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 23RD JULY 2014

EDUCATION CENTRE, LEVEL -2, TUNBRIDGE WELLS HOSPITAL

A G E N D A – PART 1

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7-1	To receive apologies for absence	Chairman	Verbal	-
7-2	To declare interests relevant to agenda items	Chairman	Verbal	-
7-3	Minutes of the Part 1 meeting of 28th May 2014	Chairman	1	2-11
7-4	To note progress with previous actions	Chairman	2	12-14
7-5	Chairman's report	Chairman	Verbal	-
7-6	Chief Executive's report	Chief Executive	3	15-16
	Quality			
7-7	Clinical Quality and Patient Safety Report (to month 3, 2014/15)	Chief Nurse / Medical Director	4	17-20
7-8	A patient's experiences of the Trust's services	Chief Nurse	5	21-23
7-9	Report of the Quality & Safety Committee, 18/06/14 & 09/07/14	Committee Chair (Non-Executive Director)	6	24-25
7-10	Report of the Patient Experience Committee, 05/06/14	Committee Chair (Non-Executive Director)	7	26-27
7-11	Reports on planned and actual ward staffing for May and June 2014	Chief Nurse	8 & 9	28-40
7-12	Board members' ward visits	Trust Secretary	10	41-42
	Finance, performance, activity and workforce			
7-13	Financial update (month 3)	Director of Finance	11	43-56
7-14	Report of the Finance Committee, 23/06/14 and 21/07/14 (incl. revised Terms of Reference)	Committee Chair (Non-Executive Director)	12	57-65
7-15	Performance and activity update (month 3)	Chief Operating Officer	Refer to 11	-
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7-17	Workforce update (month 3)	Director of Workforce and Communications	Refer to 11	-
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7-20	Update on the Kent Pathology Partnership	Chief Operating Officer	16	77
	Assurance and policy			
7-21	To receive the Annual Audit Letter for 2013/14	Director of Finance	17	78-93
7-22	Approval of the Trust's objectives for 2014/15	Trust Secretary	18	94-96
7-23	Health & Safety Annual Report for 2013/14 (and agreement of the 2014/15 programme)	Chief Operating Officer	19	97-115
7-24	Report of the Charitable Funds Committee, 21/07/14	Committee Chair (Non-Executive Director)	Verbal	-
7-25	**To consider any other business**			
7-26	**To receive any questions from members of the public**			
7-27	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 meeting: 24th September 2014, 10.30am, Education Centre, Tunbridge Wells Hospital			

Anthony Jones,
Chairman

Maidstone and Tunbridge Wells NHS
NHS Trust

MINUTES OF THE MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST BOARD MEETING (PART 1) HELD ON WEDNESDAY 28TH MAY 2014, 10.30 A.M. AT MAIDSTONE HOSPITAL

DRAFT, FOR APPROVAL

Present:	Kevin Tallett	Non-Executive Director (Chair)	(KT)
	Glenn Douglas	Chief Executive	(GD)
	Sylvia Denton	Non-Executive Director	(SD)
	Sarah Dunnett	Non-Executive Director	(SDu)
	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)
	Stephen Smith	Associate Non-Executive Director	(SS)
	Amanda Allen	Therapy Manager (for item 5-8)	(AA)
	Sarah Hayden	HR Business Partner	(SH)
	Darren Yates	Head of Communications	(DY)
	Suzanne Cliffe	Head of Delivery and Development, NHS Trust Development Authority (TDA)	(SC)
	Jim Lusby	Portfolio Director, TDA	(JL)
	Angela Cole	Chief Reporter, Kent Messenger	(AC)
	Anthony Hayward	Vice-Chairman, Tonbridge and Malling Seniors (TAMS) Forum	(AH)

5-1 TO RECEIVE APOLOGIES FOR ABSENCE

Apologies were received from Anthony Jones (AJ), Chairman of the Trust Board. KT welcomed SC and JL to the meeting, and noted that they would be observing.

5-2 TO DECLARE ANY INTERESTS RELEVANT TO AGENDA ITEMS

There were no declarations of interest.

5-3 TO AGREE THE MINUTES OF THE PART 1 MEETING OF 26TH MARCH 2014

The minutes were accepted as an accurate record of the meeting subject to the amendments below:

- Item 3-24. Include an action in relation to the further discussion of the need for a RACI matrix i.e. add: "Action: Arrange for the Audit and Governance Committee to further discuss the need for a Responsibility Assignment ('RACI') matrix (Trust Secretary, March 2014 onwards)"
  Action: Amend the minutes of the meeting of 26th March 2014 (Trust Secretary, May 2014)

5-4 TO NOTE PROGRESS WITH THE ACTIONS AGREED AT PREVIOUS MEETINGS

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

- 1-4 (Visit to Maggies' Cancer Centre). PS reported that the visit was being arranged by the Cancer Directorate, and agreed to continue to pursue the closure of the action with the Directorate. AB added that she understood that representatives of the Directorate had visited Maggies' Centre. KT appealed for the action to be closed at the next formal Board meeting.

- 1-19 (Scheduling of 'away days'). KR reported that the next 'away day' would be scheduled for the autumn, but a joint Trust Board / Trust Management Executive session was scheduled for 18th June, and details would be issued shortly.
- 1-19 (Inviting West Kent CCG to an 'away day'). JB and GD stated that discussions had been held with West Kent Clinical Commissioning Group (CCG), and it was likely that the CCG would be invited to attend a future Board Forum. ST requested that the event be structured. GD added that he would suggest that there be joint presentations between GPs and Clinical Directors, as they had been paired together as part of the Trust's Leadership development work, undertaken by Hay LLP.
- 3-18 (Midwife to birth ratio). AB stated that the information would be included in next month's performance dashboard.
- 3-28 (financial information submitted to the Board). ST reported that additional narrative has been included in the finance report, and the information to be received at the June Finance Committee should inform a decision regarding the information to be provided to the Board. ST commended the quality of the information presented to the May Finance Committee.

5-5 TO RECEIVE A REPORT FROM THE CHAIRMAN

KT reported that the main issues that concerned him at present were the Upper Gastrointestinal (GI) surgery issue, and the quality of the Trust's Stroke service, and noted these would be discussed during today's Board meetings.

5-6 TO RECEIVE A REPORT FROM THE CHIEF EXECUTIVE

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

- Since the last Trust Board meeting, the Trust has released the report of the Royal College of Surgeons (RCS) Invited Review of Upper GI Cancer Surgery, with minimal redactions, and the report was now available on the Trust's website
- The increase in non-elective activity was continuing, particularly in A&E attendances and ambulance conveyances, which have risen by 12%. The number of referrals to the Trust had also increased.
- The Care Quality Commission's (CQC) report of their inspection at Maidstone Hospital had now been published. GD emphasised that there were no Improvement Notices arising from the report, but it had raised some issues that would need to be addressed, including the provision of the Trust's emergency paediatrics service. GD added that a business case was likely to be developed to address the concerns.

ST referred to the comments in the CQC's report regarding paediatric care in A&E, and asked GD whether he believed that the service was safe. GD replied that the service was safe, and adhered to the relevant national guidance. KT proposed that the emergency paediatrics service be the subject of a future Quality & Safety Committee 'deep dive' meeting. SD agreed with the proposal.

Action: Arrange for the Trust's emergency paediatrics service to be subject of a future Quality & Safety Committee 'deep dive' meeting (Chief Nurse / Medical Director / Trust Secretary, May 2014 onwards)

KT asked whether the Trust was working with the CCG to address the increasing number of patients attending A&E. AG confirmed this was the case, and added that the system-wide Urgent Care Board had a workplan that aimed to respond to the increasing number of A&E attendances.

ST asked when the Trust Board would see the response to the CQC's recommendations. AB replied that the action plan had been submitted to the CQC by 22/05/14 (the required deadline), but proposed that the action plan be considered at the Board Forum meeting in June 2014. This was agreed.

Action: Arrange for the June 2014 Board Forum to consider the actions being taken in response to the concerns raised by the Care Quality Commission following their inspection at Maidstone Hospital (Chief Nurse / Medical Director / Trust Secretary, June 2014)

KT asked what the timescales were for delivering the actions in the plan. AB replied that given that the Trust's assessment was that the paediatrics service was safe, the actions were not required to be delivered immediately, but the aforementioned business case was sch
eduled to be produced by September 2014.

QUALITY

5-7 TO RECEIVE A REPORT OF THE QUALITY & SAFETY COMMITTEE MEETINGS OF 25/04/14 & 07/05/14 (INCL. APPROVAL OF REVISED TERMS OF REFERENCE)

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

- The Committee had now started to meet each month, with a 'deep dive' meeting held every other month. The minutes of the 'deep dive' meeting were received at the 'main' meeting
- The first deep dive meeting, on 25/04/14, focused on the implications of the Upper GI issue on other services
- The next 'deep dive', in June, would focus on Stroke care, as well as on the remaining issues regarding the Upper GI service

SD then pointed out that revised Terms of Reference had been agreed, and had been submitted to the Trust Board, for approval.

PB referred to section 9 of the Terms of Reference, and queried whether the Audit and Governance Committee was the correct forum to monitor the performance of the Quality & Safety Committee. KT stated that he felt this was the correct forum, but proposed that the wording of the paragraph should be revised. This was agreed.

SM pointed out that bullet point 13 in section 6 should read "To oversee action in response to specific adverse circumstances (e.g. outbreaks of infection)". This was agreed.

The Terms of Reference were approved subject to these two amendments.

Action: Amend the Terms of Reference for the Quality & Safety Committee to reflect the changes made by the Trust Board (Trust Secretary, May 2014 onwards)

GD stated that he welcomed the move to the 'deep dive' meeting, but noted that continued efforts need to be made to enable detailed discussion of all issues, and therefore the change should represent a first step rather than the final step. AB agreed, and accepted that the 'main' Quality & Safety Committee needed to be revised. SD proposed that a report revising the approach to be taken by the Quality & Safety Committee be submitted to the July Trust Board. This was agreed.

Action: Submit a report to the July 2014 Trust Board outlining a revised approach to the operation and functioning of the 'main' Quality & Safety Committee (Chair of Quality & Safety Committee, July 2014)

5-8 TO RECEIVE DETAILS OF A PATIENT'S EXPERIENCES OF THE TRUST'S SERVICES

KT welcomed AA to the meeting, and invited her to relay the experiences of her husband to the Trust Board. AA duly reported the following points:

- AA's husband was an inpatient at Tunbridge Wells Hospital for 4½ weeks
- He had a complex medical history, low blood pressure and his mobility was very poor
- He arrived at Tunbridge Wells Hospital (into Resuscitation) at circa 10pm, and was then admitted to the Medical Assessment Unit (MAU)
- His experiences in MAU were very positive, despite his confusion. He was then admitted to Ward 21
- He had a bone MRI scan, and there was a query as to whether he had a bone infection
- Physiotherapy, Occupational Therapy and Social Services were involved, and AA started to plan for her husband's discharge home
- Equipment, including a hospital bed, was delivered to AA's home, and the Social Services Enablement Team, plus the Therapy Assisted Discharge Service (TADs) were involved

- Whilst in hospital, the patient needed to be referred on from the Physicians, to the Pain Team and the Vascular team. The Tissue Viability Team were also involved, and they were very supportive
- The patient was also under the care of a Burns Consultant at Queen Victoria Hospital, and during the stay at Tunbridge Wells Hospital, he was able to attend for an Outpatient appointment at Queen Victoria Hospital

AA continued as follows:
- The compassion and support from Nursing and Medical staff was very good. The patient was not rushed when speaking with staff, and could always ask whatever questions he wanted
- The Ward Host on Ward 21 was very good
- Some of the nursing staff were exceptional, others were 'good'
- The response to the call bell on the Ward varied, and was dependent on whether nurses were in the vicinity of the patient's room. The patient was unable to determine whether someone was in the process of responding, or whether the call bell had not been heard, or whether it was being ignored
- With regards to catering, the patients' appetite was not good, but he did enjoy the soups. Caterers were also able to provide some particular foods that the patient liked
- Privacy and dignity was excellent
- Social Services were very supportive, as were the Occupational Therapists
- The equipment, including the aforementioned bed, was delivered to AA's house, but there was an issue regarding whether the bed was able to be placed upstairs. This was in fact possible, but the staff in the Community Bed Store were unaware of this possibility, and were adamant that it could only be placed downstairs.

AA also noted that her husband felt that the following were areas for improvement:
- Access to a doctor out of hours (access was poor)
- There was a delay in making a decision as to whether the patient had a bone infection
- There was also a delay in the Pain team reviewing the patient's medication
- There were delays in waiting for discharge medication

AA summarised that on the whole, her husband's experience was very positive, but there were a few areas for improvement. KT thanked AA for giving her story, and invited questions or comments.

PB asked AA to comment on her expectations regarding a planned date of discharge. AA replied that she was hopeful that her husband was able to be transferred to Queen Victoria Hospital, but this was not possible. AA added that despite this, the planned date of discharge process went well.

AB noted the concerns regarding call bell response times, and remarked that it was not always possible for a nurse to say that they had heard the bell, and were on their way in response, because of the way the Wards were configured. KT suggested that it would be beneficial for Ward staff to continually ask for feedback from patients regarding issues such as call bell response times, and the quality of food. AB acknowledged the suggestion.

KT asked how the Trust monitored food quality. AB replied that quality was monitored via several means, including food tasting, audit and the formal PLACE assessment, as well as being included in the annual national NHS inpatient survey.

KT asked PS to comment on the reported delays in diagnosis and pain control. PS acknowledged that the delays AA described were sub-optimal, but stated that he would need to discuss the issues further with the Pain Team, and with AB.

SD commented that it would be beneficial to set a standard by which referrals to other clinical teams should be made. PS agreed in principle, but emphasised that for some referrals, such as to the Vascular team, the service was only provided by a visiting Consultant, and this may therefore prevent a prompt referral. PS did however acknowledge that this fact should be made known to patients.

SM highlighted that the Trust Management Executive had now approved a business case to appoint two Discharge Pharmacists, which should improve the discharge process.

5-9 TO RECEIVE THE DRAFT QUALITY ACCOUNTS FOR 2013/14

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

- The circulated report was a working draft, but the Trust was required to publish the final version by the end of June
- The external audit opinion was due shortly, and the comments from external stakeholders had been invited but not yet received

ST noted that the Trust was undertaking a review of its provision of services, and this was not reflected. ST also added that where there was a "cross", to indicate that an objective had not been achieved, there should be a sentence of explanation, stating what action the Trust was taking. AB agreed to amend the Quality Accounts to reflect the comments made by the Trust Board.

Action: Amend the Quality Accounts to reflect the comments made by the Trust Board (Chief Nurse, June 2014)

KT remarked that the document was unwieldy in its format, but noted that this was prescribed. KT also commented that the tone of the document did not always provide appropriate local context, and just referred to a series of major national issues, such as the 'Francis' inquiry etc. KT also stated that the Trust should aim to produce its Quality Accounts with the same timescale as that for the annual financial accounts. AB acknowledged the ambition.

JB remarked that it was important for the priorities in the document to feature within the Trust's future strategy. AB acknowledged the point.

SD emphasised that the cancer waiting times achievement was a significant achievement that should be recognised.

5-10 TO RECEIVE THE CLINICAL QUALITY AND PATIENT SAFETY REPORT (TO MONTH 1, 2014/15)

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

- A 'Mortality Review Committee' had been established, which would be chaired by PS, and would start to meet soon. The Committee would report to the Quality & Safety Committee.
- An 'End of Life Steering Group' had been established, which would be chaired by AB, to enable issues regarding end of life care to be addressed
- April saw the lowest number of falls that AB could recall, and for the first time, Tunbridge Wells Hospital had a lower rate of falls than Maidstone Hospital
- Two patients experienced falls in April that resulted in harm, a lower number than previous months
- An increase in response rate for the Friends and Family Test had now started to emerge, and the Trust's rate was now more in accordance with the national benchmark.

SDu referred to the year to date mortality (SHMI) rate of 100.3, and asked whether, in some areas, the Trust's rate was above expected levels. PS replied that there were some such areas, which were generally related to Oncology, but added that there were no significant outliers at present. SDu suggested that the key issues regarding mortality should be reported. PS acknowledged the point, and stated that the aforementioned Mortality Review Committee would review all deaths, as well as monitoring mortality along the lines suggested by SDu.

SDu then referred to Stroke care, and queried why the target for patients having a CT scan was only 43%. AB stated that the 43% figure was actually the national average, not a target. PS added that he had contacted Professor Rudd, the National Clinical Director for Stroke, and it was likely that Professor Rudd would be invited to attend a meeting of the Trust Board, and possibly also the forthcoming Quality & Safety Committee 'deep dive' on Stroke care. KT proposed that the Quality & Safety Committee 'deep dive' meeting be internally focused, and that therefore Professor Rudd be invited solely to the Trust Board. This was agreed.

KT referred to the comment in the report that “The Trust does not have end of life care as part of mandatory training for any staff”, and encouraged AB to proceed with her intended review of such training with pace. AB acknowledged the point.

SD asked how the work of the End of Life Steering Group would be broadcast to the rest of the Trust. AB replied that the Group had only just been established, but stated that the Group would oversee an implementation plan, to address the operational issues being faced by staff.

KR asked whether the aforementioned Mortality Review Committee and End of Life Steering Group should be reflected as formal sub-committees of the Quality & Safety Committee, within its Terms of Reference. It was agreed that both of these committees should be Executive Committees, and not be regarded as formal sub-committees of the Quality & Safety Committee.

PS highlighted that the patient feedback regarding end of life care at the Trust was actually very positive, despite the findings of the National Care of the Dying Audit. The point was acknowledged.

5-11 TO RECEIVE THE FINDINGS OF THE NATIONAL INPATIENT SURVEY 2013

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

- The survey was very positive, and the Trust performed with the best in the country in terms of the areas on which the Trust had made significant improvements
- There was however further work required, and the Trust should not be complacent. To this end, the focus was on a small number of priority areas for action

KT asked for details of the sample size for the survey. AB clarified that 353 patients replied.

5-12 TO RECEIVE A REPORT ON PLANNED AND ACTUAL WARD STAFFING FOR APRIL 2014

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

- The report complemented previous reports on staffing that had been received at the Board
- “Planned” had been interpreted as being the budgeted establishment for the area
- The detail was required to be published on the ‘UNIFY’ system, on NHS choices and the Trust's website
- The data was presented in shifts and in hours
- When published, the data will be ‘RAG’ rated, dependent on the percentage cover/fill rate, though the thresholds for each rating were not yet finalised.

ST asked whether the temporary staffing data included bank staff. AB confirmed this was the case. ST stated that he therefore felt that the 26% figure was misleading, and queried whether it was possible to identify the level of agency staff, rather than bank. PB pointed out that it was possible to do this, but noted that circa 60% of the Trust’s bank staff were permanent employees. ST acknowledged the point, but proposed that the requested details be identified. This was agreed.

Action: Provide the Board with details of the amount of ‘agency’ and ‘bank’ staffing within the ‘actual’ level of “Temporary Staffing” reported for April 2014 (Chief Nurse / Director of Workforce and Communications, May 2014 onwards)

AB clarified that the ‘UNIFY’ return did not require the Trust to publish the temporary staffing data.

ST asked whether AB was able to confirm that the Trust had safe staffing levels at all times. AB replied that at all times, the Trust was safe, as action was taken to address occasions when staff numbers were below plan.

5-13 TO RECEIVE DETAILS OF RECENT QUALITY ASSURANCE ACTIVITY UNDERTAKEN BY BOARD MEMBERS

KR referred to the circulated report and highlighted that the usual Ward visits were documented, but the report also contained details of proposed pairing arrangement, for review.

ST remarked that it was unrealistic to expect Non-Executive Directors to undertake 15 visits per year. SDu replied that such visits, even if short, were invaluable, and would be welcomed by staff.

The proposed pairing arrangements were agreed as circulated.

PERFORMANCE

5-14 TO RECEIVE A REPORT OF THE TRUST MANAGEMENT EXECUTIVE MEETINGS OF 23/04/14 AND 21/05/14 (INCL. APPROVAL OF REVISED TERMS OF REFERENCE)

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

- The business case for Chemotherapy e-prescribing was agreed, which will be considered later in today's meeting
- The Committee approved an amendment to pay progression (in accordance with national terms and conditions).
- Revised Terms of Reference were agreed, and have been submitted for formal approval

KT proposed that the Committee's role in IT should be strengthened, and reflected in the Terms of Reference. This was agreed. The Terms of Reference were approved subject to this amendment.

Action: Amend the Terms of Reference for the Trust Management Executive to strengthen the committee's duties in relation to IT (Trust Secretary / Chief Executive, May 2014 onwards)

5-15 TO RECEIVE A REPORT OF THE FINANCE COMMITTEE MEETINGS OF 24/04/14 AND 27/05/14

ST referred to the circulated report and highlighted that the triangulation between the budget, activity and workforce remained outstanding. ST continued that the information was intended to be received at the Finance Committee on 27/05/14, but would not now be available until the following week. ST stated that he was therefore not in receipt of assurance that the workforce numbers were triangulated with activity and budget. KT noted that the information should be considered at the next Workforce Committee, rather than wait until the next Finance Committee.

A discussion was then held as to when the request for the aforementioned triangulation information was made. KT remarked that it was noted that the triangulation would be undertaken as part of the budget setting process.

ST then continued, and highlighted the following:

- The Finance Committee was supportive of SO's efforts regarding the implementation of Service Line Reporting (SLR)
- To achieve the planned deficit position for 2014/15 of £12.3m, a £22.4m Cost Improvement Programme (CIP) was required, and it was noted that there was still circa £4m of CIP schemes to be identified. ST added that a reporting mechanism had been agreed, so there was clarity on what was contained in the CIP programme.

SO highlighted that the aforementioned £22.4m may need to include some additional income opportunities, which would not be cost improvements, but added that the priority was on targeting £22.4m of cost improvements. ST remarked that achieving a further £4m of CIP at this point in the year was optimistic.

5-16 TO RECEIVE AN UPDATE ON PERFORMANCE, ACTIVITY, FINANCE AND WORKFORCE (TO MONTH 1, 2014/15)

KT referred to the circulated report and invited questions

SDu noted that the readmission rate was rising, and queried why this was therefore rated as 'Green'. PS replied that the Quality Accounts noted that the Trust's readmission rate was below the national benchmark, and therefore stated that although a rise was not generally positive, this should be understood in context. PS also stated that readmissions were likely to include patients with complex problems that were admitted frequently. SDu asked whether the Trust was therefore

undertaking any work to identify whether patients who returned frequently could be managed more effectively. PS confirmed this was the case.

SO pointed out that a more detailed narrative report was now included within the performance report, to ensure that Board members were aware of the month 1 financial position.

5-17 TO APPROVE THE LATEST COMPLIANCE OVERSIGHT SELF-CERTIFICATION

KR referred to the circulated report and highlighted the following points:
- Changes from the self-certification agreed in April were highlighted
- The only significant change was to Statement 10 (Governance), for which the status had been changed to 'compliant'

The Oversight Self-Certification was approved as circulated.

PLANNING

5-18 TO APPROVE A BUSINESS CASE FOR CHEMOTHERAPY E-PRESCRIBING

AG referred to the circulated report and highlighted the following points:
- The Trust would be the asset owner for the system, and would therefore bear the capital costs, which were £1.1m
- The other Trusts within the arrangement would then pay, dependent on their usage of chemotherapy
- The Case was a key quality initiative for the Trust, and therefore the Trust had been awarded a year's derogation in which it could be delivered

KT stated that his concerns related to whether the Trust would end up holding 'stranded assets', if the other Trusts pulled out of the arrangement; and also related to implementation, given the experience of implementing the new Radiology Information System (RIS) in the recent past. ST noted that the Finance Committee had reviewed the case in detail on 27/05/14, and gave its support to the case.

PS emphasised AG's earlier point that the Case was a key quality initiative.

The Business Case was approved as circulated. KR pointed out that the Case would now need to be submitted to the TDA, in the light of the Trust Board's reduced capital authorisation limit.

5-19 TO RECEIVE AN UPDATE ON THE KENT PATHOLOGY PARTNERSHIP

AG referred to the circulated report and highlighted the following points:
- The Collaboration Agreement was intended to be submitted to the Trust Board in July, for approval
- The Project workstreams continued to drive progress

KT asked for details of progress against the original plan. GD stated that on the whole, progress was in accordance with the Plan, but acknowledged that the Collaboration Agreement was behind schedule, but needed to be finalised correctly. AG added that attempts to appoint a Managing Director had been unsuccessful, but an interim appointment would soon be made. AG clarified that the individual would report to the Chief Executives of both Trusts in the partnership.

It was agreed that a further update on the Kent Pathology Partnership would be received at the July 2014 Trust Board

Action: Submit a further update on the Kent Pathology Partnership to the July 2014 Trust Board (Chief Operating Officer, July 2014)

ASSURANCE AND POLICY

5-20 TO RECEIVE THE 2013/14 ANNUAL REPORT FROM THE 'RESPONSIBLE OFFICER'

PS referred to the circulated report and highlighted the following points:
- There were low rates of appraisal for some staff grades, but the data included staff even if they were present at the Trust for one week
- The appraisal rate for long term staff was generally good

KT asked if there were any doctors that were not adequately engaged in the appraisal process. PS stated that there was one such doctor, and he was taking the necessary action.

The Trust Board approved the Statement of Compliance (Appendix F) as circulated.

5-21 TO RECEIVE THE UPDATED ASSURANCE FRAMEWORK AND BOARD-LEVEL RISK REGISTER

KR referred to the circulated report and highlighted that the document represented the completion of the Board Assurance Framework (BAF) for 2013/14. Comments or queries were invited.

ST remarked that the report correlated with the perceptions presented at other committees that he attended.

A discussion was then held regarding the status of the BAF for 2014/15, and it was noted that this was currently in development.

5-22 TO APPROVE A REVISED APPROACH TO THE APPROVAL / RATIFICATION OF TRUST-WIDE POLICIES

KR referred to the circulated report and highlighted the following points:
- A revised approach to the approval and ratification of Trust-wide policies was proposed
- The revised approach had been agreed at the Trust Management Executive meeting

A discussion was then held regarding the continued ability of the Trust Board to approve significant changes to important Trust policies. KR gave assurance that the proposed process would not affect the current principle that applied to the Board's authority.

The revised approach was approved as circulated.

5-23 TO RECEIVE A REPORT OF THE AUDIT & GOVERNANCE COMMITTEE MEETINGS OF 12/05/14 & 28/05/14

ST reported that the Audit and Governance Committee had met earlier that day, to consider the final draft Annual Report and Accounts, which would be discussed further under item 5-25.

5-24 TO RECEIVE THE AUDIT AND GOVERNANCE COMMITTEE ANNUAL REPORT 2013/14

The circulated report was noted.

ANNUAL REPORT AND ACCOUNTS 2013/14

5-25 TO APPROVE THE TRUST'S ANNUAL REPORT FOR 2013/14 (INCLUDING THE GOVERNANCE STATEMENT)

ST referred to the circulated report and highlighted the following points:
- The document was considered at the Audit and Governance Committee held earlier that day
- The Audit and Governance Committee had agreed some changes to the wording of the Governance Statement, on page 36, changing the text from "The Board delegates authority primarily to the following sub-committees" to "The Board operates with the following sub-committees"

KR also tabled a report (Attachment 19a) outlining the changes that had been made to the Annual Report since it was circulated with the agenda, and highlighted that the Audit and Governance Committee had also agreed that the photograph on the front cover should be changed (to be more reflective of the Trust's diverse workforce); and that the "Looking Forward to 2014/15" section had been amended to reflect the fact that the capital plan for 2014/15 was £14.3, not £18.8m.

The Annual Report for 2013/14 was approved, subject to the reported amendments being made, as agreed at the Audit and Governance Committee held on 28/05/14.

Action: Amend the Annual Report 2013/14, to reflect the changes recommended by the Audit and Governance Committee and approved by the Trust Board (Trust Secretary, May 2014 onwards)

5-26 TO APPROVE THE TRUST'S ANNUAL ACCOUNTS FOR 2013/14

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

- The Audit and Governance Committee held earlier that day had discussed the issues regarding the judgement within the external audit of the accounts, which relate to income from CCGs
- The external audit had concluded in an unqualified opinion on the Accounts, but there was a qualified 'Value for Money', on an "except for" basis

The Annual Accounts for 2013/14 were approved as circulated.

SDu commended the Finance Department for their timely production of the Accounts. KT agreed and asked GD and SO to pass on the Board's commendation and thanks to the relevant individuals.

5-27 TO APPROVE THE MANAGEMENT REPRESENTATION LETTER FOR 2013/14

The Management Representation Letter was approved as circulated.

5-28 TO CONSIDER ANY OTHER BUSINESS

SDu noted that the Kent Institute for Medicine and Surgery (KIMS) had now commenced its marketing and asked what was understood regarding the involvement of Trust staff in the functioning of KIMS. GD replied that it was an evolving situation, but it had been agreed that no person holding a management role at the Trust should also have a management role within KIMS. GD added that it was however likely that KIMS would be undertaking NHS clinical work.

5-29 TO RECEIVE ANY QUESTIONS FROM MEMBERS OF THE PUBLIC

AH asked what KIMS stood for. GD replied that it was the new private medical facility in Maidstone.

AH also asked KT to read out the apologies for today's meeting. KT repeated that apologies had been received from AJ.

AH asked whether the Board wished to see additional members of the public at their meetings. KT confirmed that such attendance would be welcome.

5-30 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 – July 2014

7-4 Log of outstanding actions from previous meetings — Chairman

Actions due and still 'open'

Ref.	Action	Person responsible	Deadline	Progress [1]
1-4 (Jan 14)	Discuss with the Medical Director the progress with the previously agreed action to arrange for the Chair of the Quality & Safety Committee to undertake a visit to a Maggie's Cancer Centre	Chief Executive	January 2014 onwards	**In progress** – The Clinical Director for Cancer wishes to look at other organisations. A further verbal update will be provided at the Board.
1-19 (Jan 14)	Schedule two Board 'away days' in spring (late April/early May) and autumn 2014, to enable discussion of the Trust's future strategy	Trust Secretary	January 2014 onwards	**In progress** – The first session was held on 9th May 2014, and a joint Trust Board / Trust Management Executive session was held on 18th June. The autumn session will be scheduled in due course.
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	January 2014 onwards	**In progress** – It was not possible for clinical leaders to attend the 'away' session on 9th May, but it attendance will be arranged for the autumn 2014 'away' session. However, there is clinical engagement in the work to develop the strategy, via the Clinical Strategy Transformation Group and 4 associated workstreams.
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)	January 2014 onwards	**In progress** – Discussions have been held with West Kent Clinical Commissioning Group (CCG), and it is likely that the CCG will be invited to attend a future meeting with the Board.
5-3 (May 14)	Arrange for the Audit and Governance Committee to further discuss the need	Trust Secretary	May 2014 onwards	**In progress** – This will be scheduled for discussion at the

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

Ref.	Action	Person responsible	Deadline	Progress [1]
	for a Responsibility Assignment ('RACI') matrix			next Audit and Governance Committee, in September.
5-6 (May 14)	Arrange for the Trust's emergency paediatrics service to be subject of a future Quality & Safety Committee 'deep dive' meeting	Chief Nurse / Medical Director / Trust Secretary	May 2014 onwards	**In progress** – It was agreed for the August Quality & Safety Committee 'deep dive' meeting to focus on "organisational learning". It will therefore be proposed that the October 'deep dive' meeting focuses on the emergency paediatrics service.
5-9 (May 14)	Submit a report to the July 2014 Trust Board outlining a revised approach to the operation and functioning of the 'main' Quality & Safety Committee	Chair of Quality & Safety Committee	July 2014	**In progress** – Discussions have commenced, but proposals are not yet ready for discussion at the Trust Board.
5-12 (May 14)	Provide the Board with details of the amount of 'agency' and 'bank' staffing within the 'actual' level of "Temporary Staffing" reported for April 2014	Chief Nurse / Director of Workforce and Communications	May 2014 onwards	**In progress** – A breakdown of the reported number of 42,588 'temporary staffing' will be provided at the July Trust Board

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
3-18 (Mar 14)	Arrange for the midwife:birth ratio to be reported within the Trust Performance Dashboard	Chief Nurse / Chief Operating Officer	June 2014	The midwife:birth ratio was included in the month 2 performance dashboard, which was received at the Board Forum in June 2014
3-28 (Mar 14)	Arrange for a proposal to be submitted to the Board relating to the financial information that is appropriate to be submitted to the Part 1 (public) Board meeting	Director of Finance	July 2014	The information intended to be submitted to future Board meetings was submitted to the Board Forum in June 2014, and has been submitted to the July Trust Board. This consists of the Executive summary to the 'Finance Pack' that is received by the Finance Committee, plus the TDA Accountability Framework and 'Monitor Continuity of Service' metrics, the Income and Expenditure graph, Recover plan/CIP sheet and cashflow graph. Board members are invited to comment on whether any additional information is required at the Trust Board.
5-6 (May 14)	Arrange for the June 2014 Board Forum to consider the actions	Chief Nurse / Medical Director /	June 2014	The June Board Forum received the action plan developed in response to the Care Quality

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
	being taken in response to the concerns raised by the Care Quality Commission following their inspection at Maidstone Hospital	Trust Secretary		Commission inspection at Maidstone Hospital.
5-7 (May 14)	Amend the Terms of Reference for the Quality & Safety Committee to reflect the changes made by the Trust Board	Trust Secretary	July 2014	The Terms of Reference have been amended. The section relating to the 'monitoring' by the Audit and Governance Committee has been changed to "The Audit and Governance Committee will provide an opinion on whether the Committee is fulfilling its function by reviewing performance against the Terms of Reference periodically (this opinion is likely to be informed via an Internal Audit review, as directed by the Audit and Governance Committee)"
5-9 (May 14)	Amend the Quality Accounts to reflect the comments made by the Trust Board	Chief Nurse	June 2014	The Quality Accounts were amended, and the final version was published by the required deadline (30th June)
5-12 (May 14)	Amend the Terms of Reference for the Trust Management Executive to strengthen the committee's duties in relation to IT	Trust Secretary / Chief Executive	July 2014	The Terms of Reference have been amended, to include a duty to "Oversee the resolution of any IT-related operational issues". In addition, minor amendments have also been made, to reflect the recent change in job titles of the Director of Workforce and Communications and Director of Strategy & Transformation
5-25 (May 14)	Amend the Annual Report 2013/14, to reflect the changes recommended by the Audit and Governance Committee and approved by the Trust Board	Trust Secretary	May 2014	The Annual Report was amended.
5-19 (May 14)	Submit a further update on the Kent Pathology Partnership to the July 2014 Trust Board	Chief Operating Officer	July 2014	The agenda for the July 2014 Trust Board includes an update report on the Kent Pathology Partnership

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 - July 2014

7-6	Chief Executive's update	Chief Executive

Summary / Key points

The enclosed report provides information on recent events at the Trust between June and July 2014.

1. Maidstone and Tunbridge Wells hospitals are jointly maintaining safe standards of care for patients following increases in emergency attendances and unplanned admissions in June.

1.1 Our A&E departments saw over 700 additional attendances last month compared to the same month in 2013. This mirrored an increase in ambulance conveyances to our hospitals of 26% for the same period.

1.2 This generated over 160 additional emergency admissions. Year to date, emergency admissions are 2.6% up on 2013. Many of the additional patients were over the age of 75.

1.3 Patients continue to receive high standards of care. 96.8% of our patients received harm free care in May. This continues to be above the national benchmark of 93.5% and is a notable achievement given that it covers 98% of patients (654) who were in hospital on the day the review was undertaken.

1.4 Other key indicators of high quality care include low levels of pressure ulcers (below the national average) and low infection rates. Readmissions following emergency and planned hospital admissions were also down in May. Feedback from patients is good with positive responses to our Friends and Family test remaining above the national average with 93% satisfaction in June.

1.5 Despite these increased attendances and admissions, 95.3% of patients attending A&E were seen, treated and either admitted to hospital or discharged from our A&E departments within the four hour national standard in June.

2. Information is now publicly available on our website and via NHS Choices showing our planned and actual ward staffing levels as part of the national Safe Staffing initiative.

3. Continuing the patient safety theme, we launched a new Anonymous Reporting process in July for our staff to raise concerns through. This scheme provides further opportunities for staff to improve our patient experience and supports our Speak Out Safely policy that encourages staff to be both patient advocates and carers.

4. Our clinicians are developing a new five-year clinical strategy for the Trust to help us meet people's changing health needs between 2014 and 2019.

4.1 We will be talking to our staff, patients, the local public and other healthcare professionals over the coming months to help shape this important blueprint for local healthcare.

4.2 Our overriding aim is to continue to have two vibrant hospitals in Maidstone and Tunbridge Wells that collectively meet the health needs of over half a million people throughout the south

of West Kent and north of East Sussex in a safe, financially sustainable and high quality way.

4.3 Over the coming months we will be looking closely at the challenges and opportunities facing health service providers locally and nationally. It is already clear that some of our services, such as stroke care, need urgent improvement. We will be focusing closely on these to find long-term sustainable improvements that enhance patient outcomes.

4.4 Our local Clinical Commissioning Group faces a funding gap of £60 million in five years if hospital attendances and demand for NHS services continue to grow unabated. We know many A&E attendances and hospital admissions are potentially avoidable. With our help, many of our patients with long-term chronic conditions can more effectively manage their care in the community and avoid unnecessary hospitalisation. Our new clinical strategy will help us understand how we can better support them, taking our hospitals to their homes.

5. We have seen significant public support via our social media networks for our new tongue tie service. In the past, babies with tongue tie would have had the procedure following a referral from a health visitor or GP, which took some time, but now, with our new clinic in place, the procedure can be carried out within a week of the baby being born.

6. Bowel screening services at Maidstone and Tunbridge Wells hospitals have been described as "national leaders and pioneers" in their area of care following a Quality Assurance inspection earlier this month and as a recipient of the service earlier this month I can attest to the excellent friendly efficient way the service is provided.

6.1 We are one of six national pilot sites for the NHS bowel screening programme which is currently being rolled out to invite all 55-year-olds to undertake this procedure reducing cancer mortality rates by early detection and prevention. This success is the culmination of four years hard work by our clinical teams and excellent clinical leadership.

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
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Trust Board meeting – July 2014

7-7	Clinical Quality and Patient Safety report	Chief Nurse

Summary / Key points

The attached paper provides an exception report on the key issues within the quality and patient safety agenda. This exception report needs to be read alongside the integrated dashboard and performance report summary.

The report covers the following key areas:

- Elective MRSA Screening
- Never Events and Serious Incidents
- Complaints
- Friends and Family
- Stroke Performance
- Caesarean Section Rates

Which Committees have reviewed the information prior to Board submission?
Quality and Safety Committee 09/07/14

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [1]
To note the report and discuss any issues of concern.

[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

Clinical Quality and Patient Safety Report (Exception Report)

July 2014

A summary of key trends and actions of the Trust's performance against clinical quality and patient safety indicators in 2014/15 is provided in the Integrated Performance Report dashboard and supporting narrative. Performance is monitored via the Trust Management Executive and Quality and Safety Committee.

This report brings to the attention of the board areas where performance is either not in line with the plan and the actions being taken to rectify the position or areas where there has been sustained improvement.

The Board is asked to note the contents of this report and make any recommendations as necessary.

Patient Safety

Infection Prevention and Control

Elective MRSA Screening

It remains challenging to achieve the 98% plan for elective MRSA screening but June has seen an improvement on previous month's performance. The main areas failing to achieve 98% are UMAU and oncology.

The following actions are on-going:

- Performance discussed at the Infection Prevention and Control business meeting with Matrons
- Matrons clearly sighted on the areas that are underperforming
- Specific plans for oncology and UMAU in place and being closely monitored

It is worth acknowledging that usually non elective MRSA screening is more difficult to achieve, an area that has consistently performed above over the 95% plan.

Never Events and Serious Incidents

Never Events

There have been two never events reported, one in May and one in June.

The first one related to a mislabelled x ray which resulted in wrong side chest drain insertion and the second one related to the wrong size prosthesis being used for a patient undergoing hip revision surgery. Both of these incidents are still under investigation and thus full action plans are still being developed however, immediate actions have been taken to reduce the likelihood of further incidents.

Serious Incidents

There has been significant work undertaken both by us and the CCG to complete SI investigations within the stipulated timeframes; however there has been a slight increase in the number open with MTW due to the increase over the last two months in the number reported. At the end of June there were 37 SIs open with MTW. Additional SI panels have taken place to address this issue.

In May 8 SIs were declared (excluding never event) and 13 in June (excluding never event). The key themes are:

- Falls resulting in head injury or fracture (10)
- Delayed diagnosis (6)

Compared to the previous year (Quarter 1) the most significant reduction has been in grade 3 and 4 hospital acquired pressure ulcers. For quarter 1 2013/14 there were 12 grade 3 and 4 ulcers declared. For quarter 1 2014/15 there has been none. This and our overall reduction in pressure ulcers has been recognised by the Salford Group of hospitals who have requested to do a case study on our sustained improvement.

Key actions

For falls prevention we are working closely with other Trusts to learn and implement all strategies for falls prevention. There has been significant investment over the last two years in equipment from low rise beds, alarm mats to non-slip socks; this has resulted in a reduction in the overall rate of falls. As well as continuing to explore new and more innovative equipment the focus is on comprehensive risk assessment and all subsequent preventative actions being consistently applied every time.

Patient Experience

Complaints

For the quarter 1 the complaints rate has been 3 - 4 per 1,000 episodes including day cases which remains significantly below the national benchmark of 6.26. However there has been a drop in the response times over May and June. Some of this has been intentional due to efforts in improving the quality of the responses and working with the directorates to critically review the responses being prepared. The response times should improve over the next quarter.

The total number of complaints open (15 July) is 89. There is a particular focus at present on reducing the number of complaints open over 90 days (8) and those open between 60 – 90 days (7).

Friends and Family Test

The response in all areas has significantly improved for friends and family test and is being sustained. For inpatients the performance is now being sustained above the national average. The NET promoter score for all areas remains consistently above the national average.

The key actions being taken at present are:

- Continued focus especially in A&E and maternity to further improve response rates including daily monitoring
- Each ward / department receives a monthly report detailing their achievement, performance and comments received
- Publication of performance and comments in all wards and departments
- Exploring options for implementation in outpatients with a plan to commence trail in September 2014.

Clinical Effectiveness

Stroke Performance

Stroke performance against all quality indicators remains a key concern and a priority for action and improvement.

The stroke data on the dashboard is either a month (% spending 90% time on Stroke Ward) or 2 months behind (all other stroke performance indicators). Therefore the effect of some of the actions that have been implemented is not yet evident in the data.

Whilst strategic options for service reconfiguration and delivery are being explored, agreed key actions are being taken to improve current performance. Key actions include the following:

- Detailed action plan is in place to address areas of concern.
- Stroke Steering Group formed to monitor delivery of action plan
- Ring fenced bed on each acute stroke unit in place with escalation criteria and performance monitoring
- Once ring fenced bed is used, process to re – provide within 4 hours being implemented
- Recruiting to second Clinical Nurse Specialist post
- Recruiting Consultant to ensure Stroke Medical cover at all times

Caesarean Section Rate

In the UK rates have doubled in the past 20 years to 25%. Rates vary widely across the UK - from around 17% in Shropshire to as high as 32% in some London units. These variations are not simply explained by having a 'high risk' population. Caesarean section rates are reported nationally as a percentage of elective and emergency births. The acceptable performance is 25% of all births. The breakdown between elective and emergency for MTW is:

May
Elective section – 11.4%
Emergency section – 14.4%
Total – 25.8%

June
Elective section – 12.5%
Emergency section –16.3%
Total – 28.8%

Current work in progress to reduce total caesarean section rates include:

- Birth options clinics for women with previous sections
- Dedicated clinic with senior midwife for women requesting section with no obstetric indication
- Audit programme recommences on 1 August on indication for section
- Planning to launch mobile epidurals to encourage mobility in labour

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Trust Board meeting - July 2014

7-8 A patient's experiences of the Trust's services — Chief Nurse

Summary / Key points

This report gives the outline of a patient story/experience from the patient's son's perspective.

The learning centres on communication skills and the importance of well co-ordinated patient pathways.

Patient stories can be powerful tools to illustrate areas of good practice or areas where practice could be improved.

Ideally the patient should tell their own story; however this needs careful management and support, and for many patients 'presenting' their story can be a daunting experience.

Senior leaders need to be mindful that patient stories are not reflective of the organisation as a whole, nor do they reflect the experience of the many. However, when combined with other intelligence relating to organisational performance they can provide an element of reassurance or an early warning that 'all is not well'.

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

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

Introduction:

This paper gives an overview of a patient story for the Board to consider and debate. Ideally the patient should tell their own story; however this needs careful management and support, and for many patients 'presenting' their story can be a daunting experience. In this instance the patient's relative was keen for senior managers to know what had happened, and is happy for the outline to be discussed.

The story relates to the admission of a lady for an ophthalmic procedure as a day case patient. The patient has a known diagnosis of dementia. The story illustrates the importance of well co-ordinated patient pathways and seamless communication between staff. Whilst consent has been sought to re-tell this story, the lady's initials have been changed to provide a degree of anonymity.

Mrs C.

Mrs C was due to come in for cataract surgery. She suffers from dementia and has little or no short term memory, but enjoys life. It was felt that her lack of sight was impacting on this and after much discussion, her family and care managers agreed that it would be in her best interests to proceed with surgery. She had had one eye operated on four years earlier with good effect.

The family followed the procedure to arrange her second operation and when Mrs C had her pre-assessment at the hospital she was asked directly about the operation and she agreed that she needed the operation. The pre-assessment went well and the operation appointment was arranged. The family accept that they had spent time ensuring the patient knew why she was there and they made sure that anyone dealing with the patient was aware of her diagnosis of dementia.

On the day of the surgery, the patient's family bought her in and again were talking with her to make sure she knew what was going on. Mrs C was happy to proceed. They state that on arrival, everything seemed to be going well, the patient was cheerful and looking forward to both her eyes working again.

She was given eye drops and her blood pressure and temperature were checked by nursing staff. They saw the anaesthetist, who explained what would happen during the operation. The family were very impressed with his attitude and the way he spoke to the patient. Mrs C agreed with him that she was happy to have a sedative and an anaesthetic injection in her eye area and he appeared to be content that she was clearly aware of what this entailed.

They met the surgeon who was to perform the operation; the surgeon checked her eye and explained that there was always a risk with an operation. The surgeon asked Mrs C if she was aware of this and was content to take the risk and she said 'Yes'. She understood because the situation had just been explained to her. Mrs C signed the consent form.

The family then waited for Mrs C to be taken to theatre. A porter arrived to take her in for the operation and asked her if she knew why she was there. Due to the time that had elapsed since the previous discussions, Mrs C said 'No' – she had forgotten.

The family state that the porter was very abrupt with them and went to get the surgeon. The patient and family were taken into a side room and they explained again that Mrs C has dementia but that both she and her family had wanted her to have the surgery. They state that the surgeon was then very rude to them. The surgeon refused to allow them to speak with Mrs C or to help her remember why she was there in any way. The surgeon advised that Mrs C's signed consent was not valid.

The family explained that they had Power of Attorney. The surgeon insisted they leave and escorted the patient's daughter from the room, leaving the patient alone, while he went to get a nurse, so that he could follow what he called a "protocol". The family could hear him asking Mrs C questions from outside the room. They explained the surgeon's voice was loud voice and not at all sympathetic. They heard the surgeon ask her questions that she couldn't answer due to her Alzheimer's, for example her birthday and where she lived. The surgeon following the assessment refused to operate.

The family were distressed that without the surgery, Mrs C's quality of life would be affected.

Lessons/points for discussion:

The common theme centres on communication.

The family had clearly tried to work with staff to ensure that their mother could undergo surgery to maximise her quality of life. They had been open with staff throughout the pre-operative phase about her Alzheimer's diagnosis and supported her to undergo this procedure. Investigation of the case revealed that the patient had undergone a capacity assessment at pre-assessment which identified that a best interest meeting would be required. However, the outcome of the assessment and need for a best interest meeting was not communicated to the relevant staff and hence no arrangements were made.

The action taken by the porter was in fact correct in fulfilling his duty of care to the patient. However, he failed to communicate effectively with the family to explain his actions and as a result; his manner was interpreted as abrupt.

Having identified on the day that there were concerns about Mrs C's capacity, the response of the staff to this was key. They were correct in their need to confirm patient capacity when doubt was raised, however, clear explanations should have been provided to the family.

Given that it was determined that the procedure could not go ahead that day as planned, staff should have offered a full apology to the patient and her family together with clear advice about what would happen next.

The family would clearly have been disappointed that the procedure could not go ahead and given the patient's diagnosis of dementia, would understandably have questioned the rationale for the change of plan. Lack of explanation in such situations can feed perceptions that older patients or those with dementia are somehow not as important or an entitled as other patient's may be to treatment.

Actions:

Local actions have taken place at service level, with the particular staff identified. The surgeon offered a personal apology to the patient and family during a subsequent meeting.

The eye unit are currently implementing a process to identify much earlier in the patient's pathway if a best interest meeting is required and it is hoped that this will offer a much improved service to our vulnerable patients.

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Trust Board meeting - July 2014

7-9	Summary report from the Quality & Safety Committee meetings, 18/06/14 and 09/07/14	Committee Chair (Non-Executive Director)

Summary / Key points

The Quality & Safety Committee has met twice since the last Board meeting in May.

The 'main' Quality & Safety Committee met on 9th July. The following issues were discussed:

- Report from Quality & Safety Committee 'deep dive' meeting, 18th June: The unapproved minutes of the meeting were received, along with a report containing a "Review of reputational risk on suspension of Upper GI cancer surgery". The Communications Team acknowledged that lessons had been learned, and it had been recognised that a more proactive approach by the Trust would have been beneficial. It was also suggested that Royal College of Surgeon's report should probably have been released via a press briefing, rather than via a press release, as this would have enabled media questions to be answered more directly.
- Details of the latest Serious Incidents were received, and discussed.
- The latest Quality & Governance Dashboard was discussed, and it was noted that the findings from the 'Intelligent Monitoring' report were the same as that received previously at the committee, and an updated version would be published by the Care Quality Commission (CQC) on 24th July. It was noted that the Trust's rating could be anything between 1 and 6, as the metrics used by the CQC were changing. It was also noted that a revised version of the Quality & Governance Dashboard would be published in September, and committee members were invited to provide comments/suggestions on this.
- Clinical Administration Units. An update was provided on the establishment of the Clinical Administration Units (CAUs), and it was noted that The Directorates were now responsible for monitoring the performance of their CAUs. It was also noted that two CAUs have not yet achieved their target for the 'turnaround' of clinic letters, and these were therefore being monitored closely, via monthly performance meetings
- CQC action plans: The action plans relating to Medicines Management, Tunbridge Wells and Maidstone Hospitals, following the CQC inspections, were received. It was noted that Medicines management would continue to be an issue that required constant vigilance, particularly in relation to the security of medicines. It was agreed that an update on the latest position regarding the Safe storage of medicines should be submitted to the next 'main' Quality & Safety Committee. It was also noted that the flow of paediatrics care, and the availability of Registered State Children's Nurse 24/7 was a major issue, and was being addressed via a Working Group
- The Directorate exception reports were reviewed, and the following issues arose:
  - The inability of the Trauma & Orthopaedics Directorate to undertake pre-operative warming was discussed. Potential solutions were considered, but it was agreed that in the first instance, a one month survey of affected elective patients should be undertaken, to identify how many such patients were being affected.
  - A new SI had occurred in Women's Health, relating to a retained tampon. The case was still under investigation, but the immediate actions being taken in response include the complete removal of tampons from the department (a step which had been taken at other Trusts). It was noted that the outcome for patients would be unaltered by this.
  - The poor performance of the Acute & Emergency Medicine with regards to compliance with Hand Hygiene Audits Saving Lives High Impact Interventions was discussed.
  - The Critical Care Directorate drew attention to an incident that had occurred earlier on the

day of the meeting, involving what a leakage through the ceiling from Lord North Ward at Maidstone Hospital. The Chief Nurse agreed to investigate the matter, and seek a resolution, as soon as possible. The Directorate was also asked to provide the an explanation of the marked increase in crude mortality rate for April to June 2014

- Revised Terms of Reference for the Standards Committee and Patient Environment Steering Group (both sub-committees of the Quality & Safety Committee) were approved
- The Committee ratified 27 policies under the Trust's existing process for policy (it was noted that the revised process, which had been agreed, was not yet fully implemented)

A Quality & Safety Committee 'deep dive' meeting was held on 18th June. The following issues were discussed:

- Future options for stroke service provision
  - The Clinical Director for Speciality and Elderly Medicine attended for this item, along with the Directorate Lead Matron; the Associate Director of Nursing for Emergency Services; the Trust's Clinical Nurse Specialist for Stroke; and the Medical Director from Kent Community Health NHS Trust (who is also a Stroke physician at this Trust)
  - A draft case for changing the Stroke service was provided to the meeting, along with the draft model of care that is required to achieve the necessary quality standards.
  - The findings from the Sentinel Stroke National Audit Programme (SSNAP) for September to December 2013 were also received.
  - It was agreed that a follow-up on progress regarding Stroke care be received at the next Quality & Safety Committee 'Deep Dive' meeting.
- Outstanding issues from the response to the Invited Review of the Trust's Upper Gastrointestinal Surgery service
  - A report was received which provided information on the areas outstanding from the recommendations made by the Royal College of Surgeons (RCS)
  - The report referred to a new process for capturing post-operative complications that would be implemented. It was agreed that the details of this new process, plus the external review of the complications of the Upper GI Surgeons that was planned should be received at the Quality & Safety Committee.
  - An additional report was received, with outlined the reputational risk issues that were related to the Upper GI surgery issue. It was agreed that the only aspect missing from this report was a reflection on the lessons that have been learned from the situation, and what could have been done differently. This was subsequently discussed at the 'main' Quality & Safety Committee on 9th July (see above).
  - It was also agreed to schedule a future Board discussion on 'organisational culture'.
- 'Never Events': The Committee received details of the immediate actions taken in response to the two recent Never Events.
- It was agreed that the "organisational learning" should be the subject of the next Quality & Safety Committee 'deep dive' meeting, noting that this related to complaints and incidents.

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

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Trust Board meeting – July 2014

7-10	Summary report from the Patient Experience Committee, 05/06/14	Committee Chair (Non-Executive Director)

Summary / Key points:

CQC Report: The Committee received an update following publication of the CQC report into the unannounced inspection of Maidstone Hospital on 12th February. The inspection involved reviewing 4 standards. The areas of moderate concerns were outlined and discussed at the committee.

Upper GI Surgery: Question was raised regarding whether the service would be coming back to Maidstone and it was noted that a decision was required which would be taken by the Cancer Network and the Specialist Commissioners who would look at the future provision of the service for the whole of Kent, taking into account the best interest of the patients. Discussion took place regarding patients going to St Thomas for surgery and the support they receive when having to travel to London for care, Clinical Nurse Specialists (CNS's) work with individual patients regarding travel and the patients continued monitoring following surgery is carried out locally unless there is a specific reason to attend in London.

Review of Call Bells: The Trust compares well with peers in the National Inpatient Survey and scores well in the local inpatient survey. A number of complaints mention call bell response times although patients were not asked how long they waited just whether they felt it was too long. There was little variation in the data between TWH and Maidstone although TWH scored marginally lower. At Maidstone Hospital in a bay style ward staff can acknowledge the call bell which cannot be done in single rooms at TWH. It's about managing patient expectation but overall patient feedback is positive. The Chairman noted that the Trust must look to go over 90% and above for the national survey and needs to be closer to 100% as a good indicator of patient satisfaction. The Trust is looking at different wireless call bell systems including wrist lanyards; the IT software is available although there are technical challenges. As part of the ward refurbishment on Whatman and Mercer this would be tested.

Healthwatch Update: 50 volunteers had been signed up but more were required. Healthwatch has 4 paid staff who work with voluntary and statutory organisations on a number of projects across the County including dementia provision and access to care.

Patient Experience Dashboard: The Trust Development Authority (TDA) had developed a dashboard for all Trusts. There are questions for Trusts to assess their compliance against and thus undertake a gap analysis. This would be the main agenda item at the next committee.

Complaint Themes/Satisfaction: The complaints report was presented and key trends in themes discussed. The rationale for upholding, partially upholding and not upholding was also discussed.

Patient Information Leaflets Presentation: There is a £10,000 budget for core leaflets. The DoH has produced requirements that the Trust must follow in terms of format and the Trust has further requirements that must be met including all terminology used must be patient focused.

Local Patient Feedback and Friends and Family Test: The overall satisfaction scores are between 95-97%. , Discussion took place regarding nutrition and patients being offered a choice of food, it was noted all patients were offered a choice but some were dissatisfied with the choices offered. The Friends and Family score remained above the national average and response rates were improving.

Inpatients Survey: The Trust had a response rate of 42% with the Trust scoring significantly better than average on 13 questions and scoring worse on 2 questions. 5 key areas monitored by the CCG have shown improvements and further work is being undertaken in relation to medication side effects and patients being able to talk to someone about their worries and fears.

It was requested that committee members email any comments or suggestions that need to be included in the key priorities for the year. Comments included nutrition and discharge medication.

Building Maintenance Schedule 2014/15 and Impact on Patient Experience: It was reported that the reconfiguration of John Day and Jonathan Saunders wards had been delayed to 2015/16 although the fire alarm infrastructure will be completed. Work would continue on backlog maintenance including Whatman and Pye Oliver wards general decoration and improving the ward environment including wireless nurse call system, replacement windows, ceiling and flooring and Cornwallis, Culpepper and Chaucer/Stroke wards will be redecorated. The main entrance at Maidstone Hospital will be updated including the League of Friends shop being relocated to larger premises nearer the entrance and a tender for the café in main reception would be commenced. Other scheduled updates include the main restaurant being upgraded, a roll out of updated signage, the paediatric pathway group will review paediatric facilities in both A&E departments and a vehicle messaging sign will be installed at TWH.

Junior Doctor Experiences: A junior doctor reported that they are currently an F2 rep on the Local Faculty Group and they had met to discuss the results of the survey regarding post graduate training. Feedback varied across departments and an issue had been resolved regarding teaching schedules and e-learning. The academic support is positive. Question was raised whether the changeover in August was difficult for the team and whether it worked better with a period of shadowing, the junior doctor responded that it was obligatory for an F1 to shadow for 3 days and this seemed to be working well.

Any Other Business: Following a review of catering at Maidstone Hospital the team would continue with a traditional method of cooking food on site and would purchase new trolleys to deliver catering to the ward areas.

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 - July 2014

7-11 Safe staffing: Planned V Actual – May 2014 data **Chief Nurse**

Summary / Key points

From June 2014 all Trusts are required to make public their nursing staffing numbers. This was a key recommendation from the Government's paper 'Hard Truths' (2014) in response to the recommendations made by Robert Francis following the Mid-Staffordshire Public Inquiry.

Trusts are required to publish this data, in hours, for days and nights; with the numbers split between Registered and un-registered care staff.

Reports should be reviewed by the Board each month. Where Boards do not meet monthly, then they should review each month since the Board last met. The Board should receive an exception report each month, having previously received and reviewed papers to provide assurance that staffing levels have been set safely using a recognised approach to setting safe nursing establishments.

Maidstone & Tunbridge Wells NHS Trust undertook such a review which was presented to the Board in March 2014. The nursing establishment will be reviewed again and the finding presented to the Board in September 2014.

Maidstone & Tunbridge Wells NHS Trust now publishes nursing staffing numbers publically via UNIFY to NHS England, NHS Choices and its own website.

The Trust has broadly achieved the delivery of planned hours, with a couple of exceptions.

Areas that fell below the planned numbers did so in a planned reactive manner.

Intensive Care Unit -both sites shows that the actual hours provided for Clinical Support Workers was below plan. This was due to decreased dependency so staff were either 'stood down', redeployed or temporary staffing solutions not utilised.

Coronary Care Unit - lower than planned provision for Clinical Support Workers. This was due to a re-basing of establishment mid-month. The dependency was such that it was considered safe to leave some shifts unfilled.

Stroke Rehabilitation Tonbridge Cottage Hospital - Clinical Support worker fill rate at 80%. There were challenges filling some shifts and thus was below the plan. This occurred during the day, when there were other staff available to assist as and when required. Night shifts were all fully covered. Safe care was delivered during this time.

Maternity Services - Maternity is currently reported as discreet entities; however this does not reflect the way maternity units work. In the normal course of the day, midwives move across the service as women progress through labour. This has been recognised nationally, and the way this is reported is likely to change in the near future. For the purposes of this report, 88% fill rate represents safe midwifery levels, with all women receiving 1:1 care from a Registered Midwife when in established labour.

Some areas exceeded the planned hours. These areas fall broadly into two groups.

Wards with escalation (additional capacity) beds open. These wards were:
UMAU
Foster Clark
MSSU

Increased acuity and dependency: These wards include
John Day
Mercer
Ward 10
Ward 12
Ward 20

The attached appendix gives the beak down by ward.

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.

Reason for receipt at the Board.
Assurance

Safe Staffing: Planned versus Actual nursing staffing provision.

1. Introduction:

This paper sets out to provide assurance to the Board that the actual hours of nursing time available to provide safe patient care either matched or exceed the planned levels.

Planned levels staffing were agreed previously, and this was set out for the Board in March 2014, following a full trust-wide review of nursing staffing levels.

This review was undertaken following the guidance set out in the National Quality Board guidance ''How to ensure the right people with the right skills, are in the right place at the right time' (2013).

Further guidance is contained in this publication directing regular updates to the Board on staffing capacity and capability including details of the actual staff available.

Further guidance on this including time frames was issued by NHS England on 16th May.

2. Requirements:

Trusts will be required to publish via their website and NHS Choices details of planned and actual nursing shifts (in hours) by site and by ward.

Data collection should started from 1st May, each subsequent month will be a full calendar month.

Data was upload via UNIFY on 4th June 2014 ahead of the deadline date of 10th June 2014.

The views on NHS Choices will be high level organisational over view. The data will be presented in such a way to allow members of the public to 'click' on a specialty and thus be able to navigate to a specific ward, and a specific shift. This will be along side a number of quality indicators including PLACE results, CQC assessments, and other safety data.

There is currently some debate about the appropriateness of this approach for maternity units, and it is likely that maternity units will report as single entities in the future, rather than by ward or department. This is to reflect the fact that the midwife follows the woman, so numbers of midwifes available across the unit is a more accurate reflection that midwifes notionally allocated to ante-natal, delivery or post-natal wards.

There was national debate regarding RAG rating of fill rates. To date fill rates have not been RAG rated. However there is a general consensus that anything less than 80% *may* give cause for concern, particularly if this was not a reduction based on decreased activity or acuity.

3. Methodology:

The methodology used to produce the data for this report drew data from a variety of sources for triangulation.

The electronic roster system was interrogated to review overall shift utilisation against agreed establishment and to test suitability of data for use for publication purposes.

To ensure that data collected from the electronic roster system was correct, and to test what ward teams were doing in practice a further paper based data collection exercise was undertaken. This data was reviewed by the relevant Associate Director of Nursing.

These data sources were cross referenced and triangulated against the Safer Nursing Care Tool (previously known as AUKUH) acuity and dependency tool which also provides a source of data relating to actual staff available for any given shift.

The Safer Nursing Care Tool is a well validated tool to assess staffing requirements according to patient need. The tool was developed and field tested by a number University Teaching Hospitals. This tool is now subject to review by NICE. The consultation closes on 6th June 2014.

Temporary staffing (bank and agency) was also reviewed and declared usage triangulated against utilisation records maintained by the Staff Bank Office.

4. Findings:

Overall actual staff available matched or exceeds the plan. Where there was an apparent shortfall, this was either due to reduced capacity or acuity reflecting safe care being delivered.

Where the actual exceeded the plan this was due either to additional capacity or escalation beds or increased acuity and dependency that could not reasonably be foreseen.

The overall cover rate, as a percentage, is detailed in Appendix 1 as it appears on UNIFY and NHS Choices.

5. Reasons for variation:

Variation from planned falls in to two key categories, either over or under; contributory factors include additional capacity, acuity and dependency, or infection prevention either reducing available beds or increasing dependency.

The areas affected by additional capacity are

UMAU – increased requirements for night duty met

Foster Clark – increased requirements met

MSSU (Maidstone Short Stay Surgical Unit) – increased requirements met throughout the 24hr cycle of care when additional capacity utilised.

Hedgehog – increased requirements for RN (Child) on night duty met when required for additional paediatric capacity

Pye Oliver Ward also has additional capacity beds, however these are known, and accounted or planned for when developing the roster for the coming month. Therefore they do not show as significantly exceeding plan.

Areas may also require a variation from plan due to acuity and dependency. Acuity relates to the level of skilled intervention required such as cardiovascular observations or the management of intravenous fluids, where as dependency relates to the core activities of daily living such washing, dressing, feeding, or walking to the toilet. Dependency can also relate to the need for ‘minding’ particularly for patients with cognitive impairment, short-term memory loss or dementia.

The areas affected by these issues are:

John Day – increased requirement for dependency specials at night

Mercer – increased requirement for dependency due to a combination of acuity and dependency (high numbers of patients with cognitive impairments and outbreak of norovirus).

Ward 10 – increased requirement due to acuity

Ward 12 – increased requirement due to acuity

Ward 20 – increased requirement due to acuity and dependency

Areas may have a shortfall from due to vacancy, maternity leave or short-term sickness that cannot be filled by temporary staff. Many areas will cross cover, so there may appear to be a short fall that is deemed acceptable as staff will be redeployed from other areas within the directorate to maintain core levels of safety.

These areas are:

Critical Care Units: variation between planned and actual for the Maidstone Unit and at night for the Tunbridge Wells Unit. In both cases this was related to acuity and dependency. At no time was there less than the required number of RN to provide either 1:1 care for ventilated patients or 1:2 for high dependency patients.

Coronary Care Unit (CCU) TWH – variation indicates plan not met for clinical support workers during the day. This was due to a review of the establishment, meaning that whilst the budgeted establishment now reflects the requirement for CSWs, and thus allowing the unit to plan for this, there is a delay in achieving the fill rate consistently. The need to use temporary staffing is based on clinical need and is not utilised when not required. For the month of May, the unit was deemed safe.

Maternity Services – as described earlier in the paper, the methodology for a general in-patient ward does not adequately reflect the availability of midwives. The methodology would indicate significant shortfall across all three areas of the hospital based service. In reality, midwives move from one area to another as the woman progresses through labour.

The Trust's maternity services provides 1:1 care for women in established labour, and has been able to maintain this standard consistently, in line with Birth Rate Plus. Whilst the actual hours may differ from the plan, this is due to the workforce flexing and relocating as women progress through their pathway of care. The high utilisation of temporary staffing reflects the pool of midwives available to provide an 'on-call' service. The maternity unit employs a two-tier on call service to enable the provision of safe midwifery care throughout the 24hr period, whilst not being over-established on a particular shift where there is no clinical need.

6. Capacity and capability:

In terms of the capacity and capability for wards to achieve and maintain safe levels of care, tools such as the Safer Nursing Care Tool for acuity and dependency are utilised. This data source indicates that the available establishment for each ward is adequate for the level of acuity and dependency.

Further sources of evidence include triangulation of incident and complaints data to identify areas of concern.

Temporary staffing reliance was at 26.6% for the month of April. A review of incident data and liaison with the Staff Bank Office would not indicate a higher proportion of complaints or incidents emanating from this cohort of staff.

Friends and Family feedback, along with data from our local in-patient survey and National In-patient Survey would indicate that the capability of our nursing workforce is more than adequate.

Capacity remains a challenge and the overall numbers hide a potential shortfall from plan when additional capacity is taken into account. A number of wards have the capacity for additional beds, and this is factored into their planned requirements during known high demand periods. Escalation or additional capacity wards are staffed in line with good practice for a general medical ward. The current guidance for reporting planned versus actual is to exclude dedicated escalation wards, but this is likely to change in the future.
Additional capacity beds in established wards should be included, and have been in this report.

There is a robust recruitment strategy in place, which has seen a positive impact on overall vacancy rates for nursing and midwifery

Where there are concerns about shortfall in staffing levels, staff have recourse to guidance in both the Site Operational Policy and the Staffing Escalation guidance. The latter document sets out some key nurse sensitive indicators to assist staff in assessing the level of risk on the ward reporting a shortfall, and the potential risks to consider when redeploying staff from another ward to resolve the initial issue.

7. Conclusion

Staffing levels for all in-patient areas are in line with current guidance and are under regular review.

There is no indication that overall staffing levels fail to meet the required levels.

There remains a reliance on temporary staffing solutions to meet the changing demands in acuity and dependency and to manage short notice absence.

Robust recruitment plans and clear processes for monitoring staffing levels and standards of care are in place.

Evidence from complaints, incidence and patient feedback would suggest that standards of care generally meet expectation.

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.

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Organisation: RWF Maidstone And Tunbridge Wells NHS Trust

Period: May_2014-15

Basic Validations

Validations

No specialty added for at least one row

YOU WILL NOT BE ABLE TO UPLOAD AS YOU HAVE VALIDATION ERRORS ABOVE

Discretionary validations (will not prevent upload)

Day nurse fill rate >100%
Day care staff fill rate >100%
Night nurse fill rate >100%
Night care staff fill rate >100%

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RWF Maidstone And Tunbridge Wells NHS Trust

Period: May_2014-15

Please provide the URL to the page on your trust website where your staffing information is available

MAY 2014 DATA

Validation alerts (see control panel)	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
						Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	RWF03	Maidstone District General Hospital - RWF03	Acute Stroke	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1488	1488	1488	1788	1116	1116	372	384	100.0%	120.2%	100.0%	103.2%
	RWF03	Maidstone District General Hospital - RWF03	Romney	314 - REHABILITATION	300 - GENERAL MEDICINE	1116	1092	1116	1116	744	744	744	744	97.8%	100.0%	100.0%	100.0%
	RWF03	Maidstone District General Hospital - RWF03	Cornwallis	100 - GENERAL SURGERY	101 - UROLOGY	1620	1608	744	888	1116	1116		156	99.3%	119.4%	100.0%	
	RWF03	Maidstone District General Hospital - RWF03	Coronary Care Unit (CCU)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1116	1056			744	744			94.6%		100.0%	
	RWF03	Maidstone District General Hospital - RWF03	Culpepper	320 - CARDIOLOGY	300 - GENERAL MEDICINE	744	804	744	612	744	720	372	360	108.1%	82.3%	96.8%	96.8%
	RWF03	Maidstone District General Hospital - RWF03	Foster Clark	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1488	1584	1116	1260	1116	1464	744	768	106.5%	112.9%	131.2%	103.2%
	RWF03	Maidstone District General Hospital - RWF03	Intensive Treatment Unit (ITU)	192 - CRITICAL CARE MEDICINE		2976	2580	372	228	2976	2700			86.7%	61.3%	90.7%	
	RWF03	Maidstone District General Hospital - RWF03	John Day	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1860	1716	1116	1248	1116	1092	372	552	92.3%	111.8%	97.8%	148.4%
	RWF03	Maidstone District General Hospital - RWF03	Jonathan Saunders	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1488	1488	744	744	1116	1116	372	396	100.0%	100.0%	100.0%	106.5%
	RWF03	Maidstone District General Hospital - RWF03	Lord North	370 - MEDICAL ONCOLOGY	800 - CLINICAL ONCOLOGY	1860	1932	372	396	744	732	372	360	103.9%	106.5%	98.4%	96.8%
	RWF03	Maidstone District General Hospital - RWF03	Mercer	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1488	1716	744	792	1116	1104	372	468	115.3%	106.5%	98.9%	125.8%
	RWF03	Maidstone District General Hospital - RWF03	Pye Oliver	100 - GENERAL SURGERY	101 - UROLOGY	1512	1524	1116	1032	1116	1116	372	372	100.8%	92.5%	100.0%	100.0%
	RWF03	Maidstone District General Hospital - RWF03	Urgent Medical Ambulatory Unit (UMAU)	180 - ACCIDENT & EMERGENCY	300 - GENERAL MEDICINE	2736	2736	1368	1272	1116	1704	372	396	100.0%	93.0%	152.7%	106.5%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Acute Stroke	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1116	1092	744	720	1116	1128	372	384	97.8%	96.8%	101.1%	103.2%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Coronary Care Unit (CCU)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1116	1116	372	240	1116	1116			100.0%	64.5%	100.0%	
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Gynaecology	502 - GYNAECOLOGY		744	768	372	456	744	744	372	372	103.2%	122.6%	100.0%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Intensive Treatment Unit (ITU)	192 - CRITICAL CARE MEDICINE		2946	2724	372	360	2976	2700	372	252	92.5%	96.8%	90.7%	67.7%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Medical Assessment Unit	180 - ACCIDENT & EMERGENCY	300 - GENERAL MEDICINE	2604	3024	1488	1344	2232	2376	1116	1116	116.1%	90.3%	106.5%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	SDU	100 - GENERAL SURGERY	101 - UROLOGY	1836	1812	612	528	744	780	372	336	98.7%	86.3%	104.8%	90.3%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 32	110 - TRAUMA & ORTHOPAEDICS	100 - GENERAL SURGERY	744	720	372	372	372	360	372	372	96.8%	100.0%	96.8%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 10	100 - GENERAL SURGERY		2604	2484	1488	1824	1488	1488	744	1212	95.4%	122.6%	100.0%	162.9%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 11	100 - GENERAL SURGERY		2604	2520	1116	1176	1488	1428	744	768	96.8%	105.4%	96.0%	103.2%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 12	320 - CARDIOLOGY	301 - GASTROENTEROLOGY	2424	2340	1080	1152	1440	1404	720	948	96.5%	106.7%	97.5%	131.7%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 20	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2113	2100	1488	1500	1488	1476	744	912	99.4%	100.8%	99.2%	122.6%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 21	340 - RESPIRATORY MEDICINE	302 - ENDOCRINOLOGY	2484	2448	1116	1116	1860	1680	744	840	98.6%	100.0%	90.3%	112.9%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 22	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1488	1536	1116	1152	1116	1152	1116	804	103.2%	103.2%	103.2%	72.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 30	110 - TRAUMA & ORTHOPAEDICS		2472	2376	1356	1440	1488	1500	744	816	96.1%	106.2%	100.8%	109.7%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 31	110 - TRAUMA & ORTHOPAEDICS		2472	3108	1488	1524	1488	1512	1116	1260	125.7%	102.4%	101.6%	112.9%
	RWF10	Tonbridge Cottage Hospital - RWF10	Stroke Rehab	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1260	1248	744	600	744	744	372	396	99.0%	80.6%	100.0%	106.5%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	ante-natal	501 - OBSTETRICS		744	684	372	252	744	492	372	204	91.9%	67.7%	66.1%	54.8%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	delivery suite	501 - OBSTETRICS		3348	3060	744	672	3348	2940	744	732	91.4%	90.3%	87.8%	98.4%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	post-natal	501 - OBSTETRICS		1752	1428	1488	1140	1488	1464	1488	1428	81.5%	76.6%	98.4%	96.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Gynae Triage	502 - GYNAECOLOGY		744	744	372	336	744	744	372	372	100.0%	90.3%	100.0%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Hedgehog	171 - PAEDIATRIC SURGERY		2232	2280	648	552	2232	2580	372	336	102.2%	85.2%	115.6%	90.3%
	RWF03	Maidstone District General Hospital - RWF03	Birth Centre	501 - OBSTETRICS		744	744	384	384	744	744	384	384	100.0%	100.0%	100.0%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Neonatal Unit			2232	2220	372	336	2232	2172	372	288	99.5%	90.3%	97.3%	77.4%
	RWF03	Maidstone District General Hospital - RWF03	MSSU	100 - GENERAL SURGERY		888	852	444	444	360	396			95.9%	100.0%	110.0%	
			Total			65203	64752	31188	30996	48672	48588	18588	19488				

Org: **RWF** **Maidstone And Tunbridge Wells NHS Trust**
Period: **May_2014-15**

		Day				Night				Day		Night	
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
Site Code	Site Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
RWF22	Benenden Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF23	Buckland Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF24	Darent Valley Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF06	Edenbridge War Memorial Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF13	Faversham Cottage Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF26	Homoeopathic Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF27	Kent and Canterbury Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF02	Kent and Sussex Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF03	Maidstone District General Hospital	23124	22920	11868	12204	15984	16608	4848	5340	99.1%	102.8%	103.9%	110.1%
RWF30	Medway Maritime Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF05	Preston Hall Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF33	Qeqm Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF14	Queen Victoria Memorial Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF34	Royal Victoria Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF07	Sevenoaks Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF15	Sheppey Community Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF16	Sittingbourne Memorial Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF35	Stone House Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWFTW	The Tunbridge Wells Hospital	40819	40584	18576	18192	31944	31236	13368	13752	99.4%	97.9%	97.8%	102.9%
RWF10	Tonbridge Cottage Hospital	1260	1248	744	600	744	744	372	396	99.0%	80.6%	100.0%	106.5%
RWF17	Victoria Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF18	Whitstable and Tankerton Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF37	William Harvey Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board - July 2014

7-11 Safe Staffing: Planned V Actual – June 2014 data **Chief Nurse**

Summary / Key points

The attached paper is a copy of the planned v actual nursing staffing as uploaded to UNIFY and published via NHS Choices on the Trust website.

This paper provides an exception report to the Board based on the premise that any variance from plan that is less than 80% or greater than 110% requires further commentary.

Areas that fell below the planned numbers did so in a planned reactive manner.

Intensive Care Unit - both sites shows that the actual hours provided for Clinical Support Workers for day duty was below plan. This was due to decreased dependency so staff were either 'stood down', redeployed or temporary staffing solutions not utilised.

Mercer Ward - clinical support workers for day duty was below plan, this was considered acceptable as the shortfalls were during the week when the Dementia Activities Coordinator was available to support care on the ward.

Hedgehog – clinical support workers for day duty was below plan. This was due to sickness within the Nursery Nurse cohort (included in CSWs numbers rather than RN numbers) and therefore not considered a risk to giving direct patient care.

Surgical Day Unit at Maidstone - clinical support workers for day duty below plan. This was considered acceptable for the short periods of time there was a shortfall, as acuity was low.

Many areas exceeded the planned hours. These areas fall broadly into two groups.

Wards with escalation (additional capacity) beds open. These wards were:
UMAU – increased requirement met for staff at night.
Pye Oliver – increased requirement for clinical support workers at night

Increased acuity and dependency: These wards include
John Day, Stroke and John Day and Ward 20 all required additional support at night to meet increased dependency including managing high risk falls.

Wards 10 and 12 required additional support to meet increased acuity.

The attached appendix gives the break down by ward.

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.

Reason for receipt at the Board.
Assurance

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Organisation:	RWF	Maidstone And Tunbridge Wells NHS Trust
Period:	June_2014-15	

Basic Validations

Validations

Discretionary validations (will not prevent upload)

Day nurse fill rate >100%
Day care staff fill rate >100%
Night nurse fill rate >100%
Night care staff fill rate >100%

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RWF #NAME?

Period: #####

Please provide the URL to the page on your trust website where your staffing information is available

http://www.mtw.nhs.uk/about-the-trust/safe-staffing-levels.asp

Validation alerts (see control panel)	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
						Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
	RWF03	Maidstone District General Hospital - RWF03	Acute Stroke	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1440	1488	1440	1356	1080	1152	360	480	103.3%	94.2%	106.7%	133.3%
	RWF03	Maidstone District General Hospital - RWF03	Romney	314 - REHABILITATION	300 - GENERAL MEDICINE	1116	1092	1116	1104	744	720	744	888	97.8%	98.9%	96.8%	119.4%
	RWF03	Maidstone District General Hospital - RWF03	Cornwallis	100 - GENERAL SURGERY	101 - UROLOGY	1596	1524	720	768	1080	1080		180	95.5%	106.7%	100.0%	
	RWF03	Maidstone District General Hospital - RWF03	Coronary Care Unit (CCU)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1080	1032			720	720			95.6%		100.0%	
	RWF03	Maidstone District General Hospital - RWF03	Culpepper	320 - CARDIOLOGY	300 - GENERAL MEDICINE	720	768	720	732	720	720	360	360	106.7%	101.7%	100.0%	100.0%
	RWF03	Maidstone District General Hospital - RWF03	Foster Clark	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1692	1656	1140	1056	1440	1416	720	720	97.9%	92.6%	98.3%	100.0%
	RWF03	Maidstone District General Hospital - RWF03	Intensive Treatment Unit (ITU)	192 - CRITICAL CARE MEDICINE		2880	2688	252	192	2880	2640			93.3%	76.2%	91.7%	
	RWF03	Maidstone District General Hospital - RWF03	John Day	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1800	1848	1080	1332	1080	1080	360	660	102.7%	123.3%	100.0%	183.3%
	RWF03	Maidstone District General Hospital - RWF03	Jonathan Saunders	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1440	1464	720	696	1080	1080	360	360	101.7%	96.7%	100.0%	100.0%
	RWF03	Maidstone District General Hospital - RWF03	Lord North	370 - MEDICAL ONCOLOGY	800 - CLINICAL ONCOLOGY	1800	1836	360	432	720	720	360	360	102.0%	120.0%	100.0%	100.0%
	RWF03	Maidstone District General Hospital - RWF03	Mercer	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1488	1560	1116	888	1116	1068	372	408	104.8%	79.6%	95.7%	109.7%
	RWF03	Maidstone District General Hospital - RWF03	Pye Oliver	100 - GENERAL SURGERY	101 - UROLOGY	1452	1524	1080	1104	1080	1104	360	528	105.0%	102.2%	102.2%	146.7%
	RWF03	Maidstone District General Hospital - RWF03	Urgent Medical Ambulatory Unit (UMAU)	180 - ACCIDENT & EMERGENCY	300 - GENERAL MEDICINE	2664	2592	1332	1248	1080	1334	360	432	97.3%	93.7%	123.5%	120.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Acute Stroke	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1080	1044	720	720	1080	1104	360	432	96.7%	100.0%	102.2%	120.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Coronary Care Unit (CCU)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1080	1080	360	324	1080	1044			100.0%	90.0%	96.7%	
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Gynaecology	502 - GYNAECOLOGY		720	708	492	468	720	720	360	360	98.3%	95.1%	100.0%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Intensive Treatment Unit (ITU)	192 - CRITICAL CARE MEDICINE		2904	2880	360	348	2880	2988	360	168	99.2%	96.7%	103.8%	46.7%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Medical Assessment Unit	180 - ACCIDENT & EMERGENCY	300 - GENERAL MEDICINE	2520	2772	1440	1236	2160	2172	1080	888	110.0%	85.8%	100.6%	82.2%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	SDU	100 - GENERAL SURGERY	101 - UROLOGY	1836	1704	612	456	720	720	360	216	92.8%	74.5%	100.0%	60.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 32	110 - TRAUMA & ORTHOPAEDICS	100 - GENERAL SURGERY	720	720	360	360	360	360	360	360	100.0%	100.0%	100.0%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 10	100 - GENERAL SURGERY		2520	2602	1440	1704	1440	1440	720	1080	103.3%	118.3%	100.0%	150.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 11	100 - GENERAL SURGERY		2520	2628	1080	1200	1440	1512	720	792	104.3%	111.1%	105.0%	110.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 12	320 - CARDIOLOGY	301 - GASTROENTEROLOGY	2328	2340	1044	1104	1428	1428	720	672	100.5%	105.7%	100.0%	93.3%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 20	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2052	2004	1440	1632	1440	1428	720	1080	97.7%	113.3%	99.2%	150.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 21	340 - RESPIRATORY MEDICINE	302 - ENDOCRINOLOGY	2412	2412	1080	960	1800	1716	720	828	100.0%	88.9%	95.3%	115.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 22	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1440	1164	1080	1056	1080	1080	1080	960	80.8%	97.8%	100.0%	88.9%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 30	110 - TRAUMA & ORTHOPAEDICS		2412	2364	1332	1440	1440	1464	720	864	98.0%	108.1%	101.7%	120.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Ward 31	110 - TRAUMA & ORTHOPAEDICS		2412	2496	1440	1272	1440	1452	1080	1032	103.5%	88.3%	100.8%	95.6%
	RWF10	Tonbridge Cottage Hospital - RWF10	Stroke Rehab	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1236	1152	720	696	720	720	360	360	93.2%	96.7%	100.0%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	ante-natal	501 - OBSTETRICS		720	708	360	360	720	708	360	336	98.3%	100.0%	98.3%	93.3%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	delivery suite	501 - OBSTETRICS		3240	3120	720	696	3240	2940	720	720	96.3%	96.7%	90.7%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	post-natal	501 - OBSTETRICS		1692	1680	1440	1404	1440	1428	1440	1284	99.3%	97.5%	99.2%	89.2%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Gynae Triage	502 - GYNAECOLOGY		720	720	360	360	720	720	360	360	100.0%	100.0%	100.0%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Hedgehog	420 - PAEDIATRICS		2160	2292	612	468	2160	2352	360	336	106.1%	76.5%	108.9%	93.3%
	RWF03	Maidstone District General Hospital - RWF03	Birth Centre	501 - OBSTETRICS		720	672	360	336	720	648	360	360	93.3%	93.3%	90.0%	100.0%
	RWFTW	The Tunbridge Wells Hospital - RWFTW	Neonatal Unit	420 - PAEDIATRICS		2160	2112	360	360	2160	2172	360	288	97.8%	100.0%	100.6%	80.0%
	RWF03	Maidstone District General Hospital - RWF03	MSSU	100 - GENERAL SURGERY		864	996	516	600	408	504			115.3%	116.3%	123.5%	
			Total			63636	63442	30804	30468	47616	47654	18036	19152				

Org: **RWF** **Maidstone And Tunbridge Wells NHS Trust**
Period: **June_2014-15**

		Day				Night				Day		Night	
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
Site Code	Site Name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
RWF22	Benenden Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF23	Buckland Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF24	Darent Valley Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF06	Edenbridge War Memorial Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF13	Faversham Cottage Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF26	Homoeopathic Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF27	Kent and Canterbury Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF02	Kent and Sussex Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF03	Maidstone District General Hospital	22752	22740	11952	11844	15948	15986	4716	5736	99.9%	99.1%	100.2%	121.6%
RWF30	Medway Maritime Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF05	Preston Hall Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF33	Qeqm Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF14	Queen Victoria Memorial Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF34	Royal Victoria Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF07	Sevenoaks Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF15	Sheppey Community Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF16	Sittingbourne Memorial Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF35	Stone House Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWFTW	The Tunbridge Wells Hospital	39648	39550	18132	17928	30948	30948	12960	13056	99.8%	98.9%	100.0%	100.7%
RWF10	Tonbridge Cottage Hospital	1236	1152	720	696	720	720	360	360	93.2%	96.7%	100.0%	100.0%
RWF17	Victoria Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF18	Whitstable and Tankerton Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
RWF37	William Harvey Hospital	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting - July 2014

7-12 Board members' ward visits **Trust Secretary**

Summary / Key points

Undertaking direct quality assurance activity (e.g. "Board to Ward" visits, safety 'walkarounds' etc.) is regarded a key governance tool[1] available to Board members. Such activity can aid understanding of the care and treatment provided by the Trust; and provide assurance information to supplement the written and verbal assurance received at the Board and/or its sub-committees. It is also recognised that direct engagement with staff, patients and relatives can assist in shaping the culture of the Trust.

The enclosed report therefore provides information on…

- Details of the recent quality assurance activity undertaken by Board Members between June and July 2014. This includes ward/department visits, involvement in Care Assurance Audits and related activity.
- It should however be noted that the report does not claim to be a comprehensive record of such activity, for the following reasons:
  - Some Board members (notably the Chief Executive, Chief Operating Officer, Chief Nurse, Medical Director, and Director of Infection Prevention and Control), visit wards and other patient areas regularly, as part of their day-to-day responsibility for service delivery and the quality of care. It is not intended to capture all such routine visits within this report.
  - Board members may have undertaken visits but not logged these with the Trust Management office (Board members are therefore encouraged to register all such visits).

The report is submitted primarily for information, and to encourage Board members to continue to undertake quality assurance activity. However, those Board members undertaking visits are also invited to share any matters of note from their observations with the Board, to share the knowledge gained.

Board members are also to be advised that they will be 'paired' to particular areas at both hospital sites in the near future, following the agreement of the 'pairing' process that was discussed and agreed at the Trust Board in May.

Which Committees have reviewed the information prior to Board submission?

- N/A

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [2]

1. Information, and to encourage Board members to continue to undertake quality assurance activity;
2. Those Board members undertaking visits are also invited to impart any observations with the Board, to share the knowledge gained

[1] See "The Intelligent Board 2010: Patient Experience" and "The Health NHS Board 2013"

[2] 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

Ward visits undertaken by Board members, June to July 2014

Board member	Areas logged as being visited (MH: Maidstone Hospital; TW: Tunbridge Wells Hospital)	Formal feedback provided?
Associate Non-Executive Director	-	-
Chairman	1. Cancer Centre - MH 2. A&E - MH	2
Chief Executive	1. Macmillan Information Centre – MH 2. Radiotherapy – MH 3. Reception - MH	-
Chief Nurse	1. A&E – MH 2. Urgent Medical and Ambulatory Unit (UMAU) – MH 3. Tonbridge Cottage Hospital 4. Discharge Lounge – MH 5. Gynaecology – TW 6. Neonatal - TW	-
Chief Operating Officer	1. A&E – TW 2. Medical Assessment Unit (MAU) – TW 3. Pathology – MH 4. Mercer Ward - MH 5. Culpepper Ward - MH 6. John Day Ward - MH 7. Jonathan Saunders Ward - MH 8. Foster Clarke Ward - MH	-
Director of Finance	-	-
Director of Infection Prevention and Control	-	-
Director of Workforce and Communications	-	-
Director of Strategy and Transformation	1. Chronic Pain Unit – MH 2. ICU/HDU Visit – TWH	-
Medical Director	-	-
Non-Executive Director (KT)	-	-
Non-Executive Director (SD)	-	-
Non-Executive Director (SDu)	-	-
Non-Executive Director (ST)	1. CDU – TW 2. Medical Assessment Unit (MAU) - TW	2

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting – July 2014

7-13, 7-15, 7-17	**Performance Report, Month 3, 2014/15**	**Director Of Finance / Chief Operating Officer / Director Of Workforce & Communications**

Summary / Key points

The performance data to the end of month 3 (June) is enclosed. The financial information contained within the report is in the same format as presented to the June Board Forum. Board members are asked to comment whether the level of information provided is appropriate for discussion on financial performance at Trust Board.

- Emergency activity remains above normal expected range at an average of 372 A&E attendances per day compared to the long term average of 332 attendances per day. This, combined with high levels of activity in the Assessment units (MAU, SAU, PAU, EGAU), has resulted in high levels of non-elective admissions but owing to a reduced case mix complexity, bed occupancy rate and NEL LOS has remained stable. There was, however, still a need for escalation beds (fluctuating between 50 and 68) in order to manage the increased admissions and to ensure flows through A&E were maintained. The LOS would be further improved but for an increase in the level of Delayed Transfers of Care during June.

- Primary care referrals remained extremely high and well above normal expected range at an average of 408 referrals per day. New outpatient attendances increased significantly to meet the demand and this has slowed the increase in outpatient waiting lists. Despite the increase in demand, elective inpatients only dropped slightly compared to last month whilst day case work was above upper control limits. As a result the Inpatient and Day Case waiting lists have continued to drop. The RTT backlog reduction is continuing to reduce as planned through a combination of additional day case activity and waiting list validation.

- Despite the increased activity and pressure on A&E the Trust performed well on most quality measures. There were only received 35 complaints during June and the numbers of incidents remained stable with one Never Event. The numbers of falls increased overall as did serious falls. C diff infections remained below plan at 3 cases in June.

Which Committees have reviewed the information prior to Board submission?

- Executive Team, 15/07/14

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

June 2014 Performance

Summary

Emergency activity remains above normal expected range at an average of 372 A&E attendances per day compared to the long term average of 332 attendances per day. This, combined with high levels of activity in the Assessment units (MAU, SAU, PAU, EGAU), has resulted in high levels of non-elective admissions but owing to a reduced case mix complexity, bed occupancy rate and NEL LOS has remained stable. There was, however, still a need for escalation beds (fluctuating between 50 and 68) in order to manage the increased admissions and to ensure flows through A&E were maintained. The LOS would be further improved but for an increase in the level of DToC during June.

Primary care referrals remained extremely high and well above normal expected range at an average of 408 referrals per day. New outpatient attendances increased significantly to meet the demand and this has slowed the increase in outpatient waiting lists. Despite the increase in demand, elective inpatients only dropped slightly compared to last month whilst day case work was above upper control limits. As a result the Inpatient and Day Case waiting lists have continued to drop. The RTT backlog reduction is continuing to reduce as planned through a combination of additional day case activity and waiting list validation.

Despite the increased activity and pressure on A&E the Trust performed well on most quality measures. There were only received 35 complaints during June and the numbers of incidents remained stable with one Never Event. The numbers of falls increased overall as did serious falls. C diff infections remained below plan at 3 cases in June.

Quality

- Delivering Harm Free Care dropped slightly to 96.8% against a national average of 93.6%.
- The rate of hospital acquired pressure ulcers increased in June to just 1.9% below the latest national average of 3.0.
- The rate of falls in June improved to 5.9 with 4 of the falls being classified as serious incidents. This remains the Trusts main focus for quality improvement.
- In June there were 3 C diff giving a rate 16.1 against a national average of 15.7
- There were no further cases of MRSA in June and non-elective screening achieved 98% of patients against a target of 98%.
- The rate of complaints increased to 3.93 compared to the national average of 6.26 but the response rate worsened to 51.4%
- Although Stroke performance for the 4 hour target improved in June it still fell short of the 75% target. The Trust did not achieve the target of spending 90% of time on a stroke ward and did not manage to get 85% of patients assessed by a consultant within 24 hours.
- The FFT score for friends and family remained slightly above average at 77 but the response rates dropped, particularly for A&E. The response rate for maternity achieved the target of 15%

Performance & Activity

- The demand for A&E increased again in June, well above average, and no longer in line with seasonal variation at 6.4% higher than plan (5.7% higher than last year). Whilst the rate of A&E attendances needing admission remained significantly lower than average at 25.6% it still resulted in high levels of non-elective admissions 2.5% higher than last year.
- The Trust achieved the 4 hour target for A&E for the June at 95.3% and has done so for the last 5 quarters.
- There was a slight decrease in length of stay for non-elective patients to 6.5 days but the increased activity combined with increased DToC meant a small increase in bed usage during June at an average of 624 beds (from 622 at month 2).

- Delayed Transfers of Care (DToC) increased during the month to 4.7% which equated to 26 beds lost for the entire month. East Sussex was the main cause of this with a 73% increase in delays compared to May.
- Elective inpatient activity was below plan and previous year for the month at 678 cases and day cases, whilst higher than last year, were also below plan at 3143.
- Referrals from Primary Care remained high 13.4% above plan giving an increase of 10.7% over the previous year. This is mainly driven by increased referrals from West Kent GP's. Whilst consultant to consultant referrals have continued to fall, changes to recording practice in Ophthalmology accounted for most of the fall.
- The Trust continues to deliver the backlog reduction plan as agreed in May and by the end of June the number of patients waiting over 18 weeks has reduced to 425 compared to 753 at the end of April. Whilst the plan is being delivered the RTT will underperform until the end of August 2014.
- As predicted the Trust has underperformed against the cancer 62 day wait target for first cancer treatment and is unlikely to retrieve this for quarter 1. A recovery plan is in place with delivery expected to come back on track in quarter 2.

Finance

- The Trust has a deficit at month 3 of £6.9m against a revised planned deficit of £7.3m.
- Total income is £92.4m against a budget of £92.9m; an underperformance of £0.5m or 0.01%.
- Operating costs are £89.9m against a plan of £92.7m.
- EBITDA a measure of our operating performance is a £2.5m surplus an improvement against the plan of £0.6m.
- The financing costs including those related to the PFI and deprecation totalled £9.8m, which is breakeven against the in year plan.
- YTD CIPS achievement is £3.2m against the plan of £3.2m, following a review of Month 1 and Month 2 performance.
- The I&E forecast to the end of the financial year expects the Trust to deliver its planned deficit of £12.3m.
- Cash balances of £14.4m were held at the end of the M3.
- The Trust is still negotiating the outcome of 2013/14 over activity with its Commissioners.
- The 2014/15 plan highlights a requirement for additional working capital support.
- Total debtors are £40.1m (£43.0m in M2).
- Total Creditors are £51.1m (£53.8m in M2).
- £0.7m of capital schemes were delivered in Q1 plan of annual plan of £14.4m. The plan continues to be prioritised and aligned to the Trusts strategy.
- The Trusts current overall financial rating using the TDA Accountability framework which monitors performance against key deliverables is red due to its planned deficit position.
- A more detailed summary of the M3 financial position is enclosed below.

Workforce

Following the analysis of the workforce data for the month of June 2014 the following is drawn to the attention of the Board:

- That the total number of whole time equivalents used, a combination of substantive staff, bank, agency, locum and overtime, is 3.5% lower than the establishment and 0.1% lower at the same point last year.
- Overall nurse agency spend has increased by 4.8% on last year.
- The overall vacancy rate current stands at 8.3%.
- The level of sickness absence in June was 3.7% which is 0.2% up on the same period last year but still within acceptable tolerance of the national benchmark.
- The new appraisal cycle is completed and data is being entered on the Electronic Staff Record (ESR) System by HR. Although the current rate stands at 42.8%, there are a number waiting to be inputted and completed forms are still being sent to the HR department by managers.

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

Governance (Quality of Service):	**3.0**	**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	100.3	-0.96	0.3	*100*		100
'1-02	Standardised Mortality (Relative Risk)			91.3	86.0	-5.3	-14	*100*		100
'1-03	Crude Mortality	1.3%	0.9%	1.4%	1.1%	-0.3%				
'1-04	Safety Thermometer % of Harm Free Care	97.3%	96.8%	93.8%	97.2%		2.2%	95.0%		93.6%
'1-05	*Rate C-Diff (Hospital only)	22.2	16.1	24.8	18.0	-6.8	-3.6	*15.7*	15.7	15.7
'1-06	Number of cases C.Difficile (Hospital)	4	3	14	10	-4.0	2.0	*35*	35	35
'1-07	Number of cases MRSA (Hospital)	0	0	0	1	1	0	*0*	1	
'1-08	Elective MRSA Screening	95.0%	96.0%	95.0%	96.0%		-2.0%	98.0%	96.0%	
'1-09	% Non-Elective MRSA Screening	95.0%	98.0%	95.0%	98.0%		3.0%	95.0%	98.0%	
'1-10	**Rate of Hospital Pressure Ulcers	2.6	1.9	3.0	1.7	-1.3	-1.3	*3.0*	1.8	3.0
'1-11	****Rate of Total Patient Falls	7.2	5.9	7.7	6.2	-1.5	-0.5	6.75	6.2	
'1-12	****Rate of Total Patient Falls Maidstone	6.7	5.1	6.5	5.4	-1.1	-1.3	6.75	5.7	
'1-13	****Rate of Total Patient Falls Tunbridge Wells	9.6	6.2	8.6	6.5	-2.2	-0.3	6.75	6.5	
'1-14	Falls - SIs in month		4		11	11	2			
'1-15	MSA Breaches	10	0	10	0	-10	0	0	0	
'1-16	Total No of SIRIs Open with MTW	53	37			-16				
'1-17	Number of New SIRIs in month	19	14	46	32	-14	2			
'1-18	Number of Never Events	0	1	0	2	2	2	*0*	2	
'1-19	Number of CAS Alerts Overdue	1	0			-1	0	*0*		
'1-20	*****Readmissions <30 days: Emergency	10.0%	11.4%	9.6%	11.5%	1.9%	-2.1%	*13.6%*	11.5%	14.1%
'1-21	*****Readmissions <30 days: Elective	5.7%	5.2%	4.5%	5.6%	1.1%	-0.7%	*6.3%*	5.6%	6.8%
'1-22	***Rate of New Complaints	4.6	3.93	4.9	3.80	-1.1	-2.46	*6.26*	3.94	6.26
'1-23	% complaints responded to within target	62.2%	51.4%	57.8%	64.7%	6.9%	-10.3%	75.0%	72.4%	
'1-24	IP Resp Rate Recmd to Friends & Family	16.1%	46.4%	16.6%	45.0%	28.4%	20.0%	25%	44.6%	35.9%
'1-25	A&E Resp Rate Recmd to Friends & Family	2.8%	15.5%	3.0%	17.7%	14.7%	2.7%	15%	18.7%	19.1%
'1-26	Mat Resp Rate Recmd to Friends & Family	New	24.7%	New	17.3%	New	-2.7%	15%	17.3%	20.1%
'1-27	IP Friends & Family (FFT) Score	77	77	302	77	-224	3	74	77	74
'1-28	A&E Friends & Family (FFT) Score	60	63	419	64	-355	9	55	64	54
'1-29	Maternity Combined Q1 to Q4 FFT Score	New	80	New	82	New	12	70	82	71
'1-30	Five Key Questions Local Patient Survey	92.2%	91.4%			-0.8%		90%	91.4%	
'1-31	VTE Risk Assessment	95.3%	95.3%	95.4%	95.2%	-0.2%	0.2%	95%	95.0%	95%
'1-32	% Dementia Screening	100.0%	98.5%	99.3%	99.0%	-0.3%	9.0%	90%	99.0%	
'1-33	% TIA with high risk treated <24hrs	64.7%	No data	60.0%	67.9%			60%	67.9%	
'1-34	% spending 90% time on Stroke Ward (May)	74.2%	68.4%	68.6%	72.3%	3.6%	-7.7%	80%	78.0%	
'1-35	Stroke:% to Stroke Unit <4hrs (April)	New	28.0%	New	28.0%	New	New	75.0%	75.0%	
'1-36	Stroke: % scanned <1hr of arrival (April)	New	40.0%	New	40.0%	New	New	43.0%	43.0%	
'1-37	Stroke:% assessed by Cons <24hrs (April)	New	76.0%	New	76.0%	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	3.0	3.4	3.2	3.1	0.0	-0.2	*3.3*	3.3	3.3
3-02	Average LOS Non-Elective	7.1	6.5	7.3	6.6	-0.8	0.9	*5.7*	5.7	5.7
3-03	New:FU Ratio	1.74	1.54	1.76	1.62	-0.14	0.10	*1.52*	1.52	
3-04	Day Case Rates	78.9%	82.8%	78.7%	82.4%	3.6%	2.4%	80.0%	80.0%	82.19%
	Finance & Efficiency	**Latest Month**		**Year to Date**		**YTD Variance**		**Year End**		**Bench Mark**
		Plan	**Curr Yr**	***Plan***	**Curr Yr**	**From Prev Yr**	**From Plan**	**Plan**	**Forecast**	
3-05	Income	31,549	31,401	92,909	92,394	0.6%	-0.6%	368,246	372,026	
3-06	EBITDA	1,111	1,240	1,941	2,515	-55.9%	29.6%	24,718	24,327	
3-07	Surplus (Deficit) against B/E Duty	(1,962)	(1,882)	(7,276)	(6,849)			(12,303)	(12,301)	
3-08	CIP Savings	1,123	1,850	3,211	3,243	18.1%	1.0%	22,400	22,400	
3-09	Cash Balance	23,239	14,371	23,239	14,371	97.8%	-38.2%	926	926	
3-10	Capital Expenditure	905	245	2,147	661	22.0%	-69.2%	*18,835*	14,300	
3-11	**Monitor Continuity of Service Risk Rating**	New	2	2	2	New	0	2	2	

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**	**3.0**	**1.0**	**3.0**	**Amber/Red**		**Green**		
2-02	Emergency A&E 4hr Wait	98.3%	95.3%	96.0%	95.6%	-0.4%	0.6%	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	92.7%	85.6%	92.1%	88.0%	-4.1%	-2.0%	90%	90.0%	
2-07	18 week RTT - non admitted patients	96.3%	96.1%	96.3%	96.3%	0.0%	1.3%	95%	95.0%	
2-08	18 week RTT - Incomplete Pathways	93.9%	95.7%	93.9%	95.7%	1.8%	3.7%	92%	92.0%	
2-09	18 week RTT - Specialties not achieved	3	4	11	9	-2	9	*0*	9	
2-10	18 week RTT - 52wk Waiters	0	0	0	0	0	0	*0*	0	
2-11	18 week RTT - Backlog 18wk Waiters	878	425	878	425				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	9	6	9	6	-3	-3	9	9	
2-14	*Cancer two week wait	96.3%	96.0%	96.3%	95.4%	-0.9%	2.4%	93%	93.0%	95.5%
2-15	*Cancer two week wait-Breast Symptoms	94.7%	96.2%	94.7%	92.3%	-2.4%	-0.7%	93%	93.0%	
2-16	*Cancer 31 day wait - First Treatment	99.1%	98.5%	99.1%	99.0%	-0.1%	3.0%	96%	96.0%	98.4%
2-17	*Cancer 62 day wait - First Definitive	85.7%	76.0%	85.7%	82.4%	-3.4%	-2.6%	85%	85.0%	87.1%
2-18	Delayed Transfers of Care	3.1%	4.3%	2.9%	3.7%	0.8%	0.2%	3.5%	3.5%	
2-19	Primary Referrals	7772	8,692	23004	25,458	10.7%	13.4%	93,129	105,588	
2-20	Cons to Cons Referrals	3517	3,321	10893	9,919	-8.9%	-3.0%	42,433	41,139	
2-21	First OP Activity	10998	12,835	33680	35,116	4.3%	7.2%	133,266	145,645	
2-22	Subsequent OP Activity	21105	23,091	64629	63,578	-1.6%	6.3%	247,680	263,692	
2-23	Elective IP Activity	751	678	2239	2,035	-9.1%	-17.5%	9,584	8,440	
2-24	Elective DC Activity	2956	3,143	8639	9,177	6.2%	-2.6%	37,735	37,859	
2-25	Non-Elective Activity	3944	3,889	11610	11,911	2.6%	5.5%	*45,264*	47,775	
2-26	A&E Attendances	10551	11,302	31569	33,370	5.7%	6.4%	*125,789*	133,847	
2-27	Oncology Fractions	5635	5,852	16870	17,138	1.6%	1.3%	67,876	68,740	
2-28	No of Births (Mothers Delivered)	459	465	1,334	1,402	5.1%	5.6%	5,310	5,608	
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)	28.3%	28.8%	26.8%	27.0%	0.2%	2.0%	25.0%	25.0%	
2-31	% Mothers initiating breastfeeding	81.0%	82.8%	81.3%	80.5%	-0.9%	2.5%	78.0%	80.5%	
2-32	Intra partum stillbirths Rate (%)	0.0%	0.0%	0.3%	0.1%				0.1%	

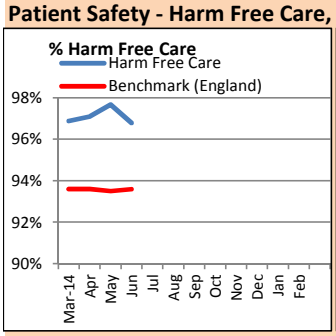
* Rate of C.Difficile per 100,000 Bed days, ** Rate of Pressure Sores per 1,000 admissions (excl Day Case), *** Rate of Complaints per 1,000 Episodes (incl Day Case), **** Rate of Falls per 1,000 Occupied Beddays, ***** Readmissions run one month behind.

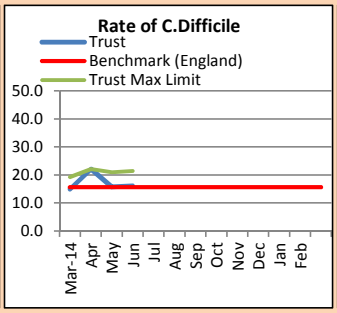
Responsible Committee: Workforce * Stroke & CWT run one mth behind, *** Ambulance Handover is unvalidated

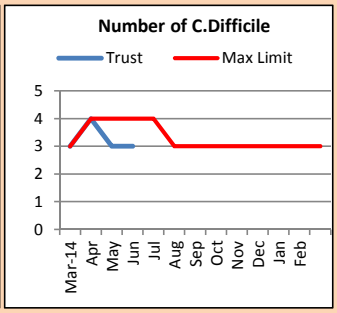
	Workforce	Latest Month Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ Limit	Year End Forecast	Bench Mark
4-01	Establishment (Budget WTE)	5,433.5	5,488.1	5,433.5	5,488.1	1.0%	0.0%	*5,184.2*	5,184.2	
4-02	Contracted WTE	4,968.0	5,031.5	4,968.0	5,031.5	1.3%	-0.7%	*4,952.4*		
4-03	Locum Staff (WTE)	29.4	24.1	29.4	24.1	-18.1%				
4-04	Bank Staff (WTE)	238.1	252.9	238.1	252.9	6.2%				
4-05	Agency Staff (WTE)	99.1	133.7	99.1	133.7	34.9%				
4-06	Overtime (WTE)	67.3	63.6	67.3	63.6	-5.6%				
4-07	Worked Staff WTE	5,300.9	5,295.1	5,300.9	5,295.1	-0.1%	-3.5%	*5,184.2*		
4-08	Vacancies WTE	465.5	456.5	465.5	456.5	-1.9%			300.4	
4-09	Vacancy %	8.6%	8.3%	8.6%	8.3%	-2.9%			5.8%	
4-10	Nurse Agency Spend	(272)	(288)	(1,001)	(1,049)	4.8%			(2,660)	
4-11	Medical Locum & Agency Spend	(710)	(728)	(1,974)	(2,154)	9.1%			(6,957)	
4-12	Staff Turnover Rate	10.3%	8.8%		9.48%	-1.6%	-1.7%	*10.5%*	9.48%	8.4%
4-13	Sickness Absence	3.4%	3.7%		3.7%	0.2%	0.4%	*3.3%*	3.3%	3.7%
4-14	Statutory and Mandatory Training	82.1%	86.5%		86.5%	4.4%	1.5%	85.0%	85.0%	
4-15	Appraisals	76.9%	42.8%	75.5%	42.8%	-34.2%	-47.2%	90.0%	90.0%	

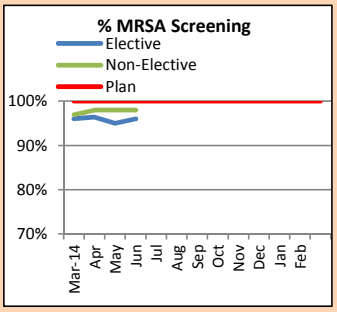
INTEGRATED PERFORMANCE REPORT ANALYSIS - PATIENT SAFETY & QUALITY

Patient Safety - Harm Free Care, Infection Control

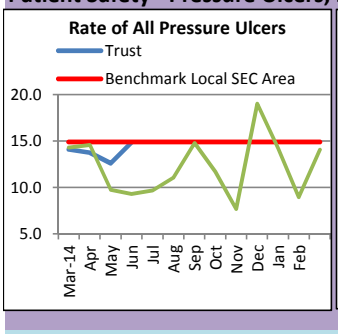


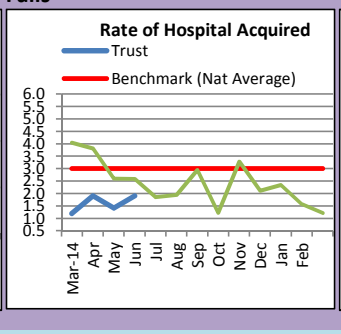


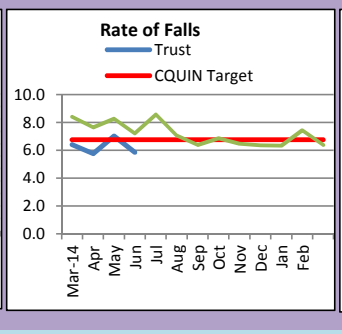


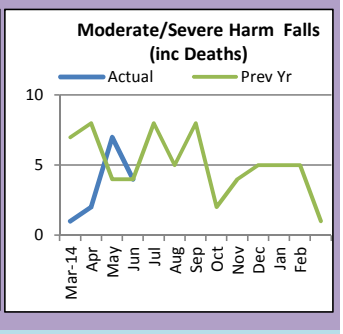


Patient Safety - Pressure Ulcers, Falls

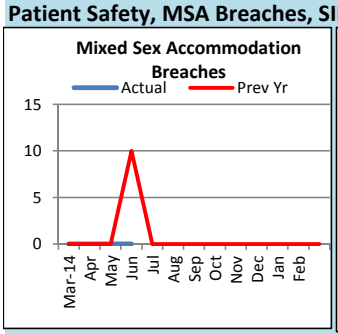


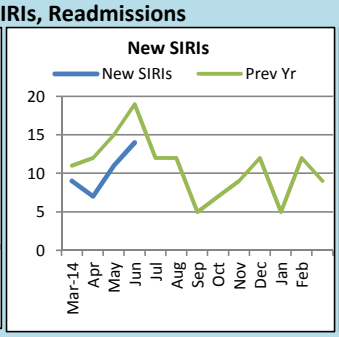


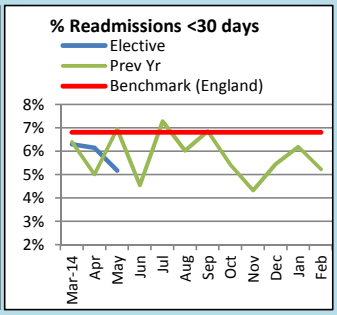


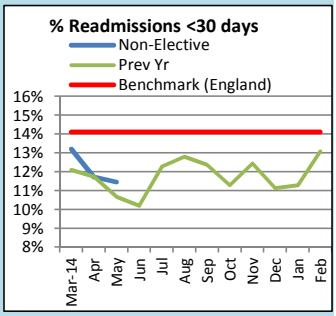


Patient Safety, MSA Breaches, SIRIs, Readmissions

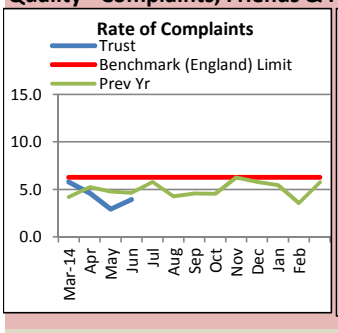


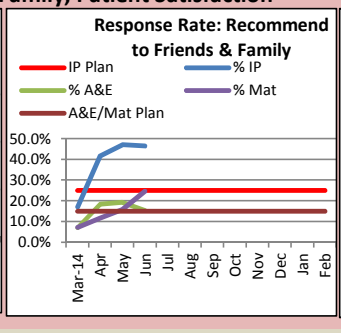


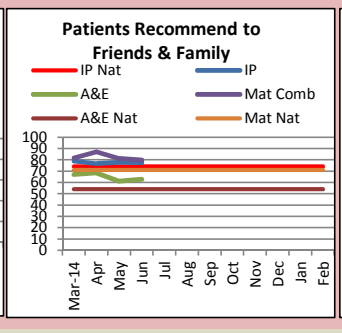


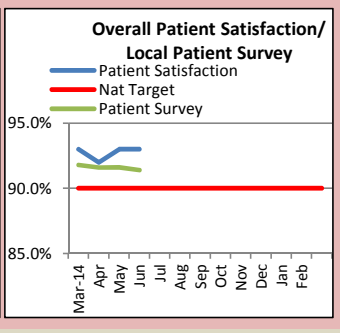


Quality - Complaints, Friends & Family, Patient Satisfaction

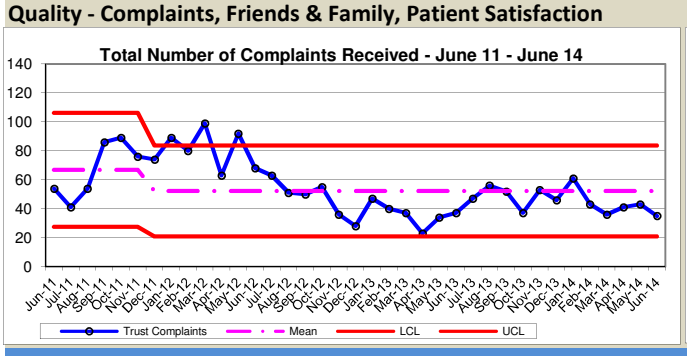


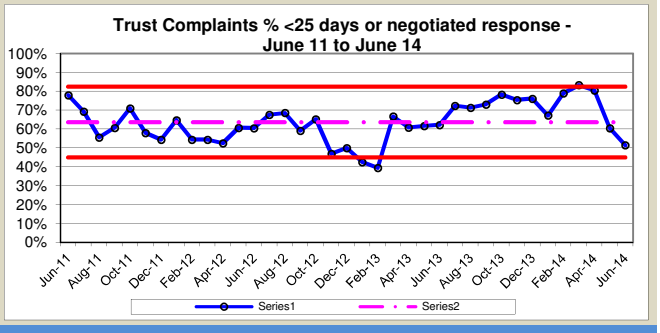




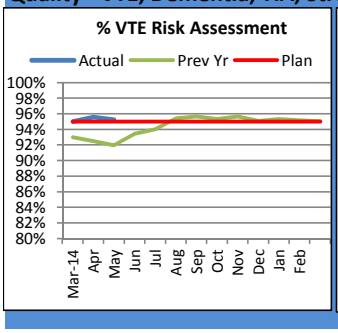


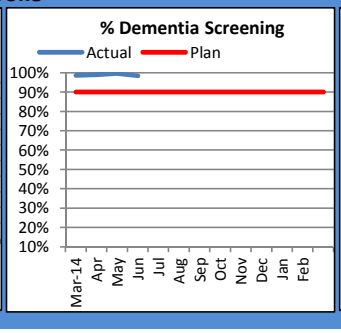
Quality - Complaints, Friends & Family, Patient Satisfaction

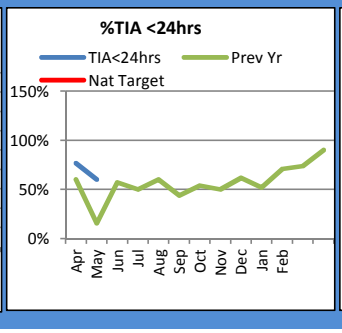


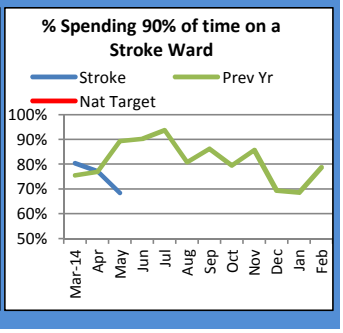


Quality - VTE, Dementia, TIA, Stroke



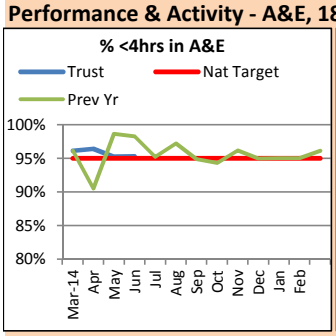


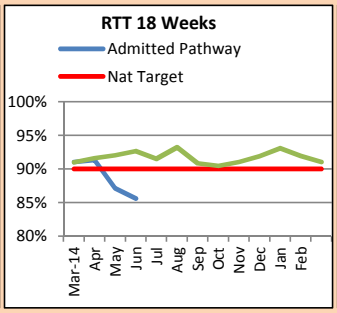


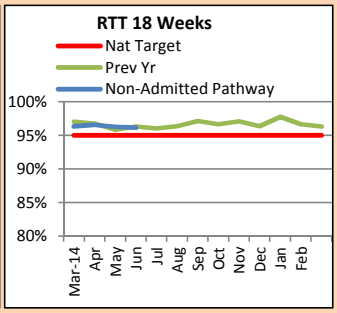


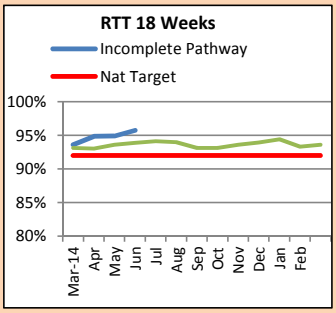
INTEGRATED PERFORMANCE REPORT ANALYSIS - PERFORMANCE & ACTIVITY

Performance & Activity - A&E, 18 Weeks

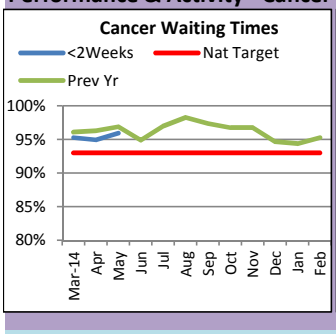


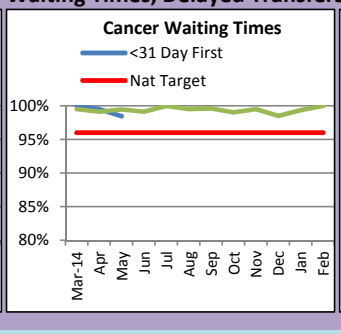


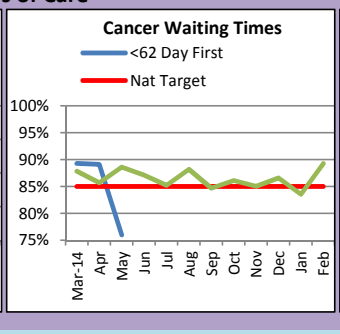


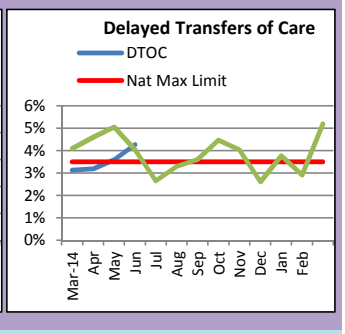


Performance & Activity - Cancer Waiting Times, Delayed Transfers of Care

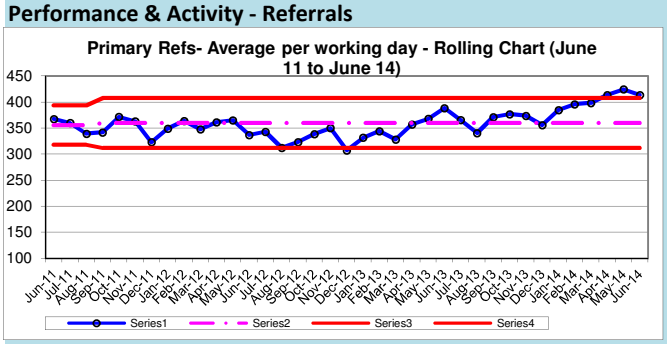


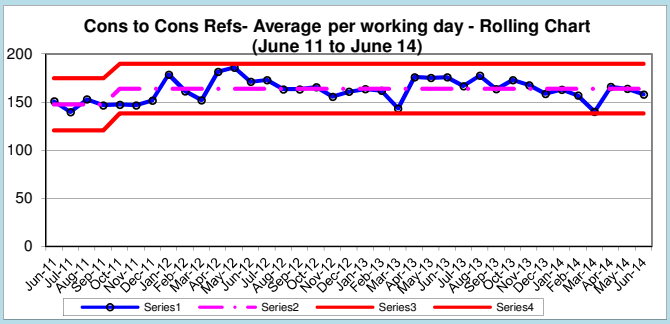




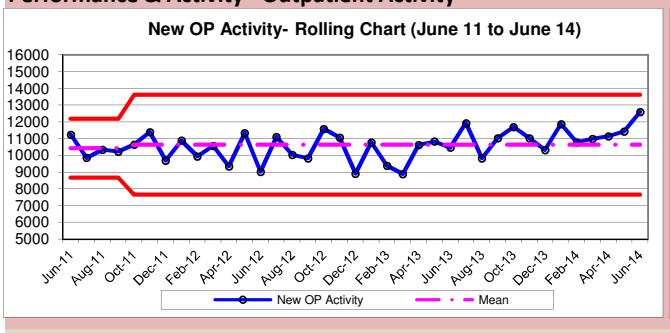


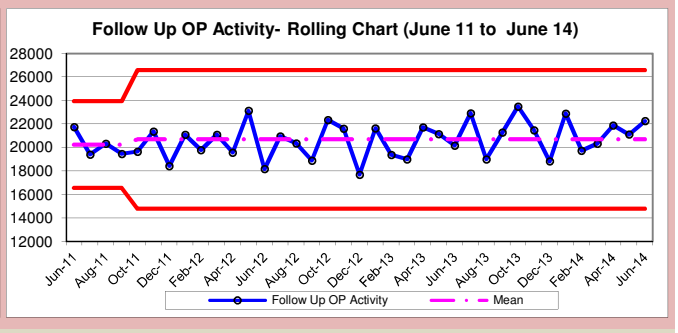
Performance & Activity - Referrals



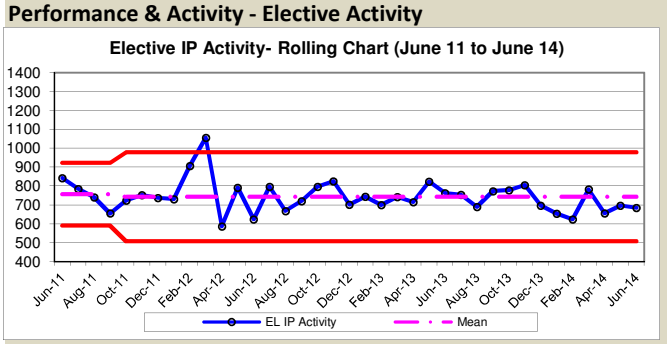


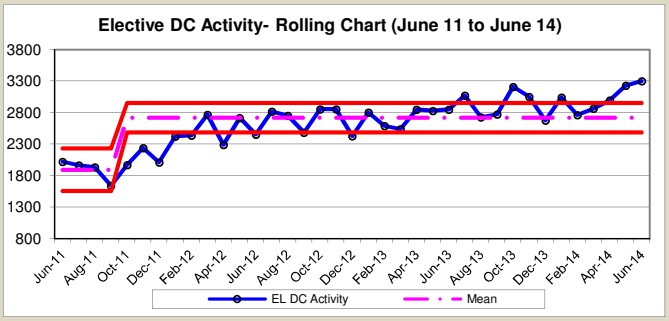
Performance & Activity - Outpatient Activity



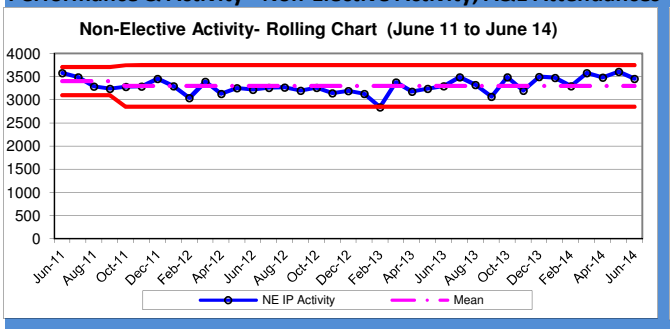


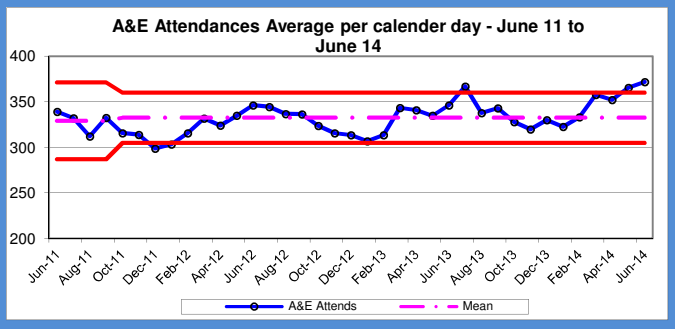
Performance & Activity - Elective Activity





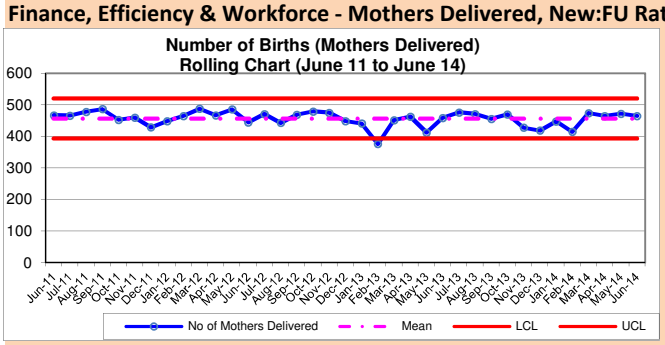
Performance & Activity - Non-Elective Activity, A&E Attendances

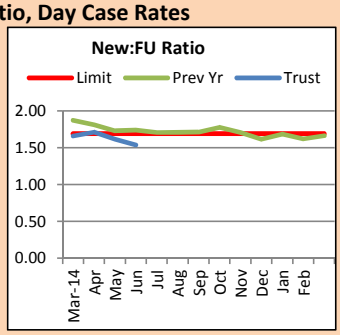


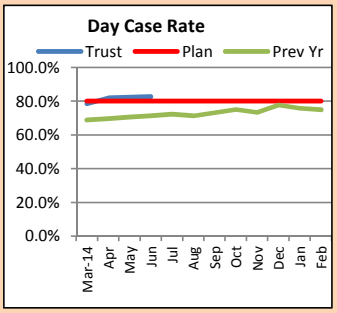


INTEGRATED PERFORMANCE REPORT ANALYSIS - FINANCE, EFFICIENCY & WORKFORCE

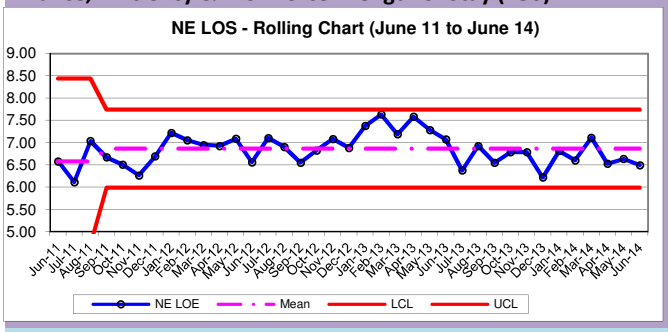
Finance, Efficiency & Workforce - Mothers Delivered, New:FU Ratio, Day Case Rates

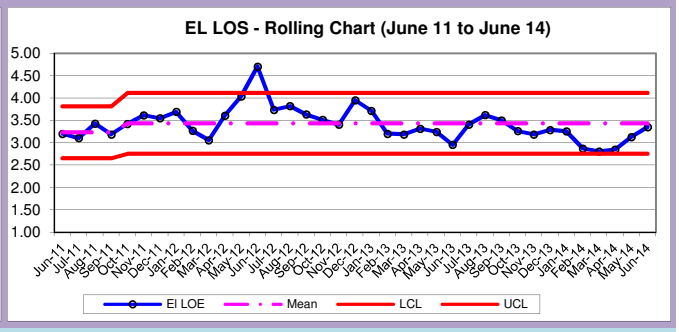




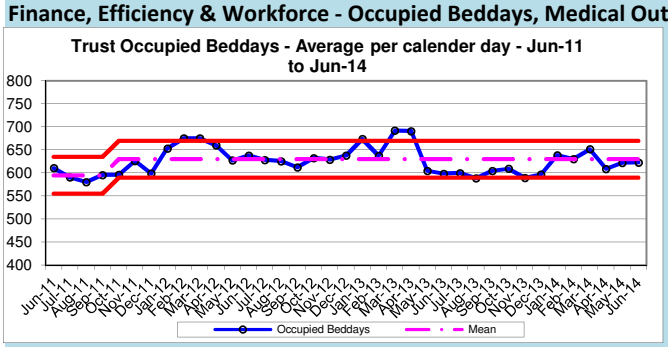


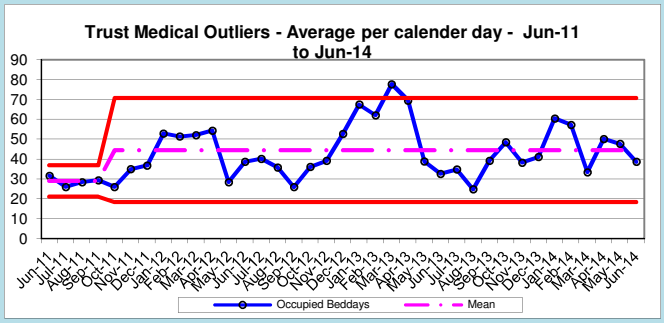
Finance, Efficiency & Workforce - Length of Stay (LOS)



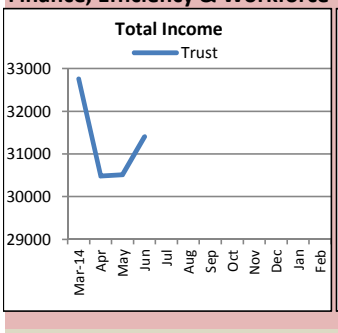


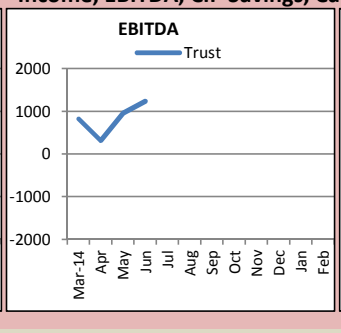
Finance, Efficiency & Workforce - Occupied Beddays, Medical Outliers

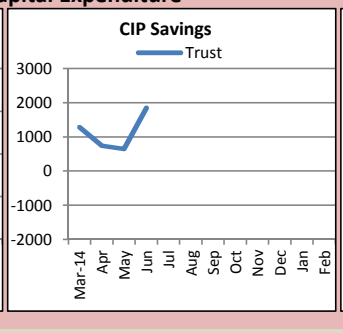


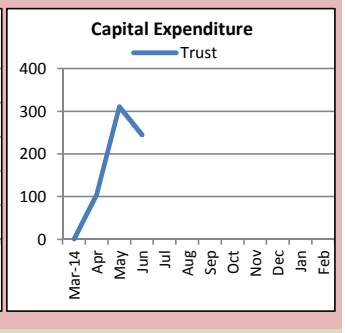


Finance, Efficiency & Workforce - Income, EBITDA, CIP Savings, Capital Expenditure

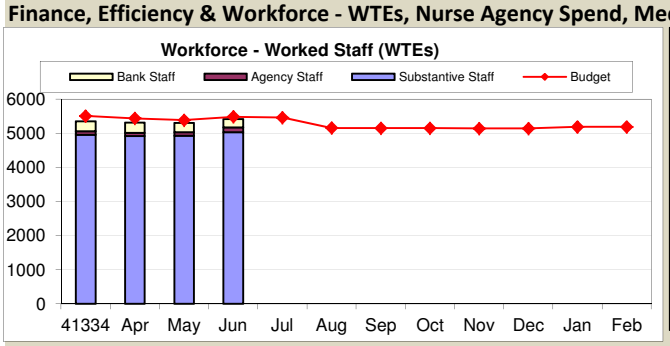


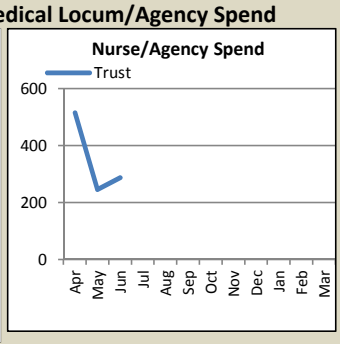


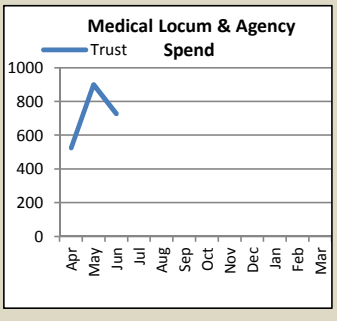




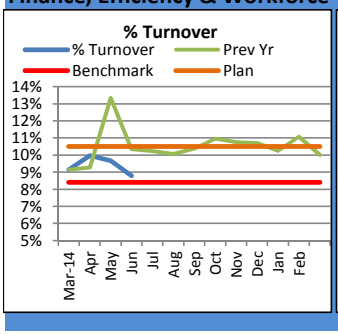
Finance, Efficiency & Workforce - WTEs, Nurse Agency Spend, Medical Locum/Agency Spend

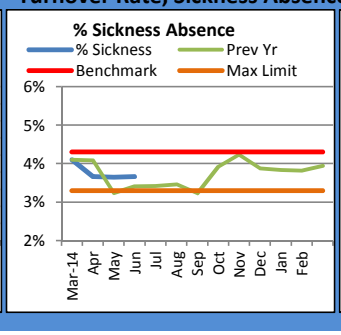


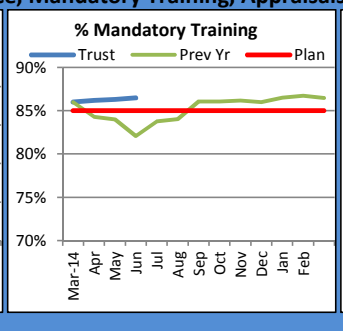


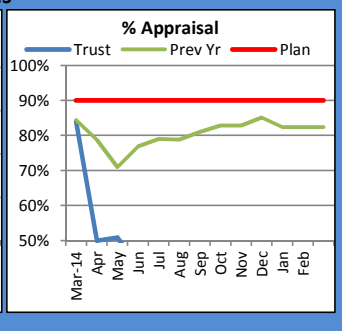


Finance, Efficiency & Workforce - Turnover Rate, Sickness Absence, Mandatory Training, Appraisals









M3 Financial Performance overview

1. Overview of the Financial Position at M3 2014/15

1.1. This written summary provides an overview of the financial position at M3 of 2014/15.

1.2. Non elective activity is c6% higher than plan year to date however occupancy has remained stable as reduced case mix complexity helped maintain the length of stay. Therefore the bed requirement has remained constant in the first three months of this financial year. However there are c60 escalation beds open throughout the first three months causing an overspend of £0.2m year to date. The increase in non elective activity has also impacted on the non elective threshold which is £0.5m above plan year to date (48% higher than the plan). Non elective income (excluding threshold) however is only 1% above plan and therefore it appears that the Trust is getting paid less per patient than the original plan.

1.3. The year to date deficit at month 3 is £6.9m against a revised planned deficit of £7.3m, a favourable variance of £0.4m. There is a prudent provision for £1.8m for additional costs included within the Month 3 position.

1.4. Total income is £92.4m against a budget of £92.9m; an underperformance of £0.5m or 0.01%. The main variances on income or outlined below :

- NHS Clinical income is over performing by £0.2m.
- All applicable contractual deductions and penalties have been applied and a provision has been made for challenges.
- Antiveg activity is the main overperformance in other activities.
- Private Patient income is underperforming by £0.5m however this is offset by NHS activity performed and by lower than planned expenditure in both pay and non-pay.

1.5. Operating costs are £89.9m against a plan of £92.7m. Pay is now £1.0m underspent after incorporating the issue of the budget in month for the agreed workforce plan. Within the pay position, Nursing is £0.1m overspent relating to old year additional cost which were recognised in Month 1. All other pay categories are underspending with significant underspends in Scientific & Therapeutic and Admin & Clerical staff. Pay budgets now include the premium cost of temporary staff and budget to cover maternity.

1.6. Non pay is £1.8m underspent. Purchase of healthcare from non NHS bodies is £1.7m underspent and is offset by underperformance in day case and elective income relating to the original plan for outsourcing activity.

1.7. EBITDA a measure of our operating performance is a £2.5m surplus an improvement against the plan of £0.6m.

1.8. The financing costs including those related to the PFI and deprecation totalled £9.8m, which is breakeven against the in year plan.

1.9. The CIP report last month included £768k of savings yet to be formally identified. A review has been undertaken to replace the £768k with actual schemes. The CIP report for Month 3 takes account of the removal of the £768k and the cumulative impact of the additional schemes being added to the report. Therefore CIP delivery of £1.8m is reported in Month 3 against a target of £1.1m. The Trust has achieved £3.2m against the plan of £3.2m year to date. The Trust is expecting to achieve the £22.4m target for this year however there is £4.1m of schemes still to be identified.

1.10. The I&E forecast to the end of the financial year expects the Trust to deliver its planned deficit of £12.3m. This will be updated on a monthly basis, and has been shared with Directorates so performance can be managed against them and any significant variance reported.

1.11. Cash balances of £14.4m were held at the end of M3. Discussions with NHS debtors over the settlement of 2013/14 outstanding debt are on-going. The operational cash forecast has been revised moving the expectation of circa £7.5m overperformance and release of other NHS debtors into August.

1.12. The Trust requires circa £18.4m NHS income in excess of the SLA block payments to be received in July and August to avoid requiring temporary cash support in September.

1.13. The 2014/15 plan highlights a requirement for additional working capital support. The application process will be the same as in 2013/14 and will be based on the five year plan as submitted in June 2014.

1.14. Total debtors are £40.1m (£43m in M2). The largest debtor (invoiced) at the end of the period is WKCCG who owe £9.9m gross (£16.0m in M2) relating to invoices subject to year-end reconciliation. 90 day debt is £19.6m this has reduced since Month 1 by £2.5m (£22.1m) and is expected to reduce significantly when the year end position agreement is reached with commissioners.

1.15. Creditors are £51.1m (£53.8m in M2). The percentage of the value of payments made within 30 days was 80.6% against a target of 95%, 2013/14 cumulative year end performance was 56.2%.

1.16. Capital expenditure to month 3 was £0.7m of the revised forecast expenditure £14.3m. This was £1.4m less than the planned expenditure at month 3 of £2.1m based on the £18.8m original plan. The plan continues to be prioritised and aligned to the Trusts strategy.

1.17. The supporting finance information includes the Trust performance against the TDA Accountability framework which monitors performance against key deliverables. The Trusts current overall rating is red due to its planned deficit position.

Key Performance Indicators as at Month 3

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

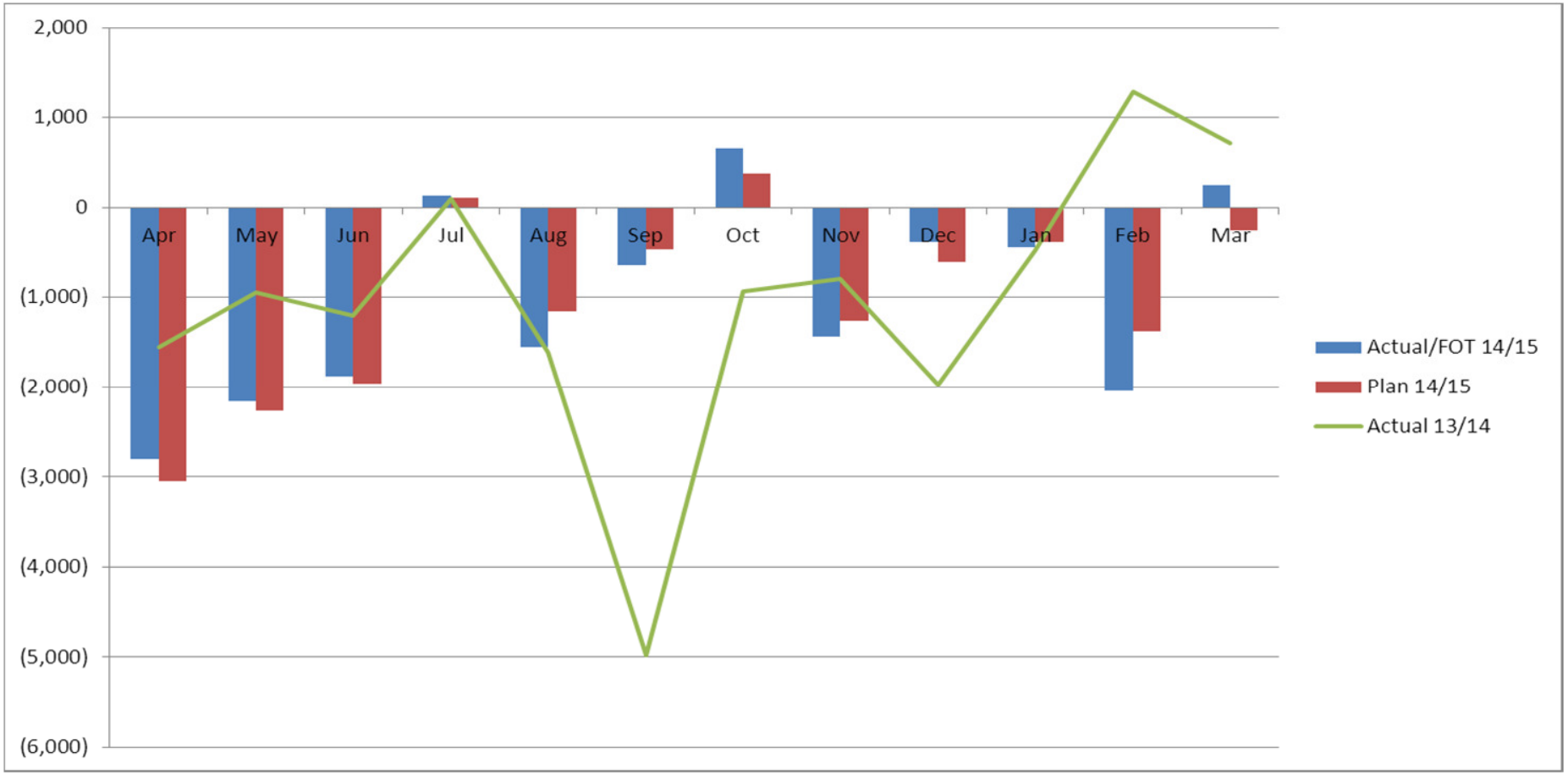
Maidstone and Tunbridge Wells NHS Trust

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)
NHS Financial Performance				
1a) Forecast Outturn, Compared to Plan	(12,301)	(12,301)	0	RED
1b) Year to Date, Actual compared to Plan	(7,276)	(6,849)	427	GREEN
Financial Efficiency				
2a) Actual Efficiency recurring/non-recurring compared to plan - Year to date actual compared to plan				GREEN
- Total Efficiencies for Year to Date compared to Plan	2,313	3,230	917	
- Recurrent Efficiencies for Year to Date compared to Plan	2,313	2,632	319	
2b) Actual Efficiency recurring/non-recurring compared to plan - Forecast compared to plan				RED
- Total Efficiencies for Forecast Outturn compared to Plan	22,400	22,400	0	
- Recurrent Efficiencies for Forecast Outturn compared to Plan	22,400	16,552	(5,848)	
Underlying Revenue Position				
3) Forecast Underlying surplus / (deficit) compared to Plan	(16,254)	(22,102)	(5,848)	RED
Cash and Capital				
4) Forecast Year End Charge to Capital Resource Limit	14,216	14,135	81	GREEN
5) Permanent PDC accessed for liquidity purposes		14,300		RED
Trust Overall RAG Rating				RED
(B) Continuity of Service Risk Ratings				
Year to Date Rating	2	2	1	RED
Fotecast Outturn Rating	2	2	0	RED

RAG STATUS: Red	Amber	Green
A deficit position or 20% worse than plan	A position between 5% - 20% worse than plan	Within 5% or better than plan
20% worse than plan	A position between 10% - 20% worse than plan	Within 10% or better than plan
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
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
20% worse than plan	A position between 10% - 20% worse than plan	Within 10% or exceeding plan
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 required
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
If score is 2.5 or lower	Not applicable	Score of over 2.5
If score is 2.5 or lower	Not applicable	Score of over 2.5

I&E Monthly Position Graph as at Month 3 2014/15

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual/FOT 14/15	(2,805)	(2,163)	(1,882)	136	(1,553)	(640)	654	(1,437)	(379)	(442)	(2,039)	249
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 3

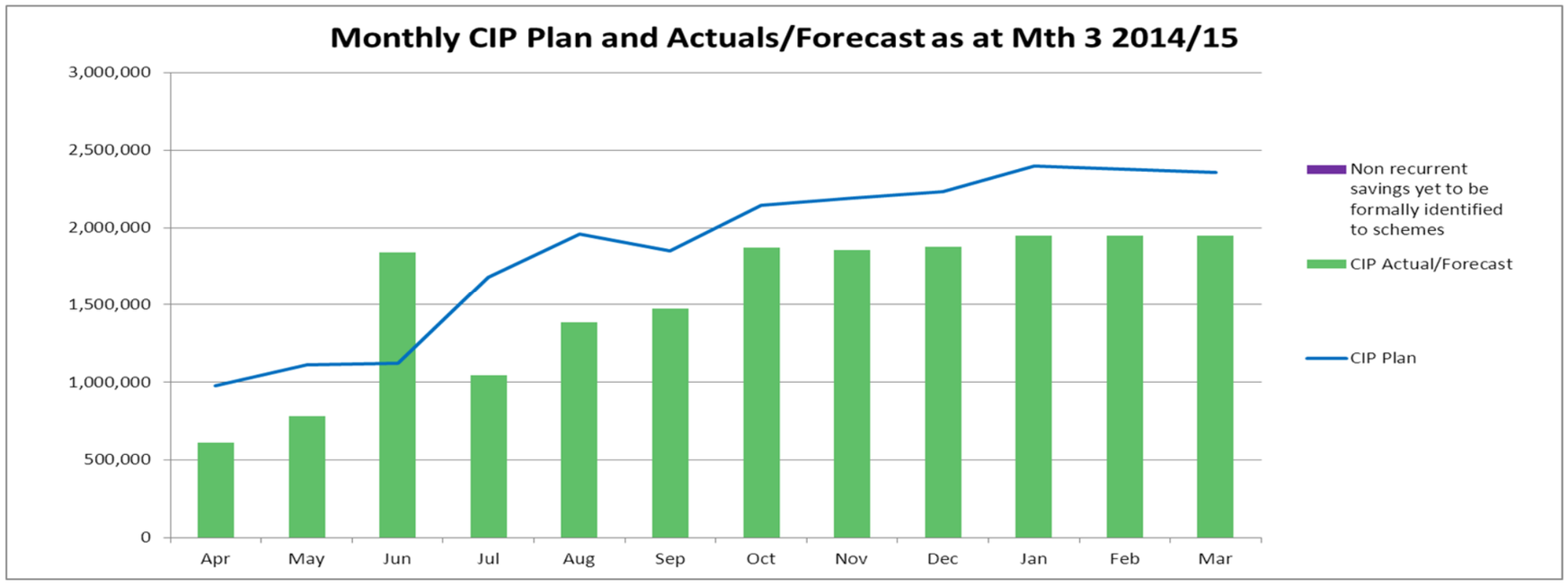
Maidstone and Tunbridge Wells NHS Trust

WORKSTREAMS BY DIRECTORATE BUDGET		Plan	Year To Date		
		Across Trust Workstreams & Directorate Workstreams £'000	Plan £'000	Actual £'000	Variance £'000
Savings forecast / achieved to be allocated to workstreams	Finance	3,903	-		-
Back Office	Paul Bentley	4,491	1,046	464	- 582
Corporate (PPU)	Angela Gallagher	385	-	-	-
Surgery	Simon Bailey	1,804	331	358	27
Surgery (Head & Neck)	Simon Bailey	979	193	352	159
Specialist Medicine	Clive Lawson	3,328	644	289	- 355
Acute Medicine/A&E	Akbar Sorma	2,264	462	78	- 384
Diagnostics & Therapies	Sarah Mumford	2,318	403	518	115
T&O	Guy Slater	1,160	212	121	- 91
Women's & Sexual Health	M.Wilcox	1,676	361	298	- 63
Paediatrics	Hamudi Kisat	847	170	179	9
Critical Care	Richard Leech	2,690	667	447	- 220
Cancer	Sharon Beesley	2,054	414	126	- 288
Overprogramme		- 5,499	- 1,692		1,692
Total By Directorate (includes all workstreams)		**22,400**	**3,211**	**3,230**	**19**

Summary of schemes added to replace "savings yet to be formally identified to schemes"

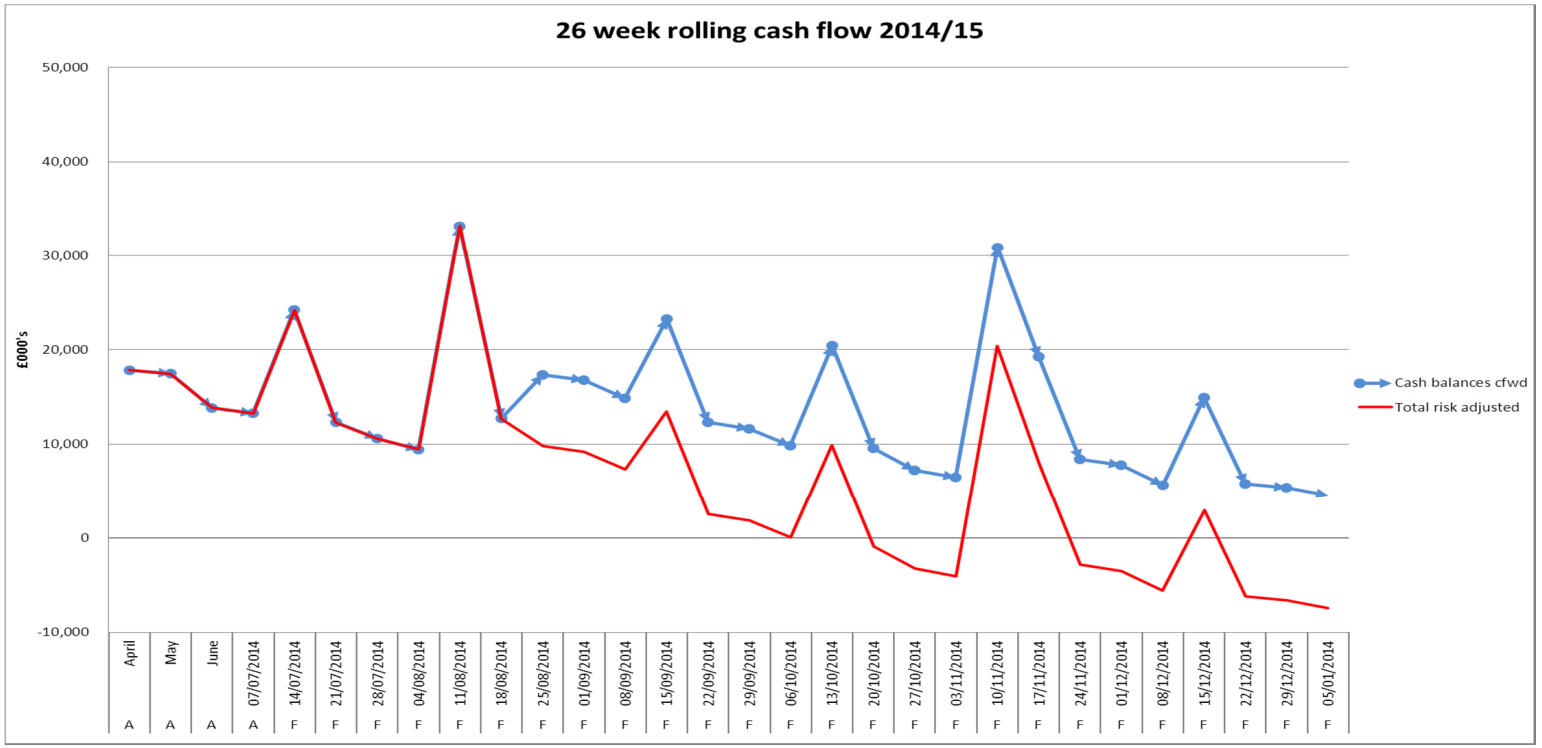
Workstream	YTD £'000
Directorate Scheme - Critical Care	291
Directorate Scheme - DTP	214
Directorate Scheme - Hd & Neck	249
Directorate Scheme - Paeds	143
Directorate Scheme - Surgery	252
Directorate Scheme - T&O	16
Directorate Scheme - W&SH	285
Total impact of new schemes on YTD	**1,450**

Recurrent v Non Recurrent Analysis	YTD £'000	FOT £'000
Recurrent	2,608	16,464
Non Recurrent	622	1,792
Yet to be formally identified	0	4,144
Total	**3,230**	**22,400**



Maidstone and Tunbridge Wells NHS Trust

Graphical presentation of cash balances to w/c 5th January 2015, actuals at 10th July 2014



	A	A	A	A	F	F	F	F	F	F	F	F	F	F	F	F
Week commencing	April	May	June	07/07/2014	14/07/2014	21/07/2014	28/07/2014	04/08/2014	11/08/2014	18/08/2014	25/08/2014	01/09/2014	08/09/2014	15/09/2014	22/09/2014
Cash balances cfwd	**17,840**	**17,446**	**13,852**	**13,311**	**24,216**	**12,333**	**10,618**	**9,483**	**33,222**	**12,728**	**17,377**	**16,805**	**14,920**	**23,591**	**12,337**
13/14 o/performance	0	0	0	0	0	0	0	0	0	0	7,541	7,541	7,541	7,541	7,541
14/15 o/performance	0	0	0	0	0	0	0	0	0	0	0	0	0	740	740
Reinvestment income	0	0	0	0	0	0	0	0	0	0	0	0	0	1,500	1,500
Total risk adjusted	**17,840**	**17,446**	**13,852**	**13,311**	**24,216**	**12,333**	**10,618**	**9,483**	**33,222**	**12,728**	**9,836**	**9,264**	**7,379**	**13,810**	**2,556**

	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
Week commencing	29/09/2014	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	15/12/2014	22/12/2014	29/12/2014	05/01/2014
Cash balances cfwd	**11,652**	**9,867**	**20,473**	**9,624**	**7,287**	**6,502**	**30,931**	**19,273**	**8,462**	**7,777**	**5,692**	**14,943**	**5,846**	**5,406**	**4,621**
13/14 o/performance	7,541	7,541	7,541	7,541	7,541	7,541	7,541	7,541	7,541	7,541	7,541	7541	7541	7541	**7,541**
14/15 o/performance	740	740	1,480	1,480	1,480	1,480	1,480	2,220	2,220	2,220	2,220	2,960	2,960	2,960	2960
Reinvestment income	1500	1500	1500	1500	1500	1500	1500	1500	1500	1,500	1,500	1500	1500	1500	1500
Total risk adjusted	**1,871**	**86**	**9,952**	**-897**	**-3,234**	**-4,019**	**20,410**	**8,012**	**-2,799**	**-3,484**	**-5,569**	**2,942**	**-6,155**	**-6,595**	**-7,380**

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 - July 2014

7-14 Summary of the Finance Committee meeting, 23/06/14	**Committee Chair (Non-Executive Director)**

Summary / Key points

This report provides information on the Finance Committee meeting held on 23rd June. The key issues discussed were as follows:

- Month 2 performance was reviewed, including Recover Plan/CIP performance
- The Committee approved the triangulation of workforce, activity and budget information (the same report had been received at the Workforce Committee a few days before the Finance Committee)
- An update on the capital programme was received
- The Committee was informed of the actions planned following the external reviews of the Finance Department
- The Trust's approach to its Reference Cost submission was discussed and approved (it was also agreed that this function should be reflected in the Committee's Terms of Reference, which are enclosed for approval by the Trust Board)
- The Committee considered the top three financial risks to the Trust
- The Committee agreed to introduce a programme of Directorate 'deep dive' reviews, to explore each Directorate's financial performance in more detail. The first such review is scheduled for the meeting on 21st July.

A verbal update will be provided on the Finance Committee meeting held on 21st July.

At the May Finance Committee, revised Terms of Reference were discussed, and agreed. A further amendment was agreed at the June Finance Committee (see above). The revised Terms of Reference are now submitted to the Trust Board, for formal approval. A 'track changes' version is included, along with explanatory comments, so Board members can easily see the amendments proposed, and the rationale for the change. A 'clean' version is also enclosed.

Which Committees have reviewed the information prior to Board submission?

- Finance Committee

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

- Information and assurance
- To approve the revised Terms of Reference for 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

Maidstone and Tunbridge Wells NHS Trust

~~MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST~~

FINANCE COMMITTEE

Terms of Reference

~~AUTHORITY~~

~~1. The Finance Committee is responsible for Treasury, Investment and Informatics. It is a formally constituted committee of the Trust Board. Its constitution and terms of reference are set out below.~~

~~2. The Committee is authorised by the Trust Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Committee.~~

~~3. The Committee is authorised to obtain such information as is necessary and expedient to the fulfilment of its functions.~~

Comment [SC1]: The words in this section apply to any Board sub-committee and do not therefore require explicit mention in the ToR

1. ~~ROLE AND~~ Purpose

Comment [SC2]: Title changed to reflect the Trust's revised ToR template

The Trust Board has established the Committee to provide the Trust Board: with:

- Aassurance on the effectiveness of financial management, treasury management, investment and capital expenditure and financial governance
- Aassurance on Iinformation Ttechnology, performance and business continuity
- Aan objective assessment of the financial position and standing of the Trust
- Aadvice and recommendations on all key issues of financial management and financial performance
- Aadvice and recommendations on all aspects of informatics, including information technology and telecommunications

2. Membership

Membership of the Committee is as follows:

- the Committee Cchair - a Non-Executive Director appointed by the Trust Board
- the Committee vice-chair - a Non-Executive Director appointed by the Trust Board
- The Director of Finance
- The Medical Director
- The Chief Operating Officer[1]
- The Chief Executive[1]

Comment [RK3]: The Board agreed with the principle that the „core' membership of each Board sub-committee should consist of 2 NEDs and 2 Execs (but that all other NEDS and Execs could attend should they wish)

~~All other Non-Executive Directors All Executive Directors~~
Members are expected to attend all relevant meetings.

Comment [RK4]: The Finance Committee agreed that the Chief Operating Officer and Chief Executive should be listed as members, and that at least one of the two should be required to be present at each meeting

3. Quorum

[1] N.B. Either the Chief Operating Officer or Chief Executive should be present at each meeting

The Committee shall be quorate when ~~two~~one Non-Executive Director and two Executive Directors are present. If the Director of Finance cannot attend a meeting, his/her representative will attend.

For the purposes of being quorate, any Non-Executive Director (including the Chairman of the Trust Board) may be present; and any other Executive Director may be present in place of the Medical Director, should the latter be unable to attend the meeting.

Comment [RK5]: The Finance Committee agreed that the quorum should be set at one Non-Executive Director and two Executive Directors

Comment [RK6]: This ensures there is flexibility beyond the specific individuals named

4. Attendance

All other Non-Executive Directors (including the Chairman of the Trust Board) and Executive Directors are welcome to attend any meeting of the Committee.

The Committee Chair~~man~~ may also invite others ~~Directors or Managers~~ to attend, ~~including Finance Directorate staff, Clinical Directors and Directorate Managers~~, as required to meet the objectives of the Committee.

Comment [RK7]: The proposed wording increases the flexibility of the power.

5. Frequency of meetings

The Committee shall generally meet ~~at least quarterly each month and more frequently if required to meet the objectives of the Committee. The Chairman will decide the frequency of meetings at the start of each financial year.~~

Comment [SC8]: Sections have been re-orderd in line with template

Comment [RK9]: This reflects the fact that the Committee does actually meet monthly, but allows for this to be relaxed, to a certain extent, if required

~~2.6.~~ ~~RESPONSIBILITIES~~Duties

Comment [SC10]: The title has been updated in line with the revised ToR template

The Committee has the following duties~~areas of responsibility to~~:

Financial Management

- Review financial plans and strategies and ensure they are consistent with the Trust's overall vision and strategic goals
- Ensure a comprehensive budgetary control framework is in place and operating effectively
- Monitor financial performance against plan and ensure corrective action is taken where appropriate
- Develop and monitor key financial performance indicators and advise the Trust Board on action required to improve performance / address risks. Indicators will include:
  - Risk rating and associated financial ratios;
  - Other financial ratios;
  - Service line profitability;
  - Efficiency and productivity measures;
  - Benchmarking information;
- Review and assess the Trust's financial recovery and cost improvement programme
- ~~Seek~~ Obtain assurance that all C~~c~~ost I~~i~~mprovement P~~p~~rogramme initiatives and business cases have been subject to a Quality Impact Assessment and to liaise with Quality & Safety Committee as appropriate to ensure the robustness of the process

Comment [RK11]: The Finance Committee wished for the wording to be strengthened

Comment [RK12]: The Finance Committee has agreed that the QIA process should be extended to business cases

Treasury Management

- Approve the Trust's detailed treasury management policies, processes and controls
- Approve external funding arrangements within delegated authority;
- Approve relevant benchmarks for measuring performance
- Review and monitor investment and borrowing policy and performance against the relevant benchmarks
- Ensure proper safeguards are in place for security of the Trust's ~~-~~funds by:
  - approving a list of permitted institutions;
  - approving investment limits for each permitted institution;
  - approving permitted investment types; and
  - ensuring approved bank mandates are in place for all accounts, which are updated regularly for changes in signatories and authority levels;
- Monitor compliance with treasury policies and procedures in particular as regards limits, approved counter parties and types of investments
- Specify and review detailed treasury reporting requirements.
- Review regularly the cash flow and balance sheet of the Trust, ensuring effective cash management plans in place

Capital Expenditure and Investment

- Review the Trust's capital programme ensuring its alignment to strategic priorities
- Review and assess the financial implications of the Tunbridge Wells Hospital (~~-~~a P~~p~~rivate F~~f~~inance I~~i~~nitiative funded facility)
- Review major or contentious business cases above the threshold set-out in the Reservation of Powers and Scheme of Delegation, for capital and service development (currently £750k) and advise the Trust Board on the financial implications and risks of the proposals
- Regularly review investment criteria

Financial Governance, Reporting, Systems and Function

- Review and assess arrangements for financial governance
- Review and agree financial policies
- Ensure financial reporting to Trust Board meets the requirements of the Board and individual members
- Review and assess the effectiveness of financial systems and agree and monitor development plans including the development of S~~s~~ervice L~~l~~ine Reporting
- Review and assess the capacity and effectiveness of the finance function and ensure development plans are in place to meet the current and future requirements of the Trust including the requirements of Foundation Trust status
- Assess the organisational awareness and adherence to financial management disciplines and controls and promote congruence between quality patient care and the achievement of financial objectives.
- Review and approval of the Trust's approach to its Reference Cost submission

Comment [RK13]: The Finance Committee agreed that this duty should be added

Procurement

- To monitor the Trust's adherence to „Better Procurement, Better Value, Better Care' metrics

Comment [RK14]: The Finance Committee agreed that this duty should be added

Informatics (including I~~i~~nformation T~~t~~echnology)

- Review informatics strategies and plans and ensure they are consistent with the Trust's overall vision and strategic goals

- Review plans and proposals for major development and investment in information technology and advise the Trust Board on its alignment to the Trust's overall vision and strategy as well as the financial implications and risks of the proposals

Assurance and Risk

- Assure itself on (i) the identification of principal risks associated with the financial performance and financial management of the Trust, and information technology, (ii) the effective management of those risks and (iii) the escalation to the Trust Board of matters of significance.
- Also to ensure that the Board Assurance Framework record of these risks and actions is comprehensive and up to date.

~~**MEMBERSHIP**~~

~~4. Membership of the Committee is as follows:~~

- ~~the Committee chair - a Non-Executive Director appointed by the Trust Board~~
- ~~the Committee vice-chair - a Non-Executive Director appointed by the Trust Board~~
- ~~All other Non-Executive Directors~~
- ~~All Executive Directors~~

~~**QUORACY**~~

~~5. The Committee shall be quorate when two Non Executive Director and two Executive Directors are present. If the Director of Finance cannot attend a meeting, his/her representative will attend.~~

~~**ATTENDANCE**~~

~~6. The Chairman may invite other Directors or Managers to attend, including Finance Directorate staff, Clinical Directors and Directorate Managers, as required to meet the objectives of the Committee.~~

~~**FREQUENCY OF MEETINGS**~~

~~7. The Committee shall meet at least quarterly and more frequently if required to meet the objectives of the Committee. The Chairman will decide the frequency of meetings at the start of each financial year.~~

Comment [SC15]: Sections reordered in line with ToR template

7. Parent Committees and reporting procedure

The Finance Committee is a sub-committee of the Trust Board.

A summary report of each Finance Committee meeting will be submitted to the Trust Board. The Chair of the Finance Committee will present the Committee report to the next available Trust Board meeting

8. Sub-Committees and reporting procedure

Comment [SC16]: Added section in line with template

The Finance Committee has no standing sub-committees, but may establish fixed-term working groups, as required, to support the Committee in meeting the duties listed in these Terms of Reference.

~~3.~~9. Administration~~MINUTES AND REPORTING~~

The minutes of the Committee will be formally recorded and presented to the following meeting for agreement and the review of actions

~~A summary report of each Committee meeting will be submitted to the Board. The Chair of the Committee will present the Committee report to the next available Board meeting~~

Comment [RK17]: This is now covered under the "Parent Committees and reporting procedure" section

The ~~Director of Finance~~ Trust Secretary will ensure that each committee is given appropriate administrative support and will liaise with the Committee Chair on:

- ~~the~~ The ~~Annual Work~~Committee's Forward Programme, setting out the dates of key meetings and agenda items;
- The meeting agenda
- The meeting minutes and the action log.

~~4.~~10. Review of terms of reference and monitoring compliance~~EVIEW~~

The T~~t~~erms of R~~r~~eference of the Committee will be reviewed ~~by the Trust Board~~ at least annually, and then formally approved by the Trust Board.

History

Terms of R~~r~~eference agreed by Finance Committee: May 2013
Terms of Reference reviewed and agreed by Finance Committee: May 2014
Terms of R~~r~~eference approved by Trust Board: July 2014
Terms of R~~r~~eference to be reviewed:

Comment [SC18]: Added in line with TofR template

Maidstone and Tunbridge Wells NHS
NHS Trust

FINANCE COMMITTEE

Terms of Reference

1. Purpose

The Trust Board has established the Committee to provide the Trust Board: with:

- Assurance on the effectiveness of financial management, treasury management, investment and capital expenditure and financial governance
- Assurance on Information Technology, performance and business continuity
- An objective assessment of the financial position and standing of the Trust
- Advice and recommendations on all key issues of financial management and financial performance
- Advice and recommendations on all aspects of informatics, including information technology and telecommunications

2. Membership

Membership of the Committee is as follows:

- The Committee Chair - a Non-Executive Director appointed by the Trust Board
- The Committee vice-chair - a Non-Executive Director appointed by the Trust Board
- The Director of Finance
- The Medical Director
- The Chief Operating Officer[1]
- The Chief Executive[1]

Members are expected to attend all relevant meetings.

3. Quorum

The Committee shall be quorate when one Non-Executive Director and two Executive Directors are present. If the Director of Finance cannot attend a meeting, his/her representative will attend.

For the purposes of being quorate, any Non-Executive Director (including the Chairman of the Trust Board) may be present; and any other Executive Director may be present in place of the Medical Director, should the latter be unable to attend the meeting.

4. Attendance

All other Non-Executive Directors (including the Chairman of the Trust Board) and Executive Directors are welcome to attend any meeting of the Committee.

The Committee Chair may also invite others to attend, as required, to meet the objectives of the Committee**.**

5. Frequency of meetings

The Committee shall generally meet each month.

6. Duties

The Committee has the following duties:

[1] N.B. Either the Chief Operating Officer or Chief Executive should be present at each meeting

Financial Management

- Review financial plans and strategies and ensure they are consistent with the Trust's overall vision and strategic goals
- Ensure a comprehensive budgetary control framework is in place and operating effectively
- Monitor financial performance against plan and ensure corrective action is taken where appropriate
- Develop and monitor key financial performance indicators and advise the Trust Board on action required to improve performance / address risks. Indicators will include:
  - Risk rating and associated financial ratios;
  - Other financial ratios;
  - Service line profitability;
  - Efficiency and productivity measures;
  - Benchmarking information;
- Review and assess the Trust's financial recovery and cost improvement programme
- Obtain assurance that all Cost Improvement Programme initiatives and business cases have been subject to a Quality Impact Assessment and to liaise with Quality & Safety Committee as appropriate to ensure the robustness of the process

Treasury Management

- Approve the Trust's detailed treasury management policies, processes and controls
- Approve external funding arrangements within delegated authority;
- Approve relevant benchmarks for measuring performance
- Review and monitor investment and borrowing policy and performance against the relevant benchmarks
- Ensure proper safeguards are in place for security of the Trust's funds by:
  - approving a list of permitted institutions;
  - approving investment limits for each permitted institution;
  - approving permitted investment types; and
  - ensuring approved bank mandates are in place for all accounts, which are updated regularly for changes in signatories and authority levels;
- Monitor compliance with treasury policies and procedures in particular as regards limits, approved counter parties and types of investments
- Specify and review detailed treasury reporting requirements.
- Review regularly the cash flow and balance sheet of the Trust, ensuring effective cash management plans in place

Capital Expenditure and Investment

- Review the Trust's capital programme ensuring its alignment to strategic priorities
- Review and assess the financial implications of the Tunbridge Wells Hospital (a Private Finance Initiative funded facility)
- Review major or contentious business cases above the threshold set-out in the Reservation of Powers and Scheme of Delegation, for capital and service development (currently £750k) and advise the Trust Board on the financial implications and risks of the proposals
- Regularly review investment criteria

Financial Governance, Reporting, Systems and Function

- Review and assess arrangements for financial governance
- Review and agree financial policies
- Ensure financial reporting to Trust Board meets the requirements of the Board and individual members
- Review and assess the effectiveness of financial systems and agree and monitor development plans including the development of Service Line Reporting
- Review and assess the capacity and effectiveness of the finance function and ensure development plans are in place to meet the current and future requirements of the Trust including the requirements of Foundation Trust status

- Assess the organisational awareness and adherence to financial management disciplines and controls and promote congruence between quality patient care and the achievement of financial objectives.

Procurement

- To monitor the Trust's adherence to 'Better Procurement, Better Value, Better Care' metrics

Informatics (including Information Technology)

- Review informatics strategies and plans and ensure they are consistent with the Trust's overall vision and strategic goals
- Review plans and proposals for major development and investment in information technology and advise the Trust Board on its alignment to the Trust's overall vision and strategy as well as the financial implications and risks of the proposals

Assurance and Risk

- Assure itself on (i) the identification of principal risks associated with the financial performance and financial management of the Trust, and information technology, (ii) the effective management of those risks and (iii) the escalation to the Trust Board of matters of significance.
- To ensure that the Board Assurance Framework record of these risks and actions is comprehensive and up to date.

7. Parent Committees and reporting procedure

The Finance Committee is a sub-committee of the Trust Board.

A summary report of each Finance Committee meeting will be submitted to the Trust Board. The Chair of the Finance Committee will present the Committee report to the next available Trust Board meeting

8. Sub-Committees and reporting procedure

The Finance Committee has no standing sub-committees, but may establish fixed-term working groups, as required, to support the Committee in meeting the duties listed in these Terms of Reference.

9. Administration

The minutes of the Committee will be formally recorded and presented to the following meeting for agreement and the review of actions.

The Trust Secretary will ensure that each committee is given appropriate administrative support and will liaise with the Committee Chair on:

- The Committee's Forward Programme, setting out the dates of key meetings and agenda items
- The meeting agenda
- The meeting minutes and the action log

10. Review of Terms of Reference and monitoring compliance

The Terms of Reference of the Committee will be reviewed at least annually, and then formally approved by the Trust Board.

History

- Terms of Reference agreed by Finance Committee: May 2013
- Terms of Reference reviewed and agreed by Finance Committee: May 2014
- Terms of Reference approved by Trust Board: July 2014
- Terms of Reference to be reviewed: May 2015

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting - July 2014

7-16	**Summary of the Trust Management Executive (TME) meetings, 18/06/14**	**Committee Chair (Chief Executive)**

Summary / Key points

This report provides information on the TME meetings held on 18th June.

Two meetings were held this day. The first was an extraordinary meeting, consisting of a joint session with the Trust Board. The meeting was focused on the Trust's plans, 2014/15 to 2018/19, which were required to be submitted to the NHS Trust Development Authority (TDA) by 20th June. The key issues from the meeting were as follows:

- The draft revised 5-year Integrated Business Plan (IBP) was presented, by the Director of Strategy & Transformation.
- The Director of Finance presented the key aspects of the revised 5-year Long Term Financial Model (LTFM), whilst the workforce aspects of the plans were presented by the Director of Workforce and Communications.
- The key assumptions within the plan were discussed and challenged, and the plans were cleared to be submitted to the TDA by the required deadline, though it was acknowledged that further work was still required, particularly in relation to the engagement of the Clinical Directorates in the detailed aspects of the plans, and their implementation.

The key points from the second (usual business) meeting held on the day were as follows:

- A report was received which represented the closure of Phase One of the Clinical Administration project. It was noted that two specialties (Ophthalmology and ENT) had not yet reached the required standard performance, but action was being taken, and the management teams in these areas have accepted the remedial measures that have been put in place. It was agreed that the item would not appear as a standing agenda item for future Trust Management Executive meetings, but any issues could be raised at such meetings by exception.
- The future options for the Stroke service were discussed. The Trust Management Executive confirmed its support for the need for change.
- The latest operational, clinical and financial performance was reviewed. It was highlighted that the 4-hour A&E wait target had been delivered, but there had been a 12-hour trolley breach. A discussion was held regarding the actions that might have been taken to prevent the breach from occurring.
- The Committee approved business cases for a new Consultant Breast Radiologist; and two new Consultant Radiologists (within the Musculoskeletal service)
- The Committee also approved three replacement Consultant posts (a Chemical Pathologist; a Consultant Colorectal / General Surgeon; and a Consultant Rheumatologist)
- In terms of the Directorate reports, the key issue of note was that Clinical Director for Cancer and Haematology reported that the cost for the Linear Accelerator (LINAC) at Kent & Canterbury Hospital, was now at £622k, which was circa £66k more than originally planned after significant cost scrutiny. The committee agreed that this additional cost was acceptable.

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 – July 2014

7-18	Summary of the Workforce Committee, 17th June 2014	Committee Chair (Non-Executive Director)

The Workforce Committee met on 17th June 2014, and considered the following matters:

Triangulation of activity, workforce and budget
The paper provided details of the triangulation to ensure that the financial, workforce and activity plans align. It updated the Committee on progress to date including the additional management actions to heighten control, outstanding items, the risks inherent in the position and the next steps. Having evaluated the report in depth the committee stated that it was assured, it was agreed that the same paper should be submitted for scrutiny to the Finance Committee.

Friends and Family test
In addition to the annual staff survey, the Trust has commissioned a provider to run 3 online surveys to capture responses from staff about their impression of the Trust. The first survey was launched on 9 June, and there has been a strong response. The first survey asks specific questions about speaking out safely and how senior managers communicate with staff. The data will be analysed by staff groups, length of service etc.

Explanation of usage of temporary workforce
Sally Foy, Lead Matron for Medicine attended the Committee & gave a presentation on the use of temporary staff in nursing and explained the roster system. She described the known & unknown variables in staffing levels, the reasons & benefits of using temporary staff & took questions from committee members. The committee thanked Sally for her very helpful presentation.

Terms of Reference
The Committee reviewed its Terms of Reference. The amendments agreed at the meeting will be made, and submitted for formal approval to the Trust Board in September 2014.

Medical Education Update
The Trust received excellent feedback following the anaesthesia visit. A meeting has been held to discuss a more integrated training and education governance structure in the Trust. There was concern about the possible loss of funds mentioned in the report in relation to the education tariff.

Workforce Dashboard
The data presented on the workforce dashboard was discussed and a concise commentary would be included with the data at future meetings. A revised format for the dashboard was approved.

Workforce Committee Risk Report
The 3 main risks relating to manpower were identified and discussed:
1. Management of numbers to achieve a quality service and financial outputs
2. Profile of the organisation
3. Achieving culture of excellence in the organisation

The Committee expressed their view that the Board needed to be assured that these are being addressed.

Workforce Implications arising from the production of the Trust 5 year business plan 2014/15 – 2018/19
The Committee received a presentation on the workforce implications. It was noted that these issues would be discussed more fully at the joint TME / Board meeting on 18th June 2014.

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

Board Forum Meeting - July 2014

7-19 Oversight Self-Certification, Month 3, 2014/15 — Trust Secretary

Summary / Key points

The enclosed schedule sets out the proposed oversight self-certification submission based on performance as at 31st May 2014. This next submission must be sent to the Trust Development Authority (TDA) by the end of 31st July 2014.

Significant changes from the previous submission, agreed at the Board meeting in June 2014, are highlighted. Any new explanatory notes are listed in *italics*. Performance data has been updated to reflect the data contained in the month 2 performance dashboard.

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 and Board Forum 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 Forum

The Board Forum 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.

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. ~~N.B. On 27th March, the Department of Health issued its response to the consultation it had previously issued regarding its plans to introduce a new fit and proper person requirement for directors of providers registered with the Care Quality Commission. The new draft regulations that will introduce the fit and proper person requirement (FPPR) were published for consultation alongside that response. That consultation closed on 25th April, but proposed that the criteria for a Director to be deemed 'unfit' be that they…~~ ~~▪ have been sentenced to imprisonment for three months or more within the last 5 years;~~ ~~▪ are an undischarged bankrupt;~~ ~~▪ are subject of a bankruptcy order or an interim bankruptcy order;~~ ~~▪ have an undischarged arrangement with creditors; or~~ ~~▪ are included on any barring list preventing them from working with children and vulnerable adults.~~ ~~Subject to Parliamentary approval, these will become part of the existing secondary legislation which sets requirements for registration with Care Quality Commission. The Trust Secretary will monitor this development, and apprise Board members accordingly.~~ 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. The Trust Secretary is currently digesting the content of the requirements, and will advise Board members in due course. However, no problems are anticipated.	Compliant
G5 – Having regard to Monitor guidance – guidance exists or is being developed on: ▪ Monitors enforcement ▪ Monitors collection of cost information ▪ Choice and competition ▪ Commissioners rules ▪ Integrated Care ▪ Risk Assessment	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*

Condition	Evidence of Trust compliance	Latest assessment
▪ Commissioner requested services ▪ Operation of the risk pool		
G7 – Registration with the Care Quality Commission	The Trust is registered with the Care Quality Commission	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** 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).	Not Compliant *Compliant by 31/03/16*
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	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

Condition	Evidence of Trust compliance	Latest assessment
where it is uneconomical to provide a service at national tariff; thereby minimising Monitors need to set a modified tariff.		

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 competition (against the interests of healthcare users).	The Trust does not seek to inhibit competition.	Compliant

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" ▪ Quarterly "East Midlands dashboard" is reviewed by the Board to provide additional benchmarks ▪ A quality report is submitted 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 ▪ 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 and reported through the Trust performance dashboard ▪ Patient stories are 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 ▪ Board members participate in the conduct of Care Assurance Audits ▪ Systems investment (e.g. Q-Pulse, Symbiotix, Dr Fosters) 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 March 2014 rated the Trust as "5" (with 6 being the highest/best score).	Compliant
For clinical quality, that:	The Trust has full registration with the CQC. The Trust is registered to deliver the	Compliant

Statement	Evidence of Trust compliance	Latest assessment
2. the board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements	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. ~~A total of 18 actions are being progressed.~~ A Care Quality Commission inspection of Maidstone Hospital was undertaken in February 2014. ~~The final report has now been published, and~~ Actions are underway to address the areas of concern identified by the inspection.	
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 all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times	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 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	Compliant

Statement	Evidence of Trust compliance	Latest assessment
5. continued	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 CCG's, 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 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 integrate 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 ▪ 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, every two months. ▪ 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 and the positive results reported to the Trust Board in September 2013; a follow up review conducted in December 2103 re-affirmed the assessment.	Compliant

Statement	Evidence of Trust compliance	Latest 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 All risks are RAG rated according to severity and likelihood; mitigating actions are monitored and reported. 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 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 Audit & 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 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	Quality and governance indicators are monitored by the Board each month through the integrated performance dashboard. The Board is committed to achieving all 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.	Compliant
For governance, that: 11. the trust has achieved a minimum of Level 2	The Trust has achieved IG toolkit level 2 for 2013/14	Compliant

Statement	Evidence of Trust compliance	Latest assessment
performance against the requirements of the Information Governance Toolkit		
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. A new Non-Executive Director commenced in January 2014. A further vacancy exists and recruitment is underway.	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.	Compliant

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting - July 2014

7-20 Update on the Kent Pathology Partnership **Chief Operating Officer**

Summary / Key points

The January 2014 Trust Board approved the Full Business Case (FBC) for the Kent Pathology Partnership (KPP). It was noted that the next stage in the process was for the Collaboration Agreement to be submitted to the Boards of both Trusts, for approval (at which point, the Boards' decisions would be irrevocable).

Since the last update, to the May Board meeting, the KPP Project Board, and associated workstreams has continued to meet, and oversee the work relating to the establishment of the KPP. Developments of note include:

- The Collaboration Agreement is nearing finalisation. All the Human Resource-related clauses have been revised, following advice from the Trust's solicitors, and were discussed in detail at the last KPP Project Board, on 9th July. In addition, the Agreement has been amended to reflect the principles that have now been agreed regarding governance (including the Terms of Reference, membership and authority of the KPP Board), financial arrangements, and information governance / data protection.
- The content of the Agreement has also been informed by legal advice regarding the competition aspects of the contractual joint venture, in the light of the evolving application of the regulatory framework, and forthcoming changes to procurement law.
- The document now requires re-ordering and sense-checking, as well as final legal validation before being submitted for approval to both Trust's Boards. The KPP Project Board on 9th July proposed that the final Collaboration Agreement should be submitted to the Boards in September 2014. Although this is later than originally planned, this does not cause any additional delays to the potential transfer of staff, which is earmarked to start in October 2014 (subject to the Collaboration Agreement being approved).
- It is intended that the Collaboration Agreement be reviewed at the Finance Committee in August, ahead of the Board's own review in September.
- A KPP Project Manager, Colin Waldron, has now started in post.
- An interim KPP Managing Director has also been appointed, and starts in post on 1st September. The appointment will last for six months, by which point it is intended that a substantive appointment will have been made.
- The implementation date of the KPP is now expected to be 1st April 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 - July 2014

7-21 Annual Audit Letter, 2013/14 — Director of Finance

Summary / Key points

Under the Trust's 'Reservation of Powers and Scheme of Delegation', the Board is obliged to receive the Annual Audit Letter

The Letter for 2013/14 from the Trust's External Auditors (Grant Thornton LLP) is duly enclosed.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

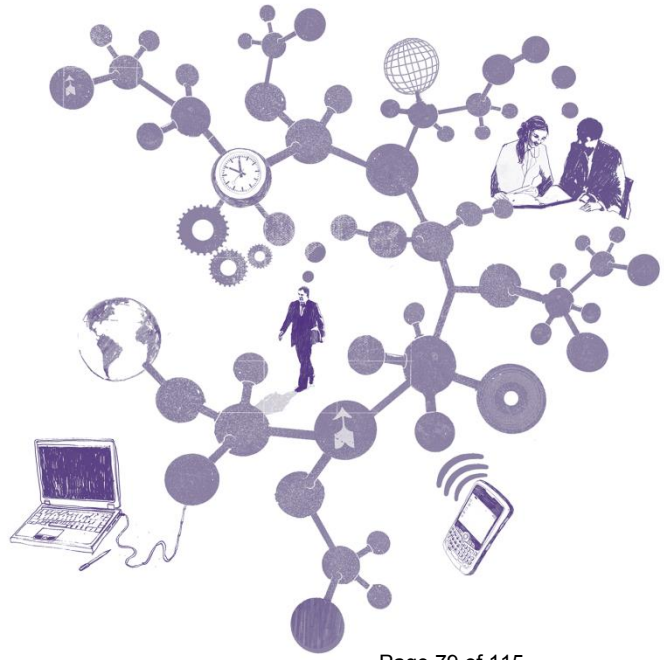
- Information and assurance

[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

The Annual Audit Letter for Maidstone and Tunbridge Wells NHS Trust

Year ended 31 March 2014

July 2014



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Contents

Section 1: Executive summary

Executive summary

Purpose of this Letter

Our Annual Audit Letter ('Letter') summarises the key findings arising from the following work that we have carried out at Maidstone and Tunbridge Wells NHS Trust ('the Trust') for the year ended 31 March 2014:

- auditing the 2013/14 accounts (Section two)
- assessing the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (Section three)
- reviewing the Trust's Quality Account (Section four).

The Letter is intended to communicate key messages to the Trust and external stakeholders, including members of the public.

We reported the detailed findings from our audit work on the accounts and value for money to those charged with governance in our Audit Findings and Financial Resilience report on 28 May 2014.

We have reported our findings on the Trust's Quality Account to officers, our Quality Account report will be reported to non executive directors at the next meeting of the Trust's Quality and Safety Committee.

Responsibilities of the external auditors and the Trust

This Letter has been prepared in the context of the Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission (www.audit-commission.gov.uk).

The Trust is responsible for preparing and publishing its financial statements, accompanied by an Annual Governance Statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources (Value for Money).

Our annual work programme, which includes nationally prescribed and locally determined work, has been undertaken in accordance with our Audit Plan issued in February 2014 and was conducted in accordance with the Audit Commission's Code of Audit Practice ('the Code'), International Standards on Auditing (UK and Ireland) and other guidance issued by the Audit Commission.

Audit conclusions

The audit conclusions which we have provided in relation to 2013/14 are as follows:

- an unqualified opinion on the accounts which give a true and fair view of the Trust's financial position as at 31 March 2014 and its income and expenditure for the year
- a qualified "except for" conclusion in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources as a result of the Trust's financial position
- an unqualified limited assurance report in respect of the Trust's Quality Account
- a group assurance certificate, issued to the National Audit Office, in respect of Whole of Government Accounts which did not identify any issues for the group auditor to consider.

Executive summary (continued)

Key areas for Trust attention

This has been a challenging year for the Trust. At the start of 2013/14, the Board forecast a breakeven position for the year. However, during the year a significant number of financial pressures began to have a negative impact on the Trust's financial plans and as a result management had to revisit their year end forecasts. This reassessment highlighted a potential £20 million deficit for the year.

In November 2013 management put in place a financial recovery plan, aimed at minimising the 2013/14 deficit. Thus recovery plan included review and identification of further income opportunities and additional cost savings plans.

The Trust made good progress in the delivery of this recovery plan, but failed to secure all the additional income it was hoping to receive from its commissioners.

The Trust:
- recorded a deficit of £12.4 million in its 2013/14 accounts (after allowable technical adjustments)
- delivered total savings of £23.5 million in 2013/14
- demonstrated more robust assessment and monitoring of its financial position during the second half of the year.

The Trust's medium term position remains extremely challenging. As at June 2014, the Trust is predicting a £12.2 million deficit in both 2014/15 and 2015/16, after technical adjustments, in line with its two year financial plan. This plan includes delivery of c£22 million of recurrent CIPs each year.

The Trust is currently working on the development of a longer term five year financial recovery plan, in line timescales agreed with the Trust Development Agency (TDA). It is also actively focussing on the identification and implementation of further savings schemes, with a view to reducing its planned deficit for 2014/15.

Acknowledgements

This Letter has been agreed with the Director of Finance in July 2014 and will be presented to the Board at the next Board meeting.

We would like to record our appreciation to all Trust directors and employees for the assistance and co-operation provided to us during our 2013/14 audit.

Grant Thornton UK LLP
July 2014

Section 2: Audit of the accounts

Audit of the accounts

Audit of the accounts

The key findings from our audit of the accounts are summarised below:

Preparation of the accounts

The Trust presented us with draft accounts in accordance with the national deadline. The financial statements presented for audit were complete and supported by a comprehensive file of working papers.

Trust staff were helpful and provided timely responses to requests for additional evidence and audit queries.

Issues arising from the audit of the accounts

We did not identify any material amendments to the prime statements from our audit procedures or any adjustments affecting the Trust's reported financial position. The draft accounts and audited accounts show a retained deficit of £12.4 million (after allowable technical adjustments).

The quality of the accounts presented for audit was good. We identified only a small number of non –trivial adjustments during the audit and a few enhancements to disclosures. The Trust amended the draft accounts for all the changes we recommended.

Annual Governance Statement and Annual Report

Our review of the Trust's draft annual governance statement and annual report confirmed that these two documents were both prepared in line with extant guidance.

However, we asked the Trust to make a few amendments to these documents following our audit The key changes made by the Trust included:

- amending the senior officer remuneration disclosures in the annual report in line with payroll data and new guidance issued by the Department of Health
- replacing summary financial statements with the full accounts in the annual report and accounts

Conclusion

Prior to giving our opinion on the accounts, we are required to report significant matters arising from the audit to 'those charged with governance', defined as the Audit and Governance Committee at the Trust. We presented our Audit Findings Report to the Audit and Governance Committee on 28 May 2014 and have summarised our key messages only in this Letter.

We issued an unqualified opinion on the Trust's 2013/14 accounts on 29 May 2014, meeting the deadline set by the Department of Health (DH). Our opinion confirms that the accounts give a true and fair view of the Trust's financial affairs and of its income and expenditure for 2013/14.

Financial performance 2013/14

The Trust's Performance against its financial targets in 2013/14 is set out in the table below:

	Target	Actual	Met?
Surplus/ (deficit)	Breakeven	£12,400,000 deficit	No
Capital cost absorption rate	3.5%	3.5%	Yes
Capital resource limit	Not to exceed £12,500,000	£3,900,000 underspend	Yes
External finance limit	Not to exceed £11,200,000	£321,000 undershoot	Yes

The Trust has a cumulative financial deficit of £13,306,000 as at 31 March 2014.

During the year a significant number of financial pressures, e.g. additional temporary staff expenditure and non pay overspends, began to have a negative impact on the Trust's financial plans. These led to the deficit recorded in the year.

Due to this deficit and the timing of income receipts the Trust experienced severe cash flow difficulties during the year, which impacted on its timely payment of creditors. The working capital position was supported by £16 million of additional public dividend capital (PDC). A further £15 to £16 million PDC is included within the Trust's finance plans for 2014/15 and 2015/16.

Looking forward

This has been a challenging year for the Trust and we note the concerted action the Board is taking to address the Trust's financial difficulties.

Financial challenges over the coming years will continue, with on-going budget pressures within the NHS. The Trust will need to ensure that it closely monitors and updates its Long Term Financial Model accordingly.

Against this very challenging financial backdrop it is vital that the Board maintains strong leadership with a focus on:

- improving the Trust's financial position, whilst ensuring good quality of healthcare services are delivered to patients
- embedding improvements in the level of engagement and accountability for delivery within directorates
- working closely with commissioners to improve the timeliness of agreement of activity levels and receipt of associated income.

Section 3: Value for Money

Value for Money

Value for Money conclusion

The Code of Practice describes the Trust's responsibility to put in place proper arrangements to:

- secure economy, efficiency and effectiveness in its use of resources;
- ensure proper stewardship and governance; and
- regularly review the adequacy and effectiveness of these arrangements.

We are required to give our VfM conclusion based on the following two criteria specified by the Audit Commission (which support our reporting responsibilities under the Code):

The Trust has proper arrangements in place for securing financial resilience: The Trust has robust systems and processes to manage effectively financial risks and opportunities, and to secure a stable financial position that enables it to continue to operate for the foreseeable future.

The Trust has proper arrangements for challenging how it secures economy, efficiency and effectiveness: The Trust is prioritising its resources within tighter budgets, for example by achieving cost reductions and by improving efficiency and productivity.

Our financial resilience review focused on:

- financial performance in 2013/14
- the Trust's arrangements against the three characteristics of proper arrangements as defined by the Audit Commission (financial governance, financial planning and financial control).

.Key findings

This has been an exceptionally difficult year for the Trust. Financial pressures became apparent early in the year and the Board responded to the pressures swiftly and proactively. The year end deficit was contained at £12.4 million and the Board has maintained regular and extensive dialogue with the Trust Development Agency (TDA) throughout the year. It is now in final discussions with the TDA regarding its two and five year plans.

Our detailed findings were reported to the Trust in our Audit Findings Report and separate Financial Resilience Report.

Overall VfM conclusion

On the basis of our work, which has highlighted the Trust's difficult financial position, and having regard to the guidance on the specified criteria published by the Audit Commission, we have issued a qualified "except for" conclusion in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2014.

Section 4: Quality Account

Quality Account

Introduction

For 2013/14 the Trust is required to obtain external audit assurance on its Quality Account. In order to provide this assurance we have undertaken limited assurance procedures in accordance with guidance issued by the Audit Commission to assess whether:

- the Quality Account is prepared in all material respects in line with the criteria set out in the Regulations
- the Quality Account is consistent in all material respects with the sources specified in the *NHS Quality Accounts Auditor Guidance 2013/14* issued by the Audit Commission ('the Guidance')
- the indicators in the Quality Account identified as having been the subject of limited assurance, are reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Key findings

We provided the Trust with a report setting out the detailed findings of our work at the end of June 2014.. The key messages arising from our review:

- The content of the draft Quality Account, provided for our review in May 2014, complied with the majority of the Regulations. However, stakeholder feedback was not included in the draft, as it had not been received by the Trust at this time.
- The draft Quality Account was subsequently updated to include this feedback on receipt. In addition to this amendment only a small number of minor changes were also made to the draft Quality Account based on our feedback.
- From our sample testing, we did not identify any errors in the published data included in the Quality Account for the two indicators we reviewed.

Conclusions

We provided an unqualified limited assurance opinion on the Trust's Quality Account on 28 June 2014, , in accordance with requirements.

Appendices

Appendix A: Reports issued and fees

We confirm below our final fees charged for the audit and provision of non-audit services

Fees

	Per Audit plan £	Actual fees £
Trust audit	110,092	110,092
Charitable fund audit	4,200	tbc*
Total audit fees	**114,292**	**tbc**

*the charitable fund audit is scheduled for autumn 2014

Fees for other services

Service	Fees £
Finance Department Fitness for Purpose Review	37,500

Reports issued

Report	Date issued
Audit Plan	Feb 2014
Audit Findings Report	May 2014
Quality Account Report	June 2014
VfM – Financial Resilience Report	May 2014
Annual Audit Letter	July 2014

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Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting - July 2014

7-22 Proposed Trust objectives, 2014/15 Trust Secretary

Summary / Key points

The June 2014 Board Forum reviewed a proposed list of objectives for 2014/15, and agreed to the following:

1. An objective should be included regarding the Trust's management of estates;
2. Consideration should be given as to whether the wording in the Trust's three Strategic Objectives was appropriate; and
3. The number of objectives for 2014/15 should be reduced by removing some of the lower priority objectives

This report contains a revised list of proposed objectives for 2014/15, which, when agreed, will form the basis of a new Board Assurance Framework.

A response to each of the 3 points is contained below:

1. A new objective relating to estates is proposed
2. The proposal is that the Strategic Objectives are left as worded, but re-labelled as "Strategic Objective themes", to make it clear that that the 3 Strategic Objectives are intended to last beyond 2014/15, and therefore for 2014/15 equate to something akin to a label under which more specific, time-bound objectives can be grouped, rather than an objective in their own right.
3. The number of objectives for 2014/15 has been reduced, by removing some of the lower priority objectives

A revised list of proposed objectives was discussed at the Executive Directors meeting held on 15th July. The list that emerged from that discussion is now enclosed, and presented to the Trust Board, for approval.

Which Committees have reviewed the information prior to Board submission?

- Executive Directors meeting, 15/07/14

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

To approve the proposed objectives for 2014/15

[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

Proposed revised objectives for 2014/15

Strategic Objective theme 1: To transform the way we deliver services so that they meet the needs of patients

Proposed objective	Lead Director
1.1. "Reduce our Clostridium difficile cases to less than 40 for the year, and to sustain or decrease our low rate of MRSA bacteraemia"	Director of Infection Prevention and Control
1.2. "Implement the appropriate national guidance regarding the prevention and control of multi-resistant organisms"	Director of Infection Prevention and Control
1.3. "Enhance the emergency provision for children within our Emergency Care Department (specifically that all persons under the age of 18 years should receive care from Registered Nurses who are specifically trained in the care of sick children)"	Chief Nurse (supported by the Chief Operating Officer)
1.4. "Significantly improve the Trust's response rate for the Friends & Family Test, whilst maintaining the overall Net Promoter score"	Chief Nurse
1.5. "Increase the level of routine services that are available seven days a week"	Medical Director
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"	Medical Director (supported by the Chief Operating Officer)
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"	Chief Operating Officer

Strategic Objective theme 2: To deliver services that are clinically viable and financially sustainable

Proposed objective	Lead Director
2.1 "Comply with all 16 Care Quality Commission essential standards of quality and safety (and their successor, 'fundamental standards'), to demonstrate patient and staff safety"	Chief Nurse
2.2 "Ensure the Trust has a workforce establishment that meets the needs of the organisation"	Director of Workforce and Communications
2.3 "Reduce the Trust's dependence on temporary staff"	Director of Workforce and Communications
2.4 "Promote a safety culture among the Trust's staff"	Chief Nurse (supported by the Medical Director and Director of Workforce and Communications)
2.5 "Achieve a rating of at least 'Amber-Green' on the indicative 'Governance' rating under Monitor's Risk Assessment Framework" **[N.B. This relates to the rating of the collective performance against the key access targets (A&E 4-hour wait, cancer waits, 18-week waits etc.)]**	Chief Operating Officer
2.6 "Ensure that ward and specialist nurse staffing levels are within safe levels agreed by the Board, and endorsed through external	Chief Nurse

Proposed objective	Lead Director
review, and based on patient volumes and acuity as well as Trust operating protocols and physical environment"	
2.7 "Deliver the Trust's forecast financial position for 2014/15 of a maximum of a £12.3m deficit"	Director of Finance
2.8 "Continue the reduction in length of stay through pathway improvements and process changes"	Chief Operating Officer
2.9 "Ensure the milestones within the Full Business Case for the Kent Pathology Partnership (KPP) are achieved"	Chief Operating Officer

Strategic Objective theme 3: To actively work in partnership to develop a joint approach to future local health care provision

Proposed objective	Lead Director
1.1 "Develop a 5 year clinical strategy that meets patient needs and delivers a sustainable future for the Trust"	Director of Strategy & Transformation
1.2 "Align the Trust's Estates strategy with the 5-year clinical strategy"	Chief Operating Officer
1.3 "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"	Director of Strategy & Transformation
1.4 "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"	Medical Director

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting - July 2014

7-23 Health and Safety Annual Report 2013/14 Chief Operating Officer

Summary / Key points

The enclosed annual report for 2013/14 and programme for 2014/15 contains:

- A review of the Trust's health and safety statistics and performance for 2013/14.
- Assessment against objectives and KPIs set in the previous year.
- Discussion of the key health and safety issues identified within the year.
- Discussion document for the Board to determine the objectives and KPI's for 2014/15.
- Identifies the strategy and action plan for the next year and going forward.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

- For review and discussion
- To agree the programme for 2014/15
- Delegate the monitoring and management to the Health and Safety 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

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Health and Safety – Annual Board Report and Programme for 2014/15

Requested/ Required by: Trust Board and the Quality and Safety Committee

- Health and Safety at Work etc Act 1974.
- Management of Health and Safety at Work Regulations 1999.
- Workplace health and Safety Standards 2013

Main author: Risk and Compliance Manager (Jeff Harris)
Contact Details: ext. 24581 jharris2@nhs.net

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Occupation Health Manager,
Moving and Handling Coordinator,
Local Security Management Specialist,
Radiation Protection Officer,
Falls Coordinator,
Estates Health and Safety Advisor,

Document lead: **Chief Operating Officer**
(Board lead for Health and safety)

Division: Corporate Quality and Governance

Specialty: Quality and Governance

Maidstone and Tunbridge Wells NHS
NHS Trust

Health and Safety – Annual Board Report and Programme for 2014/15

Requirement for document:	This annual report and programme is: • A review of the Trust's health and safety statistics and performance for 2013/14. • Assessment against objectives and KPIs set in the previous year. • Discussion of the key health and safety issues identified within the year. • Discussion document for the Board to determine the objectives and KPI's for 2014/15. • Identifies the strategy and action plan for the next year and going forward.
Cross references:	This report is in response to key health and safety legislation enacted under the Health and Safety at Work etc Act 1974. This report is supported by the Trust's key policies and procedures: • Maidstone and Tunbridge Wells NHS Trust. Health and Safety Policy. • MTW Risk Management Policy and Strategy.

Version Control:		
Issue:	**Description of changes:**	**Date:**
1.0	First annual Board report	May 2012
2.0	Second annual Board Report	May 2013
3.0	Third annual Board Report	May 2014

Contents **Page**

1. Executive Summary

Introduction

The Health and Safety Executive (HSE) advised that the Board should lead on health and safety and set the agenda. This performance report allows the Board to:

- discuss and agree the Trust's health and safety objectives
- Agree the work programme for 2014/15
- Delegate the management to the Health and Safety Committee.

This annual report provides:

- A review of the trust's health and safety statistics and performance for 2013/14.
- Assessment against objectives and KPI's set in the previous year.
- Discussion of the key health and safety issues identified within the year.
- Discussion document for the Board to determine the objectives and KPI's for 2014/15.
- Identifies the strategy and action plan for the next year and going forward.

Staff, contractor and visitor injury statistics make up about 17% of the total injuries, which is dominated by patients. There are many programmes and initiatives for patient safety so this report concentrates on staff safety only.

Highlights

- Good progress has been made and the majority of the intended programme was completed in full.
- The Trust submitted 20 RIDDOR reports in the year at an average of 2.75 per month. This is a reduction of 30% over the previous year. However, the number of needle stick injuries reportable as dangerous occurrences has increased from 2 to 3 and is of concern. We need to concentrate on needle stick injury as the are all avoidable.
- There were 286 staff injuries (an average of about 24 per month). This compares with an average of about 28 for the previous year and is a significant decrease (15%). Reporting remained high so the reduction is accepted as real and encouraging.
- In 2013/14 there has been a significant reduction in staff falls. This has been part of a six year trend where injuries have reduced by 33%. This is from improved training, better awareness and investigation of incidents by the Falls Group.
- In 2013/14 there has been a 2% reduction in injuries from Violence and Abuse. All injuries were from patients lacking capacity and the training required will be reviewed.
- Injuries from moving and handling has decreased by 48% in the last year and now only accounts for about 10% of all injuries to staff (was 17% last year). This is a significant reduction. There could be some under reporting, however, there are several factors that would contribute to the reduction and it is believed to be real and the result of improvements in moving and handling.
- Although the Trust has seen a further reduction in occupational ill health, we have identified a gap in Datix reporting for work-related stress, compared to what is reported through Occupational health. Staff referred to occupational health for work related stress are not reporting the event through Datix. Therefore there is no record of an investigation and trends are not identified.

Health and Safety Executive

- The HSE has visited the Trust twice in 2013/14. Both were reactive investigations of RIDDOR reportable incidents.
- One investigation has been running for 18 months. We have been informed that the HSE will bring a prosecution. The Trust has been charged over £86,000 under fees for intervention.
- The Trust received no enforcement notices in 2013/14.

Programme of Work

Possible objectives and a programme of work has been suggested by the Trust's Officers in section 11.

2. Introduction

The Health and Safety Executive (HSE) advised the Board in 2012 that they should lead on health and safety and set the agenda. This performance report is to allow the Board to discuss health and safety and lead the strategy moving forward.

Health and Safety legislation requires the Trust Board to control the health and safety risks to their employees and "others" not in their employment. "Others" refers to contractors, volunteers, visitors etc. The term extends to include patients and it is patients who generally suffer most harm in a clinical environment. There are numerous standards, requirements and bodies whose key role is to protect the safety of patients. Hence, this report and strategy will focus on the safety of staff. However, protecting staff is a key element of patient safety.

For several years the Trust has been recording staff injury statistics. These have included contractors and visitors. These only make up about 17% of the total injuries which is dominated by patients. These have been divided into groups based on severity:

- Deaths to employees, contractors and visitors (deaths at work).
- Incidents and Injuries reportable to the HSE under the "Reporting of Injuries, Diseases and dangerous Occurrences' Regulations 2013" (RIDDOR).
- All staff and visitor injuries.

The injuries have been divided into 8 types based on the categories used by the HSE in their national statistics. About 98% of the total injuries fit into these categories. This allows for bench marking against all industry and the health sector:

- Falls (staff and visitor slips, trips and falls)
- Sharps (needle stick injuries)
- Violence and abuse (includes physical assault and trauma).
- Struck by object
- Moving and handling
- Contact with machinery and hot surface (includes hot liquids)
- Contact with a hazardous substance (includes biological agents)
- Cuts and traps (includes some sharp injuries)

Reporting rates are important as a fall in injuries could be a result of improving standards or reducing reporting. The reporting rates were also measured.

The Trust has an Occupational Health Service that undertakes health surveillance on staff to identify or prevent occupational diseases if they arise from employees work. They maintain records of referral of staff for workplace illness.

3. Review of Objectives and Programme set for 2013/14

In May 2013 the Trust Board agreed a programme for 2013/14:

Action	Leads	Progress and Comments
Health and Safety Management		
Roll out the H&S questionnaire, audit tool and risk assessment database to Wards and Clinical Departments.	Trust H&S advisor E&F H&S advisor Risk Manager	Audits have been completed for all departments identified in 2013. 17 new departments have been added in 2014. There are now 141 departments identified. Leads are supporting staff to improve scores and reach full compliance. Progress has been monitored by the H&S committee.
Ensure Departments where Managers have been trained complete their H&S audits.		
Need to monitor and report on progress of Departments across the Trust in the completion of their audits.		

Action	Leads	Progress and Comments
Health and Safety Management		
Complete the action plan developed following the HSE inspection in February 2012.	Infection Control	All actions completed
Complete the action plans developed following the HSE investigations of incidents in 2012	Infection Control & Occupational Health.	All actions completed
Complete the action plan developed in response to the Audit of Trust H&S. Arrangements (South coast Audit –April 2013).	Workforce. LSMS.	Met training targets for hand hygiene and moving & handling. Not meeting targets for local induction and Violence & abuse.
Falls		
Implement the tool box talks for domestic staff following departmental reorganisation.	E&F H&S advisor	Little progress has been made as reorganisation is still continuing. Some areas have had talks.
Violence and abuse		
Increase compliance with conflict resolution training (particularly in high risk areas). Steadily improve uptake to meet Trust target by March 2014.	Trust LSMS	Did not reach the target but did increase compliance from 20 to 63% which includes a high proportion of staff in the high risk areas, i.e., A&E, etc. However, training is being reviewed (see 2-14/15 programme.
Address staff perceptions regarding violence within the staff survey. Ongoing work to show a better result in future staff surveys.	Trust LSMS	Staff now understand the difference between assault and abuse as shown by improvement in the staff survey results.
Reduce staff injuries from confused patients through Dementia training for high risk staff	Trust LSMS	Dementia training introduced and added managing clinically challenging behaviour in to conflict resolution training. Staff injuries have reduced by 2%.
Moving and Handling		
Development of a Spinal handling training programme to support Trust Level 2 Trauma status. Generic safe system of work to accompany risk assessments to be developed and published. Implement a training programme.	M&H Co-ordinator	Programme was developed and successfully delivered. It increased awareness and generated further actions to improve patient safety. The training will extend to A&E at Maidstone.
Establish clinical M&H training programme for Doctors. Need to complete a written risk assessment for a clinical M&H training programme for Doctors.	M&H Co-ordinator	Decided not to progress programme because doctors do not handle patients. Completing a risk assessment with the medical director.
Review Trust Training method to ensure staff are receiving appropriate quality training. Need to complete the action plan following review of Trust training methods to ensure staff are receiving appropriate quality training.	M&H Co-ordinator	Training methods are under constant review with continuous improvement in place. A formal review will be carried out next year in conjunction with the development of the “At-Learning” database.
Develop a bariatric training programme to include simulation and equipment use. Bariatric suit provided by League of Friends.	M&H Co-ordinator	Started the programme this year. Use of the suit has been very successful. Reliant on equipment manufacturer to provide equipment to increase training frequency.
Develop bariatric equipment libraries on both sites to meet the needs of bariatric patients.	M&H Co-ordinator	Agreed programme with medical Devices committee.
Development of competency assessment handbook for manual handling aids and equipment	M&H Co-ordinator	Have training content and competency assessment tools for all moving and handling devices.

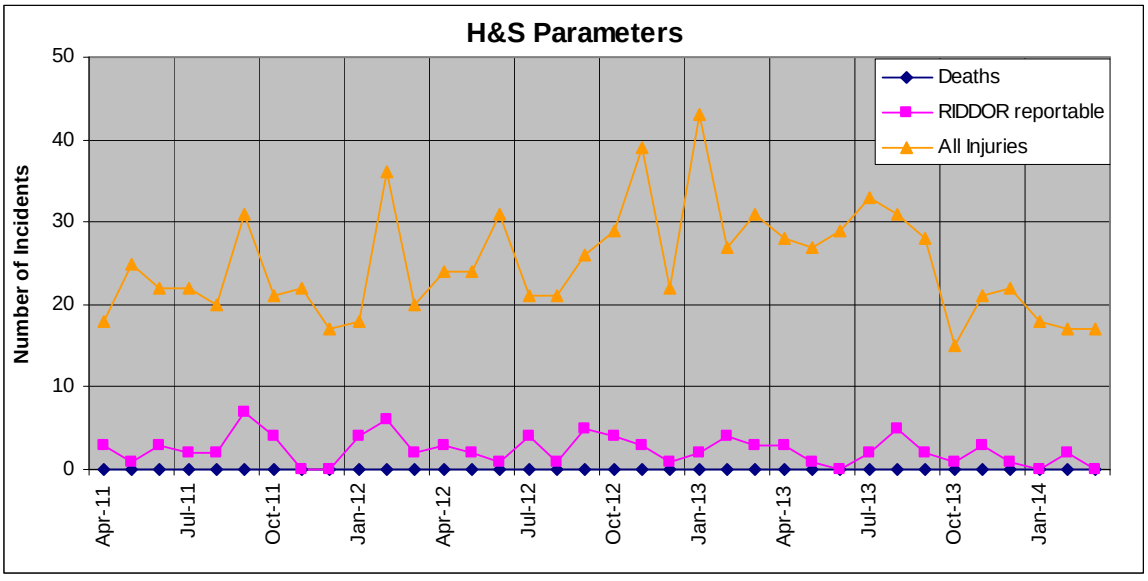
Action	Leads	Progress and Comments
Sharps		
Continue to encourage reporting of sharps and splash incidents on the Trust system through increased awareness and training.	Risk Manager & Occupational Health Manager.	Reviews of Occupational health records now show good reporting rates. RIDDOR reporting has remained high.
Continue to review the injuries that occur to examine the causative factors & actions	IV Access Educator. Occupational Health Manager.	The IV Access Educator and Occupational Health manager met monthly to review incidents. Worked with diabetic's team to introduce safety removal tools and increase awareness.
The task and finish group should complete the programme for the introduction of safety sharps throughout the trust.	IV Access Educator. Sharps task and finish Group.	Group successfully completed the programme and closed down.
Increase the number of safety devices available within the Trust	IV Access Educator. Sharps task and finish Group.	This was successfully completed. The only non-safety devices are covered by risk assessments.
Develop and rollout a safer sharps e-learning package	IV Access Educator.	Still not launched. Package needs further work with training department.
Deliver sharps training to all junior Doctors	IV Access Educator.	All FY 1's and FY 2's are trained in safety sharps. All new starts from autumn 2013 have been trained.

4. Statistics for the 2012/13

The datix incident database was interrogated on the 22nd April 2014 for all non-patient injuries.

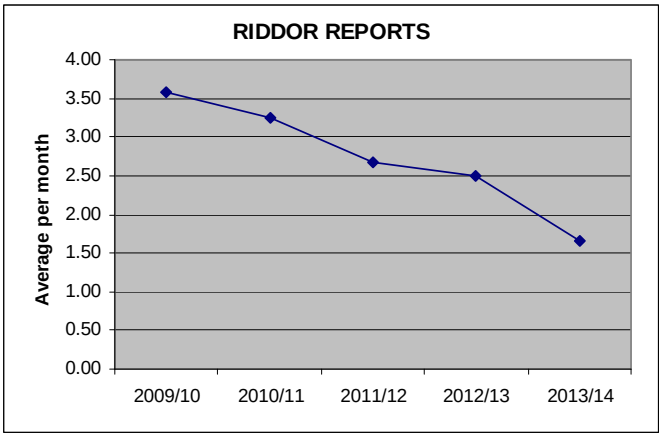
Injuries

The data for 2013/14 has been compared with the data from previous 2 years.

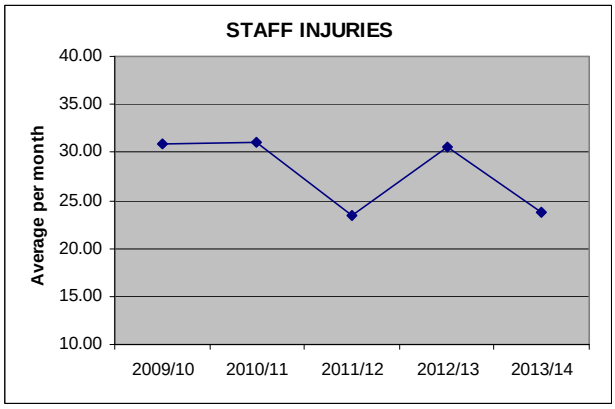


The Trust submitted 20 RIDDOR reports in the year at an average of 1.67per month. This is a reduction of about a third.

This is a significant reduction and is unexplained. It is not explained by lack of reporting and may show an actual reduction in injuries.



There was an increase in specified injuries (10 to 11) and in dangerous occurrences (2 to 3). The specified injuries are mostly falls leading to fractures and dangerous occurrences are needle stick injuries involving blood born viruses. Numbers are small but this is a concern.



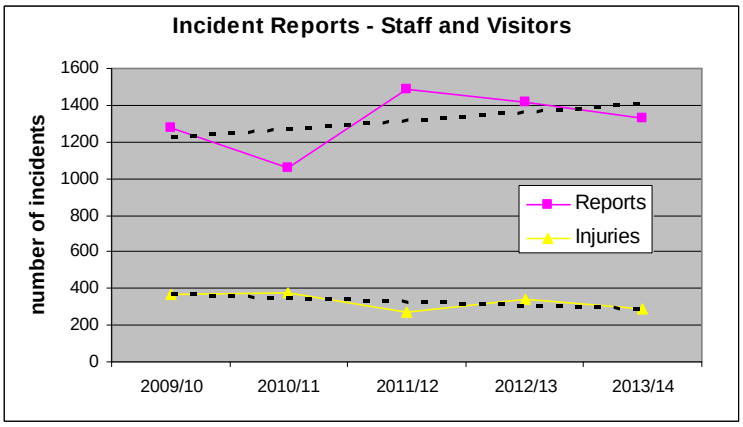
There was 286 staff injuries (an average of 23.8 injuries per month). This compares with an average of 28.2 for the previous year. This is a significant decrease (15%). However, the injury rate in line with recent years.

There have been no Deaths.

Reporting

There were 1328 non-patient incidents reported in 2013/14. This is a 6% decrease on the previous year. However, reporting remains relatively high.

	Reports	Injuries
2009/10	1277	371
2010/11	1062	372
2011/12	1485	272
2012/13	1419	338
2013/14	1328	286



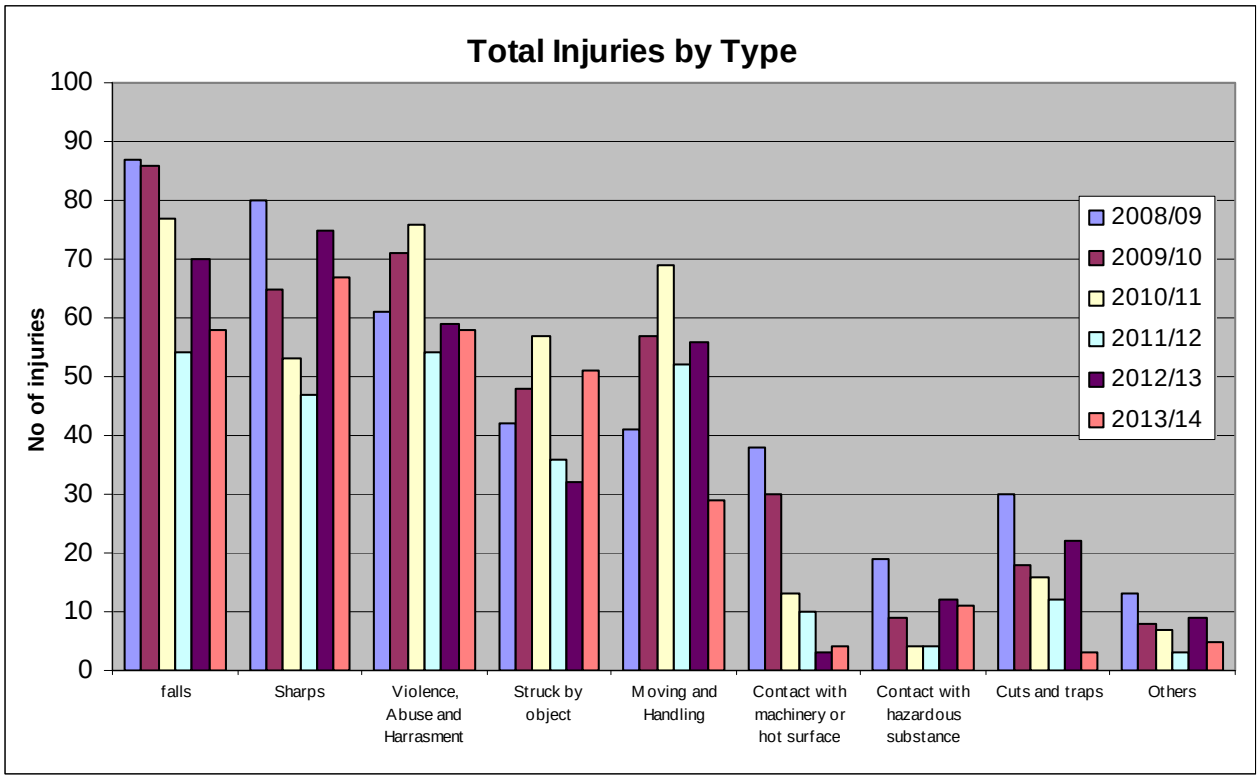
Categories of Incidents resulting in injury

The five largest categories make up 91% of all staff injuries. Four have shown a decrease.

The categories of struck and traps are easily confused by reporters. Being caught between moving trolleys could be under either section. These incidents include bumping in to doors, trapped fingers etc. Overall there has been a reduction.

	2013/14 Injuries		% Change
Sharps	67	23%	-11%
Falls	58	20%	-17%
Violence, Abuse and Harrasment	58	20%	-2%
Struck by object	51	18%	59%
Moving and Handling	29	10%	-48%
Contact with hazardous substance	11	4%	-8%
Contact with machinery or hot surface	4	1%	33%
Cuts and traps	3	1%	-86%
Others	5	2%	
	286	100%	

The total number of injuries has decreased while incident reporting has remained high.



Occupational Ill Health

Only 3 incidents of occupational ill health were reported and recorded on Datix. The cases have reduced from 5 the previous year.

ILL HEALTH	2012/13	2013/14
Occupational Skin diseases (dermatitis)	3	1
Work related Stress	0	0
Occupational respiratory diseases	0	0
Environmental causes of ill health	1	0
Others	1	2
	5	3

Occupational Health Department recorded 42 referrals for work related stress. This is 63% of all referrals. These were not recorded on Datix.

5. Benchmarking

Accident Rates

The HSE uses accident rates to compare organisations. The most useful are workplace deaths and the number of RIDDOR reportable injuries per 100,000 employees. The HSE publish data for the health sector, residential care sector and all industries. Data is based on total employee numbers rather than whole time equivalents.

All industries MTW (2013/14)	Death	0.5 0	per 100,000 employees
Health sector (2012/13) Residential care (2012/13) All industries (2012/13)	All RIDDOR injuries	419 419 312	per 100,000 employees
MTW (2010/11) MTW (2011/12) MTW (2012/13) MTW (2013/14)	All RIDDOR injuries	**721** **585** **383** **232**	per 100,000 employees

The health sector is more hazardous and complex than most work environments and care homes often fail to report. The CCG gathers this data and has set risk levels; rates of <600 are rated as green, 600 to 660 as amber and >660 as red. **Hence MTW is rated as green.**

The rate has decreased significantly from last year. This is a result in a large reduction in RIDDOR reports. This is unexplained but is thought to be a small reduction in reporting and a real reduction in injuries.

Further comparison data was obtained from other local Trusts. The Healthcare Risk Management Group (HMRG) has members from many Trust's in the South East. Our rate compares well with other acute Trusts (data is for last year).

Trust	Total RIDDOR Injuries	Employees	Injury Rate (per 100000 employees)	
MTW	20	8590	**232**	2013/14
Epsom and St Helier University Hospital NHS Trust	25	4404	**568**	2012/13
Western Sussex Hospitals NHS Trust	16	6500	**246**	2012/13
West Middlesex University Hospital NHS Trust	3	1800	**167**	2012/13
Ashford & St Peters Hospital NHS Foundation Trust	10	3300	**303**	2012/13
Sussex Community NHS Trust (Community)	16	4350	**368**	2012/13
St Anthony's Hospital (Private)	1	700	**143**	2012/13
Benenden Hospital (Private)	2	424	**472**	2012/13
Aspen Healthcare (Private)	4	1500	**267**	2012/13
South London and Maudsley NHS Trust (mental health)	74	5500	**1345**	2012/13

Our injury rate compares well against the national rate for health care organisations. However, mental health and ambulance trusts have much higher rates than acute trusts and this increases the average. The Trust also compares well against other acute Trust's.

6. Key Health and Safety Areas

6.1 Falls

Falls account for about 20% of all staff injuries. The number of staff falls has decreased this year by 17%. The data for the last 6 years is showing a steady reduction 86 to 58.

The falls group monitors all falls in the Trust and under took work to reduce both patient and staff falls. Trends were monitored and programmes initiated which included:

- Investigation of falls incidents to identify trends and feedback to increase awareness.
- Continued inclusion in health and safety refresher training.
- Introduction of an e-learning package.

The falls group has rightly concentrated on reducing patient falls, however, the work has also reduced staff injuries from falls.

6.2 Violence and Abuse

Injuries from violence accounts for about 20% of all staff injuries. The data shows a slight decrease of 2% over the previous year.

Two of the three violence and abuse actions in the 2013/14 programme were completed. Staff perception and serious injury are reducing; 2% reduction in injuries this year. However, training is still a challenge.

A secondary analysis has showed that almost all of the injuries came from patients who lacked capacity (over 95%). The staff groups injured were Nurses/CSW's (86%), Porters and Security (7%). The directorates affected are Emergency & Medicine (76%), Critical care (ITU) (15%). The training required to prevent injury will be "Clinically related challenging behaviour". The conflict resolution training will be essential for some staff but not for all. We need to complete a training needs analysis review for V&A training.

In February 2014 there was a judgement on a case (Webley v St.George's Hospital). A sectioned patient was taken in to an A&E department by the police who subsequently left. The patient absconded and suffered a severe injury. The judgement stated that the A&E hospital was responsible for the patient and legal penalties resulted. The Judge ruled that all A&E units need to provide secure facilities and fully trained security staff. This will be discussed with the Critical care Directorate to assess the implications for the Trust.

6.3 Moving and Handling

Injuries from moving and handling has decreased by 48% in the last year and now only accounts for about 10% of all injuries to staff (was 17% last year). This is a significant reduction.

There could be some under reporting, however, total reporting remained high so this could not account for the reduction. Referrals of staff to Occupational Health for musculoskeletal injury has been low and inline with reported incidents. Factors involved in a reduction in injuries include:

- Many staff injuries are associated with falling patients. The reduction in falls will contribute to the reduction in handling injuries.
- Training has targeted the top 10 medical devices likely to have staff errors. These include hoists and bed frames. Greater understanding and correct use of moving and handling devices will realise the full benefits of equipment and assist with reducing incidents.

- The quantity and variety of equipment held in the equipment libraries has improved providing staff access to equipment for safer patient handling thereby reducing the need for unsafe practice.
- Previous training in the use of electric profiling bed frames and other new equipment in the new hospital will have taken time to have an effect and could contribute to the reduction. There is evidence that the largest reduction has been at the Tunbridge Wells hospital.
- The Medical Device and Spinal Handling training programmes have included key points that have been highlighted in previous incident reports to increase awareness of the benefits of handling equipment, correct use, enhancing patient confidence and independence and to reduce injury.

There may be some underreporting but the reduction in moving and handling injuries is real and the result of a variety of strategies and improvements for manual handling.

6.4 Sharps

Injuries from needle sticks and sharps accounts for about 23% of all injuries to staff and is the largest cause of injury to staff. There was a reduction in incidents of 11% this year but it remains well above the figures for 2011/12. This suggests that reporting is remaining relatively high.

Sharps are monitored and managed by the Occupational Health department and reported to the infection control committee on a quarterly basis. The ongoing work programme included:

- A continuous programme to educate staff on sharps prevention. All junior doctors were trained and all new starters receive sharps training.
- Regular meetings between Occupational Health and the 'Intravenous Access Educator' to examine the injuries that have occurred to examine the causative factors/action with the managers. This resulted in working with the diabetes team to introduce safety removal tools.
- A task/finish group completed a program for the introduction of safety sharps throughout the trust in line with European Guidance and the new UK legislation enacted in may 2013.
- Replacing all sharps devices with safety devices within the Trust. Now the only non-safety devices are covered by risk assessments.

Any needle stick injury or eye splash involving a blood borne virus has to be reported to the HSE as a dangerous occurrence. The HSE consider these incidents to be a very high risk of serious harm. There is a high chance that they will choose to investigate and charge under fees for intervention. Over the last 3 years there have been 3 to 4 incidents each year. We need to make staff much more aware of the importance of closely following procedures where blood borne viruses are involved.

6.5 Occupational Ill Health

Actions identified in previous years have continued:

- Increasing awareness through ongoing induction and refresher training and information leaflets.
- All staff referred to/attending occupational health are advised to report accidents.
- All staff complete skin questionnaires on commencing employment.
- Encourage skin assessments through training.
- Encourage early self-referral.

- Continued to promote best practice, policy and procedures regarding occupational illness.

Hence occupational illness remains low and effectively managed.

There were no cases of occupational stress recorded on Datix. However, Occupational Health Department recorded 42 referrals for work related stress (63% of all referrals). These were not reported on Datix and therefore there is no record of an investigation. It is also not possible to determine trends and causes. This is a reduction over the previous year but still a concern. The most common reasons given are increased workloads accompanied with reduced resources.

These events need to be recorded on Datix and properly investigated. An awareness campaign will be initiated and Occupational Health will encourage staff to report.

7. Health and Safety Executive Inspections and Investigations in 2013/14

7.1 Trust Inspection

There has not been a general proactive Trust inspection in 2013/14.

The action plan from the inspection in February 2012 is almost complete. 41 of the 42 recommendations have been addressed.

7.2 Eye Splash Investigation

In July 2013 a HSE inspector visited the Trust to undertake an investigation into an eye splash injury. This was reported under RIDDOR as a”Dangerous Occurrence” as it involved a blood borne virus.

The Trust had carried out an investigation and had action plan in place. The inspector was unable to identify any further issues and decided not to take further action or charge for their time.

7.3 Patient Burn Investigation

In October 2012 the HSE visited the Trust to undertake an investigation in to a patient burn. This was reported under RIDDOR as a “Major Injury”. The burn was from a warming blanket called the “hot dog”. Two inspectors made several visits to the Trust and took signed statements form many staff. This involved massive disruption and lost theatre staff time.

Our own investigation has shown that the hot dog safety devices can fail under certain circumstances and hence it is a design fault with the equipment. However, the HSE disagrees and has indicated that they will prosecute. The Medical Director was interviewed under caution.

However, after 18 months we are awaiting the prosecution. The HSE identified a breach in H&S law in that the procurement process was not followed. They have charged the Trust over £86,000 under fees for intervention. If the Trust wins the case we may be able to recover these costs.

7.4 Staff Fall Investigation

In April 2013 a HSE inspector visited the Trust to undertake an investigation into a staff fall that resulted in two broken arms. This was reported under RIDDOR as a “Major injury”. The inspector was satisfied that there was no breach of legislation and no charge was made.

7.5 HSE Investigations

The HSE has stated that they will undertake fewer proactive inspections. They will however, undertake more reactive inspections and investigations following incidents.

We can expect RIDDOR reportable incidents that are classed as “Specified Injuries” or “Dangerous Occurrences” to be investigated. It is relatively easy for inspectors to identify breaches in legislation so charges may be made each time. No large organisation will be 100% compliant, with 100% of the regulations, 100% of the time.

8. Internal Audit of Health and Safety Arrangements

South Coast Audit undertook an audit of the Trusts Health and Safety arrangements entitled “Health and Safety – Assessments and Audits”. The report was issued at the end of April 2013 and is available on Q-Pulse (RWF-QG-CG-RISK-SCA1).

There were 5 key issues identified and four of these have been addressed. The remaining issue was the failure to meet 4 key Statutory and Mandatory training targets. Two of these have still not been met:

- Violence & aggression training
- The return of Local induction checklists.

The violence and abuse training is under review (see section 6.2 above).
Learning and Development are trying various strategies to increase the returns of local induction checklists. It is under constant review.

9. Health and Safety Legislation

9.1 The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

These new regulations come in to force in May 2013 and apply to all organisations that provide healthcare. Requires the Trust to risk assess all tasks that use sharps and the assessments must follow the hierarchy of control. Must consider safety sharps and must keep up with technical advances.

9.2 The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013.

The RIDDOR Regulations were amended and became law in October 2013.

The main changes are in the following areas:

- The classification of 'major injuries' to workers has been replaced with a shorter list of 'specified injuries'.
- The existing schedule detailing 47 types of industrial disease replaced with eight categories of reportable work-related illness.
- Fewer types of 'dangerous occurrence' require reporting

The HSE published a new information leaflet in October 2013 entitled: **Reporting injuries, diseases and dangerous occurrences in health and social care.** This gives specific guidance on reporting in healthcare. This includes clarification of sharps reporting:

- If an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), eg hepatitis B or C or HIV. This is reportable as a dangerous occurrence;
- If the employee receives a sharps injury from either a known or unknown donor and acquires a BBV as a result it is reportable as a disease.

9.3 ENTERPRISE & REGULATORY REFORM Act 2013

This Act came in to force in October 2013 and amends section 47 of the Health and Safety at Work Act. Section 47 allowed employers to be sued under a "Strict Liability" scheme for some workplace injuries. It is seen as unfair if an employer is found liable to pay compensation to an employee despite having taken all reasonable steps to protect them.

The measure:

- Removes employer's strict liability for some workplace injuries.
- Removes the right of individuals to bring a claim for breach of a statutory duty.
- In future it will only be possible for an individual to bring a civil action on the basis that the employer has been negligent.
- Provides employers with the opportunity to defend themselves on the basis of having done all that was reasonable.
- Common law negligence needs to be proven before a claim can be pursued.

Only applies to breaches that occur after 1st October 2013.

10. Summary and Conclusions

Good progress has been made and the majority of the 2013/14 programme was completed in full.

The number of incidents reported to the HSE under RIDDOR reduced this year by a third. And there was a 15% reduction in total staff injuries. Reporting remained high suggesting there has been a decrease and not only a result of reduced reporting.

The Trusts accident rate has significantly reduced for the third year running. It bench marks very well against similar trusts in the south east.

However, there was a small increase in specified injuries (broken bones from falls) and dangerous occurrences (needle stick injuries) reported under RIDDOR. This is a concern because these could trigger a HSE investigation.

Falls

Falls account for about 20% of all staff injuries. The number of staff falls has decreased this year by 17%. The data for the last 6 years is showing a steady reduction from 86 to 58 (33%).

The falls group monitors all falls in the Trust and under took work to reduce both patient and staff falls. The group has rightly concentrated on reducing patient falls, however, the work has also reduced staff injuries from falls.

Violence and abuse

Injuries from violence accounts for about 20% of all staff injuries. The data shows a slight decrease of 2% over the previous year.

Staff perception has improved as shown in the staff survey.

Almost all of the injuries came from patients who lacked capacity (over 95%). The training required to prevent injury will be "Clinically related challenging behaviour". A training needs analysis will be completed.

The Trust needs to assess the implications of the judgement in the case of Webley v St.George's Hospital. We may need to provide secure facilities and fully trained security staff in A&E departments.

Moving and Handling

Injuries from moving and handling has decreased by 48% in the last year and now only accounts for about 10% of all injuries to staff (was 17% last year). This is a significant reduction.

There could be some under reporting, however, total incident reporting remained high and referrals of staff to Occupational Health for musculoskeletal injury is inline with reported incidents.

There are several factors that would contribute to the reduction and the reduction is believed to be real and the result of improvements in patient handling.

Sharps

Reporting rates have remained relatively high and there has been an 11% reduction in sharps injuries. This is a result of the programme of work completed this year. However, it is not possible to determine the contribution of each element. The reduction will be the result of:

- The awareness campaign.
- Increased training including junior doctors training.
- The introduction of safety sharps and safety devices.
- The review of every injury.
- Some lack of reporting.

What is of concern is the increase in RIDDOR reportable sharps incidents (from 2 to 3). These should be avoided as they are taken very seriously by the HSE. Sharps are still the largest cause of staff injury.

Occupational Ill Health

Incidences of occupational illness remain low and effectively managed.

42 staff were referred to occupational health department for work related stress. This is a reduction over the previous year but still a concern. However, we have identified that staff referred to occupational health for work related stress are not reporting the event through Datix. Therefore there is no record of an investigation and trends are not identified.

These events need to be recorded on Datix and properly investigated. An awareness campaign will be initiated and Occupational Health will encourage staff to report.

The Health and Safety Executive

The HSE has stated that they will undertake fewer proactive inspections. They will however, undertake more reactive inspections and investigations following incidents. We can expect RIDDOR reportable incidents that are classed as “Specified Injuries” or “Dangerous Occurrences” to be investigated and charges will be made under “fees for intervention”.

There have been two HSE investigations this year;

- An eye splash involving a blood borne virus resulted in no further action or charge.
- A staff fall that resulted in two broken arms also resulted in no charge under FFI.

The HSE completed their investigation in to a patient burn that occurred in October 2012. The HSE has indicated that they will prosecute. The Medical Director was interviewed under caution and the Trust was charged over £86,000 under fees for intervention. If the Trust wins the case we may be able to recover these costs.

11. Objectives for 2014/15

Objective	Timescale & Targets	Lead	Supported by	Monitoring	KPI's
Health and Safety Management (Health and Safety Advisor)					
Ensure that all Clinical and high risk departments have completed H&S Audits.	All departments to have completed an audit by August 2014.	H&S advisor	Risk Manager	Progress will be monitored by lead and reported to the H&S committee.	Will monitor audits that have not been completed.
Ensure that the annual reviews of H&S Audits are completed.	All audits are repeated annually.			Progress will be monitored by lead and reported to the H&S committee.	Will monitor audits that have expired.
Significantly improve compliance through the audit scores.	All departments to score green on the audit by the end of the year.	E&F advisor H&S advisor	Risk Manager	Progress will be monitored by lead and reported to the H&S committee.	Will monitor audits scoring green, amber and red.
Initiate a program of audits of the documents uploaded to the H&S audit software.	Will audit a number of departments each month.	H&S advisor		Progress will be monitored by lead and reported to the H&S committee.	To be developed.
Falls (Falls Coordinator)					
Continue with awareness and training to further reduce staff falls.	(The focus of the falls team is on reducing Patient falls)	Falls Coordinator	H&S Advisor (E&F) Trust H&S Advisor	Continue with regular refresher training. All falls will be investigated	Training targets will be monitored
Implement the tool box talks for domestic staff following departmental reorganisation.		Domestics Managers	D Hosmer – H&S Advisor (E&F)	Progress will be monitored by the Falls group.	All domestic staff regularly trained
Violence and abuse (Local Security Management Specialist - LSMS)					
Complete a training needs analysis to ensure that each staff group receives the correct training to reduce their risk of injury.	Complete analysis and establish new training arrangements by September 2014.	LSMS	Dementia Matron. Learning and Development.	Progress will be reported to the H&S committee as part of Trust Officer's reports.	Determine new training targets as part of the training needs analysis.
For each staff group to achieve the required target for Violence and abuse training.	Steadily improve uptake to meet revised Trust targets by March 2015.	LSMS	Learning and Development.	Progress will be reported to the H&S committee as part of the Learning and Development report.	New targets will be developed.
Discuss the implications of the Webley case and make recommendations.	By September 2014 for inclusion in future planning.	R Faulds - LSMS	Management of the Critical Care Directorate	Progress will be reported to the H&S committee or the Trust Management Executive.	

Objective	Timescale & Targets	Lead	Supported by	Monitoring	KPI's
Moving and Handling (Moving and Handling Coordinator)					
Review all patient handling generic risk assessments and safe systems of work	By 31-3-2015.	Sue Tizzard M&H Co-ordinator		ST to include on H&S committee report.	
Need to develop a risk assessment and safe system of work for Spinal handling.	By 31-3-2015.	Sue Tizzard M&H Co-ordinator	Spinal Pathway Group	Risk assessment to set timescales. Spinal Group will review progress ST to include on H&S committee report.	
Extend spinal handling training to A&E at Maidstone.	By 1-10-2014.	Sue Tizzard M&H Co-ordinator		Performance will be monitored by the H&S committee via the M&H Co-ordinator's report.	
Develop the "At-Learning" system to become database of training and competency evidence	By 31-3-2015.	Sue Tizzard M&H Co-ordinator	Learning and Development	Performance will be monitored by the medical Devices committee.	
Sharps (Occupational Health Manager and IV Access Educator)					
Will re-launch the sharps task and finish group to: • Address the unacceptable number of sharps injuries and dangerous occurrences. • Investigate effect of safety sharps.	Will continue to deliver induction and refresher training.	Risk Manager Occupational Health Manager. IV Access Educator.		Monitored by Training and development.	High attendance rates
Continue to review the injuries that occur to examine the causative factors & actions	Regular meetings between Occupational Health and IV Access Educator	Occupational Health Manager. IV Access Educator.		Monitored by the Occupational Health Manager and reported to the IPC Committee.	N.A.
Review and standardise blood gas syringes across the trust	Complete in 2014/15	IV Access Educator.		Progress reported to the medical devices committee.	Must be compliant with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
Cardiology to review their packs and products	Complete in 2014/15	IV Access Educator.		Progress reported to the medical devices committee.	
Interventional radiology to review new safety devices in the market place	Complete in 2014/15	IV Access Educator.	Procurement	Progress reported to the medical devices committee.	
Develop and roll out a safer sharps e-learning package	Complete in 2014/15	IV Access Educator.	Training and Development	Monitored by Training and development.	High attendance rates

Objective	Timescale & Targets	Lead	Supported by	Monitoring	KPI's
Occupational Health (Occupational Health Manager)					
Increase awareness of the need to report work place stress and other ill health events on Datix via a safety alert.	By 1st July 2014	Risk Manager.	Occupational Health Manager.	Reported to H&S Committee via Occupational health report.	Comparison of numbers referred to numbers reported.
Increase awareness of the need to report work place stress and other ill health events on Datix via H&S training.	Complete throughout 2014/15	Health and Safety Advisor	Training and Development	Reported to H&S Committee via Occupational health report.	Comparison of numbers referred to numbers reported.
Encourage staff and there managers to report work related stress and other ill health events through Datix.	Complete in 2014/15	Occupational Health Manager.	Occupational Health Department	Reported to H&S Committee via Occupational health report.	Comparison of numbers referred to numbers reported.