

Agenda

Trust Board Meeting in Public

Date: Wednesday, 02 December 2020 at 12:30 – 14:00

Meeting via MS Teams

Subject		Presenter	Page	Time	Action
1. Preliminary Matters					
1.1	Chair’s Welcome and Apologies	Chair	Verbal -	12:30	Note
1.2	Quorum				
1.3	Conflicts of Interest				
1.4	Chief Executive Update	Chief Executive	3	12:35	Note
1.5	Freedom To Speak Up Update	Freedom to Speak Up Guardian	5	12:50	Note
2. Minutes of the previous meeting and matters arising					
2.1	Minutes of the previous meeting: 05.11.20	Chair	9	13:00	Approve
2.2	Matters Arising (No live actions on the log)	Chair	Verbal Update		Discuss
3. High Quality Care					
3.1	Integrated Quality Performance Report	COO, CNQO, CMO	23	13:10	Note
4. Financial Stability					
4.1	Finance Report - Month 7	Chief Finance Officer	51	13:20	Note
4.2	Finance Committee Assurance Report	Chair of Committee/ Chief Finance Officer	69	13:30	Note
5. Innovation					
5.1	Trust Improvement Plan	Deputy Chief Executive	71	13:35	Note
6. Our People					
6.1	People Committee Assurance Report	Chair of Committee/ Chief People Officer	93	13:45	Note
7. Any Other Business					
7.1	Council of Governors Update	Lead Governor	Verbal	13:50	Note
7.2	Questions from the Public	Chair	Verbal		Note
7.3	Any Other Business	Chair	Verbal		Note
7.4	Date and time of next meeting: Thursday, 14 January 2021, 12:30 – 15:30				

Chief Executive's Report – December 2020

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.

In and around Medway

COVID-19

The number of COVID-19 cases within our community continues to rise, and this has translated into an increase in the number of patients being admitted with the virus. We have a number of 'hot' wards across the site where COVID-19 patients are cared for, and throughout the hospital we remind colleagues to follow infection prevention and control processes stringently.

We are working with our health and care partners in Medway and Swale to manage the pressures on the hospital at this time and ensure our patients receive the best of care. At the beginning of November, just ahead of the national lockdown, we made the difficult decision to limit visiting at the hospital. This was not a decision we took lightly but felt it was necessary to keep our staff, patients and community safe. We understand how difficult this is for patients and their loved ones, and thank them for their understanding at this difficult time. Our colleagues on the wards do all they can to help patients and their relatives keep in touch using mobile phones and iPads.

We are extremely conscious of the challenges that our staff face, and stress that many colleagues are experiencing during the pandemic. We are therefore ensuring they are well supported, with their wellbeing as a priority. We have stepped up our communications to staff at this time, with a daily bulletin providing up-to-date information and opportunities for discussions with Executive team members.

Meanwhile, we are reminding our staff, patients and public about actions they can take to help support the hospital during winter. This includes:

- Having their flu vaccination.
- Continuing to wash hands regularly, wearing a face mask and maintaining social distancing.

A Special Act of Remembrance

We marked Remembrance Day at the Trust on 11 November, taking a moment to remember those lost in conflict.

We were very proud as a Trust to be asked to lay a wreath at the Chatham Remembrance Sunday event on behalf of local MP Tracey Crouch, and our Skype Angels, Sharon Kaur and Mel Hales represented us.

Our Medway Culture Conference

At the time of writing we are looking forward to our first Medway Culture Conference scheduled for 1 December. The agenda is packed with sessions focusing on culture and leadership, supporting our colleagues to our aspirations for improvement within the Trust.

Celebrating Occupational Therapy Week

At the beginning of November we celebrated Occupational Therapy (OT) Week in the Trust and across the NHS. We are extremely proud of the work our OTs do to help patients across Medway and Swale overcome the effects of disability caused by illness, ageing or accident so that they can carry out everyday tasks or occupations.

Getting MeFit

I had the pleasure of spending time with the team behind MeFit, the Medway Prehabilitation service last month. Getting patients fit and ready to undergo surgery, is vitally important.

Our MeFit programme aims to get patients to their optimal health before their operation, helping them cope with the challenges of surgery, recover faster, and supporting them in the difficult post-operative days and weeks.

I heard first-hand from one of our patients how beneficial she is finding the programme, not only to improve her fitness and get her in the optimal condition for surgery, but also the emotional and psychological support following a cancer diagnosis.

Communicating with colleagues and the community

As always, there has been plenty for us to communicate about through our regular newsletters, the media and social media – the graphic below gives a flavour.



Meeting of the Board of Directors in Public

Tuesday, 01 December 2020

Title of Report	Freedom to Speak Up Guardian Report Q1 and Q2 2020/21	Agenda Item	1.5
Report Author	Natasha Pritchard, Lead Freedom to Speak Up Guardian		
Lead Director	James Devine, Chief Executive		
Executive Summary	<p>This report includes the progress of the Lead Guardian who commenced in post on the 31 July 2019 and is employed for 0.4 FTE.</p> <p>Previously in Q3 2019/2020 there were 17 concerns raised and in Q4 2019/2020 22 concerns were raised.</p> <p>In Q1 2020/2021 21 concerns were raised and in Q2 28 concerns were raised. Presently 21 cases remain open; these are being looked into by Executives and overseen by the Chief Executive.</p> <p>The Lead Guardian meets with the Chief Executive weekly and the Chair monthly with ad-hoc meetings in between as required. Meetings with other Executives are arranged as required.</p> <p>The Trust has had 1 report of an individual experiencing detriment as a result of raising concerns. Unfortunately the person did not wish to pursue this.</p>		
Committees or Groups at which the paper has been submitted	<p>Executive Group</p> <p>People Committee – 23.11.20</p>		
Resource Implications	Not applicable		
Legal Implications/Regulatory Requirements	<p>A governmental response to Sir Robert Francis Report 2015 led to the introduction to the NHS Contract for 2016/17 requiring every NHS Trust to have a local FTSU guardian from 1 October 2016. Guidance for the appointment of a FTSU guardian was published in March 2016.</p> <ul style="list-style-type: none"> • NHS Constitution and standard contract; • Public Interest Disclosure Act 1998; • Enterprise and Regulatory Reform Act 2013; • The Bribery Act; • Whistleblowing Arrangements; • Code of Practice 		
Quality Impact Assessment	Not applicable		
Recommendation/ Actions required	The Board is asked to note the content of this report.		
	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>
			Noting <input checked="" type="checkbox"/>
Appendices	None		

1 Introduction

1.1 The Freedom to Speak Up Review undertaken by Sir Robert Francis and published in February 2015 was commissioned by the Secretary of State as a result of the failings at Mid Staffordshire. The aim of the report was to provide advice and recommendations to ensure that NHS staff felt safe to raise concerns, were confident that they would be listened to and that concerns would be acted upon. The review identified concerns about the way NHS organisations dealt with concerns raised by NHS staff and the treatment of some of those who had spoken up.

1.2 From the evidence, the review identified five overarching themes as follows:

- need for culture change;
- need for improved handling of cases;
- need for measures to support good practice
- need for particular measures for vulnerable groups; and
- need for extending the legal protection.

As a result of this review the establishment of the National Guardian's Office as an independent non-statutory body was established and all NHS organisations are required to appoint a freedom to speak up (FTSU) guardian.

1.3 The Trust moved to an established lead guardian model (0.4 FTE) in January 2019.

2 Lead Guardian

2.1 The Trust's Lead Guardian position is filled by Natasha Pritchard who was previously a Sister in the Intensive Care Unit at Medway. To ensure concerns raised are listened to and dealt with, the existing guardian, meets with the Chief Executive weekly at present. If the Chief Executive is unable to meet an appointed Executive will meet in his stead.

2.2 The Trust remains up-to-date with its mandatory submissions to the National Guardian's Office following the submissions to the new reporting portal.

3 Strategy, Policy and Self-Assessment

3.1 The Trust's Freedom to Speak Up strategy was reviewed in February 2020 linking raising concerns to each of the Trust's strategies, namely quality, clinical, people and system financial recovery. The strategy determines the roles and responsibilities of the Lead Guardian, the guardians, the named Non-Executive Director and the Executives.

3.2 The Trust carried out a self-assessment in 2018 which reported on the progress made to address 33 partially met criteria and 11 unmet criteria (the process met 23 at the point of self-assessment). The updated self-assessment was reported to private Board in January 2020 which showed 25 fully met areas, 22 partial areas and 11 unmet areas around the self-assessment. The board are due to meet separately to discuss how to provide the board with a variety of assurances about the effectiveness of the trusts strategy, policy and process.

3.3 October was Freedom to Speak Up month and we promoted speaking up in a variety of ways including screensavers, posters and social media, plus speaking to staff members at the main entrance to gather their views on speaking up. We ended the month by hosting an event in the restaurant to promote speaking up across the trust and had representatives from HR, Well-being and OD, Executives, the Networks and the Unions present.

- 3.4 A Detriment assessment is being developed with HR to support colleagues who are in fear of repercussions. We continue to work with NHSI/E who are supporting us with our Freedom to Speak Up strategy.

4 Reported Cases

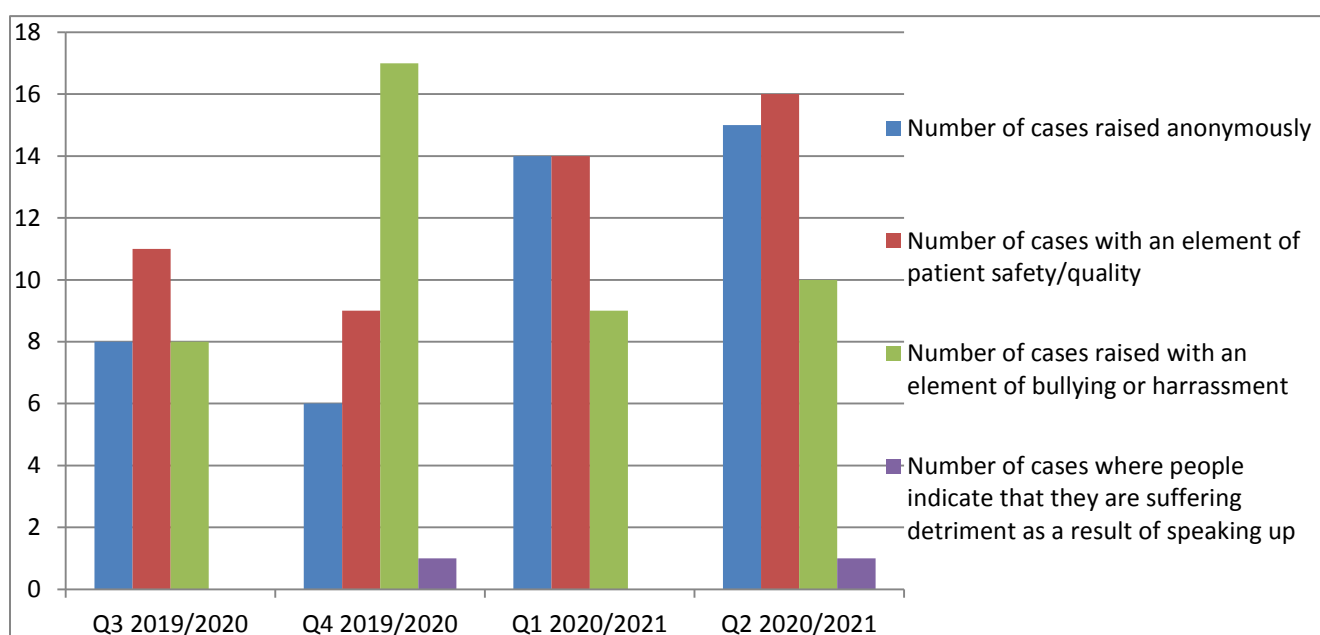
- 4.1 During Quarter 1 2020/2021 21 concerns were raised of which 14 were anonymous, 14 included an element of patient safety/quality and 9 included an element of bullying or harassment. There were no reported incidents of people suffering detriment as a result of speaking up.

During Quarter 2 2020/2021 a total of 28 concerns were raised of which 15 were anonymous, 16 included an element of patient safety/quality. 10 included an element of bullying or harassment. There was 1 reported incident of people suffering detriment as a result of speaking up. This individual did not wish to pursue this.

- 4.2 Seven more concerns were raised in Quarter 2 than Quarter 1. Anonymous cases have increased by 1 in Quarter 2. There was also an increase of 2 for elements of patient safety/quality. Bullying and harassment elements increased by 1.

- 4.3 It is clear that establishing a funded, dedicated Lead Guardian has significantly improved the confidence and accessibility to raise concerns across the organisation which has led to a stable jump to c.7-24 cases per quarter. Confidence to raise concerns without victimisation can be measured using the statistic of those cases raised anonymously (low anonymous rate may indicate confidence to raise concerns); however, this varies considerably between Q2 19/20 (16) down to 7 in Q1 19/20. Nationally (up to Q4 18/19 benchmarking data) the anonymous rate is c.11 -15% however the Trust is significantly higher than this and will require further work to understand the need to raise concerns anonymously.

- 4.4 Since the Freedom to Speak Up lead has come into post a year ago, the roles and responsibilities of champions has been revised and a flowchart explaining the investigation process is now available. We are currently in the process of recruiting more champions to add to the seven that are established. Governance teams have been involved with ensuring data is protected and the policy is due to be revised and published in May 2022. Regular meetings are in place with key stakeholders around the trust and themes, areas and actions are shared and discussed.



- 4.5 Twenty-one cases remain open. Of these cases:
- 4.5.1 Six of these are from ED and include patient safety concerns and bullying;
 - 4.5.2 Two are concerns around Datix and appropriate reviews;
 - 4.5.3 Three are bullying concerns from different departments;
 - 4.5.4 One is around sickness and Covid;
 - 4.5.5 One is from the community concerning behaviours of other staff;
 - 4.5.6 Three concerns are raised regarding IT;
 - 4.5.7 One is around behaviours on a line manager;
 - 4.5.8 One is around ward moves and safe equipment;
 - 4.5.9 One is a concern about missed referrals and managing workload;
 - 4.5.10 Two concern HR processes and behaviours.

Minutes of the Trust Board PUBLIC Meeting

Thursday, 05 November 2020 at 12:30 – 16:00

Meeting via MS Teams

Members	Name	Job Title
Voting:	Jo Palmer	Chair
	Alan Davies	Chief Finance Officer
	Mark Spragg	Deputy Chair, SID, Non-Executive Director
	David Sulch	Chief Medical Officer
	Ewan Carmichael	Non-Executive Director
	Gurjit Mahil	Deputy Chief Executive
	James Devine	Chief Executive
	Jane Murkin	Chief Nursing and Quality Officer
	Leon Hinton	Chief People Officer
	Sue Mackenzie	Non-Executive Director
	Tony Ullman	Non-Executive Director
	Richard Eley	Chief Finance Officer (Interim)
Non-Voting:	Angela Gallagher	Chief Operating Officer (Interim)
	Gary Lupton	Director of Estates and Facilities
	Glynis Alexander	Director of Communications and Engagement
	Harvey McEnroe	Strategic Commander/Winter Director
	Jack Tabner	Director of Transformation/IT
	Jenny Chong	Associate Non-Executive Director
Attendees:	Alana Marie Almond	Assistant Company Secretary (Minutes)
	David Seabrooke	Company Secretary
	Glyn Allen	Lead Governor
	Ian Hosein	Director of Infection Prevention and Control, Item 4.1a and 4.1b
	James Williams	Director of Public Health, Medway Council, Item 11.1
	Michael Beckett	Director of IT (Interim), Item 6.2
	Nye Harries	NHSEI Improvement Director
	Penny Horton	Senior Sister (Pembroke Ward), Item 3.1
	Ryan Kendall	Senior Sister (Byron Ward), Item 3.1
	Wilf Williams	Accountable Officer, Kent and Medway CCG and SRO for Transforming Health and Social Care in Kent and Medway, Item 9.2
Observing:	Emma Ince	Principal Healthcare Scientist, Respiratory Physiology MTW Trust

	Paul Stephens	Patient/Member of the Public
	Temi Alao	HR Business Partner
	Justine Wood	Business Support Manager to CE and Chair
Apologies:	Adrian Ward	Non-Executive Director
	Rama Thirunamachandran	Academic Non-Executive Director

1 Preliminary Matters

1.1 Chair's Welcome and Apologies

The Chair welcomed all present and thanked everyone for their efforts to make the meeting on MS Teams and for the Board's flexibility in using the technology to enable it to conduct its business especially during this second lockdown period. The above mentioned apologies were noted.

- 1.1.1 Chair welcomed Alan Davies to the Board as the new Chief Finance Officer starting his duties on 9 November and gave thanks and a farewell to Richard Eley who had held interim position since March. Chair congratulated Nye Harries as the new NHSEI Improvement Director. Chair welcomed the additional observers/attendees to the meeting and highlighted the presence of Penny Horton and Ryan Kendall who joined the meeting as of the series of presentations exploring how we are improving the quality of care. It is a pleasure for the Board to hear directly from colleagues who are on the frontline delivering care and actively involved in improving the experience of patients. The Trust has come a long way this year in terms of improving the quality of care and it is encouraging to see so many of the finest staff involved in leading improvement programmes, in spite of the challenges the pandemic has presented.
- 1.1.2 The Board is incredibly conscious of the stress and pressures Trust colleagues face as the number of COVID-19 cases rise. Chair gave her sincere thanks to colleagues for all they are doing. The Trust is well prepared for the current situation, thanks to a great deal of work and planning over the summer months, and in learning from the first wave. The Trust will continue to do all everything it can to support the safety and wellbeing of its staff. During this time standing shoulder to shoulder with colleagues is so important and the Trust needs to make sure they feel supported and cared for.
- 1.1.3 The Trust considers it a priority to ensure patients and the local community are informed about what is happening and the Trust does this through regular communications, social media, local press and virtual events.
- 1.1.4 Chair again reiterated her thanks and on behalf of the Board to everyone involved with this amazing hospital; colleagues, governors, volunteers, the League of Friends, our community, and partners outside the Trust. The commitment and encouragement mean an enormous amount to the Executive team and all colleagues.

1.2 Quorum

The meeting was confirmed to be quorate.

1.3 Conflicts of Interest

There were no conflicts of interest in relation to items on the agenda.

1.4 Chief Executive Update

James Devine, Chief Executive, gave an update to the 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 was asked to note the content of this report, which

provided a high level summary of the past month within the hospital. He drew particular attention to a number of salient points for the Board:

1.4.1 Thanks; James wanted to extend his personal thanks to colleagues across the hospital as he appreciated that in these difficult times it may bring feelings of anxiety and fear of the unknown. Leon Hinton is leading on the wellbeing work to support colleagues and help keep them resilient during this time. There has been a huge amount of restart and recovery work and planning during the summer to assist with the foresight, in addition to a very challenging period over the winter.

1.4.2 Covid-19; over the last few weeks the Trust has seen an increase in the number of patients who have tested positive for COVID-19 on the wards. Given the national context, this is not unexpected, and the hospital is working hard to ensure that it continues to manage services in the way it has since March 2020. The hospital is not seeing the ICU requirements as it did in the first wave, hoping that there is not a resurgence of this.

At the time of writing the report the Trust is caring for our COVID-19 patients in 'hot' wards – Byron, Harvey Tennyson wards with Sapphire being repurposed. Extensive infection prevention and control measures are in place for all patients and colleagues on these wards. Unfortunately, due to the increased risk of infection, the Trust has made the decision to restrict visiting in these areas, except in compassionate circumstances. However this will be continually reviewed through the command and control structure.

James was pleased to confirm that services remain open as usual and the hospital has not had to cancel any outpatient appointments or surgical procedures as a result of this rise in Covid-19 cases.

1.4.3 Planning for winter; there has been lots of planning during the summer for the winter period. Winter is the time that the hospital normally sees a seasonal increase in demand for services; with the continuing risk from Covid and seasonal flu, the Trust is doing all it can to prepare. Trust communications are reminding the public about the actions that they can take to help support the hospital during winter. This includes:

- a) Having their flu vaccination.
- b) Using our emergency services appropriately.
- c) Continuing to wash hands regularly, wearing a face mask and maintaining social distancing.

It is equally important that colleagues ensure that they have their flu vaccination. The Trust is running a campaign to raise awareness of this in the hospital. Leon Hinton will report more on this later and David Sulch can give information on the potential covid vaccine.

1.4.4 Trust Improvement Plan; Work continues to deliver improvements in the Trust through the 'Our Medway' Improvement Plan. The Trust is beginning to see a number of improvements being delivered that are having a real impact on the quality of care that is provided.

1.4.5 Our Medway Annual Staff Awards; As a result of the pandemic the Trust has not been able to celebrate staff awards in the traditional way; however, this month it held extremely successful 'virtual' awards. James had the privilege of going around the hospital with Executive Team colleagues to surprise award winners and had the pleasure of watching these special moments back on video.

1.4.6 Black History Month; The Trust celebrated Black History Month with our colleagues across the organisation in October and there were a series of events, including a very special traditional dress lunch and seminar.

1.4.7 Freedom to Speak Up; Ensuring colleagues feel empowered and able to raise concerns about patient care, quality and safety is crucial to improving services for all patients as well as providing a good working environment for everyone at the Trust. October was Freedom to Speak up month and the Guardian of Freedom to Speak Up will provide an update at the December Board meeting.

1.4.8 The Trust and local partners; as a group we need to rethink how we see ourselves as an integrated health care system, everyone involved wants to work in partnership. Wilf Williams will present to the Board today.

2 Minutes of the previous meeting and matters arising

2.1 The minutes of the last meeting, held on 01 October 2020 were reviewed by the Board.

2.2 Matters arising and actions from the last meeting
The action log was reviewed and the Board agreed to CLOSE the following actions:
TBPU/20/88

3 Clinical Presentation

3.1 Quality Board Presentations

Jane Murkin, Penny Horton and Ryan Kendall Senior Sisters for Byron and Pembroke Ward, presented to the Board how the Trust is improving and measuring the quality of care through quality and safety boards. The presentation included:

- 1) Quality and Safety Board Implementation
- 2) Why Quality and Safety Board
- 3) How do the Boards support wards
- 4) Pembroke Ward's Story
- 5) Achieving 100% reliability in care bundle audits
- 6) Byron Ward's Story
- 7) Implementation of Trust-wide Award Scheme
- 8) Reducing harm from Hospital Acquired Pressure Ulcers
- 9) Next Steps

[Post meeting note: Alana Almond circulated presentation to the Board via email]

3.1.1 Chair gave her thanks to the team for the good care they are giving to patients. Tony Ullman asked for the team to consider; what is the impact for colleagues and patients if the reporting on the board is negative.

3.1.2 James Devine stated that this is an example of outstanding leadership and thanked the team for embracing the boards. The team should ask themselves when there is a board of numbers, how does this translate into 'patients' and how to ensure that the team is not driven by numbers. Ryan assured the Board that there is always an individual patient check either by management or another senior level colleague. They always ensure that the numbers remain patient centred.

3.1.3 Ryan and Penny stated that overall the team is content and stated that even though there have been some nursing staff shortages they have been able to manage this in a safe way. Jane Murkin stated that she will be exploring this further with Leon Hinton's support.

4 Governance

4.1a Infection Prevention Control and CoSHH Update

Gary Lupton, Director of Estates and Facilities, presented the update to the Board to give assurance. The Trust continues to work to improve its current performance in relation to the management of CoSHH products over the last month. The physical infrastructure is being

enhanced with additional controls around locks and alarms when doors are left open and changes being made to sink tops so as to dispense CoSHH liquids from a container secured in the cabinet underneath. The near completion of these works has potentially contributed to improved audit results for October.

- 1) The improvements continue to be measured from these key areas; routine monthly H&S team led auditing, training of local H&S link workers, local monitoring and guidance from ward leadership/departmental Health and Safety link workers on each ward undertaking regular audits. Housekeeping Supervisor's to include auditing of CoSHH into daily routine.
- 2) Management involvement is critical to making these changes effective; they will need to actively drive the completion of training. Staff availability to undertake the role of the Health and Safety link worker for their area has been enhanced through one to one correspondence with line managers setting out the Boards clear expectation 37.5 hours per annum is to be freed up from the daily workload of link workers so as to solely focus on H&S monitoring which COSHH is one aspect of.
- 3) The Board was asked to ensure that all members have completed their COSHH training. Chair thanked Gary for the progress made and it is encouraging to see that the team is broadening the remit into other areas.

4.1b IPC Annual Report

David Sulch, Chief Medical Officer, welcomed and introduced Ian Hosein as the DIPSI who presented the report to the Board to approve. The report described the performance of MFT in Infection Prevention & Control (IP&C) during the last financial year and in view of the challenges posed by Covid-19 from March 2020. It also updated the Board on the status in the current financial year.

- 1) It included the views of regulators and outlined how the Trust has been responding to these. IP&C is a distributed requirement within an organisation so reports from departments which are vital to IP&C delivery such as Facilities and Occupational Health are included. The objective of the report is to give a fair, balanced and easily understood overview on key items for an assessment of improvement, continuing risks, and steps required to mitigate such risks.
- 2) Ian explained that since the submission of the report to Committees and Board things have changed due to the C-Diff reporting and the Covid outbreak within the hospital. The report would now reflect the changes.
- 3) The Board thanked Ian for his forensic approach and excellent leadership and extended thanks to the wider team. Messages around IPC should be reinforced within wards and generally in the hospital, colleagues must not be complacent with health and hygiene. The Quality Assurance Committee will have regular and ongoing conversations around this at its monthly meetings.
- 4) The Board **APPROVED** the report in its current form.

4.2 Board Assurance Framework

David Seabrooke, Company Secretary presented and asked the Board to note the discussions that have taken place and discuss any further changes required on the BAF. The Board Assurance Framework (BAF) is the means by which the Board holds itself to account, protect its patients and colleagues as well as the Trust. It helps to clarify what risks will compromise the achievement of the Trust's strategic objectives. The report was taken as read.

- 4.2.1 *Finance*; The committee agreed to increase the BAF risk rating for "delivery of financial control total" from 9 to 16. An amendment was submitted to recognise that the Trust was due to submit its plan for the six months to 31 March 2021 no later than 22 October 2020.

- 4.2.2 *Quality*; The Committee has reviewed a number of updates to risk 5a. Risk 5a was reduced to 12 - due to progress on delivery of actions including the significant investment in the leadership development of senior nursing staff including aspiring ward managers and a development programme for AHPs. Risk 5b needs updating in light of the outbreak of COVID and non-compliance to training. A verbal update will be given to the Trust Board. 5c risk rating reduced to 9 as progress has been made. Tony Ullman, confirmed that 5b will be reviewed in November at QAC. 5e will be kept track of and the nature of the risk needs to be removed.
- 4.2.3 *People*; Review by Chief People Officer highlighting progress with the “Our People” programme and the work towards engaging with the NHS Improvement cultural change programme. No change to the scores.
- 4.2.4 *Integrated Care*; No change since last update.
- 4.2.5 *Innovation*; Updated section was included in the paper and two Current scores were reduced to 6, which is better than the target of 9.
- 4.2.6 James Devine asked the Board to note that the BAF will include some of the other registers such as Covid-19. The additional registers will be included at the December meeting.

4.3 **Updating the Trust Constitution**

David Seabrooke, Company Secretary presented to the Board and asked for approval. Following the appointment of Jo Palmer as Chair of the Trust by the Council of Governors on 20 October, an amendment to give full effect to the three year term of the appointment is required.

The proposed change was agreed by the Council of Governors at its 20 October meeting. Board approval is also required.

- 1) There is a restriction in the constitution of seven on the total number of years a Chair or NED can serve on the Board. Jo Palmer had already served just over five years.
- 2) Recent advice from NHS Improvement indicates that there is no objection to the Trust regarding the Chair role as distinct from that of NED and in effect starting from zero years served for this purpose.
- 3) Finally, at a previous meeting the Board recently approved a three-yearly review of the Constitution, subject to legal advice. The proposed changes have been discussed with Sinton's and there are no issues arising to report. The new Constitution will be brought into effect subject to today's report being approved by the Board.

- 4.3.1 Chair recused herself from this item. Mark Spragg as Deputy Chair chaired.

The Board **APPROVED** and **APPROVED** the change to the Constitution.

5 **High Quality Care**

5.1 **Integrated Quality Performance Report**

The Board was asked to note the report and discuss the content. The refreshed version of the IQPR uses Statistical Process Control charts to display the data within the report. The report informed Board Members of the quality and operational performance across key performance indicators for July and August 2020.

- 5.1.1 Jane Murkin, discussed the data on falls, currently the Trust remains below the national average and data is showing that targets are being achieved. Quality Strategy improvement work continues to focus on the reliable implementation of the 'Falls bundle' known to reduce harm from falls. Post fall 'Grab boxes' have now been distributed with positive feedback.

There has been collaboration with Equipment Services to develop an equipment tracking system, to enable prompt oversight of available equipment and indication of the expiry dates. Patient factors that can contribute to falls were detailed in the paper as follows: One patient was Covid-19 positive, nine incidents were patients with alcohol related conditions, seven patients had a confirmed diagnosis of Dementia and 10 patients with Delirium. One patient sustained a vertebral fracture from a fall.

- 5.1.2 David Sulch took his element of the paper as read and had no further comments.
- 5.1.3 Angela Gallagher gave a positive story from elective care and referral to treatment. The restart plan was started in June and July 2020. The Trusts performance was judged against its data in 2019 and overall it has delivered what was required to date.
- 5.1.4 Emergency care is currently not delivering and levels have gone back to pre Covid levels of activity. There have been 12 hour trolley breaches and patient waiting times are high. Emergency care flow pathways are the key risk areas. Angela is working closely with clinicians to resolve this. The opening of Emerald Ward will alleviate some of the pressures. The clinical operation teams have been working hard to get pathways back on track but cannot work in isolation to resolve this, so Angela is encouraging teams to work together. Angela will ensure that the emergency breaches are included in the IQPR. *[Post meeting note: Alana Almond emailed Angela Gallagher and Gurjit Mahil to include in the IQPR]*
- 5.1.5 The Board noted that the data collection for reporting is tight and scheduling for the next financial year will be considered with the Company Secretary.
- 5.1.6 Chair asked for Angela to bring back a report on Challenges in the Emergency Department to the December meeting. David Sulch confirmed that this issue would be discussed at the Clinical Council w/c 09 November 2020. James Devine informed the Board that the Trust has reached out to South East Coast Ambulance Services (SECamb) to have an executive to executive conversation in regard to ambulance issues at the Emergency Department. *[Post meeting note: Alana Almond added this to the next agenda]*

5.2 Quality Assurance Committee Assurance Report

Tony Ullman, Chair of the Quality Assurance Committee, gave the Board an update on the Committee meetings held on Tuesday, 20 October 2020 and asked for the Board to note. The paper was taken as read. The quality assurance committee escalated the following issues to the Trust Board:

- 1) Outbreak of hospital acquired COVID
- 2) Pressure on the emergency department

- 5.2.1 Chair confirmed that both escalation items were addressed in the private Board meeting.

6 Financial Stability

6.1 Finance Report – Month 6

Richard Eley, Chief Finance Officer (Interim), asked the Board to note the report which sets out the summary financial position to the end of September 2020. The paper was taken as read. The Trust reports a deficit of £9k in month and £60k year to date, which adjusts to breakeven against the NHSE/I control total. September was the sixth and final month where true-up income was available to support providers achieve breakeven. Richard gave the Board the following key highlights from the report:

- 6.1.1 CIP; schemes delivered to so far in the year mainly relate to the full year effect of schemes from 2019/20, efficient use of theatres, reduced orthopaedic insourcing, as well procurement and

pharmacy savings from nationally agreed prices. Year to date performance reports an over achievement against plan due to timing differences of schemes delivered. The forecast position of actual delivery has been updated with the scheme owners identifying £8.5m to achieving the £12m plan. CIPs are a risk, but budget holders are working on closing the gap.

- 6.1.2 Capital; continues to underspend and is now 42% behind the original plan agreed with the STP. ED and other ward refurbishment works have accelerated in the last month and a review is underway to ensure there are contingency schemes should any projects experience permanent in year delays. There is an additional £1.7m of capital expenditure YTD not reflected in this table relating to Covid. A bid for funding has been submitted and approval is pending. £2.2m of bids for numerous other PDC funded schemes in relation to IT, A&E and diagnostics have been approved by NHSEI, as PDC has not yet been issued they are not yet reflected in this snapshot. When all funding has been fully agreed and drawn the overall programme is expected to total £29.7m, funded by £12.5m normal PDC, £7.9m Critical Infrastructure Fund and the balance £9.3 from internally generated funds (depreciation).
- 6.1.3 Cash; activity is below draft budgeted levels as a result of Covid. Pay costs are higher than expected, in month by £0.3m due to the senior medical pay award backdated to March.
- 6.1.4 Reporting is proposed to mirror national contracting moving forwards and show month one to six as a sub-total and month seven to twelve as a separate sub-total. Under current contracting arrangements, funding is through a block contract, top-up payment and true-up payment to cover Covid costs and ensure the Trust breaks even. From October, commissioning arrangements change with funding based at an STP level. Plans have been submitted for October to March including identifiable cost pressures and service developments with a resulting £39m deficit that the Trust is requesting funding for.
- 6.1.5 Debt; there is ongoing concerns about debt levels and the team are working to recover debt that is outstanding.
- 6.1.6 James Devine said with the year-end forecast there are some known unknowns but many knowns so a trajectory can be formed around this. The Trust should learn from this year especially with workforce spends as there are risk with this. Richard confirmed there is a funding regime for this. During the first six months of the year the Trust has broken even, NHSEI have said that they are not currently concerned. The Trust will need to review the next six months but overall the team is content that the money coming in to the Trust matches the amount of expenditure for the second part of the year. There are cost pressures in the finances due to the opening of wards but there is some room for movement.
- 6.1.7 Any Covid pressures that arise will be financial pressures. If activity reduces then so will the costs. The situation is finely balanced at the moment; any additional costs into the system will put the Trust off track. The team has been able to incur costs and recharge them at present. Stock levels will continue to need close management. The Trust will do whatever it has to, to ensure that colleagues are safe with the right levels of PPE. James Devine stated it is about quality and cost, not either or. The Trust must not lose sight of the financials though with its important plans. Chair stated that the Trust must control its costs.

6.2 Finance Committee Assurance Report

Jo Palmer, Chair, took the paper as read and informed the Board of the following key issues from the Finance Committee meeting of Thursday, 22 October 2020 for the Board to note. The following escalations were submitted to Board:

- 1) The Committee asks the Board to note the increased ageing of the accounts receivable and to support efforts to recover these sums. The Board **NOTED** this.
- 2) The Trust Board is recommended to approve the STP budget for the next financial year. The Board **APPROVED** this budget.
- 3) Subject to the independent review and assurance over the contracting of the activity outsourcing requirement, the Trust Board is recommended to approve the Cardiology business case. It was an urgent requirement and this was signed off immediately as it was a matter of patient safety. The Board **APPROVED** this business case.
- 4) The Committee recommends approval of the EPR outline business case to the Trust Board. This will come back to the Board in December in a full report. The Board **APPROVED** the outline business case.

6.2.1 Gary Lupton, stated that capital spend has been thoroughly discussed with the team and a RAG rating has been reviewed against each line. There is a detailed forecast being submitted to the next Finance Committee. A backlog maintenance programme is in place and will be presented to the Committee.

7 Innovation

7.1 Trust Improvement Plan

James Devine, Chief Executive, took the paper as read and asked the Board to note the current position for assurance; a brief update was given on the progress and the paper taken as read. Overall the work pillars are amber and the work is on track. James has no concerns in the paper or within the work streams.

7.1.1 At the 90 day forum in October 2020 positive feedback was received on progress from the NHSEI and the CCG and this is a testament to our colleagues for their work.

7.1.2 Harvey McEnroe, will use the integrated care pillar to link our outpatient and cancer care through to the systems.

8 Our People

8.1 People Committee Assurance Report

Sue Mackenzie, Chair of the People Committee, gave the Board an update on the Committee meeting held on Monday, 19 October 2020. The paper was taken as read.

8.1.1 The following items were given as escalations to the Board:

- 1) COSHH training compliance remained low with three care groups/directorates meeting the minimum 85% target and 19 below target. Progress with training needs to accelerate significantly to meet internal project plans. Sue urged the Board to encourage teams to do their training. People Committee will review again in November. Training is vital for colleagues to carry out their role. Chair asked that this is followed up with teams.
- 2) The Board is asked to NOTE the content of the Executive Development plan 2021-22 as part of the well-led action plan.
- 3) An invite to the People Committee has now been extended to the Executive team from November 2020.

8.2 Flu Programme Self-Assessment

Leon Hinton, Chief People Officer, presented to the Board and asked them to note the update. The paper provided a high level plan for the healthcare worker flu vaccination campaign for 2020/21 which will be in line with the best practice management checklist for public assurance via Trust boards.

- 8.2.1 Healthcare workers with direct patient contact need to be vaccinated to ensure protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful. NHS organisations are being asked to identify the 'higher-risk' clinical areas and take more robust steps to limit exposure of patients to unvaccinated staff. In these higher-risk areas, Trusts are expected to take appropriate steps to maintain safety of the service including redeployment of staffing to maintain safe operation of the service.
- 8.2.2 The covid-19 pandemic creates a more challenging operating context for this year's campaign compared to previous years. It is more important than ever to make strong plans with the following measures – Committed leadership, Communication plan and Incentives.
- 8.2.3 Board asked for more detailed information with what the actions are in this programme, including how is the Trust going to assure compliance. This can be added to the fortnightly Covid meetings.
- 8.2.4 The Board **APPROVED** the report for NHSEI.

8.3 Modern Slavery Policy

Leon Hinton, Chief People Officer, presented to the Board and asked them to approve the policy. The paper was taken as read.

- 8.3.1 The Modern Slavery Act 2015 requires organisations to prepare a slavery and human trafficking statement for each financial year. In September 2019 the Trust published a Modern Day Slavery Policy for financial year 2019/20 in accordance with s.54 of the Modern Slavery Act 2015.
- 8.3.2 For the financial year 2019/20, no reports were received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.
- 8.3.3 This report therefore summarises the review and refresh of the Trust's Modern Day Slavery Statement and the Board is requested to approve publication of the statement for financial year 2020/21.
- 8.3.4 The Board **APPROVED** the policy and it will be published on the Trust's website.

9 Integrated Health Care

9.1 Covid-19 Update – Wave 2 Plan

Harvey McEnroe, Strategic Commander, asked the Board to note the report and update.

- 9.1.1 Following Covid19 wave1 the Trust has been preparing for a second wave and the potential for an outbreak in the hospital. With numbers rising nationally in October 2020 we officially entered wave 2 of the COVID pandemic with numbers rising across the county. While the national picture shows that we are two weeks behind the northern counties, the South East region is beginning to see an increase in the number of positives reported, coupled with a hospital acquired outbreak the Trust has moved to a level 4 internal incident for the management of the incident. Much of the discussion on Covid-19 was covered earlier in the meeting.
- 9.1.2 Tony Ullman referred to the October outbreak of Covid-19 within the paper. Tony stated that colleagues dealt with the outbreak with urgency and rigour. There are processes in place to prevent further hospital acquired infection and a report will be submitted to the Quality Assurance Committee for review to avoid recurrence.

- 9.1.3 Glynis Alexander confirmed that communications will be sent five times a week to colleagues to keep them up to date with guidance and changes within the hospital. The messages will return to five times a week. In addition the community and senior stakeholders are kept informed of hospital business and there is integrated messaging.
- 9.1.4 Gary Lupton confirmed that currently oxygen levels are good and there is no need for additional capacity, there is an alarm system to flag if levels drop too far. Usage has been well managed over clinical and non-clinical areas. David Sulch confirmed that there is also the use of dexamethasone, which reduces the need for oxygen.

[There was a short break for the Board 14:45 - 15:00]

9.2 Sustainability and Transformation Plan Update – ICS Accreditation Report

James Devine introduced Wilf Williams, CCG Responsible Officer, who asked the Board to note the update. The 'Kent & Medway ICS accreditation submission' has been prepared for NHS England and NHS Improvement (NHSEI). Currently, the Kent and Medway system is a Sustainability and Transformation Partnership (STP). ICSs are more advanced forms of STPs, with greater responsibilities for working as a system and for holding regionally delegated authorities/autonomies (as agreed with NHSEI) that further facilitate the integration of care. The paper was taken as read and Wilf gave highlights from the report, further to this the following was discussed:

- 9.2.1 Wilf Williams stated that greater collaboration and integration is a positive move for all involved. Acting together more can be achieved. The aim should be to complement Trust's statutory responsibilities and agreeing common positions, driving towards improvement. It really is about values and behaviours, the first wave of the pandemic shows how everyone can work together well.
- 9.2.2 It should be noted that the ways that Chief Finance Officers work together across the region are exemplary; they rise above individual working and collaborate well. This is an example of where partnership approach is positive.
- 9.2.3 There have been some really positive Integrated Care Partnership meeting in recent times and the CCG are an important system enabler. It is really useful that it is being clinically led. The general consensus is that collaboration is the way forward.
- 9.2.4 Wilf closed by thanking the Board and congratulated Jo Palmer on her appointment as Chair.
- 9.2.5 Chair thanked Wilf for his time and the Board **NOTED** the update, accreditation, submitted paper and the progress made to date.

10 Any Other Business

10.1 Council of Governors Update

Glyn Allen, Lead Governor gave the Board and update on the Council of Governors to note. This is the first meeting of the Board since Jo Palmer's appointment as Chair; the Council gave Jo their congratulations and looks forward to working with her in the coming months and years ahead. The Council also welcomed Alan Davies in his new role as Chief Finance Officer and wished Richard Eley all the best for the future.

The Council look forward to meeting in person once they are able to but in the meantime have enjoyed a number of virtual meetings such as; inductions, coffee mornings, digital strategy insight and Governor workshops.

The Council offered their continued full support to the Trust and will continue to engage in whatever way it can with the support from Glynis Alexander and the Communications team. Glynis in return gave thanks to the Council for trying new ways of communicating during the difficult time and the Chair extended her thanks.

10.2 Questions from the Public

There were no questions from the public submitted to the Board and no matters of any other business.

11 Strategy

11.1 Future Population Health Requirements

James Williams, Director of Public Health at Medway Council, presented the future population health requirements for Medway and Swale, to the Board for noting. The presentation included:

- 1) Medway and Swale Primary Care Networks (PCNs)
- 2) Demographics; Population in Medway and Swale and population projection in age
- 3) Prevention and health inequalities; Deprivation, Most deprived 10%, Life expectancy at birth (Male), Life expectancy at birth (Female), Females spend more years in poor health than males, Life expectancy gap between the most deprived quintile and least deprived quintile of Medway, by broad cause of death 2015 to 2017 and the breakdown of the causes.
- 4) Smoking prevalence in adults (18+) - current smokers (APS)
- 5) Children with excess weight Year 6, three year average.

11.2 Harvey McEnroe confirmed that the ICP is firmly focused on these areas of concern.

11.3 Tony Ullman asked James what more the Trust can do to assist which in turn would take pressure off of the hospital. James Williams said the Trust is one of the biggest employers in the area and it is important for the Trust to develop the workforce going forward. Think about skills agenda, mentoring and apprenticeships, this is the critical role for the Trust to get Medway people trained and into jobs. The Trust should be leading on the preventative work for diseases caused by things such as; smoking and obesity. The Trust should be systematic as it goes forward and think about its outreach work. David Sulch agreed that work needs to be done on the long term investment into people and the benefits of the Trust's prehab work. Jack Tabner will work with James on outcome measurement and build it into the IQPR.

11.4 James stated that there was a deep dive on social isolation as there is a clear link between isolation and degeneration. There is a social element to enable people to have good health; it would be of benefit to have that pathway improved.

11.5 Chair stated that it is important to provide leadership to the local population on health matters. It is a multi-generational issue. Foundations should be laid now for others to benefit from in years to come. Chair thanked James for his presentation and time at the Board.
[Post meeting note: Alana Almond circulated presentation to the Board via email]

12 Date and time of next meeting

The next meeting will be held on Wednesday, 02 December 2020, 12:30 – 15:30.

The meeting closed at 16:05

These minutes are agreed to be a correct record of the Trust Board of Medway NHS Foundation Trust held on Thursday, 05 November 2020

Signed Date
 Chair

DRAFT

Meeting of the Board of Directors in Public Wednesday, 02 December 2020

Title of Report	Integrated Quality and Performance Report (IQPR)	Agenda Item	3.1
Report Author	Jane Murkin – Chief Nursing and Quality Officer David Sulch – Medical Director Angela Gallagher – Chief Operating Officer		
Lead Director	Jane Murkin – Chief Nursing and Quality Officer		
Executive Summary	<p>This report informs Board Members of the quality and operational performance across key performance indicators.</p> <p><u>Safe</u> Our Infection Prevention and Control performance for September shows that the Trust has had 0 MRSA bacteraemia cases and three hospital acquired C-diff cases.</p> <p>Whilst, July's overall HSMR rate is stable currently at 98.75 and below the national threshold, the weekend HSMR rate is at 109.07 and links to risks during the weekends with Bed Occupancy and MSA also increasing.</p> <p><u>Caring</u> Unfortunately, whilst MSA had shown improvement in previous months, October has seen that 68 breaches were recorded. This has mainly been in the high dependency unit and at weekend periods where bed occupancy within the organisation was high.</p> <p>The Friends and Family recommended rates remain close or above the national standard of 85% (Inpatients: 77.14%, ED: 83.15%, Maternity: 99.68%, Outpatients: 90.66%). Whilst Inpatients remains relatively static, improvements have been seen in ED, Maternity and Outpatients.</p> <p><u>Effective</u> VTE performance, whilst slightly ahead of the Mean, in October is unfortunately decreasing month on month, at 89.3% against a target of 95%. Additionally, Discharges before Noon, whilst close to the Mean are still below at 14.56% and significantly below the Target of 25%.</p> <p><u>Responsive</u> Unfortunately, due in part to the lower discharges before noon rate and the pause in elective work the 18 weeks Referral to treatment (RTT) performance for September is recorded at 64.7%, with 144 +52 week breaches, clinical harm reviews have been completed for these patients. Additionally, the Trust has seen 31 Operations cancelled by the hospital on the day. Continues site pressures, due to COVID increases, has also seen Bed Occupancy challenges, reported at 82.7% for October.</p> <p>ED (Type 1) 4 hour performance as a result of site pressures reported 74.38%</p>		

	<p>in October. Additionally, the Trust saw 309 Ambulance Handover delays of +60mins.</p> <p>However, DM01 Diagnostics performance is continuing to improve at 87.5% for September.</p> <p><u>Well Led</u></p> <p>We have maintained compliance with Trust target for appraisal and statutory and mandatory training.</p> <p>To note:</p> <ul style="list-style-type: none"> • The maternity 12+6 indicator currently shows July data, this is because NHS I/E/D calculates this indicator and is currently working 3 months in arrears. • The SHMI data is currently showing April – this is reliant on MHS I/E/D and is 3 to 4 months in arrears. • The HSMR is currently showing July data, this is reliant on Dr Foster and this is 3 to 4 months in arrears. • The C-diff, E Coli and RSA data is reliant on the Trust's internal IPC sources and data is available from working day 13 of the month. 			
Resource Implications	None			
Legal Implications/Regulatory Requirements	State whether there are any legal implications			
Quality Impact Assessment	Not required.			
Recommendation/ Actions required	The Board is asked to note the discussions that have taken place and discuss any further changes required.			
	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Noting <input checked="" type="checkbox"/>
Appendices	Appendix 1 – IQPR – October 2020			

Integrated Quality and Performance Report

Reporting Period: October 2020

Summary

Caring

Effective

Safe

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Responsive

Well Led



Best of care
Best of people

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Well Led	23

Safe

Our Infection Prevention and Control performance for September shows that the Trust has had 0 MRSA bacteraemia cases and 3 hospital acquired C-diff cases.

Whilst, July's overall HSMR rate is stable currently at 98.75 and below the national threshold, the weekend HSMR rate is at 109.07 and links to risks during the weekends with Bed Occupancy and MSA also increasing.

Caring

Unfortunately, whilst MSA had shown improvement in previous months, October has seen that 68 breaches were recorded. This has mainly been in the high dependency unit and at weekend periods where bed occupancy within the organisation was high.

The Friends and Family recommended rates remain close or above the national standard of 85% (Inpatients: 77.14%, ED: 83.15%, Maternity: 99.68%, Outpatients: 90.66%). Whilst Inpatients remains relatively static, improvements have been seen in ED, Maternity and Outpatients.

Effective

VTE performance, whilst slightly ahead of the Mean, in October is unfortunately decreasing month on month, at 89.3% against a target of 95%. Additionally, Discharges before Noon, whilst close to the Mean are still below at 14.56% and significantly below the Target of 25%.

Responsive

Unfortunately, due in part to the lower discharges before noon rate and the pause in elective work the 18 weeks Referral to treatment (RTT) performance for September is recorded at 64.7%, with 144 +52 week breaches, clinical harm reviews have been completed for these patients. Additionally, the Trust has seen 31 Operations cancelled by the hospital on the day. Continues site pressures, due to COVID increases, has also seen Bed Occupancy challenges, reported at 82.7% for October.

ED (Type 1) 4 hour performance as a result of site pressures reported 74.38% in October. Additionally, the Trust saw 309 Ambulance Handover delays of +60mins.

However, DM01 Diagnostics performance is continuing to improve at 87.5% for September.

Well Led

We have maintained compliance with Trust target for appraisal and statutory and mandatory training.

Domain: Caring Dashboard

Executive Lead: Jane Murkin – Chief Nursing & Quality Officer
Operational Lead: N/A
Sub Groups : Quality Assurance Committee

TRUST										
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Caring	Admitted Care	Mixed Sex Accommodation Breaches	Oct-20	0	68.00	30.59	120.68	210.76		
		MSA %	Oct-20	0%	0.49%	0.21%	0.81%	1.41%		
		% of EDNs Completed Within 24hrs	Oct-20	100%	69.49%	69.20%	74.39%	79.58%		
	ED Care	Inpatients Friends & Family % Recommended	Oct-20	85%	77.14%	78.98%	85.19%	91.40%		
		Inpatients Friends & Family Response Rate	Oct-20	22%	17.89%	15.89%	20.36%	24.83%		
		ED Friends & Family % Recommended	Oct-20	85%	83.15%	72.11%	78.95%	85.79%		
	Maternity Care	ED Friends & Family Response Rate	Oct-20	22%	14.44%	11.96%	14.59%	17.23%		
		Maternity Friends & Family % Recommended	Oct-20	85%	99.68%	97.25%	99.27%	100.00%		
	Outpatient Care	Maternity Friends & Family Response Rate	Oct-20	22%	40.27%	11.86%	26.73%	41.60%		
		Outpatients Friends & Family % Recommended	Oct-20	85%	90.66%	87.64%	90.19%	92.73%		
		Outpatients Friends & Family Response Rate	Oct-20	22%	11.88%	11.82%	13.93%	16.04%		

Indicator: Mixed Sex Accommodation Breaches



Indicator Background:

The number of patient breaches by day of mixed-sex accommodation (MSA)

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a low improving nature. Despite the improvement to date in reducing MSA breaches over the past two months there has been an increase in numbers due to challenges relating to patient flow across the site

Actions:

Same sex accommodation breaches are highlighted at thrice daily site meetings with the expectation placement of these patients is prioritised alongside patients being admitted to the wards. Privacy and dignity maintained within critical care and ward environments with information provided to patients.

Outcomes:

Main occurrences of breaches are in high dependency unit and at weekend periods where bed occupancy within the organisation was high.

Underlying issues and risks:

Bed occupancy high presenting challenges to step down patients from critical care units into ward based care. Increase in emergency surgical admissions and the requirement to maintain red and green pathways for elective and emergency surgical patients placed further pressure with patient placement.

Domain: Effective Dashboard

Executive Lead: Jane Murkin – Chief Nursing & Quality Officer
David Sulch – Chief Medical Officer
Sub Groups : Quality Assurance Committee

TRUST										
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Effective	Best Practice	7 Day Readmission Rate	Sep-20	5%	6.81%	4.13%	5.65%	7.18%		
		30 Day Readmission Rate	Sep-20	10%	13.47%	9.16%	11.33%	13.50%		
		Discharges Before Noon	Oct-20	25%	14.56%	12.37%	15.00%	17.63%		
		Fractured NOF Within 36 Hours	Oct-20	100%	94.10%	36.81%	64.14%	91.46%		
		VTE Risk Assessment % Completed	Oct-20	95%	89.29%	75.11%	86.17%	97.24%		
	Maternity	Elective C-Section Rate	Oct-20	13%	14.55%	9.86%	13.26%	16.66%		
		Average occupancy	Oct-20	15%	23.90%	15.26%	19.24%	23.22%		
		Total C-Section Rate	Oct-20	28%	38.44%	28.01%	32.51%	37.01%		
		Number of Deliveries (Count of Mothers)	Oct-20	0	385.00	344.64	406.00	467.36		
		12+6 Risk Assessment	Jul-20	90%	86.21%	55.52%	77.49%	99.46%		

Domain: Effective Insights

Executive Lead: David Sulch – Chief Medical Officer
Operational Lead: Dr Graeme Sanders & Mr Neil Kukreja
Sub Groups : Orthopaedics, Anaesthesia, Orthogeriatrics

Indicator:



Indicator Background:

The proportion of patients admitted with fractured neck of femur (NOF) and had surgery within 36 hours of admission.

What the Chart is Telling Us:

The SPC data point is showing common cause variation indicating no significant change. Assurance indicates that the KPI is consistently failing to achieve target.

Actions:

An extra half day trauma theatre has been sporadically provided Mon-Fri since the beginning of July 2020. This has been made regular since August 2020.

Revamp of orthopaedic staffing underway. Need to employ two more surgeons on a permanent basis.

Outcomes:

No impact on NOF within 36-hours pathway, but other frailty trauma has been operated on earlier.

Business case for new trauma consultants is with Execs next week for approval. It was signed off at Divisional level.

Underlying issues and risks:

Two orthopaedic surgeons have been shielding.

Lack of trauma theatre capacity.
 High volumes of sub-specialty frail non-NOF trauma, equally deserving prompt surgery.

Domain: Safe Dashboard

Executive Lead: Jane Murkin – Chief Nursing & Quality Officer
David Sulch – Chief Medical Officer
Sub Groups : Quality Assurance Committee

TRUST										
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Safe	Harm Free	Falls Per 1000 Bed Days	Oct-20	6.63	5.05	2.87	4.71	6.54		
		Pressure Ulcer Incidence Per 1000 days (Moderate and High Harm)	Oct-20	1.04	0.00	0.00	0.05	0.22		
	Incident Reporting	Never Events	Oct-20	0	0.00	0.00	0.13	0.84		
		No of SIs on STEIS	Oct-20	90	12.00	1.40	11.06	20.73		
		% of SIs Responded To In 60 Days	Oct-20	0%	100.00%	92.56%	98.17%	100.00%		
	Infection Control	MRSA Bacteraemia (Trust Attributable)	Sep-20	5	0.00	0.00	0.53	2.64		
		C-Diff Acquisitions (Trust Attributable, Post 48 Hours)	Sep-20	43	3.00	0.00	2.83	9.72		
		C-Diff: Hospital Onset Hospital Acquired (HOHA)	Sep-20	0	3.00	0.00	1.50	5.57		
		E-coli (Trust Acquired) Infections	Sep-20	30	4.00	0.00	4.47	10.15		
	Mortality	Crude Mortality Rate	Sep-20	3%	1.32%	0.53%	1.65%	2.76%		
		HSMR (All)	Jul-20	100	98.75	93.10	105.08	104.98		
		HSMR (Weekday)	Jul-20	100	95.00	88.58	102.25	102.21		
		HSMR (Weekend)	Jul-20	100	109.07	97.02	112.96	122.06		
		SHMI	Apr-20	1	1.11	1.07	1.09	1.11		

Domain: Safe Insights

Executive Lead: Jane Murkin – Chief Nursing & Quality Officer
Operational Lead: Kerry O'Neill
Sub Groups : Quality Assurance Committee

Indicator: Falls Per 1000 Bed Days



Indicator Background:

The number of patient falls per 1000 bed days.
 Where is the comment about the fact that we are lower the national average

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a low improving nature. Assurance indicates that the KPI is consistently achieving target.

Actions:

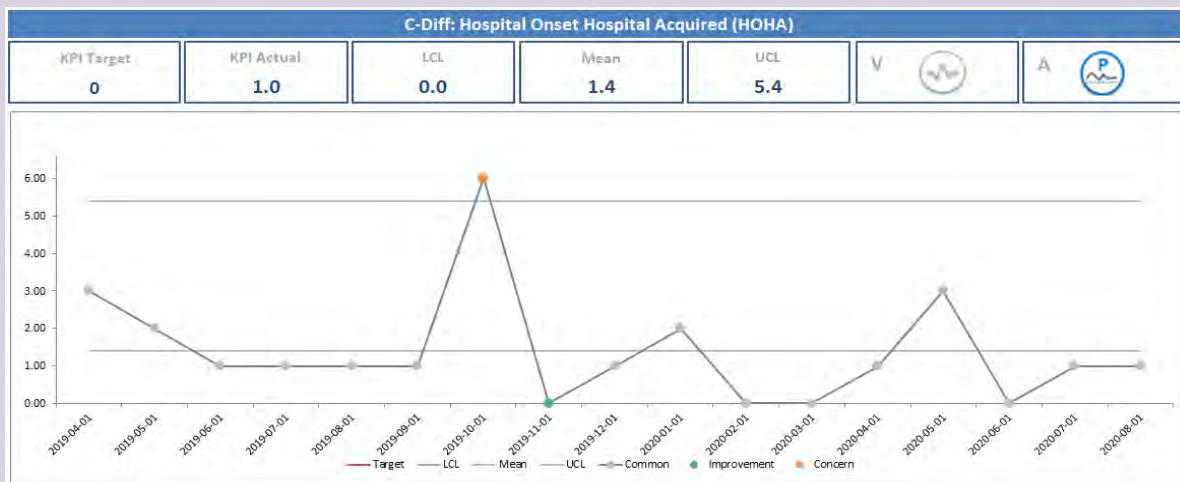
The quality strategy implementation pilot wards continue to focus on improving the reliability of the process through the implementation of the CRASH bundle .
 Post fall “ Grab boxes” have now been distributed with positive feedback.
 Collaboration with Equipment Services to develop an equipment tracking system to enable prompt oversight of available equipment and indication of expiry date

Outcomes:

Mix of patients including COVID positive, alcohol related, confirmed diagnosis of Dementia and confirmed Delirium

Underlying issues and risks:

Indicator: C-Diff Acquisitions HAI (HOHA + COHA)



Indicator Background:

The number of Clostridium difficile (C-Diff) cases.

What the Chart is Telling Us:

The SPC data point is showing common cause variation however we had 4 cases acquired in August .

Actions:

Rapid reviews of all recent cases to determine themes in causation

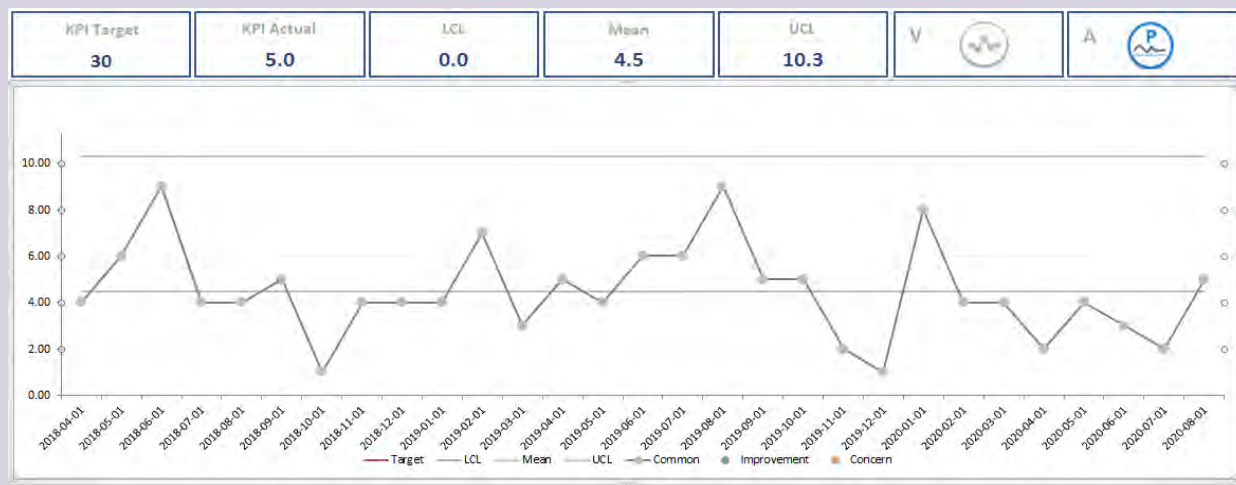
Outcomes:

Reinforcement of key controls with daily monitoring on all wards will lead to a reduction in C diff rates.

Underlying issues and risks:

C diff is limited in the number of ways it can develop – if these are controlled, rates will drop. The Infection Prevention & Control team has no capability or capacity to undertake the required work or assure ward controls. Since wards are managed, we need ward doctors, nurses and pharmacists assuring controls such as antibiotic prescribing and prevention of faecal-oral transmission.

Indicator: E-coli blood stream hospital associated infections



Indicator Background:

The number of Escherichia coli (E. coli) cases.

What the Chart is Telling Us:

The SPC data point is showing common cause variation indicating no significant change. Assurance indicates that the KPI is consistently achieving target.

Actions:

E coli is a bowel organism and hence faecal-oral hygiene can block a transmissible element . Blood Stream invasion can be via IV access devices
 Hygienic behaviour, environmental decontamination ,and patient safety assurance such as with use of IV devices must be Business As Usual in all clinical areas with daily monitoring for assurance of implementation

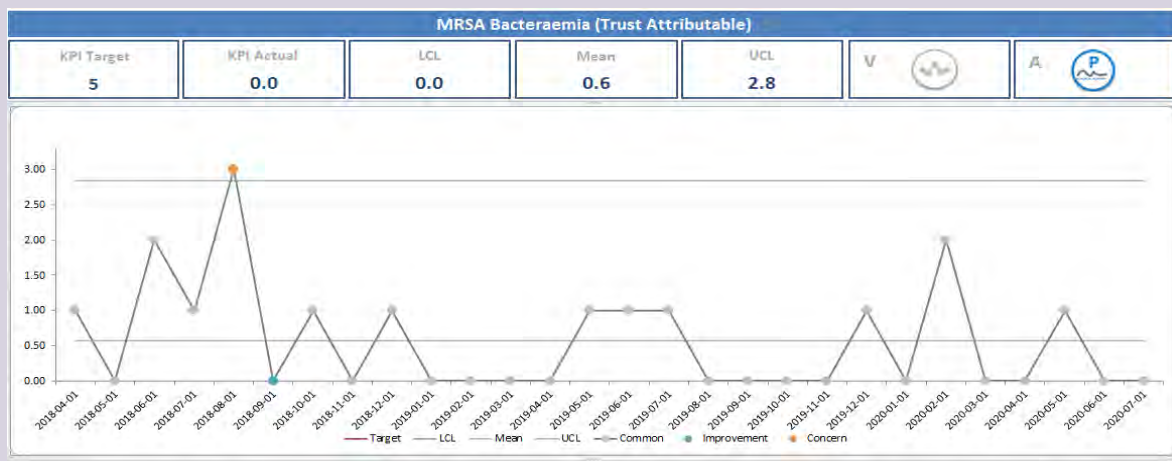
Outcomes:

Rates remain low

Underlying issues and risks:

Hygienic behaviour and equipment decontamination in clinical areas were not satisfactory during the first Covid wave since wards reported significant levels of stress in dealing with COVID patients and from the threat of acquiring Covid infection. Ward teams must own their own behaviour and assurance of patient safety at all times (with resurgent Covid.)

Indicator: MRSA Bacteraemia (Trust Attributable)



Indicator Background:

The number of Meticillin-resistant Staphylococcus aureus (MRSA) cases.

What the Chart is Telling Us:

The SPC data point is showing common cause variation indicating no significant change. Assurance indicates that the KPI is consistently achieving target.

Actions:

MRSA spreads from person to person and it invades the blood stream via vascular access devices and breaks in the skin. Ward hygienic behaviour must be assured 24/7/365.
 Use of vascular access devices must be within safety standards at all times
 All patients must have their MRSA screening status known at all times.

Outcomes:

No further cases this year

Underlying issues and risks:

If the underlying drivers of MRSA spread and invasion are not controlled, rates will rise.

Domain: Responsive – Non Elective Dashboard

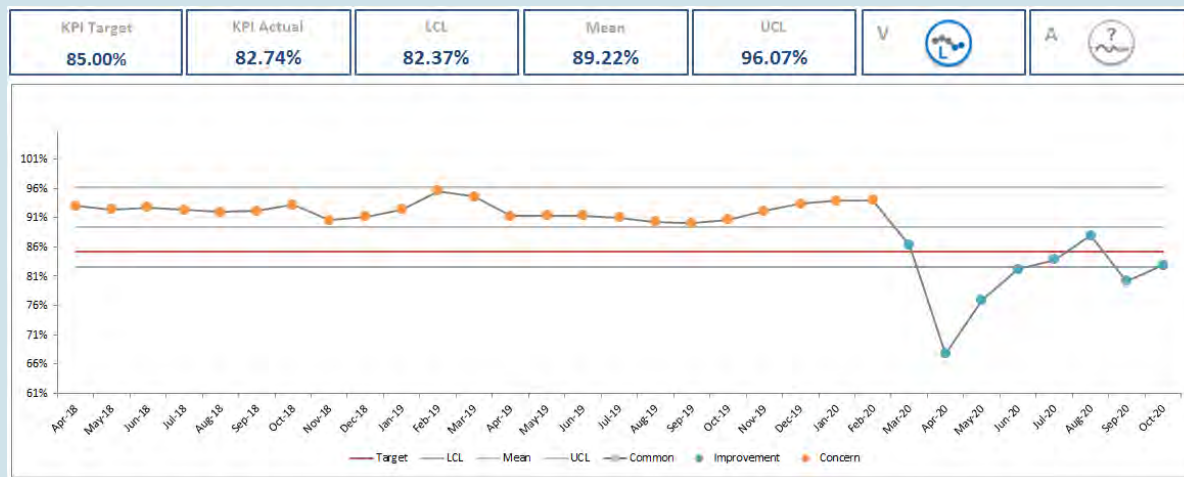
Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: N/A
Sub Groups : N/A

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Responsive - Non Elective	Bed Management	Bed Occupancy Rate	Oct-20	85%	82.74%	82.37%	89.22%	96.07%		
		Average Elective Length of Stay	Oct-20	5	2.96	1.46	2.33	3.20		
		Average Non-Elective Length of Stay	Oct-20	5	8.09	7.28	8.44	9.59		
		% of Delayed Transfer of Care Point Prevalence in Month	Sep-20	4%	0.18%	0.41%	1.44%	2.48%		
		% Medically Fit For Discharge Point Prevalence in Month	Oct-20	7%	10.84%	14.92%	18.43%	21.94%		
	ED Access	ED 4 Hour Performance All Types	Oct-20	95%	84.29%	77.27%	84.06%	90.85%		
		ED 4 Hour Performance Type 1	Oct-20	95%	74.38%	67.15%	76.33%	85.51%		
		ED 12 hour DTA Breaches	Oct-20	0	31.00	0.00	12.97	49.50		
		60 Mins Ambulance Handover Delays	Oct-20	0	309.00	0.00	91.42	201.37		

Domain: Responsive – Non Elective Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Kevin Cairney, Director of Operations, UIC
Sub Groups : N/A

Indicator: Bed Occupancy Rate



Indicator Background:

The proportion of beds occupied at midnight.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a low improving nature. Assurance indicates that the KPI is Inconsistently achieving target.

Actions:

Focus maintained on MFFD clearance with system partners. Threshold <30 maintained;
 Increased availability of NEL beds through tactical reconfiguration across both Divisions;
 Elective care focused on Bronte & SDCC;
 17 unfunded escalation beds opened safely on Jade ward;
 Emerald ward (15 beds) to open on 23rd November;
 Bronte ward returning to UIC on the 189th Nov;
 Site rhythm facilitating Covid19 regulation;

Outcomes:

ADL moved to Christina Rosetti 17th Nov;
 Midday NEL occupancy >99% not factoring DTA;
 Unfunded escalation beds require PID. Jade ward likely to be operated by TOP team;
 Consideration of DTA transition zone in ADL to decompress ED;

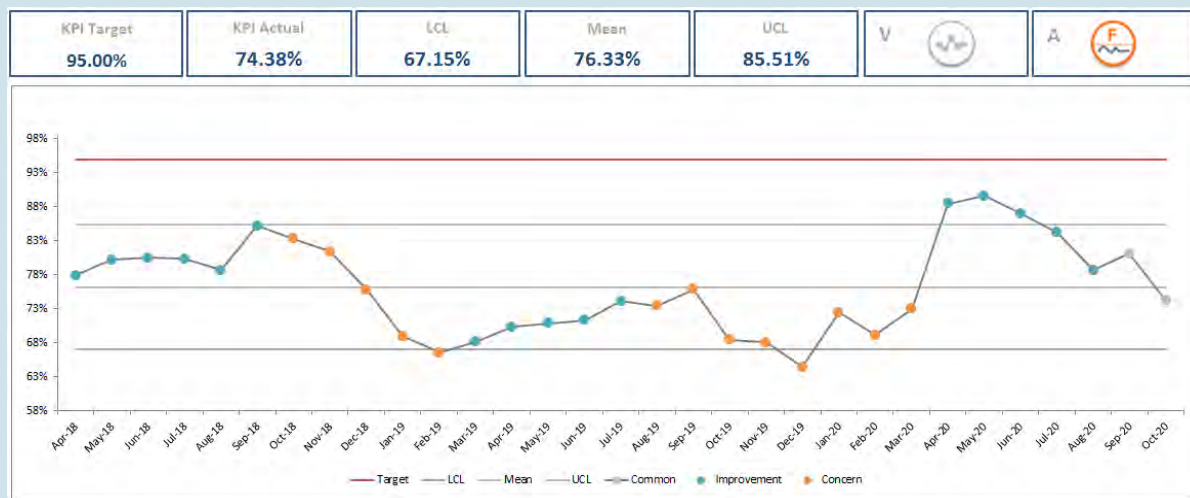
Underlying issues and risks:

Tier 3 required in UIC to release DCC for in-patient areas as a result of staff sickness;
 Nursing workforce availability for escalation areas. Cross divisional solutions required for Bronte;
 Unable to launch Mission 1 (LOS reduction) due to lack of project support assets. ToR created and awaiting further review by COO;
 Swabbing protocol is creating additional delay in discharging patients (TBC);

Domain: Responsive – Non Elective Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Kevin Cairney, Director of Operations, UIC
Sub Groups : N/A

Indicator: ED 4 Hour Performance Type 1



Indicator Background:

The proportion of Accident & Emergency (A&E) attendances that are admitted, transferred or discharged within 4 hours of arrival.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a high improving nature. Assurance indicates that the KPI is consistently failing to achieve target.

Actions:

Emergency Care Recovery plan to launch 19/01 with detailed action set including CQC Patient First; SDEC utilisation continues to improve following completion of phase 4. Increased tactical usage of SDEC for surgical specialties; Roles & responsibilities through ED and Site Operations continue to embed; Review of Full Capacity Protocol complete. Secondary review by DCOO now underway; Increased NEL capacity as per estates group;

Outcomes:

6.3% decline in –month performance (YTD 83%); Non-admitted performance 91.5% (YTD 92%); Admitted performance 10.5% (YTD 22%) Attendances reduces by 162; Attendances reduced by 1281 versus last year; Admissions increased by 160 (acuity); Ambulance attends reduced by 2%; Pathway streaming at 38%; Paediatric performance >96%; 31 validated 12 hour breaches in-month;

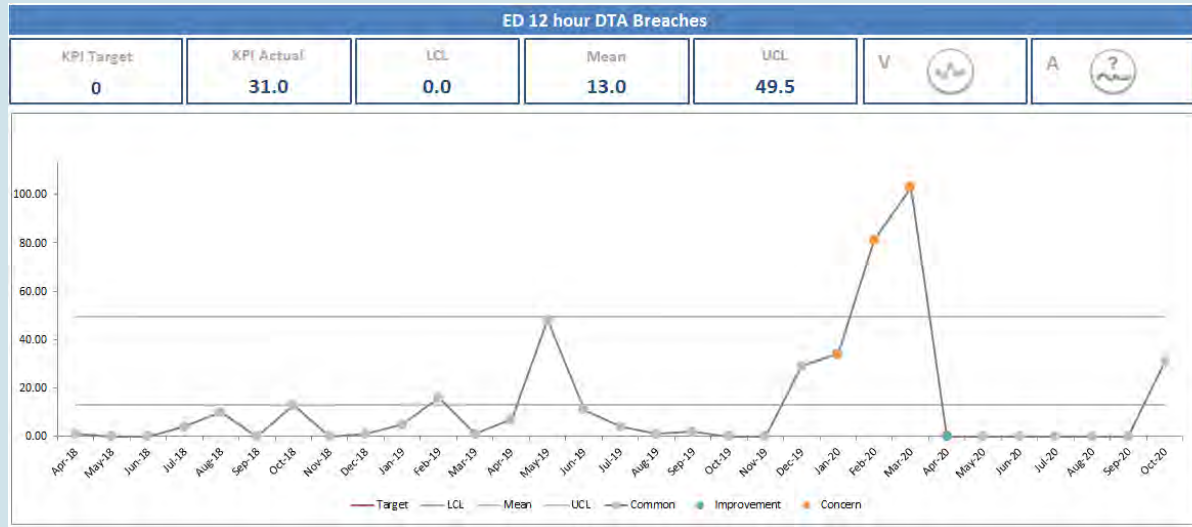
Underlying issues and risks:

Bed occupancy >98% in NEL pathways; Covid19 pathways remain undifferentiated (POCT due early Dec 2020); Blocked beds in non-Covid19 wards leading to further increase in bed occupancy; Staff fatigue and morale clinically significant; Cubicle block reducing non-admitted performance; Aggregate patient delay continues to increase in Frailty; Inability to refer and move Acute Medicine;

Domain: Responsive – Non Elective Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Kevin Cairney, Director of Operations, UIC
Sub Groups : N/A

Indicator: ED 12 hour DTA Breaches



Indicator Background:

The proportion of Accident & Emergency (A&E) attendances that are admitted, transferred or discharged within 12 hours of arrival.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a high improving nature. Assurance indicates that the KPI is consistently failing to achieve target.

Domain: Responsive – Elective Dashboard

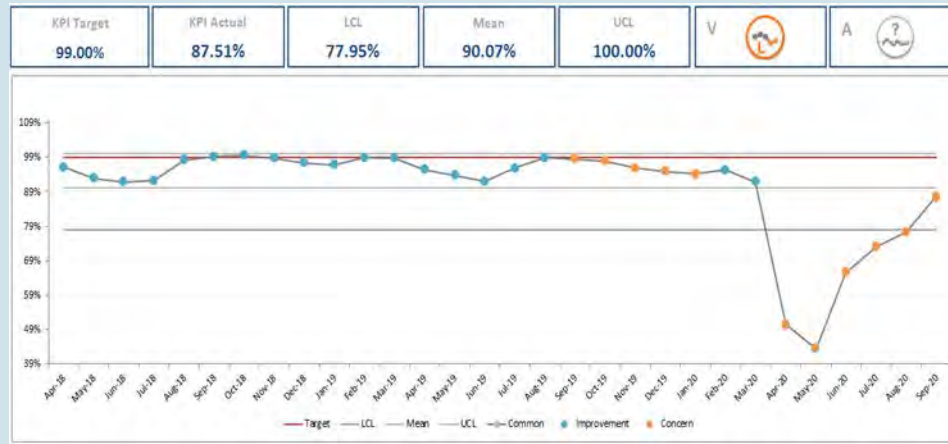
Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Benn Best – DDO Planned Care
Sub Groups : N/A

TRUST										
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Responsive - Elective	Diagnostic Access	DM01 Performance	Sep-20	99%	87.51%	77.95%	90.07%	100.00%		
	Elective Access	18 Weeks RTT Incomplete Performance	Sep-20	92%	64.77%	72.66%	78.00%	83.34%		
		18 Weeks RTT Over 52 Week Breaches	Sep-20	0	144.00	0.00	19.57	40.57		
	Theatre & Critical Care	Operations Cancelled By Hospital on Day	Oct-20	0	31.00	0.00	22.26	51.52		
		Cancelled Operations Not Rescheduled < 28 days	Oct-20	0	1.00	0.00	4.74	12.37		

Domain: Responsive – Elective Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Kevin Cairney, Director of Operations, UIC
Sub Groups : N/A

Indicator: DMO1 Performance



Indicator Background:

The proportion of patients that are currently waiting for a diagnostic test for less than 6 weeks from referral.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a low concerning nature. Assurance indicates that the KPI is inconsistently achieving target.

Actions:

DMO1 PTL Meetings are held weekly to provide support and control for all DMO1 modalities
 Recovery trajectories for diagnostic modalities are being monitored in the PTL meeting with any actions tracked weekly
 Endoscopy plan continues using insourcing and outsourcing capacity

Outcomes:

Improvements in DMO1 performance and support for any operational/system issues
 Oversight of recovery plan allows for support for modalities that
 Increase in Endoscopy capacity is supporting improvements in Cancer and Upper/Lower GI performance

Underlying issues and risks:

Potential impact of second Covid-19 surge on diagnostic capacity
 Endoscopy capacity limitations for patients not suitable for IS Provider

Indicator: 18 Weeks RTT Incomplete Performance



Indicator Background:

The proportion of patients on a Referral to Treatment (RTT) pathway that are currently waiting for treatment for less than 18 weeks from referral.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a low concerning nature. Assurance indicates that the KPI is consistently failing to achieve target.

Actions:

- Elective outpatient activity for all specialities continues with the volume of face to face now at 90% for September 2020
- Orthopaedic wards have reopened providing a 'Green pathway' (Covid-19 free) for patients requiring overnight admission
- Speciality level 52 Week wait trajectories developed to ensure that specialities are at zero 52 week waits by November 2020 (exceptions are due to patient choice)
- Weekly PTL meetings to provide oversight and support of all specialities

Outcomes:

Increased capacity to see new referrals and manage any remaining non-admitted backlogs
 Orthopaedic performance has continued to improve
 Majority of services are on track to be at zero 52 week waits by November - Recovery plans developed for services at risk
 Service level support for specialities

Underlying issues and risks:

Potential impact of second Covid-19 surge on elective activity
 Patients choosing to delay treatment due to concerns over Covid-19

Domain: Responsive – Cancer and Complaints Dashboard

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Benn Best – DDO Planned Care
Sub Groups : N/A

TRUST										
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Responsive – Cancer & Complaints	Cancer Access	Cancer 2ww Performance - Breast Symptomatic	Sep-20	93%	75.00%	49.18%	79.03%	100.00%		
		Cancer 31 Day First Treatment Performance	Sep-20	96%	99.00%	90.24%	96.42%	100.00%		
		Cancer 62 Day Treatment - GP Refs	Sep-20	85%	75.44%	63.17%	78.10%	93.03%		
		104 Day Cancer Waits	Sep-20	0	0.00	0.00	2.13	5.25		
	Complaints Management	Number of Complaints	Oct-20	41	109.00	22.28	62.00	101.72		
		% Complaints Responded to Within 30 Days	Oct-20	85%	100.00%	39.61%	68.83%	98.05%		

Domain: Responsive – Cancer and Complaints Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Benn Best – DDO Planned Care
Sub Groups : N/A

Indicator: Cancer 2ww Performance



Indicator Background:

The proportion of patients urgently referred by GPs/GDs for suspected cancer and first seen within 14 days from referral.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a high improving nature. Assurance indicates that the KPI is Inconsistently achieving target.

Actions:

The trust is working to an internal Stretch Target of 7 days. Any service unable to facilitate 1st OPA in 14 days or less will be escalated to the Service manager and if required the General Manager for that Service.

Real time performance is shared with the Referral booking office allowing them to take remedial action where necessary to remain compliant with the KPI.

Weekly referral numbers and day of booking shared with each service, allowing them to flex capacity in response to demand in real time.

Regular meetings with service managers to ensure that there is adequate capacity to manage demand and that clinic templates are reflective of demand on each service.

Outcomes:

The Trust has been compliant with the operational Standard of 93% for 2 week wait first OPA for 12 consecutive months. The service is now more responsive to peaks in demand for OPA's and will flex capacity to accommodate peaks as they occur

Underlying issues and risks:

Due to social distancing measures combined with referral numbers slowly returning to pre-COVID levels delivering on the 7 day target is difficult to adhere too

Domain: Responsive – Cancer and Complaints Insights

Executive Lead: Angela Gallagher – Interim Chief Operating Officer
Operational Lead: Benn Best – DDO Planned Care
Sub Groups : N/A

Indicator: Cancer 62 Days Treatment – GP Ref



Indicator Background:

The proportion of patients urgently referred by GPs/GDPs for suspected cancer and first seen within 14 days from referral.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a low concerning nature. Assurance indicates that the KPI is inconsistently achieving target.

Actions:

Daily PTL meetings are now being held with these services in order to ensure that any issues/bottlenecks in the pathway are identified and resolved in real time thus preventing breaches where possible. These meetings will be mandatory and the SM or GM from each service will take actions back and report with updates. These meetings will also have members from the diagnostic teams present so they can report back on any issues within diagnostics. PTL lists now include a field for Cancer Status which will allow adequate levels of focus to be placed on patients with a confirmed Cancer diagnosis. The UGI and LGI services are encouraged to work to the specifications of the National optimal timed pathways, thus being in a position to offer diagnosis to patients by day 28.

Outcomes:

The performance against this KPI was 76.92% in August 2020. In August 50% (4 of 8) of the tumour sites that recorded activity were above the operational standard. All tumour sites that were compliant achieved 100% performance, of the 4 tumour sites that failed to meet the operational standard 3 had 2 breaches or less within their service.

Underlying issues and risks:

Upper and Lower GI services continue to detrimentally impact the trust with regards to 62 day performance, in August 75% (8 out of 12) trust breaches were within these services.

Domain: Well Led – Dashboard

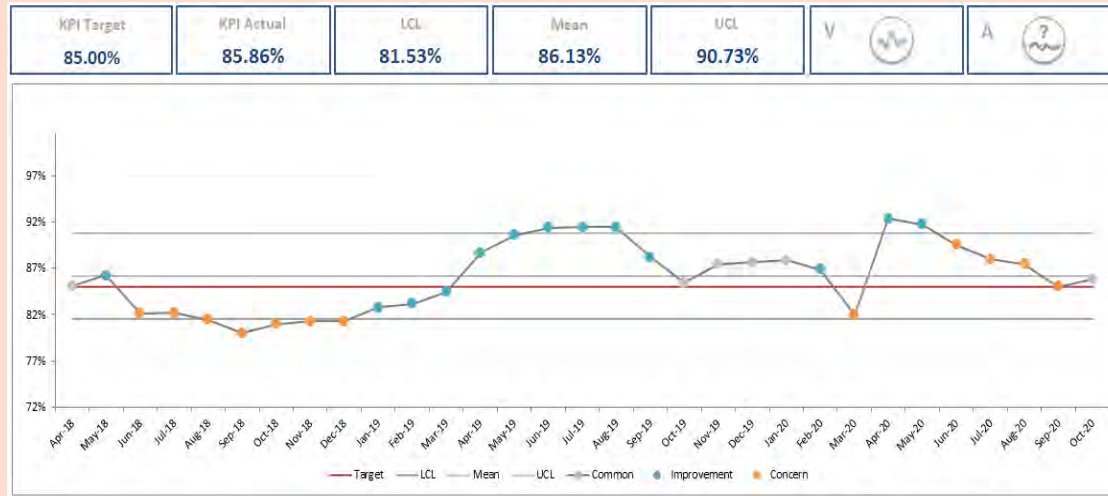
Executive Lead: Leon Hinton – Chief People Officer
Operational Lead: N/A
Sub Groups : N/A

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	Variation	Assurance
Well Led	Workforce	Appraisal % (Current Reporting Month)	Oct-20	85%	85.86%	81.53%	86.13%	90.73%		
		Sickness Rate (Current Reporting Month, FTE%)	Sep-20	4%	4.53%	4.04%	4.21%	4.37%		
		Voluntary Turnover Rate - (Current Reporting Month) (FTE Not Headcount) (exc. Junior Drs)	Oct-20	12%	12.56%	10.81%	12.05%	13.29%		
		Contractual Staff in Post (FTE) (Current Reporting Month)	Oct-20	0	4058.51	3771.94	3878.26	3984.57		
		StatMan Compliance (Current Reporting Month)	Oct-20	85%	89.18%	82.03%	78.76%	95.49%		
		Agency Spend as % Paybill (Current Reporting Month)	Sep-20	4%	2.37%	1.91%	3.89%	5.86%		
		Bank Spend as % Paybill (Current Reporting Month)	Sep-20	9%	1.31%	6.40%	11.88%	17.36%		
		Temp Staffing Fill Rate - Nurse & Midwifery (Current Reporting Month)	Sep-20	75%	72.00%	64.45%	74.12%	83.78%		

Domain: Well Led – Workforce - Insights

Executive Lead: Leon Hinton – Chief People Officer
Operational Lead: Ayesha Feroz, Unplanned Care, Temi Alao, Planned
Sub Groups : N/A

Indicator: Appraisal % (Current Reporting Month)



Indicator Background:

The proportion of staff that has completed the appraisal process.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a high improving nature. Assurance indicates that the KPI is inconsistently achieving target.

Actions:

- Weekly reporting in place;
- Automated reminders in place;
- Weekly and monthly progress to form actions with care group leaders in place;
- Matrons, senior sisters and line managers required to build appraisal trajectory to correct current position (recovery plans);
- Appraisal workshops provided with good uptake;
- Pay progression policy linked to appraisal completion in place (nationally suspended due to Covid)

Outcomes:

3477 members of staff have an in-date appraisal with objectives and personal development plan outlined (from a total of 4072).

Underlying issues and risks:

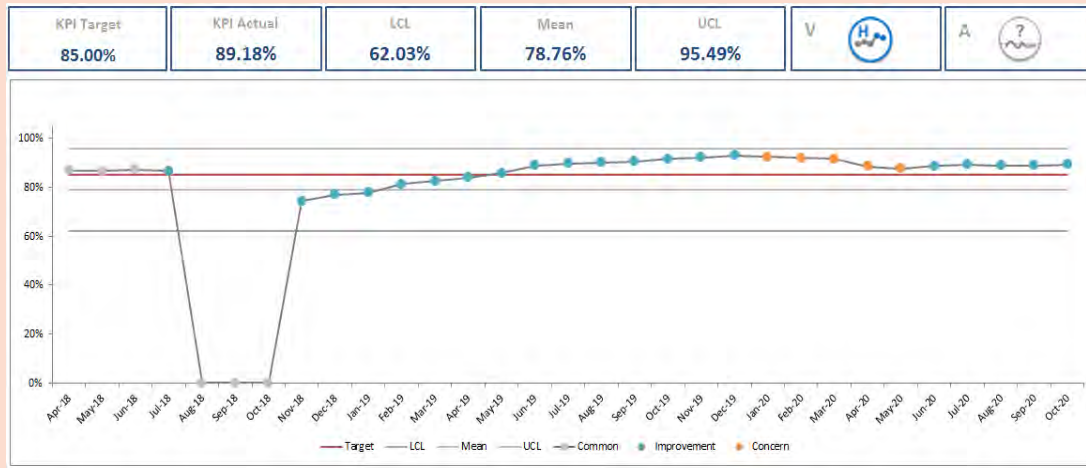
Current COVID-19 is interrupting clinical area's capacity to carry out appraisals in a timely fashion. Continued COVID-19 disruption is likely to continue to negatively affect appraisal completion for clinical areas.

Failure to appraise staff timely reduces the opportunity to identify skills requirement for development, succession planning and talent management. Low appraisal rate are linked to high turnover of staff, low staff engagement and low team-working.

Domain: Well Led – Workforce - Insights

Executive Lead: Leon Hinton – Chief People Officer
Operational Lead: Ayesha Feroz, Unplanned Care, Temi Alao, Planned
Sub Groups : N/A

Indicator: StatMan Compliance (Current Reporting Month)



Indicator Background:

The proportion of staff that has completed their appropriate training to comply with their statutory and mandatory requirements.

What the Chart is Telling Us:

The SPC data point is showing special cause variation of a high improving nature. Assurance indicates that the KPI is inconsistently achieving target

Actions:

Weekly reporting in place;
 Automated reminders in place;
 Weekly and monthly progress to form actions with care group leaders in place;
 Matrons, senior sisters and line managers required to build appraisal trajectory to correct current position (recovery plans);
 Significant number of classroom-based learning events moved to webinar or video to support remote working and flexible access to StatMan content due to Covid. Reviewing the impact of quality and learning post-covid – and delivery of course content in future.
 Pay progression policy linked to StatMan completion in place (nationally suspended due to Covid)

Outcomes:

Competencies, on average, being met (>85%) includes conflict resolution; equality and diversity; health and safety; infection, prevention and control (L1, 2); moving and handling (L1); information governance; prevent (basic, WRAP); safeguarding children (L1,2); safeguarding adults (L1,2)
 Competencies, on average, not being met (<85%) includes fire; safeguarding children (L3), resuscitation (L2,3 adult, L2,3 paediatrics, L2 newborn); moving and handling (L2)

Underlying issues and risks:

Current COVID-19 is interrupting clinical staff's capacity to carry out StatMan in a timely fashion. Continued COVID-19 disruption is likely to continue to negatively affect StatMan completion for clinical areas.
 Uneven StatMan renewal cycles can impact on the training capacity thereby limiting the availability for timely compliance.
 Failure for staff to be compliant with StatMan can negatively affect staff and patient safety, patient quality and experience and clinical skills.
 Low StatMan compliance can be linked to higher number of incidents and

Indicator: Financial Position

Income & Expenditure £k	In-month			YTD		
	October Plan	Actual	Variance	NHSE/ Baseline + Plan	Actual	Variance
Income	29,773	28,980	(793)	201,697	207,507	5,810
Pay	(19,123)	(19,015)	108	(128,419)	(132,381)	(3,962)
Total non-pay	(9,276)	(8,598)	678	(63,882)	(65,574)	(1,692)
Non-operating expense	(1,374)	(1,375)	(1)	(9,396)	(9,621)	(225)
Reported surplus/(deficit)	(0)	(8)	(8)	(0)	(69)	(69)
Donated asset depreciation	0	8	8	0	69	69
Control total	(0)	0	0	(0)	0	0

Other financial stability work streams £k	In-month			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
Cost Improvement Programme	915	1,068	153	3,338	4,547	1,209
Capital	(1,671)	(1,594)	162	(13,641)	(9,970)	3,756

Indicator Background:

The Trust reports a £8k deficit position for October; after adjusting for donated asset depreciation the Trust reports breakeven in line with the revised plan control total.

What the Chart is Telling Us:

The Trust is reporting breakeven against its control total. CIP is achieving ahead of plan due to timing differences on schemes. Capital programme is underspent, mainly due to a delay in the ED, IM&T and , Fire Safety schemes, however this is expected to recover.

Actions:

- Review the portfolio of services.
- Review detailed run rate within divisions with CFO.
- Continued work with divisions to assess the financial impact of increased Covid cases and service changes.
- CIP development and implementation of efficiencies within divisions.

Outcomes:

The Trust has met its control total, however this includes:

- Revised planning submission to the STP for Oct-Mar identified £36.9m deficit. The STP agreed income to fund this.
- Incremental costs associated with Covid-19 of £9.0m year to date. In month £0.6m of the £7.6m Covid funding available for Oct-Mar has been required.

Underlying issues and risks:

Following a revised plan submission, new arrangements came into force from 1 October with control of top-up, Covid and growth monies now held at STP level. Income was agreed to fund a planned £36.9m deficit. Staff costs remain adverse to budget and £0.1m adverse to the Oct-Mar plan submission. CIP forecasts are £1.7m below the £12.0m plan following a deep dive analysis in the Unplanned Care division. Work continues to develop and identify new schemes.. Capex is behind plan with significant new funding streams being awarded for additional projects.

Meeting of the Board of Directors in Public

Wednesday, 02 December 2020

Title of Report	Finance Report	Agenda Item	4.1
Report Author	Alan Davies, Chief Finance Officer Paul Kimber, Deputy Chief Finance Officer		
Lead Director	Alan Davies, Chief Finance Officer		
Executive Summary	<p>The Trust reports a deficit of £8k in month and £69k year to date, which adjusts to breakeven against the NHSE/I control total.</p> <p>New arrangements came into force from 1 October 2020 for the second half of the year, with control of top-up, Covid and growth monies now held at STP level.</p>		
Due Diligence	To give the Trust Board assurance, please complete the following:		
Committee Approval:	Name of Committee: Finance Committee Date of approval: Thursday, 26 November 2020		
Executive Group Approval:	Date of Approval: N/A		
National Guidelines compliance:	Does the paper conform to National Guidelines (please state): Yes		
Resource Implications	None.		
Legal Implications/Regulatory Requirements	The Trust has met its regulatory control total.		
Quality Impact Assessment	N/A		
Recommendation/ Actions required	The Board is asked to note this report.		
	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>
			Noting <input checked="" type="checkbox"/>
Appendices	Finance Report – Month 7		

Finance report

For the period ending 31 October 2020

Contents

1. Executive summary
2. Income and expenditure
3. Forecast
4. CIP
5. Balance sheet summary
6. Capital
7. Cash
8. Risks
9. Conclusions

1. Executive summary

£'000	Budget	Actual	Var.	
Trust surplus/(deficit)				
In-month (NHSE/I)	-	-	-	<div>The Trust reports a £8k deficit position for October; after adjusting for donated asset depreciation the Trust reports breakeven in line with the NHSE/I control total. In-month non recurrent adjustments include (£0.8m) drugs accrual reduction and an increase to the contingency of £0.3m.</div> <div><div>Covid spend</div><div>Base overspend</div><div>Covid Income</div><div>Non-recurrent adjustments</div><div>Reported against control total</div><div>£'m</div><div>0.6</div><div>0.5</div><div>(0.6)</div><div>(0.5)</div><div>0.0</div></div>
YTD (NHSE/I*)	-	-	-	
In-month (budget)	(3,682)	(8)	3,674	
YTD (budget)	(6,222)	(69)	6,153	
Forecast	-	-	-	
* Months 1-6 are per the NHSE/I baseline which reported breakeven budget and actual. Months 7-12 are per the October plan.				
CIP				
In-month	915	1,068	153	<div>Schemes delivered to so far in the year mainly relate to the full year effect of schemes from 19/20, efficient use of theatres, reduced orthopaedic insourcing, as well procurement and pharmacy savings from nationally agreed prices. Year to date performance reports an over achievement against plan due to timing differences of schemes delivered. The forecast position of actual delivery has been updated with the scheme owners identifying £10.3m to achieving the £12m plan, this being an increase in month of £0.5m.</div>
YTD	3,338	4,547	1,209	
Forecast	12,000	10,269	(1,731)	
Capital				
In-month	1,671	1,594	(162)	<div>The capital plan of £24,414k has increased to £29,705k when factoring in all new monies expected. The Trust has agreed with the STP to underspend against this plan by £1.3m so monies can be reallocated to priority schemes in other Trusts which have not received CIF funding.</div> <div>There is a risk around £3,071k of the additional funds: UTC business case (£1,104k) is still under consideration with NHSI but is not expected to be a problem; Covid Capital funding (£1,967k) is however a significant risk. Due to a shortfall in national funds, NHSE/I are reviewing all bids and it is highly likely that at least 50% will not be granted causing a pressure on the current programme.</div> <div>Please see section 6. for more detail.</div>
YTD	13,641	9,970	(3,756)	
Forecast	29,705	28,405	(1,300)	

1. Executive summary (continued)

£'000	Budget	Actual	Var.	
Cash				
Month end	38,055	45,515	7,460	<p>The plan was realigned in October for month 7 onwards so variances relating to cash advances have reduced since last month. The variance this month simply relates to working balances, more cash received from debtors and less cash spent on creditors than expected. A PDC dividend was also expected to be paid in month 6 but this has been taken in November and at a lower than expected rate.</p> <p>Please see balance sheet for further detail.</p>
Activity is below draft budgeted levels as a result of Covid				<p>Clinical income based on the consultation tariff would have reported a year to date position of £120.3m, this being £24.8m adverse to the draft budget. In month performance excluding high cost drugs is £20.9m compared to a M1 to M6 average of £16.6m, higher by £4.3m.</p>
Pay costs are higher than expected				<p>Total pay costs have decreased in month by £0.4m although September included an additional £0.6m for to the senior medical pay award backdated to April. On a normalised basis spreading the cost of the pay award over the previous months, pay costs have increase in month by £0.2m due to increased requirement for temporary staff to cover annual leave. The position remains adverse to budget by £0.9m, of this £0.5m is due to incremental Covid costs, the remainder is predominantly a consequence of non-achievement of CIP plans where budget has been removed from the divisions.</p>

2. Income and expenditure (reporting against NHSE/I baseline)

£'000	In-month			Year-to-date*		
	Baseline	Actual	Var.	Baseline	Actual	Var.
Clinical income	21,085	20,993	(92)	143,362	142,137	(1,225)
High cost drugs	1,613	1,867	254	12,866	13,262	396
Other income	2,655	1,694	(961)	14,547	11,476	(3,071)
Top-up income	4,419	4,426	6	30,921	30,942	20
True-up income	0	0	0	0	9,690	9,690
Total income	29,773	28,980	(793)	201,697	207,507	5,810
Nursing	(7,712)	(7,422)	290	(43,274)	(52,343)	(9,069)
Medical	(6,182)	(6,307)	(125)	(40,022)	(43,285)	(3,263)
Other	(5,230)	(5,287)	(57)	(45,123)	(36,754)	8,369
Total pay	(19,123)	(19,015)	108	(128,418)	(132,381)	(3,963)
Clinical supplies	(3,386)	(3,813)	(427)	(26,032)	(24,564)	1,468
Drugs	(553)	60	612	(4,759)	(3,442)	1,316
High cost drugs	(1,613)	(1,867)	(254)	(13,165)	(13,266)	(101)
Other	(3,724)	(2,978)	746	(19,927)	(24,300)	(4,373)
Total non-pay	(9,276)	(8,598)	677	(63,883)	(65,572)	(1,690)
EBITDA	1,374	1,366	(8)	9,396	1,366	(8,030)
Depreciation	(829)	(827)	2	(5,834)	(5,794)	40
Net finance income/(cost)	(2)	(5)	(3)	233	(33)	(266)
PDC dividend	(542)	(542)	0	(3,794)	(3,794)	0
Non-operating exp.	(1,374)	(1,374)	(0)	(9,396)	(9,621)	(225)
Reported surplus/(deficit)	-	(8)	(8)	-	(69)	(69)
Adj. to control total	-	8	8	-	69	69
Control total	-	-	-	-	-	-

* Months 1-6 are per the NHSE/I baseline which reported breakeven budget and actual. Months 7-12 are per the October plan.

Key messages:

1. NHSE/I baseline budgets covering months 1-6 are calculated centrally and are based on average financial performance for defined periods during 2019/20, uplifted for inflation or known pressures where applicable. For months 7-12 the plan has been forecast and agreed with the STP for funding.
2. The Trust continues to invoice other provider organisations in Kent using the same methodology applied by NHSE/I in calculating their baseline.
3. The top-up and months 1-6 true-up income are reported under "FRF/MRET" income in the table on the following page.
4. Total expenditure includes the incremental cost of Covid-19, being £0.6m in-month; £0.5m of this is reported in pay and £0.1m in non-pay (£5.4m and £3.7m YTD respectively). The total spend is not deemed extraordinary compared to other providers within the STP.
5. Further details of incremental Covid-19 costs are included in Appendix 11.

2. Income and expenditure (reporting against draft budget)

£'000	In-month			Year-to-date		
	Budget	Actual	Var.	Budget	Actual	Var.
Clinical income	21,936	20,993	(943)	146,945	142,137	(4,807)
High cost drugs	1,659	1,867	208	13,600	13,262	(337)
Other income	2,148	1,694	(454)	14,780	11,476	(3,304)
FRF/MRET	769	4,426	3,657	29,059	40,632	11,573
Total income	26,512	28,980	2,467	204,383	207,507	3,124
Nursing	(7,416)	(7,422)	(6)	(51,534)	(52,343)	(809)
Medical	(5,584)	(6,307)	(722)	(39,057)	(43,285)	(4,228)
Other	(5,126)	(5,287)	(161)	(35,924)	(36,753)	(829)
Total pay	(18,126)	(19,015)	(889)	(126,516)	(132,381)	(5,865)
Clinical supplies	(8,436)	(3,813)	4,624	(26,791)	(24,564)	2,227
Drugs	11,046	60	(10,987)	(4,731)	(3,442)	1,288
High cost drugs	(2,021)	(1,867)	154	(13,763)	(13,266)	497
Other	(11,122)	(2,978)	8,144	(28,024)	(24,301)	3,723
Total non-pay	(10,534)	(8,598)	1,935	(73,309)	(65,574)	7,735
EBITDA	(2,147)	1,366	3,513	4,558	9,552	4,994
Depreciation	(960)	(827)	133	(6,707)	(5,794)	913
Net finance income/(cost)	(29)	(5)	24	(275)	(32)	243
PDC dividend	(546)	(542)	4	(3,798)	(3,794)	4
Non-operating exp.	(1,535)	(1,374)	160	(10,780)	(9,621)	1,159
Reported surplus/(deficit)	(3,682)	(8)	3,674	(6,222)	(69)	6,153

Key messages:

1. The Trust continues to maintain internal budgets for probity. Divisions, care groups, specialties and cost centres are being monitored against their agreed expenditure budget but not against income during the period of nationally executed contracting.
2. If income had been earned on a cost and volume basis (based on consultation tariff), excluding HCD the Trust would have reported clinical income of £20.9m in month; this is £4.3m higher than the monthly average for the first 6 months and 2% underperformance to plan in month.
3. Total expenditure includes the incremental cost of Covid, this being £0.6m in month, and total Covid spend is £9.0m year to date.

2. Income and expenditure delegated budgets (NHSE/I: in-month)

£'000	In-month								
	Income			Expenditure			Contribution		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
UIC									
Diagnostics & Clinical Support	1,614	1,613	(1)	(4,356)	(3,510)	846	(2,742)	(1,897)	845
Specialist Medicine	147	259	112	(1,956)	(2,135)	(179)	(1,809)	(1,876)	(67)
Therapies & Older Persons	5	4	(1)	(1,425)	(1,406)	19	(1,420)	(1,402)	18
Unplanned & Integrated Care	52	91	39	(1,038)	(1,091)	(53)	(986)	(1,000)	(14)
Urgent & Emergency Care	43	48	5	(2,284)	(2,334)	(50)	(2,241)	(2,285)	(45)
Sub-total	1,861	2,015	154	(11,060)	(10,476)	584	(9,199)	(8,461)	738
Planned care									
Cancer Services	408	349	(59)	(886)	(900)	(13)	(479)	(551)	(72)
Critical Care & Perioperative	43	43	(0)	(3,070)	(3,260)	(190)	(3,027)	(3,217)	(190)
Planned Care Infrastructure	-	-	-	(147)	(309)	(162)	(147)	(309)	(162)
Surgical Services	100	126	27	(2,791)	(3,013)	(223)	(2,691)	(2,887)	(196)
Women & Children	111	111	1	(3,272)	(3,266)	6	(3,161)	(3,154)	7
Sub-total	661	629	(32)	(10,166)	(10,748)	(581)	(9,506)	(10,118)	(613)
Corporate									
Communications	2	2	-	(40)	(44)	(3)	(39)	(42)	(3)
Finance	1	1	0	(214)	(220)	(6)	(213)	(219)	(6)
HR & OD	109	116	7	(362)	(374)	(12)	(253)	(258)	(5)
IT	2	2	-	(411)	(420)	(8)	(410)	(418)	(8)
Medical Director	849	849	0	(478)	(488)	(10)	370	361	(10)
Medway Innovation Institute	-	-	-	-	(3)	(3)	-	(3)	(3)
Nursing	-	-	-	(342)	(343)	(1)	(342)	(343)	(1)
Strategy, Governance & Perform	-	-	-	(239)	(249)	(10)	(239)	(249)	(10)
Transformation	-	-	-	(84)	(43)	41	(84)	(43)	41
Trust Executive & Board	-	-	-	(273)	(290)	(17)	(273)	(290)	(17)
Sub-total	962	969	7	(2,444)	(2,473)	(28)	(1,482)	(1,503)	(21)
E&F									
E&F	274	279	5	(2,000)	(1,797)	203	(1,726)	(1,518)	208
Central									
Central	26,015	25,087	(928)	(4,103)	(3,495)	608	21,912	21,592	(320)
TOTAL	29,773	28,980	(793)	(29,773)	(28,988)	785	-	(8)	(8)
Donated Asset Adjustment			-		8	8	-	8	8
Control total	29,773	28,980	(793)	(29,773)	(28,980)	793	-	-	-

The commissioner block income, top-up income and true-up income are all reported through "Central" during these Covid arrangements.

2. Income and expenditure delegated budgets (NHSE/I: year to date)

£'000	Year to date									YTD contribution variance	
	Income			Expenditure			Contribution			M1-6	M7-12
	B.line	Actual	Var.	B.line	Actual	Var.	B.line	Actual	Var.		
UIC											
Diagnostics & Clinical Support	11,083	11,443	360	(29,941)	(29,755)	186	(18,858)	(18,312)	546	(298)	248
Specialist Medicine	1,924	1,328	(596)	(15,520)	(14,024)	1,496	(13,596)	(12,696)	900	967	1,867
Therapies & Older Persons	24	44	20	(10,202)	(9,878)	324	(10,179)	(9,834)	345	326	671
Unplanned & Integrated Care	724	351	(373)	(7,927)	(7,456)	471	(7,203)	(7,106)	97	111	208
Urgent & Emergency Care	489	307	(182)	(15,637)	(15,418)	219	(15,149)	(15,111)	37	100	137
Sub-total	14,243	13,473	(771)	(79,227)	(76,531)	2,696	(64,984)	(63,059)	1,925	1,205	(720)
Planned care											
Cancer Services	2,526	2,804	278	(5,908)	(6,165)	(257)	(3,382)	(3,361)	21	94	115
Critical Care & Perioperative	1,021	-	(1,021)	(22,010)	(1,310)	20,700	(20,989)	(1,310)	19,679	16,961	36,639
Planned Care Infrastructure	338	616	278	(18,707)	(19,262)	(555)	(18,370)	(18,646)	(277)	2,463	2,187
Surgical Services	100	301	202	(4,050)	(20,789)	(16,738)	(3,951)	(20,487)	(16,537)	(16,011)	(32,548)
Women & Children	520	575	55	(21,452)	(22,546)	(1,094)	(20,933)	(21,971)	(1,038)	(1,045)	(2,083)
Sub-total	4,504	4,296	(207)	(72,128)	(70,072)	2,056	(67,624)	(65,775)	1,849	2,461	613
Corporate											
Communications	2	12	11	(266)	(306)	(40)	(265)	(294)	(29)	(26)	(51)
Finance	26	18	(8)	(1,938)	(1,750)	188	(1,912)	(1,732)	179	185	385
HR & OD	902	840	(62)	(2,692)	(2,564)	128	(1,790)	(1,724)	66	70	(56)
IT	2	32	30	(2,279)	(2,489)	(210)	(2,277)	(2,457)	(180)	(171)	364
Medical Director	5,633	5,790	157	(3,188)	(3,177)	11	2,445	2,613	168	178	136
Medway Innovation Institute	-	-	-	-	(3)	(3)	-	(3)	(3)	-	(351)
Nursing	-	2	2	(2,234)	(2,328)	(95)	(2,234)	(2,327)	(93)	(92)	345
Strategy, Governance & Perform	-	-	-	(1,430)	(1,731)	(301)	(1,430)	(1,731)	(301)	31	(3)
Transformation	-	-	-	(333)	(536)	(203)	(333)	(536)	(203)	(244)	(185)
Trust Executive & Board	-	-	-	(1,896)	(1,924)	(27)	(1,896)	(1,924)	(27)	(10)	(270)
Sub-total	6,565	6,694	129	(16,257)	(16,808)	(552)	(9,691)	(10,114)	(423)	(80)	(446)
E&F											
E&F	2,914	1,724	(1,189)	(13,538)	(13,656)	(118)	(10,624)	(11,931)	(1,307)	(1,516)	(2,823)
Central											
Central	173,471	181,320	7,849	(20,547)	(30,508)	(9,961)	152,924	150,811	(2,112)	(2,132)	(4,244)
TOTAL	201,697	207,507	5,810	(201,697)	(207,576)	(5,879)	-	(69)	(69)	(60)	129
Donated Asset Adjustment	-	-	-	-	69	69	-	69	69	60	129
Control total	201,697	207,507	5,810	(201,697)	(207,507)	(5,810)	-	-	-	-	-

The commissioner block income, top-up income and true-up income are all reported through "Central" during these Covid arrangements.

2. Income and expenditure delegated budgets (draft budgets: in-month)

£'000	In-month								
	Income			Expenditure			Contribution		
	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Actual	Var.
UIC									
Diagnostics & Clinical Support	3,178	1,613	(1,565)	(4,471)	(3,510)	961	(1,293)	(1,897)	(604)
Specialist Medicine	2,625	259	(2,366)	(2,217)	(2,135)	82	408	(1,876)	(2,284)
Therapies & Older Persons	817	4	(813)	(1,469)	(1,406)	63	(652)	(1,402)	(750)
Unplanned & Integrated Care	106	91	(15)	(919)	(1,091)	(172)	(812)	(1,000)	(188)
Urgent & Emergency Care	4,913	48	(4,865)	(2,218)	(2,334)	(116)	2,695	(2,285)	(4,981)
Sub-total	11,640	2,015	(9,625)	(11,293)	(10,476)	817	346	(8,461)	(8,807)
Planned care									
Cancer Services	764	349	(415)	(903)	(900)	3	(139)	(551)	(412)
Critical Care & Perioperative	150	-	(150)	(112)	(309)	(198)	38	(309)	(348)
Planned Care Infrastructure	5,605	126	(5,479)	(2,992)	(3,013)	(22)	2,614	(2,887)	(5,501)
Surgical Services	1,102	43	(1,060)	(3,083)	(3,260)	(177)	(1,981)	(3,217)	(1,236)
Women & Children	5,263	111	(5,152)	(3,181)	(3,266)	(85)	2,083	(3,154)	(5,237)
Sub-total	12,885	629	(12,256)	(10,270)	(10,748)	(478)	2,615	(10,118)	(12,733)
Corporate									
Communications	-	2	2	(44)	(44)	(0)	(44)	(42)	2
Finance	-	1	1	(234)	(220)	14	(234)	(219)	15
HR & OD	148	116	(32)	(398)	(374)	25	(250)	(258)	(8)
IT	-	2	2	(419)	(420)	(1)	(419)	(418)	1
Medical Director	827	849	21	(481)	(488)	(7)	346	361	14
Medway Innovation Institute	-	-	-	(3)	(3)	-	(3)	(3)	-
Nursing	-	-	-	(334)	(343)	(9)	(334)	(343)	(9)
Strategy, Governance & Perform	-	-	-	(236)	(249)	(13)	(236)	(249)	(13)
Transformation	-	-	-	(62)	(43)	19	(62)	(43)	19
Trust Executive & Board	-	-	-	(254)	(290)	(35)	(254)	(290)	(35)
Sub-total	976	969	(6)	(2,465)	(2,473)	(8)	(1,489)	(1,503)	(14)
E&F									
E&F	447	279	(168)	(2,039)	(1,797)	243	(1,592)	(1,518)	74
Central									
Central	565	25,087	24,522	(4,127)	(3,495)	632	(3,562)	21,592	25,154
TOTAL	26,512	28,980	2,467	(30,194)	(28,988)	1,206	(3,682)	(8)	3,674

The commissioner block income, top-up income and true-up income are all reported through "Central" during these Covid arrangements.

2. Income and expenditure delegated budgets (draft budgets: year to date)

Annual plan			£'000	Year to date								
				Income			Expenditure			Contribution		
Income	Exp.	Contr.		Budget	Actual	Var.	Budget	Actual	Var.	Budget	Actual	Var.
UIC												
37,078	(53,211)	(16,133)	Diagnostics & Clinical Support	21,705	11,443	(10,262)	(31,070)	(29,755)	1,315	(9,365)	(18,312)	(8,947)
30,542	(26,536)	4,005	Specialist Medicine	17,884	1,328	(16,556)	(15,497)	(14,024)	1,473	2,387	(12,696)	(15,083)
9,505	(17,500)	(7,994)	Therapies & Older Persons	5,566	44	(5,522)	(10,155)	(9,878)	277	(4,589)	(9,834)	(5,245)
1,237	(11,025)	(9,789)	Unplanned & Integrated Care	724	351	(374)	(6,431)	(7,456)	(1,025)	(5,707)	(7,106)	(1,398)
57,144	(26,368)	30,776	Urgent & Emergency Care	33,462	307	(33,156)	(15,283)	(15,418)	(136)	18,180	(15,111)	(33,291)
135,505	(134,641)	865	Sub-total	79,341	13,473	(65,869)	(78,436)	(76,531)	1,905	905	(63,059)	(63,964)
Planned care												
8,884	(10,384)	(1,500)	Cancer Services	5,203	2,804	(2,399)	(6,057)	(6,165)	(108)	(855)	(3,361)	(2,506)
1,800	(866)	934	Critical Care & Perioperative	1,050	-	(1,050)	(1,342)	(1,310)	31	(292)	(1,310)	(1,019)
65,191	(35,700)	29,491	Planned Care Infrastructure	38,175	616	(37,559)	(20,855)	(19,262)	1,593	17,320	(18,646)	(35,966)
12,837	(36,615)	(23,778)	Surgical Services	7,516	301	(7,215)	(21,325)	(20,789)	536	(13,809)	(20,487)	(6,679)
61,242	(37,959)	23,283	Women & Children	35,861	575	(35,286)	(22,120)	(22,546)	(426)	13,741	(21,971)	(35,712)
149,955	(121,524)	28,431	Sub-total	87,804	4,296	(83,508)	(71,699)	(70,072)	1,627	16,106	(65,775)	(81,881)
Corporate												
-	(471)	(471)	Communications	-	12	12	(293)	(306)	(13)	(293)	(294)	(1)
4	(2,957)	(2,953)	Finance	4	18	14	(1,789)	(1,750)	38	(1,785)	(1,732)	52
1,778	(4,780)	(3,002)	HR & OD	1,037	840	(197)	(2,788)	(2,564)	224	(1,751)	(1,724)	27
-	(4,198)	(4,198)	IT	-	32	32	(2,453)	(2,489)	(36)	(2,453)	(2,457)	(4)
9,930	(5,809)	4,121	Medical Director	5,792	5,790	(2)	(3,403)	(3,177)	226	2,389	2,613	224
-	(3)	(3)	Medway Innovation Institute	-	-	-	(3)	(3)	-	(3)	(3)	-
4	(3,922)	(3,918)	Nursing	3	2	(1)	(2,289)	(2,328)	(39)	(2,286)	(2,327)	(40)
-	(2,921)	(2,921)	Strategy, Governance & Perform	-	-	-	(1,704)	(1,731)	(27)	(1,704)	(1,731)	(28)
-	(841)	(841)	Transformation	-	-	-	(558)	(536)	22	(558)	(536)	22
-	(3,062)	(3,062)	Trust Executive & Board	-	-	-	(1,790)	(1,924)	(134)	(1,790)	(1,924)	(134)
11,716	(28,961)	(17,245)	Sub-total	6,837	6,694	(143)	(17,070)	(16,808)	261	(10,233)	(10,114)	118
E&F												
5,355	(24,609)	(19,254)	E&F	3,120	1,724	(1,395)	(14,149)	(13,656)	493	(11,029)	(11,931)	(902)
Central												
54,016	(46,812)	7,203	Central	27,281	181,320	154,039	(29,252)	(30,508)	(1,256)	(1,971)	150,811	152,783
356,508	(356,508)	-	TOTAL	204,383	207,507	3,124	(210,605)	(207,576)	3,029	(6,222)	(69)	6,153

The commissioner block income, top-up income and true-up income are all reported through "Central" during these Covid arrangements.

3. Forecast

Further discussions have taken place within the ICS with activity and financial plans for the remaining six months of the year being submitted to the STP.

- Draft plans for October to March submitted to the STP identified a £36.9m deficit.
- These plans were finalised and agreed funding at an STP level to cover the deficit.
- Due to the rise in Covid confirmed cases and the Trust undertaking a number of ward reconfigurations, there is still an amount of uncertainty in the forecast plan.
- For the period of October to March, £7.6m of funding to cover incremental Covid costs has been approved. Of this, £0.6m has been required in October.
- For the purposes of a forecast, we continue to forecast compliance with our control total.

The Trust remains committed to delivering a full year control total of breakeven and will work with its commissioners, partners and regulators through developments over the coming days, weeks and months.

4. CIP (status and summary)

Status £'000	Blue	Green	Amber	Red	Sub-total	Budget	Gap	Mitigated target	Gap
Planned care	446	2,161	369	9	2,984	4,682	(1,698)	5,100	(2,116)
UIC	501	2,353	1,315	255	4,424	4,253	171	5,505	(1,081)
E&F	-	622	-	-	622	661	(39)	800	(178)
Corporate	639	169	29	110	947	1,113	(166)	1,709	(762)
Procurement	1,291	-	-	-	1,291	1,291	-	1,291	-
Total	2,877	5,305	413	374	10,269	12,000	(1,732)	14,405	(4,136)

Summary £'000	In-month			Year-to-date			Outturn		
	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Forecast	Var.
Trust total	915	1,068	153	3,338	4,547	1,209	12,000	10,269	(1,732)

Process

1. CIPs are the responsibility of the budget holders.
2. The Improvement team supports the budget holders to deliver both quality and cost improvements.
3. The 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 Director of Finance and the Director of Improvement monitor and work with budget-holders to achieve targets.

The total CIP included in the draft budget from March is £12m. Of this, the majority of CIPs are phased to be realised in the second half of the financial year.

At the end of October, following rigorous deep dive meetings with the Unplanned Care division, the total CIP forecast delivery has increased by £1.8m to £10.3m, this leaves a gap of £1.7m to the original CIP Plan.

CIP schemes continue to be developed through CIP panels and the QIA assessment process as due to the change in activities and the Covid response, some savings programmes continue to encounter delays.

The PMO team continue to work with Divisions and the Finance Business Partners to identify and quantify CIP schemes whilst working towards a stretch target of £14.4 million (this being 20% higher than the required CIP to mitigate the risk of individual scheme failure). Delivery to date is £4.5m and is favourable to plan by £1.2m; this over achievement has mainly due to full year effect of 19/20 schemes for agency rate reductions, as well as lean use of theatres and procurement and pharmacy national pricing measures exceeding the original plan £0.5m. This is expected to be a timing difference only.

Further detail of CIP schemes by Division is presented in Appendix 6.

5. Balance sheet summary

Prior year end	£'000	Month end plan	Month end actual	Var.
204,791	Non-current assets	211,724	209,367	(2,357)
6,307	Inventory	7,400	6,006	(1,394)
36,686	Trade and other receivables	22,500	21,086	(1,414)
12,385	Cash	38,055	45,515	7,460
55,378	Current assets	67,955	72,607	4,652
(292,111)	Borrowings	(77)	(80)	(3)
(24,478)	Trade and other payables	(19,000)	(24,704)	(5,704)
(4,519)	Other liabilities	(30,573)	(27,170)	3,403
(321,108)	Current liabilities	(49,650)	(51,954)	(2,304)
(2,278)	Borrowings	(2,278)	(2,278)	0
(1,317)	Other liabilities	(1,317)	(1,317)	0
(3,595)	Non-current liabilities	(3,595)	(3,595)	0
(64,534)	Net assets employed	226,434	226,425	(9)
140,581	Public dividend capital	431,609	431,610	1
(246,481)	Retained earnings	(246,541)	(246,551)	(10)
41,366	Revaluation reserve	41,336	41,366	0
(64,534)	Total taxpayers' equity	226,434	226,425	(9)

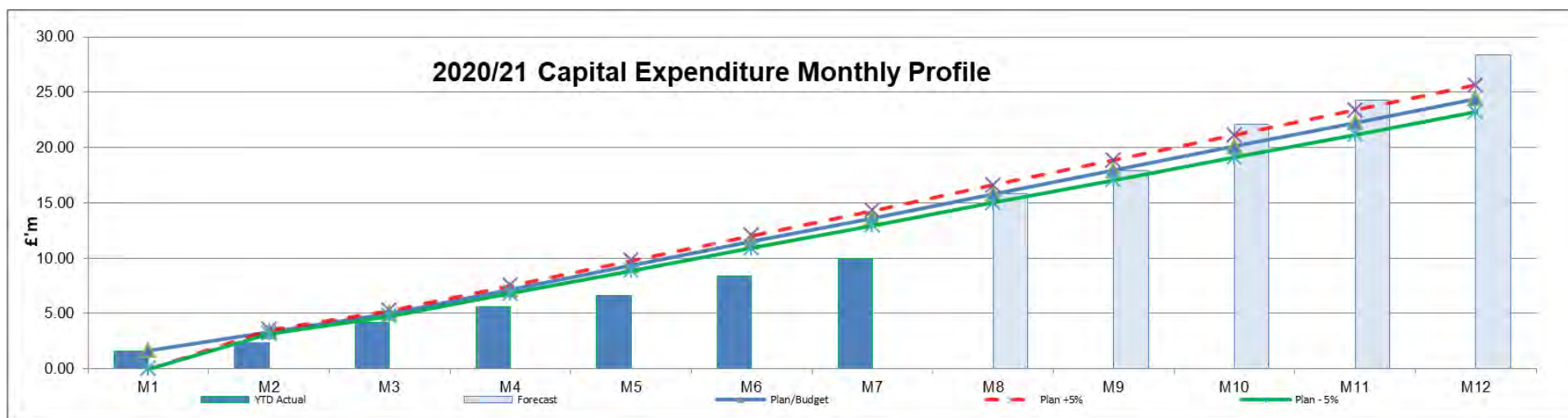
Key messages:

1. Current net assets are £226.4m which is material change from the prior year when the Trust operated with net liabilities due to the level of deficit support borrowings withdrawn over a number of years. As highlighted in previous reports this is due to a national initiative which converted borrowings to PDC (funding). Whilst this is a positive move in the financial position of the Trust it does have an I&E impact as interest on borrowings was significantly less than the 3.5% dividend now payable on 'relevant net assets'.
2. Payables are £5.7m adverse to plan due to increases in expenditure accruals which includes PDC dividends payable.
3. Other Liabilities are £3.4m adverse to plan due to a temporary change in the profile of Health Education England funding normally received quarterly in advance.

6. Capital

£'000	In-month			Year To Date			Annual			Funding		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Forecast	Var.	Internal	PDC	CIF PDC
Backlog Maintenance	230	(1,090)	1,320	2,910	2,722	188	5,671	5,671	0	690	0	4,981
Routine Maintenance	87	499	(412)	609	558	51	1,046	1,046	0	691	0	355
Fire Safety	476	1,520	(1,044)	3,332	2,508	824	5,720	5,720	0	366	4,252	1,102
IT	228	90	138	1,596	502	1,094	2,730	2,730	0	2,730	0	0
New Build - Inc ED	320	145	175	2,884	30	2,854	5,283	5,283	0	835	3,000	1,448
Plant & Equipment	330	146	184	2,310	1,645	665	3,964	2,664	(1,300)	3,964	0	0
Total Planned Capex	1,671	1,310	361	13,641	7,965	5,676	24,414	23,114	(1,300)	9,276	7,252	7,886
COVID*	0	199	(199)	0	1,920	(1,920)	1,967	1,967	0	0	1,967	0
IT MOU	0	78	0	0	78	0	190	190	0	0	190	0
A&E MOU	0	0	0	0	0	0	857	857	0	0	857	0
Diagnostic equipment MOU	0	0	0	0	0	0	1,173	1,173	0	0	1,173	0
UTC MOU	0	8	0	0	8	0	1,104	1,104	0	0	1,104	0
Total Additional Capex	0	285	(199)	0	2,006	(1,920)	5,291	5,291	0	0	5,291	0
Total Capex	1,671	1,594	162	13,641	9,970	3,756	29,705	28,405	(1,300)	9,276	12,543	7,886

* £160k of COVID funding agreed, £1,807k decision pending



6. Capital (continued)

Capital expenditure consists of:

- Planned YTD expenditure of £7.97m, with actual expenditure £5.68m behind plan. £1.3m is planned underspend relating to an STP agreement for priority projects across the region. Excluding this the plan is £4.38m (32%) behind plan
All programmes are currently behind plan, although IT, ED and Fire Safety account for the material underspends. Work has recently resumed on the ED project and IT schemes are planned to accelerate in the next quarter. A detailed forecasting exercise is underway to ensure all projects will be able to catch up and/or identify permanent slippage which could be reallocated to new schemes.
- £1.92m of unplanned YTD expenditure in relation to COVID schemes, of which only £0.16m has approved funding to date. Bids totalling £1.81m have been submitted to NHSI to fund the remaining projects, which are already committed and have incurred expenditure. The Trust has been advised of a national shortfall in funding which puts this funding at risk. If this funding is not approved these schemes are currently unfunded and will need to be resourced from within the original £24.4m capital resource limit (CRL).
- A number of other 'funding' applications as listed in the table above have been approved by NHSI. The Trust CRL will increase in line with the PDC issued and annual dividends of 3.5% (i.e. £35k pa for every £1m granted) will be payable, PDC issued for COVID related assets do not attract this charge. In the last few years this has not been applicable to Medway as dividends are only payable by organisations with relevant net assets. Medway has held net liabilities due to the level of revenue borrowings which have now converted to PDC, bringing the Trust back to a net asset position.

7. Cash

Cash Flow, 12 months ahead

	Actual								Forecast																	
£m	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22		
BANK BALANCE B/FWD	12.37	37.57	47.46	43.44	50.09	50.33	55.09	45.45	45.45	42.60	37.23	33.32	19.68	53.85	54.01	51.72	57.90	54.49	47.91	54.12	50.73	44.31	53.67	51.90		
Receipts																										
NHS Contract Income	45.11	22.70	24.52	22.99	22.28	22.09	22.28	22.35	22.81	22.55	22.42	0.76	53.95	27.12	28.94	26.94	26.94	26.94	26.94	26.94	26.94	26.94	26.94	5.92		
NHS Top Up	8.84	6.28	2.39	10.15	6.01	5.62	0.92	8.95	4.96	4.46	4.46	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		
Other	4.66	1.56	1.53	3.65	2.39	1.95	4.37	1.75	4.48	1.64	1.64	4.58	4.23	1.46	1.30	4.52	1.69	1.75	4.46	1.69	1.69	4.35	1.64	1.80		
Total receipts	58.61	30.54	28.44	36.79	30.68	29.66	27.57	33.05	32.25	28.65	28.52	5.34	58.18	28.58	30.24	31.46	28.63	28.69	31.40	28.63	28.63	31.29	28.58	7.72		
Payments																										
Pay Expenditure (excl. Agency)	(18.79)	(18.57)	(18.58)	(18.76)	(18.16)	(13.64)	(23.53)	(18.47)	(18.98)	(18.63)	(18.54)	(18.63)	(19.68)	(19.05)	(18.91)	(19.54)	(18.90)	(18.87)	(19.45)	(18.80)	(19.36)	(18.74)	(18.71)	(18.68)		
Non Pay Expenditure	(11.35)	(8.41)	(12.44)	(9.72)	(11.28)	(9.29)	(11.26)	(11.92)	(14.39)	(13.66)	(12.16)	(16.16)	(13.36)	(8.37)	(12.70)	(14.77)	(12.22)	(12.22)	(14.77)	(12.22)	(14.77)	(12.22)	(10.72)	(12.67)		
Capital Expenditure	(3.27)	(1.08)	(1.44)	(1.69)	(0.45)	(1.55)	(2.42)	(1.82)	(1.73)	(1.73)	(1.73)	(1.73)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)	(0.92)		
Total payments	(33.41)	(28.06)	(32.46)	(30.17)	(29.89)	(24.48)	(37.21)	(32.21)	(35.10)	(34.02)	(32.43)	(36.52)	(33.96)	(28.34)	(32.53)	(35.23)	(32.04)	(32.01)	(35.14)	(31.94)	(35.05)	(31.88)	(30.35)	(32.27)		
Net Receipts/ (Payments)	37.57	40.05	43.44	50.06	50.88	55.51	45.45	46.29	42.60	37.23	33.32	2.14	43.90	54.09	51.72	47.95	54.49	51.17	44.17	50.81	44.31	43.72	51.90	27.35		
Funding Flows																										
DOH - FRF/Revenue Support	0.00	5.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.95	0.00	0.00	9.95	0.00	0.00	9.95	0.00	0.00	9.95	0.00	0.00		
PSF	0.00	2.31	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	0.00	0.00	0.00	0.00		
PDC Capital	0.00	0.00	0.00	0.03	0.00	291.00	0.00	0.00	0.00	0.00	0.00	18.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Loan Repayment/Interest payable	0.00	(0.08)	0.00	0.00	(0.55)	(291.42)	0.00	(0.08)	0.00	0.00	0.00	0.00	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	0.00	0.00	(0.76)	0.00	0.00	0.00	(0.76)	0.00	0.00	0.00	0.00	0.00	(3.26)	0.00	0.00	0.00	0.00	0.00	(3.26)		
Total Funding	0.00	7.41	0.00	0.03	(0.55)	(0.42)	0.00	(0.84)	0.00	0.00	0.00	17.54	9.95	(0.08)	0.00	9.95	0.00	(3.26)	9.95	(0.08)	0.00	9.95	0.00	(3.26)		
BANK BALANCE C/FWD	37.57	47.46	43.44	50.09	50.33	55.09	45.45	45.45	42.60	37.23	33.32	19.68	53.85	54.01	51.72	57.90	54.49	47.91	54.12	50.73	44.31	53.67	51.90	24.09		

13 Week Forecast

w/e

	Actual					Forecast																
£m	02/10/20	09/10/20	16/10/20	23/10/20	30/10/20	06/11/20	13/11/20	20/11/20	27/11/20	04/12/20	11/12/20	18/12/20	25/12/20	01/01/21	08/01/21	15/01/21	22/01/21	29/01/21				
BANK BALANCE B/FWD	59.66	49.80	49.60	67.47	58.44	45.47	43.74	63.82	66.86	54.94	43.37	40.88	67.47	53.89	42.63	39.75	62.30	49.19				
Receipts																						
NHS Contract Income	0.33	0.00	22.72	0.34	0.17	0.26	22.52	8.95	0.00	0.00	0.00	28.00	0.00	0.00	0.00	27.23	0.00	0.00				
Other	0.30	1.62	0.11	2.20	0.14	0.17	0.61	0.25	0.25	0.25	0.56	3.15	0.20	0.15	0.59	0.28	0.28	0.28				
Total receipts	0.62	1.62	22.82	2.54	0.31	0.43	23.13	9.20	0.25	0.25	0.56	31.14	0.20	0.15	0.59	27.51	0.28	0.28				
Payments																						
Pay Expenditure (excl. Agency)	(8.43)	(0.38)	(0.36)	(9.48)	(7.76)	(0.36)	(0.35)	(0.42)	(9.47)	(8.22)	(0.35)	(0.35)	(9.62)	(8.31)	(0.35)	(0.35)	(9.62)	(8.31)				
Non Pay Expenditure	(1.68)	(1.12)	(4.34)	(1.01)	(5.13)	(0.95)	(2.70)	(5.65)	(2.70)	(1.88)	(2.70)	(4.20)	(4.15)	(1.38)	(3.11)	(4.61)	(3.76)	(2.18)				
Capital Expenditure	(0.37)	(0.33)	(0.25)	(1.08)	(0.39)	(0.08)	0.00	0.00	0.00	(1.73)	0.00	0.00	0.00	(1.73)	0.00	0.00	0.00	(1.73)				
Total payments	(10.47)	(1.83)	(4.95)	(11.57)	(13.28)	(1.39)	(3.05)	(6.08)	(12.17)	(11.83)	(3.05)	(4.55)	(13.77)	(11.42)	(3.46)	(4.96)	(13.38)	(12.22)				
Net Receipts/ (Payments)	(9.85)	(0.21)	17.87	(9.03)	(12.97)	(0.97)	20.08	3.13	(11.92)	(11.58)	(2.49)	26.59	(13.57)	(11.27)	(2.88)	22.55	(13.11)	(11.94)				
Funding Flows																						
PDC 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				
Loan Repayment/Interest payable	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	0.00	0.00	0.00	0.00	0.00				
Dividend payable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.76)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Total Funding	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.08)	0.00	(0.76)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
BANK BALANCE C/FWD	49.80	49.60	67.47	58.44	45.47	44.50	63.82	66.86	54.94	42.60	40.88	67.47	53.89	42.63	39.75	62.30	49.19	37.25				

Prior
year
end

£'000

Month
end
plan

Month
end
actual

Var.

12,385 Cash

38,055

45,515

7,460

Cash balances held are in excess of the plan mainly due to:

- £3.4m PDC dividend not yet paid - expected to be paid every 6 months.
- £3.8m capital expenditure slippage

8. Risks

Title	Description	£'000	Mitigation(s)	Lead(s)
Loss of stroke service	The Trust has agreed to transfer its stroke activity to other providers given the local issues. Current indications are that this could leave a contribution gap of up to £1.8m (FYE).	£1,325	Work with the STP is underway to validate the budgeted and actual income, expenditure and activity of the service.	Alan Davies
CIP (delivery)	The risk been updated to reflect the forecast position. There remains a gap between RAG rated CIP programmes and the draft budget requirement of £12m.	£1,731	CIP meetings continue to be held by the Director of Improvement. Return of CIP governance following pause during Covid pandemic. Increased focus to achieve total efficiency target.	Alan Davies, Mark Hackett
Staff costs	Staff costs remain high; unchecked, this could drive a need for additional CIP and/or the Trust missing its control total.	-	Deep dive paper submitted to the July Finance Committee meeting. Continued monitoring through Finance Business Partners and the Finance Committee. Financial Stability project.	Divisional Directors
Ward reconfiguration	As part of the restart planning wards will need to change at pace. The changing nature, specialty and bed bases could impact cost and efficiency.	TBC	Re-mapping of budgets and rosters is underway. Proposed increases to budgets will require a business case.	Alan Davies, Angela Gallagher, Mark Hackett
Covid capital	Monies in respect of Covid capital claims are still unapproved from NHSE/I. This is a national position.	c.£1,800	If not funded by NHSE/I this will need to be drawn from the Trust's capital allocation.	Alan Davies, Gary Lupton

9. Conclusions

The Finance Committee is asked to note the report and financial performance which is £8k deficit in-month and £69k deficit year to date, reducing to breakeven after removing the adjustment for donated asset depreciation. This financial performance is as per the plan submitted to the Kent & Medway STP.

The year to date CIP programme delivery is £1.2m favourable; this is mainly due to the timing of schemes being delivered ahead of the plan. The forecast total efficiency is £10.3m, this being £1.7m adverse to the target £12.0m. Across the Trust, the PMO Team and scheme holders are increasing their efforts with a view to achieving the total.

Alan Davies
Chief Financial Officer
November 2020

Meeting of the Board of Directors in **Public**

Wednesday, 02 December 2020

Assurance Report from Committees

Title of Committee:	Finance Committee	Agenda Item	4.2
Committee Chair:	Jo Palmer		
Date of Meeting:	Thursday, 26 November 2020		
Lead Director:	Alan Davies, Chief Finance Officer		
Report Author:	Paul Kimber, Deputy Chief Finance Officer		

The key headlines and levels of assurance are set out below, and are graded as follows:

Assurance Level	Colour to use in 'assurance level' column below
No assurance	Red - there are significant gaps in assurance and we are not assured as to the adequacy of current action plans
Partial assurance	Amber/ Red - there are gaps in assurance
Assurance	Amber/ Green - Assurance with minor improvements required
Significant Assurance	Green – there are no gaps in assurance
Not Applicable	White - no assurance is required

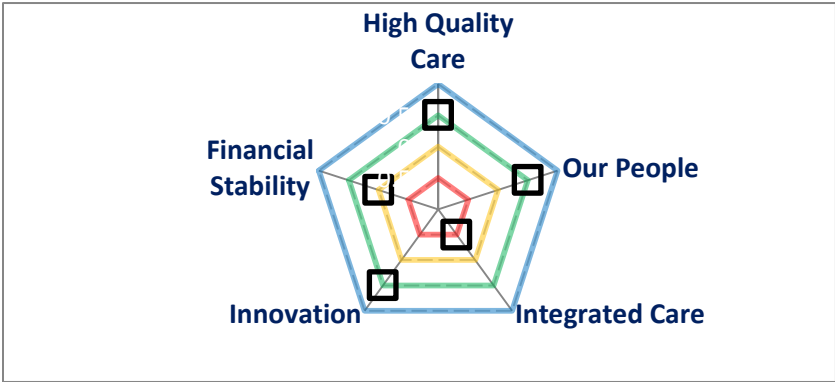
Key headlines and assurance level

Key headline	Assurance Level (use appropriate colour code as above)
1. Shortened meeting It was noted that this meeting was shortened as a result of the significant operational pressures being faced by the Trust. The focus would therefore be on the review of the Electronic Patient Records Full Business Case (EPR FBC).	White
2. EPR FBC It was noted that since the OBC, the following changes had been made: <ul style="list-style-type: none"> The Options had been further worked up and tightened. Work had progressed on the underlying contractual terms of the preferred options. The implementation plan had been enhanced and engagement 	Amber/Green

Key headlines and assurance level

Key headline	Assurance Level (use appropriate colour code as above)
<p>work undertaken. It was noted that the phasing had been amended as a result of this work, which impacts the timing of financial flows.</p> <p>The highlights of the case were outlined by the Executive Director of Transformation and IT and by the Director of IT, including the benefits realisation, supplier due diligence, phasing of the proposed implementation (and associated costs) etc.</p> <p>It was acknowledged that the business case sets out a net financial cost over the ten-year period.</p> <p>Executives on the call were asked for their views followed by a Q&A challenge session in order to provide assurance to members of the committee.</p> <p>The FBC was recommended for APPROVAL subject to:</p> <ul style="list-style-type: none"> • A risk assessment being undertaken comparing against other capital investments, i.e. prioritisation. • There being system assurance that there would be capital support to complete this over the multi-year implementation. • There being a commitment to identify sufficient CIP savings or additional benefits to mitigate the lifetime cost. <p>It was AGREED that the case would come back to the committee in December 2020 for a further approval before contracts are signed.</p>	
<p>3. Finance report</p> <p>The report was taken as read, noting that the Trust met its control total for month 7.</p> <p>Concern was noted as to the potential adverse impact that Covid could have on the forecast for the remainder of the financial year.</p>	Amber/Green
<p>Decisions made</p> <p>The business case for the EPR was recommended for APPROVAL subject to the additional work to be undertaken as noted above, which should be presented back to this committee at its December meeting.</p>	
<p>Further Risks Identified</p> <p>None.</p>	
<p>Escalations to the Board or other Committee</p> <p>The Committee recommends approval of the EPR business case to the Trust Board, subject to the caveats as noted.</p>	

Meeting of the Board of Directors in Public Wednesday, 02 December 2020

Title of Report	Trust Improvement Plan Update	Agenda Item	5.1																																								
Report Author	Gurjit Mahil, Deputy Chief Executive																																										
Lead Director	James Devine, Chief Executive																																										
Executive Summary	<p>This paper provides the Trust Board with an update on the progress against the Trust Improvement Plan's five pillars.</p> <div></div> <p>The 0-9 month deliverables are summarised in the below table:</p> <table><tr><th>Pillar</th><th>Number of Deliverables</th><th>Green</th><th>Amber</th><th>Red</th></tr><tr><td>High Quality Care</td><td>8</td><td>3</td><td>5</td><td>-</td></tr><tr><td>Our People</td><td>7</td><td>4</td><td>3</td><td>-</td></tr><tr><td>Integrated Care</td><td>10</td><td>3</td><td>7</td><td>-</td></tr><tr><td>Innovation</td><td>47</td><td>13</td><td>31</td><td>3</td></tr><tr><td>Financial Stability</td><td>10</td><td>3</td><td>6</td><td>1</td></tr><tr><td>Total</td><td>82</td><td>26</td><td>52</td><td>4</td></tr><tr><td></td><td></td><td>31.7%</td><td>63.4%</td><td>4.9%</td></tr></table> <p>The 4 red rated deliverables are 3 Innovation deliverables (decommissioning of Galaxy, SPI and Omnicell), all of which have been delayed due to Covid and 1 red deliverable under the Financial Stability (CIP delivery).</p> <p>On the 21 October 2020, the Executive Team held a 90 day forum with system regulators (NHS I and CQC), where positive progress had been noted in all</p>			Pillar	Number of Deliverables	Green	Amber	Red	High Quality Care	8	3	5	-	Our People	7	4	3	-	Integrated Care	10	3	7	-	Innovation	47	13	31	3	Financial Stability	10	3	6	1	Total	82	26	52	4			31.7%	63.4%	4.9%
Pillar	Number of Deliverables	Green	Amber	Red																																							
High Quality Care	8	3	5	-																																							
Our People	7	4	3	-																																							
Integrated Care	10	3	7	-																																							
Innovation	47	13	31	3																																							
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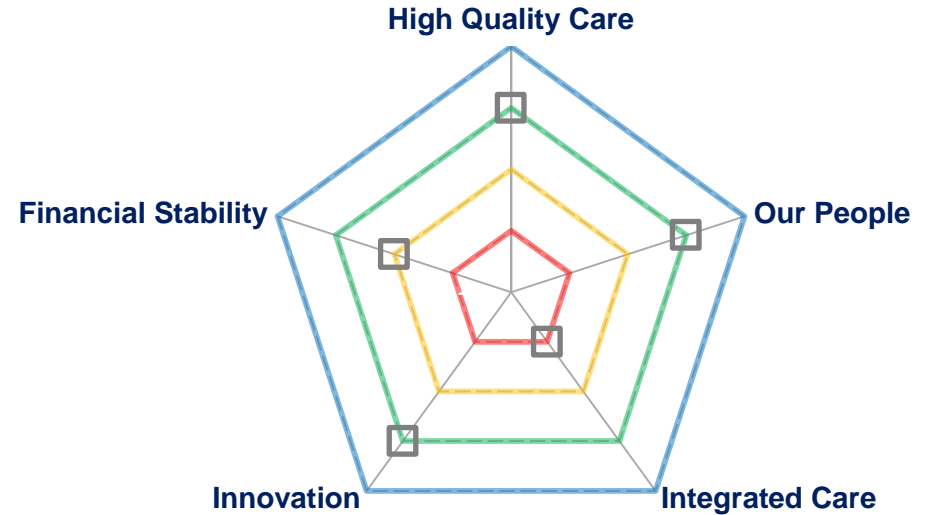
	<p>areas. The next 90 day forum is currently scheduled for the 30 December 2020 to review the 0-9 month deliverables for each of the pillars.</p> <p>Currently with managing the increase in the acuity of the covid demand in the Trust, there is a risk that deliverables within the next stage of the improvement plan may be postponed to a further date. This risk is being managed through the fortnightly Trust Improvement Board.</p>			
Resource Implications	None			
Legal Implications/Regulatory Requirements	NA			
Quality Impact Assessment	Not required.			
Recommendation/ Actions required	The Board is asked to note the current position for assurance.			
	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>
Appendices	Appendix 1 – Trust Improvement Plan Progress Update			

TRUST IMPROVEMENT PLAN UPDATES

James Devine - CEO

Trust Improvement Plan Summary

Pillar 1	High Quality Care
Pillar 2	Our People
Pillar 3	Integrated Care
Pillar 4	Innovation
Pillar 5	Financial Stability

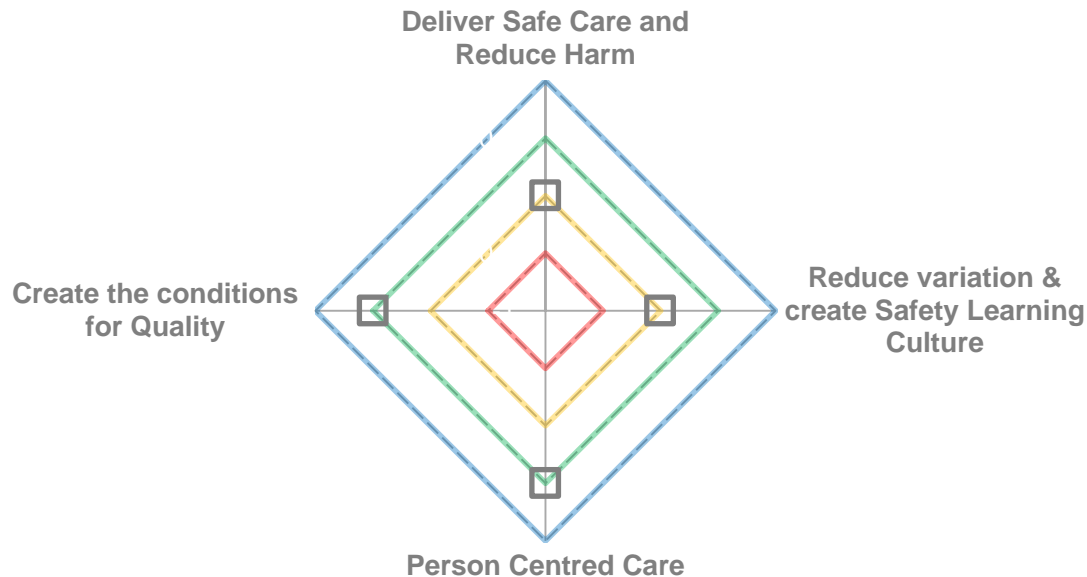


HIGH QUALITY CARE

Jane Murkin - Chief Nursing and Quality Officer

High Quality Care

Mission 1	Deliver safe care and reduce harm
Mission 2	Reduce variation and create a safety learning culture
Mission 3	Transform the patient experience
Mission 4	Create the conditions for quality



0-9 Month Deliverables

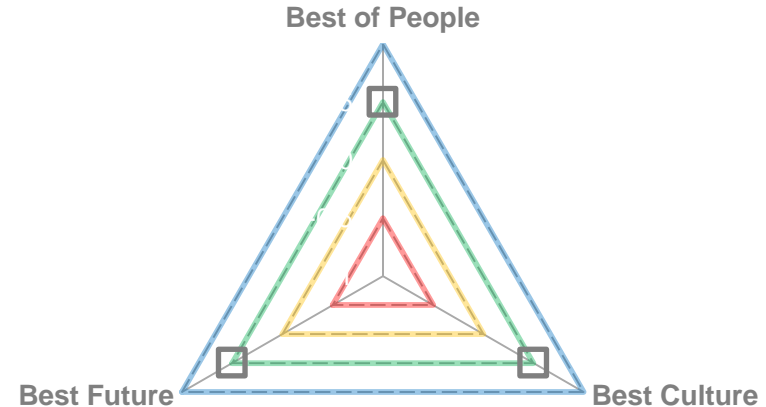
Objective	Status
Commission and undertake a Trust wide review of safeguarding	
Undertake an organisational diagnostic assessment against the national framework	
Design and develop a patient experience strategy	
Undertake a Trust wide review of complaints	
Design, test and implement a Quality Assurance programme of visits	
Implement Quality & Safety boards on all wards	
Undertake a medical engagement scale and develop a plan to address	
Test What matters to you Boards	

OUR PEOPLE

Leon Hinton – Chief People Officer

Our People

Mission 1	Best of People <i>We aim to transform ourselves through innovative staff-led improvements that meet the needs of our patients now and in the future.</i>
Mission 2	Best Culture <i>We aim to have a culture of openness and transparency, values that staff live by, and quality-led actions across our entire workforce.</i>
Mission 3	Best Future <i>We will deliver a workforce ready for the future, supported with the right skills to deliver quality care and to allow us to reach our full potential.</i>
Mission 4	Strategic Design of the Trust to be Well Led



0-9 Month Deliverables

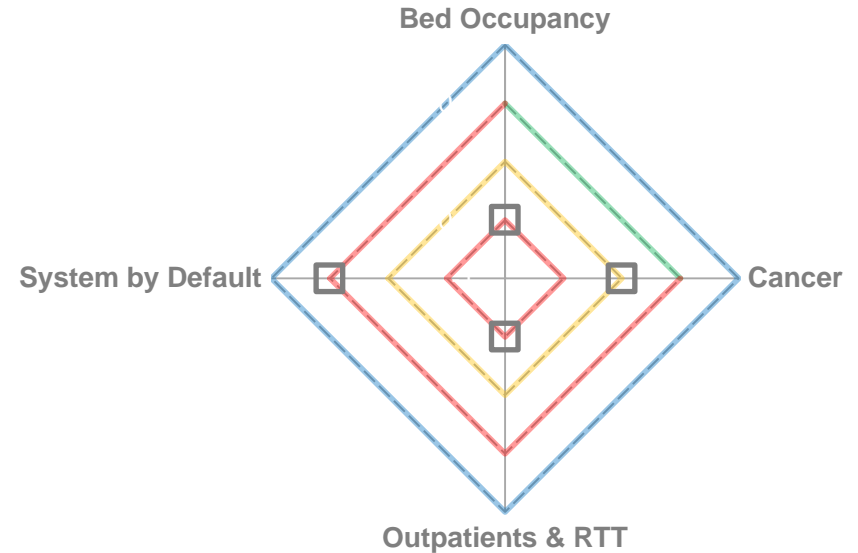
Objective	Status
Staff retention and stability (Post hire interviews, stability index +7%)	
Staff recruitment (International recovered position by Jan 21, NHS People Plan recruitment process overhaul in line with Workforce Race Equality Scheme action plan; consultant vacancy rate <5%)	
Equality and inclusion (Continued and maturing staff networks working with NHS People Plan; Workforce Race and Disability Equality Scheme co-developed action plans; recruitment pathway inclusion focussed review; Cultural awareness training)	
Culture and leadership, Staff Engagement (57 culture change team members in place, executive interviews and workshops, Schwartz round links and culture conference planned)	
Staff Recommend as a place to work (National pause)	
Freedom to speak up strategy (Regular development meetings with NHSEI, suffering detriment definition, promoting non-anonymous claims through risk assessment approach pilot)	
Talent management, Apprenticeships and apprenticeship learners (New MBA and MA learners in Q3 20/21, L5 ILM learners in place delivered through Trust's ILM centre, new digital apprenticeships commenced (3) Q3 20/21 and mammography apprenticeship)	

INTEGRATED CARE

Angela Gallagher – Chief Operating Officer (Interim)

Integrated Care

Mission '0'	Deliver safe care and reduce harm
Mission 1	Safely Deliver 92 per cent Occupancy
Mission 2	Improve Cancer Outcomes
Mission 3	Transform Outpatient Pathways
Mission 4	Work as a 'System by Default' in a Clinically-led Way



0-9 Month Deliverables

Objective	Status
Outpatient recovery including estates	
Diagnostic recovery	
Elective recovery	
Inpatient ward realignment	
Winter planning	
Demand and capacity	
Internal discharge delivery	
Flow and site operations	
Cancer recovery	
ICP system engagement	

INNOVATION

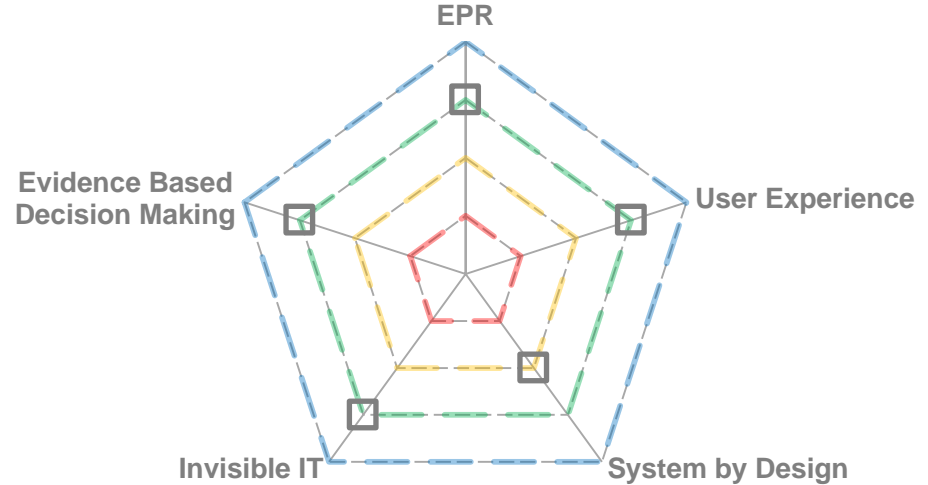
Jack Tabner – Director of Transformation/IT



INNOVATION

Innovation

Mission 1	Electronic Patient Record (EPR)
Mission 2	User Experience
Mission 3	System by Design
Mission 4	Invisible IT
Mission 5	Data and evidence-based decision-making
Mission 6	Medway Innovation Institute



0-9 Month Deliverables

Objective	Status	Objective	Status
Ordercomms		Attend anywhere	
Extramed		Symphony Upgrade	
EDRMS		SPI	Delayed for 6 months due to covid
Maternity		Current Health	
Metavision		Auditbase	
Bloodtrack		Hybridmail	
Decommission Galaxy	Delayed for 6 months due to covid	Omnicell	On hold due to covid.
CCIO and Clinical Advisory Group		Mortuary	
Digital dictation		Kent data sharing	
Perfect ward		ICP digital plan	

Objective	Status	Objective	Status
Kent data sharing (KMCR) Phase 1		Tracker scope	
KMCR Phase 2 ,3,4		8x8 / Telephony	
WASP		BI portal	
KMMIC RIS		Data infrastructure	
Pharmacy community - TCAM		Data assurance	
Core IT storage		Orthodontics	
End User Devices		Remote desktop	
Server Licensing		EPR business case	
Software Licensing		MFT Digital Strategy	
Networks		Home and remote working - including MS Teams	

Objective	Status
Stabilise IT team	
Single Sign On	
Diabetes 3	
PAS Refresh	
PAS Upgrade	
SLAM	
Euroking Decommissioning	

FINANCIAL STABILITY

Alan Davies - Chief Finance Officer

Financial Stability

Mission 1	Achieve financial targets – ‘Getting to Zero’
Mission 2	Improve Value for Tax Payers’ Money
Mission 3	Plan our Investments Efficiently
Mission 4	System Working



0-9 Month Deliverables

Objective	Status
Reimbursement of covid costs	
Management of staff costs	
Deliver I&E targets	
Deliver capital targets	
Deliver CIP	
Benchmarking of services	
Product standardisation	
Plan to recover backlog maintenance	
Commercial plan	
Review of portfolio of services	

SUMMARY

Pillar	Number of Deliverables	Green	Amber	Red
High Quality Care	8	3	5	-
Our People	7	4	3	-
Integrated Care	10	3	7	-
Innovation	47	13	31	3
Financial Stability	10	3	6	1
Total	82	26	52	4
		31.7%	63.4%	4.9%

Meeting of the Board of Directors in Public

Wednesday, 02 December 2020

Assurance Report from Committee

Title of Committee:	People Committee	Agenda Item	6.1
Committee Chair:	Sue Mackenzie, Chair of Committee/NED		
Date of Meeting:	Monday, 23 November 2020		
Lead Director:	Leon Hinton, Chief People Officer		
Report Author:	Leon Hinton, Chief People Officer		

Key headlines and assurance level	
Key headline	Assurance Level (use appropriate colour code as above)
<i>[The Committee agenda was amended due to the meeting being curtailed due to Covid-19 pressures]</i>	
1. Dignity at Work Review A review has been undertaken and a set of recommendations sent to the Executive Group on the 18 November 2020. The review proposes a more consistent and robust way of challenging inappropriate behaviours across the Trust in line with the Trust Values. Informal resolution of issues is always to be encouraged where possible and appropriate, but where matters are sufficiently serious there needs to be a tough stance taken to enforce the Trust's 'Zero Tolerance' policy on bullying and harassment. Data suggested that although staff are speaking up and raising concerns that there is a disproportionately low number moving to formal action (nil). This questions whether appropriate action is being taken to tackle the most serious cases. The Committee offered its support on this continuing work.	Green
2. CQC Well-Led Report The report will be submitted to the Executive Team meeting 04.12.20. The Committee asked that there is careful consideration around timelines on delivery whilst also bearing in mind that it is a must do for the next CQC Inspection.	Amber/Green
3. IQPR – People KPIs Key highlights were noted as follows: - Comparative targets for HR KPIs from other Kent Trusts were presented showing that StatMan and appraisal targets were in line with the region, and sickness, turnover and vacancies in the range of different targets. - Significant reduction in sickness levels but offset against increasing self-isolation numbers;	Amber/Red

<ul style="list-style-type: none"> - Flu vaccination has increased by 12% over the last four weeks. 65% of the workforce has now had the flu vaccine. Due to the Covid vaccine being in two stages and dependant on timing of the flu vaccine, there is detailed planning happening to coordinate this. To further increase flu-vaccination, and to support any covid vaccination. - StatMan training; health and safety has marginally decreased but not an area of concern yet; however this is the subject that also covers the new CoSHH module, which has slightly improved compliance. Working with Director of Estates and Facilities to review and adapt the requirements to staff that must do the training. - Metrics, areas of concern; Resus, Adult/Paediatric Life Support. 	
<p>4. EU Exit</p> <p>Key highlights were noted as follows:</p> <ul style="list-style-type: none"> - The largest risk to the Trust is staff being able to get to work. The biggest impact would be on medical and nursing staff due to location and potential impact of travel issues; other teams, such as estates and ancillary have a much lower impact. These scenarios are part of the Trust's Business Continuity Planning. The team are able to risk assess the situation, by team and by staff group and where the pressures will be. Transport and local accommodation solutions (short term) are being investigated. - The Committee suggested the discussion should be widened to Local MPs. The Committee asked that the induction process for international staff be monitored closely and continue to be as welcoming as possible, to ensure that the advance preparation schemes are enhanced for staff. 	Amber/Green
<p>5. Freedom To Speak Up</p> <ul style="list-style-type: none"> - The committee was informed that Natasha Pritchard, Guardian of Freedom to Speak Up was leaving the Trust due to personal circumstances. They agreed this was a great loss for the Trust as she has done some incredible work with FTSU, gaining trust, good momentum and understanding behaviours within teams. - The biggest concern is with cultures within the Trust, especially within the emergency department. We are working with external partner organisations to assist with cultural issues within the organisation. Also to look at inter-departmental relationships and behaviours. The key is to understand the root cause of the issues raised. - There is no successor for the Guardian role at present but careful consideration will be given to the next person in post to ensure that the relationships built, trust and continuity happens. 	Amber/Green
<p>6. Future committee dates</p> <p>The next meeting will be on Monday, 18 January 2021 at 13:00</p>	Green
<p>Decisions made: None to report</p>	
<p>Further Risks Identified: None to report</p>	
<p>Escalations to the Board or other Committee:</p> <p>Item 10. EU Exit:</p> <p>The Board is asked to note the EU Exit risk to the Workforce. It needs to be amended on the Corporate Risk Register and BAF to be reviewed on a more regular basis. David Seabrooke, Company Secretary to ensure this is raised.</p>	