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 WEDNESDAY 25TH JANUARY 2017

PENTECOST/SOUTH ROOMS, THE ACADEMIC CENTRE, MAIDSTONE HOSPITAL

A G E N D A – PART 1

Ref.	Item	Lead presenter	Attachment
1-1	To receive apologies for absence	Chairman	Verbal
1-2	To declare interests relevant to agenda items	Chairman	Verbal
1-3	Minutes of the Part 1 meeting of 21st December 2016	Chairman	1
1-4	To note progress with previous actions	Chairman	2
1-5	Safety moment	Chief Nurse	Verbal
1-6	Chairman's report	Chairman	Verbal
1-7	Chief Executive's report	Chief Executive	3
	Presentation from a Clinical Directorate		
1-8	Specialist Medicine and Therapies	Clinical Dir. and Gen. Manager, Specialist Medicine & Therapies	Presentation
1-9	Integrated Performance Report for December 2016 (incl. an update on the "Trauma & Orthopaedics 2020" programme)	Chief Executive	
	▪ Safe / Effectiveness / Caring	Chief Nurse	
	▪ Safe / Effectiveness (incl. HSMR)	Medical Director	4
	▪ Safe (infection control)	Dir. of Infect. Prevention and Control	
	▪ Well-Led (finance)	Director of Finance	
	▪ Effectiveness / Responsiveness (incl. DTOCs)	Director of Operations	
	▪ Well-led (workforce)	Director of Workforce	
1-10	Detailed review of Length of Stay-related issues	Chief Operating Officer / Clinical Lead for Length of Stay	5
	Quality items		
1-11	Supplementary report on Quality and Patient Safety	Chief Nurse	6
1-12	Planned & actual ward staffing for December 2016	Chief Nurse	7
1-13	Trust Board Members' hospital visits	Trust Secretary	8
	Assurance and policy		
1-14	Emergency Planning update (annual report to Board)	Chief Operating Officer	9
	Reports from Board sub-committees (and the Trust Management Executive)		
1-15	Quality Committee, 04/01/17 & 11/01/17 (incl. approval of revised Terms of Reference)	Committee Chair	10
1-16	Trust Management Executive, 18/01/17	Committee Chair	11 (to follow)
1-17	Finance Committee, 23/01/17	Committee Chair	12 (to follow)
	Other matters		
1-18	Update on Guardian of Safe Working Hours	Director of Workforce	13
1-19	**To consider any other business**		
1-20	**To receive any questions from members of the public**		
1-21	To approve the motion that in pursuance of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public now be excluded from the meeting by reason of the confidential nature of the business to be transacted	Chairman	Verbal

Date of next meetings:

- 22nd February 2017, 10.30am, The Education Centre, Tunbridge Wells Hospital
- 29th March 2017, 10.30am, The Academic Centre, Maidstone Hospital
- 26th April 2017, 10.30am, The Education Centre, Tunbridge Wells Hospital
- 24th May 2017, 10.30am, The Academic Centre, Maidstone Hospital
- 28th June 2017, 10.30am, The 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 21ST DECEMBER 2016, 10.30A.M AT TUNBRIDGE WELLS HOSPITAL

FOR APPROVAL

Present:	Anthony Jones	Chairman of the Trust Board	(AJ)
	Avey Bhatia	Chief Nurse	(AB)
	Sylvia Denton	Non-Executive Director	(SD)
	Sarah Dunnett	Non-Executive Director	(SDu)
	Angela Gallagher	Chief Operating Officer	(AG)
	Steve Orpin	Director of Finance	(SO)
	Paul Sigston	Medical Director	(PS)
	Kevin Tallett	Non-Executive Director	(KT)
In attendance:	Lynn Gray	Director of Operations (Urgent Care) (for item 12-16)	(LG)
	Dawn Hallam	Trust Discharge Manager (for item 12-16)	(DH)
	Richard Hayden	Director of Workforce	(RH)
	Alison Jankowski	Clinical Manager, Therapy Assisted Discharge Service (for item 12-16)	(AJa)
	Jim Lusby	Deputy Chief Executive	(JL)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Kevin Rowan	Trust Secretary	(KR)
Observing:	Aurea Ellis	Breast Care Nurse	(AE)
	Claire O'Brien	Deputy Chief Nurse	(C'OB)
	Darren Yates	Head of Communications (until item 12-16)	(DY)
	Annemieke Koper	Staff Side representative	(AKo)

12-1 To receive apologies for absence

Apologies were received from Glenn Douglas (GD), Chief Executive; and Alex King (AK), Non-Executive Director.

12-2 To declare interests relevant to agenda items

KT declared that he remained engaged (via his company, Discidium Ltd) by Medway NHS Foundation Trust (MFT) to deliver Programme Management Office (PMO) Services, including the Financial Recovery Programme.

12-3 Minutes of the Part 1 meeting of 30th November 2016

The minutes were agreed as a true and accurate record of the meeting.

12-4 To note progress with previous actions

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

- **9-8i ("Ensure the Trust Board receives the outcome of the planned review of Medical rotas being led by the Medical Director")**. AJ noted that this was being addressed via the Medical productivity programme, which had been discussed at the Finance Committee.
- **9-14ii ("Arrange for the Quality Committee to consider the findings and responses to the two Orthopaedic implant related Never Events that occurred in May 2014 and August 2016 respectively")**. It was noted that this action related to previous Never Events and a report would be submitted to the 'main' Quality Committee in January 2017
- **10-11 ("Liaise to consider how Non-Executive Directors could be incorporated into the formal framework for Ward/Departmental visits recently developed for Executive Directors")**. KR explained the proposed process. SDu remarked that she had some

reservations, but believed the process was worth trying. The Trust Board agreed the proposals as circulated, and the action was therefore closed.

- **11-8ii ("Arrange for the "Top performing" rating on the 2016/17 CCG Improvement and Assessment Framework baseline maternity assessment to be publicised within the Trust's Maternity areas")**. JL reported that the rating was now promoted on all relevant display screens across the Trust, and the opportunity had been taken to promote other aspects of the Maternity service. JL added that the action linked to item 12-15 which featured later on the agenda. It was agreed that action 11-8ii could be closed. SDu added that she had recently visited the Maidstone Birth Centre and had been impressed by facilities.

12-5 Safety moment

AB reported the following points:

- Sepsis was the focus of the safety calendar for December, and a campaign ("Sock it to Sepsis") had been launched by the Trust's Sepsis team, which reflected a national campaign. A Photoshoot had been held with some Trust Board Members earlier that morning
- A Sepsis screening tool had been updated and relaunched, and a new sticker had been introduced for use in patients' healthcare records. There was a Sepsis-related CQUIN target, and a quiz had been issued. The campaign had been included in the Chief Executive's weekly update, and would be included in the next update later that week

AJ stated that he did not know how the Trust compared to others on Sepsis. PS stated that further details would be given at the Quality Committee 'deep dive' in January 2017, but gave assurance that the Trust did not have a significant problem. PS added that he had attended a recent international conference on Sepsis and the UK did not perform worse than the rest of the world.

12-6 Chairman's report

AJ reported that PS would be retiring as Medical Director, on 08/02/17, and Peter Maskell, who was a Consultant at the Trust but also the Medical Director of Kent Community Health NHS Foundation Trust (KCHFT), would take on the role from that date. AJ added that he had asked Dr Maskell to attend the Trust Board meetings in January 2017, and thanked PS for his contribution.

AJ also announced that AB would leave the Trust at the end of January as the Chief Nurse, and move, on secondment, to St George's University Hospitals NHS Foundation Trust NHS Foundation Trust. AJ congratulated AB on the appointment, & noted she would be missed. AJ highlighted that C'OB would perform the Chief Nurse role in the interim, until a permanent appointment was made.

12-7 Chief Executive's report

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

- Most Sustainability and Transformation Plans (STPs) had now been published, and the response to the Kent and Medway STP had been positive. It now felt like the 'business end' of the STP discussions had commenced
- There had been much discussion as to where the Trust expected to be in 3-5 years' time, and from JL's perspective, it had never been more important for the Trust to be confident about its future, and approach the STP discussions positively

AJ welcomed the proposed approach, but emphasised the need to ensure that the appropriate clinical models were in place. JL agreed that there had been a previous preoccupation on organisational form, whereas the focus now needed to be on care. KT opined that the Trust should ensure its own communications regarding the STP were positive. JL acknowledged the point.

PS then referred to point 5. in the report, which related to the Inquest into the death of Mrs Edna Thompson, and commended the contribution made by the staff in the Trust's Legal Department (Wendy Bates and Chanel Alexander), in demonstrating to HM Coroner the changes that the Trust had made since Mrs Thompson's death. The commendation was acknowledged.

AJ then referred to point 8. and noted the uptake of flu vaccine was very good. RH reported that the current percentage uptake was 63%.

AJ then finally referred to point. 7 and asked SM how her presentation at the Healthcare Infection Society International Conference had been received. SM replied that the presentation had gone very well, and noted that there had been circa 400 delegates, lots of questions, and lots of interest.

12-8 Integrated Performance Report for November 2016

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

- Non-elective activity and attendance pressures had continued
- The Trust had made progress in terms of protecting elective activity, but the situation remained extremely challenging, and the Christmas period was also expected to be challenging

JL then invited colleagues to highlight any issues arising from the Integrated Performance Report.

Safe / Effectiveness / Caring

AB reported the following:

- The new 'red' rating was for "Single Sex Accommodation Breaches" (12), which related to the bed changes within the Surgical Assessment Unit (SAU). The changes had worked well during Monday to Friday, but the breaches had occurred at the weekend. The lesson was to ensure that any such changes were communicated effectively to staff, particularly those unused to managing mixed sex situations
- The Trust was maintaining its quality, particularly in relation to falls and pressure ulcers
- The complaints response rate had improved to 80%, & the key issue was to now maintain this

Safe / Effectiveness (incl. HSMR)

PS noted that mortality would be discussed in detail at the Quality Committee 'deep dive' on 04/01/17. AJ asked whether Trust Board Members were content for mortality issues to be left for discussion at that meeting. This was agreed, and SDu asserted that any issues regarding assurance, including any action required, would be reported to the Trust Board.

Safe (infection control)

SM reported that there had been 1 case of post-48 hour MRSA bacteraemia, and the Trust had to take responsibility for the case, as the patient concerned had not been screened on admission, and became unwell later in their inpatient episode. AJ asked whether it was known why the patient had not been screened. SM replied that it was not known definitively, but the patient had some significant health problems that may have contributed. SM added that the patient had not had a previous positive MRSA screen.

SM then continued, and highlighted that the monthly Clostridium difficile trajectory had been breached, with 3 cases occurring, but the Trust was below the year-end trajectory (of 27 cases). AJ asked if the 3 cases were on the same Ward. SM confirmed that 2 of the cases were on the same Ward, but there was no evidence of them being related. SM added that the situation was indicative of that occurring nationally. AJ emphasised the importance of the issue, and appealed for SM to continue to take the necessary action.

SM then reported that Norovirus had increased across the country, and was circulating in the local community, but the Trust had not experienced any cases, although there had been some potential cases in some areas. SM added that additional training had been put in place, including in the Acute Medical Unit (AMU), and steps had also been taken to increase public communication. AJ asked if other hospitals had been affected. It was noted that East Kent Hospitals University NHS Foundation Trust and the Princess Royal University Hospital in Farnborough had been affected.

AJ then remarked that some hospitals had erected large signs in their reception entrance to highlight the need to not enter with Norovirus symptoms. SM noted that the Trust had some banners with that message, & acknowledged that these could be placed in more prominent areas.

Well-Led (finance)

SO reported the following:

- The Trust had an in-month deficit of £1.2m, which matched the planned position almost exactly. If Sustainability and Transformation Fund (STF) funding was excluded, which equated to circa £2m per month, the Trust was performing well
- Pay costs reduced by £0.6m, which had been reflected in reduced usage of Nursing Agency, Medical Agency and Locum staff. The pay bill was the lowest month for the whole year
- The previous issue with Scientific Therapeutic and Technical (STT) staff, particularly in Therapies, had improved, whilst Administrative & Clerical (A&C) staffing numbers were stable

AJ commended the improvements but emphasised the importance for continued action. SO agreed and noted the continued focus on reducing Agency usage. SO then continued, and reported the following points:

- £2.3m of savings were delivered in month 8, but there were unidentified CIPs which meant that reaching the control total would be challenging
- The Capital programme remained on plan
- Overall the month had been good, but it was acknowledged that more progress was required

Effectiveness / Responsiveness (incl. DTOCs)

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

- Non-elective activity pressures continued. The bed-base had been re-balanced in response, and this had some benefit, but the surge in activity had occurred 2 weeks earlier than expected
- The Maidstone Orthopaedic Unit (MOU) became operational from 19/12/16, and was expected to be a very buoyant elective Unit (AG had seen the bookings through to January 2017)

SDu referred to the latter point and noted that on 19/12/16, the Finance Committee had heard that the MOU bookings were primarily for Surgical, not Orthopaedic, patients. AG clarified that there had been some Orthopaedic activity at the Unit that week, and some such activity was booked for w/c 26/12/16, whist the bookings for w/c 02/01/17 were all Orthopaedic. SDu asked for assurance that the bookings were being monitored. AG gave such assurance. SM asked whether the Unit would be affected by West Kent Clinical Commissioning Group's (CCG's) 'block' on elective activity. AG replied that the volume needed to be considered but the Unit would focus on addressing patients who were on the waiting list backlog.

AG then continued, and highlighted the following points:

- The 2-week Cancer waiting time target had been achieved for the third consecutive month. The 2-week wait target for Breast Cancer had also been met, as had the 31-day waiting time target
- The Trust had worked hard to avoid breaches that were patient choice related (by offering additional choices of appointment)
- The Trust's Access Policy has been ratified by NHS Improvement (NHSI), who were content that the Trust was complying with the requirements
- There had been some delays in patient diagnostics in October, but this had now been resolved
- Progress was being made with lower gastrointestinal (GI) patients, and the Colorectal Nurse being funded by Macmillan had been appointed, but further actions had been identified with regards to the period before the decision to treat, to address the delays in diagnostic pathway. AG was however very confident that the Colorectal performance would improve

AJ asked for a time by which the situation would improve. AG replied that she expected improvement by Quarter 1 of 2017/18 i.e. March or April 2017.

AJ then asked whether AG was confident of achieving the forecast for the "Cancer 62 day wait - First Definitive" indicator. AG replied that she was confident of achieving this for MTW-only patients. AG then explained that the new guidance regarding patient choice had not yet been applied to NHS Foundation Trusts, so it was expected that such Trusts would experience a similar reduction in performance to that experienced by the Trust earlier in the year.

AJ then referred to page 11 of 29, and asked for explanation of "Accountable" breaches for the 104-day target. AG explained that this simply related to breaches that were required to be counted under the monitoring rules. AJ noted that performance on the indicator had increased by 50%. AG noted that the previous year was the first year of reporting 104-day breaches, and acknowledged

there was an issue, but stated that the patients within the 62-day waiting time target set were primarily the patients that were referred from external parties.

SD asked how many Whole Time Equivalent (WTE) Clinical Nurse Specialists (CNS) were now in place within Colorectal. AG replied that there were already 4 CNSs in the team, as well as Stoma Care Nurses and Healthcare Assistants (HCAs), but there would now be a further Band 7 and Band 6 Nurse, plus administrative support. SD asked how many new Colorectal patients the Trust saw each year. AG replied that there were circa 50 referrals per month, and about 20% of these converted to the Cancer pathway. SD asked for confirmation that there would therefore be circa 10 patients per month on each CNS' workload. AG stated that she was not certain of the arrangements by which the Colorectal Cancer CNS managed their individual patient workloads, but offered to provide details of such arrangements.

Action: Notify Trust Board Members of the arrangements by which the Colorectal Cancer Clinical Nurse Specialists managed their individual patient workloads (Chief Operating Officer, December 2016 onwards)

AJ then asked about performance on length of stay (LOS). AG reported there had been some minor improvement in elective LOS, but acknowledged that more was required. AJ asked what had caused the increase, when compared to the previous year. AG replied that the cause was volume of patients (which had increased since the previous year), and the situation had also been affected by Delayed Transfers of Care (DTOCs). AG noted that the Trust had not made as much improvement as desired, but asserted that the actions taken had prevented the situation from spiralling out of control. AJ asked whether the Trust was convinced that discharges were as efficient and professional as possible. AG acknowledged there were areas for improvement, but stated she believed the infrastructure to make these improvements was in place, although further engagement with some staff was required, which would be led by SM. AJ asked what action was intended in relation to staff engagement. SM replied that the Junior Doctors were a key group, and attention would be focused on these, to promote local leadership on Wards. SM clarified that it was her duty (as clinical lead for LOS) to address such issues. AG summarised that progress had been made, but this had not been at the pace required, and added that clinicians in particular needed to recognise the positive difference that changes in LOS would make to all patients and staff.

AJ stated that it was disappointing to hear that some of senior staff had not engaged with the LOS work. SM noted there was a degree of scepticism among such staff, and therefore she was working with the Trust's PMO to collate a series of patient stories, to aim to tackle the default response to capacity pressures, of escalation rather than expediting discharge (and thereby avoid the need to escalate). AJ asked whether it would be beneficial for the relevant staff to visit other hospitals, to see the process in action. SM replied that the Trust itself had some Wards that could be used to demonstrate this. AG agreed that the issue was not being treated as a patient safety matter, as it should be, on the basis that the Emergency Department needed to ensure patient flow. AJ agreed, and stated that the Trust could not therefore afford to tolerate staff that felt that the way they had operated in the past was the only way. KT suggested that LOS data should be published internally, via a league table, to promote change. AG confirmed this was planned, but SM pointed out that the data did not reveal the full picture.

KT then remarked that he believed there was a 'new normal' in place, not just in terms of LOS, and he would welcome this being discussed further in the future, perhaps at a Trust Board 'Away Day'. AJ agreed this was worthy of discussion at a future point.

KT also commended the reduction in DTOCs. AG agreed that the level in November had been good, but a rise was expected in December. KT replied that he would be interested to see the numbers of patients who were 'Medically Fit For Discharge'. AG clarified that such data was only collected on a voluntary basis.

AJ asked whether it would be beneficial to have a detailed review of LOS-related issues at the Trust Board in January 2017, to be addressed by AG and SM. This was agreed.

Action: Schedule a detailed review of Length of Stay-related issues at the Trust Board in January 2017 (Trust Secretary, December 2016 onwards)

KR noted that it had previously been agreed to have a standing item at the 'main' Quality Committee on LOS, and asked whether this was still required, given the agreement to have an item at the Trust Board in January. AJ stated that it would be up to SDu. SDu proposed that the 'main' Quality Committee item continue as scheduled, & then be reviewed after the Trust Board.

JL then acknowledged the importance of KT's earlier point about the 'new normal', and it was agreed to arrange for this to be discussed at the next Trust Board 'Away Day'.

Action: Arrange for the next Trust Board 'Away Day' to discuss the 'new normal' levels of clinical activity seen at the Trust (Trust Secretary, spring 2016)

Well-led (workforce)

RH then referred to the circulated report and pointed out that SO had covered the key issues, in terms of recruitment and Agency usage. AJ stated that he hoped the Trust was continuing with maximum efforts to recruit to vacancies. RH gave assurance this was the case.

KT then commended the high level of "% Dementia Screening". The point was acknowledged.

Quality Items

12-9 Planned and actual ward staffing for November 2016

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

- Safe staffing levels had been maintained
- Care Hours Per Patient Day (CHPPD) levels had reduced at Maidstone Hospital (MH), but been maintained at Tunbridge Wells Hospital (TWH)
- There were no areas with sufficient concern to prevent them from being 'RAG' rated as 'green'

AJ remarked that he liked the way that the Maternity service managed their Midwives flexibly and queried whether this was applicable to other areas. AB confirmed that the situation was very fluid across all areas. AJ specifically asked AB to consider this, noting that he had seen that approach work in factories, for example. AB replied that this had been discussed, but she believed the approach should only be considered when all current vacancies had been filled. SO also emphasised that although the Maternity service had a flexible workforce, it was operating above budget. AJ acknowledged the points.

Reports from Board sub-committees (and the Trust Management Executive)

12-10 Charitable Funds Committee, 28/11/16 (incl. approval of the Annual Report & Accounts of the NHS Trust Charitable Fund, 2015/16; and approval of revised Terms of Reference)

SDu referred to the circulated report and noted that a verbal report had been given at last Trust Board meeting. SDu added that the Board was however required to approve revised Terms of Reference; the Annual Report and Accounts for the Charitable Fund 2015/16; and the Management Letter of Representation for 2015/16.

The revised Terms of Reference for the Committee were duly approved as circulated.

The Annual Report and Accounts of the Maidstone and Tunbridge Wells NHS Trust Charitable Fund and Management Letter of Representation for 2015/16 were also approved as circulated.

KR then explained that the Annual Report and Accounts would be submitted to the Charity Commission in January 2017, as it was hoped to be able to make the submission in December 2016, but this was not possible due to the availability of the External Auditors. KR clarified that the submission would however be made ahead of the required deadline of 30/01/16.

12-11 Workforce Committee, 01/12/16

AJ noted that he had chaired the meeting, but asked RH to report the key issues. RH duly referred to the circulated report and highlighted that the new Employee Assistance Programme had been discussed, as had the Culture and Leadership Programme toolkit launched by NHSI.

AJ drew attention to the "Medical Education Update" section, noting that the Trust did not obtain the results it would have liked, or that had been obtained in the past, on the GMC Junior Doctors Survey, but the Director of Medical Education had presented an action plan, which would be reported to the Trust Board if considered necessary.

AB referred to the Culture and Leadership Programme and asked whether sufficient resources were in place to implement the diagnostic phase. RH confirmed that the HR Directorate would lead the diagnostic work, and he had made a request for a small amount of additional resource, through Business Planning, in order to do the work.

12-12 Patient Experience Committee, 02/12/16

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

- The findings from the local patient survey had been reviewed, and the assistance provided at mealtimes was noted to be disappointing. The situation would be subject to an audit by patient representatives
- The Committee heard reflections from a Junior Doctor. This was a regular item, for which SD wished to thank Junior Doctors for their contribution. The particular issue that had been discussed related to the process for pre-operative fasting

12-13 Trust Management Executive, 14/12/16

JL referred to the circulated report and highlighted that the replacement PAS was still expected to be implemented by the end of 2016/17, though there still some risks. AJ asked about the risks. AG replied that there were 3 key risks, 2 of which had been moved from a 'red' to 'amber' rating, and were on the way to being rated as 'green'. AJ asked when the current provider's contract would expire. AG replied that the contract was being extended every 3 months, at a cost. AJ asked whether the contract would continue to be extended until the new PAS was in place. AG confirmed that this would be the case.

12-14 Finance Committee, 19/11/16 (incl. approval of the Business Case to replace a Linear Accelerator at Maidstone Hospital)

SDu referred to the circulated report (Attachment 10) and communicated the following points:

- The 7 key actions from the latest letter sent to the Trust from NHSI (in relation to Financial Special Measures) were discussed at length, and good assurance was received on progress
- The latest Committee evaluation was discussed, and it was agreed that the Chief Operating Officer and Director of Workforce should be invited to participate in the monthly performance agenda item, and for this to be reviewed after 3 months

AG noted that KR had already been in touch in relation to the aforementioned invite.

SDu then continued, and highlighted the following points:

- The Business Case for a replacement Linear Accelerator (LinAc) at MH had been considered and been recommended for approval
- Proposals to dispose of some Trust property had been considered, and these would be considered within the 'Part 2' Trust Board meeting scheduled for later that day
- The final Planning submissions were reviewed (which would also be considered within the 'Part 2' Trust Board meeting scheduled for later that day)

KT stated that in addition to the actions listed in the circulated report, he believed a further action had been agreed, to consider how to gain NHSI's involvement in providing system oversight and guidance in relation to the challenges regarding financial recovery. AJ stated that he would like to discuss this in the 'Part 2' meeting scheduled for later that day. This was agreed.

AJ then asked SO to discuss Attachment 11 (the Business Case to replace a LinAc at MH). SO referred to the circulated report and highlighted the following points:

- The Trust had been offered funding for the cost of a replacement LinAc machine, of £1.8m, but the Trust had to fund the enabling works

- The LinAc preferred for replacement was "LA1" at MH. This was not the oldest machine, but was the least technically advanced
- The new LinAc machine would be purchased during 2016/17, but would then be stored in a bonded warehouse until the enabling works were competed
- There would be some additional revenue costs relating to maintenance and capital charges

AJ noted that the Finance Committee had commended the quality of the Case, and then invited questions. SDu asked whether the Cancer tariff associated with the replacement LinAcs' treatment delivery would be adversely affected. SO replied that he did not believe there had been any recent change in the construction of Radiotherapy tariffs, and Radiotherapy was shown to be a strong contributor to Service Line Reporting (SLR) performance. SO added that he had seen the tariff for the next 2 years and no changes were anticipated. SDu explained that she wanted to ensure that the new LinAc machine would not, in effect, be funded by future tariff reductions. SO stated that he believed NHSI had been sincere in their attempt to assist the Trust via the funding offers that had been made. SDu clarified that she was suggesting that it would be beneficial to highlight, in the Trust's acceptance of the offer, that the acceptance was on the basis of an understanding that the tariff would not be significantly adversely affected in future. SO acknowledged the suggestion.

AJ then queried whether, as the fourth largest Cancer Centre in the country, the Trust was exploring whether the offer from NHSI provided opportunities to introduce the latest treatment technology, such as 'cyber knife' Radiotherapy machines. PS explained that the current offer was to just replace one of the existing LinAc machines, and decisions regarding specialist equipment were under the remit of NHS England. SO clarified that he understood that NHSI did not wish activity to increase as a result of the current funding offer. PS added that NHS England's Specialist Commissioning team were, in general, discouraging requests for more advanced equipment. SO did however acknowledge that the conversation could be held again in the future, as there was potential funding for a further 3 LinAcs. PS agreed, and noted that the Trust was developing links with Vaughan Lewis, the Clinical Director for Specialised Commissioning, NHS South, at NHS England. AJ encouraged this, with the aim to continue to improve the Cancer Centre.

SD then asked about the decommissioning of the existing LinAc machine. AG confirmed there was an operational group in place to oversee this.

The Trust Board approved the Business Case to replace a Linear Accelerator at Maidstone Hospital as circulated.

SO pointed out that he was still awaiting final confirmation of the allocation of Public Dividend Capital (PDC). AJ acknowledged the point.

Other matters

12-15 Response to the Board's suggestions to raise patients/ visitors' awareness of the activity undertaken by the Trust

JL reported that the promotion of Maternity services had already been discussed under item 12-4, and reminded Trust Board Members that the comments that had been made at a previous Board meeting related to raising awareness of how busy the Trust was, with the aim of promoting positive behaviour. JL continued that consideration was being given to ensure data about activity was published in the appropriate way, to encourage responsible use of the Trust's services, and the other services in West Kent. JL added that Trust Board Members could therefore expect to see some messages posted across the Trust's hospitals. AJ expressed his support for the approach and stated he looked forward to seeing the outcome.

12-16 The "Home First" model

AJ welcomed LG, DH & AJa to the meeting. LG led a presentation highlighting the following points:

- NHSI and NHS England had sent a letter to Chairs of the local A&E Delivery Boards that set out 5 mandated areas to improve A&E performance in winter and beyond. These were to be implemented and monitored by newly designated local A&E Delivery Boards, which had replaced System Resilience Groups (SRGs)

- The last of the 5 key actions was “Discharge – mandating ‘Discharge to Assess’ and trusted assessor type models”. All systems moving to a ‘discharge to assess’ model would greatly reduce delays in discharging, and pointed to home as the first port of call, if clinically appropriate. This required close working with Local Authorities on Social Care, to ensure successful implementation for the whole health and care system
- In Kent, the ‘Discharge to Assess’ model was also known as “Home First”, and this formed a key element of the out-of-hospital care aspects within the STP
- Home First was: multi-agency; intended to assess for long-term needs; based on the principle that a patients’ ‘own bed is best’; involved clear pathways, recognised the need to maintain flow, and involved a Single Point of Access (SPA). Flow was a key aspect, and the SPA emphasised the need for a single phone number
- There were 3 pathways to Home First: Pathway 1 focused on Home Care and therapy decisions made at home, for patients aiming for independence; Pathway 2 focused on ongoing rehabilitation in an inpatient setting, aiming for home (once able); whilst Pathway 3 focused on Residential or Nursing Homes, for patients probably requiring on-going long term care
- For Pathway 1, initiation involved: ensuring the patient was Medically optimised and able to return home with community health/Social care. Ward staff then referred to the Home First SPA via the telephone. The SPA would then arrange the services required to support discharge home (such as transport, Therapy, Care Packages (via the current provider, Hilton Nursing Partners), Nursing, and others). The SPA would then confirm the support services in place with the referrer, and the patient would be discharged home
- The implementation of Pathway 1 involved the patient being discharged home, and the Care provider meeting the patient at home within 2 hours, if required. Assessment was then initiated within 24 hours, followed by a programme of rehabilitation and/or reablement, and then transfer from Home First. The transfer could be to self-management, care packages, community health, transfer to Pathway 2, readmission to acute care, or end of life
- Pathway 1 had its ‘Proof of Concept’ initiated on 05/12/16 (for Maidstone A&E, Maidstone AMU and Chaucer Ward), and was extended to Whatman Ward, Ward 12 and Tunbridge Wells A&E and AMU in January 2017. It was then intended that proof of concept testing for a Single Point Access at the Coxheath Local Referral Unit be introduced from 30/01/17
- There had been some issues identified since 05/12/16, noting that this was a big difference to how staff currently worked, and also the paper-based nature of the process

SDu asked who Hilton Nursing Partners were. LG explained they were a Nursing Care Provider.

AJ noted that he understood the Home First model had been in place in Medway for some time. LG clarified that it had been in place since the summer of 2016, but Medway had been unable to introduced Pathway 3, due to capacity constraints.

DH then continued, and highlighted the following points:
- For Pathway 2, initiation involved: 8 beds that had been re-designated at Tonbridge Cottage Hospital; a Therapy-led service; minimal Nursing support (other than personal care); Social Services support to the Ward; & upgrading the skills of HCA/Therapy assistant staff. The Ward had its ‘soft’ (i.e. without fanfare) opening in December 2016, with a gradual increase in staff
- The action plan for Pathway 2 involved: increased occupancy; access through the Community Liaison Team (CLT, which was part of the Integrated Discharge Team (IDT)); a training plan for care staff; Pharmacy work regarding self-medication; and scoping of the need

AJ asked what control the Trust had over the 8 beds at Tonbridge Cottage Hospital, as the Board had previously been advised that the Trust would have control over these beds. DH replied that the Trust was not paying for those beds, & therefore had no control. AG clarified that the previously reported situation had changed. JL confirmed he was content with the situation at the Hospital, in that the beds were in use for the benefit of the community as a whole, but he was not satisfied with the bed situation at Sevenoaks Hospital, which were empty on the grounds of affordability.

DH then continued, and highlighted that for the initiation of Pathway 3, a bed audit in August 2016 had identified the need for 30 beds for patients waiting for Nursing/Care homes. DH continued that funding responsibility was mixed between health (for Continuing Healthcare (CHC)), Social

Services, and the private sector; and availability and funding were therefore the main issues. KT asked whether patients who arrived at the hospital that were acutely unwell would be discharged back to their residential home. DH replied that this was possible, & was not a significant problem.

DH then continued, and highlighted the following points:
- The was a need for a mixed model to cater for older people with mental health needs
- The location of beds would be important, and the Pathway 3 action plan had identified Westbank Care Home in Borough Green, who had 10 'new' beds available. DH was working on a Standard Operating Procedure for admission to Westbank, with a start date (with a 'soft' opening) in January 2017. However, this only provided 10 of the 30 beds required
- The bed audit would be repeated to check that the data supported the need for 30 beds

KT queried whether NHS Property Services Ltd had been approached to identify properties they may have available. JL acknowledged a discussion would be beneficial.

KT then asked whether there were any issues with the management of the IDT. AG noted that DH managed the IDT. DH confirmed there were no significant issues affecting the functioning of the team. DH then continued, and highlighted the following points:
- Risks included the availability of domiciliary care; the availability of commercial beds; maintaining flow; funding; Social Services capacity to support the model; and public perception
- Mitigations included a publicity campaign; engaging patients/families early; use of commercial expertise (e.g. Hilton and CHS Healthcare); multi-agency involvement at senior level; commitment at operational level to problem solve; and learning from other health and social care economies that were further forward in the journey

KT asked why the process waited for patients to be declared MFFD before starting. DH replied that some of the processed commenced before the point of a patient being declared MFFD, but the formal process was not triggered until that point.

KT then asked about community services i.e. whether KCHFT were fully staffed and resourced. AJ stated that Therapists who were funded by the Operational Resilience and Capacity Plan (ORCP) were being used, but KCHFT were intending to increase the service that they contributed.

AJ commended the work, highlighted its importance, and encouraged further swift action.

12-17 To consider any other business

The Trust Board delegated the authority to approve the final Planning submissions for 2017/18 and 2018/19, and the disposal of the "Hillcroft" and "The Spring" properties, to the 'Part 2' Trust Board meeting scheduled for later that day.

12-18 To receive any questions from members of the public

AE referred to the discussion that had been held on LOS under item 12-8, commented that some areas performed better than others, and suggested it may be beneficial to pair better performing areas with poor performers, to improve the performance of the latter. AE added that she was aware that similar pairing arrangements were used in schools. AJ welcomed the suggestion.

12-19 To approve the motion that in pursuance of the Public Bodies (Admission 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 – January 2017

1-4 Log of outstanding actions from previous meetings — Chairman

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress [1]
9-8i (Sep 15)	Ensure the Trust Board receives the outcome of the planned review of Medical rotas being led by the Medical Director	Trust Secretary / Medical Director	September 2015 onwards (but then extended to March 2016)	The Finance Committee agreed, in November 2016, that a report on medical productivity should be submitted to the Committee each month. Any issues arising from the latest such report will therefore be raised at the Trust Board meeting by exception (and will be covered within the summary report from the Finance Committee)

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
9-14ii (28th Sept 16)	Arrange for the Quality Committee to consider the findings and responses to the two Orthopaedic implant related Never Events that occurred in May 2014 and August 2016 respectively	Trust Secretary / Chief Nurse / Medical Director	September 2016 onwards	A report was submitted to the 'main' Quality Committee on 11/01/17
12-8i (Dec 16)	Notify Trust Board Members of the arrangements by which the Colorectal Cancer Clinical Nurse Specialists managed their individual patient workloads	Chief Operating Officer	December 2016 onwards	The Band 7 Clinical Nurse Specialists (CNSs) are responsible for managing the patient caseload comprising all patients with a diagnosis of a colorectal cancer (or high suspicion of) and throughout their treatment pathway including diagnostics, surgery and follow up. They provide specialist advice, education and support to patients, their carers/relative and health care professionals. The Anal cancer pathway is also managed within this team including close links to the

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

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
				oncology pathway. The current permanent establishment has a 3.4 WTE CNS workforce to an approximate 800 per annum new patient rate. This translates to a 1 CNS:235 patient ratio > 100% above the recommended guidance. CNS Pelvic floor workload is approx. 180. Family history referrals are approx. 160. Key responsibilities of the Colorectal CNSs include: ▪ Patient tracking to facilitate compliance to pathway ▪ CNS ward review ▪ Colorectal MDM Planning and Colorectal MDM ▪ Nurse led Telephone follow up Clinic ▪ Nurse led Face to face clinic review ▪ Telephone follow up review post discharge ▪ Support consultant clinics for breaking bad news ▪ Support consultants for Cancer Follow up clinic ▪ Nurse led Bowel management Clinic ▪ Nurse Led Rectal Irrigation clinic ▪ Pelvic floor MDT ▪ Bowel cancer support group ▪ Support Pre-operative assessment clinic ▪ Attend endoscopy for new diagnosis ▪ Family History screening clinic / Genetics
12-8ii (Dec 16)	Schedule a detailed review of Length of Stay-related issues at the Trust Board in January 2017	Trust Secretary	December 2016	The item was scheduled

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
12-8iii (Dec 16)	Arrange for the next Trust Board 'Away Day' to discuss the 'new normal' levels of clinical activity seen at the Trust	Trust Secretary	spring 2016	The issue will be added to the agenda of the next 'Away Day', when the scheduling is confirmed

Maidstone and Tunbridge Wells NHS
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Trust Board meeting – January 2017

1-7 Chief Executive's Report Chief Executive

Summary / Key points

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

1. The NHS is going through the most sustained period of intense pressure that it has ever experienced with demand for unplanned emergency care at its highest ever levels locally and nationally.

   At MTW, we have experienced and responded to a 5% increase in A&E attendances in December/January and more significantly, an 11% increase in emergency admissions compared to the same period last year. Many of the patients we are seeing are acutely unwell.

   The combination of continued increases in demand and the challenges we face in discharging patients when they are ready to go home is hitting us at least as hard as Trusts across the country and this is putting intense pressure on our staff. The lengths individuals and teams in ours hospitals and other settings are going to in their efforts to keep patients safe and to care for them kindly and compassionately is truly humbling.

   We have received some fantastic and unprompted feedback from patients and their families about examples of excellent care in the most trying of circumstances. It would be unrealistic to suggest that the pressure will ease in the very short term but we are working hard with our partner organisations with a particular focus on supporting discharges wherever we can.

   Between Christmas and the New Year (December 24 to January 2) we have seen and treated 4,000 people in our emergency departments. Heightened demand for unplanned care has continued throughout January and has seen our sites in full escalation. This has resulted in the cancellation of some non-urgent elective activity. While this is regrettable for the patients concerned, it has been necessary to maintain safe patient care for our emergency patients.

   Ed Smith, Chairman of NHS Improvement, and Jacqueline McKenna, Director of Nursing for Professional Leadership, visited Tunbridge Wells Hospital on 28 December to see staff in action over the Christmas period. They were shown around parts of the hospital and spoke to staff. They were delighted to meet staff and spoke about learning and spreading good practice across the trust to the wider community.

   The demand for acute NHS care has steadily and significantly increased year on year. There is an abundantly clear and recognised need to transform health and social care in Kent and Medway. This important work continues to proceed at pace through the Sustainability and Transformation Plan.

   Between April and December, our hospitals have collectively helped over 174,000 people in a planned or unplanned way. That's nine thousand more patients than the same period the previous year. This includes over 3,000 more unplanned emergency hospital admissions and 5,000 more A&E attendances.

2. As a Trust we would like to commend our local councils for introducing an innovative hospital-based housing service in an effort to help patients ready for discharge return home more quickly.

   Sevenoaks District Council, Tunbridge Wells Borough Council and Tonbridge & Malling Borough Council worked together to implement this ground breaking referral scheme to enable patients access to services that will help them live independently in their own homes, including a full assessment of the home environment, healthy living advice, home adaptions & Disabled Facility Grants.

A Housing and Health Co-ordinator and handyperson are now based at Tunbridge Wells Hospital and work directly with patients to identify and overcome obstacles preventing immediate hospital discharge. By being located in Tunbridge Wells Hospital, the handyperson can react quickly to carry out small but essential home repairs to ensure patients are home as soon as possible. They can also carry out small repairs to prevent falls in and around the home reducing the need to be readmitted into hospital.

3. It is important that the Trust does not lose sight of its normal day to day responsibilities during these periods of unprecedented demand, and maintains a business as usual approach wherever possible. We have continued to focus heavily on all aspects of patient safety and are using January to renew our clinical focus on medicines optimisation. Across the month we will be focusing on key areas of care such as transfer of medicines and discharge, antibiotics, missed doses of medication and reporting medication Incidents.

   We have also highlighted, by sharing real examples of patient care with our staff, the ways in which we can improve patient outcomes and experience. In one example we highlighted the importance of attention to detail, effective symptom control, effective and compassionate communication and that we shouldn't be afraid to ask for help or advice. The directorates involved in this case discussed the concerns in their clinical governance meetings, additional guidance has been provided to doctors around discharge decisions and we are changing our EDN's to include a specific box entitled 'Action for GP' to improve handover of care.

4. A recent Healthwatch Kent report into our outpatients departments on both sites has found patient satisfaction levels with the service to be high.

   The Enter and View visit took place on 28 and 29 September and was conducted by Healthwatch volunteers. They spoke to around 70 patients attending clinics across both hospitals. Findings showed that visitors felt clinic waiting areas were clean and tidy. However, many patients noted that they experienced a delay before being seen, signage to clinics and waiting areas was limited and parking needs to be improved. I'd like to thank Healthwatch Kent for conducting these visits, which provide a useful barometer for us to measure how we are doing. The feedback we've received has meant we've been able to instigate a number of improvements including:
   - Reviewing signage and way-finding at both sites
   - Reviewing appointment letters to include information about parking and transport
   - Reviewing how patients receive timely information about waiting times
   - Assessing wheelchair space at Tunbridge Wells

5. Our young patients at Tunbridge Wells Hospital now have access to a new therapy play room in the Woodlands Unit, which has been funded by the charity, 'Emilia's Little Heart'. The charity was set up in memory of Emilia, a young girl who sadly passed away following her third open heart surgery. Her legacy is the charity which aims to ensure that every child in hospital should be helped to cope with the hospital environment through play and pain distraction. The £2,000 project features a bespoke sea-life themed wall mural, toys, books, an arts and crafts area and comfortable seating.

6. While we know our staff go above and beyond the call of duty for our patients on many occasions and in sometimes difficult circumstances, I would also like to draw the Board's attention to those who do the same for our staff by publicly thanking Sue Chapman, one of our discharge lounge nurses, for once again presenting hampers to staff across the Trust at Christmas who are undergoing treatment for serious illness.

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

Reason for submission to 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 – January 2017

1-9	**Integrated performance report for December 2016**	**Chief Executive**

The enclosed report includes:

- The 'story of the month' for December 2016
- An update on the "Trauma and Orthopaedics 2020" programme
- A quality exception report
- A Workforce update
- The Trust performance dashboard
- An explanation of the Statistical Process Control charts which are featured in the "Integrated performance charts" section
- Integrated performance charts

Which Committees have reviewed the information prior to Board submission?

- Trust Management Executive, 18/01/16 (performance dashboard)

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

'Story of the month' for December 2016

Responsiveness

At the end of month 9 the Trust is underperforming against the constitutional standards for emergency 4 hour standard, RTT and cancer 62 day first definitive treatment.

1. Four-hour standard, non-elective activity and LOS

Performance for the Trust for December (calendar) is 79.9%, which is similar to the majority of local Trusts. A&E Attendances are still higher than plan but conforming very closely to the activity model that was produced this year, based on our own assessment of likely activity levels. YTD attendances are 7.2% higher than last year, and A&E admissions 18.8% higher. Along with the focus on the internal professional standards for the Emergency Department there is also a clear focus on delivering ambulatory pathways and LOS improvement as the key enablers to improve capacity and flow of patients to achieve safe and effective admission and discharges of patients.

Non-elective activity highlights

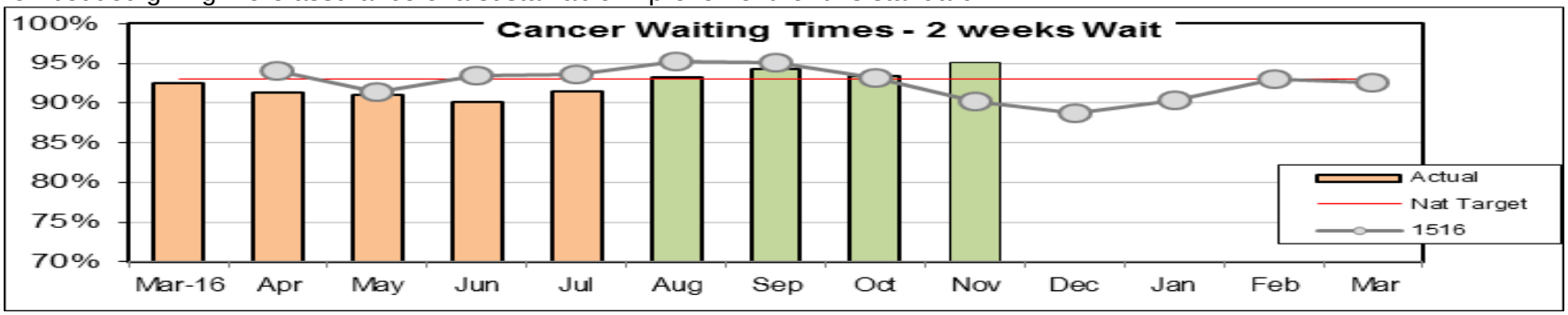
- Non-Elective Activity was 13.3% higher than plan for December and 14.5% higher than Oct last year. YTD activity is 11.5% higher than plan.
- There were 1,855 bed-days lost – 8.1% of occupied beds in December due to delayed transfers of care. This is the highest recorded level of DTOCs for MTW and is a key contributing factor to an increase in length of stay and longer waits in the emergency department.
- Non-elective LOS rose to 7.86 days in December. Average occupied bed days increases from 723 in November to 740 in December.
- During November the DTOC figure dropped as Social Service purchased 10 additional beds in nursing homes for those waiting for packages of care, this artificial drop was not sustained into December as these beds were occupied.

Row Labels	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Trust delayed transfers of care	3.6%	4.1%	3.4%	6.0%	5.5%	4.8%	6.8%	7.9%	7.1%	7.9%	6.6%	5.7%	6.0%	5.0%	5.8%	5.6%	5.5%	5.3%	6.2%	6.7%	6.7%	7.2%	7.9%	6.3%	8.1%
Occupied by Kent	2.7%	3.0%	2.6%	5.1%	4.9%	4.5%	5.7%	6.5%	5.9%	6.7%	6.0%	4.9%	5.1%	4.3%	4.8%	4.9%	4.7%	4.5%	5.4%	5.8%	5.8%	6.0%	6.3%	4.7%	6.8%
Occupied by East Sussex	0.6%	0.9%	0.6%	0.6%	0.4%	0.3%	0.9%	1.3%	1.0%	1.0%	0.5%	0.7%	0.7%	0.7%	0.8%	0.6%	0.7%	0.7%	0.5%	0.6%	0.7%	0.8%	1.1%	1.3%	1.1%
Occupied by Medway	0.2%	0.0%	0.0%	0.1%	0.2%	0.0%	0.1%	0.1%	0.2%	0.1%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%
Occupied by Other	0.2%	0.2%	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.2%	0.2%	0.1%	0.4%	0.5%	0.3%	0.2%

Count of Hospital ID																										
Row Labels	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
A : Awaiting Assessment		11	17	17	15	6	15	21	15	17	15	10	5	7	3	8	1	6	25	15	7	5	5	12	20
B : Awaiting Public Funding		1	3	2	2		1	1	4	8	7	3	1			1	1	1	8	12	25	21	5	3	6
C : Awaiting Further Non-Acute NHS Care	19	21	18	28	32	34	39	48	33	30	20	6	3	8	15	18	17	13	11	10	8	10	14	6	23
Di : Awaiting Residential Home	10	5	3	6	18	1	11	27	28	26	22	16	21	15	15	27	32	20	37	21	33	43	34	19	21
Dii : Awaiting Nursing Home	8	17	12	30	40	21	38	90	57	52	56	40	73	53	80	73	58	67	65	67	69	83	69	63	112
E : Awaiting Care Package	15	11	18	10	7	7	20	16	27	17	32	26	43	28	36	36	28	24	39	41	41	76	58	51	89
F : Awaiting Community Adoptions	6	9	1	8	1	11	2	1		1	13	9	8	14	5	13	8	7	12	4	6	10	8	5	7
G : Patient of Family Choice	36	39	47	60	60	44	44	45	16	43	26	22	31	12	12	22	13	9	19	19	10	16	20	16	14
H : Disputes					2	1			1	3	1	1		1				3	1	1				1	
I : Housing		2		1	3	4	3	1		1	13	12	9	3	5	1			5	5	2	3	2	4	8
Grand Total	94	116	119	162	180	129	173	250	181	198	205	145	194	141	171	199	158	150	222	195	201	267	215	180	300

2. Cancer 2 week waits

The cancer 2 week-wait standard has now been achieved for four consecutive months and the changes implemented during this year are now embedded giving more assurance of a sustainable improvement for this standard.



Quality Exception Report

Any matters not included within the “Quality and Patient Safety Report” will be raised by exception in the meeting.

Update on the “Trauma and Orthopaedics 2020” programme

A verbal update will be given at the meeting.

Workforce

As at the end of December 2016, the Trust employed 5,117.5 whole time equivalent substantive staff. Vacancies have reduced significantly (down to 411.9, 7.3%) as a result of the removal of vacant posts through development of the 2018-2019 operational plan. Further work will continue to reduce dependence on temporary staff.

Sickness absence in the month reduced by 0.1% to 4.2%. Despite this slight improvement, sickness absence management remains a key area of focus for the HR and operational management teams.

Statutory and mandatory training compliance has risen by 1.3% from November 2016. Actions are in place to improve compliance further.

Appraisal levels reported for non-medical staff have increased by 1.5% since November 2016, although the rate of increase has slowed. Work continues with directorates and managers in order to improve return rates with particular attention on corporate areas.

Work is currently underway to review the workforce metrics within the trust dashboard.

TRUST PERFORMANCE DASHBOARD **Position as at:** **31 December 2016**

Delivering or Exceeding Target	
Underachieving Target	
Failing Target	

Please note a change in the layout of this Dashboard to the Five CQC/TDA Domains

******A&E 4hr Wait monthly plan is Trust Recovery Trajectory

	Safe	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
		Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ *Limit*	Forecast	
1-01	*Rate C-Diff (Hospital only)	0.00	4.4	9.7	12.1	2.5	1.5	11.5	11.5	
1-02	Number of cases C.Difficile (Hospital)	0	1	17	24	7	3	27	27	
1-03	Number of cases MRSA (Hospital)	0	0	1	1	0	1	0	1	
1-04	Elective MRSA Screening	99.0%	98.0%	99.0%	98.0%		0.0%	98.0%	98.0%	
1-05	% Non-Elective MRSA Screening	97.0%	96.0%	97.0%	96.0%		1.0%	95.0%	96.0%	
1-06	**Rate of Hospital Pressure Ulcers	2.4	2.0	2.6	2.7	0.1	- 0.4	*3.0*	2.6	3.0
1-07	***Rate of Total Patient Falls	6.3	6.96	6.9	5.9	- 1.0	- 0.3	*6.20*	6.20	
1-08	***Rate of Total Patient Falls Maidstone	5.4	6.3	6.1	5.3	- 0.8			5.4	
1-09	***Rate of Total Patient Falls TWells	6.9	7.4	7.3	6.3	- 1.0			7.2	
1-10	Falls - SIs in month	7	4	37	25	- 12				
1-11	Number of Never Events	1	0	2	2	0	2	*0*	2	
1-12	Total No of SIs Open with MTW	36	26			- 10				
1-13	Number of New SIs in month	12	8	78	78	-	- 12			
1-14	**Serious Incidents rate	0.60	0.35	0.44	0.39	- 0.05	0.34	*0.0584 - 0.6978*	0.39	*0.0584 - 0.6978*
1-15	Rate of Patient Safety Incidents - harmful	1.05	-	1.23	0.55	- 0.67	- 0.68	*0 - 1.23*	0.55	*0 - 1.23*
1-16	Number of CAS Alerts Overdue	0	0			0	0	*0*		
1-17	VTE Risk Assessment	95.5%	95.3%	95.3%	95.3%	0.0%	0.3%	95.0%	95.3%	95.0%
1-18	Safety Thermometer % of Harm Free Care	96.8%	96.8%	96.7%	96.5%	-0.2%	1.5%	95.0%		93.4%
1-19	Safety Thermometer % of New Harms	1.73%	2.80%	2.43%	3.24%	0.81%	0.2%	*3.00%*	3.24%	
1-20	C-Section Rate (non-elective)	11.7%	13.7%	11.7%	12.9%	1.21%	-2.1%	*15.0%*	12.9%	

	Effectiveness	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
		Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ *Limit*	Forecast	
2-01	Hospital-level Mortality Indicator (SHMI)******	Prev Yr: Oct 13 to Sept 14		102.0	109.0	7.0	9.0	*Lower confidence limit to be <100*		100.0
2-02	Standardised Mortality (Relative Risk)	Prev Yr: Oct 13 to Sept 14		106.0	105.0	- 1.0	5.0			100.0
2-03	Crude Mortality	1.1%	1.6%	1.2%	1.2%	0.1%				
2-04	****Readmissions <30 days: Emergency	11.3%	11.4%	11.5%	11.7%	0.2%	-1.9%	*13.6%*	11.7%	14.1%
2-05	****Readmissions <30 days: All	11.0%	10.5%	10.7%	10.9%	0.2%	-3.8%	*14.7%*	10.9%	14.7%
2-06	Average LOS Elective	3.36	3.05	3.17	3.28	0.11	0.08	*3.20*	3.20	
2-07	Average LOS Non-Elective	7.57	7.83	7.33	7.62	0.29	0.78	*6.84*	7.62	
2-08	******FollowUp : New Ratio	1.22	1.53	1.26	1.58	0.31	0.06	*1.52*	1.58	
2-09	Day Case Rates	84.5%	85.4%	83.9%	85.2%	1.2%	5.2%	80.0%	85.2%	82.2%
2-10	Primary Referrals	7,933	7,390	78,790	81,102	2.9%	3.9%	104,825	108,565	
2-11	Cons to Cons Referrals	3,459	2,977	31,633	32,275	2.0%	3.6%	40,698	43,204	
2-12	First OP Activity	11,355	11,874	105,591	113,083	7.1%	4.1%	145,879	145,099	
2-13	Subsequent OP Activity	22,083	23,083	204,760	215,727	5.4%	3.9%	278,923	277,471	
2-14	Elective IP Activity	606	601	5,954	5,852	-1.7%	-5.5%	8,165	8,337	
2-15	Elective DC Activity	3,149	3,384	29,624	30,984	4.6%	1.1%	41,046	41,028	
2-16	Non-Elective Activity	3,791	4,386	33,952	37,479	10.4%	1.0%	49,509	49,006	
2-17	A&E Attendances (Inc Clinics. Calendar Mth)	12,727	13,103	116,177	121,755	4.8%	0.6%	164,376	164,376	
2-18	Oncology Fractions	6,113	6,320	51,977	53,950	3.8%	-2.0%	73,613	72,617	
2-19	No of Births (Mothers Delivered)	483	461	4,337	4,515	4.1%	2.2%	5,888	6,020	
2-20	% Mothers initiating breastfeeding	67.9%	81.1%	78.4%	82.3%	3.9%	4.3%	78.0%	82.3%	
2-21	% Stillbirths Rate	0.4%	0.21%	0.43%	0.33%	*-0.1%*	*-0.1%*	*0.47%*	0.33%	0.47%

	Caring	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
		Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ *Limit*	Forecast	
3-01	Single Sex Accommodation Breaches	0	0	0	12	12	12	0	12	
3-02	*****Rate of New Complaints	1.94	0.96	1.69	1.22	-0.5	- 0.10	*1.318-3.92*	1.22	
3-03	% complaints responded to within target	75.8%	72.7%	71.9%	68.8%	-3.0%	-6.2%	75.0%	75.2%	
3-04	****Staff Friends & Family (FFT) % rec care	82.2%	82.7%	82.2%	82.7%	0.4%	3.7%	79.0%	82.7%	79.2%
3-05	*****IP Friends & Family (FFT) % Positive	95.2%	96.6%	96.5%	95.5%	-1.0%	0.5%	95.0%	95.5%	95.8%
3-06	A&E Friends & Family (FFT) % Positive	89.7%	87.6%	88.9%	90.3%	1.3%	3.3%	87.0%	90.3%	85.5%
3-07	Maternity Combined FFT % Positive	96.6%	92.9%	94.9%	93.5%	-1.4%	-1.5%	95.0%	95.0%	95.6%
3-08	OP Friends & Family (FFT) % Positive	81.1%	83.1%	79.7%	82.7%	3.0%			82.7%	

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

***** New :FU Ratio is only for certain specialties -plan still being agreed so currently last year plan

***** *IP Friends and Family includes Inpatients and Day Cases* ******SHMI is within confidence limit*

	Responsiveness	Latest Month		Year/Quarter to Date		YTD Variance		Year End		Bench Mark
		Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ *Limit*	Forecast	
4-01	******Emergency A&E 4hr Wait	86.7%	79.9%	91.0%	88.1%	-2.9%	-2.4%	95.0%	91.1%	85.8%
4-02	Emergency A&E >12hr to Admission	0	0	0	0	0	0	*0*	0	
4-03	Ambulance Handover Delays >30mins	New	639	New						
4-04	Ambulance Handover Delays >60mins	New	72	New						
4-05	RTT Incomplete Admitted Backlog	763	1469	763	1469	706	579	916	1265	
4-06	RTT Incomplete Non-Admitted Backlog	494	803	494	803	309	357	459	635	
4-07	RTT Incomplete Pathway	93.9%	90.4%	93.9%	90.4%	-3.5%	-3.8%	92%	92.3%	
4-08	RTT 52 Week Waiters	0	2	5	5	-	5	*0*	5	
4-09	RTT Incomplete Total Backlog	1,257	2272	1,257	2272	1,015	1,391	1,375	1900	
4-10	% Diagnostics Tests WTimes <6wks	94.99%	99.7%	98.8%	99.7%	1.0%	0.7%	99.0%	99.0%	
4-11	*Cancer WTimes - Indicators achieved	4	4	3	6	3	- 3	9	7	
4-12	*Cancer two week wait	90.2%	95.0%	90.6%	94.2%	3.6%	1.2%	93.0%	93.0%	
4-13	*Cancer two week wait-Breast Symptoms	86.8%	94.5%	89.3%	93.8%	4.5%	0.8%	93.0%	93.0%	
4-14	*Cancer 31 day wait - First Treatment	97.5%	95.7%	96.6%	97.1%	0.5%	1.1%	96.0%	96.0%	
4-15	*Cancer 62 day wait - First Definitive	77.4%	66.5%	76.2%	69.5%	-6.7%	-10.4%	85.2%	81.9%	
4-16	*Cancer 62 day wait - First Definitive - MTW	80.7%	73.2%	81.3%	76.3%	-5.0%		85.0%		
4-17	*Cancer 104 Day wait Accountable	8.0	7.0	43.5	69.5	26.0	69.5	*0*	69.5	
4-18	*Cancer 62 Day Backlog with Diagnosis	New	78	New	78					
4-19	*Cancer 62 Day Backlog with Diagnosis - MTW	New	63	New	63					
4-20	Delayed Transfers of Care	6.6%	8.1%	6.5%	6.7%	0.2%	3.2%	3.5%	6.7%	
4-21	% TIA with high risk treated <24hrs	70.4%	100.0%	72.1%	82.4%	10.3%	22.4%	60%	82.4%	
4-22	*******% spending 90% time on Stroke Ward	88.1%	88.4%	83.6%	96.8%	13.2%	16.8%	80%	96.8%	
4-23	*******Stroke:% to Stroke Unit <4hrs	47.8%	56.8%	47.8%	52.2%	4.5%	-7.8%	60.0%	52.2%	
4-24	*******Stroke: % scanned <1hr of arrival	57.4%	59.1%	53.7%	56.3%	2.6%	8.3%	48.0%	56.3%	
4-25	*******Stroke:% assessed by Cons <24hrs	70.1%	79.5%	72.6%	65.9%	-6.7%	-14.1%	80.0%	65.9%	
4-26	Urgent Ops Cancelled for 2nd time	0	0	0	0	0	0	*0*	0	
4-27	Patients not treated <28 days of cancellation	0	2	0	23	23	23	*0*	23	

RTT Incomplete Pathway Monthly Plan is Trust Recovery Trajectory

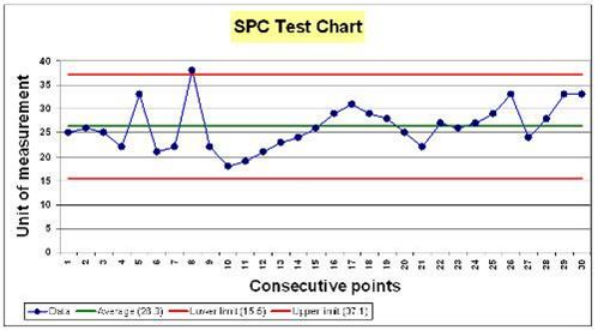
**CWT run one mth behind, YTD is Quarter to date, Monthly Plan for 62 Day Wait First Definitive is Trust Recovery Trajectory*

*** *Contracted not worked includes Maternity /Long Term Sick* **** *Staff FFT is Quarterly therefore data is latest Quarter*

	Well-Led	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
		Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ *Limit*	Forecast	
5-01	Income	33,202	36,343	299,298	320,408	7.1%	-0.4%	440,817	437,420	
5-02	EBITDA	(248)	1,181	6,464	10,016	54.9%	-11.4%	37,717	34,350	
5-03	Surplus (Deficit) against B/E Duty	(2,891)	(1,261)	(18,793)	(14,380)			4,675	2,565	
5-04	CIP Savings	1,994	2,110	16,141	15,324	-5.1%	-3.6%	32,065	32,065	
5-05	Cash Balance	6,545	3,914	6,545	3,914	-40.2%	275%	1,000	1,000	
5-06	Capital Expenditure	917	270	8,638	2,672	-69.1%	-69.6%	*15,188*	8,647	
5-07	Establishment (Budget WTE)	5,641.2	5,605.4	5,641.2	5,605.4	-0.6%	0.0%	5,837.3	5,837.3	
5-08	Contracted WTE	5,065.8	5,117.5	5,065.8	5,117.5	1.0%	0.0%	5,427.1	5,427.1	
5-09	***Contracted not worked WTE	(101.5)	(87.2)	(101.5)	(87.2)	-14.1%		(100.0)	(100.0)	
5-11	Bank Staff (WTE)	325.4	331.8	325.4	331.8	2.0%	-0.5%	254.8	254.8	
5-12	Agency & Locum Staff (WTE)	311.7	164.4	331.2	164.4	-50.4%		155.3	155.3	
5-13	Overtime (WTE)	60.0	31.8	60.0	31.8	-47.0%		50.0	64.4	
5-14	Worked Staff WTE	5,661.4	5,558.3	5,661.4	5,558.3	-1.8%	-0.8%	5,801.7	5,801.7	
5-15	Vacancies WTE	575.4	411.9	575.4	411.9	-28.4%	-0.2%	408.6	408.6	
5-16	Vacancy %	10.2%	7.3%	10.2%	7.3%	-2.9%	-15.7%	8.5%	8.5%	
5-17	Nurse Agency Spend	(716)	(637)	(7,562)	(6,474)	-14.4%				
5-18	Medical Locum & Agency Spend	(1,094)	(1,171)	(9,147)	(11,345)	24.0%				
5-19	Temp costs & overtime as % of total pay bill		14.6%		14.6%					
5-20	Staff Turnover Rate	10.3%	10.5%	9.8%	10.3%	0.2%	0.0%	*10.5%*	10.3%	11.05%
5-21	Sickness Absence	3.9%	4.2%	3.9%	4.1%	0.3%	0.9%	*3.3%*	4.1%	4.1%
5-22	Statutory and Mandatory Training	89.3%	91.1%	89.3%	91.1%	1.8%	6.1%	85.0%	91.1%	
5-23	Appraisal Completeness	84.7%	87.3%	62.9%	87.3%	2.6%	-2.7%	90.0%	87.3%	
5-24	Overall Safe staffing fill rate	99.8%	97.4%	101.3%	98.9%	-2.4%		93.5%	98.9%	
5-25	****Staff FFT % recommended work	56.9%	60.2%	56.9%	60.2%	3.3%	-1.8%	62.0%	60.2%	62.9%
5-26	***Staff Friends & Family -Number Responses	253	98	253	98	-155				
5-27	*****IP Resp Rate Recmd to Friends & Family	19.7%	17.8%	26.3%	22.4%	-3.8%	-2.6%	25.0%	25.0%	25.7%
5-28	A&E Resp Rate Recmd to Friends & Family	9.7%	8.1%	14.3%	14.8%	0.6%	-0.2%	15.0%	15.0%	12.7%
5-29	Mat Resp Rate Recmd to Friends & Family	33.1%	15.0%	18.6%	22.8%	4.2%	-2.2%	25.0%	25.0%	24.0%

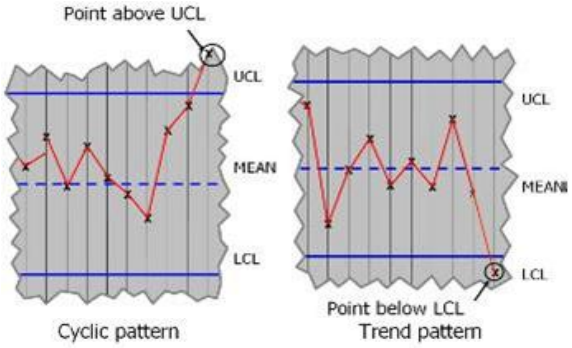
Explanation of Statistical Process Control (SPC) Charts

In order to better understand how performance is changing over time, data on the Trusts performance reports are often displayed as SPC Charts. *A*n SPC chart looks like this:

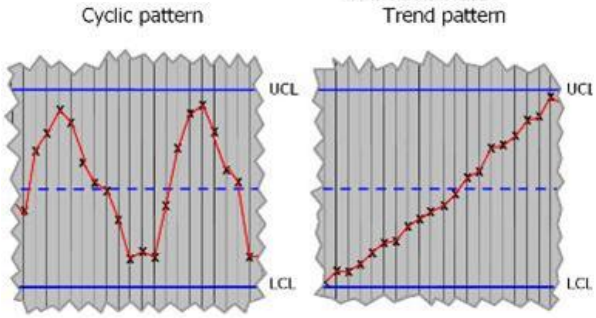


SPC is a type of charting that shows the variation that exists in the systems that are being measured. When interpreting SPC charts there are 4 rules that help to identify what the system is doing. If one of the rules has been broken, this means that 'special cause ' variation is present in the system. It is also perfectly normal for a process to show no signs of special cause. This means that only 'common cause ' variation is present.

Rule 1: Any point outside one of the control limits. Typically this will be some form of significant event, for example unusually severe weather. However if the data points continue outside of the control limits then that significant change is permanent. When we are aware of a significant change to a service such as Tunbridge Wells Hospital opening, then we will recalculate the centre and control lines. This is called a step change.

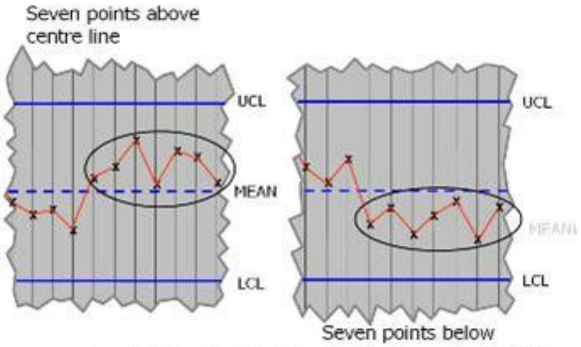


Rule 2: Any unusual pattern or trends within the control limits. The most obvious example of a cyclical pattern is seasonality but we also see it when looking at daily discharges where the weekends have low numbers. To qualify as a trend there must be at least 6 points in a row. This is one of the key reasons we use SPC charts as it helps us differentiate between natural variation & variation due to some action we have taken.

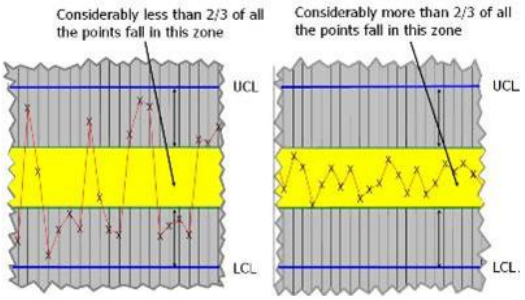


Rules 1 and 2 are the main reason for displaying SPC charts on our performance reports as it makes abnormally high or low values and trends immediately obvious. However there are two other rules that are also used to interpret the graphs.

Rule 3: A run of seven points all above or all below the centre line, or all increasing or decreasing. This shows some longer term change in the process such as a new piece of equipment that allows us to perform a procedure in an outpatient setting rather than admitting them. However alternating runs of points above the line then points below the line can also invoke rule 3.

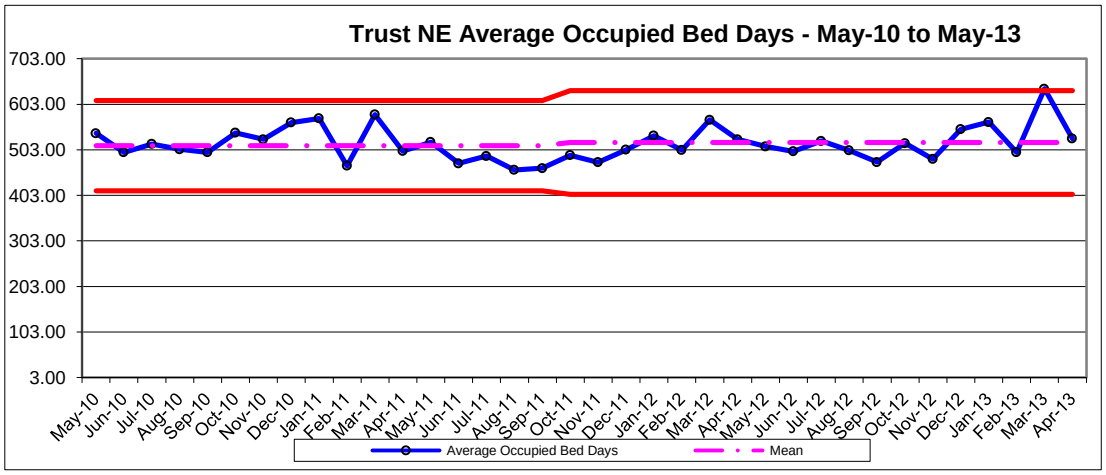


Rule 4: The number of points within the middle third of the region between the control limits differs markedly from two -thirds of the total number of points. This gives an indication of how stable a process is. If controlled variation (common cause) is displayed in the SPC chart, the process is stable and predictable, which means that the variation is inherent in the process. To change performance you will have to change the entire system.

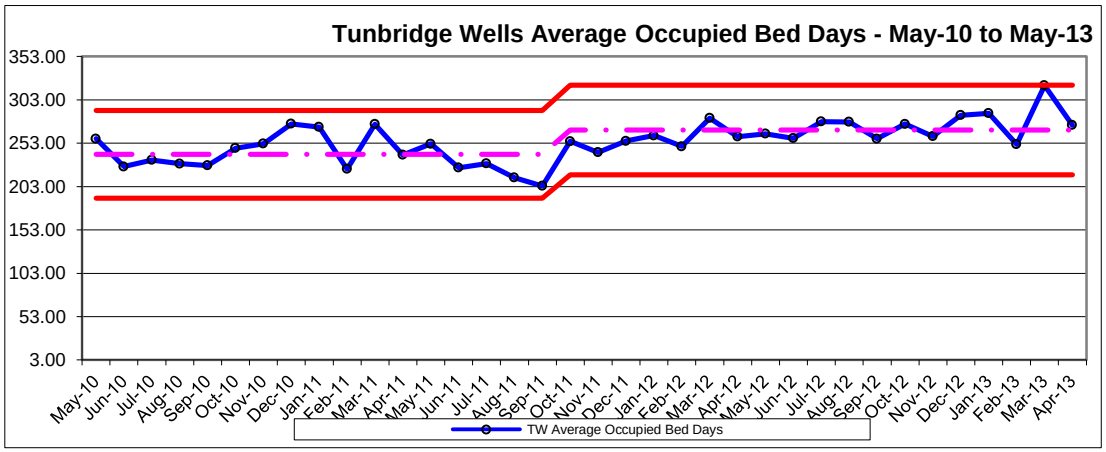


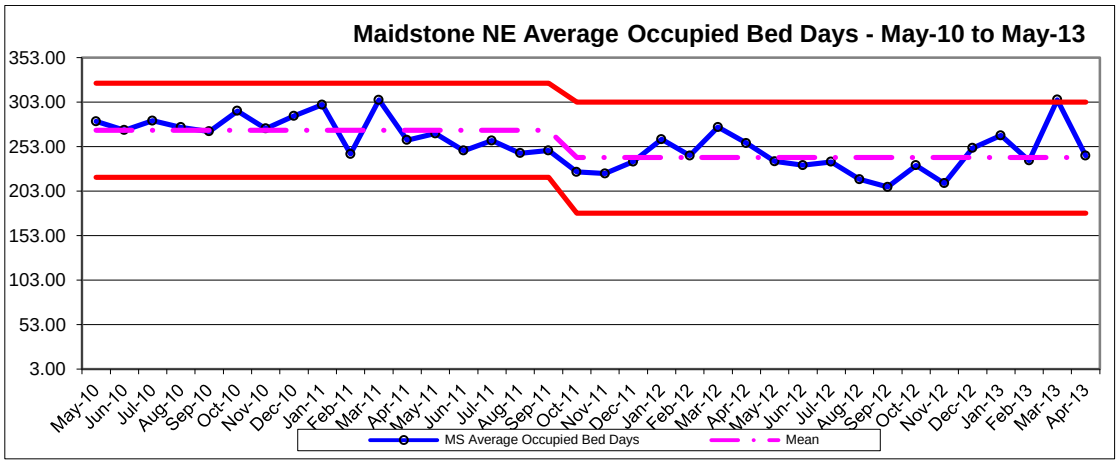
Changes to Control Lines

When there are known changes to the services we provide we reset the calculations as at the date of that change. For example you will see in the graph below that we have re-calculated the control lines from October 2011 onwards. This is to reflect the move of services to the new Tunbridge Wells Hospital in late September.



The change is not immediately obvious in the graph above if you look at just the blue line, but we know there were major changes to our inpatient beds. Looking at site level the change is more obvious:

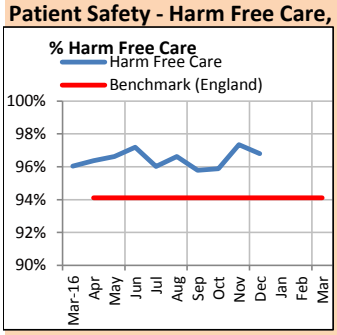


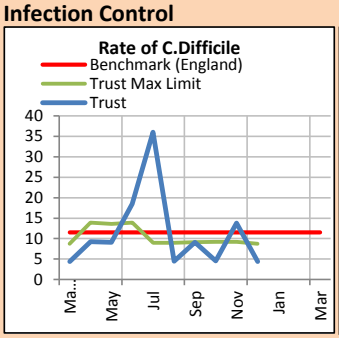


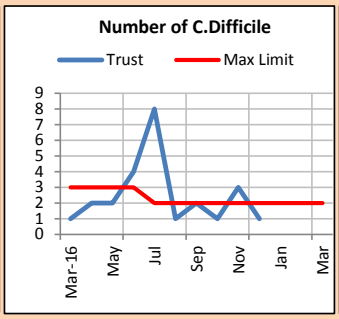
So in the examples given we have calculated a mean and control limits based on the data for May 2010 to September 2011 and then calculated them based on the period October 2011 to April 2013. The lines are all a result of the SPC calculations, only the date of the change is decided by the Information team based on a real life changes in process or service.

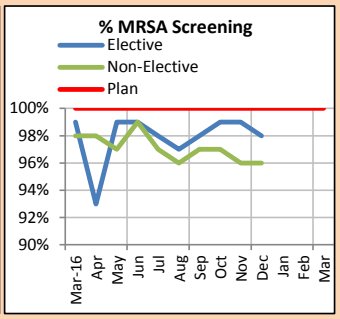
INTEGRATED PERFORMANCE REPORT ANALYSIS - PATIENT SAFETY & QUALITY

Patient Safety - Harm Free Care, Infection Control

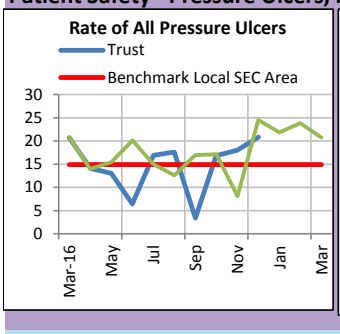


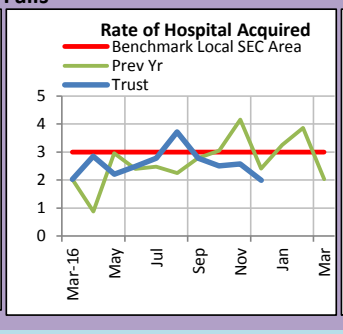


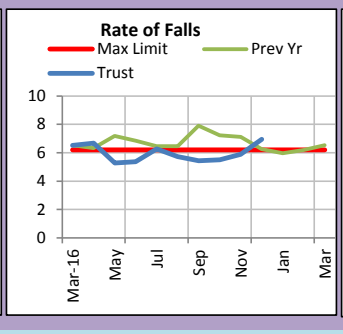


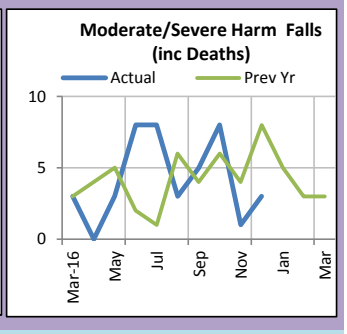


Patient Safety - Pressure Ulcers, Falls

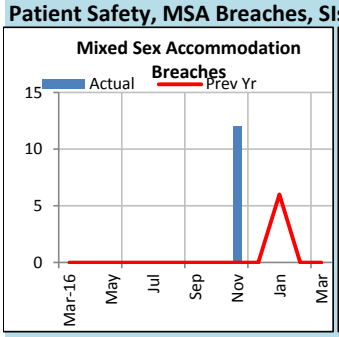


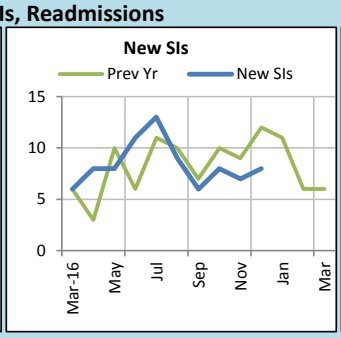


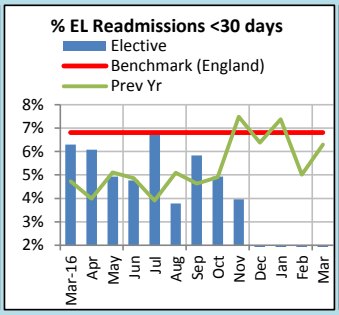


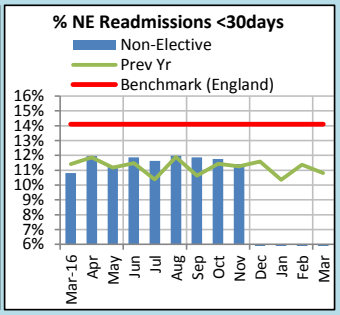


Patient Safety, MSA Breaches, SIs, Readmissions

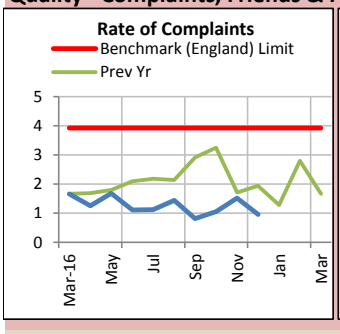


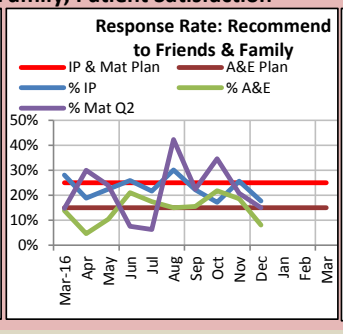


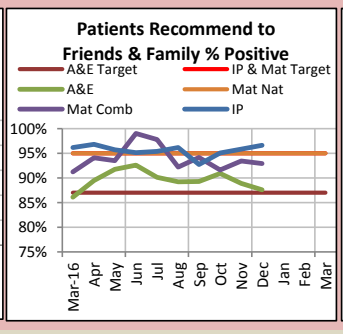


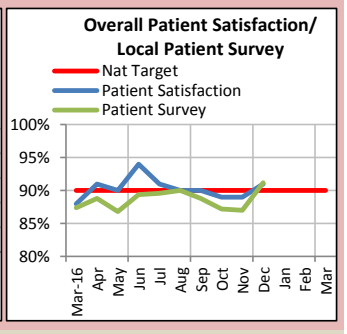


Quality - Complaints, Friends & Family, Patient Satisfaction

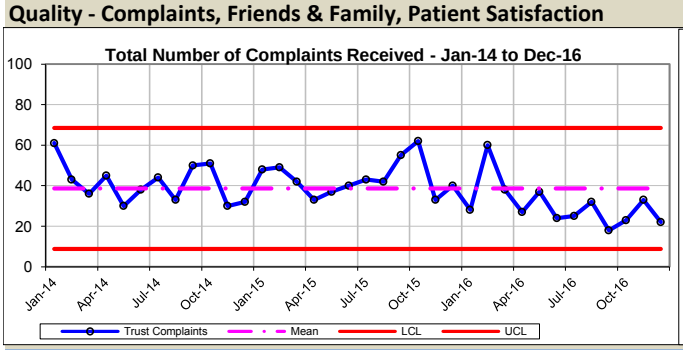


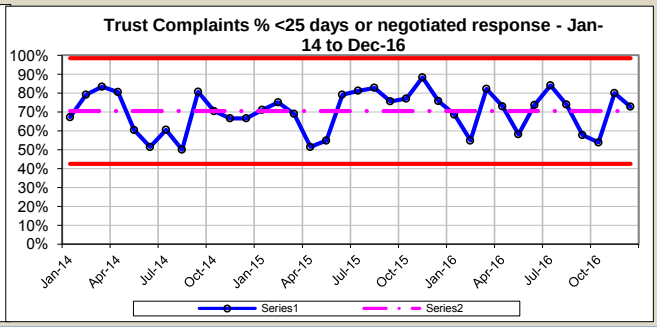




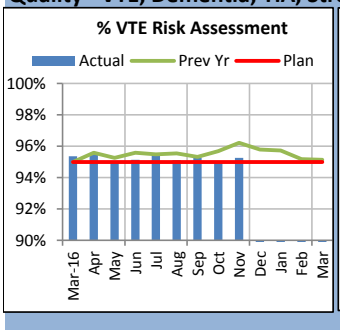


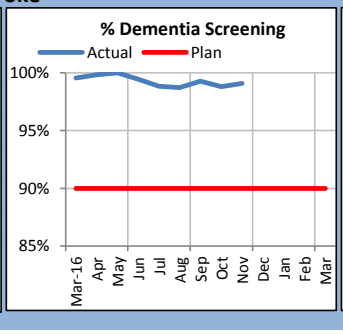
Quality - Complaints, Friends & Family, Patient Satisfaction

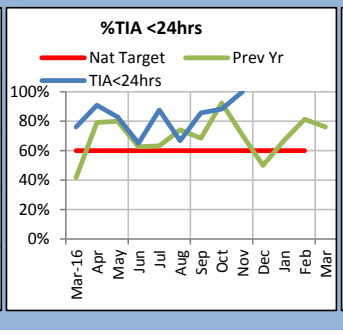


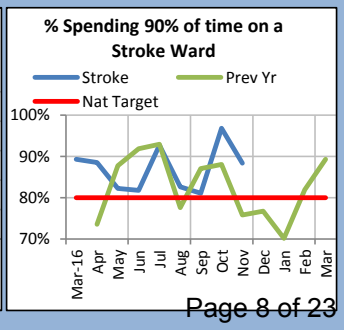


Quality - VTE, Dementia, TIA, Stroke



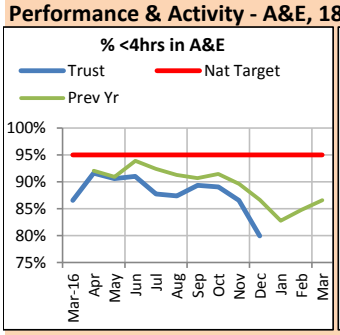


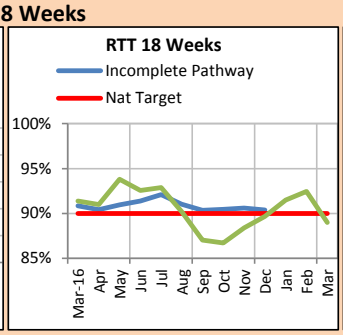


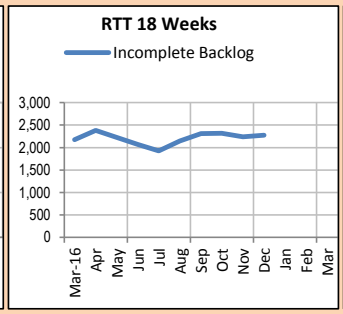


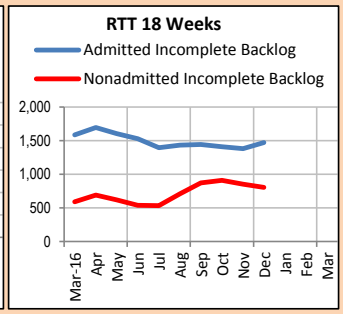
INTEGRATED PERFORMANCE REPORT ANALYSIS - PERFORMANCE & ACTIVITY

Performance & Activity - A&E, 18 Weeks

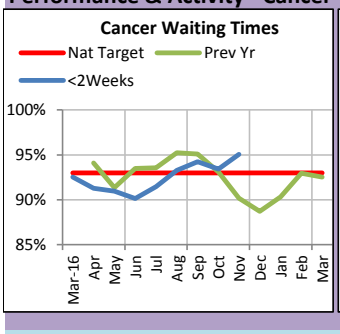


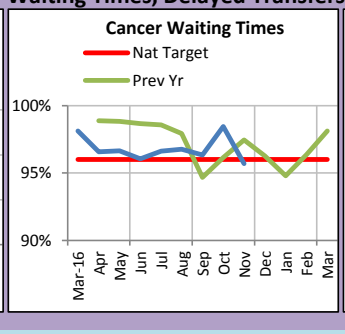


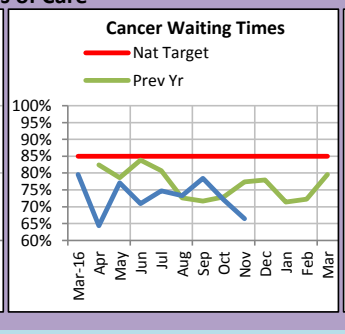


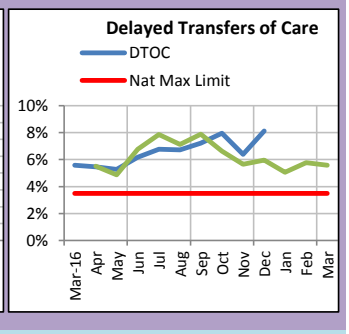


Performance & Activity - Cancer Waiting Times, Delayed Transfers of Care

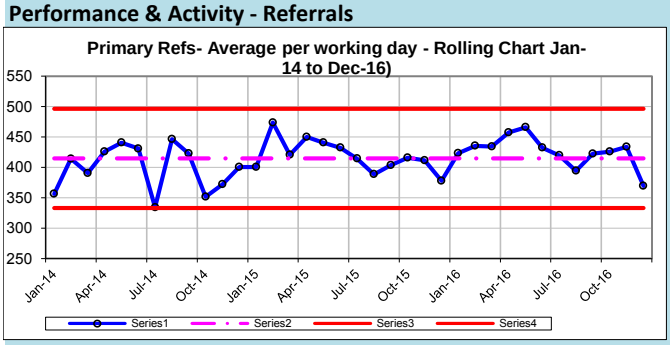


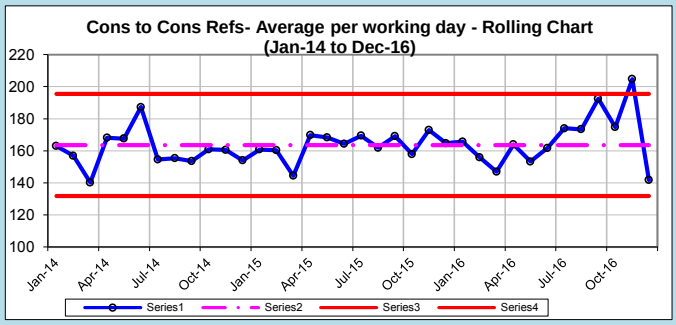




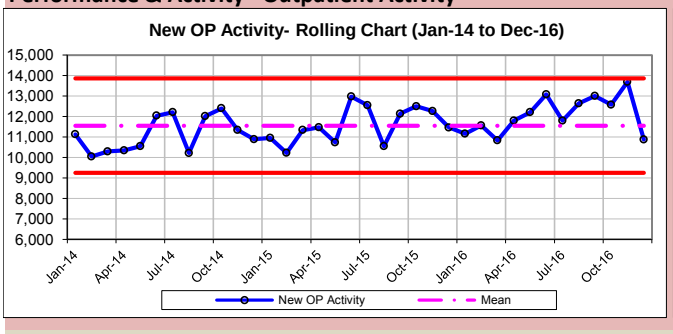


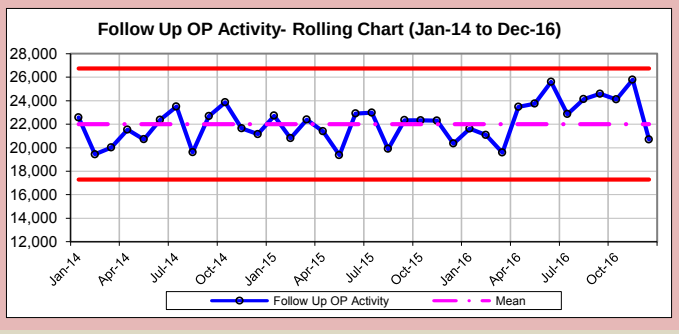
Performance & Activity - Referrals



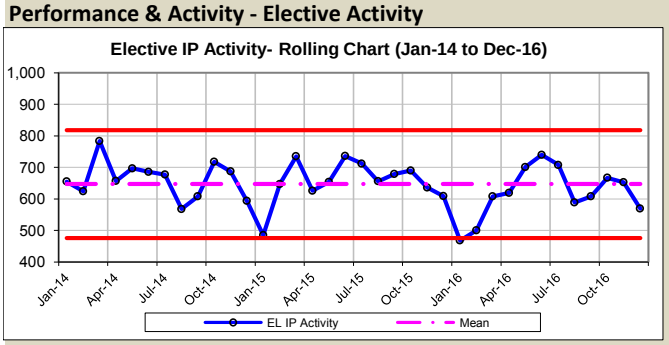


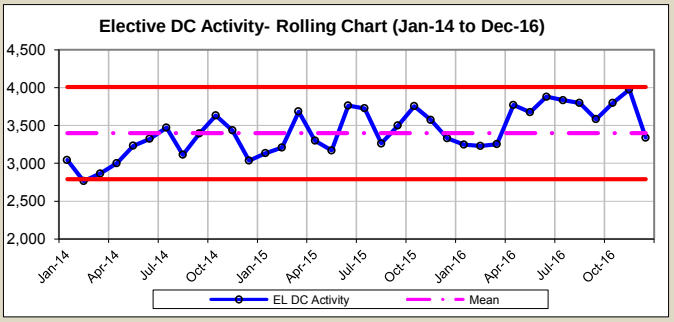
Performance & Activity - Outpatient Activity



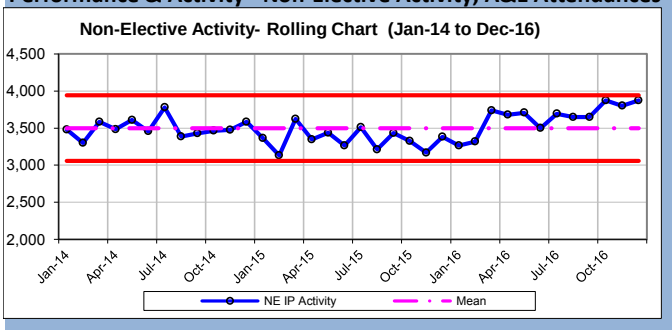


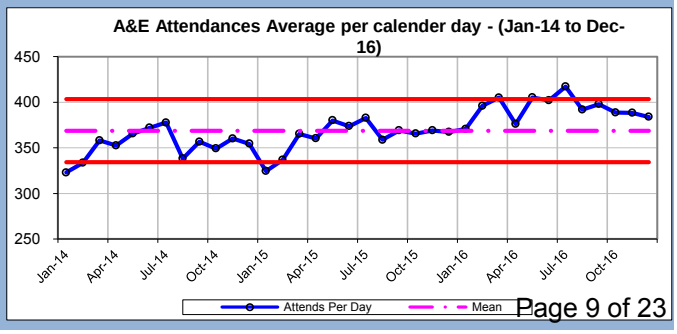
Performance & Activity - Elective Activity





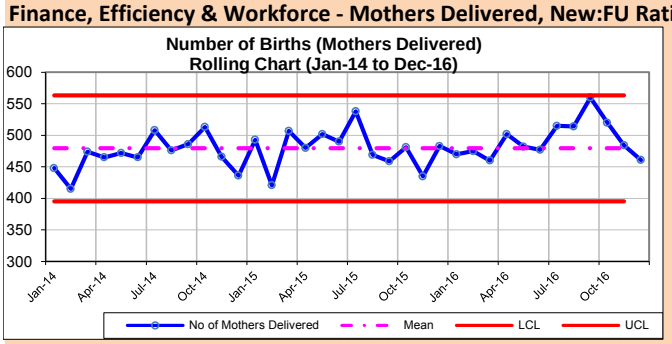
Performance & Activity - Non-Elective Activity, A&E Attendances

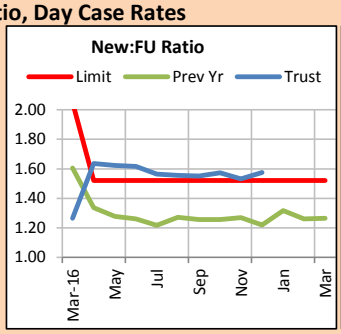


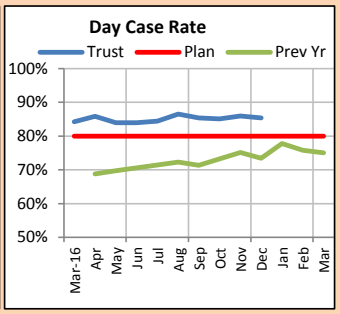


INTEGRATED PERFORMANCE REPORT ANALYSIS - FINANCE, EFFICIENCY & WORKFORCE

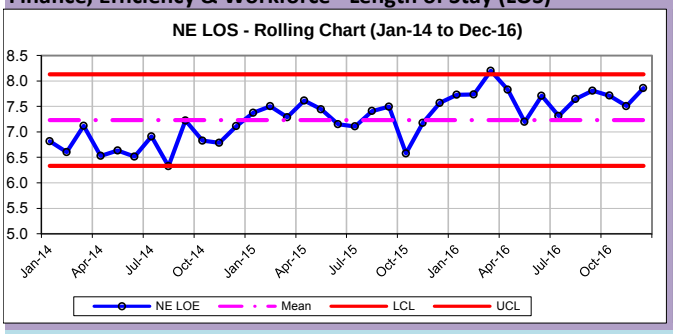
Finance, Efficiency & Workforce - Mothers Delivered, New:FU Ratio, Day Case Rates

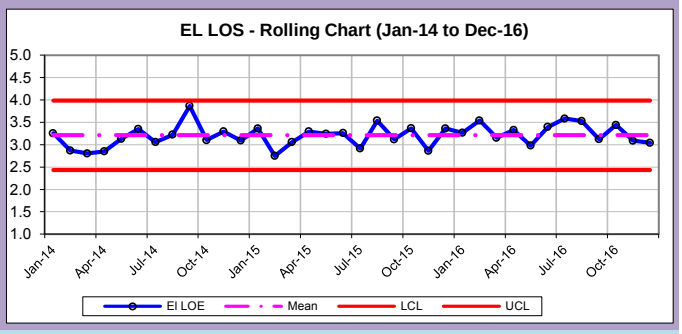




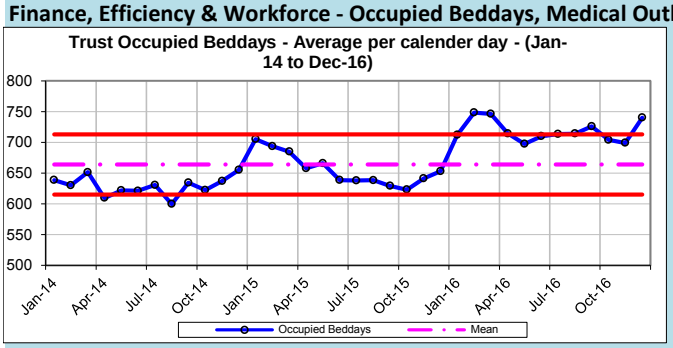


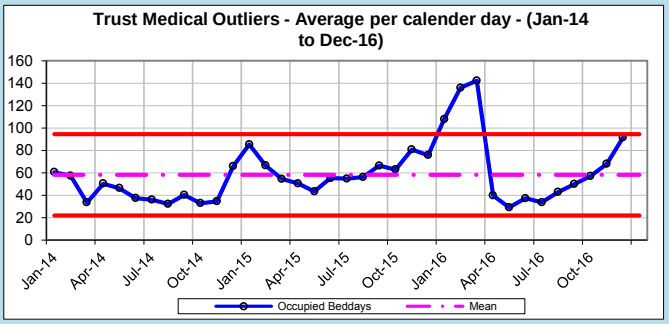
Finance, Efficiency & Workforce - Length of Stay (LOS)



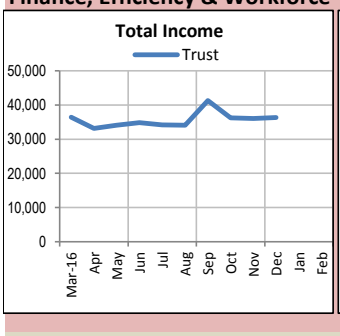


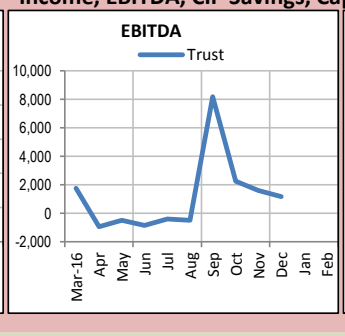
Finance, Efficiency & Workforce - Occupied Beddays, Medical Outliers

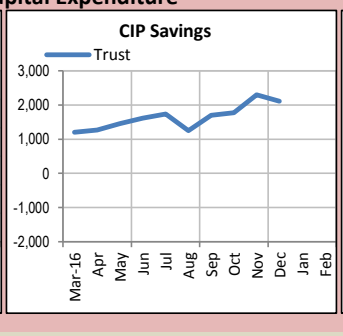


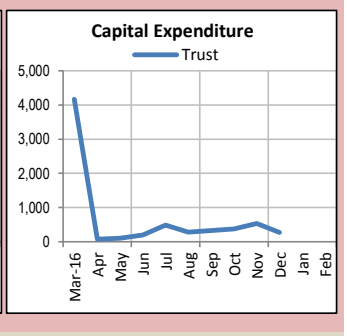


Finance, Efficiency & Workforce - Income, EBITDA, CIP Savings, Capital Expenditure

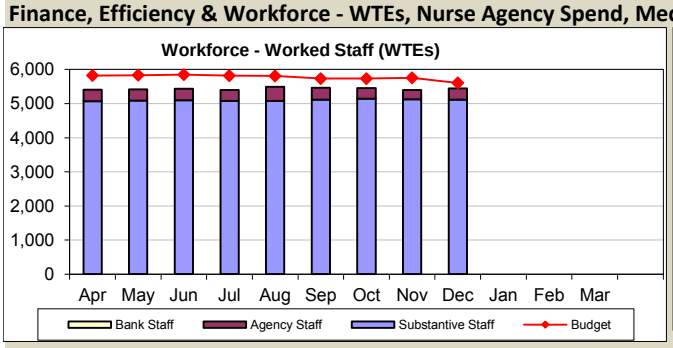


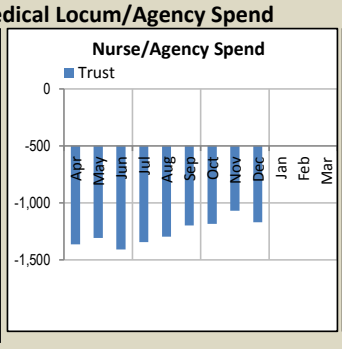


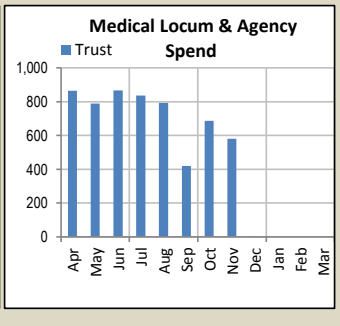




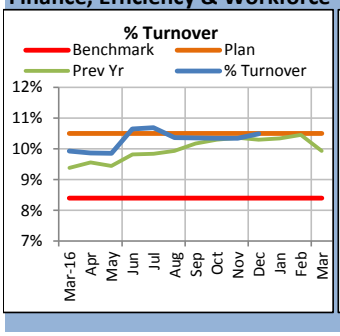
Finance, Efficiency & Workforce - WTEs, Nurse Agency Spend, Medical Locum/Agency Spend

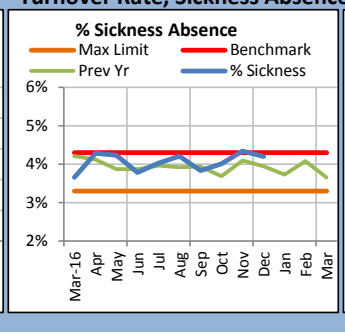


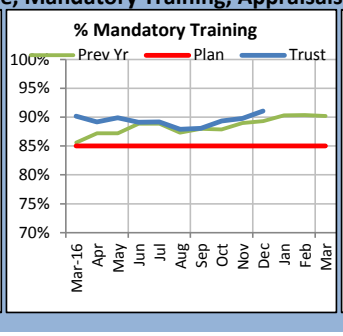


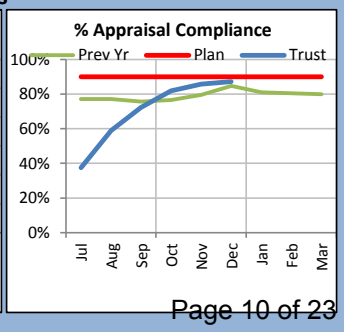


Finance, Efficiency & Workforce - Turnover Rate, Sickness Absence, Mandatory Training, Appraisals









Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – January 2017

1-9	Review of Latest Financial Performance	Director of Finance

Summary / Key points

- The Trust had an adverse variance against plan in December 2016 of £0.3m with a deficit of £1.3m.
- The Trust's net deficit to date (including technical adjustments) is £14.4m against a planned deficit of £13.5m, therefore £0.9m adverse to plan. The driver of the adversity to plan is the Trust only achieved 78% of the STF YTD. The Trust fully achieved the element relating to financial performance and A&E performance but failed RTT and Cancer performance trajectories.
- In December the Trust operated with an EBITDA surplus of £1.2m which was £0.5m adverse to plan.
- The key variances in the month are as follows:
  - Total income was £0.1m favourable in the month, Clinical income was £0.7m adverse in the month, Elective activity was £0.2m adverse, Out Patients £0.1m adverse, A&E £0.1m adverse and £0.15m increase in challenge provision relating to A&E coding. STF funding was £0.4m adverse in the month due to failure to meet A&E, RTT and Cancer trajectories agreed at the beginning of the financial year. Income relating to high cost drugs was £1.1m favourable to plan, this included a YTD benefit of £0.35m resulting from a review of high cost drug income.
  - Pay was £0.5m favourable to plan in the month, temporary staffing costs increased by £0.2m between months, Nursing temporary spend increased by £0.2m which was mainly driven by escalation of Short Stay Surgical ward at TWH and increased staffing levels within A&E at TWH. Medical costs increased by £0.1m and STT temporary staffing costs reduced by £0.1m between months this is within therapies and diagnostics.
  - Non Pay was overspent by £1.1m, Drug costs were £0.5m adverse to plan which is offset by pass through income, STP costs in month was £0.5m which is offset by income.
- The CIP and FRP performance in December delivered efficiencies of £2.1m which was £0.1m favourable to plan. The Trust currently has a £7.6m unidentified FRP.
- The Trust held £3.9m of cash at the end of December. The Trust received £2.708m uncommitted loan facility in November which £250k was repaid in December. The remaining £2.458m is forecast to be repaid once the Trust receives quarter 3 STF funding, currently forecast for March.
- The Trusts plan has been set to deliver the Control total for 2016/17 of a £4.7m surplus including STF, £4.7m deficit excluding STF. The Trust is aiming on delivering this plan and has identified mitigating actions of £27.5m to reduce the run rate to a projected year end deficit of £10.2m including STF however there remains a risk of £14.9m.

Which Committees have reviewed the information prior to Board submission?
- Finance Committee, 23/01/17

Reason for submission to the Board (decision, discussion, information, assurance etc.) [1]
To note the December financial position

[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

Trust Board Finance Pack

Month 9
2016/17

Content

Maidstone and Tunbridge Wells NHS Trust

Finance Committee Pack for December 2016

1.Executive Summary

Maidstone and Tunbridge Wells NHS Trust

1a. Executive Summary December 2016

Key Variances £m

	December	YTD		Headlines
Total Surplus (+) / Deficit (-)	**(0.7)**	**(0.9)**	**Adverse**	The reported Trust position for December is a deficit of £1.3m which is £0.3m adverse to plan. The main drivers were: Clinical Income (Excluding STF) was £0.7m adverse to plan in month (£2.2m adverse YTD), the key variances were, Elective activity £0.2m adverse to plan, Out Patients £0.1m adverse in month, A&E £130k adverse in month and £150k increase to challenges relating to A&E coding. Sustainability Transformation Funding (STF) was £0.4m adverse due to A&E, Cancer 62 days and RTT below trajectories. A review of High Cost Drug income and costs was undertaken in December which resulted in a benefit of £0.3m in December.
Pay	**0.2**	**1.7**	**Favourable**	Pay was £0.5m favourable in the month. Temporary Staffing costs increased between months by £0.2m, Nursing increased by £0.2m (£60k within Agency and £120k in bank costs) with the main increases within A&E TWH and SSSU TWH due to escalation. Medical increased by £0.1m and STT agency costs reduced by £0.1m mainly within Therapies and Diagnostics.
Non Pay	**(1.1)**	**(1.7)**	**Adverse**	Non Pay was £1.1m overspent within the month, £0.5m relates to pass through items for Drugs and STP costs £0.5m which is offset by income.
Non Elective threshold	**0.0**	**0.7**	**Favourable**	The non-elective threshold has been adjusted in line with the Financial Recovery plan. Negotiation and agreement with commissioners is required and therefore remains a risk to achievement of the Trust control total for 2016/17
Sustainability and Transformation Fund	**(0.3)**	**(0.9)**	**Adverse**	The Sustainability and Transformation fund is weighted 70% towards achieving the financial plan and 30% towards access targets (12.5% A&E, 12.5% RTT and 5% Cancer). The Trust achieved the financial plan however has not fully achieved the access trajectories for RTT and Cancer
				£0.1m over performance in the month

Financial Forecast

Risks:
Unidentified cost reduction FRP of £7.6m

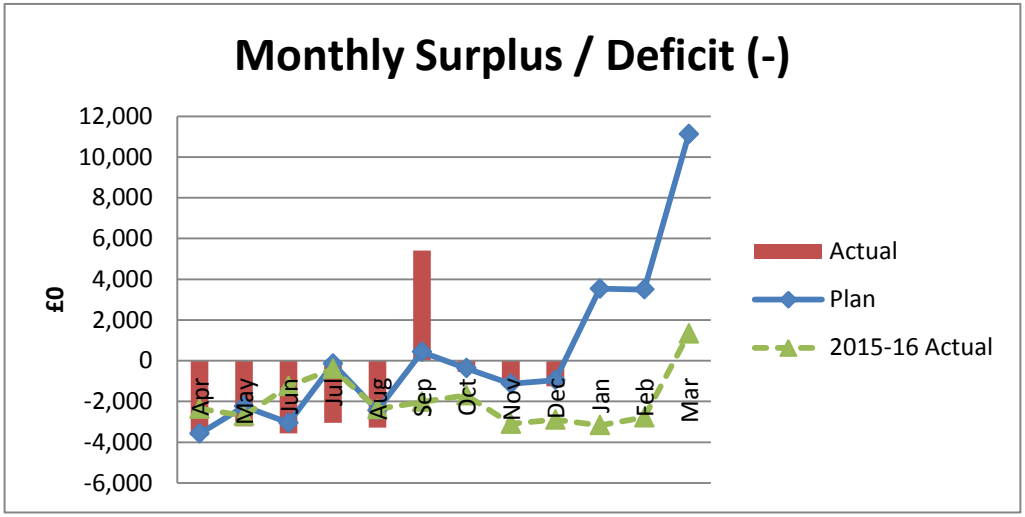
Ability to deliver elective activity due to non elective activity levels

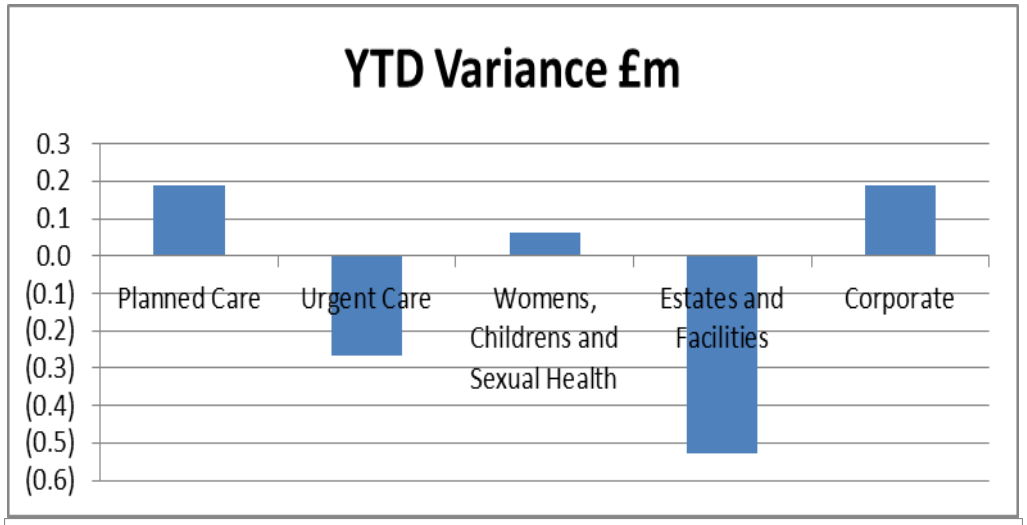
CQUINs are finalised with the Commissioners, the main CQUINs with risk are: Flu vaccinations, Health and Well being and Antibiotic prescribing. CQUIN performance is forecasted to achieve 90% for the year.

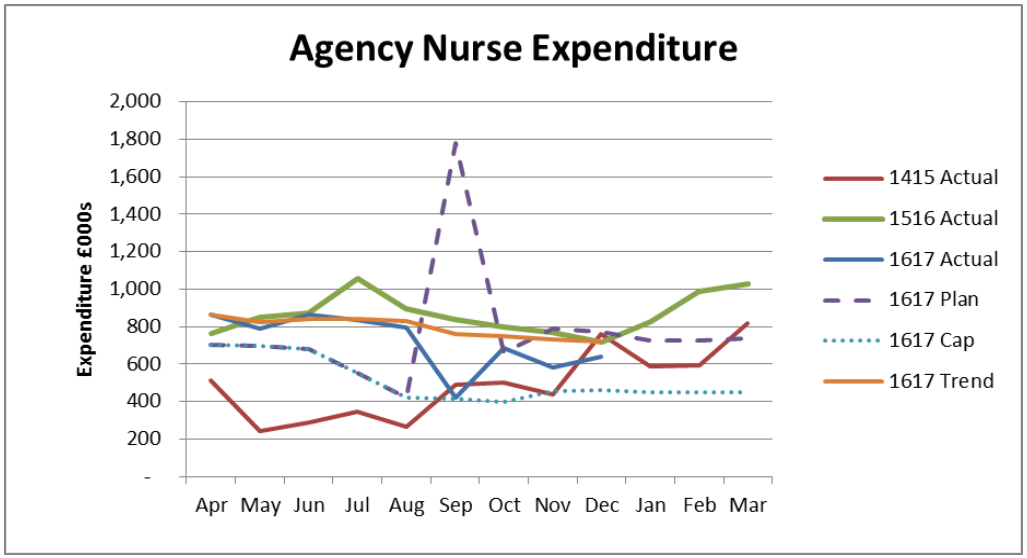
Opportunities:
Work ongoing to identify further opportunities as part of the FRP. New FRP governance process in place. Top down savings have been developed as part of the Carter programme. These will be fast tracked over the coming months to ensure early delivery.

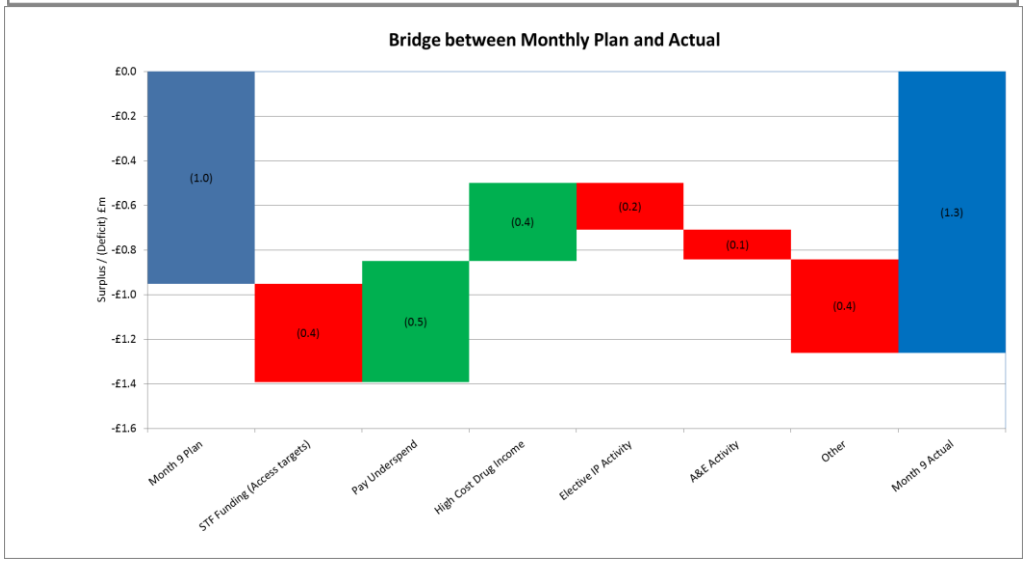
Maidstone and Tunbridge Wells NHS Trust

1b. Executive Summary KPI's December 2016









2.Financial Performance

Maidstone and Tunbridge Wells NHS Trust

2a. Consolidated Income & Expenditure

Income & Expenditure December 2016/17

		Current Month			Year to Date			Annual Forecast		
		Actual £m	*Plan* £m	*Variance* £m	*Actual* £m	*Plan* £m	*Variance* £m	*Forecast* £m	*Plan* £m	*Variance* £m
Revenue										
	Clinical Income	27.9	28.8	(0.8)	255.9	258.5	(2.6)	344.2	348.3	(4.2)
	STF	0.7	1.0	(0.3)	4.296	5.2	(0.9)	5.1	9.4	(4.3)
	High Cost Drugs	3.8	2.7	1.1	26.0	24.4	1.5	32.6	32.6	0
	Other Operating Income	3.9	3.7	0.1	34.2	33.5	0.8	50.3	50.5	(0.2)
	Total Revenue	36.3	36.3	0.1	320.4	321.7	(1.3)	432.2	440.8	(8.6)
Expenditure										
					(161.9)	(163.1)	1.2	(218.7)	(214.3)	(4.4)
					(7.4)	(6.9)	(0.5)	(9.1)	(8.9)	(0.2)
	Locum	(1.9)	(0.8)	(1.1)	(9.4)	(8.8)	(0.7)	(11.3)	(10.8)	(0.5)
	Agency	(0.1)	(1.4)	1.3	(11.7)	(13.2)	1.5	(17.3)	(16.4)	(0.8)
	Pay Reserves	0.0	(0.0)	0.0	0	(0.2)	0.2	0	0	0
	Total Pay	(2.0)	(2.2)	0.2	(190.4)	(192.1)	1.7	(256.4)	(250.4)	(6.0)
	Drugs & Medical Gases	(4.6)	(4.1)	(0.5)	(38.4)	(37.1)	(1.2)	(49.4)	(48.3)	(1.1)
	Blood	(0.2)	(0.2)	(0.0)	(1.8)	(1.8)	0.0	(2.4)	(2.4)	0.0
	Supplies & Services - Clinical	(2.8)	(2.6)	(0.2)	(24.1)	(23.4)	(0.6)	(31.1)	(30.5)	(0.7)
	Supplies & Services - General	(0.5)	(0.5)	(0.0)	(4.2)	(4.1)	(0.1)	(5.4)	(5.5)	0.1
	Services from Other NHS Bodies	(0.7)	(0.8)	0.1	(6.0)	(6.5)	0.6	(8.9)	(8.6)	(0.2)
	Purchase of Healthcare from Non-NHS	(0.7)	(0.8)	0.1	(6.8)	(7.3)	0.5	(8.8)	(9.5)	0.7
	Clinical Negligence	(1.5)	(1.5)	0.0	(13.7)	(13.7)	0.0	(18.3)	(18.3)	0
	Establishment	(0.3)	(0.3)	(0.0)	(2.9)	(2.6)	(0.3)	(3.3)	(3.3)	0.1
	Premises	(1.8)	(1.7)	(0.0)	(15.2)	(15.8)	0.6	(20.8)	(20.5)	(0.2)
	Transport	(0.1)	(0.1)	(0.0)	(1.3)	(1.0)	(0.2)	(1.3)	(1.3)	(0.1)
	Other Non-Pay Costs	(0.9)	(0.3)	(0.5)	(4.4)	(3.4)	(1.0)	(4.2)	(4.2)	(0.0)
	Non-Pay Reserves	0.0	(0.0)	0.0	(1.3)	(1.3)	0.0	(0.3)	(0.3)	0
	Total Non Pay	(14.1)	(13.0)	(1.1)	(120.0)	(118.3)	(1.7)	(154.1)	(152.7)	(1.4)
	Total Expenditure	(16.1)	(15.2)	(0.9)	(310.4)	(310.4)	(0.0)	(410.5)	(403.1)	(7.4)
EBITDA	**EBITDA**	20.2	21.1	(0.8)	10.0	11.3	(1.3)	21.7	37.7	(16.0)
		0.0	*0.0*	*(0.0)*	*3.1%*	*3.5%*	*103.2%*	*5.0%*	*8.6%*	*185%*
Other Finance Costs										
	Depreciation	(0.8)	(1.0)	0.2	(11.8)	(12.0)	0.2	(14.6)	(15.7)	1.1
	Interest	(0.1)	(0.1)	(0.0)	(0.8)	(0.8)	(0.0)	(1.3)	(1.1)	(0.2)
	Dividend	(0.3)	(0.3)	0.0	(2.4)	(2.5)	0.0	(3.1)	(3.4)	0.3
	PFI and Impairments	(1.2)	(1.1)	(0.0)	(10.2)	(10.2)	(0.1)	(27.0)	(27.0)	(0.0)
	Total Finance Costs	(2.4)	(2.5)	0.1	(25.2)	(25.4)	0.2	(46.1)	(47.2)	1.2
Net Surplus / Deficit (-)	**Net Surplus / Deficit (-)**	17.8	18.5	(0.7)	(15.2)	(14.1)	(1.1)	(24.4)	(9.5)	(14.9)
Technical Adjustments	**Technical Adjustments**	0.1	0.1	0.0	0.9	0.7	0.2	14.2	14.2	0
Surplus/ Deficit (-) to B/E Duty	**Surplus/ Deficit (-) to B/E Duty Incl STF**	18.0	18.6	(0.7)	(14.3)	(13.4)	(0.9)	(10.2)	4.7	(14.9)
	Surplus/ Deficit (-) to B/E Duty Excl STF	17.3	17.6	(0.3)	(18.6)	(18.6)	(0.0)	(15.3)	(4.7)	(10.6)

Commentary

The Trusts deficit including STF was £1.3m in December which was £0.3m adverse to plan with a pre STF £0.1m favourable variance to plan. The Trust YTD deficit is £14.4m (£0.9m adverse to plan). Income included for STF relates to the delivery of the Financial plan, the access trajectories were not delivered in December.

Clinical Income (Excluding STF) was £0.7m adverse to plan in month (£2.2m adverse YTD), the key variances were, Elective activity £0.2m adverse to plan, Out Patients £0.1m adverse in month, A&E £130k adverse in month and £150k increase to challenges relating to A&E coding. Sustainability Transformation Funding (STF) was £0.4m adverse due to A&E, Cancer 62 days and RTT below trajectories.

High Cost Drug income over performed by £1.1m in the month which accounts for £0.35m YTD additional income identified following a review in December.

Other Operating Income includes £0.5m STP funding offsetting expenditure incurred in the month (£1.1m YTD), Private Patient income £0.3m adverse to plan in December, Private Patient Unit £150k adverse to plan with reduction in income between months of £60k due to bed pressures.

Pay was £0.5m favourable in the month. Temporary Staffing costs increased between months by £0.2m, Nursing increased by £0.2m (£60k within Agency and £120k in bank costs) with the main increases within A&E TWH and SSSU TWH due to escalation. Medical increased by £0.1m and STT agency costs reduced by £0.1m mainly within Therapies and Diagnostics.

Non Pay was overspent by £1.1m, Drugs adverse to plan by £0.5m which is offset by pass though income and STP costs of £0.5m (offset by income).

The Trust is forecasting a year end deficit of £10.2m with mitigating actions of £12.5m to deliver a year end surplus including STF of £2.5m which is £2.2m adverse to plan which relates non delivery of the access targets.

3. Expenditure and WTE Analysis

Maidstone and Tunbridge Wells NHS Trust

3a. Run Rate Analysis

Analysis of 13 Monthly Performance (£m's)

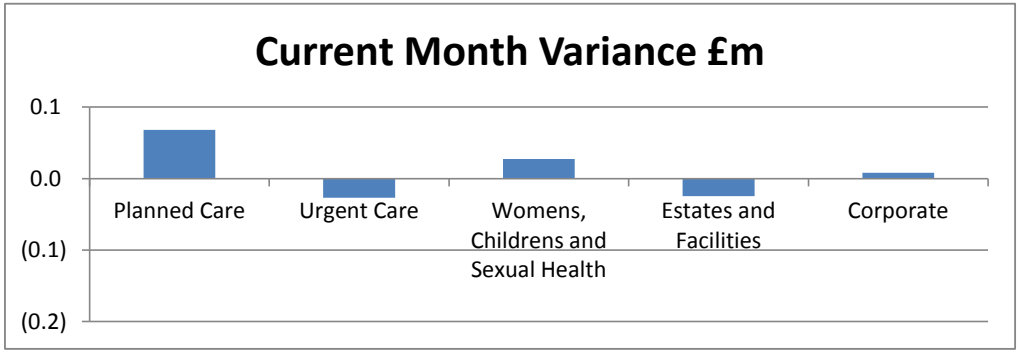
		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Change between Months
Revenue	Clinical Income	26.4	25.5	25.7	26.9	26.6	27.7	28.4	27.6	27.8	34.7	28.5	28.6	28.1	(0.6)
	STF										2.7	0.9	0.7	0.6	(0.1)
	High Cost Drugs	2.8	2.7	2.6	3.1	2.8	2.6	2.8	2.6	2.7	2.9	2.9	2.8	3.8	1.0
	Other Operating Income	4.0	4.0	4.6	6.5	3.8	3.8	3.6	4.0	3.6	3.7	4.0	3.9	3.9	(0.0)
	Total Revenue	**33.2**	**32.2**	**33.0**	**36.4**	**33.2**	**34.1**	**34.8**	**34.2**	**34.1**	**44.0**	**36.2**	**36.1**	**36.3**	**0.3**
Expenditure	Substantive	(17.4)	(17.3)	(17.7)	(18.1)	(17.8)	(17.9)	(18.1)	(17.9)	(17.9)	(18.1)	(18.0)	(18.1)	(18.1)	(0.0)
	Bank	(0.8)	(0.9)	(0.9)	(1.1)	(0.9)	(0.8)	(0.8)	(0.7)	(0.9)	(0.8)	(0.8)	(0.8)	(1.0)	(0.1)
	Locum	(0.9)	(1.0)	(0.7)	(0.6)	(1.2)	(0.9)	(1.0)	(1.1)	(1.1)	(0.8)	(0.9)	(0.5)	(1.9)	(1.5)
	Agency	(1.6)	(1.4)	(1.7)	(1.9)	(1.3)	(1.6)	(1.7)	(1.5)	(1.3)	(1.2)	(1.4)	(1.6)	(0.1)	1.5
	Pay Reserves	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Pay	(20.6)	(20.6)	(21.0)	(21.8)	(21.2)	(21.2)	(21.6)	(21.3)	(21.2)	(20.9)	(21.1)	(20.9)	(21.1)	(0.2)
Non-Pay	Drugs & Medical Gases	(4.1)	(4.1)	(3.9)	(4.0)	(4.3)	(4.1)	(4.4)	(3.8)	(4.0)	(4.5)	(3.9)	(4.8)	(4.6)	0.2
	Blood	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.0)
	Supplies & Services - Clinical	(2.8)	(2.5)	(2.3)	(2.3)	(2.2)	(2.7)	(2.7)	(2.7)	(3.0)	(2.7)	(2.7)	(2.6)	(2.8)	(0.2)
	Supplies & Services - General	(0.4)	(0.6)	(0.4)	(0.7)	(0.4)	(0.5)	(0.5)	(0.4)	(0.5)	(0.4)	(0.5)	(0.5)	(0.5)	(0.0)
	Services from Other NHS Bodies	(0.6)	(0.7)	(0.6)	(0.7)	(0.7)	(0.7)	(0.8)	(0.6)	(0.6)	(0.7)	(0.7)	(0.6)	(0.7)	(0.1)
	Purchase of Healthcare from Non-NHS	(0.7)	(0.3)	(0.7)	(1.1)	(0.8)	(0.7)	(0.8)	(0.9)	(0.9)	(0.6)	(0.8)	(0.7)	(0.7)	(0.0)
	Clinical Negligence	(1.4)	(1.4)	(1.4)	(1.4)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	0
	Establishment	(0.3)	(0.3)	(0.4)	(0.4)	(0.2)	(0.3)	(0.3)	(0.4)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	(0.0)
	Premises	(1.8)	(1.4)	(1.0)	(1.1)	(2.1)	(1.7)	(1.9)	(1.9)	(1.7)	(1.2)	(1.7)	(1.4)	(1.8)	(0.4)
	Transport	(0.1)	(0.0)	(0.1)	(0.2)	(0.1)	(0.2)	(0.2)	(0.1)	(0.1)	(0.2)	(0.1)	(0.1)	(0.1)	0.0
	Other Non-Pay Costs	(0.4)	(0.5)	(0.8)	(0.8)	(0.2)	(0.7)	(0.6)	(0.4)	(0.2)	(0.3)	(0.3)	(0.9)	(0.9)	0.0
	Non-Pay Reserves	0	0	0	0	(0.2)	(0.2)	(0.4)	(0.4)	(0.4)	0.4	0.0	0	0	0
	Total Non Pay	(12.8)	(12.0)	(11.8)	(12.9)	(12.9)	(13.4)	(14.1)	(13.3)	(13.4)	(12.3)	(12.9)	(13.6)	(14.1)	(0.5)
	Total Expenditure	(33.4)	(32.6)	(32.8)	(34.7)	(34.1)	(34.6)	(35.7)	(34.6)	(34.6)	(33.1)	(34.0)	(34.5)	(35.2)	(0.7)
EBITDA	EBITDA	(0.2)	(0.4)	0.2	1.8	(1.0)	(0.5)	(0.8)	(0.4)	(0.5)	10.9	2.2	1.6	1.2	(0.4)
		-1%	*-1%*	*1%*	*5%*	*-3%*	*-1%*	*-2%*	*-1%*	*-1%*	*25%*	*6%*	*4%*	*3%*	
Other Finance Costs	Depreciation	(1.3)	(1.3)	(1.4)	0.9	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(0.8)	0.6
	Interest	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)
	Dividend	(0.2)	(0.4)	(0.4)	0.1	(0.3)	(0.3)	(0.3)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	0.0
	PFI and Impairments	(1.2)	(1.1)	(1.4)	(14.2)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.2)	(0.0)
		(2.8)	**(2.9)**	**(3.2)**	**(13.3)**	**(2.9)**	**(2.8)**	**(2.8)**	**(2.8)**	**(2.8)**	**(2.9)**	**(2.9)**	**(2.9)**	**(2.4)**	**0.5**
Net Surplus / Deficit (-)	Net Surplus / Deficit (-)	(3.1)	(3.3)	(3.0)	(11.5)	(3.8)	(3.3)	(3.7)	(3.2)	(3.3)	8.0	(0.6)	(1.3)	(1.2)	0.1
Technical Adjustments	Technical Adjustments	0.2	0.1	0.2	12.8	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)
Surplus/ Deficit (-) to B/E Duty Incl STF	Surplus/ Deficit (-) to B/E Duty	(2.9)	(3.2)	(2.8)	1.3	(3.7)	(3.2)	(3.6)	(3.2)	(3.3)	8.0	(0.6)	(1.3)	(1.2)	0.1
Surplus/ Deficit (-) to B/E Duty Excl STF	Surplus/ Deficit (-) to B/E Duty	(2.9)	(3.2)	(2.8)	1.3	(3.7)	(3.2)	(3.6)	(3.2)	(3.3)	5.3	(1.5)	(2.0)	(1.8)	0.2

4. Cost Improvement Programme and Financial Recovery Plan

Maidstone and Tunbridge Wells NHS Trust

4a. Curent month savings by Directorate

	Cost Improvement Plan			Financial Recovery Plan			Total Savings		
	Actual	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cancer and Haematology	0.1	0.1	0.0	0.1	0.1	0.0	0.2	0.2	0.0
Critical Care	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Diagnostics	0.1	0.1	0.0	0.1	0.1	0.0	0.3	0.2	0.0
Head and Neck	0.1	0.1	(0.0)	0.0	0.0	0.0	0.1	0.1	(0.0)
Surgery	0.1	0.1	(0.0)	0.1	0.1	0.0	0.2	0.1	0.0
Trauma and Orthopaedics	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.0
Patient Admin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Private Patients Unit	0.0	0.0	0.0	0.0	0.0	(0.0)	0.0	0.0	(0.0)
Total Planned Care	**0.6**	**0.6**	**(0.0)**	**0.4**	**0.3**	**0.1**	**1.0**	**0.9**	**0.1**
Urgent Care	0.3	0.3	(0.0)	0.3	0.3	(0.0)	0.6	0.6	(0.0)
Womens, Childrens and Sexual Health	0.1	0.1	(0.0)	0.1	0.0	0.0	0.2	0.2	0.0
Estates and Facilities	0.1	0.1	(0.0)	0.1	0.1	(0.0)	0.2	0.2	(0.0)
Corporate	0.1	0.1	(0.0)	0.1	0.1	0.0	0.2	0.2	0.0
Total	**1.1**	**1.1**	**(0.0)**	**1.0**	**0.9**	**0.1**	**2.1**	**2.1**	**0.1**

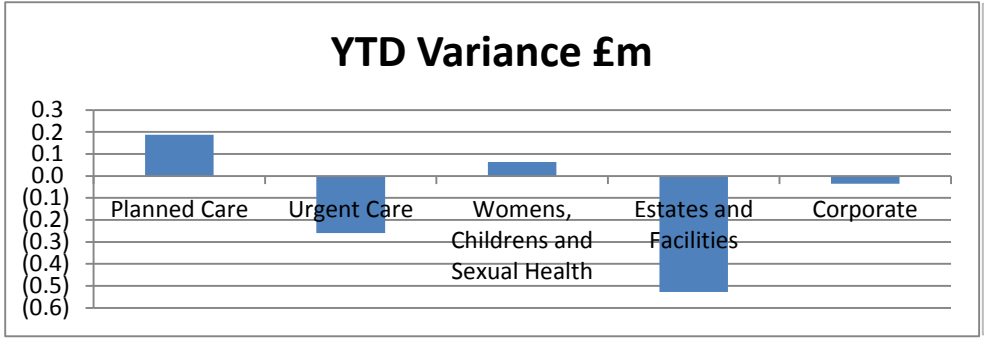


Savings of £2.1m were delivered in December which was in line with the plan.

Maidstone and Tunbridge Wells NHS Trust

4b. Year to Date Savings by Directorate

	Cost Improvement Plan			Financial Recovery Plan			Total Savings		
	Actual	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cancer and Haematology	1.9	1.9	0.0	0.3	0.3	0.0	2.1	2.1	0.0
Critical Care	0.9	0.9	0.0	0.1	0.1	0.0	1.0	0.9	0.0
Diagnostics	1.0	1.0	0.0	0.6	0.4	0.2	1.6	1.4	0.2
Head and Neck	0.6	0.7	(0.0)	0.1	0.0	0.0	0.7	0.7	(0.0)
Surgery	1.0	1.0	0.0	0.2	0.2	(0.0)	1.2	1.2	(0.0)
Trauma and Orthopaedics	0.8	0.9	(0.1)	0.1	0.1	(0.0)	0.9	1.0	(0.1)
Patient Admin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Private Patients Unit	0.2	0.1	0.0	0.0	0.0	(0.0)	0.2	0.1	0.0
Total Planned Care	**6.4**	**6.5**	**(0.0)**	**1.3**	**1.1**	**0.2**	**7.8**	**7.6**	**0.2**
Urgent Care	**2.7**	**2.8**	**(0.1)**	**0.7**	**0.9**	**(0.2)**	**3.5**	**3.7**	**(0.3)**
Womens, Childrens and Sexual Health	**0.8**	**0.8**	**0.0**	**0.3**	**0.2**	**0.1**	**1.1**	**1.0**	**0.1**
Estates and Facilities	**1.0**	**1.7**	**(0.7)**	**0.6**	**0.4**	**0.1**	**1.6**	**2.1**	**(0.5)**
Corporate	**0.7**	**0.8**	**(0.0)**	**0.7**	**0.7**	**0.0**	**1.4**	**1.5**	**(0.0)**
Total	**11.7**	**12.5**	**(0.8)**	**3.6**	**3.4**	**0.3**	**15.3**	**15.9**	**(0.6)**



Diagnostics: £0.2m YTD over performance due to £0.1m of new schemes and over performance of existing schemes £0.1m. New schemes added mainly relate to procurement changes.

Urgent Care: £0.2m slippage against FRP, the main areas of slippage relates to medical staffing (£0.1m) which mainly relates to medically fit ward, £50k slippage relating to nursing ward staffing review (relates to October) and £40k slippage relating to reducing nursing costs managing J-M bay in A&E at Tunbridge Wells.

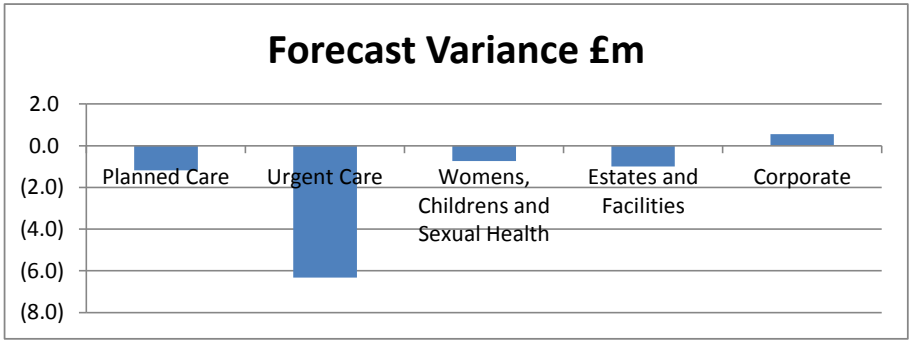
The YTD slippage in CIP is due to Energy and rates rebate which was included in the CIP forecast however was not included within the I&E forecast therefore no impact

Maidstone and Tunbridge Wells NHS Trust

4c. Forecast savings by Directorate

Directorate Performance

	Cost Improvement Plan			Financial Recovery Plan			Total Savings		
	Actual	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cancer and Haematology	2.2	2.2	0.0	0.8	0.5	0.3	3.0	2.7	0.3
Critical Care	1.0	1.1	(0.0)	0.3	0.4	(0.1)	1.3	1.5	(0.1)
Diagnostics	1.4	1.4	0.0	1.2	1.4	(0.2)	2.6	2.8	(0.2)
Head and Neck	0.8	0.9	(0.1)	0.2	0.5	(0.2)	1.0	1.3	(0.3)
Surgery	1.2	1.2	0.0	0.4	1.0	(0.5)	1.6	2.2	(0.5)
Trauma and Orthopaedics	0.9	1.0	(0.1)	1.0	1.2	(0.2)	1.9	2.2	(0.3)
Patient Admin	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0
Private Patients Unit	0.2	0.2	0.0	0.0	0.0	(0.0)	0.2	0.2	0.0
Total Planned Care	**7.8**	**8.0**	**(0.1)**	**4.0**	**5.0**	**(1.1)**	**11.8**	**13.0**	**(1.2)**
Urgent Care	**3.5**	**3.7**	**(0.2)**	**1.9**	**8.1**	**(6.2)**	**5.5**	**11.8**	**(6.3)**
Womens, Childrens and Sexual Health	**1.1**	**1.1**	**0.0**	**0.6**	**1.3**	**(0.7)**	**1.7**	**2.4**	**(0.7)**
Estates and Facilities	**1.4**	**2.1**	**(0.7)**	**0.9**	**1.2**	**(0.3)**	**2.3**	**3.3**	**(1.0)**
Corporate	**0.9**	**1.0**	**(0.1)**	**1.2**	**0.6**	**0.7**	**2.2**	**1.6**	**0.6**
Total	**14.8**	**15.9**	**(1.1)**	**8.6**	**16.2**	**(7.6)**	**23.4**	**32.1**	**(8.7)**



The annual savings plan for the Trust incorporating CIP and FRP equates to £32.1m for 2016/17.

The CIP forecast which was used for the resubmitted plan included savings for energy and rates. However this was not included in the I&E forecast therefore has no bottom line impact, this will be a £0.75m shortfall at the year end.

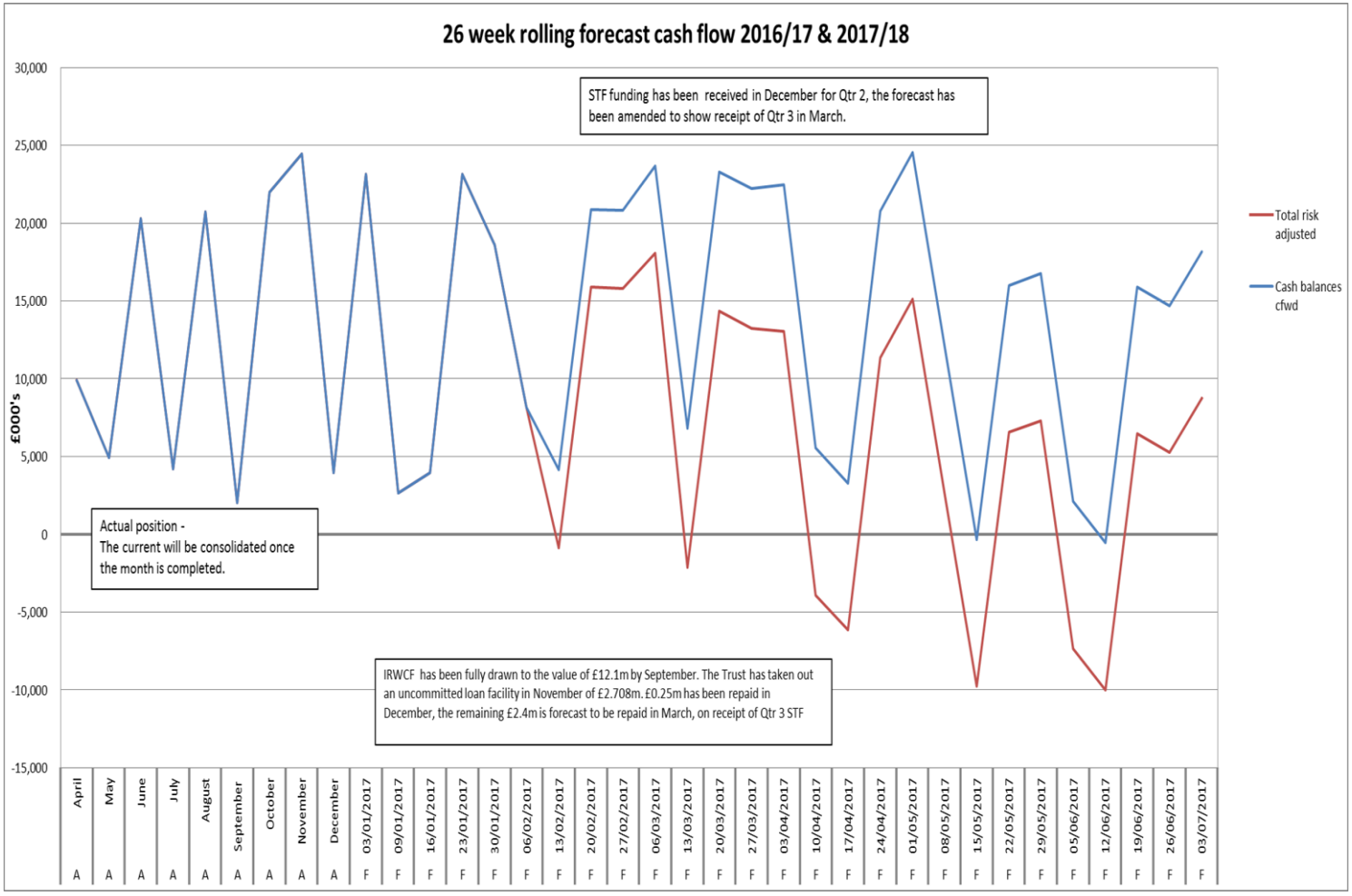
The current year end forecasted FRP gap is £7.6m. To deliver the control total of £4.7m surplus additional savings need to be identified.

NHSI has informed the Trust that an improvement of £3.5m is expected by the 3rd progress meeting in January, the Trust has currently identified an additional £1.2m therefore a shortfall of £2.3m

5. Balance Sheet and Liquidity

Maidstone and Tunbridge Wells NHS Trust

5a. Cashflow



Commentary

The blue line shows the Trust's cash position from the start of April, after receiving a double block from WK and Medway CCG.

For 2016/17 the Trust has IRWCF of £12.132m to assist the cash position, with interest charged at 3.5%

In December the Trust made a repayment of £250k repaying an element of the uncommitted loan which it took out in November of £2.7m. The Trust is forecasting to repay the remaining £2.5m in March once the trust has received qtr 3 STF funding. There is a risk that the Trust will receive £2.1m qtr 3 STF funding leaving a balance of £0.4m. The £0.4m is currently being risk adjusted on the cash graph. The uncommitted loan attracts interest of 6%, therefore the Trust will need to decide if stretching supplier payments further will attract less interest charges than the 6% loan.

In December the Trust received the remaining performance element of qtr 2 STF Funding for £0.5m.

The cash forecast has been amended to reflect the I&E position after agreeing to the control totals. It assumes receiving over performance of c£10m and receipt of STF funding of £4.8m. Both these values have been risk adjusted on the red line of the graph.

Maidstone and Tunbridge Wells NHS Trust

5b. Balance Sheet

December 2016

The Trust Balance Sheet is produced on a monthly basis and reflects changes in the asset values, as well as movement in liabilities.

	November			October	Full year	
£m's	**Reported**	**Plan**	**Variance**	**Reported**	**Plan**	**Forecast**
Property, Plant and Equipment (Fixed Assets)	342.4	344.3	(1.9)	343.3	335.3	330.2
Intangibles	2.6	1.3	1.3	2.7	1.5	2.0
PFI Lifecycle	0.0	0.0	0.0	0.0	0.0	0.0
Debtors Long Term	1.0	1.2	(0.2)	1.0	1.2	1.2
Total Non-Current Assets	**346.0**	**346.8**	**(0.8)**	**347.0**	**338.0**	**333.4**
Current Assets						
Inventory (Stock)	8.1	8.3	(0.2)	8.8	8.3	8.3
Receivables (Debtors) - NHS	44.6	19.8	24.8	44.9	20.6	21.5
Receivables (Debtors) - Non-NHS	13.7	7.8	5.9	13.2	10.0	9.4
Cash	4.1	1.0	3.1	4.0	1.0	1.0
Assets Held For Sale	0.0	0.0	0.0	0.0	0.0	0.0
Total Current Assets	**70.5**	**36.9**	**33.6**	**70.9**	**39.9**	**40.2**
Current Liabilities						
Payables (Creditors) - NHS	(4.1)	(5.0)	0.9	(4.4)	(5.0)	(5.0)
Payables (Creditors) - Non-NHS	(63.7)	(30.9)	(32.8)	(65.5)	(21.8)	(21.7)
Capital & Working Capital Loan	(2.2)	(2.2)	0.0	(2.2)	(2.2)	(2.2)
Temporary Borrowing	0.0	0.0	0.0	0.0	0.0	0.0
Borrowings - PFI	(4.8)	(4.8)	0.0	(4.8)	(5.1)	(5.0)
Provisions for Liabilities and Charges	(1.8)	(2.3)	0.5	(1.9)	(1.1)	(1.0)
Total Current Liabilities	**(76.6)**	**(45.2)**	**(31.4)**	**(78.8)**	**(35.2)**	**(34.9)**
Net Current Assets	(6.1)	(8.3)	2.2	(7.9)	4.7	5.3
Finance Lease - Non- Current	(199.7)	(200.0)	0.3	(200.2)	(198.2)	(198.2)
Capital Loan - (interest Bearing Borrowings)	(13.4)	(13.4)	0.0	(13.4)	(16.4)	(12.4)
Interim Revolving Working Capital Facility	(31.7)	(29.0)	(2.7)	(29.0)	(29.0)	(29.0)
Provisions for Liabilities and Charges	(1.2)	(1.4)	0.2	(1.2)	(0.7)	(0.7)
Total Assets Employed	**93.9**	**94.7**	**(0.8)**	**95.3**	**98.4**	**98.4**
Financed By						
Capital & Reserves						
Public dividend capital	(203.3)	(203.3)	0.0	(203.3)	(203.3)	(203.3)
Revaluation reserve	(53.8)	(53.8)	0.0	(53.8)	(53.8)	(53.8)
Retained Earnings Reserve	163.2	162.4	0.8	161.8	158.7	158.7
Total Capital & Reserves	**(93.9)**	**(94.7)**	**0.8**	**(95.3)**	**(98.4)**	**(98.4)**

Commentary:
The balance sheet remains relatively constant to plan. Key movements to December are in working capital where the cash and debtors balances are decreasing from the November's position as stock and creditors are increasing. The teams are focusing on reducing the aged debtors and creditors and reviewing current processes to ensure improvement in working capital going forward.

Non-Current Assets PPE - The value of PPE continues to fall as depreciation is greater than the current capital spend, this is due to capital projects being prioritised. This is in line with plan and is not creating an unsustainable backlog of maintenance or required replacements.

Current Assets Inventory has increased slightly from the reported November position, mainly due to an increase in pharmacy stock from £3.7m to £4.1m. Other stocks have remained consistent with cardiology stocks £1m, materials management £1m and all other stock including theatres of £2.5m. Inventory reduction is a cash management and potential CIP being discussed.

NHS Receivables have increased since November, remaining significantly higher than the plan value. Of the £45.9m balance, £17.5m relates to invoiced debt of which £5.7m is aged debt over 90 days. Debt over 90 days has remained the same as November's position of £5.7m. Due to the financial situation of many neighbouring NHS organisations regular communication is continuing and "like for like" arrangements are being actioned.

Trade receivables has decreased from November position, but is above plan by £3.5m. Included within this balance is trade invoiced debt of £1.4m and private patient invoiced debt of £0.8m (consistent with £0.8m in November).

Current Liabilities NHS trade payables has remained consistent with the November reported position and is below plan. Non-NHS trade payables has increased by £0.6m, still remaining significantly above plan.
Of the £64.3m trade creditor balances, £16.7m relates to invoices, £25.2m is deferred income primarily relating to the advance received from WK and Medway CCG's in April of c£18 million, the remaining £22.4m relates to accruals, including TAX, NI, Superannuation, PDC and deferred income.

6. Capital

Maidstone and Tunbridge Wells NHS Trust

6a. Capital Programme

Capital Projects/Schemes

	Year to Date			Annual Forecast			Committed
	Actual	*Plan*	*Variance*	*Plan*	*Forecast*	*Variance*	
	£000	£000	£000	£000	£000	£m	£000
Estates	635	1,520	885	2,581	1,868	713	1,321
ICT	0	0	0	553	553	0	553
Equipment	127	300	173	800	800	0	375
PFI Lifecycle (IFRIC 12)	0	0	0	553	553	0	553
Donated Assets	-127	-300	-173	-800	-800	0	-375
Total	**635**	**1,520**	**885**	**3,686**	**2,973**	**713**	**2,426**
Less donated assets	-127	-500	-373	-800	-800	0	-375
Contingency Against Non-Disposal	0	0	0	0	0	0	0
Adjusted Total	**508**	**1,020**	**512**	**2,886**	**2,173**	**713**	**2,051**

Commentary:
The FOT is £9.4m with the YTD Actual Spend at £2.8m. The total resource for the 2016/17 capital programme was £15.988m, including PFI lifecycle and donated assets, which had been approved by the Trust Board and prioritised by the relevant lead Directors. The Trust has proposed a Capital to Revenue transfer of £4.188m as part of its recovery plan.

A detailed review of uncommitted capital projects was undertaken by the each category lead for Estates, IT and Equipment to determine the list of projects to be deferred, in order to make it possible to reduce our outturn capital by this figure. The main projects proposing to be deferred are Estates Electrical Upgrades totalling £2.7m. Given discussions with Specialist Commissioners around the Radiotherapy Development at TWH this scheme has been deferred into 17/18. It would still require approval through the NHSI process.

The Estates projects include significant investment for Backlog Maintenance of £2m, the majority of which relates to deferred 2015/16 schemes. The replacement equipment business cases were approved at the September TME meeting. The Plan of £15.988m is therefore reduced by £4.188m and £4.056m to £7.744m for 16/17. The Trust has been successful in a bid for PDC funding (£1.7m) to support the purchase of a Linac in 16/17, as part of the NHSE investment in radiotherapy modernisation.to support the purchase of a Linac in 16/17, as part of the NHSE investment in radiotherapy modernisation.

Maidstone and Tunbridge Wells NHS
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Trust Board meeting – January 2017

1-10	Detailed review of Length of Stay-related issues	Chief Operating Officer

Summary / Key points

The attached report is circulated in response to the agreement at the Trust Board on 21/12/16 that the Trust Secretary should "Schedule a detailed review of Length of Stay-related issues at the Trust Board in January 2017".

Which Committees have reviewed the information prior to Board submission?

▪

Reason for submission to 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

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Length Of Stay

Ongoing Challenges and Future Opportunities

Angela Gallagher
COO
January 2017

What have we learnt?

- **Not a simple one off process improvement project** . It is an ongoing process of changing, reviewing and embedding best practice and changing hearts and minds.

- **Many factors affect LOS and to secure LOS improvement they all need to work within tight tolerance levels** .Slippage from this best practice causes LOS stagnation and possible growth.

- **It is not simply all to do with patients who cannot move into social care but, this is still the perception of many clinical staff**. These patients do however secure a significant amount of resources within hospital .

- **LOS improvement, requires good clinical ownership,** to ensure that the best practice is truly adhered to, at all times.

- **Best practice focuses on improvement in earlier discharge of patients**, within the planned day of discharge, based on better pre planning and early in the day clinical decision making.

- **The way we mange and need to mange our patients flow through our hospitals has had to change,** with ever growing numbers of non elective patients attending E.D and requiring admission. Many of these patients then required greater therapy input to secure their discharge.

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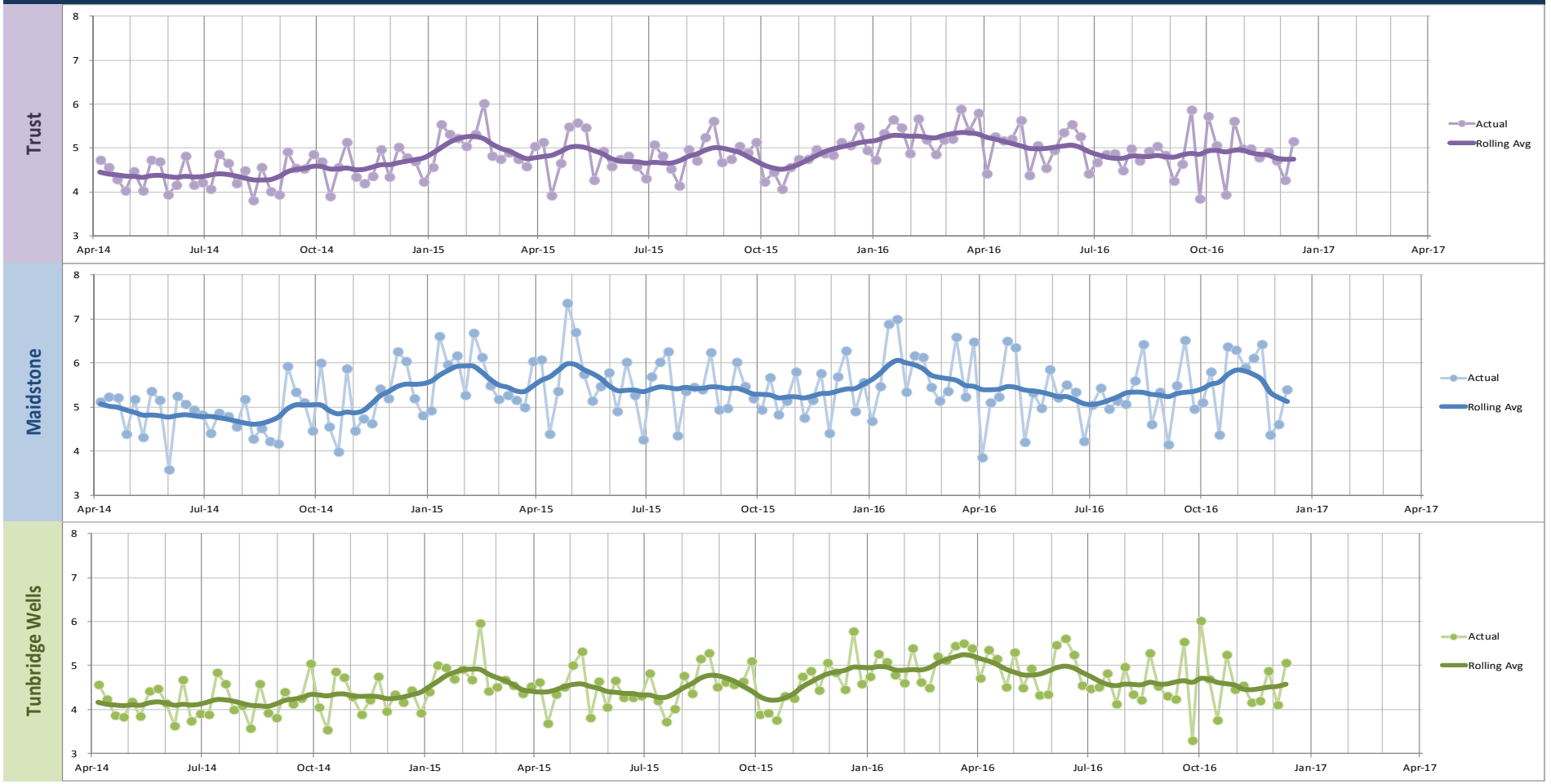
The LOS has not significantly changed over the last 2 years

Non Elective Admissions (Excluding Maternity)



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Individual specialties in which we compare poorly when compared to other trust, and hence offer a real opportunity for improvement, particularly in the winter months .

Non-Elective LOS (exc. 0 day Stays) by Specialty compared to Carter Group average

Periods: Jan-March 2016 & Jun-August 2016

	Specialty	Winter Q4 15/16 MTW	Winter Q4 15/16 Peer Ave	Winter Q4 15/16 RAG	Summer Q2 16/17 MTW	Summer Q2 16/17 Peer Ave	Summer Q2 16/17 RAG
*	General Surgery	5.90	5.36		5.79	5.25	
*	General Medicine	9.29	7.87		8.54	7.61	
	Care of the Elderly	10.74	10.21		10.73	10.23	
	T&O	10.74	9.96		9.96	9.00	
	Obstetrics	2.87	2.64		2.89	2.52	
	A&E	3.47	5.73		4.07	5.56	
	Gastroenterology	10.98	10.97		9.54	9.71	
	Diabetic Medicine	13.96	12.67		7.70	8.96	
	Paeds	2.11	2.09		2.02	2.17	
*	Cardiology	9.51	6.76		8.25	6.51	
	Respiratory	11.05	8.64		10.16	9.49	
	Urology	5.30	4.61		4.35	4.38	
	Haematology	8.73	9.09		31.72	11.89	
	ENT	3.17	3.11		2.93	3.76	
	Gynae	2.13	2.28		2.20	2.26	
	Endocrinology	7.60	10.79		7.86	15.76	
	All Spces (listed)	7.33	6.39		7.01	6.23	

RAG

Green - <= Peer Group Ave.

Amber - within +10% of Peer Ave.

Red - > +10% of Peer Ave.

Changes in key LOS KPI's over the last year, comparing April to November 2016

KPI / standard - Trust	Apr-16	Nov-16
A&E 4hr standard – linked to improved flow of pts	**90.36%**	**84.61%**
Target	*85.00%*	*91.40%*
Achieve LOS reduction necessary for de-escalation of beds **Avg LOS Non Elective Medicine**	**8.98**	**8.57**
Target	*8.40*	*7.54*
Achieve LOS reduction necessary for de-escalation of **beds Avg LOS Non Elective Trust**	**7.83**	**7.51**
Target	*7.3*	*6.84*
Improved Bed Occupancy rate per site	**93.04%**	**91.00%**
Target	*93.0%*	*90.0%*
NEL patients discharged before 10 am 5 days a week (working days)	**147**	**111**
Target	*480*	*620*
40% of NEL patients **discharges before 12pm** (main adult wards)	**20.27%**	**19.61%**
Number of patients	**422**	**365**
Target	*28.0%*	*40.0%*
Patients discharged via **Discharge Lounge**	**11.0%**	**13.1%**
Number of patients	265	280
Target	20.0%	30.0%
Delayed Transfer of Care %	**5.5%**	**6.3%**
Target	*4.2%*	*3.5%*
Numbers of **MFFD (**average per Calendar Day)	**103**	**105**
Target	*90*	*50*

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Key areas of focus

- **ED Performance Improvement :**To secure an increased number of ambulatory pathways, to achieve improved patient flow from E.D to wards during staff handovers between 7 – 9.30pm and Improvement of reaction time in handover from A&E to AMU/ specialty ward in Medicine, Surgery and T&O.

- **Patient Flow/ SAFER :**To embed SAFER into the organisation, as an ongoing objective, improve patient flow with optimisation of Board Rounds, use of Discharge Lounge, implementation of Day Before Actions
  Greater emphasis in securing the hearts and minds of the clinicians with earlier EDN/ EDD completion

- **Home First :**To establish the Home First model, which is being coordinated across the local health economy.

- **Live reporting:** Improve live reporting

ED Performance Improvement

Actions which have been achieved:

- Identification of areas where current guidelines exist between A&E and specialties detailing response times – where gaps exist, protocols will be developed by end Jan.
- Processes are in place whereby GPs and ED have direct referral access to AMU, SAU,) However, access is compromised by continued escalation into AMU and therefore dependent upon Home First.

Current actions:

- Protocols to be agreed at Divisional level detailing level of cover and response times to A&E requests for specialty opinions by end Jan 17
- System to be implemented at TWH where GP referrals go straight to MAU consultants 9 – 5 or to Reg on call by end Jan if capacity available
- Establishment of speciality specific ambulatory care pathways. In order to fully implement these pathways, capacity is required within AMU (which is prone to escalation) which will be enabled by Home First
- Ambulatory pathways to be monitored through KPI dashboard including percentage of medical/ surgical take to go through AMU/ SAU respectively, number of discharges per day by noon by specialty

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Patient Flow/ SAFER

Actions which have been achieved:

- Review of ward round checklist by Dr Mumford -to rolling out to clinicians on 2 wards
- Fortnightly meetings with ward managers highlighting good practice and identifying solutions to obstacles led by project lead and chair
- Board Round filmed as example of good practice and to be circulated as education tool,
- Roll out of Day Before Actions form across all wards
- Focussed work on Board Round on W2 and W31 to improve practice and increase discharges
- Widened criteria for Infection Control guidelines for acceptance to Discharge Lounge.
- Update at Urgent Care monthly staff engagement session on SAFER
- Microsystems under way on W20 to improve timely discharge.

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Patient Flow/ SAFER

Future actions

- Audit in January 2017 to identify gaps in roll out of SAFER across all wards.
- To use E Forms for Day Before Actions checklist to facilitate earlier discharges from February 2017 if approved, increasing compliance and audit.
- Set up project group to map white card pathway i.e. inpatient specialty referral
- Use of clinical leads as LOS leads across all Directorates

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Home First

3 pathways are being reviewed within this group across the local health economy, in order to classify patients into one of the three pathways and safely discharge to an appropriate care setting for assessment

Model for each pathway established:

Pathway 1 - Single point of access for community services. .

Pathway 2 - Initial 8 beds identified at Community Hospital as a Therapeutic led unit.

Pathway 3 - Data has identified the need for a further 30 beds for patient requiring Long Term care.

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Home First

Actions which have been achieved:

- "Discharge to Assess" workshop held August 2016 where it was agreed to implement Home First in West Kent. Programme group and project leads identified.
- Pathway 1 - Proof of concept commenced December 2016 using HILTON as care provider and TADS to assess for Therapeutic input initially using AMU, A&E and Chaucer Ward as feeders
- Pathway 2 - Admission commenced December 2016.
- Pathway 3 - Work in progress with local commercial provider to provide 10 beds from January 2017.
- Single assessment documentation has been developed and is being refined during the proof of concept.
- MTW now have care navigators working within IDT who have trusted assessor status for home improvements and telecare installations. Further work needs to be completed using trusted assessor status for community hospitals.
- Use of Day Before Actions sheet to provide information for Home First programme
- CHS fully utilised and have met targets for September, October & November in assisting private clients in finding suitable care providers.
- The DoH submitted DTOC is now formally signed off by the discharge manager and a senior Social Services colleague and this includes both acute and community DTOC. This session includes representation from CHC, East Sussex & the CCG. In addition to formalising the process, it is also an opportunity to horizon scan for upcoming issues which may affect timely discharge.

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Home First

Future actions

- Key issues remain regarding capacity for pathway 1 and 3 in domiciliary care sector and commercial bed sector. Currently no new investment within Home First and therefore limitations on ability to expand to full potential. CCG to review funding to set up SPA to enable Home First

- MTW - new choice policy is scheduled to go to the Policy Ratification Committee in January 2017 but approval to use templates for choice letters to patients and families in the interim.

- Internal work within MTW to establish “medically fit” ward, one on each site, to be in place by end Jan 17.

Live reporting

In order to ensure that live reporting is available, a number of projects are being rolled out:

- **Roll out of Clinical Utilisation Review (CUR)** internet based browser system will collect information on a daily basis on the number of "qualified" and number of "non qualified" (i.e. not suitable for acute bed) patients per day, including information about specific delays. This will roll out to up to 400 beds between Jan to March 2017.

- **GRS** - New tool implemented in A&E to improve rostering of medical staff and give greater visibility of staff in each specialty as well as enable an assessment of medical staff matched to known changes in activity levels.

- **SHREWD** now live – dashboard fed by all sectors of health economy to give live status of specific metrics.

- **EKBI** – working towards approval of system which will give live data on A&E demand, availability of beds, delays in system

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Key Issues and Risks

- Recruitment to key consultant vacancies in Medicine
- Increasing non elective activity
- Junior doctor vacancies
- Nursing vacancies against temporary staffing cap
- Therapies –reduced staffing levels on wards
- General belief that overriding issue lies with Social Services/ lack of capacity in community
- There is no compelling story which has engaged all staffing groups around the importance of patient flow
- Reliance on LOS reduction in future capacity planning. Experience to date demonstrates difficulty in securing the necessary change.

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Opportunities

- Transformational change management, with input from external company.
- Use of live data and accurate modelling of future activity.
- Increased capacity through improved patient flow to support elective work.
- Review of patient specific data in real time to fully understand pathway and obstacles.
- Key specialties of General medicine and Cardiology have greatest opportunity to improve, over both winter and summer periods, compared to peer group.

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NHS Trust

Trust Board meeting – January 2017

1-11 Supplementary Report on Quality and Patient Safety — Chief Nurse

Summary / Key points

This report provides information on actions being taken to improve the Trust's position in regard to falls prevention, Friends & Family response rates and Internal Assurance inspections:

- Continued focus on reduction of falls which has resulted in ongoing improvements in overall falls rate for the last seven months with the YTD position below 6.0 per 1,000 bed days.
- The response rate for FFT has reduced for December 2017. The main reason for the reduction has been the increased operational challenges for the month of December. Actions have been agreed to support an improved response rate. Cards are being changed in maternity to further help women understand the different parts of the service they receive.
- The report identifies some of the key themes identified from recent internal assurance processes.

Which Committees have reviewed the information prior to Board submission?

- n/a

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

Information, assurance and recommendations

[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

Quality Report – January 2017

The purpose of this report is to bring to the attention of the board any specific quality or patient safety issues that are either not covered within the integrated monthly performance report but require board oversight or are covered but require greater detail.

This report is intentionally brief, highlighting only those quality indicators / areas of work which require further explanation or acknowledgement. The Board is asked to note the content of this report and make any recommendations as necessary.

Falls prevention:

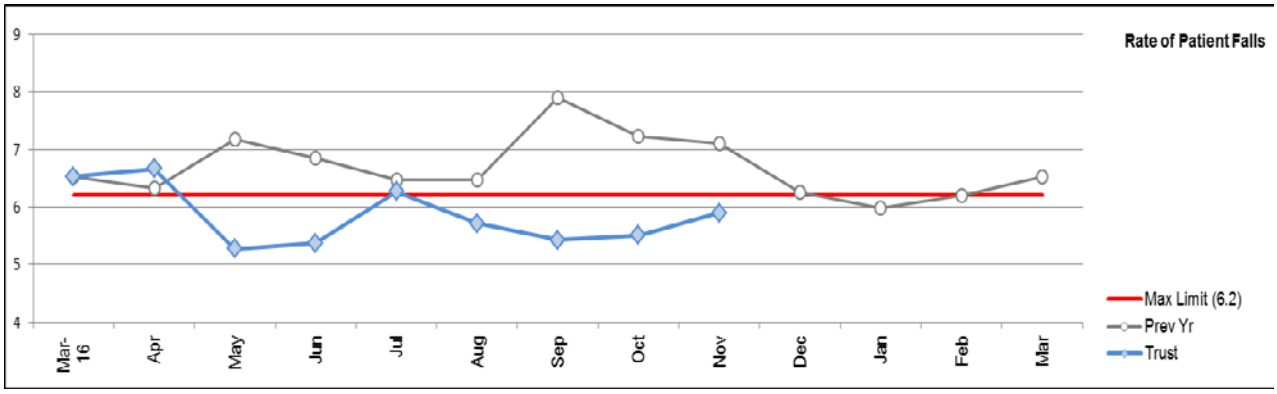
Reducing the number of patient falls has been identified as a patient safety priority this year. The focus is on ensuring falls prevention is part of all our business and to engage all staff groups in falls prevention at MTW. Our plan to reduce the rate of falls in the year to 6.2 (per 1,000 occupied bed days) has been achieved for the first 3 x quarters and as of December has reached 5.9 year to date. The Quality Committee received a report detailing the actions taken over the last few months.

December has been a challenging month with a rise in the rate of falls. The wards reporting the greatest number of falls were Pye Oliver, John Day and Foster Clark at Maidstone and the Acute Medical Unit (AMU) and Ward 12 at Tunbridge Wells Hospital.

Emerging themes from post-fall investigations indicate challenges with ward layout for Ward 12. The layout of the Ward 12 does not allow for the cohorting of high risk patients in the same way as wards such as Ward 20. Work has been undertaken with the team on Ward 12 to identify the number of high risk falls patients they can support and this has been communicated to the Site Management team to allow for more detailed consideration with placing or transferring patients.

AMU at Tunbridge Wells Hospital has different challenges regarding the location of workstations in relation to the bays. This requires a new approach to the way staff work together to ensure there is a nursing presence within the bays. Lines of sight will always present a degree of challenge which may be mitigated by smarter use of time and joint working with multi-professional colleagues to ensure continuous enhanced observation.

Comparison of Patient Falls 2014/2015 to 2015/2016



Friends and Family (FFT)

The contract with the company I Want Great Care (IWGC) who support the Trust in the collation and reporting of our FFT response rates and feedback from patients has been in place since June 2016. As part of that renewed contract a small project group was established to monitor implementation of the new contract and to monitor progress against actions set out in the Trusts' Quality account this year as follows relating to the FFT response rates and to identify key actions needed to address any non-compliance with targets.

Despite this ongoing focus and support from the group there has been continued inconsistency in the FFT response rates each month with a notable reduction in the response rates for December 2016.

A key factor considered to have had an impact on the response rate for December was the capacity challenges experienced in the Trust; this can be especially noted in the response rate for A&E where there has been a significant reduction compared to previous months. The level of positive responses has remained overall positive with both inpatients and A&E on target, however the positive responses for Maternity services continues to be inconsistent and remains under the target of 95%.

Of note IWGC have reported to us that all of their Trusts who they have contracts with have seen a similar reduction in the response rates for December.

The project group has met since the results have been published and have agreed the following key actions:

- IWGC are supporting the trust in helping us to promote best practice which we hope will encourage others to replicate where possible. They have interviewed staff in A&E and are going to produce a simple case study to promote their approach and previous success in increasing their response rates. This will be shared with staff in the Trust via weekly communication through a range of forums.
- We have agreed a new format for the FFT card that is offered to patients to complete. The new card has additional 'quality focussed' questions for patients to complete. It is hoped that by having the potential of having greater feedback from patients that this will provide an increased incentive for staff to offer the cards to patients. We are aiming to have this new card in place by March 2017.
- We are going to invite ward managers to present their results to the weekly Nursing engagement and learning forums which is hoped will encourage helpful dialogue, sharing of best practice and any key challenges and also to raise the profile of the importance of getting this feedback from patients.
- IWGC have identified a marketing lead to support the Trust in raising the profile overall of the importance and value of FFT. They will work with the group and the communications team in reviewing opportunities to get some key messages out to staff.

The project group will continue to meet on a monthly basis and will ensure continued focus on embedding the FFT into practice, which will ultimately lead to increased consistency in our FFT response rates.

Internal Assurance Inspections

This revised process was introduced in May 2016 to gain assurance that MTW's quality standards complies with the Care Quality Commission's (CQC) regulations. There is a revised audit programme to ensure that each month a different directorate within the organisation is inspected. These monthly reviews are used to triangulate information that is gained from local feedback and concerns; topics or themes raised as concerns by NHSI and/or CQC inspector, local and national audits; internal audits and observations and previous CQC reports and Quality Improvement plans. This helps to identify Key Lines of Enquiry (KLOE's) which in turn helps to inform our inspectors prior to the inspection.

The areas visited have included Critical Care, Women's and Children's, Trauma & Orthopaedics, Head & Neck, Surgical Services, Acute & Emergency Medicine and most recently Specialist Medicine.

It is acknowledged that this 'CQC style' inspection is not as comprehensive as those undertaken by the CQC but it does provide a snapshot in time of the area inspected within that directorate. The inspection team is made up of clinical, non-clinical staff and patient representatives. There is also external scrutiny provided by Healthwatch and the CCG, who joined these visits in October 2016.

Reports are then compiled and actions identified with the management teams of those Directorates inspected, a summary of which is presented to the Clinical Governance Committee and the Trust Management Executive.

Each Directorate is responsible for the development of actions plans to address concerns identified and then for developments and actions to be fed-back via the Trust Clinical Governance Committee.

There have been a sufficient number of audits undertaken to confidently identify key themes for the Directorates to include in their action plans and continued monitoring are broadly based on:

- Information Boards – general housekeeping.
- Stock of relevant and in-date information leaflets
- Documentation of daily checks of equipment
- Uniform – adherence to relevant policies for uniform and personal protection
- Attention to environmental housekeeping including clinical room/cupboard security, stock control and storage.
- Awareness of and access to local risk assessments and associated information on incidents
- Documentation, particularly to include greater detail relating to decision making and relevant communication in regard to MCA/DNACPR within the clinical records.

Areas where practice met or exceeded the expected standards include:

- Standard of cleanliness in each clinical area was considered to be high
- Evidence of patients being treated with dignity and respect
- Buzzers promptly responded to
- Effective multidisciplinary team working was evident in the majority of areas
- Inspection teams made to feel welcome and time taken to answer their questions
- Once issues highlighted they were promptly addressed

There is an on-going programme to ensure that all remaining directorates will be reviewed within the next 6 months, whilst allowing flexibility to undertake ad hoc reviews where new concerns may be identified. The Estates directorate is planned for January 2017.

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – January 2017

1-12 Planned and Actual Ward Staffing for December 2016 Chief Nurse

The attached paper shows the planned v actual nursing staffing as uploaded to UNIFY for the month of December 2016. This data is also published via the NHS Choices website and the Trust website as directed by NHS England and the National Quality Board.

Care Hours Per Patient Day
CHPPD is calculated by adding the hours of available registered nurses to the hours of available healthcare support workers during each 24 hour period and dividing the total by every 24 hours of in-patient admissions, or approximating 24 patient hours by counts of patients at midnight. NHS England have recommended the latter for the purposes of the UNIFY upload and subsequent publication.

The Carter report indicated a range for CHPPD between 6.3 and 15.48. The median was 9.13.
Overall CHPPD for Maidstone Hospital was 7.5 compared to 7.2 for November. For Tunbridge Wells Hospital the overall CHPPD remained static at 10.
Nationally work on CHPPD is continuing, with national figures due to be released in the next couple of months (date yet to be confirmed). NHS Improvement are running a series of workshops over the coming months to establish how this metric can help inform efficient and safe use of staffing resource.

Planned vs. Actual
The fill rate percentage is the actual hours used compared to the hours set in the budgeted establishment. That is, the budgeted establishment sets out the numbers of Registered Nurses and Clinical Support Workers based on an average acuity and dependency (or planned case mix for elective units). When units are faced with increased acuity and/or dependency, in escalation or undergo a service change that is not currently reflected in the budget, this is represented by an 'overfill'. Financial and key nurse-sensitive indicators have also been included as an aid to triangulation of both efficient and effective use of staff.

This is evident in a number of areas where there has been an unplanned increase in dependency. A number of wards have required additional staff, particularly at night, to manage patients with altered cognitive states, increased clinical dependency or with other mental health issues.

Wards in this category during December were Cornwallis, Ward 10, Ward 11

All enhanced care needs are supported by an appropriate risk assessment, reviewed and approved by the Matron.

Lord North Ward had additional clinical support requirement to support a high number of ward attenders on 7 days during the month.

Escalation areas account for the remainder of the over-fill. These areas were Maidstone AMU (UMAU), and TWH AMU, Short Stay Surgery Unit TWH and Hedgehog Ward

A number of areas had a reduced fill rate, most notably CCU at Maidstone. This unit is co-located with Culpepper Ward, and as such staff move between the two areas as required. ITU at Maidstone accepted a lower than planned fill rate for clinical support workers (who act as runners) as the overall acuity and dependency was lower than anticipated.

Maternity manage staffing as a 'floor' with support staff moving between areas as required. Midwifery needs are assessed regularly by the Labour Ward Coordinator with midwives following women from delivery through to post-natal. This ensures that all women in established labour received 1:1 care from a Registered Midwife.

Accident & Emergency (A&E) Departments had acceptable levels of Registered Nurse cover, however there were challenges in filling the Clinical Support Worker shifts. Whilst this is an attractive area for qualified staff, support workers often find the idea of working in this area stressful.

A number of wards will cross-cover each other. This enables a more efficient use of staff, and allows for safe redeployment of staff to escalated areas. For example Short Stay Surgery at Tunbridge Wells Hospital provide support to the escalated beds in Recovery with support from Ward 10. The ITUs will move staff between sites according to the acuity levels on each site. Trauma and Orthopaedic wards (Ward 30 and 31) also move staff according to skill mix and need.

When the fill rate is only marginally over 100% by +/- 5% this is normally related to working patterns which required staff to work an additional shift periodically as long shifts result in a staff member either working over or under their contracted hours in any given month.

The RAG rating for the fill rate is rated as:
Green: Greater than 90% but less than 110%
Amber Less than 90% OR greater than 110%
Red Less than 80% OR greater than 130%

The principle being that any shortfall below 90% may have some level of impact on the delivery of care. However this is dependent on both acuity and dependency. Acuity is the term used to describe the clinical needs of a patient or group of patients, whilst dependency refers to the support a patient or group of patients may need with activities such as eating, drinking, or washing.

High fill rates (those greater than 110%) would indicate significant changes in acuity and dependency. This results in the need for short notice additional staff and as a consequence may have a detrimental impact on the quality of patient care.

The exception reporting rationale is overall RAG rated according to professional judgement against the following expectations:

- The ward maintained a nurse to patient ratio of 1:5 – 1:7
- Acuity and dependency within expected tolerances
- Workforce issues such as significant vacancy
- Quality & safety data
- Overall staffing levels
- Risks posed to patients as a result of the above

The **overall** RAG status gives an indication of the safety levels of the ward, compared to professional judgement as set out in the Staffing Escalation Policy. The arrow indicates improvement or deterioration when compared to the previous month. The thresholds for the overall rating are set out below:

The key underlying reasons for amber overall ratings are vacancy resulting in an adverse shift of the RN to CSW ratios and high levels of acuity and dependency, most notably in this respect are Ward 30 and 31, where concerns have been noted by the Directorate. A number of support measures are in place including day to day support from the Directorate and Corporate Teams including specific focus on recruitment.

RAG	Details
	Minor or No impact: Staffing levels are as expected and the ward is considered to be safely staffed taking into consideration workloads, patient acuity and skill mix. RN to patient ratio of 1:7 or better Skill mix within recommended guidance Routine sickness/absence not impacting on safe care delivery Clinical Care given as planned including clinical observations, food and hydration needs met, and drug rounds on time. OR Staffing numbers not as expected but reasonable given current workload and patient acuity.
	Moderate Impact: Staffing levels are not as expected and minor adjustments are made to bring staffing to a reasonable level. OR Staffing numbers are as expected, but given workloads, acuity and skill mix additional staff may be required. Requires redeployment of staff from other wards RN to Patient ratio >1:8 Elements of clinical care not being delivered as planned
	Significant Impact: Staffing levels are inadequate to manage current demand in terms of workloads, patient acuity and skill mix. Key clinical interventions such as intravenous therapy, clinical observations or nutrition and hydration needs not being met. Systemic staffing issues impacting on delivery of care. Use of non-ward based nurses to support services RN to Patient ratio >1:9 Need to instigate Business Continuity

Which Committees have reviewed the information prior to Board submission?

- N/A

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

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

December '16		Day		Night		Overall Care Hours per pt day	Nurse Sensitive Indicators						Financial review		
Hospital Site name	Ward name	Average fill rate registered nurses/midwives	Average fill rate care staff (%)	Average fill rate registered nurses/midwives	Average fill rate care staff (%)		FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Overall RAG Status	Comments	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Acute Stroke	100.6%	97.6%	96.0%	96.8%	7.5	15.2%	100.0%	5	0			118,484	131,255	-12,771
MAIDSTONE	Foster Clark	93.5%	93.5%	96.8%	100.0%	5.7	47.1%	93.8%	9	0			98,543	91,912	6,631
MAIDSTONE	Cornwallis	100.0%	106.5%	93.5%	118.2%	6.6	57.6%	94.7%	5	0		Additional CSW required for 3 nights for confused/combative patient. Additional staff at night also required betwteen 1-19th for bariatric patient.	62,105	80,620	-18,515
MAIDSTONE	Coronary Care Unit (CCU)	100.0%	77.4%	100.0%	N/A	9.9	46.2%	91.7%	0	0		CSW cover provided to Cath Labs. Support provided to CCU from Culpepper as required. CCU located on Culpepper	92,403	106,266	-13,863
MAIDSTONE	Culpepper	100.0%	90.3%	100.0%	100.0%	6.6	56.0%	92.9%	2	0					
MAIDSTONE	John Day	99.0%	97.8%	102.6%	101.6%	6.7	27.4%	100.0%	10	0			115,421	127,822	-12,401
MAIDSTONE	Intensive Treatment Unit (ITU)	95.6%	65.2%	94.0%	N/A	29.4	150.0%	100.0%	0	0		CSW fill rate an accepted risk as overall dependency levels lower than plan. Support provided to TWH.	166,870	158,861	8,009
MAIDSTONE	Pye Oliver	91.2%	75.5%	98.9%	97.8%	6.2	11.3%	100.0%	15	0		14 CSW shifts not covered. Shortfall due to sickness combine with late notice to Bank Office.	105,949	107,673	-1,724
MAIDSTONE	Chaucer	99.2%	98.1%	98.9%	96.8%	5.6	2.5%	100.0%	5	1			110,176	119,422	-9,246
MAIDSTONE	Lord North	94.2%	116.1%	103.2%	100.0%	7.1	53.3%	100.0%	2	1		Additional CSW on 7 occasions. 1 to cover additional ward attenders, and 6 occasions where RN gap was downgraded to CSW based on acuity & dependency needs.	86,242	102,411	-16,169
MAIDSTONE	Mercer	116.9%	89.5%	98.9%	104.8%	6.2	0.0%	0.0%	1	0		RN redeployed to Mercer for HR/Professional support. CSW reduced fill rate an accepted risk based on dependency and additional RN cover.	95,500	99,873	-4,373
MAIDSTONE	Edith Cavell (MOU)	99.0%	100.0%	98.9%	100.0%	5.8	20.4%	1000.0%	2	0			115,872	84,671	31,201
MAIDSTONE	Urgent Medical Ambulatory Unit (UMAU)	91.9%	88.6%	126.9%	187.1%	9.8	10.3%	97.6%	3	0		Escalated at night throughout the month.	87,799	140,163	-52,364
TWH	Stroke/W22	86.6%	82.6%	90.3%	102.2%	9.2	200.0%	100.0%	7	1		18 shifts not covered by Bank. Combination of long & short term sickness	172,186	152,011	20,175
TWH	Coronary Care Unit (CCU)	97.8%	51.1%	108.2%	40.0%	10.8	73.8%	100.0%	0	0		Cath Lab recovery room utilised for additional capacity. CSW gaps either an accepted risk or converted to RN to cover additional patient/s	59,082	57,294	1,788
TWH	Gynaecology/ Ward 33	93.8%	95.2%	98.4%	96.9%	11.1	20.9%	100.0%	0	0			71,113	70,925	188
TWH	Intensive Treatment Unit (ITU)	99.6%	96.8%	99.6%	93.5%	29.1	N/A	N/A	0	0			179,172	184,179	-5,007
TWH	Medical Assessment Unit	88.9%	107.3%	116.8%	102.2%	8.2	23.3%	90.9%	17	0		RN fill rate an accepted risk to ensure cover at night.	147,016	166,197	-19,181
TWH	SAU	104.3%	83.9%	96.8%	90.3%	10.9			0	0		CSW fill rate an accepted risk. Support provided to SSSU 3 day shifts and to Ward 31 for 2 night shifts.	86,569	86,046	523
TWH	Ward 32	96.8%	94.6%	102.2%	108.1%	7.2	0.0%	0.0%	0	2			115,281	72,111	43,170
TWH	Ward 10	96.7%	98.4%	88.7%	148.4%	7.1	8.7%	100.0%	0	0		13 nights of enhanced care needs. Matron reviewed. 3 day shifts support provided to Recovery.	109,717	130,864	-21,147
TWH	Ward 11	98.2%	102.2%	93.5%	111.3%	6.5	19.5%	100.0%	5	0		7 RN shifts now at night, increased CSW to ensure core nursing care is undertaken.	109,499	129,079	-19,580
TWH	Ward 12	94.4%	90.3%	101.1%	92.7%	6.8	14.8%	92.3%	0	1			119,126	113,806	5,320
TWH	Ward 20	95.2%	88.4%	98.9%	102.4%	6.1	64.3%	88.9%	9	0		8 CSW shifts not covered. 2 shifts CSW sent to support Ward 22.	112,924	125,670	-12,746
TWH	Ward 21	98.4%	90.3%	89.7%	116.1%	6.3	9.9%	100.0%	4	0		RN:CSW ratio an accepted risk. 10 shifts not filled by Bank (5 short notice sickness). Support provided to CCU/SSSU/Wd2/Wd22 x 6 shifts.	126,495	131,224	-4,729
TWH	Ward 2	86.3%	103.2%	94.6%	103.2%	6.5	73.8%	93.5%	8	0		16 RN shifts short. Limited cover provided from other ward areas as acuity allowed. Reviewed by Matron.	81,866	113,907	-32,041
TWH	Ward 30	81.6%	94.7%	96.0%	93.5%	6.1	1.5%	100.0%	4	3		22 RN shifts unfilled by Bank. Cross-cove support from Ward 31 where dependency allowed, and from other wards.	103,382	131,894	-28,512
TWH	Ward 31	86.6%	103.5%	92.7%	96.8%	7.0	0.0%	0.0%	5	3		12 RN shifts unfilled by Bank. Cross-cover support with Ward 30 according to dependency needs (CSWs moved between wards).	103,145	118,430	-15,285
Crowborough	Birth Centre	98.4%	71.0%	100.0%	96.8%		15.0%	92.9%	0	0		Reduced CSW fill rate an accepted risk.	86,694	62,587	24,107
TWH	Ante-Natal	100.0%	77.4%	95.2%	61.3%				0	0		CSW fill rate an accepted risk. Recruitment plan in place compounded by sickness. Midwifery support sufficient to provide 1:1 support for women in established labour.	596,713	654,457	-57,744
TWH	Delivery Suite	95.7%	85.5%	91.0%	91.9%				1	0					
TWH	Post-Natal	95.2%	78.5%	99.2%	66.7%				0	0					
TWH	Gynae Triage	96.8%	96.8%	98.4%	87.1%				0	0			12,408	10,643	1,765
TWH	Hedgehog	96.2%	71.0%	117.4%	112.9%	9.6	2.1%	100.0%	0	0		Low un-registered (CSW or NN) fill rate during the day an accepted risk to ensure cover for the night including additional capacity beds.	213,965	187,656	26,309
MAIDSTONE	Birth Centre	98.4%	93.5%	98.4%	93.5%				0	0			62,136	66,595	-4,459
TWH	Neonatal Unit	101.1%	61.3%	99.5%	83.9%	19.9			0	0		Un-registered (CSW/NN) fill rate accepted risk during the day to ensure provision at night.	162,822	159,403	3,419
MAIDSTONE	MSSU	114.3%	82.2%	115.0%	N/A		0.0%	0.0%	0	0		RN;CSW shift to mainain overal number of staff on Unit. Unit open at weekends for additional site capacity.	39,208	50,531	-11,323
MAIDSTONE	Peale	118.3%	75.0%	122.6%	67.7%	7.9	11.3%	87.5%	1	0		Staffing review not fully implemented. Support provided to Cornwallis in early part of month.	61,124	74,197	-13,073
TWH	SSSU	119.1%	106.7%	247.4%	278.9%		0.0%	0.0%	2	0		Escalation overnight, and support provided to additional capacity beds in Recovery.	22,983	89,294	-66,311
MAIDSTONE	Whatman	95.2%	98.4%	97.8%	100.0%	5.7	11.8%	100.0%	7	0			114,973	108,828	6,145
MAIDSTONE	A&E	101.6%	88.7%	100.0%	90.3%		6.6%	84.8%	2	0		CSW fill rate low due to inability to fill via Bank.	202,540	188,733	13,807
TWH	A&E	93.5%	86.0%	95.6%	85.5%		9.7%	89.4%	2	0			294,414	367,753	-73,339
												Total Establishment Wards	**4,821,917**	**5,155,262**	**(333,345)**
												Additional Capacity beds	41,544	62,821	-21,277
												Other associated nursing costs	3,154,661	2,520,897	633,764
												Total	8,018,122	7,738,980	279,142

RAG Key

Under fill

Over fill

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – January 2017

1-13 Trust Board Members' hospital visits (13/10/16 – 16/01/17) Trust Secretary

"Board to Ward" visits, safety 'walkarounds' etc. are regarded as key governance tools[1] available to Board members. Such activity can aid understanding of the care and treatment provided by the Trust; and provide assurance to supplement the written and verbal information received at the Board and/or its sub-committees.

This quarterly report therefore provides details of the hospital visits reported as being undertaken by Trust Board Members between 13th October 2016 and 16th January 2017.

The report includes Ward/Department visits; and related activity, but does not claim to be a comprehensive record of such activity, as some Trust Board Members (most 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.

In addition, Trust Board Members may have undertaken visits but not registered these with the Trust Management office and/or Programme Management Office (PMO), who oversee the new framework (see below) (Board Members are therefore encouraged to register all such visits).

The report is primarily for information, and to encourage Trust Board Members to continue to undertake visits. Board Members are also invited to share any particular observations from their visits at the Board meeting.

As was noted within the last report, in October 2016, a more formal framework for visits by the Executive Team (i.e. excluding the Director of Infection Prevention and Control) has been established, which involves each teaming up with Wards and Departments across the Trust. In December 2016, the Trust Board agreed to include Non-Executive Directors in this framework, by linking the Chair of the relevant Board sub-committee to the relevant member of the Executive Team (i.e. so that the NED adopts the same Ward/Departmental links as that Executive). The following links were agreed:

- Chair of the Finance Committee linked with the Director of Finance
- Chair of the Quality Committee linked with the Medical Director
- Chair of the Patient Experience Committee linked with the Chief Nurse
- Chair of the Workforce Committee linked with the Director of Workforce
- Chair of the Trust Board linked with the Chief Executive and Chief Operating Officer
- Chair of the Audit and Governance Committee linked with the Deputy Chief Executive (N.B. although the most obvious link would the Director of Finance, this link is also taken by the Chair of the Finance Committee)

The Trust Secretary is now liaising with the PMO to put this into practice.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information, to encourage Board members to continue to undertake visits

[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

Hospital visits undertaken by Board members, 13th October 2016 to 16th January 2017

Trust Board Member	Areas registered as being visited (MH: Maidstone Hospital; TW: Tunbridge Wells Hospital)	Formal feedback provided?
Chairman of Trust Board (AJ)	-	-
Chief Executive (GD)	-	-
Chief Nurse (AB)	▪ Ward 20 (TW) ▪ Neonatal (TW) ▪ Short Stay Surgical Unit (MH) ▪ GU clinic (MH) ▪ Chronic Pain Unit (MH) ▪ Women's Outpatients (MH)	-
Chief Operating Officer (AG)	▪ Children's A&E (TW) ▪ Medical Assessment Unit (TW) ▪ Reception, cashiers (MH) ▪ CT Scan, Ultrasound, Ultrasound Obstetrics (MH) ▪ Edith Cavell (MH) ▪ John Day Ward (MH) ▪ Clinic 1, Clinic 2, Clinic 4, Clinic 5, Fracture Clinic, Plaster Room, Surgical Appliances (MH) ▪ Discharge Lounge (MH) ▪ A&E (MH) ▪ AMU (MH) ▪ Majors (MH) ▪ Cardio Respiratory (MH) ▪ Riverbank Children's Ward (MH) ▪ Children's Outpatients (MH) ▪ Outpatients Zone 1&2 (TW) ▪ Ward 21 (TW) ▪ Ward 22 (TW)	-
Deputy Chief Executive (JL)	▪ Oncology and John Day Ward (MH) ▪ Foster Clarke Ward (MH) ▪ Pye Oliver Ward (MH)	-
Director of Finance (SO)	▪ Pharmacy (MH) ▪ EME Workshop (TW) ▪ IT Team (MH) ▪ Academic Centre (MH) ▪ Catering (MH) ▪ EEMY (MH) ▪ Operational Management Meeting, Health Informatics ▪ Pre-Assessment Clinic (TW) ▪ 7/12 Management Team Meeting, Health Informatics ▪ Education Centre (TW) ▪ IT (TWH) ▪ Clinical Coding (MH)	-
Director of Infection Prevention and Control (SM)	-	-
Director of Workforce (RH)	▪ Women's & Children's (TW) ▪ Therapies, Diabetes Centre (MH) ▪ PALS (MH) ▪ PALS (TW) ▪ Main Reception (TW) ▪ Pharmacy (TW) ▪ Discharge Lounge (TW)	-
Medical Director (PS)	-	-

Trust Board Member	Areas registered as being visited (MH: Maidstone Hospital; TW: Tunbridge Wells Hospital)	Formal feedback provided?
Non-Executive Director (KT)	▪ Maidstone Orthopaedic Unit	-
Non-Executive Director (AK)	-	-
Non-Executive Director (SD)	-	-
Non-Executive Director (SDu)	▪ Maidstone Birth Centre	-

Trust Board meeting – January 2017

1-14 Emergency Planning update (annual report to Trust Board) Chief Operating Officer

Summary / Key points

The enclosed report is the Annual Report to Board on Emergency Planning it summarises key aspects of preparedness for 2016.

- The Trust is a statutory responder under the Civil Contingencies Act with key responsibilities
- The Emergency Planning Team provide expert guidance and training in preparing the Organisation
- The Trust is regarded as a leader in the field of Emergency Planning and is recognised for its good practice
- The report summarises the work to ensure preparedness during the last twelve months

Which Committees have reviewed the information prior to Board submission?

-

Reason for submission to 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

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Emergency Planning and Response

Maidstone and Tunbridge Wells NHS Trust

Emergency Planning, Response & Recovery Annual Report 2016

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Patient First · Respect · Innovation · Delivery · Excellence

1. Introduction

1.1 This report summarises the work of the EPRR team and activities undertaken to ensure the resilience of the organisation over the past year. It contains the outcome of the CCG & NHS England assurance process and recommendations for the future.

1.2 The Trust is a category one responder as defined by the Civil Contingencies Act 2004 and has specific duties in relation to emergency planning, response and recovery. This is in addition to performance standards set by NHS England and CCGs as part of contracts.

1.3 Some photographs, which illustrate some of the activities described in the report are contained in Appendix 1.

2. Emergency Plans & Response

2.1 Throughout the period covered by the report a number of plans have been activated.

2.2 **Industrial Action**
During 2016 the BMA was engaged in dispute with the Government and industrial action was taken by junior doctors leading to activation of business continuity plans. A further tabletop exercise was also held with key departments to ensure all contingencies were planned for.

2.3 **Heatwave**
In the late summer a number of heat wave alerts were issued for the South East which required activation of the heatwave plan.

2.4 **Bleep Failure**
Maidstone Hospital also experienced failure of paging services which required activation of business continuity plans to maintain services.

2.5 **Gridlock - Maidstone**
The Trust has experienced gridlock at Maidstone Hospital on several occasions caused by heavy traffic, roadworks or road traffic collisions. The resulting gridlock traps traffic on the site causing delays for staff, patients, ambulances and deliveries. The Emergency planning Team have had a number of meetings with Highways and Police however there is no easy solution. This has now been raised with the Local Health Resilience Partnership for escalation to the Kent Resilience Forum to try and work through solutions with partner agencies recognising the situation will become more acute as more housing is built. The importance of maintaining helicopter landing facilities at MGH is critical.

2.6 **Operation Radiate**
The construction of the A21 Dual carriageway at Pembury has closed the Tonbridge Road and considerable multi agency planning resulted in Operation Radiate to maintain access to the hospital in an emergency.

3. Training & Exercising

3.1 Exercise Reach took place at Maidstone Hospital on November 2nd involving Kent Fire & Rescue Service and a live rescue from the plant rooms on the roof. This tested communications, command & control and multi-agency working. It also enabled Kent Fire Brigade to test new rescue equipment.

3.2 Exercise Spring Day was held in April in pouring rain at Maidstone Hospital to test plans for a Radiation Incident and enabled the Trust to test a range of plans with Kent Police, Kent Fire Brigade & South East Coast Ambulance Service. The live exercise tested communications, command & control, multi-agency working and a full incident control room. It involved loggists, clinical staff, estates & facilities and managers. It also enabled procedures learned on command courses including dynamic risk assessments and media

training to be put in to practice. The important point about this exercise is it was largely no notice allowing the Trust to test a number of responses in a very realistic setting.

3.3 Exercise Polar was a tabletop exercise to test winter preparedness held in Tunbridge Wells in October. This took into account the feedback from last winter's debrief. It involved partners from other NHS Trusts, SECAMB and local authorities.

3.4 The Trust also participated in various other communications tests from NHS England and Ambulance Control.

3.5 Command Training continued throughout the year with the start of the Gold strategic Level training in addition to the Silver Tactical Training. All MTW Trust strategic Gold on call have attended the initial sessions and have portfolios to fill in over the next three year learning period. The Trust has had representation from a number of other NHS Trusts from around the country on the courses along with NHs England and CCGs. The need for managers and Directors to maintain portfolios and take part in CPD activities is crucial.

3.6 Managers visited to Dungeness Nuclear Power station to learn more about the procedures and terminology used in nuclear incidents which the Trust is a receiving unit for. This was an example of CPD activities for commanders.

3.7 **Loggists**
The organisation put on additional loggist training for staff to take on this crucial role and both courses were full.

3.8 **Media Training**
The Emergency Planning Team and Communications have designed a package allowing media training to be delivered to managers and directors as part of their responsibilities on call. These have been well attended.

4. Public Safety & Partnerships

4.1 **Safety Advisory Groups**
The team continue to represent the NHS at local authority safety advisory groups looking at minimising the impact of public events on NHS resources. This has been successful and important in reducing attendances to the emergency departments from public events. The relationships built with Local Authorities, partner agencies and event organisers has been critical in this field of work.

4.2 **Railcare**
The team have continued good relationships with the Railcare Teams who support hospitals after rail incidents. The additional training provided enhances their important function in emergencies.

4.3 **Trauma Network**
The team continue to be active members of the Trauma Network Emergency Planning Group looking at arrangements cross the South East. Work is currently focused on mass casualty planning and response.

4.4 **Independent hospitals**
The team remain committed to the Independent Hospitals Emergency Planning Group maintaining excellent relationships with the independent providers locally enabling co-operation in an emergency.

4.5 **NOS group**
The Head of EPRR has been involved in the NHS England working group designing guidance for using and embedding the National Occupational Standards into the NHS for emergency planning & response.

4.6 **Psychological care**

The Trust has been involved in the new guidance for Psychological and emotional response following emergencies including a focus group with the national team held at Pembury. The Trust will be an early implementer of the guidance and materials when launched in 2017.

4.7 **Kent Resilience Forum**

The Trust continues to support the Kent Resilience Forum and are active members on a number of sub groups including Business Continuity and New Threat

5. Helicopter Operations

5.1 **Training**

The team has continued to foster good relationships with our helicopter providers and this year the Trust has seen Coastguard Paramedics training in the hospitals as part of a partnership agreement which has also seen MTW staff in Critical care receive live in flight training to transfer patients to hospitals by air which is the first in the South East.

5.2 **Helipads**

The landing at site at Maidstone is crucial for contingency planning and its use for training has enabled planners to see it in action. The Trust looks forward to seeing the new larger HEMS aircraft and the new larger HM Coastguard aircraft flying into MTW sites in the New Year. Night landings have taken place to test after dark landing procedures and lighting. At TWH a new warning beacon has been installed on the mobile phone mast at the front of the site following feedback from helicopter operators.

6. Assurance

The Trust self-assessed itself against the National Core Standards prior to a visit by the South East Commissioning Support Unit on behalf of the CCGs. The Audit Report, which agreed with this and rated the Trust as fully compliant, is enclosed at Appendix 2.

7. CBRN & Hazardous Incidents

The Trust has maintained an effective CBRN & hazmat Training scheme and the number of staff being trained has increased. The permit to work system and competency framework used has attracted national attention and other Trust have been to see what the Trust does. The Trust provides training for Dartford and Gravesham NHS Trust, East Kent Hospitals University NHS Foundation Trust (EKHUFT) and Surrey and Sussex Healthcare NHS Trust.

8. Business Continuity

The Trust has started to focus on business continuity plans and this will increase in 2017 as the Trust looks to review in its Business Continuity Arrangements.

8.1 **External suppliers**

The Trust requires all contractors and suppliers to produce business continuity plans on request and procurement will have finished the process of checking these in 2017.

8.2 **Business Continuity Awareness Week**

During the Business Continuity Institutes Business Continuity Awareness Week the Trust conducted a publicity campaign internally and a competition winning tickets to the County Show.

9. Cooperation between NHS Organisations

9.1 EKHUFT

The Trust was asked to support East Kent Hospitals Foundation NHS Trust in their emergency planning and response after a recent CCG audit. The team were able to work with the Trust and share good practice. There is now a partnership between the Trust sharing a team across the two acute organisations.

9.2 Dartford and Gravesham NHS Trust

The team continue work very closely with Darent Valley Hospital sharing in training and expertise across Kent allowing common planning and responses in addition to sharing resources and efficiencies.

9.3 Emergency Planning Education

This year the team have supported another Emergency Planning Student from Coventry University, shared across MTW and EKHUFT which enabled increased capacity in the team as well as helping to train the next generation of NHS emergency planners.

10. Conclusion

This year the team have continued to increase the resilience of the Trust, foster and enhance partnerships across the county and develop innovative training for those involved in emergency response. The Trust received a good audit against NHS England national standards. The Trust will need to release income-generated funds to sustain the level of the EPRR programme in 2017/2018.

Appendix 1: Photographs, to illustrate some of the activities described in the Annual Report

Multi Agency Teams from Police, Fire, Ambulance and Maidstone and Tunbridge Wells NHS Trust work together in the Incident Control Centre at Maidstone Hospital during Exercise Spring Day.

Dynamic Risk assessments underway whilst dealing with a radiation hazard

Exercise Reach at Maidstone Hospital

Staff working with HM Coastguard

Realistic Training – working in partnership with other agencies

Appendix 2

NHS

South East
Commissioning Support Unit

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

EPRR Assurance Assessment Report

September 2016

SOUTH EAST/CSU

Date	Version	Author	Notes
16.9.16	V1	Samantha Proctor	
19.9.16	V2 FINAL	Samantha Proctor	Accuracy changes made
21.9.16	V3	Samantha Proctor	Updated results chart NHSE do not wish the deep dive ratings included into final compliance score

Assurance Visit

South East CSU Business Resilience team visited Maidstone and Tunbridge Wells NHS Trust [MTW] to conduct an assessment of their Emergency Planning Response and Recovery [EPRR] preparedness against the NHS England EPRR Core Standards.

The purpose of the visit was to enable MTW to provide assurance to their commissioners as to their level of preparedness.

Assessment Details	
Date of assessment	15th September 2016
Location of assessment	Kent and Canterbury Hospital, Canterbury
Assessors	Samantha Proctor [SECSU] and John Morrissey [SECSU] on behalf of West Kent CCG
Provider Representatives	John Weeks, Head of EPRR, MTW

Areas Investigated

The assessment looked for evidence against the core standards identified by NHS England as being required to be in place by an acute services provider. The investigated areas were:

- EPRR Core Standards
- Deep Dive – Business Continuity
- HazMat/ CBRN Core Standards

Audit Results

MTW were able to provide evidence to demonstrate the following rates of compliance

	Green [full compliance]	Amber [plans to address gaps on annual work programme]	Red [significant gaps with no plan to address]
EPRR Core Standards	**34/34**	**0/34**	**0/34**
Deep Dive – Business Continuity **[not counted into final compliance level calculation]**	**6/6**	**0/6**	**0/6**
HazMat/CBRN Standards	**14/14**	**0/14**	**0/14**

Full audit results are appended to this report.

Based on the NHS England levels of assurance below we conclude that MTW meets the requirements for **Full Compliance**

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

Audit Narrative

MTW have continued to work to a consistently high standard to achieve full compliance against the NHS England EPRR Assurance Framework Standards.

The commissioners of this provider can be assured that the trust has in place the required measures to respond to both internal disruptions and external major incidents.

Examples of good practice

During the assessment a number of examples of good practice were identified that it is was felt were worthy of highlight. Please note that these examples of good practice only relate to the Deep Dive – business continuity tab findings. Areas of good practice from the other standards tabs were highlighted in last year's report and remain in place.

- MTW have developed a Staffing during a BC Situation Policy and Procedure – this clarifies for all staff the expectations of how staff may be required to work during an incident. For example they may be redeployed to another ward or hospital site during a BC incident. The Policy and Procedure clarifies all the HR implications and expectations, so that all staff know in advance what may be expected of them at times of disruption.

- All wards and service areas have in place a 'red folder' – this contains hard copies of relevant BC recovery plans and action cards. These are laid out in simple to use laminated format intended to be used as 'grab and go' item. This is in addition to staff access to all documentation they may require on the trust intranet.

- Deep Dive standard 5 – it was noted that the trust procurement processes include the requirement for all contracted providers to evidence their BC arrangements ahead of contracts being awarded. The EP team at the trust are asked to assess these for suitability as part of the procurement process ahead of contracts being awarded.

- This process has been in place for a number of years but the trust did advise that there may be a small number of contracts which were awarded prior to this system coming into place, but it is expected that these will be reviewed shortly.

- The Trust has been working across the Kent Hospitals to ensure a common approach and now have one team working across. In doing this the good practice identified from previous MTW assessments and already in use at Dartford & Gravesham NHS Trust is now being rolled out to East Kent Hospitals NHS Foundation Trust

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting – January 2017

1-15	Summary report from Quality Committee, 04/01/17 and 11/01/17 (incl. approval of revised Terms of Reference)	Committee Chair (Non-Executive Director)

The Quality Committee has met twice since the last Trust Board meeting, on 4th January (a 'deep dive' meeting) and 11th January (a 'main' meeting).

1. The key matters considered at the meeting on 4th January were as follows:

- A review of progress with **actions agreed from previous meetings**, one of which was to "Consider the most appropriate process to enable the comprehensive identification, and subsequent reporting, of concerns regarding compliance with the Care Quality Commission's five domains". The Chief Nurse reported that in future, Healthwatch Kent, West Kent Clinical Commissioning Group, the Care Quality Commission (CQC) and NHS Improvement would be asked to provide any relevant information about the Trust as part of the Trust's ongoing assurance process. It was then agreed to arrange for the Trust Board (in February 2017, or by March at the latest) to consider the information provided by these external agencies in relation to the Trust's compliance with the CQC's five domains, identify the 'top 5' such issues, and the action being taken (and/or required) in response
- The Medical Director gave a brief update on the **working relationships within Obstetrics and Gynaecology** (this was reviewed in detail at the 'deep dive' meeting in October 2016)
- The Assistant Director of Business Intelligence attended for a **Review of Mortality (including analysis of Sepsis-related mortality)**, which highlighted the following issues:
  - The review had been prompted by increases in the Trust's Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI)
  - Sepsis-related mortality data had not identified any concerns, but HSMR data by speciality showed an increase for Trauma & Orthopaedics, as well as higher than expected levels in Respiratory medicine, Geriatric medicine and General medicine
  - Further analysis was required to understand the causes of the increases in more detail, and such analysis was planned, led by the Assistant Director of Business Intelligence
  - The level of Palliative Care Coding at the Trust had increased, but was still below the national rate, but the data showed that the Trust had a higher than normal zero comorbidity score. Deprivation levels were also not recorded well across the whole of Kent, when compared nationally. The Trust had however engaged some Clinical Coding expertise, to aim to improve Clinical Coding.
  - The process of reviewing individual patient deaths at the Trust was described, and assurance was given that although the Mortality Review process was not working perfectly, when Mortality Reviews were carried out, learning did result. It was also reported that deaths would still be discussed within Clinical Governance meetings even if formal Mortality Review Forms had not been completed
  - The importance of the relevant information being identified at an early stage was highlighted, and it was agreed that an update would be provided to the 'deep dive' meeting in February 2017 on the actions being taken in response (including the development of a dashboard / early warning system)
- The Committee also reviewed the '**Learning, candour and accountability report'** that had been published by the CQC in December 2016, following deaths at Southern Health NHS Foundation Trust. It was noted that there would be a formal response to the report from the Government, but the CQC were asking Trusts what action they were taking, particularly in relation to the Duty of Candour. It was therefore agreed that the Chief Nurse and Medical Director should liaise, to agree an appropriate date for the 'main' Quality Committee to receive a response to the relevant recommendations within the report
- It was also noted that a "Surgery Review" had been confirmed for the 'deep dive' meeting in February 2017, and it was agreed that a "Review of actions to reduce Length of Stay" should be scheduled for April 2017 (in addition to a "Detailed update on the working relationships within Obstetrics and Gynaecology"; "The outcome and follow-up from the

SELKaM Trauma Network Review visit in September 2016"; and "Review of progress with implementing 7-day services").

2. In addition to the agreements referred to above, the Committee agreed that:

- N/A

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

- It was agreed to arrange for the Trust Board (in February 2017, or by March at the latest) to consider the information provided by external agencies in relation to the Trust's compliance with the CQC's five domains, identify the 'top 5' such issues, and the action being taken (and/or required) in response

4. The key matters considered at the meeting on 11th January were as follows:

- A review of the **progress with actions** agreed from previous meetings
- The findings from the **Quality Committee evaluation**, 2016 were discussed, and no obvious changes to the functioning of the Committee (including the information and reports received) were identified. It was agreed that the Trust Secretary would contact some individual respondents, to discuss the issues they raised in more detail, and then liaise with the Chair to determine whether changes should be proposed
- The Committee's **Terms of Reference** were subject to their annual review and a number of changes were agreed. These are shown in Appendix 1 (as 'tracked'), and the Trust Board is asked to approve the changes
- The Chief Nurse and Medical Director reported on **quality matters had arisen from the Financial Recovery Plan**, and in particular the Quality Impact Assessments (QIAs) undertaken on certain schemes
- The **latest Stroke care performance** was reported. The report that was received is enclosed at Appendix 1 (following a previous request from the Board). In the light of the continued improvement in performance, it was agreed to no longer continue to receive "Update on the latest Stroke care performance" reports at the 'main' Quality Committee (& to rely on reporting by exception, or if there was a significant reduction in performance).
- The Clinical Lead for Length of Stay (LOS) reported on the **work being undertaken to reduce LOS**, which included the further work required to improve the level of clinical engagement. The Quality Committee 'deep dive' into LOS scheduled for April 2017 was noted, and it was agreed that the Clinical Lead would consider, with the relevant persons, whether it would be beneficial to invite the relevant Kent County Council Director and Cabinet Member for Social Services to the 'deep dive'. It was also agreed to continue to have an "Update report on the work to reduce LOS" at each 'main' Quality Committee
- The Chief Nurse submitted a **follow-up review of Patient Falls**, which related to the Quality Committee 'deep dive' into the subject on 11/01/16. The reduction in falls since 2014/15 was noted, as was the reduction in falls-related Serious Incidents (SIs)
- A report on the **Internal Audit advisory review re Never Events** (which had been commissioned following the 'Safety Moment' at the Trust Board in May 2016) was reviewed, which included the full Internal Audit report, plus the actions taken by the Trust
- A report of the **Trust Clinical Governance Committee** meetings held on 23/11/16 and 16/12/16 was discussed, and each Directorate highlighted their key issues, which included:
  - The 'tail' of reported incidents from 2014 were now closed, and the Trust was on its way to closing the incident reports from 2015
  - There was a large backlog of Mortality reviews in Specialist Medicine & Therapies, but there had been a major improvement since the report had been written.
  - The A&E 4-hour waiting time target was challenging, and an Executive-led programme was in place
  - Capacity and escalation into the Short Stay Unit (SSU) at Tunbridge Wells Hospital made it very difficult to treat emergencies in which patients could be operated on and discharged later the same day
  - Issues regarding follow-up waiting list delays in Ophthalmology and ENT had been placed on the Risk Register
  - There was a lack of qualified Nursing staff on Wards 30 & 31, but recruitment continued
  - An update on the Maidstone Orthopaedic Unit led to a discussion about the Medical cover available to surgical and orthopaedic patients at Maidstone Hospital, and it was

agreed that the Medical Director, Clinical Director (CD) for Surgery and CD for Trauma & Orthopaedics would liaise, to consider potential solutions to the concerns raised
    - The CD for Critical Care discussed the response to the latest Never Event in Theatres, which included Human Factors and simulation training for staff
    - An SI was also discussed, which led to a discussion about central venous access. The CD for Critical Care agreed to ensure that progress on implementing a Trust-wide approach to such access was included in future reports from the Clinical Care Directorate to the Trust Clinical Governance Committee
    - The Cancer & Haematology Directorate was almost fully established for Nursing staff in all areas in Chemotherapy, and Agency expenditure had reduced again, by 25%
    - The 5-10% planned reduction in diagnostics had not occurred, and 700 MRI scans were outsourced each month
    - The Trust's stillbirth rate was still below the national average, but other improvements were being explored, including promoting smoking cessation (for which funding for a Smoking Cessation Nurse had been obtained), and educating expectant mothers
    - 5 extra beds had been created in Hedgehog Ward, and the Children's service had coped really well with the bed situation during the winter thus far
- A summary report from the **Patient Experience Committee**, 02/12/16, was presented by the Deputy Chief Nurse
- The Associate Director of Quality Governance gave an **update on the implementation of Quality Accounts priorities for 2016/17**
- A report describing the **findings and responses to the two Orthopaedic implant related Never Events (May 2014 and August 2016)** was received (this was an action from the Trust Board in September 2016)
- The Medical Director reported the **latest SIs**, and an **update on complaints** (for Quarters 1 & 2, 2016/17) was noted
- The fact that this was the **last Quality Committee of the current Medical Director and Chief Nurse** was noted, and both were thanked for their contribution.

5. In addition to the agreements referred to above, the Committee agreed that:

- N/A

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

- Revised Terms of Reference are submitted for approval (Appendix 1)

Which Committees have reviewed the information prior to Board submission?

- N/A

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

1. Information and assurance
2. To approve the revised Terms of Reference (Appendix 1)

[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

Appendix 1: Revised Terms of Reference for the Quality Committee

QUALITY COMMITTEE

TERMS OF REFERENCE

1. Purpose

The Quality Committee is constituted at the request of the Trust Board to seek and obtain assurance on the effectiveness of the Trust's structures, systems and processes to enable delivery of the Trust's objectives relating to quality of care.

2. Membership

- Non-Executive Director (Chair)~~-~~*
- Non-Executive Director (Vice Chair)~~-~~*
- Chief Operating Officer~~-~~*
- Chief Nurse~~-~~*
- Medical Director~~-~~*
- Director of Infection Prevention & Control (if not represented via a Clinical Director)
- Associate Director, ~~for~~ Quality Governance~~-~~*
- ~~Risk and Compliance Manager~~
- Clinical Directorate representation – Clinical Directors (CD) or designated deputy (General Manager (GM) or Matron)

* Denotes those who constitute the membership of the 'deep dive' meeting (see below)

Members are expected to attend all relevant meetings, but will be required to attend at least 4 of the 'main' Quality Committee meetings (those who are also members of the 'deep dive' meeting will be required to attend at least 3 such meetings). Failure of a committee member to meet this obligation will be referred to the Chair of the Quality Committee for action.

3. Quorum

The Committee will be quorate when the following members are present:

- The Chair or Vice Chair of the Quality Committee
- 1 other Non-Executive Director
- 2 Executive Directors
- 7 Clinical Directorate Representatives (i.e. CD, Matron or GM)
- ~~1 member of the MTW Governance Team~~

The 'deep dive' meeting (see below) will be quorate when the following members are present:

- The Chair or Vice Chair of the Quality Committee
- 1 other Non-Executive Director
- 2 Executive Directors

4. Attendance

The following are invited to attend each 'main' meeting

- Internal Audit
- Complaints & PALS Manager
- Risk and Compliance Manager
- The Chief Nurse from West Kent Clinical Commissioning Group (CCG) (or Deputy Chief Nurse in their absence)

Other staff may be invited to attend, as required, to meet the Committee's purpose and duties.

All other Non-Executive Directors (including the Chairman of the Trust Board) and Executive Directors (i.e. apart from those listed in the "Membership") are invited~~entitled~~ to attend any meeting of the Committee.

5. Frequency of Meetings

Meeting will be generally held every month, but will operate under two different formats. The meeting held on alternate months will be a 'deep dive' meeting, which will enable detailed scrutiny of a small number of issues/subjects For clarity, the other meeting will be referred to as the 'main' Quality Committee.

Additional meetings will be scheduled as necessary at the request of the Chair.

6. Duties

6.1 To seek and obtain assurance on the delivery of quality of care across the Trust

6.2 To seek and obtain assurance on the mitigations for significant risks relating to quality

6.3 To monitor the effectiveness of quality systems at a Corporate and Directorate level, and seek and obtain assurance that appropriate actions are taken

6.4 To seek and obtain assurance that Directorates are identifying and managing their own quality issues effectively

~~6.3~~6.5 To seek and obtain assurance that the Trust Risk Management ~~Strategy and~~ Policy is implemented consistently across the Trust, in relation to quality issues

~~6.4~~6.6 To seek and obtain assurance on the implementation of relevant policies and procedures

~~6.5~~6.7 ~~To monitor the effectiveness of quality systems at a Corporate and Directorate level, and seek and obtain assurance that appropriate actions are taken.~~

~~6.6~~6.8 ~~To seek and obtain assurance that Directorates are identifying and managing their own quality issues effectively~~

~~6.7~~6.9 To receive details about complaints, claims and inquests, and the Trust's response~~.~~

~~6.8~~6.10 To receive details of Serious Incidents, and the Trust's response~~.~~

~~6.9~~6.11 To seek and obtain assurance on the Trust's compliance with the Fundamental Standards (as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

~~6.10 To seek and obtain assurance that the Trust and its officers are working in partnership with external agencies for the effective management of risk across the health economy~~

~~6.11~~6.12 To seek and obtain assurance on the appropriateness of action taken in response to specific adverse circumstances (e.g. outbreaks of infection)

7. Parent committees and reporting procedure

The Quality Committee is a sub-committee of the Trust Board. The Committee Chair will report activities to the ~~Trust Board to~~ next Trust Board meeting following each Quality Committee meeting.

Any relevant feedback and/or information from the Trust Board will be reported by Executive and Non-Executive members to each meeting of the Committee, by exception.

The Committee's relationship with the Trust Clinical Governance and Patient Experience Committees is covered separately, below.

8. Sub-committees and reporting procedure

The Committee has no sub-committees.

The Committee may however establish 'Task & Finish' Groups to assist it in meeting its duties.

9. Trust Clinical Governance Committee

The Trust Clinical Governance Committee will provide regular reports to the Quality Committee, which will include details of the activities of the Trust Clinical Governance Committee, and the status of any issues related to the Quality Committee's duties.

The Quality Committee may also commission the Trust Clinical Governance Committee to review a particular subject, and provide a report.

10. Patient Experience Committee

The Quality Committee may commission the Patient Experience Committee to review a particular subject, and provide a report. Similarly, the Patient Experience Committee may request that the Quality Committee undertake a review of a particular subject, and provide a report.

The Patient Experience Committee should also receive a summary report of the work undertaken by the Quality Committee, for information/assurance (and to help prevent any unnecessary duplication of work). The summary report submitted from the Quality Committee to the Trust Board should be used for the purpose. Similarly, a summary report of the Patient Experience Committee will be submitted to the Quality Committee (he summary report submitted from the Patient Experience Committee to the Trust Board should be used for the purpose).

11. 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 & agenda items
- The meeting agenda
- The meeting minutes and the action log

12. Emergency powers and urgent decisions

The powers and authority of the Quality Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted at least two Executive Director members. The exercise of such powers by the Committee Chair shall be reported to the next meeting of the Quality Committee, for formal ratification.

13. Review of Terms of Reference

These Terms of Reference will be agreed by the Quality Committee and approved by the Trust Board. They will be reviewed annually or sooner if there is a significant change in the arrangements.

- Agreed by Quality and Safety Committee: 13 March 2013
- Approved by the Board: March 2013
- Agreed by the Quality & Safety Committee 'deep dive' meeting: 25th April 2014
- Terms of Reference (amended) agreed by the Quality & Safety Committee: 9th May 2014
- Approved by the Board: May 2014

- Terms of Reference (amended) agreed by the Quality & Safety Committee: 21st January 2015 (to remove reference to the Health & Safety Committee, which is a sub-committee of the Trust Management Executive)
- Revised Terms of Reference agreed by the Quality & Safety Committee, 13th May 2015
- Revised Terms of Reference approved by the Trust Board, 27th May 2015
- Revised Terms of Reference agreed by the Quality Committee, 6th January 2016
- Revised Terms of Reference approved by the Trust Board, 27th January 2016
- Revised Terms of Reference agreed by the Quality Committee, 11th January 2017
- Revised Terms of Reference approved by the Trust Board, 25th January 2017

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – January 2017

1-16 Summary of the Trust Management Executive (TME) meeting, 18/01 Dep. Chief Exec.

The TME has met once since the last Board meeting. The key items covered were as follows:

- In the **safety moment**, the Director of Infection Prevention and Control highlighted the importance of identifying patients with a penicillin allergy, as Medicines optimisation was that month's theme
- A **proposed revision to Terms of Reference** was approved (which removed the requirement for TME to review Business Cases required to be approved by the Finance Committee and/or Trust Board, prior to review by these forums). Two **replacement Consultant posts** (for a full time Urology Consultant and Obstetrics & Gynaecology Consultant) were also approved
- The latest situation regarding the **Financial Recovery Plan (FRP) and Financial Special Measures** (FSM) was reported, ahead of the third review meeting with NHS Improvement (NHSI) on 30/01/17. It was noted that for 2017/18, the Trust had the largest CIP target it had ever tried to achieve, and although this would be very challenging, the CIP target for 2018/19 was much lower
- An update on **business planning** was given, which included details of the final planning submissions to NHSI, and the details of the new aligned incentives contract that would be in place with West Kent Clinical Commissioning Group for 2017/18
- The Trust's Head of Delivery Development gave a presentation on **7 day services**, which highlighted the need for Clinical Champions for each Directorate to be nominated (which Clinical Directors were asked to consider); and the undertaking of a baseline assessment tool 'stocktake'
- **Performance for month 9**, 2016/17 was discussed, and the issues raised included the fact that Delayed Transfers of Care (DTOCs) had reached their highest level in December, at 8%. Performance on the 62-day Cancer waiting time target was also discussed
- The **infection prevention and control** position for December was reported, which included an update on Clostridium difficile performance, and a request to highlight the importance of reviewing prescriptions of Tazocin and Meropenem antibiotics (which had increased in December), as well as notification of the national outbreak of Influenza A
- The **reports from Divisions** highlighted that for Urgent Care, the key challenges included Medical and Nursing vacancies; capacity and demand; and delivery of the FRP; for Planned Care, there were vacancies in some key areas, but FRP performance was being monitored weekly; & for Women's, Children's & Sexual Health, key issues included FRP & CIP delivery, but efforts to improve both continued. The Division was waiting for its Deputy Medical Director to start
- The issues discussed at the latest **Clinical Directors' Committee** were noted, and the **key issues from recent Executive Team meetings** were reported, which included acknowledgement of the need to improve the governance arrangements for Point of Care testing; and the need to undertake a review of the heathcare records of patients with a fractured neck of femur, ahead of the next Quality Committee 'deep dive' meeting
- An update on the **implementation of Quality Accounts priorities 2016/17** was received, and a brief update was given on the Kent and Medway **Sustainability and Transformation Plan (STP)**
- The latest report from the **Trust Clinical Governance Committee** was noted, as were the **recently-approved business cases.** An update on the **2016/17 Internal Audit plan** and outstanding actions was also given, & a **mid-year update on Estates and Facilities** was noted
- An update on the planned **implementation of the replacement PAS+** noted that issues regarding the 'Order Comms' system meant that the 'go live' date would not be before June 2017
- Formal updates were received on the work of the TME's main **sub-committees** (Policy Ratification Committee, Informatics Steering Group and Information Governance Committee). The latter included notification that new European information governance standards were due to come into force, and the Trust needed to consider the full implications (it was noted that it was almost certain that the standards would be applied despite the UK's intention to leave the EU)

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 – January 2017

1-17	Summary report from Finance Committee, 23/01/17	Committee Chair (Non-Executive Director)

The Finance Committee met on 23rd January 2017.

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

- Under the "Safety Moment", the Assistant Trust Secretary reported that January's theme was medicines optimisation and that the specific issue of identifying patients with a penicillin allergy had been highlighted by the Director of Diagnostics, Therapies & Pharmacy at the TME meeting on 18/01/17.
- An update on progress in implementing the Financial Recovery Plan (FRP) was given. This highlighted that:
  - Ahead of its third review meeting with NHS Improvement (NHSI) on 30/01/17, the Trust was forecasting a £10.5m deficit against the control total, an improvement of £2.6m at the previous update to NHSI
  - £1.2m additional cost reductions had been identified against an NHS I target of £2.3m
  - Work was underway with the Divisions to identify further savings prior to the meeting
  - Progress was either complete or underway against the 7 key action points, identified by NHS I as requiring completion before the meeting. As part of its consideration of the final action point (improving the risk adjusted position for the next financial year), the Committee agreed that the Director of Finance (Financial Performance) should provide a report at the next meeting outlining the governance structure and arrangements for the delivery of areas of key focus within the CIP programme, to include details of oversight by the Finance Committee and Trust Board and linkages with other key workstreams.
- The month 9 financial performance for 2016/17 was also reviewed
- The Deputy Chief Executive gave an update on the work undertaken to quantify the current state of Medical productivity within the Trust and identified the programme structure and intended further actions
- The latest Reference Cost information was received, which confirmed that the Trust's reference cost for 2015/16 was 101 and included details of how the information would be used at the Trust
- The Director of Finance gave an update on the 2017/18 contract discussions, including details of the status of the Trust's various provider contracts and confirming that the Trust had signed an 'Aligned Incentives' contract with NHS West Kent Clinical Commissioning Group (WKCCG). The Committee agreed that the Director of Finance should ensure that the Trust Board was properly briefed at its next meeting on the concept, principles and implications of this contract
- Notification was given of the Trust's final Planning submissions for 2017/18 and 2018/19 that had been submitted to NHSI on 23/12/16. The Committee agreed that the Director of Finance (Financial Performance) should provide a supplementary brief for the next Trust Board meeting, outlining the key points of the Financial Plan for 2017-18 and 2018-19 (to include key commitments, undertakings, implications for the Trust and highlighting details of agreed CIPs, etc.)
- An update on the national planning initiatives/focus areas; and Lord Carter efficiency review was received, as was a quarterly update on Service Line Reporting (SLR). The Committee agreed that the Director of Finance (Financial Performance) should review the current RAG rating for the Corporate Admin / Shared Services deliverable in the National Planning Initiative update, reported at the Finance Committee on 23/01/17, with a view reducing the risk from red to amber
- The Deputy Director of Finance (Financial Performance) reported the Sustainability and Transformation Plan (STP) financial analysis by site (for the Trust). As part of the STP, the Trust completed a high level financial review for both hospital sites for 2014/15 and 2015/16, and this had identified the following key points:

  - The Tunbridge Wells Site generated a loss in both financial years with the loss increasing between years by £9.4m from a £23.2m deficit in 14/15 to £32.6m in 15/16
  - The Maidstone Site generated a surplus for both financial years, however the level of surplus reduced by £14.2m between years from £23.4m surplus to £9.2m.
  - The analysis highlighted that the Trusts deficit for the last two financial years appeared to be solely generated at the Tunbridge Wells site. This analysis therefore suggested a greater degree of the productivity improvements required to address inefficiencies, should be focused at TWH.
- A quarterly update on service tender submissions was reviewed
- An update was given on the post-project review of the Business Case for the Crowborough Birth Centre (an interim update had been given at the November Committee). The Director of Finance highlighted that an incorrect assumption had been incorporated into the original business case which had resulted in the double counting of some mothers, equating to 55% of Ante & Post-natal contacts. The Committee agreed that a more detailed report and final recommendations on the options for the Birth Centre should be presented to the Finance Committee meeting in March (having been first considered at the TME in February)
- The Director of Finance confirmed that the scheduled report in relation to the proposed extension of the Managed Laboratory Service (MLS) had been deferred to the next meeting to allow more time for consideration and development. The Committee agreed that the Director of Finance should provide a report and recommendations to the next meeting on the proposed extension of the MLS contract, which should include consideration of the wider issues relating to Pathology Services within the Trust
- The usual report on breaches of the external cap on the Agency staff pay rate was noted, as was the quarterly analysis of Consultancy use. The latter report presented STP costs separately for the first time
- The Committee was notified of the use of the Trust Seal since the last meeting.

2. In addition the agreements referred to above, the Committee agreed that:

- There were no additional agreed actions

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

- The Committee agreed to highlight its concern to the Trust Board, at the recent formal request by WKCCG for the Trust to reduce non-elective activity, unsatisfactory arrangements for the management of backlog and the need for the Trust Board to consider a formal written response
- The Committee agreed to make the Trust Board aware of the unpaid invoices to CCGs in respect of the Trust's costs for hosting the Sustainability and Transformation Plan, as well as raising the wider issue of the governance of expenditure on STP

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information and assurance

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – January 2017

1-18	**Update on Guardian of Safe Working Hours**	**Director of Workforce**

You may remember that as part of the agreement that brought the industrial action by Junior Doctors to a close, it was agreed that all employers would appoint a "Guardian of Safe Working Hours", to ensure that the safety provisions of the new Terms and Conditions of service for Junior Doctors were working correctly, and to provide Trust Boards with a quarterly report on working hours.

The enclosed slide pack has been prepared by NHS Employers, to brief Board members about the role of the Guardian.

This Trust appointed Dr Matt Milner, an A&E Consultant, to the role, in 2016, and the first quarterly report from the Guardian is scheduled to be received at the Workforce Committee in March 2017. Subsequent reports will be received at each Workforce Committee (which meets quarterly). It has been agreed that these reports will in turn be received in full at the Trust Board, as an Appendix to the summary report from the Workforce Committee.

Which Committees have reviewed the information prior to Board submission?

- N/A

Reason for submission to 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

Junior doctors
The new 2016 contract

NHS Employers

Safe working hours

- Current twice-yearly monitoring mechanism under the old contract was not a good measure of rota safety.
- Penalty bandings meant that health and safety issues were unhelpfully conflated with pay, creating pay disputes and preventing issues from being resolved.
- The BMA, Department and Health and NHS Employers all agreed a new system was needed – and a system of work scheduling and exception reporting was agreed in 2013/14 negotiations.

Junior doctors
The new 2016 contract

NHS Employers

Safe working hours

- The new contract ended the hours monitoring system and replaced it with work schedules and exception reports.
- Work schedules set out the work that doctors in training are expected to do, and the training they can expect to receive.
- When a doctor's work exceeds that set out in the work schedule, they can raise an exception report highlighting the risk to safe working hours.
- The employer then responds to that report by adjusting the doctor's hours to ensure that they remain safe.

Junior doctors
The new 2016 contract

NHS Employers

Why do we need a guardian?

- Junior doctors concerned that employers would not act on exception reports and that managers would not be interested in what they showed.

- It was agreed that there should be an independent person responsible for championing safe working hours.

Junior doctors
The new 2016 contract

NHS Employers

The role of the guardian

- The role of the guardian of safe working hours is to reassure junior doctors and employers that rotas and working hours are safe for doctors and patients.

- The guardian is the champion of safe working hours and a backstop if normal processes haven't resolved an issue.

- The guardian is copied in to all exception reports so they can fulfil their oversight role and escalate things as necessary, but is not expected to be involved in every issue.

Junior doctors
The new 2016 contract

NHS Employers

The role of the guardian

- The guardian oversees the work schedule review process and seeks to address concerns relating to hours worked and access to training opportunities.

- The guardian supports safe care for patients through protection and prevention measures to stop doctors working excessive hours.

- The guardian has the power to levy financial penalties against departments where safe working hours are breached.

Junior doctors
The new 2016 contract

NHS Employers

The role of the guardian

- The guardian will provide regular and timely reports to the board on the safety of doctors' working hours.
- The guardian will report annually on improvement plans to resolve rota gaps.
- This information will be incorporated into the trust's quality accounts and made available to the regulators.

Junior doctors
The new 2016 contract

NHS Employers

The guardian will:

- Champion safe working hours.
- Oversee safety related exception reports and monitor compliance.
- Escalate issues for action where not addressed locally.
- Require work schedule reviews to be undertaken where necessary.

Junior doctors
The new 2016 contract

NHS Employers

The guardian will:

- Intervene to mitigate safety risks.
- Intervene where issues are not being resolved satisfactorily.
- Distribute monies received as a result of fines for safety breaches.
- Provide assurance on safe working and compliance with TCS.

Junior doctors
The new 2016 contract

NHS Employers

Distinction between roles

- The guardian is not responsible for education and training, this remains the role of the DME.
- The guardian role does not replace the role of educational supervisors.
- The guardian of safe working hours should not be confused with other guardian roles such as the Caldicott guardian or Freedom to Speak up guardian.

Junior doctors
The new 2016 contract

NHS Employers

Quarterly reporting

The Board will receive a quarterly report from the guardian, which will include:

- Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade.
- Details of fines levied against departments with safety issues.
- Data on rota gaps / staff vacancies.
- Data on locum usage.
- Other data deemed to be relevant by the guardian.
- A qualitative narrative highlighting areas of good practice and / or persistent concern.

Junior doctors
The new 2016 contract

NHS Employers

Quarterly reporting

The guardian will use the quarterly report to:

- Give assurance to the board that doctors are rostered and working safe hours.
- Identify to the board any areas where there are current difficulties maintaining safe working hours.
- Outline to the board any plans already in place to address these
- Highlight to the board any areas of persistent concern which may required a wider, system solution.

Junior doctors
The new 2016 contract

NHS Employers

Other reporting processes

- The guardian may identify issues which cannot be resolved at a local level, and should inform the Board of such issues as they arise.

- The guardian will produce a consolidated annual report on rota gaps and the plan for improvement, and is responsible for providing this to external national bodies.