing costs.	
3. Corporate Finance Risk Register. The Committee **NOTED** the update.	
4. Operational Performance Report M5 – including the Integrated Quality Performance Report The Committee **NOTED** the report highlighting ENT, Endoscopy and impact of industrial action remaining a focus. ED's positive improvement message, the Trusts improving national position, and the increase in 'no criteria to reside'. The benefits of Teletracking are to be discussed at the FPPC November.	
5. Finance Report M6 The Committee **NOTED** the report highlighting the £22.7m deficit YTD, the monthly deficit target of £1m for the rest of the year, the medical pay award cost of £2.3m YTD (cost pressure of £0.9m for the first half of the year). Reduction in bank costs. ESRF income on plan, with risk of £2.1m repayment. Efficiencies total £5.5m being £5.5m adverse to plan. Capital is underspent. Aged Debtor to be reviewed as stands at £8m.	
6. Financial Risks, Mitigations and Forecast The Committee **NOTED** report providing an update the forecast outturn position, estimated at £46.5m deficit, £31.3m adverse to plan.	
7. Efficiencies programme The Committee **NOTED** the report providing an update on the progress of the Efficiencies plan. Progress made against the £27m target, with £17m identified, phased and delivered. A further 58 schemes are being explored.	
8. Financial Recovery Plan Refresh The Committee **NOTED** the contents of the report highlighting the focus on a Financial Modelling Report, to be submitted to FPPC November.	

9. Business Case – Theatre Robot The Committee did **NOT RECOMMEND** approval of the business case, this was removed from the agenda as incomplete.	
10. Business Case – RSU and Ruby Ward and Cardiology Village ' Christina Rosetti' The Committee **APPROVED** the recommendation to progress the business cases to the Executive team for scrutiny for capital spend (not revenue).	
11. Medicines Efficiency Programme (Quarterly Report) The Committee **NOTED** the report highlighting an overview of medicine expenditure for Q2 2023/24.	
12. Point of Care Testing/ Rapid Respiratory Diagnostics (PID) The Committee **APPROVED** the report for the substantive establishment of a Rapid Testing Team, subject to discussions with the ICB to potentially fund until the end of the financial year.	
13. Stirling Park Lease (PID) The Committee recommend the Trust Board **APPROVE** the extension of the lease for Stirling Park Medical Records storage.	
14. Health Records Digitation (BC) The Committee **DID NOT APPROVE** the business case, requesting more work on the case to bring to the December FPPC.	
15. Digital Transcription (BC) The Committee **DID NOT APPROVE** the business case, requesting more work on the case to bring to the December FPPC.	
16. Faculty Frontier Flow The Committee **DID NOT RECOMMEND** the approval of the business case, this was removed from the agenda as was incomplete.	
Actions and Escalation to Board 1) Risk 5a grading on BAF increased to 25 2) Finance Report M6 – Add CDC slippage to Corporate Risk Register 3) Finance Report M6 – Add support required to fund the cash position to Corporate Risk Register.	

Meeting of the Board of Directors in Public
Wednesday, 08 November 2023

Title of Report	Finance Report – Month 6		**Agenda Item**	7.2
Author	Alan Davies, Chief Finance Officer Paul Kimber, Deputy Chief Finance Officer Matthew Chapman, Head of Financial Management Isla Fraser, Financial Controller			
Lead Executive Director	Alan Davies, Chief Finance Officer			
Executive Summary	1) The Trust reports a £22.7m deficit for month 6, this being £12.6m adverse to the plan. 2) The monthly deficit target for the Trust is £1m per month for the remainder of the year. 3) Efficiencies to date total £5.5m this being £5.5m adverse to plan.			
Proposal and/or key recommendation:	This report is provided for assurance			
Purpose of the report (tick box to indicate)	**Assurance**	✓	Approval	
	Noting	✓	Discussion	
Committee/Group at which the paper has been submitted:	Finance, Performance and Planning Committee			
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:			
	Priority 1: (Sustainability) ✓	Priority 2: (People)	Priority 3: (Patients)	Priority 4: (Quality)	Priority 5: (Systems)
Relevant CQC Domain:	Tick CQC domain the report aims to support:			
	Safe:	Effective:	Caring:	Responsive:	**Well-Led:** ✓
Identified Risks, issues and mitigations:	Non-delivery of the breakeven control total			
Resource implications:	N/A			
Sustainability and /or Public and patient engagement considerations:	N/A			

Integrated Impact assessment:	Not applicable	
Legal and Regulatory implications:	Achieving breakeven is a statutory duty	
Appendices:	N/A	
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act	
For further information or any enquires relating to this paper please contact:	Alan Davies – Chief Finance Officer alan.Davies13@nhs.net	
Reports require an assurance rating to guide the discussion:	No Assurance	There are significant gaps in assurance or actions
	Partial Assurance	There are gaps in assurance
	Assurance	Assurance with minor improvements needed.
	Significant Assurance	There are no gaps in assurance
	Not Applicable	No assurance required.

Finance report

For the period ending 30 September 2023

Contents

1. Executive summary

£'000	Budget	Actual	Var.	
Trust surplus/(deficit)				
In-month	(989)	(4,661)	(3,672)	The Trust is reporting a £4.6m deficit for September and £22.7m year to date (YTD); this position is £12.6m adverse to plan. The main deficit variance to budget is due to overspending on medical staff (£9.2m) and nursing staff (£3.5m) as well as the unfound efficiencies to date (£5.5m) of which £2.0m is contributing to the medical pay overspend; this is partially offset by the phasing of Central reserves into the position. Additional unbudgeted costs related to Medical staff industrial action (IA) total £2.0m to date. IA has also impacted adversely on services delivering ERF activity, as clinics have been cancelled or rearranged; activity plans have been reduced to account for this. There remains a risk of repayment of Elective Services Recovery Funding (ESRF) income for under delivery of activity plans (£2.1m YTD), although it should be noted that the impact of IA accounts for £2.4m in lost income (i.e. the elective plan would have been marginally exceeded but for the impact of IA. Discussions with Commissioners are on-going regarding how this risk will be managed. It is uncertain yet whether any further adjustment will be made to the ESRF target for the impact of IA, beyond the adjustment that has already been agreed for April. The in-month deficit run-rate has improved by £0.2m compared to Month 5. This is mainly due to temporary staffing spend decreasing by £1.0m from Month 5 and an additional Clinical Negligence Scheme for Trusts (CNST) maternity rebate of £0.5m, although these have been offset by the adverse impact of the medical pay award as funding is below the actual costs (£0.9m), and Public Dividend Capital (PDC) dividend being (£0.3m) higher due to a lower cash balance arising from the deficit position. The previous month's position included a non-recurrent benefit of £0.3m from a dilapidations reserve that was released. The efficiency programme continues to be prioritised as delivery of this is required to achieving the overall plan for the year.
Donated Asset Depreciation	22	26	4	
In-month total	**(967)**	**(4,635)**	**(3,668)**	
YTD total (adjusted)	**(10,053)**	**(22,681)**	**(12,628)**	
Efficiencies Programme				
In-month	3,014	1,260	(1,754)	The delivered efficiency programme totals £1.3m for September; this is £1.8m adverse to plan as some of the cross cutting schemes are not fully delivering including length of stay and outpatients efficiency, in addition to schemes not being identified as required to meet the stretch target. The total savings plan target for the year is £27m, this is a £14m original target which has been allocated to all divisions, with an additional £13m stretch target that is held centrally.
YTD	10,994	5,543	(5,451)	

£'000	Budget	Actual	Var.	
Cash				
Month end	28,417	14,018	(14,399)	Cash is £14.3m adverse to plan due to the unplanned in monthly deficits of £12.5m and £2.5m PDC capital expenditure being incurred in advance of cash drawn down. PDC for all signed MOUs will be drawn, although not all MOUs have been issued by NHSE to date. This will only improve the cash shortfall by £2.5m overall and is likely to be offset by a continuation of unplanned deficits. Should the shortfall between Income and Expenditure continue at the same rate in M7-M12 then the Trust cash balance is likely to reduce by March to approximately £1.5m, £28m less than planned. This could pose a significant risk to the Trust being able to settle creditors in Q4. It is recommended consideration be given to apply for revenue support loans for this period and beyond should this become necessary. Revenue support loans must be applied for quarterly in advance to NHSE and incur interest at a rate agreed at the time of approval. This will link in with the extent to which the Trust can mitigate the forecast I&E deficit, through implementation of enhanced financial controls, delivery of further efficiency savings and other actions/countermeasures to address the overspending on medical & nursing staff pay budgets (see separate report on forecast outturn).
Capital				
In-month	1,877	1,446	(431)	YTD underspend of £6.1m is due to delays in progress across the main major projects, and the feasibility of the Endoscopy Project. Slippage of £1,9m internally funded projects has been declared and verified, £1.6m from the internally funded part of the Endoscopy project which is no longer feasible in 2023/24, £0.2m MRI enabling works expected to complete at a lower than expected cost. This slippage has not yet been declared in external reporting as it is expected to be redistributed internally on high priority schemes. £1.3m of the slippage is available for re-prioritisation by The Trust Board, £0.6m is required to offset -£0.2m over commitment within the original plan, £0.1m has already been mitigated. -£0.2m prior year project leakage -£0.2m to offset current year project overspends. Risks; - £1.2m MOU for RPR PDC funding has not yet been issued by NHSE - £2.3m Endoscopy PDC cannot be drawn in 23/24 if the project is not going ahead. An agreement with NHSE will be required to defer funding until 24/25 or utilise for other purposes. As the slippage has not yet been declared to NHSE due to options around mobile units being considered, forecast is still currently to draw and spend the funding.
YTD	11,348	5,252	(6,096)	
Annual Forecast	28,359	28,359	0	
Of which				
System Capital	13,423	13,423	0	
Donations	86	86	0	
Capital	14,850	14,850	0	
PDC Capital				

2. Income and expenditure

£'000	In-month			Year-to-date		
	Plan	Actual	Var.	Plan	Actual	Var.
Clinical income	31,375	31,173	(202)	181,019	182,335	1,316
High cost drugs	2,030	2,166	136	12,181	13,064	884
Other income	2,367	3,013	645	14,204	16,552	2,348
Donated Asset Adjustment	-	-	-	-	41	41
Total income	**35,773**	**36,352**	**580**	**207,404**	**211,993**	**4,588**
Nursing	(9,726)	(10,086)	(360)	(55,815)	(59,335)	(3,520)
Medical	(8,808)	(10,055)	(1,247)	(41,286)	(50,479)	(9,194)
Other	(5,073)	(6,687)	(1,614)	(37,723)	(39,430)	(1,707)
Total pay	**(23,607)**	**(26,828)**	**(3,221)**	**(134,824)**	**(149,244)**	**(14,420)**
Clinical supplies	(4,090)	(4,592)	(501)	(24,677)	(27,591)	(2,914)
Drugs	(863)	(1,005)	(142)	(5,386)	(6,633)	(1,247)
High cost drugs	(2,041)	(2,165)	(123)	(12,248)	(13,063)	(815)
Other	(4,036)	(4,011)	26	(27,717)	(25,503)	2,214
Total non-pay	**(11,031)**	**(11,772)**	**(741)**	**(70,027)**	**(72,789)**	**(2,762)**
EBITDA	**1,134**	**(2,248)**	**(3,382)**	**2,553**	**(10,041)**	**(12,593)**
Depreciation	(1,508)	(1,508)	0	(9,047)	(9,048)	(0)
Donated asset adjustment	(22)	(26)	(4)	(133)	(46)	86
Net finance income/(cost)	96	102	6	575	814	239
PDC dividend	(689)	(981)	(292)	(4,134)	(4,426)	(292)
Gain/Loss on Disposal	-	-	-	-	19	19
Non-operating exp.	**(2,123)**	**(2,414)**	**(290)**	**(12,739)**	**(12,687)**	**52**
Reported surplus/(deficit)	**(989)**	**(4,661)**	**(3,672)**	**(10,186)**	**(22,727)**	**(12,541)**
Adj. to control total	**22**	**26**	**4**	**133**	**46**	**(86)**
Control total	**(967)**	**(4,635)**	**(3,668)**	**(10,053)**	**(22,681)**	**(12,628)**

1. The YTD clinical income reported position includes ERF funding, which is expected to be paid on a variable basis this year; it is reported to plan however the risk of repayment to commissioners if the ERF target is not met equates to c.£2.1m YTD and may increase if under-performance continues through the remaining months of the year. The associated cost to the independent sector and additional consultant sessions to deliver this activity is £2.9m YTD.
2. Delivery of ERF targets have been adversely impacted by the industrial action. National guidance has been issued confirming that Trust targets have been reduced by 2% to compensate for lost income due to the impact of cancelled operations and OP clinics during April. No further guidance has been issued to adjust for the later actions from June to September. Although it is expected that further adjustments will be made.
3. Other income YTD favourable variance includes recharges for drugs costs of £0.6m, as well as £1.8m medical education and £0.2m for virtual wards.
4. The medical pay award cost for 6 months is £2.3m for which the Trust received funding of £1.3m. This cost pressure has been offset in month by £0.9m reduction in bank staff spend and £0.1m additional sessions. The ICB has been notified of this.
5. Overall, the adverse pay position continues to be premium costs for temporary staff due to activity pressures, industrial action £2.0m, enhanced care and rota gaps from vacancies and staff absences.
6. Clinical Supplies includes theatres supplies, maintenance contracts, 2nd MRI scanner and activity pressures in UIC. To date, a benefit of £4.1m of the ERF reserves is offsetting some of the adverse variances from overspending and non-delivery of the efficiency targets.
7. The drugs adverse variance YTD includes £0.6m of costs being offset in the Other Income category. Other non-pay includes favourable variance from reserves held centrally.

3. Activity and Income

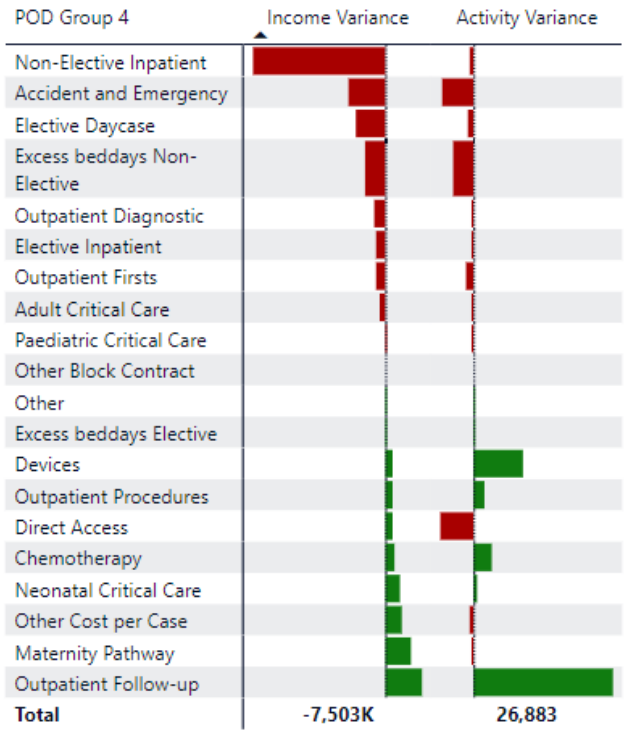
	Planned care			Unplanned & Integrated Care			Totals		
POD Group	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s	YTD Plan £'000s	YTD Actual £'000s	YTD Variance £'000s
Accident and Emergency	0	0	0	10,117	7,825	(2,292)	10,117	7,825	(2,292)
Adult Critical Care	5,283	4,892	(391)	0	54	54	5,283	4,945	(337)
Chemotherapy	657	1,262	604	14	31	17	671	1,293	622
Devices	172	193	21	1,330	1,769	439	1,502	1,962	460
Direct Access	316	367	50	5,749	6,217	468	6,065	6,584	519
Elective Daycase	9,829	7,901	(1,928)	3,449	3,503	54	13,278	11,404	(1,874)
Elective Inpatient	10,665	9,977	(689)	220	302	83	10,885	10,279	(606)
Excess beddays Elective	161	241	80	75	77	1	237	318	81
Excess beddays Non-Elective	1,141	1,502	361	2,833	1,259	(1,574)	3,974	2,761	(1,213)
High Cost Drugs	3,238	3,694	456	8,776	9,371	594	12,014	13,064	1,051
Maternity Pathway	3,690	5,354	1,664	0	0	0	3,690	5,354	1,664
Neonatal Critical Care	5,376	6,374	998	0	0	0	5,376	6,374	998
Non-Elective Inpatient	27,920	27,036	(884)	38,632	31,172	(7,460)	66,552	58,208	(8,344)
Other	139	195	56	80	76	(4)	218	270	52
Other Block Contract	887	887	0	875	875	0	1,762	1,762	0
Other Cost per Case	1,618	1,273	(346)	43	1,500	1,457	1,662	2,773	1,111
Outpatient Diagnostic	0	943	943	3,612	2,003	(1,609)	3,612	2,946	(667)
Outpatient Firsts	6,087	5,597	(490)	3,102	3,072	(30)	9,189	8,669	(520)
Outpatient Follow-up	2,670	4,077	1,408	3,233	4,220	986	5,903	8,297	2,394
Outpatient Procedures	4,002	4,362	360	340	457	117	4,342	4,819	477
Paediatric Critical Care	141	113	(28)	0	0	0	141	113	(28)
Total PbR Income	83,993	86,239	2,245	82,479	73,782	(8,697)	166,473	160,021	(6,452)
Block Adjustment K&M ICB							23,926	31,396	7,469
Block Adjustment SEL ICB							(181)	(189)	(8)
Block Adjustment Spec Comm							1,362	(611)	(1,973)
Block Adjustment NHSE Other							145	27	(117)
Block Adjustment LVA							(1,472)	(392)	1,080
Total Block Adjustments							**23,780**	**30,231**	**6,452**
Total Block Income							**190,252**	**190,252**	**(0)**

The table outlines the income performance for the Trust at Point of Delivery (POD) as at month 6. The adverse variance to plan before fixed block adjustments equates to £6.5m.

- The adverse variance in A&E is due to a drop in attendances reported YTD compared to the plan and the comparative period in the previous year. In addition, there has been a change in the coding case mix which has seen a sharp increase in the lowest tariff HRGs compared to the 22/23 average which coincides with the implementation of EPR in A&E. A full review with the service and BI has been undertaken to understand the cause of this change in activity and case mix and corrective action is being taken to address the change and ensure that activity and coding is recorded accurately going forward.
- Non-Elective is significantly behind plan YTD (£-8.4m), this is partially driven by lower volumes compared to plan, but is also due to case mix changes that has affected the HRG and therefore income that has been calculated. Further analysis will be undertaken to identify corrections that can be applied to increase income levels closer to plan in the remaining months.
- High Cost Drugs continues to over-perform (£1.1m YTD) which is mostly recoverable from NHSE as these costs are on a pass-through basis for Specialised Commissioning, this offsets over budgeted expenditure.
- Adverse variances in Elective Inpatient (£0.6m), Day Case (£1.9m) and Outpatient Firsts (£0.5m) is primarily driven by the impact of lost income due to the industrials action and is estimated to be £2.4m YTD. Further details are described below.
- Contracts with the ICB and NHSE are expected to be finalised and signed in the near future, this may result in adjustments to reported income where the Fixed and Variable values have changed since the plan was submitted; any adjustments will be applied retrospectively and incorporated into the Month 7 report.

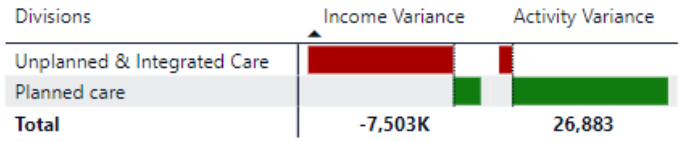
M6 Income and activity by POD (excl. HCD)

The underperformance in M6 for clinical income based on full application of the national payment system tariffs is £7.5m, excluding high cost drugs. This represents a deterioration from M5 of £3.6m mainly due to late coding of non-elective activity. The benefit from high cost drugs is £1.0m resulting in an overall under performance of £6.5m. The underperformance is mostly driven by low activity in admitted patient care and A&E; this is explained further below.



POD Group 4	Income Variance	Activity Variance
Non-Elective Inpatient		
Accident and Emergency		
Elective Daycase		
Excess beddays Non-Elective		
Outpatient Diagnostic		
Elective Inpatient		
Outpatient Firsts		
Adult Critical Care		
Paediatric Critical Care		
Other Block Contract		
Other		
Excess beddays Elective		
Devices		
Outpatient Procedures		
Direct Access		
Chemotherapy		
Neonatal Critical Care		
Other Cost per Case		
Maternity Pathway		
Outpatient Follow-up		
Total	**-7,503K**	**26,883**

POD Group 4	Income Plan	Income Actual	Income Variance	Activity Plan	Activity Actual	Activity Variance
Non-Elective Inpatient	£66,552K	£58,208K	-8,344K	28,283	27,629	-654
Accident and Emergency	£10,117K	£7,825K	-2,292K	52,362	46,027	-6,335
Elective Daycase	£13,278K	£11,404K	-1,874K	13,921	12,922	-999
Excess beddays Non-Elective	£3,974K	£2,761K	-1,213K	12,062	8,002	-4,060
Outpatient Diagnostic	£3,612K	£2,946K	-667K	29,744	29,579	-165
Elective Inpatient	£10,885K	£10,279K	-606K	2,732	2,510	-222
Outpatient Firsts	£9,189K	£8,669K	-520K	63,123	61,813	-1,310
Adult Critical Care	£5,283K	£4,945K	-337K	4,055	4,038	-17
Paediatric Critical Care	£141K	£113K	-28K	182	145	-37
Other Block Contract	£1,762K	£1,762K	0K	15,218	15,218	0
Other	£218K	£270K	52K	1,662	2,031	369
Excess beddays Elective	£237K	£318K	81K	646	934	288
Devices	£1,502K	£1,962K	460K	33,869	44,392	10,523
Outpatient Procedures	£4,342K	£4,819K	477K	20,747	23,156	2,409
Direct Access	£6,065K	£6,584K	519K	1,280,654	1,273,952	-6,701
Chemotherapy	£671K	£1,293K	622K	4,073	8,002	3,929
Neonatal Critical Care	£5,376K	£6,374K	998K	5,183	5,988	805
Other Cost per Case	£1,662K	£2,773K	1,111K	15,327	14,906	-421
Maternity Pathway	£3,690K	£5,354K	1,664K	5,023	4,776	-247
Outpatient Follow-up	£5,903K	£8,297K	2,394K	67,302	97,031	29,729
Total	**£154,459K**	**£146,956K**	**-7,503K**	**1,656,168**	**1,683,052**	**26,883**



Divisions	Income Variance	Activity Variance
Unplanned & Integrated Care		
Planned care		
Total	**-7,503K**	**26,883**

Divisions	Income Plan	Income Actual	Income Variance	Activity Plan	Activity Actual	Activity Variance
Unplanned & Integrated Care	£73,703K	£64,411K	-9,292K	1,490,049	1,487,532	-2,517
Planned care	£80,756K	£82,545K	1,789K	166,119	195,519	29,400
Total	**£154,459K**	**£146,956K**	**-7,503K**	**1,656,168**	**1,683,052**	**26,883**

M6 Income and activity by POD (excl. HCD)

- Non-elective underperformance is £8.3m YTD at M6 including excess bed days. The underperformance is driven by Geriatric medicine of £6.1m. This is due to the ambitious planned growth in non-elective activity of 28% compared to 2019/20 and 44% compared to 2022/23. Other under performances include Diabetic Medicine of £1.4m, Gastroenterology of £2.1m and Respiratory of £1.7m. These specialties are similarly driven by ambitious planned growth. General Medicine is showing an over performance of £6.7m and based on the Model Hospital work done by the Costing Team indicates this is mainly driven by patients with co-morbidity.
- Elective inpatients and day cases are £2.3m YTD below plan, driven by low activity/interventions compared to planning assumptions and industrial action. Work to deliver the ERF target via additional sessions and insourcing has commenced and Harvey ward and Theatre 5 opened in the last week of August; these are expected to have a positive impact on performance and achievement of ERF in the remaining months. The activity plan originally assumed that this would begin in April. The impact on income of the latest industrial action on elective inpatient and day cases is estimated to be £0.28m in September and £2.4m YTD.
- Outpatient income for first attendances is below plan by £0.5m, mainly driven by reduced activity in Paediatrics £141k and ENT of £191k, offset by Gastroenterology of £285k and Neurology £81k. The impact of the industrial action is estimated to be £33k in September and £389k YTD.
- ERF performance is below the revised target YTD at M6 by £2.1m due to activity being below the plan, this is a deterioration from Month 5 due in part to a change in the guidance which allocated the full 2% reduction (April strike impact target adjustment) to the target against April as per national guidance in Month 5 and has since been amended to be phased equally across all months and so the target has had to be corrected for the YTD plan. Under current ERF rules this is expected to be clawed back by commissioners, however discussions are on-going with Kent & Medway Integrated Care Board (ICB) to reinvest the underperformance due to the numerous strike actions YTD, continued pressures in emergency pathways and delayed discharges meaning that costs remain high despite the reduced productivity and activity reported. In light of these mitigations, the repayment of ERF to the ICB has not been reflected in the financial position at this stage. The following table shows the current performance of ERF of 94% against the ICB target of 110%. The line below the table shows the Trust's performance against the recorded activity in 19/20 and the performance was above 19/20 levels in May, June, July and August but below in April and September.

Month	April	May	June	July	Aug	Sept	Total
Day Cases	74%	88%	90%	89%	96%	80%	**86%**
Elective Inpatient	83%	94%	108%	96%	104%	87%	**95%**
OPFA	89%	94%	108%	106%	92%	94%	**97%**
OPPROC	117%	111%	112%	114%	115%	99%	**111%**
Total	**85%**	**94%**	**102%**	**98%**	**100%**	**87%**	**94%**

Performance % against 19/20	**90%**	**104%**	**110%**	**109%**	**114%**	**96%**	**104%**

- Outpatient income for follow up attendances is above plan by £2.4m YTD. This activity is paid as part of the fixed element and does not form part of ERF. Work is required to reduce this over-performance and implement the transformation programmes for Patient initiated Follow-Ups (PIFU), specialised advice and guidance and expansion of virtual appointments. Work is on-going to review the OP coding across all services in the Trust which may result in the re-classification of follow-ups to OP procedures and therefore allow the Trust to increase its variable income and improve ERF performance.

M6 Income and activity by POD (excl. HCD)

- Chemotherapy treatments are above the activity and financial plan of £0.6m at M6. The improvement is mainly attributed to improved utilisation through the addition of specialist chemo agency nursing to dispense treatments. The activity is paid on a cost and volume basis by NHSE as part of the variable element of the Aligned Payment and Incentive (“API”) contract.
- Direct access activity is above plan by £0.5m due to over performance in Cardio-Respiratory. Direct Access Radiology, which is part of the variable element of the contract and is below plan by £134k. It is expected that all non-ERF variable income will be fixed by the ICB and so it is anticipated that the current underperformance in Radiology may be mitigated.
- Neonatal cot days are above plan and resulting in a favourable income of £1.0m at M6 and 805 days above plan. 388 cot days of £0.6m are related to patients yet to be discharged at the end of September. The remaining favourable movement was mainly due to additional activity on patients exhibiting higher acuity.

4. Efficiency programme

Status £'000	Blue	Green	Amber	Red	Sub-total	Cross Cutting	Sub-total Identified	Over / (un-) identified	Plan Target	Cost reductions	Total Efficiencies
Planned care	88	1,274	0	0	1,363	3,656	5,019	(784)	5,803	276	5,295
UIC	0	35	0	0	35	4,330	4,365	(1,206)	5,571	2,052	6,417
E&F	251	673	0	0	925	0	925	(350)	1,275	0	925
Corporate	6	142	0	0	147	394	542	(809)	1,351	0	542
Central	0	555	0	0	555	3,000	3,555	3,555	0	0	3,555
Sub-total	**346**	**2,679**	**0**	**0**	**3,025**	**11,381**	**14,406**	**406**	**14,000**	**2,328**	**16,733**
Unidentified	0	0	0	0	0	0	0	(13,000)	13,000	0	0
Total	**346**	**2,679**	**0**	**0**	**3,025**	**11,381**	**14,406**	**(12,594)**	**27,000**	**2,328**	**16,733**
Month 5 position	*346*	*2,639*	*26*	*0*	*3,011*	*11,381*	*14,392*	*(12,608)*	*27,000*	*2,328*	*16,719*
Movement in-month	***0***	***40***	***(26)***	***0***	***14***	***0***	***14***	***14***	***0***	***0***	***14***

Cross cutting schemes BRAG status

Status £'000	Blue	Green	Amber	Red	Sub-total
Total	231	11,604	154	-	**11,990**

Summary £'000	In-month			Year-to-date			Outturn		
	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Forecast	Var.
Trust total	3,014	1,218	(1,796)	10,994	5,543	(5,451)	27,000	13,438	(13,562)

Process

1. Efficiency schemes are the responsibility of the budget holders.
2. The Improvement team supports the budget holders to deliver both quality and cost improvements.
3. The Project Management Office (PMO) oversees these programmes, supporting with PID writing/management and works to fill the programme.
4. The finance department counts the extent to which the financial improvements have been made.
5. The Chief Finance Officer monitors and works with budget-holders to achieve targets.

The delivered efficiency programme position for the year to date is £5.5m; this includes £4.4m from the cross cutting schemes, mainly for procurement £0.5m, clinical productivity in theatres £0.7m, patient flow length of stay reduction £0.5m, medical job planning £0.2m, interest received £0.2m, medicines management £0.4m, reduced staff sickness £0.2m and elective work efficiencies £1.5m. The total of "cash out" schemes are £14.3m, these are budgets being reduced to that value; this is consistent to previous month's value. There is a further £2.3m of run-rate improvements in the form of cost reductions or income generation.

The efficiency programme continues to be prioritised by the Executive Team along with support from the project management office (PMO). There are regular check & challenge meetings where all schemes are addressed or discussed in more detail with divisions, with specific feedback and actions requested as well as finalising of PIDs to be presented at the panel.

5. Balance sheet

Prior year end	£'000	Month end actual	Var on PY.
273,519	**Non-current assets**	**269,590**	**(3,929)**
6,375	Inventory	6,379	4
29,089	Trade and other receivables	24,470	(4,649)
34,742	Cash	14,018	(20,724)
70,206	**Current assets**	**44,867**	**(16,937)**
(953)	Borrowings	(517)	436
(50,284)	Trade and other payables	(41,449)	8,866
(1,320)	Other liabilities	(4,082)	(2,762)
(52,557)	**Current liabilities**	**(46,004)**	**6,584**
(1,952)	Borrowings	(1,845)	107
(1,031)	Other liabilities	(1,031)	0
(2,983)	**Non-current liabilities**	**(2,876)**	**107**
288,185	**Net assets employed**	**265,534**	**(22,649)**
475,198	Public dividend capital	475,274	76
(251,419)	Retained earnings	(274,146)	(22,727)
64,406	Revaluation reserve	64,406	0
288,185	**Total taxpayers' equity**	**265,534**	**(22,649)**

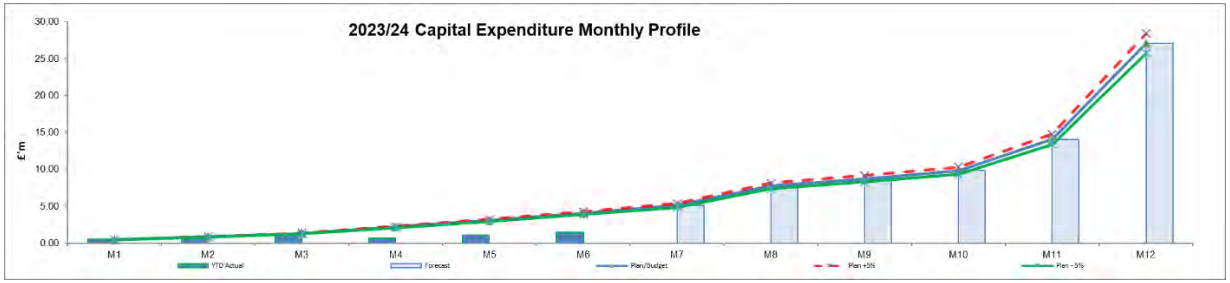
Key messages:

1. Non-current assets are £3.9m lower than year end, being the net impact of investment expenditure of £5.3m and £9.2m depreciation.
2. In Month 6 for the first time since before COVID the Trust has moved into a position of net current liabilities, this is due to the significant reduction in Trust cash balances as a result of the unplanned deficit. Currently the shortfall is minimal at £1.1m but as this increases further in line with unplanned deficits cash and creditors will require stricter management and delaying of payments unless revenue support cash loans are granted.
3. Trade and other receivables are £24.5m (71% of average monthly income).
4. Cash has decreased by £20.7m since the start of the financial year mainly due to Trust pay expenditure being higher than expected YTD. In month cash has decreased by £10.2m due to the in month deficit and bi annual payment of PDC dividends to The Department of Health.
5. Trade and other payables are £41,449k (120% of average monthly expenditure), £8.9m improvement on the year-end balance due to the net impact of the pay deal and settlement of March capital creditors.
6. Other liabilities are £2.8m higher as a result of deferred income relating to contracts paid in advance throughout the year which are unwound by year end.

6. Capital

2023/24 Capital Expenditure Update

£'000	In-month			Year To Date			Annual				Funding		
	Plan	Actual	Var.	Plan	Actual	Var.	NHSI Plan	Revised Trust Plan	Forecast	NHSE Reported Variance	Internal (system capital)	PDC	OTHER
Backlog Maintenance	207	247	40	1,240	1,134	(106)	2,480	2,629	2,714	85	2,714	0	0
Routine Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0
Fire	104	24	(80)	625	350	(275)	972	1,251	1,251	0	1,251	0	0
Medical and Surgical Equipment Programme	406	8	(398)	2,436	427	(2,009)	5,150	4,871	4,587	(284)	4,587	0	0
IT	47	101	54	281	185	(96)	1,362	562	585	23	585	0	0
Service Developments	32	85	53	192	192	0	2,451	384	414	30	414	0	0
Total System Capital	**796**	**465**	**(331)**	**4,774**	**2,288**	**(2,486)**	**12,415**	**9,697**	**9,551**	**(146)**	**9,551**	**0**	**0**
IT - EPR	167	714	547	1,000	1,430	430	1,200	2,000	2,000	0	800	1,200	0
IT - PACS/RIS/IREFER	6	0	(6)	38	76	38	0	76	76	0	0	76	0
Endoscopy	377	0	(377)	2,263	144	(2,119)	2,300	4,525	2,944	(1,581)	644	2,300	0
CDC	547	337	(210)	3,282	1,109	(2,173)	6,564	8,428	8,428	0	1,008	7,420	0
Total Planned Additional Capital	**1,097**	**1,051**	**(46)**	**6,583**	**2,759**	**(3,824)**	**10,064**	**15,029**	**13,448**	**(1,581)**	**2,452**	**10,996**	**0**
Total Planned Capital	**1,893**	**1,516**	**(377)**	**11,357**	**5,047**	**(6,310)**	**22,479**	**24,726**	**22,999**	**(1,727)**	**12,003**	**10,996**	**0**
Cardio Village	0	2	2	0	2	2	0	3,854	3,854	0	0	3,854	0
IT- Paeds Adoption	0	0	0	0	0	0	0	0	0	0	0	0	0
Elective Hub	0	0	0	0	0	0	0	0	0	0	0	0	0
Donated Equipment - LOF	0	(4)	(4)	86	86	0	0	86	86	0	0	0	86
Total Additional Capex	**0**	**(2)**	**(2)**	**86**	**88**	**2**	**0**	**3,940**	**3,940**	**0**	**0**	**3,854**	**86**
Unplanned Expenditure*	0	(68)	(68)	0	223	223	0	0	223	223	223		
Slippage Target	(16)	0	16	(95)	(106)	(11)	0	(307)	(106)	201	(106)		
Total Capex	**1,877**	**1,446**	**(431)**	**11,348**	**5,252**	**(6,096)**	**22,479**	**28,359**	**27,056**	**(1,303)**	**12,120**	**14,850**	**86**
Net slippage for redistribution	0	0	0	0	0	0	0	0	1,303	1,303	1,302		
Total Capex as reported to ICB/NHSE	**1,877**	**1,446**	**(431)**	**11,348**	**5,252**	**(6,096)**	**22,479**	**28,359**	**28,359**	**0**	**13,422**	**14,850**	**86**



The total 2023/24 capital investment for the Trust is forecast at £28,359k funded by:

- £13,423k of system capital, split £12,415k as an allocation from the ICB and £1,008k of unspent PDC brought forward from 2022/23. The ICB allocation is funded from the Trust's internal depreciation.
- £14,850k PDC - additional funding from the Department of Health with a PDC dividend repayment rate of 3.5% per annum (£424k). This is similar to a loan interest charge and will impact the Trust's I&E position.
- £86k charitable donations - equipment bids of £130k were submitted to and agreed by League of Friends for funding, £86k towards capital equipment and £44k towards revenue purchases, all expected to be delivered in August.

Capital (continued)

YTD Capital is £9,096k behind plan, mainly due to the following;

Project	YTD Budget	YTD Actual	YTD Slippage	2023/24 Budget	2023/24 Forecast	2023/24 Variance	%	Narrative	Funded by
	£'000	£'000	£'000	£'000	£'000	£'000			
Endoscopy	1,113	144	(2,119)	2,225	644	(1,581)	(71%)	The original Endoscopy plan has been deemed unfeasible in its design and as such a new business for a permanent solution is in development. Expenditure this year will only be for design, implementation and project costs for the case to commence next financial year. Based on this forecast internal slippage of £1,581k is deemed to be permanent in 2023/24. Some of this slippage is therefore available for redistribution.	Internal Funds
Endoscopy	1,150	0	(1,150)	2,300	2,300	0	0%	As above the Endoscopy project will not proceed in 2023/24 therefore the PDC agreed will not be spent as per the MOU agreed. Other solutions or deferral of funding is being considered which will need to be discussed with NHSE. Until resolution is agreed the forecast remains on plan as precaution. PDC cannot be reallocation to any other project without authorisation from NHSE.	PDC
CDC	3,282	1,109	(2,173)	8,428	8,428	0	0%	Building works are being managed by NHS Property services and Community Health Partnerships, delays have occurred due to planning applications requiring approval before works can start. Rochester outcome is expected by end of August, Sheppey approval may not be received until October. The aim is still to complete by 31st March 2025.	PDC
Gamma Camera	1,000	0	(1,000)	2,000	2,000	0	0%	Trust Investment Group approved the PID to proceed 24th August. Camera and works planned to be ordered and complete by March. If these works slip or the camera is not delivered there is a risk to completion in 23/24.	£1m prior year system capital/current year internal funds
MRI Enabling	900	17	(883)	1,800	1,600	(200)	11%	Trust Investment Group approved the PID to proceed 24th August. The works are on track to complete February. £200k underspend due to reduced estimated costs were identified in the PID- this may be more once plans complete, more will be known of further slippage Oct/Nov.	prior year PDC/current year internal funds
Pharmacy Robot	250	143	(107)	500	500	0	0%	Trust communication circulated advising work are underway with a plan to complete by December.	Internal funds
Fire urgency works	521	325	(196)	1,251	1,251	0	0%	Work is underway however Pembroke plan has been delayed until November. Plan B is being developed i.e. red zone and main evacuation routes.	Internal funds
Courtyard lifts	740	637	(103)	1,480	1,480	0	0%	Works in progress all to be completed by Q4	Internal Funds

Capital (continued)

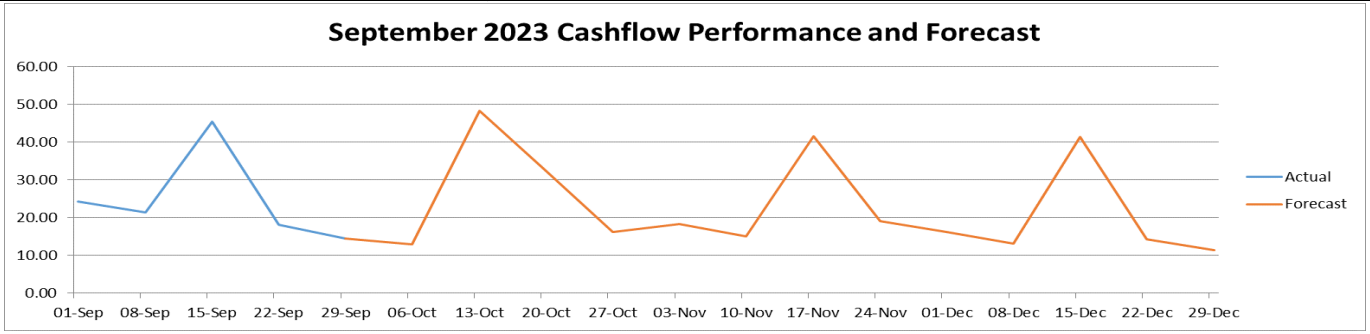
The following are overspent YTD or in forecast outturn

Project	YTD Budget	YTD Actual	YTD Overspend	2023/24 Budget	2023/24 Forecast	2023/24 Forecast	%	Narrative	Funded by
	£'000	£'000	£'000	£'000	£'000	£'000			
Harvey Ward	250	315	65	500	585	85	17%	As the project has progressed the service has identified additional works to be carried it which has resulted in an overspend. This is expected to increase to £85k by year end.	Internal Funds
PACS/RIS/Irefer	79	179	100	158	181	23	15%	Project spend is being analysed- some additional Revenue to capital transfers have occurred which require verification.	Internal Funds
Unplanned Projects	0	223	223	0	223	223	100%	This overspend primarily relates to the Laundry ironer approved in March form 22/23 slippage, increased costs in relation to VAT and other issues.	Internal Funds

7. Cash

13 Week Forecast w/e

£m	Actual 01/09/23	08/09/23	15/09/23	22/09/23	29/09/23	Forecast 06/10/23	13/10/23	20/10/23	27/10/23	03/11/23	10/11/23	17/11/23	24/11/23	01/12/23	08/12/23	15/12/23	22/12/23	29/12/23
BANK BALANCE B/FWD	**26.04**	**24.34**	**21.48**	**45.53**	**18.11**	**14.43**	**12.85**	**48.26**	**32.30**	**16.29**	**18.25**	**15.07**	**41.53**	**19.17**	**16.27**	**13.09**	**41.43**	**14.24**
Receipts																		
NHS Contract Income	1.05	0.02	32.62	0.00	0.23	0.52	37.84	0.00	0.20	0.00	0.00	33.03	0.00	0.00	0.00	33.03	0.00	0.00
Other	0.37	0.23	0.66	0.36	0.13	0.30	1.08	0.25	0.63	0.25	0.33	0.61	0.25	0.63	0.33	0.61	0.25	0.63
Total receipts	**1.42**	**0.25**	**33.28**	**0.36**	**0.36**	**0.82**	**38.91**	**0.25**	**0.83**	**0.25**	**0.33**	**33.64**	**0.25**	**0.63**	**0.33**	**33.64**	**0.25**	**0.63**
Payments																		
Pay Expenditure (excl. Agency)	(0.45)	(0.48)	(0.45)	(24.01)	(0.45)	(0.42)	(0.45)	(11.35)	(13.69)	(0.48)	(0.45)	(4.25)	(20.59)	(0.48)	(0.45)	(0.45)	(24.39)	(0.45)
Non Pay Expenditure	(2.51)	(2.23)	(3.83)	(3.56)	(3.11)	(1.90)	(2.81)	(4.61)	(2.90)	(2.80)	(2.80)	(4.61)	(2.80)	(2.80)	(2.80)	(4.61)	(2.80)	(2.80)
Capital Expenditure	(0.15)	(0.40)	(0.10)	(0.20)	(0.57)	(0.08)	(0.24)	(0.25)	(0.25)	(0.25)	(0.25)	(0.25)	(0.25)	(0.25)	(0.25)	(0.25)	(0.25)	(0.25)
Total payments	**(3.11)**	**(3.11)**	**(4.39)**	**(27.78)**	**(4.12)**	**(2.40)**	**(3.50)**	**(16.21)**	**(16.84)**	**(3.53)**	**(3.50)**	**(9.11)**	**(23.64)**	**(3.53)**	**(3.50)**	**(5.31)**	**(27.44)**	**(3.50)**
Net Receipts/ (Payments)	**(1.70)**	**(2.86)**	**28.89**	**(27.42)**	**(3.76)**	**(1.58)**	**35.41**	**(15.96)**	**(16.01)**	**(3.28)**	**(3.17)**	**24.53**	**(23.39)**	**(2.90)**	**(3.17)**	**28.33**	**(27.19)**	**(2.88)**
Funding Flows																		
DOH - FRF/Revenue Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MRET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PSF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DOH/FTFF - Capital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PDC Capital	0.00	0.00	0.00	0.00	0.08	0.00	0.00	0.00	0.00	5.23	0.00	1.93	1.09	0.00	0.00	0.00	0.00	0.00
Loan Repayment/Interest payable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	0.00	0.00	0.00	0.00
Dividend payable	0.00	0.00	(4.84)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Funding	**0.00**	**0.00**	**(4.84)**	**0.00**	**0.08**	**0.00**	**0.00**	**0.00**	**0.00**	**5.23**	**0.00**	**1.93**	**1.02**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
BANK BALANCE C/FWD	**24.34**	**21.48**	**45.53**	**18.11**	**14.43**	**12.85**	**48.26**	**32.30**	**16.29**	**18.25**	**15.07**	**41.53**	**19.17**	**16.27**	**13.09**	**41.43**	**14.24**	**11.37**



Prior year end	£'000	Month end actual	Var.
34,742	Cash	14,018	(20,724)

The overall cash balance has decreased by £10.2m in September.

£35.4m of cash was received in month
£33.7m NHS contract income for the month, £0.07m PDC funding and £1.7m cash receipts in relation to trading activities and settlement of prior period sales invoices.

£45.6m of cash was paid out by the Trust in month
£15.5m (34%) in direct salary costs to substantive and bank employees
£10.3m (23%) employer costs to HMRC and NHS Pensions
£4.8m (11%) bi-annual PDC dividend payment
£15.0m (33%) in supplier payments, including NHSR, Agency staff, capital and revenue non-pay.

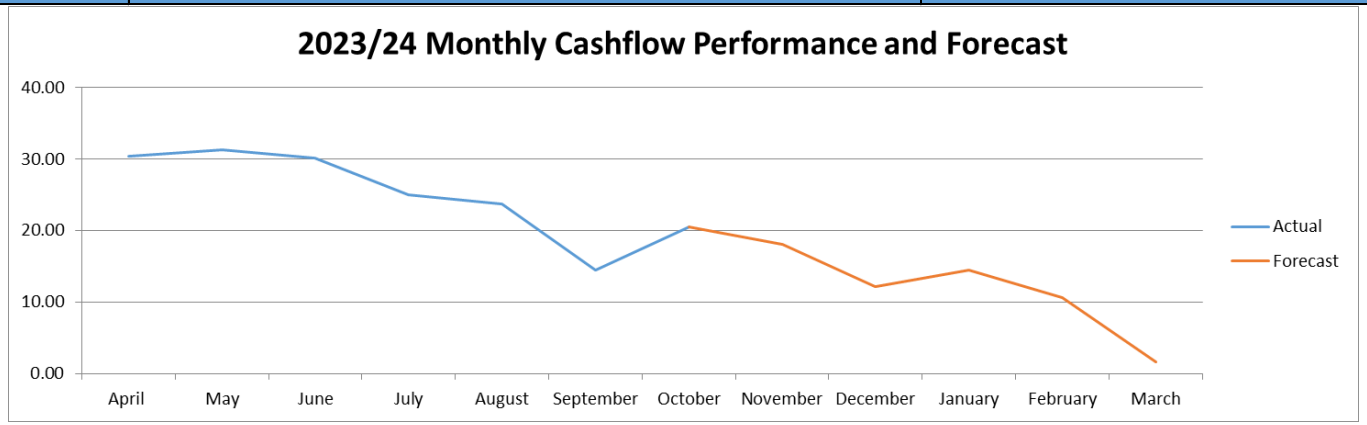
If the unplanned deficit continues in the same trend cash balances could be reduced to as low as £1.5m by 31st March. Revenue support loans may need to be considered for Q4 and certainly beyond into 2024/25 should this be the case. A monthly 2023/24 cash flow has been produced as below to demonstrate.

Cash (continued)

Monthly Forecast

w/e

£m	Actual						Forecast					
	April	May	June	July	August	September	October	November	December	January	February	March
BANK BALANCE B/FWD	**34.65**	**30.40**	**31.25**	**30.13**	**24.98**	**23.66**	**14.43**	**20.50**	**18.05**	**12.15**	**14.45**	**10.64**
Receipts												
NHS Contract Income	33.44	33.85	43.34	37.91	32.46	33.67	38.46	32.93	32.93	36.92	32.93	33.87
Other	1.74	1.30	3.62	2.15	2.16	1.67	2.45	2.09	2.03	2.09	2.00	1.98
Total receipts	**35.17**	**35.15**	**46.96**	**40.06**	**34.62**	**35.35**	**40.90**	**35.03**	**34.96**	**39.01**	**34.93**	**35.84**
Payments												
Pay Expenditure (excl. Agency)	(22.77)	(22.49)	(29.23)	(27.54)	(23.80)	(25.82)	(25.71)	(25.44)	(25.51)	(25.44)	(25.31)	(25.51)
Non Pay Expenditure	(10.30)	(11.03)	(16.60)	(16.43)	(11.47)	(12.72)	(13.35)	(12.98)	(13.35)	(12.98)	(10.43)	(11.55)
Capital Expenditure	(6.36)	(0.71)	(2.25)	(1.23)	(0.67)	(1.27)	(1.00)	(2.00)	(2.00)	(2.50)	(3.00)	(3.00)
Total payments	**(39.42)**	**(34.23)**	**(48.08)**	**(45.20)**	**(35.94)**	**(39.81)**	**(40.06)**	**(40.42)**	**(40.86)**	**(40.92)**	**(38.75)**	**(40.05)**
Net Receipts/ (Payments)	**(4.25)**	**0.93**	**(1.12)**	**(5.14)**	**(1.32)**	**(4.47)**	**0.84**	**(5.40)**	**(5.90)**	**(1.92)**	**(3.81)**	**(4.21)**
Funding Flows												
DOH - FRF/Revenue Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PDC Capital	0.00	0.00	0.00	0.00	0.00	0.08	5.23	3.02	0.00	4.22	0.00	0.00
Loan Repayment/Interest payable	0.00	(0.08)	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	0.00	0.00	0.00
Dividend payable	0.00	0.00	0.00	0.00	0.00	(4.84)	0.00	0.00	0.00	0.00	0.00	(4.84)
Total Funding	**0.00**	**(0.08)**	**0.00**	**0.00**	**0.00**	**(4.77)**	**5.23**	**2.95**	**0.00**	**4.22**	**0.00**	**(4.84)**
BANK BALANCE C/FWD	**30.40**	**31.25**	**30.13**	**24.98**	**23.66**	**14.43**	**20.50**	**18.05**	**12.15**	**14.45**	**10.64**	**1.59**



8. Risks and Forecast

On a monthly basis, the detailed forecast at cost centre level is reworked and discussed with the services to establish mitigations and action plans to address adverse variances to budget. The key risks to delivery of the operating plan in 2023/24 and their mitigating actions are set out in full in the risk register; in summary these are as follows. (NB – a number of the risks are not quantified at this time as the range is variable and performance potentially volatile).

Risk	£	Risk score	Mitigating actions
Delivery of the activity plan / ERF.	TBC	25	• Fully costed plans to deliver target activity levels. • Approval of plans and release of budgeted ERF reserve to deliver the work. • Monitoring and reporting mechanism
The Trust's capital proposals significantly exceed its allocation.	TBC	12	• Positive confirmation from care groups/divisions of completeness of 5-year capital programme as part of business planning. • Minimum twice yearly review of 5-year capital programme by stakeholders. • Projects on the 5-year capital programme to develop their PIDs/business cases to seek approval should funding become available at short notice.
Identification, development and delivery of the £27m efficiencies programme.	£13.6m (forecast variance vs £27m target)	25	• Sign off the 23/24 cross-cutting schemes at panel. • Progression of 23/24 divisional schemes through the approval panel. • Development of the pipeline / stretch schemes. • Check & challenge meetings with divisions and the Executive Team.
The Trust may not have sufficiently funded/budgeted bed capacity during the year/in winter.	TBC	12	• Capacity and capital planning meetings to proceed. • Follow up and respond to queries with NHSE following submission of UEC capacity funding bid. Implement capital projects thereafter if successful. • Further development and approval of the Patient Flow and Discharge project initiation document at panel. • Detailed plans and funding for step down beds to be developed and agreed.
The system is exploring harmonisation of bank rates, which would create an unfunded cost pressure for the Trust.	c£3m	16	• Resist rate increase within the system. • Quantify the unfunded pressure and seek monies from the system.
Medical and nursing staff continue to overspend.	£12.7m (YTD value)	25	• Breakthrough objective to control overspending and identify cause. • Divisions to implement mitigating actions. • Request additional pay award funding from the ICB to over the gap.
Cost inflation exceeds the tariff inflation provided for this purpose.	TBC	9	• Use of NHS Supply Chain as far as possible. • Robust contract renegotiation where expiring.

In addition to the above, in future months further risks may crystallise that would cause a higher adverse position to plan, these include the ERF risk as previously outlined, should any underperformance monies need repayment, as well as controls to reduce the underlying run-rate are impacted by other service pressures such as activity demand and further medical strike action. Discussions are ongoing with NHSE and the ICB to agree the forecast position and mitigations to achieve the plan. The separate report in the pack provides more detail on the latest forecast outturn assessment.

9. Conclusions

The Finance, Performance and Planning Committee is asked to note the report and financial performance, which is £4.7m deficit in-month and £22.7m deficit YTD; this being £12.5m adverse to the deficit plan position as agreed with the ICB and NHSE.

This month's run-rate has reduced by £0.2m, this is mainly due to a reduction in temporary staffing spend which has been offset with higher medical pay award costs than funding received. The planned deficit for month 6 and the remainder of the year is c. £1m per month, this reflects the impact from the phasing of the efficiency programme.

Actions continue to be implemented from the breakthrough huddles and A3 work to mitigate overspending areas associated with medical and nursing staff; the efficiency programme continues to be prioritised with support from the PMO team and regular check & challenge meetings with all services, as well as recently implemented dragon's den style meetings to identify schemes, some of which will be part of next year's efficiency programme.

Budget holders training continues to be regularly provided as well as individual support offered from the Finance Department, this month budget holders have received a separate email regarding access to their budget statements as well as drop-in training sessions being provided to support with interpretation of the budget performance and transactions.

The executive team continues to identify and implement actions to further control spend through vacancy control panels, efficiency programmes and identify new income sources with the commissioners.

Alan Davies
Chief Financial Officer
October 2023

Meeting of the Trust Board
Wednesday, 08 November 2023

Title of Report	Mid-Year Strategy Review			**Agenda Item**	8.1
Author	Lauren Pryor, Senior Project Manager Maya Guthrie, Project Manager				
Lead Executive Director	Matt Capper, Director of Strategy and Partnerships/Company Secretary				
Executive Summary	The mid-year strategy review outlines the current and on-going status of the Strategy and Partnerships portfolio.				
Proposal and/or key recommendation:	Submitted for assurance.				
Purpose of the report (tick box to indicate)	**Assurance**	**X**	Approval		
	Noting		Discussion		
Committee/Group at which the paper has been submitted:	Trust Board				
Patient First Domain/True North priorities (tick box to indicate):	Tick the priorities the report aims to support:				
	Priority 1: (Sustainability) ✓	**Priority 2: (People)** ✓	**Priority 3: (Patients)** ✓	**Priority 4: (Quality)** ✓	**Priority 5: (Systems)** ✓
Relevant CQC Domain:	Tick CQC domain the report aims to support:				
	Safe: ✓	**Effective:** ✓	**Caring:** ✓	**Responsive:** ✓	**Well-Led:** ✓
Identified Risks, issues and mitigations:	N/A				
Resource implications:	N/A				
Sustainability and /or Public and patient engagement considerations:	N/A				
Integrated Impact assessment:	Not applicable				
Legal and Regulatory implications:	N/A				
Appendices:	N/A				
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act				

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Reports require an assurance rating to guide the discussion:			
	No Assurance		There are significant gaps in assurance or actions
	Partial Assurance		There are gaps in assurance
	Assurance		Assurance minor improvements needed.
	Significant Assurance	✓	There are no gaps in assurance
	Not Applicable		No assurance required.

NHS
Medway
NHS Foundation Trust

Mid-Year Strategy Review

Strategy and Partnerships

October 2023

Patient FIRST

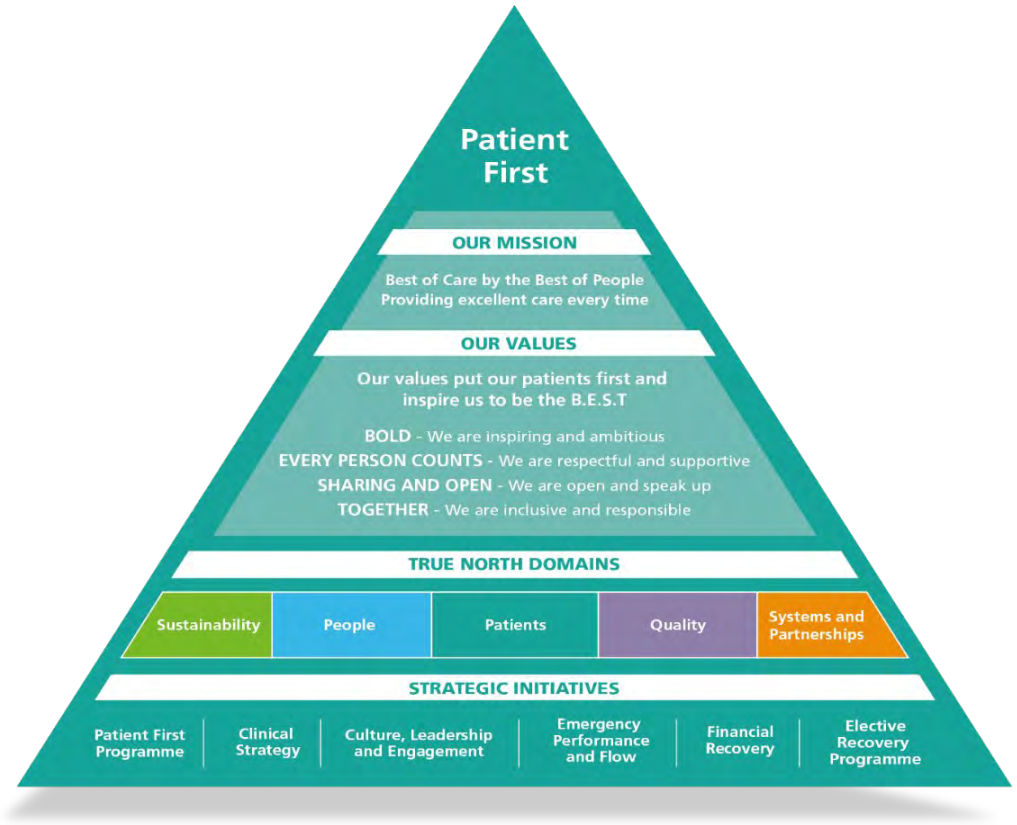
Patient First

Our overarching Trust strategy that highlights our core values of putting the patient first every time.

At Medway NHS Foundation Trust we are dedicated to putting our Patients First, at the heart of everything we do. Every time any of us interact with our patients, their families and carers, we should ensure our interactions are prompt and positive.

Our strategies will be firmly embedded in the Patient First improvement system, which confirms our commitment to ensuring that patient care and experience are our top priority. We do this by focusing on continual improvement, delivering the best of care by the best of people. All teams are central to delivering improvements and achieving our strategic direction, known as our True North and the delivery of our breakthrough objectives.

The Patient First Strategy has recently been published on Q-Pulse and can be found here.



Roadmap

Approved Strategies*

	Quarter 1			Quarter 2			Quarter 3		
	April '23	May '23	Jun '23	Jul '23	Aug '23	Sep '23	Oct '23	Nov '23	Dec '23
Patient First Improvement System (PFIS)	Development of Strategy					Trust Board	✓		
Infection, Prevention and Control	Development of Strategy					Trust Board	✓		
Clinical Strategy	Development of Strategy								

*Clinical Strategy due for sign off in January 2024

Strategy Roadmap 2023/24

Medway NHS Foundation Trust

	Quarter 3			Quarter 4		
	October '23	November '23	December '23	January '24	February '24	March '24
Research and Innovation	Development of Strategy			Trust Board		
Digital and Data	Development of Strategy			Trust Board		
Quality	Development of Strategy			Trust Board		
People	Development of Strategy				Patient First Board	
Financial Sustainability		Development of Strategy				Trust Board
Patient Experience		Development of Strategy				Trust Board
Nursing Midwifery & Allied Health Professionals			Development of Strategy			Contd..
Estates and Facilities			Development of Strategy			Contd..
Safeguarding			Development of Strategy			Contd..
Dementia					Development of Strategy	Contd..

Strategy Roadmap 2023/24 (cont.)

Medway NHS Foundation Trust

	Quarter 1			Quarter 2		
	April '24	*May '24*	*June '24*	*July '24*	*August '24*	*September '24*
Nursing Midwifery & Allied Health Professionals	Development of Strategy	Trust Board				
Estates and Facilities	Development of Strategy	Trust Board				
Safeguarding	Development of Strategy	Trust Board				
Dementia	Development of Strategy			Trust Board		
Information Governance	Development of Strategy					Trust Board
Patient First (Review and Refresh)	Development of Strategy					Trust Board
Learning Disability and Autism			Development of Strategy			

Partnerships

Business Planning

Health and Wellbeing

Standing Financial Instructions

Health Inequalities

Population Health

Elective Hub

Joint Forward Plan

North Kent Pathology Service Review

MCH Lead Provider

Ebbsfleet Development

Sittingbourne Utilisation

Strategies: In Progress

In Progress

Digital, Data and Technology Strategy (DDaT)

Digital is the key driver of change that will underpin and accelerate delivery of integrated care, streamlined access to care, and expert patients. Health and care systems have historically been organised largely around provider characteristics, rather than population characteristics. We need to revolutionise our business intelligence to devise healthcare strategies tailored to the unique needs of the local population, such as the high local level of digital poverty.

- Second workshop took place on 10.10.2023
- Patient engagement survey questions drafted
- Vision and Objectives drafted
- Third workshop taking place on 02.11.2023

People

Our people are our biggest asset, and following the NHS Long Term Workforce Plan principles will be a key enabler to the success of our strategies and retaining our workforce to support the future innovations. We need to continue the development of our collaborative organisational culture. Our people will need to embrace new and different ways of working, including digital healthcare, working across organisational boundaries and working outside of the hospital walls.

- Kick off meeting took place on 03.10.2023
- Introduction of framework that talks to the NHS People and Workforce Plans
- Organisation of workshop w/c 13.11.2023

Quality

The quality of the care that our patients receive impacts all that we do here at Medway. We are committed to quality and continual improvement to ensure that our quality of care exceeds expectations.

- Submitted to Quality Patient Safety Sub Committee in October for early review and comments

Research and Innovation

We need to develop our research and innovation capability to improve outcomes, attract the best staff and increase the organisation profile. We will collaborate with local higher education institutions and local enterprise to support and develop our research and innovation ambitions.

- Strategy content drafted
- Working with communications team to undertaken staff engagement

Clinical Strategy

Setting the direction of our Clinical Services over the next three to ten years, giving us an opportunity to position ourselves among the top performing Trusts in the country and benchmark ourselves against national and international standards.

- Awaiting approval at Board in January 2024