Maidstone and Tunbridge Wells NHS
NHS Trust

TRUST BOARD MEETING

Formal meeting, to which members of the public are invited to observe. Please note that questions from members of the public should be asked at the end of the meeting, and relate to one of the agenda items

10.30am – c.1pm WEDNESDAY 22ND OCTOBER 2014

EDUCATION CENTRE, LEVEL -2, TUNBRIDGE WELLS HOSPITAL

A G E N D A – PART 1

Ref.	Item	Lead presenter	Attachment	Page
10-1	To receive apologies for absence	Chairman	Verbal	-
10-2	To declare interests relevant to agenda items	Chairman	Verbal	-
10-3	Minutes of the Part 1 meeting of 24th September 2014	Chairman	1	1-11
10-4	To note progress with previous actions	Chairman	2	12-13
10-5	Chairman's report	Chairman	Verbal	-
10-6	Chief Executive's report	Chief Executive	3	14
10-7	Integrated Performance Report for September 2014.	Chief Executive	4	15-27
	Additional quality items			
10-8	A patient's experiences of the Trust's services[1]	Chief Nurse[2]	Verbal	-
10-9	Initial findings from the CQC inspection, October 2014	Chief Nurse	Verbal	-
10-10	Planned & actual ward staffing for September 2014	Chief Nurse	5 (to follow)	
	Reports from Board sub-committees			
10-11	Quality & Safety Committee, 29/09/14	Committee Chair	6	28
10-12	Trust Management Executive, 15/10/14	Committee Chair	7	29
10-13	Finance Committee, 25/09/14 & 20/10/14	Committee Chair	8 & 9 (to follow)	30
10-14	Charitable Funds Committee, 20/10/14	Committee Chair	Verbal	-
	Planning and strategy			
10-15	To discuss the Winter & Operational Resilience plans	Chief Operating Officer	10	31-36
10-16	Full Business Case for the Southern Acute Programme (SAcP)	Chief Operating Officer	11	37-48
10-17	Notification of changes to the Kent and Medway chemotherapy e-prescribing business case	Chief Operating Officer	12	49-59
	Assurance and policy			
10-18	Review of the Board Assurance Framework, 2014/15	Trust Secretary	13	60-67
10-19	Approval of compliance oversight self-certification	Trust Secretary	14	68-77
10-20	**To consider any other business**			
10-21	**To receive any questions from members of the public**			
10-22	To approve the motion that in pursuance of the Public bodies (Admissions to meetings) Act 1960, representatives of the press and public now be excluded from the meeting by reason of the confidential nature of the business to be transacted	Chairman	Verbal	-
	Date of next meetings: ▪ 26th November 2014, 10.30am, Academic Centre, Maidstone Hospital ▪ 17th December 2014, 10.30am, Academic Centre, Maidstone Hospital			

Anthony Jones,
Chairman

[1] Representatives of the press and public may be excluded from the meeting during discussion of this item by reason of the confidential nature of the business to be transacted

[2] A patient will also be in attendance for this item, via video-link

Maidstone and Tunbridge Wells NHS
NHS Trust

MINUTES OF THE MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST BOARD MEETING (PART 1) HELD ON WEDNESDAY 24TH SEPTEMBER 2014, 09.30 A.M. AT TUNBRIDGE WELLS HOSPITAL

DRAFT, FOR APPROVAL

Present:	Anthony Jones	Chairman (Chair)	(AJ)
	Glenn Douglas	Chief Executive	(GD)
	Sylvia Denton	Non-Executive Director	(SD)
	Sarah Dunnett	Non-Executive Director	(SDu)
	Alex King	Non-Executive Director	(AK)
	Kevin Tallett	Non-Executive Director	(KT)
	Steve Tinton	Non-Executive Director	(ST)
	Avey Bhatia	Chief Nurse	(AB)
	Angela Gallagher	Chief Operating Officer	(AG)
	Steve Orpin	Director of Finance	(SO)
	Paul Sigston	Medical Director	(PS)
In attendance:	Paul Bentley	Director of Workforce and Communications	(PB)
	Jayne Black	Director of Strategy & Transformation	(JB)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Kevin Rowan	Trust Secretary	(KR)
	Fritz Muhlschlegel	Interim Clinical Director / Consultant Microbiologist, East Kent Hospitals NHS Foundation Trust (EKHUFT) (for items 9-8 to 9-21)	(FM)
Observing:	Darren Yates	Head of Communications (until item 9-8)	(DY)
	Anne Loveday	Member of the public (also member of the Trust's Patient Experience Committee) (until item 9-8)	(AL)

9-1 To receive apologies for absence

There were no apologies.

AJ welcomed AK to his first meeting since being appointed as Non-Executive Director (NED).

9-2 To declare any interests relevant to agenda items

There were no declarations of interest.

9-3 To agree the minutes of the Part 1 meeting of 23rd July 2014

The minutes were accepted as an accurate record of the meeting.

9-4 To note progress with previous actions

The circulated report was noted. The following actions were discussed in detail:

- **1-19: Arrange for key clinical leaders to be involved in the Board 'away days', to ensure there is clinical engagement in the Trust's future strategy**
  JB reported that two of the four leads for the strategy workstreams would be able to attend the Board 'away day' on 10th October. AJ asked JB to invite a representative from the other two workstreams, and queried whether Clinical Directors (CDs) should be invited. It was agreed that CDs should be invited to the next scheduled Board 'away day', but not the event scheduled for 10th October. JB also noted that the Accountable Officers for West Kent and High Weald Lewes Havens Clinical Commissioning Groups (CCGs) would be attending the event on 10th October.
- **5-9: Submit a report to the July 2014 Trust Board outlining a revised approach to the operation and functioning of the 'main' Quality & Safety Committee**

AB reported that the Quality & Safety Committee 'deep dive' meeting was working well, and the data being submitted to the 'main' meeting was being improved, via a new dashboard. AB also noted that the length of the 'main' meetings had been extended. SD stated that she would like to progress the review of the Committee's functioning in a considered way, over time. AJ proposed that this should therefore be considered for the November 2014 Trust Board i.e. a review of the current status, with proposals as to what could / should be changed. SDu suggested that given SD's comments, the action be closed as written, but that a self-assessment of the Committee be scheduled to be undertaken in 6 months' time. It was duly agreed to close the action.

- **7-4: Discuss the outcome of the Oncologists visit to Maggie's Cancer Centre with the Chair of the Quality & Safety Committee**
  PS reported that he and SD had discussed the matter, and therefore the action was agreed to be closed. SD agreed, but added that some further liaison would take place in relation to the matter. AJ commented that it would be useful for Board members to understand the extent of the cancer-related services provided by the local voluntary/third sector. PS agreed to arrange for the Board to receive the requested details.

  Action: Arrange for the Board to receive details of the extent of the cancer-related services provided by the local voluntary/third sector (Medical Director, September 2014 onwards)

9-5 Chairman's report

AJ reported that he had attended a meeting of the Foundation Trust Network Chairs and Chief Executives Network, and added that he had circulated the presentations to Board members via email, which included a presentation on the Better Care Fund. AJ noted that the key messages from the meeting were that the healthcare system as a whole was in financial crisis, and the main focus nationally between now and May 2015 would be performance on patient access targets, particularly the 4-hour A&E and 18 week waiting times. AJ also noted that he had circulated a letter from the NHS Trust Development Authority (TDA), NHS England, and Monitor relating to forward planning.

9-6 Chief Executive's report

GD referred to the circulated report and highlighted the following points:

- The Care Quality Commission (CQC) were making their presence felt, in terms of their forthcoming inspection of the Trust, and in terms of their enforcement action against Medway NHS Foundation Trust (MFT). On the latter, the Trust had been involved in wider local health economy discussions, with regards to both the long-term future of care for the population (with particular focus on patients from Swale); and to the Trust's immediate response to the issues, in the form of diverts from MFT's A&E Department. The impact of the current situation with MFT would be apparent from the data within the performance report, to be discussed under item 9-7. It was also noted that MFT had lost their status as a Trauma Unit. PS noted that he understood that Dartford and Gravesham NHS Trust (DGT) were considering applying for Trauma Unit status.
- The Trust's own Trauma Unit status reassessment visit was positive
- Preparations for the CQC inspection in October were continuing

ST asked for details of the financial implications of the Trust's response to the situation at MFT. SO replied that the intention was for any additional non-elective activity to be paid at full, rather than marginal (30%), tariff, but cautioned that this was difficult to implement, in practical terms. SD asked whether the Trust's strategic activity-related assumptions i.e. of a 15% reduction in emergency activity, would be re-set, in the light of the MFT situation. GD stated that the most important consideration was the need to reduce the amount of emergency activity for which the Trust was only paid marginal tariff.

ST asked how NEDs could assist in the preparations for the CQC inspection. GD stated that it was recognised that Board members were not as visible to staff as the latter might expect, and therefore appealed for additional 'Board to Ward' visits to be undertaken. GD added that since the

Ward Visits report (Attachment 10) had been circulated, he had visited the Trust's two hospitals during the day and night, and liaised with staff that he had hitherto not met. GD also noted that the Ward pairing arrangements that KR had recently issued should assist in encouraging Board members to undertake site visits.

AJ asked GD to expand more on the impact of Delayed Transfers of Care. GD explained that the underlying factor was the lack of availability of Nursing Home capacity in the local area; and in addition, Kent Social Services had reorganised. GD continued that the focus of Social Services was now on preventing people from attending hospital, rather than on discharging those that had been admitted, which in turn had led to Social Services no longer having any staff based within the hospital sites. GD added that patient discharges were therefore more difficult than before; and this resulted in a marked rise in Delayed Transfers of Care. GD also pointed out that it was important to recognise that the rise was in the Delayed Transfer figures that had been actually agreed with Social Services, as there was often debate between Social Services and the Trust as to whether particular patients met the criteria for a Delayed Transfer of Care.

AK asked whether the Trust had any evidence demonstrating that it had become more difficult to discharge patients over the last two years. AG replied that there had been a gradual increase in difficulty over the past two years, but the changes had been evident since the Social Services reorganisation took effect, in April 2014. AK commented that it may be beneficial in the Trust notifying the Health Overview and Scrutiny Committee of the issue, but only if there was statistical evidence to support the Trust's argument.

AJ remarked that an efficient discharge process was essential to the operation of the entire system, particularly in the light of the forthcoming winter pressures. SDu queried whether a plan, with worked up costs, was available, to provide an alternative to the aforementioned lack of Nursing Home capacity. GD replied that such a plan existed, and was already in place to some extent, via Romney Ward, but stated that his preference was for the discharge process to be more effectively applied. AJ added that other alternatives, such as the Trust providing its own Nursing Home capacity, had been considered. GD concurred, but stated that this was not necessarily a solution. AB added that even if such facilities were funded, the Trust may have problems in recruiting the appropriate staff. SD commented that improving the Trust's performance on certain safety indicators would assist the Trust's efforts. The point was acknowledged.

AJ then highlighted point 5 in GD's report, and pointed out that the Trust now employed 200 more Nurses since the opening of Tunbridge Wells Hospital. PB did however point out that the number of Nurses being appointed across the country had also increased.

9-7 Integrated Performance Report for August 2014

GD referred to the circulated report and highlighted the following points:

- This month, a new process of presenting the performance report at the Board was being trialled, and comments on the process were therefore welcome
- By most of the indicators, the Trust continued to provide high standards of care, and safe care. This was best demonstrated by the 'Harm Free Care' indicator
- The impact of complex discharge needs had required escalation beds to be kept open; adversely affected length of stay; and impacted upon the use of agency staff. This had, in turn, resulted in a financial position that was still in accordance with plan, but for which some flexibility had been lost. The Trust could not therefore continue with the current circumstances.

ST noted the Workforce Committee had discussed the impact of the increased clinical activity on the Trust's Bank staff, who may be working extra shifts. ST added that the Committee had queried whether the Trust was therefore compliant with Working Time Regulations, as well as querying whether this situation was sustainable. PB gave assurance that all Trust staff were working within the Working Time Regulations i.e. with a cap of 48 hours per work, noting that the usual working week was 37.5 hours, and therefore the 48 hour limit allowed an extra shift to be undertaken. PB added that the sustainability of the situation would continue to be assessed via the monitoring of relevant indicators, such as sickness absence and staff satisfaction. SO added that proportionately, usage of temporary staff was decreasing, as a result of increased substantive appointments.

AB also emphasised that when Bank work was not available, Nurses who may rely on such work expressed some dissatisfaction. AB also pointed out that working additional shifts, via the Bank, was optional, and pressure was not placed on staff to work such shifts.

SD remarked that the quality of Nurses being recruited was also important, in addition to the numbers, and commented that she had spoken with two nurses within the Chromic Pain Unit over the past six months, both of whom were from Portugal, and both had provided excellent care.

AB also noted that regular review of rates of pay for the Bank was important, and reported that the Bank pay rate for DGT had recently improved, which had reduced their use of agency staff.

AB then referred to the circulated report and highlighted the following:

- The TDA had asked the Trust whether it would be prepared to 'buddy up' with two London Trusts following Maidstone and Tunbridge Wells NHS Trust's positive performance in providing 'Harm Free Care'
- August saw five breaches relating to Mixed Sex Accommodation (MSA), in the Stroke Unit. AB noted that the correct process was followed at the time, but the relevant patient was unable to be transferred within the 24-hour standard (the patient was transferred after 26 hours). AB added that a delayed discharge involving another patient had affected the Trust's plan for the patient on the Stroke Unit.

AJ referred to the MSA breaches, and commented that if such breaches occurred for clinical reasons, the Board would understand. GD acknowledged AJ's comments, but stated that action should have been taken to prevent the breaches. KT asked for an explanation as to why the patient was not transferred within 24 hours. AB replied that a number of factors were involved, including transport and delayed discharges. KT remarked that therefore, the reasons for the breaches were not clinical. The point was acknowledged.

SDu asked for details of the financial cost associated with the breaches. AB confirmed that each breach resulted in a £250 penalty.

SDu then asked about the Clostridium difficile rate, and for a comment on the fact that the complaints response had declined. SM noted that last month was the first in 2014/15 for which the Trust had a Clostridium difficile limit of 3 rather than 4, and this limit was breached. SM added that there had however been no cases thus far for September. SM continued that communication had been provided to CDs, and discussions had been held within Directorate Clinical Governance meetings, which had resulted in revised advice being issued. It was also reported that AB and SM reviewed each case of Clostridium difficile to consider whether they were avoidable or unavoidable, and SM pointed out that there had now been more unavoidable cases. SM emphasised that the number of cases seen over the last two months now meant that there was no flexibility for adverse variance from the monthly limit for the rest of 2014/15.

AB then referred to the complaints responses, and noted that an action plan was in place, but the primary reason for the decline was the delay in, and quality of, responses from the Directorates. AB however expressed confidence that the response rate would improve.

AJ remarked that the trend in Pressure Ulcers was not positive. AB clarified that the first chart included all Pressure Ulcers, including those acquired in the community, whilst the second graph contained only hospital-acquired Ulcers. AJ noted the point, but stated that the trend for hospital-acquired Ulcers still appeared to indicate a rise. SD queried whether community-acquired Pressure Ulcers needed to be included in the Trust's performance report. AB clarified that such recording was required, but the recording was undertaken carefully, to make it clear were the Ulcer was acquired. AB added that the grade of community-acquired Pressure Ulcers was important, to enable the Tissue Viability Team to be involved in the management from the point of admission, and ensure the Ulcer did not worsen whilst the patient was in hospital.

SDu then asked for an explanation as to why MRSA screening was being undertaken more for non-elective patients than for elective. SM replied that the difference was related to a small cohort of Haematology Oncology patients, who attended the hospital frequently; and also to UMAU

ambulatory patients, who attended the hospital daily. SM elaborated that screening may not be undertaken for each such attendance, but added that new national guidance on MRSA screening had now been issued, and her subsequent review into the screening of low risk patients had concluded that such screening was not beneficial. AB emphasised that the new guidance had not yet been debated at the Infection Prevention and Control Committee.

AG then referred to the circulated report and highlighted the following:

- The Trust was making good progress in its efforts to reduce the backlog of patients on the Referral to Treatment (RTT) waiting list
- The Cancer wait information within the report was for July, not August, and Trust was currently not meeting the 62-day wait target

AJ asked for an explanation of the decrease in performance against the 62-day Cancer target that had occurred in May. AG replied that the issues had been identified and were being addressed. SD commented that she understood performance against the 62-day wait target was a challenge across the country at present. ST asked whether improvement against the target was within the Trust's control. AG confirmed this was the case. ST replied that he would therefore expect performance to improve. AG concurred, and stated that performance was expected to recover by November or December 2014.

AG then continued, and highlighted that a significant number of bed days had been lost as a result of Delayed Transfers of Care; and a recovery plan was in place regarding the level of elective activity.

KT asked for a comment on the significant increase in the number of Oncology Fractions undertaken, compared with the previous year. SO clarified that the Trust was receiving funding for such activity.

SO then referred to the circulated report and highlighted the following:

- The Trust showed reduced non-elective activity for August (including Outpatients)
- August was the first month in 2014/15 for which the Trust was below plan for the month. However, the Trust remained ahead of plan for year to date
- The Cost Improvement Programme (CIP) remained on plan in total terms, but some additional schemes have had to be deployed. Some of these were non-recurrent, which was likely to have an impact for the next financial year.
- Permanent Public Dividend Capital (PDC) was likely to be received within quarter 4, but the Trust had now managed to agree a number of items with the CCG, which meant that the Trust's cash position should be manageable, until that PDC was received (circa February 2015)
- Capital expenditure was slow at present, with only £1.2m spent for the year to date, & although there were plans to address the shortfall, there may be some slippage against the Trust's plan

KT commented that the performance of the Speciality Medicine Directorate was concerning. AG explained that Speciality Medicine bore the brunt of the aforementioned Delayed Transfers of Care. SO added that the Finance Committee would be exploring the performance of Speciality Medicine in detail at its meeting on 25th September.

KT asked whether the overall "TDA" Finance rating was correctly reported as "red", even though the planned deficit had been agreed with the TDA. SO confirmed this was the case, and noted that the reports submitted to the Finance Committee provided further detail on the TDA metrics. SO added that the Trust would only have its "red" rating removed at the point it had achieved financial balance or surplus.

SD noted that the Trauma & Orthopaedics Directorate had discussed the challenges they were facing at the last 'main' Quality & Safety Committee meeting. SO acknowledged the point, but emphasised that some of the options suggested to the Directorate to address these challenges, such as outsourcing, had not been implemented as much as might be anticipated. AG added that the Directorate recognised the issues they faced, and were responding to their recovery plan.

ST queried the point at which clinical activity would be outsourced. AG replied that the efforts in the recent past had been on reducing the RTT backlog, and as part of such efforts, some of the patients with the longest wait had been offered the chance of having their treatment carried out by an independent provider, but some had declined.

AJ asked whether the planned level of deficit was still being forecast. SO confirmed this was the case, but emphasised that the Trust's flexibility was being reduced.

SDu then referred to "Monthly CIP Plan" chart, and asked for 'recurrent' and 'non-recurrent' performance to be separated; and also for different colours to be allocated for 'actual' and 'forecast' performance. SO agreed to make the changes for future reports to the Board.

Action: Amend the format of the "Monthly CIP Plan" chart submitted to the Trust Board, to separate 'recurrent' and 'non-recurrent' performance, and to allocate different colours to 'actual' and 'forecast' performance (Director of Finance, October 2014)

PB then referred to the circulated report and highlighted the following:

- Bank, agency & overtime usage was increasing, but the Trust was still within its planned limits
- Sickness absence levels had reduced; and
- There had been a significant increase in the level of completed appraisals

SO queried whether the circulated dashboard reflected PB's assertion that sickness absence had reduced. PB clarified that that the chart on page 19 was missing the latest data, and clarified that the rate was actually at circa 3%.

Additional quality items

9-8 Clinical Quality and Patient Safety Report

AB referred to the circulated report and highlighted that the Trust Board had been made aware of findings from the National Care of the Dying Audit in May 2014, but the action plan in response had now been provided. AB added that the response was being led by Dr Rutter, and performance would be monitored closely.

PS stated that he believed the findings of the National Care of the Dying Audit presented an unduly harsh picture of the service provided by the Trust, in terms of the quality of care. AB added that the Trust was in transition between using the Liverpool Care Pathway and its successor.

SD asked for the "One Chance to get it Right" report to be circulated to Board members. AB agreed to do this.

Action: Circulate the "One Chance to get it Right" report to Board members (Chief Nurse, October 2014)

AJ then referred to "KPI 4", and queried whether the Board had formally confirmed a named member of the Trust Board for care of the dying. PS was proposed as the named Board member. This was agreed.

AJ also pointed out that the "Formal trust board reporting" needed to be clear, and suggested that AB and PS should report relevant matters to the Board in due course.

SDu referred to PS's earlier claim regarding the quality of End of Life care, and asked what assurance was available that such care was of high quality. PS replied that some of his own recent Ward visits provided such assurance, but GD acknowledged that further triangulation was required to demonstrate this comprehensively. AB added that the CQC inspection would assess End of Life care, across a range of criteria. AJ commented that the relevant KPIs would be expected to be reported to the Quality & Safety Committee, and Trust Board, as required.

AB then continued by reporting that the Trust's PLACE results were disappointing, in terms of "Food and Hydration" and "Privacy, Dignity and Wellbeing". AB elaborated that some of the ratings were related to, for example, the fact that there were no TVs for patients at Maidstone Hospital, the absence of public WiFi, lack of chilled water, and availability of toast. AB also noted

that the way meals were served at Maidstone Hospital was also raised, as all courses were served together, rather than separately. AB highlighted that fortnightly meetings of the Patient Environment Steering Group, which she chaired, were being held, and some funding was available to improve the situation.

AJ expressed his disappointment on some aspects of the scoring, particularly given the level of direct control the Trust had for food at Maidstone Hospital.

KT commented that the Trust's dependence on a third party had affected the Trust's rating, in relation to food at Tonbridge Cottage Hospital, and asked whether staff were fully versed in the monitoring of contracts. GD acknowledged that further work in this area was probably warranted, but noted that the Trust did not hold the contract for food provision at Tonbridge Cottage Hospital.

9-9 A patient's experiences of the Trust's services

AJ reported that the patient scheduled to relate their experiences was unfortunately unable to participate in the meeting due to illness.

9-10 Annual Report from the Director of Infection Prevention and Control

SM referred to the circulated report and highlighted the following points:

- In the year, the multi-agency approach to Clostridium difficile was continued, and had been successful, as demonstrated by a 40% reduction in Clostridium difficile, and low MRSA bacteraemia rates
- Triangulation audits were introduced in Directorates in the year
- The Trust now had a Nurse Consultant in Infection Prevention, and a restructuring of the Infection Prevention and Control Team had been undertaken, which had resulted in a full complement of staff
- Efforts to reduce antibiotic usage, particularly Meropenem, had been successful, and usage continued to be monitored on a monthly basis
- There had been a 'sea-change' in the engagement of medical staff with Infection Prevention and Control

ST commended the achievements for 2013/14. AJ concurred and commended SM and the entire Trust management team for the achievements.

9-11 Planned and actual ward staffing for July and August 2014

AB referred to the circulated report and highlighted the following points:

- The report highlighted the Wards that had used more staff than planned, and the rationale
- The staffing for some areas was below plan, but this was done in a planned reactive manner
- The aim was to ensure that in the future, planned and actual staffing should match, which would indicate that planning was accurate

AJ referred to the July report, and the comment that Jonathan Saunders Ward had increased risks for falls over 9 nights, and asked for further details. AB replied that the comment related to increased acuity and dependency on the Ward, but accepted that the report did not contain a sufficiently detailed explanation.

AJ asked for the size of the "fill rate indicator return" table be increased in size for future reports. AB agreed to ensure this occurred.

Action: Increase the size of the "fill rate indicator return" table in future 'Planned Vs. Actual' staffing reports submitted to the Trust Board (Chief Nurse, October 2014)

9-12 Ward staffing review (6 monthly review)

AB referred to the circulated report and highlighted the following points:

- As Chief Nurse, AB was required to undertake a detailed review of ward staffing levels every 6 months, as a separate exercise to the usual workforce and business planning process

- The requirement for Ward Managers to undertake regular shifts at weekends was being taken forward by AB, to ensure such Wards were properly managed at weekends, and also to ensure improved flow of patients. AB elaborated that work was being undertaken to understand the practical and financial implications of this step.
- The most significant areas, in terms of ensuring staffing establishments were correct, were Foster Clark Ward, Ward 21, John Day Ward, Lord North Ward, Ward 20, Mercer Ward and the Stroke Unit (at Maidstone)
- Ward 22 was not referred to in the report's recommendations, but there was a 50:50 ratio of trained nurses to Clinical Support Workers (CSW), which needed further review
- Staff were using the safer staffing escalation procedure
- The Board was asked to comment on the recommendations

AJ asked whether the content of the report had been reviewed by the Executive Team. AB confirmed that a review had taken place at the Executive Team meeting held on 24th September.

AJ then asked AB to clarify what action she was asking the Board to take. AB clarified that the assurances in the report were being offered for challenge and comment. AJ remarked that the Board obviously supported safe staffing as a general principle, but it was not appropriate for the Board to comment on the specific staffing needs of individual Wards. GD accepted the point, but stated that the Board's role should be to note the recommendations that would be implemented, and then ask AB what action had been taken as a result, at some future point.

KT commented that staffing expenditure was always rising. AB acknowledged this was the case, and expressed her frustration.

SO then noted that the timing of the 6-monthly review was being reconsidered by AB, with a view to determining whether this could be synchronised with other, similar staffing reviews.

SD referred to the 50:50 ratio of nurses:CSWs on Ward 22, and asked for an explanation. AB explained that Ward 22 was a smaller ward, and the nurse:patient ratio was 1:6 on an early shift, and 1:7 at night, but emphasised that the 50:50 nurses:CSWs ratio was being investigated. SD asked when the ratio would be rectified. AB reiterated the point that the ratio was being reviewed at present, and added that evidence to date did not suggest a need to amend the ratio.

9-13 Board members' ward visits

The circulated report was noted.

AJ requested that those making visits provide formal feedback to other Board members on their findings.

Reports from Board sub-committees

9-14 Trust Management Executive, 06/08, 03/09 & 17/09/14

GD referred to the circulated report and highlighted that most of the issues covered at the three meetings had been discussed earlier in that day's Board meeting. GD noted that the exception was the situation with the Stroke service, and noted that performance had improved recently, but needed to improve further.

9-15 Finance Committee, 19/08/14

ST referred to the circulated report and highlighted that the financial position was very complex at present, with many changes in both activity and plan, which meant that the Trust was entering a period of significant risk.

9-16 Workforce Committee, 04/09/14 (incl. revised Terms of Ref)

KT referred to the circulated report and highlighted the following points:

- A number of national reviews were considered, including the recently-published 'Independent oversight of NHS and Department of Health investigations into matters relating to Jimmy Savile' report
- The Committee reviewed its Terms of Reference which were now submitted for Board approval

AJ referred to the Savile report, and noted that he had recently met with the Trust's Local Security Management Specialist, who had given assurance that site security had improved.

AJ then referred to the review of the workforce dashboard and asked how many Trust staff were seconded. PB replied that this number would only be small at any one time.

The Terms of Reference were approved as circulated.

GD queried whether the Terms of Reference needed to be reviewed every 12 months. KR stated that a 12-month review of all Board sub-committees was accepted good practice, and emphasised that an annual review need not be onerous. KT concurred with the latter point. It was agreed that an annual review was warranted.

9-17 Quality & Safety Committee, 06/08/14 & 10/09/14

SD referred to the circulated report and highlighted that the last meeting of the 'main' Quality & Safety Committee had been extended in length, which had been successful in assisting the functioning of the Committee. SD also reported that the Patient Safety Think Tank was discussed, and had now been established.

9-18 Report of the Patient Experience Committee, 04/09/14

SD referred to the circulated report and highlighted that the meeting had been vibrant, and had received a presentation by JB on the Trust's strategy.

9-19 Audit and Governance Committee, 18/09/14

SDu reported the following key points from the meeting:

- The meeting was not quorate, so any items requiring formal decision had been deferred to the next meeting, in November 2014
- The main agenda items were the power outage that occurred in February 2014, and a review of the car parking contract
- The new External Audit Manager was introduced to the Committee, and the outgoing External Audit Engagement Lead imparted his reflections of the Trust, which included some very positive comments regarding the completion of the Trust's Annual Accounts
- The plea was made that the Board Assurance Framework (BAF) had been developed later in the year than was the ideal

KR replied to the latter point, and explained that the BAF was in development, but had been unable to be populated until the Board had agreed the Trust's objectives for 2014/5, which would be discussed separately at today's meeting, under item 9-22.

9-20 Charitable Funds Committee, 21/07/14(incl. revised Terms of Ref)

ST referred to the circulated report and highlighted that the Committee had emphasised the need to expend the funds. ST also reported that the Committee had reviewed its Terms of Reference which were now submitted for Board approval.

The Terms of Reference were approved as circulated.

Planning and strategy

9-21 To approve the Collaboration Agreement for the Kent Pathology Partnership

AJ welcomed FM to the Board.

AG referred to the circulated report and highlighted the following points:

- The Collaboration Agreement had been developed from similar agreements in place elsewhere in the NHS, and had evolved following detailed discussions at the Kent Pathology Project (KPP) Board over the past few months; duly informed by advice from the relevant KPP workstreams
- The key aspects covered by the Agreement were the Legal Hosting arrangements; the financial practicalities; the governance of KPP (via the KPP Board); and the circumstances under which the KPP can be terminated (and the process for doing so). AG emphasised that the inclusion of the latter was prudent, and not anticipated by either Trust
- The key date was the "Commencement Date", which was set for 1st April 2015. This was the date that KPP will come into being.
- A number of Clauses (listed in Appendix 1) still needed to be finalised, but these represented refinements of agreed principles, rather than material matters, and the lack of finalisation was related to the timing of the submission to the Trust Boards. AG noted that there was a KPP Project Board meeting on 25th September which would conclude these issues
- Appendix 1 also contained some point of note, the most important of which relates to potential competition issues, but the recommendation was to proceed with the Partnership as per the Project Plan, and address and such issues should they arise

AJ asked for further details of the intention of the Clauses regarding the appointment of a Trust Special Administrator to EKHUFT. It was noted that such Clauses were intended to provide some certainty for Pathology staff, should such an eventuality occur.

ST noted that EKHUFT had been placed in Special Measures, and asked how the Trust would consider individual staff members who did not wish to transfer their employment to EKHUFT. KT added that the Workforce Committee had discussed that very point, and had requested some assurance from the leadership of EKHUFT regarding their Human Resources practises. SM replied that she chaired the KPP Workforce workstream, and reported that there had been a response to staff's concerns in relation to this. SM also pointed out that GD had also recently met with Pathology staff. GD added that he had discussed such issues with the Chief Executive of EKHUFT, and made the offer, subject to Board approval, of Maidstone and Tunbridge Wells NHS Trust being the Legal Host of KPP, if EKHUFT felt this to be beneficial. GD also stated that the staff he had met had expressed the need for certainty in relation to the plans for KPP, and a desire to expedite its implementation. GD did however also point out that staff had conveyed their view that staff engagement to date could have been improved. SM acknowledged the point, but stated that once the Collaboration Agreement had been approved, staff would need to be involved extensively in the detailed, operational work that would follow.

SD queried whether the implementation of KPP should proceed according to the intended timeline, in the light of the concerns expressed by Trust staff. GD repeated that he had made an offer for the Trust to become the Legal Host instead of EKHUFT, but stated that he had been assured by EKHUFT that they were ready and able to be the Legal Host. PS emphasised that not progressing with KPP also represented a risk.

AJ commented that uncertainty was a common feature within the NHS, but asked whether the KPP would be able to be easily disestablished, in the event of a direction to that effect from the competition authorities. GD replied that this would be relatively straightforward up to the point at which staff were transferred to EKHUFT, but beyond that point, this would obviously be problematic.

KT asked whether the existing staff liabilities would transfer to EKHUFT. PB confirmed this was the case. KT queried whether SM would be transferred. GD confirmed SM would continue to be employed by the Trust.

KT also commented that the wording within the Agreement regarding IT systems was very open-ended. AG acknowledged the point, but noted that IT-related actions had progressed.

AJ asked for clarification of what action the Board was being asked to take at today's meeting. KR clarified that the Board was being asked to approve the Collaboration Agreement as written, and authorise GD to approve the sections that had yet to be finalised, as listed in Appendix 1.

The Board duly approved the Collaboration Agreement as circulated, and gave GD the authority to approve the sections that had yet to be finalised.

GD pointed out that a NED needed to be appointed as a representative to the KPP Board. AJ acknowledged the point, and asked the NEDs present to express their interest in undertaking that role to him directly.

9-22 Approval of the Trust's objectives for 2014/15

KR referred to the circulated report and highlighted the following points:
- The July 2014 Trust Board had reviewed a proposed list of objectives for 2014/15, and agreed that some amendments be made, and for the objectives to be re-submitted for final approval
- When agreed, the objectives would form the basis of a new BAF
- Given the time in the year that the objectives were being finalised, the Board was asked to approve the proposal that the objectives continue into 2015/16, as worded (subject to any minor amendments to reflect changes in specific targets)

ST proposed that objective 3.1 be amended to state "Develop a 5-year clinical and financial strategy that meets patient needs and delivers a sustainable future for the Trust". This was agreed.

The other objectives were agreed as circulated. The proposal that the objectives within the report continue into 2015/16 was also approved.

Assurance and policy

9-23 Compliance oversight self-certification

KR referred to the circulated report and highlighted the following points:
- As the Board did not meet in August 2014 (month 4), the certification submitted to the TDA for that month mirrored that for month 3 (i.e. the certification approved by the Board in July 2014).
- The compliance position for month 5 remained unchanged from month 4, but the report highlighted changes to the supporting evidence

The oversight self-certification was approved as circulated.

9-24 To consider any other business

PB reported that a number of Trade Unions had balloted their members about potential industrial action, and Unison had elected for strike action, to take place on 13th October. PB added that Trade Unions had given guarantees that such action would not affect clinical care; and continued that the Trust would apply its business continuity arrangements, to ensure that patients were not unduly affected. AJ asked PB to provide Board members with updates on any developments, including the key aspects of the Trust's planned response.

GD then reported that as there had been recent media coverage regarding NHS car parking charges, DY had prepared a briefing that explained the Trust's stance regarding compliance with the newly-issued guidance from the Department of Health. GD added that he would ask KR to circulate the briefing to Board members.

9-25 To receive any questions from members of the public

There were no questions.

9-26 To approve the motion that in pursuance of the Public Bodies (Admissions to meetings) Act 1960, representatives of the press and public now be excluded from the meeting by reason of the confidential nature of the business to be transacted.

The motion was approved.

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – October 2014

10-4 Log of outstanding actions from previous meetings — Chairman

Actions due and still 'open'

Ref.	Action	Person responsible	Deadline	Progress [1]
5-3 (May 14)	Arrange for the Audit and Governance Committee to further discuss the need for a Responsibility Assignment ('RACI') matrix	Trust Secretary	May 2014 onwards	**In progress** – This will be discussed at the Audit and Governance Committee meeting in November 2014.
9-4 (Sep 14)	Arrange for the Board to receive details of the extent of the cancer-related services provided by the local voluntary/third sector	Medical Director	September 2014 onwards	**In progress** – Information is being collated, but is not yet ready to be provided to the Board
9-11 (Sep 14)	Increase the size of the "fill rate indicator return" table in future 'Planned Vs. Actual' staffing reports submitted to the Trust Board	Chief Nurse	October 2014	**In progress**

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
1-19 (Jan 14)	Arrange for key clinical leaders to be involved in the Board 'away days', to ensure there is clinical engagement in the Trust's future strategy	Director of Strategy & Transformation	October 2014	The clinical leads for the 4 clinical strategy workstreams participated in the Trust Board 'away day' held on 10th October
1-19 (Jan 14)	Arrange for representatives from West Kent Clinical Commissioning Group to be invited to a Board 'away day', to ensure there is health-economy-wide engagement in discussions regarding the Trust's future strategy	Director of Strategy & Transformation)	October 2014	Representatives from West Kent and High Weald Lewes Havens CCGs participated in the Trust Board 'away day' held on 10th October
9-7 (Sep 14)	Amend the format of the "Monthly CIP Plan" chart submitted to the Trust Board, to separate	Director of Finance	October 2014	The format amendments requested have been actioned in the report that has been submitted to the

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

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
	'recurrent' and 'non-recurrent' performance, and to allocate different colours to 'actual' and 'forecast' performance			October Trust Board
9-8 (Sep 14)	Circulate the "One Chance to get it Right" report to Board members	Chief Nurse	September 2014	The report was circulated to Board members by email on 29th September 2014

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Deadline	Progress
N/A	N/A	N/A	N/A	
				N/A

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting - October 2014

10-6 Chief Executive's update Chief Executive

Summary / Key points

The enclosed report provides information on recent events at the Trust in October 2014.

1. I visited Tunbridge Wells and Maidstone Hospitals at night this month as part of my on-going clinical checks. I spoke to staff who carry out clinical duties in the early hours of the morning and found them to be attentive to patient needs. I also visited our staff at the Kent Oncology Centre at Kent and Canterbury Hospital. In all instances staff feedback has been helpful in ensuring our patients and staff are at the forefront of our improvement planning.

2. A team from the Care Quality Commission conducted their first full inspection of our hospitals earlier this month. We await the findings of their inspection which will help us continue to improve standards of patient care.

3. We are looking at the possibility of running outpatient clinics for patients from the Swale area as part of a countywide response from NHS service providers to support Medway Maritime Hospital. The move, which is expected to last six months, will help free-up capacity at Medway Hospital and help NHS staff there focus on service improvements.

4. We are spending £1 million on new equipment and £500,000 on new staff. Clinical services to benefit include blood sciences out of hours, five whole-time equivalent consultant physicians to improve seven day working in specialty and elderly medicine, extension of a new electronic patient observation handover and task management system, mobile devices for staff in clinical areas, Maidstone main entrance refurbishment and employment of a new Biomedical Scientist. The observation system has improved outcomes in other hospitals.

5. Patients and staff at Maidstone and Tunbridge Wells hospitals will be able to access Wi-Fi for the first time later this year thanks to the assistance of the League of Friends at both sites. The Leagues also bought real–time ultrasound imaging machines for both hospitals.

6. We are helping a London Trust improve levels of patient safety by sharing our own good practice with them on the prevention of blood clots, pressure sores, falls and infections.

7. We have created an additional 12-bed ward at Maidstone and fast-track opening a new assessment unit at Tunbridge Wells as part of our winter preparation for patients.

8. Our Infection Prevention and Control Team were named the best acute hospital in the country in this year's Infection Prevention Society awards after achieving a 39% reduction in Clostridium Difficile cases last year. They were runners-up for the overall national title.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information

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

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting - October 2014

10-7	Integrated Performance Report	Chief Executive

Summary of the Month

Maidstone and Tunbridge Wells NHS Trust continue to provide high overall standards of care in a safe environment in line with national standards.

This is evidenced by the 96.7% of 662 patients surveyed in September who received harm free care while in hospital. This continues to be above national benchmarks. The number of pressure ulcers also is below benchmark.

Stroke care continues to be a concern but the latest SNAPP data shows an improvement.

The key issue facing the Trust was continuing to be the number of patients with complex discharge needs who stayed in hospital after they were medically fit for discharge, particularly those requiring a nursing home bed.

The impact of this has been to keep escalation beds open, reduce the amount of elective work able to be done by the Trust and consequently increase spend on nursing bank and agency staff putting pressure on the Trusts finances which although still on plan has reduced our financial flexibility.

We are in urgent talks with our system partners to unblock this issue to ensure our patients are treated in the most appropriate place for their needs.

Which Committees have reviewed the information prior to Board submission?

- Executive Team, 14/10/14
- Trust Management Executive, 15/10/14

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

Discussion and scrutiny

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

TRUST PERFORMANCE DASHBOARD **Position as at:** **30th September 2014**

Governance (Quality of Service): **2.0** **Amber/Red**

Finance: **TDA** **Red**

Responsible Committee: Quality & Safety

Delivering or Exceeding Target	
Underachieving Target	
Failing Target	

Please note a change in the layout of this Dashboard with regard to the Finance & Efficiency and Workforce Sections

	Patient Safety & Quality	Latest Month Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
'1-01	Hospital-level Mortality Indicator (SHMI)			101.26	102	0.74	2	*100*		100
'1-02	Standardised Mortality (Relative Risk)			91.3	91.8	0.5	-8.2	*100*		100
'1-03	Crude Mortality	1.2%	1.1%	1.3%	1.1%	-0.1%				
'1-04	Safety Thermometer % of Harm Free Care	96.2%	96.1%	94.5%	96.7%		1.7%	95.0%		0.0%
'1-05	*Rate C-Diff (Hospital only)	22.6	0.0	21.6	16.9	-4.8	-2.7	*15.7*	15.5	15.7
'1-06	Number of cases C.Difficile (Hospital)	4	0	24	19	-5.0	-3.0	*35*	35	35
'1-07	Number of cases MRSA (Hospital)	0	0	2	1	-1	0	*0*	1	
'1-08	Elective MRSA Screening	98.0%	97.0%	98.0%	98.0%		0.0%	98.0%	98.0%	
'1-09	% Non-Elective MRSA Screening	97.0%	96.0%	97.0%	97.0%		2.0%	95.0%	97.0%	
'1-10	**Rate of Hospital Pressure Ulcers	3.0	2.6	2.6	2.1	-0.6	-0.9	*3.0*	2.1	3.0
'1-11	****Rate of Total Patient Falls	6.4	5.6	7.5	5.9	-1.6	-0.8	6.75	5.9	
'1-12	****Rate of Total Patient Falls Maidstone	6.2	5.0	6.7	5.3	-1.4	-1.5	6.75	5.2	
'1-13	****Rate of Total Patient Falls Tunbridge Wells	6.5	6.0	8.2	6.3	-1.9	-0.4	6.75	6.4	
'1-14	Falls - SIs in month		5		20	20	2			
'1-15	MSA Breaches	0	0	10	5	-5	5	0	5	
'1-16	Total No of SIs Open with MTW	45	37			-8				
'1-17	Number of New SIs in month	5	18	75	66	-9	6			
'1-18	Number of Never Events	0	0	0	2	2	2	*0*	2	
'1-19	Number of CAS Alerts Overdue	13	0			-13	0	*0*		
'1-20	*****Readmissions <30 days: Emergency	12.5%	11.1%	10.6%	11.8%	1.2%	-1.8%	*13.6%*	11.8%	14.1%
'1-21	*****Readmissions <30 days: Elective	6.1%	4.7%	5.8%	5.4%	-0.5%	-0.9%	*6.3%*	5.4%	6.8%
'1-22	***Rate of New Complaints	4.6	5.18	4.9	3.97	-0.9	-2.29	*6.26*	4.09	6.26
'1-23	% complaints responded to within target	73.1%	80.6%	57.8%	65.6%	7.7%	-9.4%	75.0%	70.3%	
'1-24	IP Resp Rate Recmd to Friends & Family	19.1%	46.4%	15.9%	45.9%	30.0%	20.9%	25%	45.2%	36.9%
'1-25	A&E Resp Rate Recmd to Friends & Family	2.8%	22.5%	2.5%	17.7%	15.2%	2.7%	15%	18.7%	20.0%
'1-26	Mat Resp Rate Recmd to Friends & Family	New	17.5%	New	20.6%	New	0.6%	15%	20.6%	
'1-27	IP Friends & Family (FFT) Score	76	75	75	77	2	3	74	77	74
'1-28	A&E Friends & Family (FFT) Score	65	67	59	64	5	11	53	64	57
'1-29	Maternity Combined Q1 to Q4 FFT Score	New	87	New	83	New	11	72	83	66
'1-30	Five Key Questions Local Patient Survey	91.2%	92.0%			0.8%		90%	92.0%	
'1-31	VTE Risk Assessment	95.1%	95.5%	95.3%	95.5%	0.2%	0.5%	95%	95.5%	95%
'1-32	% Dementia Screening	98.7%	99.2%	99.2%	99.1%	-0.1%	9.1%	90%	99.1%	
'1-33	% TIA with high risk treated <24hrs	50.0%	No data	59.8%	71.9%			60%	71.9%	
'1-34	% spending 90% time on Stroke Ward (Aug)	76.1%	90.9%	76.4%	80.7%	4.3%	0.7%	80%	80.1%	
'1-35	Stroke:% to Stroke Unit <4hrs (Aug)	New	50.0%	New	38.6%	New	New	75.0%	75.0%	
'1-36	Stroke: % scanned <1hr of arrival (Aug)	New	40.9%	New	45.2%	New	New	43.0%	43.0%	
'1-37	Stroke:% assessed by Cons <24hrs (Aug)	New	72.7%	New	72.5%	New	New	85.0%	85.0%	

Responsible Committee: Finance, Treasury & Investment

	Finance & Efficiency	Latest Month Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
3-01	Average LOS Elective	3.5	3.9	3.3	3.2	-0.1	-0.1	*3.3*	3.3	3.3
3-02	Average LOS Non-Elective	6.5	7.1	7.0	6.7	-0.3	1.0	*5.7*	5.7	5.7
3-03	New:FU Ratio	1.71	1.60	1.73	1.58	-0.15	0.07	*1.52*	1.52	
3-04	Day Case Rates	78.2%	84.9%	79.1%	83.4%	4.3%	3.4%	80.0%	80.0%	82.19%

	Finance & Efficiency	Latest Month *Plan*	Latest Month Curr Yr	Year to Date *Plan*	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan	Year End Forecast	Bench Mark
3-05	Income	34,813	32,484	191,419	189,021	2.9%	-1.3%	383,518	386,816	
3-06	EBITDA	2,607	2,154	9,654	9,185	7.0%	-4.9%	24,718	23,673	
3-07	Surplus (Deficit) against B/E Duty	(466)	(758)	(8,791)	(8,738)			(12,303)	(12,301)	
3-08	CIP Savings	1,792	2,812	10,022	11,087	50.6%	10.6%	22,400	22,408	
3-09	Cash Balance	16,163	7,162	16,163	7,162	268.6%	-55.7%	926	926	
3-10	Capital Expenditure	2,494	277	7,480	1,453	-36.5%	-80.6%	*13,516*	13,516	
3-11	**Monitor Continuity of Service Risk Rating**	New	2	2	2	New	0	2	2	

** Contracted not worked WTE including Maternity/Long Term Sickness etc.

Responsible Committee: Finance, Treasury & Investment **** *RTT Admitted was a planned non-achievement of target*

	Performance & Activity	Latest Month Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
2-01	**Monitor Indicative Risk Rating**	**1.0**	**2.0**	**1.0**	**2.0**	**Amber/Red**		**Green**		
2-02	Emergency A&E 4hr Wait (SITREP Wks)	94.9%	94.3%	95.9%	95.1%	-0.9%	0.1%	95%	95.0%	94.6%
2-03	Emergency A&E >12hr to Admission	0	0	0	1	1	1	0	1	
2-04	***Ambulance Handover Delays >30mins	New	No data	New	No data	New		365	0	
2-05	***Ambulance Handover Delays >60mins	New	0	New	0	New	0	0	0	
2-06	****18 week RTT - admitted patients	90.8%	93.5%	92.1%	89.7%	-2.4%	-0.3%	90%	90.0%	
2-07	18 week RTT - non admitted patients	97.1%	96.4%	96.4%	96.3%	-0.1%	1.3%	95%	95.0%	
2-08	18 week RTT - Incomplete Pathways	93.1%	96.1%	93.1%	96.1%	3.0%	4.1%	92%	92.0%	
2-09	18 week RTT - Specialties not achieved	2	0	19	15	-4	15	*0*	15	
2-10	18 week RTT - 52wk Waiters	0	0	0	0	0	0	*0*	0	
2-11	18 week RTT - Backlog 18wk Waiters	898	319	898	319				250	
2-12	% Diagnostics Tests WTimes <6wks	100.0%	100.0%	100.0%	99.96%	0.0%	1.0%	99.0%	99.96%	
2-13	Cancer WTimes - Indicators achieved	8	8	9	8	-1	-1	9	9	
2-14	*Cancer two week wait	97.0%	96.5%	97.0%	95.8%	-1.2%	2.8%	93%	93.0%	95.5%
2-15	*Cancer two week wait-Breast Symptoms	93.8%	93.3%	93.8%	94.3%	0.5%	1.3%	93%	93.0%	
2-16	*Cancer 31 day wait - First Treatment	100.0%	97.2%	100.0%	98.6%	-1.4%	2.6%	96%	96.0%	98.4%
2-17	*Cancer 62 day wait - First Definitive	85.2%	83.3%	85.2%	82.8%	-2.4%	-2.2%	85%	85.0%	87.1%
2-18	Delayed Transfers of Care	3.3%	4.4%	3.1%	4.1%	1.0%	0.6%	3.5%	3.5%	
2-19	Primary Referrals	7795	8,742	46359	51,358	10.8%	10.7%	93,129	103,124	
2-20	Cons to Cons Referrals	3435	2,921	21895	20,113	-8.1%	-4.8%	42,433	40,386	
2-21	First OP Activity	11664	12,785	68509	71,927	5.0%	6.4%	133,266	144,425	
2-22	Subsequent OP Activity	21896	21,490	128207	128,285	0.1%	3.8%	247,680	257,588	
2-23	Elective IP Activity	771	598	4533	3,874	-14.5%	-23.8%	9,584	7,779	
2-24	Elective DC Activity	2750	3,188	17048	18,656	9.4%	-4.0%	37,735	37,460	
2-25	Non-Elective Activity	3594	3,926	22852	23,889	4.5%	5.3%	*45,264*	47,647	
2-26	A&E Attendances (Calendar Mth)	10414	10,823	64083	66,740	4.1%	6.4%	*125,139*	133,115	
2-27	Oncology Fractions	5201	5,846	33177	34,818	4.9%	2.3%	67,876	69,446	
2-28	No of Births (Mothers Delivered)	456	486	2,737	2,872	4.9%	8.2%	5,310	5,744	
2-29	Midwife to Birth Ratio	New	1:28	New	1:28	New	0.00	1.28	1:28	
2-30	C-Section Rate (elective & non-elective)	27.6%	27.0%	26.0%	26.6%	0.7%	1.6%	25.0%	25.0%	
2-31	% Mothers initiating breastfeeding	82.5%	82.1%	81.5%	81.2%	-0.3%	3.2%	78.0%	81.2%	
2-32	Intra partum stillbirths Rate (%)	0.9%	0.0%	0.4%	0.1%				0.1%	

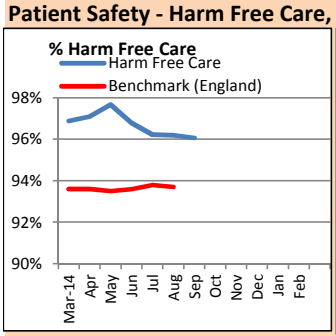
* Rate of C.Difficile per 100,000 Bed days, ** Rate of Pressure Sores per 1,000 admissions (excl Day Case), *** Rate of Complaints per 1,000 Episodes (incl Day Case), **** Rate of Falls per 1,000 Occupied Beddays, ***** Readmissions run one month behind.

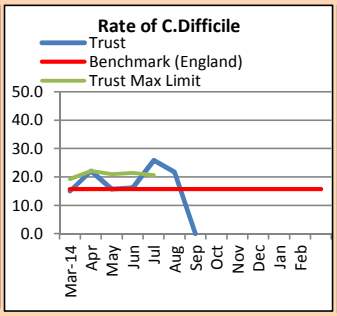
Responsible Committee: Workforce * Stroke & CWT run one mth behind, *** Ambulance Handover is unvalidated

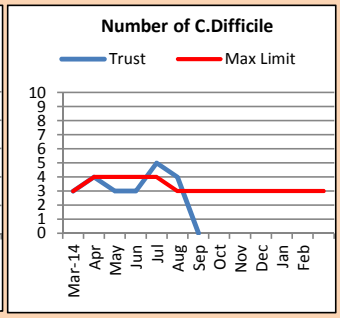
	Workforce	Latest Month Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ Limit	Year End Forecast	Bench Mark
4-01	Establishment (Budget WTE)	5,347.6	5,403.9	5,347.6	5,403.9	1.1%	0.0%	*5,462.3*	5,462.3	
4-02	Contracted WTE	4,992.4	4,931.8	4,992.4	4,931.8	-1.2%	-4.5%	*5,243.3*		
4-03	**Contracted not worked WTE		(111.4)		(111.4)					
4-04	Locum Staff (WTE)	25.8	29.7	25.8	29.7	15.0%				
4-05	Bank Staff (WTE)	262.3	303.5	262.3	303.5	15.7%				
4-06	Agency Staff (WTE)	115.8	172.7	115.8	172.7	49.1%				
4-07	Overtime (WTE)	72.0	87.1	72.0	87.1	21.1%				
4-08	Worked Staff WTE	5,348.4	5,418.3	5,348.4	5,418.3	1.3%	-0.9%	*5,505.6*		
4-09	Vacancies WTE	355.2	472.0	355.2	472.0	32.9%			369.5	
4-10	Vacancy %	6.6%	8.7%	6.6%	8.7%	31.5%			6.8%	
4-11	Nurse Agency Spend	(290)	(491)	(2,166)	(2,151)	-0.7%			(4,123)	
4-12	Medical Locum & Agency Spend	(571)	(913)	(4,056)	(4,522)	11.5%			(9,344)	
4-13	Staff Turnover Rate	10.4%	9.8%		9.51%	-0.6%	-0.7%	*10.5%*	9.51%	8.4%
4-14	Sickness Absence	3.2%	3.8%		3.7%	0.5%	0.5%	*3.3%*	3.3%	3.7%
4-15	Statutory and Mandatory Training	86.1%	85.6%		85.6%	-0.5%	0.6%	85.0%	85.0%	
4-16	Appraisals	81.0%	81.0%	76.3%	81.0%	0.0%	-9.0%	90.0%	90.0%	

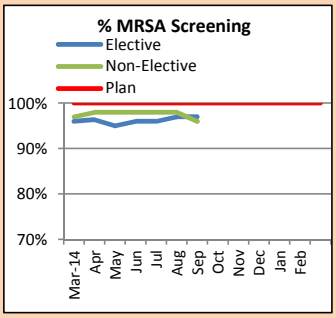
INTEGRATED PERFORMANCE REPORT ANALYSIS - PATIENT SAFETY & QUALITY

Patient Safety - Harm Free Care, Infection Control

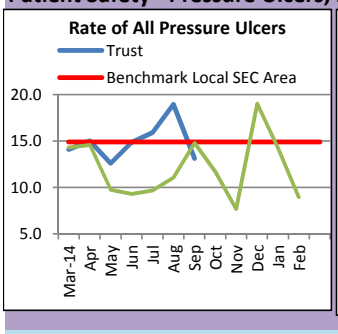


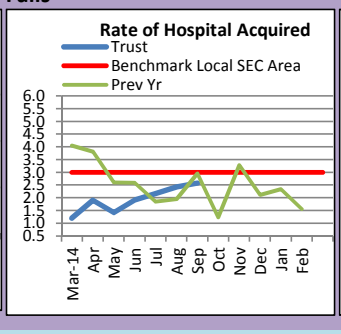


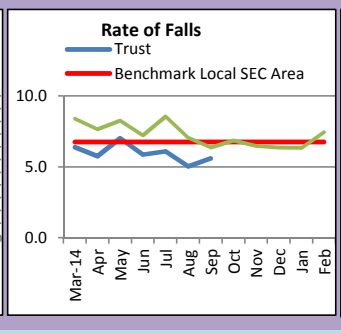


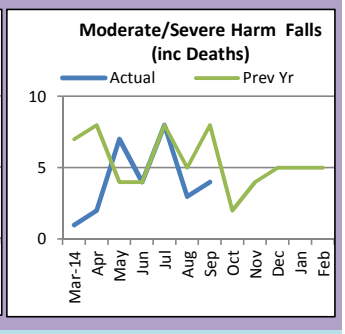


Patient Safety - Pressure Ulcers, Falls

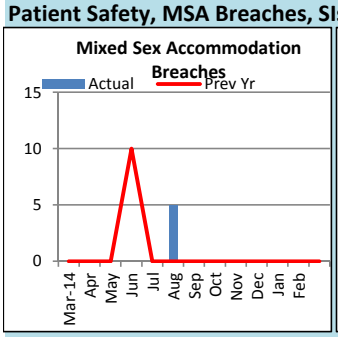


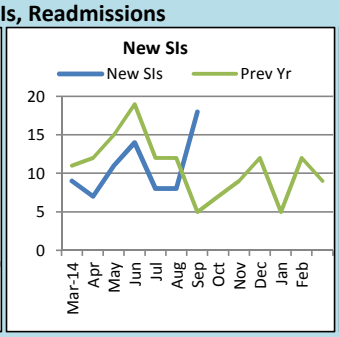


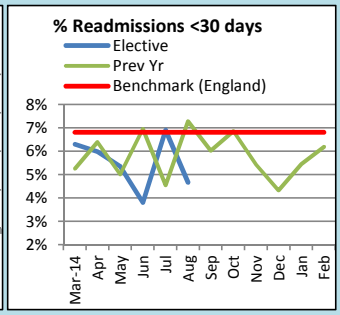


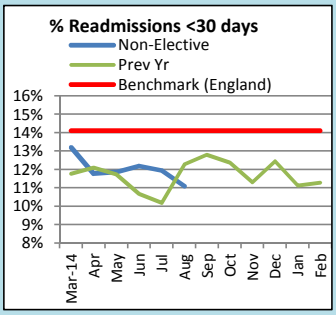


Patient Safety, MSA Breaches, SIs, Readmissions

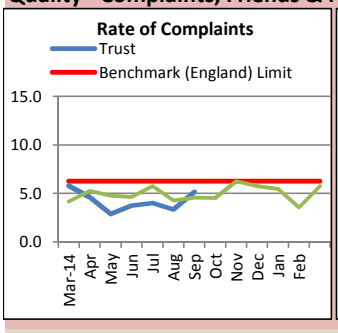


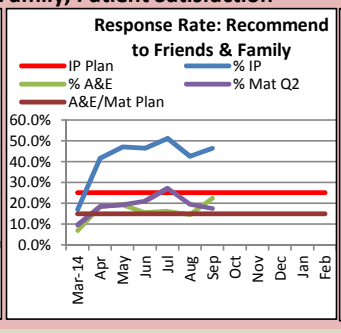


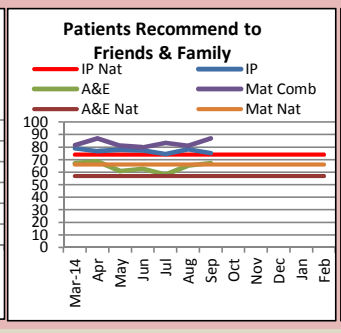


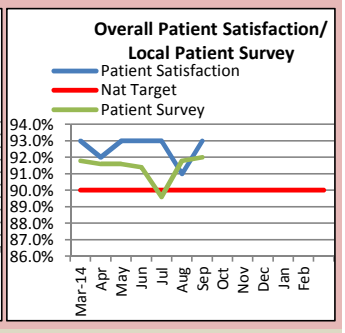


Quality - Complaints, Friends & Family, Patient Satisfaction

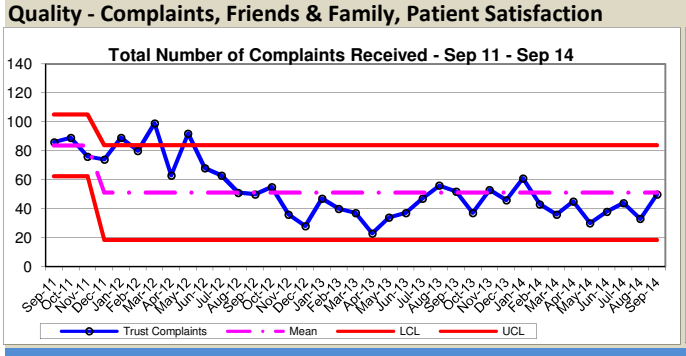


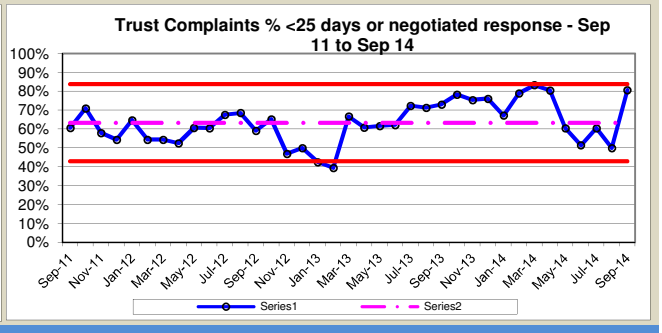




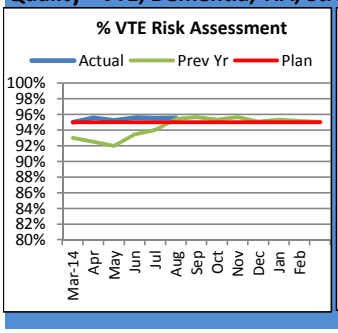


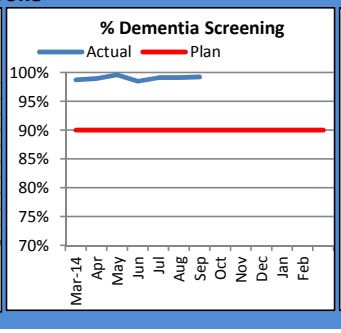
Quality - Complaints, Friends & Family, Patient Satisfaction

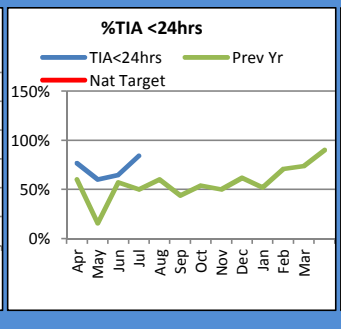


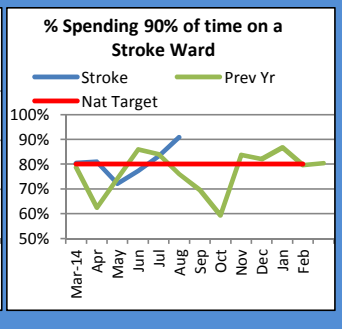


Quality - VTE, Dementia, TIA, Stroke



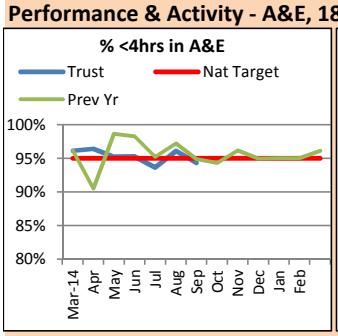


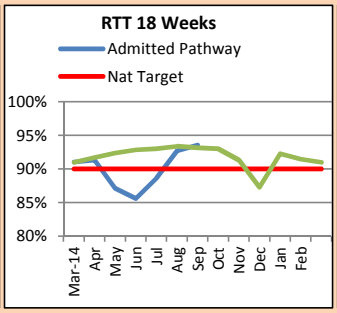


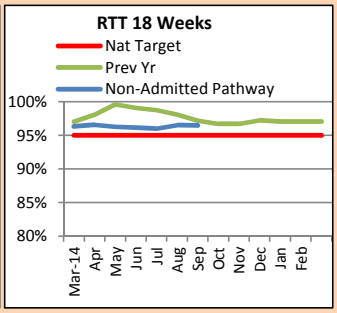


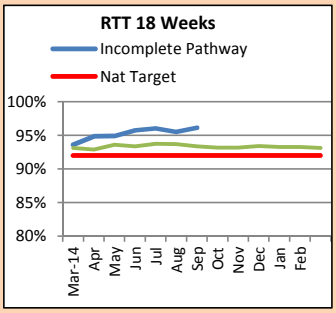
INTEGRATED PERFORMANCE REPORT ANALYSIS - PERFORMANCE & ACTIVITY

Performance & Activity - A&E, 18 Weeks

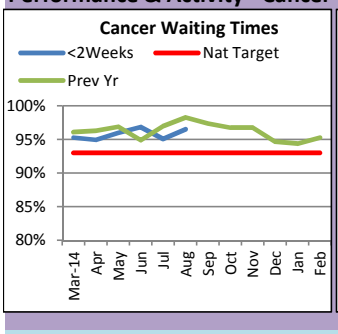


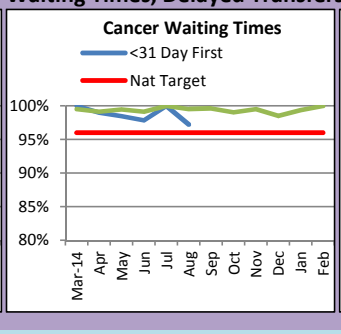


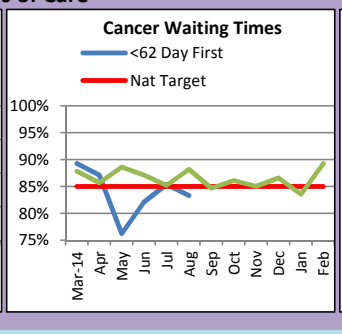


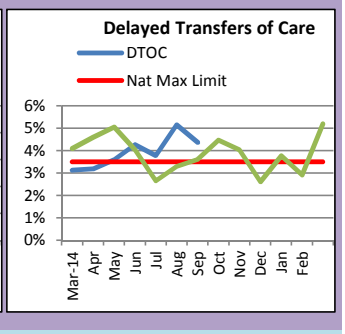


Performance & Activity - Cancer Waiting Times, Delayed Transfers of Care

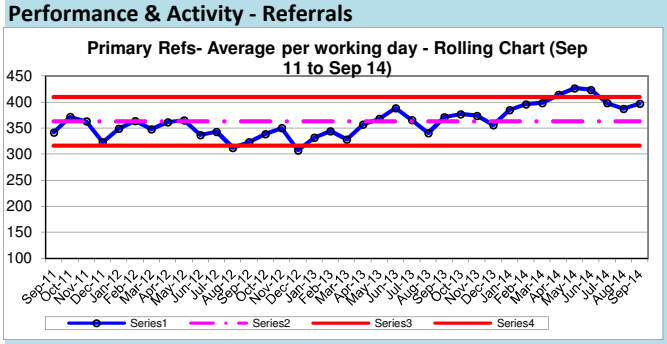


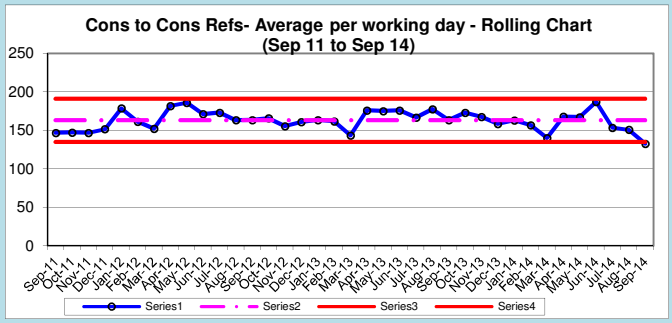




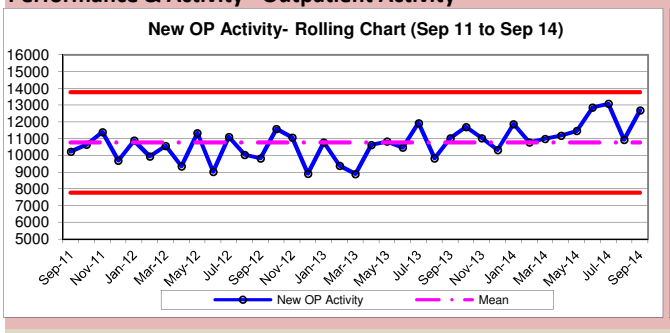


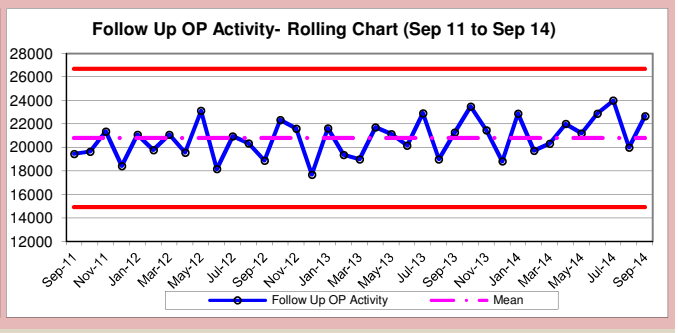
Performance & Activity - Referrals



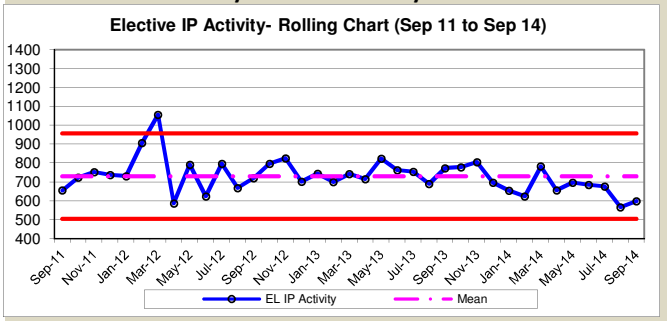


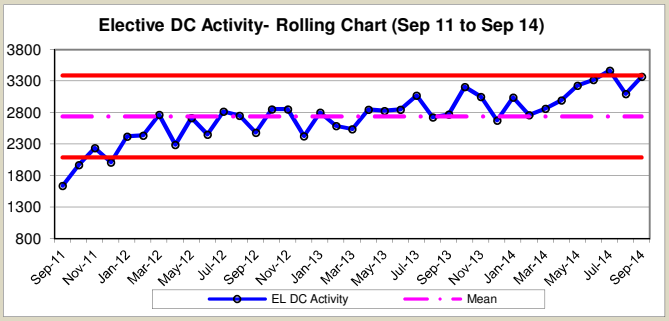
Performance & Activity - Outpatient Activity



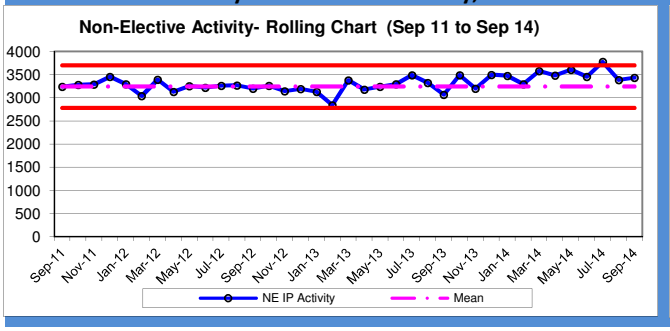


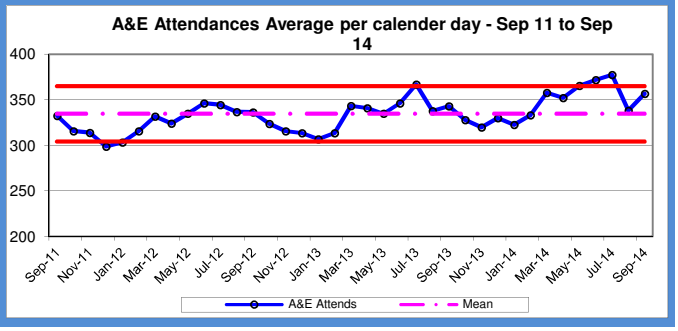
Performance & Activity - Elective Activity





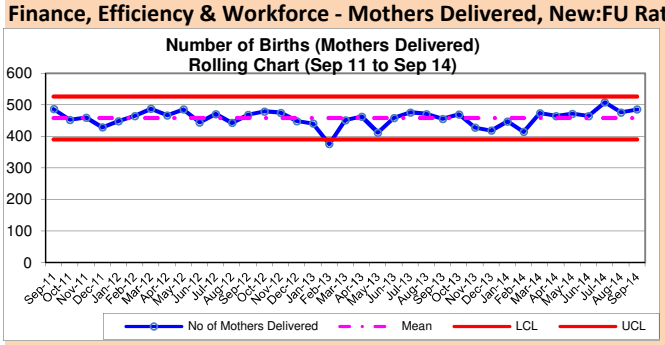
Performance & Activity - Non-Elective Activity, A&E Attendances

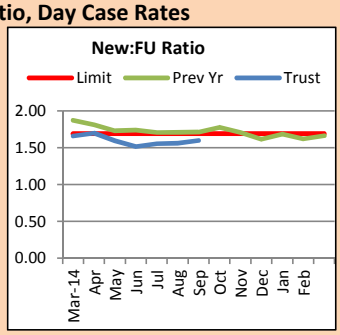


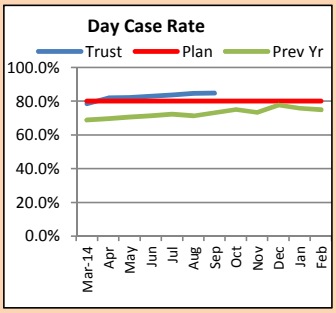


INTEGRATED PERFORMANCE REPORT ANALYSIS - FINANCE, EFFICIENCY & WORKFORCE

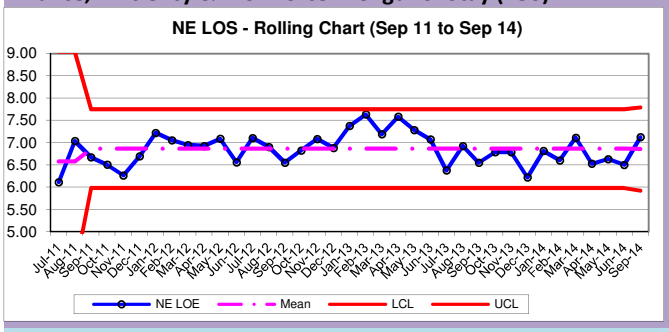
Finance, Efficiency & Workforce - Mothers Delivered, New:FU Ratio, Day Case Rates

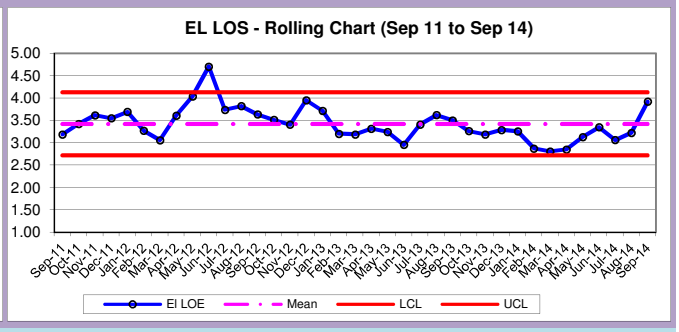




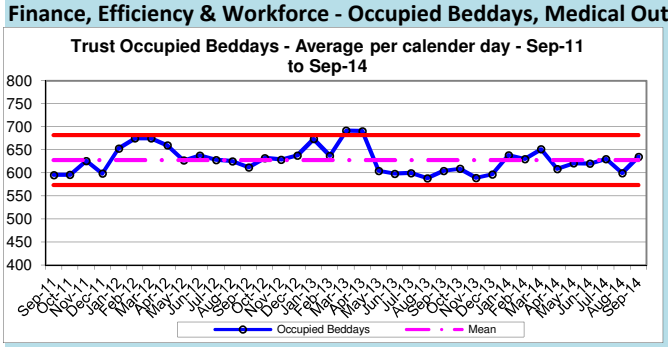


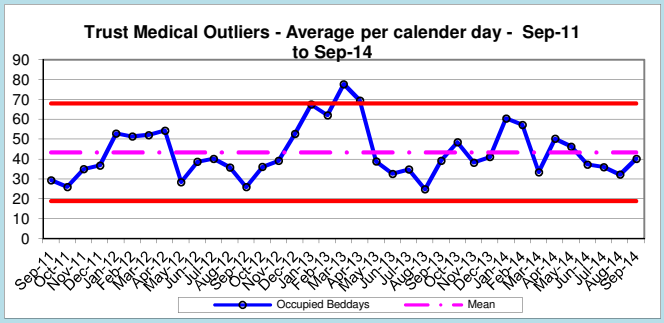
Finance, Efficiency & Workforce - Length of Stay (LOS)



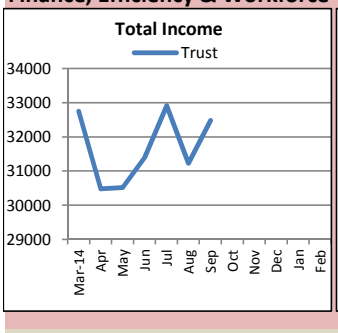


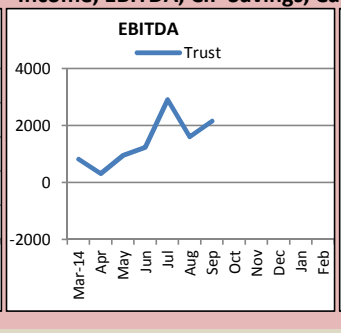
Finance, Efficiency & Workforce - Occupied Beddays, Medical Outliers

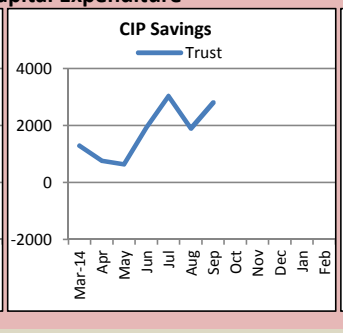


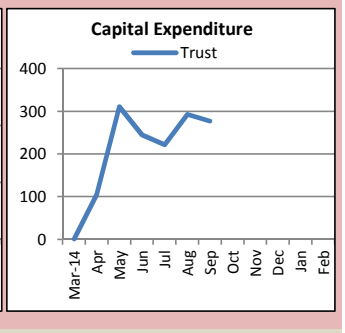


Finance, Efficiency & Workforce - Income, EBITDA, CIP Savings, Capital Expenditure

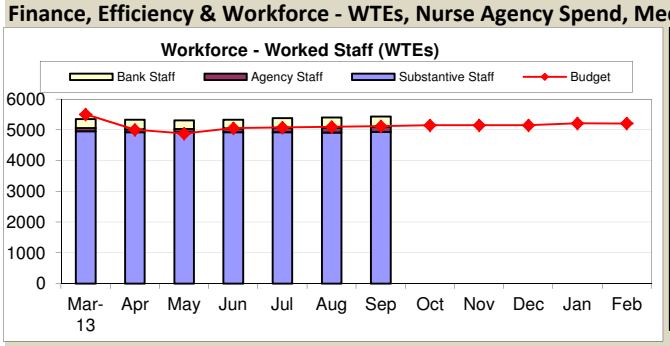


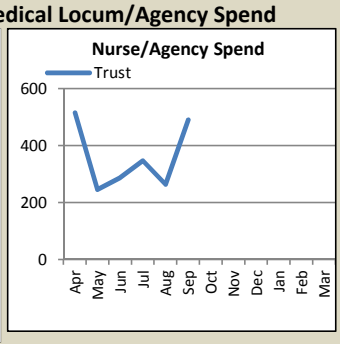


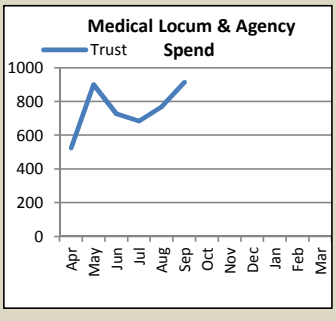




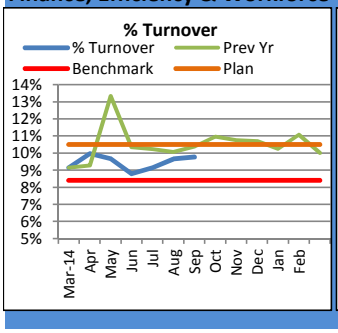
Finance, Efficiency & Workforce - WTEs, Nurse Agency Spend, Medical Locum/Agency Spend

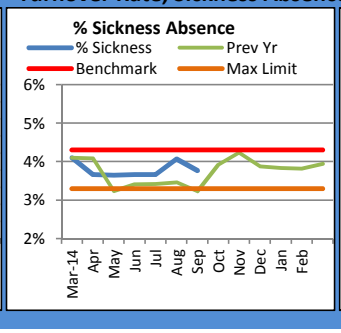


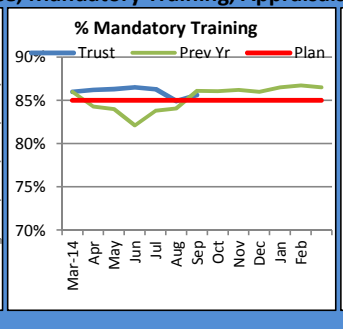


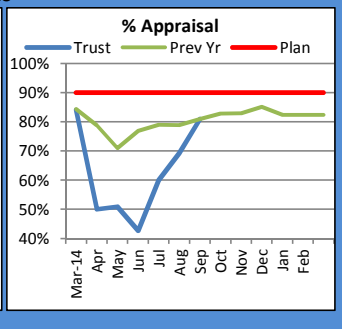


Finance, Efficiency & Workforce - Turnover Rate, Sickness Absence, Mandatory Training, Appraisals









Briefing paper – Trust Board

Stephen Orpin - Director of Finance

M6 Financial Performance overview

1. Overview of the Financial Position at M6 2014/15

1.1. This written summary provides an overview of the financial position at M6 of 2014/15. It should be read alongside the finance pack.

1.2. The Finance pack shows for month 6 an in month deficit of £0.8m against a plan of £0.5m resulting in a year to date deficit of £8.7m against a planned deficit of £8.8m, a favourable variance of £0.1m. There is a prudent provision for £1.8m for additional costs included within the Month 6 position.

1.3. The total year to date total income is £189.0m against a budget of £191.4m; an underperformance of £2.4m. £2.7m of the in month 6 adverse variance of £2.3m relates to the realignment of budget between unallocated CIPs and the SLA for those CIPs impacting on SLA income. The offsetting £0.4m favourable variance relates to the continuing outpatient overperformance above plan. The main variances on income are outlined below :

- Despite the realignment of budget between SLA income and unallocated CIPs, the year to date NHS Clinical income is under performing by £1.7m, but the outsourcing plan is underperforming £3.3m, therefore SLA is still overperforming on non outsourced activity (predominantly outpatient activities) by £1.6m.
- All applicable contractual deductions and penalties have been applied and a provision has been made for challenges.
- Antiveg activity is the main over performance in other activities.
- Private Patient income is underperforming by £1.0m however this is mostly offset by NHS activity performed and by lower than planned expenditure in both pay and non-pay.

1.4. Non elective activity remained on trend this month and remains c5% higher than plan year to date. This also correlates to A&E activity remaining consistent this month against the trend in previous months. The increase above plan is mostly paid at 30% due to the threshold applied and is now 43% above plan (4% increase in the month).

1.5. Elective activity did not increase in the month. Elective activity is now 24% behind plan (2% worse than last month) however 8% (no change in month) of the underperformance is caused by the outsourcing plan of 445 cases with 52 cases being achieved.

1.6. Escalation bed usage remained similar to last month and this correlates to the activity remaining on trend this month (c 45 beds). However despite the escalation bed use remaining broadly similar temporary nursing staff usage has increased significantly this month with 40% more hours booked on agency staff.

1.7. Operating costs are £179.8m against a plan of £183.6m, however there is a net £1.9m of savings and reserves to be allocated which would reduce the plan to £181.7m if the whole amount was allocated to Operating expenditure.

1.8. Pay was breakeven in the month (for the third month running) and remains at £1.1m underspent. This is due to the realignment of budget and SLA income actioned this month. In actual expenditure terms the Trust experienced a tightening in the pay position this month due to the particularly high temporary staffing costs of £0.3m.

1.9. Non pay underspent by £0.3m in month and is now £2.8m underspent year to date. However, Purchase of healthcare from non NHS bodies is £3.3m (£0.5m in month) underspent and is offset by underperformance in day case and elective income relating to the original plan for outsourcing activity. Non pay costs in month 6 remained similar to the underlying trend which aligns with the activity seen this month.

1.10. EBITDA is a £9.2m surplus and is now underperforming by £0.5m year to date (£0.5m in month) against the plan.

1.11. The financing costs including those related to the PFI and deprecation totalled £18.7m, which is now underspent against the in year plan by £0.8m due to the year to date impact of the revised calculation of PDC based on the forecast statement of financial position as opposed to the original plan and the slippage in against the capital plan reducing the depreciation cost against budget.

1.12. The year to date CIP delivery is £11.1m against a target of £10.0m and is forecast to deliver £22.4m against the plan of £22.4m.

1.13. The I&E forecast to the end of the financial year expects the Trust to deliver its planned deficit of £12.3m.

1.14. Cash balances of £7.1m were held at the end of M6. Discussions with NHS debtors over the settlement of 2013/14 outstanding debt are on-going. The operational cash forecast has an expectation of receipt of this income circa £6m in October. Dartford CCG has paid their 13/14 overperformance of £140k in September.

1.15. The SLA team have been in negotiations with WKCCG in respect to 14/15 contract, the revised monthly SLA figure is invoiced based on £185m but further discussions with the CCG to increase this further to £188m are on-going. The Trust received the £5.8m SLA "m1-6 catch-up" income in September which has delayed the temporary cash support requirement to January 2015.

1.16. The 2014/15 plan highlights a requirement for additional permanent working capital support £14.3m. The TDA have confirmed that the Independent Trust Financing Facility (ITFF) for south patch Trusts meets on 16th January. The application process is similar to that followed in 2013/14 and will need to be based on an LTFM revised to a minimum of Month 4 actuals.

1.17. Due to the timing of the ITFF approvals, permanent working capital support will not be available for drawdown until mid-February. On this basis, and based on the agreements reached with commissioners, further temporary cash support may be needed as we approach the date of drawdown.

1.18. Total debtors are £43.2m (£47.6m in M5). The two largest debtors (invoiced) at the end of the period are WKCCG owing £16.7m gross and NHS England who owe £9.5m gross, primarily relating to invoices subject to year-end reconciliation. Included within the debtors balances are estimated 14/15 overperformance invoices for month's 1-5 activity of £11.8m. This element will reduce following agreement from West Kent CCG to move to a baseline of £188m. 90 day debt is £21.8m this has reduced since Month 1 by £0.3m (£22.1m) and is expected to reduce significantly when the year end position agreement is reached with commissioners.

1.19. Creditors are £48.5m (£54.3m in M5). The percentage of the value of payments made within 30 days was 87.8% against a target of 95%, 2013/14 cumulative year end performance was 56.2%.

1.20. Capital expenditure to month 6 was £1.5m of the revised forecast expenditure £13.7m. This was £5.9m less than the planned expenditure at month 6 of £7.4m based on the £18.8m original plan. The plan continues to be prioritised and aligned to the Trusts strategy.

1.21. The Trust's performance against the TDA Accountability framework is red due to its planned deficit position.

Key Performance Indicators as at Month 6

(A) TDA Accountability Framework and
(B) Monitor Continuity of Service Metrics

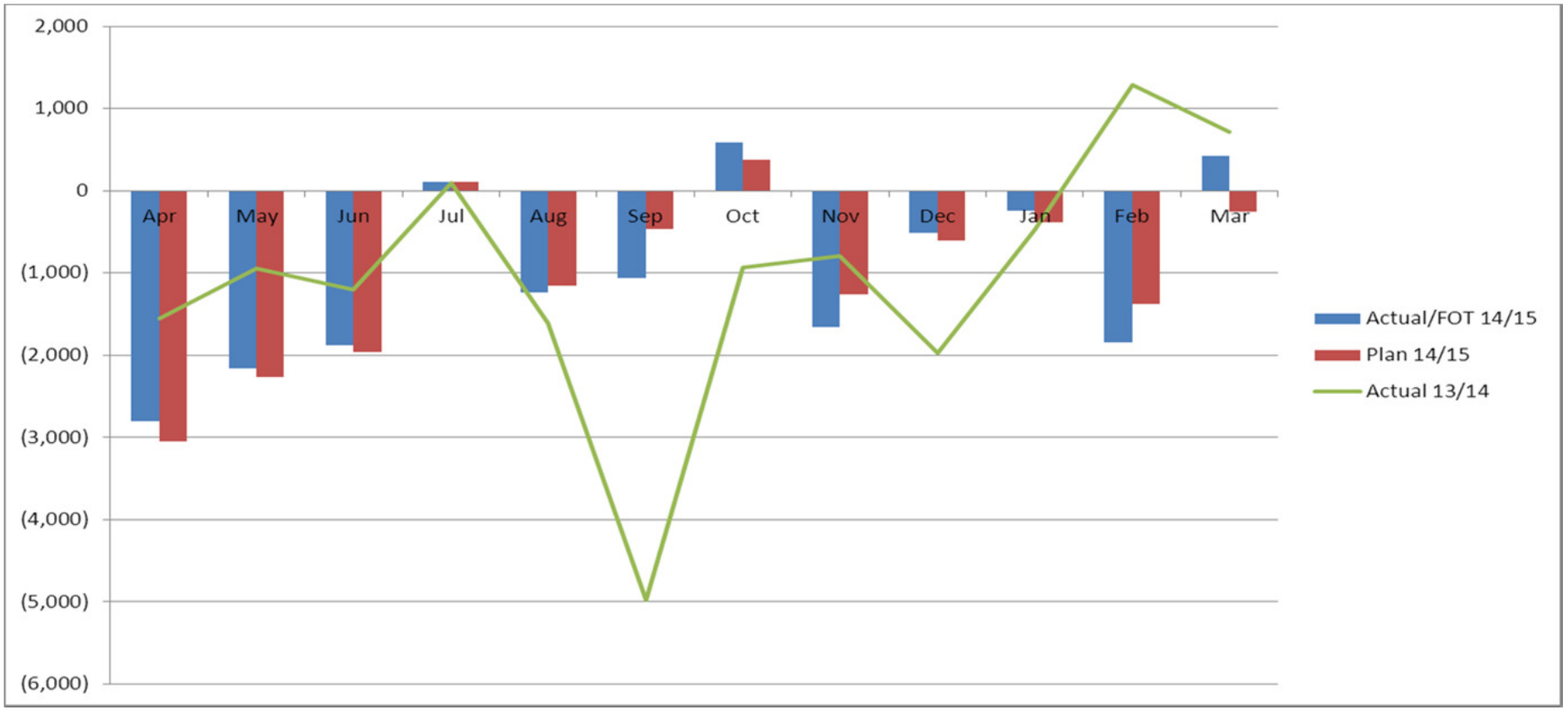
Maidstone and Tunbridge Wells NHS Trust

Key Metrics (A) Accountability Framework	Current Month Metrics: Plan (mc 01) £000s	Actual / Forecast (mc 02) £000s	Variance (mc 03) £000s	RAG Rating (mc 04)	RAG STATUS: Red	Amber	Green
NHS Financial Performance							
1a) Forecast Outturn, Compared to Plan	(12,301)	(12,301)	0	RED	A deficit position or 20% worse than plan	A position between 5% - 20% worse than plan	Within 5% or better than plan
1b) Year to Date, Actual compared to Plan	(8,791)	(8,738)	53	GREEN	20% worse than plan	A position between 10% 20% worse than plan	Within 10% or better than plan
Financial Efficiency							
2a) Actual Efficiency recurring/non-recurring compared to				AMBER			
- Total Efficiencies for Year to Date compared to Plan	8,059	11,086	3027		if either total or recurrent efficiencies are 20% worse than plan	if either total or recurrent efficiencies are between 0% and 20% of plan	If both total and recurrent efficiencies are equal to or better than plan
- Recurrent Efficiencies for Year to Date compared to Plan	8,059	7,927	(132)				
2b) Actual Efficiency recurring/non-recurring compared to plan - Forecast compared to plan				RED			
- Total Efficiencies for Forecast Outturn compared to Plan	22,400	22,407	7		if either total or recurrent efficiencies are 20% worse than plan	if either total or recurrent efficiencies are between 0% and 20% of plan	If both total and recurrent efficiencies are equal to or better than plan
- Recurrent Efficiencies for Forecast Outturn compared to Plan	22,400	17,346	(5,054)				
Underlying Revenue Position							
3) Forecast Underlying surplus / (deficit) compared to Plan	-16254	-19434	-3180	AMBER			
Cash and Capital					20% worse than plan	A position between 10% 20% worse than plan	Within 10% or exceeding plan
4) Forecast Year End Charge to Capital Resource Limit	13516	13516	0	GREEN			
5) Permanent PDC accessed for liquidity purposes		0		GREEN	either greater than plan or 20% lower than plan	between 10% - 20% lower than plan	Within 10% of plan
					PDC accessed	Not applicable	PDC not accessed
Trust Overall RAG Rating				RED			
					If forecast deficit position or if three or more RED in other metrics	If one or two RED or three AMBER	No RED and less than two AMBER
(B) Continuity of Service Risk Ratings							
Year to Date Rating	1.5	1.5	0	RED			
Fotecast Outturn Rating	2.00	2.00	0.00	RED	If score is 2.5 or lower	Not applicable	Score of over 2.5
Fotecast Outturn Rating	2.00	2.00	0.00	RED	If score is 2.5 or lower	Not applicable	Score of over 2.5

Maidstone and Tunbridge Wells NHS Trust

I&E Monthly Position Graph as at Month 6 2014/15

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual/FOT 14/15	(2,805)	(2,163)	(1,882)	111	(1,242)	(758)	395	(1,643)	(595)	(266)	(1,812)	358
Plan 14/15	(3,053)	(2,261)	(1,962)	103	(1,152)	(466)	375	(1,259)	(608)	(384)	(1,382)	(254)
Actual 13/14	(1,553)	(949)	(1,201)	97	(1,616)	(4,982)	(931)	(796)	(1,968)	(480)	1,290	716

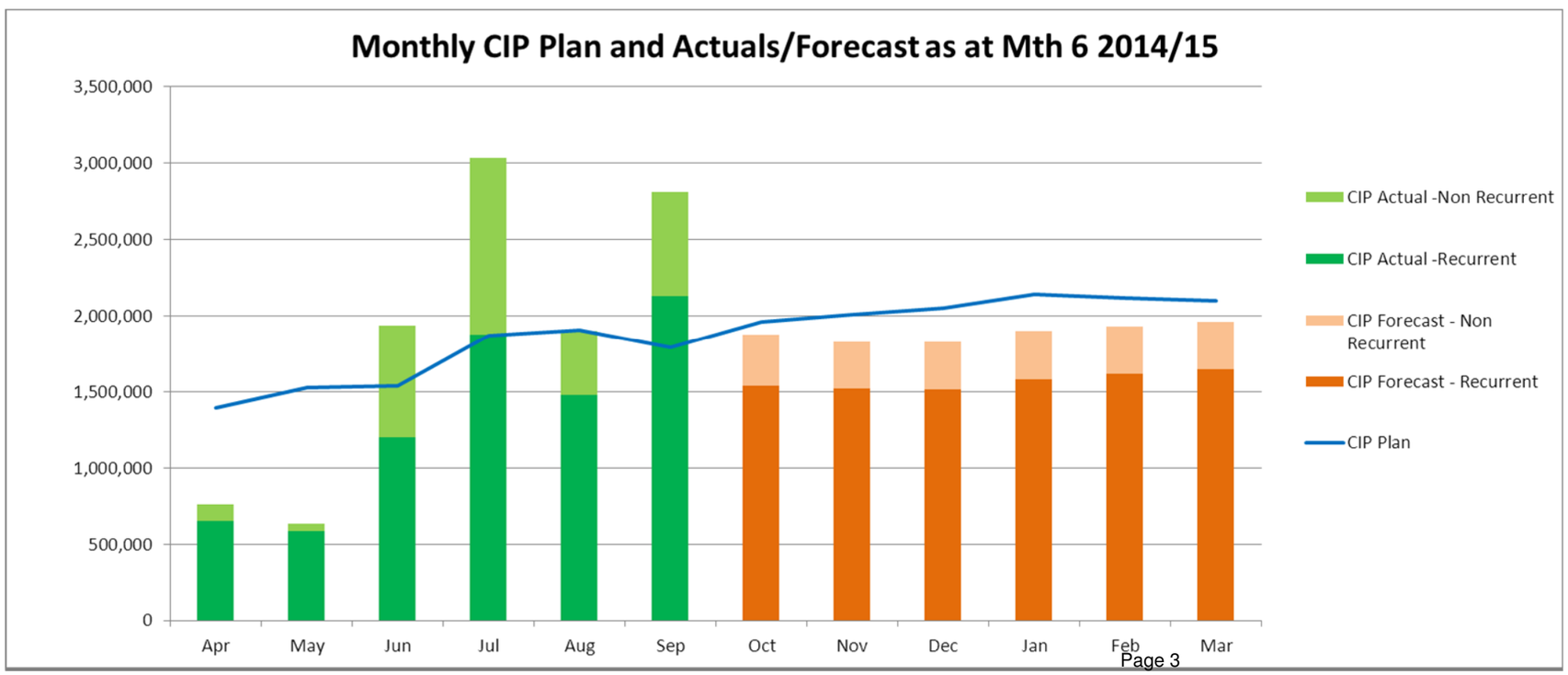


CIP Summary & Graph: as at Month 5

Maidstone and Tunbridge Wells NHS

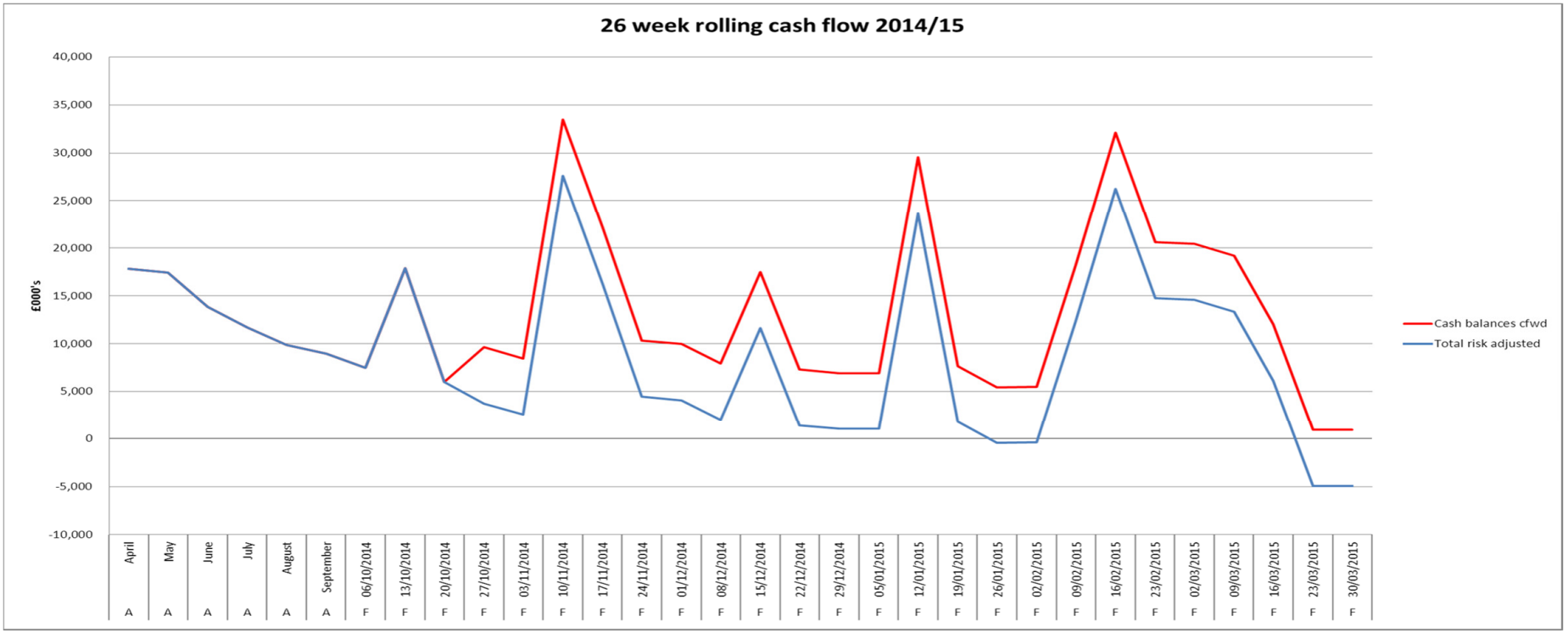
WORKSTREAMS BY DIRECTORATE BUDGET		Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Back Office	Paul Bentley	1,943	1,781	(162)	4,234	3,410	(824)
Corporate (PPU)	Angela Gallagher	128	0	(128)	385	93	(292)
Surgery	Simon Bailey	816	1,013	197	1,804	2,168	364
Surgery (Head & Neck)	Simon Bailey	452	616	164	979	1,252	273
Specialist Medicine	Clive Lawson	1,425	718	(707)	3,328	1,486	(1,842)
Acute Medicine/A&E	Akbar Sorma	1,119	194	(925)	2,264	560	(1,704)
Diagnostics & Therapies	Sarah Mumford	913	1,092	179	2,306	1,871	(435)
T&O	Guy Slater	524	337	(187)	1,160	759	(401)
Women's & Sexual Health	M.Wilcox	775	650	(125)	1,687	1,430	(257)
Paediatrics	Hamudi Kisat	365	288	(77)	841	733	(108)
Critical Care	Richard Leech	1,340	876	(464)	2,690	1,434	(1,256)
Cancer	Sharon Beesley	895	1,404	509	2,068	2,975	907
Corporate Finance		0	2,118	2,118	0	4,236	4,236
Overprogramme		(673)		673	(1,346)		1,346
Total By Directorate (includes all workstreams)		**10,022**	**11,087**	**1,065**	**22,400**	**22,407**	**7**

Recurrent v Non Recurrent Analysis	YTD £'000	FOT £'000
Recurrent	7,927	17,346
Non Recurrent	3,159	5,061
Total	**11,086**	**22,407**



Maidstone and Tunbridge Wells NHS Trust

26 Week graphical presentation of cash balances up to w/c 30th March, actuals at 3rd October 2014



	A	A	A	A	A	A	F	F	F	F	F	F	F	F	F	F	F
Week commencing	April	May	June	July	August	September	06/10/2014	13/10/2014	20/10/2014	27/10/2014	03/11/2014	10/11/2014	17/11/2014	24/11/2014	01/12/2014	08/12/2014
Cash balances cfwd	**17,840**	**17,446**	**13,852**	**11,677**	**9,870**	**8,961**	**7,449**	**17,885**	**5,971**	**9,628**	**8,444**	**33,503**	**22,130**	**10,322**	**9,958**	**7,908**
13/14 o/performance	0	0	0	0	0	0	0	0	0	5,896	5,896	5,896	5,896	5,896	5,896	5,896
14/15 o/performance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reinvestment income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Financing - capital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total risk adjusted	**17,840**	**17,446**	**13,852**	**11,677**	**9,870**	**8,961**	**7,449**	**17,885**	**5,971**	**3,732**	**2,548**	**27,607**	**16,234**	**4,426**	**4,062**	**2,012**

	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
Week commencing	15/12/2014	22/12/2014	29/12/2014	05/01/2015	12/01/2015	19/01/2015	26/01/2015	02/02/2015	09/02/2015	16/02/2015	23/02/2015	02/03/2015	09/03/2015	16/03/2015	23/03/2015	30/03/2015
Cash balances cfwd	**17,494**	**7,297**	**6,914**	**6,900**	**29,539**	**7,654**	**5,436**	**5,485**	**18,235**	**32,114**	**20,619**	**20,455**	**19,216**	**12,017**	**926**	**926**
13/14 o/performance	5,896	5,896	5,896	5,896	5,896	5,896	5,896	5,896	5,896	5,896	5,896	5,896	5,896	5,896	5,896	5,896
14/15 o/performance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reinvestment income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Financing - capital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total risk adjusted	**11,598**	**1,401**	**1,018**	**1,004**	**23,643**	**1,758**	**-460**	**-411**	**12,339**	**26,218**	**14,723**	**14,559**	**13,320**	**6,121**	**-4,970**	**-4,970**

NB - although the risk adjusted line shows a negative balance, the Trust is not permitted to go overdrawn, therefore action would be taken to ensure no negative balance.

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting - October 2014

10-11	Summary report from the Quality & Safety Committee meeting, 29/09/14	Committee Chair (Non-Executive Director)

A Quality & Safety Committee 'deep dive' meeting was held on 29th September focusing on the Review of Clinical Outcomes.

The following points were covered:

- National datasets were available for a range of procedures, and the Trust used the system from 'Dr Foster' which provided early warning indicators, which indicate that there may be a problem, and which therefore warranted further investigation
- Defining which outcomes were acceptable was a complex question, but data that deviated below two standard deviations would be responded to by the Trust
- The role of the Trust's Standards Committee (which is a sub-committee of the Quality & Safety Committee) was discussed, in relation to review of clinician outcomes

It was agreed that:

- The Medical Director should consider how the principle that the Clinical Excellence awards should not be awarded to clinicians who are not 'clinically excellent' should be incorporated into the awards process
- Future reports to the 'main' Quality & Safety Committee from the Standards Committee contain a section on review of clinician outcomes.
- The Medical Director should submit a report to the Trust Board in June 2015 (and annually thereafter) outlining the process for reviewing clinical outcomes, and notifying the Board of any outliers of concern (and the Trust's response)

It was agreed that the Emergency Paediatric pathway and complaints should be the focus of the Quality & Safety Committee 'deep dive' meeting to be held on 15th December 2014. It was also agreed that "Surgical review" and "the Cancer Pathway (with a focus on the 62-day waits) should be the focus for the 'deep dive' meeting in February 2015.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

- Information and assurance

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

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting - October 2014

10-12	Summary of the Trust Management Executive (TME) meeting, 15/10/14	Committee Chair (Chief Executive)

Summary / Key points

This report provides information on the one TME meeting held since the last Trust Board meeting (15th October). The key points from the meeting were as follows:

- The latest progress with the Care Quality Commission (CQC) was noted
- The Committee was notified that the Collaboration Agreement for the Kent Pathology Partnership had been approved by the two Trust Boards
- The meeting was notified of the planned reconfiguration of Speciality and Emergency Medicine Directorates, to create a new, "Emergency and Medicine" Directorate
- An update on the Trust's response to the CQC's enforcement action at Medway NHS Foundation Trust was received
- The Winter and Operational Resilience Plans were received. These plans will be considered at the Trust Board in October, under a separate agenda item
- The meeting was informed of the changes to PET/CT scanning provision within West Kent, under the new national contract. The move towards the introduction of static scanners was highlighted.
- The performance indicators for month 6 were reviewed, and the key issues discussed were: 4-hour A&E waiting time; Cancer 62 day-waiting time; underperformance on elective activity; the continued high level of Delayed Transfers of Care; the recent increase in use of agency staff; and the improvement in the response to complaints
- The latest infection prevention and control situation was discussed, which included the Trust's preparations for dealing with the Ebola virus
- An update on the 2014/15 contract with West Kent Clinical Commissioning Group (CCG) was received, and it was noted that agreement of the contract was expected shortly
- The Trust's clinical strategy was discussed, and it agreed to schedule a detailed discussion on the this at a future TME meeting
- The Clinical Directors present reported on their key issues, which included current operational problems with the Linear Accelerators (LINACs) at Kent and Canterbury Hospital; and the continuing efforts to address the backlog in reporting Radiology investigations.
- A revised process for approving business cases was agreed
- The committee approved the appointment of a replacement Consultant Physician with an interest in Orthogeriatrics
- The Board Assurance Framework was reviewed
- Three policies were ratified (Policy and Procedure for Visiting Adult Wards and Departments; Patient Admission Policy and Procedure; and Escalation Policy and Procedure for Emergency Admissions), under the Trust's existing ratification process
- The outcome of the first two meetings of the new Policy Ratification Committee (PRC) was received, and it was highlighted that all Policies would now be ratified via the PRC
- It was also agreed to review the plans for the refurbishment of the John Day / Jonathan Saunders Wards at Maidstone Hospital, to determine whether a day room (or equivalent) can be incorporated into the plans

Which Committees have reviewed the information prior to Board submission?

- Trust Management Executive

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

Information and assurance

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

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting - October 2014

10-15 Summary report from Finance Committee, 25/09/14 Chair of Finance Committee

The Finance Committee met on 25th September 2014.

1. The key matters considered at the meeting were as follows:

- Month 5 financial performance (including CIP);
- CQUIN performance for 2014/15
- An update on the triangulation of workforce, activity and expenditure information
- Review of the actions taken to address the issues raised in the financial analysis report from PricewaterhouseCoopers
- The financial performance of Speciality and Elderly Medicine Directorate was scrutinised in detail
- The business case for the Kent and Medway chemotherapy e-prescribing was reviewed
- Progress with the business case for the South Acute Programme (SAcP) was considered
- The risks / costs associated with hosting the new Radiology Information System (RIS) were reviewed

2. The Committee agreed that:

- The CQUIN performance dashboard would be received at the Finance Committee each month
- The Trust Board should be notified of the change in costs for the Kent and Medway chemotherapy e-prescribing business case
- The expected costs of licensing, implementation and support within the Full Business Case for the South Acute Programme should be clarified (in the light of the fact that such costs are anticipated to rise in accordance with the Consumer Price Index)
- A basic due diligence search on Allscripts Healthcare Solutions (who have recently acquired Oasis)

3. The issues that need to be drawn to the attention of the Board are as follows:

- N/A

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information and assurance

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

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting - October 2014

10-15 Winter and Operational Resilience Plans Chief Operating Officer

Summary / Key points

The enclosed report provides details of progress on the Operational Resilience Plan for 2014/15.

The same report was received at the Trust Management Executive (TME) on 15th October, and the plans were discussed in detail at that meeting.

Which Committees have reviewed the information prior to Board submission?
- Trust Management Executive 15/10/14

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

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

OPERATIONAL RESILISIENCE PLAN 2014/15

Presented by: Angela Gallagher, Chief Operating Officer

Author: Heylia Cooper, Interim Associate Director of Operations

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FOR ASSURANCE AND APPROVAL
The purpose of this paper is to provide a progress report on the Operational Resilience Plan 2014/15 for assurance.

Background
The purpose of the operational resilience plan is to ensure that Maidstone & Tunbridge Wells NHS Trust (MTW) is prepared and co-ordinated to respond to increased service demands during winter 2014/15. The document describes the way in which MTW will respond to the additional demands of winter and peak pressures and how it will work alongside external partners collaboratively. This is a high level plan describing the change in service provision and how the services will work together as part of a coordinated response and does not replace the detailed work taking place within each service to identify, in detail, precisely how the additional demands of winter will be met.

The operational resilience plan has been compiled to ensure the Trust:

- Maintains patient safety
- Places patients in the right place for their care and treatment
- Ensures efficient pathways to their care and discharge
- Plans, monitors and manages capacity to meet demand and within the designated financial envelope
- Works efficiently as a workforce to reduce duplication , improve efficiency, patient experience and adhere to professional standards
- Maintains the required national performance standards

Key winter pressures include:

- The tendency for a more complex case mix & more demand on emergency services.
- More delayed discharges & pressure on community beds
- Unplanned staff absence due to seasonal flu, D&V outbreaks etc.
- Higher levels of infection within the community with subsequent increase in demand for services, inability to discharge to community hospitals, residential or nursing homes.
- Bank Holiday impact on services
- Consequent impact on elective activity
- Impact of severe weather on staffing & patients' ability to attend scheduled appointments.
- Increased demand of patient transport services to support intra-hospital services.

LIST OF SCHEMES/PROJECTS
The operational resilience plans consist of the schemes listed below. Please note however that these are system wide schemes for MTW, KCHT, KCC, Voluntary Sector, Mental Health, Primary Care and the CCG funded with operational resilience monies:

- **7 Day Respiratory Service - MTW**

  Thorough and comprehensive Consultant reviews for all medical inpatients on the Maidstone and Tunbridge Wells sites including Saturdays, Sundays and Bank Holidays. The new model of care will ensure medical reviews of all Emergency admissions on a daily basis. Enhance the quality of clinical management and safety of all inpatients and to minimise preventable and avoidable morbidity and mortality. Facilitate early diagnosis, intervention, admission avoidance

and timely discharge. Deliver Consultant-of-the-Week working in Respiratory Medicine. Support ambulatory care for frail and elderly patients.

- **7 day Integrated High Impact Team – MTW/KCHT/KCC**

This service looks to change the system by streaming those patients, with urgent health and social care needs, through a rapid assessment service. A proactive package of care will then be put in place, within the community, in order to prevent the patient being admitted to hospital. The critical success factors for this service will be firstly senior health professionals triaging patients and secondly the team must have a good understanding of and access to community health and social care provision.

7 Day Pharmacy Service - MTW

From Sunday 2nd November, both TWH Pharmacy and Maidstone Hospital Main Pharmacy will be open for business 7 days a week. The pharmacists will support and compliment the Trust focus on facilitating discharge and will dovetail with the newly laid out seven standards for patient discharge.

- **Romney Ward – MTW/KCHT/KCC/CCG**

Romney Ward is a 22 bedded ward located in Maidstone Hospital that is jointly run by community and social care services. The service has been run as a pilot since December 2012, to test out the benefits of a service for patients that would benefit from an intense phase of rehabilitation, operating according to a discharge to assess model.

- **Commercial Beds & Reablement Packages – Social Care**

Provide non-acute beds in private nursing homes. Bed placements over winter 14/15 for those still non-weight bearing but medically fit after a fracture or those waiting for preferred nursing home placement or housing. 3 beds block contract and 3 beds spot purchased and enablement packages to be provided via KCC& MTW discharge teams to support discharge.

- **Take Home and Settle – Age UK**

Age UK East Sussex will support the discharge of older patients from Tunbridge Wells and Maidstone Hospital, for 6 months. The service is tailored to patient's needs but can include; accompaniment home from hospital; risk assessment; shopping for immediate needs; providing hot drink and snack; changing bed linen; making comfortable; supporting self-care by offering assistance with equipment and medication management.

- **Support at Home Service – Age UK**

Age UK will offer a 4 week package of support (extended by 8 weeks where required, between October 2014 and March 2015), for older people who do not meet the eligibility requirements for packages of care, but however are vulnerable, at risk of isolation and of hospital admission. The service is tailored to patient's needs but can include; safety in the home risk assessments; shopping for immediate needs; preparing light meals; changing bed linen, light cleaning; assistance with medication management (including prescription collection and eye drop administration, where required).

- **Frail Elderly Rescue Pack – Voluntary Sector**

Frail elderly information pack & website

- **Influenza immunisation programme for house bound patients – Community Trust**

Programme of immunisation for house bound patients to improve uptake of vaccination across West Kent. All patients will vaccinated by November 2014

- **Reducing Excess Winter Deaths - Other**

Tunbridge Wells pilot project to identify and record vulnerable people with a diagnosed health condition who may be at risk of ill health or death due to cold weather. To provide interventions

that will improve the health and wellbeing of vulnerable people at risk of ill health or death due to cold homes.

- **Primary Care Support Team – Primary Care**

Primary Care Teams working flexibly across the Urgent Care system from October 2014-March 2015, to provide support where there are surges in capacity. To provide additional support to ambulance service, GP practices and community services, in order to prevent unplanned hospital attendance. Interventions include:

- Nursing home support
- A&E cover
- Urgent home visiting
- Clinical reviews of vulnerable patients
- Advice to ambulance dispatch centres and paramedics on scene to reduce conveyance to hospital
- Collaborative working with discharge teams within emergency departments

- **Liaison Psychiatry: Extended hours & Consultant input – Mental Health Trust**

Improve Consultant Psychiatrist input into the Liaison Psychiatry Service, October 2014-March 2015. This will include the provision of mental health assessments and diagnosis and timely access to consultant expertise to facilitate management of complex patients. In addition the service hours would be extended to have 1 staff member on a 10 hour night shift (from 11:30pm-09:30am for the purpose of the costing) x 7 nights

- **SHREWD - CCG**

System wide early warning system - Commissioning of SHREWD in order to access live data from the following providers:

- MTW
- Primary Care
- SECAmb
- KMPT
- KCHT
- KCC

- **Winter Resilience Project Manager - CCG**

System wide support: Project Manager to facilitate implementation of SHREWD; NHS 111 pharmacy DoS Update; input and co-ordination of resilience projects with cross-provider solutions to ensure collaboration is maximised; performance data collection and analysis across resilience programme. This post work with all providers to ensure the effective delivery of the West Kent resilience plan

- MTW
- Primary Care
- SECAmb
- KMPT
- KCHT
- KCC

Please refer to Operational Resilience – SRG Monies Tracker Template for full details of all schemes listed above.

UNFUNDED MTW SCHEMES/PROJECTS

The SRG have confirmed that additional funding will be made available to support some additional schemes. MTW will, under ORCP phase 2 put in a submission for schemes in order of priority

below with the understanding that not all of the schemes will be approved and staffing for escalation is the priority:

- **Staffing for Escalation** – *funding to be requested as part of ORCP phase 2*

Staffing of escalation areas and phased opening of escalation capacity to support surges in demand during the winter period. (Chaucer, Whatman, MOU, Ambulatory at TWH).

- **Increased senior decision making in A&E at weekends/bank holidays**

7 day consultant cover to include bank holidays and weekends to support senior decision making and admission avoidance

- **IC24 at TWH and GP in A&E**

Direct referral and management of primary type presentations to A&E. Funding for this scheme is not required but an agreement on how the service will be commissioned is underway.

- **Escalation for Woodlands**

Staffing as required for escalation of Woodlands as a result to surges in activity

- 7 **Day Working Discharge Team**

Focus of LOS/Discharge management and proactive management of delayed transfers of care to ensure continuous flow operationally

- **Tier 1 Contract for additional transport**

Additional transport support to manage increased discharges during the winter period to ensure timely discharge and access to bed capacity

- **Discharge Lounge weekend opening**

Full utilisation of discharges lounges will be implemented on weekends and bank holidays to support weekend discharging. The discharges lounges will be operational from 08.00 to 20.00 hours 7 days a week.

- **Enhanced Site Management Team**

Strengthened site practitioner and bed management – people and processes

- **Elective Flow Management**

Planned outsourcing some elective activity to create capacity for urgent care patient

A review will be undertaken in all key areas to review any operational changes required to manage winter pressures.

OTHER LINKED SCHEMES/PROJECTS

- **Crowborough Beds**

East Sussex CCG has increased Crowborough beds capacity from 14 to 18 for the winter period

- **Crowborough MIU**

Crowborough MIU will be open 7 days a week 8am-8pm

- **Integrated Care Co-ordinator**

East Sussex is providing an Integrated Care Co-ordinated who will be part of the team specifically managing the prompt discharge of East Sussex patients. They will be part of the integrated HIT Team with MTW/KCHT/KCC

RISKS

- A number of the schemes are dependent on funding from operational resilience monies and only 4 schemes submitted by MTW have been approved utilising these monies. Confirmation of reallocation of additional monies will be confirmed in late October/early November.
- The schemes that are not funded will be a cost pressure to MTW
- A number of schemes are predicted on increasing establishment with the resulting risk of recruitment
- Insufficient recruitment could impact on MTW's ability to fully utilise escalation capacity at Maidstone
- New developments including MOU and Ambulatory an not yet operational

RECOMMENDATIONS

The TME is asked to note the content and progress of the Operational Resilience Plan to date, to secure sustained delivery of the 4 hour ED and RTT Standards.

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting - October 2014

10-16 Full Business Case for the Southern Acute Programme Chief Operating Officer

Summary / Key points

The Executive Summary of the Full Business Case (FBC) for the Southern Acute Programme (SAcP) i.e. the specification, procurement and implementation of PAS+ and Maternity Solutions for the Trust, is enclosed.

The full FBC has not been provided as part of the formal set of Board reports, but is available to Board members on request, from the Trust Secretary. The full FBC has however been submitted to the Finance Committee, which is scheduled to review the FBC at its meeting on 20th October. Following this review, the Finance Committee will be asked to recommend that the Trust Board approves the FBC. The outcome of the Finance Committee's deliberations will be reported verbally at the Board meeting on 22nd October.

The key aspects of the Programme, and the FBC, are outlined below.

The Trust has joined with East Kent Hospitals to form the Kent Collaborative Clinical Systems Programme (KCCSP) to procure a new PAS, A&E, Order Communications and Maternity Systems as part of the Southern Acute Programme (SAcP).

At present the Trust has a PAS and Maternity systems that pre-date the National Programme for IT. The PAS specifically is approaching end of life; it is the principal source from which the Trust derives its income as well as being the core component of our electronic patient record. The Maternity system is a smaller departmental system that does not currently have the capability of meeting national dataset and reporting requirements.

This FBC seeks approval to invest £12.843m in two contracts for 10 years with Oasis Medical Systems (Lot 1) and HSS Euroking Ltd (Lot 2) for the following services:

- Lot 1: Patient Administrative System (PAS) plus additional functionality including; patient master index, accident and emergency (A&E), order communications, clinical coding and clinical documentation.
- Lot 2: Maternity management information system.

Service delivery for both Lots 1 and 2 will be via a managed service hosted at the Trust's data centres with professional services, implementation and support costs included. The contract term is 10 years.

The FBC supports the investment to support the emerging Clinical Strategy and provides the foundation and core modules for the Trust to deliver the vision of a unified and integrated healthcare record as described in the Trust's INSPIRE Health Informatics Strategy.

Summary of Key Information:

Funding from NHS England/SAcP: £5.209m over the first 4 years of the 10 year contract.

Cost to Trust:
The business case shows a saving of £3,015 over the 10 years of the assets life. However in year 1 (2015/16) the there is a net increase to the Trust of £354,000. This is caused by a number of factors:

1. DH model business case accounts for depreciation at the start of the finance year it has been spent in, not from the point the solution is live.
2. Optimum Bias and Contingency have been factored into the business case and have therefore been factored into the overall cost.

It is expected that the true impact in year 1 will not be as high as stated within the business case. The Trust is confident any risks have been significantly reduced already due to detailed resource planning and a comprehensive procurement exercise. However due to the constraints of the DH business case model we have a lack of flexibility to show this.

With the first phases of the programme not planned to go-live until September 2015 the Trust will not recognise depreciation until after this point, again reducing this cost. Also as the Trust has planned for this capital expenditure in 2015/16 already depreciation costs have already been factored into the Trusts over all capital planning.

Implementation costs:

These have been capitalised over the life time of the asset. As a result there is a total capital requirement of:

£392k in 2014/15
£1.562m in 2015/16
£243k in 2016/17
Total: £2.197m

These costs have already been factored into the Trust's ICT capital programme.

Business Case finances: these also factor in societal benefits, optimum bias, and contingency based on risk assessment. To secure DH funding, the business case is also required to achieve a VfM (Value for Money) ratio of 2.4 or above. The Trust's FBC achieves a VfM ratio of 2.7.

The Trust's Finance Team has "QA'd" the financials.

The FBC is scheduled to be approved at the Trust Board in October 2014. The Finance Committee is therefore asked to review the case, and recommend that the Trust Board gives its approval.

Which Committees have reviewed the information prior to Board submission?

- Finance Committee, 25/09/14

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

Approval (pending a recommendation to this effect from the Finance Committee)

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

BUSINESS CASE EXECTUVE SUMMARY

	SOUTHERN ACUTE COLLABORATIVE PROGRAMME (SAcP) **PAS+ AND MATERNITY SOLUTIONS**
Joint Project Sponsors	**Dr Paul Sigston, Medical Director** **Angela Gallagher, Chief Operating Officer** **Donna Jarrett, Director of Health Informatics**
Directorates	**Trust-wide and Health Informatics**
Clinical Director	**Dr Paul Sigston , Medical Director**

PURPOSE OF PAPER

The purpose of this paper is to provide an Executive Summary of the Full Business Case (FBC) for the specification, procurement and implementation of a PAS+ and Maternity Solutions for the Trust.

Following the decommissioning of the National Programme for IT, the DoH initiated the Southern Acute Programme (SAcP) to support and fund local collaboration to procure new clinical IT systems for the Trusts in the south. There are 23 trusts participating in the programme across the south of England.

The Trust has joined with East Kent Hospitals to form the Kent Collaborative Clinical Systems Programme (KCCSP) to procure a new PAS, A&E, Order Communications and Maternity Systems as part of the Southern Acute Programme.

At present the Trust has a PAS and Maternity systems that pre-date the National Programme for IT. The PAS specifically is approaching end of life; it is the principal source from which the Trust derives its income as well as being the core component of our electronic patient record. The Maternity system is a smaller departmental system that does not currently have the capability of meeting national dataset and reporting requirements.

This FBC seeks approval to invest £12.843m in two contracts for 10 years with Oasis Medical Systems (Lot 1) and HSS Euroking Ltd (Lot 2) for the following services:

- Lot 1: Patient Administrative System (PAS) plus additional functionality including; patient master index, accident and emergency (A&E), order communications, clinical coding and clinical documentation.
- Lot 2: Maternity management information system.

Service delivery for both Lots 1 and 2 will be via a managed service hosted at the Trust's data centres with professional services, implementation and support costs included. The contract term is 10 years.

The FBC supports the investment to support the emerging Clinical Strategy and provides the foundation and core modules for the Trust to deliver the vision of a unified and integrated healthcare record as described in the Trust's INSPIRE Health Informatics Strategy.

This investment should generate net cash savings of £3.015m over the lifetime of the contract. £5.209m of central funding from NHS England is being sought to cover the first 4 years of the 10 year contract.

The FBC approval process is taking place in parallel to the contracts being finalised with the suppliers.

This FBC forms part of an overall Kent Collaborative Business Case with East Kent Hospitals.

Summary of Key Information:

Funding from NHS England/SAcP:

£5.209m over the first 4 years of the 10 year contract.

Cost to Trust:

The business case shows a saving of £3,015 over the 10 years of the assets life. However in year 1 (2015/16) the there is a net increase to the Trust of £354,000. This is caused by a number of factors:

1. DH model business case accounts for depreciation at the start of the finance year it has been spent in, not from the point the solution is live.
2. Optimum Bias and Contingency have been factored into the business case and have therefore been factored into the overall cost.

It is expected that the true impact in year 1 will not be as high as stated within the business case. The Trust is confident any risks have been significantly reduced already due to detailed resource planning and a comprehensive procurement exercise. However due to the constraints of the DH business case model we have a lack of flexibility to show this.

With the first phases of the programme not planned to go-live until September 2015 the Trust will not recognise depreciation until after this point, again reducing this cost. Also as the Trust has planned for this capital expenditure in 2015/16 already depreciation costs have already been factored into the Trusts over all capital planning.

Implementation costs:

These have been capitalised over the life time of the asset. As a result there is a total capital requirement of:

£392k in 2014/15

£1.562m in 2015/16

£243k in 2016/17

Total: £2.197m

These costs have already been factored into the Trust's ICT capital programme.

Business Case finances: these also factor in societal benefits, optimum bias, and contingency based on risk assessment. To secure DH funding, the business case is also required to achieve a VfM (Value for Money) ratio of 2.4 or above. The Trust's FBC achieves a VfM ratio of 2.7.

PURPOSE OF BUSINESS CASE

Summary
To procurement and implement replacement systems for PAS, A&E, OrderCommunications, Clinical Coding and Clinical Documentation (PAS+) and Maternity.

Context
In July 2013 NHS England published "*The NHS Belongs To The People: A Call To Action*", which made it clear that whilst the NHS was on track to deliver £20bn in efficiency savings by March 2015, further savings of an additional £30bn would be needed by the end of 2020/21 meaning that by 2021 the NHS would need to be delivering the level of activity it was in 2011 for almost 50% less money in order to meet rising demand and the increased cost of new technology and medical advances. At the same time as improving efficiency, the scandal at Mid Staffordshire and rising public expectations mean healthcare providers must improve the quality of care provided.

Meeting the twin demands of greater efficiency and improved quality requires a transformational approach to the way services are delivered: a vital enabler of this transformation is better information and communications technology (ICT).

The contribution ICT can make is set out in "*Liberating the NHS: An Information Revolution*" (2010), the national information strategy "*The power of information*" (2012) and "*Digital First*".

The 2013 NHS Mandate sets out the changes the Government expect NHS England to make over the period April 2013 to March 2015. These changes include making better use of technology - three "expectations" relevant to this programme were listed:

- The implementation of electronic records should be promoted
- Clear plans will be in place to enable secure linking of electronic health and care records wherever they are held, so there is as complete a record as possible of the care someone receives
- Clear plans will be in place for electronic records to follow individuals, with their consent, to any part of the NHS or social care system

The Trust was originally part of the Southern Programme for IT (SPfIT), the local governance body for the National Programme for IT. Through this programme the Trust was expecting replacement of their current end of life core systems including PAS, A&E and Maternity. However with the collapse of the SPfIT contract the Trust lost the opportunity to access the new systems.

Current
Over the last 2 years MTW has developed internal strategies to move forward from this position and develop information systems that will support the delivery of business requirements that meet operational and patient needs through providing the correct information when and where needed by clinical staff.

These strategies are built upon the need for certain core systems to be fit for purpose and able to support the wider information systems. The Trust's current PAS, A&E and maternity systems are end of life and will be out of contract within the next 18-24 months. In addition there are opportunities within the core systems to provide additional and new functionality which deliver clinical and operational benefits.

The subsequent development of SACP has allowed the Trust to collaborate and replace their current end of life systems and at the same time provide additional new functionality.

The investment through this FBC will allow the trust to build from the foundation of these systems to deliver a single unified electronic patient record as described in the Trust's INSPIRE Health Informatics Strategy.

Impact of Do Nothing

The Trust will struggle to develop electronic patient record functionality and provide timely access to information and will not meet the requirements set out in the current National Information Strategy. The Trust will have to adopt manual process for obtaining NHS numbers for new babies; resulting in an increase in administrative resource in supporting an additional process.

PROGRAMME SOLUTION	
The preferred and approved option at Outline Business Case stage was Option 4 – Implement a new PAS+ and Maternity Systems purchased through a managed service contract including hardware	
Description	**Overview:** The Trust would procure a replacement for the current PAS and Maternity systems plus the new functionality purchased as a managed service contract including the provision of hardware for local hosting. **Approach:** To undertake an OJEU restrictive procurement process. NHS Commercial Solutions who used the Bravo and Award online tools managed the procurement on behalf of the KCCSP. External legal advice was provided throughout the process by the Trust's solicitors, Brachers LLP. **Achievability:** ❖ Many other trusts have completed both joint procurements of PAS+ solutions and successful replacement of PAS+ and maternity solutions. ❖ 9 other collaborative groups are also currently engaged in the SAcP process for central funding of replacement clinical systems. With 1 group successfully completing procurement and signed contracts with a supplier. **Governance:** ❖ The governance structures are in place with KCCSP Programme Board that have overseen the: ❖ specification of requirements ❖ development and recommendation of the business case ❖ procurement process up to and including the award of contract Subject matter experts from the Trust were provided at each key stage of specification, development and procurement. ❖ The local SAcP Programme Board will oversee the implementation of the new systems. ❖ The Trust has a local project team for implementation. A robust implementation is now in development with the suppliers. Appropriate subject matter experts will lead the implementation phases for all modules and systems.

	Outcome of procurement The procurement process followed the OJEU Restricted Procedure. NHS Commercial Solutions were appointed to manage the procurement on behalf of KCCSP. 1. <u>OJEU Notice Stage</u> • EKHUFT on behalf of KCCSP issued an OJEU advert on 27th November 2013 (ref 2013/S 230-399579) following the Restricted Procedure. The notice was for two lots: ❖ Lot 1: PAS+ (A&E, OrderComms) system ❖ Lot 2: Maternity system • The OJEU closed on 2nd January 2014. • All responses to the notice were assessed against a pre-qualification questionnaire (PQQ) and a total of six potential providers for Lot 1 and five potential provides for Lot 2 were taken through to the next stage. 2. <u>Invitation to Tender (ITT) Stage</u> • The successful bidders were Invited To Tender (ITT) on the 20th February 2014 with a closing date of 14th April 2014. • The ITT assessment included: ❖ Scripted demonstration ❖ Scripted live site visits ❖ Deployment approach presentation ❖ Scoring of the ITT response ❖ The overall weighting was 60% technical and functional 40% cost. ❖ The evaluation model was most economically advantageous tender. • During the ITT stage three bidders withdrew from Lot 1 and three bidders withdrew from Lot 2 (leading three in Lot1 and two in Lot2). • The closing date on the ITT was extended due to: ❖ Request from bidders ❖ Authority decision to select a different finance option for evaluation. 3. <u>ITT Outcome</u> • Teams from both MTW and East Kent evaluated the ITT. The scores were moderated before being considered and agreed by the Procurement Assurance Group. • The Procurement Assurance Group submitted its recommendation to the KCCSP for approval to confirm the preferred bidders as being Oasis Medical Systems for PAS+ and HSS EuroKing for Maternity. • Following on from the KCCSP, the Trust consulted internally, following established governance, the recommendation to ratify the KCCSP approval of the successful bidders. The full financial implications of the Programme with Oasis and Euroking are detailed later in this paper.
Quality impact	❖ Works towards a single unified view of our patients due to integrated solution. ❖ Improvement in the quality of patient data across the Trust aiding the reduction in LOS. ❖ Supports our vision of enabling our clinicians to access patient information from anywhere on any Trust device. ❖ Supports the use of RTT ❖ Increased adoption of electronic order comms resulting in reduced tests. ❖ Reduces the burden of paper.

Workforce impact	New/ backfilled roles to support the project for 18 months from 2014/15 until 2016/17 (included in the capital programme) These roles include: ❖ 1x wte Programme Manager ❖ 3x wte Project Manager ❖ 3x wte Change Manager ❖ 1x wte Data Migration Specialist (8 months) ❖ 2x wte Testers (6 months) ❖ 1x wte Technical Support **Revenue (ongoing):** No additional revenue support. System administration will be managed by the existing Clinical Applications Support team.

Financial impact

The financial implications of this procurement are as follows:

Financial expenditure

Total costs per organisation type £000	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Maidstone and Tunbridge Wells NHS Trust												
- Capital	392	1,590	252	0	0	0	0	0	0	0	0	2,234
- Capital optimism bias uplift *	21	86	14	0	0	0	0	0	0	0	0	121
- Capital contingency **	0	56	59	46	44	46	47	48	49	51	102	547
- Capital total	413	1,731	325	46	44	46	47	48	49	51	102	2,902
- Revenue	0	3,117	1,110	600	553	565	628	591	604	617	630	9,015
- Revenue optimism bias uplift *	0	168	60	32	30	31	34	32	33	33	34	487
- Revenue contingency **	0	156	161	7	2	2	2	2	2	2	105	439
- Revenue total	0	3,442	1,331	639	585	598	663	624	638	652	770	9,941
- Total capital + revenue	413	5,173	1,655	685	628	643	711	673	687	703	872	12,843

Figure 1 –Financial costs

Overall affordability and balance sheet treatment

The scheme requires total funding of Capital and Revenue over 10 years. Central funding for supplier costs is available through NHS England for the period April 2015 to April 2019 with the remaining period funded locally.

The following tables show the affordability and balance sheet treatment for the Trust:

MTW CASH FLOW SUMMARY £000	Yr 0 2014/15	Yr 1 2015/16	Yr 2 2016/17	Yr 3 2017/18	Yr 4 2018/19	Yr 5 2019/20	Yr 6 2020/21	Yr 7 2021/22	Yr 8 2022/23	Yr 9 2023/24	Yr 10 2024/25	Total
CASH OUT												
Capital payments - Maidstone and Tunbridge Wel	392	1,590	252	0	0	0	0	0	0	0	0	2,234
Capital payments - optimism bias uplift *	21	86	14	0	0	0	0	0	0	0	0	121
Capital contingency **	0	56	59	46	44	46	47	48	49	51	102	547
Capital payments - total	**413**	**1,731**	**325**	**46**	**44**	**46**	**47**	**48**	**49**	**51**	**102**	**2,902**
Revenue payments - Maidstone and Tunbridge W	0	3,117	1,110	600	553	565	628	591	604	617	630	9,015
Revenue payments - optimism bias uplift *	0	168	60	32	30	31	34	32	33	33	34	487
Revenue contingency **	0	156	161	7	2	2	2	2	2	2	105	439
Revenue payments - total	**0**	**3,442**	**1,331**	**639**	**585**	**598**	**663**	**624**	**638**	**652**	**770**	**9,941**
VAT	73	921	257	120	111	113	126	118	121	123	126	2,209
Cash releasing benefits realised by MTW	0	-25	-614	-794	-830	-848	-887	-907	-927	-947	-968	-7,747
Total cash out	**487**	**6,069**	**1,299**	**11**	**-91**	**-92**	**-51**	**-116**	**-119**	**-121**	**30**	**7,305**
CASH IN												
Recovered VAT	73	921	257	120	111	113	126	118	121	123	126	2,209
Other SACP funding	0	3,063	1,069	566	511							5,209
Total cash in	**73**	**3,984**	**1,326**	**686**	**622**	**113**	**126**	**118**	**121**	**123**	**126**	**7,418**
NET CASHFLOW												
Net cashflow	**413**	**2,085**	**-27**	**-675**	**-713**	**-205**	**-177**	**-234**	**-239**	**-245**	**-96**	**-113**
Brought forward	**0**	**413**	**2,498**	**2,471**	**1,796**	**1,083**	**878**	**702**	**467**	**228**	**-16**	
Carried forward	**413**	**2,498**	**2,471**	**1,796**	**1,083**	**878**	**702**	**467**	**228**	**-16**	**-113**	
Element of payments in 'cash out' that comprises inflation												
Capital	0	31	12	3	3	4	6	7	8	8	19	100
Revenue	0	60	49	36	44	57	77	84	98	112	146	763

*** This excludes any impact of VAT**

**** Comprises value of NHS retained risk (based on the 'expected' risk scenario) for those risks valued financially plus an increase in costs of 0% for scored risks, and excludes any impact of VAT**

These figures include optimism bias, include contingency, include inflation and include irrecoverable VAT

MTW INCOME & EXPENDITURE SUMMARY £000	Yr 0 2014/15	Yr 1 2015/16	Yr 2 2016/17	Yr 3 2017/18	Yr 4 2018/19	Yr 5 2019/20	Yr 6 2020/21	Yr 7 2021/22	Yr 8 2022/23	Yr 9 2023/24	Yr 10 2024/25	Total
COSTS												
Revenue payments	0	3,442	1,331	639	585	598	663	624	638	652	770	9,941
Non-recoverable VAT on revenue	0	0	0	0	0	0	0	0	0	0	0	0
Depreciation (non-cash flow item)	38	211	247	253	259	266	276	288	304	330	431	2,902
Rate of return (non-cash flow item)	0	0	0	0	0	0	0	0	0	0	0	0
Grand total costs	**38**	**3,653**	**1,577**	**892**	**843**	**864**	**939**	**912**	**942**	**982**	**1,201**	**12,843**
FUNDING												
Cash releasing benefits realised by MTW	0	25	614	794	830	848	887	907	927	947	968	7,747
Other SACP funding	0	3,063	1,069	566	511							5,209
MTW cover for depreciation and rate of return	38	211	247	253	259	266	276	288	304	330	431	2,902
Grand total funding	**38**	**3,299**	**1,929**	**1,613**	**1,600**	**1,115**	**1,163**	**1,195**	**1,231**	**1,277**	**1,399**	**15,858**
NET COST TO MTW REVENUE SOURCES	**0**	**354**	**-352**	**-721**	**-756**	**-251**	**-224**	**-283**	**-289**	**-295**	**-198**	**-3,015**

These figures include optimism bias, include contingency, include inflation and include irrecoverable VAT

MTW IMPACT ON BALANCE SHEET £000	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Balance brought forward	0	376	1,896	1,974	1,768	1,553	1,332	1,103	864	609	330	
Capital payments	413	1,731	325	46	44	46	47	48	49	51	102	2,902
Non-recoverable VAT on capital payments	0	0	0	0	0	0	0	0	0	0	0	0
Depreciation	-38	-211	-247	-253	-259	-266	-276	-288	-304	-330	-431	-2,902
Balance carried forward	376	1,896	1,974	1,768	1,553	1,332	1,103	864	609	330	-0	
These figures include optimism bias, include contingency, include inflation and include irrecoverable VAT												

Figure 2 – Maidstone and Tunbridge Wells NHS Trust Affordability Tables

The above table shows that the Trust will fund the scheme from internal cash releasing benefits beyond the first four years of the programme.

Funding Requirement

Central funding will be confirmed by the DH and NHS England once the Collaborative business case and final gateway review has been completed.

The following table shows the funding by year required from NHS England:

Total costs per organisation type £000	2014/15	2014/15	2014/15	2014/15	2014/15	2014/15	2014/15	2014/15	2014/15	2014/15	2014/15	Total
Maidstone and Tunbridge Wells NHS Trust												
- Capital	0	0	0	0	0	0	0	0	0	0	0	0
- Revenue	0	3,063	1,069	566	511	0	0	0	0	0	0	5,209
- Total capital + revenue	0	3,063	1,069	566	511	0	0	0	0	0	0	5,209

Figure 3 – Summary of NHS England Central Funding Requirement for MTW

<table>
<tr><td>Impact on other Directorates</td><td>All staff who use PAS, A&E, OrderCommunications, Clinical Coding, Clinical Documentation and Maternity will be affected by this change.

A clinically led change programme will be established that will have the responsibility for assessing, developing and agreeing new clinical processes, clinical safety, clinical content and configuration.

Governance arrangements are already in progress.</td></tr>
<tr><td>Indicative Timetable</td><td>
<table>
<tr><th>Stage</th><th>Lot 1 PAS+</th><th>Lot 2 Maternity</th></tr>
<tr><td>Effective date</td><td>January 2015</td><td>January 2015</td></tr>
<tr><td>PID and detailed plan</td><td>April 2015</td><td>April 2015</td></tr>
<tr><td>Installation of hardware</td><td>July 2015</td><td>March 2015</td></tr>
<tr><td>Data migration complete</td><td>March 2016</td><td>July 2015</td></tr>
<tr><td>User Acceptance Testing</td><td>April 2016</td><td>August 2015</td></tr>
<tr><td>Maternity go live</td><td></td><td>September 2015</td></tr>
<tr><td>PAS go live</td><td>May 2016</td><td></td></tr>
<tr><td>A&E</td><td>July 2016</td><td></td></tr>
<tr><td>OCS</td><td>October 2016</td><td></td></tr>
</table>
</td></tr>
<tr><td>Risks</td><td>The key risk and a significant driver for this business case is are:

❖ PAS and Maternity systems are approaching end of line and have had contracts extended beyond the original contract length.
❖ Current solutions do not support the Trust’s INSPIRE Health Informatics strategy to deliver a single and unified integrated electronic patient record to support our clinicians at the point of care.
❖ Existing risks with the use of paper orders and results within the Trust.
❖ Without replacing the current maternity system the Trust will have to adopt manual process for obtaining NHS numbers for new babies. Resulting in an increase of admin time required by staff.</td></tr>
<tr><td>Project Management</td><td>The local SAcP Programme Board will be jointly chaired by Dr Paul Sigston, Medical Director and Angela Gallagher, Chief Operating Officer

❖ Senior Responsible Owner - Donna Jarrett, Director of Health Informatics
❖ Senior Responsible Owner (Clinical) - Dr Wilson Bolsover, Paediatric Consultant
❖ Programme Manager – Jenny Nash
❖ Project Managers – PAS and Maternity (to be identified)</td></tr>
<tr><td>Exclusions</td><td>None known.</td></tr>
</table>

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting - October 2014

10-17	Changes to the Kent and Medway Chemotherapy e-prescribing business case	Chief Operating Officer

Summary / Key points

The Outline Business Case (OBC) for Kent and Medway Chemotherapy e-prescribing was received and approved by the Trust Board in May 2014. The enclosed report provides details of changes between the values at OBC stage with those at the Full Business Case (FBC) stage.

The Finance Committee reviewed the FBC, and approved the request for the FBC to be forwarded to the NHS Trust Development Authority (TDA). The Finance Committee also agreed that the Trust Board should be formally notified of the change in costs at its next meeting.

The FBC was duly submitted to the TDA, on 26th September 2014, and confirmation has been received that the TDA's Senior Leadership Team is currently reviewing the case. Once the TDA has approved the FBC, the contract with the supplier will be signed.

Please note that the Business Case Summary combines the Collaborative FBC values with the local costs to provide a complete Maidstone and Tunbridge Wells' view of the costs and impact. There is a Memorandum of Understanding within the Collaborative confirming this point.

The key points to be drawn to the Board's attention are as follows:

- The Total Collaborative Programme Revenue Cost (revenue plus financial charges from the capital) over the five years is £2,106,457, an increase from OBC of £190k, 9.93%.
- The Annual Revenue consequences for Maidstone and Tunbridge Wells NHS Trust are c £179k (slight variation each year) which is an increased of £54k from the OBC
  - This is due only in small part to the increase in programme costs. The main influencer is the change in using the confirmed contracted activity the proportions.
    - The proportions used for the OBC were as reported in 12/13, with Maidstone and Tunbridge Wells activity being 29% of the total for the four trusts.
    - As part of the programme these have been reviewed and Maidstone and Tunbridge Wells contacted activity for FY 14/15 is 39.27%
  - The contracted activity figures reported by each Trust are being reconfirmed; the EKH return looks lower than would have been expected.
  - The annual charges are to be reviewed each year to reflect any changes in activity ('transfer' of contacted activity from one trust in the collaborative to another)

- The Capital Required
  - For the Collaborative Programme is £1,115,772 (an increase of £80k and 7.73%)
  - For the MTW 'local element' is £90k (no change)
  - Therefore the Total Capital Programme is for £1.21m

The full FBC is available on request (from the Trust Secretary) should Board members wish to see this.

Which Committees have reviewed the information prior to Board submission?

- Finance Committee, 25/09/14

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

Information and assurance

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

BUSINESS CASE SUMMARY

ID ???	**KENT AND MEDWAY CANCER COLLABORATIVE** **CHEMOTHERAPY EPRESCRIBING SOLUTION**
Joint Project Sponsors	**Angela Gallagher, Chief Operating Officer** **Donna Jarrett, Director of Health Informatics**
Directorates	**Cancer Services and Health Informatics**
Clinical Director	**Dr Sharon Beesley** **Clinical Senior responsible Owner and Clinical Champion – Dr Justin Waters**

PURPOSE OF PAPER

The purpose of this paper is to provide the details of the Full Business Case for the specification, procurement and implementation of a single chemotherapy eprescribing solution to support the four trusts across Kent and Medway, highlighting the impact to Maidstone and Tunbridge Wells NHS Trust and the difference to the Outline Business Case that was received and approved by the Trust Board in May 14.

Since approval of the Outline Business case, the solution specification was developed, the procurement undertaken and a preferred supplier was agreed by all four trusts at the Kent and Medway Oncology eprescribing Programme Board in August 2014.

- The preferred and recommended supplier is Varian Ltd with the solution Aria MedOnc which is widely used in the NHS and US as well as other countries.
- The Full Business Case has been developed and is attached.
- The Contract is in draft form and being finalised. The Contract is based on the required Crown Commercials Services contract, so Terms and Conditions are already agreed and local details are being included to reflect the firm offer submitted by the Supplier.

Due to

- the commercial deadlines - the Contract must be awarded by 31 October 2014 and
- the operational deadlines (Solution must be live by 31 March 2105)

the Full Business Case approval process is taking place in parallel to the contract being finalised, ready for award.

Key information:

- **The Total Collaborative Programme Revenue Cost** (revenue plus financial charges from the capital) over the five years **is £2,106,457** an increase from OBC of £190k, 9.93%.
- **The Annual Revenue consequences for Maidstone and Tunbridge Wells NHS Trust** has

increased by £54k.

  - This is due only in small part to the increase in programme costs. The main influencer for the increase is that the Outline Business Case reflected activity proportions provided in 12/13, with Maidstone and Tunbridge Wells activity being 29%.
  - As part of the programme these have been reviewed and Maidstone and Tunbridge Wells activity is (14/15) 39.27% - however the activity reported by all trusts is being reconfirmed (especially EKH return as this does not align with the activity recorded in KOMS the shared Patient clinical and management system)
  - The annual charges are to be reviewed each year to reflect any changes in activity („transfer' of contacted activity from one trust in the collaborative to another)

- **The Capital Required**
  - For the Collaborative Programme is **£1,115,772** (an increase of £80k and 7.73%)
  - For the MTW „local element' is **£90k** (no change)
  - **Therefore the Total Capital Programme is for £1.21m**
- **Payment milestones**: There is a risk that the contract payment will move to Financial Year 15/16. The contract terms are to pay "supply and implementation" charges on full acceptance *and* go-live. With go-live planned for March 15 any slight slippage will move the payment milestones (funded from capital) to 15/16.

PURPOSE OF BUSINESS CASE

To buy and implement a chemotherapy eprescribing solution to support the trusts in the Kent and Medway Cancer collaborative:

- Maidstone and Tunbridge Wells NHS Trust (lead provider)
- East Kent Hospitals University NHS Foundation Trust
- Medway NHS Foundation Trust and
- Dartford and Gravesham NHS Trust.

There are two key drivers for the chemotherapy ePrescribing Programme

1. Enable the highest quality clinical services to cancer patients receiving chemotherapy treatment by
   - providing a single shared eprescribing solution with patient level record of prescribed and administered) chemotherapy.
   - Reducing potential risks associated with largely manual process of retrieving pathology results, recording amendments between prescribing and administering chemotherapy and registering patients (demographics).
   - having integrated and shared care pathway for patients in Kent and Medway with cancer and receiving chemotherapy

2. By March 2015 meet the requirements of the NHS England derogation from the following
   - the 14/15 NHS Standard Contract for Cancer Services (adults) that requires a chemotherapy eprescribing solution
   - Submission of the NHS Cancer Data Set (ISB 533) - that requires an eprescribing solution to record the necessary data for submission.

There is a risk to all Kent and Medway trusts that if a chemotherapy eprescribing solution is not operational by March 2015 that trusts will face significant fines or will loose their contract to provide

Cancer Services.

Impact of Do Nothing:

The Trust Development Authority requested that the loss of income associated with loosing the contract be added to the business case.

The contribution, rather than full income to each Trust was calculated

- The annual contribution to Maidstone and Tunbridge Wells NHS trusts from the Chemotherapy Services Contract is **c £3.58m**
- The annual total for all trusts (including Maidstone and Tunbridge Wells) is **c £9.1m**
- With a full Programme lifetime loss for the fours trusts of **£44.63m**

PROGRAMME SOLUTION	
The preferred and approved option at Outline Business Case stage was Option 3 – Procurement of a commercial available chemotherapy eprescribing solution. This has been achieved and the following provides the confirmed and recommended solution and provides a financial comparison to the Outline Business Case.	
Description	**Approach:** To undertake an open procurement (via an existing Crown Commercial Framework) and to implement a single shared chemotherapy eprescribing solution across the Kent and Medway Cancer Collaborative. **Collaborative:** • Maidstone and Tunbridge Wells NHS Trust, as lead provider for cancer services, will be the awarding authority • Contract to be awarded for 5 years including implantation and operational maintenance and support • Procurement, solution and implementation to be funded via Maidstone and Tunbridge Wells NHS Trust's capital programme (14/15) • The fours trusts to share the revenue consequence (including all financial charges) **Achievability:** • Many other trusts and cancer collaboratives (previously Cancer Networks) have implemented chemotherapy eprescribing solutions and there are viable solutions available to purchase and implement. **Governance** • The governance structures are in place with a Collaborative Oncology eprescribing Programme Board and a Commercial Group (task and finish group) that have overseen the development and recommendation of the business case, the procurement and will oversee the award of contract. • The Collaborative Oncology eprescribing Programme Board and an Implementation Group (task and finish group) and will oversee the implementation.

	• Each trust has a local project team and provided subject matter experts to support the specification, selection phases and will continue to support the implementation phase (included in each trust's addendum to the business case). **Outcome of procurement** An invitation to tender was published in June using the Crown Commercial Services Framework RM721. This resulted in • five suppliers expressing an interest to tender • three tenders being submitted. Following • evaluation of tender responses • evaluation of the "Market Place" where staff were able to meet suppliers and discuss the solutions and any questions raising from the tender responses of general queries • and responses to clarification questions the tender offered by Varian Ltd was evaluated as being the only suitable solution to meet the needs of the Collaborative and all trusts agreed at the Programme Board on 21 Aug 2014 that Varian should be selected a s the preferred and recommended supplier. The full financial implications of the Programme with Varian are detailed below.

Quality impact	• Helps to reduce the potential risk of prescribing errors
	• Provides easier visibility of patents' chemotherapy treatment (supporting shared care)
	• Meets requirements of NHS Standard Contract for Cancer Services
	• Enables the submission of the Cancer Data Set (ISB 1533) and therefore the ability to analyse for example outcomes and variations
	• Meets the recommendations of many and various government and NHS strategies including
	  o NHS Cancer Plan and the New NHS: Providing patient centred service (2004)
	  o Improving Outcomes: A Strategy for Cancer (2011)

Workforce impact	New or backfilled roles to support the project: for 9 months in FY14/15 (included in capital) **Collaborative posts:** Appointed/provided by Maidstone and Tunbridge Wells but revenue costs shared by Trusts. • 0.2 x wte Collaborative Programme Manager • 1x wte Collaborative Project Manager (Band 8a) • 1x wte Collaborative Pharmacy Clinical Engagement and Change Manager (Band 8a) • 1x wte Collaborative Pharmacy Technician Band 6 (6 months) **Local Posts: Maidstone and Tunbridge Wells only posts** To support local implementation and on-going support at Maidstone and Tunbridge

	Wells **Capital:** 1x wte Local Project Manager (Band 8a) - 6 months FY 14/15 **Revenue (ongoing):** 1x wte Pharmacy Technician Band 6 from 15/16 *No additional IT or Computer Sciences support staff have been included.*
Financial impact	**Benefits:** No/low identified cash releasing benefits (max 1 Band 3 role)

1 Summary of total financial impact to Maidstone and Tunbridge Wells NHS Trust

The financial impact to Maidstone and Tunbridge Wells NHS trust is made up of two elements:

i. **Collaborative Cost:** The costs and share from the Collaborative Full Business Case which provides a shared solution to all four trusts „to the door' *plus*
ii. **Addendum Costs:** The local costs that Maidstone and Tunbridge Wells expects to incur to provide devices to access the new solution, staff to support the implementation and on-going management of the system.

Both the collaborative and addendum costs are made up of capital and revenue charges:

- Capital (*Note: Maidstone and Tunbridge Wells as lead provider is meeting the capital costs from its Capital Programme)*
- revenue (including financial charges)

1.1 Outline Business Case Stage:

The summary of financial impact to Maidstone and Tunbridge Wells NHS Trust for the preferred Option 3 at OBC stage was:

	Total Note: all capital cost expected to fall in FY 14/15		Annual Revenue Charges		Total Revenue (including financial Charges)
Option	Apr 14 - Mar 20		From Apr 15		Apr 14 - Mar 20
MTW cover all Collaborative Programme capital costs	1,036,000				
Annual revenue is MTWs share of revenue (29%)			116,000		556,000
MTWs addendum costs	90,000		64,000		340,000
Total	1,126,000		180,000		896,000

Table 1: Impact for Maidstone and Tunbridge Wells at OBC Stage

1.2 Full Business Case Stage:

The summary of financial impact to Maidstone and Tunbridge Wells NHS Trust for the Programme with the preferred and recommended Solution, with revised NHS costs and updated apportionment model.

Option	Total Note: all capital costs expected to fall in FY 14/15 Apr 14 - Mar 20	Annual Revenue Charges From Apr 15	Total Revenue (including financial Charges) Apr 14 - Mar 20
MTW cover all Collaborative Programme capital costs	1,116,000		
Annual revenue is MTWs share of revenue (39.27%)		170,000	827,000
MTWs addendum costs	90,000	64,000	340,000
Total	1,206,000	234,000	1,167,000
Increase from OBC stage	80,000	54,000	271,000
%age increase due largely to updated apportionment model	7.10%	30.00%	30.25%

Table 2: Impact for Maidstone and Tunbridge Wells at FBC Stage

The costs provided above are explained in the following sections.

2 Collaborative Costs:

The Full Business Case for the Collaborative has identified Total Programme costs as:

	Option	Total Note: all capital costs expected to fall in FY 14/15 Apr 14 - Mar 20	Max Annual Revenue Charges (inc Financial charges) Apr 15 - Mar 20	Tota Programme Revenue costs (including Financia Charges Apr 14 - Mar 20
OBC	Programme with Single solution for collaborative with Hardware purchased (capital item)	1,035,740	400,126	1,916,229
FBC	Programme with Recommended Solution following procurement.	1,115,772	432,193	2,106,457
	Value Difference to OBC	80,032	32,067	190,228
	%age Difference	7.73%	8.01%	9.93%

Table 3: Total Collaborative Programme Costs

These show the capital element required for the collaborative (£1,115,722) and the revenue consequences (£432,193) that MTW and other trusts are sharing.

3 Funding:

Maidstone and Tunbridge Wells NHS Trusts' identified Chemotherapy eprescribing as a „must do' programme and has allocated £1.21m for the programme in the 14/15 capital plan (to cover the collaborative element of £1.116m and the local element of £90k)

As lead provider and owner of the asset, Maidstone and Tunbridge Wells NHS Trusts' will cover the Capital expenditure associated with the collaborative programme plus the capital for local resources i.e. £1,206,000 in total.

4 Annual revenue consequences:

- The annual revenue associated with the programme is maximum **£432,193** (because of capital charges and depreciation it varies slightly each year) and commences April 2015. This cost will be apportioned between the four trusts.
- Maidstone and Tunbridge Wells NHS Trust contribution of the collaborative £432,193 will be c **£169,702k** (based on 39.27%of activity share – see below)

5 Apportionment of Annual Charges between the four trusts

The apportionment model recommended and agreed in the Outline Business Case was based on the proportion of each trusts activity and reflected the proportions provided at the 12/13 business case developed by the Cancer Network.

During the programme, trusts were asked to confirm their contracted activity, with a significant shift in the proportion of activity for East Kent Hospitals Trust and Maidstone and Tunbridge Wells Trust.

The change in proportions has had a major impact on the revenue costs for Maidstone and Tunbridge Wells, with an increase of £54k.

The apportionment at OBC was:

Apportionment at OBC	%age based on 12/13 business case. Planned contracted activity (Needs to be confirmed for 14/15)	Indicative Annual revenue
Indicative annual costs Option 3		400,126
East Kent Hospitals University Foundation Trust	36.20%	144,846
Maidstone and Tunbridge Wells NHS Trust	29%	116,036
Medway Foundation Trust	23.30%	93,229
Dartford and Gravesham NHS Trust	11.50%	46,014

Table 4: Apportionment model and values at OBC stage

The apportionment at FBC using the contracted activity figures provided by each trust is:

Apportionment model	%age based on activity as Trust reported 14/15 (FBC)	Annual revenue Apr 15 - Mar 20	Difference to OBC
Annual Costs for recommended Solution (reflecting 14/15 activity proportions)		**432,193**	**32,193**
East Kent Hospitals University Foundation Trust	26.17%	113,097	-31,903
Maidstone and Tunbridge Wells NHS Trust	39.27%	169,702	53,702
Medway Foundation Trust	25.90%	111,950	18,950
Dartford and Gravesham NHS Trust	8.66%	37,444	-8,556

Table 4: Apportionment values at FBC stage and changes from OBC stage

Note that an annual review of the activity will be carried out to ensure that income and activity remain aligned.

6 Local Addendums to the business case:

The collaborative solution provides a „to the door' service to each of the four trusts, with all central and shared software, hardware and support to procure, implement and maintain are included in the business case.

Each trust must fund any local costs to provide access and interfaces to their solutions e.g. local PCs, tablets, wireless connections and any local staff to maintain the solution. These are included in each Trust's Business Case Addendum

6.1 Maidstone and Tunbridge Wells NHS Trust addendum

The indicative local costs are:

- Capital (FY 14/15): c£61k for devices, interfaces and local project manager
- Revenue: Pharmacy Technician and IT support for new devices: c £58k (including financial charges)

7 Contact Value:

The contract is to be awarded to Varian Ltd for the supply of the solution including central architecture (hardware) with Maidstone and Tunbridge Wells providing licences (citrix and Microsoft remote desktop) for devices.

		Supply	Annual Maintenance	Total Contract Charge
	Option	Apr 14 - Mar 20	From Apr 15	Apr 14 - Mar 20
OBC	Single solution for collaborative with Hardware purchased (capital item)	664,440	91,152	1,120,200
FBC	Programme with Recommended Solution following procurement	709,984	104,692	1,295,112
	Value Difference to OBC	45,544	13,540	174,912
	%age Difference	6.85%	14.85%	15.61%

Impact on other Directorates	Requires support from Maidstone and Tunbridge Wells Health Informatics, Medical Physics (KOMS and Computer Sciences). KOMS team will be working with all Trusts to develop interfaces between KOMS and local Trust PAS systems and a single interface between KOMS and eprescribing. This minimises risk to the programme and reduces the cost of interfaces with the

<table>
<tr><td></td><td>recommended supplier (Varian).

The solution includes document interfaces with KOMS and to each Trusts emerging Electronic patient record so that staff in other areas of the hospital e.g. A&E, Urgent Medical Assessment Units (UMAU) Medical Assessment Units (MAU) etc. to be able to view the patient information and chemotherapy treatment.</td></tr>
<tr><td>Timetable</td><td>
<table>
<tr><th>Item</th><th>By Date</th></tr>
<tr><td>Business Case Panel</td><td>14th April 2014</td></tr>
<tr><td>Trust Management Executive</td><td>23rd April 2014</td></tr>
<tr><td>Finance Committee</td><td>22nd May 2014</td></tr>
<tr><td>Trust Board</td><td>For Decision: 28th May 2014</td></tr>
<tr><td>External Approval: Trust Development Authority (TDA)</td><td>OBC and FBC by 10 Oct 14</td></tr>
<tr><td>Develop specification and procurement documentation</td><td>14th April – 30th May 14</td></tr>
<tr><td>Advertise for solution

(Procurement via an existing Crown Commercial Services Framework)

All suppliers agreed to tender ‘at risk’ as Trust Development Authority may not have approved by advert date.</td><td>June 14</td></tr>
<tr><td>Select preferred solution</td><td>31 July 14</td></tr>
<tr><td>Agree contract with preferred supplier</td><td>25 September 2014</td></tr>
<tr><td>Commence implementation

Letter of intent to proceed with planning phase with supplier (agree maximum costs)</td><td>Soft start (pre award of contract) 2 September 14</td></tr>
<tr><td>Approval to award contract (four trusts)</td><td>Through September</td></tr>
<tr><td>Formal sign of contract</td><td>By 31 October 2014</td></tr>
<tr><td>Go-live</td><td>By Mar 15</td></tr>
</table>
</td></tr>
<tr><td>Risks</td><td>The key risk and a significant driver for this business case is that there is a risk that, as a Chemotherapy eprescribing solution is

• a service requirement within the NHS Standard Contract for Cancer Services (adults) and
• required to enable collation and submission of the full Cancer Data set (ISB 1533)

that without achieving a fully operational Chemotherapy eprescribing solution by March 2015 some or all of the trusts in the Kent and Medway Collaborative will

• not be commissioned to provide cancer services beyond March 15 or
• face significant contract penalties for failure to meet national standards and</td></tr>
</table>

	requirements.
Project management	Collaborative Oncology Eprescribing Programme Board jointly chaired by Angela Gallagher and Dr Paul Sigston. • Senior Responsible Owner (MTW Management and SRO for procurement) - Donna Jarrett, Director of Health Informatics • Senior Responsible Owner (Clinical) - Dr Justin Waters, Oncology Consultant • Programme Manager – Stephen Turnbull-Jones • Project Manager (Business case and Procurement) – Jenny Nash • Project Manager (Implementation) - to be identified/appointed • Pharmacy Lead – Benjamin Willis
Exclusions	None known: This Summary sheet covers the collaborative *and* local addendum costs for MTW to give a total " Maidstone and Tunbridge Wells NHS Trust"

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting - October 2014

10-18 Board Assurance Framework 2014/15 Trust Secretary

Summary / Key points

The Board Assurance Framework (BAF) is a document which lists…

- The Trust's agreed objectives;
- The risks to those objectives being achieved;
- The controls in place to manage such risks; and
- The assurances in place that provide evidence as to how such controls are working (or not)

For 2014/15, the format of the Trust's BAF has been revised, following discussion and debate at the Audit and Governance Committee and Trust Board. As the Trust Board has now formally agreed the Trust's objectives (at its September 2014 meeting), the BAF has been populated, via discussion with each relevant Director, and is enclosed, for review.

Board members are invited to critique the content of the BAF, including the RAG ratings of the controls in place, and of the forecast year-end achievement for each objective.

In addition, Board members are asked to consider whether the wording of any of the objectives should be amended, or whether additional objectives should be added, to ensure that the Trust's key priorities for the year are adequately reflected.

Finally, the Board is also asked to approve a proposal to revise the wording of two of the objectives (1.1 and 1.5). The revisions are not material, and correct anomalies in the wording the Board agreed in September. The proposed changes are shown as 'tracked' in the enclosed document.

Which Committees have reviewed the information prior to Board submission?

- Trust Management Executive, 15/10/14

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

1. Review and discussion
2. Consider whether the wording of any of the objectives should be amended, or whether additional objectives should be added, to ensure that the Trust's key priorities for the year are adequately reflected
3. To approve revised wording for objectives 1.1 and 1.5

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

Maidstone and Tunbridge Wells NHS
NHS Trust

Board Assurance Framework (BAF) 2014/15

The purpose of the BAF

The Board Assurance Framework (BAF) is the document through which the Trust Board identifies the principal risks to the Trust meeting its objectives and to ensure adequate controls and measures are in place to manage those risks.

The objectives listed in the BAF are those agreed by the Board. The ultimate aim of the BAF is to help ensure that the objectives agreed by the Board are met.

The management of the BAF

The BAF is managed by the Trust Secretary, on behalf of the Chief Executive and the Executive Team. The Trust Secretary liaises with each Responsible Director to ensure that updates are provided regularly, in relation to risks, controls and assurances.

RAG ratings of controls

A 'R' (red) rating indicates that there are **significant** concerns (in the judgement of the Responsible Director) over the adequacy/effectiveness of the controls in place in proportion to the risks. For example, this could be indicated by an Internal Audit review concluding 'limited assurance'.

An 'A' (amber) rating indicates that there are **some** areas of concern (in the judgement of the Responsible Director) over the adequacy/effectiveness of the controls in place in proportion to the risks.

A 'G' (green) rating indicates that the controls in place are assessed (by the Responsible Director) as adequate/effective and in proportion to the risks. Controls should not be rated 'G' if the year-end forecast is "R", or if there are significant gaps in either controls or assurances.

This rating system is adapted from the HM Treasury guidance "Assurance Frameworks" (Dec 2012).

RAG ratings of forecast year-end achievement

A 'R' (red) rating indicates that the Responsible Director does not expect that the objective will be achieved by year-end.

An 'A' (amber) rating indicates that the Responsible Director has significant doubts as to whether the objective will be achieved by year-end.

A 'G' (green) rating indicates that the Responsible Director expects the objective to be achieved by year-end.

Link with the Risk Register

The BAF differs from the Risk Register in that the latter can be considered a register of all risks that exist within the Trust. The BAF should only contain a sub-set of these risks - those that pose a direct threat to the achievement of the Trust's stated objectives. However, the BAF does contain cross-references to relevant Risk Register entries, in the "Principal risks" column. The risk reference number is listed, along with the risk title and the current risk rating (either "Low", "Mod"(erate) or "High").

Blue = new text. Strikethrough = deleted text

1. Transform service delivery

Maidstone and Tunbridge Wells NHS Trust

Board Assurance Framework 2014/15

No.	Objective *What the Trust aims to deliver (and/or what outcome is intended to be achieved)*	Principal risks *What could prevent this objective being achieved?*	Key controls *What effective controls/systems are in place to manage the identified risks?*	Sources of assurances on key controls *Where can we get evidence regarding the effectiveness of our controls?*	Assurance status *What do the assurances tell us?*	Gaps in control *Are other controls needed?* *Do we need to strengthen existing controls?*	Gaps in assurance *Are we unable to tell whether our controls / systems are effective?*	Responsible Director	Committee responsible for oversight of the objective	RAG rating of controls - baseline (May 14)	RAG rating of controls - Jul 14	RAG rating of controls - Sep 14	RAG rating of controls - Oct 14	RAG rating of controls - Jan 15	RAG rating of controls - Mar 15	Forecast year-end achievement
										Controls should not be rated G if the year-end assessment is R, or if there are marked gaps in control or assurance						
Annual objective theme 1: To transform the way we deliver services so that they meet the needs of patients																
1.1	Meet the nationally-set objective of having a maximum of 40 ~~Reduce the~~ Clostridium difficile cases ~~to less than 40 for the year~~, and sustain or decrease the rate of MRSA bacteraemia	1. Prevalence of patients with complex conditions and high risk factors 2. Prevalence in the community 3. Patients with infection transferred from other Trusts 4. Workload pressures of staff and high occupancy etc. leading to potential breakdown of good practice 5. Prolonged length of stay (over 30 days) 6. Risk of key infection information not being documented in the appropriate place in the healthcare records 7. Multiple ward movements 8. Non-compliance with antimicrobial policy **Relevant Risk Register entries:** 2215 ("Control and prevention of health care associated infections including C.Difficile and multi resistant organisms for 2014/15") - current risk rating = Low	a. Infection Prevention Team (IPT) b. Proactive MRSA screening programme c. Auditing of Infection prevention & control practises d. Monitoring and oversight by the Infection Prevention and Control Committee and Trust Management Executive e. Infection Prevention Link Nurse programme (monthly meetings) f. Induction of new doctors in training g. Proactive use of isolation facilities h. Joint working with Kent Community Healthcare NHS Trust and local CCGs i. Root cause analysis is carried out for all C difficile infections and MRSA bacteraemias j. Overview of C difficile RCAs by C. Diff Panel k. 'Green Card' system (credit card sized card given to all C. difficile patients and carriers) l. Audit of antibiotic usage m. HCAI action plan (and review of progress via Infection Prevention and Control Committee)	1. Monitoring of Clostridium difficile & MRSA bact. rate 2. Agenda, minutes and reports to Infection Prevention and Control Committee and Trust Management Executive (including progress with HCAI action plan) 3. Audits of Infection prevention & control practises 4. Annual Report from DIPC to Trust Board 5. Weekly infection control reports (issued to key clinical and managerial staff) 6. Monthly infection control reports (issued to Consultants) 7. Infection control data is reported on the Trust website **Formal external assessments:** CQC CIH inspection, October 2014 **Included in integrated performance report?** Yes	a. Year to date (to end of September): Clostridium difficile = 19 cases; MRSA bacteraemia = 1 case b. Annual Report from DIPC received at Trust Board in September 2014	None	None	Sara Mumford	Infection Prevention and Control Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	G			G
1.2	Implement the appropriate national guidance regarding the prevention and control of multi-resistant organisms	1. Lack of awareness of multi-resistant organisms 2. Patients with infection transferred from other Trusts 3. Patients with infection transferred from healthcare facilities abroad (or who have received health care abroad in the last 3 months) **Relevant Risk Register entries:** 2215 ("Control and prevention of health care associated infections including C.Difficile and multi resistant organisms for 2014/15") - current risk rating = Low	a. A new policy for 'Control and Management of carbapenemase-producing Enterobacteriaceae (CPE) and carbapenemase-resistant Enterobacteriaceae (CRE)' was ratified at the 'main' Quality & Safety Committee in September 2014 b. Enhanced infection control procedures for relevant patients c. Policy for Control and Management of Multi-Resistant Organisms (Excluding MRSA and CRE) d. HCAI action plan (and review of progress via Infection Prevention and Control Committee) e. CRE screening for high-risk patients f. All CRE isolates are sent to the PHE Reference Laboratory, for analysis	1. Policy for 'Control and Management of carbapenemase-producing Enterobacteriaceae (CPE) and carbapenemase-resistant Enterobacteriaceae (CRE)' 2. Policy for Control and Management of Multi-Resistant Organisms (Excluding MRSA and CRE) 3. Electronic records relating to the 3 imported cases of CRE that the Trust saw in 2013/14 **Formal external assessments:** CQC CIH inspection, October 2014 **Included in integrated performance report?** No	a. A training programme for the new policy for 'Control and Management of carbapenemase-producing Enterobacteriaceae (CPE) and carbapenemase-resistant Enterobacteriaceae (CRE)' is being introduced b. There have been no cases of Trust-acquired CRE c. The 3 imported CRE cases in 2013/14 did not result in cross-infection	The training programme for the new policy for 'Control and Management of carbapenemase-producing Enterobacteriaceae (CPE) and carbapenemase-resistant Enterobacteriaceae (CRE)'will be completed by the end of December 2014	None	Sara Mumford	Infection Prevention and Control Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	A			G
1.3	Enhance the emergency provision for children within the Emergency Department, by ensuring a separate paediatric emergency pathway at both hospital sites, and then introduce a dedicated paediatric emergency department at Tunbridge Wells Hospital	1. Physical refurbishment works required at Tunbridge Wells Hospital 2. Capital costs may limit aspirations 3. There may be physical building constraints **Relevant Risk Register entries:** 2254 ("Paediatric Pathways") - current risk rating = High	a. Emergency Paediatric Pathway Working Group b. A business case has been approved, to enable a separate paediatric pathway at both Maidstone and Tunbridge Wells Hospitals, with support of Paediatric Nurses to triage and care for paediatric patients c. Paediatric patients with medical concerns are fast-tracked to the Riverbank Unit d. Two Consultant Paediatricians are on-call for the Trust out of hours e. Adult nurses assessed as competent to care for children f. Good safeguarding children controls in place	1. Reporting on progress to Trust Management Executive, Quality & Safety Committee and Trust Board 2. Emergency paediatric dashboard 3. Audit of compliance against RCPCH paediatric standards **Formal external assessments:** CQC compliance inspection reports **Included in integrated performance report?** No	a. Recruitment to posts within the business case is underway b. An audit has confirmed the Trust as compliant against RCPCH paediatric standards (Consultant presence in hospital is achieved during peak times of activity but the feasibility of consultant cover till 10pm is being explored)	None	None	Avey Bhatia (supported by Angela Gallagher)	Trust Management Executive and Quality & Safety Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	G			G
1.4	Significantly improve the Trust's response rate for the Friends & Family Test (from 2013/14 levels), whilst maintaining the overall Net Promoter score	1. Lack of prioritisation and focus **Relevant Risk Register entries:** N/A	a. Returns presented and recorded on daily site reports b. Weekly tally of returns feedback to each clinical area	1. Performance reporting to Quality & Safety Committee and Trust Board **Formal external assessments:** No **Included in integrated performance report?** Yes	a. Year to Date (August 2014), the FFT response rate is 45.8% (inpatients); 16.8% (A&E); and 18.5% (Maternity) b. Year to Date (August 2014), the FFT score is 77 (inpatients); 63 (A&E); and 82 (Maternity)	None	a. Need weekly report for each area on responses received against the number of discharges (however, this gap is not regarded as significant enough to affect the RAG rating of the controls)	Avey Bhatia	Quality & Safety Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	G			G

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1. Transform service delivery

Maidstone and Tunbridge Wells NHS Trust

Board Assurance Framework 2014/15

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Annual objective theme 1: To transform the way we deliver services so that they meet the needs of patients																
1.5	Increase the level of ~~routine~~ clinical services that are available seven days a week	1. Limitations within the Consultant contract (i.e. Consultants may not be obliged to undertake weekend working) 2. Recruitment to medical, AHP and nursing vacancies 3. Reluctance to change practice **Relevant Risk Register entries:** 2022 ("Physiotherapy service capacity to provide 7 day service") - current risk rating = Mod; 2206 ("Inability to provide evidence of safe stroke care") - current risk rating = High	a. One of the four clinical strategy workstreams is focusing on 7-day working b. Trust Management Executive review of all business cases and replacement Consultant appointments	1. Internal Audit review ('Consultant Job Plans Follow Up') 2. Agenda, minutes and reports from Trust Management Executive **Formal external assessments:** High Intensity Speciality Led Acute Care (HiSLAC) audit and benchmarks **Included in integrated performance report?** No	a. 7-day working is not yet consistent across specialities	Recruitment is a major concern (as well as the limited control over the Consultant contract)	None	Paul Sigston	Trust Management Executive and Quality & Safety Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	R				A
1.6	Ensure that the Trust delivers the highest quality Transient Ischaemic Attack (TIA) and Stroke service, via the safe implementation of a revised Stroke pathway	1. Resistance to change by Trust Stroke clinicians 2. Recruitment to vacancies **Relevant Risk Register entries:** 2206 ("Inability to provide evidence of safe stroke care") - current risk rating = High	a. A Stroke Improvement Group has been established to address the key issues of time to scan; interval between arrival and admission to a stroke ward and interval between admission and review by a Stroke physician b. Changes have been made regarding the initial assessment in A&E and ring-fencing a stroke bed on both hospital sites c. An action plan to address the key issues has been developed d. Engagement with external stakeholders regarding the future options for Stroke delivery at the Trust e. Advice has been sought from the National Clinical Director for Stroke at NHS England	1. Reports to Quality & Safety Committee and Trust Board regarding current Stroke performance and future options for Stroke 2. Sentinel Stroke National Audit Programme (SSNAP) **Formal external assessments:** Sentinel Stroke National Audit Programme (SSNAP); CQC CIH inspection, October 2014 **Included in integrated performance report?** Yes (current performance)	a. Year to date (August 2014) performance: % TIA with high risk treated <24hrs = 71.9% b. Year to date (June 2014) performance: % spending 90% time on Stroke Ward = 77.3%; % to Stroke Unit <4hrs = 37.3%; % scanned <1hr of arrival = 46.4%; % assessed by Cons <24hrs = 73.7% c. The Regional Clinical Networks have published "Quality Standards" which will be cross-referenced with regards to options for future Stroke provision. d. The Trust is on trajectory to develop an options paper by the end of October	Recruitment is a major concern	None	Paul Sigston (supported by Angela Gallagher)	Trust Management Executive and Quality & Safety Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	R				A
1.7	Ensure that all Specialist Services provided by the Trust operate without derogation (from NHS England) with regards to compliance with national service specifications	1. Delay in implementation of Chemotherapy eprescribing solution (this is required by March 2015 to meet the requirements of the NHS England derogation) **Relevant Risk Register entries:** N/A	a. Project Management approach in place for the implementation of Chemotherapy eprescribing (i.e. collaborative Oncology eprescribing Programme Board (Chaired by the MTW Chief Operating Officer) and a Commercial Group) b. Review and oversight of Chemotherapy eprescribing business case by Finance Committee and Trust Board	1. Agenda, minutes and reports to Finance Committee 2. Agenda, minutes and reports to Trust Board 3. Monthly reports to the Chief Executives within the collaborative (from the Chair of the Oncology eprescribing Programme Board) **Formal external assessments:** NHS England will authorise the eprescribing solution **Included in integrated performance report?** No	a. The Trust Board approved the OBC for Chemotherapy eprescribing in January 2014 b. A FBC for Chemotherapy eprescribing has been submitted to the NHS Trust Development Authority for approval (Sep 2014)	The Trust is unable to control the mechanism by which the TDA will review (and approve) the FBC. However, the Trust is undertaking all the actions it can to ensure such approval is obtained by the end of October, to enable the contract to be signed	None	Angela Gallagher	Trust Management Executive	**N/A - Objectives agreed at Trust Board, 24/09/14**	G				G
1.8	Promote a more customer-focussed approach with the Trust's workforce, through a Trust-wide education programme (and demonstrated by improved findings from patient surveys and the Friends and Family Test)	1. Operational pressures reducing ability for staff to be released to attend training 2. Leadership behaviour not promoting required culture for learning 3. Funding **Relevant Risk Register entries:** N/A	a. Development of 1/2 day customer care programme designed around organisational needs and feedback from patients. Programme to be facilitated by Canterbury Christchurch University and will start in January 2015 b. Implementation of new online induction (from January 2015)	1. Staff / FFT Surveys 2. Patient Surveys 3. Complaints **Formal external assessments:** No **Included in integrated performance report?** Yes (FFT)	a. Year to Date (August 2014), the FFT response rate is 45.8% (inpatients); 16.8% (A&E); and 18.5% (Maternity) b. Year to Date (August 2014), the FFT score is 77 (inpatients); 63 (A&E); and 82 (Maternity)	1. Staff champions are intended to be introduced 2. Development of MTW Cultural Barometer - Board to Ward (as noted at Trust Board in September 2014) 3. A new e-learning bespoke customer care programme will be developed 4. Attendance at Customer Care programme is not mandated for staff	Change programme will take time to deploy and benefits to be realised. Changing culture takes 3-5 years. However development of cultural barometer will help with triangulation and providing board with assurance by area	Paul Bentley	Workforce Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	A				A

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2. Sustainable services

Maidstone and Tunbridge Wells NHS

Board Assurance Framework 2014/15

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Annual objective theme 2: To deliver services that are clinically viable and financially sustainable																
2.1	Ensure compliance with the Care Quality Commission essential standards of quality and safety (and their successor, 'fundamental standards')	1. Failures to adhere to Trust policies and procedures by all staff at all times 2. Ability to recruit and retain staff with the required skills in all areas 3. Failure to learn from incidents and make sustainable improvements across the whole organisation **Relevant Risk Register entries:** N/A	a. Three action plans have been developed following the CQC's previous compliance inspections - 1. Emergency paediatric pathway, 2. Safe Management of Medicines, and 3. Other matters (governance, paediatric staffing and pathway, monitoring and reporting of data by Consultant, Consultant job plans, consistency of post-operative observations, privacy and dignity within the admission lounge, blood sciences staffing and blood tracking system and learning from serious incidents) b. Monitoring and oversight of progress with the action plans, via Quality & Safety Committee and the Trust Management Executive	1. CQC compliance inspections 2. Internal Audit review of Trust's in-house process ("CQC Process Review - MTW131421") 3. Progress reports on action plan implementation **Formal external assessments:** CQC CIH inspection, October 2014 **Included in integrated performance report?** No	a. The CQC's compliance inspection at Tunbridge Wells Hospital in November 2013 found that the Trust was non-compliant with 2 standards ("Management of medicines"; and "Staffing") b. The CQC's compliance inspection at Maidstone Hospital in February 2014 found that the Trust was non-compliant with 3 standards ("Care and welfare of people who use services"; "Staffing"; and "Assessing and monitoring the quality of service provision") c. The Internal Audit review of the Trust's in-house process (MTW131421) concluded 'limited assurance' (though this outcome was anticipated, in light of the acknowledged need to revise the process)	1. The action plans from the previous CQC compliance reports are not yet fully implemented 2. The findings of the CQC inspection to be held in October 2014 are unknown	None	Avey Bhatia	Trust Board / Quality & Safety Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	**A**			**A**
2.2	Promote a safety culture among the Trust's staff, via ensuring that the recommendations of the Patient Safety Think Tank are considered and endorsed by the Board (and then delivered in the Trust)	1. Lack of engagement 2 Embedding blame free culture at all levels within the organisation **Relevant Risk Register entries:** N/A	a Different ways of communicating safety messages i.e. Governance Gazette, Never Event postcards b. Patient safety video being considered c. Sign up to national patient safety campaign d. Holding staff to account but ensuring no blame	1. Terms of Reference of Patient Safety Think Tank **Formal external assessments:** No **Included in integrated performance report?** No	a. Patient Safety Think Tank has started to meet	It is not yet clear what the recommendations from the Patient Safety Think Tank will be	None	Avey Bhatia (supported by Paul Sigston and Paul Bentley)	Quality & Safety Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	**A**			**A**
2.3	Ensure the Trust has a workforce establishment that meets the needs of the organisation (specifically, setting an establishment, and reviewing this in-year; recruiting to that establishment; and reducing vacancies by 15% from 2013/14 levels)	1. Continue review and increase in establishment through 'safe staffing' 2. Recruitment availability of clinical staff 3. Clinical Strategy **Relevant Risk Register entries:** 2240 ("Blood Sciences Severe Staff shortages resulting in unsafe service") - current risk rating = High; 2188 ("Sonographer Recruitment and Retention") - current risk rating = Mod	a. Business Planning 2014/15 b. Triangulation of workforce, finance and activity by Finance and Workforce Committee c. Recruitment Plan 2014/15 d. Chief Nurse bi-annual safe staffing reports to Trust Board	1. Performance reporting on vacancy rate 2. Workforce benchmark reports 3. Reduction in use of temporary staff **Formal external assessments:** No **Included in integrated performance report?** Yes	a. Year to Date (August 2014), the vacancy rate is 8.9%	1. Development of new establishment control process. Development of Trust intelligence function and data warehouse 2. Some benchmarking is undertaken, but this is inconclusive, and further work will be taken to strengthen this	No	Paul Bentley	Workforce Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	**A**			**A**
2.4	Reduce the Trust's dependence on temporary staff, whilst maintaining safe services (specifically, reducing usage of temporary staffing by 15%)	1. Number of open escalation beds 2. Continued increase in establishment caused by safe staffing reviews 3. Increased activity due to unstable local healthcare environment 4. National shortages of professionally qualified staff 5. Increasing public / media expectations of safe staffing **Relevant Risk Register entries:** 2205 ("Need to strengthen the process for managing temporary medical staff") - current risk rating = Mod	a. Temporary booking process b. Implementation of temporary workforce audit action plan (medical bookings) c. Weekly flash reports to execs. d. Recruitment plan 2014/15 e. Recruit to turnover f. Nurse Recruitment and Retention Group g. CIP Programme to reduce Length of Stay	1. Weekly flash reports 2. Trust Monthly Performance Dashboard 3. Workforce Quarterly Report **Formal external assessments:** No **Included in integrated performance report?** Yes	a. Year to Date (August 2014), temporary staff usage is 325 WTE bank and 150 WTE agency	1. Need for greater use of intelligence from Rosterpro for nursing staff. 2. Need to increase scrutiny of requests.	No	Paul Bentley	Workforce Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	**A**			**A**

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										Controls should not be rated G if the year-end assessment is R, or if there are marked gaps in control or assurance						
Annual objective theme 2: To deliver services that are clinically viable and financially sustainable																
2.5	Ensure that Ward and Specialist Nurse staffing levels are within safe levels agreed by the Board, and endorsed through external review, and based on patient volumes and acuity as well as Trust operating protocols and physical environment	1. Ability to recruit suitable staff 2. Additional capacity 3. Temporary staff availability to meet increasing care needs at short notice **Relevant Risk Register entries:** 123 ("Lack of specialist nurses in Breast care") - current risk rating = Mod	a. Staffing review process established (involving meetings with Ward Managers) b. Triangulation applied, using a review of incidents, by ward, on falls, pressure ulcers and medication errors, as well as a Quality, Effectiveness and Safety Trigger Tool (QuESTT)	1. Monthly reports to Trust Board on planned Vs actual staffing 2. 6-monthly review reports to Trust Board on ward nursing establishment 3. Internal Audit reviews ('Compliance with Nursing Rotas') **Formal external assessments:** No **Included in integrated performance report?** No	a. The latest reports to Trust Board (September 2014) shows that overall the Trust is able to meet the nursing care time demands, and has systems in place to allow for a flexible responsive provision of care with the support and use of temporary staffing. b. The latest reports to Trust Board (September 2014) also showed that overall ward establishments are broadly in line with requirements, and meet the currently agreed principles, but 6 wards were recommended for change and further investment (Foster Clark, Ward 21, John Day, Lord North, Mercer, Ward 20), along with the Stroke Unit at Maidstone Hospital	None	None	Avey Bhatia	Quality & Safety Committee	**N/A - Objectives agreed at Trust Board, 24/09/14**	G				G
2.6	Achieve a rating of at least 'Amber-Green' on the indicative 'Governance' rating under Monitor's Risk Assessment Framework	1. Insufficient capacity to meet elective and non-elective demand 2. Failure to achieve the limit for delayed transfers of care 3. Failure to achieve the Trust's targets for Length of Stay **Relevant Risk Register entries:** N/A	a. Capacity Management Group (chaired by the Chief Operating Officer) b. Length of Stay Steering Board c. Trust Wide Patient Tracking List (PTL) Meeting (for elective capacity and demand) d. Systems-wide Resilience Group involving Primary Care, Social Services and Community Care (chaired by the CCG) e. Urgent Care Board (chaired by CCG)	1. Monthly reports on performance (to Trust Management Executive and Trust Board) 2. Agenda, minutes and reports from Length of Stay Steering Board, PTL Group, Systems-wide Resilience Group, and Urgent Care Board **Formal external assessments:** No **Included in integrated performance report?** Yes	a. Year to date (August 2014), the rating is "Amber/Red"	1. There are currently some vacancies in key posts 2. System-wide issues are affecting the Trust's performance	None	Angela Gallagher	Trust Management Executive	**N/A - Objectives agreed at Trust Board, 24/09/14**	A				A
2.7	Deliver the Trust's forecast financial position for 2014/15 of a maximum of a £12.3m deficit	1. Failing to deliver required income levels across all contracts 2. Not receiving full payment for patient activity performed 3. Failure to contain costs within the budgets allocated 4. Failure to deliver the CIP programme in full 5. Impact of increased emergency activity through the winter period **Relevant Risk Register entries:** 2255 ("Failure to deliver financial plan, including recurrent cost improvement programme") - current risk rating = High	a. Cash flow forecast being reviewed on a weekly basis b. CIP Executive performance review on a weekly basis. c. Comprehensive reporting of the financial position to Executive Team, Trust Management Executive, Finance Committee and Trust Board on a monthly basis d. Regular performance meetings with commissioners e. The winter and operational resilience plan	1. Reporting of year to date financial performance 2. Agenda, minutes and reports of Finance Committee 3. Internal audit reviews ('CFA', 'Income Streams', 'Cost Improvement Plans', 'Contract Management') 4. External audit of accounts (Value for Money and Use of Resources conclusion) 5. The winter and operational resilience plan (to be reviewed by the Trust Board in October 2014) **Formal external assessments:** External audit of accounts **Included in integrated performance report?** Yes	a. Year to date (August 2014), the Trust has a deficit of £8m against a planned deficit of £8.3m b. Year to date (August 2014) CIP delivery is £8.3m against a target of £8.2m c. Internal Audit review of "Critical Financial Assurance – Financial Accounting & Non Pay" (MTW131416) concluded 'significant assurance' d. Internal Audit review of "Critical Financial Assurance – Payroll" (MTW131418) concluded 'significant assurance' e. No significant issues were raised by External Audit with regards to the Accounts process	1. The financial impact of additional emergency activity may require further savings to be made	None	Steve Orpin	Finance Committee / Trust Board	**N/A - Objectives agreed at Trust Board, 24/09/14**	A				A
2.8	Achieve an average length of stay (LOS) of 3.3 days for elective patients, and 6.6 for non-elective patients, through pathway improvements and process changes	1. Failure to plan the discharge of patients leaving hospital 2. Timeliness of input from other agencies **Relevant Risk Register entries:** 2016 ("Failure to ensure consistently safe, patient discharges which are promptly communicated to the patient's GP") - current risk rating = Mod; 2099 ("Failure to ensure timely patient discharges resulting in unsatisfactory patient experience and ineffective use of capacity") - current risk rating = Mod; 2207 ("Lack of an effective and efficient non-emergency transport service") - current risk rating = Mod"	a. Length of Stay Steering Board b. Improving Discharge Group c. Discharge policy and procedure d. Monitoring of high level KPIs for quality and timely patient discharges e. New Discharge Team is in place f. Weekly escalation of complex patients to Social Services (via teleconference)	1. Reporting of performance each month to Trust Management Executive and Trust Board 2. Agenda, minutes and reports from the Length of Stay Steering Board and Improving Discharge Group **Formal external assessments:** No **Included in integrated performance report?** Yes	a. Year to date (August 2014), average LOS is 3.1 (elective) and 6.6 (non-elective)	1. There are currently some vacancies in key posts 2. System-wide issues are affecting the Trust's performance	None	Angela Gallagher	Trust Management Executive	**N/A - Objectives agreed at Trust Board, 24/09/14**	A				R

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Maidstone and Tunbridge Wells NHS

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Annual objective theme 2: To deliver services that are clinically viable and financially sustainable																
2.9	Ensure the milestones within the agreed Project Plan (September 2014) for the Kent Pathology Partnership (KPP) are achieved	1. Insufficient resources allocated to KPP (if business case cost estimations prove to be optimistic) 2. Delays due to review by competition authorities **Relevant Risk Register entries:** N/A	a. KPP Project Board established and meeting regularly, informed by the output of specific workstreams b. KPP Project Manager in post c. KPP Managing Director in post d. Legal advice sought with regards to competition-related risks	1. Agenda, minutes and reports to KPP Project Board 2. Update reports on progress with KPP to Trust Board **Formal external assessments:** No **Included in integrated performance report?** No	a. The Trust Boards at MTW and EKHUFT approved the Collaboration Agreement for the KPP in September 2014	None	None	Angela Gallagher	Trust Board	**N/A - Objectives agreed at Trust Board, 24/09/14**	G			G	

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3. Partnership working

Maidstone and Tunbridge Wells NHS Trust

Board Assurance Framework 2014/15

No.	Objective *What the Trust aims to deliver (and/or what outcome is intended to be achieved)*	Principal risks *What could prevent this objective being achieved?*	Key controls *What effective controls/systems are in place to manage the identified risks?*	Sources of assurances on key controls *Where can we get evidence regarding the effectiveness of our controls?*	Assurance status *What do the assurances tell us?*	Gaps in control *Are other controls needed?* *Do we need to strengthen existing controls?*	Gaps in assurance *Are we unable to tell whether our controls / systems are effective?*	Responsible Director	Committee responsible for oversight of the objective	RAG rating of controls - baseline (May 14)	RAG rating of controls - Jul 14	RAG rating of controls - Sep 14	RAG rating of controls - Oct 14	RAG rating of controls - Jan 15	RAG rating of controls - Mar 15	Forecast year-end achievement
										Controls should not be rated G if the year-end assessment is R, or if there are marked gaps in control or assurance						
Annual objective theme 3: To actively work in partnership to develop a joint approach to future local health care provision																
3.1	Develop a 5-year clinical and financial strategy that meets patient needs and delivers a sustainable future for the Trust	1. Failure to deliver financial plan, including recurrent Cost Improvement Programme 2. Lack of engagement and support from clinicians 3. Changes/challenges which may affect the Trust from other surrounding providers 4. Securing support from our local commissioners **Relevant Risk Register entries:** 2255 ("Failure to deliver financial plan, including recurrent cost improvement programme") - current risk rating = High	a. Clinical Strategy Transformation Group (CSTG) established, with clinical representation b. The 4 strategy workstreams (Emergency, Centres of Excellence, 7 Day working, and Integration / Collaboration) have identified clinical leads c. Oversight of progress by the Trust Management Executive and Trust Board d. Internal and external engagement process e. Membership of CCG/GPs in strategy forums/groups f. Planned updates to governing bodies and clinical strategy groups g. Development of an agreed engagement plan/strategy h. CCG members of joint engagement group	1. Strategy update reports to the Trust Management Executive and Trust Board 2. Agenda, minutes and reports to CSTG 3. Engagement log **Formal external assessments:** CQC CIH inspection, October 2014 **Included in integrated performance report?** No	a. The Trust commenced a market based business analysis in June 2014 to support and inform the development of the strategy b. Engagement work has commenced (presentations, setting out the key messages, have been made to Kent HOSC; West Kent CCG clinical strategy and governing body meetings; the Trust's Patient Experience Committee and general staff open sessions) c. A 'Have your say' leaflet has been issued to all staff, and was provided to all attendees of the 2014 AGM	Requires more defined involvement of patients / public in development of strategy	None	Jayne Black	Trust Board	**N/A - Objectives agreed at Trust Board, 24/09/14**	A			G
3.2	Align the Trust's Estates strategy with the 5-year clinical strategy	1. Absence of a final clinical strategy 2. Lack of financial resource to implement the strategy 3. Relevant planning permissions not being granted, or resulting in delay **Relevant Risk Register entries:** 2253 ("Condition of the hospital blocks at Maidstone Hospital") - current rating = Mod; 2032 ("Whole Site infrastructure Maidstone") - current risk rating = Mod; 2247 ("Long term actions required to address condition of clinical estate areas Maidstone Hospital") - current risk rating = Mod	a. The Capital Programme is overseen via the Director of Finance and Finance Committee b. The Estates and Facilities Directorate is able to engage external consultants regarding potential costs c. The Estates and Facilities Directorate has experience in dealing with Planning Authorities, and has developed good working relationships with Planning Officers	1. Internal estates update reports (e.g. to Trust Management Executive in September 2014) 2. Estates and Facilities Annual Report to Trust Board **Formal external assessments:** No **Included in integrated performance report?** No	a. The Trust's existing Estates Strategy was agreed by the Trust Board in 2012, and lasts until 2017 (but will need to be updated)	The Director of Estates and Facilities has not been involved in the development of the clinical strategy to any great extent to date	None	Angela Gallagher	Trust Board	**N/A - Objectives agreed at Trust Board, 24/09/14**	A			A
3.3	Provide strategic direction, with our clinical partners, to ensure our patient's care needs are met whatever their location, minimising, where appropriate, secondary care admission	1. Strategic direction not aligned with commissioners 2. Strategic direction not aligned to local patient needs **Relevant Risk Register entries:** N/A	a. Clinical Strategy Transformation Group (CSTG) established, with clinical representation b. The 4 strategy workstreams (Emergency, Centres of Excellence, 7 Day working, and Integration / Collaboration) have identified clinical leads c. Oversight of progress by the Trust Management Executive and Trust Board d. Internal and external engagement process e. Membership of CCG/GPs in strategy forums/groups f. Planned updates to governing bodies and clinical strategy groups g. Development of an agreed engagement plan/strategy h. CCG members of joint engagement group	1. Strategy update reports to the Trust Management Executive and Trust Board 2. Agenda, minutes and reports to CSTG 3. Engagement log **Formal external assessments:** CQC CIH inspection, October 2014 **Included in integrated performance report?** No	a. The Trust commenced a market based business analysis in June 2014 to support and inform the development of the strategy b. Engagement work has commenced (presentations, setting out the key messages, have been made to Kent HOSC; West Kent CCG clinical strategy and governing body meetings; the Trust's Patient Experience Committee and general staff open sessions)	None	None	Jayne Black	Trust Board	**N/A - Objectives agreed at Trust Board, 24/09/14**	G			G
3.4	Work with our clinical partners (tertiary, primary and specialist commissioning) to ensure Upper GI cancer surgery is provided in the best location for patients, taking into account outcomes and patient experience	1. If the Trust wishes to provide Upper GI Cancer surgery in the future, a new clinical leader will need to be recruited **Relevant Risk Register entries:** N/A	a. The Trust established a Clinical Advisory Group (CAG), which will be used as the basis for future decision-making by NHS England (via an NHS England Upper GI pathway Advisory Group)	1. Update reports to Trust Board and Quality & Safety Committee **Formal external assessments:** No **Included in integrated performance report?** No	a. The Clinical Advisory Group (CAG) established by the Trust had its final meeting on 16th July 2014. b. The NHS England Upper GI pathway Advisory Group has yet to meet c. NHS England, with Trust, to decide on the Trust's ability to deliver the service	None	None	Paul Sigston	Trust Board	**N/A - Objectives agreed at Trust Board, 24/09/14**	G			G

The in-year RAG rating rates the level of assurance that the risk is being managed effectively. It is not a risk rating, but an assessment of the controls, of the assurances that controls are effective.

Maidstone and Tunbridge Wells NHS
NHS Trust

Board Meeting – October 2014

10-19 Oversight Self-Certification, Month 6, 2014/15 Trust Secretary

The enclosed schedule sets out the proposed oversight self-certification submission for month 6, based on performance as at 30th September 2014. This submission must be sent to the NHS Trust Development Authority (TDA) by the end of (31st) October.

Significant changes from the previous submission, agreed at the Board meeting in September 2014, are highlighted. Any new explanatory notes are listed in *italics*.

As Board members are aware, each month the Trust Board is required self-assess against the questions contained in two self-certification documents under the TDA oversight process:
1. Monitor licence conditions; and
2. Board statements

The Trust is not required to provide supporting evidence (as listed in the "Evidence of Trust compliance" columns), and is just required to respond to each statement with "Yes" (i.e. compliant), "No" (i.e. not compliant) or "Risk" (i.e. at risk of non-compliance). If "not compliant" or "at risk of non-compliance" is selected, a commentary on the actions being taken, and a target date for completion (in dd/mm/yyyy format), is required in order for the submission to be made. The proposed self-assessment (and responses where required) for the latest submission are included in the compliance column. The "Evidence of Trust Compliance" document has incorporated amendments agreed at previous Trust Board meetings.

In relation to the Monitor licence conditions, there are some items which, as an aspirant Trust, the Board does not need to consider at the present time. These will however need to be understood and implemented as part of the trajectory to submit a Foundation Trust (FT) application. As with the previous month's self-assessment, and as was agreed at the Board Forum meeting in February 2014, it is proposed that, where appropriate, where the Trust continues to declare non-compliance, and that the date by which the Trust will become compliant should be listed as 31st March 2016.

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

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [1]
The Board is asked to:
- Review the evidence presented to support the self-assessment (and amend if required); and
- Approve the self-assessment for the forthcoming submission to the TDA

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

Oversight Self Certification – Monitor Licence Conditions applicable to aspirant Foundation Trusts

General conditions

Condition	Evidence of Trust compliance	Latest assessment
G4 – Fit and proper persons as Governors and Directors No unfit persons – undischarged bankrupts – imprisoned during last 5 years – disqualified Directors	All Trust Directors are "fit and proper" persons; confirmed through appointment process. From October 2014, subject to parliamentary approval, Directors of NHS providers must meet a 'fit and proper person test'. The Care Quality Commission will be able to insist on the removal of directors that fail this test. The test is being introduced as part of the fundamental standard requirements for all providers. In addition to the usual requirements of good character[2], health, qualifications, skills and experience, the regulation[3] goes further by barring individuals who are prevented from holding the office (for example, under a Directors' disqualification order) and significantly, excluding from office people who: "have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider". This restriction will enable the CQC to decide that a person is not fit to be a Director on the basis of any previous misconduct or incompetence in a previous role for a service provider. This would be the case even if the individual was working in a more junior capacity at that time (or working outside England). It will apply to all directors and "equivalents", which will include Executive Directors of NHS Trusts and Foundation Trusts. It will be the responsibility of the provider and, in the case of NHS bodies, the chair, to ensure that all Directors meet the fitness test and do not meet any of the 'unfit' criteria. The Chair of a provider's board will need to confirm to the CQC that the fitness of all new Directors has been assessed in line with the new regulations; and declare to the CQC in writing that they are satisfied that they are fit and proper individuals for that role. The CQC may also ask the provider to check the fitness of existing Directors and provide the same assurance to them, where concerns about such Director come to the CQC's attention. The Trust will obviously monitor the approval of the Regulations carefully, and respond to the requirements by adapting its processes accordingly.	Compliant
G5 – Having regard to Monitor guidance – guidance exists or is being developed on: ▪ Monitors enforcement ▪ Monitors collection of cost information	Monitor guidance is at varying degrees of progress through the consultation process. Trust response: **As an aspirant Trust, the guidance has not yet been fully reviewed and embedded. However the Trust will receive a summary of Monitor guidance requirements so that it can ensure compliance at a time appropriate to its foundation trust application trajectory.**	Not Compliant Compliant by 31/03/16

[2] Defined according to whether the person has been convicted in the UK of any offence; or whether the person has been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social work professionals.

[3] Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Condition	Evidence of Trust compliance	Latest assessment
▪ Choice and competition ▪ Commissioners rules ▪ Integrated Care ▪ Risk Assessment ▪ Commissioner requested services ▪ Operation of the risk pool		
G7 – Registration with the Care Quality Commission	The Trust has full registration with the CQC. The Trust is registered to deliver the following regulated activities: (i) treatment of disease, disorder and injury; (ii) surgical procedures; (iii) diagnostic screening procedures; (iv) maternity and midwifery services; (v) termination of pregnancy; (vi) family planning. A recent application had been made to the CQC to amend the Trust's registration to reflect the fact that all these activities occur at both of the Trust's hospital sites (at present, (v) and (vi) do not apply to Maidstone Hospital. This application resulted in the CQC undertaking a site visit to Maidstone Hospital on 10th September. Following discussion with the CQC team on the day, it was agreed that the Trust would withdraw its request to register "Termination of Pregnancies" (this was always understood as an anticipated outcome, and does not cause any problems, as this service can still continue to be provided at Tunbridge Wells Hospital). For the "Family Planning" registration, the main CQC assessor will assemble his report alongside his two colleagues and progress with the application. ~~The only step required to facilitate this is for the Trust to provide the assessor with details of the action the Trust has taken in response to the CQC's previous compliance inspection at Maidstone Hospital (this step is in hand).~~ The Trust has provided all information requested by the CQC regarding the application, and a decision is now awaited from the CQC.	Compliant
G8 – Patient eligibility and selection criteria (for services and accepting referrals) ▪ Criteria are transparent ▪ Criteria are published	The Referral and Treatment Criteria (RATC) which apply from 1st April 2014 are published on the West Kent CCG website ("Kent and Medway clinical commissioning groups' (CCGs') [sic] schedule of policy statements for health care interventions, and referral and treatment criteria").	Compliant

Pricing conditions

Condition	Evidence of Trust compliance	Latest assessment
P1 – Recording of Information (about costs) to support the Monitor pricing function by the prompt submission of information	Trust response: **As an aspirant Trust, the requirement has not yet been fully reviewed and embedded. However the Trust will receive a summary of the Monitor pricing condition so that it can ensure compliance at a time appropriate to its foundation trust application trajectory**	Not Compliant *Compliant by 31/03/16*

Condition	Evidence of Trust compliance	Latest assessment
	An action plan is required to ensure readiness to comply with all Monitor Pricing conditions at the required time (the Director of Finance will be responsible for leading on this).	
P2 – **Provision of information** to Monitor about the cost of service provision	Trust response: **As an aspirant Trust, the requirement has not yet been fully reviewed and embedded. However the Trust will receive a summary of the Monitor information condition so that it can ensure compliance at a time appropriate to its foundation trust application trajectory**	Not Compliant Compliant by *31/03/16*
P3 – Assurance report on submissions to Monitor. To ensure that information is of high quality, Monitor may require Trusts to submit an assurance report	Trust response: **As an aspirant Trust, the requirement has not yet been fully reviewed and embedded. However the Trust will receive a summary of the Monitor assurance reporting condition so that it can ensure compliance at a time appropriate to its foundation trust application trajectory**	Not Compliant Compliant by *31/03/16*
P4 – Compliance with the national tariff (or to agree local prices in line with rules contained in the National tariff)	The Trust is compliant with the national tariff and where local tariffs are applied, are subject to negotiation and agreement with the CCG/Commissioners.	Compliant
P5 – Constructive engagement concerning local tariff modifications The aim is to encourage local agreement between commissioners and providers where it is uneconomical to provide a service at national tariff; thereby minimising Monitors need to set a modified tariff.	The Trust is compliant with the national tariff and where local tariffs are applied, are subject to negotiation and agreement with the CCG/Commissioners.	Compliant

Competition conditions

Condition	Evidence of Trust compliance	Latest assessment
C1 – Right of patients to make choices Providers must notify patients when they have a choice of provider, make information about services available, and not offer gifts/inducements for patient referrals. Choice would apply to both nationally determined and locally introduced patient choices of provider.	The Trust complies with the philosophy of patient choice, with regards to choice of provider. The Trust has not taken any actions to inhibit patient choice. The development of private patient services, the development of a birthing centre and the response to the KIMS private hospital are examples where the Trust has increased patient choice.	Compliant
C2 – Competition Oversight Providers cannot enter into agreements which may prevent, restrict or distort	The Trust does not seek to inhibit competition.	Compliant

Condition	Evidence of Trust compliance	Latest assessment
competition (against the interests of healthcare users).		

Integrated care conditions

Condition	Evidence of Trust compliance	Latest assessment
IC1 – Provision of Integrated Care Trusts are prohibited from doing anything that could be regarded as detrimental to enabling integrated care. Actions must be in the best interests of patients.	The Trust seeks to become an integrated care provider and is in discussion with the CCG about integration initiatives. The Trust does nothing to inhibit integration and positively advocates it where integration is in the patient's best interests.	Compliant

Oversight Self Certification – Board Statements

Statement	Evidence of Trust compliance	Latest assessment
For clinical quality, that: 1. the Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients	▪ The Trust's integrated performance dashboard is reviewed monthly and includes the TDA's "routine quality & governance indicators" ▪ A "Clinical Quality & Patient Safety Report" ~~quality~~ report is submitted to the ~~at each~~ Trust Board ~~meeting~~ ▪ The Quality & Safety Committee, and its sub-committees, provides a focus on quality issues arising from Directorates; each meeting is reported to the Board ▪ The Patient Experience Committee provides a patient perspective and input ▪ The Chief Nurse, a Board member, is accountable for quality ▪ There are dedicated complaints and Serious Incidents management functions ▪ Ongoing conduct of Family and Friends Test is reported through the Trust performance dashboard ▪ Patient stories are heard ~~a standing agenda item~~ at Trust Board meetings ▪ SI report summaries are circulated to all Board members ▪ Board member visits to wards and departments enable triangulation of quality and other performance indicators. Pairings of NED and Executive Board members, to further promote such visits, have now been issued. Board members also participate in the conduct of Care Assurance Audits ▪ Systems investment (e.g. Q-Pulse, Symbiotix, Dr Foster) supports effective quality information/data management ▪ Quality Accounts have been developed in liaison with stakeholders ▪ Quality Impact Assessments conducted on all CIP initiatives ▪ Priority of patient care reflected in Trust values & embedded in staff appraisal The independent assessment of the Trust's Quality Governance Framework has largely endorsed the Trust's self-assessment and gave a validated score of 3.5; an action plan has been drafted to achieve further improvements. Further improvements include: - strengthening the processes through which learning is shared and embedded has been recognised, and - developing further benchmarks to support the assurance & target setting process CQC intelligent monitoring assessment updated in July 2014 rated the Trust as "3" (with 6 being the highest/best score).	Compliant

Statement	Evidence of Trust compliance	Latest assessment
For clinical quality, that: 2. the board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements	The Trust has full registration with the CQC. The Trust is registered to deliver the following regulated activities: (i) treatment of disease, disorder and injury; (ii) surgical procedures; (iii) diagnostic screening procedures; (iv) maternity and midwifery services; (v) termination of pregnancy; (vi) family planning. A recent application had been made to the CQC to amend the Trust's registration to reflect the fact that all these activities occur at both of the Trust's hospital sites. This application is being considered by the CQC at present ~~and will involve a site visit to Maidstone Hospital as part of the process (most likely in the autumn of 2014). This is not an inspection, and is to assist the CQC in determining whether the hospital had the necessary facilities to undertake the requested regulated activities~~. A CQC inspection of Tunbridge Wells Hospital reported in January 2014 concluded 'moderate concerns' about the Management of Medicines and Staffing outcomes. Actions are underway to address the areas of concern identified by the inspection, and the latest position was reported to the Trust Management Executive on 17th September. A Care Quality Commission inspection of Maidstone Hospital was undertaken in February 2014. Actions are underway to address the areas of concern identified by the inspection, and the latest position was reported to the Trust Management Executive on 17th September. The outcome of the inspection by the CQC's Chief Inspector of Hospitals in October 2014 is awaited.	Compliant
For clinical quality, that: 3. the board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	The Medical Director is the responsible officer for medical practitioner revalidation. The Trust Board in May 2014 received the 2013/14 Annual Report from the Responsible Officer, and approved a 'statement of compliance' confirming that the Trust, as a designated body, was in compliance with the regulations governing appraisal and revalidation.	Compliant
For finance, that: 4. the board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time	Trust response: The Trust reported a deficit for 2013/14 and the financial situation is under ongoing review with the TDA. However, the Trust continues to operate as a going concern.	Compliant
For governance, that 5. the board will ensure that the trust remains at	The NTDA accountability framework aims to ensure that Trusts have a real focus on the quality of care provided. Under this framework, quality focus is achieved	Compliant

Statement	Evidence of Trust compliance	Latest assessment
all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times	through: (i) Planning – the Trust conducts an annual process of service and budget planning and the Board reviews and agrees the IBP (ii) Oversight – the Trust participates fully in the oversight model (self- certification, review meetings) (iii) Escalation – The Trust welcomes support from the TDA and will cooperate fully with escalation decisions. The Trust, has fully engaged with a risk summit of performance issues (c.diff, surgical trainees, A&E) (iv) Development – the Trust will embrace the development model as appropriate. The Trust has committed to development programmes for (i) Board members; (ii) Executive team, (iii) Clinical Directors and (iv) General Managers/Matrons. (v) Approvals – the Trust is fully engaged in the FT application process and is awaiting dialogue with the TDA on the timetable towards authorisation. Trust values and priorities mirror the TDA's underpinning principles: ▪ local accountability – e.g. liaison with CCGs, Patient Experience Committee, patient satisfaction monitoring, whistleblowing & complaints management ▪ openness and transparency – e.g. embedded in Trust value on respect; duty of candour in Board Code of Conduct; open approach to Public Board meetings (which ~~have~~ now ~~been agreed to~~ take place each month) and both external &, internal communications channels; a growing membership ▪ making better care easy to achieve – the Trust's stated priority, above all things, is the provision of high quality & safe care to patients (Patient First). ▪ (d) an integrated approach to business – the Trust has adopted an integrated governance approach including an integrated performance dashboard.	
For governance, that: 6. all current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.	See 5 above. In addition: ▪ The Trust monitors performance each month in accordance with the TDA Quality and Governance indicators. A Board Assurance Framework and Board level risk register, supported by an overall Risk management Policy, are established and scrutinised by accountable Executive Directors, and reported ▪ Risks are assigned to Committees for ongoing scrutiny and assurance. Mitigating actions have agreed dates for delivery. ▪ An annual Internal Audit plan is agreed and focuses on areas of key risk. ▪ A professional Trust Secretary is employed. ▪ A dedicated Risk Manager is employed. ▪ The Trust fully participates in the TDA Oversight process. ▪ The independent assessment of the BGAF & QGF was conducted in July 2013	Compliant

Statement	Evidence of Trust compliance	Latest assessment
	and the positive results reported to the Trust Board in September 2013; a follow up review conducted in December 2103 re-affirmed the assessment.	
For governance, that: 7. the board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance	See 6 above. In addition: All risks are RAG rated according to severity and likelihood; mitigating actions are monitored and reported. Key risks to the Trust's agreed objectives are reported via the Board Assurance Framework. The Trust Management Executive (EDs and CDs) is the designated risk management committee of the Trust and reports to the Trust Board.	Compliant
For governance, that: 8. the necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	~~The Board annual plan forward programme confirms the process to:~~ ~~(i) reaffirm the Trust strategic priorities~~ ~~(ii) set the corporate objectives for the year~~ ~~(iii) agree the budget for the year~~ ~~(iv) agree the Board level assurance and risk issues~~ ~~(v) review the integrated performance dashboard each month~~ The Board and its sub-committees are informed of the progress with the development of the Trust's annual plans, including specific aspects as required (financial, winter pressures, infection control, health and safety etc.). Key risks to the Trust's agreed objectives are reported via the Board Assurance Framework. The Audit and Governance Committee, like all Board committees, provides a report to the Board following each meeting which is presented by the Committee Chair (a NED). The Board is fully engaged to the development of the IBP and the Clinical Strategy that underpins it.	Compliant
For governance, that: 9. an Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	The Annual Governance Statement 2013/14 was agreed by the Trust Board in May 2014.	Compliant
For governance, that: 10. the Board is satisfied that plans in place are	Quality and governance indicators are monitored by the Board each month through the integrated performance dashboard. The Board is committed to achieving all	Compliant

Statement	Evidence of Trust compliance	Latest assessment
sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward	targets and has set the vision of being in the best 20% of acute trusts nationally. The Trust is currently performing against the requirements of the NTDA oversight model.	
For governance, that: 11. the trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit	The Trust has achieved IG toolkit level 2 for 2013/14	Compliant
For governance, that: 12. the board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.	A Trust Board Code of Conduct is in place which confirms the requirement to comply with the Nolan principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership. A register of interests is maintained and Board members are invited to declare any interests at the beginning of each Board meeting, and each Board sub-committee. A new Non-Executive Director commenced in September 2014, which means that all formal Board positions are now filled substantively.	Compliant
For governance, that: 13. the board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	▪ The composition and operation of the Board has been debated in Board development activity and a paper produced to enable the further review of Board composition when vacancies occur. ▪ A launch session for the Board development programme for 2014 took place in December 2013, facilitated by Hay Group; this will synchronise with separate Executive Director, Clinical Director, General Manager/Matron development programmes. ▪ The Remuneration Committee reviews the performance of Executive Directors. ▪ The TDA has conducted a review of the Trust Board. ▪ The Trust continues to adhere to the Oversight process.	Compliant
For governance, that: 14. the board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan	▪ All Executive Director (and Clinical Director) positions are filled. ▪ A new position of Director of Strategy & Transformation has been created. ▪ The objectives of Executive Directors cascade from the Trust's corporate objectives which are agreed by the Trust Board. The Trust Board agreed the Trust's objectives for 2014/15 in September 2014, and agreed that these objectives should also apply for the 2015/16 year (subject to minor amendments regarding specific targets)	Compliant