MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY 28TH NOVEMBER 2024, 09.45AM, LARGE MEETING ROOM, UNIT D (THE OAST), HERMITAGE COURT

NHS Maidstone and Tunbridge Wells NHS Trust

Present:	Annette Doherty	Chair of the Trust Board (Chair)	(AD)
	Maureen Choong	Non-Executive Director	(MC)
	Sarah Davis	Chief Operating Officer	(SD)
	Neil Griffiths	Non-Executive Director	(NG)
	Jo Haworth	Chief Nurse	(JH)
	Sara Mumford	Chief Medical Officer / Director of Infection Prevention and Control	(SM)
	Steve Orpin	Deputy Chief Executive / Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	David Morgan	Non-Executive Director	(DM)
	Wayne Wright	Non-Executive Director	(WW)
In attendance:	Richard Finn	Associate Non-Executive Director	(RF)
	Rachel Jones	Director of Strategy, Planning and Partnerships	(RJ)
	Helen Palmer	Chief People Officer	(HP)
	Jo Webber	Associate Non-Executive Director	(JW)
	Alex Yew	Associate Non-Executive Director	(AY)
	Becky Clewlow	Administration Assistant, Trust Secretary's Office	(BC)
	Tasha Gardner	Director of Communications and Corporate Affairs	(TG)
	Caroline Gibson	Head of Health and Safety (for item 11-18)	(CG)
	Tracey Spencer-Brown	Acute Oncology Nurse Consultant (for item 11-185)	(TSB)
	Louise Thatcher	Trust Secretary	(LT)
Observing	Bob Cook	Deputy Director of Strategy	(BC)

11-1 To receive apologies for absence

Apologies for absence were received from Miles Scott (MS), Chief Executive.

11-2 To declare interests relevant to agenda items

DM informed the Board, his son works for Grant Thornton, but not in the public sector (relevant to item 11-12)

11-3 To approve the minutes of the 'Part 1' Trust Board meeting of 31st October 2024

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

11-4 To note progress with previous actions

There were no open actions.

Patient experience

11-5 Patient experience story

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

- The patient experience story presented was in the patient's own words, about their care received in oncology (cancer) services. They had also shared their experience at the nursing and midwifery forum. The story reflected the patient's experience of care at a number of clinical areas in the Trust and highlighted the significant physical and psychological impact on them of their cancer diagnosis.
- The Board heard that information was given to the patient at key points of the pathway, but that the level of information given had left them feeling overwhelmed. The patient also commented on

their experience being negatively affected, by some staff on wards lacking experience in treating patients with a cancer diagnosis, which meant they had to wait for a specialist nurse.

- Positives aspects of their care were notably; the partnerships of care with the oncology team, and that the patient felt part of the team, experiences in the Same Day Emergency Care Centre (SDEC) and an effective “breaking bad news” consultation.
- Areas of improvement were identified as; training and education for ward staff experience of care on the holistic management of cancer patients, overwhelming amount of information at the point of diagnosis and the lack of oncology beds across the Kent and Medway system.
- Actions underway to address the areas for improvement include: the recruitment of a Practice Development Nurse (PDN) for cancer, to support upskilling staff; a business case to be submitted for a 5-days-a-week SDEC and support was requested from the Board for a wider discussion, at system level to determine the need for beds for cancer patients.
- The board reflected on the story and commended the patient for taking the time to share their story with the organisation. They felt it would be important to meet the patient in the future to ensure and see if improvements had been made which met the issues they raised. The work of the SDEC service was commended and the psychological impact of receiving a diagnosis within that setting was noted. The Board were informed that the PDN would continue to work with other PDNs support staff within SDEC, in outpatients and on the wards to deliver the care our patients would expect to receive.
- With regard to selecting patient stories to share, the Board heard that this is decided by the division and may also be identified at patient safety panels and through complaints, to ensure there is a balance between hearing both positive and less positive patient experiences.

Reports from the Chair of the Trust Board and Chief Executive

11-6 Report from the Chair of Trust Board

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

- There have been eight Consultant appointments this month and all but one, were replacement posts. It was noted that a number of those appointments were in the Anaesthetic speciality, which was reflective of the breadth of work the anaesthetic department undertakes.
- Links with Canterbury Christchurch University continue to be built, enabled by a visit by the Chair and Chief Executive of the Trust Board and MTW providing clinical placements for third year medical students.
- There was a reflection of recent training on Safety investigation for strategic decision makers and senior leaders in healthcare, undertaken by the board, delivered by HSSIB and areas of learning were identified for future development opportunities.

11-7 Report from the Chief Executive

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

- A feature in a recent Health Service Journal story, referred to an issue with screening diabetic patients, which was not an accurate review of the issue. The Trust identified an error with a blood glucose testing machine, which is an issue nationally and took corrective action to identify patients who may have been affected. The patients’ GPs were contacted, informed of the issue and that they may require a repeat test. To date a number of those patients affected have received their repeat test and the Trust is working closely with the Local Medical Committee to ensure this issue is resolved. In addition, a number of other quality control mechanisms have been put in place as part of the testing process.
- A letter has been received by the Trust from NHSE in regard to changes in capital forecasting and will require a submission from the Trust to be made to NHSE before the next Trust Board meeting. The submission will be circulated to Board members ahead of the deadline.
- The Board heard that the NHSE response to Lord Darzi’s recent will outline their plan and that they will enable leaders to manage issues at a local level. The Trust will be required to make a submission by the 2nd of December in the first instance, then a more detailed submission at a later date. The Board discussed that Lord Darzi’s report referred to hospital at home and digital systems to support, which the Trust has already commenced work on and reflected that there is an opportunity to have a greater influence on treatment to prevention.

- Congratulations were offered to the Intensive Care Unit (ITU) at Tunbridge Wells Hospital, for being the first unit in the UK to receive the HU-CI and AENOR Certification of Good Practices in Humanisation, for which, they received an "excellent" rating.

Action: RJ to share submissions on Lord Darzi report to board

Reports from Trust Board sub-committees

11-8 Quality Committee, 13/11/24 (incl. approval of revised Terms of Reference)

MC referred to the submitted report and highlighted the following points:
- The progress on the implementation of the Quality Accounts is continuing and a robust process of monitoring ad assurance is in place.
- Triangulation of information is enabled with papers from the Patient Safety Oversight Group, the Experience of Care Group and Maternity and Neonatal Care Oversight Group (MNCOG).
- Additional assurances and oversight of the quality of Maternity services is undertaken by the Board maternity safety champions meeting every month with the Perinatal Leadership Team at MNCOG, as well as undertaking Patient Safety Walkabouts in the maternity and neonatal services.
- The Board approved the revised Terms of Reference.

11-9 Finance and Performance Committee, 26/11/24 (incl. approval of revised Terms of Reference)

NG referred to the submitted report and highlighted the following points:
- No business cases were brought to the Committee for approval this month, but updates on the Kent Oncology business case and Maternity Services business cases were presented.
- The Trust has delivered financially in terms of performance in month seven, however there remains a gap to year end forecast and work is in train to address this.
- A more considered financial forecast for Fordcombe was requested, as at this month the financial position was not as expected. Further support is being given to the team at Fordcombe, as it moves through the next phase of implementation.
- Good progress is being made on the construction to completion at the Kent and Medway Medical School accommodation.
- The Board discussed Cost Improvement Programmes (CIPs) and agree, there is more confidence that the risks to the forecast position are reducing. Work will continue to review CIPs and identify those which could be recurrent. The factors affecting the financial forecast were discussed and risks have been reviewed and mitigations adjusted accordingly. The increase in substantive staff was noted and the impact of reduced funding from the cancer alliance was considered.
- The Board approved the revised Terms of Reference.

11-10 People and Organisational Development Committee, 22/11/24

EPM referred to the submitted report and highlighted the following points:
- Temporary staffing was discussed and the committee were assured that this has not had a negative effect on operational staff. There is a potential risk that medical staffing will be affected in January as changes to pay are being consulted on at the moment, but it is unclear what that impact will be at present.
- An update on the workforce plan and Learning and Development strategy, which staff will be engaged with more broadly going forward.
- The Committee received a report on Violence and Aggression in the organisation and requested more detail on the diversity of those affected by violence and aggression, which will enable the organisation to be more focussed in its response to this issue.

11-11 Audit and Governance Committee, 07/11/24 (incl. approval of revised Terms of Reference)

MC referred to the submitted report and highlighted the following points:
- The Committee noted the improved awareness of risk reporting and management, but noted that further training is required, which is being supported by the risk management team.

- The Board approved the Standing Orders, Standing Financial Instructions & Reservation of Powers and Schemes of Delegation.

11-12 <u>Charitable Funds Committee, 20/11/24 (incl. approval of the revised Terms of Reference and approval of Annual Report and Accounts of the Trust's Charitable Fund, 2023/24)</u>

DM referred to the submitted report and highlighted the following points:
- Fundraising efforts are progressing well and a number of donations were noted, including a donation to fund the replacement of the helipad.
- Charitable funds staff are embedded within the organisation and the first mass participation event, which took place at Tunbridge Wells Hospital in October was commended.
- The Board approved the revised Terms of Reference and the Annual Report and Accounts, which included the Letter of Representation.

Integrated Performance Report (IPR)

11-13 <u>Integrated Performance Report (IPR) for October 2024</u>

HP referred to the "People" Strategic Theme and highlighted the following points:
- The Trust continues to focus on the reduction of total pay spend and performance in the reduction of temporary staff use, has improved this month, supported by divisional and directorate rostering and forecasting meetings.
- Performance for the percentage of staff AfC 8c or above that are from the global majority improved in October and the Trust continues to implement a number of actions to improve performance further, focusing on recruitment and talent management.
- The target for numbers of staff leaving within 12 or 24 months has not been met for six months and a review of data has enabled the identification of areas of concern and reasons for leaving are being reviewed through exit interview data. The team are working with staff networks and providing support to staff to identify career opportunities at the start of a staff member's employment, as part of the work to improve this metric.
- The increase in substantive staff numbers was noted and the Board heard there is more work to be done to interrogate the data. They heard that recruitment dashboards are being reviewed monthly and work is underway to forecast the numbers of whole-time equivalent staff which will be presented to the Finance and Performance Committee.

SM then referred to the "Patient Safety & Clinical Effectiveness" Strategic Theme and reported the following points:
- A never event was reported last month, where a right-side metal implant was in put into a patient's left leg. A never event is a serious incident that is entirely preventable because guidance or safety recommendations providing strong protective barriers are available, and should have been implemented by all healthcare provider. The patient came to no harm and did not need any further surgery. A Patient Safety Incident Investigation is ongoing, to identify learning opportunities.
- The rate of incidents causing patients moderate or higher harm has failed to meet the target for six months. Reasons for this were considered as; the changes in reporting, with the implementation of the Patient Safety Incident Response Framework and changes to the way pressure ulcers are graded. The metric will be reviewed to ensure the number of incidents causing moderate harm or above is being clearly represented.
- Work is being done to ensure the efficient use of surgical theatres (theatre utilisation) as the target is not being met. This includes a review of theatre templates as early starts and late finishes is being considered as a factor which needs to be further investigated.
- There was query about the uptake of winter vaccinations (Covid and Flu) for staff and it was noted over a third of all Trust staff had received vaccinations the month after they had become available. Covid vaccinations for staff are available until 20 December and Flu vaccinations will be available until March 2025.

SD then referred to the "Patient Access" Strategic Theme and highlighted the following points:
- The vision is to reduce non-elective length of stay for patients and there are a number of projects underway to support achievement of this.

- The number of patients waiting more than 40 weeks has increased in the organisation, but has decreased across the system and the number of patients waiting more than 52 weeks has decreased. It was noted that the length of time women are waiting for treatment for endometriosis is reflective of the national picture, but the length of waiting time remains unacceptable.
- A slight decrease in performance was reported, for diagnostic waiting times, as the indicator was changed nationally to include endoscopy, but that a recovery plan in endoscopy was realising improvements in the standard. All cancer standards have been met and the backlog of waiting patients has reduced from 150 to 104.
- The Board heard that supporting the system includes the treatment of 1759 patients transferred for treatment and a further 1344 patients, on validation of data, were transferred for other treatment. Administrative support has provided system support in typing 2683 letters and booking 2876 patients. Further work is being done to ensure support is provided to all system partners.

JH then referred to the “Patient Experience” Strategic Theme and “Maternity Metrics” and highlighted the following points:
- The complaints target has been achieved with additional support and a change in process, and thanks were offered to the complaints and divisional teams for all their work in improving response times to complaints. The work done had realised a significant reduction in the backlog of complaints.
- Work to develop the enhanced care policy and support Health Care Support Workers (HCSWs) to undertake bank shifts, is being undertaken to reduce the spend on agency staff.
- There have been improvements in friends and family survey response rates in the Emergency and Outpatient departments, however a challenge remains in improving response rates in Maternity and Inpatient areas. It was noted that feedback in regard to staff communication was largely positive.
- The indicators for birthing persons waiting for the induction of labour (in less than 2 or 4 Hours) are failing to meet the target. A review of demand and identification of opportunities to improve flow throughout the department is being conducted. The indicators for the time from decision to delivery for caesarean sections are improving, but still not at the required target and the team are reviewing the care all of these patients to identify opportunities for further improvement.
- A discussion was held about the use of qualitative data in the Integrated Performance Review (IPR) to ensure all types of monitoring data is captured. It was agreed that this information is strategically important, but this type of information is difficult to integrate in a monthly report.

RJ then referred to the “Systems” Strategic Theme and highlighted the following points:
- Work to ensure the coding and costing of all patient treatments is recorded accurately continues, being supported with digital systems, which prompt staff to check coding is correct. Particular focus is on coding treatment and procedures undertaken in outpatients and coding the treatment of inpatients with a number of underlying health issues.
- The Board heard the team are making good and steady progress, which is being incorporated into business as usual practices.

SO then referred to the “Sustainability” Strategic Theme and highlighted the following points:
- The Trust is forecasting to deliver the planned breakeven position; however, recovery actions are still required for the plan to be delivered. There is a continued focus on non-pay spend, which includes a number of elements which require different approaches to manage effectively. There is a clear picture of what is occurring and what can be done to reduce spend.
- Challenges remain with the financial situation, which are being addressed through a number of workstreams. Capital expenditure was noted in regard to the Kent and Medway Orthopaedic Centre, which is operational, the Community Diagnostic Centre and the Kent and Medway Medical School accommodation.
- There was a discussion in regard to the presentation of data and it was considered that it was not clear to identify the areas of concern or improvement for those who are not able to attend the Finance and Performance Committee. It was considered that presenting delivery of the plan as percentages may provide more clarity. Thought was taken to presenting actions of Cost Improvement Plans (CIPs) and their impact, which would enable the identification of recurrent and non-recurrent CIPs.

- It was also discussed that financial improvement work should be presented and the impact of that work identified. It was agreed that this will be incorporated into the year end work, to understand where improvements have been made and what can be carried through to the next year.

Quality Items

11-14 Annual Report from the Director of Infection Prevention and Control

SM referred to the submitted report and highlighted the following points:
- The report was presented as compliant with the Health and Social Care Act, 2008 and the Code of Practice in the Prevention and Control of Infections and the Board heard that the Infection Prevention and Control team is fully resourced and established.
- The statutory requirements include reporting on Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia infections, which reduced by 80% on the recruitment of a project nurse and the implementation of a quality improvement project, to improve the management and care of cannulas (tubes inserted in a vein to administer medication). This team received an award for this work.
- The was an increase in the numbers of patients with *Clostridioides difficile* infections (CDI) which reflects the increase in cases nationally and in Kent and Medway in particular. The team is taking opportunities to learn from wider collaborative work across the system to reduce the number of infections.
- It was noted that the number of *Escherichia coli* (E.coli) blood stream infections had reduced to half of the national rate and that *Klebsiella* and *Pseudomonas aeruginosa* infections had also reduced.

11-15 Maternity workforce establishment review

JH referred to the submitted report and highlighted the following points:
- The review of the report by the Board biannually, is a CNST requirement. It was noted that good progress has been made with Ockenden actions; 20 out of 24 having been completed and the remaining four were in progress.
- The compliance with Birth Rate Plus was discussed (Birth Rate Plus is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988). The service undertook a review of the number of staff required to be meet the Birth Rate plus standards and a business case has been developed to address and meet the number of staff required.
- A number of mitigations are in place, when staffing numbers are not as planned: which include the use of a 'live' acuity tool (a tool for midwives to assess their 'real time' workload arising from the number of women needing care), managers at Band 7 and above work clinically, on call staff are called in and workforce across the Trust's three sites is reviewed to support areas of higher demand.
- It is considered best practice to have a member of staff available to lead on only coordinating the work of the labour ward and this has been achieved consistently over the last seven months. Also, that 100% of birthing persons have received 1:1 midwife care in labour for the last seven months.
- To meet safety action 4 of the maternity incentive scheme the neonatal unit needs to demonstrate that it meets the British Association of Perinatal Medicine (BAPM) national standards and that it is compliant with the junior medical staffing standard. A business case is under development to increase the number of Neonatal Consultants to seven in order to match the BAPM standard. A national shortage of Qualified in Specialty Nurses has affected the service's ability to meet the BAPM standard for nurse staffing on the Neonatal unit and an action plan is in place to support staffing the gap.
- A discussion was held in regard to the requirement for staff to attend Mandatory Training (PROMPT, NLS and Fetal Monitoring). Compliance levels are consistently above 90%, however medical rotational staff new to the Trust can adversely affect these figures. As such the Board approved a commitment to recover training compliance to at least 90% within 6 months of a new starter joining the Trust. It was noted that most of these new starters will have already completed equivalent training with another Trust, and that all new starters will be booked onto the next available training dates.

Systems and Place

11-16 Update on the West Kent Health and Care Partnership (HCP) and NHS Kent and Medway Integrated Care Board (ICB)

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

- The Integrated Care Board are developing Sustainable Health Care Unit which will be repository of impact and financial information linked to reducing health inequalities.
- All providers and staff have been invited to contribute to the development of NHSE's 10-year plan, through a number of avenues.
- The Health Care Partnership meeting is attended by MTW and work is underway in the partnership to develop a GP out of hours model and issues following a change in provider for patients being discharged home with social care packages are being resolved.
- **Action**- RJ to provide an update on social prescribing.

Assurance and policy

11-17 Ratification of Standing Orders, Standing Financial Instructions & Reservation of Powers and Scheme of Delegation (annual review)

The Board approved the Standing Orders, Standing Financial Instructions & Reservation of Powers and Scheme of Delegation.

11-18 Health & Safety Annual Report, 2023/24 and agreement of the 2024/25 programme

CB referred to the submitted report and highlighted the following points:
- In December 2022 an issue was raised in regard to workplace exposure limits for nitrous oxide (Entonox) in Maternity. The Health and Safety team completed risk assessments and worked with the Estates team at Maidstone Hospital and Mitie Services at Tunbridge Wells Hospital to review the ventilation of relevant areas. Staff in maternity services have worn personal dosimeters (an instrument used record the level of nitrous oxide) to understand the level of Entonox exposure. Two areas were identified as above the workplace limit and were rooms used in an emergency situation due to capacity levels. Work is being undertaken by the Estates department to ensure that the ventilation system and appropriate number of air extract changes are compliant in relevant areas and is being monitored through the Trust's Ventilation Committee.
- The Board heard of an incident involving a patient at risk of suicidal ideation in the grounds of Tunbridge Wells hospital and that the area has been reviewed and work completed to improve falls protection in this area. Work has been done to review environmental ligature risks around the organisation and mitigations are in place to reduce the risk.
- A noted increase in violence and aggression in both Trust Emergency Departments resulted in additional security staff being placed within the area and has decreased the number of incidents occurring.
- Of the twelve objectives set for 2023/24, five were met and five were partially met and two had not been achieved. It was noted there had been capacity and resource issues within the team, which has recently been resolved. The Health and Safety team plan to be more visible across the organisation and will be delivering a variety of training. The executive leadership of the Health and Safety has changed recently and a review of the portfolio will be undertaken to consider if the current objectives are appropriate and achievable, and what the priority of actions should be. It was considered that a benchmarking exercise against other providers would be helpful.
- An enforcement notice had been issued by the Health and Safety Executive (HSE) in July 2024, which identified there was insufficient loading bay protection. This was rectified and the HSE closed the intervention in September
- The number of incidents reported in the period were reviewed and compared to the same time the previous year, which indicated a 7% reduction in reports. This was felt to be as a result of the implementation of a new incident reporting system. The team are working with incident reporting colleagues to ensure the forms required to be completed are accessible to all staff.
- The Trust has a responsibility to report certain workplace incidents, under Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations. Twenty-two RIDDOR incidents

were reported in the review period and learning opportunities were identified from a review of those incidents.
- There was a discussion about the level of engagement of staff with Health and Safety matters and that the Trust's Health and Safety culture focusses on patient safety, but that there is an opportunity for focussing on Heath and Safety for our staff. Suggestions to support this included discussing Health and Safety matters when conducting safety rounds, board level Health and Safety training and communications to reminding staff to consider their own Health and Safety. There a was a clear trend of increasing numbers of incidents involving staff, which the Board expressed concern about.
- The Board acknowledged the recent passing of Rob Parsons and noted his contribution to the Trust on Health and Safety, and Risk Management matters.

Corporate Governance

11-19 Annual review of the Trust Board's Terms of Reference

The Board approved the revised Trust Board Terms of Reference

Other matters

11-20 To consider any other business

There was no other business.

11-21 To respond to questions from members of the public

LT confirmed that no questions had been received ahead of the meeting.

11-22 To approve the motion (to enable the Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

Title of report	Patient Experience story					
Board / Committee	Trust Board Meeting					
Date of meeting	19th December 2024					
Agenda item no.	12-6					
Executive lead	Joanna Haworth, Chief Nurse					
Presenter	Mansiri Gurung, Head of Nursing for Medical Specialties					
Report Purpose (Please ☑ one)	*Action/Approval*	✓	*Discussion*	✓	*Information*	✓

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
✓	☐	☐	☐	☐	✓

Executive Summary		
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	Patient stories are unquestionably powerful in gaining an understanding of patients experience at Maidstone and Tunbridge Wells NHS Trust (MTW). This patient story will provide feedback on the experience of care from one patient at Maidstone hospital, delays experienced in the transfer to a local mental health facility for specialist care and the impact on her care to the patient and staff at MTW.	
Any items for formal escalation / decision	The Board is asked to consider and discuss the positive and areas to improve together with the ongoing actions related to the patient story as outlined in the appendix.	
Appendices attached	• Appendix A – Experience of care patient story.	
Report previously presented to:		
Committee / Group	Date	Outcome/Action
Nursing, Midwifery, Allied Health Professionals and Pharmacy Board	Planned for 18th Dec 2024	

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	N/A- The BAF is currently under development
Links to Trust Risk Register (TRR)	Nil Risks.
Compliance / Regulatory Implications	Nil

Title of report	Report from the Chair of the Trust Board					
Board / Committee	Trust Board Meeting					
Date of meeting	19th December 2024					
Agenda item no.	12-7					
Executive lead	Annette Doherty, Chair					
Presenter	Annette Doherty, Chair					
Report Purpose (Please ☑ one)	*Action/Approval*	☐	*Discussion*	☐	*Information*	✓

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
✓	✓	✓	✓	✓	✓

Executive Summary		
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	Chair's Report for the December Trust Board meeting.	
Any items for formal escalation / decision	N/A	
Appendices attached	There are no appendices to this report.	
Report previously presented to:		
Committee / Group	Date	Outcome/Action
N/A	N/A	N/A

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	Please list any BAF Principal Risks to which this report relates: • N/A
Links to Trust Risk Register (TRR)	Please list any risks on the Trust Risk Register to which this report relates • N/A
Compliance / Regulatory Implications	Please list any compliance or regulatory matters raised or addressed by this report • N/A

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

I joined MTW's Chief Executive, Miles Scott, at a meeting with Tunbridge Wells Borough Council Chief Executive, William Benson, at the end of November. We discussed the council's Local Plan and new housing targets, and looked at the devolution discussions between the local government sector and the new government, following the Government's 10-Year Health Plan. We were also joined at the meeting by the Council's Arts, Heritage and Engagement Director, who has been working with the Trust on some creative health work.

The NHS Kent and Medway Health System Chair's meeting was held on 6 December. Topics discussed included the strategic commissioning and procurement of services, financial system recovery and talent development across the system. The meeting was the opportunity for me to meet with Chairs from across the region and share ideas on effective system working as part of the Kent and Medway NHS Strategy. I also attended the Provider Collaborative Board on 9 December, which is run by NHS Kent and Medway and brings together NHS trusts and independent sector providers from across the region. Together we looked at how our partnership working can deliver more efficient services, and improve patient experience and outcomes.

At the Trust Board Away Day last week we discussed risk management, looking at confirming the Trust's risk appetite and consolidating the work on the Board Assurance Framework (BAF). The BAF aims to provide the Board with assurance that the key risks relating to the delivery of the Trust's strategic aims are being managed appropriately.

Finally, I was honoured to attend the official naming ceremony for the Paul Skinner ward in the Kent and Medway Orthopaedic Centre this week with Miles Scott. Mr Skinner, who died in 2022, was a former Orthopaedic Consultant at the Trust who had previously been Clinical Director in Trauma and Orthopaedics. A skilled surgeon, Mr Skinner's professional journey was marked by dedication and compassion, with his unwavering commitment to treating his patients having a profound impact on many.

Consultant appointments

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

Date of AAC	Title	First name/s	Surname	Department	Potential / Actual Start date	New or replacement post?
29/11/2024	Consultant Physician with an interest in Respiratory Medicine	Ranjit	Pagonda	Respiratory	30/12/2024	Replacement
29/11/24	Consultant in Haematology	Clare	Oni	Haematology	16/12/2024	Replacement
02/12/24	Consultant Histopathologist	**Charles**	**Adewole**	Histopathology	06/01/2025	Replacement
09/12/24	Consultant Clinical Oncologist- Special interest in Head & Neck	**Benjamin**	**Hunter**	Oncology	06/01/2025	New

Title of report	Report from the Chief Executive (incl. a quarterly update on the Patient First Improvement System (PFIS))				
Board / Committee	**Trust Board Meeting**				
Date of meeting	19th December 2024				
Agenda item no.	12-8				
Executive lead	Miles Scott, Chief Executive				
Presenter	Miles Scott, Chief Executive				
Report Purpose (Please ☑ one)	*Action/Approval*	☐	*Discussion*	☐	*Information* ✓

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
✓	✓	✓	✓	✓	✓

Executive Summary		
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	Chief Executive Report for the December Trust Board meeting, summarising Trust developments and achievements over the last month.	
Any items for formal escalation / decision	N/A	
Appendices attached	There are no appendices to this report.	
Report previously presented to:		
Committee / Group	Date	Outcome/Action
N/A	N/A	N/A

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	Please list any BAF Principal Risks to which this report relates: • N/A
Links to Trust Risk Register (TRR)	Please list any risks on the Trust Risk Register to which this report relates • N/A
Compliance / Regulatory Implications	Please list any compliance or regulatory matters raised or addressed by this report • N/A

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

- We welcomed the Chancellor of the Exchequer, Rachel Reeves MP, and Chief Secretary to the Treasury, Darren Jones MP, to Maidstone Hospital on 10 December. During the visit, the Senior Cabinet Ministers saw the innovative ways of working at MTW which enable the Trust to deliver some of the fastest access to patient care in the country. Ms Reeves and Mr Jones visited the Kent and Medway Orthopaedic Centre, which is increasing surgical capacity for patients living across Kent and Medway with up to 2,000 more operations each year on bones, joints and muscles. The visit also included the Care Coordination Centre, which uses real time data to constantly monitor the Trust's 700 beds and improve the movement of patients through its hospitals. Ms Reeves took part in a question and answer session with staff from across the Trust, discussing how the experiences of front-line teams would inform the Government's Spending Review, and what the review means for public sector services.

- Earlier this month, the Prime Minister announced the Government's Plan for Change, which sets out the milestones it aims to reach by the end of this Parliament as part of its 10-Year Health Plan. The milestone for healthcare is to end hospital backlogs to meet the NHS standard of 92% of patients in England waiting no longer than 18 weeks from referral to start consultant-led treatment of non-urgent health conditions. The Government aims to reach this milestone by combining investment and reform, focusing on transforming how elective care is delivered, improving patients' experience of care by using technology, and making the model of care more sustainable.

- The white paper on government reforms due earlier this month has been delayed, and is now due to be published by the end of December. It is expected to set out how the Government will transfer power from Westminster to people who know their areas best. The white paper will also announce measures that will give local places and communities greater control over shaping their area.

- Ensuring our patients, staff and visitors have good and safe access to our hospitals remains a priority for the Trust. We are currently working with Maidstone Borough Council, Tonbridge and Malling Borough Council and Kent County Council Highways to look at a number of actions that will support traffic management on Hermitage Lane, which services Maidstone Hospital. These include better walking and cycling access, pedestrian crossings and increased train services to Barming Station. The Trust is also introducing a free park and ride scheme at both Maidstone and Tunbridge Wells hospitals on 1 January. This will be open to patients, visitors and staff and will further support a reduction in cars on the roads around the hospitals.

- Since its implementation over two years ago, the Patient First Improvement System (PFIS) has seen in excess of 1,000 tickets raised and completed, with over a third of these having a direct impact on improving the patient experience, and hundreds more are in progress. The aim of PFIS is to ensure all staff feel empowered and supported to make continuous improvements that will enhance the quality of their work, benefit our patients and improve staff wellbeing. So far, 376 staff at the Trust have received PFIS training, covering more than 80 teams, with new colleagues at Fordcombe Hospital also engaging with the process to target efficiencies in their services. Recent PFIS improvement projects have included:
  - All steps of the referral process for the Virtual Ward have now been digitised, saving time and resources, while also streamlining the service and aligning it with the Trust's Green Plan.
  - Patients undergoing radiotherapy treatment were previously not being told in advance if equipment was running late. Staff are now proactively managing a patient's schedule and updating patient communication screens in the event that machines are running late, improving the patient experience.
  - JAG accreditation shows rigorous, high-quality standards are met to support delivery and improvement of endoscopy services, and also allows the Trust to continue operating as the endoscopy training hub for Kent and Medway. JAG reassessment is required every five years and the PFIS methodology has helped ensure the Endoscopy team are clear on their

role and expectations, making sure high-quality evidence has been provided to the assessors.

- The Trust's Chief Pharmacist and Clinical Director of Pharmacy and Medicines Optimisation, Mildred Johnson, has been designated a Fellow of the Royal Pharmaceutical Society (RPS). The RPS is a professional organisation for pharmacists in Great Britain that leads the pharmacy profession by setting professional standards, publishing medicines information and supporting pharmacy professionals across the UK. According to the RPS, 'fellowship is awarded to members who have made an outstanding original contribution to the advancement of pharmaceutical knowledge or attended distinction in the science, practice, profession or history of pharmacy'.

- Disability History Month (DHM) ends tomorrow, and has provided the Trust with the opportunity to recognise and celebrate staff and volunteers who bring personal lived experience of disability and long-term health conditions. This year's DHM has focused on disability, livelihood and employment. The campaign theme has highlighted the barriers and opportunities for people with disabilities and long-term health conditions in the workplace. Over the last month, the Equality, Diversity and Inclusion team has collaborated with the Trust's DisAbility Network to host roadshows for staff, enabling them to learn more about the support available, including staff health passports, reasonable adjustment guidance, access to work and more. Staff have also been invited to attend a number of equality, diversity and inclusion workshops, with topics covering inclusive recruitment, cultural competence and allyship.

- Metastatic Prostate Clinical Nurse Specialist, Jeanette Smith has received Prostate Cancer UK's 'People's Choice' award for the support she provides to patients going through prostate cancer treatment. Jeanette, who works in the Kent Oncology Centre at Maidstone Hospital, formed a support group in 2020 which over 100 of her patients and their families regularly attend. Jeanette was nominated for the award by a number of her patients and their families, who described her as 'enthusiastic, compassionate and selfless'. On behalf of the Board, I would like to congratulate Jeanette on winning the award and thank her for her dedication in providing our patients with the best possible care.

- The Trust hosted Christmas lunches for volunteers at Maidstone Hospital and Tunbridge Wells Hospital this month, to thank them for their invaluable support. MTW currently has over 258 active volunteers, who contribute on average in excess of 35,000 hours per year. Our volunteers help patients and their families by providing directions and information as well as pastoral and emotional support. Volunteers also support staff by acting as an extra pair of hands and freeing them up to prioritise clinical care. As part of the festivities, Tunbridge Wells Hospital League of Friends hosted a Christmas raffle, with proceeds going towards buying Christmas presents for patients and staff at the hospital. The Maidstone Hospital League of Friends donated a large Christmas tree by the main entrance of the hospital, and will also be distributing presents to inpatients on Christmas eve.

- The outstanding contributions of almost 800 members of staff have recently been recognised in long service award ceremonies. Colleagues who passed their 10, 20, 30, 40 and even 50-year milestones of working for the NHS were invited to 'MTW Milestones' ceremonies, where they were presented with long service awards and thanked for their commitment. Award winners included Diane Kidman, Cardiac Nurse Specialist, and Rachel Field, Sister, who have each spent an incredible 50 years working for the NHS. So far, 12,370 years of service have been recognised at the awards, which have provided an opportunity for the Trust to celebrate our longest service colleagues and thank them for their commitment to our health service.

- Congratulations to the winner of the Trust's Employee of the Month award for November, Computer Scientist, Marek Kurik. Marek provides essential IT support to the Kent Oncology Centre, enabling them to complete their clinical work effectively. Marek is described as extremely patient, knowledgeable and approachable, and a huge asset to the department.

Stroke Programme Manager, Louise Rattray also received the Highly Commended Award for her significant support of the Stroke virtual clinic, ensuring it operates safely and efficiently.

Title of report	Summary report from the Quality Committee, 04/12/24					
Board / Committee	Trust Board Meeting					
Date of meeting	19th December 2024					
Agenda item no.	12-9					
Executive lead	Maureen Choong, Non-Executive Director					
Presenter	Maureen Choong, Non-Executive Director					
Report Purpose (Please ☑ one)	*Action/Approval*	☐	*Discussion*	☐	*Information*	✓

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
✓	☐	☐	☐	☐	✓

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	The Quality Committee met (virtually, via webconference) on 4th December 2024 (a 'deep dive' meeting). The Committee considered the following topics and allocated the assurance ratings accordingly: 1) The Committee was **partially assured** regarding the review of clinical impacts of medical equipment risks as although there was a robust focus on mitigation and risk management, there remained a high-level of risk associated with key pieces of medical equipment. 2) The Committee was **partially assured** regarding the review of the Trust's complaints performance improvement plan as although there had been a significant improvement in the Trust's complaints performance, further work was required to ensure that complaints performance was maintained.
Any items for formal escalation / decision	N/A
Appendices attached	There are no appendices to this report

Report previously presented to:		
Committee / Group	Date	Outcome/Action

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	N/A
Links to Trust Risk Register (TRR)	Please list any risks on the Trust Risk Register to which this report relates • 1310 – Replacement of equipment required for general and ED Plain film imaging rooms at Tunbridge Wells Hospital (TWH) • 3242 - Replacement of equipment required for general and ED Plain film imaging rooms at Maidstone Hospital • 2945 – Replacement of equipment required for Fluoroscopy imaging rooms at TWH • 3245 – Replacement of equipment required for interventional

	radiolog fluoroscopy imaging room at TWH • 2947 – Replacement of equipment required for mammography at TWH • 1301 – Failure to meet national targets for complaints performance
Compliance / Regulatory Implications	N/A

The Quality Committee met (virtually, via webconference) on 4th December 2024 (a 'deep dive' meeting).

The key matters considered at the meeting were as follows:

- The Committee reviewed the **actions from previous meetings**.
- The Divisional Director of Operations, Core Clinical Services; Clinical Director, Radiology; and Head of Radiology Services presented a **review of the clinical impacts of medical equipment risks** which included details of each of the risk register entries related to medical equipment; the capital funding which had been provided to support the Trust's equipment replacement programme; the additional estates enabling work which was required to support the installation of new equipment; and the complexities associated with changes in air handling requirements. A discussion was held regarding the importance of illustrating the totality of the risk and the associated impact on service provisions across the Trust; and the need to ensure a long-term strategy, to prevent future challenges related to the replacement of medical equipment. The Committee supported the fluid approach which had been adopted in terms of the prioritisation of equipment replacement, to enable the Trust to respond to any emerging concerns.
  - ❖ The Committee was **partially assured** regarding the review of clinical impacts of medical equipment risks as although there was a robust focus on mitigation and risk management, there remained a high-level of risk associated with key pieces of medical equipment.
- The Director of Quality Governance and Interim Head of Patient Concerns presented a **review of the Trust's complaints performance improvement plan** which included a comprehensive overview of the new Key Performance Indicators (KPIs) and watch metrics which had been established to monitor the Trust's performance; the programme of work which had been commissioned to support the closure of long-standing complaints; and the progress which had been with each of the domains within the complaints performance improvement plan.
  - ❖ The Committee was **partially assured** regarding the review of the Trust's complaints performance improvement plan as although there had been a significant improvement in the Trust's complaints performance, further work was required to ensure that complaints performance was maintained.
- A discussion was held on the **items for scrutiny by the Quality Committee at future 'deep dive' meetings**; wherein the Committee considered a number of potential areas for scrutiny in early 2025 and the following actions were agreed:
  - o The Deputy Trust Secretary should schedule a "Brief update on the operational and clinical impact of the Oncology imaging equipment in East Kent" at the Committee's meeting in February 2025
  - o The Deputy Trust Secretary should ensure that the list of 'deep dive' topics proposed at the Committee's meeting were included as an appendix to the "To confirm the items for scrutiny at future Quality Committee 'deep dive' meetings" report to the Committee's meeting in February 2025

Title of report	Summary report from the Finance and Performance Committee					
Board / Committee	Trust Board Meeting					
Date of meeting	19th December 2024					
Agenda item no.	12-10					
Executive lead	Neil Griffiths, Non-Executive Director					
Presenter	Neil Griffiths, Non-Executive Director					
Report Purpose (Please ☑ one)	*Action/Approval*	☐	*Discussion*	☐	*Information*	✓

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
☐	✓	✓	☐	✓	✓

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	The Finance and Performance Committee met (virtually, via webconference) on 17th December 2024. The Committee considered the following topics and allocated the assurance ratings accordingly: 1) The Committee was **assured** regarding Trust's quarterly productivity report as although there had been a reduction in the Trust's productivity, the key contributors had been identified and there was expected to be an improvement in the next quarter. The Committee was also **assured** that a robust action plan had been developed specifically in relation to the Medicine and Emergency Care Division. 2) The Committee was **partially assured** regarding the update on Fordcombe Hospital as although a number of next steps had been identified to improve the financial position associated with Fordcombe Hospital, further work was required to deliver the anticipated benefits. 3) The Committee **partially assured** regarding the financial improvement plan as there continued to be a robust focus on the delivery of the Trust's financial plan; however, the Trust was required to deliver an improving financial position for the remainder of 2024/25 to achieve a break-even position The Committee recommended the Business Case for a replacement Radiotherapy Computerised Tomography (CT) scanner at Kent and Canterbury Hospital; and the Business Case for Maternity Services both for approval by the Trust Board, in December 2024 and January 2025 respectively.
Any items for formal escalation / decision	To approve the Business Case for a replacement Radiotherapy CT scanner at Kent and Canterbury Hospital.
Appendices attached	N/A

Report previously presented to:		
Committee / Group	Date	Outcome/Action
N/A	N/A	N/A

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	N/A – The BAF is currently under development.
Links to Trust Risk Register (TRR)	Please list any risks on the Trust Risk Register to which this report relates • 3130 – There is a risk that the Trust will not be able to deliver it's financial efficiency plan (CIP) • 3109 – Failure to deliver Financial Plan including recurrent cost improvement programme for 2024/25 • 3162 – Lack of space and PCs for cardiology at Tunbridge Wells Hospital • 791 – Failure to meet Referral to Treatment Targets (RTT) • 1286 – Statutory compliance
Compliance / Regulatory Implications	N/A

The Finance and Performance Committee met on 17th December 2024, virtually, via webconference.

1. **The key matters considered at the meeting were as follows:**
   - The **actions from previous meetings** were noted.
   - The Deputy Chief Executive presented the latest **quarterly productivity report** wherein a discussion was held regarding the reduction in the Trust's implied productivity growth during which assurance was provided that the key contributors had been identified and that there would likely be an increase in the Trust's productivity within the next quarter due to the Financial Improvement plan. It was agreed that the Deputy Chief Executive / Chief Finance Officer should ensure that future "Quarterly productivity…" reports include separate graphs illustrating the impact of growth and the impact cost on the Trust's implied productivity growth and additional narrative regarding the key drivers of change in the Trust's productivity. The Divisional Director of Operations, Medicine and Emergency Care Division then presented the specific '**deep dive' into the Medicine and Emergency Care Division**, wherein the measures which had been implemented at other NHS providers to improved Emergency Department productivity were considered and it was acknowledged that a range of initiatives had been identified to support the Trust's financial position.
     - ❖ The Committee was **assured** as although there had been a reduction in the Trust's productivity, the key contributors had been identified and there was expected to be an improvement in the next quarter.
   - The **Patient Access strategic theme metrics for November** were reviewed, and the Committee was informed of the factors impacting the Trust's Emergency Department performance and the importance of consideration of the rostering model within the Emergency Departments to ensure that it was accurately aligned to peaks in demand. The Committee also noted that the performance against the access to Diagnostics (<6weeks standard) had been adversely impacted by the inclusion of endoscopy surveillance; so, a recovery plan had been developed to improve the Trust's performance.
   - The Chief Operating Officer provided an **update on Fordcombe Hospital**, which included a comprehensive overview of the current financial forecast for Fordcombe Hospital, the measures which had been identified to improve the financial forecast and the additional activity which was scheduled to 'go live' over the course of the remainder of the 2024/25 financial year. A discussion was held regarding the underlying factors for the financial position and it was agreed that the Chief Operating Officer should submit a further "update on Fordcombe Hospital" item at the Committee's meeting in January 2025, which reflected the feedback received at the Committee's meeting in December 2024.
     - ❖ The Committee was **partially assured** as although a number of next steps had been identified to improve the financial position associated with Fordcombe Hospital, further work was required to deliver the anticipated benefits.
   - The **financial performance month 8, 2024/25** was then presented by The Deputy Chief Executive / Chief Finance Officer, wherein a detailed review of the Trust's cash flow position was provided and a discussion was held regarding the performance of the Kent and Medway Orthopaedic Centre (KMOC) against the operational plan and it was agreed that the Deputy Trust Secretary should schedule an "Update on the Kent and Medway Orthopaedic Centre (KMOC)" at the Committee's meeting in January 2025.
   - The Deputy Chief Executive / Chief Finance Officer then provided an **update on the Trust's Financial Improvement Plan,** which included a comprehensive overview of the financial forecast for 2024/25 and the importance of a robust focus on 2025/26 was acknowledged
     - ❖ The Committee was **partially assured** as there continued to be a robust focus on the delivery of the Trust's financial plan; however, the Trust was required to deliver an improving financial position for the remainder of 2024/25 to achieve a break-even position.
   - The Director of Strategy, Planning and Partnerships provided the Committee with an update on the latest developments in relation to the **Kent and Medway Medical School (KMMS) Accommodation**.
   - The Committee reviewed the **Business Case for a replacement Radiotherapy Computerised Tomography (CT) scanner at Kent and Canterbury Hospital** and the **Business Case for Maternity Services** and recommended that these both be approved by the Trust Board in December 2024, and January 2025 respectively; although, it was agreed that the Director of Strategy, Planning and Partnerships should ensure that the cost pressures associated with the Business Case for Maternity Services, particularly in relation to 2025/26, were explicitly illustrated .

- The Director of IT and Associate Director of Business Intelligence presented the **Quarterly update on the implementation of the Digital and Data Strategy**, which included a detailed overview of the findings of the Digital Maturity Assessment (DMA) and the digital innovations which were under development to support the delivery of patient care and the patient experience. It was recommended that a 'deep dive' should be conducted at a future date, by the Trust Board.
- The **recent findings from relevant Internal Audit reviews** and the **summary report from the from the November 2024 People and Organisational Development Committee meeting** were noted.
- Under the Committee's **forward programme** a discussion was held regarding the review of Business Case benefits realisation and it was agreed that the Director of Strategy, Planning and Partnerships should ensure that the "Annual report on the effectiveness of the Trust's investment appraisal and approval process" report to the Committee's meeting in January 2025 includes a focus on the future Business Case review process.

Title of report	Summary report from the People and Organisational Development Committee, 13/12/24					
Board / Committee	Trust Board Meeting					
Date of meeting	19th December 2024					
Agenda item no.	12-11					
Executive lead	Emma Pettitt-Mitchell, Non-Executive Director					
Presenter	Emma Pettitt-Mitchell, Non-Executive Director					
Report Purpose (Please ☑ one)	*Action/Approval*	☐	*Discussion*	☐	*Information*	✓

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
✓	☐	☐	✓	☐	☐

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	The People and Organisational Development Committee met (face-to-face/in-person at Maidstone Hospital) on 13th December 2024 (a 'main' meeting). The Committee considered the following topics and allocated the assurance ratings accordingly: 1) The Committee was **assured** regarding the Temporary Staffing Programme; although, acknowledged that further efficiencies were required to support the delivery of the Trust's financial plan for 2024/25. 2) The Committee was **not assured** regarding the Limited assurance review of Specialty and Associate Specialty Job Plans; although next steps were identified to provide additional assurance. 3) The Committee was **assured** regarding the findings of the annual Nursing and Midwifery staffing review; however, acknowledged the significant programme of work which was required to reconcile the Trust's nursing and midwifery data and to improve the consideration of secondary requirements (e.g. Nursing and Core Clinical Services) as part of any consultant recruitment programmes. 4) The Committee was **assured** regarding the improvements which had been delivered in terms of Learning and Development at the Trust. The Committee commissioned the following reviews: ○ A specific focus as part of the "Review of the findings of the national NHS Staff Survey 2024" item on the impact of the actions which had been implemented, and next steps, to deliver improvements in the way our people feel, from minority backgrounds and protected characteristics, about development and how they are supported. ○ An update on the Trust's workforce pay controls submission ○ An update on which aspects of the Financial Improvement Programme would be recurrent for 2025/26
Any items for formal escalation / decision	The Committee was **not assured** regarding the limited assurance review of Specialty and Associate Specialty Job Plans; however, it was agreed that

	additional assurance could be provided if further details of the progress against each of the audit recommendations was provided, which would enable an informed decision to be made regarding whether further assurance was required at the March 2025 Audit and Governance Committee meeting. Concern was expressed regarding the impact of additional reporting requirements, and associated timeframes, which were commissioned by the Kent and Medway Integrated Care Board. It was acknowledged that the reporting requirements were likely set nationally and the impact on Trust staff and the ability to deliver the expected level of performance and care was noted.
Appendices attached	N/A

Report previously presented to:		
Committee / Group	Date	Outcome/Action
N/A	N/A	N/A

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	N/A – The BAF is currently under development.
Links to Trust Risk Register (TRR)	ID993 – Continued dependency on bank and agency staff following improvements in vacancy/recruitment levels
Compliance / Regulatory Implications	N/A

The People and Organisational Development Committee met (face-to-face/in-person) on 13th December 2024 (a 'main' meeting).

The key matters considered at the meeting were as follows:

- The **actions from previous 'main' meetings** were noted and a discussion was held regarding the numerical values for the changes in the Trust's Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data wherein it was agreed that the Chief People Officer should ensure that a discussion was held, as part of the "Review of the findings of the national NHS Staff Survey 2024" item, regarding the impact of the actions which had been implemented, and next steps, to deliver improvements in the way our people feel, from minority backgrounds and protected characteristics, about development and how they are supported.
- The Head of People Performance and Improvement provided the Committee with the **Monthly review of the "Strategic Theme: People" section of the Integrated Performance Report (IPR)**, wherein an in-depth discussion was held regarding the workforce pay controls which had been implemented to improve the Kent and Medway Integrated Care System (ICS) financial position; and it was agreed that the Head of People Performance and Improvement should Provide a verbal update to the Committee's meeting in January 2025 regarding the Trust's workforce pay controls submission to the Kent and Medway Integrated Care Board (ICB).
- The Deputy Chief People Officer, People and Systems provided an **update on the Temporary staffing programme** wherein the Committee held an in-depth discussion regarding the importance of understanding the cultural impacts of the programme of work and the need to ensure that controls were in place, and cultural changes were embedded, to enable the programme of work to transition to 'business as usual'. It was agreed that the Deputy Chief People Officer, People and Systems should provide comparator data of the Trust's temporary staffing expenditure percentages against other NHS organisations within Kent and Medway as part of the "Update on the Temporary staffing programme" report to the Committee's meeting in February 2025.
  - ❖ The Committee was **assured** regarding the robust focus on the reduction of temporary staffing expenditure; although, acknowledged that further work was required to support the delivery of the Trust's financial plan.
- The Deputy Medical Director, Workforce and Digital presented the Trust's response to the **limited assurance review of Specialty and Associate Specialty Job Plans**, wherein the Committee expressed concerns regarding the timelines associated with addressing the audit recommendations and it was agreed that the Deputy Medical Director, Workforce and Digital should provide Committee members with details of the Trust's progress against each of the audit recommendations as part of limited assurance review of Specialty and Associate Specialty Job Plans, to enable an informed decision to be made as to whether further assurance was required at the March 2025 Audit and Governance Committee meeting.
  - ❖ The Committee was **not assured** regarding the urgency of the Trust's response to the audit recommendations; however, noted that further assurance could be provided as part of an update on the progress against each of the recommendations.
- The Committee conducted an **annual review of the Nursing and Midwifery staffing review**, and it was noted that a significant programme of work had been commissioned to reconcile the Trust's nursing and midwifery data. It was also acknowledged that as part of the business planning and Business Case process that additional consideration was required regarding the support which was required from other service areas for the appointment of any additional consultants (e.g. Clinical Nurse Specialists). The three key areas of focus were:
  - Retention
  - Governance and rigor
  - Supporting innovation and the future pipeline for nursing and midwifery
    - ❖ The Committee was **assured** that the key areas of improvement had been identified, and that the required response would be provided.
- The Head of Learning and Development presented the latest **update on Learning and Development at the Trust**, which highlighted the achievement of a 95.4% appraisal compliance rate for 2024; the plan to support those areas with below average compliance; the improvement in statutory and mandatory training compliance rates; and the Trust's progress with NHS England's "Optimise, Rationalise and Redesign Project". A discussion was then held regarding

the importance of ensuring that appraisals were conducted for those staff that did not receive an appraisal in 2024. It was agreed that the Head of Learning and Development should Ensure that the "Update on Learning and Development at the Trust" report to the Committee's meeting in April 2025 reflected the feedback received at the Committee's meeting December 2024 (i.e. details of the utilisation of the Apprenticeship Levy by different demographics; the action plan to address the staff that did not receive an appraisal in 2024; utilisation and underspend of the Apprenticeship Levy; and data on the use and feedback from staff groups for the Library and Knowledge Services)

❖ The Committee was **assured** regarding the improvements which had been delivered in terms of Learning and Development at the Trust.

- **The Annual review of the progress with the nursing and midwifery strategy 2024-2027** was presented by the Chief Nurse, which included the progress which had been made against each of the three domains (i.e. Skilled, Kind and Proud) during the reporting period and the Committee supported the enhanced focus on staff recognition.
- The Committee then noted the **forward programme** wherein it was agreed that the Deputy Trust Secretary should provisionally schedule an "Update on which aspects of the Financial Improvement Programme would be recurrent for 2025/26" at the Committee's meeting in March 2025.
- The Committee conducted an **evaluation of the meeting** wherein Committee members emphasised the importance of reports focusing on the "so what" factor and commended the enhanced focus on specific topics.

Title of report	Integrated Performance Report (IPR) for November 2024					
Board / Committee	Trust Board Meeting					
Date of meeting	17th December 2024					
Agenda item no.	12-12					
Executive lead	Chief Executive / Executive Directors					
Presenter	Chief Executive / Executive Directors					
Report Purpose (Please ☑ one)	*Action/Approval*	☐	*Discussion*	✓	*Information*	✓

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
✓	✓	✓	✓	✓	✓

Executive Summary		
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	The IPR for month 8, 2024/25, is enclosed, along with the monthly finance report, and latest "Planned verses Actual" Safe Staffing data.	
Any items for formal escalation / decision		
Appendices attached		
Report previously presented to:		
Committee / Group	Date	Outcome/Action
Finance and Performance Committee	17/12/24	

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	The BAF remains under development
Links to Trust Risk Register (TRR)	N/A
Compliance / Regulatory Implications	N/A

Integrated Performance Report

November 2024

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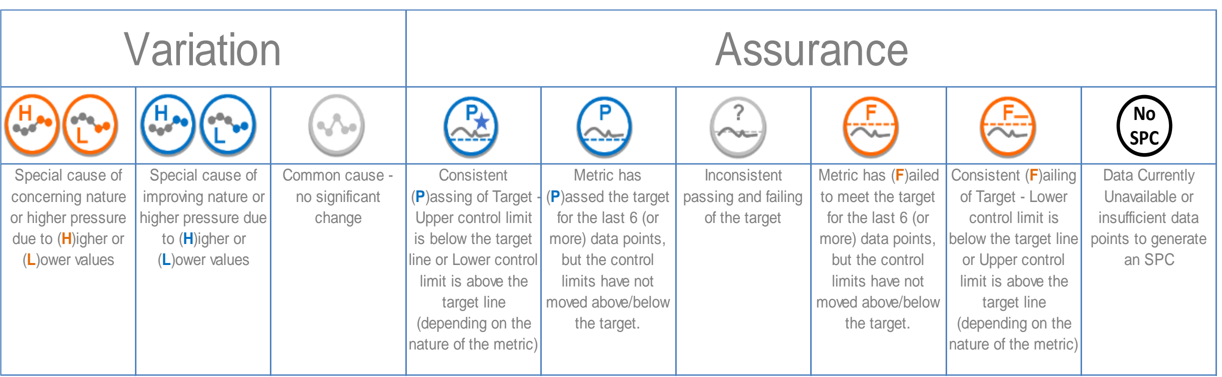
Note: Detailed dashboards and a deep dive into each SDR and CQC Domain are available on request - mtw-tr.informationdepartment@nhs.net

Key to KPI Variation and Assurance Icons



Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

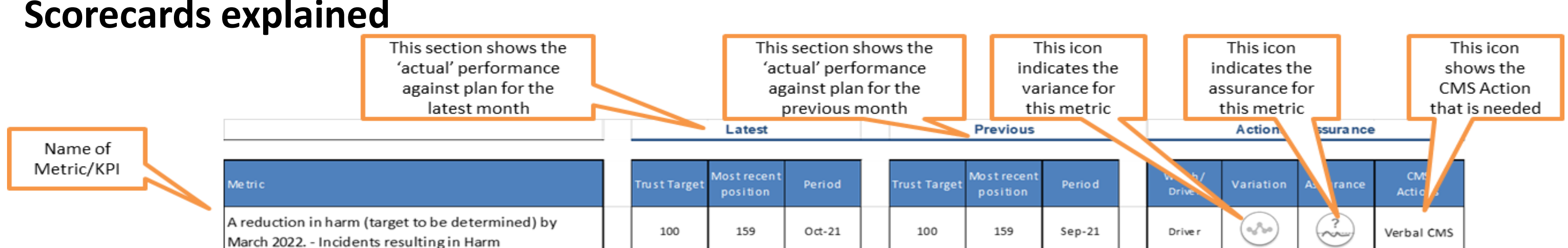
Escalation Rules:

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

Escalation Pages:

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

Scorecards explained



Further Reading / other resources

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

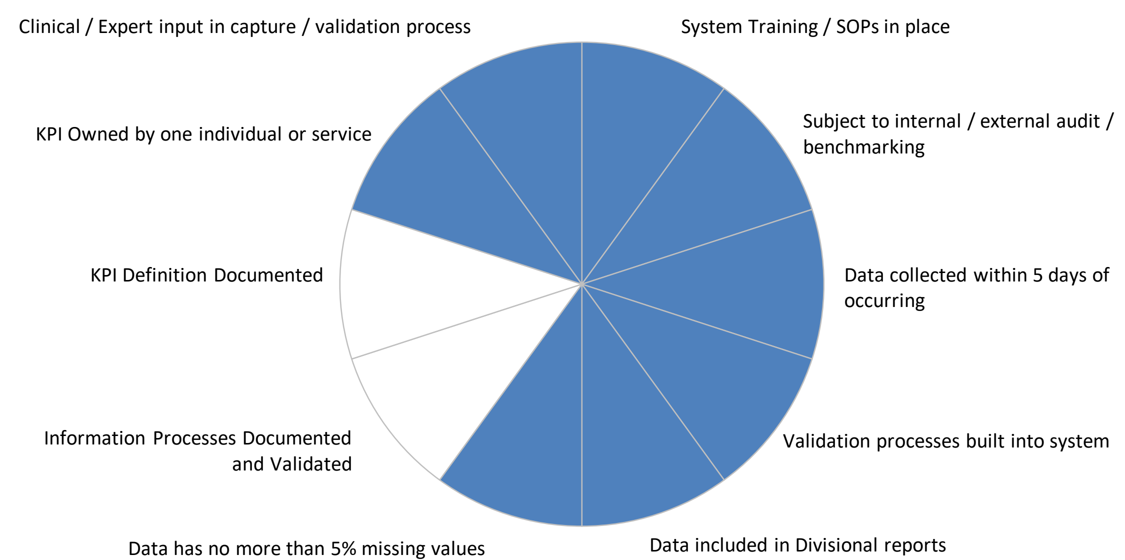
MTW
exceptional people, outstanding care

Forecasts

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

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

Data Quality Kite Marks



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

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

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

The implementation of this is an audit recommendation.

Executive Summary

Executive Summary:

The Trust continues to refocus the Strategy Deployment Review (SDR) process to support the delivery of the Financial Improvement Programme across the organisation. We have therefore merged the six financial recovery workstreams into our existing SDR governance structure and have changed some of the Vision and Breakthrough Objectives as well as adding some new Financial Breakthrough Objectives.

People: An area of focus for the Trust is a reduction in the Total Pay Spend. The Trust implemented a target reduction and a number of actions to improve performance over the coming months. This indicator is now experiencing special cause variation of a concerning nature and has failed the target for 6+ months. The overall temporary staffing spend as a percentage of the total pay send is now experiencing special cause variation of an improving nature and consistently failing the target. Agency staff spend as a proportion of the total pay spend is currently experiencing special cause variation of an improving nature and variable achievement of the target. Vacancy Rate continues to experience common cause variation and variable achievement of the target. Turnover Rate continues to experience special cause variation of an improving nature and achievement of the target for more than six consecutive months. The number of staff that leave within 12 months has not achieved the target for six months, though leavers within 24 months is now in variable achievement of the target. Agency spend was above the target in November, experiencing common cause variation. The Nursing Safe Staffing levels has achieved the target for more than six months.

Sickness levels remain in common cause variation and Statutory and Mandatory Training continues to experience special cause variation of an improving nature and consistently passing the target. The Trust continues to consistently achieve the target for both the percentage of staff Afc 8c or above that are female or have a disability. Performance for the percentage of staff Afc 8c or above that are BAME continues to experience special cause variation of an improving nature but consistently failing the target. The Trust continues to implement a number of actions to improve performance.

Patient Safety & Clinical Effectiveness: The rate of incidents causing patients moderate or higher harm is now experiencing common cause variation and variable achievement of the revised target. The number of incidents of moderate+ harms due to potential mismanagement of deteriorating patients is experiencing common cause variation and variable achievement of the target. Theatre Utilisation is experiencing special cause variation of an improving nature but is consistently failing the target. The rate of all outpatient appointments that are either a new appointment, or a follow up appointment with a procedure, is experiencing special cause variation of an improving nature and consistently passing the target. Both the Rates of E.Coli and C.Diff are now experiencing common cause variation and variable achievement of the target The rate of Falls is in variable achievement of the target.

Patient Access: A key area of focus is to reduce the average non-elective length of stay by 10%. This indicator is therefore currently experiencing common cause variation and consistently failing the target. The conversion rate from A&E to inpatient admission remains in common cause variation. Ambulance Handovers <30mins is now experiencing common cause variation and variable achievement of the target. The Trust's performance for A&E 4hrs was below the trajectory target for November at 81.5%, having now failed the target for more than six consecutive months. Performance remains one of the highest both Regionally and Nationally. Work continues to improve flow across the Trust.

The Trust continues to achieve the new combined 62 day First Definitive Treatment Standard, 28 Day faster diagnosis compliance standard and the new combined 31 day first definitive treatment standard. Work continues to maintain compliance of all the Cancer Waiting Times (CWT) standards. CWT metrics are the Provisional reported monthly positions, but the position hasn't been fully validated yet. Finalised reports will be available after the 6 monthly refresh. Diagnostic Waiting Times is now experiencing special cause variation of a concerning nature and variable achievement of the target. This indicator was changed nationally in October to include endoscopy surveillance patients which has adversely affected the overall performance. Focussed work and a number of actions are underway and will continue to ensure that these patients have their diagnostic test by their target date.

Executive Summary (continued)

Patient Access (Continued): With regards to RTT the Trust continues to provide system support (SYS) to other Trusts across Kent and Medway which is therefore adversely affecting the Trust's performance that is reported nationally. RTT was below the trajectory target for November of 78.8% at 70.1% (Excluding SYS). Nationally we reported 69.8% (including SYS). Please note that the November position is not yet finalised and therefore performance may change slightly once finalised. This indicator is experiencing special cause variation of an improving nature and consistently failing the target. We remain one of the best performing trusts in the country for longer waiters. Nationally we have reported 29 52 week breaches at the end of November 24, an improvement from October 24. 18 of the 29 52 week breaches were for System (SYS) patients. The number of patients having waited more than 40 weeks (Excluding SYS) is now experiencing common cause variation and variable achievement of the target.

Outpatient Utilisation is now experiencing special cause variation of a concerning nature and variable achievement of the target. November performance will continue to improve as cashing up of clinics continues. The percentage of Clinical Admin Unit (CAU) Calls answered within 1 minute is now experiencing special cause variation of an improving nature. The percentage of patients on a PIFU Pathway was above the target this month and is now experiencing special cause variation of an improving nature but consistently failing the target. Performance for both First Outpatients and Elective Activity (Inpatients and Day Case combined) were above plan and 19/20 levels for November. Both have passed the target for more than six consecutive months. Diagnostic Imaging activity levels were above plan and 19/20 levels in November and is now experiencing special cause variation of an improving nature and passing the target for more than six consecutive months.

Patient Experience: The number of overall complaints remains in common cause variation and variable achievement of the target. Complaints related to communication issues continues to pass the target for 6+ months. Complaints responded to within the target date passed the target again last month and remains in variable achievement of the target. The new indicator for agency spend specifically related to B5 RMNs and Band 4 HSCWs is experiencing common cause variation and failure of the target for more than six months. A number of actions are being implemented to reduce the spend in this area. VTE performance continues to experience common cause variation and variable achievement of the target. Friends and Family Response rates have improved across all four touch points. This is partially driven by a delay in postcard surveys being counted, with 1,200 surveys in September and October being attributed to November, however even without these included performance has seen some improvement in November.

Systems: The new indicator to monitor the depth of coding is experiencing special cause variation of an improving nature but consistently failing the target based on the national average.

Sustainability: The Trust was £1.5m in surplus in the month which was £0.2m favourable to plan. Year to Date the Trust is £8.4m in deficit which is £4.1m adverse to plan. Delivery of the financial position, along with the reduction in non-pay spend and a reduction in agency spend are experiencing common cause variation and variable achievement of the target. The Trust has implemented it's financial recovery plan.

Maternity: Both of the indicators for Women waiting for Induction of Labour (in less than 2 or 4 Hours) are consistently failing the target. The project continues to review demand and capacity and to identify opportunities to improve flow throughout the department. Both of the indicators for Decision to delivery interval (Category 1 and Category 2) caesarean sections are experiencing special cause variation of an improving nature but are not at the required level. Category 1 <30mins has failed the target for more than six months and Category 2 <75 mins is consistently failing the target.

Executive Summary (continued)

Escalations by Strategic Theme:

People:
- Overall Temporary Staff Spend as a % of Total Spend (P.11)
- % of Afc 8c and above that are BAME (P.12)
- Staff Leavers <12 mths (as a % of all leavers) (P.12)

Patient Access:
- 10% Reduction in Non-Elective LOS (P.18)
- RTT Performance (P.19)
- Outpatient Calls answered <1 minute (P.19)
- A&E 4hr Performance (P.19)
- Emergency Admissions in Assessment Areas (P.19)

Systems:
- Depth of Coding - Average Number of Codes per Elective Episode (P.24)

Patient Safety & Clinical Effectiveness:
- % Capped Theatre utilisation (P.15)

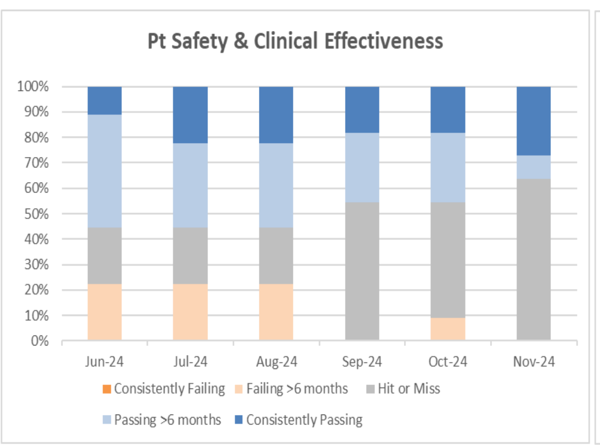
Patient Experience:
- Reduction in agency spend (specific to B5 RMNs
- and B3 HCSW) (P.21)
- FFT Response Rates: All areas (P.22)

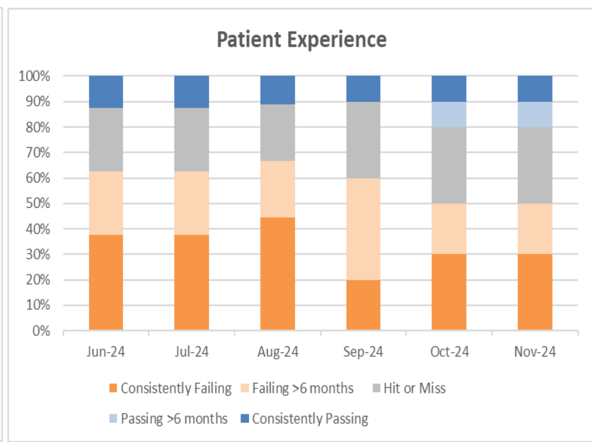
Sustainability:
- None escalated

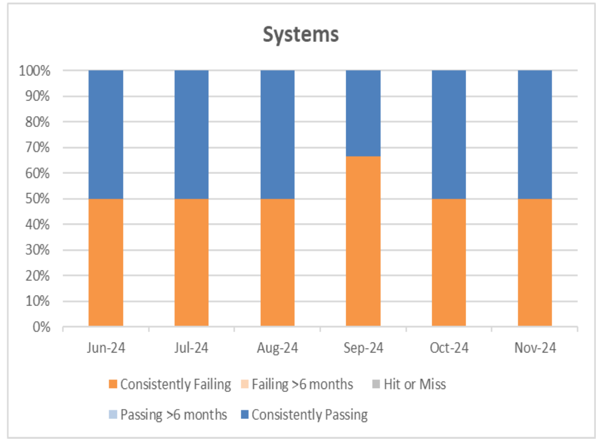
Maternity Metrics:
- Women waiting for Induction of Labour <2 Hrs (P.27)
- Women waiting for Induction of Labour <4 Hrs (P.27)
- Decision to delivery interval Category 1 caesarean (P.27)
- Decision to delivery interval Category 2 caesarean (P.27)

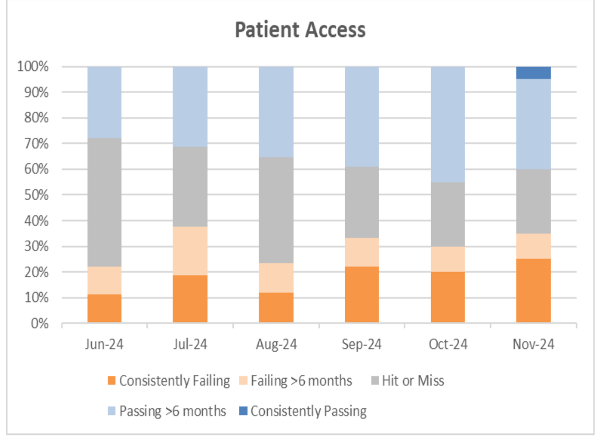
**Escalated due to the rule for being in Hit or Miss for more than six months being applied*

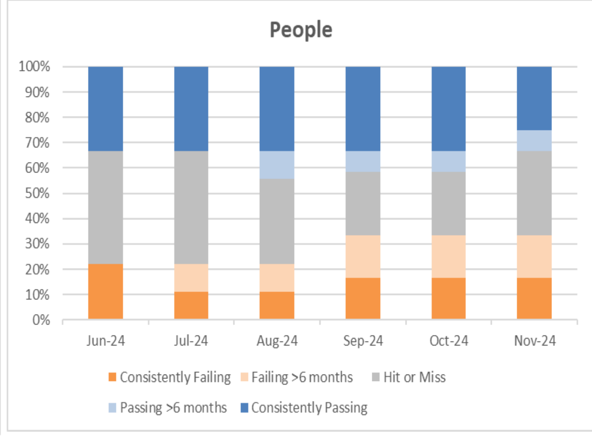
Assurance Stacked Bar Charts by Strategic Theme

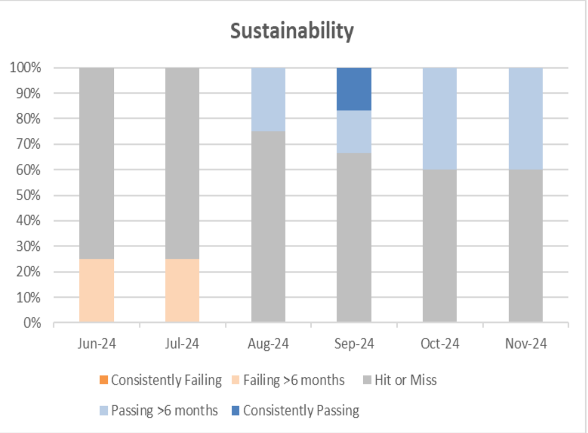












Matrix Summary

November 2024

Variance	Assurance: Pass ★	Assurance: Pass	Assurance: Hit and Miss	Assurance: Fail	Assurance: Fail -
Special Cause - Improvement	Statutory and Mandatory Training Percentage of AfC 8c and above that are Female Rate of all Outpatients that are either New or FUP with a procedure (Nat Target min 49%) Standardised Mortality HSMR Rate of all Outpatients that are either New or FUP with a procedure (Nat Target min 49%)	Reduce Turnover Rate to 12% Safe Staffing Levels (Nursing) To achieve the planned levels of new outpatients activity (shown as a % 19/20) Cancer - 31 Day First (New Combined Standard) - data runs one month behind Cancer - 28 Day Faster Diagnosis Compliance (data runs one month behind) Cancer - 28 Day Faster Diagnosis Completeness (data runs one month behind) To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20) Capital Expenditure (£k)	Agency Spend as a % of spend – target of 3.2%		Overall Temporary Staff Spend as a % of Total Spend % Capped Theatre utilisation. Achieve the Trust RTT Trajectory (Including SYS) - Reported Nationally Transformation: % of Patients Discharged to a PIFU Pathways Transformation: CAU Calls answered <1 minute Friends and Family (FFT) % Response Rate: A&E Friends and Family (FFT) % Response Rate: Outpatients Depth of Coding - Average Number of Codes per Elective Episode (Data runs one month behind)
Common Cause	Percentage of AfC 8c and above that have a Disability Complaints Rate per 1,000 occupied beddays	Cancer - 62 Day (New Combined Standard) data runs one month behind To achieve the planned levels of elective (DC and IP cobined) activity (shown as a % 19/20) To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience. Cash Balance (£k)	Reduce the Trust wide vacancy rate to 8% Sickness Absence Staff Leavers within 24 months Reduction in rate of patient incidents resulting in Moderate+ Harm per 1000 bed days (data runs one month behind) Number Moderate+ Harms Attributed to the Potential Mismanagement of Deteriorating Patients (data runs one month behind) Never Events IC - Rate of Hospital E.Coli per 100,000 occupied beddays IC - Rate of Hospital C.Difficile per 100,000 occupied beddays IC - Number of Hospital acquired MRSA Bacteraemia Rate of patient falls per 1000 occupied bed days Conversation rate from ED (Excluding Type 5 and including Direct Admissions) RTT Patients waiting longer than 40 weeks for treatment (Excluding System Support) Flow: Ambulance Handover Delays >30mins To reduce the overall number of complaints or concerns each month % complaints responded to within target % VTE Risk Assessment (one month behind) Delivery of financial plan, including operational delivery of capital investment plan (net surplus(-)/net deficit (+) £000) Reduce non- pay spend Reduction in Postage Costs Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000	Staff Leavers within 12 months A&E 4 hr Performance Flow: % of Emergency Admissions into Assessment Areas Reduction in agency spend (specific to B5 RMNs and B3 HCSW) Friends and Family (FFT) % Response Rate: Inpatients	Percentage of AfC 8c and above that are BAME Achieve 10% Reduction in Non-Elective LOS (including Zero LOS & Excluding Type 5) Friends and Family (FFT) % Response Rate: Maternity
Special Cause - Concern	Decrease the percentage of occupied bed days for patients identified as no longer fit to reside (NCTR) Summary Hospital-level Mortality Indicator (SHMI)		Access to Diagnostics (<6weeks standard)	Reduction in Total Pay Spend	

Strategic Theme: People

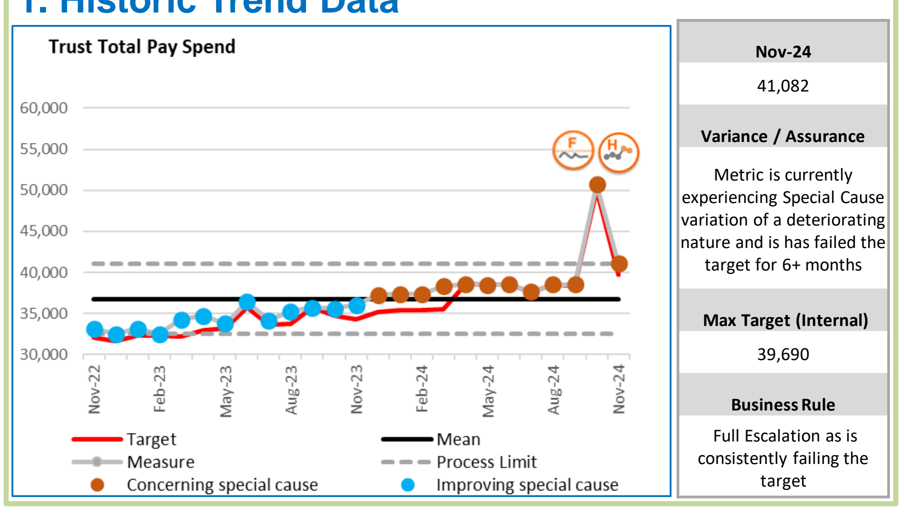
	CQC Domain	Metric	DQ Kite Mark	Latest: Trust Target	Latest: Most recent position	Latest: Period	Previous: Trust Target	Previous: Most recent position	Previous: Period	Watch / Driver	Variation	Assurance	CMS Actions	Forecast: 3 Month Forecast	Forecast: Variation	Forecast: Assurance
Vision	Well Led	Reduction in Total Pay Spend		39,690	41,082	Nov-24	50,015	50,722	Oct-24	Driver	H	F	Full CMS			
Financial Breakthrough Objectives	Well Led	Overall Temporary Staff Spend as a % of Total Spend		8.5%	12.2%	Nov-24	8.5%	9.0%	Oct-24	Driver	L	F	Full CMS			
	Well Led	Agency Spend as a % of spend – target of 3.2%		3.2%	2.3%	Nov-24	3.2%	2.1%	Oct-24	Driver	L	?	Note Performance			
Constitutional Standards and Key Metrics	Well Led	Reduce the Trust wide vacancy rate to 8%		8.0%	6.8%	Nov-24	8.0%	7.3%	Oct-24	Driver		?	Not Escalated	6.8%		P
	Well Led	Reduce Turnover Rate to 12%		12.0%	10.5%	Nov-24	12.0%	10.8%	Oct-24	Driver	L	P	Not Escalated	10.2%	L	P
	Well Led	Sickness Absence		4.5%	4.5%	Oct-24	4.5%	4.1%	Sep-24	Driver		?	Not Escalated	4.59%		?
	Well Led	Appraisal Completeness		95.0%	95.4%	Nov-24	N/A	N/A	Oct-24	Driver	No SPC	No SPC	Not Escalated	95.0%	No SPC	No SPC
	Well Led	Statutory and Mandatory Training		85.0%	90.8%	Nov-24	85.0%	91.0%	Oct-24	Driver	H	P	Not Escalated	93.99%	H	P
	Well Led	Percentage of AfC 8c and above that are Female		66.0%	73.5%	Nov-24	66.0%	74.0%	Oct-24	Driver		P	Not Escalated	78.74%	H	P
	Well Led	Percentage of AfC 8c and above that have a Disability		4.0%	7.5%	Nov-24	4.0%	6.8%	Oct-24	Driver	H	P	Not Escalated	5.04%		P
	Well Led	Percentage of AfC 8c and above that are BAME		9.9%	6.1%	Nov-24	9.5%	6.2%	Oct-24	Driver		F	Escalation	7.78%		F
	Well Led	Staff Leavers within 12 months		15.3	17	Nov-24	15.3	18	Oct-24	Driver		F	Escalation	1902.3%		F
	Well Led	Staff Leavers within 24 months		27.8	25	Nov-24	27.8	39	Oct-24	Driver		?	Not Escalated	3404.4%		?

Financial Breakthrough Objective: Counter Measure Summary

Metric Name – Reduction in Total Pay Spend

Owner: Chief People Officer
Workstream: Temporary Staffing
Metric: Overall Temporary Staff Spend as a % of Total Spend
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data



Nov-24
41,082
Variance / Assurance
Metric is currently experiencing Special Cause variation of a deteriorating nature and is has failed the target for 6+ months
Max Target (Internal)
39,690
Business Rule
Full Escalation as is consistently failing the target

2. Stratified Data

Data being reviewed

3. Top Contributors & Risks

Top Contributors:

- To be identified

4. Action Plan of the Breakthrough Objective

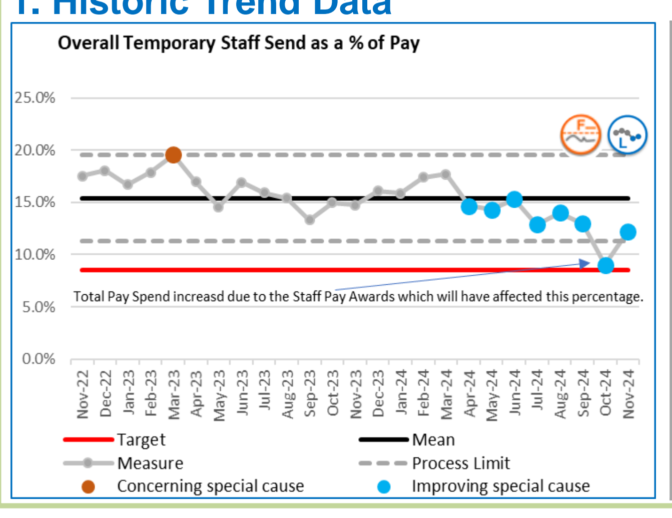
Workstreams	Actions	When	Who
Trust Total Pay Spend	Review of data to triangulate substantive WTE, vacancy, sickness and activity against temp staff spend to ensure that we understand what is driving this metric	Jan 2025	Senior Continuous Improvement Manager

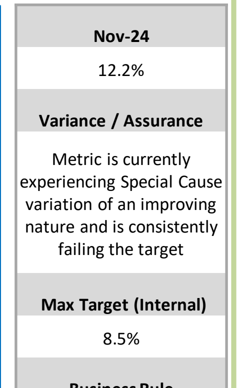
Financial Breakthrough Objective: Counter Measure Summary

Metric Name – Overall Temporary Staff Spend as a % of Total Spend

Owner: Chief People Officer
Workstream: Temporary Staffing
Metric: Overall Temporary Staff Spend as a % of Total Spend
Desired Trend: 7 consecutive data points below the mean

1. Historic Trend Data





Nov-24

12.2%

Variance / Assurance

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

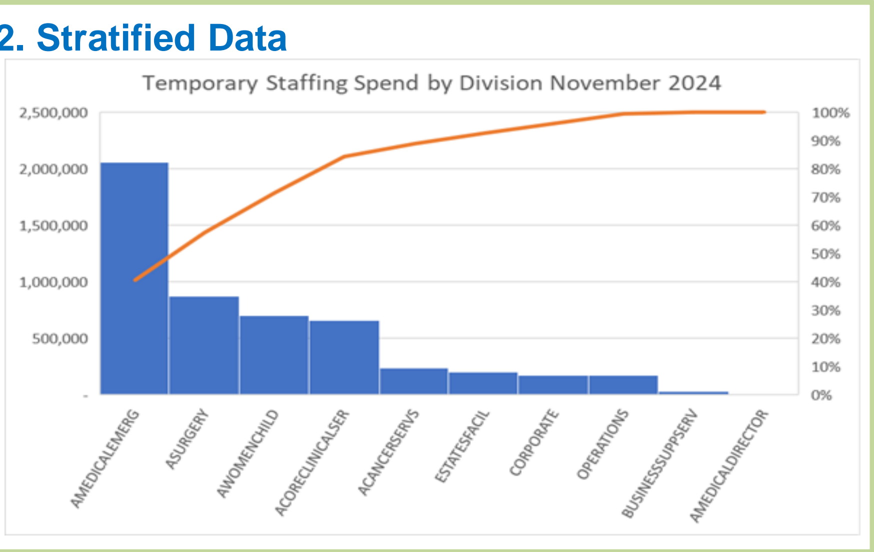
Max Target (Internal)

8.5%

Business Rule

Full Escalation as is consistently failing the target

2. Stratified Data



3. Top Contributors & Risks

Top Contributors:

- Inconsistent controls to assess requests for temporary staffing
- High levels of retrospective rostering creating inaccurate bank demand
- Variation in medical bank rates paid
- Medical rosters not recorded consistently

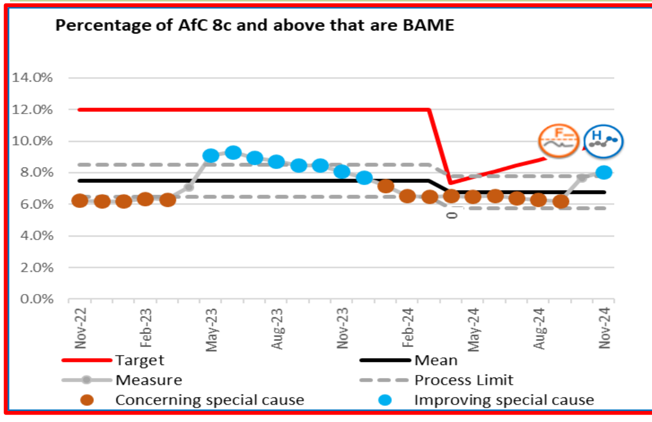
Risks:

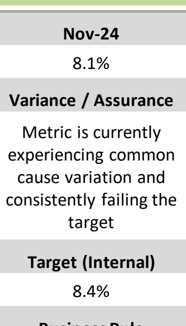
- There is a risk that Divisions will not reduce their pay forecasts by the target level of 1.9% (£9m)
- There is a risk that unexpected high demand on services will cause temporary staffing levels to be higher than planned
- There is a risk that the temporary staffing team do not have sufficient resource capacity to deliver project deliverables

4. Action Plan of the Breakthrough Objective

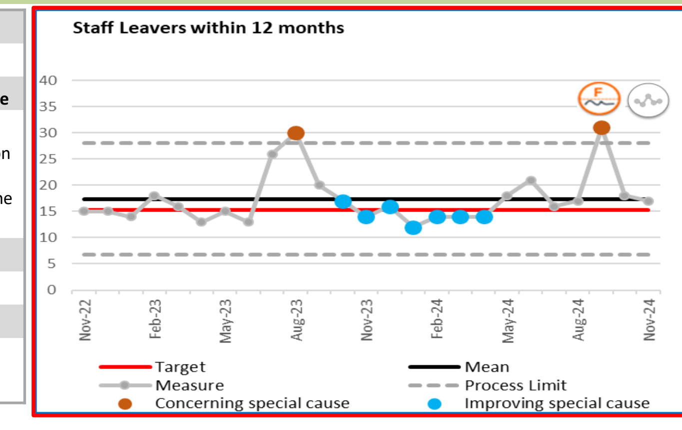
Workstreams	Actions	When	Who
Programme Delivery	Develop an A3 to identify strategic divisional actions to take forward	Jan 2025	Senior Continuous Improvement Manager
	Review of downside actions and next steps	Dec 2024 – Jan 2025	CPO / Deputy CPO
Rostering Performance	Rollout Temporary Staffing Dashboard to give operational teams visibility of key temporary staffing performance	Dec 2024 – Jan 2025	Deputy CPO / Financial Improvement Director
	Division / directorate forecast meetings – including focus on areas over £50k variance to budget	ongoing	Deputy CPO / Financial Improvement Director
Vacancy and Pay Controls	Communicate outcome of AFC Bank rate review	Dec 2024	Deputy CPO / Financial Improvement Director
	Review & respond to ICB pay controls	ongoing	
	Review of Corporate Consultancy usage and baseline	Jan 2025	
Medical Rate Framework	New Framework implementation	Jan 2025	Deputy Medical Director
Medical Rostering (Patchwork)	Finalise plan for rollout of Patchwork in ED inc staff engagement and communications.	Dec 2024	Temporary Staffing Programme Director

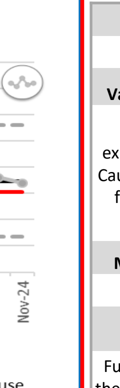
People – Workforce: CQC: Well-Led



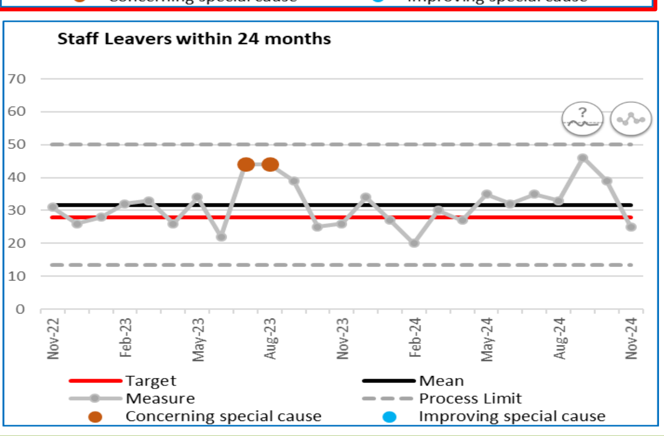


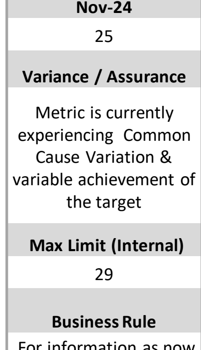
Nov-24
8.1%
Variance / Assurance
Metric is currently experiencing common cause variation and consistently failing the target
Target (Internal)
8.4%
Business Rule
Full Escalation





Nov-24
17
Variance / Assurance
Metric is currently experiencing Common Cause Variation and has failed the target for >6months
Max Limit (Internal)
15
Business Rule
Full Escalation as failed the target for >6 months





Nov-24
25
Variance / Assurance
Metric is currently experiencing Common Cause Variation & variable achievement of the target
Max Limit (Internal)
29
Business Rule
For information as now in variable achievement

Summary:

% of AfC 8c and above that are BAME: This metric is common cause variation and consistently failing the target.

Staff Leavers within 12 months: This metric is experiencing common cause variation and has failed the target for >6months

Staff Leavers within 24 months: This metric is experiencing common cause variation and variable achievement of the target

Actions:

% of AfC 8c and above that are BAME:

Actions:

- Launch of focussed work on inclusive recruitment for bands 8b+
- Inclusive recruitment workshops extended to all recruiting managers.
- Q3 24/25 focus on inclusive recruitment. Reverse mentoring cohort 3 planned.
- Increased visibility of staff networks through corporate briefing
- Whilst the EDI project is closing down, focus on EDI strategy and NHSE deliverables will continue.

Staff Leavers within 12 AND within 24 months (now showing headcount rather than as a % of all leavers)

- Actions associated with managing the number of leavers with 12 months or less service have been identified, with leads assigned. Work is underway to implement these actions.
- Our NHS People Promise Exemplar Programme focusses on flexible working, civility and respect and staff voice supporting this focus.
- We are also looking at more granular data to use in reporting for staff leavers in these cohorts, especially HCSWs and as part of divisional 'hotspots' work.

Assurance & Timescales for Improvement:

% of AfC 8c and above that are BAME:

- During November and December, there have been 5 inclusive recruitment workshops with attendance: 29, DNA: 16, cancelled 2. There continues to be lack of engagement from senior recruiting managers.
- Session to be scheduled in January to take People Business Partners through the EDI dashboard as part of the Divisional OD plans which should incorporate focus on representation
- Update to go to ETM in January with WRES and WDES regional updates and support required from senior leaders

Staff Leavers within 12 AND within 24 months:

- Continuous review of divisional turnover hotspots
- Taking forward counter measures on turnover, including proposal for enhanced hybrid working at an organisational level.
- Delivered more granular dashboard to focus on short term leavers at a Divisional and Directorate level with conversations being led with our corporate Business Partners.

Strategic Theme: Patient Safety & Clinical Effectiveness

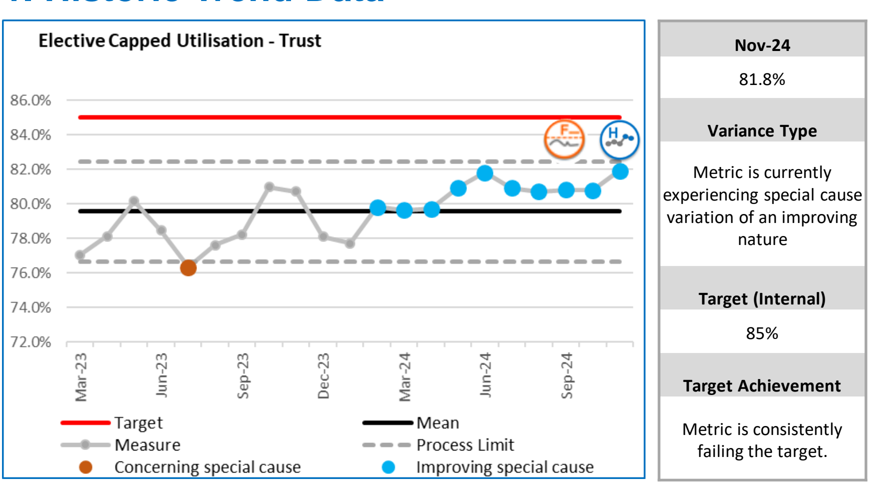
	CQC Domain	Metric	DQ Kite Mark	Latest			Previous			Actions & Assurance				Forecast		
				Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision	Safe	Reduction in rate of patient incidents resulting in Moderate+ Harm per 1000 bed days (data runs one month behind)		1.50	2.04	Oct-24	1.50	2.10	Sep-24	Driver		?	Verbal CMS	1.93 Nov 24		F
Breakthrough Objective	Safe	Number Moderate+ Harms Attributed to the Potential Mismanagement of Deteriorating Patients (data runs one month behind)		2.1	3	Oct-24	2.1	1	Sep-24	Driver		?	Verbal CMS	2 Nov 24		?
Financial Breakthrough Objectives	Safe	% Capped Theatre utilisation.		85.0%	81.9%	Nov-24	85.0%	80.8%	Oct-24	Driver	H	F	Full CMS			
	Safe	Rate of all Outpatients that are either New or FUP with a procedure (Nat Target min 49%)		49.0%	53.4%	Nov-24	49.0%	53.3%	Oct-24	Driver	H	P	Note Performance	55.8	H	P
Constitutional Standards and Key Metrics	Safe	Number of new Patient Safety Incident Investigations (PSIIs) commissioned in month	TBC	TBC	6	Nov-24	TBC	4	Oct-24	Driver	No SPC	No SPC	Not Escalated			
	Safe	Number of new After Action Reviews (AARs), commissioned in month	TBC	TBC	22	Nov-24	TBC	31	Oct-24	Driver	No SPC	No SPC	Not Escalated			
	Safe	Number of new SWARMs commissioned in month	TBC	TBC	0	Nov-24	TBC	0	Oct-24	Driver	No SPC	No SPC	Not Escalated			
	Safe	Standardised Mortality HSMR		100.0	86.0	Aug-24	100.0	85.1	Jul-24	Driver	L	P	Not Escalated	79.6	L	P
	Safe	Summary Hospital-level Mortality Indicator (SHMI)		100.0	95.0	Aug-24	100.0	94.0	Jul-24	Driver	H	P	Not Escalated	94.8	H	P
	Safe	Never Events		0	0	Nov-24	0	1	Oct-24	Driver		?	Not Escalated	0		?
	Safe	Safe Staffing Levels (Nursing)		93.5%	102.3%	Nov-24	93.5%	102.0%	Oct-24	Driver	H	P	Not Escalated	103.4%	H	P
	Safe	IC - Rate of Hospital E.Coli per 100,000 occupied beddays		32.6	43.5	Nov-24	32.6	59.8	Oct-24	Driver		?	Not Escalated	36.0		?
	Safe	IC - Rate of Hospital C.Difficile per 100,000 occupied beddays		44.4	59.8	Nov-24	44.4	52.4	Oct-24	Driver		?	Not Escalated	56.6		F
	Safe	IC - Number of Hospital acquired MRSA Bacteraemia		0	0	Nov-24	0	0	Oct-24	Driver		?	Not Escalated	0		?
	Safe	Rate of patient falls per 1000 occupied bed days		6.4	5.9	Nov-24	6.4	5.8	Oct-24	Driver		?	Not Escalated	5.8		P

Financial Breakthrough: Counter Measure Summary

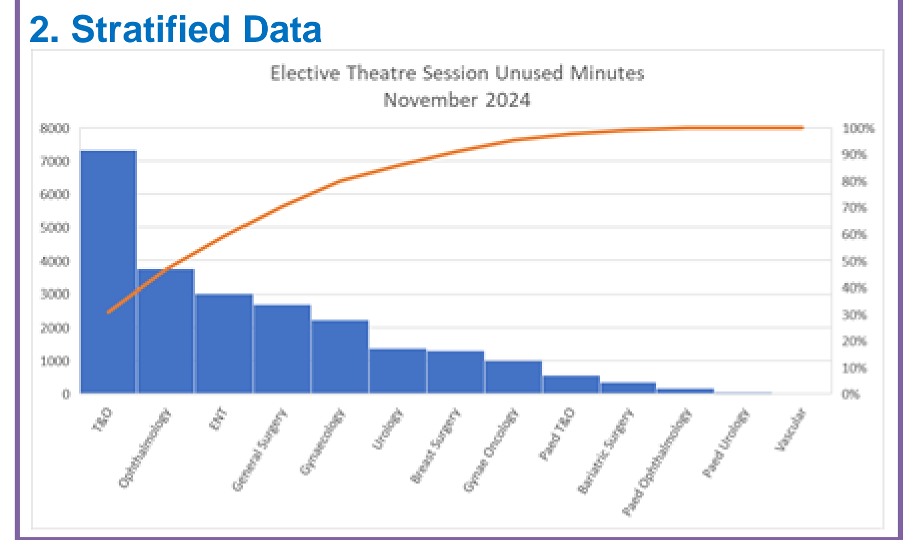
Project/Metric Name – % Capped Theatre utilisation.

Owner: Medical Director
Workstream: Productivity
Metric: % Capped Theatre utilisation.
Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data



2. Stratified Data



3. Top Contributors

Theatre Utilisation

- Elective paediatric beds
- Incorrect procedure times
- Cancellations (linked to scheduling and not enough POA'd Patents)
- Scheduling – some lists being booked at short notice due to workforce availability
- Backfilling of sessions in orthopaedics (due to leave and on calls substantive consultants work a 39 week elective year)

Key Risks:

- POA capacity and HBA1C delays compounded by lists not booked far enough in advance at scheduling. This is contributing to cancellations and late starts. Need fordcombe POA and virtual capacity and stand by/pool of short notice patients to add to list in the event of late cancellations. (ACTION)
- Paediatric ward opening times-Need to reduce session run time (ACTION)
- TAT-high volume lists with 2 cohorts of patients coming in is resulting in mid list down time, need full RV of process. (ACTION)

4. Action Plan

Action	Deadline/ Next Review	Status
Review of paediatric bed availability / requirements by WCSH & identify next steps	Dec 24	Open
Complete an A3 in Ophthalmology to understand root causes for underutilisation and cancellations	Dec 24	Commenced
Directorates working on opportunities to improve procedure times	Dec 24	Commenced
Identify a cohort of patients in key specialties who are available at short notice to utilise cancelled slots	Dec 24	Open
Introduction of T&O and Urology bespoke scheduling meetings	Nov 24	Complete

Strategic Theme: Patient Access

				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Vision	Responsive	Achieve 10% Reduction in Non-Elective LOS (including Zero LOS & Excluding Type 5)		5.9	6.7	Nov-24	5.9	7.2	Oct-24	Driver			Full CMS			
Financial Breakthrough Objective	Responsive	Conversion rate from ED (Excluding Type 5 and including Direct Admissions)		16.0%	15.0%	Nov-24	16.0%	16.0%	Oct-24	Driver			Verbal CMS			
Constitutional Standards and Key Metrics	Responsive	Achieve the Trust RTT Trajectory (Excluding SYS)		78.8%	70.1%	Nov-24	78.1%	71.5%	Oct-24	Driver			Escalation	72.9%		
	Responsive	Achieve the Trust RTT Trajectory (Including SYS) - Reported Nationally		78.8%	67.7%	Nov-24	78.1%	71.1%	Oct-24	Driver			Business Rules not applied (for info only)			
	Responsive	To achieve the planned levels of new outpatients activity (shown as a % 19/20)		124.3%	130.5%	Nov-24	125.8%	131.8%	Oct-24	Driver			Not Escalated	121.7%		
	Responsive	RTT Patients waiting longer than 40 weeks for treatment (Excluding System Support)		654	756	Nov-24	674	622	Oct-24	Driver			Not Escalated	727		
	Responsive	RTT Patients waiting longer than 40 weeks for treatment (System Support only)		N/A	89	Nov-24	N/A	132	Oct-24	Driver	No SPC	No SPC	Business Rules not applied (for info only)			
	Responsive	RTT Patients waiting longer than 52 weeks for treatment (System Support only) - Reported Nationally		N/A	24	Nov-24	N/A	95	Oct-24	Driver	No SPC	No SPC	Business Rules not applied (for info only)			
	Responsive	Access to Diagnostics (<6weeks standard)		98.7%	89.3%	Nov-24	98.5%	89.3%	Oct-24	Driver			Not Escalated	90.0%		
	Responsive	A&E 4 hr Performance		83.8%	81.5%	Nov-24	84.1%	82.2%	Oct-24	Driver			Escalation	81.2%		
	Responsive	Cancer - 31 Day First (New Combined Standard) - data runs one month behind		96.0%	96.7%	Oct-24	96.0%	96.7%	Sep-24	Driver			Not Escalated	96.0%		
	Responsive	Cancer - 62 Day (New Combined Standard) data runs one month behind		85.0%	86.0%	Oct-24	85.0%	85.1%	Sep-24	Driver			Not Escalated	86.5%		
	Responsive	Cancer - 28 Day Faster Diagnosis Compliance (data runs one month behind)		75.0%	77.5%	Oct-24	75.0%	77.2%	Sep-24	Driver			Not Escalated	79.6%		
	Responsive	Cancer - 28 Day Faster Diagnosis Completeness (data runs one month behind)		90.0%	94.0%	Oct-24	90.0%	92.5%	Sep-24	Driver			Not Escalated	96.7%		

* The RTT Trajectory and Patients waiting more than 40 weeks excludes the patients that have been added to our waiting list as the Trust is now providing system support (SYS) to our neighbouring Trusts across Kent and Medway to help reduce long waiting patients to ensure these patients are treated as quickly as possible.

- CWT metrics are the Provisional reported monthly positions, but the position hasn't been fully validated yet. Finalised reports will be available after the 6 monthly refresh and the position is expected to improve.

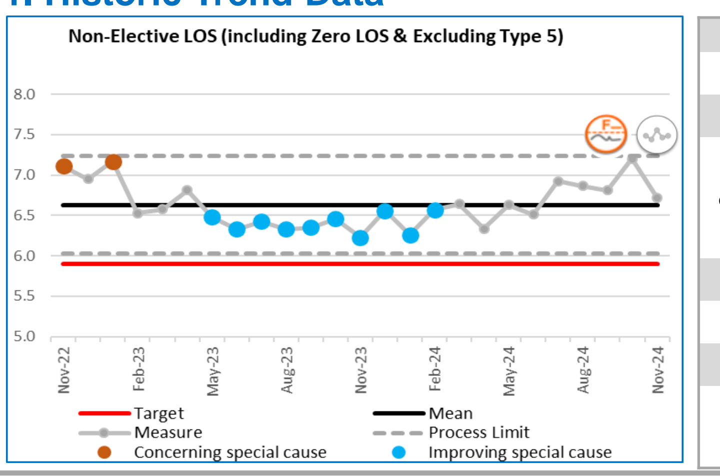
Strategic Theme: Patient Access (continued)

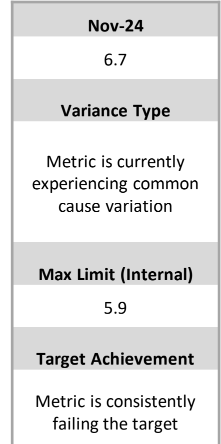
				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Constitutional Standards and Key Metrics	Effective	Transformation: % OP Clinics Utilised (slots)		85.0%	75.8%	Nov-24	85.0%	84.2%	Oct-24	Driver			Not Escalated	85.0%		
	Effective	Transformation: % of Patients Discharged to a PIFU Pathways		6.9%	7.7%	Nov-24	6.3%	7.3%	Oct-24	Driver			Escalation	8.0%		
	Effective	Transformation: CAU Calls answered <1 minute		90.0%	84.0%	Nov-24	90.0%	83.5%	Oct-24	Driver			Escalation	88.9%		
	Effective	Flow: Ambulance Handover Delays >30mins	TBC	5.0%	5.7%	Nov-24	5.0%	6.1%	Oct-24	Driver			Not Escalated	5.7%		
	Effective	Flow: % of Emergency Admissions into Assessment Areas		65.0%	59.4%	Nov-24	65.0%	58.0%	Oct-24	Driver			Escalation	57.7%		
	Responsive	To achieve the planned levels of elective (DC and IP cobined) activity (shown as a % 19/20)		112.0%	124.0%	Nov-24	119.5%	128.3%	Oct-24	Driver			Not Escalated	102.7%		
	Responsive	Rate of all Outpatients that are either New or FUP with a procedure (Nat Target min 49%)		49.0%	53.4%	Nov-24	49.0%	53.3%	Oct-24	Driver			Not Escalated	55.8		
	Responsive	To achieve the planned levels of Diagnostic (MRI,NOUS,CT Combined) Activity (shown as a % 19/20)		141.3%	162.4%	Nov-24	141.4%	163.7%	Oct-24	Driver			Not Escalated	177.3%		

Vision: Counter Measure Summary

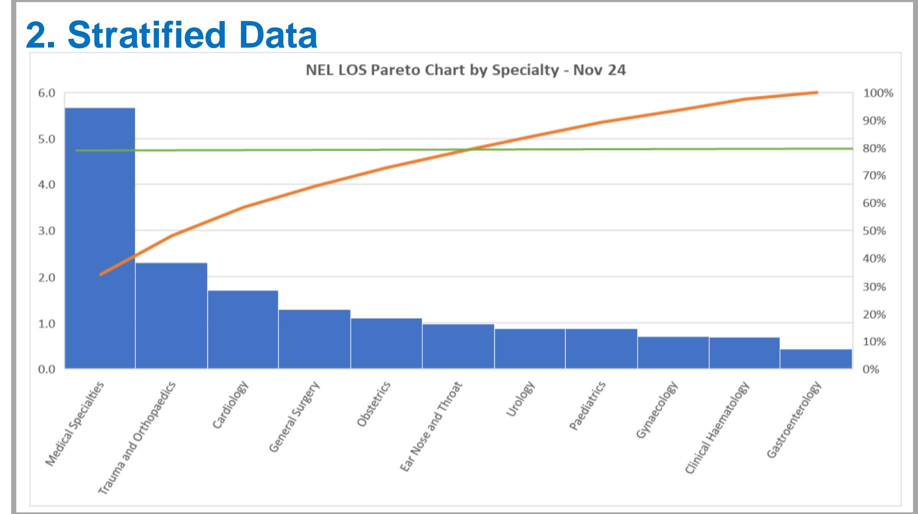
Project/Metric Name – Achieve 10% Reduction in Non-Elective LOS

Owner: Chief Operating Officer
Workstream: Front to Back Doors
Metric: Non-Elective Length of Stay (LOS)
Desired Trend: 7 consecutive data points below the mean





2. Stratified Data



3. Top Contributors

- Inconsistent Board Round Processes
- High number of DTA's overnight impacting on flow
- Review of SDEC pathways/utilisation
- Deconditioning of patients with extended stays
- Pathway 1 provider change

Quick win

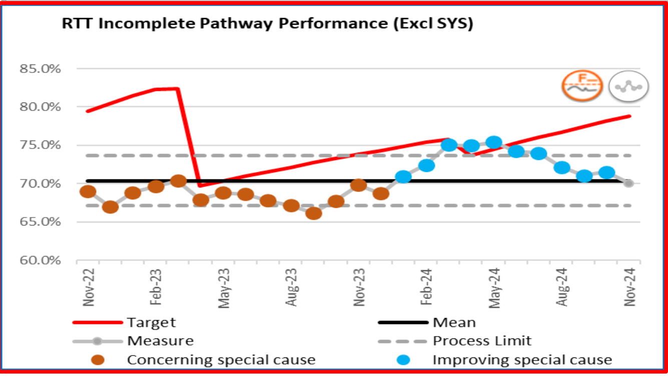
- Pathway 0 management

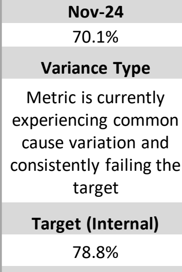
Key Risks:
Change of provider for pathway one, leading to delays to patient pathways.
Mitigations: Regular meetings in place, processes being reviewed

Increased in NEL Demand due to Seasonal illnesses could impact on LOS

Contributors	Action	When
Inconsistent board rounds	• Board round Audits feedback given to matrons. Ward 11 Daily Board rounds assurance • Completion of KPI dashboard by ward and Diamond Patients live on Tele tracking • Ward 30, 31, 11 and John Day and Edith Cavell implement EDN Prioritisation • Comms on diamond patients to be shared across the organisation • Ward 20 and John Day introducing PM Board rounds	Completed Dec 24 Dec 24 Jan 25
DTA's Overnight	• Assurance monitoring in place, regular observations	Dec 2024
Pathway 0 management	• Review of data highlighting delays • Pathway 0 management to be monitored over the weekend • Improvement of service development over the weekend • Capturing and analysing data on early discharges or alternative pathways along with focus on out of area.	22nd Nov 24✓ Dec 24
SDEC	• Gastro SDEC staffing model to be agreed • Clinical Lead in place working to go live beginning of Feb	11th Dec 24
Deconditioning	• Audit to establish referral timeline	Oct 2024✓
Pathways 1-3	• Escalation ladder in place for East Sussex • Agreement of escalation ladders for Neuro rehab and Mental Health to be completed	Nov 2024✓ Dec 2024
Weekend Discharge	• Review of data to identify areas of improvement to facilitate flow and weekend discharges	Dec 2024
Data review	• Review if Acuity of patients is impacting on LOS	Dec 2024

Patient Access: CQC: Responsive




Nov-24

70.1%

Variance Type

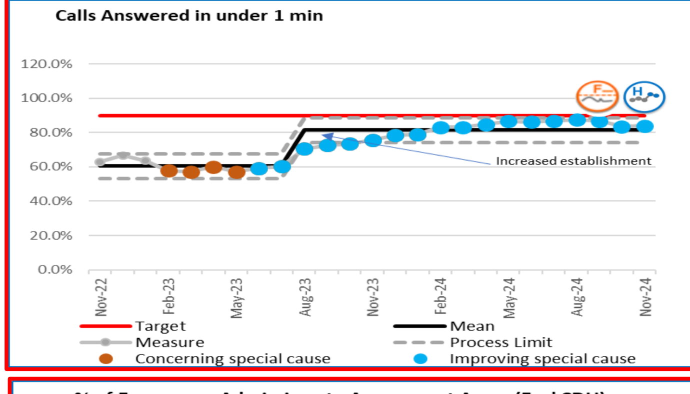
Metric is currently experiencing common cause variation and consistently failing the target

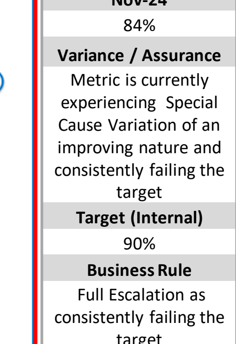
Target (Internal)

78.8%

Target Achievement

Metric is consistently failing the target




Nov-24

84%

Variance / Assurance

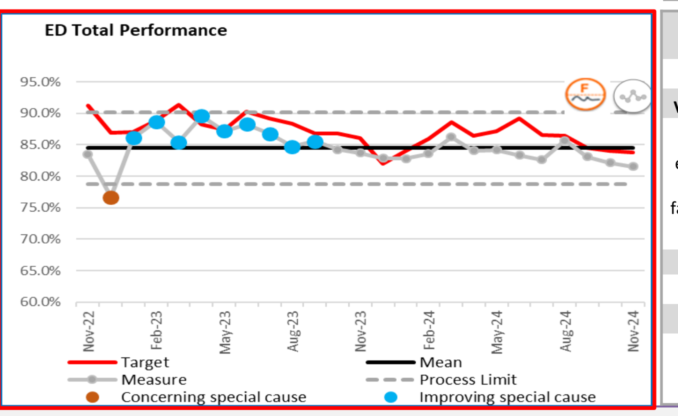
Metric is currently experiencing Special Cause Variation of an improving nature and consistently failing the target

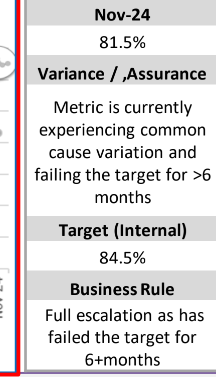
Target (Internal)

90%

Business Rule

Full Escalation as consistently failing the target




Nov-24

81.5%

Variance / ,Assurance

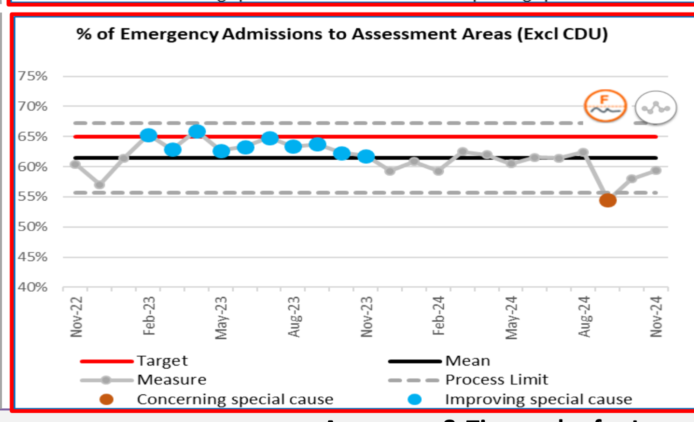
Metric is currently experiencing common cause variation and failing the target for >6 months

Target (Internal)

84.5%

Business Rule

Full escalation as has failed the target for 6+months



Nov-24

59.4%

Variance / Assurance

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

Target (Internal)

65%

Business Rule

Full Escalation as has failed the target for 6+months

Summary:

RTT: is experiencing common cause variation and is consistently failing the target.

Calls Answered <1 min: is experiencing special cause variation of an improving nature and remains consistently failing the target. The areas currently below target consistently are: Medicine, Endoscopy, Surgical Specialties, and T&O.

ED Performance <4hrs: is experiencing common cause variation and has failed the target for more than six months

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

Actions:

RTT: Review of data to identify specialties with longest waits. Identify 2 areas for focussed improvement- Gynaecology and ENT with further data to drill down on improvement areas, Process Mapping sessions planned.
Performance against the under 1 minute KPI: Daily report by hour and by speciality are circulated to the General Managers and team leaders to highlight peaks and troughs of performance. Bi-weekly KPI meetings with specialities to put in place actions to improve performance metrics. Share and learn event being set-up and under-performing specialities escalations to GM level. Review of data underway to identify themes and trends in the calls received to understand demand. CAU Forum for call performance planned for January
ED Performance<4hrs: The ED team are constantly reviewing ways to improve our performance and ensure consistency of patient care. Improvement ideas are constantly being suggested and reviewed for impact. With the current capacity issues we are reviewing attendance surge plans and staffing responses.
% of Emergency Admissions to Assessment Areas (Excl CDU): Medical SDEC performance continues to be at above national standard of 33% of medical take with AFU and AEC taking over 45%-46% of medical NE attenders. A trust wide working group for flow will have a focus on improvements in surgical SDEC including SAU pulling over night and OAU taking more patients from ED.

Assurance & Timescales for Improvement:

RTT: We've established and communicated a clear trajectory for reducing wait times for first appointments with the specialty teams. Teams are implementing super clinics, and we're continuing to enhance the straight-to-test pathways. Notably, there have been improvements in gynaecology regarding their wait times for first appointments. However, some progress has been affected by the resources allocated to system support, particularly for Gastro and ENT services. Process mapping has been completed in ENT and areas of improvement from this exercise are being worked through with the team.
Calls Answered within 1 minute in the CAUs: Remain on upward trajectory. Focus on underperforming specialities to reach 90%. OCC fully established.
ED Performance<4hrs: With the volumes of attendances increasing, the team have been flexing capacity and staffing provisions in line with the demand. We have enacted TWH surge plan now multiple times for a reactive response.
% of Emergency Admissions to Assessment Areas (Excl CDU): The assessment areas have been reviewed and T&O are currently trialling an exclusion criteria rather than an inclusion criteria for patients who are able to be reviewed in this area. So far, patient throughput has increased by 1-2 patients per day.

Strategic Theme: Patient Experience

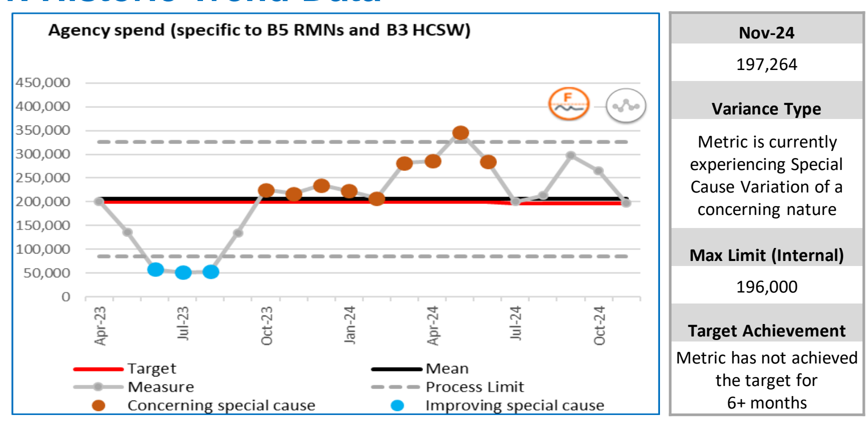
	CQC Domain	Metric	DQ Kite Mark	Latest: Trust Target	Latest: Most recent position	Latest: Period	Previous: Trust Target	Previous: Most recent position	Previous: Period	Actions & Assurance: Watch / Driver	Actions & Assurance: Variation	Actions & Assurance: Assurance	Actions & Assurance: CMS Actions	Forecast: 3 Month Forecast	Forecast: Variation	Forecast: Assurance
Vision	Caring	To reduce the overall number of complaints or concerns each month		36	57	Nov-24	36	35	Oct-24	Driver			Verbal CMS	40		
Breakthrough Objective	Caring	To reduce the number of complaints and concerns where poor communication with patients and their families is the main issue affecting the patients experience.		24	11	Nov-24	24	21	Oct-24	Driver			Note Performance	7		
Financial Breakthrough Objective	Caring	Reduction in agency spend (specific to B5 RMNs and B3 HCSW)		196,000	197,264	Nov-24	196,000	264,704	Oct-24	Driver			Full CMS			
Constitutional Standards and Key Metrics	Caring	Complaints Rate per 1,000 occupied beddays		3.9	3.1	Nov-24	3.9	1.8	Mar-24	Driver			Not Escalated	2.3		
	Caring	% complaints responded to within target		75.0%	81.0%	Nov-24	75.0%	52.0%	Oct-24	Driver			Not Escalated	75.0%		
	Caring	Complaints Backlog – Older than 4 months	TBC	0	11	Nov-24	0	30	Oct-24	Driver	No SPC	No SPC	Not Escalated			
	Caring	Complaints Closed in Month	TBC	38	37	Nov-24	38	47	Oct-24	Driver	No SPC	No SPC	Not Escalated			
	Caring	Complaints - 3 Day acknowledgement	TBC	95.0%	100.0%	Nov-24	95.0%	97.0%	Oct-24	Driver	No SPC	No SPC	Not Escalated			
	Caring	% VTE Risk Assessment (one month behind)		95.0%	93.4%	Oct-24	95.0%	94.8%	Sep-24	Driver			Not Escalated	94.19%		
	Caring	Friends and Family (FFT) % Response Rate: Inpatients		25.0%	20.0%	Nov-24	25.0%	4.4%	Oct-24	Driver			Escalation	-1.86%		
	Caring	Friends and Family (FFT) % Response Rate: A&E		15.0%	11.90%	Nov-24	15.0%	11.89%	Oct-24	Driver			Escalation	12.88%		
	Caring	Friends and Family (FFT) % Response Rate: Maternity		25.0%	7.5%	Nov-24	25.0%	4.8%	Oct-24	Driver			Escalation	-0.52%		
	Caring	Friends and Family (FFT) % Response Rate: Outpatients		20.0%	9.1%	Nov-24	20.0%	8.1%	Oct-24	Driver			Escalation	7.99%		

Financial Breakthrough: Counter Measure Summary

Metric Name – Reduction in agency spend (specific to B5 RMNs and B3 HCSW)

Owner: Chief Nurse
Workstream: Enhanced Care
Metric: Reduction in agency spend (specific to B5 RMNs and B3 HCSW)
Desired Trend: 7 consecutive data points below mean

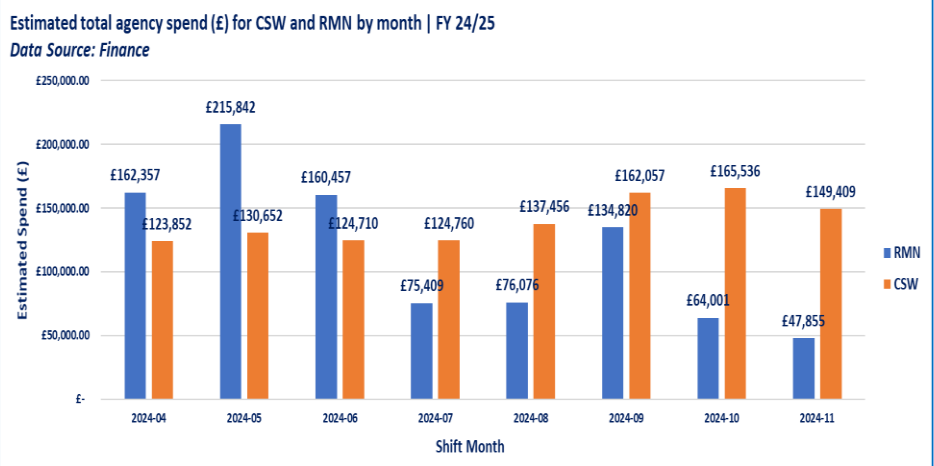
1. Historic Trend Data



Nov-24
197,264
Variance Type
Metric is currently experiencing Special Cause Variation of a concerning nature
Max Limit (Internal)
196,000
Target Achievement
Metric has not achieved the target for 6+ months

Phased target - reduce by 2% from the mean during Quarters 2 and 3 and 5% from the mean during Quarter 4 24/24

2. Stratified Data



3. Top Contributors and Key Risks

- Work to ensure the enhanced care pathways are robust enough and have operational oversight.
- Limited understanding of clinical need for Agency RMN and Band 3 CSW requests.
- No substantive workforce to support enhanced care pathways.
- Complex case pathway patients require a higher level of enhanced care meaning higher usage of agency staff and spend.

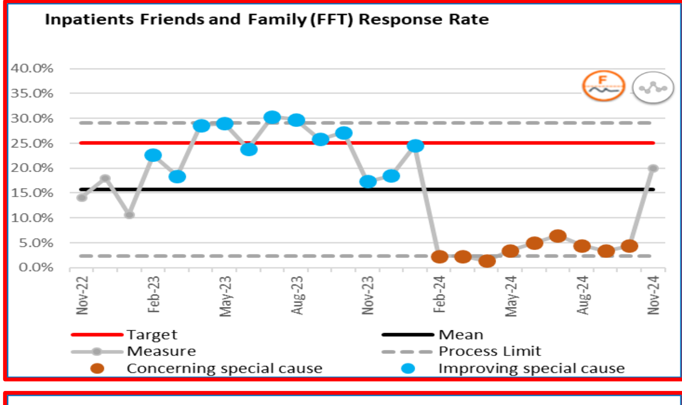
Key Risks:

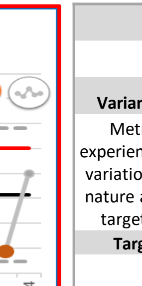
1. Focussing on reducing agency spend only without ensuring there is a substantive or bank workforce in place, may result in unmet demand which may impact on patient care or could lead to higher reliance on overtime from internal staff, which may become financially unsustainable in the long term.
2. Project may fail to deliver the expected cost-savings if internal staffing solutions are not effectively implemented. Poor execution could lead to even higher costs in the long run.
3. There is a risk that MTW might not attract permanent Bank staff due to the current exclusion of Bank workers from this years salary increment

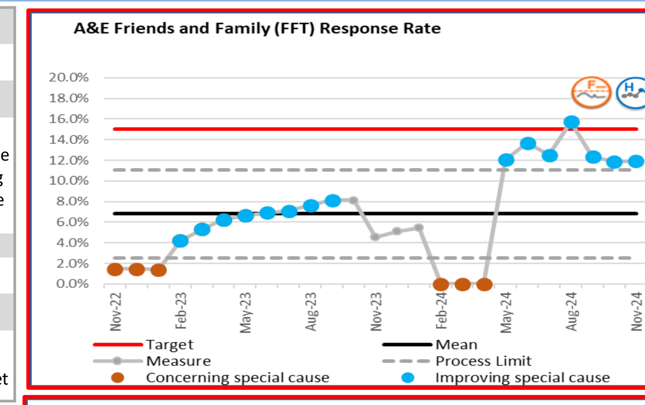
4. Action Plan of the Breakthrough Objective:

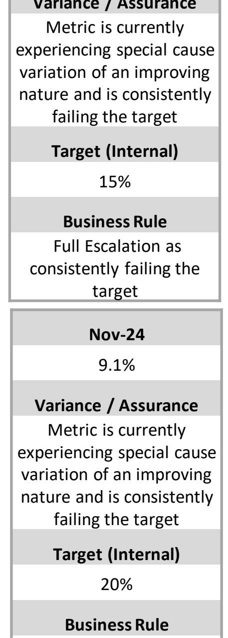
Workstreams	Action	When	Who
Data and Finance	Triangulate data based on current spend, health roster booking reason codes, ward specific resources and complex case patients	Dec- 24	PS/SH
Data and Finance	Develop trajectory and dashboard to show weekly/monthly trends on spend for Band5 RMNs and Band3 CSWs	Jan- 25	PS/SH
Enhanced Care policy	Future process for enhanced care pathway is in draft and is being reviewed by the team	Jan- 25	AD/LP
Enhanced Care policy	Gemba walk on high spend areas to identify improvement opportunities	Jan- 25	AD/LP
Enhanced Care Policy	Focus on high spend areas and start piloting improvements identified from workshop on 24th	Jan 25	AD
Enhanced Care Temporary Staffing	Business case development for enhanced care model	Jan- 25	CW
Enhanced Care Temporary Staffing	Identify and offer substantive members of staff upskilling and development in a phased approach for them to be able to work on the bank to fulfil Enhanced Care shifts.	Mar-25	CW

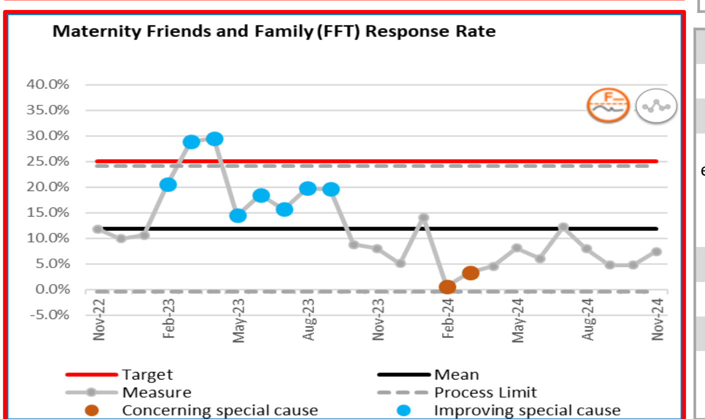
Patient Experience: CQC: Caring

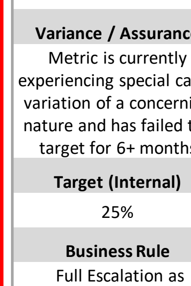


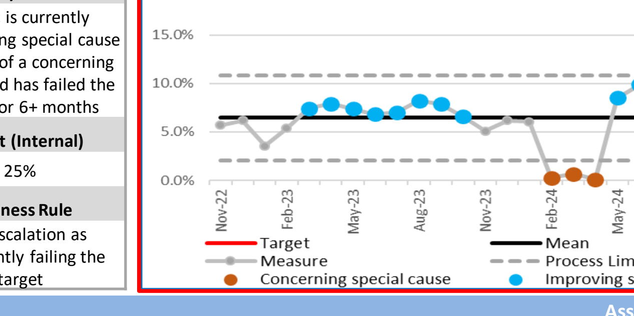












Summary:

Friends and Family Response Rate - Inpatients: Is experiencing Common Cause variation and is consistently failing the target.
National Response – 21.7%
Trust Recommended Rate is 94.6%

Friends and Family Response Rate - A&E: Is experiencing Special Cause Variation of an improving nature, but is consistently failing the target.
National Response – 10.6%
Trust Recommended Rate is 82.0%

Friends and Family Response Rate - Maternity: : Is experiencing Common Cause variation and is consistently failing the target
National Response – 11.9%
Trust Recommended Rate is 100%

Friends and Family Response Rate - Outpatients: Is experiencing Special Cause Variation of an improving nature variation but is consistently failing the target.
National Response – 14.8%
Trust Recommended Rate is 94.2%

Actions:

Inpatients: Response rate has increased this month, this is largely attributable to the inclusion of the hard copy FFT cards for the last 3 month period which are most numerous in relation to IP care. It is expected that this will be included within the regular data return from the provider from now onwards. Positive feedback significantly outweighs negative, main positive theme is staff – care and compassion demonstrated. Top themes for improvement: Staff attitude & communication – particularly in relation to next steps anticipated timescales. **A&E:** Response rate is relatively stable with the vast majority of responses received digitally. Positive themes: staff attitude and waiting times. Areas for improvement: poorly managed expectations/inaccurate information about anticipated wait times, staff attitude, fragmented care, lack of or poor communication.

Maternity: FFT cards & posters containing QR codes on display, link is also shared by post-natal team as part of information resources sent. Feedback is also being shared via other means e.g. social media this may impact on response rates for FFT, working with Maternity Patient Experience Facilitator to increase staff awareness of FFT. Plans imminent to enhance patient facing page to ensure that maternity services are presented in the most user-friendly format to facilitate feedback. Positivity rate of feedback received is high with standard of care provided by staff, being a recurrent theme.

Sexual Health: *114 responses, 90% (102/114) of patients felt satisfied with our service. Positive comments included: very friendly, kind & professional staff, patients left feeling at ease and respected. Areas of improvement: one patient reported feeling very dissatisfied but unfortunately didn't provide any comments. A small number of dissatisfied ratings were associated with long waiting times in clinic.*

Outpatients: Response rate has slightly increased since last month likely due to the inclusion of hard copy data for an extended period creating a slightly inflated response rate for the month. Top positive themes: caring attitude of staff, implementation of care and environment. Areas for improvement: staff attitude & communication, waiting times within department (clinics consistently starting late & running late, lack of accurate updates), numerous references to challenges of parking.

FFT Response All: Response rates are slightly inflated due to the inclusion of the last 3 months hardcopy postcard data which had previously not been included due to a process error with the provider. Inpatient and Outpatient data is most significantly affected, it is expected that this will be resolved for subsequent reports. Ongoing meetings with HCC to ensure correct mapping of clinical areas to feedback. Quality assurance measures are being instigated including the commencement of a review of clinic codes on an area by area basis, as these are used to send SMS text request for FFT feedback.

Assurance & Timescales for Improvement:

Friends and Family (FFT) Response Rates: A series of high level meetings have taken place meetings with HCC to review their contractual obligations in providing feedback obtained from FFT cards. It is expected that issues with the data return and missing hardcopy card data will be resolved for the December reporting.

At least one member of the HCC team will be making a site visit at the end of January to work alongside us and offer solution focused ideas based on experience with other organisations.

A communications plan has been created in collaboration with the team and incudes the utilisation of a variety of media and formats to promote FFT. This will launch on several days in January with information and feedback stands in each main reception, these will be accessible to staff and patients with support from a small number of volunteers who will be able to collect FFT feedback via iPads. From this springboard it's hoped that a small volunteer cohort will be developed who act as FFT champions and are able to support patients to provide feedback in areas of low response rates or specific areas such as ophthalmology OPD where dilating eye drops are used preventing patients from leaving immediate feedback.

Strategic Theme: Systems

				Latest			Previous			Actions & Assurance				Forecast		
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Financial Breakthrough Objectives	Effective	Depth of Coding - Average Number of Codes per Elective Episode (Data runs one month behind)		6.1	4.6	Oct-24	6.1	4.7	Sep-24	Driver	H	F	Full CMS			
Constitutional Standards and Key Metrics	Effective	Inpatient coding income (simple audit tool)		TBC	45,596	Oct-24	TBC	62,831	Sep-24	Driver	No SPC	No SPC	Escalation			

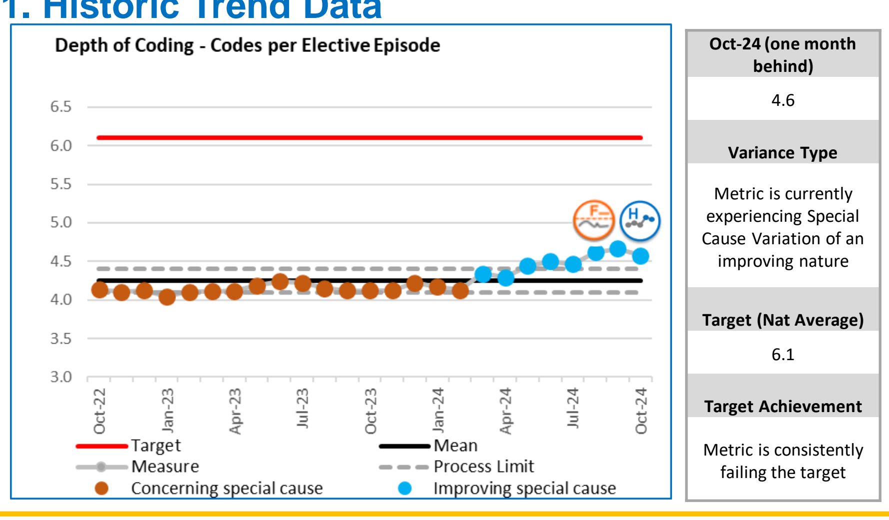
NB – Vision KPI and it's applicability to be discussed at board

Financial Breakthrough: Counter Measure Summary

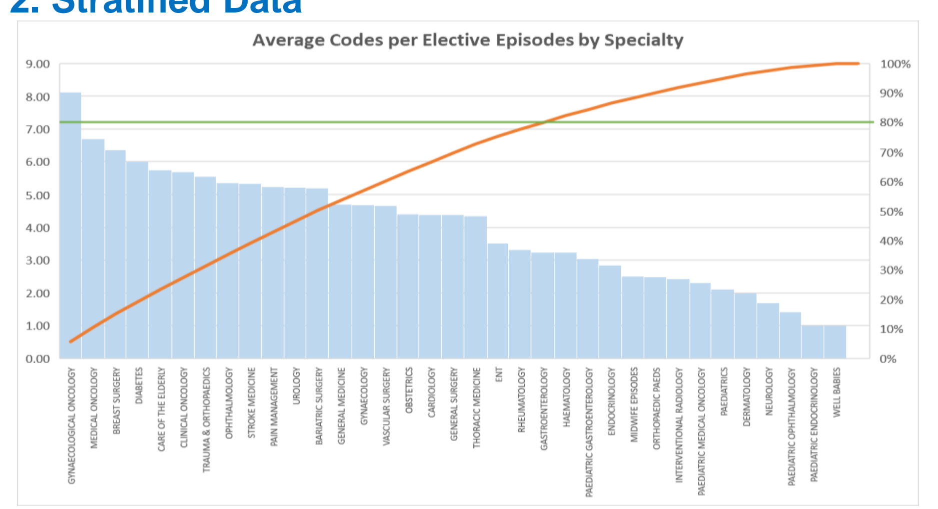
Project/Metric Name –To improve Coding – Depth of Coding – Codes per Elective Episode

Owner: Director Strategy, Planning & Partnerships
Workstream: Capturing Income
Metric: Codes per Elective Episode
Desired Trend: 7 consecutive data points above the mean

1. Historic Trend Data



2. Stratified Data



3. Top Contributors and Key Risks

Top Contributors

- Quality of clinical information recorded at depth appropriate to patient complexity

Key Risks

- Resourcing the Coding Team to run Simple Coding audits. Audits report missing income.
- Resourcing the Coding Team to improve depth of coding
- Engagement from clinicians to understand and adopt effective coding practices.
- Poor quality of information within the clinical systems and documentation

4. Action Plan

Workstreams	Action	Who
Inpatient Activity Coding	• Run Simple Code Live Audit tool • Resource the activity • Create SOPs and processes for use of the tool.	Clinical Coding Team
Education and Awareness (inpatient)	• Identify opportunities for additional training support. • Delivery of training to Improve organisational awareness of coding and existing processes for use of electronic documentation.	Clinical Coding Team / Sunrise Team
Governance	• Merge PFA plan with Counting & Coding governance & performance oversight role • Validate, approve and expedite coding income opportunities	Counting & Coding Opportunities Governance Group
Resource	• Review the impact of financial recovery programmes on clinical coding resource • Agree future state resourcing for Coding Team	Clinical Coding Team

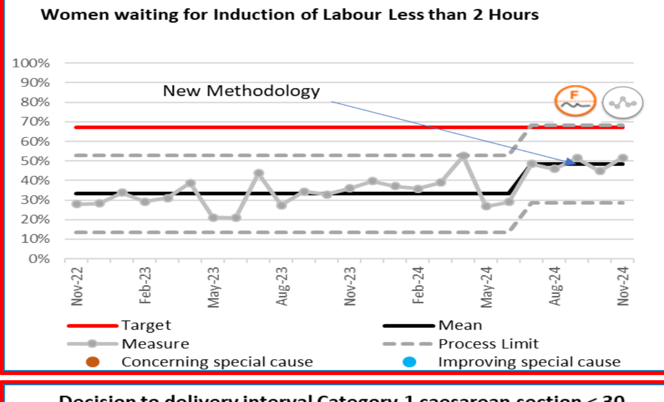
Strategic Theme: Sustainability

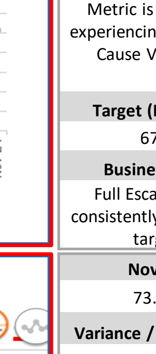
				Latest			Previous			Actions & Assurance			
	CQC Domain	Metric	DQ Kite Mark	Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions
Vision	Well Led	Delivery of financial plan, including operational delivery of capital investment plan (net surplus(-)/net deficit (+) £000)		1,289	1,491	Nov-24	2,961	3,771	Oct-24	Driver		?	Verbal CMS
Financial Breakthrough Objectives	Well Led	Reduce non-pay spend		19,779	20,033	Nov-24	19,126	22,379	Oct-24	Driver		?	Verbal CMS
Constitutional Standards and Key Metrics	Well Led	Reduce the amount of money the Trusts spends on premium workforce spend: Monthly Agency Spend - £000		886	943	Nov-24	888	1,100	Oct-24	Driver		?	Not Escalated
	Well Led	CIP		3,546	1,781	Nov-24	3,550	1,686	Oct-24	Driver	No SPC	No SPC	Not Escalated
	Well Led	Cash Balance (£k)		4,233	8,245	Nov-24	4,668	17,652	Oct-24	Driver		P	Not Escalated
	Well Led	Capital Expenditure (£k)		3,860	-339	Nov-24	3,884	3,878	Oct-24	Driver	L	P	Not Escalated
	Well Led	Delivery of the variable Elective Recovery Funding (ERF) plan - £000		115,249	109,536	Nov-24	99,948	90,841	Oct-24	Driver	No SPC	No SPC	Not Escalated
	Well Led	Delivery of Other Variable Income (Non-ERF) plan - £000		16,856	15,852	Nov-24	14,456	14,109	Oct-24	Driver	No SPC	No SPC	Not Escalated

Maternity Metrics

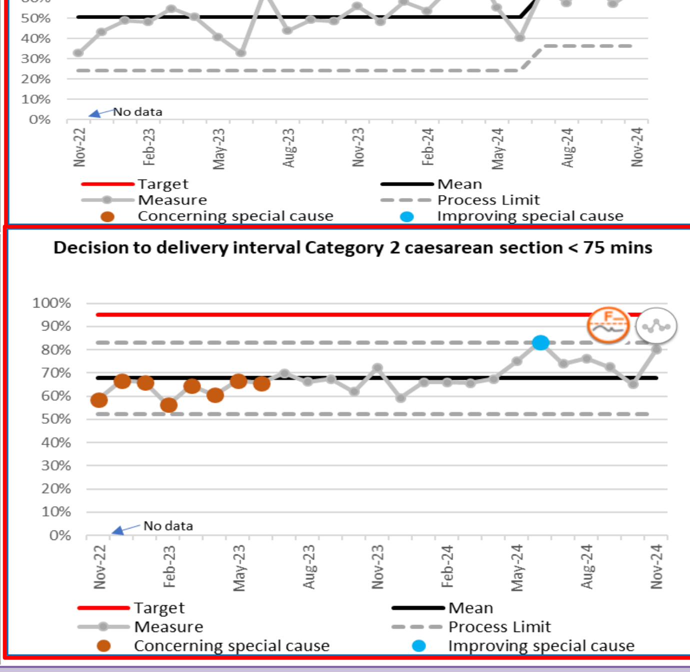
	CQC Domain	Metric	DQ Kite Mark	Latest			Previous			Actions & Assurance				Forecast		
				Trust Target	Most recent position	Period	Trust Target	Most recent position	Period	Watch / Driver	Variation	Assurance	CMS Actions	3 Month Forecast	Variation	Assurance
Constitutional Standards and Key Metrics	Maternity Metric	Registerable Births		No target	452	Nov-24	470	476	Oct-24	Driver		No target	Not Escalated	463		No SPC
	Maternity Metric	Antenatal bookings		No target	485	Nov-24	545	579	Oct-24	Driver		No target	Not Escalated	484		No SPC
	Maternity Metric	Elective Caesarean Rate		No target	20.4%	Nov-24	No target	22.8%	Oct-24	Driver		No target	Not Escalated	21.5%		No SPC
	Maternity Metric	Emergency Caesarean Rate		No target	20.9%	Nov-24	No target	20.9%	Oct-24	Driver		No target	Not Escalated	23.2%		No SPC
	Maternity Metric	Induction of Labour Rate		36.0%	22.2%	Nov-24	36.0%	24.1%	Oct-24	Driver			Not Escalated	23.5%		
	Maternity Metric	Women waiting for Induction of Labour less than 2 Hours		67.0%	51.5%	Nov-24	67.0%	44.7%	Oct-24	Driver			Escalation	50.9%		
	Maternity Metric	Women waiting for Induction of Labour less than 4 Hours		100.0%	64.9%	Nov-24	100.0%	57.0%	Oct-24	Driver			Escalation	67.4%		
	Maternity Metric	Preterm Birth (<37 weeks) Rate		6.0%	5.1%	Nov-24	6.0%	5.3%	Oct-24	Driver			Not Escalated	6.3%		
	Maternity Metric	Unexpected term admissions to NNU (Data runs one month behind		4.0%	5.3%	Oct-24	4.0%	6.8%	Sep-24	Driver			Not Escalated	6.3%		
	Maternity Metric	Stillbirth rate		0.4%	0.4%	Nov-24	0.4%	0.4%	Oct-24	Driver			Not Escalated	0.3%		
	Maternity Metric	PPH >=1500% Rate		3.0%	4.7%	Nov-24	3.0%	2.1%	Oct-24	Driver			Not Escalated	3.7%		
	Maternity Metric	Major Tear (3rd/4th degree Rate)		2.5%	3.8%	Nov-24	2.5%	3.4%	Oct-24	Driver			Not Escalated	1.9%		
	Maternity Metric	Breastfeeding Intention Rate at Birth		75.0%	79.9%	Nov-24	75.0%	77.2%	Oct-24	Driver			Not Escalated	78.3%		
	Maternity Metric	Decision to delivery interval Category 1 caesarean section < 30 mins		95.0%	73.3%	Nov-24	95.0%	73.3%	Oct-24	Driver			Escalation	89.6%		
	Maternity Metric	Decision to delivery interval Category 2 caesarean section < 75 mins		95.0%	80.0%	Nov-24	95.0%	65.1%	Oct-24	Driver			Escalation	77.8%		
	Maternity Metric	One to one care in labour - % of women who are diagnosed in labour		100.0%	100.0%	Nov-24	100.0%	100.0%	Oct-24	Driver			Not Escalated	100.0%		
	Maternity Metric	% of shifts for which Delivery Suitte coordinator is supernumerary (MOPEL)		100.0%	100.0%	Nov-24	100.0%	100.0%	Oct-24	Driver			Not Escalated	100.0%		

Maternity Metrics





Nov-24
51.5%
Variance / Assurance
Metric is currently experiencing Common Cause Variation
Target (Internal)
67%
Business Rule
Full Escalation as consistently failing the target



Nov-24
64.9%
Variance / Assurance
Metric is currently experiencing Common Cause Variation
Target (Internal)
100%
Business Rule
Full escalation as consistently failing the target

Decision to delivery interval Category 1 caesarean section < 30 mins

Nov-24
73.3%
Variance / Assurance
Metric is currently experiencing Common Cause Variation
Target (Internal)
95%
Business Rule
Full escalation as has failed the target for >6 months

Nov-24
80%
Variance / Assurance
Metric is currently experiencing Common Cause Variation
Target (Internal)
95%
Business Rule
Full escalation as consistently failing the target

Summary:

Women waiting for Induction of Labour less than 2: is experiencing common cause variation and consistently failing the target.

Women waiting for Induction of Labour less than 4 Hours: is experiencing common cause variation and consistently failing the target.

Decision to delivery interval Category 1 caesarean section: is experiencing common cause variation and has failed the target for more than six months

Decision to delivery interval Category 2 caesarean section :is experiencing common cause variation and has failed the target for more than six months

Actions:

Fresh eyes approach. Reviewing capacity of Workstream Lead for next phase of work. Escalation policy under review.

A3 implemented to address flow throughout the service which impacts transfer for ongoing induction of labour.

A3 projects continue to identify and mitigate challenges with meeting Cat 2 CS target times and with accessing second theatre.

MDT staff engagement has seen improved team working to meet target times for Category 2

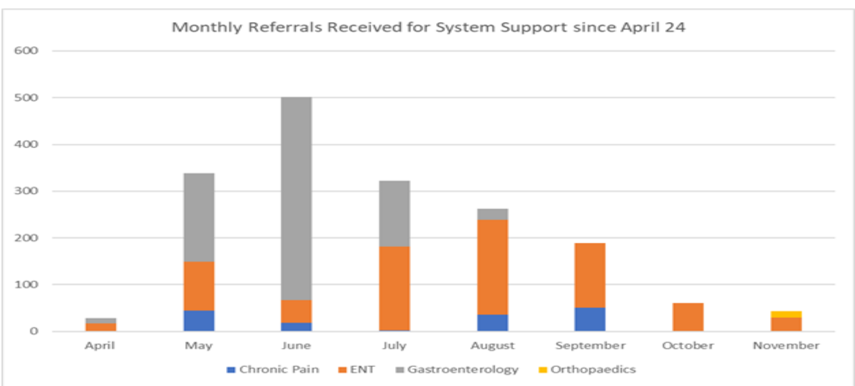
Assurance & Timescales for Improvement:

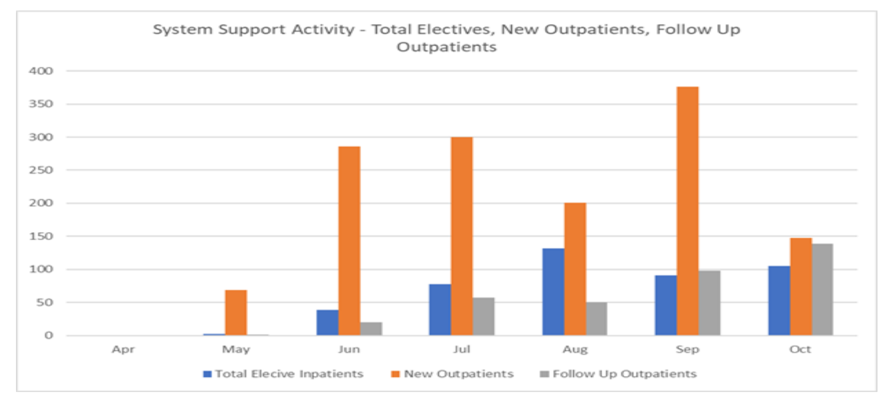
Women waiting for Induction of Labour less than 2 or 4 Hours:
This metric is impacted by periods of high activity which are largely unpredictable, as well as staffing availability.
Ongoing risk assessment and prioritisation is in place to maintain the safety of women whose care is delayed. Timescales for improvement will be dependent on the outcome of the demand and capacity project and any actions required as a result.

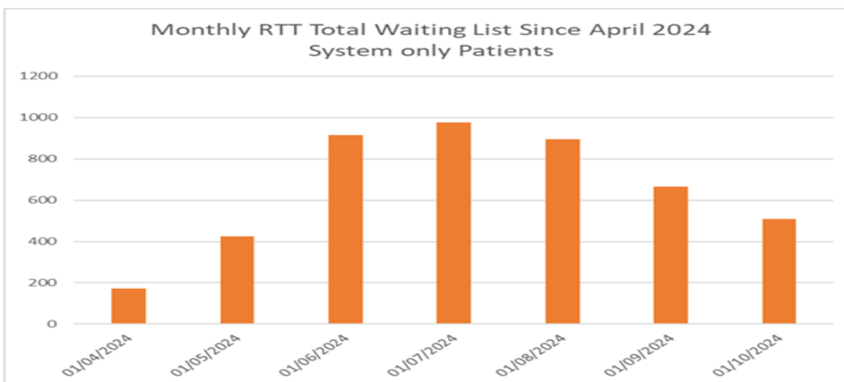
Decision to delivery interval Category 1 and Category 2 caesarean section:
Improvements with compliance with Category 1 and 2 target times has been made. All cases which do not meet the target times are reviewed and avoidable / unavoidable causes identified and shared for learning. that on review, once the clinically justifiable reasons are applied the compliance is 85% for cat 1 and 87% for cat 2 for October.

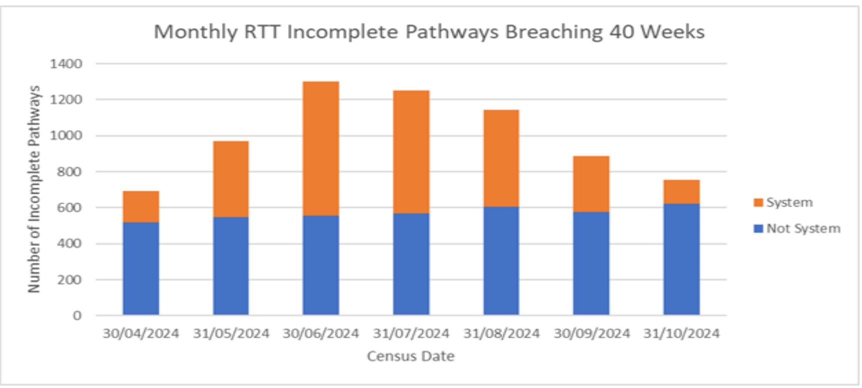
Appendices

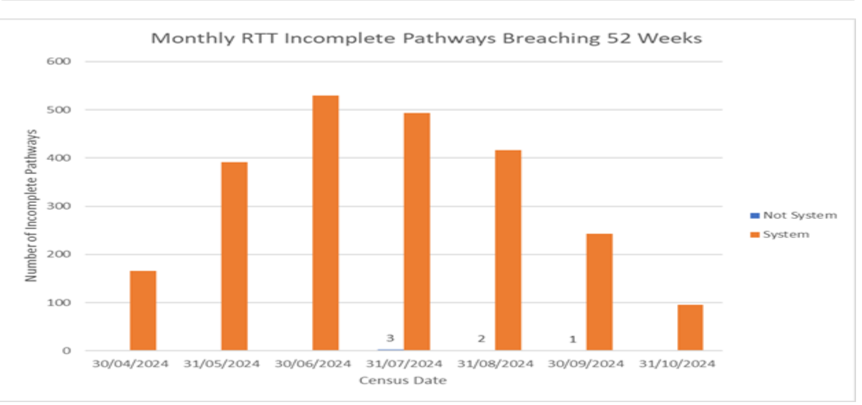
Patient Access: System Support Analysis











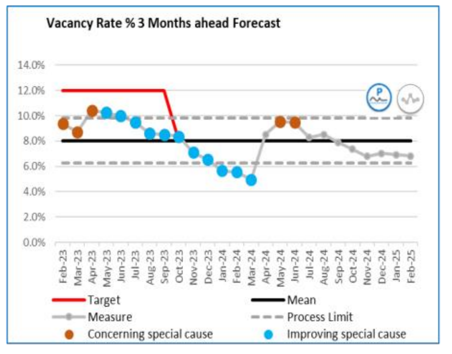
Summary:

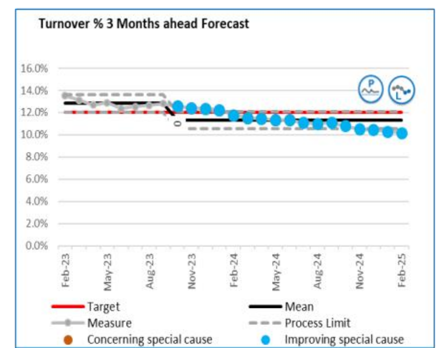
Since April 24 the Trust has received 1,746 referrals for System Support.

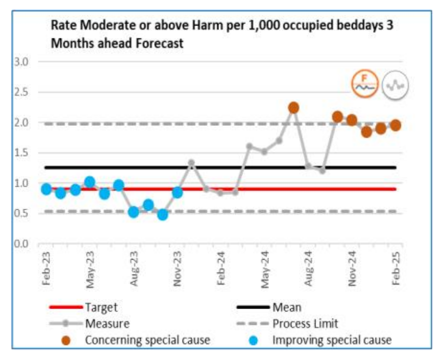
During April 24 to October 24 the Trust treated 447 inpatients, 1,380 New Outpatient attendances and 365 follow up outpatient attendances.

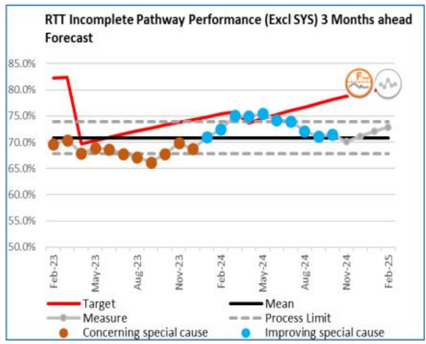
There are currently 509 System Support patients on the RTT Waiting List as at 31st October 2024. Of these 132 have been waiting more than 40 weeks of which 95 have been waiting more than 52 weeks. The numbers of over 40 weeks and over 52 week waiters has been reducing month on month.

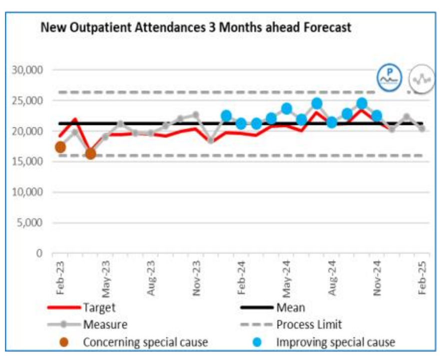
Forecast SPCs (3 month forward view) for Vision and Breakthrough Objectives

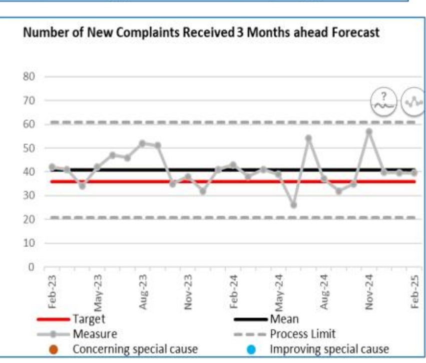


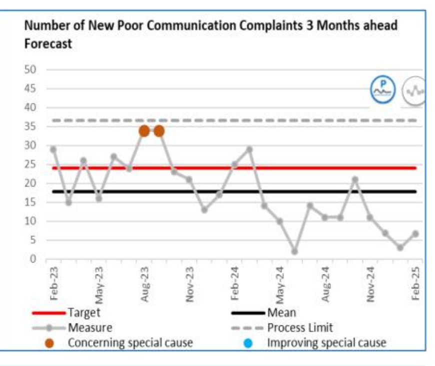


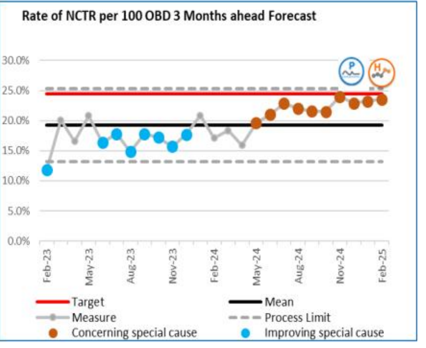


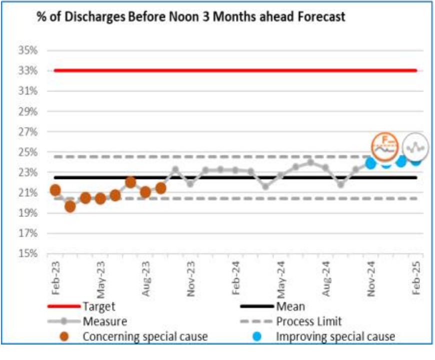


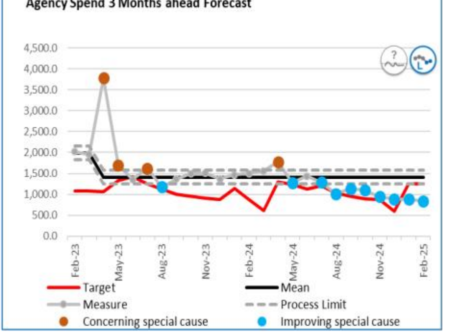


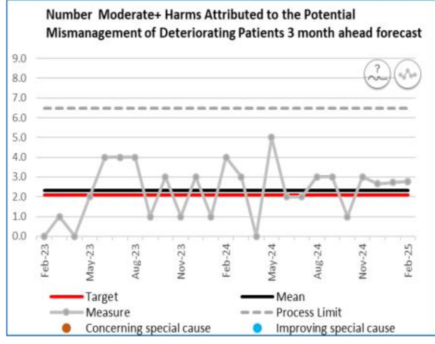




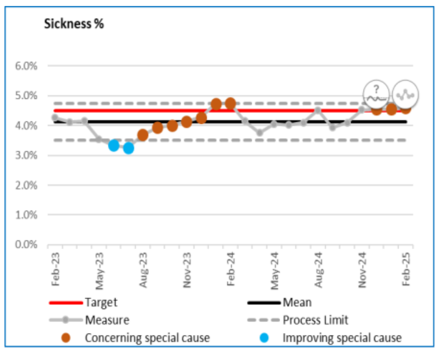


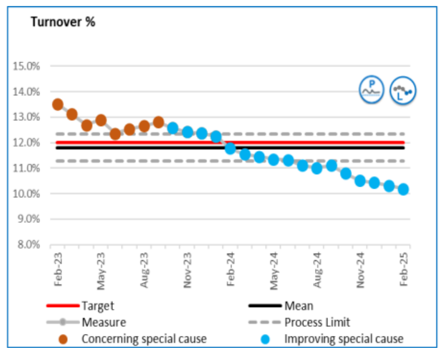


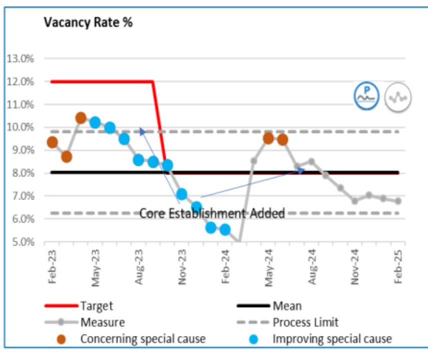


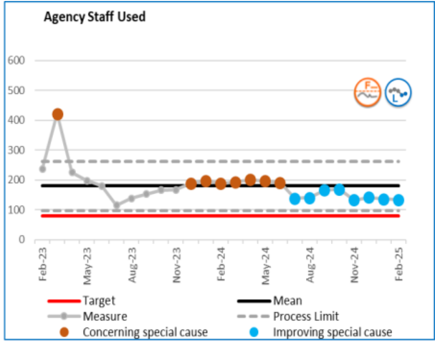


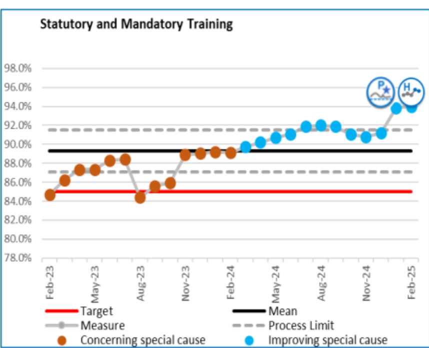
Forecast SPCs (3 month forward view) for People Indicators

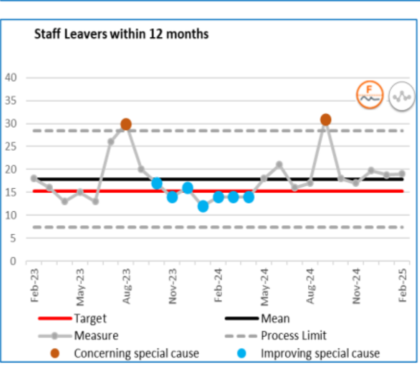


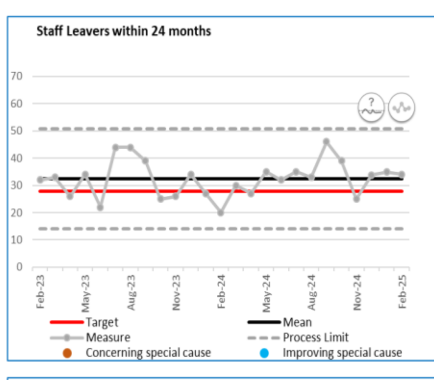


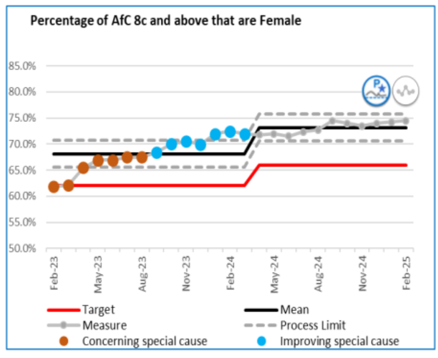


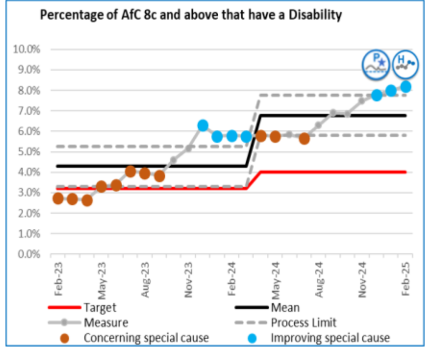


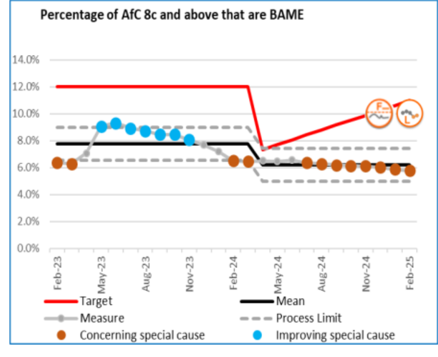


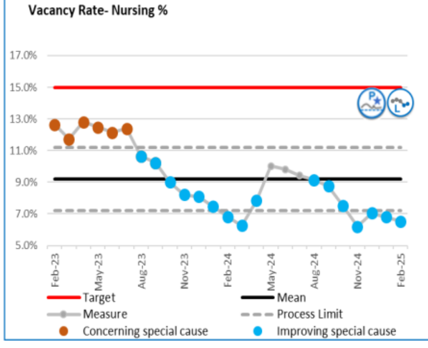




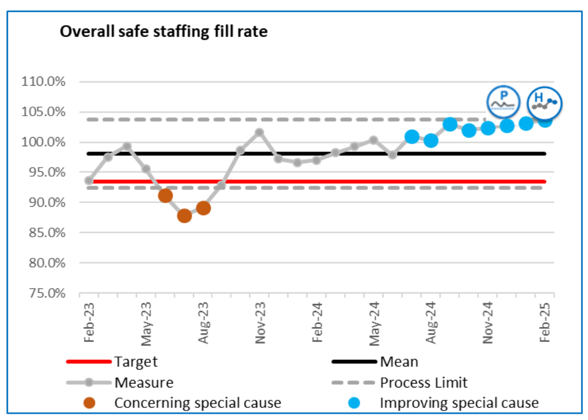


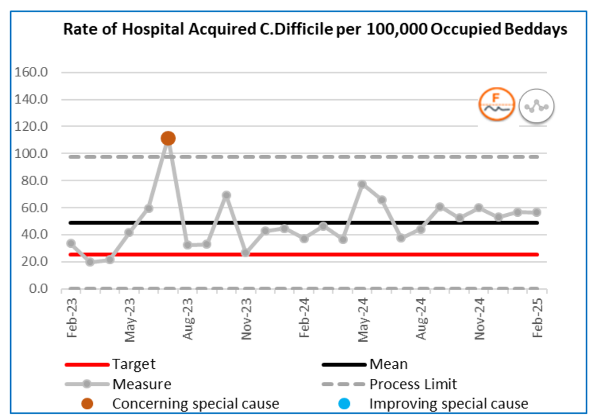


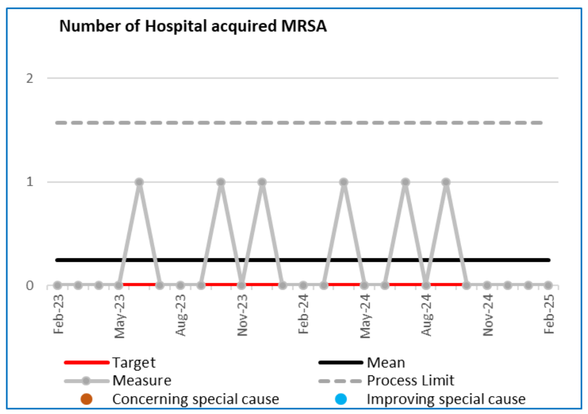


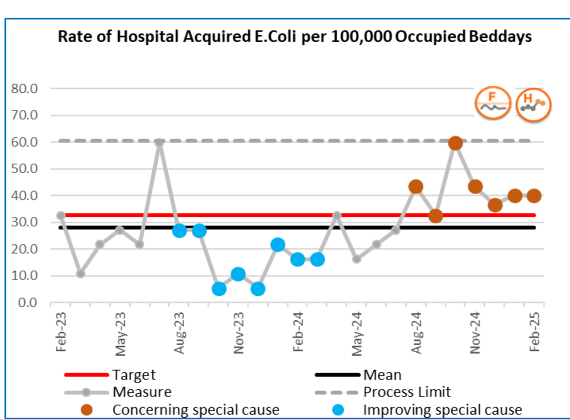


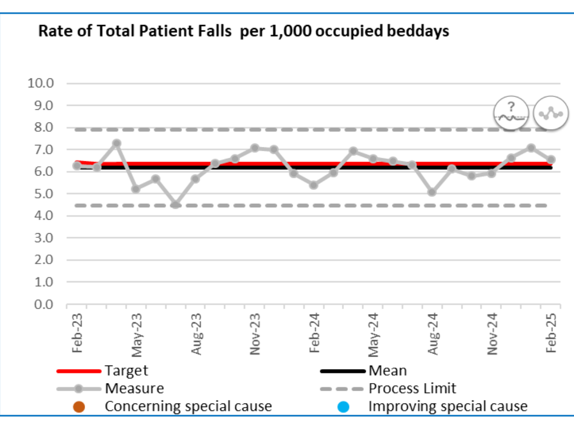
Forecast SPCs (3 month forward view) for Patient Safety Indicators

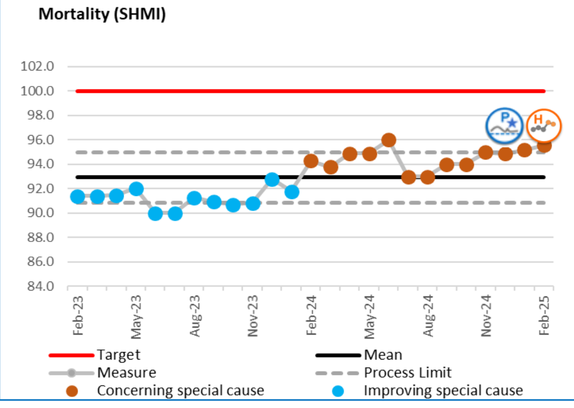


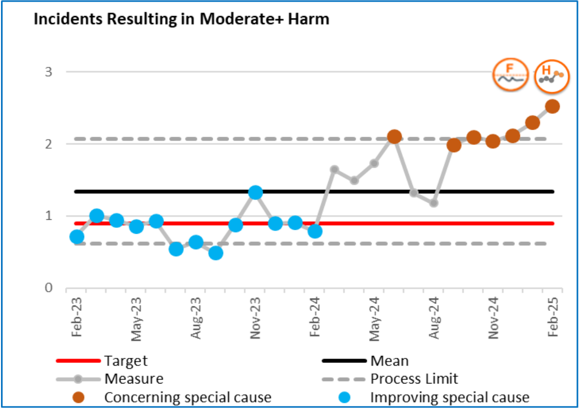


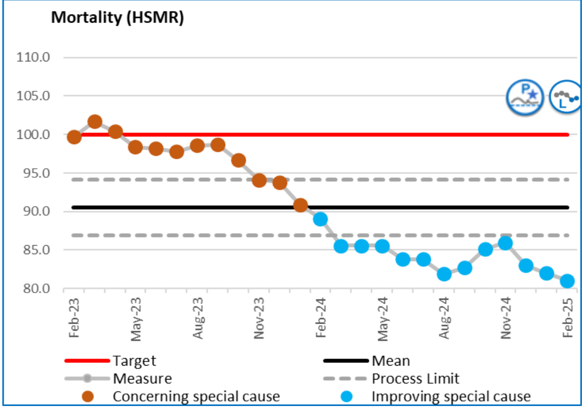




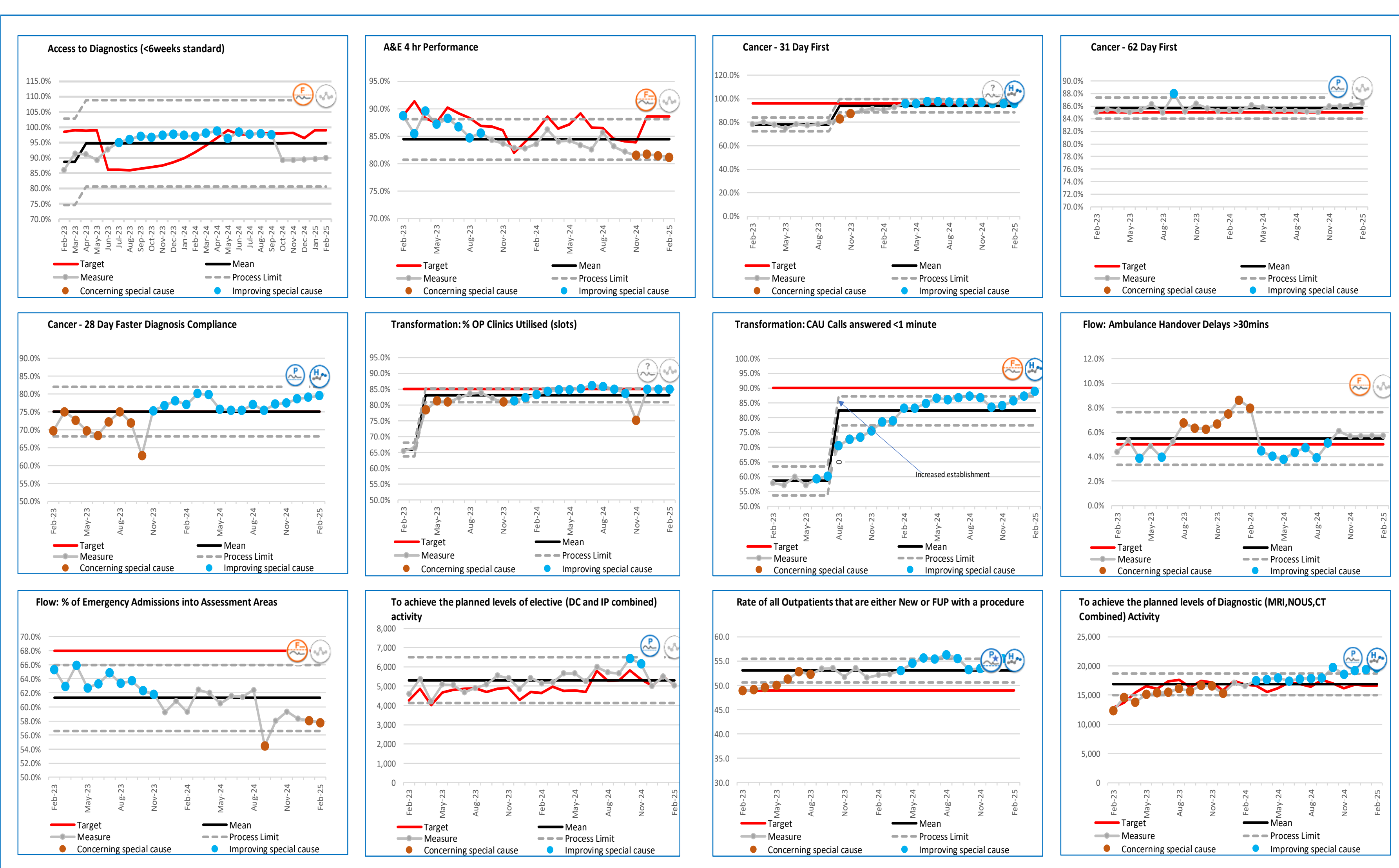




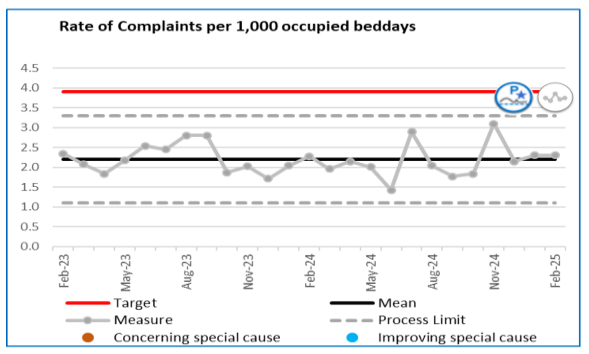


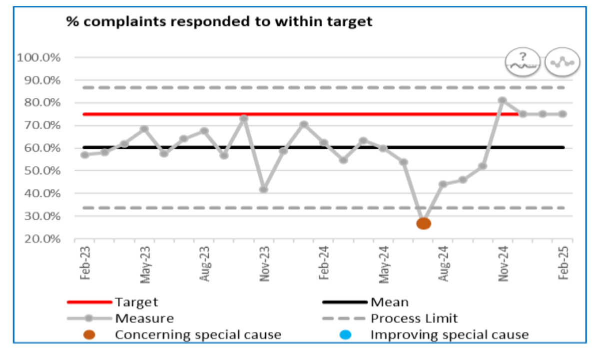


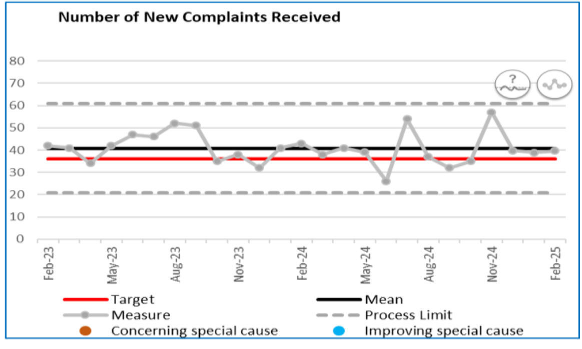
Forecast SPCs (3 month forward view) for Patient Access Indicators

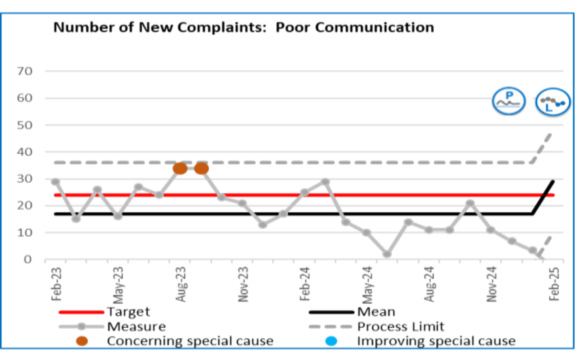


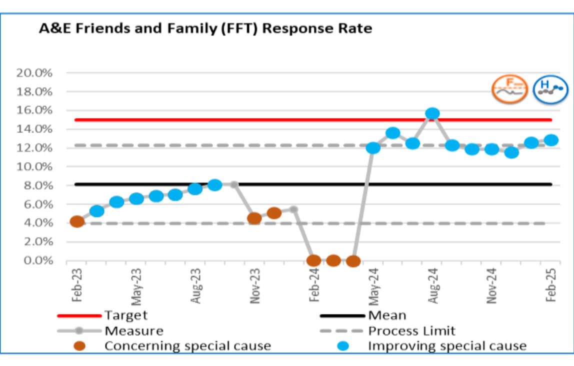
Forecast SPCs (3 month forward view) for Patient Experience Indicators

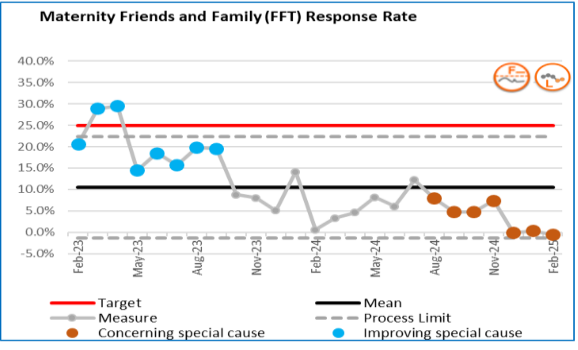


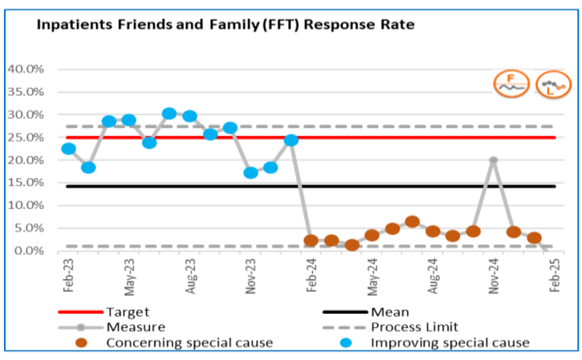


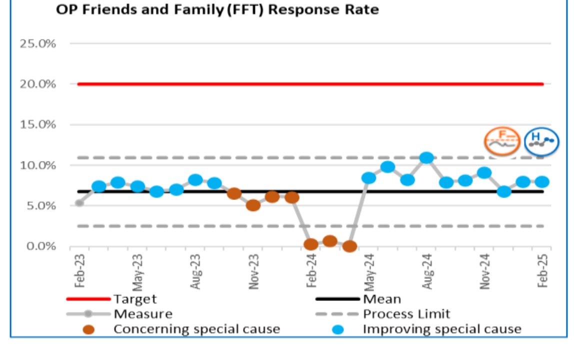


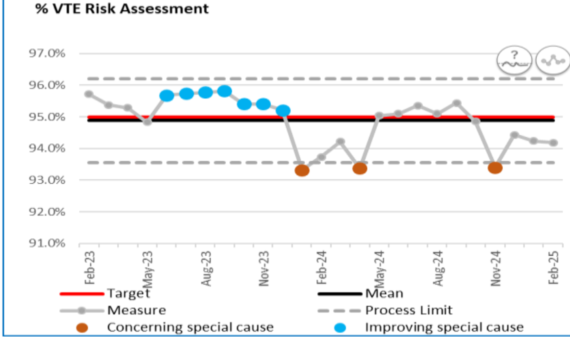




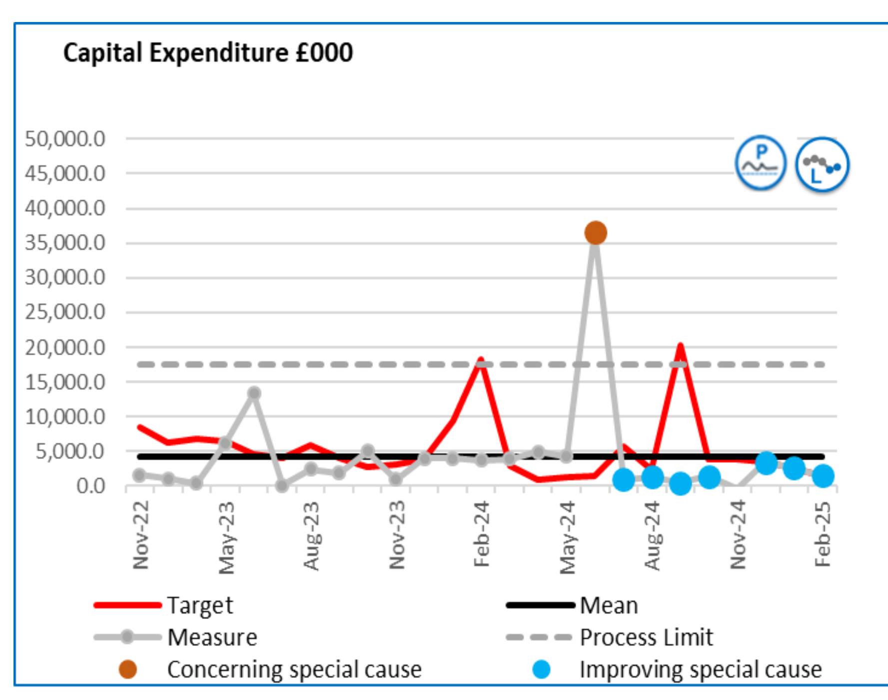


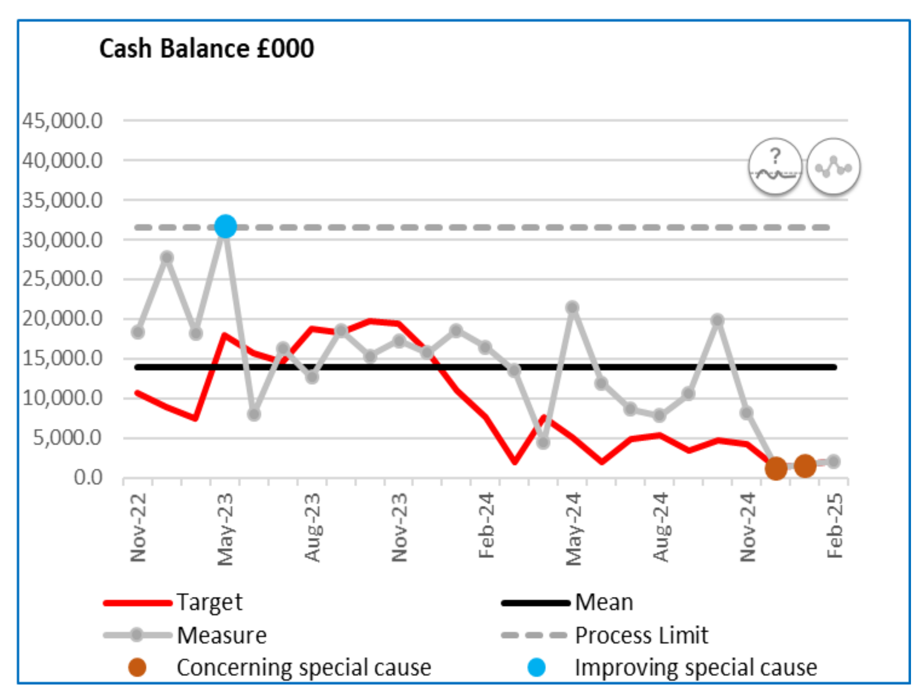




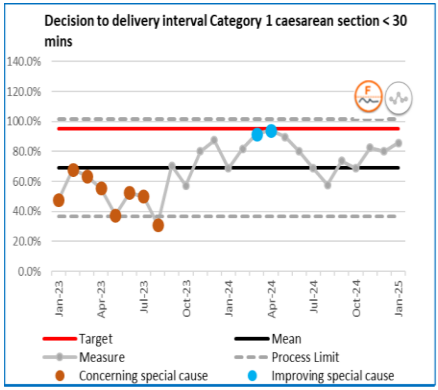


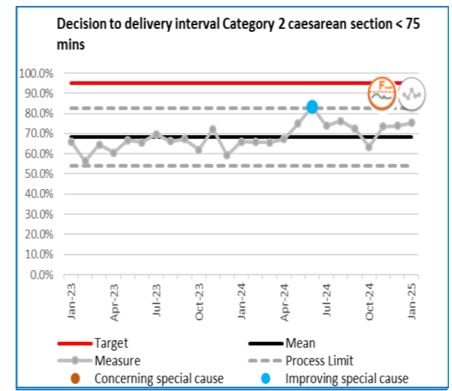
Forecast SPCs (3 month forward view) for Sustainability Indicators

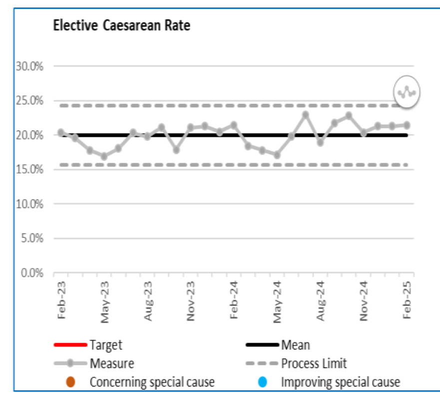


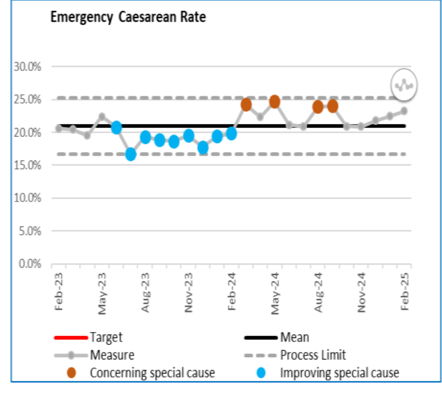


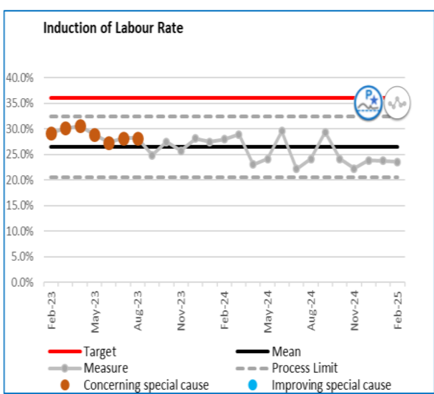
Forecast SPCs (3 month forward view) for Maternity Indicators

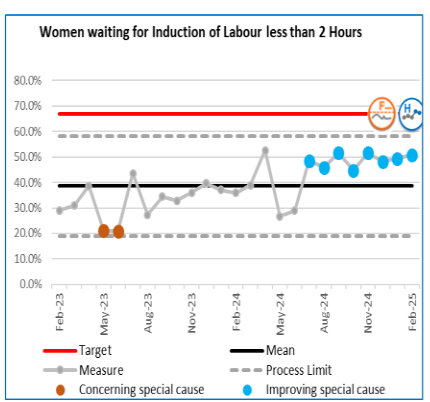


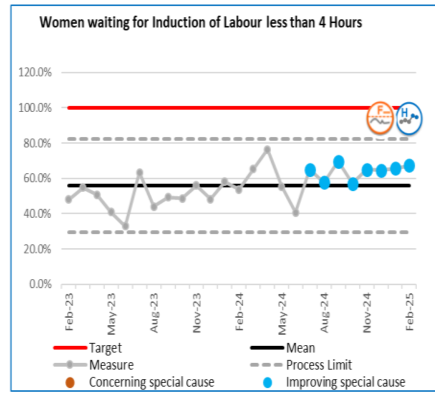


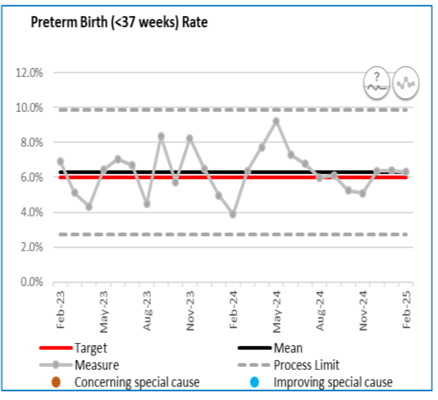


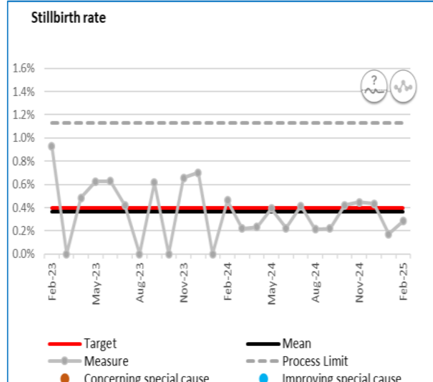


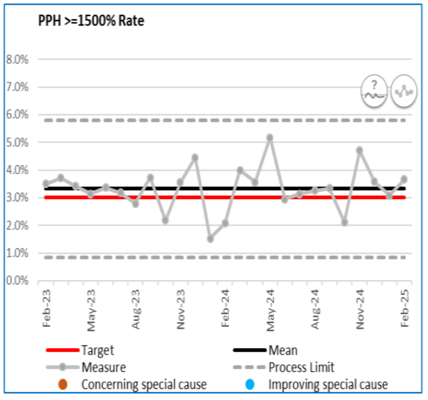


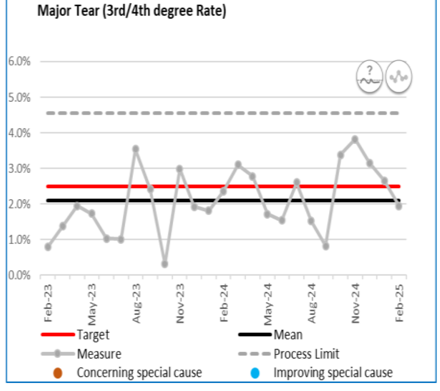


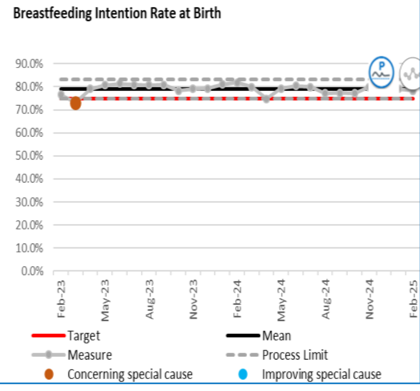












SDR Business Rules Driven by the SPC Icons

Assurance: Failing

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

SDR Business Rules Driven by the SPC Icons

Assurance: Hit & Miss

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

SDR Business Rules Driven by the SPC Icons

Assurance: Passing

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

Passing, Failing and Hit & Miss Examples

Metrics that consistently **pass** have:

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

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

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

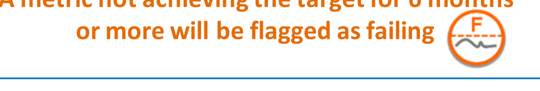
Metrics that are **hit and miss** have:

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

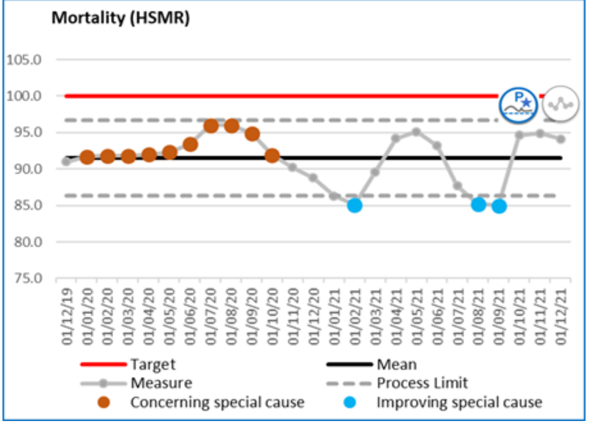
Metrics that consistently **fail** have:

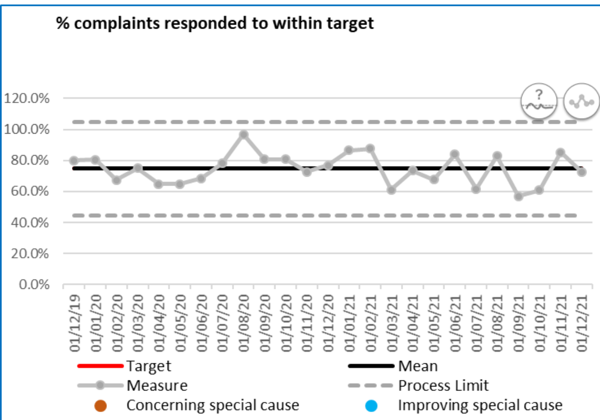
The **lower** control limit **above** the target line for metrics that need to be **below the target**

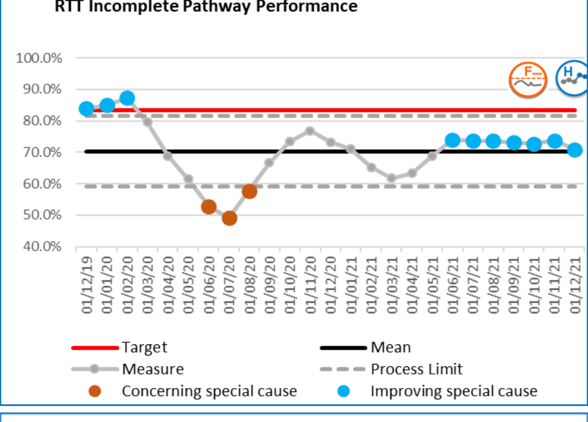
The **upper** control limit **below** the target line for metrics that need to be **above the target**

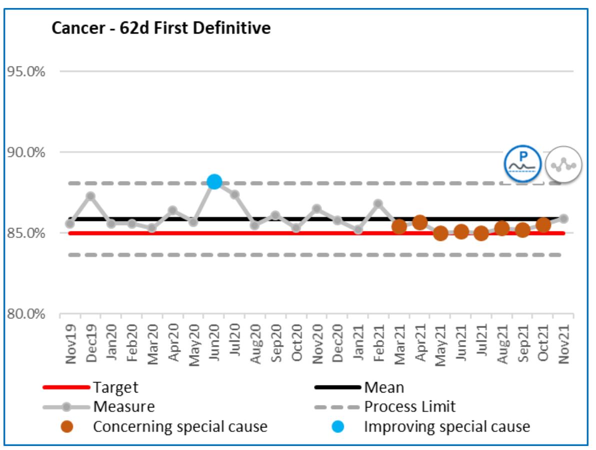


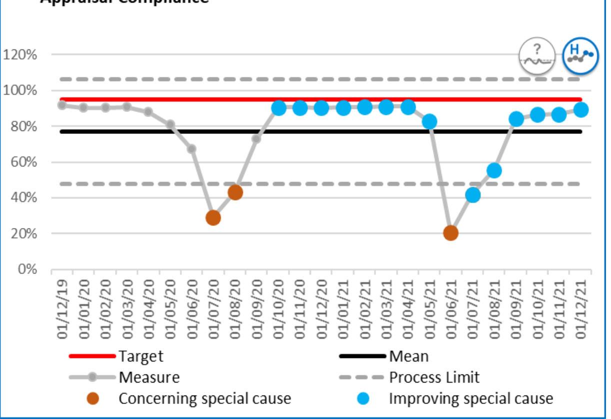
A metric not achieving the target for 6 months or more will be flagged as failing

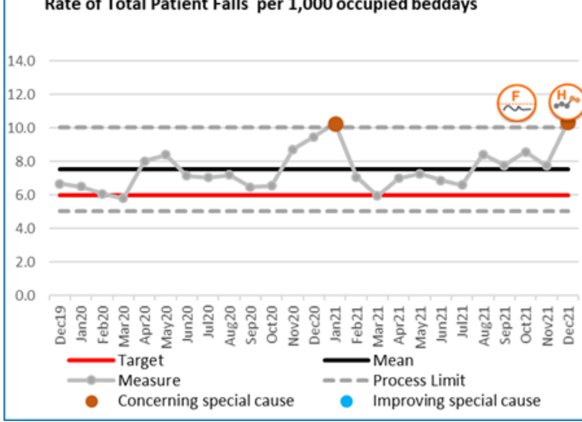












Maternity Metrics Definitions

Type	Section	Metric Name	Measure	Definition	Calculation - extracted from E3	Target	Target source	Rationale for inclusion
Activity	Women Birthed	Number of births	Women birthed	Women who gave birth (includes all registerable live births and stillbirths).	Number of women birthed	> 470	Average births per month at MTW last 5 years	- For use as denominator - Indicator of workload - Trends
	Caesarean birth	Elective caesarean birth rate	Elective	Women who gave birth that had elective caesarean section as the method of birth (Category 4 CS only).	Number of women birthed by an elective caesarean section	NA	National recommendation not to set targets for type of birth	- Provide insight into contributing factors for total c/s rate - Maternal risks - Impact on baby care and feeding - Length of stay
		Emergency caesarean birth rate	Emergency	Women who gave birth that had an emergency caesarean section as the method of birth (Categories 1-3 CS only).	Number of women birthed by an emergency caesarean section	NA	National recommendation not to set targets for type of birth	- Provide insight into contributing factors for total c/s rate - Maternal risks - Impact on baby care and feeding - Length of stay
	Induction of labour	Induction of labour rate	% of women	Women who commenced induction of labour with prostaglandins, artificial rupture of membranes or a syntocinon drip when not in labour	Number of women with onset of labour is induced	< 36%	Average National Rate (March 2024)	- Indicator of workload - Trends
Bookings	Number of new Bookings	Bookings	No of women	Women who have the first booking visit with the midwife, including transfers in where a previous booking visit has taken place out of area.	Number of women booked	> 545	Average bookings per month at MTW last 5 years	- For use as denominator - Indicator of workload - Trends
Clinical Indicators	Timely EMCS	Category 1 caesarean birth - decision to birth ≤ 30 mins	% of women	Women having Category 1 caesarean section within 30 minutes of decision for procedure	The % of all women having Cat 1 C-section with decision to birth interval less than or equal to 30 minutes	100%	RCOG best practice	- Indicator of workload - Trends - Maternal & fetal risks
		Category 2 caesarean birth - decision to birth ≤ 75 mins	% of women	Women having Category 2 caesarean section within 75 minutes of decision for procedure	The % of all women having Cat 2 C-section with decision to birth interval less than or equal to 75 minutes	100%	RCOG best practice	- Indicator of workload - Trends - Maternal & fetal risks
	Maternal Morbidity	Post partum haemorrhage ≥ 1500ml	% of women	Women who gave birth who had a measured blood loss of 1500ml or over	Number of women who have birthed with PPH ≥ 1500ml	< 3%	National Maternity Dashboard average	- Morbidity & mortality - Length of stay
		3rd/4th degree tear	% of women	Women with a vaginal birth (spontaneous or assisted) who sustained a 3rd or 4th degree perineal tear	Number of women with 3rd and 4th degree tear, by women having a vaginal birth	< 2.5%	National Maternity Dashboard average	- Potential long term impact - Morbidity & mortality - Length of stay
	Breastfeeding	Women who intend to breastfeed following birth	% of women	Women whose intention is to breastfeed their baby/ies at the time of birth.	Number of women with intention to breastfeed at time of birth	> 75%	National Maternity Dashboard average	- Infant health benefits - Maternal health benefits - Trends
	Premature births	Premature births <37 weeks gestation	% of births	Live babies born who are born less than or equal to 36+6 weeks	Number of preterm births at less than or equal to 36+6 weeks by the total births	< 6%	Saving Babies Lives Care Bundle national target	- Reducing premature births is a national target - Morbidity and mortality - Length of stay - Trends
	Neonatal morbidity & mortality	Stillbirth rate	per 1000 births	All babies stillborn after 24 weeks gestation	Number of stillbirths	< 4	2022 ONS data	- Reducing stillbirths is a national target - Mortality - Trends
		Unanticipated admission to NNU >37 weeks	% of births	All babies born on or after 37 weeks who are admitted to the neonatal unit	Number of admissions to NNU by number of births after 37 weeks gestation	< 4%	National Standard (ATAIN)	- Reducing avoidable term admissions to NNU is a national target - Morbidity and mortality - Length of stay - Experience - Trends
	Timely Procedures	Induction of labour delayed < 2 hours	% of women	Women having induction of labour who are transferred to Delivery Suite for the next stage of the process within 2 hours of identification that the	The % of all women having induction of labour who transfer within 2 hours	67.0%	Local target to aim for improvement	- Indicator of workload - Trends - Maternal & fetal risks
		Induction of labour delayed < 4 hours	% of women	Women having induction of labour who are transferred to Delivery Suite for the next stage of the process within 4 hours of identification that the	The % of all women having induction of labour who transfer within 4 hours	100.0%	Local target to aim for improvement	- Indicator of workload - Trends - Maternal & fetal risks

Executive Summary

- The Trust was £1.5m in surplus in November which was £0.2m favourable to plan. Year to date the Trust is £8.4m in deficit which is £4.1m adverse to plan.
- The key year to date pressures are: CIP slippage (£6.6m), delay in opening of Kent and Medway Orthopaedic Centre (KMOC – estimated £1.9m net adverse impact), CDC slippage (£1.1m), Fordcombe hospital adverse to plan by £2.2m, overspends within clinical supplies (£1.2m), overspends within non passthrough related drugs/devices (£1.1m), unfunded escalation costs (£0.7m), car parking income shortfall to plan (£0.4m), overspend within research and development (£0.3m) and additional security costs (£0.3m). These pressures were partly offset by clinical income overperformance (£0.7m), non-recurrent benefits (£6.1m), release of service development and contingency budgets (£4m) and education income overperformance (£2.7m)
- The Trust is forecasting to deliver the planned breakeven position however recovery actions of £19.4m are required to be delivered.

Current Month Financial Position

- The Trust was £1.5m in surplus in the month which was £0.2m favourable to plan
- **Key Adverse variances in month are:**
    - CIP Slippage (£1.8m)
    - Clinical Income was £1.1m adverse in the month, this was mainly due to £1.5m year to date adjustment associated with the fixed contract value and CDC income to match latest contract position. ERF/ Variable income over performed by £0.2m in the month.
    - Non-passthrough related drugs/devices (£0.1m)
- **Key Favourable variances in month are:**
    - The Trust had a non-recurrent benefit of £1.7m in the month associated with homecare drugs.
    - In the month the trust reported a year to date increase of £0.8m associated with Medical education training contracts, this was to reflect the medical payaward increase.
    - Depreciation and Interest (£0.2m)

Year to Date Financial Position

- The Trust is £8.4m in deficit which was £4.1m adverse to plan
- **Key Adverse variances year to date are:**
    - CIP Slippage (£6.6m)
    - System stretch target (£1.3m) and shortfall in cancer alliance funding (£0.7m)
    - The Trust plan assumed the Kent and Medway Orthopaedic Centre (KMOC) will be open on the 1st July. The delays in opening has caused an estimated £1.9m net adverse impact
    - CDC slippage (£1.1m) and Fordcombe Hospital adverse to plan by £2.2m
    - Unfunded Ward escalation costs (£0.7m)
    - Other Expenditure pressures include overspends within non-passthrough related drugs/devices (£1.1m), clinical consumables (£1.2m), car parking

income less than plan (£0.4m), overspend within research and development (£0.3m) and additional security costs (£0.3m)

- **Key Favourable variances year to date are:**
    - The Trust has benefited by non recurrent benefits of £6.1m
    - Clinical Income overperformance (£0.7m)
    - The Trust released £4m relating to Service development and contingency budgets offset income and expenditure pressures incurred
    - Education and Training income overperformance (£2.7m)

Cost Improvement Plan

- The Trust has a savings target for 2024/25 of £37.3m. In November the Trust saved £1.8m which was £1.7m adverse to plan, year to date the Trust is £6.6m adverse to plan.

Cashflow position:

- The closing cash balance at the end of November was £8.2m, this is higher than the plan value by £4m. The Trust needs to retain c£8m at the end of each month in order to pay the first two weeks commitments until it receives its monthly block SLA income on the 15th of each month. These commitments include: weekly supplier payment runs and weekly payroll including 247-time agency.
- The cashflow is updated daily and the forecast is regularly updated and reviewed if costs during the year increase eg; salaries are higher than plan and the remaining months are amended to be in line with the current charges.
- The Trust is working closely with local NHS organisations and agreeing "like for like" arrangements when possible to reduce the debtor/creditor balances for both organisations.
- The Trust has been awarded £5m Urgent and Emergency Care (UEC) incentive capital – however this capital does not come with additional PDC cash. The Trust will therefore need to improve its liquidity to avoid further pressure on revenue payments.
- The Better Payment Practice Code (BPPC) which is a target that all NHS Organisations are measured to ensure suppliers are paid within 30 day payment terms; the target all NHS organisations are measured against is 95%. For November the Trust's percentages were: Trade value 82.6% (m7 81.5%) and quantity 84.1% (m7 82.6%); NHS value 90.7% (m791.7%) and quantity 82.9% (m781.7%). Looking at March 2024 percentages as a comparison to the current percentage Trade value 95.8% and quantity 96.3%; and NHS value 92.3% and quantity 89.3%.

Capital Position

Capital Plan

- The Trust's capital plan, excluding IFRS16 leases, for 2024/25, is **£26.531m**. The Trust's planned share of the K&M ICS control total is **£19.412m** for 2024/25, including £10.134m from system funds (CDC £2.134m, Cardiology £3m and Urgent and Emergency Care (UEC) Winter Incentive £5m). The Trust also plans to receive National funding of **£5.343m** (CDC £1.9m, Frontline Digitisation £2.790m and Digital Pathology £653k).
- The Trust's application for System Capital Support of **£9.278m** of PDC Cash was approved in July and the cash has now been drawn down. This provided cash to support the internally resourced schemes, where the cash had been used at the end of

2023/24 to purchase the Fordcombe Hospital. A further application for PDC cash has been made in November to support the system funded items and UEC allocations, that did not come with cash backing (£10.3m).

Other Capital Funding

- PFI lifecycle spend per the Project company model of **£1.5m** - actual spend will be notified periodically by the Project Company. Donated Assets of **£200k** relating to forecast donations in year.

External Capital Funding

- In addition to the Plan, National Funding has been agreed to purchase 2 Mammography Systems for **£739k** as part of the Diagnostic Screening Programme. Also, the Trust was successful in a System bid for part of the remaining System allocation, **£183k** has been agreed for equipment and security projects. This has increased the Trust's share of the overall control total.

Month 8 Actuals (excluding IFRS16)

- The YTD spend at M8 is **£10.366m** against a YTD budget of **£18.383m**.
- YTD underspend variance relates to Diagnostic enabling works being finalised, invoices are pending. Estates backlog works are in process of ordering, there is some delay compared to plan. ICT Clinical applications delayed in YTD due to the necessary focus on Fordcombe arrangements. CDC part funded nationally, early months charged to national funding. Frontline Digitisation anticipated funding, but not yet approved by NHSE.

Forecast

- The Trust is forecasting full use of its main capital resource. There remain risks of both over and under spending at this point in the financial year on specific schemes. In terms of overspending, the main risks are on the CDC scheme where difficulties with the utility power supply have required additional resource. The risks on underspending relate mainly to confirming the re-allocation of resource where there has been a significant delay or slippage e.g. with the cardiology scheme; and on the nationally funded front line digitisation scheme, where the allocation has not yet been confirmed or released. The Trust has a strong track record of utilising its capital, and working in an agile way to ensure that maximum value is obtained, even with the pressures of last quarter allocation and procurement.

Project Updates

- **Major Schemes** - KMOC is now open, the CDC is progressing well and due to be completed by Jan/Feb 2025.
- **UEC Funding** – The ETM have agreed a total of £4.6m of schemes to-date, with £0.4m to be confirmed in Dec.
- **Cardiology** – The ETM are reviewing timings on cardiology project – there is likely to be slippage on the scheme in 2024/25. Funds will be re-allocated towards other priorities and bringing forward 2025/26 key schemes.
- **Estates** –. Diagnostic enabling works being finalised, invoices are pending. Estates Backlog works are in process of ordering, there is some delay compared to plan.
- **ICT** – Work is ongoing to install IT infrastructure and network systems at Fordcombe Hospital, orders are in progress to upgrade Compucare for the private patient system.
- **Equipment** – The majority of business cases have been approved, including emergency purchases.
- **Security & Facilities** – MGH access control works are complete, the TWH CCTV and access controls are progressing.
- **Donated** – The potential schemes have now increased the outturn figure to £458k, which includes £170k for helipad resurfacing at MGH.

Leased/IFRS16 capital

- The Trust included £25.46m of in-year IFRS 16 lease capital resource in its planning submission to cover planned additions (£22.08m) and remeasurements arising from rent reviews or the application of contractual rent uplifts (£3.38m). This is subject to approval and confirmation of this element of the financial regime in terms of final ICS allocations for 2024/25.
- The year to date additions total £2.32m which includes the Urological Robot at Maidstone and equipment assets linked to Fordcombe Hospital that went live in October. The most significant element of the additions expected to be delivered within this financial year is the initial lease capitalisation of the Kent and Medway Medical School Accommodation building (£17.4m) on the TWH site that the Trust will recognise under IFRS 16 when it becomes available for use, which is expected to be by the end of January.
- Within M8 the Trust had a rent review with NHS Property Services for the ISTC block at Maidstone Hospital which has significantly reduced the quarterly rental; this reduction has resulted in a negative rental revalue of £0.97m for the remaining life of the lease. This reduction had reduced the overall year to date value to £1.35m. In addition, some major property rentals linked to RPI rent reviews in the last quarter of the financial year, are now likely to have lower remeasurements than planned, as RPI has fallen during the year. The values have been recalculated using the latest published RPI index (October – 3.41%). The combination of these elements, with the rental reduction for ISTC and with other projects either deferred or being done in a different way the Trust has reduced the IFRS 16 FOT position by £4.2m.

Year End Forecast

- The Trust is forecasting to deliver the planned breakeven position however recovery actions of c£19.4m are required to be delivered.
- A Financial Improvement Plan has been developed which details the actions and process being undertaken to deliver the recovery actions required.

Finance Report

Month 8
2024/25

Dashboard

November 2024/25

	Current Month					Year to Date				
	Actual	*Plan*	*Variance*	Pass-throu	*Revised Variance*	*Actual*	*Plan*	*Variance*	Pass-throug	*Revised Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	67.6	67.6	(0.0)	0.2	(0.3)	525.4	529.0	(3.6)	2.7	(6.3)
Expenditure	(61.5)	(61.6)	0.0	(0.2)	0.3	(498.2)	(496.6)	(1.6)	(2.7)	1.1
EBITDA (Income less Expenditure)	6.0	6.0	(0.0)	0.0	(0.0)	27.2	32.4	(5.2)	0.0	(5.2)
Financing Costs	(4.0)	(4.2)	0.2	0.0	0.2	(43.7)	(44.8)	1.1	0.0	1.1
Technical Adjustments	(0.5)	(0.5)	(0.0)	0.0	(0.0)	8.1	8.1	(0.0)	0.0	(0.0)
Net Surplus / Deficit	**1.5**	**1.3**	**0.2**	**0.0**	**0.2**	**(8.4)**	**(4.3)**	**(4.1)**	**0.0**	**(4.1)**
Cash Balance	8.2	4.2	4.0		4.0	8.2	4.2	4.0		4.0
Capital Expenditure (Incl Donated Assets and IFRS16)	(0.3)	3.9	4.2		4.2	11.7	40.0	(28.2)		(28.2)
Cost Improvement Plan	1.8	3.5	(1.7)		(1.7)	14.2	20.8	(6.6)		(6.6)

Summary Current Month:
- The Trust was £1.5m in surplus in the month which was £0.2m favourable to plan.

Key adverse variances in month are:
- CIP Slippage (£1.8m)
- Clinical Income was £1.1m adverse in the month, this was mainly due to £1.5m year to date adjustment associated with the fixe d contract value and CDC income to match latest contract position. ERF/ Variable income over performed by £0.2m in the month.
- Non-passthrough related drugs/devices (£0.1m)

Key favourable variances in month are:
- The Trust had a non recurrent benefit of £1.7m in the month associated with homecare drugs.
- In the month the trust reported a year to date increase of £0.8m associated with Medical education training contracts, this w as to reflect the medical payaward increase.
- The Trust released £0.5m relating to Service development and contingency budgets in November to partly offset income and expe nditure pressures incurred.
- Depreciation and Interest (£0.2m)

Year to date overview:
- The Trust is £8.4m in deficit which is £4.1m adverse to the plan, the Trusts key variances to the plan are:

Adverse Variances:
- CIP Slippage (£6.6m)
- System stretch target (£1.3m) and cancer alliance income shortfall (£0.7m)
- The Trust plan assumed the Kent and Medway Orthopaedic Centre (KMOC) will be open on the 1st July. The delay in opening has caused an estimated £1.9m net adverse impact
- CDC slippage (£1.1m) and Fordcombe Hospital adverse to plan by £2.2m
- Unfunded Ward escalation costs (£0.7m)
- Other Expenditure pressures include overspends within non-passthrough related drugs/devices (£1.1m), clinical consumables (£1.2m), car parking income less than plan (£0.4m), overspend within research and development (£0.3m) and additional security costs (£0.3m)

Favourable Variances
- Clinical Income overperformance (£0.7m which excluding CDC, Fordcombe and pass through high cost drugs and devices) and non recurrent benefits (£6.1m)
- The Trust released £4m relating to Service development and contingency budgets offset income and expenditure pressures incurred
- Education and Training income overperformance (£2.7m)

CIP (Savings)
- The Trust has a savings target for 2024/25 of £37.3m, year to date the Trust has saved £14.2m which is £6.6m below plan

Forecast
- The Trust is forecasting to deliver the planned breakeven position however recovery actions of c£19.4m are required to be delivered

Nov-24			DAY				NIGHT				TEMPORARY STAFFING		Bank / Agency Demand: RN/M (number of shifts)	WTE Temporary demand RN/M	Temporary Demand Unfilled - RM/N (number of shifts)	Overall Care Hours per pt day	Nurse Sensitive Indicators					Financial review		
Hospital Site name	Ward name	Health Roster Name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Bank/ Agency Usage	Agency as a % of Temporary Staffing					FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Comments	Budget £	Actual £	Variance £ (overspend)
Maidstone	Acute Assessment Unit (M)	Acute Medical Unit (M) - NG551	96.6%	142.6%	-	-	100.9%	183.7%	-	-	50.7%	50.8%	60	4.06	9	11.5	-	-				197,643	229,755	(32,112)
Maidstone	Stroke Unit	Stroke Unit (M) - NK551	101.2%	92.0%	-	100.0%	101.1%	107.0%	-	100.0%	42.1%	13.3%	130	9.14	11	8.3	366.7%	95.5%		2		248,058	273,269	(25,211)
Maidstone	Hyperacute Stroke Unit	HASU (34) - NK552	97.9%	87.8%	-	-	100.6%	103.3%	-	-	29.1%	9.9%	92	6.42	7	12.6	30.4%	85.7%				152,967	157,280	(4,313)
Maidstone	Cornwallis	Cornwallis - NS251	101.1%	92.3%	-	-	100.0%	103.3%	-	-	17.2%	1.8%	32	1.91	1	7.7	162.3%	97.3%				135,554	127,400	8,154
Maidstone	Culpepper and CCU	Culpepper Ward (M) - NS551	114.1%	95.8%	-	-	106.7%	123.2%	-	-	27.1%	32.7%	26	1.68	3	8.0	36.8%	100.0%				125,421	134,416	(8,995)
Maidstone	Culpepper and CCU	CCU (M) - NS551	100.0%	-	-	-	100.0%	-	-	-	20.0%	0.0%	25	1.70	0		181.8%	100.0%						
Maidstone	Edith Cavell	Edith Cavell - NS459	123.7%	103.3%	-	100.0%	100.0%	159.7%	-	-	36.1%	51.2%	25	1.80	4	7.0	140.0%	96.4%		1		128,220	143,882	(15,662)
Maidstone	John Day	John Day Respiratory Ward (M) - NT151	96.1%	99.7%	-	-	100.0%	93.3%	-	-	25.3%	11.7%	89	6.38	13	7.5	258.3%	96.8%		1		194,879	214,030	(19,151)
Maidstone	Intensive Care (M)	Intensive Care (M) - NA251	87.7%	71.0%	-	-	95.8%	80.0%	-	-	6.1%	19.8%	30	2.12	4	58.1	-	100.0%				254,039	244,677	9,362
Maidstone	Lord North	Lord North Ward (M) - NF651	100.3%	107.2%	-	100.0%	101.1%	103.3%	-	-	11.5%	0.0%	23	1.61	2	8.1	11.5%	100.0%				123,835	113,308	10,527
Maidstone	Mercer	Mercer Ward (M) - NJ251	99.2%	126.6%	-	100.0%	100.0%	181.7%	-	-	44.6%	40.9%	61	4.21	1	7.0	85.0%	100.0%				127,712	163,062	(35,350)
Maidstone	Peale	Peale Ward COVID - ND451	101.7%	124.4%	-	-	98.9%	150.9%	-	-	37.2%	34.4%	54	3.74	2	9.1	211.5%	92.7%				106,646	116,180	(9,534)
Maidstone	Pye Oliver	Pye Oliver (Medical) - NK259	99.6%	159.6%	-	-	100.0%	195.6%	-	-	62.6%	48.7%	61	4.21	1	8.4	198.0%	84.8%				162,029	205,316	(43,287)
Maidstone	Short Stay Surgery Unit (M)	Short Stay Surgical Unit (M) - NE751	98.3%	85.3%	-	-	90.6%	14.3%	-	-	0.8%	0.0%	2	0.11	0	41.3	0.0%	100.0%				66,452	66,337	115
Maidstone	Whatman	Whatman Ward - NK959	95.0%	121.0%	-	-	100.0%	228.3%	-	-	54.6%	34.5%	88	5.60	10	9.9	50.0%	100.0%		1		158,928	192,164	(33,236)
Maidstone	Maidstone Birth Centre	Maidstone Birth Centre - NP751	94.1%	93.4%	-	-	100.6%	96.7%	-	-	16.4%	0.0%	35	2.07	1	38.5	0.0%	100.0%				84,867	92,328	(7,461)
Maidstone	MOU	Maidstone Orthopaedic Unit (M) - NP951	91.0%	71.7%	-	-	60.0%	0.0%	-	-	0.0%	-	-	-	-	27	65.5%	95.6%				0	(4,730)	4,730
Maidstone	K&M Orth Centre - Inpatient Ward	K&M Orth Centre - Inpatient Ward - TK153	122.8%	54.6%	-	100.0%	85.0%	79.7%	-	-	1.8%	0.0%	4	0.27	0	17.2	-	-				329,828	248,502	81,326
TWH	Acute Medical Unit (TW)	Acute Medical Unit (TW) - NA901	92.9%	102.4%	-	100.0%	103.3%	153.2%	-	-	51.4%	28.6%	160	11.28	35	9.2	-	-		1		273,317	298,803	(25,486)
TWH	Coronary Care Unit (TW)	Coronary Care Unit (TW) - NP301	99.5%	91.4%	-	-	100.0%	-	-	-	6.0%	15.3%	9	0.62	0	12.1	-	-				80,528	71,948	8,580
TWH	Hedgehog Ward	Hedgehog Ward (TW) - ND702	107.8%	88.8%	-	-	111.4%	86.7%	-	-	38.2%	43.7%	180	12.39	14	9.2	41.2%	96.4%				218,563	186,893	31,670
TWH	Intensive Care (TW)	Intensive Care (TW) - NA201	99.2%	83.6%	-	-	99.5%	72.1%	-	-	5.7%	4.1%	72	5.07	11	30.9	700.0%	100.0%				412,237	433,743	(21,506)
TWH	Wells Day Unit	Private Patient Unit (TW) - NR702	102.5%	82.2%	-	-	99.8%	89.8%	-	-	19.5%	0.0%	7	0.47	1	12.1	86.4%	89.5%				77,932	81,548	(3,616)
TWH	Ward 2	Ward 2 (TW) - NG442	92.9%	93.8%	-	100.0%	117.2%	108.5%	-	100.0%	32.3%	6.5%	96	6.56	14	7.0	103.2%	87.5%				206,624	203,195	3,429
TWH	Ward 11	Ward 11 (TW) - NG131	98.0%	97.8%	-	-	97.5%	95.0%	-	-	20.0%	0.0%	49	3.46	13	6.9	21.5%	85.7%				181,075	186,555	(5,480)
TWH	Ward 12	Ward 12 (TW) - NG132	97.5%	83.6%	-	-	100.2%	96.6%	-	100.0%	33.7%	9.3%	105	6.63	20	6.3	10.5%	83.3%		1		158,523	177,283	(18,760)
TWH	Ward 20	Ward 20 (TW) - NG230	106.6%	139.3%	-	100.0%	120.1%	134.2%	-	-	43.3%	61.9%	119	8.21	13	8.2	91.9%	89.5%				187,029	212,259	(25,230)
TWH	Ward 21	Ward 21 (TW) - NG231	94.6%	92.4%	-	100.0%	98.0%	95.8%	-	-	22.1%	0.9%	63	4.08	14	6.7	76.5%	92.3%				186,806	211,637	(24,831)
TWH	Ward 22	Ward 22 (TW) - NG332	93.0%	122.2%	-	-	98.4%	139.1%	-	-	50.5%	22.3%	108	7.45	15	7.0	267.6%	86.8%		1		185,670	197,024	(11,354)
TWH	Ward 30	Ward 30 (TW) - NG330	93.2%	101.0%	-	100.0%	97.0%	119.2%	-	-	37.9%	0.0%	114	6.79	16	6.7	36.7%	83.3%		6		155,393	178,397	(23,004)
TWH	Ward 31	Ward 31 (TW) - NG331	98.8%	107.6%	-	100.0%	97.5%	118.3%	-	-	22.0%	0.0%	76	4.69	10	7.0	28.8%	93.3%		5		162,483	191,341	(28,858)
TWH	Ward 32	Ward 32 (TW) - NG130	98.4%	96.1%	-	-	97.5%	100.0%	-	100.0%	17.6%	0.0%	67	4.37	6	9.0	0.0%	95.7%		2		160,222	155,054	5,168
TWH	Gynae Ward	Ward 33 (Gynae) (TW) - ND302	100.1%	74.2%	-	-	100.0%	100.0%	-	-	43.7%	0.0%	63	4.12	1	7.2	-	-				110,411	122,297	(11,886)
TWH	SCBU	NICU (TW) - NA102	103.6%	143.5%	-	-	118.9%	58.3%	-	-	21.6%	3.9%	104	6.02	5	11.1	-	-				257,753	221,653	36,100
TWH	Short Stay Surgical Unit (TW)	Short Stay Surgical Unit (TW) - NE901	98.9%	66.8%	-	100.0%	110.0%	100.0%	-	100.0%	15.7%	0.0%	52	3.30	8	13.9	7.3%	100.0%				92,763	102,750	(9,987)
TWH	Surgical Assessment Unit	Surgical Assessment Unit (TW) - NE701	97.8%	107.1%	-	100.0%	100.0%	96.7%	-	-	11.1%	0.0%	7	0.49	0	15.3	3.8%	93.3%				83,523	83,565	(42)
TWH	Delivery Suite	Midwifery Services - Delivery Suite - NF102	93.3%	-	-	-	94.2%	-	-	-	33.0%	21.6%	305	18.71	69	7.1	-	-				426,360	390,313	36,047
TWH	Delivery Suite	Midwifery Services - MSW (2022) - NF102	-	94.9%	-	-	-	86.5%	-	-	30.6%	0.0%	-	-	-		-	-						
TWH	Antenatal Ward	Midwifery Services - Antenatal Ward - NF122	92.3%	-	-	-	92.6%	-	-	-	42.2%	13.6%	94	5.86	17		-	-				112,097	96,628	15,469
TWH	Postnatal Ward	Midwifery Services - Postnatal Ward - NF132	109.8%	63.4%	-	-	96.7%	99.8%	-	-	36.5%	1.4%	199	11.51	29		-	-				209,551	210,969	(1,418)
Crowborough	Crowborough Birth Centre	Crowborough Birth Centre (CBC) - NP775	226.0%	95.9%	-	-	99.0%	96.7%	-	-	33.2%	0.0%	48	3.03	0	132.5	40.9%	100.0%				76,993	85,458	(8,465)
Maidstone	A&E (M)	Accident & Emergency (M) - NA351	103.5%	121.0%	-	100.0%	102.6%	138.1%	-	-	44.2%	33.4%	344	22.72	10	-	0.0%	81.9%				397,607	477,008	(79,401)
TWH	A&E (TW)	Accident & Emergency (TW) - NA301	102.6%	87.3%	-	100.0%	103.9%	81.9%	-	100.0%	37.0%	24.5%	387	26.68	11	-	11.1%	82.1%				452,517	529,649	(77,132)
TWH	Community Midwifery Services (TW)	Community Midwifery Services - Team Leads - NJ160	62.8%	-	-	-	-	-	-	-	0.0%	-	-	-	-	-	-	-						
TWH	Community Midwifery Services (TW)	nunity Midwifery Services - TW/Ton/PW/Hawkhurst -	67.6%	45.3%	-	-	-	-	-	-	7.5%	0.0%	40	1.97	4	-	-	-						
TWH	Community Midwifery Services (TW)	Community Midwifery Services - Phoenix Team - NJ16(	53.1%	119.0%	-	-	0.0%	-	-	-	1.9%	0.0%	4	0.18	0	-	-	-						
TWH	Community Midwifery Services (TW)	nmunity Midwifery Services - Eden/Seven/Mallings - N	83.3%	24.9%	-	-	-	-	-	-	14.3%	0.0%	52	2.48	7	-	-	-						
TWH	Community Midwifery Services (TW)	ommunity Midwifery Services - Maidstone/Leeds - NJ1	64.5%	44.4%	-	-	-	-	-	-	7.5%	0.0%	30	1.34	1	-	-	-						
TWH	Community Midwifery Services (TW)	Community Midwifery Services - Crowborough - NJ16(	61.6%	44.2%	-	-	-	-	-	-	0.0%	-	-	-	-	-	-	-						
		Midwifery TW (four IP rosters)	98.1%	88.9%	-	-	94.6%	88.4%	-	-	34.4%	10.5%	598	36.08	115	-	-	-				334,362	290,885	43,477
		Midwifery TW Community (six comm. rosters)	67.2%	44.5%	-	-	0.0%	-	-	-	6.8%	0.0%	341	20.39	46	-	-	-				344,837	307,636	37,201
		Midwifery TW (all thirteen rosters)	83.5%	67.9%	-	-	91.2%	88.4%	-	-	17.7%	9.1%	685	43.11	56	-	-	-						

	Budget £	Actual £	Variance £ (overspend)
Total Established Wards	8,142,254	8,421,667	(279,413)
Additional Capacity bed Cath Labs	61,266	56,190	5,076
Other associated nursing costs	6,408,322	5,963,173	445,149
Total	14,611,842	14,441,030	170,812

RAG Key

Under fill   Overfill

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

Title of report	Nursing and Midwifery staffing review (annual review)					
Board / Committee	Trust Board Meeting					
Date of meeting	19th December 2024					
Agenda item no.	12-13					
Executive lead	Jo Haworth, Chief Nurse					
Presenter	Jo Haworth, Chief Nurse					
Report Purpose (Please ☑ one)	*Action/Approval*	☐	*Discussion*	✓	*Information*	✓

Links to Strategic Themes (Please ☑ as appropriate)					
Patient experience	Patient access	Sustainability	People	Systems and partnerships	Patient safety and clinical effectiveness
✓	✓	✓	✓	☐	✓

Executive Summary	
Executive summary of key matters/areas for consideration (incl. key risks, recommendations and external approvals)	This report provides an overview of registered nurse and midwifery staffing capacity and provides assurance of compliance with the National Institute for Clinical Excellence (NICE) safe staffing, National Quality Board (NQB) standards and Clinical Negligence Scheme for Trusts (CNST) standards. It is a requirement that every board of directors receives an annual establishment report with a further review on a biannual basis (National Quality Board, 2016). This paper meets the requirements of the biannual update, providing an overview of safe staffing in relation to the establishment, planned Vs actual staffing levels and care hours per patient day (CHPPD) over the past six months. In addition, there are specific reports on staffing in specialty areas such as maternity, neonates, theatres, ITU and ED.
Any items for formal escalation / decision	The meeting attendees are asked to note: 1.1. The above summary of findings from this year's establishment review and acknowledge the need to reconcile budgets and implement improved control processes. 1.2. The Chief Nurse is reviewing all outstanding and new actions from both the 2023 and 2024 establishment reviews with each Divisional Director of Nursing & Quality in order to prioritise the ask against safe staffing recommendations. The finding of this prioritisation process will be reported in the next bi-annual review report. 1.3. That there is a rise in vacancies within Maternity and an ongoing deep dive to reconcile the budget. Maternity are currently developing a separate business case to support an increase in establishment which will need to consider the reconciliation that is required. The total additional funding required will be provided once this is concluded. 1.4. Maternity is complaint with 1-1 care in labour and supernumerary status of the labour ward co-ordinator.

	1.5. There are a number of posts required within paediatrics to ensure we are fully complaint with BAPM standards, these are being developed into a business case by the division. 1.6. The current funded establishment for ITU/HDU at TWH does not meet the current roster being worked and staff in post. The division are currently progressing a business case. The total additional funding required will be provided once this is concluded. 1.7. That there is a high volume of temporary staffing shifts used in theatres due to additional activity which need to be considered for business planning. 1.8. That a workforce plan (and associated business case) is to be developed to include ongoing plans for IEN/SIFE recruitment and apprenticeships. 1.9. Activity and Consultant workforce increases need to acknowledge the impact on the CNS workforce and be built in to future business cases. 1.10. MTW Care Hours Per Patient Day (CHPPD) is 9.3, which places us nationally within the 3rd quartile. However, the data source is currently being validated by BI to ensure it is fully accurate. 1.11. There is an overfill rate in the Planned Vs Actual reports largely due to enhanced care requirements. Booking reasons have been updated, reported on weekly and reviewed monthly in the Nursing & Midwifery Assurance meeting.
Appendices attached	• Appendix A – N&M Annual Workforce Report

Report previously presented to:		
Committee / Group	Date	Outcome/Action
Executive Team Meeting	10/12/24	

Assurance and Regulatory Standards	
Links to Board Assurance Framework (BAF)	N/A
Links to Trust Risk Register (TRR)	N/A
Compliance / Regulatory Implications	National Institute for Clinical Excellence (NICE) safe staffing, National Quality Board (NQB) standards and Clinical Negligence Scheme for Trusts (CNST) standards

1. **Purpose**

1.1. The purpose of this report is an update of the Nursing and Midwifery (N&M) workforce to provide assurance to the Board and public regarding N&M safe staffing levels. It will provide the Board with an overview of registered nurse and midwifery staffing capacity and compliance with the National Institute for Clinical Excellence (NICE) safe staffing, National Quality Board (NQB) standards and Clinical Negligence Scheme for Trusts (CNST) standards. It is a requirement that every board of directors receives an annual establishment report with a further review on a biannual basis (National Quality Board, 2016).

1.2. In October 2018, NHS Improvement (NHSI) published guidance on 'Developing Workforce Safeguards'. This guidance outlines a triangulated approach to safer staffing outlined within the NQB standards would be assessed. This triangulated approach combines evidence-based tools e.g. Safer Nursing Care Tool (SNCT), professional judgement and outcomes. By implementing the recommendations from NQB, together with strong and effective governance, boards can be assured that workforce decisions will promote patient safety and compliance with regulatory standards.

The Safer Nursing Care Tool (SNCT) was introduced to MTW in 2023 and is used as the evidence base to guide nursing establishment reviews. This tool is use in adult ward and paediatric inpatient areas with further plans to roll out to Emergency Department in January 2025. SNCT audit data supports the establishment reviews, detailing the acuity and dependency of patients within clinical areas, providing recommendations for Nursing establishments.

1.3. BirthRate Plus® is the national tool available for calculating midwifery staffing levels which has been endorsed by the National Institute for Health and Care Excellence (NICE). The tool considers the midwife-to-birth ratio and the mother's and baby's acuity and complexity for women throughout pregnancy, labour and the post-natal period, in both hospital and community settings. The most recent Birthrate Plus® review was undertaken at MTW in June 2023.

1.4. This report provides an overview of safe staffing in relation to the approved budgeted establishment oversight of care hours per patient day (CHPPD) over the past six months. It also provides a comparison to peer organisations for the same time period, utilising the Model Health system. It will also provide an overview of the rota fill rates (Planned Vs Actual).

2. **National nursing and midwifery staffing context**

2.1. Nurse and Midwifery staffing levels and skill mix are associated with the quality and safety of care in hospital wards (NHSE,2021). Demonstrating sufficient staffing is one of the essential standards that all health care providers need to comply with Care Quality Commission (CQC) regulation (CQC, 2024).

2.2. There are currently 31,294 nursing and midwifery vacancies in England (March 2024) (NHS Digital, 2024). The NHS Long Term Workforce Plan provides a vision for nursing and midwifery staffing, detailing a move away from International recruitment and reliance on temporary staffing, with a focus on domestic pipelines supported by student recruitment and apprenticeships. The MTW Nursing and Midwifery Workforce plan reflects this approach, with this board report clarifying the processes of monitoring compliance with National Standards and governance of the nursing and midwifery workforce at MTW.

3. **Update on actions taken from 2023 establishment review**

3.1. The progress to implement or mitigate the actions identified from last year's establishment review can be seen in appendix 1. These were discussed during this year's review meetings and some remain a priority for this year's business planning.

3.2. The Chief Nurse will review all outstanding and new actions from both the 2023 and 2024 establishment reviews with each Divisional Director of Nursing & Quality in order to prioritise the ask against safe staffing recommendations. The finding of this prioritisation process will be reported in the next bi-annual review report.

4. **Current staffing position (from November 2024 data)**

Registered WTE summary

	ESR Establishment	SIP	Vacancy
Registered Nurses	2059.1	1944.5	114.6
Registered Midwives	249.2	220.8	28.4
IENs (awaiting PIN – move to B5 vacancy once obtained).	30.6	21.0	9.6
Registered Nurse Associate	20.7	21.3	- 0.6
Total	**2359.6**	**2207.6**	**152.0**

Unregistered WTE summary

	ESR Establishment	SIP	Vacancy
Healthcare Support Workers B2	480.3	410.4	69.8
Healthcare Support Workers B3	176.9	133.8	43.1
Maternity Support Workers	66.8	59.9	6.9
Paediatric Support Workers	21.2	13.0	8.2
Theatre Support Workers	60.8	43.7	17.0
Total	**806.0**	**660.8**	**145.0**

5. **Registered Nursing**

5.1. There are 2059 wte registered nurses in post with a current vacancy rate of 6% equating to 114 wte vacancies. Of these vacancies, 85.4 wte are Band 5's. There are currently 30 wte IENs in post that are awaiting NMC registration, once obtained vacancies drop to 54.8 wte.

5.2. Recruitment of RN's was centralised and managed by the Senior Corporate Nursing team. This ensured that a strategic overview of vacancies was maintained and candidates were expedited into positions. Recruitment took place at monthly recruitment events supported by the Divisional and OD teams, which incorporated information session and interviews. Successful applicants were mapped into vacancies on the day, streamlining the recruitment process. This approach contributed to the reduction of RN vacancies.

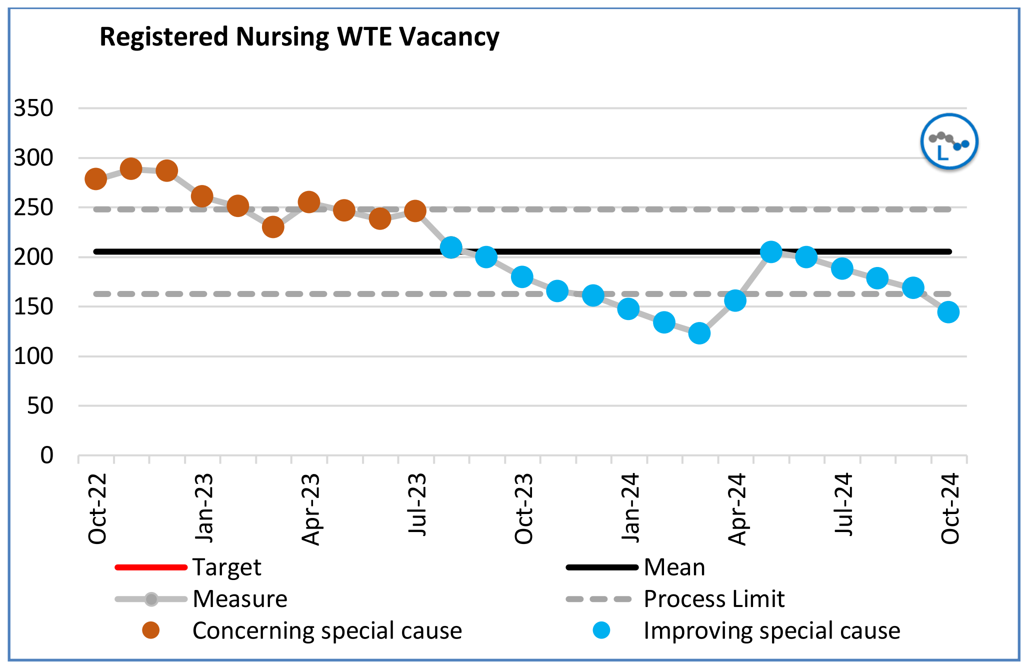
5.3. Due to the improved RN vacancy position, monthly recruitment events were no longer required. Recruitment of RN's at MTW has now returned to Divisional teams on a pilot basis, with recruitment activity being supported by the Divisional Workforce Coordinators and overseen by the Matron for Workforce to ensure parity of process.

Issues and Mitigations

5.4. We are in the final year of the business case for international recruitment with 54 IENs not yet recruited of the 140 for this year. These have been held to contribute to the Trust financial improvement programme however, a proportion of these (50%) will be recruited to in order to maintain the current vacancy rate. Student nurse allocations are reducing locally and nationally putting the on-going recruitment plan at risk.

5.5. In the longer term, our ambition is to 'grow our own' and develop a business case to support further apprenticeship and SIFE (Supporting Information from Employers) candidates. SIFE is a process for internationally educated nurses who are working with us as HCSW but do not a registration in the UK.

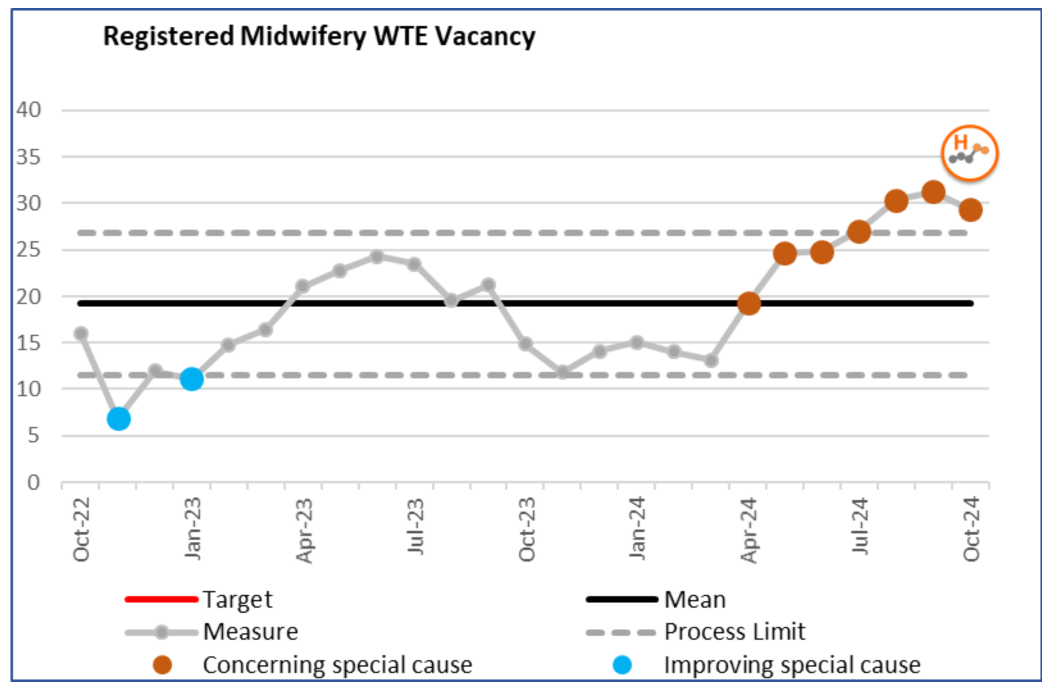
Registered Nursing Vacancies (wte)



6. Registered Midwifery

6.1. There are 249 wte registered midwives in post and the current vacancy rate is 11% with 28 wte vacancies.

Registered Midwifery Vacancies (wte)



BirthRate Plus®

6.2. Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision making and has been in variable use in UK maternity units since 1988. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour and recommended that it is carried out every three years.

6.3. It should be mentioned that this methodology does not take in to account the increased responsibilities on maternity units from CNST, and national reports such as Ockenden and Kirkup.

6.4. In June 2023, the LMNS commissioned a BR+ report which calculated the ratio at MTW to be 24.2 births per 1 wte midwife. The report concluded that 0.96 wte midwives are needed to comply with BR+ calculations.

Midwife to Birth Ratio

6.5. The birth to midwife ratio is calculated monthly using BR+ methodology and the actual monthly delivery rate. This has now been added to the maternity dashboard so that it can be monitored alongside clinical data. The table outlines the real time monthly birth to midwife ratio.

Month	**July 24**	**August 24**	**September 24**
Birth to midwife ratio	1:26	1:24.5	1:25.3

Supernumerary Status of the Delivery Unit Coordinator

6.6. Availability of a supernumerary labour ward co-ordinator is recommended as best practice to oversee safety on the labour ward. This is an experienced midwife available to provide advice, support, and guidance to clinical staff and able to manage activity and workload through the labour ward.

6.7. The following table outlines the compliance by month This data is extracted from daily MOPEL status report. Any occurrence of a breach of coordinator status will be recorded on InPhase.

	Compliance
March 2024	100%
April 2024	100%
May 2024	100%
June 2024	100%
July 2024	100%
August 2024	100%
September 2024	100%

Specialist Midwives

6.8. Birth Rate Plus recommends that 8-11% of the total establishment are not included in the clinical numbers, with a further recommendation of this being 11% for multi-sited Trusts. This includes management positions and specialist midwives.

Current funded wte	% Uplift	Birthrate Plus wte	Variance wte
27.81	21%	25.96	1.85

6.9. Although the BR+ report identifies that MTW exceeds the expected standard in terms of numbers of specialist midwives, it should be acknowledged that the recent CQC report highlighted areas where extra investment in staffing is needed in order to be assured that the service has effective governance and audit processes.

6.10. Many trusts are now operating on an uplift above 23%, and this may explain why although the staffing meets requirements set out in the Birthrate Plus report, further investment in posts is needed. To date, two additional posts are in the process of being recruited to in the Governance team (Head of Maternity Governance and Lead for Patient Safety expected start date December 2024).

Compliance with one-one Care in Labour

6.11. Women and birthing people in established labour are required to have one to one care and support from an assigned midwife. One to one care will increase the likelihood of having a ‘normal’ vaginal birth without interventions and will contribute to reducing both the length of labour and the number of operative deliveries. Care will not necessarily be given by the same midwife for the whole labour.

6.12. If there is an occasion where one to one care cannot be achieved, then this will prompt the labour ward co-ordinator to follow the course of actions within the acuity tool. These may be clinical, or management actions taken.

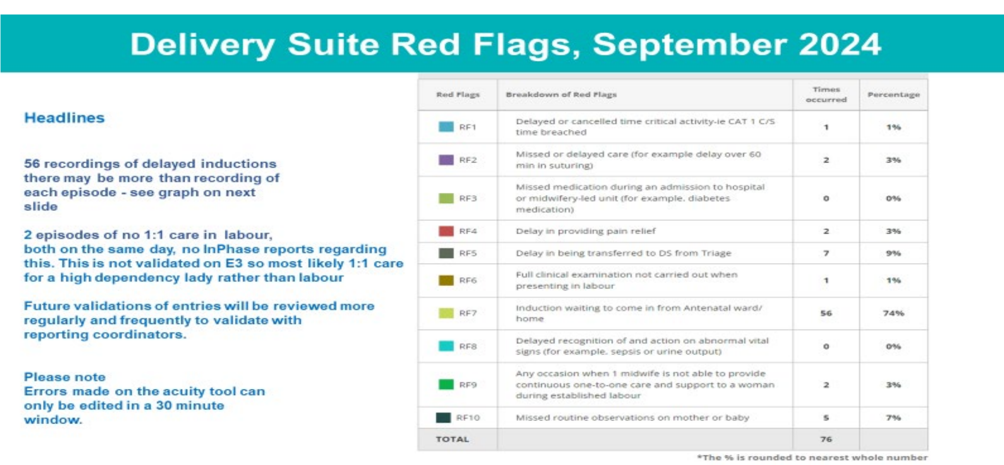
6.13. The following table outlines compliance by Month.

	March	April	May	June	July	August	Sept
Maidstone Birth Centre	100%	100%	100%	100%	100%	100%	100%
Crowborough Birth Centre	100%	100%	100%	100%	100%	100%	100%
Labour Ward Tunbridge Wells	100%	100%	100%	100%	100%	100%	100%

Maternity Red Flags

6.14. Midwifery Red Flags A midwifery red flag event is a warning sign that something may be wrong with midwifery staffing (NICE 2015). If a midwifery red flag event occurs, the midwife in charge of the service is notified. The midwife in charge will then determine whether midwifery staffing is the cause and the action that is needed. Red flags are collected through the live Birth Rate Plus acuity tool.

6.15. Midwifery red flags are monitored and incident reports submitted where applicable in order to identify and minimise any associated risks.


Delivery Suite Red Flags, September 2024

Headlines

56 recordings of delayed inductions there may be more than recording of each episode - see graph on next slide

2 episodes of no 1:1 care in labour, both on the same day, no InPhase reports regarding this. This is not validated on E3 so most likely 1:1 care for a high dependency lady rather than labour

Future validations of entries will be reviewed more regularly and frequently to validate with reporting coordinators.

Please note
Errors made on the acuity tool can only be edited in a 30 minute window.

Red Flags	Breakdown of Red Flags	Times occurred	Percentage
RF1	Delayed or cancelled time critical activity-ie CAT 1 C/S time breached	1	1%
RF2	Missed or delayed care (for example delay over 60 min in suturing)	2	3%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	2	3%
RF5	Delay in being transferred to DS from Triage	7	9%
RF6	Full clinical examination not carried out when presenting in labour	1	1%
RF7	Induction waiting to come in from Antenatal ward/ home	56	74%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	2	3%
RF10	Missed routine observations on mother or baby	5	7%
TOTAL		76	

*The % is rounded to nearest whole number

6.16. This demonstrates the challenge with our induction of labour pathway. This is being reviewed with fresh eyes as an A3 project and will be reported on at Strategic Deployment Review Meetings, as well as in internal meetings.

Issues and Mitigations

6.17. Vacancies in midwifery have been steadily rising since the beginning of the financial year. Working closely with the Resourcing Team and Corporate Nursing the Division are currently developing an attraction campaign.

6.18. Currently there is a high use of temporary staffing with the use of agency.

6.19. Due to the withdrawal of Midwifery Students at our main university the domestic recruitment pipeline has been impacted. There are plans to reinstate this pathway next year.

6.20. Alternative recruitment options such as the Nurse to Midwife conversion course (two currently on programme), the recruitment of registered nurses in maternity and the midwifery apprenticeships.

6.21. The splitting out of the budgets from one single cost centre, to individual cost centres will aid closer monitoring of staffing requirements and vacancies per department.

6.22. The establishment review has highlighted that a further cleanse of the establishment by department is required using the correct safe staffing methodology as there are currently discrepancies between the funded establishment (budget), staff in post and the actual requirements. This is underway and findings of which will be share in full in the next bi-annual staffing report.

6.23. The division have recruited a Band 4 Workforce Coordinator to assist with tracking vacancies in real time and ensuring recruitment processes are robustly followed.

6.24. There are further plans to recruit a Band 7 Workforce Midwife who will have full oversight of workforce related issues and plans within maternity.

7. **Intensive Care Staffing**

7.1. Critical care is a specialist multi-professional, service which must delivers an integrated care pathway focused on patient need. Therefore, nursing establishments within intensive care settings must be guided by recommendations of the GPICS (2022). These guidelines mandate that Level 3 patients must have a registered nurse to patient ratio of 1:1, with Level 2 patients requiring a nurse to patient ratio of 2:1. Supernumerary supervisory roles for senior nurses and number of clinical educators are also enforced as requirements for an ITU setting.

7.2. Due to the formation of and geographical location of the HDU at the Tunbridge Wells site, additional scrutiny was applied to the TWH ITU establishment review.

7.3. The establishment review highlighted discrepancies between the funded establishment (budget) for ITU TWH, staff in post and the actual requirement. The division are currently reviewing this and developing a business case.

8. **Emergency Department staffing**

8.1. The Royal College of Emergency Medicine (RCEM) and Royal College of Nursing (RCN) (2020) highlight the importance of an appropriate ED workforce for providing safe, effective, high quality emergency care in a timely, cost-effective and sustainable manner. Guidance is provided on nurse staffing levels by RCEM and the RCN (2020), however these are non-mandated.

8.2. The Shelford Group published the Emergency Department Safer Nursing Care Tool in 2021. This evidence-based staffing tool supports establishment setting within Emergency Departments, providing an overview of acuity and dependency of patients. Reviewed alongside nurse sensitive indicators and professional judgement, this will provide parity in establishment setting with other inpatient areas.

8.3. In line with the MTW SNCT audit project plan, ED SNCT audits will commence in the New Year to support subsequent establishment review cycles in all Emergency Departments (including Paediatric ED) at MTW.

8.4. The ED have previously submitted requests for additional staffing requirements which remain outstanding (as described above). It is hoped that the SNCT can provide further analysis of the staffing requirements within the Emergency Departments.

9. **Neonatal Staffing**

9.1. Guidance for Neonatal staffing are provided by The British Association of Perinatal Medicine (BAPM), which provides a consensus view of Service and Quality Standards for the provision of neonatal care in the UK. BAPM Service Standards and Neonatal Service Quality

Indicators represents a professional view of the current best practice principles as they apply to neonatal care and are consistent with the Neonatal Critical Care Review (NCCR).

9.2. At MTW the Neonatal workforce is planned following this guidance. Current staffing risks for NICU at MTW are in relation to the BAPM recommendations of staffing levels and qualifications of staff on the unit. These staffing gaps are being addressed by a Divisional Business Case proposal as part of the 2025/26 business planning cycle which details the staffing requirement for not only nursing, but the wider multi-disciplinary workforce.

9.3. BAPM standards in relation to staff who are Qualified in Speciality (QIS) is set at 70%, MTW NICU is currently sitting at 54.3% in relation to the substantive workforce. However, by utilising substantive/temporary staff, MTW compliance is elevated to 85.7%. It should be noted that substantive staff compliance is on an upward trajectory from 40% in 2023. The BAPM business case will address the QIS noncompliance with a plan to achieve 70% by 2026.

9.4. In summary there are a number of posts required within paediatrics to ensure we are fully complaint with BAPM standards, these are being developed into a business case by the division.

10. **Theatre Staffing**

10.1. Guidance for Safe Staffing in Perioperative settings is provided by the Association for Perioperative Practice (AFPP) and recommends the following:

- TWO SCRUB PRACTITIONERS as the basic requirement for each session, unless patient dependency and/or clinical service demand more or less
- ONE CIRCULATING STAFF MEMBER for each session unless there is requirement for more
- ONE REGISTERED ANAESTHETIC ASSISTANT PRACTITONER for each session involving an anaesthetic. This includes sessions where local sedation or regional anaesthesia is administered
- ONE RECOVER PRACTITIONER per patient for the immediate postoperative period.

10.2. Theatre teams are structured to meet these recommendations.

10.3. Due to a high volume of waiting list initiatives/additional activity, temporary staffing within theatres with over reliance on both bank and agency staff. It is recommended that business planning further reviews activity plans to develop a business case for a more stable workforce.

11. **Unregistered Nursing & Midwifery**

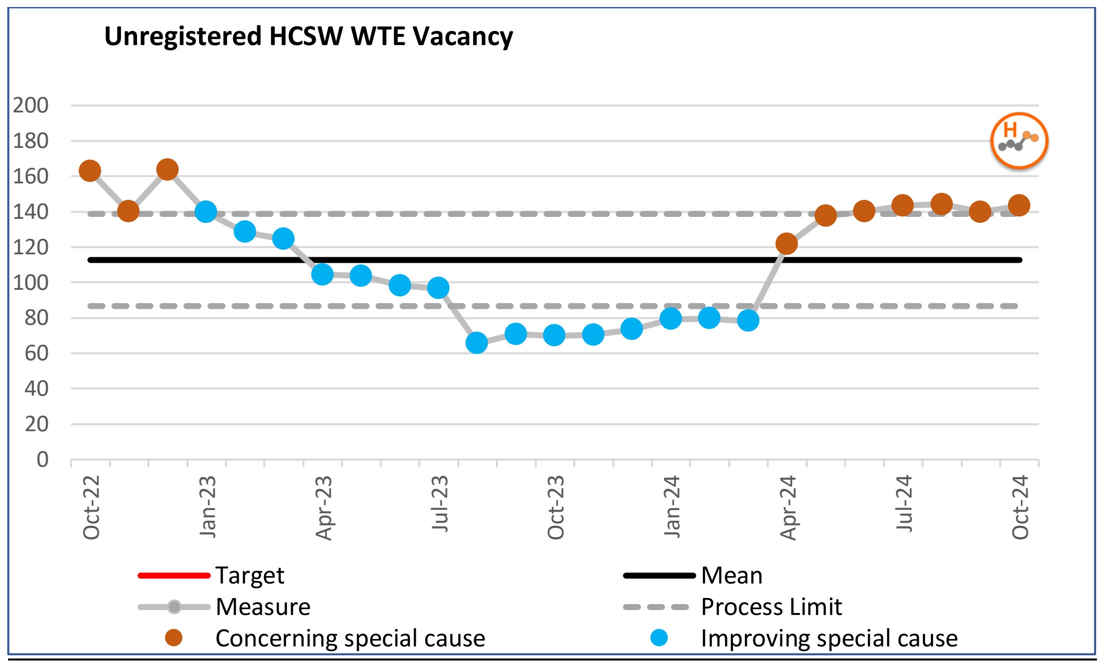
11.1. There are currently 806 wte HCSW in post with 145 wte vacancies equating to a vacancy rate of 17.9%. Additional funding was identified as part of the 2022 establishment review business case for 34 wte HCSW. This was seen in budgets in April 2024 hence a rise in vacancies at this point.

11.2. It was identified the majority of HCSW recruited to MTW are ‘New to Care’. Therefore the ‘New to Care’ programme was developed by the NMET to ensure new starters were supported for the first 6 weeks with completion of the Care Certificate, clinical development and pastoral care.

11.3. HCSW’s undertaking the level 2 and level 3 apprenticeship route have focused sessions to oversee completion of work and preparation for observation with external examiner.

11.4. For current staff members, HCSW training days commenced in September 2024. These run monthly with capacity for 20 HCSW at each session. The Bedside Emergency Assessment Course for Healthcare staff (BEACH) course will commence in January 2024. This course teaches experienced unregistered healthcare staff to recognise deterioration in patients, prioritisation of care and escalation of concerns.

11.5. BI data is currently misrepresenting the number of HCSW vacancies at MTW. Work is ongoing to cleanse data and align ESR, Healthroster and finance to ensure accuracy in data reporting.
Healthcare Clinical Support Workers vacancies (wte)



12. Current Pipeline

12.1. There are currently 86.89 wte registered N&M and 51.63 wte HCSW who are being recruited to and due to commence in next three months. The current pipeline for Nursing and Midwifery recruitment can be seen in the table below.

Staff Group	Authorisation yet to advertised	Advertising	Shortlisting	Interview	Pre-Employment checks	Ready for Start Date	Start Date booked	Total
Nursing	15.27	22.03	14.9	20.7	36.17	8.76	31.16	148.99
Midwifery	1	2.51	0	12.1	2.9	2.4	5.5	26.41
HCSW	2.44	3.1	5.69	2	20.88	5.92	14.11	54.14
Midwifery Support Worker	0	0	0	0.6	7.72	1	2	11.32
Total	**18.71**	**27.64**	**20.59**	**35.4**	**67.67**	**18.08**	**52.77**	**240.86**

12.2. Domestic Recruitment

Recruitment events:
12.3. Monthly recruitment events have been ongoing throughout the year for RN/M's and HCSW's. These centralised recruitment events have enabled a focus on the Trust wide vacancies, ensuring oversight of hotspot areas and parity in recruitment processes. These have been facilitated in the education centres cross site and have been supported by the Corporate Nursing Team, the Recruitment Team and the Divisional Teams.

12.4. RN recruitment due to a reduction in vacancies will now move to being Divisionally led, with oversight of the Matron for Workforce. HCSW recruitment will still continue to be centrally managed so a focus on the reduction of vacancies and support for those candidates who are 'New to Care' can be provided.

12.5. Recruitment activity has been further supported through careers events at local secondary schools, and at HEI providers.

Student Nurses and Midwives:

12.6. Nursing and Midwifery students have placements at MTW, whilst undertaking undergraduate programmes with the three partner HEI's affiliated to the Trust. Discussion regarding recruitment of adult nursing students commences in the first year, and continues through out their studies. If they undertake placements at MTW they will have a job offer on completion of the programme. This process is also reflected for student midwives.

12.7. Paediatric student nurses undertake placements throughout the system, so are offered an interview prior to completion of their course.

12.8. Nationally, undergraduate numbers for nursing and midwifery have reduced by 22%, therefore it is vital that students feel a sense of identity to MTW and want to become remain at the Trust as the workforce of the future.

Adult Nursing Student Numbers:

University of Greenwich	Numbers	Due to qualify
BSc	4	Jan 2025
MSc	3	Sept 2025
BSc	2	Jan 2026
BSc	6	Sept 2026
MSc	3	
BSc	5	Jan 2027
BSc	11	Sept 2027

Canterbury Christchurch University	Numbers	Due to qualify
BSc	39	Sept 2025
BSc	53	Sept 2026
MSc	3	
BSc	25	Sept 2027

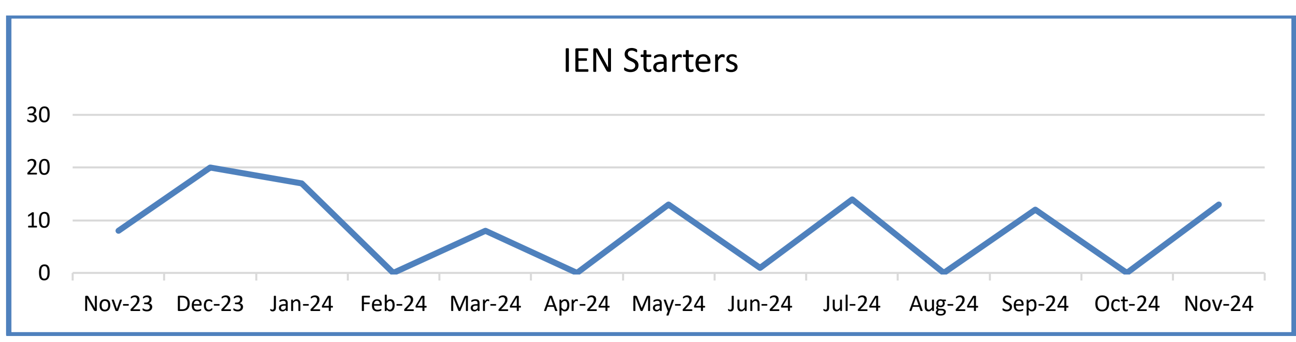
University of Brighton	Numbers	Due to qualify
BSc	2	Sept 2025
BSc	5	Sept 2026
BSc	4	Sept 2027

Nurse to Midwife conversion

12.9. Kent and Medway Maternity Trusts applied for NHSE funding for the September 2024 Shortened midwifery programme, run by Kingston University. This course is for UK NMC Registered adult nurses who want to become NMC Registered Midwives. MTW has supported 2 RN's to undertake this 2-year programme, providing an additional pipeline to the midwifery recruitment at MTW.

International Recruitment

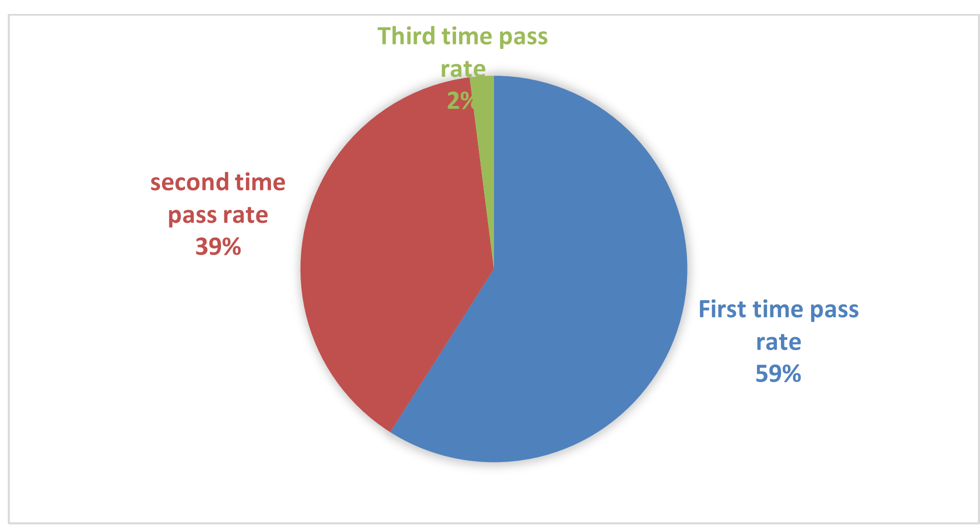
12.10. 106 Internationally educated nurses have been recruited in last 12 months. Cohort intakes were reduced to every other month, reflecting the reduction in RN's recruited through this pipeline.



12.11. As we come to the end of our three-year business case for international recruitment, on-going plans are currently being reviewed by the Deputy Chief Nurse.

12.12. OSCE training and pass rates: Internationally educated nurses undertake an OSCE training programme when then join MTW. Between October 2023-24, 138 Internationally educated nurse undertook Adult OSCE training with the NMET team at Priory Gate. There has been a rise in first time pass rates over the last year, which is now sitting at 59%.

OSCE PASS RATES OCTOBER 2023-24



Pastoral care

12.13. The Lead Nurse Pastoral Care post became substantive in the Senior Corporate Nursing Team in April 2024. This role provides guidance and advocacy for Internationally Educated Nursing and Midwifery staff at MTW, and has support 314 individuals during 2023/24.

12.14. The Lead Nursing for IEN/M's & Pastoral Care provides 1:1 focused support for those who need guidance through the NMC registration process, facilitating links with the National team and diaspora groups when needed.

12.15. This role has contributed to the advancement of IEN/M recruitment, pastoral care and career development processes at MTW. The first IEN/M Graduation Ceremony was held in December to celebrate the 64 IEN/M's and 16 SIFE staff members who have passed the OSCE assessment this year. Pastoral Care initiatives which have been implemented during 2023/24 are listed below.

Pastoral Care Initiatives
Pastoral Care Quality Award – Achieved July 2023
Month IEN/M Council - IEN/M chair
IEN/M buddy programme
Pre-arrival engagement calls
Arrival Welcome Bags
Airport Pick up and tour of local area
Pastoral meet and greet
Yearly follow up evaluations with IEN/M's
IEN/M Listening Events with the Chief Nurse

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13. Apprenticeships

13.1. We currently have apprenticeship programmes for Healthcare Support Worker, Student Nurse Associate (SNA), Registered Nurse/Midwife Degree Apprentice (RNDA/RMDA) and Registered Nurse Degree Top Up (for those that have completed the SNA) with 112 candidates as per the table below.

13.2. Currently there are no business cases in place to support the backfill for apprenticeships. The establishment review has demonstrated that there are varying ways in which these programmes are funded most of which appear to be as a cost pressure with different budget lines being used to place staff against.

13.3. There is a general lack of consistency with the rostering and funding of apprenticeships and further analysis of this is required as well as a business case to support further programmes.

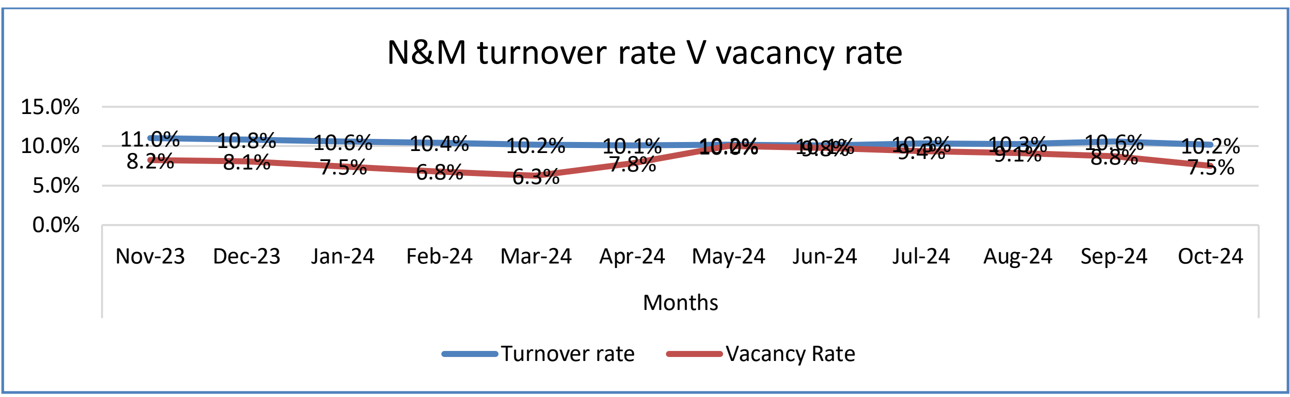
Summary table of current apprenticeship programmes:

Programme	Numbers	Due to qualify
RNDA Top up	6	2025
	7	2026
RNDA full	4 +2 Paeds	2025
	8 + 2 Paeds	2026
	5 + 2 Paeds	2027
	8 +2 Paeds	2028
RMDA	2	2025
	2	2026
	1	Jan 2027

	1	Sept 2027
	3	Jan 2028
SNA	4	2025
	4	2026
HCSW/MSW Apprenticeship Level 2	3 Adult 3 Maternity	2024
	19 Adult 1 Paeds 4 Maternity	2025
	7 Adult	2026
HCSW/MSW Apprenticeship Level 3	1 Adult 2 Maternity	2024
	7 Adult 1 Maternity	2025
	1 Paeds	2026

14. Turnover & Retention

14.1. The current turnover rate for Nursing and Midwifery is 10.3%. This has seen a gradual reduction since September 2023 and is sitting below the Trust target of 12%.



15. Safe Staffing

15.1. Redeployment of staff: Safe Care® is used across all adult and children inpatient areas to support the real time visibility of staffing levels and across the Trust. It supports the redeployment, enabling the acuity and dependency of patients within clinical areas to be considered when reallocating staff.

15.2. Full operationalisation of Safe Care® within the CCC occurred in June 2024. This provides strategic oversight and governance of nursing staffing levels, ensuring that a Trust wide, rather than a Divisional approach to staffing is maintained.

15.3. Planned v actuals RAG rated Nursing and Midwifery staffing is recorded on a daily basis to ensure oversight of the staffing position of the inpatient wards in the Trust. This report is circulated daily to the Chief Nurse, Chief Executive and members of the Executive team to provide 'ward to board' assurance and governance for staffing levels.

15.4. Safer Nursing Care Tool audits are undertaken three times a year within the inpatient clinical areas in line with the establishment review cycle. This evidence-based establishment

setting staffing tool provides an overview of the acuity and dependency of patients, taking into consideration the differing nursing activity attached to them.

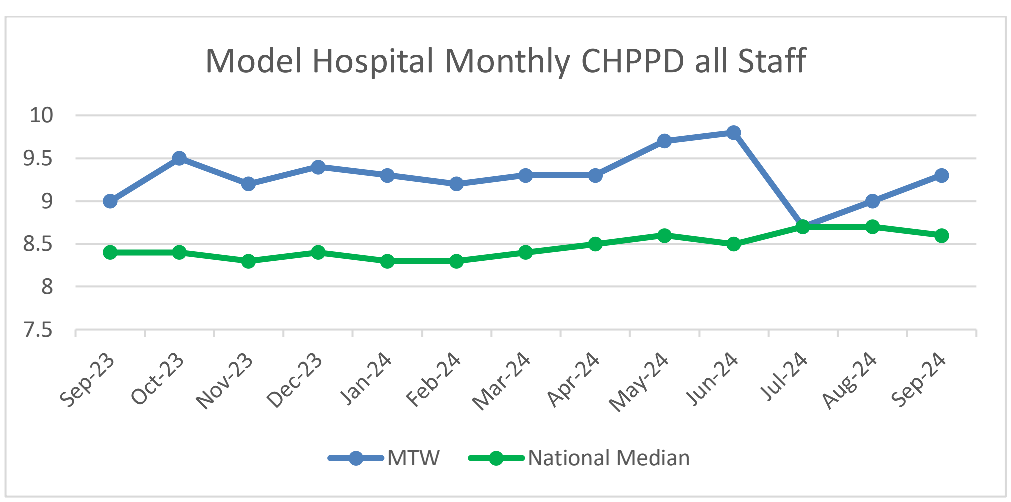
15.5. In February 2024 the updated SNCT audit tool (2023) was rolled out at MTW. This includes new care levels which chart patients requiring 1:1 or 2:1 care. SNCT audit results were reviewed as part of the establishment reviews, which alongside patient outcomes and professional judgement, ensure a triangulated approach to staffing was applied.

Care Hours per Patient Day (CHPPD)

15.6. Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including AHPs) divided by the bed state captured at 23.59 each day. Developed following the Carter report (2016), it is a measure of workforce deployment in ward-based settings which should be considered in any ward/unit/trust review. Assessed alongside quality and performance indicators it informs quality of care, patient outcomes, people productivity and financial sustainability.

15.7. CHPPD at MTW is reported monthly for PWR national reporting, and comparison of CHPPD with other organisations is ongoing through the 'model health' system. A deep dive is ongoing with the BI team to provide assurance of data reliability and the planned CHPPD metric. Training on CHPPD has been rolled out for DDNQ's, and matrons to enhance knowledge and understanding of Care Hours Per Patient Per Day in relation to Safe Staffing.

15.8. Currently the CHPPD for MTW is 9.3, which places us Nationally within the 3rd Quartile. Following the establishment review business case, an increase in CHPPD can be seen from June 2024. There is a data anomaly in July 24 which saw a drop in CHPPD to 8.7 and this is being looked into by BI.

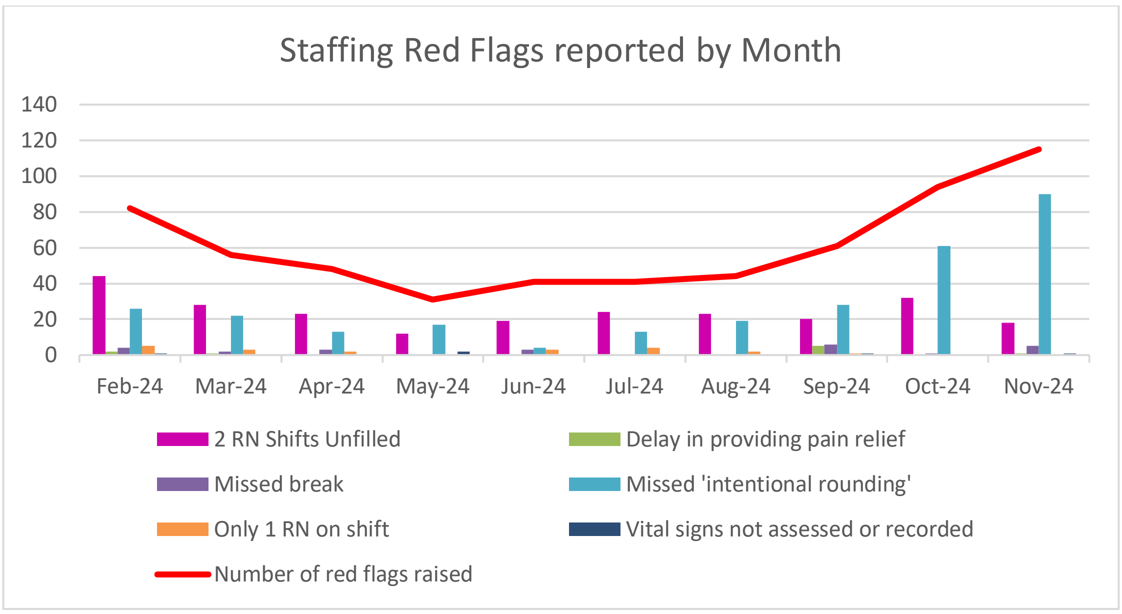


Nursing Red Flags

15.9. The NICE (2014), and the NQB (2018) recommends the raising of staffing red flags for adult inpatient wards. Staffing Red Flags are a real-time dynamic escalation tool for staffing issues within clinical areas.

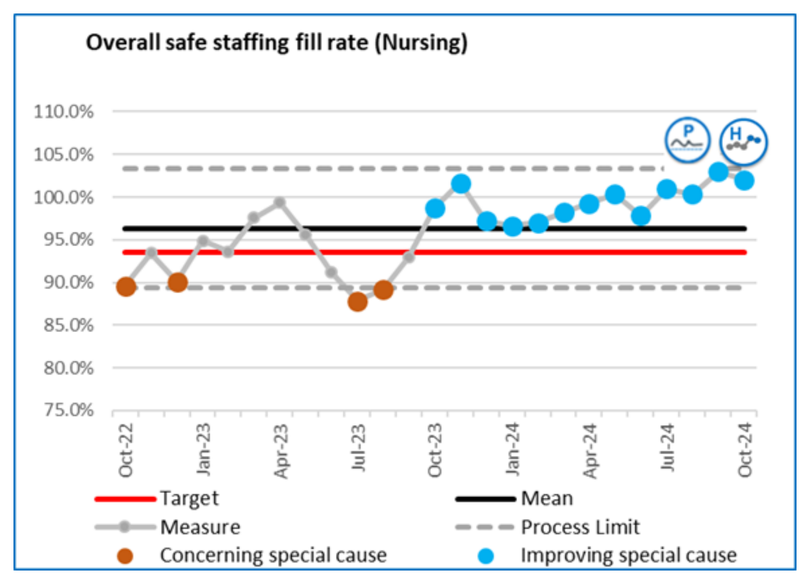
15.10. These are raised through the Safe Care® system, ensuring oversight on staffing challenges through the CCC. Matrons and Site Practitioners have responsibility to review Red Flags, ensuring that risk mitigation is actioned in a timely manner.

15.11. The raising of staffing red flags at MTW went live in Adult inpatient areas in February 2024. Since February 2024, 613 staffing Red Flags have been raised by clinical areas to escalate staffing issues. Reporting compliance is increasing and this can be seen below in the upward trend of number of red flags raised. There can also be see an elevation in 'Missed intentional rounding', which includes uncovered enhanced care shifts within the clinical areas. Work is ongoing to improve compliance with the raising and closing of staffing red flags within clinical teams.

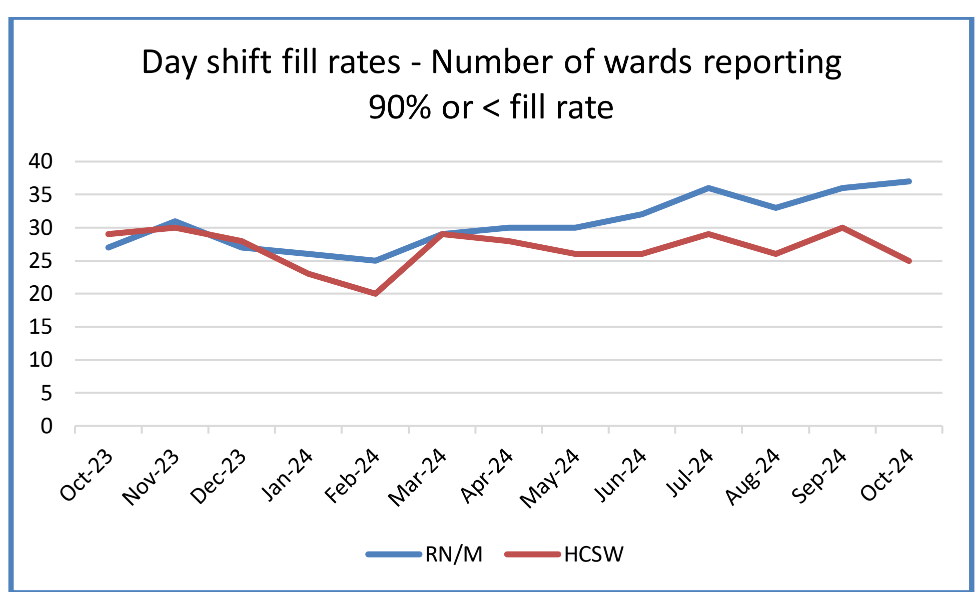


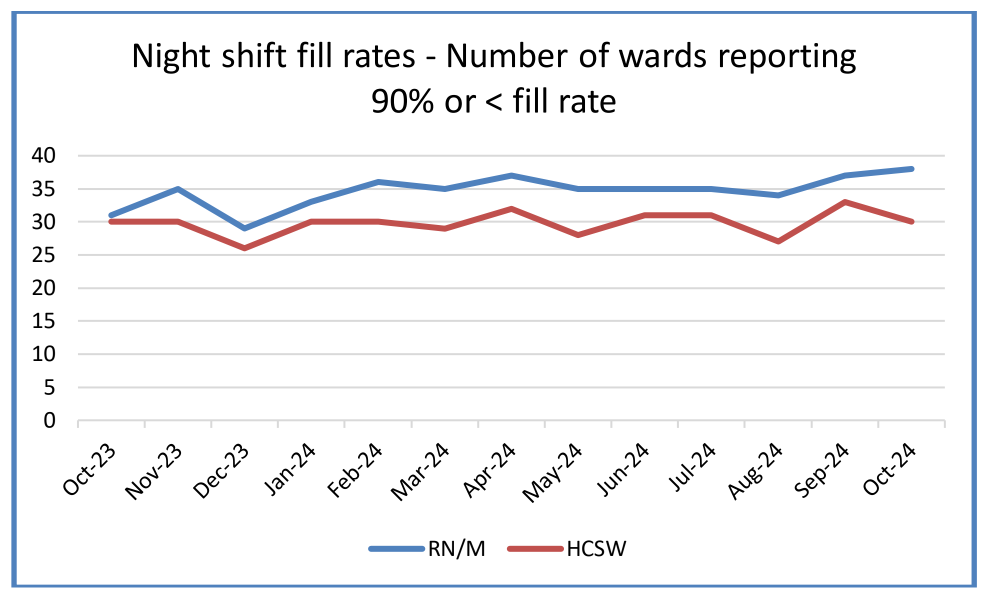
Planned Vs actual nursing staffing levels

15.12. Planned Vs actual staffing fill rates are monitored monthly and submitted to NHSE. Safe Staffing fill rate has increased to 102% which is 8.5% above the Trust Target of 93.5%. This reflects the increase of staff in post within clinical areas and a reduction of vacancy.

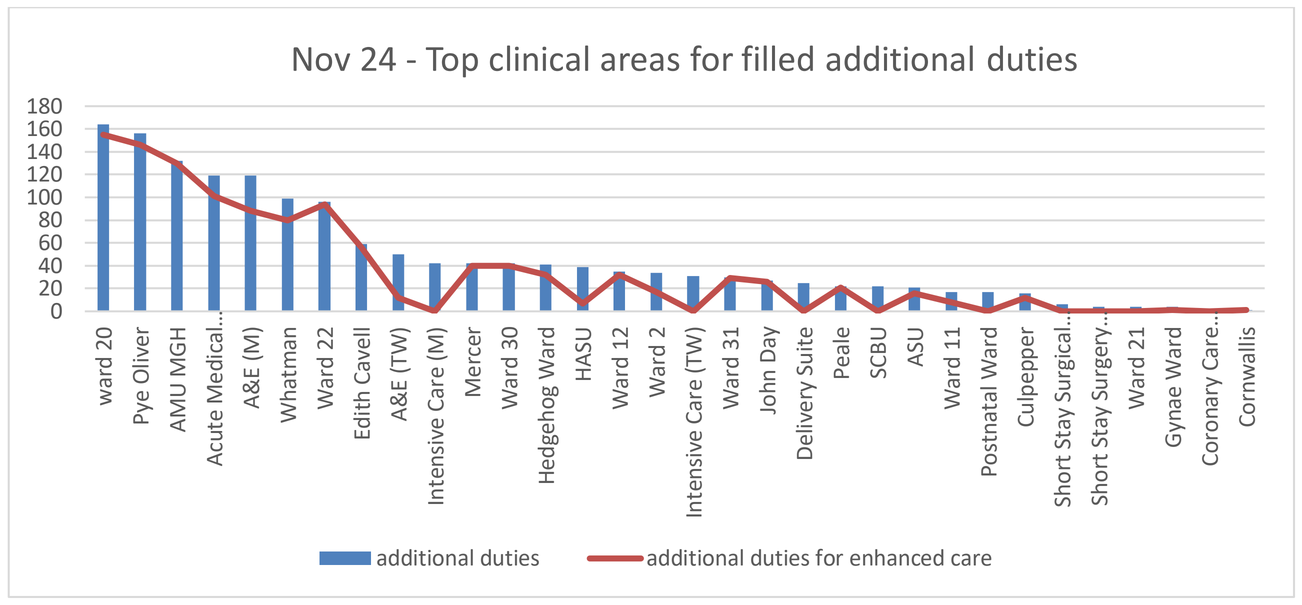


15.13. The below graph demonstrates trend data for all wards reporting a 90% or < fill rate for day and night shifts (38 clinical areas were included in the data). It should be noted that fill rate appears to be more consistent for night shifts, although an upward trend for RN filled shifts can be also seen on day shifts.





15.14. It should also be noted that staffing overfill can still be seen on some clinical areas, which can be attributed to additional duties being added for enhanced care.

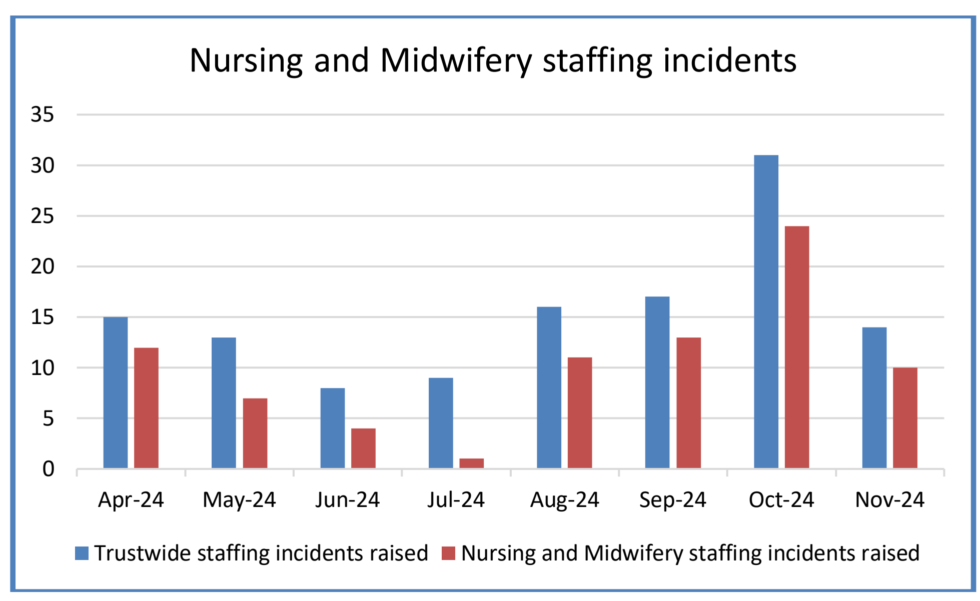


Monitoring of Staffing Incidents

15.15. Reporting of staffing incidents through the Inphase system has been enhanced with the development of the staffing incident dashboard in September 2024. This supports oversight of staffing incidents, allowing monitoring by location and level of harm. Safe Staffing is reviewed at the Patient Safety Oversight group, enabling scrutiny of staffing levels in relation to patient incidents, quality metrics and harm.

15.16. Of the safe staffing incidents raised since April 2024, 89 incidents were reported relating to nurse/midwifery staffing.

15.17. Further development of the Staffing incident dashboard is ongoing, with plans to expand the detail categories, and enable the filtering of staff groups.



16. **Rostering & Temporary Staffing**

16.1. Confirm and support rostering meetings have been restructured to ensure a Divisional focus on compliance with rostering KPI's. These are led by the DCN for workforce and education who reviews the monthly rostering KPI scorecard. Divisions are expected to lead discussions, providing narrative and action plans for non-compliant clinical areas.

16.2. Further developments have seen changes to Healthroster profiles to support the reduction of temporary staffing spend and increase in the management and accuracy of eRoster. From October 2024, the adding of additional duties to rosters can only be actioned by 8a matron level. This provides senior oversight of any additional spend within clinical areas.

16.3. The HoN for Safe Staffing is now overseeing temporary staffing from a clinical perspective. With the support of the Temporary staffing and OD team, management processes have been implemented to manage complaints and practice issues. This provides governance and support to both clinical teams and members of the temporary staffing workforce.

17. **Establishment Review Highlights**

17.1. This year's reviews included all aspects of the nursing and midwifery workforce across the Trust including non-ward/corporate teams to have a greater understanding of the overall position of the workforce outside of ward level.

17.2. The review paid close attention to comparing the funded establishment from budget statements, shift patterns on health roster, the agreed safe staffing levels and the finance workforce calculator tool and the main findings were as follows:

Reconciliation of data

17.3. Significant discrepancies were found amongst the establishment funded/contracted and the rosters which has prompted further analysis of the N&M budgets by the Deputy Chief Nurse for Workforce & Education and Head of Financial Management. The findings of this will be reported separately.

17.4. Areas requiring a deep dive are ITU, ENT and Maternity.

17.5. The Rostering Team Lead was present during the establishment review meetings and a number of rosters were identified as requiring a cleanse. Some of this cleansing was completed during the reviews with the remainder to be followed up in the monthly confirm and support meetings.

Clinical Nurse Specialist demand

17.6. The review has highlighted the increasing demand on Clinical Nurse Specialists (CNS) with examples of new referrals and consultant posts almost doubling in some areas such as endocrinology.

17.7. There is a significant ask from the specialist nursing teams to increase the workforce however, this needs to be done carefully with activity and business planning within divisions drawing comparisons with the number of consultants in post and activity data.

Apprenticeship funding

17.8. The establishment review found variation with how apprenticeships are funded, coded and rostered. For example, some areas have a band 4 line within the budget to assign RNDAs to whereas others haven't.

17.9. It is apparent that the backfill for these roles is generally a cost pressure therefore a business case is to be developed to enable us to support more apprentice programmes.

Inconsistencies on ESR

17.10. The review has highlighted the need to carry out a full review of the various role titles on ESR, this will assist with more accurate data reporting.

17.11. Currently there are multiple names for the same role such as for HCSWs and CNS. There are also inconsistent uses of titles with examples of some admin and clerical roles being named and coded as clinical roles.

Headroom

17.12. Headroom is currently sitting at 21% and is fully recruited to meaning there is no flexibility for temporary staffing spend, this is currently under review.

17.13. Headroom remains a concern within the specialist areas such as maternity, ED and ITU where the training demand it higher and recommendations of 25-26% headroom to enable the release of staff. An audit of this demand is currently underway with the Rostering Lead to understand how much study leave is actually being applied and recorded on Healthroster.

17.14. The review has highlighted that headroom is inconsistently applied to non-ward areas such as out-patients and clinical nurse specialist services. For example, the outpatient department at Tunbridge Wells includes headroom whereas the outpatient departments in Maidstone and Crowborough do not include headroom.

18. **Recommendations**

The Board of Directors is asked to note:

18.1. The above summary of findings from this year's establishment review and acknowledge the need to reconcile budgets and implement improved control processes.

18.2. The Chief Nurse is reviewing all outstanding and new actions from both the 2023 and 2024 establishment reviews with each Divisional Director of Nursing & Quality in order

to prioritise the ask against safe staffing recommendations. The finding of this prioritisation process will be reported in the next bi-annual review report.

18.3. That there is a rise in vacancies within Maternity and an ongoing deep dive to reconcile the budget. Maternity are currently developing a separate business case to support an increase in establishment which will need to consider the reconciliation that is required. The total additional funding required will be provided once this is concluded.

18.4. Maternity is complaint with 1-1 care in labour and supernumerary status of the labour ward co-ordinator.

18.5. There are a number of posts required within paediatrics to ensure we are fully complaint with BAPM standards, these are being developed into a business case by the division.

18.6. The current funded establishment for ITU/HDU at TWH does not meet the current roster being worked and staff in post. The division are currently progressing a business case. The total additional funding required will be provided once this is concluded.

18.7. That there is a high volume of temporary staffing shifts used in theatres due to additional activity which need to be considered for business planning.

18.8. That a workforce plan (and associated business case) is to be developed to include ongoing plans for IEN/SIFE recruitment and apprenticeships.

18.9. Activity and Consultant workforce increases need to acknowledge the impact on the CNS workforce and be built in to future business cases.

18.10. MTW Care Hours Per Patient Day (CHPPD) is 9.3, which places us nationally within the 3rd quartile. However, the data source is currently being validated by BI to ensure it is fully accurate.

18.11. There is an overfill rate in the Planned Vs Actual reports largely due to enhanced care requirements. Booking reasons have been updated, reported on weekly and reviewed monthly in the Nursing & Midwifery Assurance meeting.

Appendix 1: Summary of actions and progress from 2023 Establishment Review

Action	Progress/Mitigations
Ward 22: Additional 2.48 wte HCSW at night for extra two beds	Outstanding, additional duties added as required.
ED (TW): Additional 5.2 wte B5 RN to cover second Triage nurse.	Outstanding; skill mix adjusted
ED Riverbank (M): Additional 5.2 wte B5 RN to cover day/night shift. ED Riverbank: Additional (M):1 wte B3 Nursery Nurse Paeds ED (TW): Additional 1 wte B5 RN day and night	Outstanding; additional duties added as required
OPD cross site: I wte B7 Practice Development Nurse	Complete
Critical Care Outreach: Additional 1.48 wte B7 RN for out of hours	Outstanding – under review
Whatman Ward: Additional 1 wte B2 HCSW on LD	Complete
Mercer Ward: Additional 1wte B2 HCSW on Night	Outstanding, additional duties added as required
AMU/AEC (TW): Additional 1 wte B5 RN at weekend	Complete
Culpepper: Additional 1 wte B2 HCSW on Night	Outstanding, additional duties added as required
AMU/AEC (TW): Additional 2 wte B3 HCSW (posts removed for flow coordinator)	Complete
AAU (M): Additional B3 HCSW (posts removed for flow coordinator)	Outstanding, additional duties added as required
ED (M): Additional 10.72 wte band 5- phased approach	Outstanding – for further review
SAU (TW): Additional 1 wte Band 5 RNs for the day shift	Outstanding
SAU (TW): Additional 1 wte Band 5 for the night shift	Outstanding
ENT: Increase establishment of 1.2 wte for B4 cross site	Outstanding
Vascular Access: Additional 2 B6 wte to support increased activity	Partially Achieved.
ITU (TWH) :1 WTE Band 7 rehab and follow up	Outstanding: on-going review of ITU template
Endoscopy (M): Additional 8 wte Band 7 due to increase activity Endoscopy (TW): Additional 2.2 wte Band 7 due to increase in activity	Outstanding: to review with activity plans
Pain Team: Increase 1 wte of B7 role	Outstanding
Hedgehog: ACP role to be converted from band 6- 7	Complete
Neo-natal: Parental support sister rebanded 6-7	Complete
SCBU: Additional 0.5 wte B7 Practice Development Nurse	Outstanding
Children's OPD: Additional 1 wte B2 HCSW on each site	Complete
Ward 33/EGAU:1 wte B6 RN to support Triage Phone service.	Outstanding: review with activity plans
Whitehead (Gynae): Additional 0.8 WTE B6 RN	Outstanding: review with activity plans
Paediatrics Out Patients: 1 wte B7 to support BCG Clinic	Complete
Hedgehog: 1 wte B6 RN to support National RCPCH Standards	Complete
Paediatrics Out patients: Additional 2 wte B2 HCSW (1 per site)	Partially achieved: 1 HCSW added.
Ward 33: Additional 3 wte B2 HCSW	Outstanding