Agenda

NHS Medway NHS Foundation Trust

Trust Board Meeting in Public

Date: Wednesday, 9 February 2022 at 12:30 – 15:30

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	Declarations of Interest				
1.4	Chief Executive's Update	Chief Executive	1	12:35	Note
1.5	Board Register of Interests - update	Company Secretary	7	12:50	Note
1.6	Patient Story	Chief Nursing and Quality Officer (Interim)	Presentation	12:55	
2.	**Minutes of the previous meeting and matters arising**				
2.1	Minutes of previous meeting: 12 January 2022	Chair	11	13:25	Approve
2.2	Matters arising and Action Log: 12 January 2022	Chair	19		Discuss
3.	**High Quality Care**				
3.1	Integrated Quality Performance Report	COO, CNQO, CMO	21	13:35	Note
3.2	Quality Assurance Committee Assurance Report - Meeting date: 18 January 2022	Chair of Committee/ Chief Nursing and Quality Officer (Interim)	51	14:10	Assure
3.3	Learning from Deaths - update	Chief Medical Officer	55	14:20	Note
3.4	Patient Experience Strategy	Chief Nursing and Quality Officer (Interim)	63	14:35	Approve
4.	**Financial Stability**				
4.1	Finance Report - Month 9	Chief Finance Officer	77	14:50	Note
4.2	Finance Committee Assurance Report. Meeting: 20 January 2022	Chair of Committee/ Chief Finance Officer	91	15:05	Assure

Agenda

5.	**Our People**				
5.1	Report of People Committee – 20 January 2022	Chair of Committee /Chief People Officer	95	15:10	Assure
5.2	Vaccination as a Condition of Deployment - update	Chief People Officer	Verbal	15:20	Note
6.	**Any Other Business**				
6.1	Council of Governors Update	Lead Governor	Verbal	15:30	Note
6.2	Questions from the Public	Chair	Verbal		Note
6.3	Any Other Business	Chair	Verbal		Note
	Date and time of next meeting: 9 March 2022, 12:30 – 15:30				

NHS
Medway
NHS Foundation Trust

Chief Executive's Report – February 2022

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.

COVID-19

The Trust has continued to see high levels of patients admitted to the hospital with COVID-19 related illness. However, we have also seen evidence that we may have passed the peak of the wave, which is good news.

To help manage the demand we opened several dedicated wards for patients with COVID-19; we also had to repurpose some areas to help manage flow throughout the hospital. I am glad to say that most of these areas have now been returned to their usual functions.

Throughout the Omicron wave I am pleased to say we have continued with surgery for cancer patients. Unfortunately, however, we had to briefly pause some elective surgery and I would like to apologise for any inconvenience that this may have caused to our patients. Thanks to the hard work of our staff this pause was kept to an absolute minimum and the majority of surgery is now taking place as normal.

Visiting restrictions remain in the hospital and I would like to thank the public for their support and understanding during this time; we know how important that visiting is to our patients and their families and will seek to lift restrictions as soon as it is safe to do so.

It remains critical that visitors adhere to the infection control procedures in place for the protection of our patients and staff.

Performance

Thanks to the incredible work of our teams, over the last month we have seen a considerable improvement in our performance against the target for waiting times in the Emergency Department. The standard sets out that 95 per cent of patients attending the Emergency Department should be admitted, transferred, or discharged within four hours.

This is far more than just a statistic and represents a very real improvement to the care we offer to our patients. It means that more of our patients had timely access to assessment, timely access to hospital beds and timely discharge back home.

At one point this month we were the top performing Trust in the south east and one of the best in the country, and that isn't something we have been able to say for a long time.

This standard is often referred to as an ED target but in reality it involves a great number of staff across the organisation, all working together for our patients. The focus is now on ensuring we can deliver this level of performance consistently.

I'm also pleased to say that we have seen improvement in our performance against cancer standards. Thanks to the hard work of our colleagues, we met the 85 per cent target (87.12 per cent) for the 62-day cancer standard in November. In October we recorded our best performance against the standard in two years and nine months.

I am delighted for our patients and thankful to all our staff who have worked so hard to deliver timely care to our patients with a cancer diagnosis.

Dr Alison Davis

I'm delighted to say that Dr Alison Davis has joined the Trust as our new Chief Medical Officer. Alison is a consultant paediatric ophthalmologist by background and was previously Medical Director at Kent and Canterbury Hospital.

I'm very much looking forward to working with Alison as we continue to drive improvements in patient care through our Patient First strategy.

Kent and Medway Healthy Workplace Gold Award

I'm pleased to say that the Trust has been awarded the Kent and Medway Healthy Workplace Gold Award in recognition of our ongoing achievement in promoting a healthier working environment for staff.

The Trust achieved Bronze status in 2020, but after an assessor recently reviewed the Trust's policies, procedures and support in place, and spoke to a cross-section of staff to ensure that what we said we were doing was actually being put into practice, the Trust was awarded Gold as we exceeded the criteria for the Silver award.

Medway Council's Public Health Team runs the awards, which are given to organisations that show a commitment to the health and wellbeing of their staff and meet a set criteria. Areas assessed include absence management, health and safety, mental wellbeing and physical activity.

Thank you to everyone who has helped to make this amazing achievement possible and helped us to develop the support available for the health and wellbeing of our colleagues.

Communicating with colleagues and the community

The graphic below gives a flavour of some of the work we have done to communicate with our staff and community over the last month.

MEDWAY NHS FOUNDATION TRUST

TRUST BOARD REGISTER OF INTERESTS
FEBRUARY 2022

Name	Position	Organisation	Nature of Interest
Jo Palmer	**Chair**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
		Sutton Valence School	Governor
		B & CE Ltd	Chief Operating Officer
Ewan Carmichael	**Non-Executive Director**	Medway NHS Foundation Trust	Chair of Charitable Funds Committee
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Mark Spragg	**Non-Executive Director**	Marcela Trust	Trustee
		Sisi and Savita Charitable Trust	Trustee
		Mark Spragg Limited	Director
		Faculty of Medical Leadership and Management	Lay Trustee/ Director
		Medway NHS Foundation Trust	Chair Integrated Audit Committee
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Adrian Ward	**Non-Executive Director**	Award Veterinary Sciences Limited	Director
		Nursing and Midwifery Council	Chair Fitness to Practise Panel
		RCVS Preliminary Investigation Committee	Member
		BSAVA Scientific Committee	Member
		Institute of Chartered Accountants in England and Wales – Investigation Committee	Member
		Medway NHS Foundation Trust	Member of the Quality Assurance Committee
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Tony Ullman	**Non-Executive Director**	Kent and Canterbury Hospital, East Kent NHS Foundation Trust	Partner a Specialty Doctor, East Kent Hospitals Trust

Name	Position	Organisation	Nature of Interest
		Age UK Canterbury	Trustee
		Medway NHS Foundation Trust	Chair Quality Assurance Committee
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Sue Mackenzie	**Non-Executive Director**	Medway NHS Foundation Trust	Chair People Committee
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
		BMT Global Ltd	Non-Executive Director
		Logistics UK	Non-Executive Director
		Port of London Authority	Non-Executive Director
		Women's Royal Army Corps Association	Trustee
Annyes Laheurte	**Non-Executive Director**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
		Medway NHS Foundation Trust	Chair of Finance Committee
		Finance Committee for the British Association for Music Therapy	Trustee and Chair
		Funding For All	Trustee
Rama Thirunamachandran	**Academic Non-Executive Director**	Canterbury Christchurch University	Vice-Chancellor and Principal Director and Trustee
		Universities UK	Director and Trustee
		Kent Lieutenancy	Deputy Lieutenant
		Million Plus (Lobby Group for HE)	Chair
Jenny Chong	**Associate Non-Executive Director**	Knightingale Consulting	Managing Partner
		KogoPay	Head of Innovation and Data Analytics
		Imperial College London	Advisor to IVMS (Imperial Venture Mentoring Service) and ITES (Imperial Technology Experts Service)
		The Design Museum	Co-opted Member of the Finance and Operations Committee
		Lightning Social Ventures	Advisor
		NHS Innovation Accelerator	Mentor and Panel Assessor
		Egypt Exploration Society	Trustee
		Business of Data	Global Advisory Board Member
George Findlay	**Chief Executive**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Alison Davis	**Chief Medical Officer**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee

Name	Position	Organisation	Nature of Interest
Leon Hinton	**Chief People Officer**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
		Team Support Healthcare Ltd	Brother-in-Law is Director, supplying temporary staff to healthcare providers
Alan Davies	**Chief Finance Officer**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Gurjit Mahil	**Deputy Chief Executive**	Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
		Medway NHS Foundation Trust	Husband works for the Trust
Evonne Hunt	**Chief Nursing and Quality Officer (Interim)**	Kent and Medway ICS	Husband is Project Lead for EDI
		Medway NHS Foundation Trust Charitable Funds	Member of the Corporate Trustee
Jayne Black	**Chief Operating Officer**	Nil Declaration	Nil Declaration
Gary Lupton	**Director of Estates and Facilities**	Nil Declaration	Nil Declaration
Glynis Alexander	**Director of Communications and Engagement**	Nil Declaration	Nil Declaration
Paula Tinniswood	**Chief Strategy and Integration Officer**	Airglove	Inventor

NHS Medway NHS Foundation Trust

Minutes of the Trust Board PUBLIC Meeting
Wednesday 12 January 2022 at 12:30 to 14:30
MS Teams

Members	Name	Job Title
Voting:	Jo Palmer	Chair
	Adrian Ward	Non-Executive Director
	Alan Davies	Chief Finance Officer
	Alison Davis	Chief Medical Officer
	Annyes Laheurte	Non-Executive Director
	Evonne Hunt	Chief Nursing and Quality Officer (Interim)
	Ewan Carmichael	Non-Executive Director
	George Findlay	Chief Executive
	Leon Hinton	Chief People Officer
	Mark Spragg	Deputy Chair/Senior Independent Director/NED
	Gurjit Mahil	Deputy Chief Executive
	Sue Mackenzie	Non-Executive Director
	Tony Ullman	Non-Executive Director
Non-Voting:	Gary Lupton	Director of Estates and Facilities
	Glynis Alexander	Director of Communications and Engagement
	Jayne Black	Chief Operating Officer
	Jenny Chong	Associate Non-Executive Director
Attendees:	Alana Marie Almond	Assistant Company Secretary (Minutes)
	David Brake	Lead Governor
	David Seabrooke	Company Secretary
	Jeremy Davis	Clinical Director, Cancer Services
	Michael Drummond	South East Correspondent for PA Media
	Sheila Adam	NHSE/I Improvement Director
	Rachel Jones	Kent & Medway CCG
	Caris Grimes	Associate Medical Director for Patient Safety
Apologies:	Rama Thirunamachandran	Academic Non-Executive Director

1 Preliminary Matters

1.1 Chair's Welcome and Apologies

The Chair welcomed all present and apologies were given as listed above. The Chair welcomed Alison Davis, Chief Medical Officer to her first meeting. Chair continued with the following:

a) *I would like to take this opportunity to wish everyone a very Happy New Year and place on record the Board's appreciation for the staff who have worked over the Christmas and New Year to care for our patients. As we move into 2022, we do so with some very significant challenges. Winter is always a time of considerable pressure in the NHS but this has reached a heightened level with the surge in COVID-19 cases across Medway and Swale.*

b) *This surge, which has been seen across the country, has resulted in a higher number of Covid patients being admitted to the hospital. Thankfully, we are seeing less serious illness than we have in previous waves but the virus still remains a threat to the public – especially for those who have not been vaccinated. I would ask members of the public to consider having their vaccination (first, second, or booster) if you have not yet done so. Not only does it help to protect yourself, your friends and family but also the NHS.*

c) *We also need to ask local residents for their help; please ensure that you use our emergency services appropriately and continue to follow our government's guidance on COVID. I would also like to thank our community for their patience and understanding; the increase in demand for our services has meant that some patients are waiting longer in the Emergency Department than we would like but our staff are doing absolutely everything they can to keep this to a minimum.*

d) *Finally, I want to say a massive thank you to our staff. Their dedication to providing care for our patients in the most challenging of environments has been truly impressive and we all owe them a tremendous debt of gratitude. Chair thanked the Executive for their work over the Christmas period.*

1.2 Quorum

The meeting was confirmed to be quorate with at least one-third of the whole number of the Directors (including at least one Executive Director and one Non-Executive Director) being present.

1.3 Conflicts of Interest

There were no conflicts of interest raised.

1.4 Chief Executive Update

George Findlay, Chief Executive gave an update to the Board providing an overview of matters on a range of strategic and operational issues. He echoed a number of points made by the Chair in relation to the handling of the Covid pandemic. The Board was asked to note the report and George gave the following key highlights:

a) *COVID-19; The significant rise in the number of Covid-19 cases in the community has led to an increase in the number of patients that we are treating in the hospital with Covid; I would like to thank our staff who have worked so hard over the Christmas and New Year period to care for these patients safely. Vaccination remains our best defence against the highly transmissible Omicron variant, and I would urge members of our community who are eligible to have their Covid booster vaccination, to do so, it will make a difference.*

Due to the rise in Covid patients in the hospital and because of the high transmission rate of Omicron, sadly we have introduced further visiting restrictions on some of our wards. We have taken this step to ensure the safety of our patients, staff, and the wider community. We know how important it is for our patients to see their loved ones, so this decision has not been taken lightly, but we hope that the public will understand the necessity of this change. It remains critical that visitors to our site adhere to the infection control procedures in place for the protection of our patients and staff.

b) *Getting our patients home for Christmas; we know that home is often the best place for our patients to be, especially at Christmas time, so I would like to thank colleagues across the hospital who worked hard with system partners before Christmas to streamline discharge processes and expedite discharge for our patients who were medically fit. We were able to discharge 315 patients who were able to enjoy Christmas with their friends and family. This also provided an opportunity for us to free-up some beds ahead of the increase in COVID-19 patients over the Christmas and New Year period.*

c) *I would also like to take the opportunity to say a very special thank you to all colleagues who left their friends and families over Christmas to care for our patients. Not only did they provide excellent care during a challenging time; they also did all that they could to make Christmas as special for our patients as possible. This year, with support from the Medway Hospital Charity and our friends at Staxson Electrical services, we provided some festive mugs filled with treats for our adult inpatients. I hope that these brought some cheer to everyone who received one.*

d) *Patient First; We are very excited to be launching our Patient First initiative in early 2022; this is our new programme to build on the successes of the past, but bringing greater clarity, structure, and support so that we can make more significant improvements quicker. Patient First will focus on fewer priorities –helping us to concentrate on projects that will make the biggest difference to our performance and therefore to the experience of our patients.*

e) *Medway Annual Staff Awards; In December, we were proud to recognise the achievements of teams and individuals who have gone the extra mile for colleagues and patients, at our annual staff awards. I would like to extend my congratulations to the winners and all nominees. Once again, the Trust also teamed up with the Medway Messenger for the Hospital Hero Award. Patients and members of the public were asked to send in their nominations to thank staff for their dedication, hard work and compassion, with the winner chosen by the paper. The overall winner was Alison Youdale, Advanced Neonatal Nurse Practitioner on the Oliver Fisher Special Care Baby Unit. Instead of the winners attending an awards ceremony they were individually filmed receiving a trophy and a certificate as part of a special ceremony-style video for patients, staff and the public to watch.*

1.5 Presentation: Population Health Management

Rachel Jones, Executive Director Strategy and Population Health, K&M CCG presented to the Board for noting. The presentation included the following highlights:

a) Health Inequalities
b) Wider Determinants of Health
c) Premature deaths from all causes (2013-2017)
d) Life expectancy across Kent and Medway
e) Inequalities lead to more hospital admissions
f) Higher risk of physical illness for people with mental health problems in Kent and Medway
g) GCSE Achievement – showing differences across Kent and Medway
h) How Covid has increased health inequalities
i) How Covid disproportionately impacted different population groups
j) How Covid increased inequalities in mortality rates by ethnicity
k) Summary and Thoughts for Acute Providers

1.5a Chair asked David Seabrooke to add a regular item on Population Health to the Board Work Plan. She asked George Findlay to consider how it is input into Executive portfolios and responsibilities. The Trust's Prehabilitation Programme was extremely successful, if patients are helped with physical it is of benefit to mental health, the Trust will share experiences with colleagues and other hospitals.

1.6 Clinical Presentation: Cancer Services

Jeremy Davis presented to the Board for noting. The presentation included the following highlights:

a) Cancer Care Group Responsibilities
b) Delivery of cancer targets (month by month)
c) Biggest risks
d) Continuing work and plans

The Board thanked Jeremy and the entire team for all of the hard work and the performance improvements that have been made.

2 Minutes of the previous meeting and matters arising

2.1 The minutes of the last meeting, held on 04 November 2021 were reviewed by the Board. The minutes were **APPROVED** as a true and accurate record.

2.2 Matters arising and actions from the last meeting. The following actions were discussed:
Action No: TBPU/21/118: An extension to the deadline was agreed to February 2022 Board by the Executive Team, the QAC and Board.

High Quality Care

3.1 Integrated Quality Performance Report

The Board received the report; the paper was taken as read with the following key highlights:

3.1.1 Jayne Black presented to the Board.
Emergency care in November, ambulance volumes were high 105 – 110 per day. Trust are focusing on improvement on 60 minute hand over delays.
Time that people spend in ED – slightly higher than wanted but there is a reduction in 12 hour breaches, started to reduce in November.
Steady increase in admissions from October and into November.
Flow work focus is on medically fit patients, fit for discharge.
Trust are taking part in a national MADE event this week.
Increase from November on Covid admissions, which has an impact on flow and beds.
Focus is now on improving ambulance delays, flow and patient experience.
RTT steady improvement in this area.
Cancer services there are improvements as detailed in Jeremy's presentation
Diagnostics are on trajectory.

3.1.2 Evonne Hunt presented to the Board.
There has been a reduction in MSA breaches, a lot of work has gone into this working with clinical and site team. The team understands why the breaches happen.
Maternity; there have been early births due to the effects of Covid and the induction of labour.
Falls management there has been a reduction, improvement work is in place on falls alarms.
Pressure ulcers; there has been a gradual increase but this is being investigated by the team to ensure patients are being turned enough.
C-diff cases are a total of 20.

3.1.3 Alison Davis presented to the Board.
No new data on mortality as yet, but will discuss at Board next time.
HSMR rates are in the expected range.
Backlog in structured judgement reviews; there has been a lot of work on this and to ensure the learning is understood and embedded.

3.2 Quality Assurance Committee Assurance Report: 21.12.21

Tony Ullman, Chair of Committee presented to the Board for assurance, the paper was taken as read. The Committee escalated the following to the Board that will be monitored:

1) Mental health quality of care for patients in our care
2) Inpatient survey results
3) Discussion on the BAF quality and reduction to risk ratings.
4) The business case proposal for a seven day service for End of Life Care
5) CQC Well Led Core Services Action Plan – change in approach and actions proposed to clear delays.

3.3 Update on role of Patient Safety Specialist

Alison Davis, Chief Medical Officer, introduced this item and the meeting was joined by Caris Grimes who presented to the Board for noting. The presentation included the following highlights:

a) Identifying Patient Safety Specialists
b) Patient safety specialist role
c) Key deliverables
d) Early milestones
e) PSS priorities
f) Executive PSS support requirements

3.4 Safeguarding Adults and Children Annual Report

Evonne Hunt, Chief Nursing and Quality Officer, presented to the Board for noting, the paper was taken as read.

a) The report provided an update on safeguarding progress and achievements during 2020/21 and demonstrated assurance of meeting the Trust's statutory duties. The report included:

    1) Safeguarding Report 2020/21
    2) Maternity Safeguarding Report 2020/21

b) 2020/21 was challenging for everyone during the pandemic, however the Trust has continued to see growth in its activity across all areas of safeguarding and progress towards the recommendations from the Safeguarding Governance Review.

c) There has been good progress on safeguarding training considering much of it is now virtual.

The board received the reports.

4 Strategy and Resilience

4.1 Board Assurance Framework

Gurjit Mahil, Deputy Chief Executive, presented to the Board for noting, a summary of the BAF as of 31 December 2021. The Board was asked to note the report for assurance regarding the processes in place around risk management. The Trust's principal risks were:

- 3a – Delivery of financial control total – 16 (red) with a target score of 9 (amber)
- 5c – Patient Flow – 20 (red) with a target score of 6 (amber)

4.2 Mortuary Security Self-assessment

Jayne Black, Chief Operating Officer, presented to the Board for noting.

a) Following the recent high profile incident all NHS Trusts received a communication from NHS England and NHS Improvement regarding access to and oversight of mortuary and body store arrangements. The letter requested that all Trusts with either a mortuary or body store urgently review their practices and ensure a number of actions are implemented.

b) The Board was updated on the progress against the areas outlined in the communication and informed that the Trust is compliant with all requirements.

c) The team are conducting a full assessment against the Human Tissue Authority to ensure that we would be compliant

The report was noted.

5 Financial Stability

5.1 Finance Report - Month 8

Alan Davies, Chief Finance Officer gave an update to the Board. The Trust reports a breakeven against the NHSE/I control total and the following highlights were noted:

a) Trust Surplus/(deficit); The Trust reports a £8k deficit position for November; reducing to breakeven in month and year to date after making the technical adjustment for donated asset depreciation to report against control total. The reported position includes Elective Recovery Funding (ERF) income of £4.6m in H1 and £1.4m for year to date in H2, this covers the incremental costs of delivering ERF activity. There is no contingency accrued into the position. This month's pay expenditure has increased by £0.6m to £20.6m, this is due increased escalation capacity, PAHU, enhanced rates for bank staff and temporary cover for staff sickness.

b) Efficiencies Programme; the in-month position is reporting a £0.1m decrease from October as the previous month included the pharmacy procurement rebate. The total schemes identified for the year is £4.1m leaving a gap £1.0m to the overall plan of £5.1m for the full year; this includes some of the 9 crosscutting efficiency schemes. Of the £4.1m schemes, following a review by the Finance Business Partners it is forecast that £3.6m of efficiencies will be delivered. There was an over delivery against budget in H1 mainly driven by ERF income efficiency; current forecast is a £0.3m deficit to budget per month.

c) Key risks are gap in efficiencies and the risk from Covid and winter pressures. There will be a full re-forecast, which will be reported through the Executive and Finance Committee next week.

d) Capital; The Trust Capital Resource Limit and plan was set at £13,877k for 2021/22 by the ICS. Since the plan was set an additional £5,397k capital funding has been secured: £2,796 PDC, £3,128k additional ICS allocation and £80k donations, offset by a £607k PDC for UTC being deferred into 2021/22.

e) Paul Kimber has been seconded into his Financial Recovery Management role. He is initially working on Drivers of Deficit which will be reported later to Board. The team are working with partners on the project plan, which will eventually be a Financial Recovery Plan in place by March 2022. Reports will come back to Board at a later date.

f) Business Planning Guidance has come in from NHSEI; an update will be submitted in due course.

5.2 Finance Committee Assurance Report: 16.12.21

Annyes Laheurte, Chair of Committee presented to the Board for assurance, the paper was taken as read. The Committee reviewed and agreed the following:

a) To regrade the BAF risk 3c "Failure to develop, approve and deliver against a financial recovery plan" to 4 x 4 (=16) and amend RAG rating to red.
b) To update the risks & opportunities of the Finance function's efficiency target and identifying deliverable schemes.
c) To provide an update on resolution of solving the gap currently with Corporate services efficiency programme.
d) To provide a further IFRS 16 (Capital Lease Accounting) update on any impact to the Trust.
e) The GIRFT presentation would go ahead at the next Finance Committee in January.
f) The results of the effectiveness of the finance committee survey would be sent to the Chair of the Committee.

6 Any Other Business

6.1 Council of Governors Update

Cllr David Brake, Lead Governor presented to the Board, with the following highlights:

a) November 2021 there was a visit to the Sunlight Centre, Gillingham, three Governors attended. The Centre is a charity to promote health and wellbeing improvements. There is also a GP in the Centre, open on a daily basis. The session was successful and there was a lot of engagement, which led to many people applying to be members.
b) December 2021 a number of attendees came to a Governor session, visitors were reminded to continue to support the Trust with IPC procedures. Carers and discharge comments were raised and have been passed on to the team at MFT and action is being taken to improve.
c) January 2021 there is a Quality Priorities meeting on MS Teams where a number of the general public are expected to attend. There will be representation from the CCG and Health Watch.
d) The next Council of Governors will be held on Thursday 27 January 2022. David will hold a pre-meet to discuss ideas with the Governors for further engagement events.
e) Governors are happy to support wherever they can. Chair thanked David and the Council.

6.2 Questions from the Public

There were no questions from the public.

6.3 Any Other Business

There were no matters of any other business.

6.4 Date and time of next meeting

The next public meeting will be held on Wednesday, 09 February 2022.

The meeting closed at 14:30

These minutes are agreed to be a correct record of the Trust Board of Medway NHS Foundation Trust held on Wednesday, 12 January 2022

Signed …….. Date ……

Chair

Board of Directors in Public
Action Log

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

Actions are RAG Rated as follows:

Meeting Date	Minute Ref / Action No	Action	Action Due Date	Owner	Current position	Status
15-Apr-21	TBPU/21/118	Submit the Patient Experience Strategy to the Board	09-Feb-22	Evonne Hunt, Chief Nursing and Quality Officer (Interim)	On 9 Feb board agenda	Green

Meeting of the Board of Directors in Public
Wednesday, 09 February 2022

Title of Report	**Integrated Quality and Performance Report (IQPR)**	**Agenda Item**	3.1
Report Author	Evonne Hunt – Chief Nursing & Quality Officer (Interim) Alison Davis – Medical Director Jayne Black – Chief Operating Officer		
Lead Director	Evonne Hunt – Chief Nursing & Quality Officer (Interim) Alison Davis – Medical Director Jayne Black – Chief Operating Officer		
Executive Summary	This report informs Board Members of the quality and operational performance across key performance indicators for the December 2021 reporting period. **Safe** Our Infection Prevention and Control performance for November shows that the Trust has had 0 MRSA bacteraemia cases and 0 hospital acquired C-diff cases. **Caring** MSA has shown improvement, December has seen that 71 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 for three areas, remain close or above the national standard of 85% (Inpatients: 76.4%, Maternity: 100%, Outpatients: 89.3%, ED: 76.5%). **Effective** Discharges before Noon, whilst close to the mean are still below at 16.1% and significantly below the Target of 25%, this is being reviewed through the rapid improvement work. **Responsive** The Trust continues to deliver the elective programme working with system partners for key clinical pathways. In December the RTT standard was 63% and the Trust recorded 112 52 week breaches which is lower than previous months. ED (Type 1) 4 hour performance as a result of site pressures reported 59.1% in December. Additionally, the Trust saw 228 Ambulance Handover delays of +60mins. The DM01 Diagnostics performance is at 79% for December 2021. In November 2021, 94.1% of patients were seen within 2 weeks of their referrals into the cancer pathways and 87.1% of patients were treated within 62 days. **Well Led** We have seen a stable position in appraisal rates, reporting 83.6% and the Trust has maintained compliance statutory and mandatory training at 89.8%. To note:		

<table>
<tr><td></td><td colspan="4">

- The maternity 12+6 indicator is calculated by NHS I/E/D and is currently showing a delay.
- The SHMI data is currently showing March – this is reliant on MHS I/E/D and is 3 to 4 months in arrears.
- The HSMR is currently showing March data, this is reliant on Dr Foster and this is 3 to 4 months in arrears.
- The bed occupancy includes all beds within the Trust including maternity and paediatrics.
- IPC and cancer data is reported a month in arrears.

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<tr><td rowspan="5">Link to strategic Objectives 2019/20</td><td colspan="3">Innovation: We will embrace innovation and digital technology to support the best of care</td><td>☒</td></tr>
<tr><td colspan="3">Finance: We will deliver financial sustainability and create value in all we do</td><td>☒</td></tr>
<tr><td colspan="3">People: We will enable our people to give their best and achieve their best</td><td>☒</td></tr>
<tr><td colspan="3">Integrated Health Care: We will work collaboratively with our system partners to establish an Integrated Care Partnership</td><td>☒</td></tr>
<tr><td colspan="3">High Quality Care: We will consistently provide high quality care</td><td>☒</td></tr>
<tr><td>Resource Implications</td><td colspan="4">None</td></tr>
<tr><td>Legal Implications/Regulatory Requirements</td><td colspan="4">State whether there are any legal implications</td></tr>
<tr><td>Quality Impact Assessment</td><td colspan="4">Not required.</td></tr>
<tr><td rowspan="2">Recommendation/ Actions required</td><td colspan="4">The Board is asked to note the discussions that have taken place and discuss any further changes required.</td></tr>
<tr><td>Approval
☒</td><td>Assurance
☒</td><td>Discussion
☒</td><td>Noting
☒</td></tr>
<tr><td>Appendices</td><td colspan="4">Appendix 1 – IQPR – December 2021</td></tr>
</table>

NHS
Medway
NHS Foundation Trust

Integrated Quality and Performance Report

Reporting Period: December 2021

What is Statistical Process Control (SPC)?

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

The IQPR incorporates the use of SPC charts to identify **Common Cause** and **Special Cause** variation and NHS Improvement SPC Icons, which replaces the traditional RAG rating format in favour of Icons to show SPC **variation (trend)** and **assurance (target)** to provide an aggregated view of how each KPI is performing with statistical rigor.

The main aims of using Statistical Process Control (SPC) charts is to understand what is **different** and what is **normal** to be able to determine where work needs to be concentrated to make a change. The charts also allow us to monitor whether KPIs are improving.

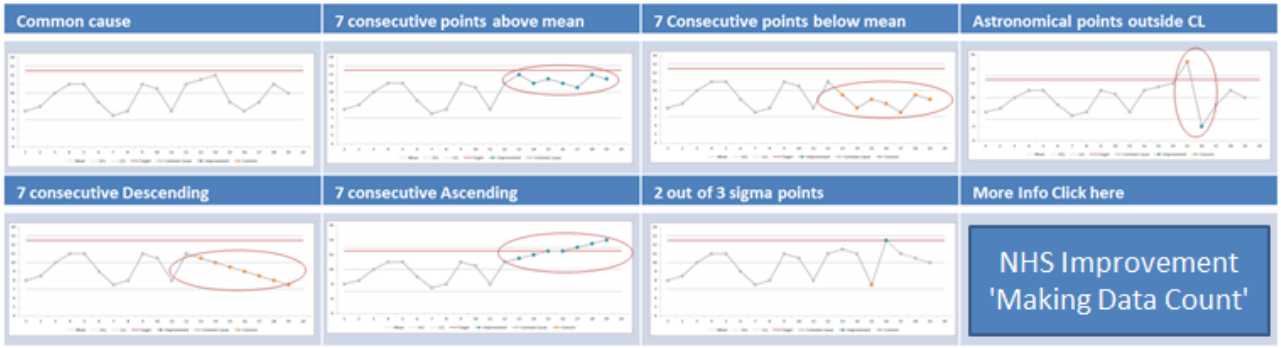
Key Facts about a SPC Chart:

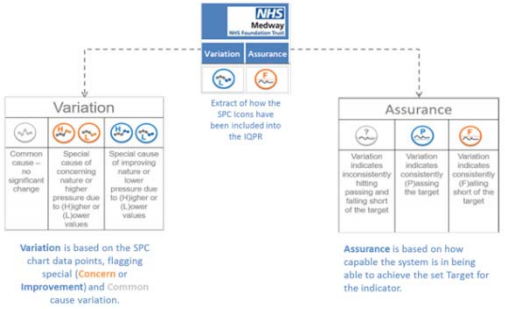
Minimum of 15 - 20 + data points are needed for a statistical process control (SPC) chart to have meaningful insight. Less than 15 data points will generate a run chart containing a mean line until enough data points have been recorded to produce a SPC Chart.

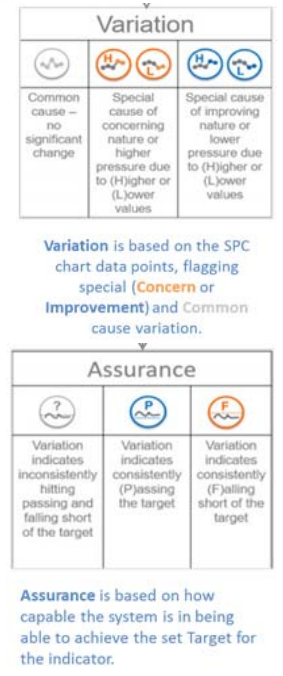
Contains a mean (the average), **lower and upper confidence levels**. 99% of all data will fall between the lower and upper confidence levels. If a data point falls outside these levels, an investigation would be triggered.

Contains two types of trend variation: Special Cause (Concern or Improvement) and Common Cause.

Below are examples of SPC trends that define common or special variation which will support understanding the variation Icons:







Executive Summary

NHS Medway NHS Foundation Trust

	Success	Challenge
Trust	• Cancer & Mortality improvement	• Flow & Emergency Pathways
Caring	• EDNs completed within 24hrs is showing signs of improving • Whilst slightly over plan, the number of Complaints received is statically lower than normal	• High number of breaches in Mixed Sex Accommodation continues • % Complaints responded to within target has declined • FFT scores are showing sign of decline
Effective	• Discharges before Noon showing high statistical variation, and signs of improvement • VTE Risk Assessment % Completed, whilst still under target, has continued to show improvement	• High statistical variance in C-Section rates evidenced • Fractured NOF significantly below target
Safe	• PU Incidence continuously passes (achieves under) the target set • Both HSMR and SHMI have shown a statistically significant improvement	• Falls per 1,000 Bed Days, whilst under target, has increase din the reporting month • E-Coli cases are above plan for month and YTD
Responsive	• Cancer 62day standard has improved significantly and is now above plan, alongside both 2ww & 31day Performance standards • DToC levels & Elective LoS show continued signs of improvement	• MFFD rate, ED % Target and 60min Ambulance Hand over delays have deteriorated • RTT Incomplete Performance decreased
Well Led	• Maintained compliance with Trust target for StatMan Compliance, alongside Appraisal Target • Agency staff spend has reduced	• Turnover Rate shows an increase in statistical variance • Bank spend has increased considerably • Sickness Rates have shown a statistically significant increase

Summary | Caring | Effective | Safe | Responsive | Well Led

Best of care Best of people

Executive Summary

CQC Domain	CQC Sub Domain	TRUST Variation					TRUST Assurance			
Caring	Admitted Care	4	1	0	0	0	0	1	4	0
	ED Care	0	2	0	0	0	0	1	1	0
	Maternity Care	2	0	0	0	0	1	0	1	0
	Outpatients Care	0	2	0	0	0	1	1	0	0
Effective	Best Practice	3	1	0	0	1	0	2	3	0
	Maternity	2	0	2	0	0	0	3	1	0
Responsive	Bed Management	4	0	1	0	0	2	2	1	0
	Cancer Access	4	0	0	0	1	0	0	5	0
	Complaints Management	1	1	0	0	0	0	0	2	0
	Diagnostic Access	1	0	0	0	0	0	0	1	0
	ED Access	2	2	0	0	0	0	2	2	0
	Elective Access	1	1	1	0	0	0	2	1	0
	Theatres & Critical Care	2	0	0	0	0	0	0	2	0
Safe	Harm Free Care	1	0	0	1	0	1	0	1	0
	Incident Reporting	2	0	0	0	0	1	0	1	0
	Infection Control	3	0	0	1	0	0	0	3	1
	Mortality	0	0	1	4	0	0	1	2	2
Well Led	Workforce	1	1	3	1	2	1	0	6	1

Variation

Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values

Variation is based on the SPC chart data points, flagging special (**Concern** or **Improvement**) and Common cause variation.

Assurance

Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Assurance is based on how capable the system is in being able to achieve the set Target for the indicator.

Executive Summary

NHS Medway NHS Foundation Trust

Safe		Monthly		YTD		Icons	
ID	KPI	Plan	Actual	Plan	Actual	V	A
S1	C-Diff Acquisitions (Trust Attributable, Post 48 Hours)	3	0	43	52		
S2	C-Diff: Hospital Onset Hospital Acquired (HOHA)	0	0	0	38		
S3	MRSA Bacteraemia (Trust Attributable)	0	0	5	0		
S4	E-coli (Trust Acquired) Infections	2	3	30	71		
S5	Falls Per 1000 Bed Days	6.63	5.48	6.63	4.85		
S6	Pressure Ulcer Incidence Per 1000 days (High Harm)	1.04	0	1.04	0.03		
S7	Never Events	0	0	0	3		
S9	HSMR (All)	100	100.14	100	1.04		
S10	HSMR (Weekday)	100	86.52	100	0.96		
S11	HSMR (Weekend)	100	99.97	100	1.06		
S12	SHMI	1	1.03	-	17		

Caring		Monthly		YTD		Icons	
ID	KPI	Plan	Actual	Plan	Actual	V	A
C1	Mixed Sex Accommodation Breaches	0	71	0	2,340		
C2	Number of Complaints	41	41	-	936		
C3	% Complaints Responded to Within 30 Days	85.0%	36.0%	85.0%	57.5%		
C4	% of EDNs Completed Within 24hrs	100.0%	70.6%	100.0%	68.6%		
C5	Inpatients Friends & Family Response Rate	22.0%	16.8%	22.0%	18.7%		
C6	Inpatients Friends & Family % Recommended	85.0%	76.4%	85.0%	80.2%		
C7	ED Friends & Family Response Rate	22.0%	14.3%	22.0%	14.7%		
C8	ED Friends & Family % Recommended	85.0%	76.5%	85.0%	81.1%		
C9	Maternity Friends & Family Response Rate	22.0%	22.1%	22.0%	27.3%		
C10	Maternity Friends & Family % Recommended	85.0%	100.0 %	85.0%	98.3%		
C11	Outpatients Friends & Family Response Rate	22.0%	7.0%	22.0%	10.0%		
C12	Outpatients Friends & Family % Recommended	85.0%	89.3%	85.0%	89.0%		

Responsive - Non-Elective		Monthly		YTD		Icons	
ID	KPI	Plan	Actual	Plan	Actual	V	A
R1	Bed Occupancy Rate	85.0%	87.2%	85.0%	82.8%		
R2	Average Non-Elective Length of Stay	5	9.32	5	8.36		
R3	Average Elective Length of Stay	5	2.32	5	2.28		
R4	% of Delayed Transfer of Care Point Prevalence in Month	4.0%	1.5%	4.0%	0.8%		
R5	% Medically Fit For Discharge Point Prevalence in Month	7.0%	15.0%	7.0%	11.8%		
R6	ED 4 Hour Performance All Types	95.0%	71.2%	95.0%	80.5%		
R7	ED 4 Hour Performance Type 1	95.0%	59.1%	95.0%	71.2%		
R8	ED 12 hour DTA Breaches	0	40	0	564		
R9	Number of ED arrivals by Ambulance	-	3,295	-	67,529		
R10	60 Mins Ambulance Handover Delays	0	228	0	4,411		

Effective		Monthly		YTD		Icons	
ID	KPI	Plan	Actual	Plan	Actual	V	A
E1	7 Day Readmission Rate	5.0%	6.0%	5.0%	6.7%		
E2	30 Day Readmission Rate	10.0%	11.4%	10.0%	12.9%		
E3	Discharges Before Noon	25.0%	16.1%	25.0%	16.1%		
E4	Fractured NOF Within 36 Hours	100.0%	57.7%	100.0%	70.6%		
E5	VTE Risk Assessment % Completed	95.0%	87.0%	95.0%	95.0%		
E6	Elective C-Section Rate	13.0%	15.6%	13.0%	14.7%		
E7	Total C-Section Rate	28.0%	42.3%	28.0%	37.4%		
E8	Emergency C-Section Rate	15.0%	26.8%	15.0%	22.7%		
E9	12+6 Risk Assessment	90.0%	81.8%	90.0%	85.6%		

Responsive - Elective		Monthly		YTD		Icons	
ID	KPI	Plan	Actual	Plan	Actual	V	A
R11	DM01 Performance	99.0%	79.0%	99.0%	79.7%		
R12	18 Weeks RTT Incomplete Performance	92.0%	63.0%	92.0%	65.3%		
R13	18 Weeks RTT Over 52 Week Breaches	0	112	0	4,853		
R14	Operations Cancelled By Hospital on Day	0	25	0	274		
R15	Cancelled Operations Not Rescheduled < 28 days	0	0	0	46		
R16	Cancer 2ww Performance	93.0%	94.1%	93.0%	95.9%		
R17	Cancer 2ww Performance - Breast Symptomatic	93.0%	83.7%	93.0%	91.7%		
R18	Cancer 31 Day First Treatment Performance	96.0%	99.2%	96.0%	97.1%		
R19	Cancer 62 Day Treatment - GP Refs	85.0%	87.1%	85.0%	73.6%		
R20	104 Day Cancer Waits	0	2	-	52		

Well led		Monthly		YTD		Icons	
ID	KPI	Plan	Actual	Plan	Actual	V	A
W3	Appraisal % (Current Reporting Month)	-	85.0%	-	84.1%		
W4	Sickness Rate (Current Reporting Month, FTE%)	4.0%	5.8%	4.0%	4.9%		
W5	Voluntary Turnover Rate – (Current Reporting Month) (FTE Not Headcount) (exc. Junior Drs)	12.0%	13.8%	12.0%	12.4%		
W6	StatMan Compliance (Current Reporting Month)	85.0%	89.9%	85.0%	89.1%		
W7	Contractual Staff in Post (FTE) (Current Reporting Month)	-	4,293.98	-	87,149.61		
W8	Agency Spend as % Paybill (Current Reporting Month)	4.0%	4.7%	4.0%	3.0%		
W9	Bank Spend as % Paybill (Current Reporting Month)	9.0%	11.6%	9.0%	12.6%		

Domain: Caring Dashboard	**Executive Lead:** Evonne Hunt– Interim Chief Nursing & Quality Officer **Operational Lead:** N/A **Sub Groups :** Quality Assurance Committee

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	V	A
Caring	Admitted Care	% of EDNs Completed Within 24hrs	Dec-21	100.0%	70.6%	64.9%	70.9%	76.9%		
		Inpatients Friends & Family % Recommended	Dec-21	85.0%	76.4%	74.6%	82.4%	90.1%		
		Inpatients Friends & Family Response Rate	Dec-21	22.0%	16.8%	14.2%	19.2%	24.1%		
		Mixed Sex Accommodation Breaches	Dec-21	0	71	0	111.42	248.44		
		MSA %	Dec-21	0.0%	0.4%	0.0%	0.8%	1.7%		
	ED Care	ED Friends & Family % Recommended	Dec-21	85.0%	76.5%	70.7%	79.4%	88.1%		
		ED Friends & Family Response Rate	Dec-21	22.0%	14.3%	11.9%	14.4%	16.9%		
	Maternity Care	Maternity Friends & Family % Recommended	Dec-21	85.0%	100.0%	94.9%	99.0%	103.1%		
		Maternity Friends & Family Response Rate	Dec-21	22.0%	22.1%	9.5%	25.4%	41.4%		
	Outpatients Care	Outpatients Friends & Family % Recommended	Dec-21	85.0%	89.3%	87.2%	89.8%	92.3%		
		Outpatients Friends & Family Response Rate	Dec-21	22.0%	7.0%	9.9%	11.9%	14.0%		

Domain: Effective Dashboard	**Executive Lead:** Evonne Hunt– Interim Chief Nursing & Quality Officer Alison Davis – Chief Medical Officer **Sub Groups :** Quality Assurance Committee	NHS Medway NHS Foundation Trust

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	V	A
Effective	Best Practice	30 Day Readmission Rate	Nov-21	10.0%	11.4%	9.9%	12.1%	14.3%		
		7 Day Readmission Rate	Nov-21	5.0%	6.0%	4.6%	6.3%	7.9%		
		Discharges Before Noon	Dec-21	25.0%	16.1%	12.9%	15.5%	18.2%		
		Fractured NOF Within 36 Hours	Oct-21	100.0%	57.7%	40.8%	68.8%	96.8%		
		VTE Risk Assessment % Completed	Dec-21	95.0%	87.0%	89.2%	94.3%	99.3%		
	Maternity	12+6 Risk Assessment	Sep-21	90.0%	81.8%	79.1%	84.5%	89.8%		
		Elective C-Section Rate	Dec-21	13.0%	15.6%	10.3%	14.2%	18.2%		
		Emergency C-Section Rate	Dec-21	15.0%	26.8%	15.9%	21.2%	26.5%		
		Total C-Section Rate	Dec-21	28.0%	42.3%	30.0%	35.4%	40.8%		

Domain: Safe Dashboard

Executive Lead: Evonne Hunt– Interim Chief Nursing & Quality Officer
Alison Davis – Chief Medical Officer
Sub Groups : Quality Assurance Committee

NHS Medway NHS Foundation Trust

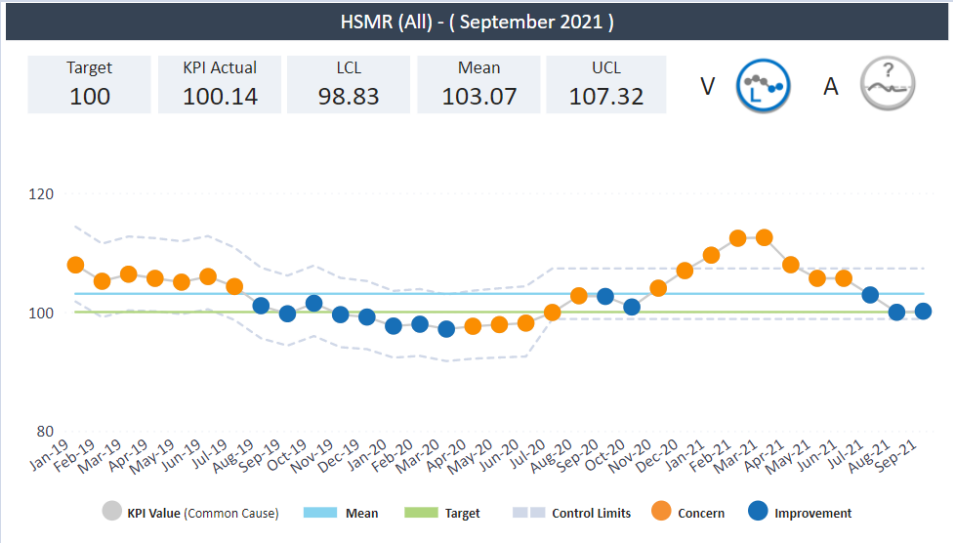
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	V	A
Safe	Harm Free Care	Falls Per 1000 Bed Days	Dec-21	6.63	5.48	2.87	4.83	6.80		
		Pressure Ulcer Incidence Per 1000 days (High Harm)	Dec-21	1.04	0	0	0.04	0.17		
	Incident Reporting	Never Events	Dec-21	0	0	0	0.14	0.90		
		No of SIs on STEIS	Dec-21	90	3	0	13.28	28.48		
	Infection Control	C-Diff Acquisitions (Trust Attributable, Post 48 Hours)	Nov-21	3 [43]	0	0	2.63	8.72		
		C-Diff: Hospital Onset Hospital Acquired (HOHA)	Nov-21		0	0	1.75	6.13		
		E-coli (Trust Acquired) Infections	Nov-21	0	3	0	4.11	10.14		
		MRSA Bacteraemia (Trust Attributable)	Nov-21	0 [5]	0	0	0.17	0.80		
	Mortality	Crude Mortality Rate	Dec-21	2.5%	2.0%	0.4%	1.9%	3.4%		
		HSMR (All)	Sep-21	100	100.14	98.83	103.07	107.32		
		HSMR (Weekday)	Sep-21	100	86.52		96.40			
		HSMR (Weekend)	Sep-21	100	99.97		109.65			
		SHMI	Jul-21	1	1.03	1.06	1.08	1.11		

Safe: Mortality
Aim: TBC
Latest Period: Sep– 2021

Executive Lead: Alison Davis - Chief Medical Officer
Operational Lead: Not applicable
Sub Groups: Quality Assurance Committee

NHS Medway NHS Foundation Trust

Outcome Measure: Mortality – HSMR All



What changes have been implemented and improvements made?

The Structured Judgement Review(SJR) panel was introduced in December 2021 and is a multidisciplinary, multi-professional meeting consisting of consultant patient safety leads, from a number of different specialties across the hospital, nursing staff from both divisions, governance representation from both divisions, representation form the end of life care team and resuscitation teams. Consultants who looked after each patients are also invited as required.

The cases reviewed are triggered for SJR by the Medical Examiner during scrutiny as well as a randomly selected cases for quality assurance each week or any cases that have been highlighted from specialty mortality and morbidity meetings. This work continues to be embedded and consideration is being given as to how this work can be benchmarked with other providers and external standards

What do the measures show?

The Trust's HSMR for October 2020 to September 2021 is 100.0. The Trust has remained in the 'as expected' range over the past four months. Prior to that, the increase observed in HSMR is in line with the surge of deaths seen during Wave2 of the Covid-19 pandemic.

The Trust's SHMI for August 2020 – July 2021 is 1.03, and is within the 'as expected' range for the most recent reporting period. The figure below shows a reducing trend over the reporting period. These figures are inclusive of all ten diagnosis groups most indicative of the Trust performance.

Crude mortality at the Trust has reduced from a peak of 4.30% in Feb 2021 to 3.70% in September 2021.

Domain: Responsive – Non Elective Dashboard

Executive Lead: Jayne Black–Chief Operating Officer
Operational Lead: N/A
Sub Groups : N/A

NHS Medway NHS Foundation Trust

CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	V	A
Responsive	Bed Management	% Medically Fit For Discharge Point Prevalence in Month	Dec-21	7.0%	15.0%	12.4%	15.4%	18.5%		
		% of Delayed Transfer of Care Point Prevalence in Month	Dec-21	3.5%	1.5%	0.3%	1.3%	2.3%		
		Average Elective Length of Stay	Dec-21	5	2.32	1.49	2.33	3.17		
		Average Non-Elective Length of Stay	Dec-21	5	9.32	7.31	8.57	9.83		
		Bed Occupancy Rate	Dec-21	85.0%	87.2%	78.2%	86.4%	94.6%		
		Delayed Transfer of Care Point Prevalence in Month	Dec-21		257	36.12	201.72	367.33		
		Escalation Beds Open Point Prevalence in Month	Dec-21	0	0	0	0	0		
		Medically Fit For Discharge Point Prevalence in Month	Dec-21		2,568	1,796.73	2,334.89	2,873.04		
	Complaints Management	% Complaints Responded to Within 30 Days	Dec-21	85.0%	36.0%	39.1%	63.3%	87.5%		
		Number of Complaints	Dec-21	41	41	12.72	53.92	95.11		
	ED Access	30 Mins Ambulance Handover Delays	Dec-21	0	945	202.94	610.53	1,018.12		
		60 Mins Ambulance Handover Delays	Dec-21	0	228	0	170.03	365.50		
		ED 12 hour DTA Breaches	Dec-21	0	40	0	25.17	87.41		
		ED 4 Hour Performance All Types	Dec-21	95.0%	71.2%	72.2%	80.3%	88.5%		
		ED 4 Hour Performance Type 1	Dec-21	95.0%	59.1%	60.4%	70.9%	81.4%		
		Median Time to Ambulance Assessment (15mins)	Dec-21	15	30	8.62	14.78	20.93		
		Median Time to ED Clinician (60mins)	Dec-21	60	55	25.12	38.26	51.41		
		Number of ED arrivals by Ambulance	Dec-21		3,295	2,578.76	3,291.33	4,003.91		

Domain: Responsive – Elective Dashboard

Executive Lead: Jayne Black–Chief Operating Officer
Operational Lead: Benn Best – DDO Planned Care
Sub Groups : N/A

NHS Medway NHS Foundation Trust

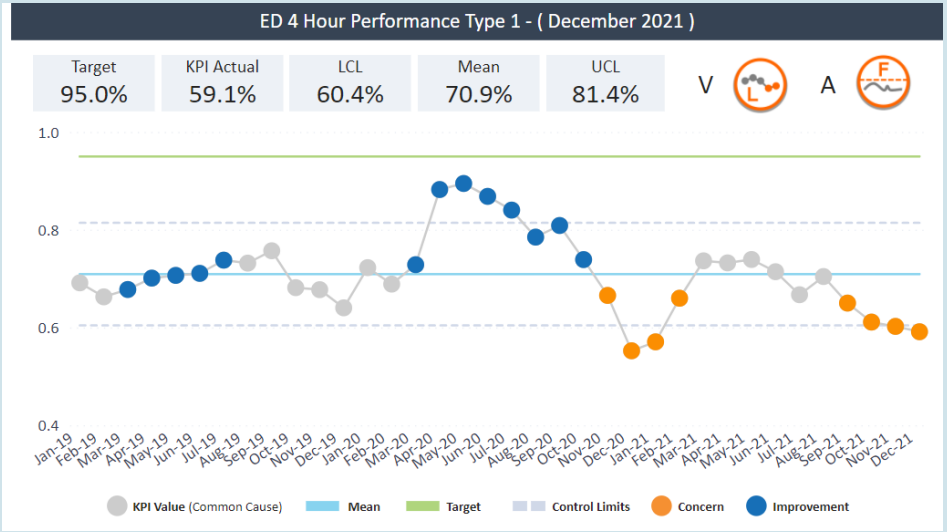
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	V	A
Responsive	Cancer Access	104 Day Cancer Waits	Nov-21	0	2	0	2.11	5.48		
		Cancer 28 Faster Diagnosis	Nov-21	0.0%	74.4%	44.5%	63.7%	82.9%		
		Cancer 28 Faster Diagnosis - Breast Symptomatic	Nov-21	0.0%	98.1%	7.2%	83.4%	159.7%		
		Cancer 28 Faster Diagnosis Screening	Nov-21	0.0%	25.0%	0.0%	46.0%	122.3%		
		Cancer 2ww Performance	Nov-21	93.0%	94.1%	86.8%	92.7%	98.6%		
		Cancer 2ww Performance - Breast Symptomatic	Nov-21	93.0%	83.7%	59.1%	83.7%	108.2%		
		Cancer 31 Day First Treatment Performance	Nov-21	96.0%	99.2%	90.2%	96.3%	102.3%		
		Cancer 31 Day Subsequent Treatments (Drugs)	Nov-21	98.0%	97.1%	89.5%	97.1%	104.6%		
		Cancer 31 Day Subsequent Treatments (Surgery)	Nov-21	94.0%	91.7%	65.6%	90.4%	115.2%		
		Cancer 62 Day Treatment - Cons Upgrades	Nov-21		77.8%	49.7%	76.2%	102.7%		
		Cancer 62 Day Treatment - GP Refs	Nov-21	85.0%	87.1%	54.5%	74.2%	94.0%		
		Cancer 62 Day Treatment - Screening Refs	Nov-21	90.0%	68.2%	18.2%	69.8%	121.4%		
	Diagnostic Access	DM01 Performance	Dec-21	99.0%	79.0%	73.4%	87.2%	101.1%		
	Elective Access	18 Weeks RTT Incomplete Performance	Dec-21	92.0%	63.0%	65.7%	72.2%	78.8%		
		18 Weeks RTT Over 52 Week Breaches	Dec-21	0	112	23.42	137.72	252.03		
		Daycase Rate	Dec-21	85.0%	57.3%	60.6%	67.7%	74.9%		
		DNA Rate	Dec-21	10.0%	9.3%	6.6%	7.7%	8.7%		
		First to Follow Up Ratio	Dec-21		2.80	2.01	2.45	2.89		
		PTL Size	Dec-21	22,477	27,791	21,055.83	22,391.83	23,727.84		
	Theatres & Critical Care	Cancelled Operations Not Rescheduled < 28 days	Dec-21	0	0	0	3.83	10.45		
		Operations Cancelled By Hospital on Day	Dec-21	0	25	0	18.94	44.25		
		Urgent Operations Cancelled for the 2nd Time	Dec-21	0	0	0	0.03	0.18		

Responsive: – Non Elective Insights

Executive Lead: Jayne Black–Chief Operating Officer
Operational Lead: Shane Morrison-Mccabe - Director of Operations, UIC
Sub Groups : N/A

NHS Medway NHS Foundation Trust

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:

Whilst the recent 4 hour performance is still cause for concern, it has stabilised in recent months.

Actions:

- Winter ED Workforce redesign plan in place since November 2021 with a daily performance dashboard
- New ED & Acute Consultant Clinical Lead.
- Interim GM cover is now in place (permanent interviews scheduled for 31.1.2022 x 4 candidates).
- Predict, Escalate and Prevent overarching ED flow model is in place.

Outcomes:

- Rapid Assessment Unit – ambulance offload area swapping out policy is in place and enacted proactively to prevent ambulance offload delays.
- 4hr ED standard is being enforced with daily breach validation analysis carried out. Fortnightly trust-wide breach panel is in place.
- ED Outflow: Priority Admission Hospital Unit (PAHU)

Underlying issues and risks:

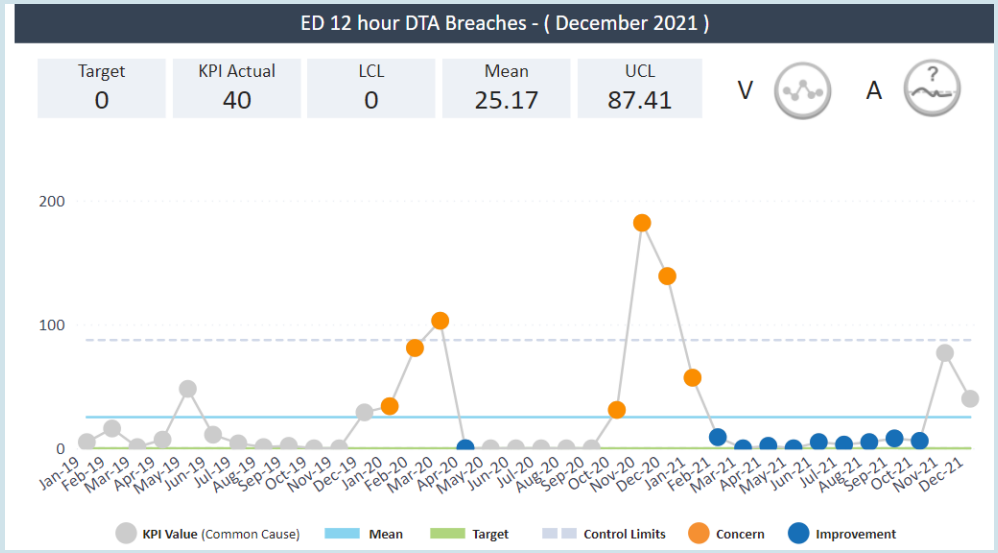
- Underlying bed deficit and use of escalation areas places increased demands on medical, nursing and therapy workforce.

Responsive: – Non Elective Insights

Executive Lead: Jayne Black–Chief Operating Officer
Operational Lead: Shane Morrison-Mccabe - Director of Operations, UIC
Sub Groups : N/A

NHS Medway NHS Foundation Trust

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:

There has been a reduction in 12 hour breaches in the reporting period, with the position significantly better than for the same period in 2020.

Actions:

- Tracking of position against targets via Acute Care Transformation Board.
- Use of escalation triggers set our in Winter Plan.
- Site Management attendance at ED sit reps.
- Identification of patients clinically ready to proceed.

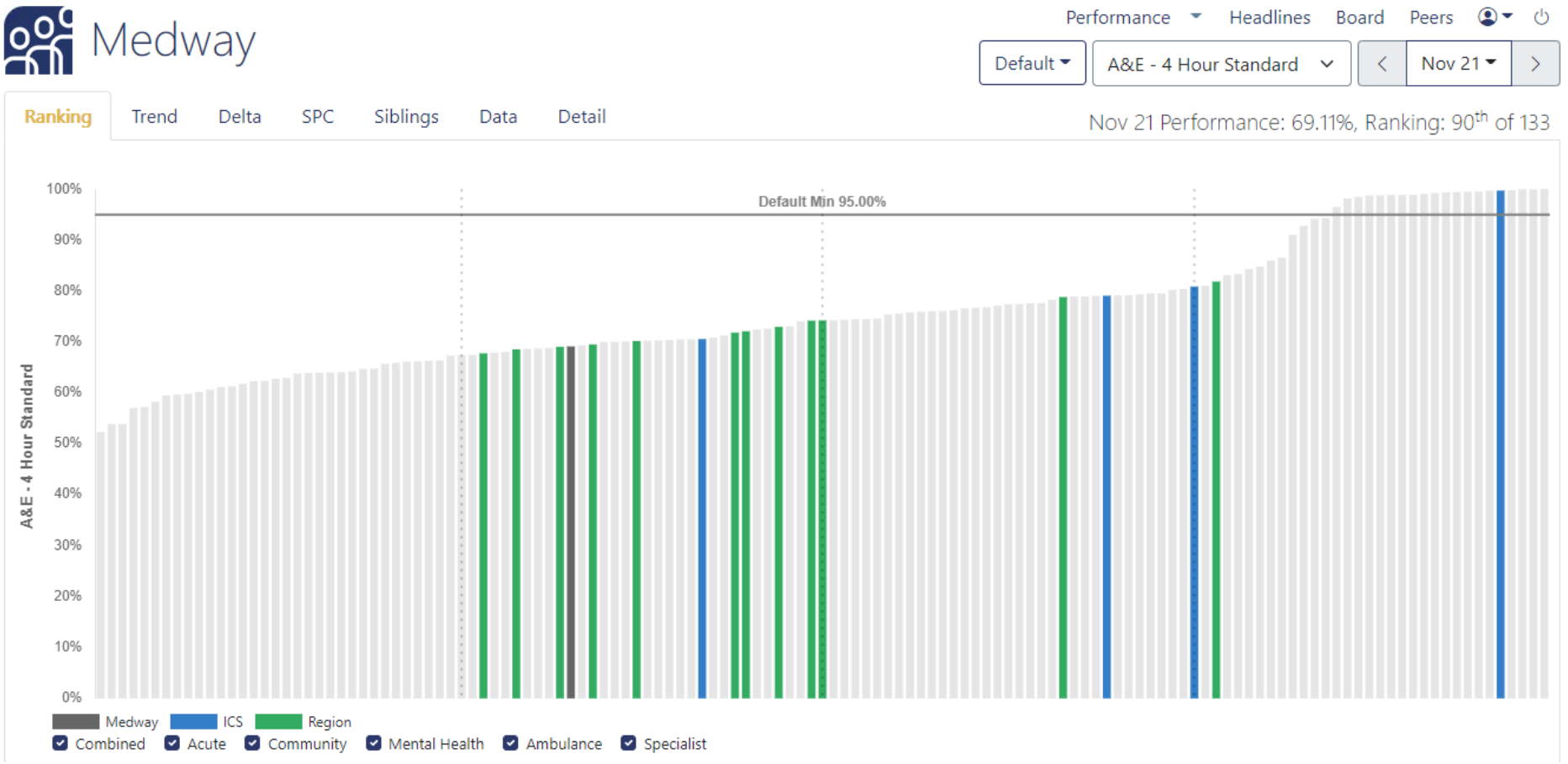
Outcomes:

- Use of interim inpatient PTL system to track confirmed and potential discharges, enabling the matching of demand and capacity
- Use of escalation areas to facilitate timely transfer into an appropriate bed and decongest ED

Underlying issues and risks:

- Underlying bed deficit and use of escalation areas places increased demands on medical, nursing and therapy workforce.
- Blocking of assessment areas due to capacity constraints and high numbers of medically fit for discharge patients.

EC 4 Hour Benchmarking

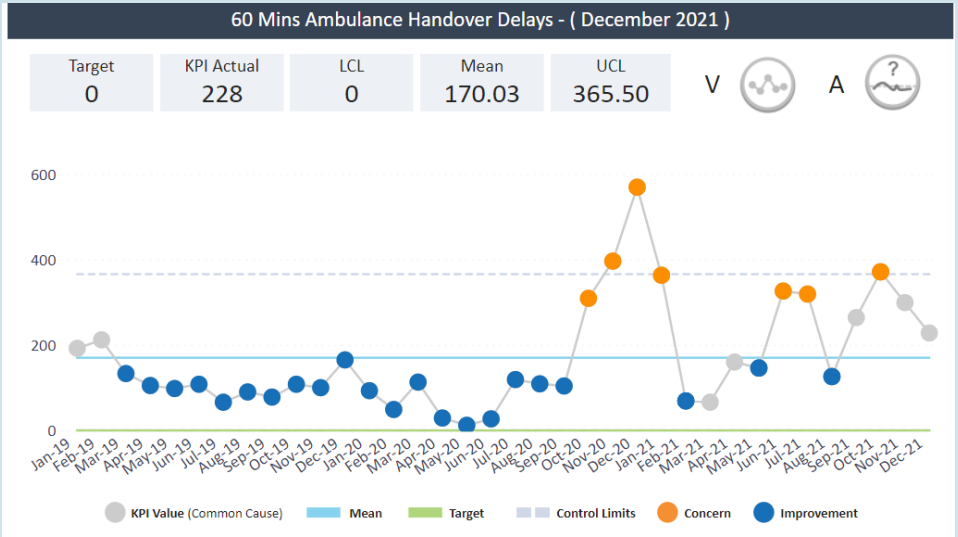


Responsive: – Non Elective Insights

Executive Lead: Jayne Black–Chief Operating Officer
Operational Lead: Shane Morrison-Mccabe - Director of Operations, UIC
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: 60mins Ambulance Handover Delays



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 an improvement on recent months, but is still above the target of zero instances. There is improvement compared to same period in 2020.

Actions:

- A system wide ambulance offload improvement action plan is in place, managed through the fortnightly SECAmb & Medway meeting led by the DDO UIC. Reporting into the AEC Steering group and LAEDB monthly meetings.
- Pathways into SDEC are being explored with SECAMb as well as SECAMb Connect.
- Additional capacity has been opened as part of Winter Plan to enable decongestion of ED

Outcomes:

- Rapid Assessment Unit - ambulance offload area and 'Ready to Proceed' patients identified and in place (from Majors) and enacted proactively to prevent ambulance offload delays.
- Alternatives to hospital conveyance are utilised.
- An ED front door streaming nurse is in place and ambulances can be directed to UTC, MEDOC, EAU without the need for offloading into RAU if assessed and streamed

Underlying issues and risks:

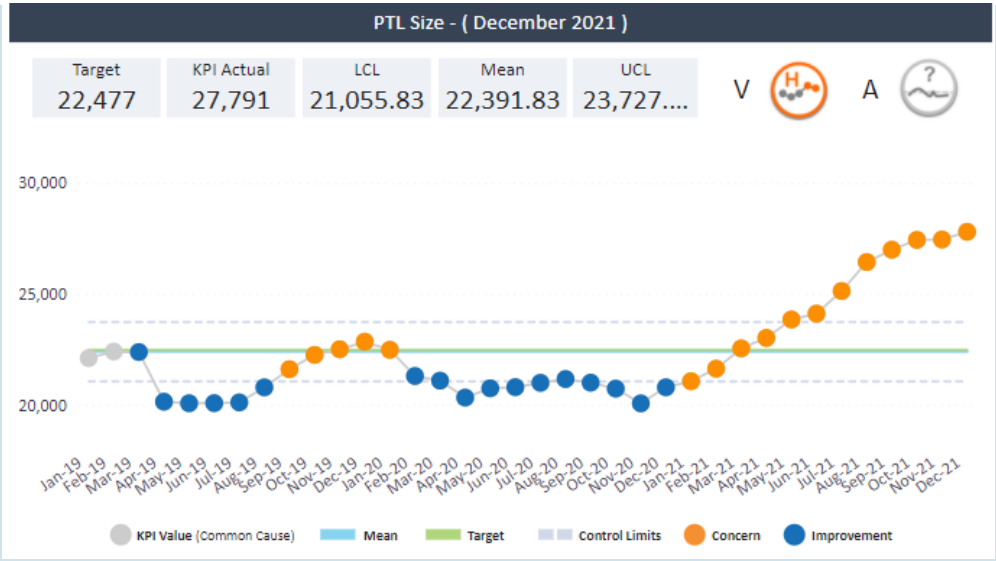
- Early morning bed availability remains a challenge

Responsive: Elective Insights

Executive Lead: Jayne Black–Chief Operating Officer
Operational Lead: Benn Best – Director of Operations Planned Care
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: PTL Size



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.
- The increase in PTL size is directly related to the pandemic which impacted elective capacity and has changed the referral profile from Primary Care.

Actions:

- Review with ICP partners re referral assumptions and adjust trajectory accordingly.
- Agree system-wide interventions re controls for referral increases.
- Map impact of increased referrals on PTLs for Q4 and 2022-23.
- Maximise current capacity, including Independent Sector to keep pace where possible with elective activity.

Outcomes:

- Delivery of H2 planning performance targets (phase four guidance) and reduction in outpatient backlogs.
- Delivery of 52 week trajectories and reduction in admitted surgical backlogs.
- Delivery of DM01 trajectory and management of inpatient and 2ww waiting lists.

Underlying issues and risks:

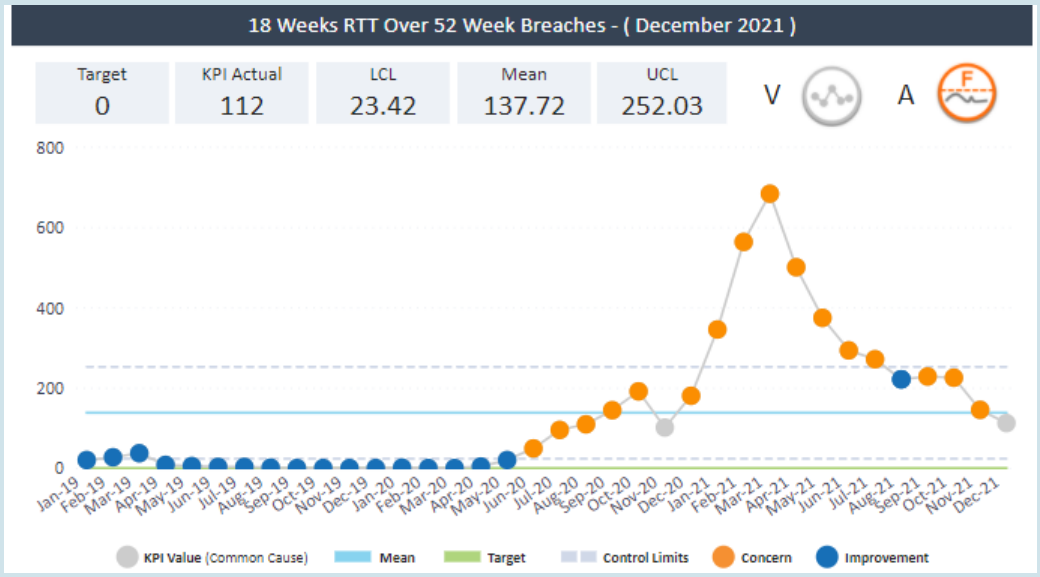
- Impact of third COVID wave has resulted in increased NEL demand therefore impacting on ability to continue same levels of elective work.
- Increased sickness absence driven by pressure of work and COVID related isolation or illness.

Responsive: Elective Insights

Executive Lead: Jayne Black–Chief Operating Officer
Operational Lead: Benn Best – Director of Operations Planned Care
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: 18 Weeks RTT Over 52 Week Breaches



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. The increase in 52 week waits is directly related to the pandemic and a reduction has been consistent since restart.

Actions:

- Activity plans in place for all specialties reflecting the standards and targets for all elective activity and performance trajectories.
- All patients on the waiting list have an identified priority category (P) which is reviewed and updated regularly.
- Continuous validation of patients with long waiting times and harm review process established.
- Independent Sector capacity used where available to manage waiting times and increase volumes of activity. This includes both insourcing and outsourcing of activity in a number of specialties.

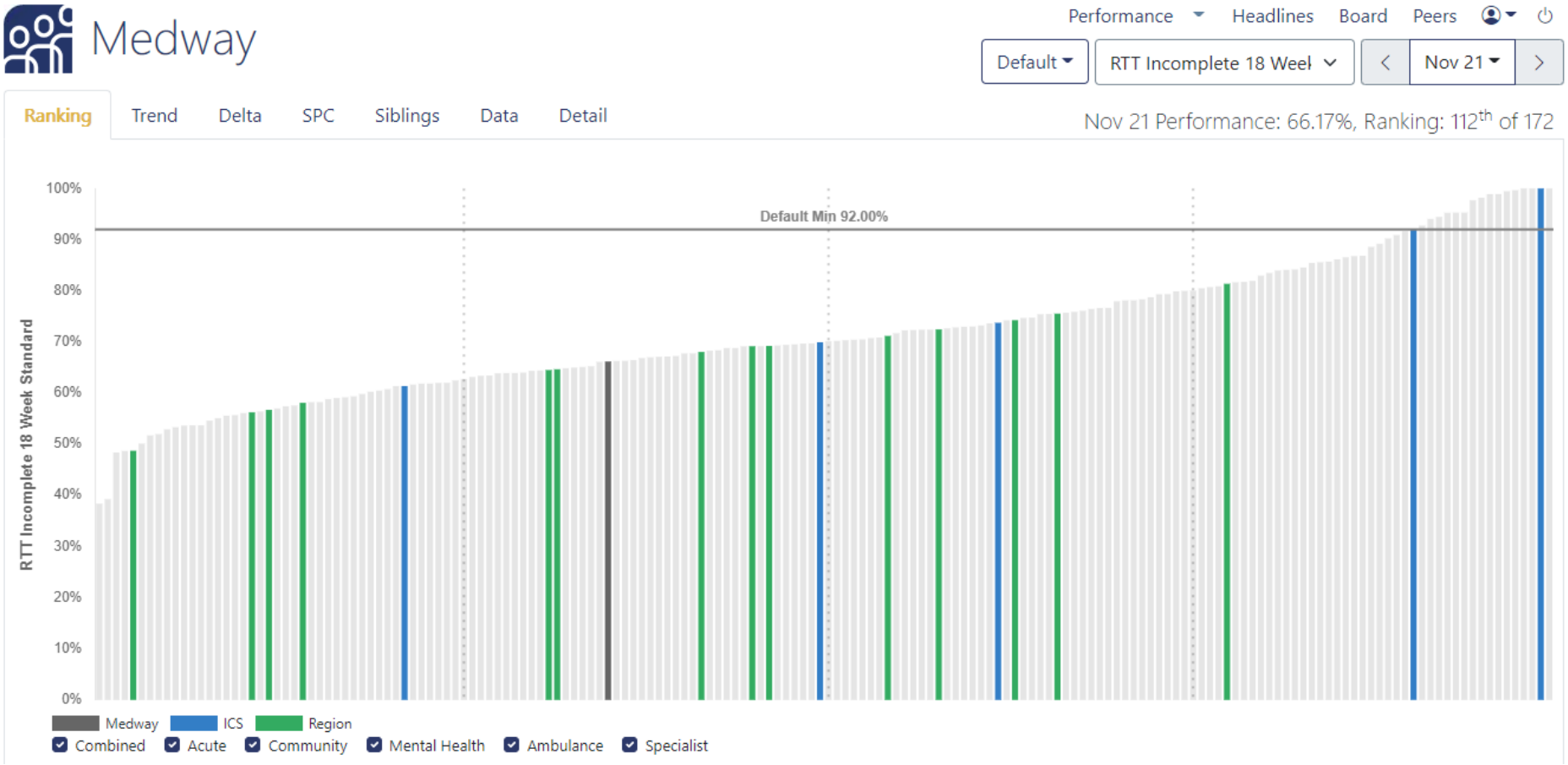
Outcomes:

- Zero capacity related 52-week waiting patients by end of March 2022.
- Clarity on patients and treatment in accordance with clinical priority (all patients will have a designated P category)
- All elective patients will be managed via safe green pathway including appropriate isolation and pre-op swabbing.
- Elective capacity has been preserved for as long as possible within the winter and COVID-19 planning model.

Underlying issues and risks:

- Impact of third COVID wave resulting in increased NEL demand beyond modelled levels impacting on ability to continue same levels of elective work.
- Uncertainty regarding winter pressures impact on Elective activity.
- Increased sickness absence driven by pressure of work and COVID related isolation or illness.

RTT Benchmarking

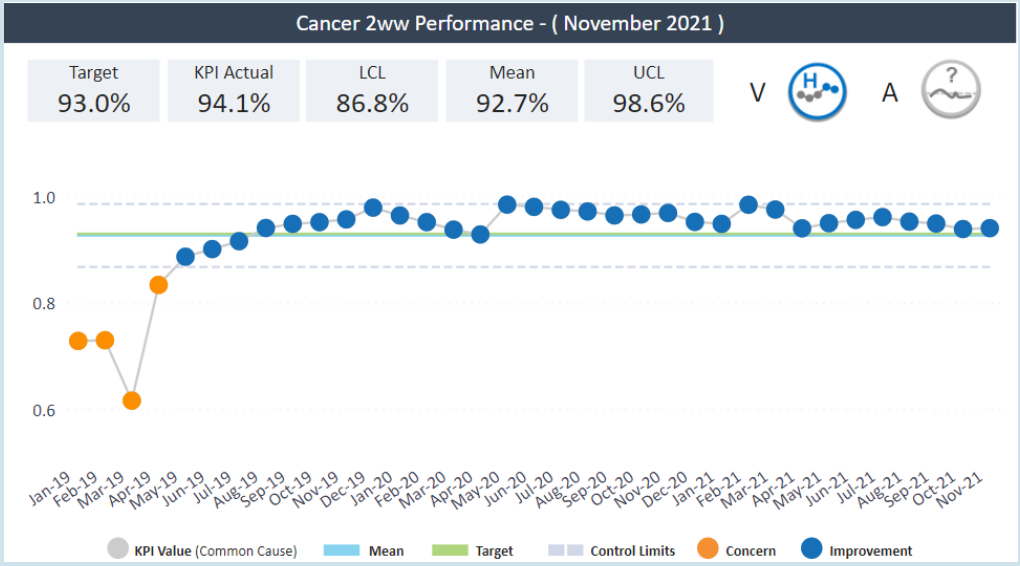


Responsive: Cancer Insights

Executive Lead: Jayne Black–Chief Operating Officer
Operational Lead: Benn Best – Director of Operations Planned Care
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: Cancer 2ww Performance



Indicator Background:

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

What the Chart is Telling Us:

2WW performance has been maintained since May 2019.

Actions:

- Continue to use outpatient polling time report to monitor tumour groups on a daily basis
- Provide weekly report on diagnostic turnaround times (to be uploaded to BI portal) and review % booked within <7/7/8/9/10/>10 days
- Implement one-stops for prostate cancer, H&N, lung and any other tumour sites when identified as feasible and beneficial

Outcomes:

- Breast T&F group continues to oversee activity an ensure not booking outside of 14 days.
- Recruit CRO Cancer Referrals Team Lead to liaise directly with Service Team to reduce polling times

Underlying issues and risks:

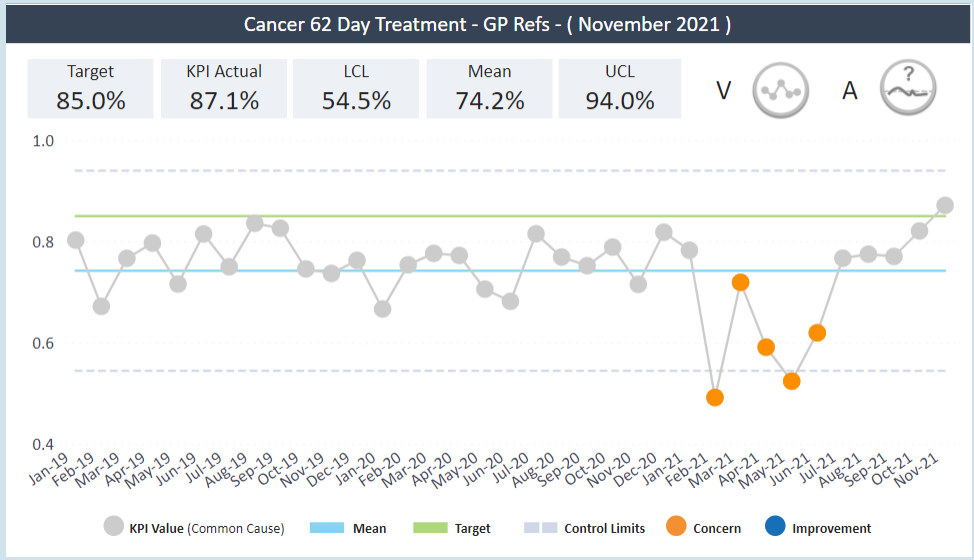
- Not realising benefits of one stop clinics within tumour groups impacting 62D performance.
- Introduction of one stop shops will support achievement of the 28 day faster diagnosis (implemented in October 2021 as a standard) which was missed by 0.64% in November.

Responsive: Cancer Insights

Executive Lead: Jayne Black–Chief Operating Officer
Operational Lead: Benn Best – Director of Operations Planned Care
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: Cancer 62 Days Treatment – GP Ref



Indicator Background:

The proportion of patients urgently referred by GPs/GDPs for suspected cancer and receive their first treatment within 62 days of referral.

What the Chart is Telling Us:

MFT achieved compliance against the 62D standard for the first time since June 2018.
Ranked 13th in the country for achievement against the target.

Actions:

- Tumour Site Specific Improvements being taken through Cancer Board led by the Cancer Specialty Leads.
- Operational issues monitored through individual Task and Finish Groups and the Cancer Improvement 14 Point Action Plan Meeting.

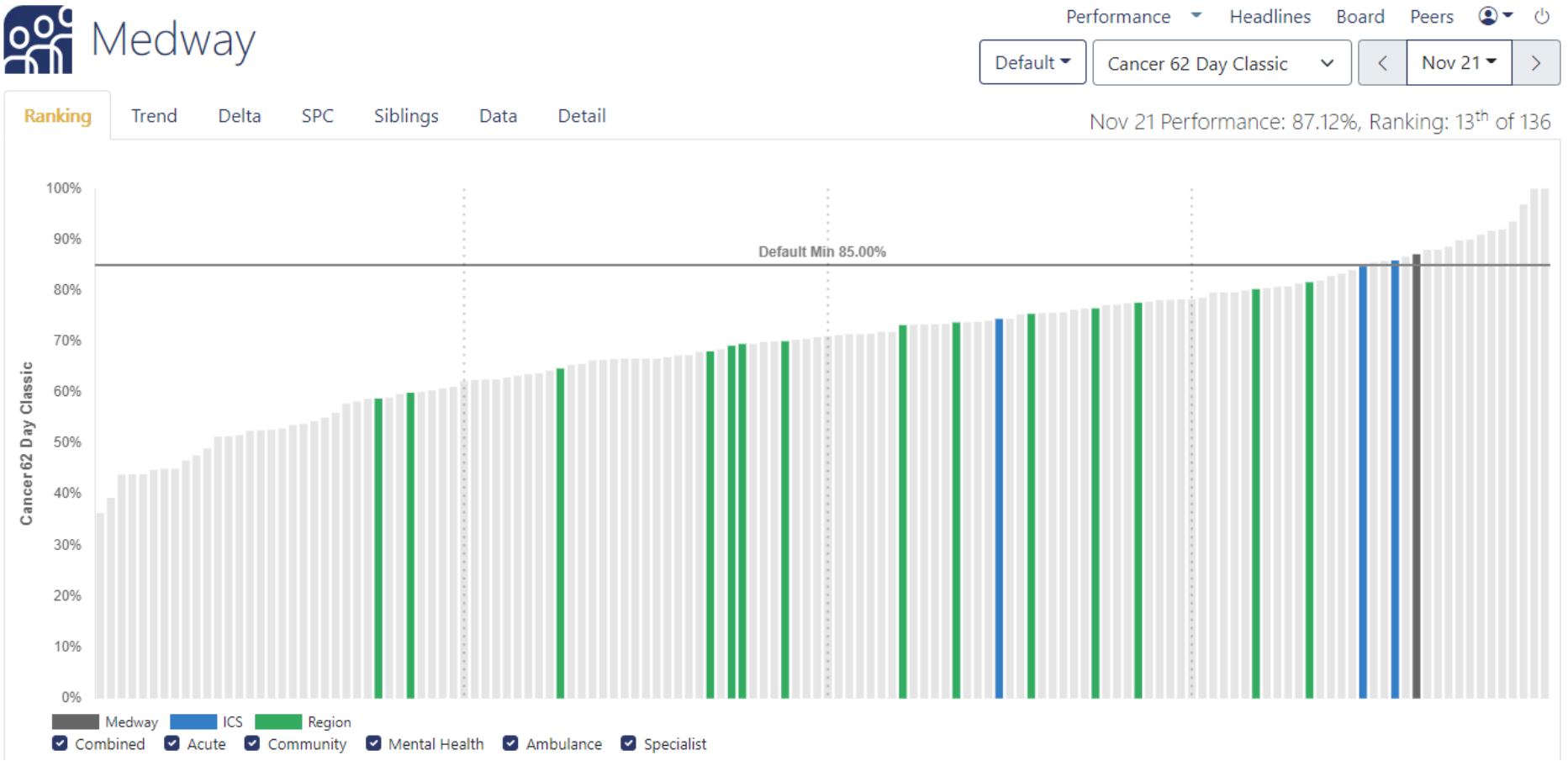
Outcomes:

- MFT achieved compliance against the 62D standard for the first time since June 2018.
- MFT forecasting compliance in December 2021.
- K&M have the lowest percentage 62 day backlog in country @ 4.2% of the waiting list.

Underlying issues and risks:

- Sustaining compliance against the standard.
- Diagnostic capacity to meet the 7 day polling target.
- Expansion of straight to test
- Improve GP referrals - working in line with the Integrated Care Partnership

Cancer 62day Benchmarking

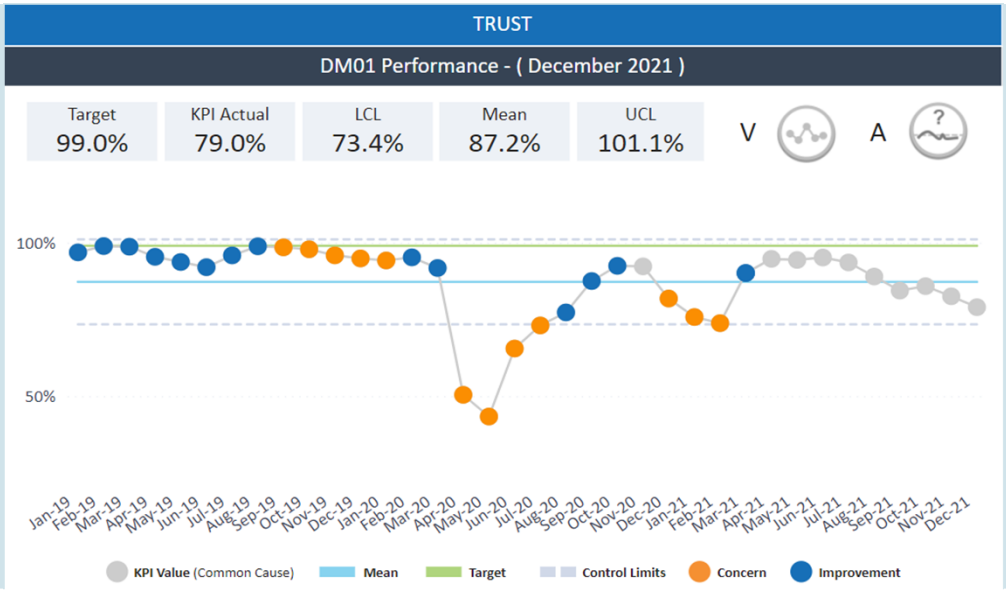


Responsive: Elective Insights

Executive Lead: Jayne Black – Chief Operating Officer
Operational Lead: Benn Best – Director of Operations Planned Care
Sub Groups : N/A

NHS Medway NHS Foundation Trust

Indicator: DM01 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:

- Endoscopy task & finish group implemented
- Triaging of patients on diagnostic waiting lists (D-code) by clinical team in line with national standard
- Use of Independent Sector for Insourcing (18WS) and Outsourcing (PPG) continues with good utilisation of lists
- Insourcing capacity being developed for Sleep Studies and Echocardiography
- Outsourced capacity for MRI being negotiated
- Potential IS capacity for Audiology is being discussed with Commissioning teams

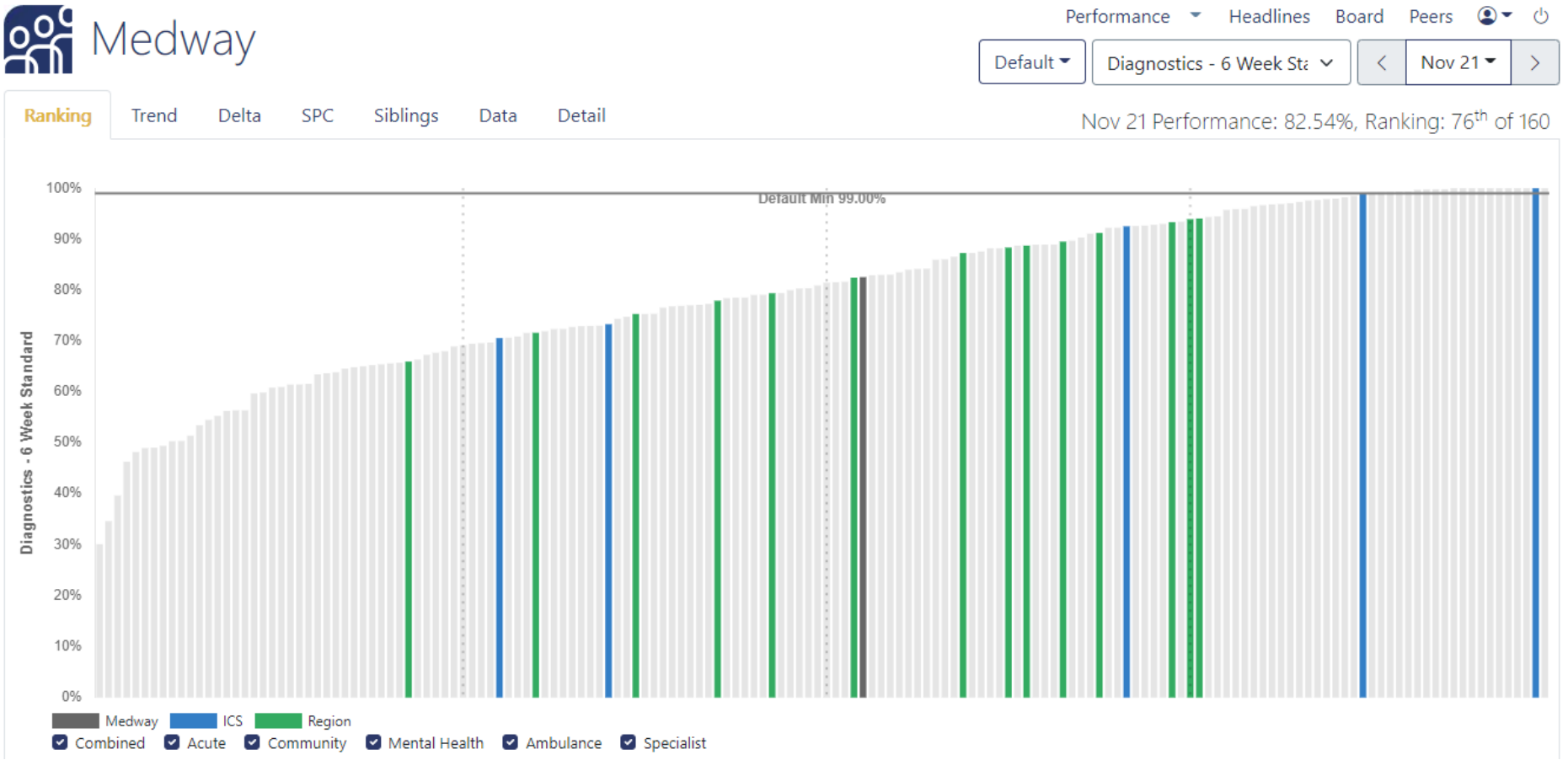
Outcomes:

- Endoscopy recovery plan implemented
- Additional capacity will support the reduction in backlogs across a number of diagnostic modalities
- Additional Audiology capacity would provide Medway patients with more choice of Diagnostic provider

Underlying issues and risks:

- Impact of third COVID wave resulting in increased NEL demand impacting on ability to continue same levels of diagnostic work.
- Insufficient Endoscopy capacity means that outsourcing continues to be required
- Increased sickness absence driven by pressure of work and COVID related isolation or illness.

DM01 Benchmarking



Domain: Well Led – Dashboard	**Executive Lead:** Leon Hinton – Chief People Officer **Operational Lead:** N/A **Sub Groups :** N/A	NHS Medway NHS Foundation Trust

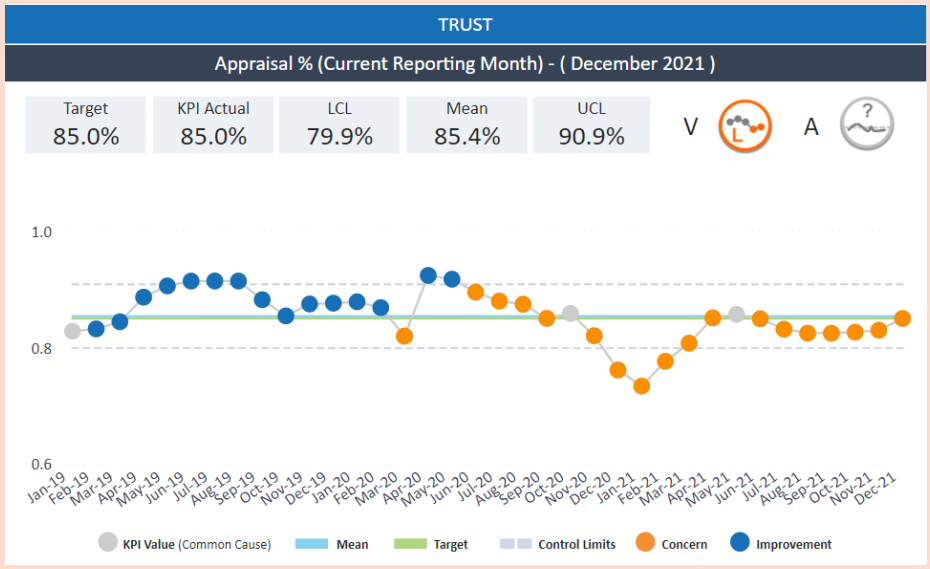
CQC Domain	CQC Sub Domain	Key Performance Indicator	Period	Target	Actual	LCL	Mean	UCL	V	A
Well Led	Workforce	Agency Spend as % Paybill (Current Reporting Month)	Dec-21	4.0%	4.7%	1.2%	3.0%	4.8%		
		Agency Spend as % Paybill (Financial Year YTD)	Dec-21	4.0%	1.8%	2.5%	3.3%	4.1%		
		Appraisal % (Current Reporting Month)	Dec-21	85.0%	85.0%	79.9%	85.4%	90.9%		
		Bank Spend as % Paybill (Current Reporting Month)	Dec-21	9.0%	11.6%	8.4%	13.0%	17.5%		
		Bank Spend as % Paybill (Financial Year YTD)	Dec-21	9.0%	6.1%	10.9%	12.4%	13.9%		
		Contractual Staff in Post (FTE) (Current Reporting Month)	Dec-21		4,293.98	3,950.46	4,029.40	4,108.35		
		Long Term Sickness Rate(Current Reporting Month, FTE%)	Dec-21	2.5%	2.6%	1.8%	2.3%	2.9%		
		Short Term Sickness Rate (Current Reporting Month, FTE%)	Dec-21	1.5%	3.1%	1.7%	2.1%	2.4%		
		Sickness Rate (Current Reporting Month, FTE%)	Dec-21	4.0%	5.8%	3.3%	4.6%	5.9%		
		StatMan Compliance (Current Reporting Month)	Dec-21	85.0%	89.9%	86.7%	88.7%	90.8%		
		Temp Staffing Fill Rate – Nurse & Midwifery (Current Reporting Month)	Dec-21	75.0%	51.4%	55.0%	67.2%	79.3%		
		Voluntary Turnover Rate – (Current Reporting Month) (FTE Not Headcount) (exc. Junior Drs)	Dec-21	12.0%	13.8%	11.5%	12.3%	13.2%		

Well Led: Workforce - Insights

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

NHS Medway NHS Foundation Trust

Indicator: Appraisal % (Current Reporting Month)



Indicator Background:

The percentage of staff who have had an appraisal in the last 12-months compared to the total number of staff.

What the Chart is Telling Us:

The SPC data variation indicates common cause – no significant change. Assurance indicates inconsistently hitting, passing and falling short of the 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
- HR Business Partners continue to work with their respective Divisions to produce improvement plans

Outcomes:

3404 members of staff have an in-date appraisal with objectives and personal development plan outlined (from a total of 4005).

This data has been further refined to show those staff within their first 12m of employment as being compliant (rather than being ignored as was previously the case).

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.
- Recent increase in sickness levels across the Trust has had a negative impact on compliance
- 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 - Financial Position

Executive Lead: Alan Davies – Chief Financial Officer
Operational Lead: Matthew Chapman– Deputy Chief Financial Officer
Sub Groups : Finance Committee

NHS Medway NHS Foundation Trust

Indicator: Financial Position

Income & Expenditure £k	In-month			YTD		
	Baseline budget	Actual	Variance	Baseline budget	Actual	Variance
Income	30,938	32,924	1,985	284,256	288,157	3,901
Pay	(19,246)	(20,781)	(1,534)	(177,258)	(182,179)	(4,921)
Total non-pay	(10,243)	(10,696)	(453)	(94,089)	(93,040)	1,049
Non-operating expense	(1,457)	(1,455)	2	(12,980)	(13,010)	(31)
Reported surplus/(deficit)	**(8)**	**(8)**	**(1)**	**(71)**	**(72)**	**(0)**
Donated Asset / DHSC Stock Adj.	8	8	0	71	72	1
Control total	**0**	**(0)**	**(0)**	**(0)**	**0**	**0**

Other financial stability work streams £k	In-month			YTD			Annual
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Cost Improvement Programme	407	294	(113)	3,157	3,072	(85)	5,171
Capital	995	1,408	413	11,586	9,507	(2,079)	23,268

Indicator Background:

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

What the Chart is Telling Us:

The Trust has reported breakeven for the year to date. The efficiency programme is £86k adverse to budget, main schemes include ERF income, procurement, closing theatre 5, pharmacy and FYE of 20/21 schemes. Capital spend is £2.1m behind the budgeted plan, a reduction of £0.4m and expected to further recover.

Actions:

- Financial Recovery Plan Director has implemented escalation process requiring a response from services needing a financial recovery plan.
- Draft Business Planning Guidance has been issued, focusing on national key priorities and the Trust's approach to 22/23 business plans.
- Increased focus on efficiency programme for 2022/23.

Outcomes:

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

- The non-recurrent benefit of £0.8m provisions released into the position.
- Additional escalation beds from Winter planning actions and the Business Continuity response.
- Increase in staff sickness and rise in covid costs by £0.1m to £0.4m in month.
- There is no contingency reserve included.

Underlying issues and risks:

The financial position is monitored against the plan submitted to NHSE/I for Oct-Mar (H2). The risks identified with the financial position for the 2nd half of the financial year ahead include managing cost pressures & service developments, delivery of efficiencies targets, managing the incremental cost of elective recovery and Covid costs within the financial envelope for H2, escalation capacity and PAHU, as well as winter pressures.
The efficiency programme gap remains at £1m to the £5.1m target.

Meeting of the Board of Directors in Public

Wednesday, 09 February 2022

Assurance Report from Committees

Title of Committee:	**Quality Assurance Committee**	**Agenda Item**	3.2
Committee Chair:	Tony Ullman, Chair of Committee/NED		
Date of Meeting:	Tuesday 18 January 2022		
Lead Director:	Evonne Hunt, Chief Nursing and Quality Officer (interim)		
Report Author:	Joanne Adams, Business Support Manager		

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. Quality report The Committee received and discussed the quality report which provided an update on incidents, CQC requests, patient safety CAS alerts, journey to excellence, new reporting tool 'Gather', NRLS reporting, reduction in the backlog of incidents, compliance with 48 hour reporting, compliance with duty of candour, local clinical audits, NICE guidance and quality governance structure review.	**Amber\Green**

2. Responding to deaths The Committee received the responding to deaths report which provided an update on HSMR, Dr Foster Outlier data, backlog of structured judgement reviews and change to the process and policy, specialty mortality and morbidity meetings.	**Amber/Green**
3. Infection prevention and control The Committee received the infection prevention and control paper which is now a standing agenda item for the Committee. The paper provided an update on merging the IPC action plans and board assurance plans, rising numbers of community COVID, changes to staff and patient isolation, outbreak data, outbreaks of COVID on wards, mandatory surveillance on C.diff, changes to the IPC team structure, use of the Gather audit tool and fit testing being overseen by the IPC team. The Committee acknowledged the improvement on the quality of the report and the engagement of both nursing and clinical colleagues with the IPC team and ownership of IPC.	**Amber/Green**
4. Implementation of the national patient safety strategy The Committee received an update on the implementation of the national patient safety strategy and were advised on the delay from the national team on the specific requirements of Trusts to implement the projects within the strategy. The Committee were asked to support the recommendation for making the training for the level one syllabus for all staff and Board members and Senior Leaders mandatory. The Committee supported this decision and will raise this to the Board for approval. The Committee will receive further updates every 3 months.	**Amber/Green**
5. Well led core service CQC action plan The Committee received an update on the well led core service CQC action plan and were informed about a review of the action plan; and how evidence, is captured and monitored, as the current process was not working as well as it could be, resulting in gaps in the evidence to close actions down. The Committee were informed that the new process is for the central quality team to liaise with the divisions on the evidence required on a daily basis, with a bi-weekly quality panel scrutinising the evidence. The quality panel will also report into the clinical effectiveness and outcomes group which will further strengthen governance processes. The Committee will continue to be updated on progress with the CQC action plan.	**Amber/Green**
6. Innovation and QI The Committee received a presentation update on the work of the Medway Innovation Institute since the last update in August 2021.	**Green**
7. Patient experience quarterly report The Committee received the patient experience quarterly report which provided an update on the work of the patient experience strategy, friends and family test, patient experience group, in-patient survey results, work of the volunteers, PALS and complaints and the revised complaints process. The Committee were informed of the number of complaints relating to issues with	**Amber/Green**

the 8x8 phone system and were advised that there is a working group going through the issues and an update paper will be submitted to the Committee.	
8. Draft patient experience strategy The Committee received and discussed the first draft of the patient experience strategy and delivery plan. The Committee were very impressed with the document and will commend the strategy to Board. Further discussions will take place on the delivery plan.	**Green**
9. Quality IQPR The Committee received the Quality IQPR and discussed the compliance with metrics and KPI's.	**Green**
10. Quality and Patient Safety Group – key issues report The committee noted quality and patient safety group meeting scheduled to take place on 11 January 2022 was cancelled due to operational pressures. The next meeting will take place on 8 February 2022.	**Green**
Escalation to Board The Committee escalates the following to Trust Board:- • Patient experience strategy going to Board in February • Recommendation to the Board for Board members and all staff for level one training syllabus on the national patient safety strategy to be mandatory.	

Title of Report	**Mortality report** **Responding to Deaths**	**Agenda Item**	3.3
Report Authors	Alison Davis Chief Medical Officer		
Executive Summary	This report provides assurance that Medway NHS Foundation Trust has a robust process in place for learning from deaths through systematic reporting and review. The Trust's Standardised Hospital-level Mortality Indicator (SHMI) which includes deaths in hospital and those that occurred within 30 days of discharge for the reporting period August 2020 – July 2021 is 1.03. The Trust's, Hospital Standardised Mortality Ratio (HSMR) for the reporting period August- December 2021, is 100 and is within the 'as expected' range. At the start of December 2021, the Trust introduced a multispecialty, multiprofessional weekly Structured Judgement Review (SJR) group to ensure timely review of all cases recommended for SJR by the Medical Examiner. This also stopped further growth of the SJR backlog. The SJR backlog has largely been closed (from a total of 115 cases to 10). During this period, 992 patients died, inclusive of 16 early neonatal deaths and 8 child deaths. Of these patients, seven were identified as having a learning disability and 64 deceased patients were subject to an SJR. 72% of SJR cases reviewed were judged to have had either good or excellent care during their final hospital admission Six cases reviewed from April 2021- December 2021 were raised on the Trust's incident reporting system (Datix) and three of these cases met the serious incident criteria. They are being investigated under the Serious Incident Framework. 30 cases have been highlighted as having issues in care. The learning themes identified are timely patient review, timely clinical escalation, a need to improve documentation and a need to improve communication between clinical teams The actions and next steps taken as a result of the data analysis and learning from deaths review and are:- To continue to develop a robust Morbidity and Mortality meetings for all specialities. To review the outlier diagnosis groups and alerts from the HSMR data. To continue the work to progress Structured Judgement Reviews with a focus on disseminating learning and outcomes from reviews through embedding the mortality and morbidity meetings at care group and divisional level. This forms part of the overall review of the Trust's governance structures.		

	To improve the work with bereaved families and carers, following their discussion with the medical examiners, to ensure that their concerns and questions are answered as well as capturing areas of good practice as we have cared for their relative or friend.				
Link to strategic Objectives 2021/22	**People:** We will enable our people to give their best and achieve their best **High Quality Care:** We will consistently provide high quality care				
Committees or Groups at which the paper has been submitted	The data is this paper was presented to the Quality Assurance Committee on 18the January 2022.				☒
Resource Implications	N/A				
Legal Implications/Regulatory Requirements	Failure to comply with national reporting requirements could result in regulatory action or a prosecution under the Care Quality Commission (Registration) Regulations 2009.				
Quality Impact Assessment	N/A				
Recommendation/ Actions required	The Board is requested to review and note the Trust's progress in relation to the overall monitoring and review of its Morbidity and Mortality positions.				
	N/A	**Approval**	**Assurance** ☒	**Discussion** ☒	**Noting** ☐

Standardised Hospital-level Mortality Indicator (SHMI)

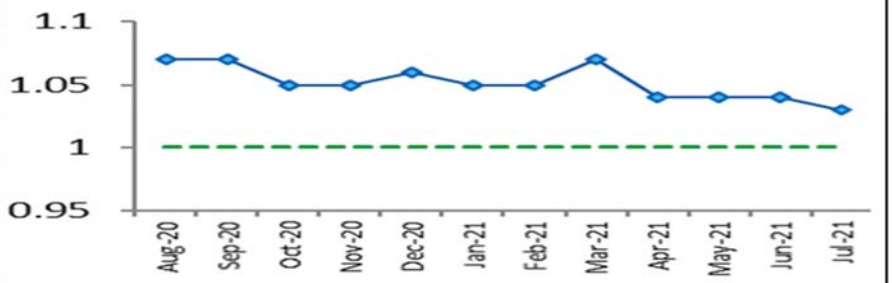
The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated.

The Trust's SHMI for August 2020 – July 2021 is 1.03, and is within the 'as expected' range. The figure below shows a reducing trend over the reporting period. these figures are inclusive of all ten diagnosis groups.

The 10 diagnosis groups included in SHMI are the diagnosis groups most indicative of Trust performance. The nature of these groups is such that they are often higher risk, and that is illustrated by the fact that only 9% of episodes for the 12 months period are included in the diagnosis breakdown, but these groups account for 36% of the deaths.

12 months to:	SHMI
Aug-20	1.07
Sep-20	1.07
Oct-20	1.05
Nov-20	1.05
Dec-20	1.06
Jan-21	1.05
Feb-21	1.05
Mar-21	1.07
Apr-21	1.04
May-21	1.04
Jun-21	1.04
Jul-21	1.03

Trend



SHMI data Aug 20- Jul 21 provided from NHS Digital January 2022

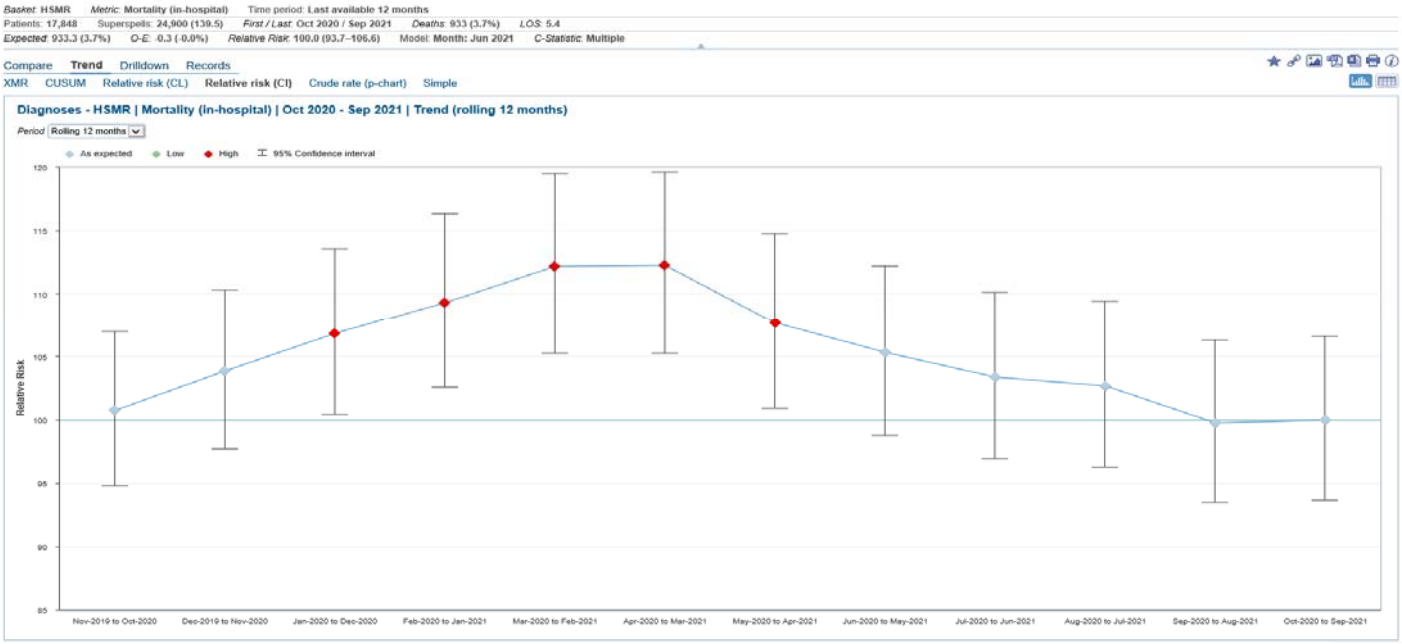
12 months to:	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Trend
Acute bronchitis	1.45	1.42	1.44	0.74	0.36	0.37	0.69	1.41	1.26	1.06	1.26	1.36	
Acute myocardial infarction	1.52	1.07	3.05	0.47	1.38	1.03	0.56	1.44	3.04	1.72	0.98	0.94	
Cancer of bronchus; lung	3.88	3.69	2.60	0.56	0.87	3.22	2.39	5.49	4.71	2.57	3.89	1.65	
Fluid and electrolyte disorders	2.88	1.68	2.65	2.08	1.81	1.45	2.17	2.88	3.27	2.20	3.38	2.27	
Fracture of neck of femur (hip)	2.43	2.58	2.86	2.05	1.12	1.21	2.30	2.26	1.83	2.88	1.53	2.18	
Gastrointestinal haemorrhage	1.56	1.49	1.77	1.55	2.06	1.30	1.82	1.25	1.92	2.09	1.29	1.77	
Pneumonia (excluding TB/STD)	13.44	13.08	14.30	9.33	6.15	4.93	9.28	11.81	12.55	13.86	12.46	13.57	
Secondary malignancies	1.72	1.35	1.77	1.18	0.96	1.63	0.87	2.11	1.58	2.75	2.78	2.93	
Septicaemia (except in labour), shock	17.8	14.8	12.1	9.5	6.4	8.6	9.6	11.7	18.6	14.3	15.1	16.3	
Urinary tract infections	2.06	2.34	3.34	1.66	0.56	1.29	1.47	1.93	1.76	2.71	2.25	1.45	

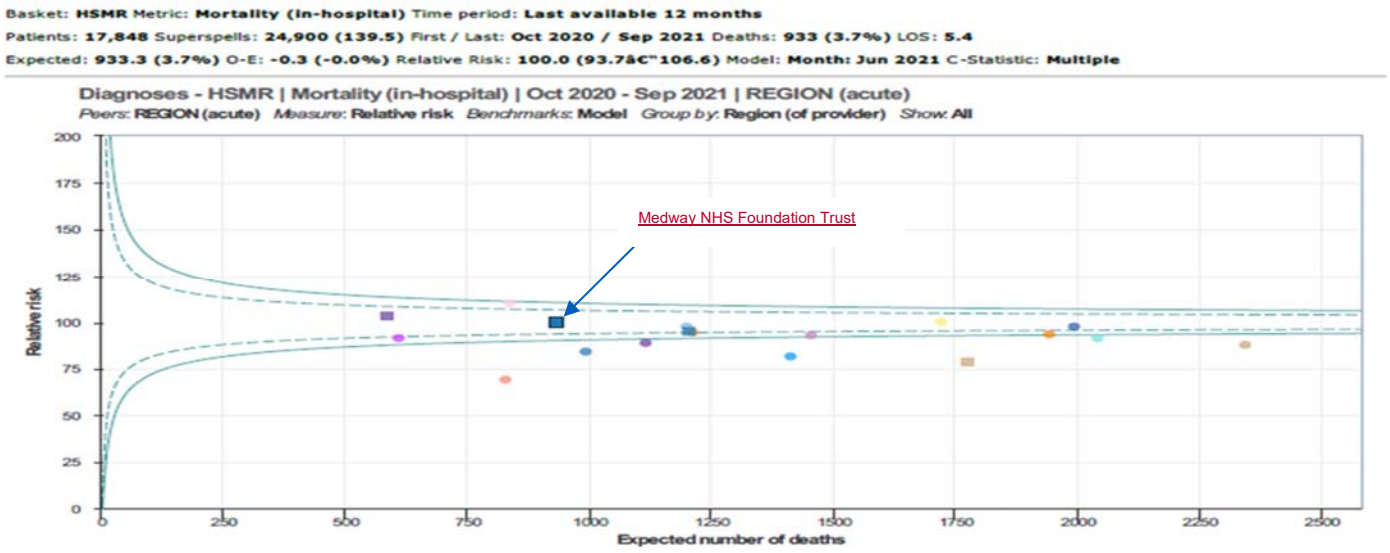
SHMI data: 10 diagnosis groups: Aug 20- Jul 21 provided from NHS Digital January 2022

Hospital Standardised

Mortality Ratio (HSMR)

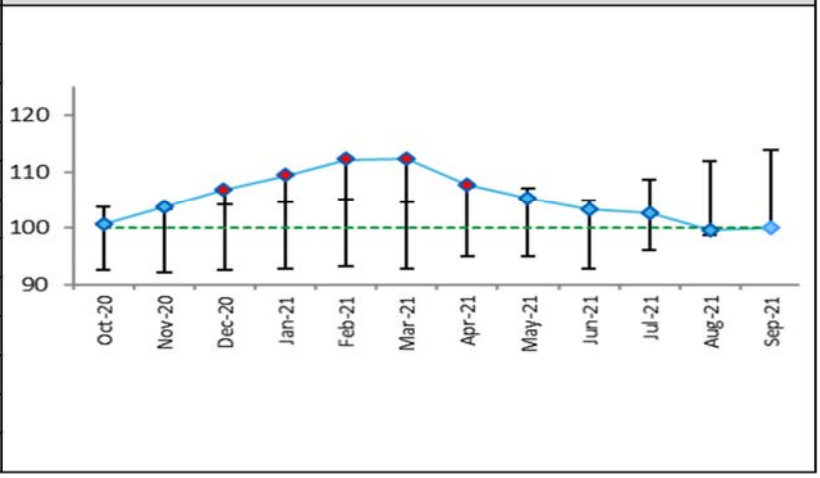
The Hospital Standardised Mortality Ratio (HSMR) is the ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 diagnosis groups in a specified patient group. The Trust's HSMR for October 2020 to September 2021 is 100.0. The Trust has remained in the 'as expected' range over the past four months. Prior to that, the increase observed in HSMR is in line with the surge of deaths seen during Wave2 of the Covid-19 pandemic. The funnel plot shows the Trust's position in relation to other Trust's in the South East region. The crude percentage death rate is also shown and has decreased.



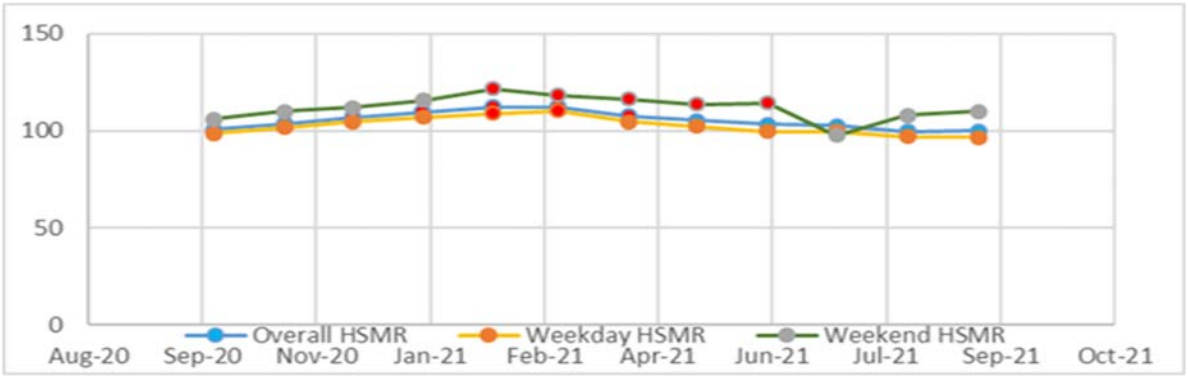


HSMR Peer comparison for Medway Maritime Hospital

12 monhts to:	HSMR	Crude Rate %	Trend
Oct-20	100.7	4.10%	
Nov-20	103.8	4.20%	
Dec-20	106.8	4.00%	
Jan-21	109.3	4.20%	
Feb-21	112.2	4.30%	
Mar-21	112.3	4.20%	
Apr-21	107.7	4.00%	
May-21	105.3	3.90%	
Jun-21	103.4	3.80%	
Jul-21	102.7	3.80%	
Aug-21	99.7	3.70%	
Sep-21	100	3.70%	



The Trust's weekend HSMR is 110.1 and weekday HSMR is 96.6; both within the 'as expected' range. Historic data shows that HSMR tends to be higher on a weekend than weekday, but the Trust remains in the 'as expected' range for all three categories.



Outlier diagnosis groups and alerts

For the period October 2020 to September 2021, Dr Foster highlighted the following diagnosis groups as being outliers. '

- 'Other perinatal conditions',
- 'Short gestation, low birth weight.'
- Viral Infections
- Cancer of liver and intrahepatic bile duct

Other perinatal conditions and short gestation, low birth weight diagnosis groups are monitored via the well-established Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) programme, as well as through the National Neonatal Audit Programme. Dr Foster have confirmed that HSMR is not a good measure of performance and risk for this cohort and advise that crude numbers are reviewed rather than focus on outlier status.

For the cancer of liver and intrahepatic bile duct, this is a small number of cases and the notes are being reviewed.

For viral infections this is influenced by the time of the peak of Covid infection rates. Dr Foster is further interrogating this national data.

Cases have been selected from each outlier/Cumulative Sum (CUSUM) alert group and notes are being requested for deep dive reviews.

Learning from Death

Between 01 April and 31 December 2021, for Quarter 1,2 and 3, the Trust recorded 992 inpatient deaths; inclusive of sixteen early neonatal and eight child deaths. During this timeframe, seven patients with learning disabilities died in hospital. Patients who die with a Learning Disability are flagged for Structured Judgement Review and are also referred to the Learning Disabilities Mortality Review (LeDer) panel.
An overview of the Trust's current position with regard to the Mortality Review Process is presented below.

Early neonatal and child deaths

Any child who dies before their 18th birthday is subject to the Child Death Review Process, which involves a multi-agency review of the child's care and is coordinated by Kent and Medway Child Death Review (CDR) Team. In addition, the Trust's neonatology and acute paediatric teams hold specialty mortality and morbidity meetings to discuss the care of these patients.
An overview of the Trust's current position with regard to the Mortality Review Process is presented below.

Since April 2021, there have been sixteen (16) neonatal deaths; that is, babies who died soon after birth and/or admitted to the neonatal unit. In the same period, there were eight (8) child deaths. All 8 child deaths have been discussed at the acute paediatric mortality & morbidity meeting.

Structured Judgement Reviews (SJR)

During the period of July 2020- November 2021, there was a backlog of 115 SJRs which required urgent review. SJRs were delayed as a result of the pressures on services due to the ongoing Covid-19. There has been a huge effort from clinical staff to reduce the backlog and a total of 105 cases have now been reviewed between these dates and appropriate actions completed. Work is ongoing to complete the final 10 SJRs from the backlog.

The SJR panel was introduced in December 2021 and is a multidisciplinary, multi-professional meeting consisting of consultant patient safety leads, from a number of different specialties across the hospital, nursing staff from both divisions, governance representation from both divisions, representation form the end of life care team and resuscitation teams. Consultants who looked after each patients are also invited as required.
The cases reviewed are triggered for SJR by the Medical Examiner during scrutiny. The panel also review a randomly selected case for quality assurance each week or any cases that have been highlighted from specialty mortality and morbidity meetings.
Since the introduction of the SJR panel, SJRs are being completed more regularly and consistently with the panel reviewing the most recent deaths. The panel meets each Monday to review 3-4 SJR cases actions and outcomes agreed. This process has greatly improved as a result of the implementation and use of the Trust's electronic patient record (EPR) system.

There is in place a central log which is regularly updated following any panel discussions to note any actions requiring implementation, outcomes and learning. Cases where it is felt there has been harm to the patient are referred to the Serious Incident and Incident Review Group for discussion. The triangulation of this data enables the team to track and utilise trends and themes data for learning and dissemination at the mortality and morbidity meetings

Learning and outcomes

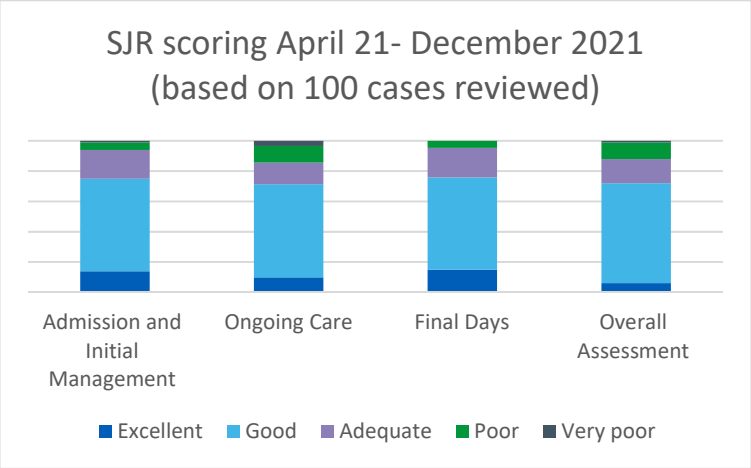
Between April 21 2021 and December 2021,

• 75% cases were rated good or excellent care for Admission & Initial management

• 65% cases were rated good or excellent care for ongoing care

• 66% cases were rated good or excellent care for final days care

• 72% cases were rated good or excellent care for overall assessment in



Learning Themes identified

30 cases have been highlighted as having issues in care.

The following learning themes have been identified:

- Timely patient review
- Timely clinical escalation
- Need to improve documentation
- Need to improve communication between clinical teams

Positive learning

- Rapid diagnosis
- Good communication with next of kin
- Good, timely end of life care

Since April 2021, six cases underwent SJRs and fell within the **'death due to failings in care'** category.

- Three met the Serious Incident (SI) criteria and are being investigated under the Serious Incidents Framework. The cases were a patient who died as a result of a urinary flow obstruction, a patient given morphine and haloperidol and died 30 mins later and a further case raised on datix which is awaiting an SJR.
- One case was referred after an SJR had been completed and a rapid review was completed and awaits approval for SI investigation.
- One Case was discussed at the Incident Review Group (IRG) where it was deemed no further investigation was necessary but lessons learnt noted.
- One case has been referred to the speciality to complete a further review at the specialty mortality and morbidity meeting.

Each speciality should hold a monthly Mortality and Morbidity (M&M) meeting whereby a number of deaths are reviewed per month. Specialty consultants should chair the meetings with the treating teams to discuss cases and identify learning and actions which are reported back to the central mortality team to monitor on a central action log. As there has been a number of changes since the Medical Examiner Office has been set up the process was outlined and shared with the specialities.

All specialities must meet at least once a month to discuss mortality. This can be part of a larger governance meeting, or as a separate meeting. There is an expectation that at these meetings a minimum of four deaths are reviewed, except in low volume specialities where it is expected that all deaths will be reviewed as a matter of course.

Speciality safety leads will receive a weekly list of all patients who have died in the hospital and may select the cases for review at their own discretion e.g. if a case was particularly complex or interesting and would provide a platform for further learning.

All minutes must be minuted using an agreed template. For every case there should be a brief overview of the case, a note of learning points and further actions. An action log should also form part of the minutes which should also include actions from SJR reviews highlighted for discussion at specialty M&M meetings.

The minutes of the meetings and action logs should be sent to the mortality team so that they can monitor the actions and escalate any issues that require further action

Next Steps

To continue to develop a robust Morbidity and Mortality meetings for all specialities.

To review the outlier diagnosis groups and alerts from the HSMR data.

To continue the work to progress Structured Judgement Reviews with a focus on disseminating learning and outcomes from reviews through embedding the mortality and morbidity meetings at care group and divisional level. This forms part of the overall review of the Trust's governance structures.

To improve the work with bereaved families and carers, following their discussion with the medical examiners, to ensure that their concerns and questions are answered as well as capturing areas of good practice as we have cared for their relative or friend.

Meeting of the Board of Directors in Public
Wednesday, 09 February 2022

Title of Report	**Patient Experience Strategy**	**Agenda Item**	**3.4**
Report Author	Evonne Hunt, Chief Nursing and Quality Officer		
Lead Director	Evonne Hunt, Chief Nursing and Quality Officer		
Executive Summary	The paper seeks approval for, and the implementation of, the Patient Experience Strategy at Medway NHS Foundation Trust. The Strategy has been written following various engagement sessions with both staff and patients, and includes stretch targets over three years to improve the patient experience at Medway. There are five key areas in which the Strategy will focus and improve: • Think "Patient First" • Communicate • Be a Leader • Positive Culture; and • Aligned Working There is a delivery plan behind the Strategy that further demonstrates how we will measure success. Regular updates will be provided to the Board against our agreed trajectories following approval. This will follow a robust governance structure as outlined within the Strategy, via already established groups such as Patient Experience Group and Quality Assurance Committee.		
Due Diligence	To give the Trust Board assurance, please complete the following:		
Committee Approval:	Name of Committee: Quality Assurance Committee Date of approval: 18 January 2022		
Executive Group Approval:	Date of Approval: 14 January 2022		
National Guidelines compliance:	Not applicable		
Resource Implications	There are no known resource implications		
Legal Implications/Regulatory Requirements	The Patient Experience Strategy addresses key points within the NHS Patient Experience Improvement Framework (NHSI 2018)		
Integrated Impact Assessment	An Integrated Impact Assessment will be completed following the approval of the strategy.		

Recommendation/ Actions required	The Board is asked to: state decision required i.e. review, approve, note. [For example: The Board is asked to approve the Safeguarding Policy].			
	Approval ☒	**Assurance** ☐	**Discussion** ☐	**Noting** ☐
Appendices	Not applicable			

Patient Experience Strategy

Author:	Evonne Hunt
Document Owner	Evonne Hunt
Revision No:	0.3
Document ID Number	TBC
Approved By:	Trust Board DATE TBC
Implementation Date:	April 2022
Date of Next Review:	October 2022

Patient Experience Strategy

Document Control / History	
Revision No	**Reason for change**

Consultation
Quality Assurance Committee
Trust Board

TO BE READ IN CONJUNCTION WITH ANY POLICIES LISTED IN TRUST ASSOCIATED DOCUMENTS

Table of Contents

Patient Experience Strategy

Introduction

1.1 At Medway NHS Foundation Trust we are dedicated to putting our Patients First, at the heart of everything we do. Every time any of us interact with our patients, their families and carers, we should ensure our interactions are prompt and positive. This requires both listening to the patient, and working together with colleagues as a team.

1.2 Our patients, their families and carers have told us through many engagement routes, including the Care Quality Commission (CQC) Adult Inpatient Survey 2020, what is important to them. This includes feedback from the start of their journey with us to the end of their journey, including any interaction they have with our services. They have told us that providing the best possible experience means getting the basic fundamentals of care right, making sure they feel safe and well cared for, having trust and confidence in the staff looking after them and receiving excellent quality care in a clean and pleasant environment.

1.3 This Patient Experience Strategy, along with the different initiatives arising from it, will enable us to embed important and substantial improvements in the quality of our patients' experience at Medway. Our strategy is critical and a key part of providing outstanding services that meet the expectations of our patients, families and carers. To achieve this, we have listened to our patients, who have told us they want us to focus on their needs and expectations instead of purely on systems, processes and procedures.

1.4 Patients will always remember their experiences and how they are made to feel, whether that experience was positive or negative. Our Trust is transforming, we are committing to put the patient first in all that we do, and this Strategy is part of the strong foundations on which we can transform to meet patients' needs.

2 Mission, Vision and Aspirations

2.1 Here at Medway, we accept and rise to the challenge of acting on the feedback given to us to address our patients concerns. This is why the CQC Inpatient Survey results and feedback from our patient experience engagement sessions in 2021 form the baseline to our patient experience strategy, to drive the significant change that is needed.

2.2 The responsibility for providing a positive patient experience rests on all staff at the Trust, not just patient facing frontline colleagues. Providing outstanding patient care and experience is everyone's business.

2.3 Our Patient First programme will ensure that we get it right the first time for our patients, including ensuring patients are being involved as equal partners in their care. This is in line with the NHS Constitution Principle 4 "*The patient will be at the heart of everything the NHS does"*, the National Institute for Health and Clinical Excellence (NICE) "Community Engagement" guidance, and numerous other key national policies outlined in Section 7 below.

2.4 We know that there is a lot of work to be done to improve how our patients feel about the services we provide, and this Strategy will make sure that we:

2.4.1 Improve our patients' experience and consistently achieve high levels of patient satisfaction
2.4.2 Hear the voices of our patients, their families and carers and our Patient Advocate staff
2.4.3 Meet the diverse needs of our patients
2.4.4 Deliver care which is equitable, making a conscious effort to hear from underrepresented and seldom heard groups; and
2.4.5 Change the culture of how we interact with our patients at all touchpoints

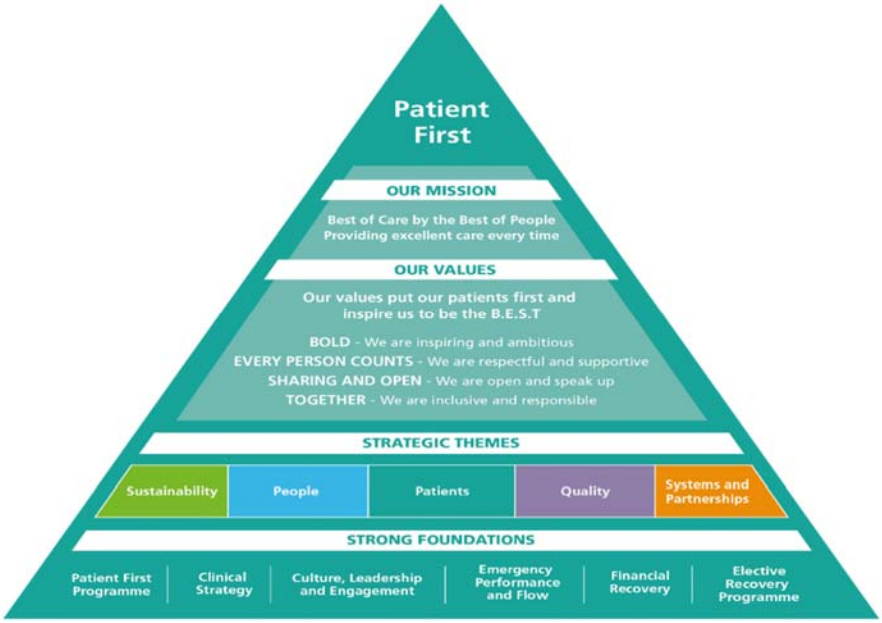
2.5 The Patient Experience Strategy is the Trust's structured approach and overarching plan to enhance and ensure our patients' experiences are positive and meaningful when they use our services. In order to do this, we are ensuring we are aware of, can meet and deliver the experience that all patients would expect, by creating different patient profiles that adopt personas to represent different groups of patients whose experiences and expectations would differ – for example, our;

2.5.1 Patients with Learning Disabilities
2.5.2 Cancer Patients
2.5.3 Dementia Patients
2.5.4 Patients with Mental Health challenges
2.5.5 End of Life Patients
2.5.6 Respiratory and Cardiology Patients
2.5.7 Maternity Patients
2.5.8 Children and Young People

3 Core Values

3.1 The Trust has not yet had a specific Patient Experience Strategy which sets out our aspirations of improving our patients' experience. This Strategy aims to build on the successes and learning gained over the years.

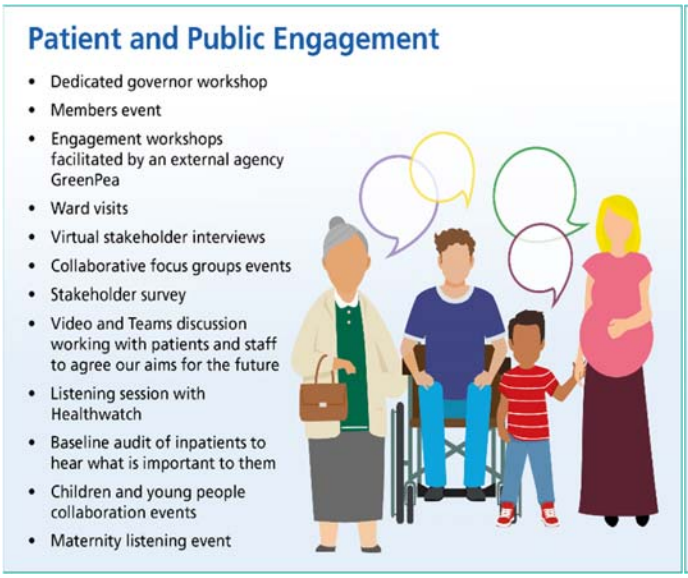
3.2 The Trust's values underpin everything we do, and we expect our staff to work to these values in the delivery of safe, consistent and high quality patient care. The guiding principles of our overarching Patient First programme and our Clinical Strategy highlights patient experience as the centre of our Strategic Themes outlining the Trust's True North vision for the future.



3.3 There are a number of enabling strategies and policies Trust-wide that link into the Patient Experience Strategy, some of which are listed below in Section 7. Together, they will deliver a number of initiatives to ensure that all patients receive high quality care resulting in a positive patient experience.

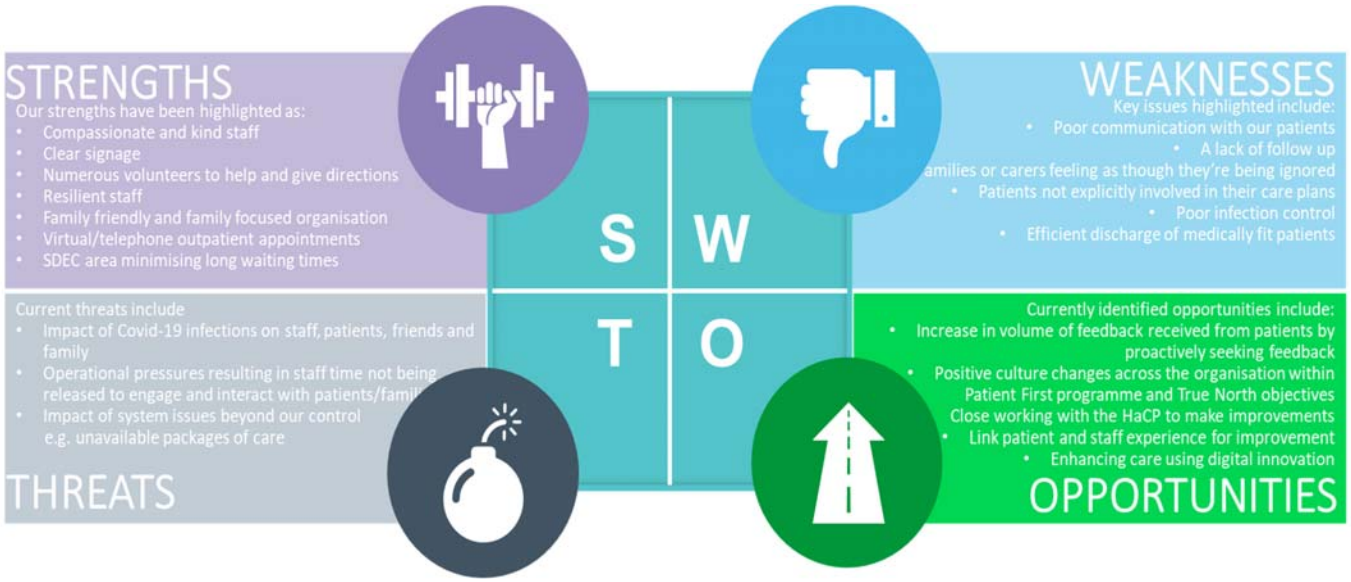
4 SWOT Analysis

4.1 In preparation of this strategy, we held a number of listening events and engagement sessions with patients, families, carers and patient advocates, as well as with our staff between March and December 2021. This strategy has been co-designed and co-produced following these sessions.



4.2 Further to our engagement events, we also reviewed a number of feedback resources as outlined below.

4.3 From our engagement sessions and research, we have highlighted the following strengths, weaknesses, opportunities and threats to our patient experience here at Medway:



4.4 From the opportunities that were highlighted, we have already commenced implementing change to improve the patient experience at Medway. These changes include;

5 Objectives and Key Results

5.1 The five key themes and principles that emerged as priority areas to improve to increase the patient experience over the next three years are:

5.1.1 **Think Patient First:** Through the delivery of effective clinical care and positive

patient outcomes at every stage of the patients journey

5.1.2 **Communicate:** To ensure patients feel involved, informed, listened to and engaged as partners in their own care and health plans

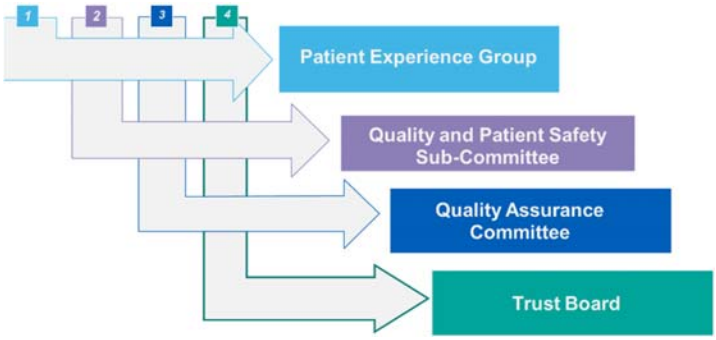
5.1.3 **Be Leaders:** Of patient experience and patient focused care, employing patient-centric people

5.1.4 **Positive Culture:** That focusses on Patients First, where patients and staff attitudes and behaviours create an environment of mutual kindness and respect

5.1.5 **Aligned Working:** With patients, their families and carers as well as local health system partners to make a meaningful impact on their care, health and experience

6 Metrics and Key Performance Indicators

6.1 For this strategy to be meaningful for our patients, the implementation must be measured on its delivery. A detailed delivery plan has been developed, which sets out the key activities, success measures and timescales to achieve our aims. The plan will be continually reviewed, responding to new and emerging priorities as well as assuring delivery of the below Key Performance Indicators (KPIs) by March 2025. The KPIs will be monitored through a robust governance route, including the Patient Experience Group, with patient representatives.



6.2 Think Patient First

6.2.1 All staff across the organisation must work together to ensure our patients receive a positive interaction at every touchpoint in their patient journey.

6.3 Communicate

6.3.1 Our patients have told us that they are not happy with the level of care they are receiving from us. We have identified detail actions to achieve our ambition of communicating to ensure patients feel involved, informed, listened to and engaged as partners in their own care and health plans.

6.4 Be a leader

6.4.1 We want to attract, develop and retain passionate patient-centric people who want to put our Patients' First. Our people play an integral part in the delivery of our Patient Experience Strategy. There is a recognised link between patient experience and staff wellbeing, and this strategy will empower staff to provide a personal level of care to be sensitive and respond to our patients needs.

6.5 Positive Culture

6.5.1 To create a positive culture that focuses on patients first, where patients and staff's attitude and behaviour creates an environment of mutual kindness and respect.

6.6 Aligned Working

6.6.1 To ensure a meaningful and positive impact on our patients care, our staff must work with our patients, families and carers as well as our colleagues across the local health and system partners.

7 References

Document	Ref No
References:	
The Health and Social Care Act 2008	NHS Constitution 2015
High Quality Care for All 2008	NHS England 2015 Improving Experience of Care
White Paper, “Equity and Excellence: Liberating the NHS” 2010	NHS Outcome Framework 2015/2016
NICE Quality Standards 2012	Next Steps on NHS Five Year View 2017
Mid Staffordshire NHS FT Inquiry 2013	Health Education England 2017
#Hello my name is initiative 2013	NHS England Improving Patient Experience 2017
NHS England’s Five Year Forward View 2014/2015	NHS Long term Plan 2019
Trust Associated Documents:	
Clinical Strategy	People Strategy
Quality Strategy	Equality, Diversity and Inclusion Strategy
Digital Strategy	End of Life Care Policy
Dementia Strategy	Health and Safety Strategy
Estates and Facilities Strategy	Learning Disability Strategy
Research and Innovation Strategy	Maternity Safety Strategy
Staff Health and Wellbeing Strategy	Data Quality and Assurance Strategy

END OF DOCUMENT

Meeting of the Board of Directors in Public
Wednesday, 16 February 2022

Title of Report	**Finance report**	**Agenda Item**	4.1
Report Author	Alan Davies, Chief Financial Officer Isla Fraser, Financial Controller Matthew Chapman, Head of Financial Management Cleo Chella, Associate Director of Income and Contracting		
Lead Director	Alan Davies, Chief Financial Officer		
Executive Summary	The Trust reports a breakeven against the NHSE/I control total.		
Link to strategic Objectives 2019/20 ***(Please mark X against the strategic goal(s) applicable to this paper - this could be more than one)***	**Innovation:** We will embrace innovation and digital technology to support the best of care		☐
	Finance: We will deliver financial sustainability and create value in all we do		☒
	People: We will enable our people to give their best and achieve their best		☐
	Integrated Health Care: We will work collaboratively with our system partners to establish an Integrated Care Partnership		☐
	High Quality Care: We will consistently provide high quality care		☐
Resource Implications	None.		
Legal Implications/Regulatory Requirements	The Trust has met its regulatory control total.		
Quality Impact Assessment	N/A		
Recommendation/	The Board is asked to note this report.		

Actions required	Approval ☐	Assurance ☐	Discussion ☐	Noting ☒
Appendices	Finance report			

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Finance report

For the period ending 31 December 2021

Contents

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1. Executive summary

£'000	Budget	Actual	Var.	
Trust surplus/(deficit)				
In-month	(8)	(8)	0	The Trust reports a £8k deficit position for December; reducing to breakeven in month and year to date after making the technical adjustment for donated asset depreciation to report against control total. The reported position includes Elective Recovery Funding (ERF) income of £4.6m in H1 and £2.2m for year to date in H2, this covers the incremental costs of delivering ERF activity. There is no contingency accrued into the position, however in month the benefit from £0.8m of non-recurrent items relating to bad debt provision and prior year income adjustments have been released into the position to achieve the control total. This month's pay expenditure has increased by £0.2m to £20.8m mainly due to increased cover for staff related Covid sickness; non-pay costs have increased by £0.4m for medical gases and pass through drugs costs, these are offset by an increase in clinical income. The NHSE/I reporting timetable for month 9 is extended as the Q3 returns will be audited, any variations from what is reported internally will be subsequently included next month.
Donated Asset Depreciation	8	8	0	
Control Total	**-**	**-**	**-**	
Efficiencies Programme				
In-month	418	294	(124)	The in-month position is reporting a £0.1m adverse to plan for December, and £0.1m adverse year to date. The position remains the same as last month for total schemes identified of £4.1m leaving a gap £1.0m to the overall plan of £5.1m for the full year; this includes some of the 9 crosscutting efficiency schemes. The efficiency programme position reported this month includes £0.3m of the full year effect of schemes continuing from 2020/21.
YTD	3,189	3,072	(117)	

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Capital				
In-month	995	1,408	413	The Trust Capital Resource Limit (CRL) and plan was set at £13.9mfor 2021/22 by the ICS. Since the plan was set an additional £10m capital funding has been secured which the current forecast is based on. There is a possibility that the Trust will be unable to accept up to £2,8m of the additional funds due to the lateness of the allocation as it may not be possible to procure and complete the works by 31st March which is a condition of the allocation. If this is the case the forecast will be adjusted both in budget and actuals so there is no impact on the forecast variance. The original Trust plan is now 56% complete, £3.8m behind plan, although this is due to £1.7m being rebadged against new monies which budgets will not be issued for until the funding has been received. Taking this into consideration the original plan is actually £2,1m behind plan (18%). In month 9 permanent in year slippage of £1.9m was identified in the programme, mainly due to additional allocations being utilised for projects within the original plan. £1.2m of contingency schemes were approved to utilise 60%, 40% has been withheld to cover any emergency projects that may arise in the last quarter. If this or any other slippage remains in March it will be fully utilised to bring forward EPR costs from 2022/23, this would then release capital funds in that year for other projects.
YTD	11,586	9,507	(2,079)	
Annual (reported forecast)	23,268	23,268	0	

Cash				
Month end	49,184	44,707	(4,477)	Cash balances have increased in month by £6.4m, mainly due to Health Education England finally making payment of their quarterly contract, delayed due to administrative issues with their Finance provider. The cash balance is £4.5m adverse to the cash balance held on 31st March 2021, which the plan is set at. This is due to the late issue of PDC in the prior year for capital schemes. Since year-end capital expenditure associated with these schemes has been paid in cash resulting in a decreased cash balance, as debts are settled and current year PDC issues cash is expected to rise again. Cash balances are expected to be maintained at a similar level (£40m to £50m) throughout the year, however this is dependent on the approval of cash reserves being utilised for additional capital investment.

Activity is below draft budgeted levels as a result of Covid	Clinical income based on the 21/22 consultation tariff would have reported a year to date position of £191.8m, this being £9.2m lower than income in the same period of 19/20. In month performance excluding high cost drugs is £19.9m, which is £2.0m lower compared to M8 reported figure.

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

£'000	In-month			Year-to-date*		
	Plan	Actual	Var.	Plan	Actual	Var.
Clinical income	27,326	28,488	1,163	252,254	252,503	249
High cost drugs	1,817	1,873	55	16,500	16,592	92
Other income	1,795	2,531	736	15,502	18,824	3,322
PSF/MRET/FRP	0	0	0	0	0	0
Donated Asset Adjustment	0	32	32	0	239	239
Total income	**30,938**	**32,924**	**1,985**	**284,256**	**288,157**	**3,901**
Nursing	(6,909)	(8,614)	(1,705)	(71,814)	(73,475)	(1,661)
Medical	(6,627)	(6,579)	48	(57,256)	(58,297)	(1,042)
Other	(5,711)	(5,587)	123	(48,188)	(50,406)	(2,218)
Total pay	**(19,246)**	**(20,781)**	**(1,534)**	**(177,258)**	**(182,179)**	**(4,921)**
Clinical supplies	(3,836)	(4,148)	(312)	(35,096)	(38,060)	(2,964)
Drugs	(545)	(1,382)	(837)	(5,224)	(7,989)	(2,765)
High cost drugs	(1,817)	(1,876)	(59)	(16,542)	(16,592)	(49)
Other	(4,045)	(3,290)	755	(37,227)	(30,399)	6,827
Total non-pay	**(10,243)**	**(10,696)**	**(453)**	**(94,089)**	**(93,040)**	**1,049**
EBITDA	**1,449**	**1,447**	**(2)**	**12,908**	**12,939**	**30**
Depreciation	(905)	(905)	(0)	(8,025)	(8,025)	0
Donated asset adjustment	(8)	(8)	(0)	(72)	(72)	0
Net finance income/(cost)	2	2	0	15	(20)	(35)
PDC dividend	(545)	(544)	2	(4,898)	(4,893)	5
Non-operating exp.	**(1,457)**	**(1,455)**	**2**	**(12,980)**	**(13,009)**	**(30)**
Reported surplus/(deficit)	**(8)**	**(8)**	**0**	**(71)**	**(71)**	**0**
Adj. to control total	8	8	0	72	72	0
Control total	**0**	**0**	**0**	**1**	**1**	**0**

1. Funding arrangements for the full year 2021/22 have been agreed with the Kent & Medway CCG.
2. The clinical income YTD variance includes an adverse ERF position from H1 of £1.3m, this is offset Targeted Investment Funding (TIF) £0.3m as well as income for medical devices £0.9m that are excluded from the block income payment. These are offset by costs included in expenditure.
3. Other income favourable position includes over performance on P2P contracts, of out of envelope income to cover vaccination and quarantine costs, medical education contribution to overheads of £0.3mas well as drugs recharges offsetting overspending in clinical divisions.
4. YTD ERF income of £6.8m is included; this is further detailed as £4.6m for H1 and £2.2m for H2, as confirmed by NHSE/I.
5. Pay budgets are overspending due to additional escalation and activity pressures in Unplanned Care, the costs also include the impact of ERF activity. Cost pressures are partially offset by some areas of underspending and reserves.
6. Medical staffing adverse variance is due to junior doctor shifts associated with a rise in Covid activity, increased escalation capacity £0.5m, as well as additional shifts to aid with patient flow and twilight intake in acute & emergency care £0.5m.
7. Nursing pay includes in month enhanced bank rates £0.1m, and £0.3m YTD. Substantive staff spend has reduced in month by £0.1m, this is offset by a £0.4m increase in temporary staff mainly to cover increased staff sickness and annual leave during the holiday period, also increased escalation capacity and 1:1 specialling.
8. Non-pay category includes the contingency and reserves budgets not issued to divisions. ERF budgets have been issued to divisions for H2.
9. Total expenditure includes £0.4m of incremental Covid costs (£3.6m YTD).

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3. Efficiency programme (status and summary)

Status £'000	Blue	Green	Amber	Red	Sub-total	Budget	Unidentified	YTD Plan	YTD Delivery	Variance
Planned care	70	1,311	72	230	1,682	**2,132**	(450)	1,305	1,149	**(156)**
UIC	179	1,368	89	47	1,683	**2,190**	(507)	1,491	1,457	**(34)**
E&F	21	407	0	0	428	**382**	46	227	246	**19**
Corporate	73	316	5	0	394	**467**	(73)	134	221	**86**
Total	**343**	**3,402**	**166**	**277**	**4,187**	**5,171**	**(984)**	**3,157**	**3,072**	**(84)**
Previous Month	343	3,336	77	395	4,151	**5,171**	(1,020)	2,526	2,542	**16**
Monthly Movement	**0**	**65**	**89**	**(118)**	**36**	**0**	**36**	**630**	**530**	**(101)**

Summary £'000	In-month			Year-to-date			Outturn		
	Budget	Actual	Var.	Budget	Actual	Var.	Budget	Forecast	Var.
Trust total	**407**	**294**	**(113)**	**3,157**	**3,072**	**(85)**	**5,171**	**4,179**	**(992)**

Process

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

The total efficiencies target for the financial year is £5.1m including the full year effect (FYE) schemes from 20/21, which total £0.3m. Included in the year to date budget position are £2.7m of planned efficiencies and £0.5m schemes not identified, the actual performance of delivery across the services is £2.7m for 21/22 schemes and an additional £0.3m for FYE schemes from 20/21.

The main schemes that have delivered include improved ERF contribution margin £0.5m, cross cutting programme for procurement £0.8m, closure of theatre 5 in the Planned Care division £0.2m, Pharmacy procurement optimisation £0.2m, Facilities & Estates patient meals £0.1m, and full year effect of 20/21 schemes £0.3m.

The efficiency programme continues to be prioritised across all of the services; crosscutting efficiency schemes are being developed and the Trust is committed to reducing the £1m gap within the 2021/22 efficiency programme.

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4. Balance sheet summary

Prior year end	£'000	Month end actual	Var on PY.
221,951	**Non-current assets**	**223,367**	**1,413**
6,962	Inventory	7,241	279
16,216	Trade and other receivables	14,535	(1,681)
49,184	Cash	44,707	(4,477)
72,362	**Current assets**	**66,483**	**(5,879)**
(137)	Borrowings	(130)	7
(37,101))	Trade and other payables	(28,799)	8,302
(8,839)	Other liabilities	(12,876)	(4,037)
(46,077)	**Current liabilities**	**(39,363)**	**6,714**
(2,151)	Borrowings	(2,025)	126
(1,424)	Other liabilities	(1,425)	(1)
(3,575)	**Non-current liabilities**	**(3,450)**	**4,272**
244,661	**Net assets employed**	**244,592**	**(69)**
453,870	Public dividend capital	453,870	0
(245,271)	Retained earnings	(245,340)	(69)
36,062	Revaluation reserve	36,062	0
244,661	**Total taxpayers' equity**	**244,592**	**(69)**

Key messages:

1. Receivables have decreased by £1.7m from the prior year, £4.5m from the previous month. This is due to payments made by Health Education England in month and clearance of aged commissioner debts. This is expected to improve further as aged debt with EKHFT and MCH are cleared in the coming months.

2. Payables have decreased by £8.3m from the prior year due to the receipt and payment of material capital invoices; this balance includes £1.6m accrual for PDC dividend.

3. Other liabilities have increased by £4.0m from the prior year due to an increase in payments in advance from NHS Commissioners

4. Total Trust borrowings are £2.2m and relate to long term capital loans issued by DHSC in a prior year.

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6. Capital

2021/22 Capital Expenditure Update

£'000	In-month			Year To Date			Annual					Funding (PLAN)			CRL allocation from		
	Plan	Actual	Var.	Plan	Actual	Var.	NHSI Plan	Revised Trust Plan	Forecast	Var on NHSI plan	Var on revised Trust plan	Internal	PDC	OTHER	ICS	OTHER	TOTAL
Backlog Maintenance	334	376	42	3,219	2,876	(343)	3,014	3,589	3,786	772	197	3,205	0	0	3,205	0	3,205
Fire Urgency Works	72	111	39	1,955	906	(1,049)	2,331	2,581	2,660	329	79	2,331	0	0	2,331	0	2,331
Emergency Department	0	438	438	1,211	0	(1,211)	1,211	1,257	0	(1,211)	(1,257)	1,257	0	0	1,257	0	1,257
Information Technology	288	358	70	3,150	3,057	(93)	4,023	4,023	2,514	(1,509)	(1,509)	4,023	0	0	4,023	0	4,023
Medical and Surgical Equipment Programme	8	71	63	196	147	(49)	142	575	575	433	0	321	0	0	321	0	321
Service Developments	16	50	34	916	725	(191)	1,919	535	1,686	(233)	1,151	1,523	0	0	1,523	0	1,523
Routine Maintenance	0	3	3	110	70	(40)	130	210	207	77	(3)	110	0	0	110	0	110
Specific Business cases pending UTC	277	17	(260)	831	20	(811)	1,107	500	570	(537)	70	0	500	0	0	500	500
Total Planned Capex	**995**	**1,424**	**429**	**11,586**	**7,801**	**(3,785)**	**13,877**	**13,270**	**11,998**	**(1,879)**	**(1,272)**	**12,770**	**500**	**0**	**12,770**	**500**	**13,270**
Unfunded	0	(16)	(16)	0	(128)	(128)	0	0	(128)	(128)	(128)	0	0	0	0	0	0
Capital Donation -schemes	0	0	0	0	0	0	0	80	146	146	66	0	0	80	0	80	80
ICS Emergency Department	0	0	0	0	1,460	1,460	0	1,500	1,460	1,460	(40)	1,500	0	0	1,500	0	1,500
ICS KLS	0	0	0	0	0	0	0	300	160	160	(140)	300	0	0	300	0	300
Diagnostics CR/DR	0	0	0	0	0	0	0	440	840	840	400	20	420	0	20	420	440
UTF Cyber	0	0	0	0	0	0	0	250	250	250	0	0	250	0	0	250	250
UTF EPR	0	0	0	0	0	0	0	1,600	1,600	1,600	0	0	1,600	0	0	1,600	1,600
UTF Infrastructure	0	0	0	0	0	0	0	450	450	450	0	0	450	0	0	450	450
UTF Diagnostics	0	0	0	0	0	0	0	26	26	26	0	0	26	0	0	26	26
ICS Dolphin Ward	0	0	0	0	261	261	0	508	447	447	(61)	508	0	0	508	0	508
ICS TMT to TVT	0	0	0	0	113	113	0	300	300	300	0	300	0	0	300	0	300
ICS Site Generators	0	0	0	0	0	0	0	500	500	500	0	500	0	0	500	0	500
Recovery Extension**	0	0	0	0	0	0	0	900	900	900	0	0	900	0	0	900	900
SDEC - additional non-elective bed capacity**	0	0	0	0	0	0	0	541	541	541	0	0	541	0	0	541	541
virtual hub	0	0	0	0	0	0	0	100	100	100	0	0	100	0	0	100	100
day case trauma (2 rooms Phoenix)	0	0	0	0	0	0	0	30	30	30	0	0	30	0	0	30	30
Sunderland day case capacity**	0	0	0	0	0	0	0	20	20	20	0	0	20	0	0	20	20
MRI upgrade	0	0	0	0	0	0	0	165	165	165	0	0	165	0	0	165	165
Pre and intra operative digital solution/Safersleep	0	0	0	0	0	0	0	500	500	500	0	0	500	0	0	500	500
Video consultation platform	0	0	0	0	0	0	0	88	88	88	0	0	88	0	0	88	88
Digital Diagnostics irefer**	0	0	0	0	0	0	0	175	175	175	0	0	175	0	0	175	175
Digital Diagnostics home reporting	0	0	0	0	0	0	0	309	309	309	0	0	309	0	0	309	309
ICS Area 8 / Op conversion to ward**	0	0	0	0	0	0	0	1,200	1,200	1,200	0	1,200	0	0	1,200	0	1,200
Imaging and Endoscopy Academies	0	0	0	0	0	0	0	16	16	16	0	0	16	0	0	16	16
Total Additional Capex	**0**	**(16)**	**(16)**	**0**	**1,706**	**1,706**	**0**	**9,998**	**10,095**	**10,095**	**97**	**4,328**	**5,590**	**80**	**4,328**	**5,670**	**9,998**
Contingency								**0**	**1,175**	**1,175**	**1,175**						
Total Capex	**995**	**1,408**	**413**	**11,586**	**9,507**	**(2,079)**	**13,877**	**23,268**	**23,268**	**9,391**	**0**	**17,098**	**6,090**	**80**	**17,098**	**6,170**	**23,268**

** Late allocations which the Trust may not be able to accept due to not be able to meet the condition of having procured and completed the project by 31st March 2022. Teams are working to establish how much work could be completed within the required timescale and whether additional funding could be made available to the Trust to complete in 2022/23

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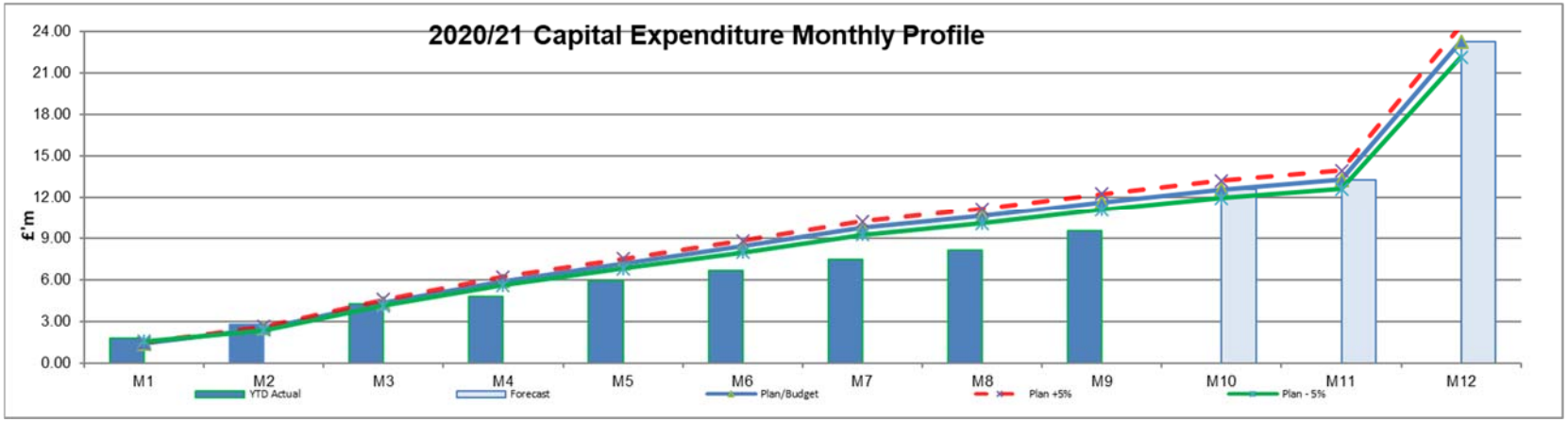

The planned capital programme is currently 69% complete £2,079k behind projected expenditure plan

Backlog Maintenance is currently on plan overall although there are schemes within the programme ahead and behind.

- **Fire Urgency Works £1,049k behind plan, forecast for year is 80k overspent.**
  Main schemes generating this slippage are;
  - Compartmentation, £210k slippage, behind due to scoping delays earlier in the year, expected to complete by YE on plan.
  - Fire Alarm, £83k slippage, access to certain areas within the Trust have resulted in works delays across both of these projects, as areas are now available work is back underway and still on course to complete this financial year on plan.
  - X Ray doors, £141k slippage. This project is now complete and awaiting QS approval to complete the payments. Once complete the project will be £60k underspent.
  - CSSD, £710k slippage, asbestos issues have caused a delay in scoping, these are now resolved and the work is to start imminently the project will catch up and complete in 2021/22 on plan.

- **Emergency Department, £1,211 underspent**
  Please see ICS Emergency department line, expenditure on the internally funded project approved in the original plan has been rebadged against additional funding issued by the ICS. This releases the additional funding back into the Trust as slippage.

- **IT schemes £93k behind plan forecast for year is £1,593k underspent due to additional funding and various schemes within the additional CAPEX section.**
  The additional funding therefore releases this underspend into the contingency fund.

- **Service Developments, £191k behind plan, although forecast is £1,151k overspent.**

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Ward refurbishments in the original plan have been deferred to 2021/22 and replaced by other projects to be completed over a different timescale. Additional emergency projects such as bathroom refurbishments (£70k), quick win beds (£571k), Blue zone refurbishments (£115k) have also been approved causing the forecast overspend, this overspend will be now be funded from other programme slippage as a result of the additional monies secured.

- **Routine Maintenance £40k behind plan, forecast for year is on plan.**

- **Unfunded, £126k credit, forecast £126k credit.**
  The balance has been confirmed as VAT credits relating to PY projects, a genuine benefit to the current year position.

- **Additional Funding**
  Currently the Trust has agreed additional funding of £9.9m as detailed in the capital table on the previous page. The UTC PDC funded scheme partially deferred to 21/22 reduces funding by £0.6m, net additional funding is therefore £9.4m.
  As highlighted there is £2,836k of additional funding agreed for the Trust, mainly Area 8 and the recovery extension where there now delivery concerns due to tendering and availability of contractors to complete the works by 31st March 2022. The conditions of the funding is that it must be spent by 31st March and on the specific projects highlighted.
  It may be possible to agree a transfer of the funding to another project that delivers a similar outcome but this would need to be approved by NHSI/E/DoH.
  If the funding cannot be transferred it may be possible to accept what we can spend by 31st March but this would cause a pressure on the capital programme in 2022/23 as we would need to ring fence monies to complete, this is in discussion internally and with the ICS, if no resolution is found the funding will need to be rejected.

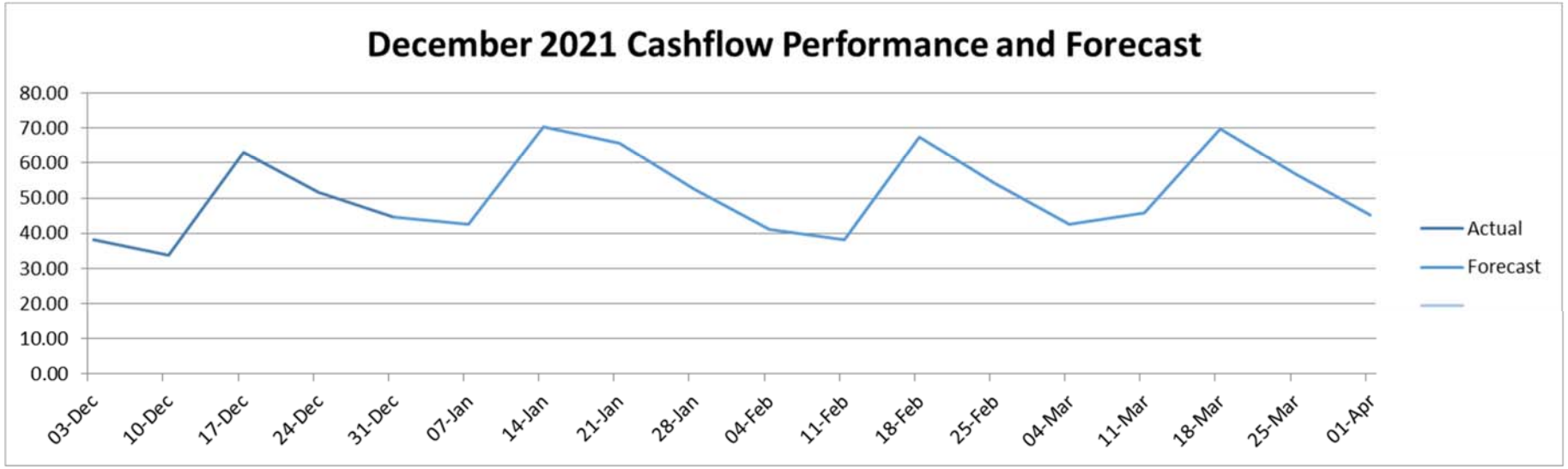
- **Overall capital forecast is on plan**
  In month 9 slippage of £1,932k was identified, contingency schemes of £1,162k have been approved to utilise this slippage.
  There is £2,089k of EPR project expenditure in next year's capital programme which could be brought forward in March to utilise any remaining slippage as well a further £793k of other quick action projects on standby for February.

  The 2022/23 Capital Programme is currently £30m short of funding for identified schemes so any slippage that can be utilised to reduce that pressure will be prioritised after safety needs.

6. Cash

13 Week Forecast w/e

£m	Actual					Forecast												
	03/12/21	10/12/21	17/12/21	24/12/21	31/12/21	07/01/22	14/01/22	21/01/22	28/01/22	04/02/22	11/02/22	18/02/22	25/02/22	04/03/22	11/03/22	18/03/22	25/03/22	01/04/22
BANK BALANCE B/FWD	**49.08**	**38.18**	**33.65**	**63.09**	**51.71**	**44.72**	**42.65**	**70.39**	**65.57**	**52.54**	**41.01**	**38.22**	**67.32**	**54.21**	**42.68**	**45.79**	**69.87**	**56.76**
Receipts																		
NHS Contract Income	0.10	0.00	29.57	4.65	0.00	0.00	30.39	0.00	0.00	0.00	0.00	29.80	0.00	0.00	0.00	30.10	0.00	0.00
Other	0.32	0.31	4.07	0.19	0.08	0.09	0.84	0.25	0.25	0.25	0.58	2.65	0.25	0.25	0.58	0.60	0.25	0.25
Total receipts	**0.42**	**0.31**	**33.64**	**4.84**	**0.08**	**0.09**	**31.23**	**0.25**	**0.25**	**0.25**	**0.58**	**32.45**	**0.25**	**0.25**	**0.58**	**30.70**	**0.25**	**0.25**
Payments																		
Pay Expenditure (excl. Agency)	(8.81)	(0.43)	(0.40)	(13.27)	(5.48)	(0.69)	(0.36)	(0.44)	(10.28)	(8.79)	(0.36)	(0.36)	(10.36)	(8.79)	(0.36)	(0.36)	(10.36)	(8.79)
Non Pay Expenditure	(2.47)	(3.98)	(3.53)	(2.55)	(1.51)	(1.40)	(2.35)	(4.13)	(2.50)	(2.50)	(2.50)	(2.50)	(2.50)	(2.50)	(2.50)	(2.50)	(2.50)	(2.50)
Capital Expenditure	(0.05)	(0.43)	(0.27)	(0.39)	(0.08)	(0.07)	(0.78)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)	(0.50)
Total payments	**(11.32)**	**(4.84)**	**(4.20)**	**(16.21)**	**(7.07)**	**(2.16)**	**(3.48)**	**(5.07)**	**(13.28)**	**(11.79)**	**(3.36)**	**(3.36)**	**(13.36)**	**(11.79)**	**(3.36)**	**(3.36)**	**(13.36)**	**(11.79)**
Net Receipts/ (Payments)	**(10.90)**	**(4.53)**	**29.44**	**(11.38)**	**(6.99)**	**(2.07)**	**27.74**	**(4.82)**	**(13.03)**	**(11.54)**	**(2.79)**	**29.09**	**(13.11)**	**(11.54)**	**(2.79)**	**27.34**	**(13.11)**	**(11.54)**
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	5.90	0.00	0.00	0.00
Loan Repayment/Interest payable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00	0.00	0.00	(3.26)	0.00	0.00
Total Funding	**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**	**5.90**	**(3.26)**	**0.00**	**0.00**
BANK BALANCE C/FWD	**38.18**	**33.65**	**63.09**	**51.71**	**44.72**	**42.65**	**70.39**	**65.57**	**52.54**	**41.01**	**38.22**	**67.32**	**54.21**	**42.68**	**45.79**	**69.87**	**56.76**	**45.23**



Prior year end	£'000	Month end actual	Var.
49,184	Cash	44,707	(4,477)

Cash balances have moved from the prior year due to
- £4.0m additional cash payments made in advance of contracts
- £8.3m reduction in trade payables, most of which will have been paid out in cash.

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7. Risks and opportunities

Title	Risk description	RAG	£'000	Mitigation(s)	Lead(s)
Efficiencies	The Trust has not yet identified its target of 3% efficiencies (as communicated at the beginning of the year) for H2. The quantified gap is as shown, however a further £366k is currently red rated and amber rated has increased from £77k to £394k.		1,000+	Oversight from Efficiency Delivery Group to develop current schemes and identify more schemes. Red rated schemes with no value currently quantified.	Alan Davies
Winter	The Trust has compiled a winter plan with a number of interventions. The amount of funding agreed is currently £0.9m. Schemes are currently moving through PID / business case governance processes before being agreed.		5,679	Executive discretion over which schemes to implement. Potential external funding following bid to/via the system.	Trust Executive
PAHU	Increased capacity on PAHU remains unfunded.		1,470	Manage from within current Targeted Investment Funding agreed.	Trust Executive
H1 Overspends	The Trust overspent against a number of budget lines (not already captured in the draft baseline) and these may continue in the run-rate.		TBC	Further analysis of the current run-rate and forecast outturn. Divisions to respond with recovery plans where adverse financial performance is identified.	Alan Davies
Covid	Covid activity has increased impacting on services as well as higher staff sickness levels requiring temporary staff cover.		Unknown	Identifying the incremental cost of Covid and managing within the allocated budget.	Alan Davies

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8. Conclusions

The Finance Committee is asked to note the report and financial performance which is £8k deficit in-month reducing to breakeven year to date after removing the adjustment for donated asset depreciation and income. This financial performance is as per the plan submitted to the Kent & Medway STP and forecast to breakeven for the second half of the year in line with the control total. The year to date efficiency programme is £0.1m adverse to plan at £3.1m, the majority of delivery is from pharmacy procurement, closure of theatre 5 and the full year effect of schemes that started in the previous financial year. ERF income of £6.8m has been included; £4.6m of this has been paid by the CCG relating to H1, the remaining £2.2m is an agreed amount to cover the incremental cost of delivering ERF activity. The wellbeing day accrual is being released into the position evenly over the period at approximately £60k per month, the annual leave accrual of £2.9m remains unchanged this financial year.

The risks identified with the financial position for the 2nd half of the financial year ahead include:

- Managing cost pressures, service developments and service charges within the financial envelope for H2.
- Delivery of efficiencies targets and reducing the £1m gap in the programme.
- Managing the incremental cost of elective recovery and covid costs within the financial envelope for H2.
- Escalation capacity and PAHU.
- Increased Covid related staff sickness and cover for unfilled shifts with temporary staff.

Mitigations to reduce the risk:

- Continued development and implementation of the 9 crosscutting efficiency schemes.
- Use of benchmarking data including the Model Hospital to drive efficiencies.
- National funding for (some) winter schemes.
- A full re-forecast based on the month 9 position is being undertaken; this will be reported verbally to the Finance Committee
- Negotiations with the ICS with a view to securing additional funding to cover operational pressures and capacity increases.

Alan Davies
Chief Financial Officer
January 2022

Meeting of the Board of Directors in Public

Wednesday, 09 February 2022

Assurance Report from Committees

Title of Committee:	**Finance Committee**	**Agenda Item**	4.2
Committee Chair:	Annyes Laheurte		
Date of Meeting:	Thursday 20 January 2022		
Lead Director:	Alan Davies, Chief Financial Officer		
Report Author:	Matthew Chapman, Head of Financial Management		

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. BAF strategic risks BAF risk 3a "Delivery of Financial Control Total" score remains unchanged and the position continues to be monitored closely. It was noted the BAF risk 3c "Failure to develop, approve and deliver against a financial recovery plan" had been increased to 4 x 4 (=16) and RAG rating amended to red.	**Red**
2. Corporate risk register It was noted the risk for the delivery of the efficiency programme target remains unchanged at 4 x 4 = 16 and RAG rated as red.	**Red**

Key headlines and assurance level	
Key headline	**Assurance Level** **(use appropriate colour code as above)**
3. Finance report – month 9 The Chief Financial Officer took the Committee through the report, with the key highlights being: • The Trust has met its control total of breakeven in month 9 and for the year to date. • ERF+ Income of £2.2m had been accrued into the position, this being 3 months of the agreed £4.4m for H2. • The in-month position includes non-recurrent release of provisions total £0.8m. There is no contingency carried forward to future months. • The efficiencies delivered are £113k lower than budgeted for December and £85k year to date. • It was noted there continues to be some capital slippage in the year to date position that is primarily due to phasing of schemes being delivered. The revised capital programme is now £23.3m and the forecast is to achieve plan. • Cash sums remain in a strong position. • The Chief Financial Officer presented the forecast outturn position 2021/22 of £3.3m deficit, the main drivers being increased escalation bed capacity from winter plans £2.3m and a further £1.0m for more beds opening following the implementation of the business continuity response. • Mitigations have been factored into the position from the Covid underspend, reserves, TIF, and Covid out of envelope income. • Early indications from the CCG are that further funding across the system is available to cover the financial risk; the Chief Financial Officer is in discussion regarding securing this. • Other possible mitigations include delays to minor works £0.6m, close additional winter beds £0.8m, close efficiencies gap £1.0m. These are being worked through. It was **AGREED** to provide more narrative to describe the Nursing staff variance and in-month position for risks and opportunities in the month 10 Finance report.	**Amber/Green**
4. Efficiency programme update The Chief Financial Officer updated the committee on the latest position with the efficiency programme. It was noted the gap in the £5.1m programme continues, and current forecast is £4.2m to be delivered. There was a discussion regarding the likely level of efficiencies for 22/23, this being 3%-4% with a likely minimum of 3%. There was a further discussion of the urgency to finalise a robust plan to start delivering from April and not towards the 2nd half of the financial year.	**Red**

Key headlines and assurance level	
Key headline	**Assurance Level** **(use appropriate colour code as above)**
It was **AGREED** a paper would be provided to give the committee reassurance and more detail of the efficiency programme for 2022/23 and where they will be delivered from.	
5. Approach to Business Planning 2022/23 The draft guidance for business planning 2022/23 was discussed. Included in the document are some of the key national priorities including investing in workforce, delivery of the vaccination programme, and reduction of the elective activity backlog. The guidance also sets out the Trust's approach to budget setting, capital planning, demand and capacity, activity planning, along with the efficiency programme. It was noted the guidance is not yet final and following the efficiency programme discussion a further update would be added to reflect this.	**Amber/Green**
6. Financial Recovery Plan ("FRP") The FRP Director updated the Committee on the latest FRP developments and a more detailed review of the Drivers of Deficit analysis. This main points included: • Updating of dates in the FRP plan, the draft will be available by late February and final by mid/late March 2022. • Grip & control actions are being implemented, in particular the escalation process and financial recovery plans from care groups from month 9. • Analysis of system productivity following reports from NHSE/I comparing activity over the first 6 months of 21/22 and compared to the same period in 19/20 pre-pandemic. • Drivers of deficit analysis presentation and extensive discussion of the key areas including growth, income, cost increases, service changes, CNST premium, efficiency opportunities and the use of further KPI metrics to analyse staffing ratios to support the efficiency improvements across the divisions.	**Amber/Green**
7. GIRFT Presentation It was **AGREED** The Medical Director would review the GIRFT report and make a decision as to which forum this will be shared in the future.	**Green**
Decisions made It was **AGREED** to provide more narrative to describe the Nursing staff variance and in-month position for risks and opportunities in the month 10 Finance report. It was **AGREED** a paper would be provided to give the committee reassurance and more detail of the efficiency programme for 2022/23 and where they will be delivered from.	

Key headlines and assurance level	
Key headline	**Assurance Level** **(use appropriate colour code as above)**
Further Risks Identified No further risks were identified.	
Escalations to the Board or other Committee The £1m gap in the efficiency programme, increasing the risk of not achieving the breakeven control total.	

Meeting of the Board of Directors in Public

Wednesday, 09 February 2022

Assurance Report from Committees

Title of Committee:	**People Committee**	**Agenda Item**	5.1
Committee Chair:	Sue Mackenzie, Chair of Committee/NED		
Date of Meeting:	Thursday, 20 January 2022		
Lead Director:	Leon Hinton, Chief People Officer		
Report Author:	Leon Hinton, Chief People Officer		

Key headlines and assurance level	
Key headline	**Assurance Level**
1. Board Assurance Framework The Committee APPROVED the recommendation to increase the BAF risk 4a, sufficient availability of staff to deliver services, to a high risk (16, 4x4) based on the current number of in-scope staff deemed under the vaccination as a condition of deployment from 01 April 2022. A series of mitigating actions were highlighted including further communications regarding vaccination, one-to-ones with managers in line with national guidance.	**Amber/Red**
2. IQPR – People KPIs Key highlights were noted as follows: 1) Total Sickness (monthly) for December had worsened, up to 5.98%, but is a 1.9% improvement on the previous December (2020) at 7.82%. Usage of occupational health services remains high for anxiety and stress with additional service capacity added being scoped. Underlying sickness in December: 1.60% due to covid 0.80% due to stress/anxiety (down from 0.9%) 0.60% due to cold/flu 2) Turnover (12-month rolling) continued to increase and was expected to continue to rise through to April 22 due to elevated monthly turnover in quarter 1 2020/21. 3) Appraisal rates continued to remain below target (at 84.3%) below the target of 85%, but with a good improvement by 2%, with a requirement for the organisation to prioritise appraisals to ensure health and wellbeing conversations are occurring, in addition to pay progression requirements. 4) A plan to recover the resus statman training compliance had been developed by the division and is being implemented.	**Amber/Green**
3. HR Resourcing Dashboard	**Amber/Green**

Key highlights were noted as follows: 1) International recruitment for nursing is on trajectory (exactly on plan) along with clinical support worker recruitment (above plan). 2) There are nine consultants in offer stage across elderly care, gastroenterology and microbiology.	
4. Corporate Policy: Human Resources and Organisational Development The committee APPROVED the updated HR policy. The Corporate Policy is intended to be a high-level overview of the organisation's policy in the relevant area, with the detailed instructions/guidance being laid out in supporting documentation which is reference in the Corporate Policy and therefore linked to the overarching document.	**Green**
5. Wellbeing Guardian Assurance Report Q3 2021/22 The Committee noted the updated diagnostic tool and compliance with the new national framework which launched on 12 January 2022. The dashboard overall score at quarter 3 2020/21 was 54%, at quarter 4 2020/21 was 57%, at quarter 1 2021/22 was 60%, at quarter 2 2021/22 was 63%. This represents a 9% increase over the 12 month period to September 2021.	**Amber/Green**
6. Vaccination as a condition of deployment The Committee were informed of the current status in relation to compliance with the legislative changes in preparation for 1 April 2022. The scoping based on the definition had been completed along with communications to staff, regular sessions for staff to ask questions and manager sessions. A number of areas were highlighted as outliers for risk planning and connected with the BAF score change recommendation.	**Amber/Red**
Decisions made: None to report	
Further Risks Identified: None to report	
Escalations to the Board or other Committee: 1) Continued focus on appraisals to reach target, particularly across corporate areas with a challenge to improve corporates rates to over 90%. 2) Update required for vaccination as a condition of deployment to Board.	