

TRUST BOARD MEETING

Formal meeting, which is open to members of the public (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



9.45am to circa 12pm THURSDAY 31ST JANUARY 2019

**LECTURE ROOMS 1 & 2,
THE EDUCATION CENTRE, TUNBRIDGE WELLS HOSPITAL**

A G E N D A – P A R T 1

Ref.	Item	Lead presenter	Attachment
1-1	To receive apologies for absence	Chair of the Trust Board	Verbal
1-2	To declare interests relevant to agenda items	Chair of the Trust Board	Verbal
1-3	Minutes of the Part 1 meeting of 20 th December 2018	Chair of the Trust Board	1
1-4	To note progress with previous actions	Chair of the Trust Board	2
1-5	Safety moment	Chief Nurse/Medical Director	Verbal
1-6	Report from the Chair of the Trust Board	Chair of the Trust Board	3
1-7	Report from the Chief Executive	Chief Executive	4
Staff experience			
1-8	The joint Chairs of Staffside	Joint Chairs of Staffside	Verbal
1-9	Integrated Performance Report for December 2018	Chief Executive	5
	▪ Effectiveness / Responsiveness	Chief Operating Officer	5
	▪ Well-Led (finance)	Chief Finance Officer	5
	▪ Finance and Performance Committee, 29/01/19	Committee Chair	6 (to follow)
	▪ Safe / Effectiveness / Caring (incl. planned and actual ward staffing for December 2018)	Chief Nurse	5
	▪ Quality Committee, 16/01/19	Committee Chair	7
	▪ Safe / Effectiveness (incl. mortality)	Medical Director	5
	▪ Safe (infection control)	Director of Inf. Prev. and Control	5
	▪ Well-Led (workforce)	Director of Workforce	5
1-10	Update from the Best Care Programme Board	Chief Executive	8 (to follow)
Planning and strategy			
1-11	Organisational Development proposals to support the plans to develop a clinically led organisation	Director of Workforce / Chief Executive	9
1-12	The NHS Long Term Plan	Director of Strategy, Planning and Partnerships	10
1-13	Update on Strategic Clinical Service Plans	Director of Strategy, Planning and Partnerships	11
1-14	Review of the Trust's draft 2019/20 plan	Director of Strategy, Planning and Partnerships	12
1-15	Approval of revised IT Strategy	Chief Finance Officer / Interim Director of IT	13
Reports from Trust Board sub-committees (and the Trust Management Executive)			
1-16	Trust Management Executive (TME), 30/01/19	Committee Chair	Verbal
1-17	To consider any other business		
1-18	To receive any questions from members of the public		
1-19	To approve the motion (to enable the Trust Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest	Chair of the Trust Board	Verbal
Date of next meeting: 28 th February 2019, 9.45am, Pentecost/South rooms, The Academic Centre, Maidstone Hospital			

**David Highton,
Chair of the Trust Board**

**MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY
20TH DECEMBER 2018, 9.45A.M, AT TUNBRIDGE WELLS HOSPITAL**



FOR APPROVAL

Present:	David Highton	Chair of the Trust Board	(DH)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Sarah Dunnett	Non-Executive Director	(SDu)
	Tim Livett	Non-Executive Director	(TL)
	Claire O'Brien	Chief Nurse	(COB)
	Steve Phoenix	Non-Executive Director	(SP)
	Miles Scott	Chief Executive	(MS)
In attendance:	Hannah Ferris	Deputy Director of Finance (Financial Performance)	(HF)
	Neil Griffiths	Associate Non-Executive Director	(NG)
	Simon Hart	Director of Workforce	(SH)
	Steve Phoenix	Non-Executive Director	(SP)
	Amanjit Jhund	Director of Strategy, Planning and Partnerships	(AJ)
	Emma Pettitt-Mitchell	Associate Non-Executive Director	(EPM)
	Kevin Rowan	Trust Secretary	(KR)
	Caroline Gunter	Team Manager, Kent Association for the Blind (for item 12-8)	(CG)
	Steve Inett	Chief Executive, Healthwatch Kent (for item 12-8)	(SI)
	Fran Smith	Eye Clinic Liaison Officer (ECLO), Kent Association for the Blind (for item 12-8)	(FS)
Observing:	Chris Thom	Consultant, Elderly Care (from item 12-13)	(CT)
	Rachel Jones	Director of Acute Strategy and Partnerships, Kent & Medway Sustainability & Transformation Partnership (until item 12-14)	(RJ)
	Steve Inett	Chief Executive, Healthwatch Kent (until item 12-7)	(SIn)

[N.B. Some items were considered in a different order to that listed on the agenda]

12-1 To receive apologies for absence

Apologies were received from Nazeya Hussain (NH), Non-Executive Director; Peter Maskell (PM), Medical Director; and Steve Orpin (SO), Chief Finance Officer. However, it was noted that HF was attending in SO's absence. It was also noted that Sara Mumford, (SM), Director of Infection Prevention and Control, would not be in attendance.

12-2 To declare interests relevant to agenda items

No interests were declared.

12-3 Minutes of the 'Part 1' meeting of 29th November 2018

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

12-4 To note progress with previous actions

The circulated report (Attachment 2) was noted. The following actions were discussed in detail:

- **10-9c ("Ensure that all Non-Executive Directors received an appraisal")**. DH reported that the appraisals for the other Non-Executive Directors (NEDs) would be scheduled during January 2019
- **11-8d ("Liaise with relevant persons to schedule an item at a future Trust Board Seminar on the plans to deploy the Electronic Patient Record (including reference to phasing**

decisions and identifying controls and mitigations, as appropriate)). It was agreed the action should be closed, on the basis of the intention to schedule an item at the February 2019 Trust Board Seminar

- **11-8e (“Consider whether “Cons to Cons Referrals” data should continue to be reported on the Trust Performance Dashboard”)**. It was noted that the item remained open
- **11-14 (“Consider the suggestions made at the Trust Board meeting on 29/11/18 to reduce the costs associated with the storage and installation of the latest replacement Linear Accelerator”)**. It was noted that the item remained open

12-5 Safety moment

COB confirmed that the theme for December was falls and reported the following points:

- Although there had been a slight increase of falls in the month, work was continuing
- The Trust had participated in the National Falls Collaborate and would be focusing on ensuring that patients’ lying and standing blood pressure was taken
- The main focus of the month would be on promoting the use of safety huddles for falls, to encourage areas to celebrate the number of days since a patient had last fallen, and also focus on some key questions to identify and support the patients who were most at risk of falling
- COB had contacted staff from Belfast City Hospital, an all single room hospital, and the measures they had put in place were the same that the Trust had applied at Tunbridge Wells Hospital (TWH)

SDu asked whether contact was made with families or carers, who were likely to know that a patient was at risk of falling. COB acknowledged that conversations with families were absolutely pivotal and gave assurance that staff were pragmatic when holding such discussions.

12-6 Report from the Chair of the Trust Board

DH referred to Attachment 3 and highlighted the following points:

- Two Consultant appointments had been made since the last Trust Board meeting, and MC had chaired the Advisory Appointments Committee Panel. One of the appointees (Dr Malik) was accredited in Paediatric, as well as Adult, Emergency Medicine
- The Kent and Medway Sustainability and Transformation Partnership (STP) was establishing a NED oversight Board and DH was one of 2 NEDs on that Board, along with the Chair of the Trust Board at Kent and Medway NHS and Social Care Partnership Trust. The Terms of Reference etc. would be developed in early 2019

12-7 Report from the Chief Executive

MS referred to Attachment 4 and highlighted the following points:

- Winter had now commenced. The Trust’s winter plan involved many changes in practice across the hospitals and also in the community. The Hospital @ Home service was operational and it was important to note that patient flow had improved from the same point in 2017, whilst performance against the required standards had also improved. Staffing challenges were however arguably greater than the previous year
- MS wanted to recognise and celebrate the support of the Friends of Crowborough Hospital, who had funded a major refurbishment. The refurbishment would be a major part of the Trust’s efforts to ensure the Crowborough Birth Centre was used more
- The next steps were being taken to try and improve car parking at TWH. This would be taken forward over the next few months and there would be more car parking at the site
- The report included details of a staff member’s (Nikki Moore’s) altruistic kidney donation
- MS had attended the volunteers’ Christmas tea party and gave a Long Service Award to James Lakeland, who had volunteered for 50 years

SDu acknowledged the improvements MS had highlighted, but stated that she knew that the Trust had lost staff from the Short Stay Surgical Units as they had been asked to undertake a role they did not want to undertake, so asked whether enough was being done to communicate the Trust’s success in preventing inpatient escalation to staff. MS stated that he had been to the aforementioned Units himself to emphasise the improvement, but agreed that this could be

communicated more formally. SDu also remarked that communication should occur within the community. MS stated that he would liaise with the Communications Department.

Action: Liaise with the Communications Department to ensure that the Trust's success in preventing inpatient escalation within the Short Stay Surgical Units was communicated internally and externally (Chief Executive, December 2018 onwards)

Patient experience

12-8 Kent Healthwatch / Kent Association for the Blind

DH welcomed CG, SIn and FS to the meeting. COB then gave a brief introduction. SIn also pointed out that Maidstone and Tunbridge Wells NHS Trust was the only Trust Board that invited Healthwatch to their Board meetings, so thanked the Trust Board Members. SIn then explained the work Healthwatch had done in relation to access for those with a sight impairment, and outlined the key findings from their report, "If you had a sight impairment, how easy would it be to attend a hospital appointment in West Kent?".

FS then gave a presentation which included the following points:

- The ECLO was a free service that enabled time to be spent supporting patients and carers through all stages of their care journey. The service aimed to ensure there was liaison between professionals and increase the number of persons who were registered as sight impaired
- A range of support was available for patients, including the promotion of good eye health
- FS was based at Maidstone Hospital but also visited TWH

FS and CG then lead an exercise to illustrate the difficulties faced by those with sight impairment when wrapping Christmas presents. Trust Board Members were asked to wear glasses that simulated diabetic eye disease, tunnel vision, total vision loss, and macular degeneration (the most common condition that the Kent Association for the Blind supported).

SIn then noted that action was being taken in relation to the findings of the Kent Healthwatch report. COB elaborated on the Trust's response and described some of the specific steps that had been taken. SIn added that he understood that Accessible Information Standard (AIS) champions had been appointed.

KR noted that he had emailed a hyperlink to the report to all Trust Board Members. DH asked whether the report had identified any particular issues with signage. FS replied that many of the hospital maps were very 'busy', with lots of advertisements.

MS asked if FS' role had been sufficiently promoted. COB acknowledged that more could be done, and noted the intention to use the aforementioned AIS champions in that regard.

SIn then noted that a 6-monthly review of the report would be undertaken and Kent Healthwatch would liaise with COB in due course. DH thanked CG, SIn and FS for attending the meeting.

[N.B. CG, SIn and FS left the meeting at this point]

MC then reported that the Patient Experience Committee had considered the Healthwatch report and the non-Trust members of the Committee had been impressed by the level of openness that had been demonstrated.

SH concluded the item by stating that he believed there were lessons that could be learned for staff with sight impairment and he had therefore shared the Healthwatch Kent report with the Trust's Head of Staff Engagement & Equality.

12-9 Integrated Performance Report for November 2018

DH noted that it was the first attempt to consider the Finance and Performance and Workforce Committee reports as part of the "Integrated Performance Report" item. MS then referred to Attachment 5 and invited each relevant Member of the Trust Board to address the specific areas of performance within their remit.

Effectiveness / Responsiveness

SB referred to Attachment 5 and highlighted the following points:

- The latest performance on the A&E 4-hour waiting time target was 90.93% and the Trust was on track to achieve the 90% target that was required for Quarter 3
- The Trust's performance during the previous week was the 20th best in the country, and thanks should be given to all the staff in the Emergency Department (ED) and beyond
- There was however more to be done, particularly in relation to discharge planning and the use of the Ambulatory Emergency Care (AEC) Unit
- The Emergency Care Intensive Support Team (ECIST) had been asked for additional support over winter to try and achieve 95% by the start of 2019/20

DH noted that NHS Improvement (NHSI) had been concerned about Ambulance handover performance and asked SB to comment. SB stated that many of the concerns related to the Trust's relative position, as its performance had slightly deteriorated whilst other Trusts had improved, so the Trust was now rated as average. SB added that work was however taking place to improve the position, and although the Trust generally performed well, the processes failed when under severe pressure.

SB then continued, and highlighted the following points:

- Performance on the 62-day Cancer waiting time target was 62.2% for October, but the 31-day waiting time target had been met. The problems with the 62-day Cancer waiting time target performance had been addressed in a recovery plan and the Finance and Performance Committee had supported £1.4m of investment to achieve the required 85% performance by May 2019. SB elaborated on the support the investment would provide
- The number of patients who waited over 104 days for Cancer treatment had reduced consistently, and there were currently only 43 such patients. However, work continued to further reduce the number
- The 2-week Cancer waiting time target was monitored daily and the performance over the past 2 weeks had been the best for the year thus far

DH asked what the overall level of confidence was that the 62-day Cancer waiting time target (of 85%) would be met by May 2019. SB gave assurance that the Trust's plan was the correct plan, but the implementation was problematic, and the largest challenge was within the Surgery Division, particularly given other priorities. SDu asked what action was being taken to obtain additional resources. SB explained the latest position, which included the Maternity Leave cover that would be provided for the Trust Lead Cancer Clinician. SB also reiterated that the Finance and Performance Committee had approved additional resources to enable another General Manager in Surgery to be appointed, along with some other support.

NG made further reference to the discussion that the Finance and Performance Committee had held regarding the investment and highlighted the complexity of achieving an appropriate balance between performance and finances. SB agreed, and reported that discussions had already been held with West Kent Clinical Commissioning Group (CCG) regarding the funding for that investment, but the Finance and Performance Committee had approved the investment at risk.

SDu asked whether the adverse effect that the Christmas period would have on performance had been taken into account. SB asserted that the operational teams were used to dealing with that period, but MS confirmed that the profiling had been incorporated into the forecast.

SB then continued, and highlighted the following points:

- The Referral to Treatment (RTT) waiting time target performance for November had not been circulated as this was only finalised on the evening of 19/12/18. However, the current waiting list size was 31,388, the backlog was 5,962, and the incomplete pathway performance was 81.01% i.e. a slight improvement on last month. SB was hoping that the performance would improve to 82% by the end of the year. The Finance and Performance Committee had approved some investment at risk (i.e. of not being funded), but discussions with West Kent CCG continued
- The Finance and Performance Committee had also approved a Business Case at its meeting on 12/12/18 to improve data quality by enabling RTT reporting to be undertaken via the

Allscripts Patient Administration System (PAS). The Trust's Project Management Office (PMO) would provide support for the initiative along with an external organisation, the North England Commissioning Support Unit (NECSU)

MC asked if all clinical specialties were included in the RTT data quality work. SB confirmed all specialties were covered and then thanked the Trust's Associate Director of Business Intelligence, James Jarvis, for his work the development of the Business Case and on data quality per se.

MC asked for details of the timescales involved in implementing the RTT reporting from the Allscripts PAS. SB confirmed the implementation was an absolute priority and would be completed as soon as possible, but he was unable to confirm a date, as a team needed to be established. MC asked whether mitigations were in place for patients who may be 'lost' from the pathway. SB gave assurance that there were mitigations for such patients who were known, but there could be no guarantee for the patients the Trust knew nothing about. SB elaborated that a number of outpatient clinics were not 'cashed up' i.e. they had not been completed on the IT system, and there was therefore a risk that a small number of patients may be 'lost'. DH added that the Finance and Performance Committee had made it clear that it wanted the implementation to be robust rather than quick, and learn the lessons from the post-implementation review of the change in the PAS, which showed that there had been under-investment in training. MC emphasised the need for staff to act on any patients that had been identified as 'lost'. The point was acknowledged.

MS then noted the link between RTT performance and the development of a forecast, and added that although a recovery plan was in place to recover the NHS Constitutional standard for cancer, but there was no such plan to deliver the RTT Constitutional standard. MS continued that it was uncomfortable for the Trust not to have been commissioned to achieve that standard, but the Trust Board needed to be aware that this was the case. DH highlighted that the performance management that NHSI undertook in relation to RTT had been against the Trust's agreed activity plan, not the NHS Constitutional target. SB confirmed that the Trust's operational teams had delivered the plan that had been agreed, but performance was at significant variance from the NHS Constitutional target.

SB then reported that the Trust's performance on Stroke was very good, and both hospital sites were now rated 'B' on the Sentinel Stroke National Audit Programme (SSNAP). SB emphasised the importance of this in the context of the Business Case for the proposed establishment of a Hyper Acute Stroke Unit (HASU) / Acute Stroke Unit (ASU) that would be considered in the 'Part 2' Trust Board meeting scheduled for later that day.

Well-Led (finance)

HF then referred to Attachment 5a and highlighted the following points:

- The Trust was £1.7m adverse to the Cost Improvement Programme (CIP) target
- The Trust had recognised £1.6m of the non-recurrent income support that was expected to be received from West Kent CCG
- There was continued variance against the plans regarding the Prime Provider contract for Planned Care. The Trust had been awarded the contract but a 1 month Beta period had been applied

DH referred to the latter point and asked why a Beta period was needed as he understood there had been no alternative bidders for the contract. HF stated that she believed West Kent CCG had received advice that such a period was necessary. SB noted that the Beta period would expire at the end of December 2018. MS stated that he understood that patients would be booked in for treatment from February 2019. SB confirmed that it had been agreed to commence treating patients in February, but it would take time to increase activity, so activity was therefore expected to be lower in February. SDu asked if work could take place directly with GPs. SB confirmed such work was underway.

HF then continued, and highlighted the following points:

- The Trust had released contingency reserves

- The year-end forecast was shown on page 10 of 13, and this noted that the Trust was forecasting to deliver its plan but had a risk-adjusted forecast 'business as usual' pre-Provider Sustainability Fund (PSF) deficit of £7.3m

Finance and Performance Cttee, 12/12/18 & 18/12/18

TL referred to Attachments 6 and 7 and reported the following points

- The meeting on 12/12/18 had focused on the financial forecast for 2018/19 in detail
- An assumption of £10m profit on the 2 property disposals had been incorporated into the forecast, but there was some risk associated with this, including ensuring that the relevant approvals to proceed with the Trust's preferred method of disposal were obtained
- The cash position was also reviewed in detail. A significant working capital loan was due for repayment in February 2019, but MS had challenged whether this needed to be maintained i.e. in order to give the Trust greater flexibility
- The planning for 2019/20 had also been discussed. It was noted that some uncertainties remained, including that the tariff had not yet been confirmed. There was therefore a very significant CIP at present
- The meeting on 18/12/18 covered non-financial performance, including Cancer and RTT, and the Committee approved investment to improve RTT data quality
- The meeting also reviewed the Business Case for the proposed establishment of a HASU / ASU that would be considered in the 'Part 2' Trust Board meeting scheduled for later that day. The Committee supported the Case, subject to clarification of any caveats that the Trust Board should be recommended to consider as part of its decision

MS clarified that the aforementioned property sales were non-recurring and the Trust's 2018/19 plan had assumed £5m profit on disposal, so although there would be an upside on the planned sales, there would not be a windfall bonus of £10m. DH acknowledged the point, noting that the disposal of the properties at Springwood Road, Maidstone, had been in the Trust's 2017/18 plan.

EMP noted the size of the 2019/20 CIP, and asked how this compared to the 2018/19 CIP in December 2017. MS explained that the planning gap was circa £30m, which comprised a £24m CIP and a £7m non-recurrent plan. MS added that a major judgement on how this should be addressed therefore needed to be made by the Trust Board in February 2019. DH pointed out that the slippage from the 2018/19 CIP was also important, as was the uncertainty regarding the funding for 2019/20, given the PSF would be reduced.

Safe / Effectiveness / Caring (incl. planned and actual staffing for November 2018)

COB referred to Attachment 5 and highlighted the following points:

- The year to date falls rate was 6.13 per 1000 Occupied Bed Days, compared to the target of 6.0
- A senior person would soon be joining the Trust's pressure ulcer (Tissue Viability) team from Medway NHS Foundation Trust (MFT)
- The Trust continued to see incidents involving patients with dementia, although there had been a slight reduction in such incidents
- A review of the roles and responsibilities of the Patient Safety team was underway, and some changes in the team had provided an opportunity to think differently. The review included consideration of whether the Trust was over-reporting incidents, including safeguarding incidents i.e. whether the reporting thresholds were appropriate
- The report contained details of the learning arising from the from Falls and VTE Panels and Trust Board Members were asked to consider whether the level of detail provided was useful

SDu commented that she believed the detail reported on learning was very helpful. COB then continued, and highlighted that there had been 8 incidents of Mixed Sex Accommodation (MSA), but the Director of Nursing from NHSI had visited the Trust on 14/12/18 and it was likely that there would now be less incidents of MSA breaches. COB continued that the Trust had been very cautious in its reporting approach to date, but the national guidance was being changed and the advice from NHSI's Director of Nursing was to focus on whether there had been a reasonable clinical reason to, for example, locate a female patient with male patients. COB added that a case by case review would therefore be undertaken and the environment of the Surgical Assessment

Unit would also be reviewed. DH remarked that he was predominantly interested in whether patient care had been compromised. COB concurred and noted that a pragmatic approach would likely be taken in the guidance, which was also likely to reflect fluid gender issues.

COB then continued, and highlighted the following points:

- The Friends and Family Test (FFT) response was still reliant on a paper-based system
- The complaints response rate target of 75% had been achieved for November but performance needed to be sustained. Attachment 5 contained a different way of presenting the data so comments were welcome

DH referred to the charts in the “Complaints performance against Trust target and agreed trajectories” section and asked for clarification that the blue line (i.e. “% complaints due to close in month which achieved target from Division”) should always be higher than the red line (“% complaints due to close in month which achieved target Total (including delays in Complaints Department & other)”). COB confirmed this was correct.

COB then reported that Surgery and Women’s Services remained the 2 areas in need of complaint response improvement but both were working tirelessly to focus on the issue and COB was quietly confident that the 75% performance would be maintained for December.

DH proposed that the level of detail shown for the complaints response performance in Attachment 5 continue for future months’ reports. This was agreed.

MC asked for an explanation of “...due to close ...”. COB confirmed that this was the date by which a response to the complaint was due to be sent. DH elaborated that it was the target time to meet the standard. MC opined that she did not think the data was as clear as it could be, as she was not sure how many of the complaints that were “due to close” had actually been closed. COB agreed to consider amending the report in response.

Action: Consider amending the “Complaints performance against Trust target and agreed trajectories” charts in the monthly performance report to show how many of the complaints that were “due to close in month” were actually closed (Chief Nurse, December 2018 onwards)

TL asked what happened to the complaints that had not been responded to within the target deadline. COB referred to graph 8 on page 21, which showed the “Total number of complaints open beyond response date”, the “Number of complaints open >60 days but <90 days”, and the “Number of complaints open >90 days”.

COB then highlighted the lessons that had arisen from complaints, and pointed out that the performance for the ‘simple’ and ‘complex’ complaints was shown on page 23, following DH’s request at the last Trust Board meeting.

COB then referred to the “Planned and actual ward staffing” section of Attachment 5 and highlighted the following points:

- The format of the Excel spreadsheet would be amended to show vacancies, which should help Trust Board Members’ understanding of the key challenges
- Increased numbers of Clinical Support Workers (CSWs) had been used to address the Nursing shortfall in some areas
- The Nursing Agency pay rate had been discussed across the 3 acute Trusts in the STP

SH referred to the latter point and elaborated on the rates that had been agreed across the STP, noting that this had led to some staffing gaps. SH continued that it had been agreed to increase the agency rate for ED Nurses, and this had helped, but not fixed, the situation, in that the majority of shifts had been able to be covered safely. SH added that the situation continued to be monitored daily however, and it was intended to return to the originally-agreed pay rate once this could be done safely. SH noted that the gaps had mainly occurred at TWH.

SDu remarked that she had struggled with the use of the “planned and actual ward staffing” report, and opined that it would be more useful if the average fill rate distinguished between substantive and temporary staff. COB agreed to consider this, as well as overlaying the vacancy factor. MS

stated that the key point was to distinguish between substantive and agency staff, as most Bank staff were the Trust's own staff. COB agreed.

Action: Consider amending the "planned and actual ward staffing" report to the Trust Board to show the proportion of the average fill rate undertaken by Agency staff (Chief Nurse, December 2018 onwards)

Patient Experience Cttee, 03/12/18

MC then referred to Attachment 8 and confirmed there were no specific points she wished to raise.

Safe / Effectiveness (incl. mortality)

It was noted that mortality would be considered under item 12-11.

Safe (infection control)

COB then referred to Attachment 5 and noted that a debriefing meeting had been held regarding the Norovirus outbreak on Ward 20. SDu remarked that infection prevention and control had been reviewed at the Quality Committee 'deep dive' meeting on 04/12/18, and considerable assurance had been taken that there was a real understanding and control of the issues.

Well-led (workforce)

SH then referred to Attachment 5 and reported the following issues:

- Sickness absence continued to be lower than the previous year
- The influenza vaccination rate was currently at 67%, which compared to an overall performance for the previous year of 70%. The Trust's rate was still on trajectory, but momentum needed to be maintained, and the focus was on targeting those areas that had not been vaccinated
- Work on Medical recruitment continued in terms of internal processes and in the use of Agency staff. NHSI would visit the Trust on 15/01/19, to provide additional support for the Trust's efforts to further reduce Medical Agency expenditure. It was expected that advice would be given but the visit would also act to provide assurance on the Trust's practices

Workforce Cttee, 29/11/18 (incl. quarterly report from the Guardian of Safe Working Hours)

In NH's absence, SP referred to Attachment 9 and highlighted that it contained the Guardian of Safe Working Hours' report. SH then elaborated on the work that was taking place within Surgery and Urology, noting that both areas had been referred to by the Guardian of Safe Working Hours.

12-10 Detailed review of the Best Care programme

MS referred to Attachment 10 and stated that the key issue for the Trust Board was to identify what had worked well within the programme, as well as the areas for improvement. MS continued that it had been accepted that the Best Care approach was the correct approach to take, but there was a need to ensure that lessons were learned from the first year. MS added that a new reporting format was hoped to be submitted to the next Trust Board meeting.

Quality Items

12-11 Quarterly mortality data

COB referred to Attachment 11 and highlighted that the improvement in mortality had continued, as had the improvements made to Clinical Coding, as more patient comorbidities were now coded. COB continued that the report contained detailed of the further actions planned, and gave assurance that progress was being made with the Mortality Review process.

Planning and Strategy

12-12 Review of the Strategic Outline Case (SOC) to create a single Pathology service for Kent & Medway

MS referred to Attachment 12 and highlighted the following points:

- At a national level, there was a major opportunity to work more productively in Pathology and address the workforce challenges. New technology also provided an opportunity as well as a challenge
- There had been much change in Pathology across Kent in the last 5 years, including the establishment of a single pathology service across MFT and Dartford and Gravesham NHS Trust (DGT)
- The Case was focused on achieving a sustainable option for the future, and included a 'do nothing' option, although this was not considered viable. 'Do minimal' and more radical options would also be considered
- It was entirely plausible that the NHSI financial benchmarks could be met by implementing the 'do minimum' option. However the Case presented a good 'invest to save' opportunity, and the Outline Business Case (OBC) needed to explore the 'do more than minimum' options
- The Trust Board was therefore asked to approve the development and production of the OBC
- If the Board gave such approval, the OBC should be tasked to answer the questions the Board wanted answering. In this regard, MS understood that all Trust Boards should want to know how the risks of any transition would be managed, given the problems that had occurred with the aforementioned service at DGT and MFT
- The Trust Board was also asked to approve the investment required to develop the OBC

DH stated that he did not want the OBC to just explore 'do minimum' options. MS stated that he understood DH's point as being a desire for the OBC to explore more radical options. DH agreed, and clarified that he was referring to the stated need to meet future years' requirements. MS acknowledged the point.

SB asked about staff involvement. MS noted that this had been good thus far but acknowledged the need for greater involvement among the Members of the Executive Team. SH elaborated on the engagement with the Pathology staff and pointed out that such staff believed that the engagement had been better than that undertaken during the previous 2 efforts to consolidate.

TL asked how influential future diagnostic requirements would be. MS replied that this was a central point, as the more ambitious options would be informed by future technological advances, including Artificial Intelligence. TL stated that he would expect this to have an impact on skills and staffing. MS agreed, but noted that that impact was very difficult to predict.

SDu asked whether there was an opportunity to link the project with the Kent and Medway Medical School. MS confirmed there was such an opportunity but cautioned that some realism was needed in relation to how far developed that aspect was.

The Strategic Outline Case to create a single Pathology service for Kent & Medway was approved, subject to the points raised.

12-13 Update on the Trust's planning for 2019/20

AJ referred to Attachment 13 and reported the following points:

- The planning process had been discussed in detail at the Finance and Performance Committee meeting on 18/12/18
- Progress had to date focused on the compilation of demand and capacity figures that had been generated 'bottom up'
- The process included several improvements from the process applied the previous year
- Attachment 13 outlined the next steps which included further work with system partners on the additional schemes to negate ED growth; completing the bed modelling; identifying unfounded service developments; calculating diagnostic capacity requirements; and completing workforce planning. Final challenge sessions would also be held prior to the first submission deadline of 14/01/19
- The Finance and Performance Committee had asked for assurance that the Chiefs of Service agreed the plan and this was part of the process

DH noted the NHS 10-year plan would not be published until at least January 2019, when Parliament was recalled, but the deadline date of 14/01/19 would remain. DH therefore asked that

the Trust Board delegate the responsibility for the NED oversight of the initial plan submission, noting that the submission date was before the next meetings of the Finance and Performance Committee and Trust Board. The requested authority was duly delegated.

Assurance and Policy

12-14 Ratification of Standing Financial Instructions & Reservation of Powers and Scheme of Delegation (annual review)

KR referred to Attachment 14 and noted that the full documents, with the proposed changes shown as 'tracked', had been circulated as a supplement (Attachment 14s). KR continued that the supplement contained the precise details of the proposed changes, but these were summarised in Attachment 14. KR also reported that 4 key issues remained outstanding and the Trust Board was therefore asked to ratify the documents subject to these being addressed afterwards.

KR then confirmed that the revised Standing Orders would be submitted for ratification at the Trust Board meeting in January 2019, as the Audit and Governance Committee had requested that these be subject to a full consultation.

SP remarked that the documents provided an opportunity to reinforce the efforts to become a more clinically led organisation. MS agreed and asked who would pursue that point. MC noted that the Audit and Governance Committee had agreed that the documents should be sent to the Chiefs of Service, for their input.

The revised Standing Financial Instructions and revised Reservation of Powers and Scheme of Delegation were ratified as submitted.

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

12-15 Charitable Funds Committee, 27/11/18 (incl. approval of revised Terms of Reference and approval of Annual Report and Accounts of MTW Charitable Fund, 2017/18))

TL referred to Attachment 15 and reported the following points:

- The Trust Board was requested to approve the Committee's revised Terms of Reference and the Annual Report and Accounts for the Charitable Fund for 2017/18
- The Committee had been advised that a new Fundraiser had now been appointed

Questions were invited. None were received.

The revised Terms of Reference for the Charitable Funds Committee were approved as submitted.

The Annual Report and Accounts of the Maidstone and Tunbridge Wells NHS Trust Charitable Fund for 2017/18 were also approved as submitted.

12-16 Audit and Governance Committee, 10/12/18 (incl. approval of revised Terms of Reference)

SP referred to Attachment 16 and noted that the Trust Board was requested to approve the Committee's revised Terms of Reference. SP also explained that the non-achievement of some of the objectives within the Board Assurance Framework had raised a query to whether this reflected a weakness in the Trust's governance. SP elaborated that it was intended that the query be considered by all Trust Board Members, but that no specific action was expected or required. The point was acknowledged.

The revised Terms of Reference for the Audit and Governance Committee were approved as submitted.

12-17 Quality Committee, 11/12/18

SDu referred to Attachment 17 and highlighted that the Committee had agreed to encourage Trust Board Members visiting the Trust's Health Records departments.

12-18 Finance and Performance Cttee, 18/12/18 (incl. approval of Business Case for the proposed establishment of a Hyper Acute Stroke Unit (HASU) / Acute Stroke Unit (ASU))

It was noted that the Business Case for the proposed establishment of a HASU / ASU would now be considered within the 'Part 2' Trust Board meeting scheduled for later that day.

12-19 To consider any other business

MC noted that she attended an NHS Providers NED Network event the previous week and it had been made clear that the funding settlement for the NHS was as good as it was going to be, although there was some uncertainty over the associated standards that Trusts would be required to achieve.

SDu then commended the work that the Trust's Associate Director of Business Intelligence had undertaken in relation to both mortality and forward planning, and asked that the Trust Board's gratitude be relayed to the individual.

SDu then noted that she had undertaken some recent visits to clinical areas and emphasised the fact that Trusts staff always welcomed being thanked individually. The point was acknowledged.

KR then asked that the Trust Board delegate the authority to the 'Part 2' Trust Board meeting scheduled for later that day to consider the Business Case for the proposed establishment of a Hyper Acute Stroke Unit / Acute Stroke Unit. The requested authority was duly delegated.

12-20 To receive any questions from members of the public

No questions were raised.

12-21 To approve the motion (to enable the Trust Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

Trust Board Meeting – January 2019

1-4 Log of outstanding actions from previous meetings

Chair of the Trust Board

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress ¹
10-9c (Oct 18)	Ensure that all Non-Executive Directors received an appraisal	Chair of the Trust Board	October 2018 onwards	All appraisals are either completed or scheduled before 06/02/19
12-9b (Dec 18)	Consider amending the "planned and actual ward staffing" report to the Trust Board to show the proportion of the average fill rate undertaken by Agency staff	Chief Nurse	December 2018 onwards	The work to amend the report is underway but not yet complete

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
11-8e (Nov 18)	Consider whether "Cons to Cons Referrals" data should continue to be reported on the Trust Performance Dashboard	Chief Operating Officer / Chief Finance Officer	January 2019	The matter has been considered and it has been confirmed that the indicator should continue to be reported on the Trust Performance Dashboard
11-14 (Nov 18)	Consider the suggestions made at the Trust Board meeting on 29/11/18 to reduce the costs associated with the storage and installation of the latest replacement Linear Accelerator	Chief Finance Officer	January 2019	The Trust has received confirmation from NHS England of the funding for an additional Linear Accelerator, but Specialist Commissioning have confirmed they will not bear the storage costs. The implementation plan will however aim to minimise the Trust's exposure
12-7 (Dec 18)	Liaise with the Communications Department to ensure that the Trust's success in preventing inpatient escalation within the Short Stay Surgical Units was communicated internally and externally	Chief Executive	January 2019	The requested liaison occurred
12-9a (Dec 18)	Consider amending the "Complaints performance against Trust target and agreed trajectories" charts in the monthly performance report to	Chief Nurse	January 2019	The requested information has been included in the integrated performance report submitted to the January 2019 Trust Board

1

Not started

On track

Issue / delay

Decision required

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
	show how many of the complaints that were "due to close in month" were actually closed			

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
N/A	N/A	N/A	N/A	N/A
				N/A

Trust Board meeting – January 2019

1-6	Report from the Chair of the Trust Board	Chair of the Trust Board
<p>I attended the inaugural meeting of the NED Oversight Group of the Kent & Medway Sustainability and Transformation Partnership (STP). This meeting reviewed the current governance structure of the STP and approved the Terms of Reference of the Group. The job description and advertisement for the Independent Chair of the STP was noted and the recruitment process would be managed by the Kent Community Health NHS Foundation Trust (KCHFT) on behalf of the STP.</p> <p>The NHS Long Term Plan was published on 7th January 2019 setting out a clear emphasis on new integrated models of care including welcome investment in services in the community to help ensure patients can receive their care in the right settings.</p> <p>The Chief Executive and I have held very helpful meetings with the Chair and CEO of KCHFT and with the Clinical Chair and Managing Director of West Kent Clinical Commissioning Group. There is a clear will for parties to work in a collegiate manner to set up an Integrated Care Partnership (ICP) in the West Kent area, reinforced with a shared financial commitment through the Aligned Incentive Contract structure and a Partnership Board to oversee the West Kent Improvement Board which has already done good work in developing integrated patient pathways. The development of the ICP will sit within the wider development of an Integrated Care System across the whole STP area.</p> <p>The delayed publication of the NHS Long Term Plan and the following Operational and Contracting guidance has put pressure on the detailed planning process, so we will need to work quickly on governance and contracting structures to reflect the development of a West Kent ICP in our plans for 2019-20.</p> <p>I was also pleased to attend part of the successful Research and Development Conference on 22nd January 2019 and to be able to make the closing remarks of the day.</p>		
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none"> ▪ N/A 		
<p>Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹</p> <p>Information</p>		

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

Trust Board meeting – January 2019

1-7 Report from the Chief Executive**Chief Executive**

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

1. Maidstone and Tunbridge Wells NHS Trust (MTW) has taken further steps towards becoming even more of a clinically led organisation.

We have appointed a range of senior doctors and nurses from both Maidstone and Tunbridge Wells Hospitals to clinical leadership roles at MTW. The appointments include five new Chiefs of Service – some of our most senior clinicians who are now working alongside MTW's Executive team every week to further enhance our patient and staff experience.

Recent topics of discussion at our joint Executive team meetings include:

- The ongoing development of the Trust's Brexit contingency plans.
- Alignment of MTW's Annual Plan and emerging Strategic Clinical Service Plans with the NHS Long Term Plan.
- Review of the draft Internal Audit plan for 2019/20.
- Review of the service model and financial case for HPV screening.
- Participation in NHSI's 'Moving to Good' programme to support MTW's journey to become an Outstanding NHS trust.
- Clinical review of the Trust's red-rated risks and associated actions.
- Update on ambulance handover performance.
- Cost Improvement and Best Care Programmes for 2019/20.
- Future working with the Kent and Medway Medical School.
- Patient experience and quality outcomes measured through the delivery of national standards and clinically led MTW quality improvement priorities.

My Board report expands on a number of these important discussions and the actions we are taking to enhance the quality and safety of our services that is of course so important to our patient and staff experience.

2. Part of our shared vision is to give MTW's healthcare professionals greater autonomy to use more of their skills, knowledge and experience to transform our services.

Many of the standout improvements we made to our patient experience in 2018 came about as a direct result of our clinical teams using their unique insight and expertise to the full. This has led to new ways of working, changes to our services and more personalised care for our patients.

We have, for instance, seen significant improvements in our Emergency Department performance. I'm pleased to report that we have consistently been in the top 30 best performing trusts for our Emergency Department (ED) waiting times over recent weeks. This is happening in the midst of unprecedented demand for NHS care and has undoubtedly helped us improve our patient experience so far this winter.

Our staff have designed and implemented more efficient ambulatory care pathways for patients to receive same day care. Our clinical teams have also created frailty units which are enhancing the experience some of our most vulnerable patients have with us. We are also working in partnership with Kent Community Health NHS Foundation Trust to provide our Hospital@Home service.

Importantly these services are being hugely welcomed by our patients. We heard from one 86-year-old patient, who shared his experience of Hospital@Home with our local media. Under our previous model of care, he would have spent five weeks in our hospital. Instead, he's being cared

for and receiving treatment in the comfort of his own home, able to continue living life to the full and doing the things he loves.

At the same time, we have launched a comprehensive 15 point improvement plan to eliminate 60 minute ambulance handovers by April 2019, with a substantial and consistent reduction in 30 minute delays resulting in a reduction of lost hours per month.

3. We remain focused on enhancing our cancer pathways and improving our patient experience by more consistently meeting important national diagnostic and treatment times.

Key actions in the last month include increased capacity in imaging, endoscopy and outpatients (increasing diagnostic capacity) and personal reviews of every patient over 40 days by our Chief Operating Officer and Divisional Director of Operations for Cancer Services.

These and other changes have most notably improved our two week wait performance (against a backdrop of 16% increase in demand) and seen faster removal from our cancer pathway of patients when no cancer is found. The Trust has also made significant progress in reducing the number of patients over 62 days without a diagnosis. Weekly consultant-led review meetings have supported this improvement.

4. We welcome the publication of the NHS Long Term Plan (LTP), which sets out to tackle major health conditions and invest in the latest technology to provide world class, cutting edge treatment.

The plan focuses on health prevention and early detection of serious health conditions as well as improved care and integrated support for patients. It also guarantees investment in healthcare, funding a £4.5 billion new service model to provide better, joined up care.

As an acute trust, we'll need to see how this extra money will be spent and ensure demand in healthcare areas with budgets that haven't been ring-fenced are not overwhelmed.

Our Sustainability and Transformation Partnership (STP) in Kent and Medway, alongside councils and other partners, will be turning the ambitions of the LTP into local action, by developing a strategy for the area for the next five years. We'll be working closely with them to look at how we develop services that are fit for the future, financially sustainable and that deliver the very highest standards of patient care.

The clinically-led improvement work we've been undertaking in the last year – and plan to continue to build on over the next year – is already aligned to many of the aims set out in the LTP.

As the cancer centre for Kent, it's good to see that the LTP has a renewed focus on cancer, which will help support our improvement work in getting back to meeting the national standard.

Over the coming months we will implement other developments that will really allow us to make progress on our journey to become Outstanding. We are currently working with each of the five Divisions to develop their clinical service plans for the year, which will be in-line with the LTP. This is a hugely important exercise that will influence what we provide and how we provide it.

5. The development of a Hyper Acute Stroke Unit at Maidstone will be an opportunity to build a first-class service for stroke patients, supporting the LTP's aim for stroke care. To complement this, we will be developing a new, purpose-built Acute Medical Unit and Frailty unit at Maidstone Hospital.

Two key dates for the next steps in the Kent and Medway stroke review process have now been set. The first is a meeting of the Joint Health Overview and Scrutiny Committee (HOSC) to consider the final version of the decision-making business case. The Joint HOSC will meet on Friday 1 February. The second date is the meeting of the Joint Committee of Clinical Commissioning Groups (JCCCG) for the Kent and Medway Stroke Review. The JCCCG will meet to consider the decision-making business case and reach a final decision on whether to proceed with the recommended preferred option for establishing hyper acute stroke units at Maidstone, Darent Valley and William Harvey hospitals. The JCCCG will meet on Thursday 14 February.

If the recommended preferred option is agreed by the JCCCG, the shared ambition is to implement hyper acute stroke units as quickly as possible to improve the quality of stroke care for people in Kent and Medway, and those in our border communities.

6. Backing the workforce and training more professionals to work in the NHS is a key ambition of the LTP and an aim we fully support. Recruitment is our priority and we have a strong plan to attract new staff to MTW. A programme to develop our aspiring and existing leaders is also being rolled out, with a strong focus on cultivating a culture of quality improvement, communication, engagement and transparency at MTW.

A particularly exciting development, which will have a hugely positive impact on our workforce, is the new Kent and Medway Medical School (KMMS), opening in 2020. This will directly increase the doctor population in the county, which is one of the lowest in the UK. Our Education team is working closely with the KMMS to welcome this expansion, with a potential of up to 120 new medical students expected.

7. Adapting how we provide care must always put the needs of our patients first. Listening to what our patients want and using our expertise and knowledge to shape our pathways and care models is vital to ensure we deliver outstanding services.

A great example of how even the smallest of adaptations can make a real difference to a patient's experience in hospital is the trial being run on Edith Cavell Ward at Maidstone Hospital. Elderly patients are being given colourful blankets to see if it helps minimise falls on the ward. The bright blankets help older patients, particularly those with Dementia, find their way back to bed more easily. One patient told us how much she loved her blanket as it made the ward feel more homely and she could also use it as wrap round her shoulders. We've had an overwhelming public response to the story, which has reached over a quarter of a million people on social media.

8. As the Trust takes strides to become even more Dementia-friendly, our colleagues on Mercer Ward have been rolling out special coloured Zimmer frames courtesy of the Maidstone Hospital League of Friends, to help our patients get up and around. After Mercer Ward took part in an Allied Health Professionals (AHP) project in September it was identified that red coloured frames may assist with Dementia patients, with patients finding it difficult to identify objects that are all a similar colour, such as the standard grey frames. The new frames will also be beneficial for those with sight impairments, helping to reduce the risk of falling.

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

Trust Board meeting – January 2019

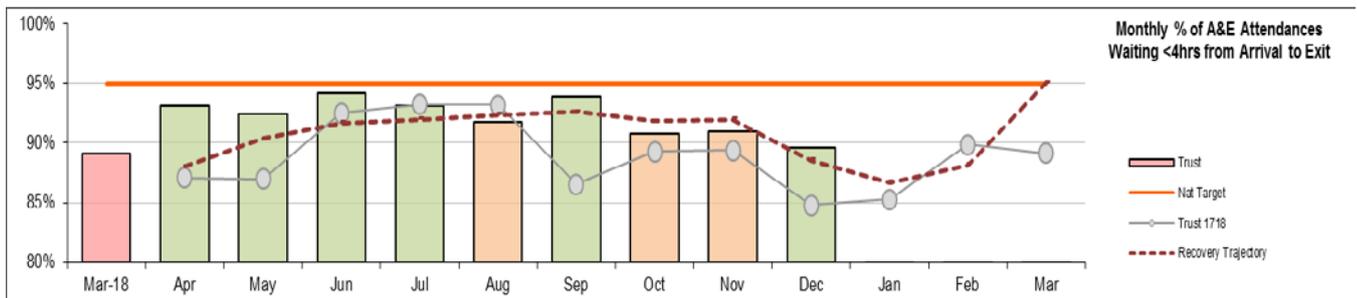
1-9	Integrated Performance Report, December 2018	Chief Executive / Members of the Executive Team
<p>The enclosed report includes:</p> <ul style="list-style-type: none"> ▪ The 'story of the month' for December 2018 (including Emergency Performance (4 hour standard); Delayed Transfers of Care (DTOCs); Cancer 62 day First Definitive Treatment); Referral to Treatment (RTT) ▪ A Quality and Safety Report (including an update on complaints performance and Safe Staffing data) ▪ Planned and actual ward staffing for December 2018 ▪ An Infection Prevention and Control Report ▪ A financial commentary ▪ A workforce commentary ▪ The Trust performance dashboard ▪ An explanation of the Statistical Process Control charts which are featured in the "Integrated performance charts" section ▪ Integrated performance charts ▪ The Board finance pack 		
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none"> ▪ Finance & Performance Committee (in part) 		
<p>Reason for receipt at the Board (decision, discussion, information, assurance etc.)¹</p> <p>Review and discussion</p>		

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

OPERATIONAL PERFORMANCE REPORT FOR DECEMBER 2018

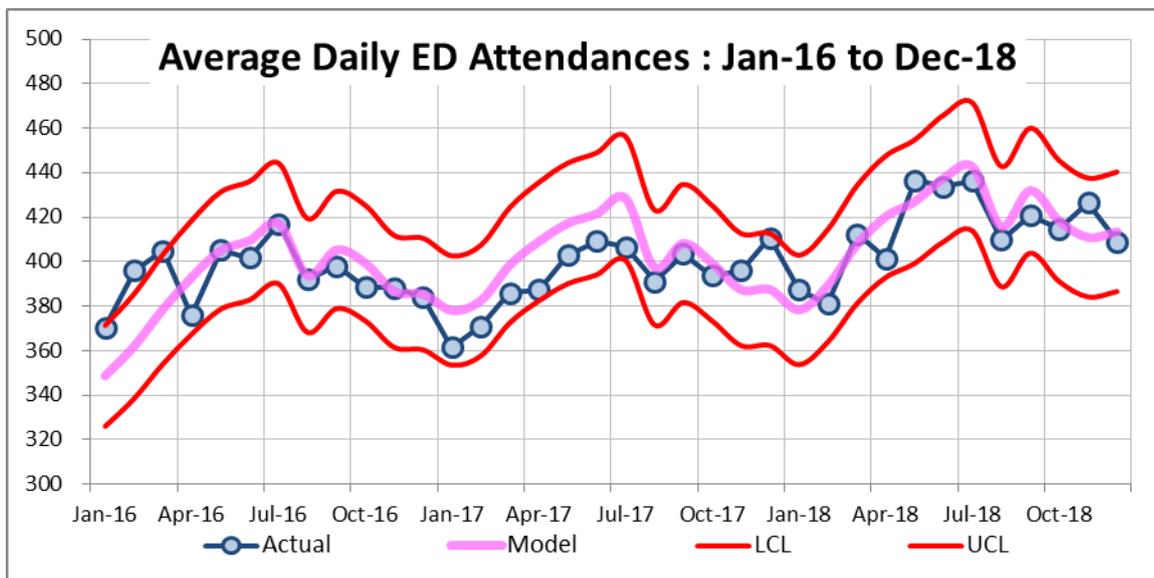
1. 4 Hour Emergency Target

- The Trust was above the recovery trajectory for each month from April to July 2018. Performance was a little below in August, October & November, but above in September & December, coming in at 89.65% in Dec (including MIU), against the target of 88.54% (-1.1%).
 - YTD at 31-Dec, the Trust was at 92.12% against a YTD plan of 90.81% and a year-end target of 90.82%.
 - As at 15-Jan, January performance is doing well at 88.12% against a trajectory target of 86.68%. However, weather has been mild so far, and the winter pressures have not yet kicked in. The next few weeks are forecast to be cold, so things may become more challenging.
 - Q3 performance came in at 90.56%, missing the trajectory target of 90.77%, but achieving the PFS funding threshold of 90.00%.
 - Q4 funding relies entirely on achieving 95.0% in March
 - For the year 1718 the Trust scored 89.08%, compared to 87.12% in 1617. This year's current forecast is a score of 91.3% to 91.6%



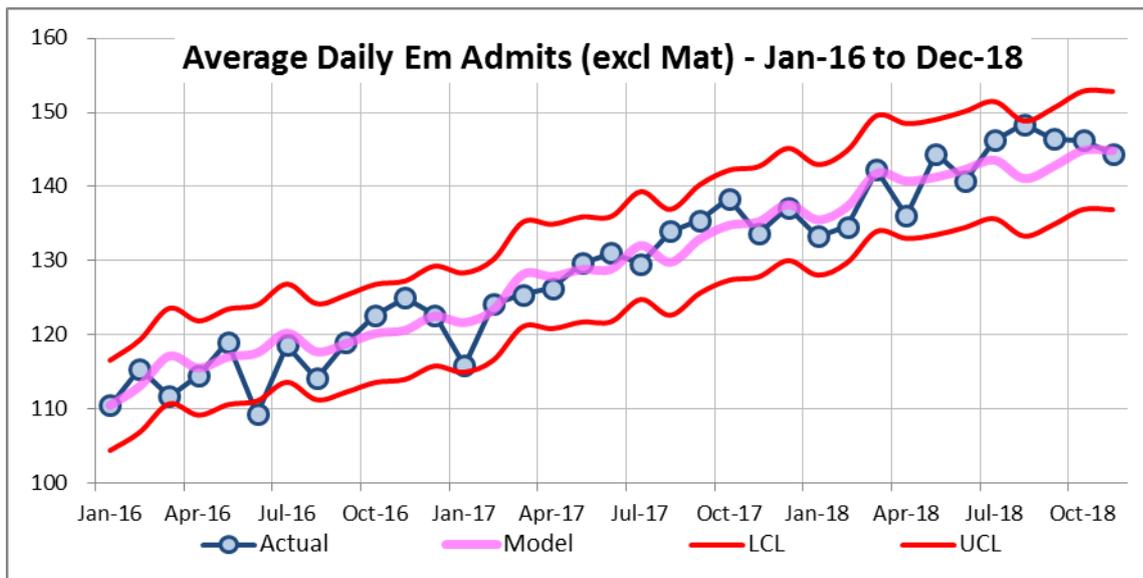
2. ED Attendances & Emergency Admissions

- A&E Attendances continue to increase. Over the last 5 years, annualised growth has averaged 4.4%. This is against a local population increase of around 1.1% per year, and a demographic 'bulge', where the people born during the 1946-64 spike in birth rates are hitting the age when A&E attendances become more frequent.
- Total December attendances were 2.5% down on model, but 4.4% up on trajectory at 15,317. This is 0.6% up on last December (like-for-like) – but last December was unusually high. YTD attendances are 0.3% up on model, 3.2% up on trajectory and 5.1% up on this time last year. Average weekly attendances were at record levels over the summer.



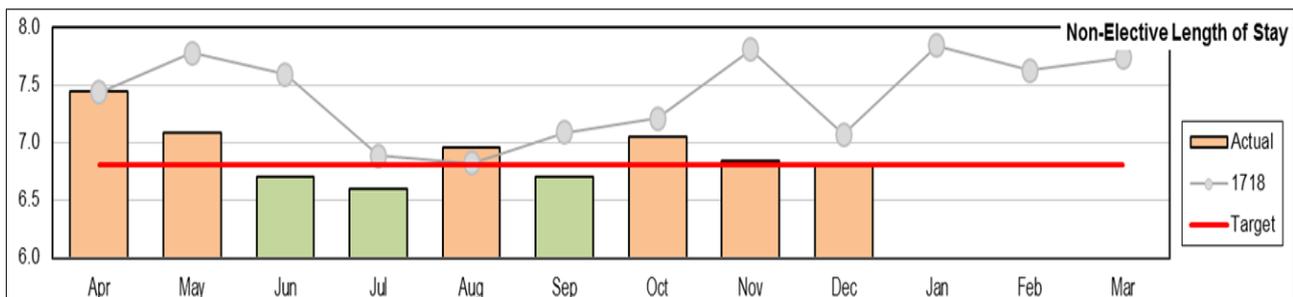
- Non-Elective Activity (excluding Maternity) was 5.7% above plan in December and 5.7% higher than last December at 4,650 discharges. Over the summer, NE activity has been its highest ever level. 1718 activity was 28.1% above plan and 13.2% higher than 1617 at 50,905

discharges. The plan for 1819 is just 0.2% higher than 1718 at 51,248. YTD, we are running at 9.9% above plan & 12.0% above last year. Much of this is driven by increased use of CDU & Assessment areas



3. Length of Stay

- Non-Elective LOS was 6.82 days in December, and 6.91 YTD vs 7.41 in 1718.
- NE LoS tends to increase by 0.5 to 1.0 days in the winter, but so far this year, no increase has been observed.



- The average occupied bed-days are down 22 in December to 706, compared to an average of 764 for the whole of 1718.

The intensive focus on managing capacity and flow remains in place with daily oversight at senior management and clinical level on the front door pathways and especially on reducing length of stay on the wards. The urgent care division are working collaboratively with system partners to address and change longstanding issues affecting patient transfers and discharges. The most effective changes to date have been:

Managing LOS to the optimal needed, using tools such as

- CUR (clinical utilisation review) to identify reasons for patient delays.
- Frailty scores for elderly patients to ensure they avail of the most appropriate care and interventions on attendance / admission.
- AEC (ambulatory emergency care), ensuring that patients are streamed appropriately to ensure their pathway is relevant to their reason for attendance and their admission avoided where possible.
- Virtual Ward, working with KCHFT, the Trust is moving forward with implementation of a virtual ward which will extend the capacity for acute care, but delivered in the patient's usual place of residence. The VW was up and running by the beginning of December, and is gradually taking on more patients. Although this will not affect the LoS or bed-days indicators, it represents an improvement in *actual* bed occupancy.

4. Delayed Transfers of Care (DToC)

The percentage of occupied bed-days to DToC fell back from 3.58% in November to 3.17% in December. This is the lowest level for some considerable time. YTD we are 4.46%

The number of lost bed days due to DToCs fell 60 to 659. We ended 1718 on 4.95%, and apart from a spike in September we have been reporting under 5.0% for the past year or so, and have averaged 4.39% over the past 12 months. On average, 29.67 beds per day have been lost to delays in 1819 compared to 37.14 for the equivalent period last year.

We have experienced a greater focus from external partners on the exit routes from the hospital and have now rolled out Pathway 1, 2 & 3 of the Home First initiative in full. Both sites have now got functioning frail elderly units, which has helped to reduce the number of longer stay admissions.

December is often a very good month, as there is usually a co-ordinated push to get people out of hospital before the Xmas / New Year. Early indications are that January will be back in the 4-5% range

Category	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Rolling 12 Month
A : Awaiting Assessment	5	2	1	2	5	3	8	17	21	13	12	17	106
B : Awaiting Public Funding	1	5	1	2	4	0	0	4	3	0	0	2	22
C : Awaiting Further Non-Acute NHS Care	21	9	21	12	20	14	17	22	14	21	19	18	208
Di : Awaiting Residential Home	24	18	40	15	23	29	22	9	32	22	21	8	263
Dii : Awaiting Nursing Home	37	47	54	53	43	26	34	54	27	35	33	21	464
E : Awaiting Care Package	18	20	28	20	31	18	29	24	28	16	22	10	264
F : Awaiting Community Adaptations	12	10	7	15	7	6	4	8	10	7	3	3	92
G : Patient or Family Choice	11	5	10	3	14	11	9	14	9	17	9	4	116
H : Disputes	0	0	0	1	0	0	0	1	1	0	0	4	7
I : Housing	3	3	2	6	2	7	5	4	4	4	2	2	44
Grand Total	132	119	164	129	149	114	128	157	149	135	121	89	1,586
Rate	4.27%	3.89%	4.26%	4.56%	4.34%	4.39%	5.03%	4.77%	5.89%	4.52%	3.58%	3.17%	4.39%

5. Cancer 62 Day First Definitive Treatment

62 day performance for November was 56.4% and 62.2% for 1819 Q2. 1718 finished on 70.4%.

The delivery plan has been focussed on increasing capacity at the front end of the pathway (i.e. 2ww capacity, outpatients and diagnostics) as has been demonstrated in the recent analysis. However, treatment capacity will be continually reviewed as more patients are diagnosed faster and cross-over with patients being treated in the backlog.

With established increased capacity in diagnostics and with an additional increase in capacity for endoscopy using an insourcing service, focus has moved to faster progressing of the pathways of the minority of patients that have a cancer detected.

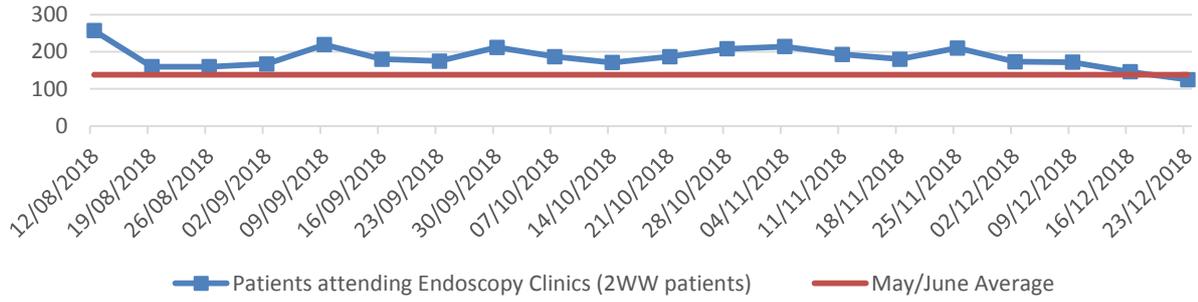
This has included a new daily report sent to the Pathway Navigators identifying outpatient appointments for patients on active cancer pathways in order to obtain the clinic outcome without having to wait for a clinic letter to be produced. The Pathway Navigators have also been educated to attend the Endoscopy and Radiology Departments each day to collect the details of patients that have been identified as having a cancer in order to speed up their pathway.

Consultant-led PTL reviews and a weekly COO oversight meeting have reduced the total number of patients on the PTL, patients over 104 days and significantly reduced the number of patients undiagnosed over 62 days.

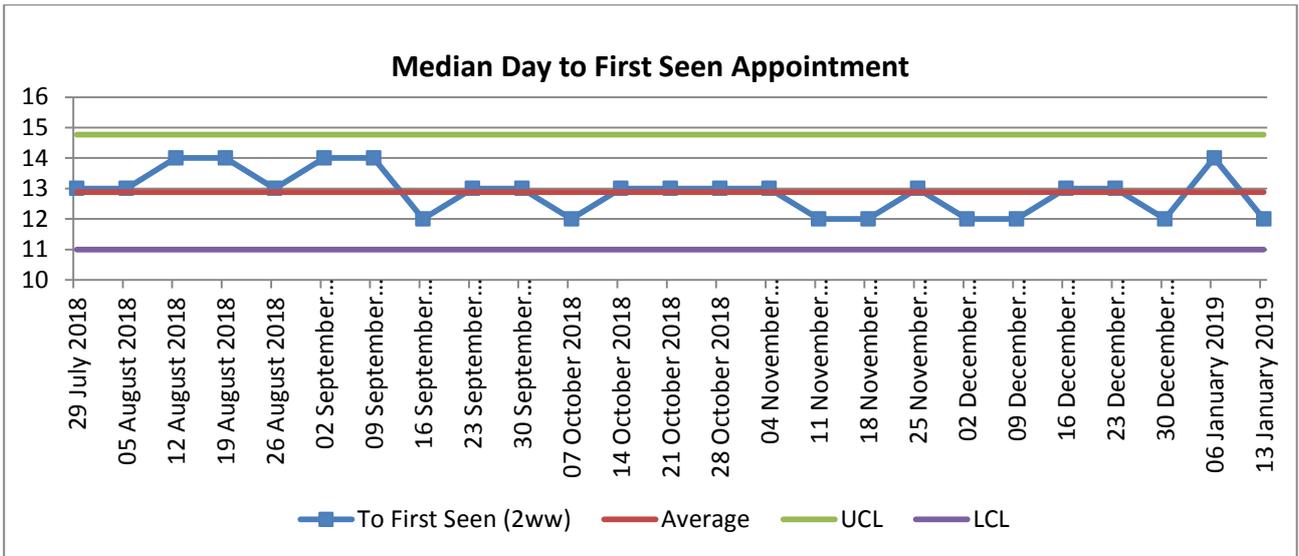
A change to the prostate cancer pathway to include dedicated MRI and biopsy capacity within 24 hours of each other will contribute to a step change in performance against the 62 day standard and efforts are being focussed here to have the new pathway in place as soon as possible.

Increases in endoscopy activity have increased in line with the recovery plan and median day to first seen appointment across all tumour sites has decreased.

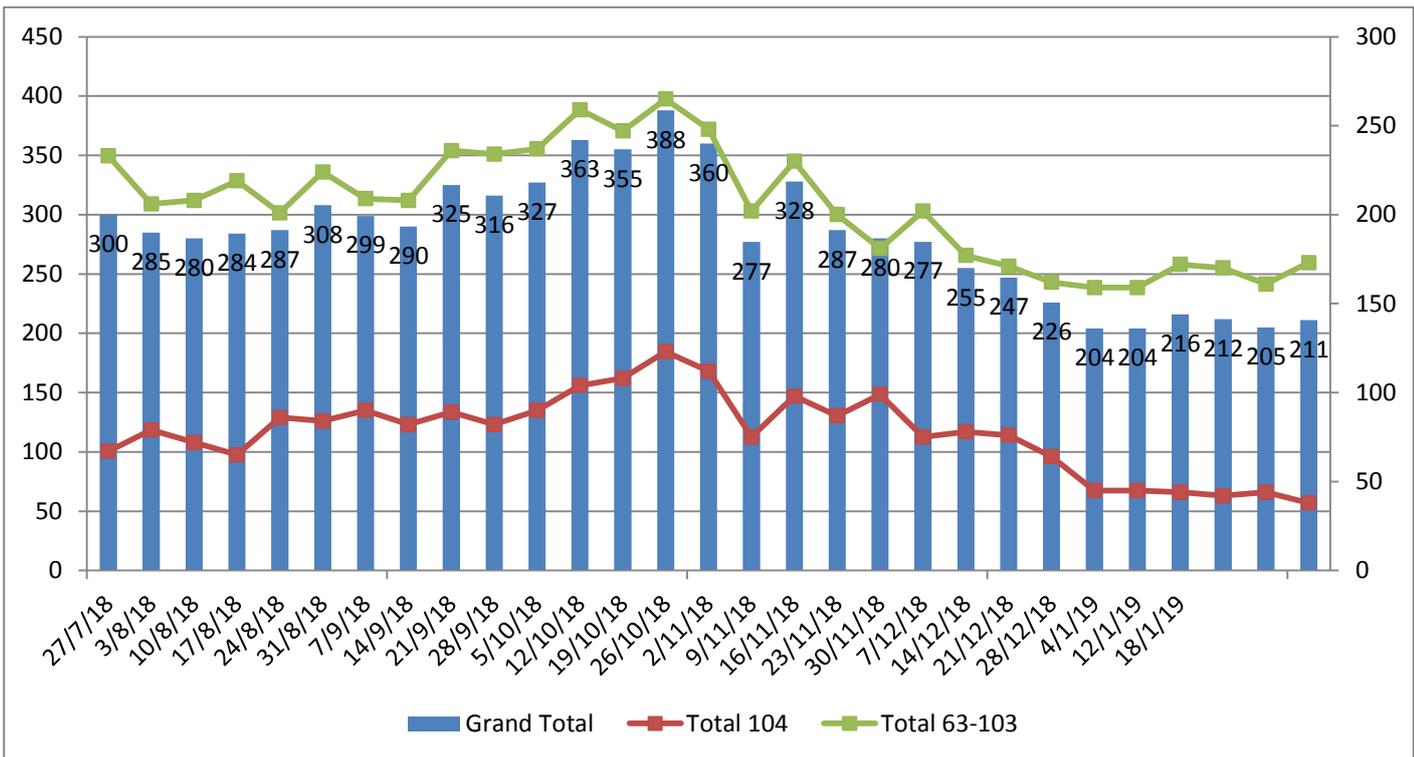
2ww Patient Endoscopy Activity

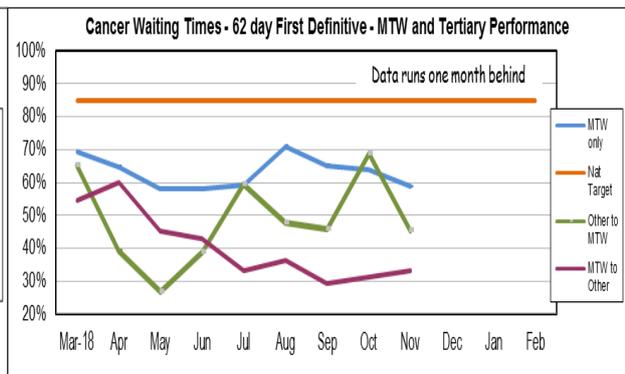
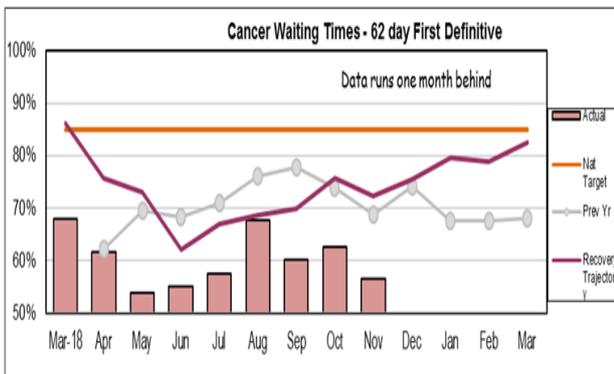
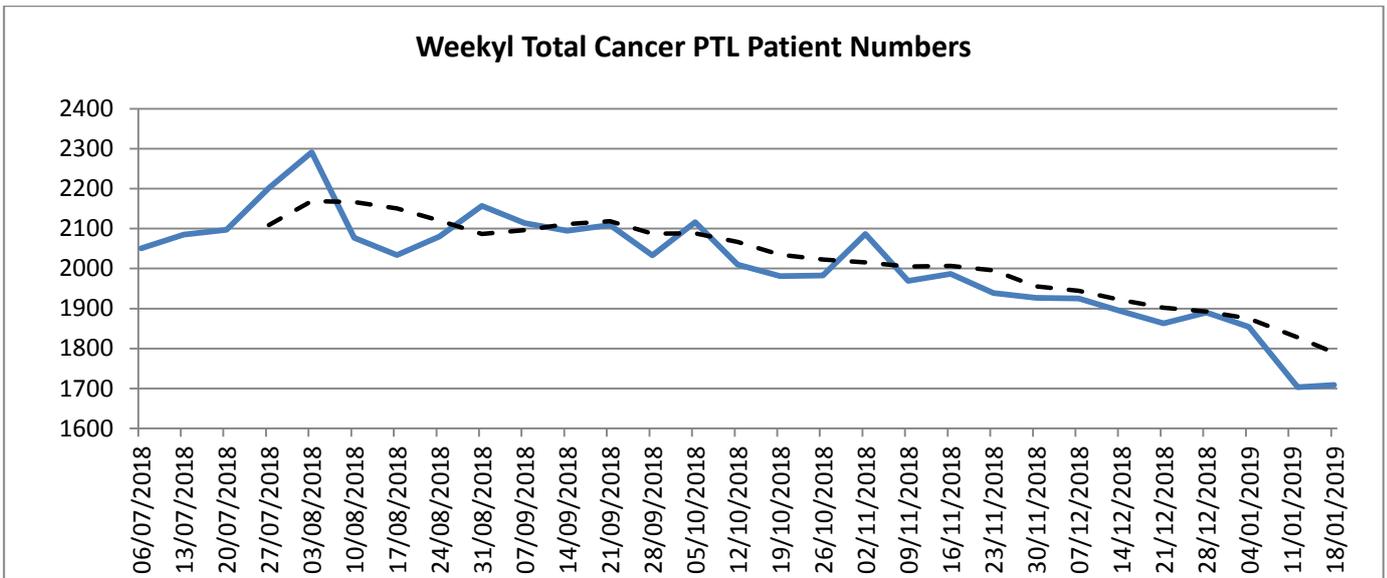


Median Day to First Seen Appointment



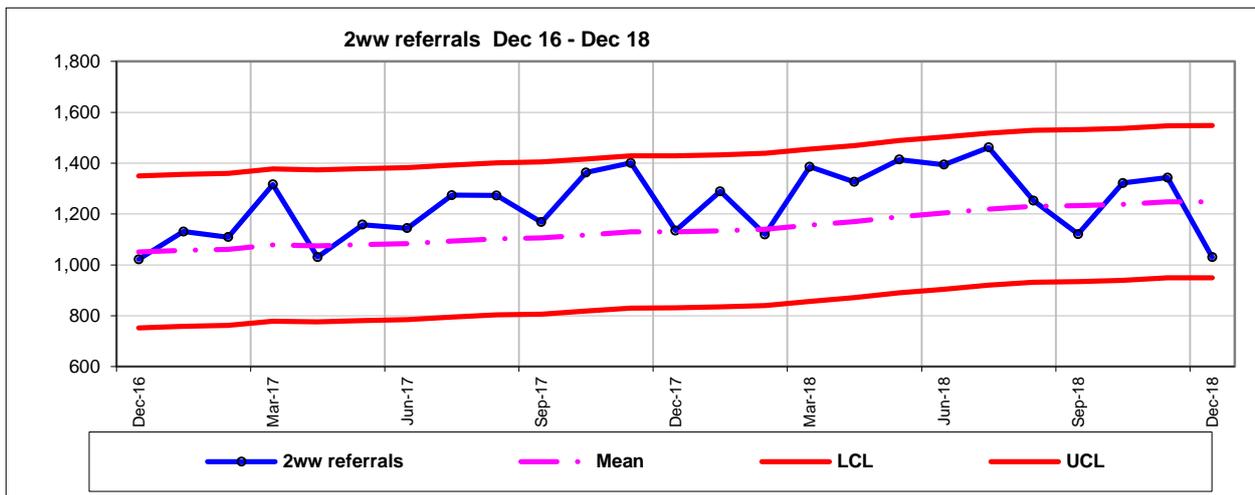
The size of the backlog (patients over 62 days) has decreased from a high of 388 in October to 211 in January. The number of patients over 104 days has reduced to 37 patients from a high of 123 in October. The overall number of patients on the PTL has reduced from over 2,300 in August to around 1,700 in January.





62 Day Performance						
November 2018	All reportable patients			MTW only patients		
	Total	Breach	%	Total	Breach	%
Breast	19.5	3.0	84.6	18	3	83.3
Gynae	9.5	2.5	73.7	8	2	75.0
Haematology	6.0	3.0	50.0	6	3	50.0
Head & Neck	2.0	0.5	75.0	1	0	100.0
Lower GI	13.0	7.0	46.2	12	6	50.0
Lung	9.5	4.5	52.6	5	1	80.0
Other	1.0	0.0	100.0	1	0	100.0
Upper GI	8.0	4.5	43.8	6	4	33.3
Urology	44.0	24.0	45.5	40	21	47.5
TOTAL	112.5	49.0	56.4	97	40	58.8

Since January, the volume of 2ww referrals has increased significantly (particularly in Urology and Breast). Lower GI referrals had increased but this was due to e-referral being available in MTW but not in Medway. Medway have now gone live for e-referral and so referral rates appear to be returning to a lower level. The average weekly number of referrals has increased by over 20%. October's referrals have reached about the same level as the highest point seen in July.



The governance structure around PTL management has been revised following advice from the Intensive Support Team. The weekly PTL meetings will continue to focus on patient's day 40 and below. A weekly COO oversight meeting is focusing on each patient between days 40 and 62 to determine next step required to remove from the pathway or to booking a treatment in target.

The Oncology PTL is taking place weekly to replicate the main PTL meeting in order to progress radiotherapy and chemotherapy treatments and oncology.

Tumour site action plans are in place and being managed through the specialty teams and a recovery plan and revised trajectory has been developed and submitted. The teams continue to focus on what additional improvements can be made that will bring forward the date for sustainable delivery of this standard. A revised action plan has been developed to capture the initial recommendations from the IST.

Capacity and demand reviews for the modalities in Radiology is underway but is hampered by gaining access data from the radiology information system. Discussions are taking place with East Kent about how this data can be accessed as they have already achieved a better data flow.

Further support is being given by the Intensive Support Team to complete capacity and demand analysis for gynae, lung and upper GI pathways.

The cancer leadership and clinical management team has increased recently to help expedite the pathway & process improvements that are necessary and also to increase the level of performance management support within the division. This includes a Cancer Transformation Manager, 3 x additional Pathway Navigators (colorectal, UGI and prostate) and a straight to test nurse has been appointed and started at the beginning of November for the prostate pathway. The straight to test nurse and the pathway navigators are funded through the Cancer Alliance with clear objectives.

A revised trajectory is in development for 2019/20 to take in to account actions that are being taken and when and what benefit will be seen.

Cancer 2 week waits

Endoscopy capacity has been significantly increased from the start of September and a further increase has been obtained in January with an insourcing option. For the gastrointestinal pathways, this will reduce the number of 2ww breaches where the patients go straight to test.

Breast one stop capacity has also improved using additional weekend clinics locally but also by increasing outsourcing to KIMS and the Nuffield Hospitals. This will support a further reduction in 2ww breaches and an expectation to return to achieving the 2ww target in February.

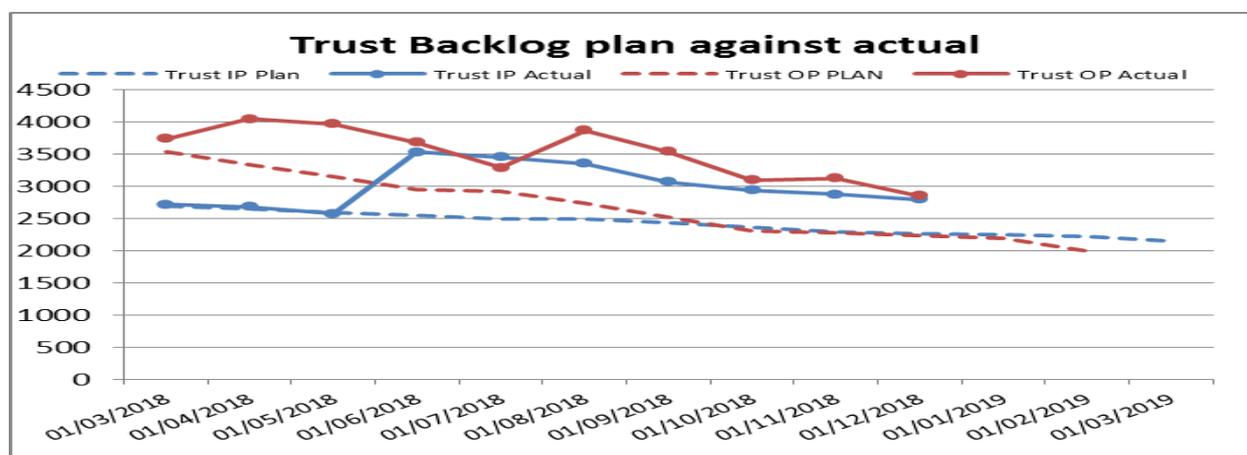
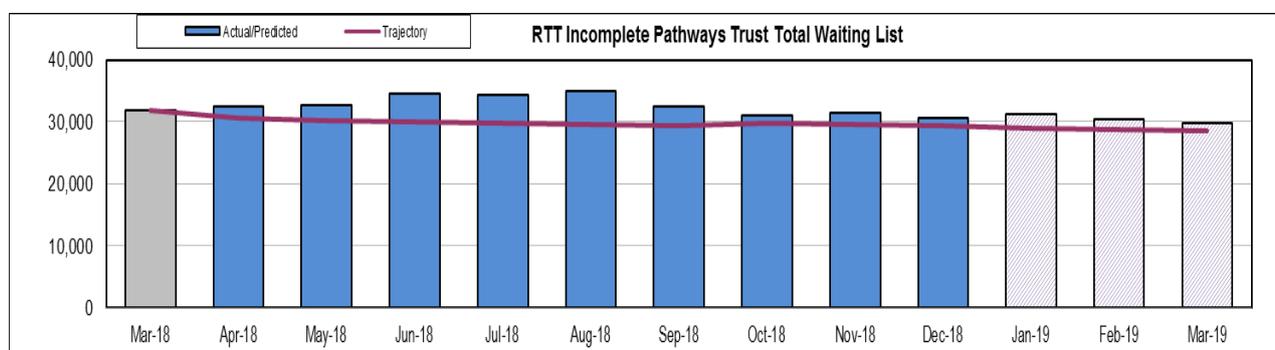
6. Referral To Treatment – 18 weeks

December performance shows an improvement in the Incomplete RTT performance achieving 81.6% against a target of 84.5%. The objective remains to achieve a waiting list position at the end of March 2019 that is no greater than the March 2018 position of 31,871.

		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
TRUST	Trajectory Total WL	31871	30573	30211	29955	29700	29583	29329	29836	29488	29276
	Actual Total Waiting List	32074	32729	32888	34584	34420	34856	32386	31236	31509	30530
	Actual IP Waiting List	5741	5736	5841	7641	7519	7273	6986	7024	6944	7043
	Actual OP Waiting List	26333	26993	27047	26943	26901	27583	25400	24212	24565	23487
	Trajectory Backlog	6438	6186	5935	5685	5437	5416	5170	4884	4601	4539
	Actual Total Backlog	6451	6728	6547	7214	6743	7220	6607	6036	5997	5642
	Actual IP Backlog	2716	2682	2577	3530	3454	3352	3068	2939	2875	2793
	Actual OP Backlog	3735	4046	3970	3684	3289	3868	3539	3097	3122	2849
	Trajectory % Performance	79.8%	79.8%	80.4%	81.0%	81.7%	81.7%	82.4%	83.6%	84.4%	84.5%
	Actual Total % Performance	79.9%	79.4%	80.1%	79.1%	80.4%	79.3%	79.6%	80.7%	81.0%	81.5%

A detailed piece of work has been undertaken to produce a revised forecast of future performance from November until the end of March 2019 based on the RTT Recovery Plan (as below). Prime Provider activity has not been included in this plan.

RTT Forecasted Performance	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Total Waiting List	31871	32512	32702	34475	34424	34947	32412	31122	31388	30530	31354	30682	30006
Total Backlog	6680	6705	6530	7205	6730	7194	6581	6015	5962	5642	6191	5751	5323
Total %	79.0%	79.4%	80.0%	79.1%	80.4%	79.4%	79.7%	80.7%	81.0%	81.5%	80.3%	81.3%	82.3%



The impact from an earlier data quality issue means that the IPWL part of the Total Waiting List from July increased by 1528 patients and the IP Backlog increased by 921 patients which will have an ongoing effect.

Although an RTT recovery plan was put in place until the end of October 2018 with extra waiting list initiatives being performed throughout November and December, it was recognised that further input was required to ensure the Trust met the requirement of the waiting list being no greater in March 2019 than in March 2018 and that the Trust needed to significantly reduce patients waiting over 40 weeks for treatment. A business case was therefore submitted in December 2018 and agreed by the Trusts Finance & Performance Committee which consists of the following actions:

- Continue WLI theatre and outpatient sessions for all specialities from Jan-March 2019 – Scheduled (40 x theatre sessions and 18 x outpatient sessions).
- Recruit an additional 2 x B3 Booking clerks within Head and Neck until March 2019 - Recruited and in place.

- Recruit 4 x B3 additional validators into the central team until March 2019 - Recruitment in progress although short term overtime is being offered to all clinical admin staff.
- Recruit a second GM within Surgery for 3 months - Recruitment in progress, start date 21-01-19.
- Surgical Registrar to be based in ED at TWH - Recruitment with the directorate.
- Implement MyPreOp (cloud based integrated IT system) pre-operative assessment tool for all specialities which will also require 2 x B5 nurses to double run the current service - Task & finish group in progress.
- Outsource non AIC activity where possible (77 patients with more pending criteria assessment).

Continuous actions in progress:

- Elective activity to be monitored in line with the winter plan to ensure elective activity is maintained as much as possible – Weekly forward planning meeting in progress.
- Specialities to focus on reducing 40+ week patients – monitored weekly.
- 52 week breach weekly meeting in progress to address root causes and contributory factors and ensure harm reviews have taken place– monitored.
- Review all gaps in medical rotas on a weekly basis and ensure any locum requests have been submitted.
- Forward look meeting in progress to review theatre schedules against planned lists.
- Hospital at Home has been implemented to support a reduction of length of stay and release of bed capacity – monitored daily at the bed meeting and weekly at the forward look meetings.

Elective Activity and New Outpatient Activity:

Currently the Elective activity YTD is 850 (2%) above plan. Outpatient New Activity (excluding Therapies and Ward Attenders) is -4242 (-4.1%) below plan with general surgery and ophthalmology being furthest from plan. The inability to deliver the planned elective work internally is a risk to our ability to meet the forecast. There is an assumption in our forecast that the activity is delivered to plan.

Activity (Main Specialties):	Elective Activity YTD				Outpatient New Activity YTD			
	Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance
Trauma & Orthopaedics	2607	2063	544	26.4%	20199	16980	3219	19.0%
General Surgery (Not inc Endoscopy)	2344	2527	-183	-7.2%	13439	15324	-1885	-12.3%
Urology	1761	1878	-117	-6.2%	5201	4774	427	8.9%
ENT	1487	1596	-109	-6.8%	7023	6827	196	2.9%
Ophthalmology	3882	4370	-488	-11.2%	20041	22076	-2035	-9.2%
Gynaecology	1850	1955	-105	-5.4%	5680	5964	-284	-4.8%
Cardiology					4525	4843	-318	-6.6%
Gastroenterology					2944	3423	-479	-14.0%
Rheumatology					1814	1619	195	12.0%
Respiratory					3441	3227	214	6.6%
Diabetes					1292	1233	59	4.8%
Endocrinology					1160	1090	70	6.4%
Neurology					2269	2391	-122	-5.1%
Care of the Elderly					1170	1671	-501	-30.0%
Other	25445	24503	942	4%	8496	11758	-3262	-27.7%
Trust Total (All Specialties)	39376	38526	850	2%	98694	102936	-4242	-4.1%

NB: Plan excludes Prime Provider Activity

The key issues that contribute to lower than planned elective work remain:

- The inability to do a sufficient level of elective work caused by the historic and cumulative impact of increased non-elective activity (TWH specifically) and not using outsourcing to make up the gaps.
- Planned reduction of activity during PAS implementation, prolonged by on-going data and admin issues post go-live.
- Key vacancies in consultant and trainee posts in a variety of specialties (General Surgery, Urology, Neurology & Endocrinology)

- Reduced activity in January 2018 to support Non-Elective flow and further reduction in February due to snow, which increased the size of the problem in the New Year.
- Reduction of WLI activity which was suspended during the Four-Eye scoping exercise across elective and outpatients.
- Winter assessment of demand going beyond the worst case scenario requiring escalation of more surgical beds - the capacity and demand has identified the bed gaps based on expected activity levels using previous years' data. A number of schemes are in place or ready to mobilise in December to provide additional out of hospital capacity. Currently 9 trolleys for day surgery are retained at TWH, additional beds released at MS by moving the surgical wards to a bigger space. The MOU and Maidstone day surgery unit are expected (even in worst case scenario) to maintain elective work. The 9 day surgery trolleys at TWH are out of the escalation policy unless there is a prolonged period of OPEL 4 escalation.

The majority of the RTT backlog continues to be concentrated in surgical specialties with the exception of neurology, all of which are being carefully monitored against forecasts and action plans on a weekly basis. Further validation of the waiting list, especially the backlog continues. Operational teams are continuing their plans to increase elective activity and arrange extra clinics to ensure the backlog does not grow further.

52 week breaches

Total Trust	Apr-18	May-18	Jun-18	Q1 Total	Jul-18	Aug-18	Sep-18	Q2 Total	Oct-18	Nov-18	Dec-18	YTD
RTT >52kw Breach Occurrences	3	2	8	13	8	5	9	22	9	13	10	67

The Trust has incurred 67 x 52 week breaches year to date (8 of these patients rolled over as they were not treated within the reporting period), largely due to historic data and administration issues, particularly in one specialty, T&O. Additional training & support has been well received and continues to be a priority for all specialities.

There were 10 breaches in total for December with 7 of those being new reports. The breaches occurred due to 1 x no NCR form completed and 9 data quality issues. 7 of those patients have been treated and 3 have been dated for surgery in January 2019.

All 10 patients have had a harm review by the managing Consultant and no harm found.

Trajectory for Reduction in 52+ week Waiters to zero by week ending 31st March 2019																					
Trajectory for Improvement by 31st March 2019																					
	11-Nov	18-Nov	25-Nov	02-Dec	09-Dec	16-Dec	23-Dec	30-Dec	06-Jan	13-Jan	20-Jan	27-Jan	03-Feb	10-Feb	17-Feb	24-Feb	03-Mar	10-Mar	17-Mar	24-Mar	31-Mar
TRUST	10	10	10	10	10	10	10	10	8	8	8	8	8	5	5	5	4	3	2	1	0

Oversight:

- Weekly monitoring of the specialty plans for activity, diagnostics, and theatre scheduling, backlog and waiting list size, through the PTL and specialty meetings.
- All patients over 40 weeks are being monitored by the Head of Performance and Delivery, the speciality General Managers, Assistant General Managers and CAU's on a daily basis to ensure treatment occurs before 52 weeks and ensure patients are booked in chronological order.
- 52 Week Panel has been established to fully investigate the breaches and identify trends.
- The updated Allscripts/RTT training has been rolled out with good attendance and good feedback. Dates scheduled through to March 2019.
- RTT recovery plan has been implemented and is monitored weekly.

7. Theatre Productivity

The graphs below are taken from the Four Eyes Theatre Dashboard and show the Theatre Utilisation from 1/12/18 – 31/12/18 overall and per speciality. The target for utilisation is 85% Overall Touch time Utilisation and this has to be delivered by monitoring that we have effective booking, listing and pre-operative assessment in place; start and finish times by speciality; number of cases per session; cancellations and DNAs; appropriate allocation of NCPOD lists and case-mix. Specialty level exception reports are provided and reviewed at the theatre utilisation group.

Q4 plan to also introduce electronic POA system (MYPREOP) potential reduction in non-face to face assessment by 30%. Task and finish implementation group in progress.
 2 x B3 additional bookers in H&N commenced.
 Second GM Surgery commences 21-01-19.

Overall Touch time Utilisation



Quality and Safety December Trust Board (December data)

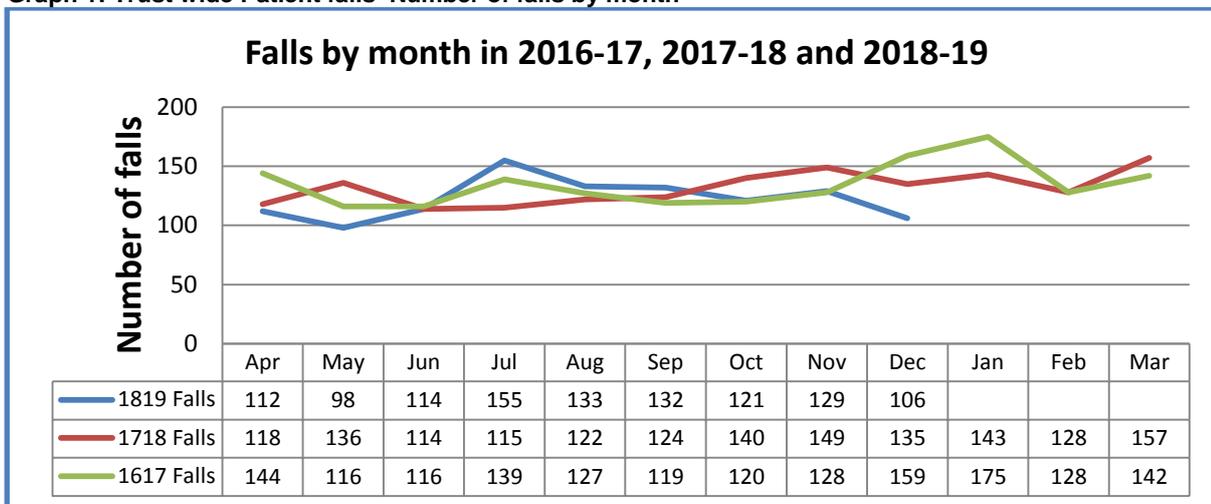
Patient Falls incidents

There were 106 falls incidents reported during December, compared to 129 for November 2018. The monthly figures in Graph 1 provide a comparison for each month and for the same period on the previous year. The number of falls in Quarter 3 is at 356 compared to Quarter 2 when it was higher at 420.

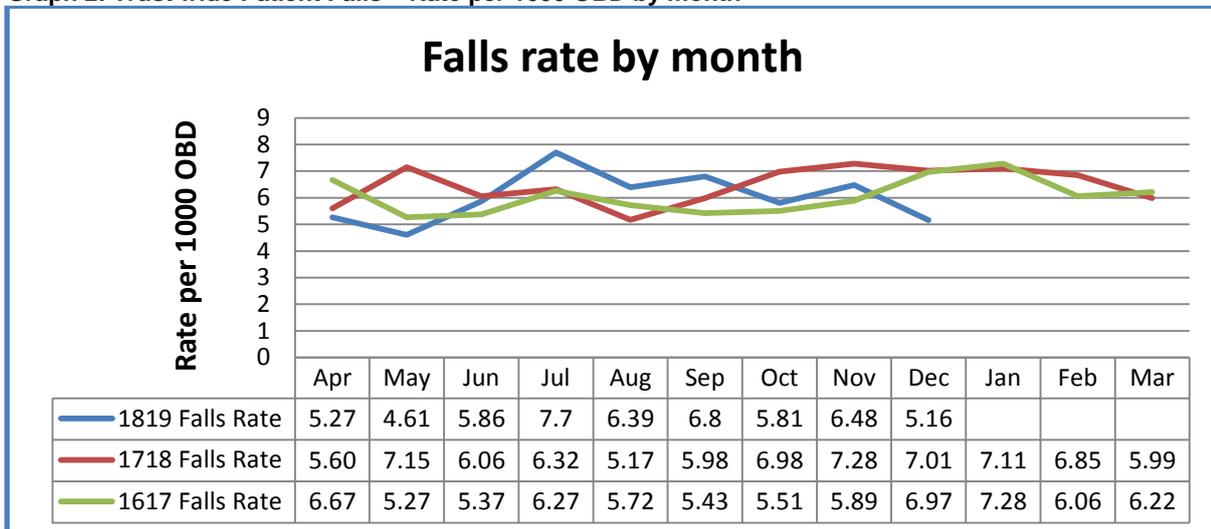
The breakdown of incidents by site in December equates to 31 falls at Maidstone and 75 at Tunbridge Wells. The monthly falls rate per 1000 occupied bed days (OBD) for December was 5.16, comparison for previous months can be seen in Graph 2. The year to date falls rate for 2018/19 is 6.02 per 1000 OBD against the threshold of 6.0.

There was one fall resulting in injury declared as Serious Incident's (SI) in December 2018. This was at Tunbridge Wells Hospital where a patient fell and sustained a hip fracture.

Graph 1: Trust wide Patient falls–Number of falls by month



Graph 2: Trust wide Patient Falls – Rate per 1000 OBD by month



Falls prevention continues to be an important patient safety focus for MTW and our participation with the NHSI Falls Collaborative is supporting renewed energy with this agenda. Key learning from the Falls panels will ensure that the focus is on assessment and documentation of the patient's mental capacity in regard to their ability to be able to use a call bell whilst ensuring that the risk assessment is fully completed and a falls prevention care plan is implemented.

Pressure Ulcers:

The incidence rate of confirmed Hospital acquired Pressure Ulcers for December 2018 was 0.70 (per 1000 admissions) compared to 2.38 for the same month last year. This equates to 5 patients who have developed hospital acquired (HA) pressure ulcers. Of these 2 relate to heels, 2 affecting the sacrum and 1 the spine.

We have not declared any pressure ulcer related serious incidents during December, although the incidence for December demonstrates a slight deterioration from November 0.34 per 1000 admissions.

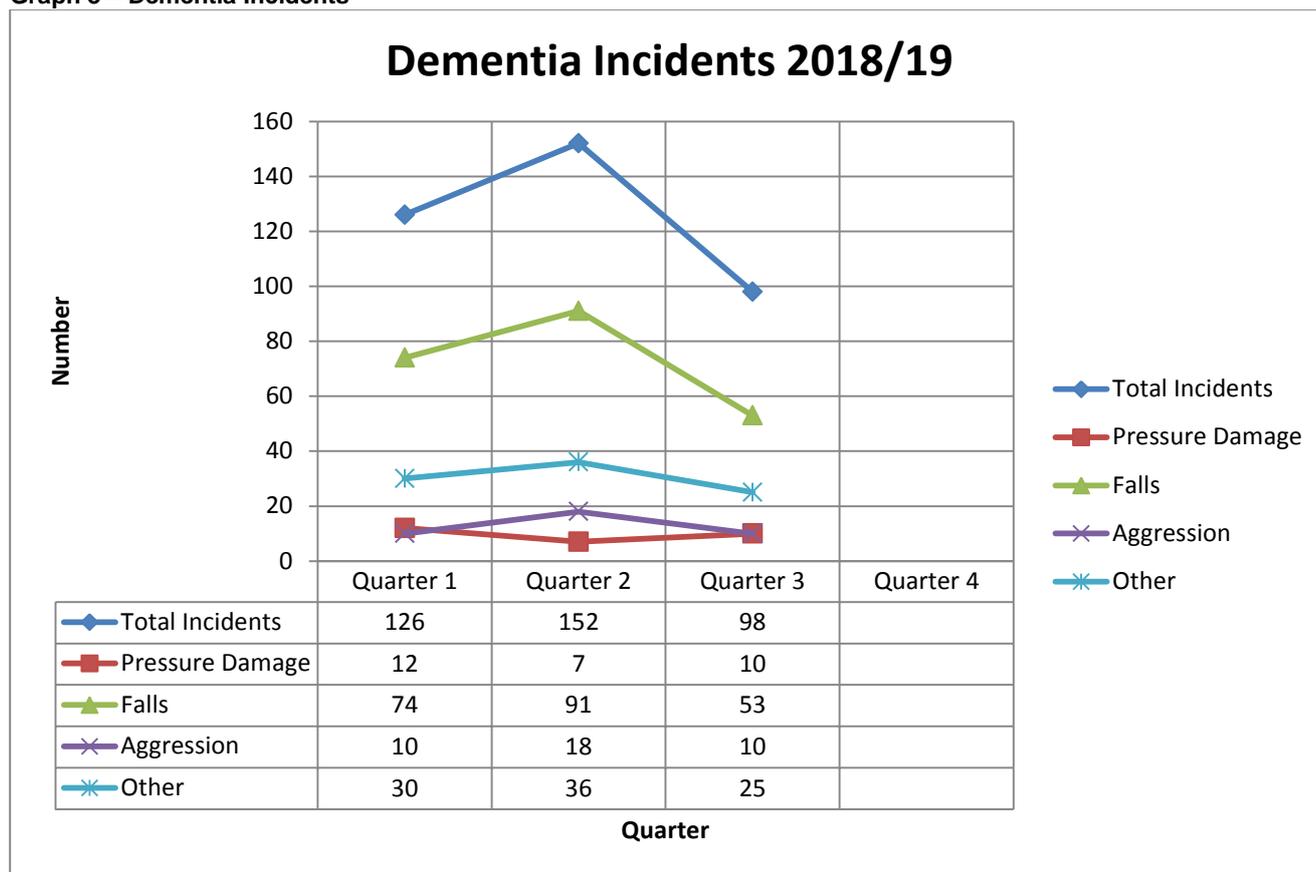
Learning for wider dissemination includes the need for improved record keeping in regard to application of the SSKIN bundle and use of food charts with dietetic involvement. Choice of wound dressings also requires further education and early involvement of the Matrons or tissue viability nurse to support as necessary.

Incidents relating to inpatients with Dementia:

As part of the Trust’s Dementia Strategy (2013 – 2016) one of the objectives was to monitor the number of incidents relating to inpatients with dementia in our hospitals. In the Strategy for 2017 – 2020 one of the strategic aims is to modernise our approach to monitoring falls in patients with dementia and identify ways to reduce these. In the process for delivery it states we will: Monitor all incidents associated with dementia patients and report to dementia strategy group.

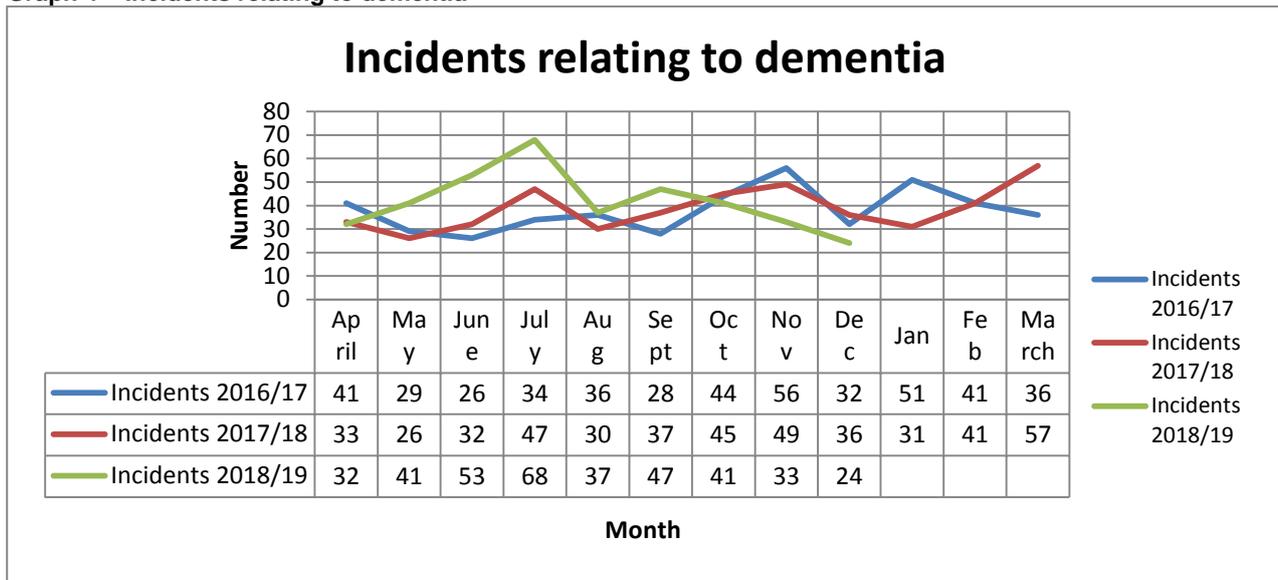
The incidents have been analysed by the Lead Nurse for Dementia Care, following a search on the Datix system of all incidents relating to patients with dementia. The identification of patients with a known diagnosis of dementia is via the Datix form and this has been validated by the Lead Nurse for Dementia through the flagging system on Allscripts. The incidents have been split into 4 categories: Pressure Damage; Falls; Aggression and Other. Incidents included in the Other category include issues such as drug omissions/errors, patient transfer communication issues between wards and similar low harm incidents.

Graph 3 – Dementia Incidents



Graph 3 demonstrates the number of incidents per category that occurred during Quarter’s 1, 2 & 3 (2018/19). There has been a significant reduction in total incidents since Quarter 1 & 2 and a reduction in Quarter 3 incidents on the previous 2 years of reporting (Q3: 2016/17 = 132; 2017/18 = 130).

Graph 4 – Incidents relating to dementia



Graph 4 plots the number of incidents relating to dementia patients per month for 2016/17; 2017/18 and 2018/19. There continues to be a decline in incidents in December from the previous 2 years and the previous month. In December there has been the lowest number of incidents reported relating to dementia patients since monitoring began. In December there were 12 incidents at TWH and 12 at Maidstone, of these falls continues to be the main cause of incidents totalling 12 (9 at TWH and 3 at Maidstone).

This data is collected and reviewed quarterly by the Dementia Strategy Group and findings are presented to the Trust Clinical Governance Committee as part of the Safeguarding Adults Group.

Serious Incidents (SI's):

There were 5 Serious Incidents reported in December 2018 (4 at MGH and 1 at TWH).

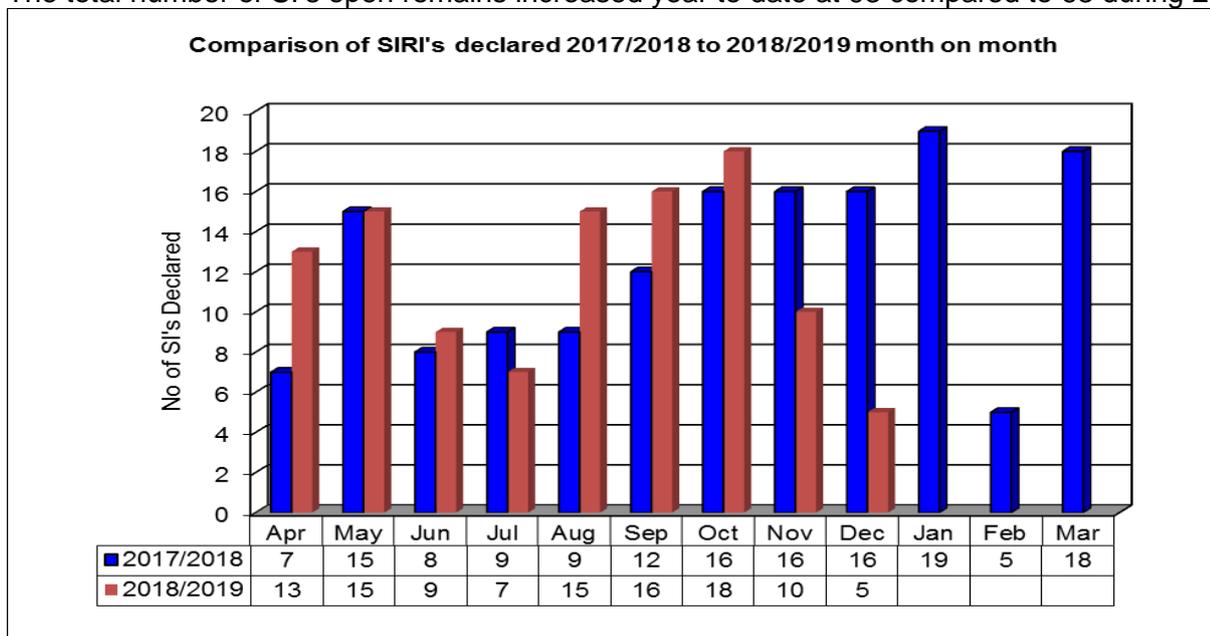
3 Main SI's in 3 Directorates:

- One SI reported in Specialist Medicines and Therapies (MGH)
- One SI reported in Women's and Children's (MGH)
- One SI reported in Planned Care (Pathology) (MGH)

Of the 5 Main SI's reported in December 2018:

- 1 Fall – reported in Urgent Care (Elderly Care) (TWH)
- 1 VTE – reported in Emergency and Medical Services (MGH)

The total number of SI's open remains increased year to date at 93 compared to 63 during 2017/18.



During the month of December 2018, 9 SI's were closed and of that 9, 4 SI's were downgraded:-

December 2018 Downgrades

SI 2018/12672 – Confidential information leak – declared May 2018

SI 2018/13403 – Treatment Delay – declared May 2018

SI 2018/13945 – Surgical/invasive procedure – declared June 2018

SI 2018/27198 – Slip/Trip/Fall – declared November 2018

Learning from the Safeguarding Panel

- A panel has not taken place since the last report

Learning from the VTE Panel:

- A panel has not taken place since the last report

Learning from the Falls Panel:

- The need for appropriately documented rationale for the reasons to step down enhanced care.
- Staff to ensure that they have good visibility of patients identified as needing constant observation
- Ensure that trust protocols are followed at all times, in this instance the protocol for neurological investigations.

Learning from the main panel included:-

SI and category	Care/Service Delivery Issue	Learning
SI 2018 23988 Missed Diagnosis / Delayed Treatment	Soft wording in protocols regarding training and update requirements No audit trail demonstrable in existing protocols No peer review / independent practice review system in place No formal assessment system or record keeping in place for determining competency Different perceptions amongst sonographers regarding accountability for independent scanning and reporting Sonographer involved made errors undertaking independent baby hip scanning and reporting.	1) Protocols should have clear wording regarding training expectations 2) Clear audit trail for each type of scan protocol to include date, author, version number, review date 3) System of peer / independent practice review to be implemented 4) Formalise the system for signing off individuals as competent (competency assessment tool) to independently scan and report so that there is a clear record for the individual and the department 5) That sonographers are fully accountable for the independent scans they undertake and reports that they write. 6) Sonographer to undertake a period of supervised practice and training and formal reassessment of competence 7) Education and support for Sonographer to be provided in the department
SI 2018 24063 Surgical / Invasive Procedure	Clarity on request form Plan to move Thursdays guide wire insertions to Friday morning before surgery	Ensure all radiologists are aware of new form Change Guide wire localisation clinic from Thursday afternoon to Friday morning
SI 2018 24679 Admission to MECU	Delay in delivery due to acuity Lack of challenge to the decision to give syntometrine before delivery	No category of CS documented in notes Human factors training can help change the culture to enable junior staff to challenge senior staff

SI and category	Care/Service Delivery Issue	Learning
	Mother given unclear information about wound care	Message to all staff about the importance of communication of correct advice
	The patient did not feel that she had appropriate postnatal care on the labour ward	Sensitive and caring postnatal care can be delivered on the delivery suite. It is not just a holding bay for the postnatal ward

Single Sex Compliance:

During December a review of the mixed sex accommodation guidance and subsequent reporting was undertaken. Alice Webster; Director of Nursing NHS Improvement South Region, kindly visited the TWH site and reviewed the accommodation areas for new pathways such as AEC, AFU, SAU and AMU. There will be future updates on the guidance however; clarification was given to the current guidance on declaration of an unjustified breach.

During the month of December, there were no mixed sex breaches to declare.

Friends and Family Test:

Overall response rates for December have shown a decrease with fluctuating consistency during the month in line with an increase in capacity and demand across services as a known contributory factor.

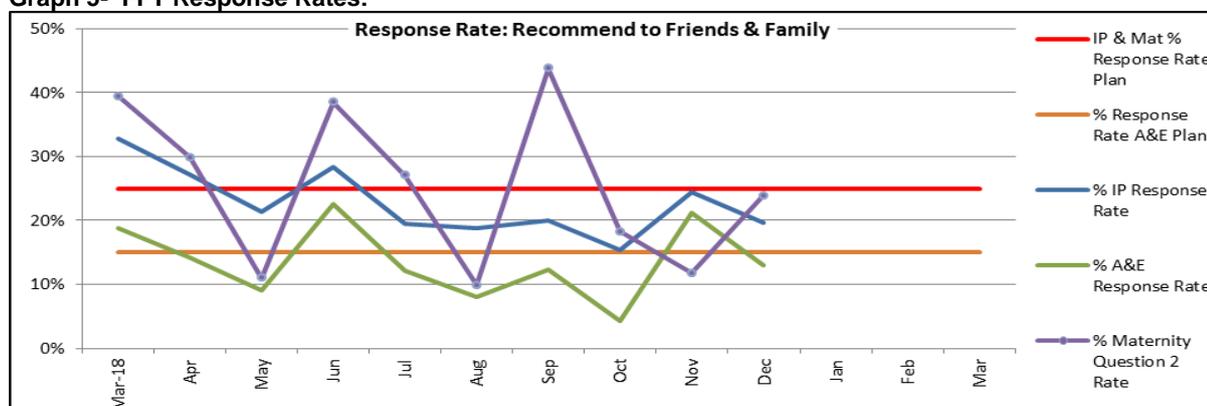
With the new services added to the IWGC system and the unit codes provided to the procurement department, there has been a significant reduction in rejected forms. In addition, there are now a total of 29 dedicated iPads in service areas. Embedding this new way of collecting FFT continues and the reporting system will be able to monitor utilisation of the app version. The app available for all the community midwives accessed via the surface tablets encountered disruption with an update in software but IT are working on a resolution.

Response rates for December: IP: decreased from 24.5% in November to 19.6% in December. Both the numbers of respondents and eligible dropped in December with Christmas having an effect. A&E (including children) decreased from 21.2% in November to 12%. With the assumption that the huge increase in respondents in November was due to including October's responses, then the December response numbers match the monthly average of around 1200. Maternity Q2 increased from 11.8% in November to 23.9% in December.

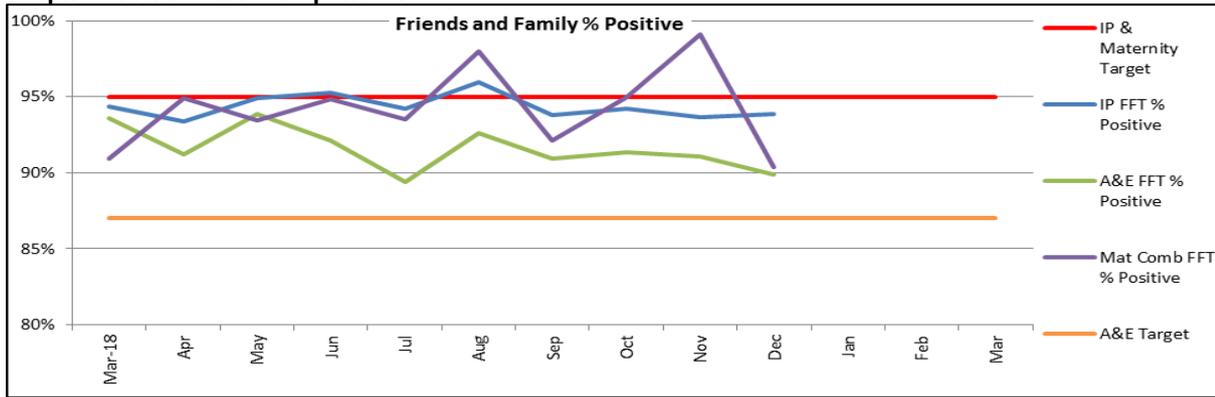
In terms of number of respondents from OP, the number of responses has decreased from 2034 in November to 1506 in December.

For the % Positive for December, inpatients has increased slightly from 93.7% in November to 93.9% in December, A&E decreased from 91.0% in November to 89.9% in December and Maternity (all 4 combined) decreased from 99.1% in November to 90.4% in December.

Graph 5- FFT Response Rates:



Graph 6 - FFT Positive Responses:

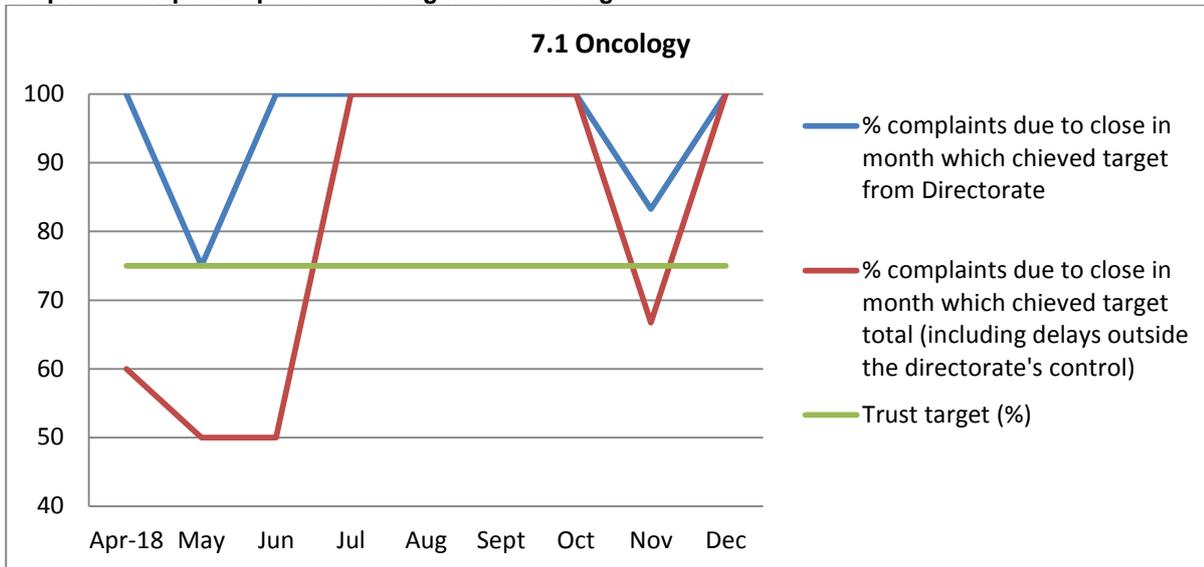


Complaints:

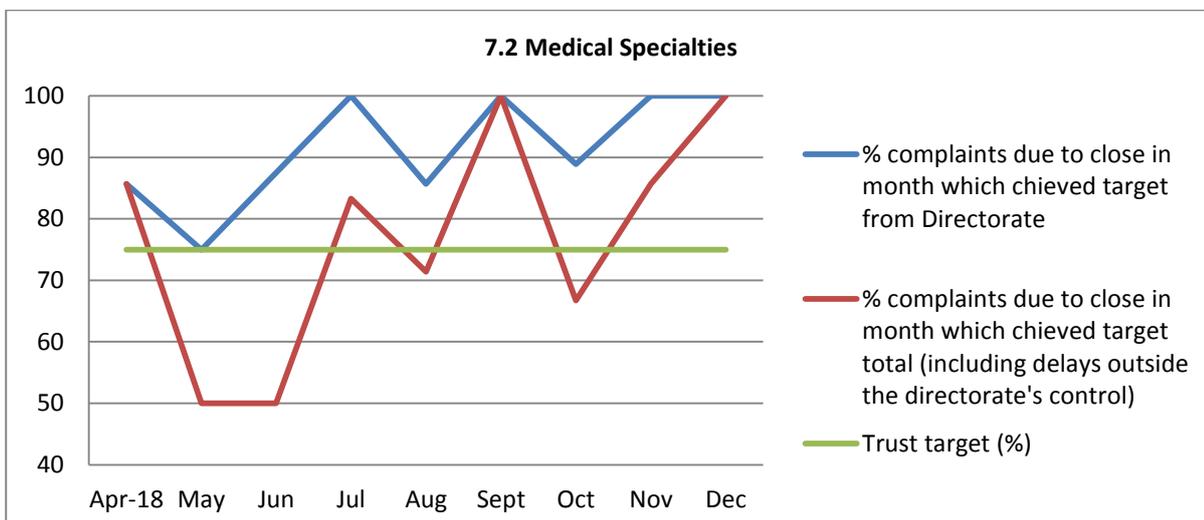
There were 48 new complaints reported for December which equates to a rate of 2.41 new complaints per 1,000 occupied bed days. This is a decrease compared to 2.84 for November. There were 129 open complaints at the end of December, compared to 139 in November.

66.7% of complaints were responded to within deadline compared to a target of 75%. Graphs 7.1 to 7. (below) provide information on the performance for year to date by each directorate.

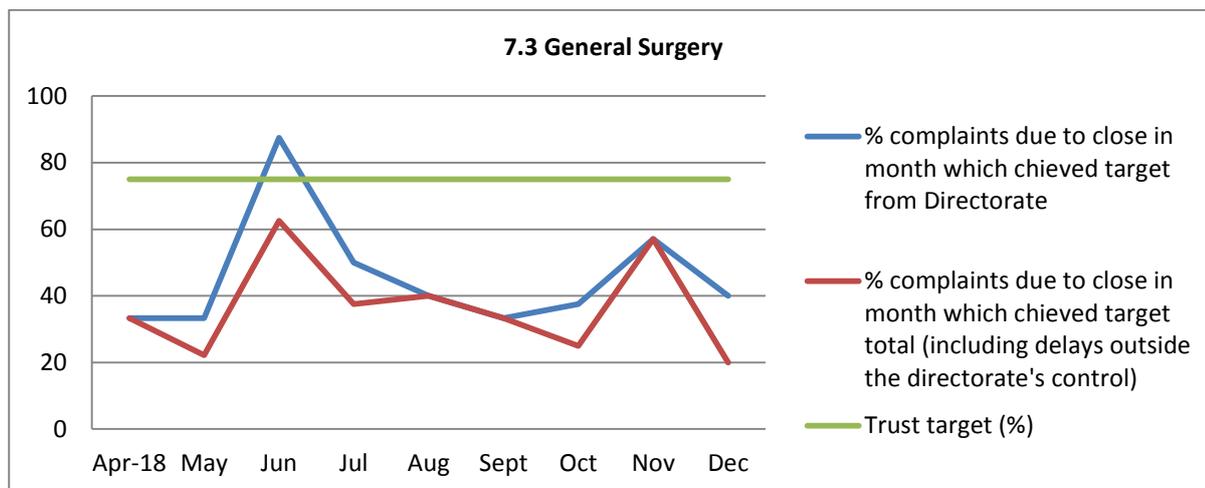
Graph 7 - Complaints performance against Trust target



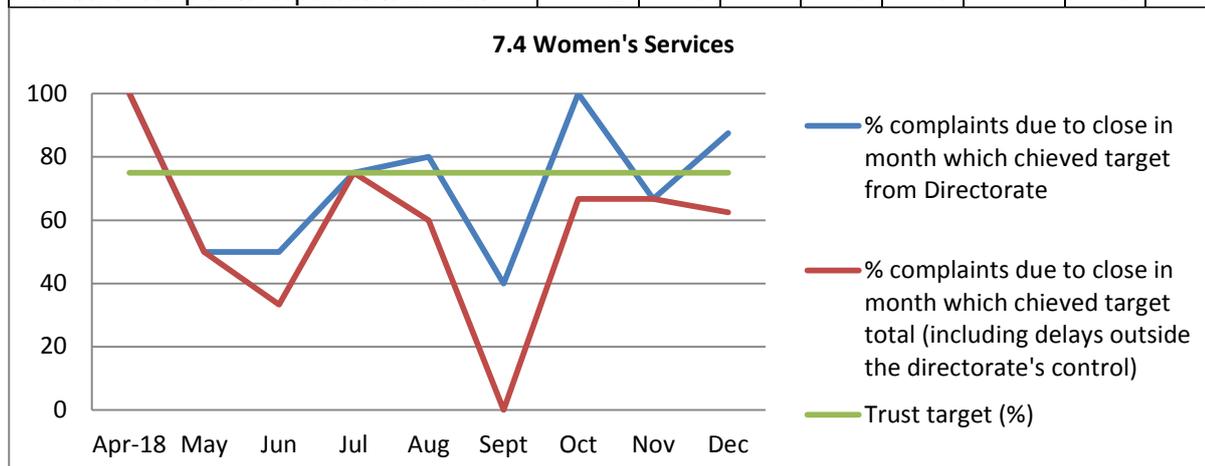
Oncology	Apr 18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	5	4	2	2	2	1	2	6	1
Number of complaints responded to in month	5	5	2	2	4	2	4	7	2



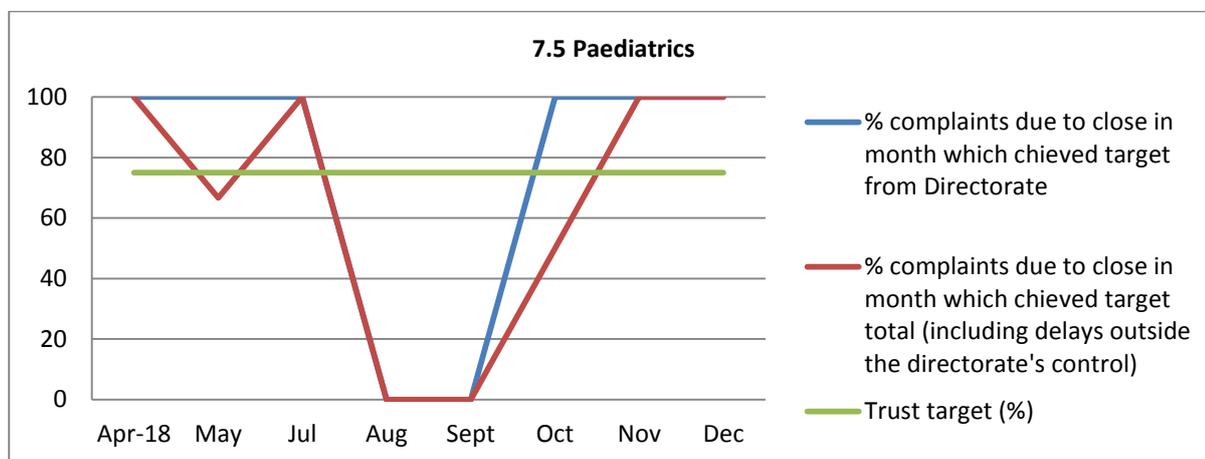
Medical Specialties	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	7	12	8	6	7	7	9	7	1
Number of complaints responded to in month	17	7	11	10	15	9	12	8	3



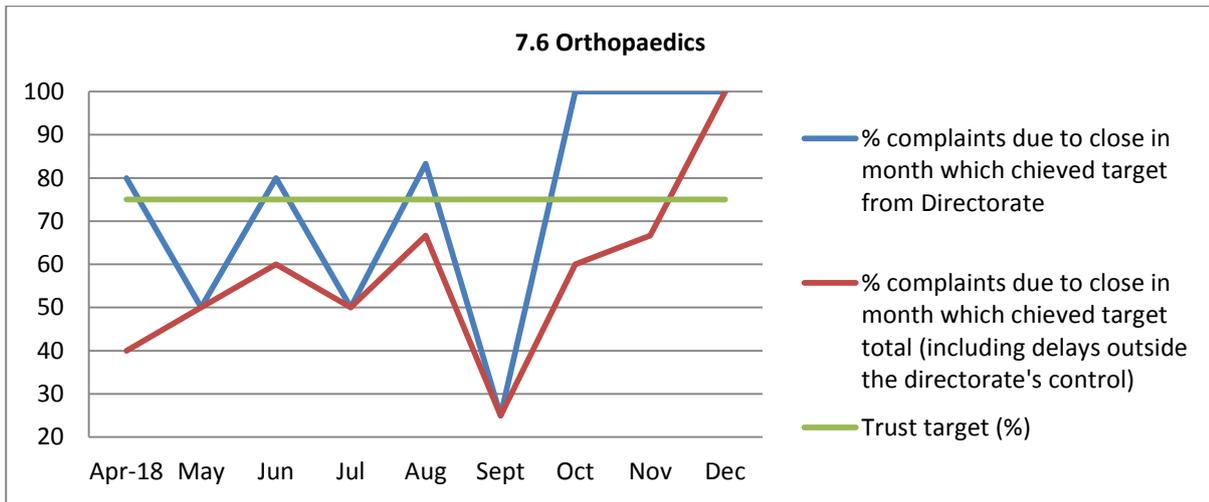
General Surgery	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	6	9	8	8	5	3	8	7	5
Number of complaints responded to in month	12	6	9	5	10	4	10	12	6



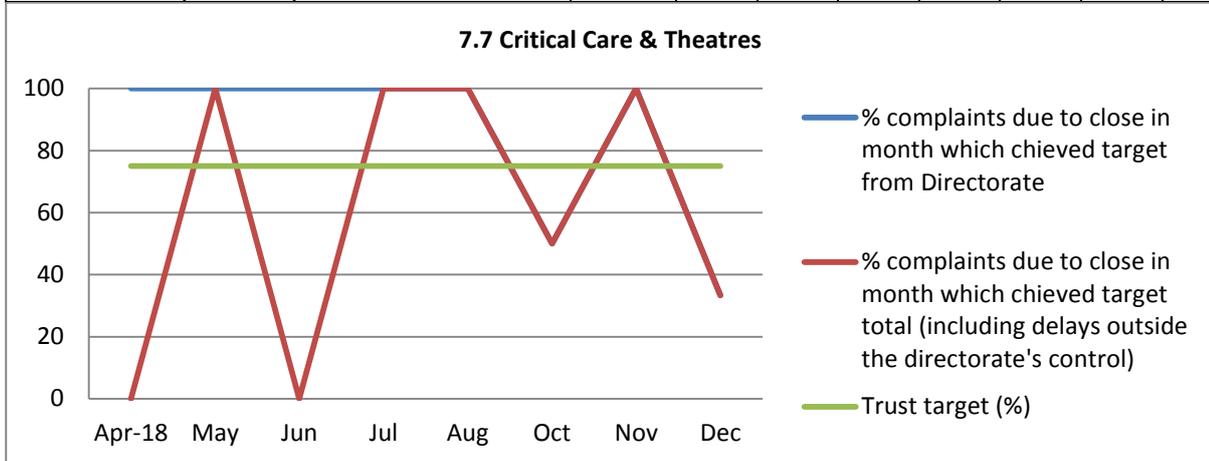
Women's Services	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	5	2	6	8	5	5	3	3	8
Number of complaints responded to in month	8	5	9	10	8	13	11	10	6



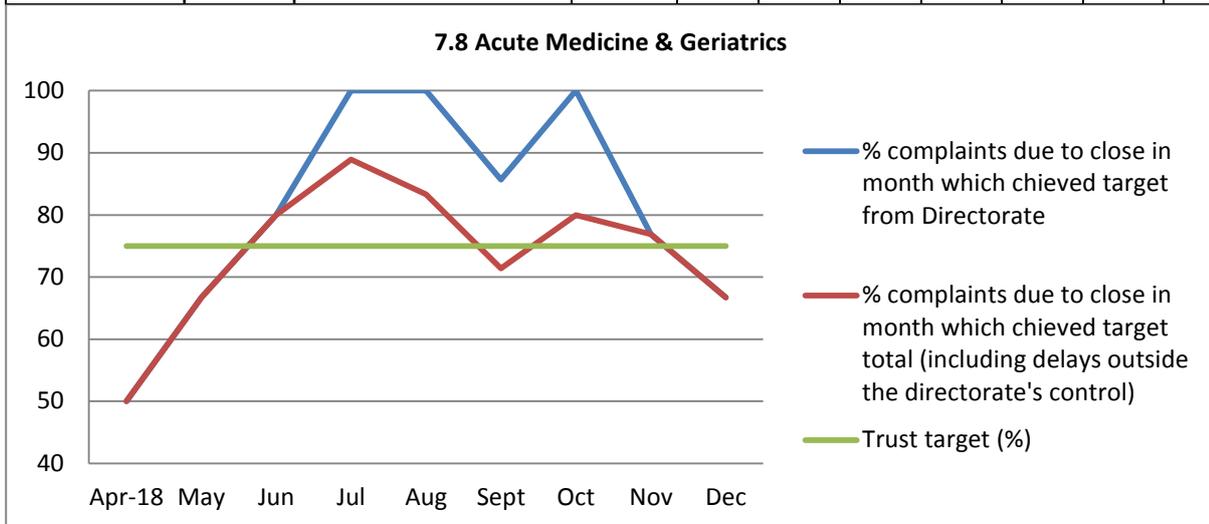
Paediatrics	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	3	3	0	3	3	1	2	4	2
Number of complaints responded to in month	7	2	0	3	1	2	4	2	3



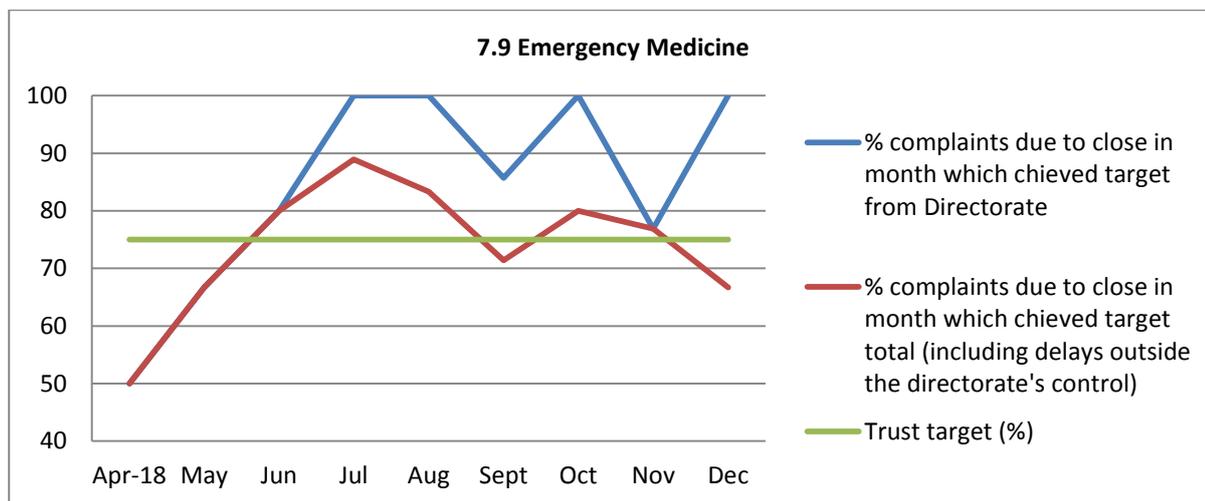
Orthopaedics	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	5	2	5	4	6	4	5	3	3
Number of complaints responded to in month	8	3	3	6	8	3	8	4	3



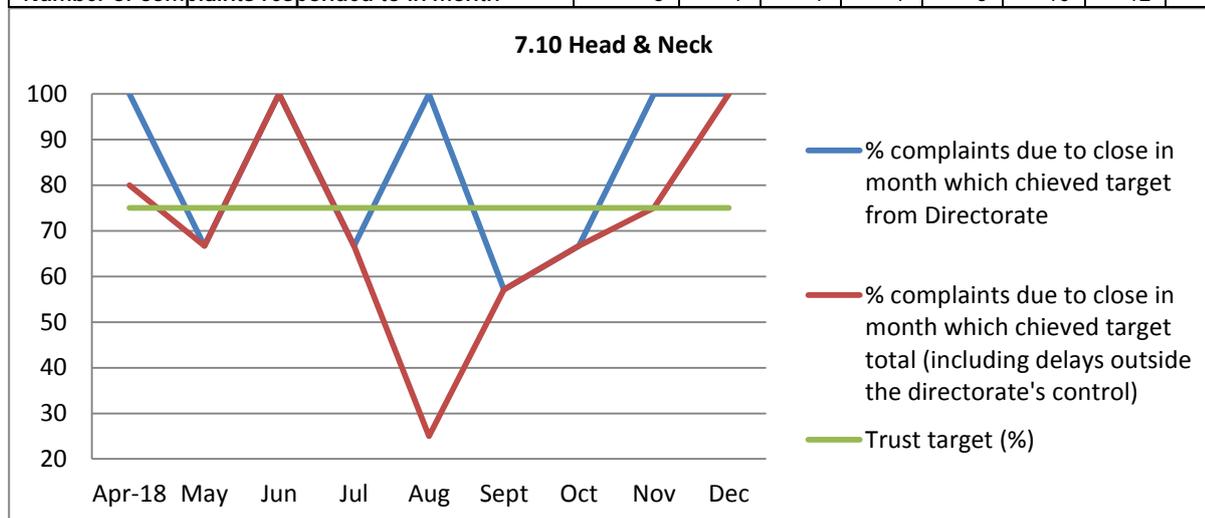
Critical Care & Theatres	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	1	3	1	2	3	0	5	1	3
Number of complaints responded to in month	0	3	2	2	4	2	1	2	1



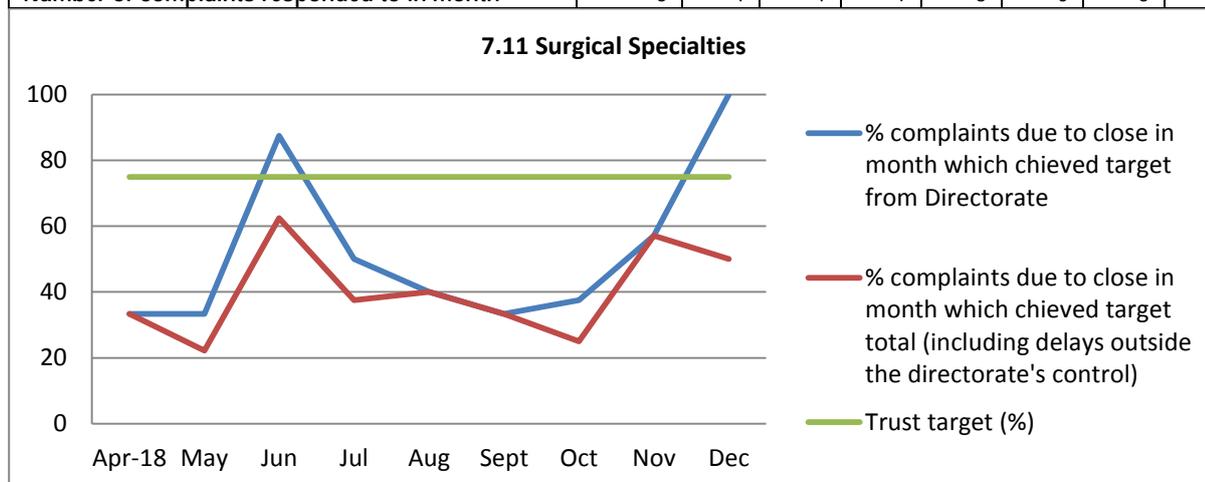
Acute Medicine & Geriatrics	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	4	9	5	9	6	7	10	13	3
Number of complaints responded to in month	6	7	7	7	5	10	12	13	3



Emergency Medicine	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	4	9	5	9	6	7	10	13	3
Number of complaints responded to in month	6	7	7	7	5	10	12	13	1



Head & Neck	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	5	6	4	3	4	7	3	4	2
Number of complaints responded to in month	6	4	4	1	3	0	5	7	1



Surgical Specialties	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of complaints due to close in month	6	9	8	8	5	3	8	7	2
Number of complaints responded to in month	12	6	9	5	10	4	10	12	3

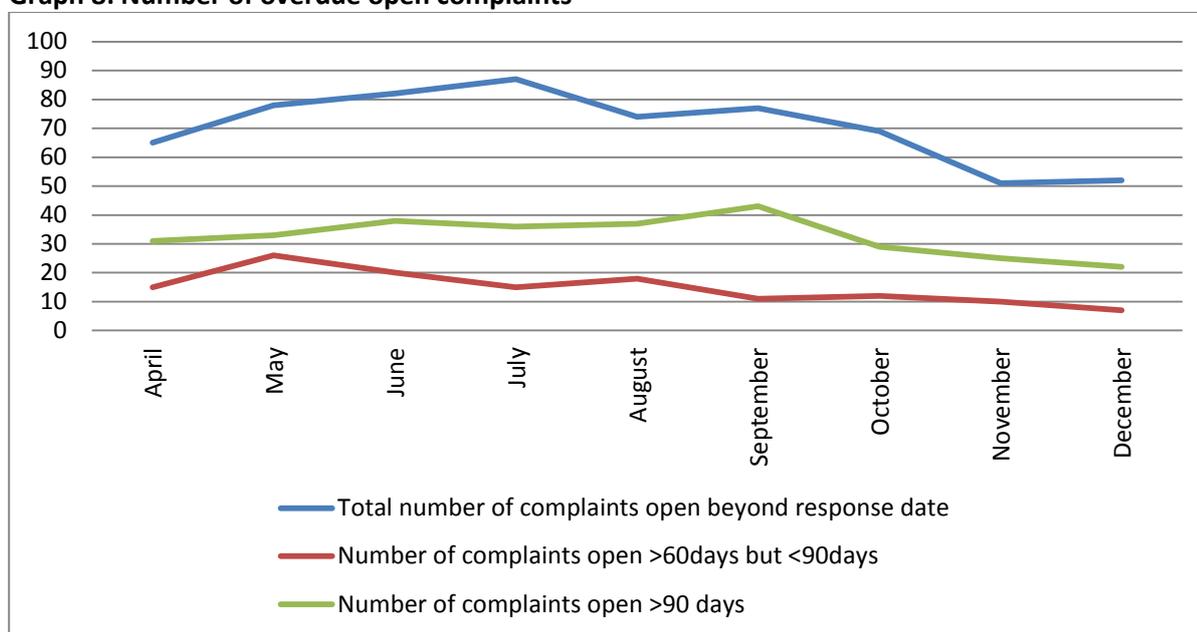
Six of the directorates listed above failed to achieve or exceed the Trust's target of 75% for December. These were General Surgery (20%), Critical Care & Theatres (33.3%), Surgical

Specialties (50%), Women's Services (62.5%), Acute Medicine & Geriatrics (66.7%) and Emergency Medicine (66.7%).

Deep dive review meetings were held in January with Women's and General Surgery. The Women's directorate outlined changes in their internal processes around the management of complaints, with the aim of streamlining the process. Some learning had been identified within the directorate around the management of local resolution meetings and complaints requiring an RCA to be completed. The previous surgical directorate has been split into General Surgery and Surgical Specialties, with the introduction of some new personnel. An SOP is being agreed for dissemination to the directorate teams to help support their understanding of their roles and responsibilities and offer clear timelines. General Surgery and Surgical Specialties remain under close scrutiny for the time being, until sustained improvement is achieved.

The Trust did not achieve the 75% performance target for December. In total, 7 complaints breached due to delays within the lead directorate, which account for 19.4% of the lost performance. However, a further 5 complaints breached for other reasons: 2 due to capacity issues within the central complaints team and 3 responses were rejected by the executive team at a stage too late for recovery. These delays account for 13.8% of the lost performance.

Graph 8: Number of overdue open complaints



There continues to be focused work on clearing the backlog of complaints, with positive progress being made on closing older cases. Graph 8 shows the progress over the course of the year.

Work continues to deliver the Trustwide complaints action plan. In addition, specific actions are being undertaken within divisions. This month we are featuring feedback from the Women's Services.

Trends of complaints are as follows:

Consent: A recent complaint raised a concern that following a forceps delivery the patient hadn't been fully consented for her forceps delivery and episiotomy. The patient claims that following this delivery she has developed anxiety that has required Cognitive Behaviour Therapy (CBT) and had an impact on her psychological wellbeing and ability to bond with her baby. As a result the division has agreed to pay for the private CBT and a renewed focus on consent is underway. It has also come to light that Outpatient consent compliance needs to be more robust with a clear focus on what procedures require verbal vs written consent. This has further generated debate looking at consent as a whole and what current pathways exist. An emphasis is needed during the Antenatal period to ensure informed choice and awareness of high risk deliveries is achieved and that women go into labour being aware of the different types of delivery and what their personalised choice would be relating to them.

Triage: A second trend demonstrates concerns that have been historically raised relating to calls into the triage service and the use of advice to delay women attending the unit. On further investigation it was apparent that the triage staff were under a great deal of clinical pressure and being placed in a challenging situation between giving telephone advice and providing clinical assessment. An additional floating shift was created which has provided some respite but further work is required to ensure the telephone triage is a tool that can be used to advise women in a calm environment without the additional pressures of clinical assessment. On average the service receives approximately 8000 calls coming through the triage area each month. This is in addition to the clinical assessment of on average 264 women attending the unit each month to be fully assessed and triaged. Talks are in progress with the LMS to develop a telephone triage with SECAMB; this has been piloted in Surrey Heartlands with positive results.

The table below provides the detail of the frequency of each sub subject raised as issues within complaints received in the Trust. The available data has been analysed by the date of the event being complained about, rather than when the complaint itself was received. It is hoped that this will give a truer picture of the current issues affecting our patients and service users. However, it should be noted that although the majority of complaints are raised within a month or two of the event occurring, there will be a degree of time delay. As a result, there will be less data available for the current and preceding month, than there will be for earlier months. The charts/graphs below will therefore be updated each month and may show variations (if compared retrospectively) for this reason.

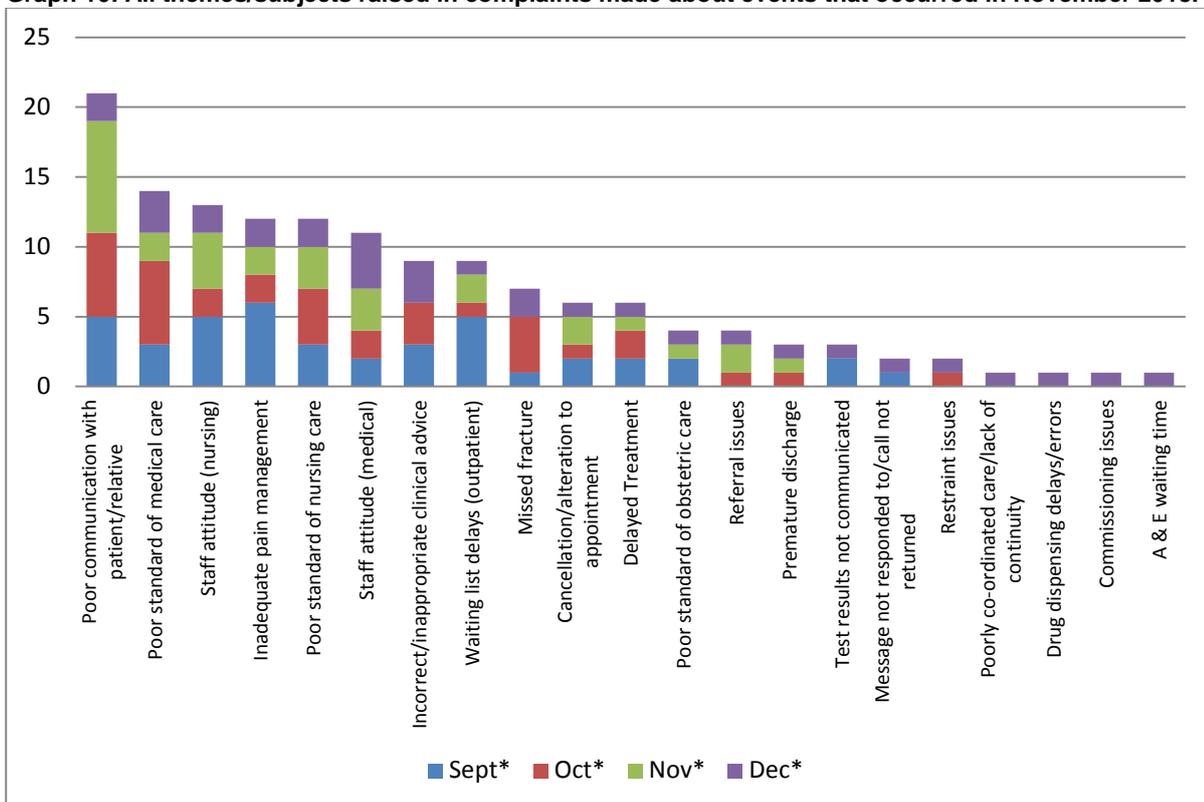
Graph 9 - Complaints by Sub-subject – most frequently raised in December 2018

	Sept*	Oct*	Nov*	Dec*
Staff attitude (medical)	2	2	3	4
Poor standard of medical care	3	6	2	3
Incorrect/inappropriate clinical advice	3	3	0	3

*reflects the date of the event being complained about

The following graph (Graph 10) shows an expanded view of the themes of complaints that occurred in October 2018.

Graph 10: All themes/subjects raised in complaints made about events that occurred in November 2018.



As with previous reports, communication with patients/relatives remains a key theme within complaints, being the most frequently raised issue in the reporting period (September – December).

Looking at emerging issues, there has been a rising trend of complaints about:

- Staff attitude (medical)
- Referral issues
- Premature discharge
- Restraint issues
- Poorly co-ordinated care/lack of continuity
- Drug dispensing delays/errors
- Commissioning issues
- A&E waiting time

All other subjects listed in graph 10 show reducing trends, other than messages not being responded to/calls not returned, which remains stable. Complaint case studies are published in the Governance Gazette to highlight key themes and trends seen coming through complaints and the learning taken from complaint investigations.

In addition the Central complaints team ensure that every effort is made to produce a consistent standard of complaint response by ensuring that each element is addressed and explained in a manner that the complainant will understand. We monitor this by sending out satisfaction questionnaires in regard to the handling of the complaint and also in closely monitoring referrals to the Parliamentary Health Service Ombudsman. We have had two cases accepted by the Ombudsman for investigation, both of which have not been upheld with the comment that they were more than satisfied with the way the complaint had been handled and the considerable work undertaken to do so.

Safe staffing: Planned versus actual for December 2018

The attached paper shows the planned v actual nursing staffing as uploaded to UNIFY for December 2018. This data is also published via the NHS Choices website and the Trust website as directed by NHS England and the National Quality Board.

Wards of note include:

Cornwallis: Significant decrease reported throughout December due to ward closure as part of winter escalation plan. Cornwallis team moved to Peale ward location on the 10th November 2018. Cornwallis remained closed until 31st December when it reopened as part of the winter escalation plan to 12 patients.

ITU (MH): Reduced fill rate due to decreased dependency during the month and staff redeployed to support safe staffing at TWH ITU

Chaucer: 1 fall above threshold. Increased fill rate at night due to escalation. Reduced CSW fill rate during the day due to inability to cover shifts on 6 occasions

Lord North: 1 fall above threshold. Decreased fill rate due to lack of available temporary staff on 5 occasions during the month where shifts remained uncovered.

UMAU (MDGH): Increased fill rate at night to staff night escalation throughout the month.

Ward 22: Improvement in falls during December remaining within threshold. Reduced RN fill rate due to lack of available temporary staff

Ward 33 / Gynae: EGAU commenced 24hr service and staff requirements changed. Reduced fill rate against new plan. Safe staffing reviews undertaken and mapping out requirements to new service delivery.

MAU (TWH): Decreased fill rate due to lack of available temporary staff across 37 occasions.

Ward 32: Increased RN fill rate due to RMN requirements throughout the month for enhanced care needs. There is an emerging staffing risk where there is significant recruitment gap.

Ward 10: 5 falls above threshold. Skill mix adjustment a considered risk by the ward team in line with a high dependency and moderate acuity and supporting enhanced care needs on 9 occasions.

Ward 11: 5 falls above threshold. Reduced RN fill rate due to escort support x 1 and lack of available temporary staff. Increased CSW fill rate as skill mix adjustment to change RN shift to CSW

Ward 12: 5 falls above threshold. Reduced fill rate with lack of available temporary staff to support enhanced care needs or provide cover for sickness in the team.

Ward 20: 5 falls above threshold which is a further decrease on previous month. Reduced fill rate due to lack of available RN cover. Increased CSW fill rate at night to support enhanced care needs. Quality reviews continue to monitor against actions.

Ward 2: Improvement in falls remaining within threshold during December. Increased CSW fill rate at night due to escalation in AFU. Decrease RN fill rate due to lack of available temporary staff.

Ward 30: 9 falls above threshold. Reduced fill rate for both RNs and CSWs due to lack of available temporary staff throughout the month

Neonatal Unit: Reduced fill rate due to low occupancy during December

Peale: 1 fall above threshold. Reduced RN fill rate due to lack of available temporary staff and an increase in bed base for team as part of the planned Winter escalation. Cornwallis team currently on Peale ward with effect from 18th November 2018.

A+E (MH + TWH): A+E MH reduced RN fill rate across 11 days and RN support to TWH on 2 occasions. A+E TWH significant unfilled shifts for registered nurses on 60 occasions and clinical support workers unfilled shifts recorded at >20. This compares with 33 unfilled shifts for November for registered nurses and 16 unfilled shifts for clinical support workers.

Foster Clarke: Increased fill rate reflective of ward move for winter escalation Peale team now on Foster Clarke with an increase in bed base to 27 and therefore an increase in staffing requirements to support care delivery.

Exception Report for December

Staffing levels in TWH A+E were an increased area of focus and concern during the month of December and specifically in the lead up to the Christmas period. There were significant gaps in the planned roster with increased difficulty in securing temporary staff to support staffing levels. This was exacerbated with renewal of agency contracts across the STP where work is ongoing to standardise pay rates. The Head of Temporary Resources in collaboration with the DDNQ and Chief Nurse agreed a management plan to support additional enhancements in an effort to encourage temporary staff cover. This was implemented within the framework of the STP work to align nursing agency rates.

The CQC received information in terms of one “whistle blowing” call in relation to concerns raised about staffing levels to Maidstone Hospital and with reference to equipment and medicines availability in escalation areas. Executive led discussions with the CQC in liaison with the division provided assurance of the detailed winter escalation plan, escalation ladder for beds and staffing plans mapped to escalation areas.

The overall staffing position in the ED on the TWH has seen a further reduction in registered nurses. There is a current gap of over 50% registered staff in the department. A plan has been developed which sets out a number of actions to support recruitment and secondment opportunities to the ED including review of support to staff within the department. The department are considering a range of options which has included offering adhoc training sessions for staff who are not confident working in the ED and taster days in the department. They have added in some additional administrative support which is freeing up nursing time.

To provide oversight on quality and safety there has been some rotation of senior nursing staff to ensure our most experienced matron is on the most vulnerable site. This matron has put in place a weekly review of quality and safety metrics. She has introduced a daily shift brief – similar to a safety huddle, which sets out key priorities for the shift – this is in addition to the hourly quality rounds.

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 ‘overflow’. Financial and key nurse-sensitive indicators have also been included as an aid to triangulation of both efficient and effective use of staff.

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 successful roll out of Health roster enables for further scrutiny of PvA through the Key Performance Indicators to include:

Roster Score	Unfilled Roster	Duties With Warnings	Partially Approved Rosters	Fully Approved Rosters	Roster Approval (Partial) Lead Time
Roster Approval (Full) Lead Time	Net Hours Balance	Bank / Agency Use	Annual Leave	Total Avoidable Cost Per WTE	

For example Annual leave; the headroom allowance for in patient departments is set at 21%. Annual leave parameters should fall between 11 – 15%. Where there is a reduced fill rate in month the KPI will identify if Annual leave is an influencing factor.

The next programme of Safe Staffing reviews is currently being supported in collaboration with the Chief Nurse or Deputies, Associate Director of Nursing for the division, Ward Manager, Matron, Finance, Professional standards and Health Roster representation.

With the introduction of apprenticeships and the start for the new Trainee Nursing Associates (TNAs) this will impact on the current workforce structure. This will require a revised methodology when considering our workforce needs to ensure consideration to the future structure of new learners, apprentice's and the introductions of TNA's leading to the Nursing Associate role.

Care Hours per Patient Day

Updated information has been communicated by NHS Improvement in June 2018 (CHPPD) Guidance for Acute and Acute Specialist Trusts.

CHPPD is a measure of workforce deployment that can be used at ward, service or aggregated to Trust level. The safe staffing paper uses the CHPPD at ward / department level where service leaders and managers can consider the workforce deployment over time, with comparable wards within a trust or at other trusts as part of a review of staff deployment and overall productivity.

To calculate CHPPD, monthly returns for safe staffing along with the daily patient count at midnight, which is the total number of patients on the ward at 23:59 are aggregated for the month.

Calculation:

Day Shift Hours + Night Shift Hours Worked by both Nursing Support Staff and Registered Nurses & Midwives

Approximation of Every 24 Hours of In-Patient Admissions by Taking a Daily Count of Patients in Beds at 23:59

The updated guidance references CHPPD for ward-based AHPs and other clinical staff:

'Ward-based Allied Health Professionals (AHPs) and other clinical staff who provide patient care in multi-disciplinary teams alongside nursing or midwifery staff can be included in the Safe Staffing returns for the purposes of calculating CHPPD. This only relates to staff that are part of the ward roster and are included in the ward establishment. Registered clinical staff can be reported alongside registered nursing and midwifery staff. Non-registered clinical staff can be recorded alongside healthcare support workers.'

MTW have looked proactively at AHPs in traditional nursing roles and as such, has successfully appointed an Occupational Therapist to the role of Ward Manager to MAU (TWH). This role will be included in the CHPPD calculation.

Current guidance does not yet include the patient facing hours that centrally deployed AHPs provide to a ward / department on any given day, into the CHPPD metric, as we would not be counting like with like.

QuESTT:

The QuESTT score seeks to offer a more objective approach to the safety and effectiveness of a ward to reflect aspects of good leadership and multi-professional engagement with care. Nurse sensitive indicators and included alongside the QuESTT score.

The tool has 16 statements that are answered true or false (Table 1). The questions cover a range of domains including leadership, staff support, user feedback and incidence. Each question is weighted with a score between 1 and 3. Any ward or department scoring above 12 would give rise to further enquiry. The aim of the tool is to identify wards that may need additional support or intervention before any adverse impact on the clinical care and outcomes.

The RAG rating for QuESTT is rated as:

Green: 0 - 11

Amber: 12 – 15 Trend analysis and further enquiry

Red : 16 + Immediate enquiry and action to be taken

The Quality, Effectiveness & Safety Trigger Tool (QuESTT) collection tool is now available to all wards. Completion and review rate remains at 100% (not including maternity) for the month of October. QuESTT continues to be further embedded into the monthly reporting systems and promoted through the Chief Nurse's senior team.

A trigger of Amber or Red will initiate a "Quality Review" relating to the quality indicators over a nominated period of time. This will be a minimum of a one quarter annum period to identify any themes or trends arising. The indicators for review include:

Falls

Complaints

FFT

Workforce KPIS including sickness, vacancy, turnover

Performance

Financial performance

E roster KPIS

Other patient safety incidents

Dec-18		Day				Night		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 (%)	Overall Care Hours per pt day	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	QESTT Score	Comments	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Acute Stroke	104.7%	95.7%	108.6%	124.2%	8.8	25.6%	90.0%	1	0	9	Increased fill rate due to enhanced care requirements throughout the month	132,854	156,682	(23,828)
MAIDSTONE	Cornwallis	1.6%	2.2%	2.2%	0.0%	5.8	0.0%	-	0	0		Winter escalation ward following Cornwallis team move to Peale ward as part of winter plan. Closed until the 31st December and was open to escalation for 12 patients.	115,598	7,578	108,020
MAIDSTONE	Culpepper (Inc CCU)	96.3%	96.0%	98.4%	100.0%	11.3	89.7%	100.0%	0	0	0		109,337	104,501	4,836
MAIDSTONE	John Day	98.2%	118.0%	100.2%	102.2%	5.8	34.7%	92.3%	1	0	6	Increased fill rate to cover increased dependency levels on ward	132,925	126,811	6,114
MAIDSTONE	Intensive Treatment Unit (ITU)	86.1%	61.4%	82.3%	-	33.0			0	0	0	Reduced fill rate due to decreased dependency during the month. RN staff redeployed to support safe staffing levels at TWH ITU	185,671	176,977	8,694
MAIDSTONE	Pye Oliver	104.4%	86.9%	116.0%	101.2%	6.1	37.1%	92.3%	2	3	4	Increased CSW fill rate due to enhanced care requirements throughout the month.	116,339	125,247	(8,908)
MAIDSTONE	Chaucer	108.0%	77.9%	138.5%	172.7%	12.5	71.4%	97.5%	5	0	0	1 fall above threshold Increase fill rate at night due to escalation. Reduced CSW fill rate during the day due to inability to cover shifts on 6 occasions	118,267	118,777	(510)
MAIDSTONE	Lord North	87.8%	85.8%	97.0%	100.0%	7.0	40.9%	100.0%	3	0	2	1 fall above threshold Reduced fill rate due to lack of available temporary staff on 5 occasions	102,318	100,242	2,076
MAIDSTONE	Mercer	110.5%	92.4%	114.2%	108.3%	6.5	83.3%	85.0%	2	0	3	Increased fill rate inclusive of supervisory days and enhanced care requirements	101,048	111,048	(10,000)
MAIDSTONE	Edith Cavell	97.1%	101.6%	101.1%	125.8%	5.7	106.7%	100.0%	4	1	6	Increased CSW fill rate At night for enhanced care requirements	71,882	79,121	(7,239)
MAIDSTONE	Urgent Medical Ambulatory Unit (UMAU)	92.1%	95.9%	130.0%	183.9%	8.9	0.0%	-	3	0	7	Increased fill rate at night due to escalation throughout the month.	131,489	123,961	7,528
TWH	Stroke/W22	83.3%	96.2%	94.2%	94.6%	9.7	255.6%	91.3%	6	0	7	Reduced RN rate due to lack of available temporary staff to cover staffing levels	150,502	154,394	(3,892)
TWH	Coronary Care Unit (CCU)	97.5%	73.5%	93.6%	-	11.4	90.3%	96.4%	0	0	3	Reduced fill rate due to lack of available temporary staff and redeployment of CSW on occasions to support safe staffing levels in other areas.	67,825	64,893	2,932
TWH	Gynaecology/ Ward 33	86.0%	88.3%	94.6%	88.8%	12.8	0.0%	-	2	0	2	2 falls above threshold EGAU commenced 24hr service and staff requirements changed. Reduced fill rate to new plan.	79,636	78,173	1,463
TWH	Intensive Treatment Unit (ITU)	99.2%	128.3%	107.4%	93.5%	28.2			0	0	1	Escalated on 12 occasions in month	195,061	197,570	(2,509)
TWH	Medical Assessment Unit	83.4%	90.6%	94.1%	98.9%	8.2	16.1%	98.2%	2	0	6	Reduced RN fill rate due to inability to cover shifts on 37 occasions	189,499	194,074	(4,575)
TWH	SAU	97.8%	96.1%	98.4%	93.5%	9.7			2	0	0	Escalated on 4 occasions	61,940	63,005	(1,065)
TWH	Ward 32	95.2%	108.8%	120.3%	104.1%	6.8	27.8%	93.3%	4	1	9	Increased RN fill rate due to RMN requirements throughout the month for enhanced care needs	139,808	172,837	(33,029)
TWH	Ward 10	92.0%	94.8%	75.8%	169.4%	6.3	0.0%	-	4	0	5	2 Falls above threshold Skill mix adjustment a considered risk by the ward team in line with a high dependency and moderate acuity Enhanced care needs across 9 occasions	120,565	126,068	(5,503)
TWH	Ward 11	81.3%	131.3%	96.9%	143.6%	6.4	0.0%	-	4	0	5	Reduced RN fill rate due to escort support x 1 and lack of available temporary staff. Increased CSW fill rate as skill mix adjusted to change RN shift to CSW	126,638	134,257	(7,619)
TWH	Ward 12	92.3%	103.6%	89.2%	94.4%	6.2	12.3%	90.0%	11	0	10	5 falls above threshold Reduced RN fill rate at night due lack of available temporary staff to cover sickness Enhanced care requirements not covered on 4 occasions	121,446	131,900	(10,454)
TWH	Ward 20	89.7%	100.5%	100.0%	122.3%	5.8	34.4%	90.9%	12	0	11	5 falls above threshold Reduced fill rate due to lack of available RN cover. Increased CSW fill rate at night to support enhanced care needs	123,611	117,688	5,923
TWH	Ward 21	94.8%	105.2%	98.5%	96.0%	6.4	23.5%	93.8%	3	0	5	Lack of available temporary staff across 21 days	134,850	124,451	10,399
TWH	Ward 2	87.1%	97.3%	97.8%	121.1%	7.1	43.9%	86.2%	6	0	7	Increase fill rate at night due to escalation into AFU. Decrease Rn fill rate due to lack of available temporary staff	131,973	119,036	12,937
TWH	Ward 30	89.7%	85.6%	94.5%	107.6%	5.7	0.0%	-	14	0	10	9 falls above threshold Reduced fill rate for both RNs and CSWs due to lack of available temporary staff throughout the month	122,715	117,019	5,696
TWH	Ward 31	99.3%	93.2%	107.3%	91.4%	6.8	8.3%	100.0%	5	0	3		139,943	134,268	5,675
Crowborough	Birth Centre	76.8%	100.0%	93.5%	90.0%				0			Considered action to prioritise the night with Community teams support during the day	71,096	75,713	(4,617)
TWH	Maternity Services (incl Ante/Post Natal, Delivery Suite & Triage)	92.6%	94.4%	102.4%	91.0%	5.5	39.5%	90.4%	0	0			690,933	666,905	24,028
TWH	Hedgehog	92.7%	46.3%	112.1%	N/A	12.2	4.9%	93.3%	0	0	4	Reduced CSW fill rate due to lack of available paediatric CSW cover	208,979	194,872	14,107
MAIDSTONE	Birth Centre	114.0%	77.4%	98.3%	94.9%				0	0		Reduced MSW fill rate due to lack of MSW temporary staff.	62,876	58,756	4,120
TWH	Neonatal Unit	73.1%	61.0%	98.8%	N/A	15.6			0	0	2	Reduced fill rate due to low occupancy during December	178,696	172,861	5,835
MAIDSTONE	MSSU	99.1%	73.3%	76.2%	N/A		21.5%	95.4%	0	0	0	Decreased RN fill rate recorded in December as closed over the bank holidays and weekends where possible. Decreased CSW fill rate due to lack of available temporary staff	41,893	55,047	(13,154)
MAIDSTONE	Peale	91.1%	112.2%	66.7%	100.1%	9.3	900.0%	94.4%	2	0	10	1 fall above threshold Reduced RN fill rate due to lack of available temporary staff and an increase in bed base for team.	91,179	74,650	16,529
TWH	SSSU	92.8%	113.2%	98.5%	163.3%	8.4			0	0	4	Increased fill rate to cover escalation throughout the month	181,731	89,349	92,382
MAIDSTONE	A&E	72.4%	105.5%	93.5%	96.1%		9.7%	92.7%	1	0		A+E MH reduced RN fill rate across 11 days and RN support to TWH on 2 occasions.	214,550	216,807	(2,257)
TWH	A&E	91.4%	83.8%	91.5%	95.7%		15.9%	88.3%	2	0		A+E TWH significant unfilled shifts for trained staff on 60 occasions and CSW unfilled shifts recorded at >20	341,646	353,773	(12,127)
MAIDSTONE	Foster Clarke	116.8%	151.0%	118.9%	87.8%	7.7	34.4%	95.2%	0	0	5	Increased fill rate reflective of ward move for winter escalation Peale now on Foster Clarke with an increase in bed base to 27 and therefore staffing requirements.	76,274	112,161	(35,887)
Total Established Wards												5,383,593	5,231,474	152,119	
Additional Capacity by Cath Labs												36,509	38,249	-1,740	
Whatman												99,470	3,319	96,151	
Other associated nursing costs												2,725,561	2,701,893	23,668	
Total												8,245,133	7,974,936	270,197	

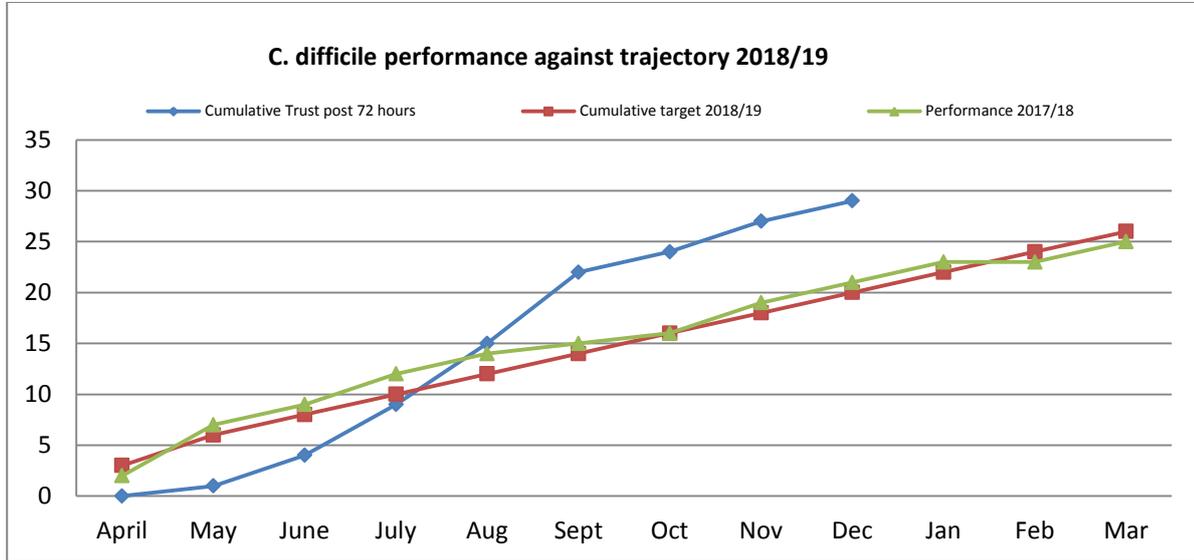


Infection Prevention and Control

MRSA

There were no cases of MRSA blood stream infection in December.

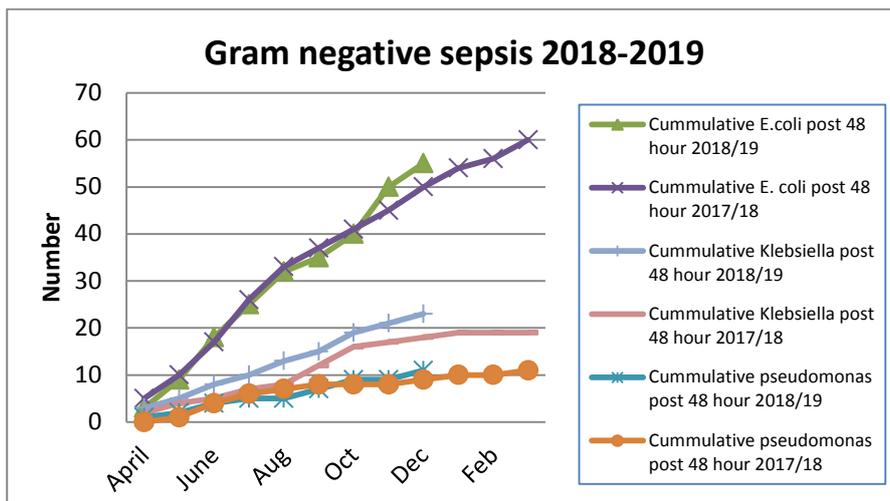
C. difficile - There were two cases of post-72 hour *C. difficile* infection in December against a monthly limit of two cases. The Trust has breached the *C. difficile* objective for the year with a total of 29 cases against a limit of 26.



All cases have full root cause analysis and are presented at the *C. difficile* panel with the DIPC and Chief Nurse. Five (out of 27) cases have been found to be avoidable up to the end of November. Three were related to inappropriate antibiotics, one to cross infection and one due to a delay in ERCP which resulted in an extended course of antibiotics.

Gram negative bacteraemia

Nine cases of hospital-attributable gram negative blood stream infection were seen in October. Five cases were due to *E. coli*, two due to *Klebsiella* and two due to *Pseudomonas* species



Methicillin sensitive *Staphylococcus aureus* bacteraemia

One case of hospital-attributable MSSA blood stream infection was seen in December. Review of earlier cases continues at the *C. difficile* panel

Norovirus

Ten confirmed cases of norovirus have been seen on TW20 between 10/11/18 – 5/12/18. Two members of staff and three visitors also reported symptoms.

Infection prevention precautions were put in place together with a high level of Infection Prevention team support. The affected ward areas have now all been cleaned and no further new patients have been seen. There were no bed days lost as a result of this incident.

Few cases have been seen subsequently with sporadic cases only and no ward closures.

Influenza

The flu season has started with 16 inpatient cases of Influenza A in December. One patient required ITU level care.

No cases of Influenza B have been seen this winter which is in contrast to last year when Influenza B was the predominant strain in our catchment area.

Financial commentary

- The Trust's surplus including PSF was £0.1m in December which was on plan. The Trust was £2.1m adverse to the CIP target and had to include £1.4m non recurrent income support earlier than planned and £0.5m partially completed spells income relating to Adult and Neo Natal critical care activity.
- The Trust's normalised run rate in December was £3.1m deficit pre PSF which was £2.3m adverse to plan.
- In December the Trust operated with an EBITDA surplus of £2.6m which was £0.1m adverse to plan.
- The Trust year to date has a surplus including PSF of £1.7m which is £0.1m favourable to plan, the key variances to plan are: CIP Slippage (£6.8m) overspends within pay budgets (£2m) and non-pay budgets (£3m) offset by non-recurrent items (£2.1m) , release of contingency reserve (£4.7m) , earlier than planned phasing of Non Recurrent Income support (£3m) , over performance within Clinical Income (£1.6m) and underspends within depreciation (£0.4m)
- The key current month variances are as follows:
 - Total income net of pass-through related income is £0.5m favourable to plan. Clinical Income excluding HCDs was £0.5m favourable to plan in December which included £1.4m benefit relating to Non Recurrent Income support incorporated earlier than planned. The key adverse variances are Daycases (£0.4m) and Electives (£0.5m). This is mainly in relation to the delay to the Prime Provider tender process
 - Other Operating Income excluding pass-through costs is £0.3m adverse to plan in the month which mainly relates to £0.2m Private Patient income underperformance.
 - Pay budgets underspent by £0.1m in December and were £0.2m favourable to forecast this was due to £0.2m non recurrent benefit relating to 2017/18 and delay in winter escalation costs (c£0.2m). Pressures to forecast were mainly within Surgery and Paediatric Medical staffing (£0.2m) due to higher than forecasted agency usage within Urology, Ophthalmology and Paediatrics.
 - Non Pay adjusted for pass through costs and reserves was overspent by £0.6m in December and was £0.2m adverse to forecast. This was mainly due to pressures within Clinical supplies a (£0.4m adverse) impacting all clinical divisions partly offset by bad debt reduction relating to payment from NHS Prop Co of £0.25m for an old debt.
- The Trust achieved £0.7m savings in December which was £2.1m adverse to plan and £6.8m adverse year to date. This is mainly due to STP Medical rate slippage (£1m), Prime Provider (£3m), Private Patient income slippage (£0.6m).
- The Trust held £12.7m of cash at the end of December which is higher than the plan of £2.7m. In December the Trust received £2.544m cash receipt from NHSI relating to qtr 2 PSF funding. As the timing of the cash receipt is unknown, the Trust also applied for an interim working capital loan of £2.544m, this was also received in December - the loan has subsequently been repaid in January 2019. The Trust has been given an extension to the single currency working capital loan which is due to be repaid in February 2019, the Trust has removed any interim working capital financing from the cash flow forecast for the remaining quarter (previously forecast to request a value between £6m and £13m in February).
- The Trust has an approved Capital Plan of £14.46m and is forecasting to spend £9.35m which takes account of: 1) Linac 5 funding is £32k less than plan; 2) NHSI have indicated that it is extremely unlikely that capital expenditure reliant on DHSC financing will not be available in 18/19 - therefore the Trust is no longer forecasting the purchase of CT scanners (£2.5m) through a potential capital loan in this year; the Trust will reserve its right to bring this back into the planning submission for 2019/20; 3) the outturn forecast for depreciation is £446k lower than plan due to slippage on schemes - this reduces the available resource so it is balanced by some equipment schemes being deferred; 4) the total Salix loan for Phase 4 at MS and Phase 1 at TWH has increased by £270k for this year; 5) the majority of the HODU/Cardiology scheme has been removed, leaving £200k for the Cardiology Cath Lab enabling works. The Trust also has proposed asset sales with a Net Book Value of £2.4m, which will be added to the FOT.

- The Trust is forecasting to deliver the plan which will require delivery of various actions which include: £12.3m profit on disposal of asset, additional non recurrent income from commissioners (£3.7m) and funding for Cancer and RTT recovery plans (£1.3m). The full list of key actions and risks are detailed in slide 4a of the report.

Workforce Commentary

December Dashboard

Key Workforce Risks & current actions to note

Trust Vacancy Rate 9.9% (Target >9%)

The vacancy rate has increased from that reported in December. This is in part due to a planned increase in establishment due to additional winter pressures posts which are staffed on a temporary basis.

Trust Turnover Rate 9.1% (Target >10%)

Key Vacancy risks include

- Nursing for medical and T&O wards at TWH
- Nursing for ED on both sites but primarily TWH
- TWH theatres
- Specialty grade medical staff, General Surgery & Paediatrics
- Consultant physicians, AMU and respiratory
- Areas with high vacancy rates continue to put pressure on agency rates, particularly nursing in ED. A coordinated approach between MFT, EKHUFT and MTW is being taken to address issues with ED nursing.

Current Actions:

- Issuing of letter to all Year 3 Nursing students within MTW offering a guaranteed job (subject to completion of training)
- Finalising agreement with an additional recruitment company for the recruitment of overseas nursing staff
- Implementation of Nurse Recruitment clinics with ward managers to expedite recruitment process
- Review of Medical recruitment processes to improve consistency and timeliness of medical recruitment
- 10 specialty doctor medical staff offered posts in paediatrics, surgery and medicine following interview sourced via an international recruitment agency. Further interviews planned for surgery and ED.
- The Communications team are developing proposals for a sequence of films marketing the trust and specific professional groups
- Year 1 Nurse promise launched
- Internal Transfer scheme pilot launched
- Further schedule of recruitment events agreed with a focus on recruiting at TWH

Sickness Absence 3.9% (Target =>3.3%)

Sickness absence is currently above target but much lower than the same period last year, this is primarily due to a reduction in short term absence over the same timescale.

Short term Absence 49.1%, Long term absence 50.9%

Key challenges in

- Estates & facilities (5.34%)
- Women's Services (5.57%)
- Clinical Governance (8.08%)

Current Actions

- Flu campaign focusing on areas of low uptake, as of 18th January 70% of frontline staff vaccinated. The trust is behind its trajectory to hit its target of 85%. All non vaccinated staff will be reminded by text message of the importance of vaccination. Occupational Health and peer vaccinators are working with Divisional teams to identify areas of low uptake and target resources accordingly. Communication continues to focus on vaccination as a key element of infection control as well as communication featuring staff who did not have the vaccine and have had flu over the Christmas period.

- HR are providing line managers with updates on staff hitting absence triggers and are following up to ensure that sickness meetings are held and OH referrals made.
- HR staff are working with line managers to ensure that all those on long term absence have a management plan in place.

Mandatory Training 82% (Target <85%)

Current Actions

- Individual e-reminders to all staff now automatically issued by the Learning Management System
- Divisions now have the ability to generate local reports on uptake directly from the new system
- A review of training requirements for specific posts is being undertaken with clinical leads
- Data cleansing following transfer of information from the old to the new system

Appraisals 90.2% (Target 90%)

- Divisional and directorate action plans in place to achieve the target with specific areas being targeted by HR Business partners to ensure compliance

Trust Performance Dashboard

Position as at: 31 December 2018

	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	
	Safe								
*Rate C-Diff (Hospital only)	8.83	9.7	12.3	15.9	3.6	4.9	11.5	13.9	
Number of cases C.Difficile (Hospital)	2	2	21	29	8	9	26	35	
Number of cases MRSA (Hospital)	0	1	0	3	3	3	0	3	
Elective MRSA Screening	98.0%	99.0%	98.0%	99.0%	1.0%	1.0%	98.0%	99.0%	
% Non-Elective MRSA Screening	No data	No data	No data	99.0%	No data	No data	98.0%	No data	
**Rate of Hospital Pressure Ulcers	2.38	0.70	2.11	1.22	- 0.89	- 1.79	3.01	1.24	3.00
***Rate of Total Patient Falls	5.96	5.16	5.91	6.02	0.11	0.02	6.00	5.82	
***Rate of Total Patient Falls Maidstone	5.76	3.60	5.34	5.64	0.29			4.93	
***Rate of Total Patient Falls TWells	5.93	6.19	6.26	6.52	0.25			5.84	
Falls - SIs in month	2	1	26	18	- 8				
Number of Never Events	0	0	2	1	- 1	1	0	1	
Total No of SIs Open with MTW	59	82			23				
Number of New SIs in month	17	5	131	128	- 3	38			
***Serious Incidents rate	0.75	0.24	0.67	0.70	0.03	0.64	0.004 - 0.6078	0.70	0.004 - 0.6078
Rate of Patient Safety Incidents - harmful	1.49	0.47	1.19	1.06	- 0.13	- 0.17	0 - 1.23	1.06	0 - 1.23
Number of CAS Alerts Overdue	0	0			0	0	0		
VTE Risk Assessment - month behind	96.6%	97.2%	96.4%	97.2%	0.8%	2.2%	95.0%	97.2%	95.0%
Safety Thermometer % of Harm Free Care	97.8%	98.4%	96.6%	97.8%	1.1%	2.8%	95.0%		93.4%
Safety Thermometer % of New Harms	2.80%	1.59%	3.23%	2.17%	-1.06%	-0.8%	3.00%	2.17%	
C-Section Rate (non-elective)	14.0%	13.2%	13.7%	13.4%	-0.29%	-1.6%	15.0%	13.4%	

	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	
	Effectiveness								
Hospital-level Mortality Indicator (SHMI)*****	Prev Yr: July 14 to June 15		1.0492	1.0244	- 0.0248	0.0244	Band 2	Band 2	1.0
Standardised Mortality HSMR	Prev Yr: Apr 15 to Mar 16		106.4	102.4	- 4.0	2.4	Lower confidence limit to be <100		100.0
Crude Mortality	1.1%	1.1%	1.1%	0.9%	-0.2%				
****Readmissions <30 days: Emergency	12.3%	14.5%	11.7%	14.4%	2.7%	0.8%	13.6%	14.4%	14.1%
****Readmissions <30 days: All	11.8%	13.7%	11.0%	13.8%	2.9%	-0.9%	14.7%	13.8%	14.7%
Average LOS Elective	3.70	3.71	2.55	3.12	0.57	- 0.08	3.20	3.12	
Average LOS Non-Elective	6.82	6.82	7.43	6.91	- 0.52	0.11	6.80	6.91	
NE Discharges - Percent zero LoS	38.7%	45.7%	36.4%	45.1%	8.6%			45.1%	
*****FollowUp : New Ratio	1.76	1.39	1.69	1.57	- 0.11	0.06	1.52	1.57	
Day Case Rates	88.0%	87.5%	88.0%	87.4%	-0.6%	7.4%	80.0%	87.4%	82.2%
Primary Referrals	9,293	7,506	86,451	91,281	5.6%	1.7%	121,638	121,548	
Cons to Cons Referrals	4,164	4,063	43,187	51,944	20.3%	22.0%	56,704	69,168	
First OP Activity (adjusted for uncashed)	14,652	14,957	143,733	158,104	10.0%	3.6%	204,495	210,528	
Subsequent OP Activity (adjusted for uncashed)	21,043	22,008	249,837	234,335	-6.2%	-17.5%	379,945	312,036	
Elective IP Activity	498	446	5,142	4,754	-7.5%	-19.5%	7,674	6,330	
Elective DC Activity	2,972	3,134	31,538	32,991	4.6%	-1.5%	44,403	43,930	
**Non-Elective Activity	4,973	5,246	43,219	47,699	10.4%	8.4%	58,582	63,310	
A&E Attendances (Calendar Mth) Excl Crowboro	14,590	14,672	128,837	135,438	5.1%	2.1%	174,428	178,944	
Oncology Fractions	4,473	5,007	39,900	48,399	21.3%	-5.1%	67,890	72,599	
No of Births (Mothers Delivered)	506	491	2,497	4,508	80.5%	0.6%	5,977	6,011	
% Mothers initiating breastfeeding	82.3%	80.2%	82.3%	81.5%	-0.8%	3.5%	78.0%	81.5%	
% Stillbirths Rate	0.2%	0.00%	0.20%	0.13%	-0.1%	-0.3%	0.47%	0.13%	0.47%

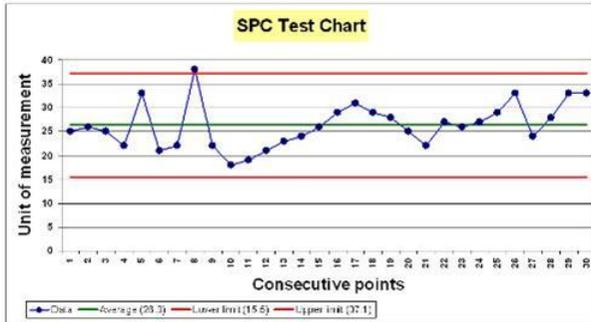
	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/Limit	Forecast	
	Caring								
Single Sex Accommodation Breaches	8	0	21	35	14	35	0	35	
****Rate of New Complaints	1.77	2.34	3.44	2.21	-1.2	0.89	1.318-3.92	2.14	
% complaints responded to within target	53.8%	66.7%	74.3%	64.6%	-9.8%	-10.4%	75.0%	70.1%	
****Staff Friends & Family (FFT) % rec care	66.7%	78.2%	66.7%	78.2%	11.5%	-0.8%	79.0%	78.2%	
****IP Friends & Family (FFT) % Positive	95.6%	93.9%	95.3%	94.4%	-0.9%	-0.6%	95.0%	94.4%	95.8%
A&E Friends & Family (FFT) % Positive	91.9%	89.9%	91.4%	91.3%	-0.1%	4.3%	87.0%	91.3%	85.5%
Maternity Combined FFT % Positive	93.9%	90.4%	93.6%	94.0%	0.4%	-1.0%	95.0%	94.0%	95.6%
OP Friends & Family (FFT) % Positive	84.3%	84.2%	83.0%	83.6%	0.6%			83.6%	

* 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 now both consultant and non-consultant led for all specialties -plan still being agreed so currently last year plan

	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	
	Responsiveness								
*****Emergency A&E 4hr Wait	84.8%	89.65%	89.2%	92.2%	3.0%	1.6%	90.8%	91.4%	76.4%
Emergency A&E >12hr to Admission	0	0	0	2	2	2	-	2	
Ambulance Handover Delays >30mins	587	441	3,249	3,150	- 99			4,200	
Ambulance Handover Delays >60mins	102	70	428	426	- 2			568	
RTT Incomplete Admitted Backlog	2,298	2,779	2,298	2,779	481	510	2,151	2,779	
RTT Incomplete Non-Admitted Backlog	718	2,886	718	2,886	2,168	616	1,995	2,886	
RTT Incomplete Pathway	85.9%	81.6%	85.9%	81.6%	-4.3%	-2.9%	85.5%	81.6%	
RTT 52 Week Waiters (New in Month)	3	5	4	54	50	54	0	54	
RTT Incomplete Total Backlog	3,504	5,665	3,504	5,665	2,161	1,126	4,146	5,665	
% Diagnostics Tests WTimes <6wks	99.65%	99.1%	99.7%	99.1%	-0.6%	0.1%	99.0%	99.0%	
*Cancer WTimes - Indicators achieved	4	4	3	3	-	- 6	9	9	
*Cancer two week wait	93.6%	90.0%	92.1%	79.0%	-13.1%	-14.0%	93.0%	93.0%	
*Cancer two week wait-Breast Symptoms	87.4%	81.7%	87.9%	65.4%	-22.4%	-27.6%	93.0%	93.0%	
*Cancer 31 day wait - First Treatment	95.3%	96.8%	92.6%	96.4%	3.8%	0.4%	96.0%	96.0%	
*Cancer 62 day wait - First Definitive	70.9%	56.4%	66.2%	62.2%	-4.0%	-20.0%	85.0%	85.0%	
*Cancer 62 day wait - First Definitive - MTW	71.7%	58.8%	71.7%	65.7%	-6.0%		85.0%		
*Cancer 104 Day wait Accountable	15.5	28.0	88.5	132.5	44.0	132.5	0	132.5	
*Cancer 62 Day Backlog with Diagnosis	78	99	78	99	21				
*Cancer 62 Day Backlog with Diagnosis - MTW	63	90	63	90	27				
Delayed Transfers of Care	3.73%	3.17%	5.23%	4.46%	-0.77%	0.96%	3.50%	4.46%	
% TIA with high risk treated <24hrs	81.0%	70.6%	67.3%	72.5%	5.1%	12.5%	60%	72.5%	
***** spending 90% time on Stroke Ward	94.8%	86.1%	92.4%	90.9%	-1.5%	10.9%	80%	90.9%	
*****Stroke:% to Stroke Unit <4hrs	65.2%	62.5%	59.2%	57.2%	-2.0%	-2.8%	60.0%	57.2%	
*****Stroke: % scanned <1hr of arrival	75.8%	66.1%	64.5%	57.8%	-6.7%	9.8%	48.0%	57.8%	
*****Stroke:% assessed by Cons <24hrs	80.3%	87.5%	84.8%	84.8%	0.0%	4.8%	80.0%	84.8%	
Urgent Ops Cancelled for 2nd time	0	0	0	0	0	0	0	0	
Patients not treated <28 days of cancellation	19	3	19	25	6	25	0	25	
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									
	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	
	Well-Led								
Income	35,477	38,634	326,585	348,600	6.7%	0.7%	466,408	465,992	
EBITDA	(295)	2,603	12,834	23,998	87.0%	-1.9%	38,910	29,447	
Surplus (Deficit) against B/E Duty	(2,632)	136	(9,392)	1,669			11,743	11,743	
CIP Savings	2,019	678	15,663	8,906	-43.1%	-43.1%	24,111	13,241	
Cash Balance	7,882	12,766	7,882	12,766			1,000	1,000	
Capital Expenditure	931	2,420	11,177	5,975			13,762	8,652	
Establishment WTE	5,609.0	5,684.8	5,609.0	5,684.8	1.4%	0.0%	5,684.8	5,684.8	
Contracted WTE	5,025.0	5,124.1	5,025.0	5,124.1	2.0%	2.1%	5,016.9	5,016.9	
Vacancies WTE	584.0	560.7	584.0	560.7	-4.0%	-16.0%	667.9	667.9	
Vacancy Rate (%)	10.4%	9.9%	10.4%	9.9%	-0.5%	-1.9%	11.7%	11.7%	
Substantive Staff Used	4,880.9	5,001.8	4,880.9	5,001.8	2.5%	-0.7%	5,037.4	5,037.4	
Bank Staff Used	339.0	415.6	339.0	415.6	22.6%	8.7%	382	382.3	
Agency Staff Used	258.8	270.3	258.8	270.3	4.4%	2.0%	265.1	265.1	
Overtime Used	45.9	45.4	45.9	45.4	-0.9%				
Worked WTE	5,524.6	5,733.1	5,524.6	5,733.1		0.8%	5,684.8	5,684.8	
Nurse Agency Spend	(714)	(728)	(5,630)	(6,884)	22.3%				
Medical Locum & Agency Spend	(1,339)	(1,806)	(11,247)	(13,839)	23.0%				
Temp costs & overtime as % of total pay bill	16.9%	17.9%	15.7%	17.0%	1.4%				
Staff Turnover Rate	12.1%	9.1%		9.1%	-3.0%	-1.4%	10.5%	9.1%	11.05%
Sickness Absence	4.9%	3.9%		3.4%	-1.0%	0.1%	3.3%	3.4%	4.3%
Statutory and Mandatory Training	87.6%	No data		87.1%	-87.6%	2.1%	85.0%	87.1%	
Appraisal Completeness	88.7%	90.2%		90.2%	1.5%	0.2%	90.0%	90.2%	
Overall Safe staffing fill rate	97.2%	95.3%	98.3%	96.9%	-1.4%		93.5%	96.9%	
****Staff FFT % recommended work	60.6%	50%	60.6%	50%	-10.6%	-12.0%	62.0%	50%	
****Staff Friends & Family -Number Responses	33	78	33	78	45				
****IP Resp Rate Recmd to Friends & Family	22.8%	19.6%	23.7%	21.7%	-2.0%	-3.3%	25.0%	21.7%	25.7%
A&E Resp Rate Recmd to Friends & Family</									

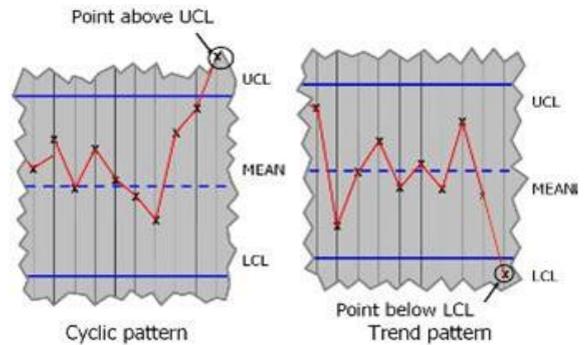
Explanation of Statistical Process Control (SPC) Charts

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

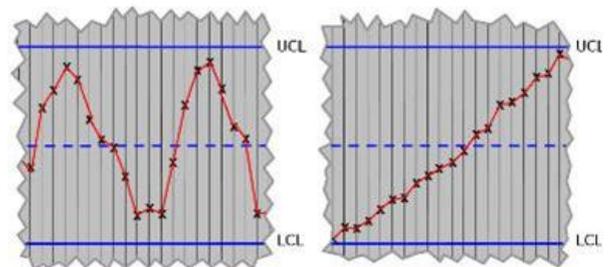


SPC is a type of charting that shows the variation that exists in the systems that are being measured. When interpreting SPC charts there are 4 rules that help to identify what the system is doing. If one of the rules has been broken, this means that 'special cause' variation is present in the system. 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.

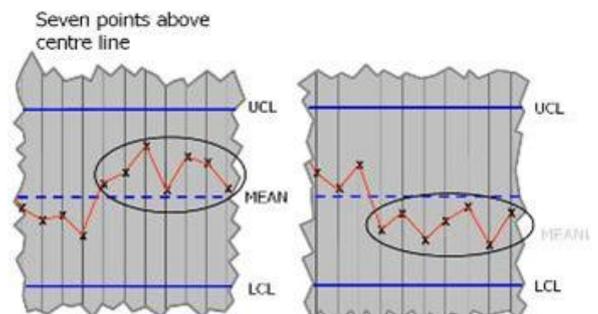


Rule 2: Any unusual pattern or trends within the control limits. The most obvious example of a cyclical pattern is seasonality but we also see it when looking at daily discharges where the weekends have low numbers. To qualify as a trend there must be at least 6 points in a row. This is one of the key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

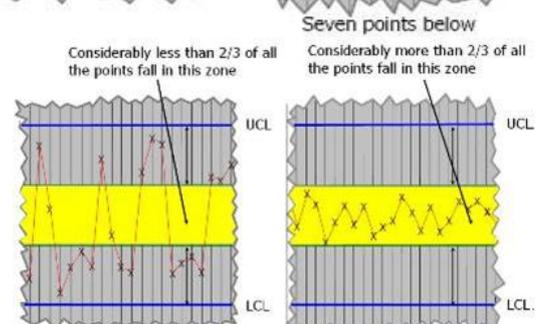


Rules 1 and 2 are the main reason for displaying SPC charts on our performance reports as it makes abnormally high or low values and trends immediately obvious. However there are two other rules that are also used to interpret the graphs.

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.

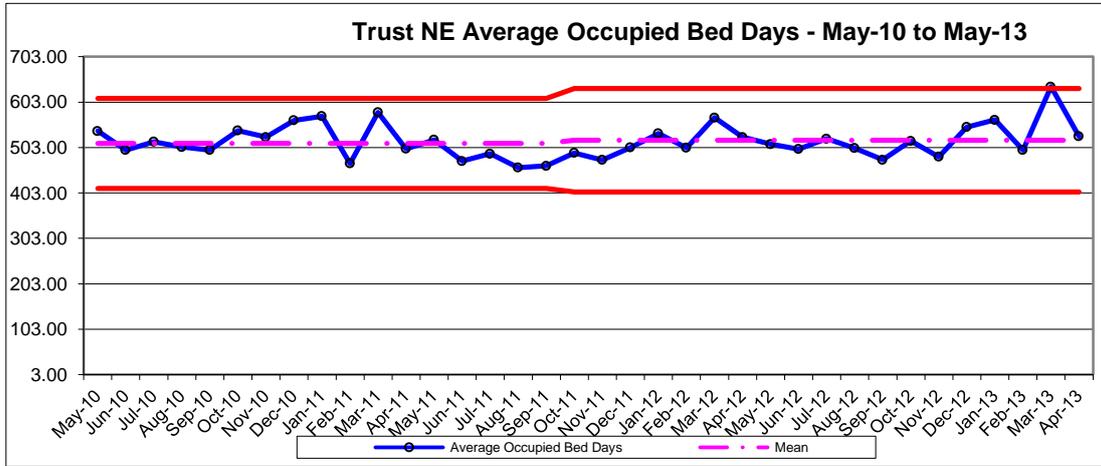


Rule 4: The number of points within the middle third of the region between the control limits differs markedly from two-thirds of the total number of points. This gives an indication of how stable a process is. If controlled variation (common cause) is displayed in the SPC chart, the process is stable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

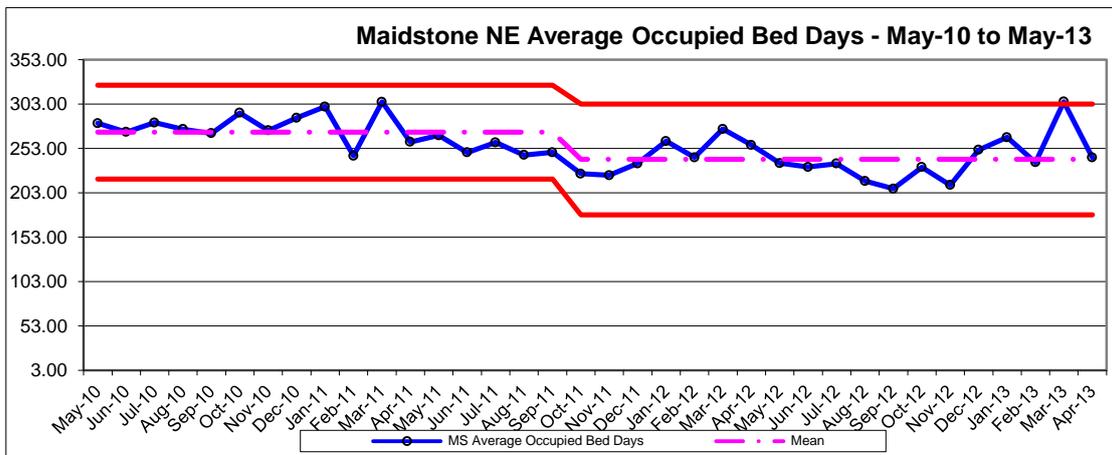
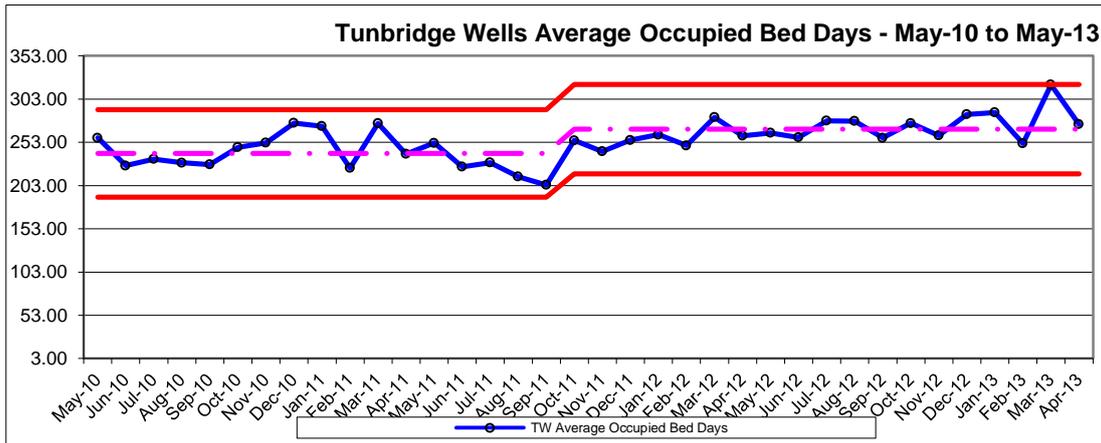


Changes to Control Lines

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.



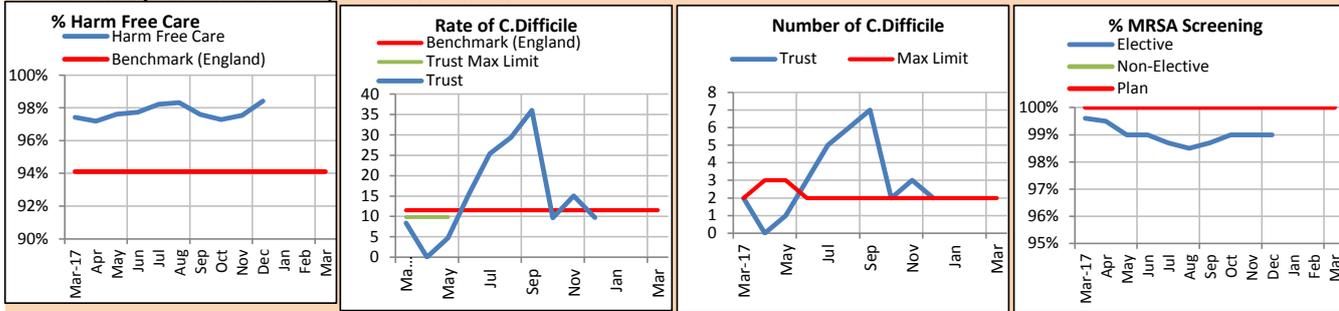
The change is not immediately obvious in the graph above if you look at just the blue line, but we know there were major changes to our inpatient beds. Looking at site level the change is more obvious:



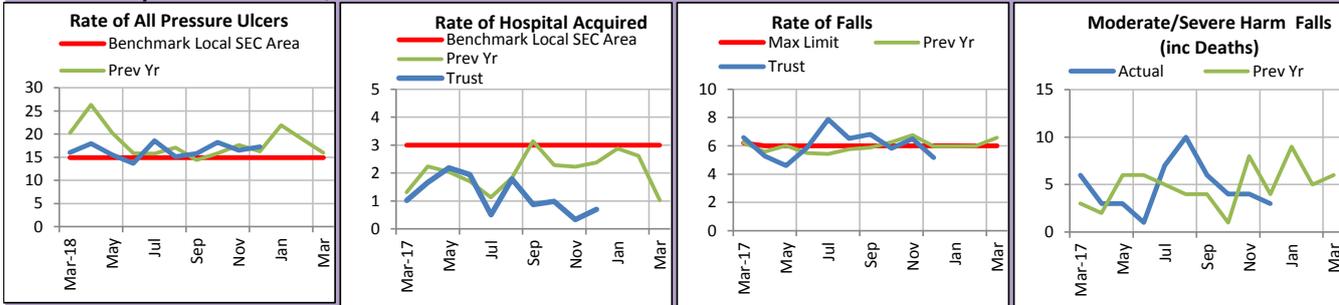
So in the examples given we have calculated a mean and control limits based on the data for May 2010 to September 2011 and then calculated them based on the period October 2011 to April 2013. The lines are all a result of the SPC calculations, only the date of the change is decided by the Information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

INTEGRATED PERFORMANCE REPORT ANALYSIS - PATIENT SAFETY & QUALITY

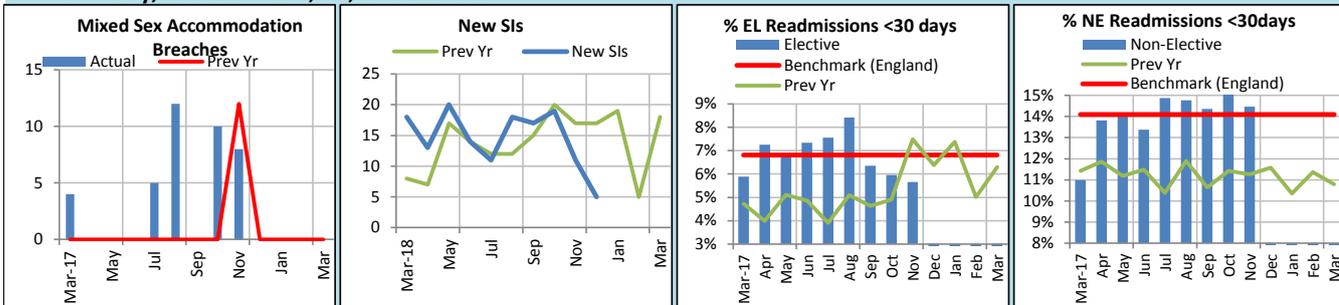
Patient Safety - Harm Free Care, Infection Control



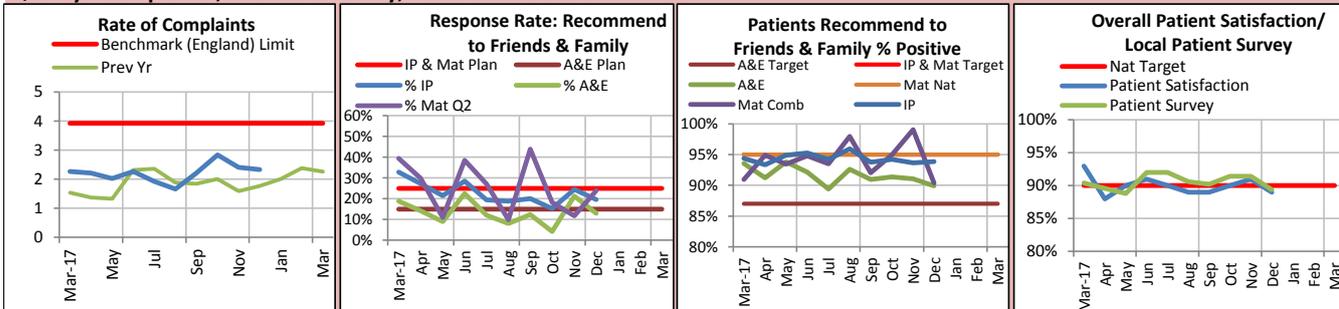
Patient Safety - Pressure Ulcers, Falls



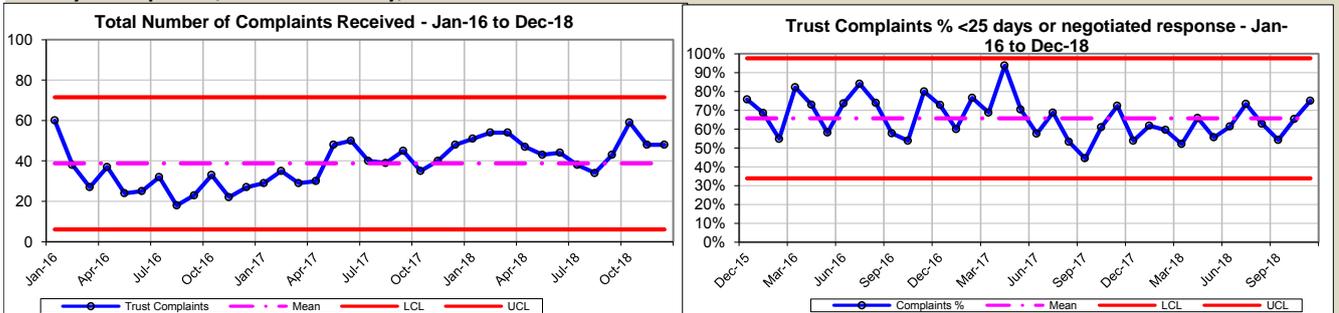
Patient Safety, MSA Breaches, SIs, Readmissions



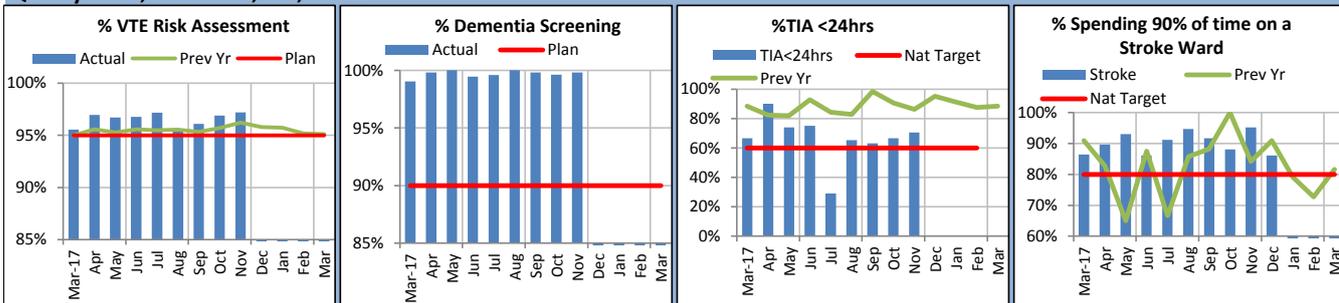
Quality - Complaints, Friends & Family, Patient Satisfaction



Quality - Complaints, Friends & Family, Patient Satisfaction

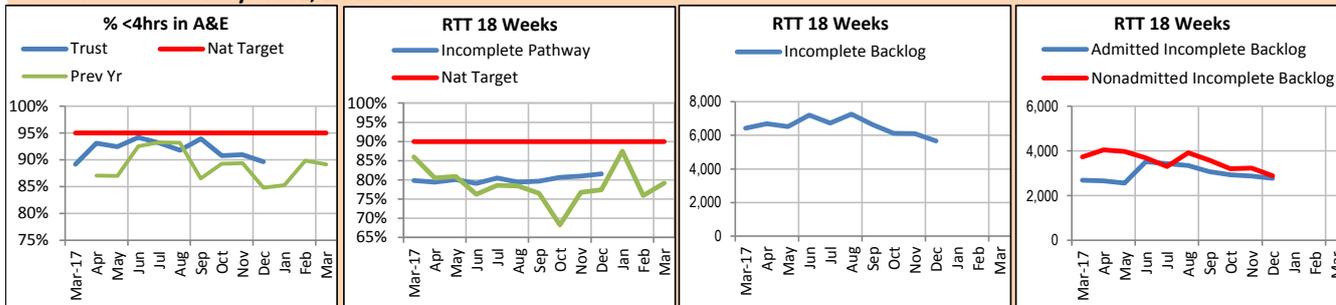


Quality - VTE, Dementia, TIA, Stroke

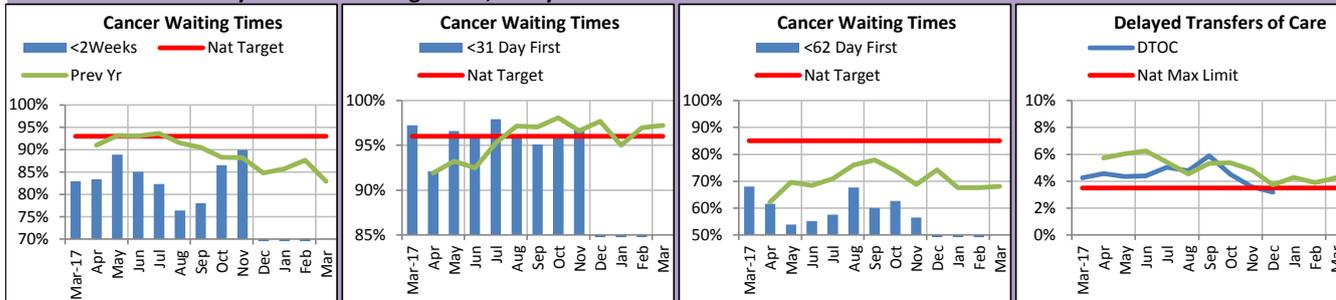


INTEGRATED PERFORMANCE REPORT ANALYSIS - PERFORMANCE & ACTIVITY

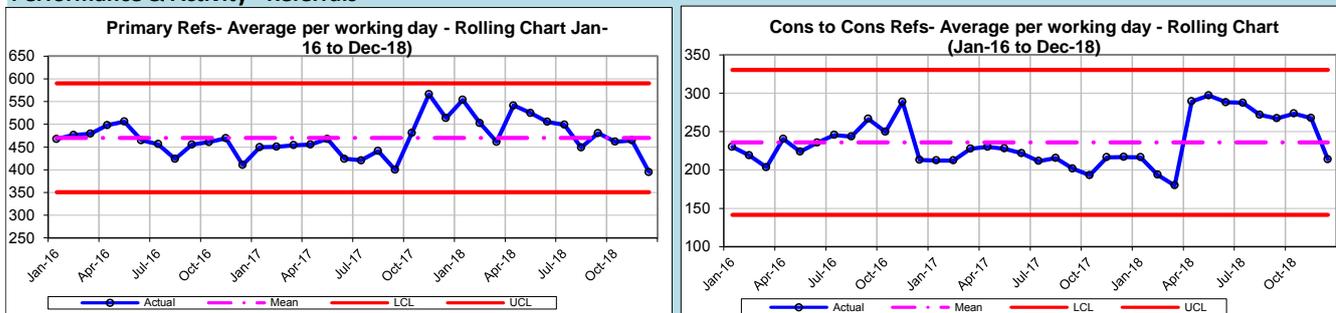
Performance & Activity - A&E, 18 Weeks



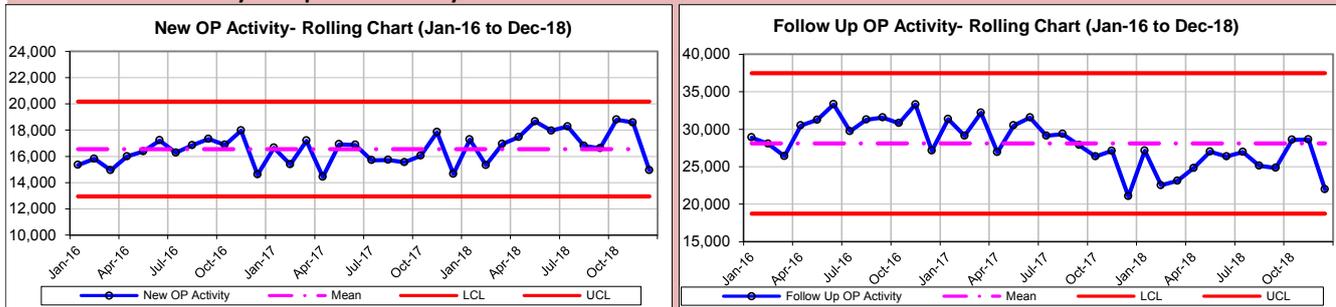
Performance & Activity - Cancer Waiting Times, Delayed Transfers of Care



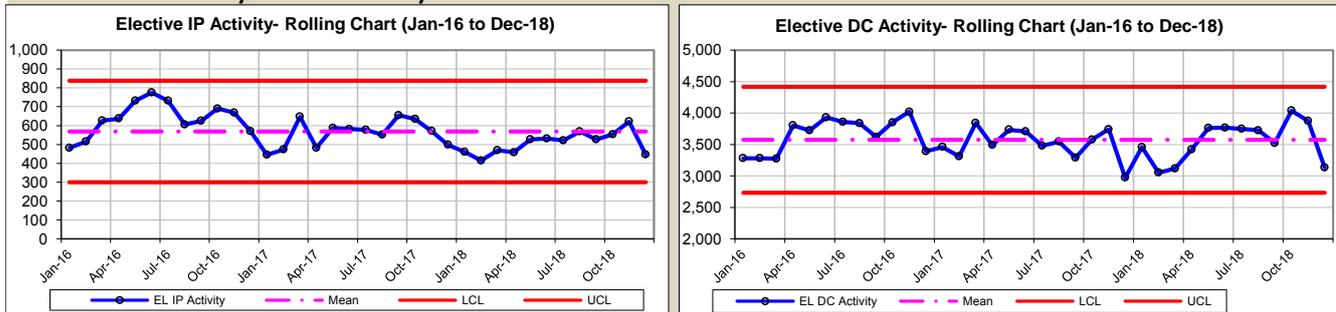
Performance & Activity - Referrals



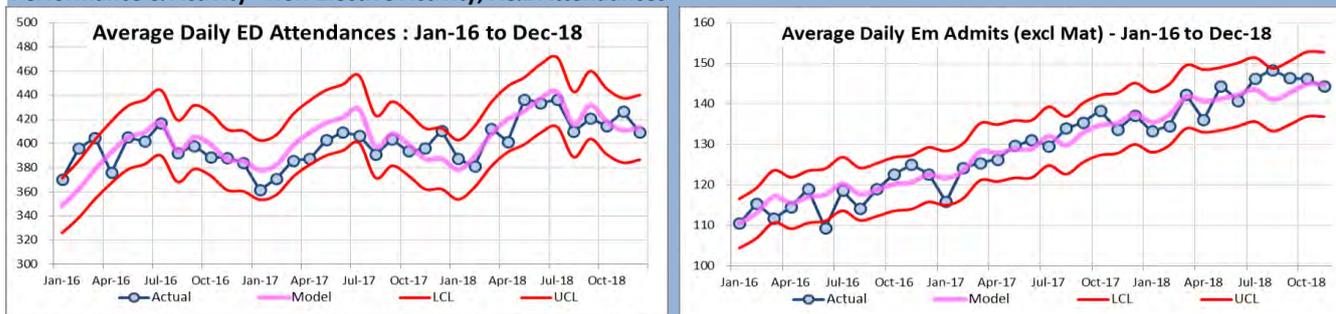
Performance & Activity - Outpatient Activity



Performance & Activity - Elective Activity



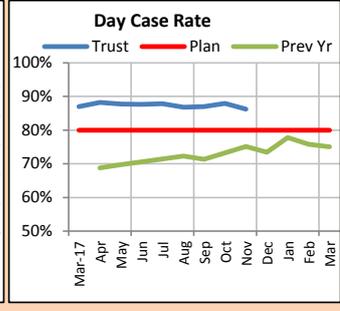
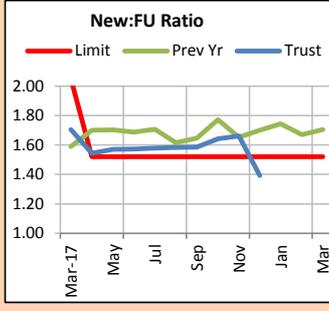
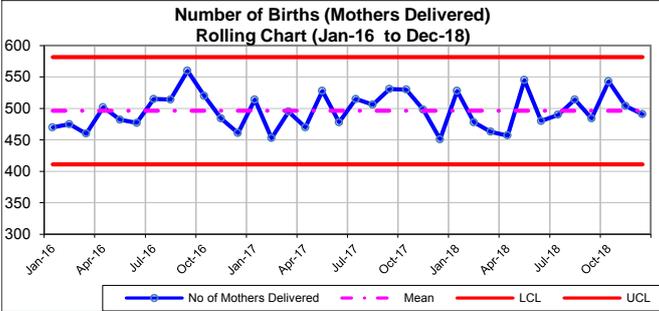
Performance & Activity - Non-Elective Activity, A&E Attendances



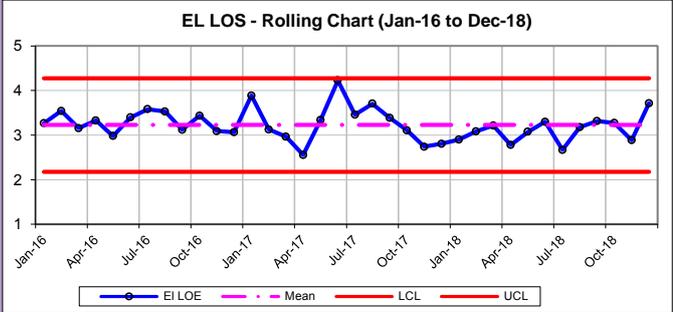
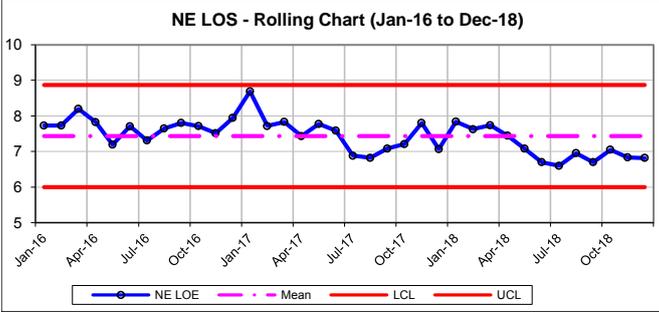
These have been changed to show actual against model, since emergency activity is subject to both growth and seasonal variation. Control limits are 2 standard deviations of variance, so a count outside the control limits will be expected around one month in 20.

INTEGRATED PERFORMANCE REPORT ANALYSIS - FINANCE, EFFICIENCY & WORKFORCE

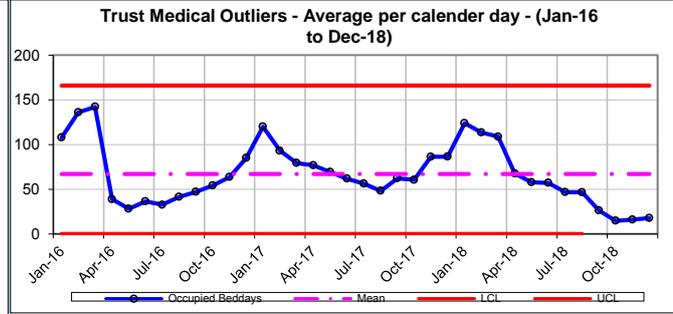
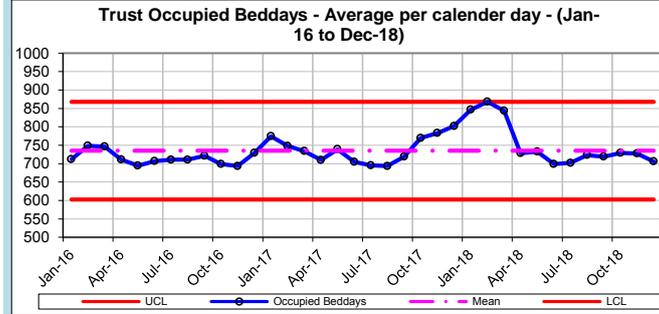
Finance, Efficiency & Workforce - Mothers Delivered, New:FU Ratio, Day Case Rates



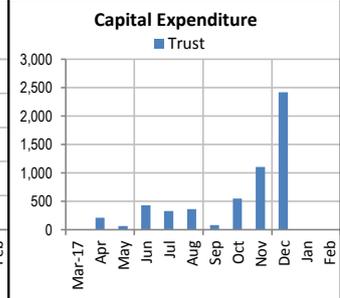
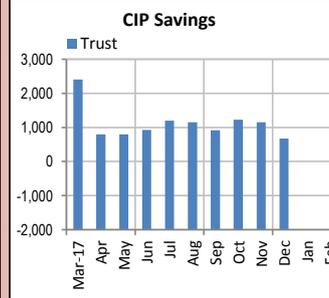
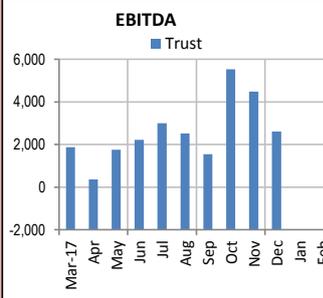
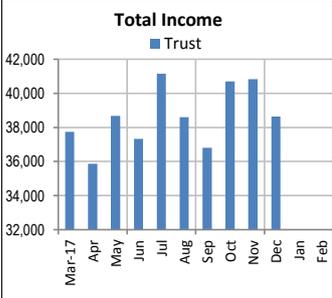
Finance, Efficiency & Workforce - Length of Stay (LOS)



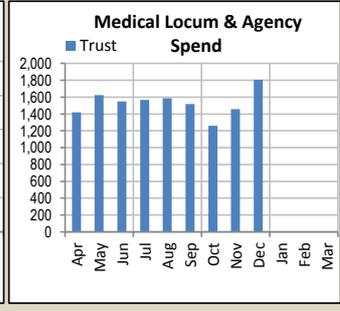
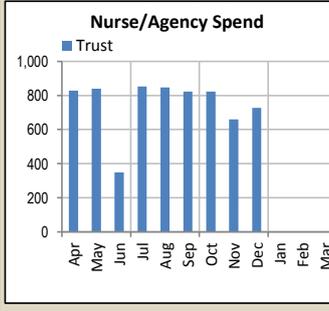
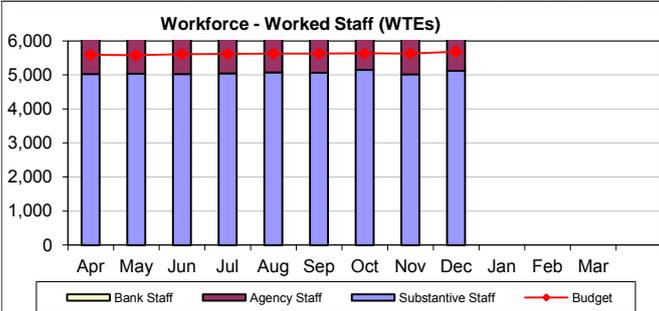
Finance, Efficiency & Workforce - Occupied Beddays, Medical Outliers



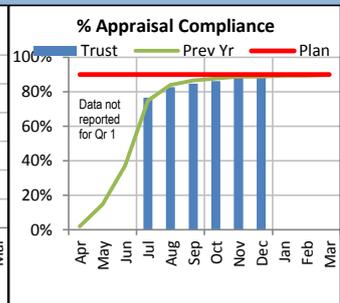
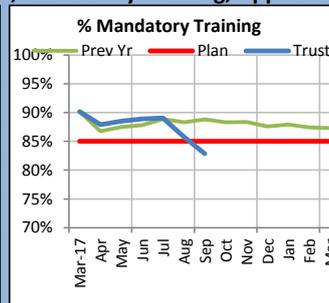
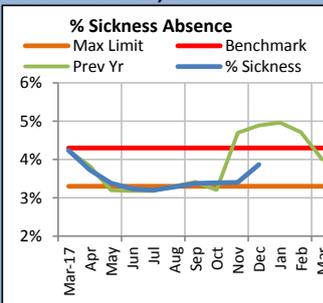
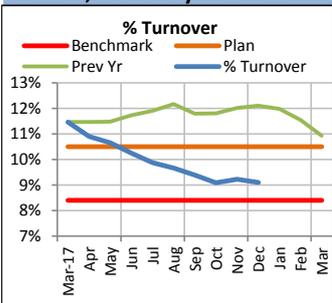
Finance, Efficiency & Workforce - Income, EBITDA, CIP Savings, Capital Expenditure



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



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



Trust Board Finance Report

**Month 9
2018/19**

Trust Board Finance Report for December 2018

1. Executive Summary

- a. Dashboard
- b. I&E Summary

2. Financial Performance

- a. Consolidated I&E
- b. I&E Run Rate

3. Cost Improvement Programme

- a. Savings by Division

4. Year End Forecast

- a. Trust Forecast

5. Balance Sheet and Liquidity

- a. Balance Sheet
- b. Cash Flow
- c. Capital Plan

1a. Dashboard

December 2018/19

	Current Month						Year to Date						Annual Forecast			
	Actual £m	Plan £m	Variance £m	Pass- through £m	Revised Variance £m	RAG	Actual £m	Plan £m	Variance £m	Pass- through £m	Revised Variance £m	RAG	Actual £m	Plan £m	Variance £m	RAG
Income	38.6	38.6	0.1	(0.3)	0.4	■	348.6	350.0	(1.4)	(0.8)	(0.6)	■	466.0	471.2	(5.2)	■
Expenditure	(36.0)	(35.9)	(0.1)	0.3	(0.4)	■	(324.6)	(325.5)	0.9	0.8	0.1	■	(436.5)	(432.3)	(4.3)	■
EBITDA (Income less Expenditure)	2.6	2.7	(0.1)	0.0	(0.1)	■	24.0	24.5	(0.5)	0.0	(0.5)	■	29.4	39.0	(9.5)	■
Financing Costs	(2.5)	(2.9)	0.4	0.0	0.4	■	(22.9)	(23.3)	0.4	0.0	0.4	■	(18.9)	(28.2)	9.4	■
Technical Adjustments	0.0	0.4	(0.4)	0.0	(0.4)	■	0.6	0.4	0.2	0.0	0.2	■	1.2	1.0	0.1	■
Net Surplus / Deficit (Incl PSF)	0.1	0.1	0.0	0.0	0.0	■	1.7	1.6	0.1	0.0	0.1	■	11.7	11.7	(0.0)	■
CIPs	0.7	2.8	(2.1)		(2.1)	■	8.9	15.7	(6.8)		(6.8)	■	13.2	24.1	(10.9)	■
Cash Balance	12.8	2.7	10.0		10.0	■	12.8	2.7	10.0		10.0	■	1.0	1.0	0.0	■
Capital Expenditure	2.4	0.6	(1.9)		(1.9)	■	6.0	5.5	(0.5)		(0.5)	■	8.7	13.8	5.1	■
Capital service cover rating							3	3	■				4	4	■	
Liquidity rating							4	4	■				4	4	■	
I&E margin rating							2	2	■				1	1	■	
Agency rating							4	4	■				4	4	■	
Finance and use of resources rating							3	3	■				3	3	■	

Summary:

- The Trusts surplus including PSF was £0.1m in December which was on plan. Year to date the Trust has a Surplus of £1.6m which is £0.1m favourable to plan however the key variances within plan are: CIP Slippage (£6.8m) overspends within pay budgets (£2m) and non pay budgets (£3m) offset by non-recurrent items (£2.1m), release of contingency reserve (£4.7m), earlier than planned phasing of Non Recurrent Income support (£3m), over performance within Clinical Income (£1.6m) and underspends within depreciation (£0.4m).
- The Trust has spent £8.6m more than the YTD agency ceiling set by NHSI (£11.8m per annum)

Key Points:

- The Trusts normalised run rate in November was £3.4m deficit pre PSF which was £2.3m adverse to plan.
- The Trust in quarter 3 delivered 90.45% A&E 4 hour performance which achieved the requirement for PSF funding (90%), the Trust therefore fully delivered the YTD PSF income for both A&E and the delivery of the financial plan.
- The main non pay pressures relate to clinical supplies (£2.8m adverse year to date) specifically within T&O (£0.7m), Medical Specialties (£0.5m) Cancer (£0.4m), Pathology (£0.6m) and Audiology (£0.3m).
- The Trust has managed the YTD financial position by implementing non recurrent actions, as a result the Trusts recurrent deficit has increased from a planned deficit of £8.4m to a forecasted deficit of £17.8m.

Risks:

- The Trust is forecasting to deliver the planned £1m deficit pre PSF. The actions required to achieve this and the risks of non delivery are shown on slide 4a

2a. Income & Expenditure

Income & Expenditure December 2018/19

	Current Month					Year to Date					Annual Forecast		
	Actual £m	Plan £m	Variance £m	Pass- through £m	Revised Variance £m	Actual £m	Plan £m	Variance £m	Pass- through £m	Revised Variance £m	Actual £m	Plan £m	Variance £m
Clinical Income	29.6	29.2	0.4	(0.0)	0.5	266.8	267.4	(0.6)	(0.3)	(0.3)	355.6	356.3	(0.7)
High Cost Drugs	3.5	3.6	(0.1)	(0.3)	0.2	32.6	32.7	(0.1)	(0.1)	(0.0)	43.2	43.2	0.0
Total Clinical Income	33.1	32.7	0.4	(0.3)	0.7	299.4	300.0	(0.7)	(0.4)	(0.3)	398.9	399.6	(0.7)
PSF	1.3	1.3	0.0	0.0	0.0	8.3	8.3	(0.0)	0	(0.0)	12.7	12.7	0
Other Operating Income	4.3	4.6	(0.3)	0.0	(0.3)	41.0	41.7	(0.7)	(0.5)	(0.2)	54.4	58.9	(4.5)
Total Revenue	38.6	38.6	0.1	(0.3)	0.4	348.6	350.0	(1.4)	(0.8)	(0.6)	466.0	471.2	(5.2)
Substantive	(18.7)	(19.1)	0.4	(0.1)	0.5	(167.3)	(171.8)	4.6	0.2	4.3	(223.5)	(229.0)	5.5
Bank	(1.2)	(1.1)	(0.1)	0.0	(0.1)	(9.7)	(9.1)	(0.6)	0.0	(0.6)	(13.5)	(12.3)	(1.2)
Locum	(1.0)	(0.5)	(0.6)	0.0	(0.6)	(6.1)	(4.1)	(2.1)	0	(2.1)	(9.2)	(5.5)	(3.7)
Agency	(1.7)	(2.1)	0.4	0.0	0.3	(17.2)	(16.0)	(1.2)	0.0	(1.2)	(23.4)	(22.2)	(1.2)
Pay Reserves	(0.2)	(0.1)	(0.1)	0.0	(0.1)	(0.6)	(1.5)	0.9	0	0.9	(1.0)	(1.7)	0.6
Total Pay	(22.8)	(22.9)	0.0	(0.1)	0.1	(200.9)	(202.4)	1.6	0.3	1.3	(270.5)	(270.6)	0.0
Drugs & Medical Gases	(4.2)	(4.2)	0.0	0.3	(0.3)	(39.9)	(39.7)	(0.2)	0.1	(0.2)	(53.3)	(52.0)	(1.3)
Blood	(0.2)	(0.2)	(0.0)	0.0	(0.0)	(1.6)	(1.6)	(0.0)	0	(0.0)	(2.2)	(2.2)	(0.0)
Supplies & Services - Clinical	(3.1)	(2.7)	(0.3)	0.0	(0.4)	(26.0)	(23.9)	(2.1)	0.3	(2.4)	(34.8)	(32.1)	(2.7)
Supplies & Services - General	(0.5)	(0.4)	(0.1)	(0.0)	(0.1)	(4.2)	(3.9)	(0.4)	(0.0)	(0.4)	(5.7)	(5.0)	(0.6)
Services from Other NHS Bodies	(0.9)	(0.8)	(0.1)	0.0	(0.1)	(7.8)	(7.4)	(0.4)	0.0	(0.4)	(10.9)	(9.9)	(1.0)
Purchase of Healthcare from Non-NHS	(0.3)	(0.4)	0.1	0.0	0.1	(2.6)	(4.2)	1.6	(0.0)	1.6	(4.0)	(5.4)	1.4
Clinical Negligence	(1.5)	(1.6)	0.0	0.0	0.0	(13.9)	(14.3)	0.4	0	0.4	(18.6)	(19.0)	0.5
Establishment	(0.3)	(0.3)	0.0	0.0	(0.0)	(2.8)	(2.6)	(0.2)	(0.0)	(0.2)	(4.0)	(3.5)	(0.5)
Premises	(1.8)	(1.6)	(0.2)	0.0	(0.2)	(17.1)	(16.6)	(0.5)	0.4	(0.9)	(22.9)	(21.4)	(1.5)
Transport	(0.1)	(0.1)	(0.0)	0.0	(0.0)	(1.2)	(1.1)	(0.2)	0	(0.2)	(1.7)	(1.3)	(0.4)
Other Non-Pay Costs	(0.3)	(0.6)	0.3	0.0	0.3	(6.5)	(6.3)	(0.3)	(0.1)	(0.2)	(8.1)	(8.1)	(0.0)
Non-Pay Reserves	0.0	(0.1)	0.1	0.0	0.1	0	(1.6)	1.6	0	1.6	0	(1.8)	1.8
Total Non Pay	(13.2)	(13.0)	(0.1)	0.3	(0.5)	(123.7)	(123.1)	(0.6)	0.6	(1.2)	(166.0)	(161.7)	(4.3)
Total Expenditure	(36.0)	(35.9)	(0.1)	0.3	(0.4)	(324.6)	(325.5)	0.9	0.8	0.1	(436.5)	(432.3)	(4.3)
EBITDA	2.6	2.7	(0.1)	0.0	(0.1)	24.0	24.5	(0.5)	0.0	(0.5)	29.4	39.0	(9.5)
	0.0	0.0	(0.0)	%		6.9%	7.0%	33.3%	0.0%	84.1%	6.3%	8.3%	181.7%
Depreciation	(1.1)	(1.1)	0.1	0	0.1	(9.8)	(10.1)	0.3	0	0.3	(13.0)	(13.5)	0.4
Interest	(0.1)	(0.1)	(0.0)	0	(0.0)	(1.2)	(1.2)	(0.0)	0	(0.0)	(1.6)	(1.6)	(0.0)
Dividend	(0.1)	(0.1)	0.0	0	0	(1.0)	(1.0)	0	0	0	(1.3)	(1.3)	0
PFI and impairments	(1.2)	(1.6)	0.4	0	0.4	(11.0)	(11.1)	0.1	0	0.1	(2.9)	(11.9)	9.0
Total Finance Costs	(2.5)	(2.9)	0.4	0.0	0.4	(22.9)	(23.3)	0.4	0	0.4	(18.9)	(28.2)	9.4
Net Surplus / Deficit (-)	0.1	(0.3)	0.4	0.0	0.4	1.1	1.2	(0.1)	0.0	(0.1)	10.6	10.7	(0.1)
Technical Adjustments	0.0	0.4	(0.4)	0.0	(0.4)	0.6	0.4	0.2	0.0	0.2	1.2	1.0	0.1
Surplus/ Deficit (-) to B/E Duty Incl PSF	0.1	0.1	0.0	0.0	0.0	1.7	1.6	0.1	0.0	0.1	11.7	11.7	(0.0)
Surplus/ Deficit (-) to B/E Duty Excl PSF	(1.1)	(1.1)	0.0	0.0	0.0	(6.6)	(6.6)	0.1	0.0	0.1	(1.0)	(1.0)	(0.0)

Commentary

The Trusts surplus including PSF was £0.1m in December which was on plan, year to date the Trust has a surplus of £1.7m which is £0.1m favourable to plan.

The Trusts normalised run rate in November was £3.4m deficit pre PSF which was £2.3m adverse to plan.

Pass-through adjustments have been applied to account for: High Cost Drugs and devices, STP associated costs, Education and Training costs associated with PSF and CPD funding, Sexual Health outsourced pass-through tests and PAS AllScripts.

Clinical Income excluding HCDs was £0.5m favourable to plan in December which included £1.4m benefit relating to Non Recurrent Income support incorporated earlier than planned. The key adverse variances are Daycases (£0.4m) and Electives (£0.5m). This is mainly in relation to the delay to the Prime Provider tender process.

The Trust achieved the A&E target for December as well as the financial plan therefore has fully delivered the YTD PSF income.

Other Operating Income excluding pass-through costs is £0.3m adverse to plan in the month, this is mainly due to £0.2m underperformance within Private Patients.

Pay budgets underspent by £0.1m in December and were £0.2m favourable to forecast this was due to £0.2m non recurrent benefit relating to 2017/18 and delay in winter escalation costs (c£0.2m). Pressures to forecast were mainly within Surgery and Paediatric Medical staffing (£0.2m) due to higher than forecasted agency usage within Urology, Ophthalmology and Paediatrics.

Non Pay adjusted for pass through costs and reserves was overspent by £0.6m in December and was £0.2m adverse to forecast. This was mainly due to pressures within Clinical supplies a (£0.4m adverse) impacting all clinical divisions partly offset by bad debt reduction relating to payment from NHS Prop Co of £0.25m for an old debt.

The Trust is forecasting to deliver the planned Surplus including PSF of £11.7m.

2b. Run Rate Analysis

Analysis of 13 Monthly Performance (£m's)

		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Change between Months	
Revenue	Clinical Income	31.7	32.0	31.2	33.8	30.7	33.5	32.3	35.4	33.1	32.0	33.7	35.5	33.1	(2.4)	
	STF / PSF	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	High Cost Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	
	Other Operating Income	3.8	4.0	5.7	3.9	5.1	5.2	5.0	5.7	5.5	4.8	7.0	5.3	5.5	0.2	
	Total Revenue	35.5	36.0	36.9	40.8	35.9	38.7	37.3	41.2	38.6	36.8	40.7	40.8	38.6	(2.2)	
Expenditure	Substantive	(17.8)	(17.9)	(17.5)	(17.9)	(18.3)	(18.7)	(18.4)	(19.4)	(18.5)	(18.9)	(17.6)	(18.9)	(18.7)	0.2	
	Bank	(1.2)	(1.2)	(1.1)	(1.3)	(1.0)	(1.0)	(1.0)	(1.0)	(1.2)	(1.1)	(1.0)	(1.1)	(1.2)	(0.0)	
	Locum	(0.5)	(0.5)	(0.6)	(0.7)	(0.5)	(0.6)	(0.5)	(0.6)	(0.7)	(0.7)	(0.6)	(0.8)	(1.0)	(0.2)	
	Agency	(1.9)	(2.3)	(1.8)	(2.6)	(2.0)	(2.1)	(1.7)	(2.1)	(2.1)	(1.9)	(1.8)	(1.7)	(1.7)	(0.0)	
	Pay Reserves	(0.2)	(0.2)	(0.3)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.1)	0.2	0.0	0.4	(0.2)	0.0	
	Total Pay	(21.6)	(22.2)	(21.3)	(22.7)	(22.0)	(22.7)	(21.9)	(23.2)	(22.3)	(22.5)	(20.7)	(22.7)	(22.8)	(0.1)	
	Total Expenditure	(35.8)	(35.8)	(36.7)	(35.9)	(35.5)	(36.9)	(35.1)	(38.2)	(36.1)	(35.3)	(35.2)	(36.3)	(36.0)	0.3	
Non-Pay	Drugs & Medical Gases	(4.2)	(4.5)	(4.3)	(4.5)	(4.2)	(4.8)	(4.3)	(4.5)	(4.3)	(4.4)	(4.4)	(4.8)	(4.2)	0.7	
	Blood	(0.2)	(0.2)	(0.1)	(0.2)	(0.2)	(0.1)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.0)	
	Supplies & Services - Clinical	(2.5)	(2.6)	(2.5)	(2.1)	(2.6)	(2.9)	(2.7)	(2.9)	(3.0)	(2.8)	(3.1)	(3.0)	(3.1)	(0.1)	
	Supplies & Services - General	(0.5)	(0.4)	(0.5)	(0.6)	(0.4)	(0.4)	(0.4)	(0.4)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	0.0	
	Services from Other NHS Bodies	(0.9)	(0.7)	(0.7)	(0.3)	(0.6)	(0.6)	(1.1)	(0.7)	(0.7)	(1.1)	(0.8)	(1.3)	(0.9)	0.4	
	Purchase of Healthcare from Non-NHS	(0.4)	(0.2)	(0.2)	(0.3)	(0.3)	(0.3)	(0.2)	(0.2)	(0.3)	(0.4)	(0.3)	(0.2)	(0.3)	(0.1)	
	Clinical Negligence	(1.7)	(1.7)	(1.7)	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.3)	(1.5)	(0.3)
	Establishment	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.2)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	(0.3)	0.1	
	Premises	(2.2)	(1.8)	(3.8)	(3.0)	(1.9)	(1.8)	(1.8)	(2.6)	(2.2)	(1.8)	(1.7)	(1.5)	(1.8)	(0.3)	
	Transport	(0.1)	(0.2)	(0.1)	(0.2)	(0.2)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.0	
	Other Non-Pay Costs	(1.0)	(1.1)	(1.1)	(0.2)	(1.0)	(1.0)	(0.3)	(1.2)	(1.1)	(0.2)	(1.1)	(0.4)	(0.3)	0.1	
	Non-Pay Reserves	(0.0)	(0.0)	(0.0)	(0.0)	(0.2)	(0.2)	(0.2)	(0.2)	0.5	0.6	(0.4)	0.0	0.0	0.0	
	Total Non Pay	(14.2)	(13.7)	(15.4)	(13.2)	(13.5)	(14.3)	(13.2)	(14.9)	(13.8)	(12.7)	(14.5)	(13.6)	(13.2)	0.4	
	Total Expenditure	(35.8)	(35.8)	(36.7)	(35.9)	(35.5)	(36.9)	(35.1)	(38.2)	(36.1)	(35.3)	(35.2)	(36.3)	(36.0)	0.3	
	EBITDA	(0.3)	0.2	0.2	4.9	0.4	1.8	2.2	3.0	2.5	1.5	5.5	4.5	2.6	(1.9)	
Other Finance Costs	Depreciation	(1.0)	(1.2)	(1.1)	(1.2)	(1.1)	(1.1)	(1.1)	(1.0)	(1.0)	(1.2)	(1.1)	(1.1)	(1.1)	(0.0)	
	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	(0.1)	0.5	(0.1)	0.2	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.0	
	PFI and Impairments	(5.2)	(1.1)	(1.2)	17.5	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.3)	(1.4)	(1.2)	(1.2)	0.0	
	Total Other Finance Costs	(6.4)	(1.9)	(2.5)	16.3	(2.5)	(2.5)	(2.5)	(2.5)	(2.5)	(2.7)	(2.7)	(2.5)	(2.5)	(0.0)	
Net Surplus / Deficit (-)	(6.7)	(1.7)	(2.2)	21.2	(2.2)	(0.8)	(0.3)	0.5	0.0	(1.1)	2.8	2.0	0.1	(1.9)		
Technical Adjustments	4.0	0.0	0.0	(18.9)	0.0	0.0	0.0	0.0	0.0	0.1	0.3	0.0	0.0	0.0		
Surplus/ Deficit (-) to B/E Duty Incl STF	(2.6)	(1.6)	(2.2)	2.3	(2.2)	(0.8)	(0.3)	0.6	0.1	(1.0)	3.1	2.0	0.1	(1.9)		
Surplus/ Deficit (-) to B/E Duty Excl STF	(2.6)	(1.6)	(2.2)	(0.7)	(2.2)	(0.8)	(0.3)	0.6	0.1	(1.0)	3.1	2.0	0.1	(1.9)		

3a. Cost Improvement Plan

Savings by Division

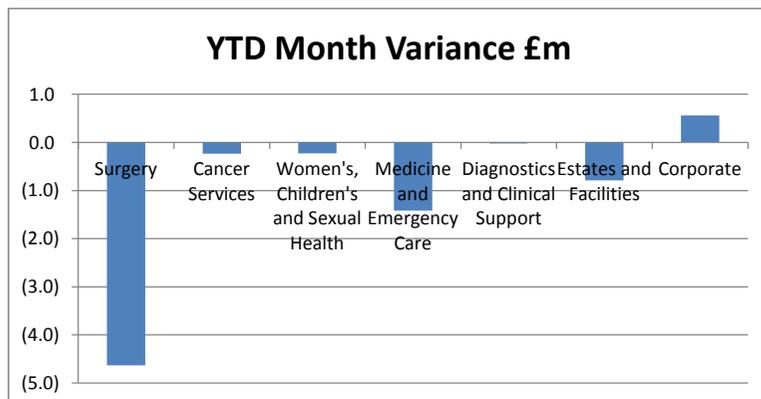
Savings by Division	Current Month			Year to Date			Forecast (Risk Adjusted)		
	Actual	Original Plan	Variance	Actual	Original Plan	Variance	Forecast	Original Plan	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surgery	0.21	1.32	(1.11)	2.79	7.42	(4.63)	4.13	11.29	(7.17)
Cancer Services	(0.12)	0.14	(0.26)	0.64	0.87	(0.23)	0.92	1.29	(0.37)
Women's, Children's and Sexual Health	0.11	0.23	(0.12)	1.19	1.42	(0.23)	1.56	2.11	(0.55)
Medicine and Emergency Care	(0.17)	0.41	(0.58)	0.86	2.28	(1.42)	1.25	3.66	(2.41)
Diagnostics and Clinical Support	0.06	0.08	(0.02)	0.55	0.57	(0.02)	0.75	0.81	(0.06)
Estates and Facilities	0.13	0.40	(0.27)	0.96	1.75	(0.79)	1.90	2.95	(1.04)
Corporate	0.45	0.22	0.23	1.91	1.35	0.56	2.74	2.01	0.73
Total	0.68	2.81	(2.14)	8.91	15.66	(6.75)	13.24	24.11	(10.87)

Savings by Subjective Category

Savings by Subjective Category	Current Month			Year to Date			Forecast (Risk Adjusted)		
	Actual	Original Plan	Variance	Actual	Original Plan	Variance	Forecast	Original Plan	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.19	0.13	0.06	1.97	2.71	(0.74)	2.56	3.17	(0.61)
Non Pay	0.48	1.00	(0.52)	6.12	5.34	0.78	8.76	8.40	0.37
Income	0.02	1.69	(1.67)	0.82	7.61	(6.79)	1.92	12.55	(10.63)
Total	0.68	2.81	(2.14)	8.91	15.66	(6.75)	13.24	24.11	(10.87)

Savings by Plan RAG

Savings by Plan RAG	Current Month			Year to Date			Forecast (Risk Adjusted)		
	Actual	Original Plan	Variance	Actual	Original Plan	Variance	Forecast	Original Plan	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Green	0.37	1.86	(1.50)	7.42	11.39	(3.96)	10.25	16.99	(6.74)
Amber	0.23	0.31	(0.07)	0.97	1.80	(0.83)	2.19	2.73	(0.53)
Red	0.08	0.65	(0.57)	0.52	2.48	(1.96)	0.80	4.39	(3.59)
Total	0.68	2.81	(2.14)	8.91	15.66	(6.75)	13.24	24.11	(10.87)



Comment

The Trust was £2.1m adverse to plan in the month and £6.8m adverse YTD. The main schemes adverse to plan YTD are:

- STP Medical Rates £1m (£0.1m adverse in month)
- Prime Provider £3m (£0.9m adverse in month)
- Private Patient Income £0.6m (£0.1m adverse in month)
- Estates and Facilities £0.8m (£0.3m adverse in month)

The Trusts risk adjusted savings forecast is £10.9m adverse to plan, the main schemes forecasting slippage are:

- Estates and Facilities Subsidiary £1.75m (although £0.6m new schemes have been added to reduce impact to £1.2m)
- Private Patient Income = £1m
- STP Medical Rates = £1.4m
- Prime Provider = £4.5m, the forecast currently assumes £1m benefit in 2018/19
- Medicines Management = £1.3m (£0.7m relates to Avastin)
- Urgent Care Centre = £0.4m

4a. Year End Forecast (Pre PSF) - Risk and Assumptions

Year End Forecast December 2018/19

Year End Forecast - Pre PSF £m

	Actual										Forecast			Budget	Variance
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast		
Income	35.2	38.0	36.7	40.3	37.8	36.0	39.4	39.5	37.4	37.8	35.2	40.0	453.3	458.5	-5.2
Pay	-22.0	-22.7	-21.9	-23.2	-22.3	-22.5	-20.7	-22.7	-22.8	-23.9	-22.9	-22.9	-270.5	-270.6	0.0
Non Pay	-13.5	-14.3	-13.2	-14.9	-13.8	-12.7	-14.5	-13.6	-13.2	-14.2	-14.0	-14.1	-166.0	-161.7	-4.3
Other Finance Costs	-2.5	-2.5	-2.5	-2.5	-2.5	-2.7	-2.7	-2.5	-2.5	-2.5	-2.5	9.1	-18.9	-28.2	9.4
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.5	1.2	1.1	0.1
Surplus/ Deficit (-) to B/E Duty	-2.8	-1.4	-0.9	-0.3	-0.8	-1.9	1.8	0.8	-1.1	-2.8	-4.1	12.6	-1.0	-1.0	0.0

Key Assumptions

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Asset Sales	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.3	12.3
Non Recurrent Income Support	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	1.4	0.0	0.0	0.7	3.7
Additional Recovery Plan (Stretch)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.8	1.7
Risk Reserve - WK	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.5
Prime Provider benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0
Cancer and RTT Income - Phase 2 (Net)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.3	0.3	0.2	1.1
Cancer and RTT Income - Phase 1 (Net)	0.0	0.0	0.0	0.0	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.8
Other Adjustments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5
Partially Completed Spells	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.5
Clinical Income - Oral Chemotherapy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3
2018/19 Rates rebate assumption	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3
Risk Reserve - High Weald	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Total Key Assumptions	0.1	0.1	0.1	0.1	0.3	0.3	0.4	2.0	2.3	0.5	1.4	16.1	23.9

Commentary

The Trust is forecasting to deliver the plan however has the following assumptions are included in the forecast;

- **Asset Sales.** The Trust is pursuing disposals that will increase the profit on sale of assets to £12.3m, an additional £7m over plan and initial mitigations. This has included discussions with NHSI CFO, the Capital and Cash team and the Regional Finance Team. The first disposal is targeting completion at the end of January.
- **Additional Recovery Plan** – Divisions meeting with CEO and CFO on a weekly basis to review financial recovery plans.
- **Risk Reserve** – Criteria to access the risk reserve has been triggered. West Kent CCG risk reserve has been agreed, seeking final confirmation from High Weald / Sussex CCGs.
- **Cancer and RTT Income** – Additional support has been agreed from WK CCG to cover the costs of improvements to Cancer and RTT performance in an open book way. Contract variations are being enacted.
- **Non Recurrent Provider Support** – this has been agreed with commissioners and system partners.
- **Prime Provider Benefit** – This is due to start on 4th February.

5a. Balance Sheet

December 2018

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

Em's	December			November
	Reported	Plan	Variance	Reported
Property, Plant and Equipment (Fixed Assets)	290.1	289.7	0.4	289.0
Intangibles	2.4	2.0	0.4	2.4
PFI Lifecycle	0.0	0.0	0.0	0.0
Debtors Long Term	1.2	1.2	0.0	1.2
Total Non-Current Assets	293.7	292.9	0.8	292.6
Current Assets	0.0	0.0	0.0	0.0
Inventory (Stock)	8.2	8.1	0.1	7.1
Receivables (Debtors) - NHS	25.5	27.1	(1.6)	27.2
Receivables (Debtors) - Non-NHS	13.3	11.5	1.8	14.4
Cash	12.7	2.7	10.0	8.6
Assets Held For Sale	0.0	0.0	0.0	0.0
Total Current Assets	59.7	49.4	10.3	57.3
Current Liabilities				
Payables (Creditors) - NHS	(4.0)	(4.0)	0.0	(4.5)
Payables (Creditors) - Non-NHS	(40.3)	(35.4)	(4.9)	(37.4)
Deferred Income	(10.1)	(7.6)	(2.5)	(13.5)
Capital Loan	(2.2)	(2.1)	(0.1)	(2.2)
Working Capital Loan	(31.5)	(29.0)	(2.5)	(29.0)
Other loans	(0.4)	(0.1)	(0.3)	(0.4)
Borrowings - PFI	(5.0)	(5.2)	0.2	(5.0)
Provisions for Liabilities and Charges	(1.8)	(2.1)	0.3	(1.8)
Total Current Liabilities	(95.3)	(85.5)	(9.8)	(93.8)
Net Current Assets	(35.6)	(36.1)	0.5	(36.5)
Borrowings - PFI > 1yr	(189.3)	(189.3)	0.0	(189.4)
Capital Loans	(9.1)	(9.1)	0.0	(9.1)
Working Capital Facility & Revenue loans	(14.0)	(14.0)	0.0	(14.0)
Other loans	(1.4)	(1.3)	(0.1)	(0.9)
Provisions for Liabilities and Charges- Long term	(0.9)	(0.7)	(0.2)	(0.9)
Total Assets Employed	43.4	42.4	1.0	41.8
Financed By:				
Capital & Reserves				
Public dividend capital	209.0	207.3	1.7	207.3
Revaluation reserve	29.8	29.8	0.0	29.8
Retained Earnings Reserve	(195.2)	(194.7)	(0.5)	(195.3)
Total Capital & Reserves	43.6	42.4	1.2	41.8

Commentary:

The month 9 balance sheet position is consistent with the plan that was submitted in June. The overall working capital within the month results in a slight increase in debtors and an increase in creditors compared to the plan. The cash balance held at the end of the month is also higher than the plan, this is primarily due to receiving cash which was not included within the plan.

Non-Current Assets -

Capital additions for 2018/19 have reduced from the plan of £14.46m to £9.35m to reflect the reduction in the in year capital programme including the removal of £2.5m loan following recent notification from NHSI on capital funding, donated assets has remained unchanged from the planned spend of £0.7m. The planned depreciation for the year has also been revised from £13.5m to £13m to reflect the slippage in the capital programme. The month 9 capital spend is £2.4m against a plan of £0.6m.

Current Assets -

Inventory of £8.2m is in-line of the planned value of £8.1m. The main stock balances are pharmacy £3.2m, TWH theatres £1.5m, Materials Management £1.1m and Cardiology £0.8m.

NHS Receivables have decreased from the month 8 position by £1.7m to £25.5m. Of the £25.5m reported balance, £8.9m relates to invoiced debt of which £2.5m is aged debt over 90 days. Invoiced debt over 90 days has decreased by £0.6m from the mth 8 reported position. The remaining £16.6m relates to uninvoiced accrued income including work in progress partially completed spells and an accrual for m7-9 PSF funding £3.8m. Due to the cash pressures of many neighbouring NHS bodies regular communication is continuing and arrangements are being put in place to help reduce the level of debt.

Non NHS Receivables have decreased by £1.1m to £13.3m from the month 8 reported position. Included within the £13.3m balance is trade invoiced debt of £2.3m and private patient invoiced debt of £0.6m. Also included within the £13.3m are prepayments and accrued income totalling £8.6m. Prepayments primarily relate to rates & annual service maintenance contracts, which will reduce throughout the year as they are expensed. The Trust is currently using a company called Patient Billing Ltd which are supporting the PPU department with improving the quality of invoices and debt collecting.

The cash balance of £12.7m is higher than plan of £2.7m by £10m. In December the Trust received £2.5m cash receipt from NHSE relating to qtr 2 PSF funding. As the timing of the cash receipt is unknown, the Trust also applied for an interim working capital loan which was also received in December - the loan was repaid in January. As the Trust has pressure points within the final quarter of 2018/19 the cash balance will gradually reduce as these pressures materialise.

Current Liabilities -

NHS payables have decreased from the November's reported position by £0.5m to £4m. Non-NHS trade payables have increased slightly by £2.9m giving a combined payables balance of £44.3m.

Of the £44.3m combined payables balances, £11.9m relates to actual invoices of which £7m are approved for payment and £32.4m relates to uninvoiced accruals. The accruals include expected values for Tax, NI, Superannuation and PDC payments.

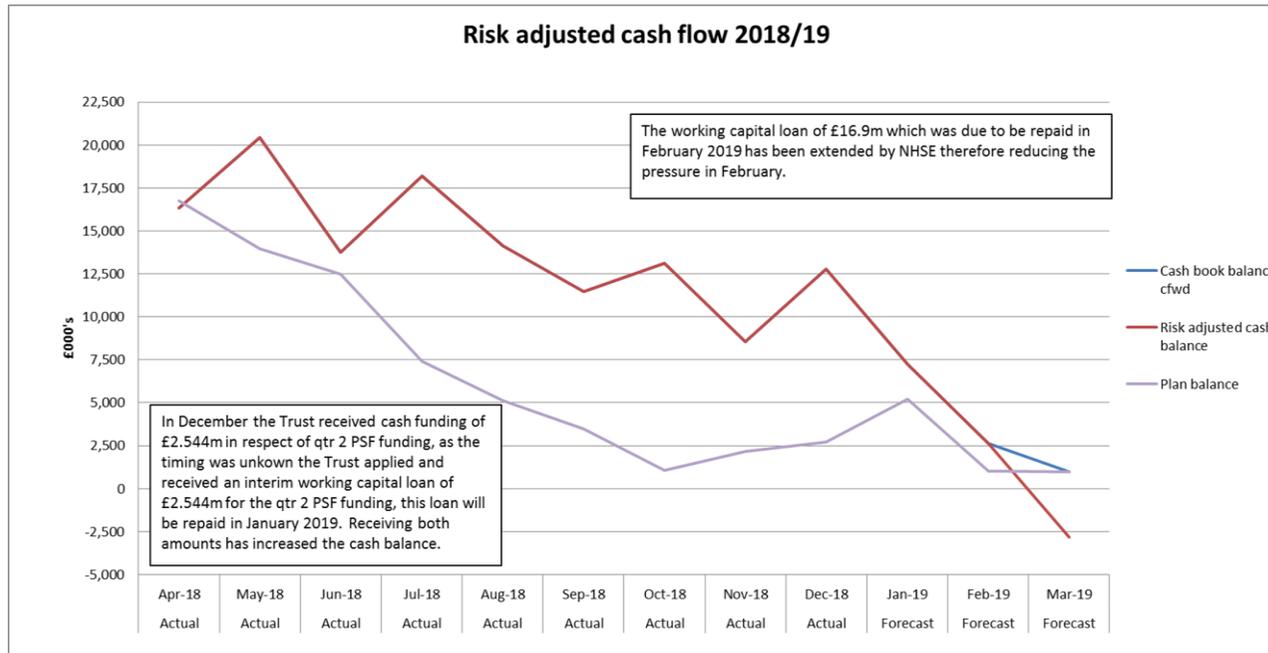
Deferred income of £10.1m primarily is in relation to £5.1m advanced contract payment received from WK CCG and £2m from High Weald CCG in April, the WKCCG income reduces by £2.28m over each of the remaining 11 months. Other items within the deferred income balances are £1.9m maternity pathway.

Included within the £31.5m working capital loan are £16.9m which was due to be repaid in February, however the Trust has been given an extension to this loan. Also included is £12.132m repayable in October 2019 and £2.544m loan received in December and repaid in January. Other loans for both current and non current liabilities relate to the Salix loan which has been taken out to improve the energy efficiency of the Trust.

Revised FOT

Due to the extension of the single currency loan of £16.9m the Trust will not be requesting any additional financing, previously the Trust was planning on taking an additional loan of between £6m and £13m to assist with the repayment.

5b. | Cash Flow



Information on loans:

Revenue loans:

Interim Single Currency Loan
Interim Revolving Working Capital Facility (IRWCF)
interim working capital loans

Capital loans:

Capital investment loan
Capital investment loan
Capital investment loan

Other loans:

Salix loan (interest free) £1.4m to be rec in 18/19

	Rate	Value £m's	18/19 Annual Repayment £m's	18/19 Annual Interest Paid £m's	Repayment Date
Interim Single Currency Loan	1.50%	16.908	0.00	0.25	18/02/2019
Interim Revolving Working Capital Facility (IRWCF)	3.50%	12.132	0.00	0.43	19/10/2019
interim working capital loans	3.50%	13.990	0.00	0.49	18/03/2021
Capital loans:	0.00%	0.000	0.00	0.00	00/01/1900
Capital investment loan					
Capital investment loan	3.91%	11.000	0.73	0.19	15/19/2025
Capital investment loan	4.73%	6.000	0.24	0.16	15/19/2035
Other loans:					
Salix loan (interest free) £1.4m to be rec in 18/19	0.00%	1.414	0.10	0.00	2023/24

Commentary

The blue line shows the Trust's cash position for 2018/19 and the red risk adjusted line shows the position if the relevant risk items are not received and the purple line shows the monthly plan values.

The cash flow forecast reflects the actual position up to December and the forecast is based on the latest I&E forecast before additional recovery measures.

In December the Trust received the cash funding in respect of qtr 2 PSF of £2.544m. As the Trust was uncertain when NHSE would release this funding the Trust applied for an interim working capital loan, this was also received in December for £2.544m. In January the Trust has repaid this loan of £2.544m along with £6k interest.

The risk adjusted items relate to:

PSF funding (previously STF) which the Trust receives if certain targets are met. The cash flow has three quarters included as the income is received in arrears. Quarter 4 will be included within 2019/20 cash flow. The Trust has received Qtr 1 and Qtr 2 PSF funding.

The Trust has been given an extension from NHSI in respect to repaying the Single currency interim loan of £16.9m that was due to be repaid in February.

in respect to all of the risk items which relate to capital including the planned asset sales of £2.4m. If the income or external financing are not received the associated expenditure will not happen.

5c. Capital Programme

Capital Projects/Schemes

	Year to Date			Annual			*Committed & orders raised
	Plan	Actual	Variance	Plan	Forecast	Variance	
	£000	£000	£000	£000	£000	£m	£m
Estates	2,223	2,223	0	5,788	3,656	-2,132	3,273
ICT	850	948	-98	1,002	1,651	649	1,068
Equipment	1,533	2,430	-897	6,501	2,874	-3,626	2,556
PFI Lifecycle (IFRIC 12)	233	373	-140	471	471	0	471
Donated Assets	650	0	650	700	700	0	612
Total	5,489	5,975	-486	14,462	9,352	-5,110	7,981
Less donated assets	-650	0	-650	-700	-700	0	0
Asset Sales (net book value)	0	0	0	-2,402	-2,402	0	0
Contingency Against Non-Disposal							
Adjusted Total	4,839	5,975	-1,136	11,360	6,250	-5,110	7,981

*Committed = actual Year to Date spend/accruals/purchase orders & known contractual commitments

The Trust has an approved Capital Plan of £14.5m, which is financed by Capital resources of £13.5m depreciation; proposed asset sales of £2.4m (Maidstone Residences); donated assets of £0.7m; national funding for the next replacement Linac of £1.7m (LA5); a proposed Capital Investment Loan for critical imaging equipment of £2.5m; a proposed Salix loan of £1.2m for the additional Energy Infrastructure work; less £7.6m of existing loan repayments.

The FOT is £9.35m which takes account of: 1) Linac 5 funding is £32k less than plan; 2) the outturn forecast for depreciation is £446k lower than plan due to slippage on schemes 3) the Trust is longer applying for a loan for the Critical Imaging Equipment in this financial year of £2.5m 4) additional Salix loan amount of £270k 5) the majority of the HODU/Cardiology has been removed, leaving £200k for the Cardiology enabling works.

The Estates Backlog Maintenance programme of works is underway, with other Estates projects progressing. A major scheme for the Energy Infrastructure has an approved Salix loan of £755k for Phase 4 and £724k for Phase 1 TWH LED. Agreement from DH to provide the necessary Capital resource cover is being obtained by NHSI.

The ICT schemes have been prioritised and approved by the ISG in principle, all schemes have business cases approved and are underway. The EPR project is progressing.

The prioritised list of equipment schemes was approved by TME and Execs, subject to individual Business case approval. Some equipment schemes have been deferred to support the ICT EPR project. Linac 4 replacement at Maidstone is now up and running. Linac 5 machine was delivered in December and is currently being commissioned for clinical use. Linac 5 replacement funding has been agreed with NHSE as additional PDC from the national programme.

The donated equipment plan is mainly made up of the remaining Cardiology legacies, and a large donation for Urology/Oncology equipment.

*Committed = actual Year to Date spend/accruals/purchase orders & known contractual commitments

Trust Board Meeting – January 2019

1-9	Summary report from the Finance and Performance Committee, 29/01/19	Committee Chair (Non-Exec. Director)
The Finance and Performance Committee met on 29 th January 2019.		
1. The key matters considered at the meeting were as follows:		
<ul style="list-style-type: none"> ▪ The Committee evaluation findings for 2018 were discussed. It was confirmed that no changes were required to the Terms of Reference, but agreed that the key themes identified (ensuring a future / forecast focus at meetings; streamlining of the agenda to focus on key items; production of a timed agenda; streamlining of meeting pack; and more clarity on key risks & dependencies) should form the basis of improvements to the Committee's functioning ▪ Under the "Safety Moment", it was reported that the month's theme was the launch of the "preventing ill health" Commissioning for Quality and Innovation (CQUIN) target ▪ The month 9 financial performance was reviewed in detail, which included an update on the proposed disposal of the Trust's properties at 32 High Street, Pembury and Springfield Road, Maidstone; and the latest position on the Prime Provider contract for Planned Care. The Committee also commended the receipt of the Provider Sustainability Fund for Quarter 3. The financial aspects of the Best Care programme were also reviewed. ▪ The latest Reference Cost information was considered, and it was noted that the Trust's overall Reference Cost was 96, which compared favourably with other local Trusts. It was also noted that Reference Costs would now be replaced by the Costing Transformation Programme (CTP), and it was agreed to obtain confirmation as to whether the use of the new "Healthcost" software for submissions to the CTP involved a change to the rules that were applied for the submission of Reference Cost data ▪ The month 9 non-finance related performance was discussed, which included the A&E 4-hour, 62-day Cancer, and Referral to Treatment (RTT) waiting time targets, and it was agreed that the February 2019 meeting should include a focus on RTT forecasting. A more detailed update was then given on the Cancer patients that had waited over 104 days for treatment, which provided high-level assurance that such patients were being managed and that the number of such patients was reducing ▪ The Director of Strategy, Planning and Partnerships attended for a detailed consideration of the Trust's draft 2019/20 plan. It was acknowledged that it was not feasible to hold an extraordinary Committee meeting to consider the final version of the plan before this was submitted to NHS Improvement (NHSI) on 12/02/19, so it was agreed that Committee members should receive the final proposed plan by email prior to the submission to NHSI ▪ An update on the Trust's cash flow position (including a proposed cash strategy) was given ▪ The usual update on the Lord Carter efficiency review (incl. SLR) was noted, as were the latest quarterly updates on Service tender submissions and consultancy use ▪ The Business Case for the disposal of the Trust's properties at Springwood Road, Maidstone was reviewed although it was noted that the Case was not yet finalised. It was confirmed that the final Case would be circulated to Trust Board members on 30/01, to enable the Trust Board to consider approval at the 'Part 2' Board meeting on 31/01. It was however agreed to arrange for the final version of the Case to include potential mitigations to the risks posed by the Trust committing to a 43 year lease arrangement ▪ The draft Internal Audit plan 2019/20 was reviewed and those present were asked to provide any comments or proposed additions directly to the Trust Secretary ▪ The standing "breaches of the external cap on Agency staff pay rate" report was noted, as were the recent uses of the Trust's Seal 		
2. In addition the agreements referred to above, the Committee agreed that: N/A		
The issues that need to be drawn to the attention of the Board are as follows: N/A		
Which Committees have reviewed the information prior to Board submission? N/A		
Reason for receipt at the Board (decision, discussion, information, assurance etc.) Information and assurance		

Trust Board Meeting – January 2019

1-9	Summary report from Quality Committee, 16/01/19	Committee Chair (Non-Executive Director)
<p>The Quality Committee met on 16th January 2019 (a 'main' meeting).</p>		
<p>1. The key matters considered were as follows:</p> <ul style="list-style-type: none"> ▪ The findings from the 2018 Committee evaluation were considered and it was noted that the Medical Director, Chief Nurse, Deputy Medical Director and Trust Secretary were discussing the future of the Committee and the Trust Clinical Governance Committee. It was noted that proposals would be discussed with the Chair and Vice Chair of the Committee in the first instance before being submitted to the 'main' Quality Committee in March 2019 ▪ The Director of Workforce attended to provide an update on clinical engagement, which prompted a useful discussion around a clinically led workforce (including whether the recent changes to the clinical management structure had yet achieved the desired effect) ▪ The Deputy Medical Director gave an update on the actions planned to reduce requests for Radiology investigations, and it was agreed that the Chief Operating Officer should liaise with the Chief Finance Officer and Director of Digital Transformation regarding the suggestions made regarding the IT-related improvements that may reduce the requests for Radiology investigations. It was also agreed that the Deputy Medical Director should explore whether there was any scope for the PACS IT system to be used to reduce the requests ▪ The Clinical Director for Paediatrics gave an update on the Paediatrics Directorate's proposal/s regarding paediatric inpatient capacity, which focused on exploring whether the Hospital @ Home service could be expanded to include Paediatric patients. It was noted that discussions would continue with the Chief Operating Officer ▪ The Associate Director, Quality Governance gave a follow-up report from the Never Events Review Panels that had been held in 2018. The report led to some concerns being raised regarding the Consent to Treatment and pre-Theatre processes, and it was agreed that these should be brought to the Board's attention. It was also agreed to schedule an update on the action being taken in response at the 'main' Quality Committee in March 2019 ▪ The reports from the rolling programme of Directorate-based clinical outcome reports were reviewed for the Pathology and Pharmacy Directorates ▪ The report of recent Trust Clinical Governance Committee meetings was received ▪ The summary report from the Patient Experience Committee, 03/12/18, was noted ▪ A report on progress with implementing the Quality Strategy was reviewed, and the format and content of future such reports was discussed ▪ An update on implementation of Quality Accounts priorities 2018/19 was also given ▪ The standing updates on mortality and Serious Incidents were given and the report of the Quality Committee 'deep dive' meeting held on 11/12/18 was noted ▪ The 6-monthly update on complaints (for quarters 1 & 2, 2018/19) was given, which included progress with response times performance ▪ The draft Internal Audit plan 2019/20 was reviewed, and some comments were made which the Trust Secretary agreed to relay to the Internal Auditors and Chief Finance Officer 		
<p>2. In addition to the agreements referred to above, the Committee agreed that: N/A</p>		
<p>3. The issues from the meeting that need to be drawn to the Board's attention are:</p> <ul style="list-style-type: none"> ▪ Some concerns were raised regarding the Consent to Treatment and pre-Theatre processes, and it was agreed to schedule an update on the action being taken in response at the 'main' Quality Committee in March 2019 		
<p>Which Committees have reviewed the information prior to Board submission? N/A</p>		
<p>Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹ Information and assurance</p>		

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

Trust Board meeting – January 2019



1-10	Detailed review of the Best Care programme	Chief Executive
Enclosed is an update from the Best Care Programme Board		
Which Committees have reviewed the information prior to Board submission?		
▪ -		
Reason for receipt at the Board (decision, discussion, information, assurance etc.)¹		
Information, 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



Trust Board
January 2019

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 - c. Best Flow
 - d. Best Quality
 - e. Best Safety

3. Financial Summary
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1a. Executive Summary

Workstreams Update	Workstreams Update
<p>KEY PROGRESS</p> <p><u>Best Patient flow</u> – Hospital@Home continues to successfully transfer patients. Both Super-Stranded patients and DTOC metrics are performing above planned target. Cardiology Outpatient Sprints continues with Ophthalmology Sprint started.</p> <p><u>Best Safety</u> – Positive feedback from Prof. Briggs visit on T&O delivery against their GIRFT plan and removing unwarranted variation. At the end of 2018, 94% of Job Plans were entered onto the Allocate System, with 54% signed off. Feedback from Allocate highlighted that this was an excellent result for MTW Year 1 programme, compared to other Trusts. Allocate reconfigured to match clinical divisions. Dedicated Transformation support appointed to GIRFT programme.</p> <p><u>Best Workforce</u> – Good feedback from NHSI following the NHSI Agency workshop held on 15th Jan, in particular growth of Bank resource pool, governance and approach. Business case to be completed for software product called Patchwork, which is a front end medical booking tool. Medical Recruitment Improvement Workshop held with clinical and operational leads.</p>	<p>KEY PROGRESS</p> <p><u>Best Quality</u> – recruitment of paed transition nurse out to advert. Public and Patient Experience and Engagement Strategy drafted for circulation by the of Feb 19. CQC ‘New Do’s’ identified to proactively manage the plan from requires improvements to Outstanding.</p> <p><u>Best Use of Resources</u> - Commercial and legal documentation issued to EKHUFT for the Renal unit land rent. Endoscope maintenance contract agreed for £250K will start to deliver in Jan 2019. Voice Recognition contract signed , value of savings will be confirmed by the end of Jan.</p>
<p>KEY RISKS</p> <p><u>Best Patient flow</u> – Extending Frailty Unit to 7 day service, impacted due to resourcing issues. Review with NHS Partners to mitigate this risk and seek system wide solution.</p> <p><u>Best Safety</u> – GIRFT – delay in completing Litigation actions, due to resource issues.</p> <p><u>Best Workforce</u> – Number of vacancies across workforce groups still remains a risk.</p>	<p>KEY RISKS</p> <p><u>Best Quality</u> – Collection of data for PJ Paralysis is being managed to limit the time required from staff to provide data.</p> <p><u>Best Use of Resources</u> – Avastin legal complications continue to be an issue, team are exploring use for Pre Nice Patients. Procurement gaps to CIP target.</p>
<p>All Workstreams are producing a project list that will form part of the 2019/2020 Best Care programme, incorporating expectations from The Long Term Plan, NHS Operational Planning and Contracting Guidance and other expectations such as GIRFT, Right Care, Model Hospital</p>	

2a. Best Use of Resources

Best Use of Resources is focused on reducing waste and improving value on the products and services we buy across the Trust.

The workstream has started with five key areas to achieve best value in by reviewing costs and identifying opportunities for savings, whilst ensuring quality of service and patient experience is not comprised and continues to improve.

The key areas are:

- **Estates and Facilities**
- **Procurement**
- **Medicines Management**
- **Aligned Incentive Contracts**
- **STP pathology review**

WORKSTREAM		Best Use of Resources Summary Report		BEST CARE BOARD DATE		Best Care Update Jan 2019	
WORKSTREAM LEAD		Steve Orpin		PMO SUPPORT		Caroline Tsatsaklas & Toyin Falana	
DESCRIPTION	MILESTONE ACTUAL (M9)	DELIVERY RAG		ACTIONS FOR NEXT REPORTING PERIOD (M8)			
		LAST MONTH	THIS MONTH				
<u>Estate & Facilities</u>	<ul style="list-style-type: none"> Identified some 2019/20 schemes which are still being scoped and includes: Car Parks expansion / sell off, removal of 6x Bus contract, Laundry income etc. further identification of schemes in development. CVs for potential interim project manager to work with Director of E&FM on new opportunities and deliver recovery plan currently being reviewed, interviews being arranged. Operational Variations agreed with PFI partner on energy procurement scheme at TWH. Continued roll out of the CAFM across other directorate services Commercial and legal documentation issued to EKHUFT for the Renal unit land rent. Works have commenced on Phase 5 for LED schemes 			<ul style="list-style-type: none"> Start to develop detailed plans and other project documentation around new schemes Complete formal Operational Variation agreements with PFI on energy procurement scheme Complete Operational Variation agreements for TWH LED scheme with PFI partner 			
<u>Procurement</u>	<p>Target £2m, YTD delivered £1.2m, planned to deliver another £89K before the end of the year.</p> <ul style="list-style-type: none"> Catering provision delivered savings went up to £115k from £54K originally planned. Delivered an extra £20K on landlines Photocopier contract extended with a reduction of £150K savings ongoing, supplier have offered a payment holiday of 3 months which will bring in £319K savings from Jan - March 2019. Theatre consumable contract savings part delivered - £34K delivered, and another £40k will be delivered in Feb 2019 depending on clinicians acceptance. Delivered Block contract for telephone services £100K in Dec 2018 Endoscope maintenance contract agreed for £250K will start to deliver in Jan 2019. Voice Recognition contract signed , value of savings will be confirmed by the end of Jan. 			<ul style="list-style-type: none"> International Nurse recruitment – reducing fees on bringing in foreign nurses £250K will start to deliver from Jan 2019 Deliver another £40K savings of the Theatre consumable contract by Feb 2019. VAT Recovery on delivery charges. This will bring in another £40K FYE – will not deliver until March 2019, this is a non – recurrent saving. Deliver Endoscope maintenance contract which will bring in £66K savings in Jan 2019. 			
<u>Medicine Management</u>	<p>Avastin</p> <ul style="list-style-type: none"> Task and finish group meeting weekly to develop operational readiness plan, group awaiting advise from the legal team on using Avastin on a specific cohort of ophthalmology patients that don't yet meet the NICE guidelines for treatment with Eyelea/Lucentis before commencing further implementation work. 			<ul style="list-style-type: none"> Map out 6 months schedule of injection schedule and develop a Business Case and benefit summary in regards to patients who fall under the Pre – NICE category and present to board in the new year, to set out a case for commissioning. 			
	<ul style="list-style-type: none"> Identified some 2019/20 schemes which are still being scoped and includes: reducing wastage, IV Paracetamol reduction, Prescription charges in A&E and Day Cases. Joint Formulary Resource Business Case - funding agreed from CCG Weekly recovery meetings still in progress. 			<ul style="list-style-type: none"> Start to develop detailed plans and other project documentation around new schemes Finalise Joint Formulary Business Case and commence recruitment process. 			

DESCRIPTION	MILESTONE ACTUAL	DELIVERY RAG		ACTIONS FOR NEXT REPORTING PERIOD
		This Month	Last Month	
<u>Medicines Management.</u>	<ul style="list-style-type: none"> Adalimumab – switch implemented on the 26th Nov, all new patients will be put straight onto the new biosimilar. All existing patients will be switched from Jan 2019. Uptake report due in the new year. Dossette Box – WKCCG pharmaoutcomes multi-user licence agreed. papers presented to EAIC group on 08/11/18. Board recommended extension of pilot to 6months. KCC agreed to fund 2 months pilot Subcutaneous Methotrexate – proposal paper will be presented to the MOG on the 13th Dec with a view to get their preferred choice and for this to be shared with the EAIC Board in the new year. Outsourcing – Options appraisal completed. Full business case to be discussed at programme board on the 18th Jan will be ready for submission to the following committees F&P 29th Jan, TME 30th Jan, Trust Board 31st Jan Paed Feed - DTMT (Drug Therapeutic Meds Committee) has agreed a pathway, which will need to go to Medicines Optimisation Group (MOG) for approval in January. 			<ul style="list-style-type: none"> Dossette Boxes / MAR Chart – CCG have extended pharmaoutcome license, however there has been a barrier with funding an extra £900 that would be required to start the pilot. Discussions with KCC to take place, also schedule pilot and workshop. Adalimumab –commence switching of existing patients and quantify savings. Millie to meet with JC to recalculate savings. Aseptic Service – met with Mark Podage to discuss proposal paper, this will be finalised for submission by the next NHSE contract meeting on the 15th Jan. Outsourcing - Full Business Case to be discussed at the Programme Board on the 18th Jan, and Board to make a recommendation to the following committees, F&P 29th Jan, TME 30th Jan and Trust Board 31st Jan and gain approval. Paed Feed – gain approval at the Medicines Optimisation Group (MOG) meeting in January. Subcut Methotrexate – present proposal paper at the AEC Board on the 22nd Jan and gain approval.
<u>AIC Diagnostics</u>	<p>Pathology - AIC</p> <ul style="list-style-type: none"> LFT – guidance has now successfully added unto ICE Faecal Calprotectin – actions completed and comms sent out. Direct Access Requests - 18/19 data for FBC received. Pathology are aware of increase and do not believe there is scope to reduce this. Immunology – Guidance with J.Sheldon for advice and guidance. Outlined business case completed and with clinical lead for sign off <p>STP</p> <ul style="list-style-type: none"> Strategic Outline Case (SOC)completed Send Away Test – not going ahead with deal, repatriate work on STP. East Kent have agreed to charge marginal price, and savings will be got from the difference of the current price. These savings will be shared equally amongst the 4 Trusts. 			<p>Pathology - AIC</p> <ul style="list-style-type: none"> Sodium – Update guidance and add unto ICE. CL chased and made aware actions are still required. Immunology - J.Sheldon to provide advice and guidance Clinical lead chased this action. Once update received add to ICE. Outline Business Case for Thyroid Receptor Antibodies to be approved by Clinical Lead FIT Testing – clinical lead still progressing with clinical staff and will escalate if further support is required. <p>STP</p> <ul style="list-style-type: none"> Present SOC for approval at Medway Board in Dec 2019 and at MTW & East Kent respective Boards in Jan 2019. Quantify savings for Sendaway tests from Dec 2018.
	<p>Radiology</p> <ul style="list-style-type: none"> I-refer up and running. DORIS form has been reviewed, WKCCG to ensure i-refer is referenced. Ultrasound Guided Injections– GP surgeries have not had access since the 1st Dec, agreement with CCG to enforce referral through MSK SPOR. Electronic Results –issues still ongoing, CCG still working to resolve them 			<p>Radiology</p> <ul style="list-style-type: none"> Internal demand - ENT to look into audiologist referred MRI's and develop a new protocol to reduce this. NG12 – continue to monitor demand Direct Access Requests – review impact WKCCG to review DORIS forms to include message regarding Virtual Colonoscopies by end of Dec 2018. MTW to provide audit of Virtual colonoscopies with WKCCG by end of Dec 2018.

- Radiology**
- Obstetric Scanning – issues with GDPR now resolved, pricing agreed to £7 per picture by both Radiology & Obstetrics.
 - Internal demand – commenced meeting with ENT surgeons to discuss reduction in MRI requests.

- Radiology** Item 1-10. Attachment 8 - Best Care Update
- Electronic Results – CCG to resolve all ongoing issues
 - Tender – continue work on scoping.
 - Obstetric Scanning – paper to be presented to Best Care Board Jan 2019 installation of machines and comms to be completed by March 2019.

Non Recurrent Savings / Financial Mitigation Schemes

<u>Contingency Reserve</u>	£3.4m of reserve already in use YTD, in line with forecast			Hold money until the need arises for use. (£2.3m left).
<u>Assets Sales</u>	<ul style="list-style-type: none"> • High Street – Trust Board agreed to proceed with sale pending PWC advice on accounts. • Due diligence works have commenced on bidders with highest offers. • Draft Heads of Terms with Lawyers 			Finance to confirm outcome from work by PWC, in order to proceed to full commercial and legal negotiation with preferred bidders.
<u>West Kent CCG Income</u>	Confirmation of a £2.7m savings from the CCG. £1m expected			Discuss accessing funds and utilising if required to meet financial plan.

KEY ISSUES/RISKS TO FINANCIAL PERFORMANCE

DESCRIPTION	MITIGATION	DATE last reviewed	LAST MONTH	THIS MONTH
Procurement - Slippage on STP work plan - issues with confirming projects start date and leads Difficulties with analysing data due to different systems amongst the Trusts.	Discuss issue at group meetings . Supply chain has agreed do all the analytical work and supply data.	12/18		
Avastin - Outcome of judicial process in September 2018 went in in favour of CCGs involved, but there may be other factors that may prevent / delay the implementation of Avastin and any planned savings.	Await MHRA national advice around medicines law which is expected within the next few weeks, this will determine the next steps to take. Also Trust Legal team to clarify the professional indemnity implications of the outcomes especially for Pharmacy and clinicians.	12/18		

CRITICAL PATH MILESTONES (next 4 weeks)

Task	Milestone Date	Status	RAG Last Month	RAG This month
Avastin - Develop Business Case & Benefit summary for Pre-Nice Patients	01/19		New	
Radiology – ENT to design referral protocol	01/19		New	
Meds Mgt - Finalise Joint Formulary Business Case and commence recruitment process.	01/19	Delayed but mitigated		
Meds Mgt - Approval of Pharmacy Outsourcing Business Case	01/19	On Track		
Meds Mgt - Quantify Etherncept savings	01/19	Delayed		
Meds Mgt - Quantify savings for Adalimumab	01/19	On Track		
Pathology y STP– Present SOC for approval to Medway / MTW / East Kent Boards	01/19	On Track		
Present obstetrics scanning proposal to Best Care Board	01/19	On Track		

KPIS	Target	LAST MONTH	THIS MONTH
Procurement			
Number of tenders completed each month	13	17	4
National metrics - % of spend under a catalogue	80	96.5	97.4
% of spend under a purchase order	80	80.2	97.3
E&F			
Energy Volume Reduced		867500	846128

Finance Narrative

Month 9 Delivery

Month 9 total delivery is £366K against a plan of £1.2m.

Main areas of delivery include Procurement, Estates and Facilities, Medicines Management, NHS Provider SLA Review and Directorate Led schemes - £52K

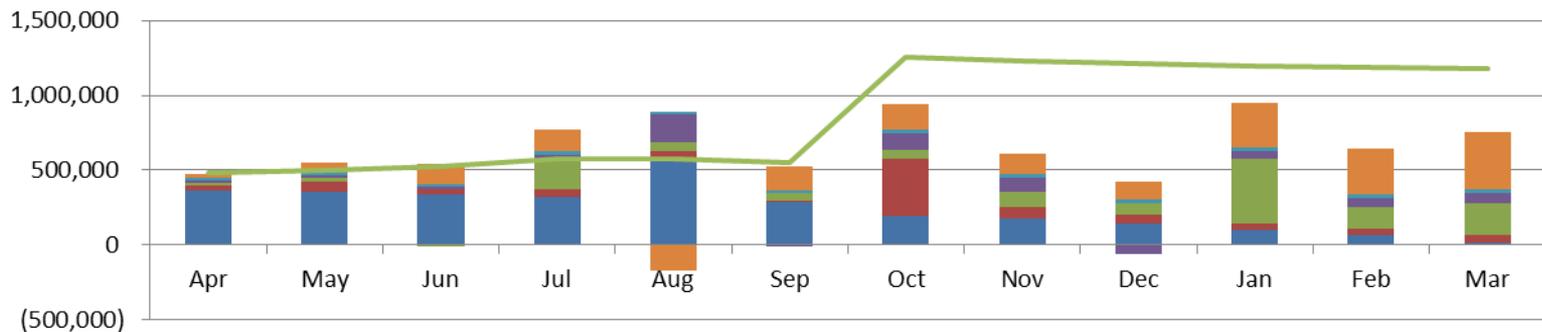
Area of shortfall includes - Meds Management -£58K

YTD Delivery - £5.4 m delivered against plan of £6.9m

Total 18/19 forecast - £10.5m



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Roll Over 1718	362,105	357,275	337,632	324,483	573,617	290,388	191,061	179,624	146,787	100,078	64,958	18,738	2,946,747
Directorate Led Scheme	31,970	66,778	36,408	50,128	54,009	5,326	388,897	71,113	52,949	46,588	46,588	47,480	898,235
Estates and Facilities	23,083	23,083	-11,417	183,393	62,628	49,310	55,109	103,628	78,629	431,528	141,070	214,071	1,354,116
Medicines Management	17,633	17,264	17,553	44,246	182,380	-2,221	112,728	90,374	-58,020	51,819	60,526	69,244	603,525
NHS Provider SLA Review	13,833	15,250	15,250	27,645	14,479	14,479	25,645	25,645	25,645	25,645	25,645	25,645	254,807
Procurement	26,222	70,291	131,120	144,131	-172,752	162,500	165,041	138,874	120,510	291,333	300,916	382,916	1,761,101
Plan	478,343	499,430	528,168	574,543	575,478	550,883	1,251,693	1,226,511	1,216,516	1,195,557	1,184,127	1,178,088	



- Roll Over 1718
- Directorate Led Scheme
- Estates and Facilities
- Medicines Management
- NHS Provider SLA Review
- Procurement
- Plan



2b. Best Workforce

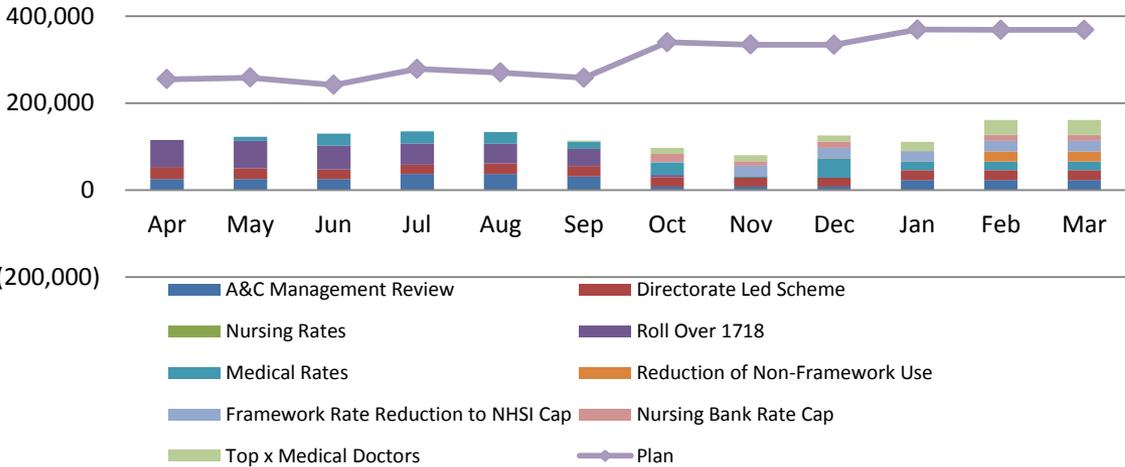
Best Workforce is devising innovative strategies to develop new roles and attract and retain staff to the Trust. Implementing more efficient processes to help make people's jobs easier and reviewing temporary staffing are the key areas of focus for Best Workforce.

The workstream's priority areas are:

- **Recruitment**
- **Temporary Staffing**
- **New Roles and Apprenticeships**
- **Workforce Productivity**

WORKSTREAM		Best Workforce		BEST CARE BOARD DATE		January 2019	
WORKSTREAM LEAD		Simon Hart/Tracey Karlsson		PMO SUPPORT		Kathryn Brown/Steph Pearson	
Project	Actions/Milestones completed	DELIVERY RAG		Actions for next reporting period			
		LAST MONTH	THIS MONTH				
Temporary Staffing Controls Group	<ul style="list-style-type: none"> IR35 Re-assessment for Radiology Reporting Locum completed. Outcome confirmed how locum is currently engaged falls inside IR35. Proposed set of medical bank rates submitted to HRD and Medical Lead for review and comment. Strong focus on medical recruitment streamlining / improvement continues . Ongoing work in progress to streamline non-framework nurses to bank and facilitate the exit of Ambition. Non-standard offer template(s) now in place. CoSs to be briefed on temporary staffing controls, rules, policy and governance requirements. Execs briefed on NHSi workshop. 			<ul style="list-style-type: none"> Paul Sigston to confirm exit strategy for Radiology Reporting Locum. Medical Led Authorisation Group meetings to be scheduled and in calendars to take place weekly. NHSi workshop scheduled for 15-Jan-18, and pre-preparatory work to be completed in advance. CoSs to identify areas requiring medical bank rate enhancements . Medical bank rates proposal to be sent to Execs for approval. 			
New Roles and Apprenticeships	<ul style="list-style-type: none"> As at 3 Dec, 80 apprenticeships enrolled on programme. 3 Physician Associates now working in T&O with 5 more due to start in other areas this financial year. This is an increase from 1 to 8. 15 Trainee Nursing Associates started apprenticeships on 03/12/2018. First Medical Workforce Working Group met that will focus on trust-wide implementation of Physician Associates, Medical Training Initiative Fellowships and Dr Assistants. Working Groups for Advance Clinical Practitioner met and agreed priorities on 03/12/2018. Trust management considering proposal submitted for levy transfer. 			<ul style="list-style-type: none"> Working Groups to complete plans. Priorities over the next 6 months will be benchmarking, completing case studies, defining career pathways, establishing governance structures, establishing support networks, providing templates for business cases and job descriptions, support recruitment of roles. Potentially 5 more Physician Associates due to start subject to exam results. 2 PA Students on placements in the Trust – previously in Medicine returning next week to commence placement in Emergency Medicine. Timeline for MTI fellow placement to be determined for Paeds and Obs/Gynae Determine KPI for spread across MTW of new roles and apprenticeships. 			
Directorate CIPs	<ul style="list-style-type: none"> Delivery of directed CIP schemes currently reporting £656K at risk of delivery. PMO leads working with directorate GMs and FMs to review plans to deliver CIPs and identify new ones. 			<ul style="list-style-type: none"> Further CIPs to be identified as part of directorate CIP recovery plans. 			
E-Rostering	<ul style="list-style-type: none"> Phase II rollout not completed. Further work required to ensure governance requirements are in place prior to agreeing completion of Phase II delivery date. Review and evaluation of payroll processing from Allocate completed. Allocate system upgrade applied on 3rd December 2018. Meeting took place with Chief Nurse and ADNS's to agree full review of all nursing roster templates . All nursing full / partial approvers emailed to communicate requirement to review time balances and ensure reconciliation against hours / shifts worked before end of financial year. Reviewing roster performance calculations and working to ensure this information is meaningful and accurate to meet future reporting requirements. 			<ul style="list-style-type: none"> Allocate's Nurse Rostering Baseline Assessment to be presented to key stakeholders by end January 2019 Trustwide communication of approval and finalisation processes to be sent from HRD and CoF to facilitate timely and accurate payroll processing. Additional wording to be incorporated when finalising shifts to reiterate SFI / audit / governance requirements. Commencement of work to update roster templates to meet budgeted establishment. Retrospective payroll process implemented further to system upgrade and controls are now in place to enable managers to reconcile hours balances. Engage with key stakeholders to review and establish rostering KPIs. 			
Recruitment	<ul style="list-style-type: none"> Further meeting with Clearmedi scheduled for 22-Jan-19. Interviews taken place with candidates from External recruitment company – 7 possible recruits for Paediatrics. Medical Recruitment KPIs shared produced monthly. Fortnightly progress meetings taking place. 			<ul style="list-style-type: none"> Medical Recruitment Workshop scheduled for 17-Jan-19. HRBPs to determine vacancies as part of 19/20 workforce planning and ensure all medical locum usage is against budgeted establishment. Workshop with Medical Recruitment an Operational Staff set up for 14th January to resolve issues and improve recruitment pathway Update recruitment roles and responsibilities 			

KEY ISSUES/RISKS TO FINANCIAL PERFORMANCE				
DESCRIPTION	MITIGATION	DATE REC	LAST MONTH	THIS MONTH
ISSUE – Project is forecasting a £2.2m shortfall. This is mainly due to underperformance of the STP medical CIP target. Savings for Jan 19 also at risk as dependent on Top X locums having moved to substantive, which has not happened.	The key enabler to addressing reliance on temporary staffing is to fill medical vacancies. External agency engaged and activity to improve medical recruitment continues, Workshop scheduled 17/01/19.	May-18		
ISSUE - Agencies are not providing quality CVs at a reduced rate.	Starting to see an increase in CVs although still at high rates. Head of Temporary Staffing challenging rates. Medical Led Authorisation Group to undertake agency challenge.	Aug-18		
ISSUE – Transparent and robust information not available on medical vacancies / gaps due to multiple rostering systems and approaches.	PMO launched recruitment project with full review of medical recruitment activity, roles, responsibilities and timelines, identifying quick wins.	Oct-18		
RISK – If bank rates were to be reduced to align to STP Q2 rates, directorates including ED, H&N, Paeds, Obs & Gynae will have difficulty ensuring safe fill rates.	Two levels of rates for each grade proposed one being standard and the other enhanced. Briefing sessions to be scheduled with CoSs to identify areas that require enhancements.	Oct-18		
RISK - Potential for apprenticeships levy not to be used. Spend for 03/18-04/19 is projected to be £153K. Current funds in digital account - £1.358m. If further apprenticeships not added we start losing funds from July 2019 at a loss of approximately £60K per month.	Apprenticeships continue to be promoted through engagement sessions. Five trust-wide roles identified for focus with four involving apprenticeships. A number of training courses are not available until Sep 19, which impacts ability to draw down on the levy. Pressure is being placed on government to extend period for when funds may be lost.	Apr-18		



Item 1-10. Attachment 8 - Best Care Update

KPIS	Target	LAST MONTH	THIS MONTH	
Public Sector Target for workforce on Apprenticeships Apr 18 to Mar 19	2.30%	0.94%	1.24%	↑
Medical				
Medical Shifts Requested		2,580	2,408	↓
Percentage of Medical agency shifts over STP break glass rates	0%	94.5%	76.0%	↓
Percentage of Medical shifts requested more than 6 weeks in advance	> 80%	16.7%	32.5%	↑
Percentage of Medical shifts requested Retrospectively	< 5%	24.4%	33.3%	↑
% Medical Shifts covered by bank workers	> 70%	39.2%	44.5%	↑
% Medical Shifts covered by Framework agency workers	< 24%	32.6%	35.7%	↑
% Medical Shifts covered by Non-Framework agency workers	< 1%	0.7%	0.9%	↑
% Medical Shifts Unfilled	< 5%	27.5%	18.9%	↓
Nursing				
Nursing Shifts Requested		5,245	5,041	↓
Percentage of Nursing agency shifts over NHSI Caps	0%	42.6%	9.7%	↓
Percentage of Nursing shifts requested over 6 weeks in advance	> 80%	19.0%	25.8%	↑
Percentage of Nursing shifts requested Retrospectively	< 5%	8.7%	9.8%	↑
% Nursing Shifts covered by bank workers	> 70%	48.9%	51.5%	↑
% Nursing Shifts covered by Framework agency workers	< 24%	39.2%	33.9%	↓
% Nursing Shifts covered by Non-Framework agency workers	< 1%	4.2%	4.1%	↓
% Nursing Shifts Unfilled	< 5%	11.8%	10.5%	↓
Average roster performance score for ALL nursing areas	> 85%	70.96%	N/A	

FINANCE NARRATIVE

Year to Date
 The Best Workforce achievement to date is £1m against a plan of £2.6m. The shortfall of £1.6m is largely within the STP Medical rate CIP underachievement (£1.1m).
 The key achieving CIP in Months 1 – 9 are the 2017/18 Roll Over schemes reporting 34% of the workstream.

Forecast Position
 The Best Workforce schemes are forecasting a year end achievement of £1.5m against the target of £3.7m and therefore forecasting a year end shortfall of £2.2m.

2c. Best Flow

The Best Flow workstream is using a number of approaches to improve the safety, efficiency, effectiveness and productivity of MTW's services, by implementing good practice in patient flow and improving the processes that support this.

Through work currently being carried out, processes will be reviewed and analysed to identify pressure points and better ways of working, to benefit staff and patients.

The projects include:

- **Non-elective**
- **Theatre Productivity**
- **Outpatients Productivity and Transformation**
- **CAU Effectiveness**
- **Private Patients**
- **Repatriation of Services**

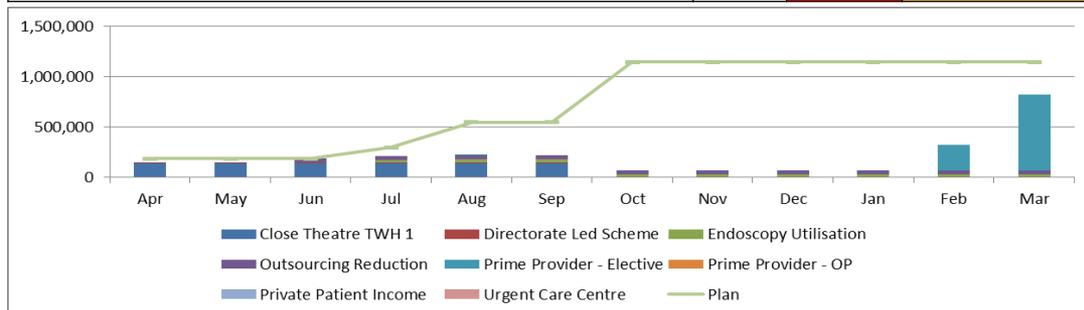
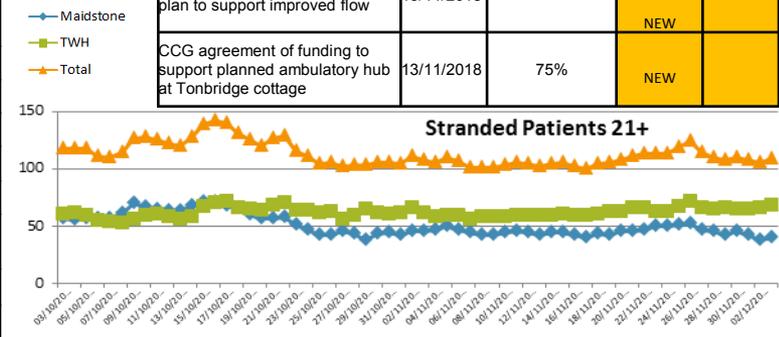
WORKSTREAM		Best Patient Flow (elective and non elective)		Item 1-10. Attachment 8 - Best BEST CARE BOARD DATE	Care Update Jan 2018
WORKSTREAM LEAD		Sean Briggs		PMO SUPPORT Fiona Redman / Sarah Smith/ Caroline Tsatsaklas	
DESC RIPTI ON	ACTIONS / MILESTONES COMPLETED	DELIVER Y RAG		ACTIONS FOR NEXT REPORTING PERIOD	
		LAST MONT H	THIS MON TH		
<u>Frailty at TWH and AIC Frailty</u>	Patient flow journey audit completed and to be distributed to frailty working group. Meetings have taken place between MTW, heart of Kent hospice, CCG and KCHFT in order to develop a single EOL care document. Decision reached by frailty team and community that frailty patients having 3+ admissions within 6/12 to be referred to community MDM going forwards. Posters promoting MDM referral to be put up within AFUs and guidelines distributed by 30/11/18. SECamb direct conveyancing more complicated than originally thought due to SECamb working across 3 counties rather than localities. Implementation to continue but robust 7 day services need to be developed and embedded before roll out. 7 day service launched 3/12 on TAFU but difficulty recruiting sufficient consultants to staff at weekends. Meeting 11/12 to discuss possibility of extended hours week day/6 day service to utilise additional staff recruited. Decision required as to if funding will be pulled and if frailty unit to be removed/moved down escalation policy. Frailty unit coding issue resolved- further work required with MAFU ward clerks to fully embed.		*	<p>*Decision regarding 7 day service funding</p> <p>If funding to continue, extended service to be delivered as staffing allows.</p> <p>Decision regarding frailty unit escalation</p> <p>Matching decision regarding Darzi fellow to support Interface Geriatrics model for AIC frailty</p> <p>MAFU coding solution to be fully embedded on MAFU to reflect throughput through unit</p> <p>CPMS decision as to pas team taking over system management, plan going forwards for training and log in decision. Re launch of CPMS service development group with MTW frailty membership to compile 'wish list' for system.</p> <p>Upgrade of CPMS to go to panel for funding approval for body map and free text capability for CGA.</p>	
<u>Out of Hospital Capacity</u>	Meeting with CHC and Rapid Response revealed lack of increased capacity but will continue to bridge fast track patients to support flow. Ongoing monitoring work with hospices to hold beds over winter period. Super stranded patient target has been achieved for this reporting period. Hospital at home Staffing in place. First patient successfully transferred to 'Healthcare at Home' 28/11. Launch 3/12 with initial capacity for 5 patients. 4 patients taken out. Drop in sessions around trust to answer questions, promote and troubleshoot plus clinical governance. Continuing to work at identifying appropriate patients. Meeting in place 12/12 between KCHFT, IDT, MTW to review current LOS data and existing pathways for #NOF patients. Aim to release Edith Cavel capacity with the use of KCHFT community beds to support patient rehab using an enhanced recovery pathway. Discharge lounge delay project started at both sites to improve capacity and improve patient flow			<p>Hilton capacity-full roll out from current capacity of 48</p> <p>Super stranded - In-depth review work to continue to maintain target and reduce as able along with daily medically fit for discharge numbers.</p> <p>Hospital at Home continued clinical engagement, increased identification of patients and service capacity ramp up.</p> <p>Ward 20 Proactive recording of 10-15 patients recording key points along the timeline from referral to discharge. Key timed points:</p> <p>Date referral started to Pathway 3, Date referral sent, Date additional info asked for, Date patient discharge</p> <p>#NOF meeting between KCHFT, IDT, MTW to review current LOS data and existing pathways and begin scoping how alternative model will look and work operationally</p> <p>Discharge lounge ward manager to collect capacity and delay data. Review 17/12 and write change plan</p>	
<u>LoS Increased number of LOS</u>	47.04% of beds currently occupied by patients with LOS >7 days. This represents a 1.3% reduction on this time last month. Previous 6 week average 46.28% from 47.74% representing a further 1.5% reduction. CUR compliance has seen a gradual and planned improvement over the last quarter due to a phased approach of communications, training and coaching or ward staff. The plan is to continue to review this and maintain the 85% standard throughout winter. Criteria led discharge Task and Finish group established building on the work from the national CLD event attended by LOS leads.			<p>Access to Smarties for all Matrons/ GMs/ AGMs. Switch on end of w/c 10/12/18</p> <p>Flow co-ordinator training needs to be repeated on rolling basis. To be undertaken by CUR Implementation Manager throughout December.</p> <p>Acute Physician Dr Jitesh Choyi leading criteria led discharge work from a medical perspective and working on a push throughout December on wards 2, AMU and 21 to seek to maximise this opportunity.</p> <p>New initiative for December will focus on day before actions with the end ambition being to prevent 2 consecutive red days going forward. This will be a phased approach bringing down the longest consecutive red days moving down towards 2.</p> <p>SMARTIES go live with CUR day to monitor and review internal delays in diagnostic fields, referral to specialties and CNSs.</p>	
<u>Therapies</u>	Therapies Directorate to cross to new Division but to continue to deliver against Best Flow. Meeting with therapy leads to explore transformation initiatives and development of new roles within ward workforce has taken place. 19/20 plans to be created			<p>Identify plan for next 3 – 6 months</p> <p>19/20 plans to be created</p> <p>Continue to embed TDI and development of performance reports</p>	
<u>AEC</u>	7 day Business case approved 27.11.18 for TWH with aim to implement unit by 1.12.18.. Risk around recruitment of appropriately skilled staff to support increased hours (lack of medical agency for w/e, can use bank medical but they are also being used for Frailty/ outlier/ winter oncall. Nursing in place & EDP) Fortnightly meetings in place for planned ambulatory at TCH. QIA prepared for approval within MTW. Agreed that patients will be discharged from MTW. IT solutions from H@H to be used i.e. EDN to communicate management care plan. Lack of data to provide demand as this is a new pathway, which is holding up the developing of staffing ratios. AEC moved to opposite side of ward to increase accessibility. AEC throughput highlighted at site meetings. Ongoing training of ED staff to ensure appropriate triage. Exclusion criteria in place for Medicine. Draft criteria in place for Surgery, to be signed off by CD by end Dec and presented at Clinical Governance Jan 19. Need increased engagement with T&O & ENT clinicians to replicate.			<p>Appointment of CD for Acute and Emergency to improve profile and clear clinical leadership on 7.12.18</p> <p>Improve flow from ED to AEC through more robust and electronic handover method</p> <p>Review staffing within AEC with AMU ward manager</p> <p>Work with T&O and ENT to develop their exclusion criteria</p> <p>Permanent signage to be put up by Estates to ensure greater access</p> <p>Work with Radiology GM to give AEC same turnaround times as ED; data collection to be undertaken and to escalate to CDs</p> <p>Identify a strategy for Emergency Floor pathways at TW</p>	

DESCRIPTION	ACTIONS / MILESTONES COMPLETED	RAG		ACTIONS FOR NEXT REPORTING PERIOD
		LAST MONTH	THIS MONTH	
<u>Non-Elective Surgical LOS</u>	<ul style="list-style-type: none"> - Golden Patient for MRCP pathway finalised and approved. - Hot Chole pathway: Job planning complete. Surgical coordinator and emergency surgery secretary taking ownership to ensure lists populated - Hospital at Home underway- excellent engagement from clinicians- especially breast. Pathways for breast & urology . 			<ul style="list-style-type: none"> - Full roll out of MRCP pathway for golden patient - Further embedment of the red: green days by site team. - Further work on the breast patients – could increase numbers, plus other patient types to be identified on an individual basis.
<u>Increase in private activity</u>	<ul style="list-style-type: none"> - Business manager from the Housden group had commenced role - Commencement of the estates process for a kitchenette to be installed - Matron and 1 band 6 nurse appointed. Starting 24th Jan - Band 3 booking officer appointed and start date 2.1.19 - 2 x CSWs appointed and start dates 28.1.19 - Band 5 team leader start date 4.2.19 			<ul style="list-style-type: none"> - Procurement to be finalised for some small furniture pieces, artwork etc.. - Interview other band 6 staff nurse on 8.1.19 - Start to prepare for 4th Feb opening i.e. comms / open day - Sign off contract with Basildon and Thurrock. - Development of a communication paper - Operational policy completion including benchmarking tariffs and insurance contract review - Develop clinical governance structure including medical advisory committee and clinical lead appointment.
<u>Prime Provider</u>	<ul style="list-style-type: none"> - Planned Care Coordination Team set up finalisation. - VEAT notice period completed with no raised issues. - Completed timeline for programme. - Contracts sent out to the IS for prime provider outsourcing - High level Whole system process mapping exercise completed - Operational policy approved at divisional board - General Manager appointed, to commence January for 2 days/week then FT 4.2.19 			<ul style="list-style-type: none"> - Adapt quattro system for electronic patient tracking to also include outpatients. - Embed KPI and performance monitoring of prime provider into current systems. - Submit operational policy to PRC for approval - Develop RAS system in ERS for patient choice pathway. - Finalise a comms strategy for internal and whole system for IS / GPs/ MTW - Complete contract variation for prime provider with WKCCG - Agree contracts with IS for outsourcing. - Undertake joint exec meetings with the IS
<u>Operational Productivity</u>	<ul style="list-style-type: none"> - Review POA patients to go through Outpatients in POA. - Training to be identified for Outpatient nurses for POA. - POA and Outpatients working to implement POA in Outpatients in January 2019 . - MRSA screen on the day continues in second month. - Deep dive into consultant level procedure times-Critical Care CD undertaking with DL supporting - Winter Plan removing ophthalmology from SSU-this is completed and will be starting Dec 24th. - Theatre list review- this is ongoing and will need to be discussed in theatre CG to cement. - Late escalation SOP written and ready for sign off. - Stoking Up process has been implemented, using theatre stock personnel to stock theatres at the request of theatre staff. - Ophthalmology Golden Patient requirement to be implemented 	Theatres	Theatres	<ul style="list-style-type: none"> - Theatre list review of process and KPI's on review 7th Jan. - Outpatient nurses to be trained in POA processes. - QIA to be presented – Jan 2019. - Mr Katchburian and Ayodele have theatre editing rights as a pilot to improve theatre list structure ordering and content. - Ophthalmology T&F group to be started Jan 2019.
<u>Outpatient Transformation</u>	<ul style="list-style-type: none"> • Transformation Manager started with Ophthalmology Sprint 12/18. Data obtained from MTW BI Team • Charcot: Prepared information guides for patients. Agreed clinic times/slots. Referral/triage discussed but not agreed on final process with clinicians: possible solution of ERS triage. • Cardiology – WK CCG developed BC for GPwSI and Direct access delayed to be presented to WK CCG set meeting 8/1/19 for approval • Cardiology - GPwSI training programme underway with MTW. Anticipation for service 11/19 • ERS sub-group meeting 3.12.18 agreed to proposal to move the project to BAU • Ophthalmology HII Project: Validation of 10,500 to date, with 5,042 past target date with 26% of patients requiring an appointment. • Ophthalmology HII Project: Job descriptions for substantive Failsafe Office approved at panel 12/18 			<ul style="list-style-type: none"> • Ophthalmology Sprint : to analyse data with GM/AGM for areas of improvement 1/19 • Charcot to develop business case MTW/KCHFT for increased podiatry support. MTW to review referrals with contracts team for BC 01/19. To commence with additional Monday fortnightly clinic w/c 21/1/19. Meeting to review insoles supplier KCHFT/MTW 17/1/19. Discuss ERS triage in MSK meeting 23/1/19 • Cardiology AIC meeting arranged for 15.1.19 to review outcome of SET meeting and discuss next steps • Ophthalmology HII Project: Failsafe office to continue to validate urgent patients and commence diagnosis coding. • Ophthalmology HII Project: MTW to start recruitment process for Failsafe officers 01/19

KEY ISSUES/RISKS TO FINANCIAL PERFORMANCE: DESCRIPTION	MITIGATION	DATE REC	LAST MONTH	THIS MONTH
Due to lack of confirmation of Prime Provider, it is likely that this route will not deliver the savings.	Formulation and commencement of a joint exec working group.	9/3/18		
There is a risk that teams cannot recruit to posts due to national recruitment shortages and lead time.	Working with Best Workforce to develop smarter recruitment campaigns	9/3/18		
Releasing internal capacity to undertake additional Prime provider work.	Operational Productivity project underway. Theatre trans. Manager in post. Outpatient/CAU trans. Managers to have all commence. Governed by operational prod group.	08/10/18		
Private patient service staff recruitment process causing delays in the opportunity and therefore impacting on overall financial contribution.	Housden business manager now in post full time. All but one post have been appointed.. Starting dates in January.	16/10/18		
Clinical admin teams have some vacancies or training needs causing ineffective booking of inpatients/ day cases. This can affect operational productivity.	Repeated RTT training underway. Vacancies are being appointed to. Outpatient and CAU transformation managers commenced work in order to help processes to improve efficiencies.	16/10/18		
Internal standards for turnaround time for Diagnostics is different in ED to AEC which is stopping direct admission to AEC.	Working with Radiology to remedy.	6/11/18	NEW	
The financial plan is based upon assumptions that LOS will maintain its level and that AEC/frailty will be funded for 7 days.	A decision of what staff is going to be substantially funded for the frailty/ AEC 7 day service. Approval for funding for 7 day services at TWH for frailty / AEC			
Theatre transformation manager resource currently assisting the operational teams due to staffing pressures.; potentially impacting transformational work.	Theatre transformation manager now working full time on transformation.	09/11/18		
Completion of EDNS not completed as a day before action-impacting on LOS	Escalated to CD Laurence Maiden-for review of process		NEW	
The continued use of AFUs as escalation areas will impact on unit performance and flow	Monitor site performance and compare MH 5 day service to TWH 7 day service		NEW	

Critical Path Milestones	Milestone Date	Status	RAG Last month	RAG This month
Fit for purpose coding and data collection in place for MAFU	11/18	75%		
Fit for purpose coding and data collection in place for TAFU	11/18			
Appoint staff and implement 8 – 8/7 days a week AEC unit at TW	01/12/2018	75%	NEW	
Rollout of Red and Green days within CUR	31/08/18			
Recruit to posts to support increased opening hours of TW AFU	13/11/18	60%	NEW	
Hospital at Home (virtual ward) Go Live 1/12 with agreed bed base	13/11/18			
Commence PP additional activity in EGAU	15/08/2018	0% PPU acquired		
Award of CCG tender for prime provider	31/08/2018	50%		
Achieve 100% opportunity (c. 95% utilisation) within theatres creating capacity for prime provider (stepped increase)	01/10/2018	w/c 29.09.18: 94% all specialities. T&O 100%		
Receive income from Prime Provider (primarily from outsourcing) in August 2018	01/08/2018	0		
Creation of Therapies 3-6 month plan to support improved flow	13/11/2018		NEW	
CCG agreement of funding to support planned ambulatory hub at Tonbridge cottage	13/11/2018	75%	NEW	

KPIS	Target	LAST MONTH	THIS MONTH
NE LOS Medical	7.4	7.7	7.6
NE LOS Surgery	5.5	5.2	5.2
NE LOS T&O	10.3	11.5	10.4
Achieve or exceed DTOC target (%) *Estimate only as actual figure not yet available.	3.5%	4.5%*	3.5%
Super-Stranded Patients : All Patients In a Bed & Having LoS >21 days	113.1	118.2	107.3
Theatre Utilisation for Prime Provider (%) Step up KPI to 100 opportunity (95%) utilisation	95	82 T&O = 89	94 T&O= 100
Outpatients DNA Target (new)	5%	Sept 5.7%	Oct 5.6%
Cancellations on the Day (theatres) 2 way SMS to be rolled out End Nov 18	5%	9.1%	7.7%



FINANCE NARRATIVE

savings target of £8.8m is forecast to be £6.2m adverse at the end of the year (70%). This is driven by prime provider slippage of £4.5m (£1.2m outpatients and £3.3m elective), £1m of the overall £5.5m is forecast to achieve after the CCG received the go ahead from NHSI/E to award the contract, although a go live date from the CCG is anticipated to be 3rd February, which does not leave a lot of time to realise any potential/forecast savings. Other schemes that make up the remaining £1.7m slippage are £1m private patient income, £0.4m urgent care centre, £0.2m endoscopy utilisation and £0.1m outsourcing reduction.

2d. Best Quality

The Best Quality worksteam has worked with colleagues from across the Trust to help identify four key areas of work that can really transform our patient and staff experience.

While the workstream is focused on a number of important and quite specific clinical improvements, it is also the conduit for developing new strategies for patient, staff and public engagement that support and enable future change.

The projects include:

- **Complex Needs**
- **Quality Improvements**
- **Engagement and Experience**
- **Effectiveness and Excellence**

WORKSTREAM	Best Quality	BEST CARE BOARD DATE	
WORKSTREAM LEAD	Gemma Craig	PMO SUPPORT	Vince Roose /Hannah Pearson

PROJECT	MILESTONE ACTUAL	DELIVERY RAG		FORWARD VIEW: KEY MILESTONES TO TAKE PLACE IN THE NEXT 4 WEEKS
		LAST MONTH	THIS MONTH	
Complex Needs	<u>Dementia</u> <ul style="list-style-type: none"> Dementia Show and Tell event held on 12/12/2018 at Ditton Community Centre as a follow up event from JPMO workshop in September. 13 organisations shared outlines of their service and then we carried out pathway mapping. Really positive event. Dementia will form 'West Kent Alliance'. Cross organisational with KMPT, KCHFT, WKCCG and others. 	A	A	<u>Dementia</u> <ul style="list-style-type: none"> Dementia Show and Tell Event next steps : sharing of initial pathway mapping with group Expansion of Dementia Strategy Implementation Group to include those at the 'Show and Tell Event'
	<u>Transition</u> <ul style="list-style-type: none"> Advert for Paediatric Transition Nurse now out. Closing date: 10/01/2019 	A	A	<u>Transition</u> <ul style="list-style-type: none"> Transition Coordinator post to be advertised and shortlisted Level 3 Safeguarding Training continues to be delivered Policy for care of 16&17 year olds on adults wards continues being drafted
Experience and Engagement	<u>PPEE</u> <ul style="list-style-type: none"> Finished the 4 initially planned events to listen to what is being said and start the co-design and coproduction process. Insight gathered at events written up and shared with participants as drafts for wider discussion and development within networks. Initial draft strategy document has been developed, continue meeting to progress this. 	C	C	<u>PPEE</u> <ul style="list-style-type: none"> Development of business plans for securing continuity and sustainability of patient engagement and experience activity.
	<u>Staff Experience and Engagement</u> <ul style="list-style-type: none"> Going to tally this work along with Public and Patient Engagement and tie in feedback from Surveys and demonstrate to staff how we are responding to them. 	C	C	<u>Staff Experience and Engagement</u> <ul style="list-style-type: none"> Leadership Development Programme to be agreed Schwartz rounds being developed –inaugural meeting 04/01/2019 Medical Engagement to be reviewed and updated LiA pulse chest action plans to be created 3 x staff engagement roadshows scheduled
Quality Improvement	<u>Quality Improvement Committee</u> <ul style="list-style-type: none"> RAGs have improved on the 17SDs. New Dos starting to be identified. Started to invite area managers back after internal assurance inspections to maintain updates and support following inspections. COB has escalated the CC transfers to the Execs. CQC engagement day in End of Life Care and PALS & Complaints took place and was well received; dates have been confirmed for next year for Diagnostics and Cancer. First draft of 'key areas of focus' document shared with Quality Improvement committee for discussion – aligned to KLOE's to move MTW to Good and Outstanding. Unannounced inspection Cascade update – in progress 	C	C	<u>Quality Improvement Committee</u> <ul style="list-style-type: none"> Continual monitoring of current SDs to ensure there is no slippage Use of initial 'Key Areas of focus' document to identify New Do's – improvement points not identified by the CQC but internally.

WORKSTREAM	Best Quality	BEST CARE BOARD DATE	
WORKSTREAM LEAD	Gemma Craig	PMO SUPPORT	Vince Roose /Hannah Pearson

Effectiveness and Excellence	<p>Maternity Safer Births / CNST</p> <ul style="list-style-type: none"> We have now received the email with the 10 criteria for the next financial year. Parameters are almost the same as last year. Likely weaknesses are Medical staffing and Perinatal mortality review. Extra £470,769.62 awarded from NHSR 12th November – in addition to original £908,000 	C	C	<p>Maternity Safer Births / CNST</p> <ul style="list-style-type: none"> Maintenance of performance against existing 10 criteria and preparation for publication of stretch criteria and development of action plan
	<p>Crowborough</p> <ul style="list-style-type: none"> Building works is going well. Women continue to birth at Crowborough during building works Trust Instagram has been launched so the staff has begun using that to promote the centre. The building work is due to complete in Mid Jan and numbers are remain higher than previous years. 	A	A	<p>Crowborough</p> <ul style="list-style-type: none"> Plans have begun for the ‘opening’ of the improved centre following building works Likely to take place early February. Hopefully will be able to have Executive representation, Crowborough League of Friends, Media.
	<p>CQUINS:</p> <ul style="list-style-type: none"> Quarter 2 CQUIN feedback from NHSE – very positive. They specifically commented on it quality and clarity of the submission. Q2 CUR was a partial achievement however if we achieved 85% in Q3 this would achieve in full CQUIN meeting takes place monthly as planned. Moderate engagement from leads. Engagement with CQUIN Leads re the Q3 submission, offering support where possible Meeting with KMPT re A&E Frequent Flyers meeting took place in Dec New Smoking Assessment pathway has been produced and live – will be relaunched with new Alcohol Assessment Pathway - being launched this week 	C	C	<p>CQUINS</p> <ul style="list-style-type: none"> Launch of Alcohol Pathway Interface issues between MTW and CGL for alcohol referral – interim solution in place Launch of new Risky Behaviours referral pathwys - Smoking and Alcohol to be the focus of Safety Calendar in January to support CQUIN
	<p>#EndPJParalysis:</p> <ul style="list-style-type: none"> Use of Tally chart in some areas to capture engagement data. Cake Sale took place on both sites, on 27th December 2018 raising over £650 LOF agreed to host ‘tea parties’ for wards –something for staff and patients to enjoy W30/31 will roll out project during PJ week 10.12.18 Discuss project at NMAHPSG to gain ideas for dementia patients and going forward with project / new ideas Cake Sale last week raised more than £680 which is being used to buy Christmas activities for patients LoF have mentioned there may be scope to fund 2x dedicated EndPJ CSWs in the new year. 	C	C	<p>#EndPJParalysis</p> <ul style="list-style-type: none"> Christmas activities across all wards Gathering engagement data Introduce competitions for wards with published data – rewarded with tea party for winner – plans being developed for this Purchasing of items for volunteers to use with patients (xmas themed) Asking larger supermarket chains if we can be considered for the green token scheme
	<p>Criteria led discharge:</p> <ul style="list-style-type: none"> MTW has registered with NHSi to take part in the next cohort of the Criteria Led Discharge Improvement Collaborative. Project team identified Pockets of work in place but no oversight Second event took place in Leeds 21st November 2018 – no MTW representation Contact made with Dr Liz Lees-Deutsch – consultant nurse at Birmingham who presented at first NHSi Event. Happy to share plans and knowledge from previous experience. Inaugural meeting took place with project team. Further meetings planned. Plan now in place to pilot AMU / Ward 12/ Ward 2 Medical engagement strong 	A	A	<p>Criteria Led Discharge</p> <ul style="list-style-type: none"> No MTW representation at NHSi event in Leeds Difficulty establishing project group getting correct leads together to take this forward Recovery plan in place to attend second NHSi Event Inaugural project group meeting to be set up following inaugural NHSi Event.
	<p>Pressure Sores:</p> <ul style="list-style-type: none"> Tissue Viability still has no lead. Lots of support from Ward Managers, we have to be compliant with new standards by March, which is a mostly a language change. New guidelines being discussed at NMAHP Steering Group 	C	C	<p>Pressure Sores:</p> <p>Implementation of new policy in line with new guidelines</p>
<p>Falls:</p> <ul style="list-style-type: none"> Falls will be the safety moment in Dec. Safety huddle cards have been developed. Currently not hitting target of 6 falls per 1000 inpatients. But - less Falls SI this year compared to last. 	C	C	<p>Falls:</p> <ul style="list-style-type: none"> Following success of NHSi Collaborative work - project roll out discussed at Slips, Trips and Falls Group; plan for project to be rolled out to another 2 to 4 wards. Ward 30 has been nominated by orthopaedic Matron and waiting for other wards to be identified. 	

WORKSTREAM	Best Quality	BEST CARE BOARD DATE	
WORKSTREAM LEAD	Gemma Craig	PMO SUPPORT	Vince Roose / Hannah Pearson

KEY ISSUES/RISKS				
DESCRIPTION	MITIGATION	DATE REC	LAST MONTH	THIS MONTH
16 / 17 year old's admitted to adult areas are not cared for by staff with necessary Level 3 Safeguarding Training	Daily reporting of admissions of 16 & 17 year olds to adult wards now in place. 'Safeguarding Level 3 Champions' training being delivered but encouragement and support needed for adult ward take up.	24/05/18	G	G
PPEE remains unsupported without resource post project phase in BAU mode	Include provision for PPEE support in business planning round for 2019/20	11/12/18	NEW	A
Data collection could mean PJ paralysis becomes and onerous on staff re data collection. Runs risk of staff resentment and disengagement	working closely with clinical areas and rolling out slowly at a local level to ensure engagement with teams and implementation in a way which works best with the staff undertaking the work	06/11/18	A	A

CRITICAL PATH MILESTONES				
TASK	DATE	STATUS	RAG	
			LAST MONTH	THIS MONTH
Recruitment to Transition Lead	30/08/18	Delayed	A	A
Transition – electronic solution to locate 16/17 year olds admitted to adult wards	28/06/18	Complete	C	C
Proposal for paediatrics diabetes care for 16 & 17 year olds	30/10/18	Delayed	A	A
Engagement events to be set up off site during October & November	31/10/18	On target	G	C
Production of coproduced PPEE strategy	28/2/19	On target	G	G
Delivery of Criteria Led Discharge collaborative 120 day milestones	20/02/19	On target	G	A
NHSR submit decision on % rebate of CNST rebate (up to £908K)	30/08/18	Complete	C	C
Crowborough Out to Tender for works	16/07/18	Complete	C	C
Crowborough Practical Completion	21/12/18	At risk	A	G
Dementia Show and Tell Event	12/12/18	Complete	G	C
Plan for PJ Paralysis Xmas week w/c 10/12	10/12/18	On target	G	C

KPIS	TARGET	Nov	Dec
Total Number of Labours commenced at Crowborough Birthing Centre	18	22	20
Number of Births at Crowborough Birthing Centre	14	18	18
Total Number of women receiving Ante Natal Care at Crowborough	200	56	38

WORKSTREAM	Best Quality	BEST CARE BOARD DATE	
WORKSTREAM LEAD	Gemma Craig	PMO SUPPORT	Vince Roose / Hannah Pearson

FINANCE NARRATIVE

Only 2 of the projects have financial values: CNST NHSR rebate and Crowborough Birth Centre Refurbishment.

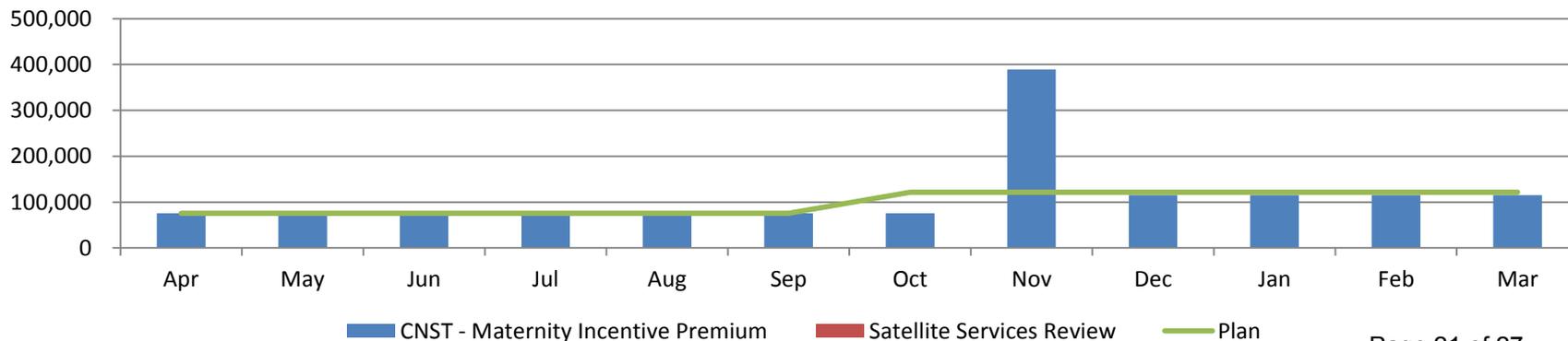
Safer Births / CNST:

NHS Resolution has confirmed achievement of all 10 safe births made rebate payment of 908k. Additional rebate from unallocated maternity incentive resource of £470,769.00 paid to MTW on 16th October. Criteria for 2019/20 Scheme released – update reports received monthly to monitor progress against new criteria.

Crowborough Birthing Centre:

Birth Rates at Crowborough remain slightly higher than previous years. W&C Directorate identifying schemes to bridge shortfall. Most of the ones for this financial year have been costed- further work being done to realise the effect these in the new financial year.

FINANCES													
	M1	M2	M3	M4	M5	M6	M7	M8	M9 – Reporting	M10	M11	M12	Sum
CNST – Maternity Incentive Premium													
Sum of NHSi 1819 Plan	75,708	75,708	75,708	75,708	75,708	75,708	75,708	75,708	75,708	75,708	75,708	75,708	908,500
Sum of 1819 Actual	75,708	75,708	75,708	75,708	75,708	75,708	75,708	389,554	114,939	114,939	114,939	114,939	1,379,266
Variance	0	0	0	0	0	0	0	313,846	39,231	39,231	39,231	39,231	470,766
Crowborough Services Review													
Sum of NHSi 1819 Plan	0	0	0	0	0	0	45,833	45,833	45,833	45,833	45,833	45,833	275,000
Sun of 1819 Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance	0	0	0	0	0	0	-45,833	-45,833	-45,833	-45,833	-45,833	-45,833	-275,000
Overall													
Total Sum of NHS 1819Plan	75,708	75,708	75,708	75,708	75,708	75,708	121,541	121,541	121,541	121,541	121,541	121,541	1,183,500
Total Sum of 1819 Actual	75,708	75,708	75,708	75,708	75,708	75,708	75,708	389,554	114,939	114,939	114,939	114,939	1,379,266
Total Variance	0	0	0	0	0	0	-45,833	268,013	-6,602	-6,602	-6,602	-6,602	195,766



2e.Best Safety

Providing consistently safe standards of care for all of our patients is at the centre of everything we do at MTW and it's at the heart of the Best Safety workstream.

The workstream is leading on seven safety improvement programmes in 2018/19, with the aim of collectively transforming the way we identify safety issues, learn lessons and improve our patient experience.

The projects include:

- **Preventing Harm**
- **Learning Lessons**
- **Mortality**
- **Seven Day Services (7DS)**
- **Quality Mark**
- **Medical Productivity**
- **GIRFT**

WORKSTREAM		Best Safety	BEST CARE BOARD DATE	Delivered on	
WORKSTREAM LEAD		Lynne Sheridan	PMO SUPPORT	Abigail Hill (Medical Productivity/Preventing Harm and GIRFT)/Fiona Redman 7DS	
PROJECTS	ACTIONS/MILESTONES COMPLETED SINCE PREVIOUS MEETING	DELIVERY RAG		FORWARD VIEW: KEY MILESTONES TO TAKE PLACE IN THE NEXT 4 WEEKS	
		LAST MONTH	THIS MONTH		
7 Day Services	<p>The Core Team met as planned on 6th December to review progress. Meetings have been taking place during December with ENT, Surgery, Urology and Urgent Care. Good progress is being made in all Planned Care services and the Team believe that we are getting very close to compliance. It is hoped that by the next Quarterly meeting in March 2018, the only outstanding service area will be Urgent Care (which is fully understood and supported by the detailed analysis set out in their supplementary paper). Meetings will continue with Urgent Care on a monthly basis to continue to explore potential solutions and enablers. Discussion took place with the Regional Lead on the 6th December to further discuss the National Board Assurance Framework. Work has been undertaken, approaching peer sites to share experiences and gaps in standards. This has been very encouraging and a common set of issues appears to be occurring widely with our colleague Trusts. A telecon has been arranged with Dr Celia Ingham Clark (Medical Director for Clinical Effectiveness at NHS England) for the 10th January 2019 to discuss the General Surgery exception pathway. It is hoped that this call will confirm compliance for that service.</p> <p>As a reminder, the current compliance status for the 4 priority standards (for the non-compliant services) is as follows:</p> <ul style="list-style-type: none"> ENT – Non compliant - standards 2 & 8. Surgery – Non compliant - standard 2 at weekends (exception pathway pending) Urology - Non compliant - standard 2 at weekends – possible exception pathway Women’s Health – Agreed as compliant (Exception Pathway process agreed) Urgent Care – Non-compliant – standard 2 – major mitigating factors understood and further work with CCG and NHSE has been agreed. Standard 5 & 6 – Non complaint until 24/7 GI Bleed rota is implemented – plans in progress. T&O – Boarderline compliant for standard 8, but decision to revert back to non-compliant until all potentially medically active patients can be assessed throughout their LOS. <p>All remaining areas compliant or exempt for the 4 priority standards.</p>			<ul style="list-style-type: none"> Core Team Planning Meeting – 17.01.18 (for next stages of project) Drafting of exception pathways for Women’s Health and Urology Further discussions regarding approach for Urgent Care (in respect std 8) Work with CCG (Mark Atkinson) to identify if support can be achieved via the West Kent Forum. Meet with each Directorate Team to agree next steps and actions from Challenge Event. Discussion with Dr Celia Ingham Clark on 10.1.19 in respect of General Surgery and their exception pathway. 	
Mortality	<ul style="list-style-type: none"> Mortality Data Clerk has started on 26.11.18 for a period of 3 months. The reformatting of the SJR form to a Word document (10 pages) has been completed. There are two versions which are currently under review, once version has been agreed this will go out for wider dissemination. A meeting was held with the EKHUFT information team with a view to helping MTW build a mortality review system, if cost appropriate, before making a final decision to purchase the Datix Cloud IQ option. Richard Ewins provided a demonstration of the in-house system that EKHUFT are currently using and keen to develop further. Development of the database should be able to incorporate MTW’s requirements which may also be adopted by EKHUFT. Datix System Administrator has now commenced in post, funded for a period of 6 months only. The Datix system has undergone a review and action plans and timeframes are now being developed. There is also scope that this role may also be able to develop an in-house Mortality review database. 			<ul style="list-style-type: none"> Launch Word versions of the mortality review forms; Preliminary Screening Tool (form1), First Stage Review (form 2) and SJR (form3). James Jarvis to send MTW’s mortality reviews to Richard Ewins at EKHUFT to explore available options before making final decision whether to move to Datix Cloud IQ or develop an in-house system. 	
Learning Lessons	<p><u>Action Planning & Learning Source Identification</u></p> <ul style="list-style-type: none"> The secondment for the Datix System Administrator has begun. Adam Nortman took up post this month. A review meeting took place with the new Patient Safety Manager and the Datix System Administrator on the 6th December to review the LL project. It was agreed that whilst the review of the Patient Safety Team and the recovery work of the Datix system is ongoing, the work on this section of the project will be temporarily ceased until a stocktake meeting takes place in February 2019. A meeting to discuss the overarching Datix business case is being arranged for January 2019. The functionality specification is being produced within the Governance Team (required for production of the Business Case). <p><u>Clinical Governance Meetings & Infrastructure</u></p> <ul style="list-style-type: none"> The half day workshop of the Directorate Clinical Governance Leads took place on 4.12.18. It was very well attended with 15 Clinical Governance Leads in attendance from across the Directorates. The meeting outcome has been produced which includes the content of a revised, standard Clinical Governance agenda for Directorates and the response to four key questions on the infrastructure to support these meetings. A meeting takes place in January of the Core Team to review the outputs and agree next steps. <p><u>Evidencing and Embedding Learning</u></p> <ul style="list-style-type: none"> The second workshop has taken place which included the Core team plus one of our NEDs (Maureen Choong) and a representative from Healthwatch. 3 areas were put forward as proposals for consideration – 1 x metric based, 1 x people-based and 1 x system based. There were agreed by the Group. This has been further presented to the new Patient Safety Manager and the Lead for the Patient Safety Team review. As outlined above, it has been agreed that this will be discussed more fully during the February 2019 stocktake to ensure that the requirements proposed can be delivered by the existing Team. As reported last month, resource has been lost to this project - (The Project Lead) due to pressure of work. 			<ul style="list-style-type: none"> Datix Recovery Business Case Meeting – Jan 19 Datix Business Case creation (system specification from WG) – End Dec Continued work on the Datix system recovery (led by the new secondee – Datix System Administrator) Stocktake meeting – February 19 Analysis of outputs from CG Leads Workshop and creation of a draft new Directorate CG agenda and supporting infrastructure (for initial discussion at Best Safety Workstream Board – 16.01.18). 	
Medical Productivity	<p><u>Job planning</u></p> <p>312 of 332 (94%) job plans are now on the e-job planning software and 54% of the required 332 job plans have been fully signed off (3 stage process). (As at 27th December 2018 – and close down of this year). Allocate has advised that this is significantly better than most Trust achieve in their first year –however the project team are determined that all consultants and SAS doctors should have a signed off job plan.</p> <p>The e-job planning system has been largely rebuilt for the new Clinically Led structure. The team are awaiting procurement negotiations for some additional licences and there are a small number of job plans preventing the mass close down of job plans but this is being worked upon and it is anticipated within the next two weeks that the system will be fully rebuilt, all job plans shut down and reopened for April 2019 start date of new job plans.</p> <p>The MJPCS was trialled in December for two directorates. –Radiology and Critical Care. This was a successful sessions and the trail will continue in April after the next lot of job plans are signed off. The remainder of the directorates will receive individual feedback from the project team.</p> <p><u>Demand and Capacity</u></p> <p>The BI team have concluded the first stage of the review of outpatient capacity against job planning. This shows actual capacity from Allscripts against job plans and highlights discrepancies. This will be used as part of the feedback to the directorates on their job plans. The second stage of this work is to compare against demand and capacity plans and then convert into PAs. This has work has commenced.</p> <p><u>Best Value</u></p> <p>WAU metrics were agreed at the Medical Productivity Working group and will now be produced monthly. Once job plans have been fully signed off at a directorate level, DCCs will be added into this. The definition of Best Value DCCs has been drafted and is being worked through and tested whilst compiling the feedback reports to directorates.</p> <p><u>National Project</u></p> <p>MTW had a positive briefing session with NHSI last month, NHSI are in agreement with project approach and keen to follow developments.</p> <p>We have also made contact with other Trusts in Wave 2 and are arranging conference calls to discuss approaches.</p>			<ul style="list-style-type: none"> Rebuild Allocate system and relaunch job planning for 2019/20 Feedback to all directorates on existing job plans Provide detailed outpatient clinic review against job plans Set up bookable clinics for feedback session Hold CD training days –potentially extend to GMS. 	

PROJECTS	ACTIONS/MILESTONES COMPLETED SINCE PREVIOUS MEETING	DELIVERY RAG		FORWARD VIEW: KEY MILESTONES TO TAKE PLACE IN THE NEXT 4 WEEKS
		LAST MONTH	THIS MONTH	

Preventing Harm	<p><u>LEW</u></p> <p>It has been agreed to undertake an ongoing harm review of all patients that have waited longer than 52 week and a sample of patients that have waited longer than 44 weeks for elective treatment –either as an inpatient or daycase. The information team have advised that the number of patients in this category are as follows:</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th>Month</th> <th>RTT 44 weeks plus (inc 52weeks plus) No of Patients Treated (Admitted pathway)</th> <th>RTT 52 weeks plus No of Patients Treated (Admitted pathway) (Unvalidated)</th> </tr> </thead> <tbody> <tr> <td>June</td> <td style="text-align: center;">138</td> <td style="text-align: center;">9</td> </tr> <tr> <td>July</td> <td style="text-align: center;">125</td> <td style="text-align: center;">8</td> </tr> <tr> <td>August</td> <td style="text-align: center;">125</td> <td style="text-align: center;">14</td> </tr> <tr> <td>Sept</td> <td style="text-align: center;">114</td> <td style="text-align: center;">9</td> </tr> </tbody> </table> <p>It has been agreed to test this methodology for one month initially –the data has been requested from the Information Team and la letter from the Clinical Lead, copied to the CG Lead, along with the notes will be sent to consultants from the sample patients in the next couple of weeks. After this has been completed, the process will be reviewed by the project team.</p>	Month	RTT 44 weeks plus (inc 52weeks plus) No of Patients Treated (Admitted pathway)	RTT 52 weeks plus No of Patients Treated (Admitted pathway) (Unvalidated)	June	138	9	July	125	8	August	125	14	Sept	114	9	Yellow	Yellow	<p><u>LEW</u></p> <ul style="list-style-type: none"> • N/A –Project still in the design phase
Month	RTT 44 weeks plus (inc 52weeks plus) No of Patients Treated (Admitted pathway)	RTT 52 weeks plus No of Patients Treated (Admitted pathway) (Unvalidated)																	
June	138	9																	
July	125	8																	
August	125	14																	
Sept	114	9																	

	<p><u>Documentation and Record Keeping</u></p> <ul style="list-style-type: none"> • A presentation and paper were provided to the Quality Committee in December. The paper reflected the process that is proposed for a compliance project for medical staff as an interim measure to raise the awareness of the importance of the documentation and record keeping standards in advance of the EPR work. • The project was endorsed and the work will commence in January 2019 – starting with a letter from the Medical Director to all doctors. This will herald the process and remind all doctors of their responsibilities in respect of minimum standards for medical record keeping. 	Yellow	Yellow	<p><u>Documentation and Record Keeping</u></p> <ul style="list-style-type: none"> • Letter from Medical Director to all doctors • Launch of project
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	<p><u>Consent:</u></p> <ul style="list-style-type: none"> • Wendy Glazier has escalated challenges in regard to timeframes for delivery of workstream to Peter Maskell. • WG to support Alistair Challiner, chair of the Working Group to devise action plan, meeting is being reconvened. 	Yellow	Red	<p><u>Consent:</u></p> <ul style="list-style-type: none"> • Governance PA is in the process of re-convening a ‘Consent Working Group’ to review the Policy and Consent forms that have been submitted, with the aim of finalising a clear policy and process. In particular for the agreement of speciality specific consent forms.
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Quality Mark	<ul style="list-style-type: none"> • The Quality Mark project is currently under review. • PM and COB confirmed that the Quality Mark was required by the Trust but that the timing for implementation should be delayed until the next financial year. It was agreed that a presentation would be taken to the overarching Best Care Board for broad discussion to agree direction. • In the meantime, GC and LS are working on a presentation for the Best Care Board (to be informed by information from other Trusts who have implemented similar processes). • Next Meeting confirmed to continue progress 	Yellow	Yellow	<ul style="list-style-type: none"> • LS and GC to continue drafting presentation for Best Care Board (for the April 19 meeting). • Joint meeting of Best Safety and Best Quality to review above draft presentation and confirm content. • Arrangements to be made for discussions with other sites who have implemented similar processes. • HP to schedule Quality Mark discussion for April Best Care Board. • Meeting 9th January 2019 to scope out the next elements - plans to contact Trusts who have already implemented a ward/ department accreditation programme to arrange teleconference / external visits.
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GIRFT	<p>The first meeting of the internal panel is planned for the 24th January. The PMO team are working with the Directorates to ensure the action plans are up to date. This is proving difficult in some instances where reviews were undertaken some time ago and personnel has changed during this period. However it is anticipated that this will be aided through implementing the panel.</p> <ul style="list-style-type: none"> • The Litigation action plan has yet to be updated, and a revised plan for its completion needs to be developed. • Following ED GIRFT review, the team have reviewed the actions plan and are progressing the actions. • Endocrinology GIRFT visit was held on the 26th October. This was a largely positive visit. The observation notes have been received and the directorate are developing an action plan with the Clinical Lead. • The Stroke regional event was held last month and MTW is awaiting the data packs. • The Radiology GIRFT Review is booked for 6th February 2019. • Rheumatology, Respiratory and Acute data requests have been submitted and are awaiting a date for review. • Cardiology data request has been received and it is likely the review will be in June and the project team are working with the project team to complete. • Coding and Vascular data request will be submitted before their deadlines of the 21st January. <p>The team are also currently responding to questions raised by GIRFT in relating to support for Urology Area Networks.</p> <p>Professor Briggs visited the Trust on the 7th January and the Trust has agreed three key actions: To ensure senior decisions makers for Surgery are at the ‘Front Door’ Develop an action plan to reduce NOF LOS to 6 days Implement Lot 2 in conjunction with the Horder Centre Professor Briggs will be returning in late March to review progress.</p>	Yellow	Yellow	<ul style="list-style-type: none"> • Ensure each action plan has a clinical lead assigned to it and they are clear on their responsibilities. • Action plans all updated by clinical leads
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WORKSTREAM		Best Safety			BEST CARE BOARD DATE		Item 1-10. Attachment 8 - Best Care Update					
WORKSTREAM LEAD		Lynne Sheridan			PMO SUPPORT		Abigail Hill (Medical Productivity/Preventing Harm and GIRFT)/Fiona Redman ZDS					
KEY ISSUES/RISKS					CRITICAL PATH MILESTONES							
DESCRIPTION		MITIGATION		DATE REC	LAST MONTH	THIS MONTH	TASK		DATE	STATUS	RAG	
											LAST MONTH	THIS MONTH
Exemption Pathways not accepted by NHSI/E and CCG		LS working with Directorates and producing papers with evidence for submission to NHSI/E.		18.10.18								
7DS: Consultant numbers and recruitment constraints in Urgent Care		Work ongoing with Division and Director of Workforce in respect of recruitment aids		05/05/18			7DS meeting with NHSE and CCG to ratify compliance in principle for 4 priority standards		12/06/18	Completed		
7DS: Temporary Casenotes – causing issues as amalgamation with permanent set takes a long time and the ability to review the episode (for a number of processes, not just 7DS – includes mortality, SIs and other) is becoming a risk.		Wendy Glazier has raised this as a corporate risk, so on the corporate risk register for monitoring and action.		01/05/18			7DS submission of paper outlining Urgent Care options for achieving standards (complex and reasons for delay understood by 7DS Project Board).		30/07/18	Completed		
7DS: Delay or inability to implement the 24/7 GI Bleed Rota (to achieve compliance for Priority standards 5 and 6).		Estimated potential date for delivery is Q2 of 2019/20.		18.10.18			7DS – Challenge Event with Regional Team (NHSI/E) 18.10.18 to confirm compliance status		18.10.18	Completed		
Mortality: Business Case not approved for Funding for Mortality Module (Datix)		Continued use of manual process (not safe, but no alternative)		25.10.18			7DS – Confirmation of position for Urgent Care and how to relay this to Regional Team (NHSE/CCG).		Decision by End Jan 2019	Ongoing		
Datix System Administrator Funding not approval (Secondment)		None – cannot implement new electronic version without in house Datix expertise		25.10.18			7DS – Implementation of GI Bleed Rota in Urgent Care		Estimated Q2 2019/20	Ongoing		
Datix system does not satisfy requirements for Learning Lessons and Mortality Projects		Datix review meeting to be convened (re-scheduled for 27.9.18)		14/05/18			7DS – Continuation of implementation of actions for Planned Care Services to achieve compliance or exemption (via exception pathways) by March 2020.		March 2020	Ongoing		
Medical Productivity: Additional costs from the implementation of the PAAT		All CDs are aware of their responsibilities to remain within budget., and it will be the responsibility of the MJPC to check for consistency across departments		01/09/17			Learning Lessons: Creation of a standard CG agenda for all Directorates.		End Jan			
Medical Productivity: Significant cultural change required to obtain buy in to undertake and implement Best Value DCC and Personalised Metrics		AMD will work through DMD and CDs to resolve concerns. Project to be standard agenda item on CD meeting to keep Directorate Management Teams informed and updated. This will provide an opportunity to voice concerns and resolve issues arising.		12/09/18			Learning Lessons: Automation of learning outcomes via Datix on a monthly basis (for distribution to CG Leads and other key comms sources – Team Brief/Senior Leaders etc)		TBC – awaits Datix Recovery Business Case			
Medical Productivity: All job plans to be added to the system and signed off by Directorate Management Teams.		Delays have been escalated via the Medical Productivity working group and final deadlines have been issued from LS. This will now be escalated to the Best Care Programme Board		17/03/18			Learning Lessons: Creation of a Datix Recovery Business Case for migration to IQ and substantive resource for Datix System Administrator.		Feb 2019			
Learning Lessons: Resource constraints – Project Lead and Datix Lead.		Programme Lead is covering as Project Lead with support from the Associate Director of Governance and Team were possible. Substantive Datix resource is being reviewed within Datix recovery business case.		25.10.18			GIRFT: Ensure all Action Plans are up to date.		15/11/18	ongoing		
Learning Lessons: Datix Recovery Business case (System migration to IQ and substantive System Administrator Funding not approved) – work in progress to create business case		None – system functionality not available without the Datix Health Check (which requires the in-house System Administrator).		25.10.18			GIRFT: Set up the Internal Panel meetings		15/11/18	In progress		
GIRFT: All action plans need to be fully updated with detailed evidence.		The PMO team are working with the Clinical Leads and Managers to ensure these are fully updated.		16/10/18			Medical Productivity: MJPC set up and first meeting held.		3/9/18	Complete		
GIRFT: Litigation action plan is not yet up to date		The team have provided assurance that work has commenced against the action plan but this still requires updating –with a clear plan for outstanding actions.		16/10/18			Medical Productivity: Personalised metrics to be developed		12/12/18	Yet to start		
GIRFT: Dedicated staffing to support the GIRFT programme		It is planned to employ a WTE band 7 to support his programme, funding is currently being identified.		26/11/18			Medical Productivity: Rebuild E-job Planning system for Clinically Led Structure and relaunch job planning.		3/09/18	In progress		
Consent: Vacancies and workload within the Legal Services team is impacting on ability to focus on Next Steps		Weightmans have been approached to provide interim support		29/10/18			Consent Consent form circulated for final consultation prior to presentation at PRC		31/10/18			
							Document & Record Keeping: Letter to all doctors		Jan 19			
							Document & Record Keeping: Survey Monkey		Feb 19			
							Document & Record Keeping: Survey Analysis		Mar 19			
							Document & Record Keeping: Local specialty audits, action plans and collation of results		April – Oct 19			
							Document & Record Keeping: Trustwide report (production)		Dec 19			
							Document & Record Keeping: Trustwide report (review and agreement of recommendations)		Jan 20			
							Document & Record Keeping: Implementation of agreed actions		Jan 20 onwards			

KPIs		TARGET	ACTUAL	THIS MONTH	
** KPI'S PAPER WENT TO BEST SAFETY BOARD 06/06/2018 – MORE KPI'S TO BE FINALISED AS PROJECTS PROGRESS					
7DS	Generic KPIs have been in existence since project was first initiated , but will be reviewed if they can be localised by Division once each Division has completed their actions against the Challenge Day action plan.		NA	NA	
MORTALITY	HMSR (Monthly)		100.0	102.4	
	SHMI (Quarterly)		1.0	1.0219	
	% compliance with all mortality forms following a patient death (death cert, preliminary screening form, first stage mortality form and where appropriate, SJR)		95.0	81.8	
PREVENTING HARM	Long Elective Waits: Delivery of NHS England report 'External Clinical Review Handbook' Remaining Projects' KPS to be developed once scoping complete and indicators identified for each project.		NA	NA	
QUALITY MARK	KPIs to be agreed when the indicators have been confirmed for the project.		NA	NA	
LEARNING LESSONS	% Reduction in Top 10 recurrent incidents (To be confirmed)		NA	NA	
	% Reduction of duplication of incident occurrence		NA	NA	
	Evidence of learning from successes (Metric TBC)		NA	NA	
Medical Workforce Productivity	Number of Job plans on the e-job planning system (see detail below)		329	304	
	Number of Job plans signed off on the e-job planning software (see detail below)		329	180	

As at 27/12/18								
		Total Job plans to be completed	Total on the system	% on the system	No in Discussion/sign off by Dr	Awaiting Sign off by Management Team	Signed off	Signed off
	Directorate							
Cancer and Haematology	Haematology	6	5	83%	4	1	0	0%
	Oncology	31	30	97%	10	3	17	55%
	Palliative Care	1	1	100%	1	0	0	0%
	Radiology	22	21	95%	1	3	17	77%
Critical Care	Generalists	25	25	100%	2	0	23	92%
	Intensivists	15	15	100%	0	1	14	93%
	SAS Doctors	19	19	100%	2	2	15	79%
General Surgery	Breast	6	6	100%	4	0	2	33%
	Emergency	3	3	100%	3	0	0	0%
	Gynae Oncology	3	1	33%	1	0	0	0%
	LGI	9	9	100%	9	0	0	0%
	UGI	6	6	100%	6	0	0	0%
Urology	Urology	9	6	67%	6	0	0	0%
	ENT	10	10	100%	7	2	1	10%
Head and Neck	Ophthalmology	22	22	100%	9	1	12	55%
	Biochemistry	1	1	100%	0	0	1	100%
Pathology	Histopathology	20	20	100%	0	0	20	100%
	Microbiology	4	4	100%	0	0	4	100%
	T&O	19	19	100%	4	3	12	63%
Acute and Emergency	Trauma and Ortho	19	19	100%	4	3	12	63%
	Acute Medicine	5	2	40%	0	2	0	0%
	Emergency Dept	12	12	100%	1	1	10	83%
Speciality Medicine	Cardiology	10	9	90%	2	0	7	70%
	Care of the elderly	9	9	100%	3	2	4	44%
	Diabetes and Endo	4	4	100%	1	1	2	50%
	Gastroenterology	7	7	100%	2	2	3	43%
	Neurology	6	6	100%	1	0	5	83%
	Respiratory	4	4	100%	1	1	2	50%
	Rheumatology	5	5	100%	1	1	3	60%
W&C	Sexual Health	5	5	100%	0	0	5	100%
	Obs and Gynae	19	12	63%	8	3	1	5%
	Paediatrics	15	14	93%	10	4	0	0%
		332	312	94%	99	33	180	54%

3a. Best Care Programme - Financial Summary

Comment

Original Plan Savings - £24.1m / Risk Adjusted - £13.24m

The Trust was £2.1m adverse to plan in the month and £6.8m adverse YTD, this is mainly due to slippage on STP Medical rate (£1.0m), Prime Provider (£3.0m), Private Patients (£0.6m) and Estates & Facilities (£0.8m)

Risk adjusted forecast is £10.9m adverse to plan, the main schemes forecasting slippage are:

- Estates & Facilities Subsidiary - £1.75m (reduced to £1.2m, due to £0.6m schemes added)
- Private Patients Income - £1.0m
- STP Medical Rates - £1.4m
- Medicine Management - £1.3m (Avastin - £0.7m)
- Prime Provider - £4.5m (forecast assumes £1m benefit in 2018/19)
- Urgent Care Centre - £0.4m

Trust Board meeting – January 2019

1-11	Organisational Development proposals to support the plans to develop a clinically led organisation	Director of Workforce /Chief Executive
<p>The “Developing a Clinically led Organisation” consultation issued in August 2018 stated that “new management arrangements will only achieve the objectives set out ... if we are able to develop both capacity and capability for clinical leadership. This will need to include robust processes for identifying and developing talent in the organisation and for succession planning.”</p> <p>Now enclosed for consideration are the Organisational Development proposals to support the Trust’s plans to develop a clinically led organisation.</p>		
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none"> ▪ Trust Management Executive, 30/01/19 		
<p>Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹</p> <p>Information, assurance</p>		

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

MTW Organisational Development

Organisational Development: it's the mindset, the understanding, and the skills that help the organisation develop; and keep developing; along with all the people working in it, collectively and individually, in pursuit of the organisation's success.



Drivers include: 5 year forward view; Developing People, Improving Care; STP and MTW Strategic vision

MTW Training & Development Opportunities

Access to external training courses for all staff through CPD funding as identified by Personal Development Plan

Access to CCUC, Greenwich, Brighton University Modules and degree pathways for Registered Clinical Staff identified for CPD

Apprenticeships

Soft Skills/Open Courses
e.g. Courageous conversations, Managing Complaints, Assertiveness, Stress Management

IT Skills e.g. Microsoft Word, Excel, Powerpoint

Language

Leadership and Management Development Programmes/courses

Literacy & Numeracy

Band
2 & 3

Band
4

Band
5, 6 & 7

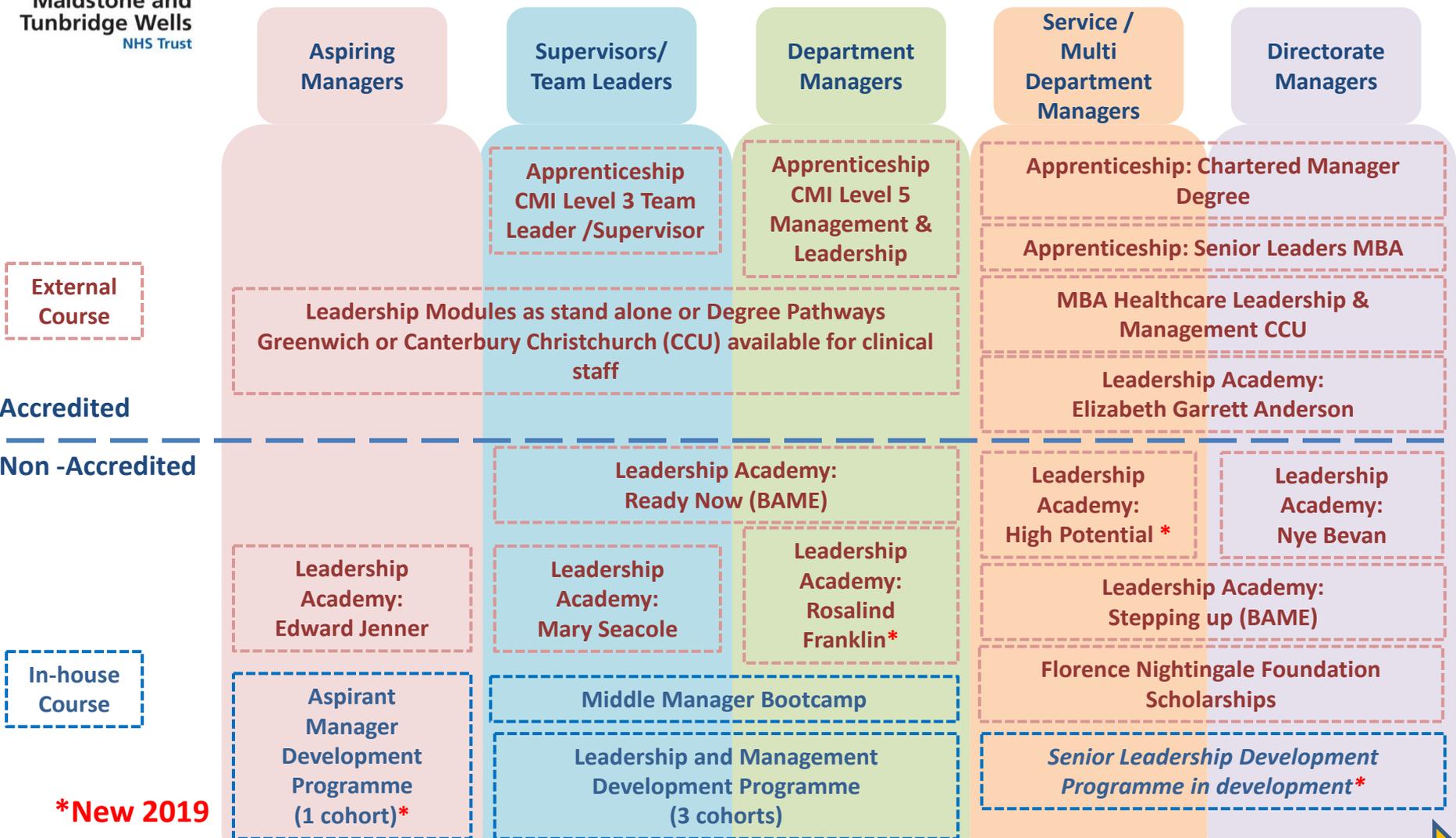
Band 8 +

Board

Driven by: Appraisal and Talent Conversations, Supervision, Academic Planning, Service Need, Continuing Professional Development (CPD), Personal Development



Leadership and Management Development Opportunities



***New 2019**

Progression to next level supported through a talent conversation & personal development plan as part of Appraisal/1:1/Supervision

Soft/Business Skills supported via in-house Open Course Programme:

- Courageous Conversations, Managing Complaints, Root Cause Analysis, Incident Investigation, Job Planning, Appraisal Training, Recruitment Training, Mentoring (Coming Soon), HFMA E-Learning Modules
- Coaching available via Leadership Academy or KCC Coaching Network

Senior Leadership Development Programme

- Tendered out to external providers
- First cohorts to cover Band 8a and above leaders within the Clinically Led Division structures with potential to role out further
- Anticipated to be a 12 month programme with core components to include:
 - ***Individual Leadership Style***
Providing insight into individual leadership style and impact, and equipping individuals with tools for effecting positive change. Potential for use of psychometric tools.
 - ***Getting the Best from the Team***
Interventions supporting 'personal' development (within the organisational context)
 - ***Developing Organisational Skills and Knowledge***
A focus on developing 'organisational' skills, knowledge and understanding and to support the skills defined in implementing the Trusts Transformation Programme and QSIR improvement methodology:
- It would be expected that the Programme would include, as a core component, a number of supportive interventions to ensure that all learning is fully embedded and a focus on connecting Trust leaders to share skills and knowledge, for example:
 - Action Learning Sets
 - Coaching/Mentoring
 - Masterclasses on a range of subjects, designed with and delivered in part by MTW subject experts

Additional OD elements to the SLDP core program will have to be tailored to the outputs a Division will be required to produce and integrate frameworks already used by the Trust

	What theory will we use?	How will we implement and what tools will we use	What outputs would be required from a Division
1 Leading improvement	<ul style="list-style-type: none"> • QSIR • 5 Steps • LiA • Comms and media engagement • Leadership Behaviours, impact and influence 	<ul style="list-style-type: none"> • Leadership Development Programmes • Myers Briggs • 360 feedback • Skills assessment • LiA engagement events • Leadership Team development workshop 	<ul style="list-style-type: none"> • Compassionate, inclusive leadership • Team norms • Skills matrix • PDPs • Stakeholder strategy • Staff Survey engagement and performance
2 Quality Improvement	<ul style="list-style-type: none"> • QSIR <ul style="list-style-type: none"> • Process mapping • Project management • Measurement for improvement • Sustainability • Understanding of internal Trust data • Trust vision and organisational strategy • Clinical Governance, Risk and Patient Safety • Research and Development 	<ul style="list-style-type: none"> • PIDs • Best Care • Performance frameworks • Root cause analysis • Incident Investigations • Clinical Audit input • Research and development input 	<ul style="list-style-type: none"> • Identified projects with clear relationship to organisational strategy • Team huddles and shared learning • Monthly single oversight performance framework updates • Reduced SI's, Complaints and claims • Patient feedback performance/FFT performance
3 External Relationships and benchmarking	<ul style="list-style-type: none"> • External benchmarking including: <ul style="list-style-type: none"> • Use of the model hospital • GIRFT • HES data (e.g. Dr Foster) • Use of peers • STP strategy • SLR 	<ul style="list-style-type: none"> • Model Hospital • GIRFT • CQUINS Report • CQC Report and Action Plans 	<ul style="list-style-type: none"> • Annual opportunity scan for: <ul style="list-style-type: none"> • Improvement opportunities • Feasibility assessment of plans • Integration plan with system strategies • Outstanding CQC
4 Demand and capacity	<ul style="list-style-type: none"> • QSIR 	<ul style="list-style-type: none"> • NHSI IMAT demand and capacity models • Proprietary Trust models 	<ul style="list-style-type: none"> • Demand projections • Capacity profiles <ul style="list-style-type: none"> • Infrastructure, including diagnostics • Workforce • Trajectories
5 Finance	<ul style="list-style-type: none"> • Financial management <ul style="list-style-type: none"> • Reading statements • Managing budgets • Contracts including aligned incentives and prime provider • Income including coding • Procurement • Business Case Reviews • Revenue generation • Capital Planning 	<ul style="list-style-type: none"> • Budget statements • Alignment of Business Partner to Division 	<ul style="list-style-type: none"> • Divisional P&L • CIP schemes • Annual Business Plan
6 HR	<ul style="list-style-type: none"> • HR and workforce management • Current Employment Legislation • Tempory staffing controls 	<ul style="list-style-type: none"> • eRoster • Team based job planning template and guidance • Alignment of Business Partner to Division 	<ul style="list-style-type: none"> • Divisional workforce plan • Recruitment and retention strategy incorporating Apprenticeships • developing new roles and ways of working • 100% staff with appraisal and PDP • EWTD compliant • Job plans • Succession plans • Internal divisional model plan

NON EXHAUSTIVE

How will we support succession planning and talent management ?



In support and in progress:

- Draft Talent Management Plan ready for consultation
- “Talent Conversation” guide ready to be launched with Plan
- Inclusion in revised appraisal paperwork
- Identify, create and centralise resources to support development and talent conversations
- Proposed introduction of Divisional Development and Talent Management Panels
- Integrate needs into annual business and workforce planning process
- Use of apprenticeships to support new roles and ways for working

OD Plan

Short/medium term 2019:

Activity	Progress
1. Identify support requirements for Division Triumvirates and deliver	In progress
2. Identify wider needs of Triumvirate teams, review and expand open course programme to include subject expert "masterclasses" to support outputs from TNA	In progress
3. Clinical Director Induction Programme	Completed
4. Launch leadership behaviours and embed into leadership programmes	Completed
5. Define a budget to support identified needs and recruit to a structure to support delivery of OD agenda	In progress
6. Launch monthly Division Development and Talent Management Panels	March 19
7. Launch talent management guide and conversation tools	April 19
8. Senior Leadership Development Programme (SLDP)	May 19
9. Refresh appraisal paperwork	

Long term: 2019/2020

Activity
1. Introduce a 'values based' induction programme
2. Increased support for appraisal, talent management, recruitment and performance management activities and centralisation of resources to support this
3. Deliver mentoring training and grow in-house networks for: Mentors; Coaches; Leaders; Apprentices
4. Integrate Divisional needs into annual business and workforce planning process
5. Develop the Widening Participation agenda through use of apprenticeship levy (e.g. new roles) and links to local education providers
6. Research and centralise resources to support leadership development e.g. HEE Leadership Learning Zone
7. Maximise potential of Technology Enhanced Learning: Webinars, e-learning,

Maidstone and Tunbridge Wells NHS Trust

**Commissioning Specification:
Senior Leadership Development Programme (SLDP)**

January 2019

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1. Introduction:

MTW is a Trust on an upward journey of improvement. The Trust has an ambition to be recognised as Outstanding. To do this we want to create an environment where our 'Best Care' approach, our PRIDE values, our new 'MTW Leadership Behaviours', Quality Improvement, Listening into Action (LiA), and Talent Management are all intrinsic to the culture of the organisation.

A key part of the cultural journey of the organisation, to support our progress toward 'Outstanding' status, is to build the capability of our senior leadership group whilst also strengthening the talent pipeline for future years.

Our organizational aims are aligned with the five conditions highlighted in Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services (2016). The national framework identifies five conditions common to high quality systems that interact to produce a culture of continuous learning and improvement, and it is important at MTW that our core people development activity maps to these conditions and the Care Quality Commission's Key Lines of Enquiry for the Well-Led domain.

The Trust has been through a period of extensive change, with a new Board and stable Executive team now in place shaping priorities. We have taken the opportunity to review our organisational structure and consolidate the multiple Directorates by establishing five clinically-led Divisions and reframing the expectations of the Senior Leadership teams. This specification focusses initially on the Directorate leadership teams providing the appropriate level of development to support a successful transition.

The Senior Leadership Development Programme (SLDP) is required to enable our senior leaders to develop as individuals, build collective capability and also to create a community of leadership that becomes sustainable and focussed on continual improvement.

The SLDP maps most clearly to conditions 1-3 from the 'Developing People Framework', i.e.

- Leaders equipped to develop high quality local health and care systems in partnership
- Compassionate, inclusive and effective leaders at all levels
- Knowledge of improvement methods and how to use them at all levels

Our most recent work on leadership has been to define a set of 5 'MTW Leadership Behaviours' (see Appendix X). The purpose of these are to give all our staff a clear, pragmatic and meaningful set of leadership behaviours that define what we believe great leadership in our Trust looks like. The 5 behaviours support our PRIDE values and apply to all levels of role, and we therefore also want them to underpin the work on the SDLP.

2. Summary Purpose of the SLDP:

A summary of the purpose of the programme which we wish to commission is:

- To build capacity, capability and community across our senior leadership population so they can lead and develop better services for our patients and their families.
- To define clear authority, responsibilities and expectations of leadership in a clinically led structure.

- To support the new structures to take ownership, accountability and autonomy within their units.
- Develop leaders to be skilled, competent and confident to manage the inherent tensions arising from the need to deliver quality, financial and performance priorities
- To bring our MTW Behaviours to life – with a common and consistent language – so they become part of our everyday business.
- To invest in and support talent planning and talent succession for future key leadership roles.
- To equip leaders with the skills to deliver the Trusts Transformation Programme of which QSIR is our agreed methodology.

3. Scope:

Our senior leadership community consists of c330 Band 8a and above leaders (excluding the Board and Executive) operating across the Trust in a range of clinical, managerial and other senior roles.

This initial commission is for a detailed design of the SLDP programme, in collaboration with us, and then the delivery of the first cohort of c75 of this senior group. At present we assume delivery will span a 12 month period per cohort, but we are open to alternatives.

Cohort 1 will have at its core the senior leadership teams from our clinical Divisional Structures enabling activities both across the cohort but also as intact teams. (Structure Chart Appendix A)

It is anticipated that further cohorts may be commissioned depending on the success of the programme. Ensuring the long term sustainability of the programme are key requirements.

Subject to successful progress and resource constraints, the second cohort could potentially be commissioned to commence before the final completion of cohort 1.

There may also be an opportunity as the programme continues, to roll out elements of the programme to other leaders seen as having potential to move into the senior leadership group in the future, thus helping to build our talent pipeline.

4. Summary of Desired Approach:

We have deliberately not pre-designed the SLDP in detail. However, our thinking to date has given us a view about a broad approach which we are seeking to test. We are open to suppliers' alternative approaches depending on how best you believe the programme could deliver the greatest impact on the senior leadership capability of the Trust.

Below we have outlined some of the potential components of the SLDP. This is not intended as a detailed design brief – it is simply an example of our work to date. We are open to proposals on approach, content and design from potential suppliers.

As highlighted earlier in this document, the overall content and approach of a proposal must clearly align with the conditions aligned with the national, 'Developing People' framework.

4.1. Launch Event (Familiarisation Focus):

A launch event would be aimed at creating understanding of the MTW Behaviours and the

senior leadership development approach, engagement in the opportunities available and buy-in to taking part.

4.2. Assessment:

Potential for/open to:

- Self-assessment against the MTW behaviours.
- Basic 360 feedback on the MTW behaviours
- Psychometric tool usage

4.3. Core Activities:

All of the cohort will be expected to undertake a set of core activities within the 12 month programme.

At a minimum, we expect to include:

Individual Leadership Style

Providing insight into individual leadership style and impact, and equipping individuals with tools for effecting positive change through:

- Engaging on the leadership developmental journey
- Helping to articulate the change required for leaders
- Enabling connections between own performance and the overall performance of the Trust
- Addressing the impact and power of own behaviours, both positive and negative, on teams, colleagues and our patients (and, where necessary, enabling a change in own behaviours)

For example this could include:

Workshops covering the MTW Behaviours aimed at building the skills and capability to demonstrate them at a high level. E.g. 'See the Person' - this workshop could include elements of emotional intelligence, personal resilience and managing under pressure. 'Encourage' – this workshop could include elements of coaching, clarity/communication and feedback skills etc. Workshops should be experiential (not lecture focused), practical and rooted in the MTW context.

Getting the Best from the Team

Interventions supporting 'personal' development (within the organisational context) including:

- Strengthening personal leadership capability
- Inspiring and motivating others
- Pushing personal boundaries as leaders to achieve higher performance levels
- Managing the more difficult conversations and situations when leading teams
- Challenging and effectively responding to poor performance and/or behaviours

Developing Organisational Skills and Knowledge

A focus on developing 'organisational' skills, knowledge and understanding and to support the skills defined in implementing the Trusts Transformation Programme and QSIR improvement methodology:

- Appreciating the 'wider context' within which our leaders operate
- Enabling our leaders to see the bigger picture, break the mould and fix the problem.
- Effective problem-solving
- Working outside the 'comfort zone' and managing ambiguity
- Building the leadership and management 'toolkit' and developing resilience
- Working collaboratively; building and sustaining effective relationships
- Managing upwards
- Identifying and developing talent

Additionally, it would be expected that the Programme would include, as a core component, a number of supportive interventions to ensure that all learning is fully embedded and a focus on connecting Trust leaders to share skills and knowledge, for example:

- Action Learning Sets
- Coaching/Mentoring
- Masterclasses on a range of subjects, designed with and delivered in part by MTW subject experts

5. Summary of Scope:

A summary therefore of scope for suppliers is for a tender response covering work to:

- Create a detailed design of the MTW SLDP
Note: a series of 'core threads' should run throughout the programme and these will be agreed in detail with suppliers but will include the MTW Leadership Behaviours, building transformation capability, understanding and supporting the Trusts QSIR programme of quality improvement methodologies and building system leadership capability.
- It is assumed that a period of co-design with Execs and representatives of the senior leaders group will commence as soon as possible after contract award
- Delivery of cohort 1 May 2019 (latest)
- Potential delivery of future cohorts covering circa 330 leaders
- Assumptions for responding to the tender are:
 - First cohort will be up to 75 leaders
 - it is expected that cohorts will be formed from a mix of professions / roles from within the chosen senior leadership population
 - some intact leadership teams from Divisions / Directorates may undertake a cohort together
 - a maximum programme length of 12 months
- Suppliers should give an indication of proposed reductions in costs, after cohort 1, for the future delivery of other cohorts should the Trust decide to commission them
- We have not specified how many days activity a cohort should undertake, or how these should be organised. We are open to suggestions from suppliers as to the best approach, along with proposed content. However, consideration should be given to the challenge of finding time away from daily activities for busy Trust leaders.

6. Summary of Supplier Requirements:

We expect suppliers to fulfil the following requirements in their responses to this specification:

- Demonstrate significant expertise and experience of senior leadership development in complex organisations.
- Demonstrate good understanding of the NHS and its context, along with experience of working with NHS organisations and the range of professions involved.
- Demonstrate an understanding of the brief and the challenges which the Trust faces in growing its senior leadership capability.
- Demonstrate an ability to bring into the programme leading edge thinking and practice on leadership and improvement
- Demonstrate an approach to working in collaboration with us and to building sustainability into the programme and its impact
- Provide an indicative approach based on design of the programme and delivery of one cohort of up to 75 senior leaders
- Demonstrate knowledge and expertise in relation to 'core threads' such as quality improvement methodologies, transformation and system leadership capability building
- Provide costings for design, full delivery of cohort 1 and potential co-delivery with MTW staff of further cohorts
- Costings for Psychometric testing and feedback and rationale for their inclusion if proposed
- Provide a high level project plan detailing critical path to launch
- Provide a proposed approach to evaluation and measuring ROI for the Trust

7. Costing:

This specification is deliberately outline in its approach and therefore we appreciate that costing is likely to be subject to assumptions. Please therefore make the assumptions which you've made clear when presenting your proposed costs.

When costing proposed approaches suppliers should ensure that costs are represented as a per person fee excluding vat but including all expenses. For example: if you propose holding some events/activities off Trust premises please indicate this and include costs as appropriate.

Trust Board meeting – January 2019



1-12	The NHS Long Term Plan	Director of Strategy, Planning and Partnerships
Enclosed is an update on the NHS long term plan and its implications for the Trust.		
Which Committees have reviewed the information prior to Board submission?		
<ul style="list-style-type: none"> ▪ Trust Management Executive, 30/01/19 		
Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹		
Information, 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

NHS long term plan implications for MTW

23rd Jan 2019

Agenda



**Maidstone and
Tunbridge Wells**
NHS Trust

- **Summary of long term plan including key questions for MTW**
- Critical themes and questions for the board

The Seven Chapters of the NHS Long Term plan

- 1 A new service model for the 21st century
- 2 More NHS action on prevention and health inequalities
- 3 Further progress on care quality and outcomes
- 4 NHS Staff will get the backing they need
- 5 Digitally – enabled care will go mainstream across the NHS
- 6 Taxpayer’s investment will be used to maximum effect
- 7 Next steps

1

A new service model for the 21st century (1/2)



**Maidstone and
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NHS Trust

How will the NHS deliver this?

1. Boosting 'out – of – hospital ' care'
 - Increased funding for GP practices to work together forming integrated multidisciplinary teams of GPs, social care and community health. Vanguard of this approach have proven ability to make a positive impact on emergency admissions
 - Investment in primary medical and community services will grow faster than the overall NHS budget.
 - Community health teams with new standard contracts supporting people in their own homes and there will be an enhanced health in care homes (EHCH) scheme
 - Building on recent gains, in partnership with local councils **further action to cut delayed hospital discharges will help free up pressure on hospital beds**
 - Improved responsiveness of community health crisis response services to deliver the services within two hours of referral
2. Redesign and reduce pressure on emergency hospital services
 - A single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services from 2019/20. By 2023 CAS will typically act as the single point of access carers and health professionals for integrated urgent care and discharge from hospital care.
 - **Fully implement the Urgent Treatment Centre model by autumn 2020** so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111.
 - Same Day Emergency Care. (SDEC). **Every acute hospital with a type 1 A&E department will move to a comprehensive model of Same Day Emergency Care. By 2019-20. This will increase the proportion of acute admissions discharged on the day of attendance from a fifth to a third.**
 - **Hospitals will also reduce avoidable admissions through the establishment of acute frailty services,**
 - **The SDEC model should be embedded in every hospital, in both medical and surgical specialties during 2019/20.**
 - Building on hospitals' success in improving outcomes for major trauma, stroke and other critical illnesses conditions, **'new clinical standards will ensure patients with the most serious emergencies get the best possible care.'**

Key questions for MTW

- What additional action can we take with partners to reduce delayed discharges?
- How can we work with partners to ensure additional investment results in ED attendance reduction?
- What proportion of acute admissions are currently discharged on the day of attendance?
- Which specific conditions should we target in order to increase this proportion?
- What models can we deploy in order to increase this proportion (e.g. expansion of AEC and frailty)
- What is the most appropriate model to capture the level of change required (e.g. AEC and frailty targeting specific conditions to reduce step change costs)

1

A new service model for the 21st century (1/2)



Maidstone and Tunbridge Wells

NHS Trust

How will the NHS deliver this?

3. People will get more control over their own health, and more personalised care when they need it.
 - Expansion of 'social prescribing' and personal health budgets reaching 2.5 million people by 2023/24
 - Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24
4. Digitally-enabled primary and outpatient care will go mainstream across the NHS.
 - Digital technology will provide convenient ways for patients to access advice and care.
 - A digital NHS 'front door' through the NHS App will provide advice, check symptoms and connect people with healthcare professionals – including through telephone and video consultations.
 - Over the next five years, every patient will have the right to online 'digital' GP consultations
 - Technology means an outpatient appointment is often no longer the fastest or most accurate way of providing specialist advice on diagnosis or ongoing patient care. **Over the next five years patients will be able to avoid up to a third of face-to-face outpatient visits, removing the need for up to 30 million outpatient visits a year.**
5. Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.
 - **By April 2021 ICSs will cover the whole country**
 - NHS Improvement will take a more proactive role in supporting collaborative approaches between trusts.
 - **Funding flows, contract reform, accountability and performance frameworks will support the move to ICSs**

Key questions for MTW

- Will expanded provision of social prescribing and personal health budgets affect our services?
- There were 585,879 OP visits to MTW in the last 12 months. A target for MTW would be a reduction of approaching 200k attendances:
 - Which specialties should we focus on to make this happen?
 - Which partners will be best positioned to help make this happen (e.g. the prison service due to the reciprocal benefits)
- What model of Integrated care partnership do we wish to pursue at a West Kent level across our secondary care footprint?
- What should be the contractual mechanisms in place between the ICP and the strategic commissioner/ICS at a Kent wide level?

2

More NHS action on prevention and health inequalities



**Maidstone and
Tunbridge Wells**
NHS Trust

How will the NHS deliver this?

1. Air pollution
 - Cut business mileages and fleet air pollutant emissions by 20% by 2023/24
 - At least 90% of the NHS fleet will use low-emissions engines (including 25% Ultra Low Emissions) by 2028

2. Alcohol
 - Hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish Alcohol Care Teams (ACTs)

3. Health inequalities
 - To support local planning and ensure national programmes are focused on health inequality reduction, the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to poverty, through the service improvements set out in this Long Term Plan. **All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29.**
 - By 2024, **75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period.**

4. Healthy premises
 - The **next version of hospital food standards will be published in 2019**, strengthening requirements and pushing further in securing healthy food for our staff and patients. They will include substantial restrictions on HFSS foods and beverages. **All trusts will be required by the NHS standard contract to deliver against these standards.**

Key questions for MTW

- What is our fleet replacement plan and does it include a move to low emission engines?

- How do we benchmark against peers on alcohol dependence related admissions?

- Through both the ICP and ICS what will be our strategy for reducing health inequalities?
- Which specific levers will we target (e.g. employment, diet e.t.c.)
- How will we develop the population stratification lenses to do this?
- Is our workforce plan aligned to reducing health inequalities (especially within maternity care)?

- How will we ensure that we are compliant with these standards?

Further progress on care quality and outcomes

How will the NHS deliver this?

Better care for major health conditions

- Cancer
 - A new ambition that, by 2028, the **proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients.**
 - Lower the Bowel Cancer Screening Programme starting age for screening from 60 currently to 50
 - **A new faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral** from a GP or from screening underpinned by the start of **roll-out of new Rapid Diagnostic Centres (RDCs) in 2019**
 - Investment in new equipment, including CT and MRI scanners

- Cardiovascular disease
 - Preventing 150,000 heart attacks, strokes and dementia cases
 - Providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths

- Stroke care
 - **Modernise the stroke workforce** with a focus on cross-specialty and in some cases cross-profession accreditation of particular 'competencies'.
 - **Further development of higher intensity care models** for stroke rehabilitation
 - The expansion of use of CT perfusion scans to assess the reversibility of brain damage, improved access to MRI scanning and the potential use of artificial intelligence interpretation of CT and MRI scans

Key questions for MTW

- What are the 10 RDC models that have been piloted with Cancer research?
- Which of these models would best suit MTW?
- What should be the location of an RDC(s) within the Kent footprint?

- How can we work with partners to deliver this?

- Within the HASU business case are we ambitious enough on the provision of future state workforce?
- How do we future proof the HASU to take advantage of nascent technologies such as AI?

Further progress on care quality and outcomes

How will the NHS deliver this?

- Diabetes
 - **Expanding provision of structured education and digital self-management support tools**

- Respiratory disease- **investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital**
 - **Expansion of COPD exercise and education** programme
 - **Improved response to pneumonia will help to relieve the pressure, particularly during winter.**

- Adult mental health services
 - Spending at least £2.3bn more a year on mental health care
 - Helping 380,000 more people get therapy for depression and anxiety by 2023/24
 - Delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24
 - Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at 'core 24' standards in 2023/24, expanding to 100% thereafter.

- Short waits for planned care
 - Patients will have direct access to MSK First Contact Practitioners (FCP).
 - Allocation of sufficient funds over the next five years to **grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list.**

- Research and innovation to drive future outcomes improvement
 - The government's ambition is to treble industry contract and R&D collaborative research in the NHS over ten years, to nearly £1 billion.
 - Work to **increase the number of people registering to participate in health research to one million by 2023/24.**
 - The new NHS Genomic Medicine Service will sequence 500,000 whole genomes by 2023/24.

Key questions for MTW

- How can we best support roll out of these tools and work through AIC to deliver?

- How will this affect medical NEL admissions and how can we best support it?

- How can we work with partners to ensure that some of this funding is used to reduce the number of psychiatric patients in ED waiting for a psychiatric bed?

- What is our level of ambition on waiting list reductions?
- What will potential changes on "stop clock" rules mean for our performance?

- How can we take advantage of the KMMS and potential joint appointments to improve our research profile?

4

NHS Staff will get the backing they need

Maidstone and
Tunbridge Wells

NHS Trust

How will the NHS deliver this?

1. A comprehensive new workforce implementation plan will be published in 2019

2. Expansion in the number of nurses, midwives, AHPs and other staff.
 - An aim of improving the nursing vacancy rate to 5% by 2028
 - clinical placements for **an extra 5,000 places will be funded from 2019/20, a 25% increase**
 - every nurse or midwife graduating will also be **offered a five-year NHS job guarantee within the region where they qualify**
 - **establish a new online nursing degree for the NHS, linked to guaranteed placements at NHS trusts and primary care, with the aim of widening participation.**
 - continue to **invest in the growth of nursing apprenticeships** -7,500 new nursing associates starting in 2019, a 50% increase on 2018

3. Growing the medical workforce
 - growing medical school places from 6,000 to 7,500 per year.
 - **accelerate the shift from a dominance of highly specialised roles to a better balance with more generalist ones.**

4. International recruitment
 - **new national arrangements to support NHS organisations in recruiting overseas.**

Key questions for MTW

- How will the workforce plan dovetail with internal MTW plans?

- How will we be affected by other regions (particularly London) offering graduates a job where they qualify?
- How can we take advantage of the new online degree to improve our recruitment pipeline?
- Where should we concentrate on improving nursing apprenticeships?

- How can we ensure that we are an attractive proposition for both KMMS students and graduates?

- Which territories should we target for overseas recruitment (especially in light of Brexit)?
- Should we expand our overseas recruitment pipeline?

4

NHS Staff will get the backing they need



**Maidstone and
Tunbridge Wells**
NHS Trust

Key questions for the board

How will the NHS deliver this?

Key questions for MTW

5. Support for our current NHS staff
- **expand multi-professional credentialing to enable clinicians to develop new capabilities formally recognised in specific areas of competence**
 - **increase investment in CPD over the next five years.**
 - To make the NHS a consistently great place to work, **seek to shape a modern employment culture for the NHS – promoting flexibility, wellbeing and career development, and redoubling our efforts to address discrimination, violence, bullying and harassment..**
 - **Each NHS organisation will set its own target for BAME representation** across its leadership team and broader workforce by 2021/22

- How can we expand on our clinically led structure through multi professional credentialing?
- What cultural changes do we wish to make?
- What is our target on BAME representation starting at a board level?

6. Enabling productive working
- **By 2021, NHS Improvement will support NHS trusts and foundation trusts to deploy electronic rosters or e-job plans.**

- Which staff groups will we target next for e-job plans?

7. Leadership and talent management
- **a systematic regional and local approach for identifying, assessing, developing, deploying and supporting talent, to be in place from early 2019**

- How does our clinically led leadership development programme fit with the wider system?
- What is our talent management pipeline up to and including board level?

8. Volunteers
- back the Helpforce programme with at least **£2.3 million of NHS England funding to scale successful volunteering programmes across the country**, part of our work to double the number of NHS volunteers over the next three years

- How can we access some of this funding to improve our sue of volunteers at MTW?

5

Digitally – enabled care will go mainstream across the NHS



Maidstone and Tunbridge Wells
NHS Trust

Key questions for the board

How will the NHS deliver this?

Key questions for MTW

- | | |
|--|--|
| <p>1. Empowering people</p> <ul style="list-style-type: none"> • The NHS App will create a standard online way for people to access the NHS. • In 2019/20, 100,000 women will be able to access their maternity record digitally with coverage extended to the whole country by 2023/24. • By 2020, every patient with a long-term condition will have access to their health record through the Summary Care Record accessed via the NHS App. • Patients' Personal Health Records will hold a care plan that incorporates information added by the patient themselves, or their authorised carer. | <ul style="list-style-type: none"> • How will we integrate the EPR with the NHS App? |
| <p>2. Supporting health and care professionals making it a more satisfying place for our staff to work.</p> <ul style="list-style-type: none"> • An expectation of informatics leadership representation on the board of every NHS organisation. | <ul style="list-style-type: none"> • What level of informatics leadership is required at the Trust Board? |
| <p>3. Supporting clinical care by providing better access to digital tools and patient records for staff</p> <ul style="list-style-type: none"> • Easy access to referral decision trees, referral templates and direct access to investigations that reflect evidence-based best practice and universal access to 'one click away' specialist advice and guidance for GPs, will avoid many patients from requiring referral for an appointment. • Triaging (and potentially completing) some specialist referrals such as in dermatology with photos and questionnaires will allow some patients to be managed entirely digitally • Virtual clinics with escalation to face-to-face appointments where needed can replace follow-up appointments for many conditions | <ul style="list-style-type: none"> • How do we work with GPs to enable a reduction in referrals through direct investigation and appropriate support? |
| <p>4. Improve the planning and delivery of services through the greater use of analysis of patient and population data.</p> <p>1. During 2019, we will deploy population health management solutions to support ICSs to understand the areas of greatest health need and match NHS services to meet them</p> | <ul style="list-style-type: none"> • To support our ICP which population lenses do we wish to develop to support our model of care? |



6

Taxpayer's investment will be used to maximum effect



**Maidstone and
Tunbridge Wells**
NHS Trust

How will the NHS deliver this?

1. The NHS (including providers) will return to financial balance

- reducing the aggregate provider deficit each year, with NHS Improvement committing to return the **provider sector to balance in 2020/21 and all NHS organisations to balance by 2023/24.**
- Changes to payment arrangements and allocations will take better account of the costs of delivering efficient services locally. This will be achieved by phasing in an **updated Market Forces Factor over the next five years.**

2. The NHS will achieve cash-releasing productivity growth of at least 1.1% per year - Over the next two years we will focus on ten priority areas as part of a strengthened efficiency and productivity programme:

1. Improving the availability and deployment of the clinical workforce to ensure the right clinicians are available to patients at all times, further reducing bank and agency costs
2. Procurement savings by aggregation of volumes and standardising specifications
3. Delivering pathology and imaging networks to improve the accuracy and turnaround times on tests and scans will make best use of the expanding workforce, and reduce unit costs
4. The NHS will improve efficiency in community health services, mental health and primary care, which together cost around £27 billion a year.
5. Delivering value from the £16 billion we spend on medicines
6. Making further efficiencies in NHS administrative costs across providers and commissioners, both nationally and locally
7. The NHS will improve the way it uses its land, buildings and equipment. This will mean we improve quality and productivity, energy efficiency and dispose of unnecessary land to enable reinvestment while supporting the government's target to build new homes for NHS staff
8. Research evidence shows some interventions are not clinically effective or only effective when they are performed in specific circumstances
9. Improving patient safety will reduce patient harm and the substantial costs associated with it through a new ten-year national strategy, to be published in 2019
10. The NHS Counter Fraud Authority will continue to tackle patient, contractor, payroll, or procurement fraud

Key questions for MTW

- What is our 2 year plan to return to balance?
- What plans do we have against each of the efficiency areas?
- How can we effectively utilise GIRFT and Rightcare to help reduce unwarranted variation and decrease unnecessary interventions?

Next steps

- **Local health systems receiving five-year indicative financial allocations for 2019/20 to 2023/24, and being asked to produce plans for implementing the Plan’s commitments. Those local plans will then be brought together in a national implementation programme in the autumn**
- The Clinical Standards Review and the national implementation framework being published in the spring, to be implemented in October following testing and evaluation of any new and revised standards
- **ICSs will be central to the delivery of the Long Term Plan and by April 2021 ICSs will cover all of the country.**
- **NHS England and NHS Improvement will implement a new shared operating model designed to support delivery of the Long Term Plan.**
- **Potential legislative changes will be tabled for Parliament’s consideration:**
 - **Give CCGs and NHS providers shared new duties to promote the ‘triple aim’ of better health for everyone, better care for all patients, and sustainability, both for their local NHS system and for the wider NHS.**
 - **Remove specific impediments to ‘place-based’ NHS commissioning.** The 2012 Act creates some barriers to ICSs being able to consider the best way of spending the total ‘NHS pound’. Proposals would lift a number of restrictions on how CCGs can collaborate with NHS England
 - **Support the more effective running of ICSs** by letting trusts and CCGs exercise functions, and make decisions, jointly. It would allow – and encourage – the creation of a joint commissioner/provider committee in every ICS, which could operate as a transparent and publicly accountable Partnership Board.
 - **Support the creation of NHS integrated care trusts.**
 - Remove the Competition and Markets Authority’s (CMA) duties, introduced by the 2012 Act, to intervene in NHS provider mergers, and its powers in relation to NHS pricing and NHS provider licence condition decisions.
 - **Cut delays and costs of the NHS automatically having to go through procurement processes.** Repealing the specific procurement requirements in the Health and Social Care 2012 Act.
- **Establish an NHS Assembly in early 2019.** The NHS Assembly will bring together a range of organisations and individuals at regular intervals, to advise the boards of NHS England and NHS Improvement as part of the ‘guiding coalition’ to implement this Long Term Plan.

Agenda



**Maidstone and
Tunbridge Wells**
NHS Trust

- Summary of long term plan including key questions for MTW
- **Critical themes and questions for the board**

There are 3 critical themes for the board from the long term plan

Critical themes emerging from the long term plan

1. **Implementation of ICS' will be accelerated and a cornerstone of NHS policy moving forwards**

2. **Prevention and early detection should be the focus in order to reduce the acute admission profile for providers**

3. **Trust leadership should be representative and contain the expertise required to deliver on the long term plan**

Key questions for the board

- What model of ICP do we wish to pursue?
- What is our plan to deliver a local ICP?
- How will we resource the implementation of an ICS?
- What governance structures will we need for the successful implementation of an ICS?

- Do we have the skills and capability for end to end deployment of technology solutions?
- What partnerships will we have to pursue in order to deliver technology solutions at scale with partners?

- What skills and expertise do we need within our leadership group?
- How should we pursue representation (e.g. setting targets including for board)?
- Who should we be representative of (e.g. staff, patients or the wider community)?
- How do we ensure that we have talent pipeline that will deliver the leadership we need?

Trust Board meeting – January 2019



1-13 Update on Strategic Clinical Service Plans

**Director of Strategy,
Planning and Partnerships**

Enclosed is an update on Strategic Clinical Service Plans.

Which Committees have reviewed the information prior to Board submission?

- Trust Management Executive, 30/01/19

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

Information, 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

SCSPs update

23rd Jan 2019

To date the process has focused on answering the key questions in 5 services

	Key questions to be answered	Progress to date and next steps
General Surgery	<ul style="list-style-type: none"> What should be the configuration of services between Maidstone and Tunbridge Wells? 	<ul style="list-style-type: none"> Future state options composed Activity and resultant capacity requirements for all options modelled Cross specialty (including ED, and Critical care) agreement on desired future state (Major and intermediate colorectal procedures to move to Tunbridge Wells) Consultant body agreement on desired future state Action plan to deliver on future state configuration created and being delivered
Gastroenterology	<ul style="list-style-type: none"> How should Gastroenterology configure itself between the two sites? 	<ul style="list-style-type: none"> Desired future state agreed with service leadership (To collocate with General Surgery and form digestive diseases unit) Future state resource requirements modelled Action plan to be developed
Cardiology	<ul style="list-style-type: none"> Should we amalgamate cath lab capacity and if so on which site? Should we aim to become a primary PCI centre? 	<ul style="list-style-type: none"> Options on service configuration composed Viability of 2nd primary PCI centre in Kent assessed Feasibility of 2nd primary PCI centre in Kent being assessed (e.g. determining how we staff a rota without destabilising provision at Ashford)
Oncology	<ul style="list-style-type: none"> What is the business model for Oncology services across Kent (e.g. who should own the activity at Canterbury, who should undertake any new builds e.t.c.)? What is the demand and capacity profile for Oncology services across Kent How can we create a pelvic floor cancer surgery centre potentially utilising a robot for surgery? 	<ul style="list-style-type: none"> Development of service configuration of East Kent Oncology provision (Canterbury and Margate radiotherapy, chemotherapy and outpatient provision) being used to determine Kent Cancer centres future business model Demand and capacity profiles completed for MTW specific activity as part of 19/20 planning, Kent wide demand and capacity profiles to be collated. Clinical group convened to define pelvic floor cancer surgery centre definition and explore possibility of robot (with Medical Director and representatives from , Gynae-Onc, Urology and Colorectal)
Ophthalmology	<ul style="list-style-type: none"> Given the increasing demand and current capacity gap how can we provide ophthalmology services efficiently over the longer term? What new pathways and developments can we use to increase the efficiency of the service? 	<ul style="list-style-type: none"> 19/20 demand and capacity profile created Initiatives created to fill short term gap Medium to long term pathway developments created by service Gap analysis to be undertaken to identify remaining opportunities Impact of pathway changes and developments on capacity requirements to be quantified

Trust Board meeting – January 2019

1-14 Review of the Trust’s draft 2019/20 plan

**Director of Strategy,
Planning and Partnerships**

Enclosed for review is the Trust’s draft plan for 2019/20.

Which Committees have reviewed the information prior to Board submission?

- Trust Management Executive, 30/01/19

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

Information, 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 Trust

Planning update

31st January 2019

2019/20 Operational planning timeline



Maidstone and Tunbridge Wells
NHS Trust

Activity	2018												2019																			
	Oct				Nov				Dec				Jan			Feb			Mar			Apr										
	40	41	42	43	44	45	46	47	48	49	50	51	52	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17		
Demand and capacity analysis																																
NHSI capacity templates completed for directorates																																
D&C challenge session 1 to discuss base case forecasts																																
D&C Challenge session 2 to discuss initiatives																																
D&C Challenge session 3 (exec led) to agree final figures																																
First draft of bed modelling																																
D&C figures used to complete bed modelling																																
D&C figures used to complete diagnostic D&C modelling																																
Service objectives																																
Service objectives created with directorates in 1:1 meetings																																
Service developments																																
First cohort of service developments created from D&C initiatives																																
Services compile and collate any additional developments																																
Finance																																
Divisions confirm 18/19 Financial Forecasts and underlying position based on month 5																																
Bridge to 19/20 created																																
Business cases and cost pressures compiled																																
19/20 CIPs identified top down																																
19/20 system wide opportunities identified																																
19/20 CIPs identified bottom up and QIA'd																																
Workforce																																
Baseline existing workforce																																
From both D&C modelling and from services identify workforce plans to remain within financial budget																																
Finalise workforce plan																																
Capital																																
Update baseline capital resource position																																
Capital developments to be created by theme (E&F, IT and Medical equipment)																																
Capital developments sent to theme leads for prioritisation																																
Top down view of capital developments created																																
Final version of fully prioritised list created																																
Internal governance																																
F&P update																																
Board update																																
Exec sign off of first submission																																
Trust Board sign off of draft 19/20 operating plan and workforce submission																																
Trust Board sign off of final plan																																
Submission deadlines																																
Initial plan submission – activity and efficiency focused with headlines in other areas																																
Draft 19/20 organisation operating plans and 19/20 workforce plan submission																																
Final 19/20 organisational plan submission																																

08/01/2019

31/01/2019

28/03/2019

14/01/2019

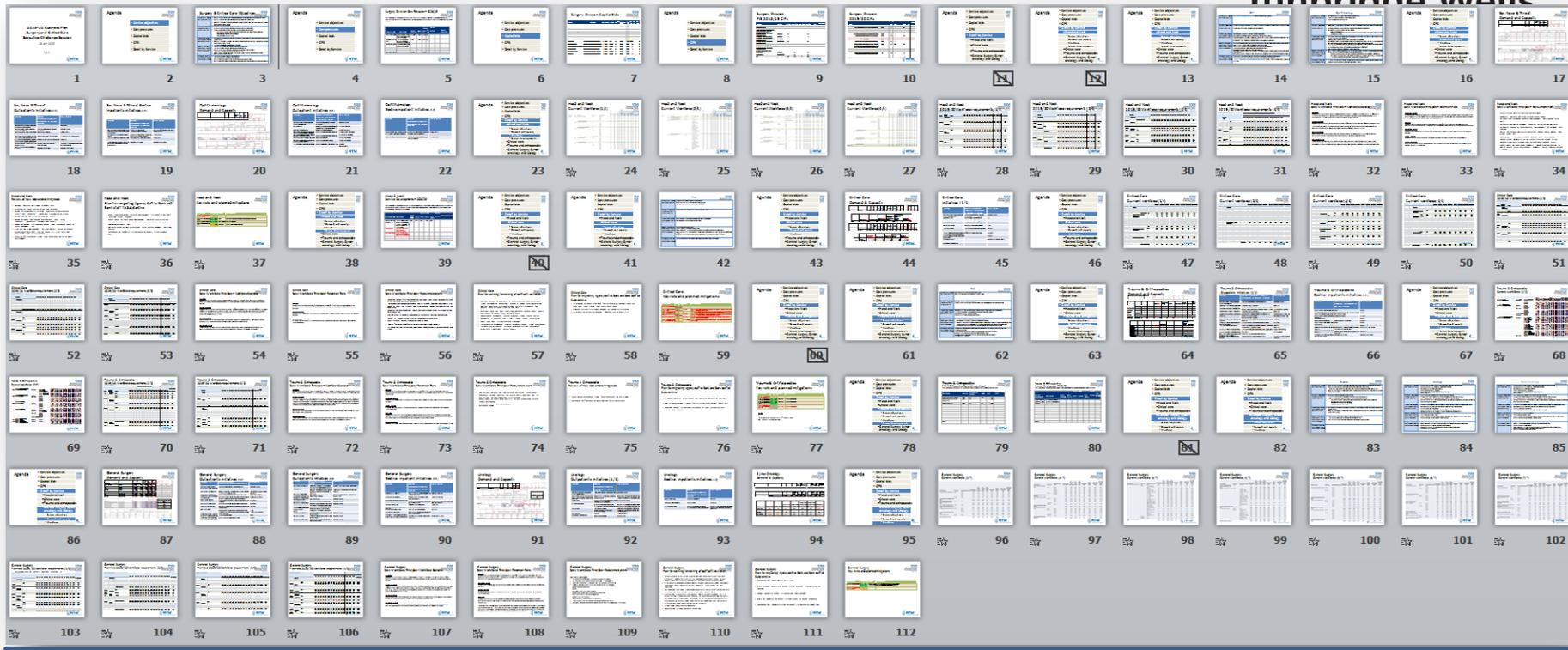
12/02/2019

04/04/2019



Divisions have compiled individual operating plans comprised of the 6 key elements – Planned care example

Maidstone and Tunbridge Wells



Operating plan includes sections on:

- Service Objectives
- Demand and capacity
- Workforce
- CIPs
- Service developments
- Capital bids

Progress against key deliverables

	Progress to date	Outstanding items
Demand and capacity	<ul style="list-style-type: none"> Demand and capacity profiles created on service by service basis with detailed initiatives and sign off by chiefs of service First draft of RTT trajectory for 19/20 created Risks by service identified with plan to mitigate risks 	<ul style="list-style-type: none"> Cancer trajectory to be created Diagnostic (Radiology, and pathology capacity and demand profile to be finalised)
Service objectives	<ul style="list-style-type: none"> 19/20 service objectives created for all services 	<ul style="list-style-type: none"> Divisional Directors of Nursing and Quality to review service objectives and ensure appropriate quality objectives are in place
Finance	<ul style="list-style-type: none"> Financial bridge to 19/20 created Top down CIP work stream allocations compiled First draft of bottom up CIP schemes compiled Cost pressures and service developments compiled from divisions and directorates 	<ul style="list-style-type: none"> 19/20 finances to be revised in light of control total allocation Divisional and directorate CIP allocations to be confirmed
Capital	<ul style="list-style-type: none"> Capital bids received from all divisions and directorates with priority order 	<ul style="list-style-type: none"> Capital bids to be prioritised by individual leads for finalised list
Workforce	<ul style="list-style-type: none"> Draft workforce plans created by all divisions and directorates 	<ul style="list-style-type: none"> Plans to be interrogated through divisional challenge sessions to check for scale of ambition and triangulation with activity and finance

Trust Board meeting – January 2018



1-15 Approval of revised IT Strategy	Chief Finance Officer / Interim Director of IT
Enclosed for review and approval is the revised IT Strategy, 2018-23.	
Which Committees have reviewed the information prior to Board submission? <ul style="list-style-type: none">▪ Finance and Performance Committee, 27/11/18	
Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹ Approval	

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

IT Strategy

2018 - 2023



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1.Introduction

The current Maidstone and Tunbridge Wells NHS Trust IT strategy was published 5 years ago. In this time both the IT requirements of our staff and the potential IT solutions available have changed dramatically. As such a new IT strategy is required.

The strategy must consider the needs of the end-users to ensure that IT supports our staff in providing the best possible patient care. This whilst also meeting the requirements of local and national strategies and drivers, along with consideration of how current and future technology could be used to the benefit of the organisation.

The strategy provides an opportunity to develop a road map over the next 5 years that begins to harness the investment in IT which has already been made and transform our systems into ones that genuinely support our patients, and their carers enabling our staff to deliver modern safe and reliable healthcare services as described in the Trust's vision.

2. Where we are today?

Maidstone and Tunbridge Wells (MTW) is a large Acute Hospital Trust in the South East of England. It provides a full range of general hospital services to around 590,000 people living in West Kent and East Sussex. The Trust also provides some aspects of specialist care to a wider population.

The Trust employs a team of over 5,000 staff. It operates from two main sites but also has services at Canterbury and Crowborough Hospitals and an outpatient provision at several community locations. It has over 800,000 patient visits a year, 150,000 of these coming through our Emergency Departments which are accessible on the main sites. Maidstone Hospital has 325 overnight beds and Tunbridge Wells Hospital 475 overnight beds.

An honest appraisal of our current IT provision reveals:

Our Strengths:

- The new PAS implementation in October 2017, although disruptive, has upgraded our underlying software and hardware which can now be used as a platform to build upon.
- In 2017 the NHS reviewed Acute hospitals IT infrastructure allowing us to compare ourselves to our neighbours. This peer review revealed MTW to be above average on each three metrics; Readiness, Capabilities and Infrastructure.
- Wi-Fi connectivity within the Trust has been designed for data, voice and location services, making it extremely advanced compared to other NHS Trusts. This currently provides services to support mobile working and patient internet access – but could offer much more in the future.

Our Weaknesses:

- The IT strategy since 2014 was to pursue a 'best of breed' formula with many different IT products woven and interfaced together. This has the benefit of giving clinicians the choice of a variety of bespoke products but it also has the downside of difficulties with interfacing and having to log into numerous systems every day. This has an impact on productivity and is a key area of focus for MTW.
- Clinicians and admin staff using the PAS in its current form find it slow and difficult to navigate, this not only causes frustration but also makes MTW staff less productive.
- Some parts of the Trust's IT infrastructure require updating or replacing. Due to financial constraints the Trust's IT replacement cycle has been extended which has impacted the performance of some of our infrastructure over a period of time.

3. Where do we want to be?

MTW must address three sets of needs over the next 5 years:

1. Local clinical needs – what do our Doctors, Nurses and Allied Health Care Providers need IT to do?
2. Regional needs – what can we do to collaborate more effectively across Kent and into London to improve care for our patients?
3. National needs – how can we deliver the national best practice highlighted in national strategies and guidance such as the Lord Carter report and NHS 5 year forward view?

3.1 Our Local Clinical Needs:

The most valuable thing to this organisation and to patients is our clinician's time.

This five-year strategy must make IT work *for* our staff, rather than limit and hinder them. MTW staff currently use numerous poorly integrated systems – this causes frustration and inefficiency on many levels with staff logging into numerous different systems each day.

Our clinicians want:

- A simple, intuitive and fully integrated Electronic Patient Record (EPR) clinical system for the vast majority of clinical work
 - Wherever possible parallel systems should be accessed via the EPR without further logins required – for instance PACS, E-Notes and E-Referrals
 - Where bespoke systems offer significant advantages they should be promoted but linked to the EPR for ease of use
- The end user devices our staff use to access clinical systems must be:
 - Reliable and resilient
 - Device performance meets the needs of the user – supporting not hindering our staff in their work
 - The right technology available at the right time
- Access to all the data we hold, promoting audit and good clinical governance and intelligent reporting dashboards.
- MTW to become a leader within Kent for sharing information across organisations, empowering our staff to access patient records whenever and wherever they need to. We should also promote patients having access to their own data - involving them more in their own care will help us all.

- A regular, clinically led, forum to feedback on and direct IT developments within the Trust.

3.2 Our Regional Needs:

The Trust believes strongly that by working with our partner organisations across Kent and into London we can deliver better, more efficient care.

- MTW is already a partner in the Kent and Medway Care Record as part of the Kent and Medway Strategic Transformation Programme (STP), which will deliver information sharing on a new level. This will assist our staff to treat our patients wherever and whenever they need to.
- Wider management of patient flow across care settings to improve patient care and flow of patients through organisations. This will also include elements of decision support/system intelligence to aid process flow.
- Closer collaboration with GPs and the community trust to minimize length of stay in hospital. Initiatives such as the 'virtual ward' will require IT support to make them work.

3.3 Our National needs:

The government has set out a series of information technology drivers and strategies for the NHS to achieve over the next five years which have been published in a series of papers, such as the 'Five year Forward View'¹, 'Personalised Health and Care 2020'² and the Lord Carter report³. The key digital deliverables from these national agendas are as follows:

- An EPR solution is implemented by 2020.
- Patients are provided with access to their records and have the ability to update details within this view.
- Integrated health records to pass information between services both in and out of the NHS.
- Other key system implementations include e-rostering; patient level costing and accounting; e-catalogue and inventory management.
- Reduce clinician's administration requirements.
- Paper lite patient records.
- Achieving Cyber Essentials accreditation by 2020.

The current financial pressures within the NHS generally and some of the specific challenges facing MTW require the Strategy to also focus on efficiency and productivity gains and to consider the financial impact on the organisation to deliver the Strategy.

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

² <https://www.gov.uk/government/publications/personalised-health-and-care-2020>

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

4. How do we get there?

With the objectives of the IT strategy covering a broad area, we have broken down the plan to deliver the programme of work into 4 workstreams. The aim is to ensure focus on delivering key projects with clear benefits whilst ensuring these meet the aims of the IT Strategy.

Workstream 1 - Electronic Patient Record

The development of the Trusts Electronic Patient Record (EPR) and how this data can support staff in providing better patient care.

Workstream 2 - Intuitive Technology

Focusing on user technology, meeting the needs of our users to support, not hinder their working processes.

Workstream 3 - Digital Collaboration

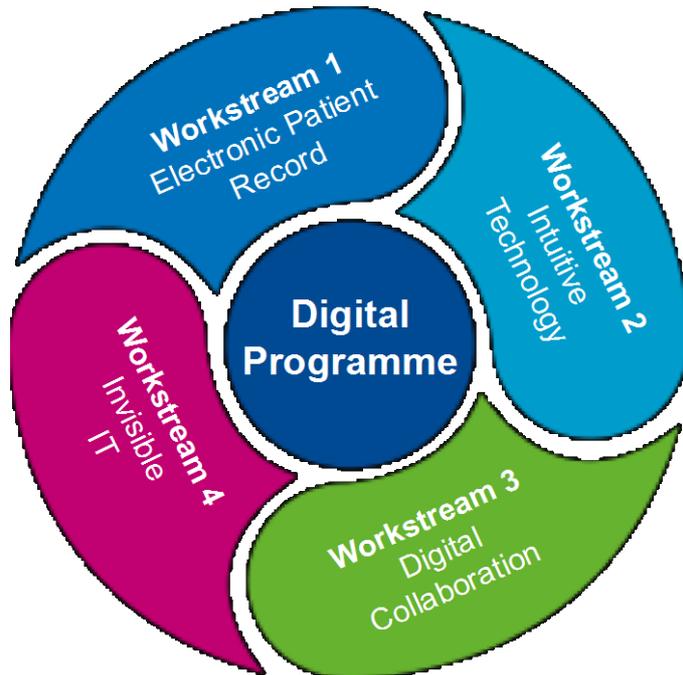
Developing the ability to share data across our partner organisations, and with patients and carers directly, with the aim of improving care and the patient experience through data collaboration.

Workstream 4 - Invisible IT

Ensuring the IT infrastructure in the Trust meets the needs of the organisation both now and in the future.

- Each workstream will either be clinically led or have clinical engagement.
- There will be a focus on Information Governance, Data Quality and Security throughout all workstreams.
- All initiatives impacting clinical users will be approved by the Clinical Advisory Group

Below are some of the key deliverables achieved by these workstreams to deliver the overall IT strategy.



4.1 Electronic Patient Record

The workstream focuses on the development of the Trust's Electronic Patient Record (EPR) and how this data can support staff in providing better patient care whilst improving the flow of patients throughout the organisation.

More than a computer system, EPR will transform the way everyone at both Trusts works, making sense of busy, complex health services, analysing information in clever ways and helping to manage many everyday tasks. This system will not only help to treat patients more effectively by giving healthcare staff easier access to up-to-date information, it will also use this information to improve care, and give healthcare staff the tools needed to be safer and more efficient.



It would be easy to think of EPR as simply a computer system that takes paper-based health records and stores them digitally. In reality, EPR will bring about a step-change in how healthcare staff work. The Trust cares for thousands of patients every day, with different and complex health conditions. Having up to date, accurate information, available to everyone, whenever they need it helps us to offer the best care we can and ensure that patients get the treatment they need.

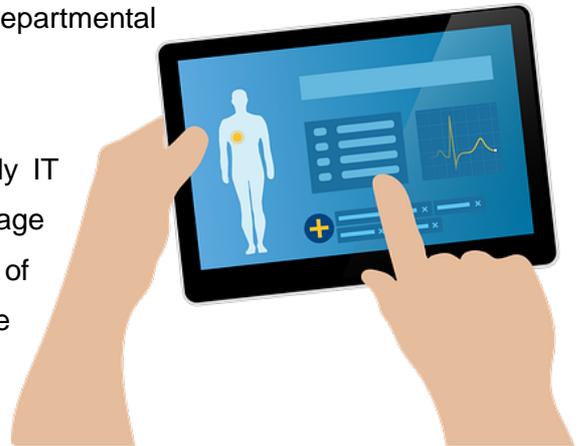
EPR goes beyond being a system for storing information. When patient records are stored on paper, the information can only be understood and analysed by staff reading through all of it every time they see a patient. EPR is capable of taking this information and applying the knowledge, intelligence and experience of a much wider network. This means the system is capable of suggesting plans of care, supporting clinical decision-making and acting as a double check.

In addition to this, an EPR can be a valuable tool in managing the wider healthcare system. The EPR workstream will focus on how the data provided by the system can help to manage the flow of patients through our hospitals, helping them respond to increases in demand by identifying where beds are

available (or where they might be available tomorrow) and offering insights into how services are used and where they could be more efficient. This will support and align to the Trusts Business Intelligence strategy.

The Trust will therefore implement a single EPR solution, building upon the platform of the PAS already in place. The aim would be to go-live with the EPR in 2019, however there would be continuous growth in the use of the system over the duration of the next 5 years with key functionality around Electronic Prescribing and Medicines Management (ePMA) and additional departmental functionality utilised over time.

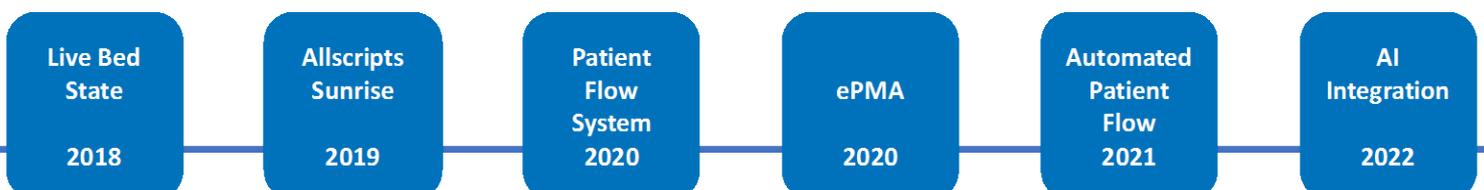
Providing a single view of the patient record is not the only IT system aid to improving patient experience. The ability to manage patient flow within an organisation also provides benefits of better resource utilisation and reducing length of stay within the hospital. The Trust should look to adopt a patient flow solution, linked to the EPR which provides these benefits. In the initial instance this will be a manual solution with the implementation of RFID and/or infrared technology to automate the process at a later date.



Globally we are seeing companies such as IBM and Google continue to develop Artificial Intelligence (AI) functionality, with the benefits now starting to be utilised within healthcare. The Trust should look to adopt AI functionality to first act as a further decision support tool for clinicians, automate management of patient pathways and support the Trust with process management, alerting and implementing optional resolution plans. This would be integrated to the EPR to provide the biggest benefits, working closely with the Trusts EPR supplier following the successful implementation of Sunrise. However, AI would also be adopted into staff rostering and procurement processes to streamline and automate.

Due to its nature, this workstream is more about the change it will bring to the organisation rather than the IT that is being implemented. As a result, it will be a clinically led transformation programme.

Below is an overview of the key projects/schemes to be delivered within this workstream:



4.2 Intuitive Technology

There needs to be a key focus on technology meeting the needs of our users. This could be as simple as 'Does an outpatient clinic room have the right type of computer in it?' or the introduction of a Single Sign-On solution.

At present, the lack of limitations of technology can dictate how staff work. The aim is to ensure that the technology supports the workflows and processes of our staff, both now and in the future.



Not unreasonably, Trust staff increasingly expect the ease with which they use technology and data at home to be replicated within the NHS. The workstream will also look at how new technology can be adopted to the benefit of our users. Security and data protection will always be paramount when looking at new technology, but the Trust should adopt an attitude of embracing technology where possible, where it would aid our users.

Therefore, the workstream will focus on:

- How users can gain easier access to information from wherever they are. This could be by the bedside, at their desks or at home.
- Is the right technology there to meet user's needs? Addressing working environments to ensure IT infrastructure meets the workflows of our users.
- Ease of use – How easy can we make it to use our IT solutions? Benefits would include reducing the time wasted accessing information, mistakes made due to misunderstandings and reduction in support calls. Examples could be simplifying data entry on an application, reducing PC logon times and making it easy to access systems via smart card or biometric access.
- Looking at the introduction of new technology and how this may support staff in their jobs.

Outpatient
Room
Update

2018

Single Sign-
On

2019

Wards
Updated

2019

Bring Your
Own Device

2019

Integrated
Healthcare
Messaging

2020

4.3 Digital Collaboration

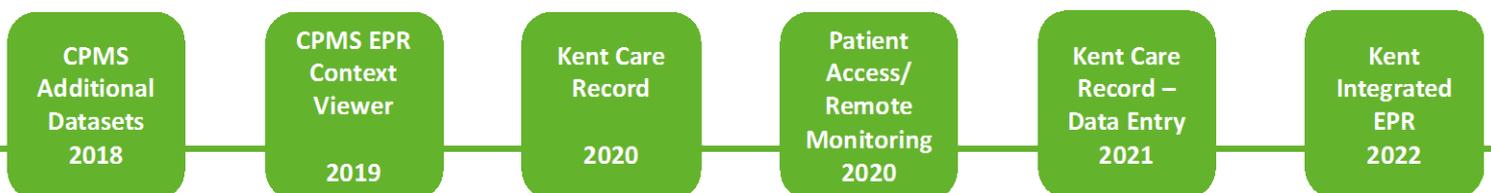
With the increasing need to collaborate with our health and social care partners, there is a requirement to ensure that we are providing our clinical staff not just with MTW patient data but data from any health or social care provider, to ensure the best possible care. As we move forward with Kent and Medway service redesign this requirement will continue to grow. This workstream, therefore, focuses on the ability to share data across our partner organisations and with our patients.

The Trust has already engaged with West Kent CCG with their Care Pathway Management System (CPMS) and this should be further developed to ensure a comprehensive data set is available to care providers to aid patient care. The Trust will also look at fully integrating this solution with its future EPR allowing for a context aware view for ease of access to clinicians.

To further support multidisciplinary teams working across organisations and support the vision of the STP, the Trust will be an active partner in the development of a Kent Care Record to provide a clinical portal containing a complete care record across the county. This would also include access for patients and carers and the ability to add to their patient record, improving patient engagement and outcomes.

There is also a need to share data with our patients and their carers to both inform and support patient care. This will improve engagement with patients and their carers, promote data quality and provide additional opportunities to improve patient care.

The Trust has recently embarked on the implementation of a 'virtual ward', allowing patients to be managed remotely. It is anticipated that this type of practice will be implemented further and due to technology enablers now available, the workstream will also look at real-time remote monitoring of patients via provided devices and patient own equipment, such as smart phones to improve remote patient care.

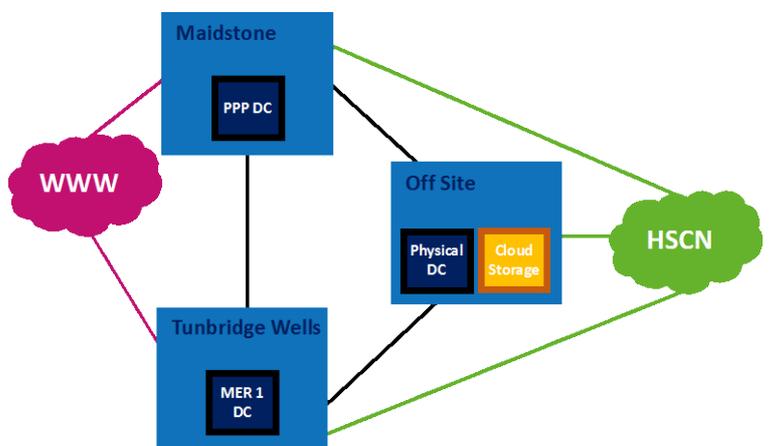


4.4 Invisible IT

The workstream focuses on ensuring the IT infrastructure in the Trust meets the needs of the organisation both now and in the future. This focuses on capacity, availability, speed and security. This includes projects such as increased storage, ability to provide more applications across the Trust and increase communications (voice, data, video) around the organisation.

The demands on IT infrastructure will continue to increase with the expectation that storage requirements for holding patient data will double every 73 days by 2020. It's key that the workstream ensures it understands the needs of the organisation to allow it to deliver the IT infrastructure needed.

Key projects identified include the implementation of increased network resiliency with the introduction of the Health and Social Care Network (HSCN) and a second off-site data centre. This will improve the resilience of the Trust systems, whilst providing the Trust with the ability to expand its IT capacity in the future. The Infrastructure structure developed will also maintain options for STP collaborative working and IT outsourcing opportunities moving forward.



Alongside these projects the Trust will have to continue with an annual programme of replacing and upgrading networking and server infrastructure. Ensuring new technology is adopted to meet user's needs.

The Trust will also need to focus on end user devices with engagement from the intuitive technology workstream and the requirement to migrate from Windows 7 to Windows 10 by 2020.

The invisible IT Workstream will also focus on cyber security, ensuring that all solutions have the latest security patches installed and being proactive in addressing new vulnerabilities. This includes ensuring that the Trust obtains the Cyber Essentials Plus accreditation, as required by NHS England by 2020.



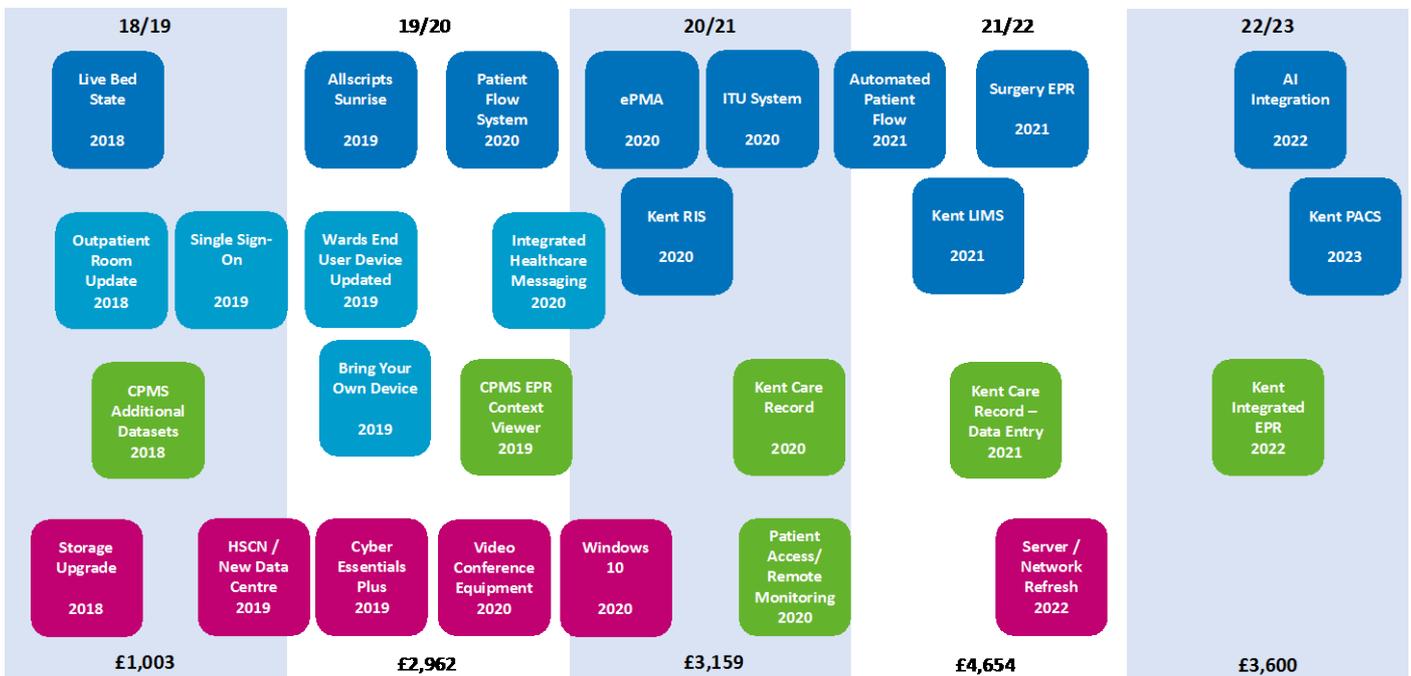
5. How will it be delivered?

To support the delivery of the strategy over the next 5 years a high-level plan is essential to ensure success. The plan has been developed in the form of a roadmap to provide a graphical overview to show which deliverables and go-live dates are achieved each year.

Although detailed planning has not been completed for all initiatives at this point the development of the roadmap has considered:

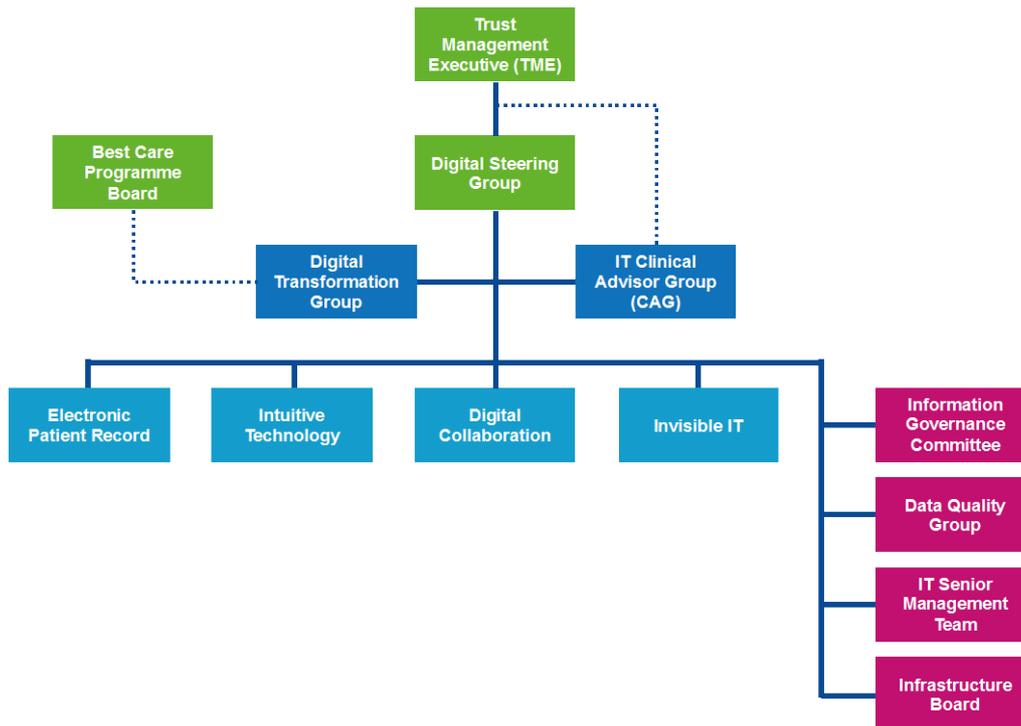
- National Targets – A number of national targets have been set (e.g. ePrescribing implemented by April 2020) which the Trust must meet.
- Local clinical needs, as detailed in section 3.1
- Interdependencies – What tasks must be completed to allow another initiative to achieve its objectives.
- Benefit – Ensure solutions are delivered to maximise the benefits for the organisation
- Change/Capacity – The ability of the Trust to manage and absorb the change resulting in the solutions being implemented.
- Costs – The overall cost of delivering the programme needs to be spread over 5 years and should not put undue financial pressure on the organisation.

Taking these into account has resulted in the development of the below Roadmap and forecast capital costs (£'000):



Funding for these initiatives will be sourced via Trust capital and revenue savings, as well as national funding schemes such as Health System Led Investment.

The Trust Digital Steering Group will oversee the delivery of the Trust’s IT Strategy, with programme boards established for each workstream and the IT Clinical Advisory Group ensuring clinical engagement and leadership across the IT programme. The Trust has also established a Digital Transformation Group which aims to ensure that IT and deliverables of this strategy support and align to other strategic programmes across the organisation, including the best care programme. The below diagram provides an overview to the governance structure, with terms of reference available for each group.



A business case for each project will be developed and approved in line with the Trust’s business case approval process before work is commenced and project activity will be reported back to the Digital Steering Group.

Each project will have an identified Senior Responsible Officer (SRO), Project Manager and Clinical Lead as a minimum. With other project members defined within the Project Initiation Document.

On completion of each project within the strategy a project closure report will be produced. This will include details of hand-over back to operations, a benefits realisation plan and lessons learnt.