

TRUST BOARD MEETING

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

10.30am WEDNESDAY 19TH OCTOBER 2016

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
10-1	To receive apologies for absence	Chairman	Verbal
10-2	To declare interests relevant to agenda items	Chairman	Verbal
10-3	Minutes of the Part 1 meeting of 28 th Sept. 2016	Chairman	1
10-4	To note progress with previous actions	Chairman	2
10-5	Safety moment	Chief Nurse	Verbal
10-6	Chairman's report	Chairman	Verbal
10-7	Chief Executive's report	Chief Executive	3
10-8	Integrated Performance Report for September 2016 <ul style="list-style-type: none"> Safe / Effectiveness / Caring Safe / Effectiveness (incl. HSMR) Safe (infection control) Well-Led (finance) Effectiveness / Responsiveness (incl. DTOCs) Well-led (workforce) 	Chief Executive Chief Nurse Medical Director Dir. of Infect. Prevention and Control Director of Finance Director of Operations Director of Workforce	4
10-9	Presentation from a Clinical Directorate Head and Neck	Clinical Director, Head and Neck / Head of Service, Head & Neck	Presentation
	Quality items		
10-10	Planned & actual ward staffing for September 2016	Chief Nurse	5
10-11	Trust Board Members' hospital visits	Trust Secretary	6
	Planning and strategy		
10-12	Update on 2016/17 Winter and Operational Resilience Plan	Director of Operations	7 (to follow)
	Reports from Board sub-committees (and the Trust Management Executive)		
10-13	Workforce Committee, 29/09/16 (incl. approval of revised Terms of Reference)	Committee Chairman	8
10-14	Quality Committee, 05/10/16	Committee Chairman	9
10-15	Trust Management Executive, 12/10/16	Committee Chairman	10
10-16	Finance Committee, 17/10/16 (incl. approval of the Trust's Procurement Transformation Plan)	Committee Chairman	11 & 12 (to follow)
10-17	To consider any other business		
10-18	To receive any questions from members of the public		
10-19	To approve the motion that in pursuance of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public now be excluded from the meeting by reason of the confidential nature of the business to be transacted	Chairman	Verbal
	Date of next meetings: <ul style="list-style-type: none"> 30th November 2016, 10.30am, Academic Centre, Maidstone Hospital 21st December 2016, 10.30am, Education Centre, Tunbridge Wells Hospital 		

Anthony Jones,
Chairman

**MINUTES OF THE MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST BOARD MEETING
(PART 1) HELD ON WEDNESDAY 28TH SEPTEMBER 2016, 10.30A.M AT
MAIDSTONE HOSPITAL**

FOR APPROVAL

Present:	Anthony Jones	Chairman of the Trust Board	(AJ)
	Avey Bhatia	Chief Nurse	(AB)
	Sylvia Denton	Non-Executive Director	(SD)
	Glenn Douglas	Chief Executive	(GD)
	Sarah Dunnett	Non-Executive Director	(SDu)
	Angela Gallagher	Chief Operating Officer	(AG)
	Alex King	Non-Executive Director	(AK)
	Steve Orpin	Director of Finance	(SO)
	Kevin Tallett	Non-Executive Director	(KT)
	Steve Tinton	Non-Executive Director	(ST)
In attendance:	Richard Hayden	Director of Workforce	(RH)
	Jim Lusby	Deputy Chief Executive	(JL)
	Mhairi Macpherson	Interim General Manager, Trauma & Orthopaedics (for item 9-16)	(MM)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Jane Rademaker	Director of Operations, Planned Care (for item 9-16)	(JR)
	Kevin Rowan	Trust Secretary	(KR)
	Guy Slater	Clinical Director, Trauma & Orthopaedics (for item 9-16)	(GS)
Observing:	Liz Champion	Lead Nurse for Dementia Care	(LC)
	Annemieke Koper	Staff Side representative (apart from item 9-16)	(AKo)
	Darren Yates	Head of Communications	(DY)
	David East	Member of the public	(DE)
	Paresh Makwana	Member of the public (apart from items 9-16 and 9-22 to 9-29)	(PM)
	Michelle Wing	Member of the public (apart from items 9-16 and 9-22 to 9-29)	(MW)

9-5 To receive apologies for absence

Apologies were received from Paul Sigston (PS), Medical Director.

AJ noted that this was ST's last Trust Board meeting, as he had decided to stand down as a Non-Executive Director (NED). AJ stated that ST had been a stalwart NED within the health service for several years, and AJ had known ST from when the Strategic Health Authority had placed ST onto the Trust Board in 2008. AJ continued that ST then re-joined the Trust Board 4 years ago, and had chaired the Audit and Governance Committee and latterly, the Finance Committee. AJ thanked ST on behalf of the Trust's patients, staff and the Board for his contribution. AJ added his own personal appreciation for ST's efforts, particularly noting that ST did not live locally. AJ concluded by stating that he believed the NHS owed ST a debt of gratitude. ST thanked AJ for his remarks, and explained that he could not continue to commit the time required to strive for an NHS where health and social care worked as one, in an integrated way. ST added that many of the current issues within health care were the same as those faced in 2008, but the Sustainability and Transformation Plan (STP) process offered hope for the future. ST also noted that much had however changed since 2008, which included the fact that the Trust was now a leader in infection control, and had a new hospital at Tunbridge Wells. ST concluded that although problems persisted, there were many causes for optimism, and wished the Trust well for the future.

9-6 To declare interests relevant to agenda items

KT reported that he had been engaged (via his company, Discidium Ltd) by Medway NHS Foundation Trust to deliver Programme Management Office (PMO) Services.

9-7 Minutes of the Part 1 meeting of 20th July 2016

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

9-8 Minutes of the Part 1 meeting of 15th September 2016

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

9-9 To note progress with previous actions

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

- 9-8i (“Ensure the Trust Board receives the outcome of the planned review of Medical rotas being led by the Medical Director”). KR noted that the action was now 12 months’ old, and the Trust Board was asked to consider whether it should continue to remain ‘open’, in the light of the uncertainty regarding the future of the national contracts for Junior Doctors and Consultants. AJ stated that he did not believe there was sufficient uncertainty to warrant closure. It was therefore agreed that the action should remain ‘open’.

9-10 Safety moment

AB reported that during September the Trust was championing the topic of communication, which had been identified as an issue in patient complaints and Serious Incidents (SIs). AB continued that the first part of the initiative focused on the theme of “Hello my name is...”, for which staff were asked to pay extra attention to how they started conversations with patients, visitors and colleagues. AB added that other aspects of the initiative included the themes of “How can I help you?”; and “Do you have any questions?”, which focused on advising who to contact if patients had any follow-up questions. AB also noted that the safety topic for October would be infection prevention control, and future topics included falls and Safeguarding children.

AJ emphasised that the “Hello my name is...” principle also applied to Trust Board Members, and pointed out that reliance should not be solely placed on patients reading staff name badges. AB agreed, and noted that a proposal to introduce a different style of name badge had been considered at the Patient Experience Committee. AB added that she would likely submit a proposal regarding this to the next Trust Board.

AJ then noted the new red uniforms being worn by Matrons, and asked AB to comment. AB stated that the new uniforms had elicited very positive comments from both the Matrons and other staff, including doctors. AB added that the aim was to increase visibility, and this had been achieved. AJ asked whether notice boards should be placed in entrances that clearly identified the Trust’s uniform Policy. AB replied that various templates for such boards were being considered, which included locating boards in entrance areas, but the priority was to agree the uniforms in the first instance. AB stated that the next step in this regard was to ensure that the Nurse in charge of a Ward (which was not always the Ward Manager) was visible, and this was being debated.

9-11 Chairman’s report

AJ reported that the Trust had recently met twice with West Kent Clinical Commissioning Group (CCG), with the latest meeting being held on the evening on 27/09/16, to discuss emergency pressures.

9-12 Chief Executive’s report

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

- Financial Special Measures was an important part of the Trust’s ongoing operations at present, and the first review meeting had been held with NHS Improvement (NHSI) on 21/09/16. The meeting had gone well, and the Trust was now able to see a way to exit the regime, potentially within the next 2 months, and almost certainly by the end of 2016. GD stated that he wished to publicly thank the Trust for the response to being in Financial Special Measures
- The emergency bowel surgery outcomes listed were a testament to the work being undertaken by the staff involved, and was a great example of the Trust delivering a high quality service

- The 2000th baby had been born in the Maidstone Birth Centre, which had been one of the Trust's success stories. The feedback from the Centre was almost always universally positive

ST referred to the latter point, and stated that this was an example of a clinically-led initiative that had received some opposition from the public, but which had ultimately proved to be successful. ST opined that this should act as a model for other services, in that if it was felt that change was required from a clinical perspective, such changes should be implemented. AJ emphasised that the Executive Team had played a significant part in the creation of the Birth Centre.

GD added that a group of people with a learning disability who attended Sevenoaks Day Service had delivered over £350 worth of toys to the children's A&E Department at Tunbridge Wells Hospital (TWH). GD added that previously, the group had attended an open day at the Department, which aimed to prepare for the potential use of A&E, which could be quite daunting for patients with a learning disability. GD noted that students from Oakley school would also be visiting in the future, and added that it was personally very close to his heart that the Trust undertook such actions. SDu asked what proportion of staff had a learning disability. GD deferred to RH, but noted that he and RH had discussed what opportunities the Trust could offer to those with a learning disability, in terms of with work and/or work experience. RH confirmed he would confirm the proportion of such staff recorded in the Trust's workforce data.

Action: Confirm, to Trust Board Members, the proportion of Trust staff with a Learning Disability (Director of Workforce, September 2016 onwards)

AJ then asked GD to comment on the section of the report pertaining to the latest Intensive Care National Audit & Research Centre (ICNARC) data. GD stated that this was further illustration that the Intensive Care Units (ICUs) at both sites provided care of the highest quality.

9-13 Review of the Board Assurance Framework, 2016/17

KR referred to the circulated report and explained the following points:

- This was the first time during 2016/17 that the Trust Board has seen the populated Board Assurance Framework (BAF), following the agreement of the 2016/17 objectives at the 'Part 2' Board meeting in July 2016
- The format of the BAF was largely the same as in 2015/16, but the link to the relevant domains of the Care Quality Commission (CQC) had been added, following a request at the July 2016 Board. The questions posed had also been modified, following comments made at the Audit and Governance Committee. However changes could be made throughout the year, as required
- The Finance Committee had reviewed objectives 4.a and 4.b on 26/09/16, and the outcome of that review was described in the summary report from that Committee (Attachment 15). The Committee specifically considered whether the objectives should be altered in light of the Trust being in Financial Special Measures, but concluded that the current wording remained correct
- The Board was invited to review the content and ask questions or propose changes

KT referred to risk 2 ("The Trust is unable to manage (either clinically or financially) during the winter period") and remarked that the issues listed under "What could prevent this objective being achieved?" were very insular, and did not recognise the importance of the involvement of, for example, the CCG. KR agreed to review the wording, with AG.

KT asked for an explanation of the "HILTON model" referred to on page 3. AG explained that that was a privately funded enablement scheme to support the timely discharge of patients.

KT remarked that the wording of risk 3 ("The Trust does not have the correct level of substantive workforce for effective delivery") was peculiar, and proposed that "...correct..." be changed. This was agreed. AJ suggested that the word "appropriate" be used in its place. SDu proposed instead that the word be changed to "...planned...". KR agreed to consider the suggestions and amend the wording.

ST then queried the 'green' rating in terms of "How confident is the Responsible Director that the objective will be achieved by the end of 2016/17?" for objective 3.a, when compared to the wording of the risk. KR explained that the Trust Board had agreed the principle that although the risks were described in broad terms, the objectives associated with that risk would be specific, and small in

number, to act as a 'litmus test' for managing the risk. AJ therefore queried whether the risk matched the chosen objective. KR reiterated that the Board had agreed that the selected indicators would act as a proxy, and provide a more precise measure of performance, whilst recognising that such performance would not be comprehensive, in relation to the broader risk. ST accepted the context but still asked RH whether the 'green' rating was correct. RH confirmed he was confident that a vacancy rate of 8.5% would be achieved, if conditions remained as they were at present. AJ repeated the point that this would not address the entire risk. GD replied that in order to address the broader risk in full, a greater number of indicators would need to be selected, which would undermine the principle that had been agreed, and would likely result in a continuous 'amber' rating. The point was acknowledged.

KT suggested that the STP should be referred to in the 'what could prevent the objective' for risk 4. This was agreed.

KR agreed to amend the BAF to reflect all of the comments made.

Action: Amend the Board Assurance Framework to reflect the comments made at the Trust Board on 28/09/16 (Trust Secretary, September 2016 onwards)

9-14 Integrated Performance Report for August 2016

GD referred to the circulated report and stated that any shift in the balance between the various factors involved in health and social care would adversely affect the Trust's financial position. GD continued that the King's Fund had pointed out the significant reduction of care packages that had occurred in the recent past, and he believed the significant increase in patients attending for non-elective care was not a coincidence. GD added that the Trust's position was therefore not atypical, and he was aware that many Trusts across the region were experiencing similar problems.

GD then invited colleagues to report the latest monthly information.

Effectiveness / Responsiveness (incl. DTOCs)

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

- Performance against the A&E 4-hour waiting time target had again been challenging, in the face of continued increasing non-elective demand. The Trust's response had focused on Length of Stay (LOS) reduction, and if all of the initiatives from the national LOS programme were delivered, the Trust would see an improved position, in terms of patient flow
- Ambulatory care was another area of focus, and TWH, which was the non-elective site for Surgery and Trauma & Orthopaedics, had particular challenges, but a plan was in place which expected to deliver further benefit
- Details regarding Delayed Transfers of Care (DTOCs) were in the report, and although there had been a levelling out of these recently, staffing issues within Kent County Council had resulted in recent increases in patients waiting for an assessment
- The "Home First" initiative (which was previously called "Discharge to Assess") was also a key focal point, and AG would submit a proposal to the Trust Board in due course regarding the Trust's implementation of that initiative

AJ welcomed the various initiatives in place, but asked AG to comment on the progress being made with internal factors i.e. separating out the impact of external issues. AG noted that the LOS monitoring that was in place distinguished between system-wide and Trust-based factors, and progress with the latter could be demonstrated in relation to the organisation of discharge medication and transport, for example. AJ asked that this data be shared with the Board. AG agreed.

Action: Circulate, to Trust Board Members, the monitoring data relating to the aspects of Length of Stay that were both within, and outside, the Trust's control (Chief Operating Officer, September 2016)

KT said that the current situation in relation to non-elective demand should be treated as the new norm. KT then asked whether the Trust was following the 5 key actions regarding A&E that had been issued by NHSI. AG confirmed this was the case, and added that NHSI had assessed the Trust's processes and given assurance. KT stated that it was important for the Board to be

assured that the Trust was adhering to that guidance. AG agreed, and added that the Trust would be monitored by NHSI on its adherence to the aforementioned A&E standards. JL added that the first return on compliance with those standards was due soon, whilst GD pointed out that JL chaired a system-wide emergency care meeting.

AG then continued, and noted the following points:

- Cancer 62-day waiting time target performance continued to be challenging, and the main tumour site for such challenges was Colorectal. A series of actions were however planned, including the recruitment of a Clinical Nurse Specialist to improve the front-end of the pathway. The key issues were the diagnostic and Surgical pathways, not Radiotherapy, so the issues were therefore outside of Oncology
- If patient choice-related aspects could be applied to the 2 week Cancer waiting time target performance (the rules were recently changed to prohibit this) the Trust would be achieving above 95%. Staff training had therefore been changed to reflect this, and compliance was therefore expected from September 2016

KT asked what work was being undertaken with GPs to emphasise the importance of patients accepting a 2-week Cancer appointment when offered. AG noted that this had been raised with West Kent CCG, and she had seen from the minutes of their Governing Body meeting that the issue had been discussed there. AG added that the local MacMillan GP would also be invited to the twice-yearly Cancer Summits held by the Trust.

AJ then referred to the discussion held under item 9-13, noted the relevant objective had been rated as 'green' on the BAF, and asked AG to confirm this was still the case. AG agreed that she was confident that performance would reach the required level before Christmas.

AG then continued, and stated that the targets for referral to treatment (RTT) and elective activity had been missed for August as a result of reduced elective activity. SDu apologised for not attending the 'main' Quality Committee where LOS had been discussed, but noted that the Trust Performance Dashboard did not forecast any improvement in in "Average LOS Elective", and asked for an explanation. AG clarified that the Trust's LOS planning data showed a reduction by the year-end, but this had not been converted to the Performance Dashboard. AG added that a very small improvement in LOS had been made (of 0.3 of a day), but it was acknowledged that 80% of LOS was dependent on Trust-related factors, whilst 20% was dependent on external factors. SDu stated that she was encouraged to hear about the 80/20 split.

Safe (infection control)

SM then referred to the report and conveyed the following points:

- There had been an increase in Clostridium difficile in July, but it was felt that a large part of the increase was the hot weather, and the fact that a larger than normal number of windows had been opened on Wards, which increased the breeze through such areas. Awareness had however been raised and the number of cases had since reduced to normal levels
- The "Number of cases MRSA (Hospital)" listed in the Performance Dashboard was an error, as the Trust had not had a case of MRSA bacteraemia for over 15 months

SDu asked for a comment in the reduction "Elective MRSA Screening". SM explained that the numbers involved were very small and the reduction was therefore not significant.

KT referred to the forecast for the "Rate C-Diff (Hospital only)" on the dashboard and asked for an explanation. SM explained the rationale.

KT then queried the "Prev Yr" figure for the "Hospital-level Mortality Indicator (SHMI)" on the dashboard. AB confirmed this was an error. GD confirmed this should be "107.7", not "207.7". KT remarked that the rate for the current year was still high. AB confirmed that PS was investigating this with Dr Foster and the Trust's Head of Business Intelligence, and would report the outcome in due course. KT queried whether the previously-reported data issues with Dr Foster had now been resolved. AB confirmed this was the case.

Safe / Effectiveness / Caring

AB referred to the circulated report and stated that a Never Event had been declared, following the insertion of a left knee component into a patient's right knee (although the correct knee had been operated on). AB added that the incident was still under investigation, but the importance of compliance to the Surgical safety checklist had been emphasised to staff. SDu referred to the similarity between the most recent incident and the previous Never Event (in which an incorrectly sized implant had been inserted), and proposed that the Quality Committee review the response and actions taken to both incidents. This was agreed.

Action: Arrange for the Quality Committee to consider the findings and responses to the two Orthopaedic implant related Never Events that occurred in May 2014 and August 2016 respectively (Trust Secretary / Chief Nurse / Medical Director, September 2016 onwards)

AB then continued, and noted that the Friends and Family Test (FFT) response had improved dramatically, following the previous problems with access to the relevant forms.

AJ congratulated AB on the performance regarding falls, and asked that this be relayed to the individuals concerned with that performance. AB agreed.

Well-led (workforce)

RH then referred to the circulated report and highlighted the following points:

- Sickness absence had increased
- The poor "Appraisal Completeness" performance related to relevant data not having been entered onto the Electronic Staff Record (ESR), so an increase was expected for September

KT remarked that the 'Variance From Plan' columns of the workforce-related aspects of the Well-Led section of the Performance Dashboard contained a number of 'grey' (i.e. unpopulated) areas, which could be populated. RH agreed to arrange for further areas to be populated.

Action: Arrange for more of the 'Variance From Plan' columns of the workforce-related aspects of the Well-Led section of the Trust Performance Dashboard to be populated (Director of Workforce, October 2016)

Well-Led (finance)

SO then referred to the circulated report and communicated the following points:

- The Trust was £1m adverse to Plan in month. £700k of this related to contractual penalties and the remainder related to unidentified CIP schemes
- The year to date deficit was £16.8m against a planned deficit of £11.3m, so the Trust was therefore £5.5m adverse to plan. £3m of the year to date deficit related to contractual penalties
- There had however been increased Day Case activity, whilst pay costs for the month were favourable
- Agency staffing usage had reduced, but Medical staffing remained an area of focus

9-15 Update on the impact of the new Acute Medical Unit at Tunbridge Wells Hospital on patient flow

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

- Much of the report's contents had been discussed under item 9-14
- The national Ambulatory team had returned last month to review the Trust, and proposed some improvements in relation to the grouping/cohorting of patients. These would be implemented in circa 2 weeks, when key staff members returned from leave.

SDu asked whether the staff that had been recruited to work in the Acute Medical Unit had been disappointed that the area was not functioning as had been intended. AG confirmed that such staff had been disappointed, but all remained committed to improving the situation.

AJ agreed that the situation was disappointing, but pointed out that this was not intended as a criticism. AJ added that the aim behind the introduction of the Unit remained valid, and there were a number of Consultants that were exceptionally keen to make the system work as intended.

Presentation from a Clinical Directorate

9-16 Trauma and Orthopaedics Directorate

[N.B. This item was taken at the end of the meeting, after item 9-28]

AJ welcomed GS, MM and JR to the meeting. GS then gave a presentation containing the following points:

- The Directorate Management team comprised GS (as Clinical Director), MM (as Interim General Manager); and Kelly Cushman (Directorate Matron). A substantive General Manager appointment had however now been made and the individual would start in post soon.
- The Directorate's staffing comprised 17 Consultant Surgeons, 29 WTE other medical staff, 82.55 WTE Nursing staff (trained and untrained), and 28.08 WTE Administrative/support staff (the Clinical Administration Unit, appointment schedulers, management team etc.)
- In summary, the Directorate had its hub at TWH, which housed all Trauma & Orthopaedic Inpatients, with Outpatients and Day Case surgery taking place at Maidstone Hospital (MH)
- Ward 31 was designated for emergency admissions, with Ward 30 designated for elective admissions. Ward 32 also had some beds (9 of which were shared with ENT)
- Trauma & Orthopaedic Rehabilitation beds were on Ward 20 (10 beds) and Chaucer Ward (15 beds). Historically this was to reduce the travelling distance for patients from Tunbridge Wells and Maidstone respectively. However, there had generally been better access for the beds on Ward Chaucer than on Ward 20
- Current performance had suffered as a result of emergency pressures. Elective Day Case activity was adverse by 28% against plan for the year to date, whilst elective Inpatient activity was adverse by 18% against plan
- The primary hip and knees annual trend showed a dramatic reduction for 2016 (although the data only related to the period January to June)
- New Outpatient activity was 6% below plan, & follow-up Outpatient activity was 3% below plan
- As a result of the above performance, income was 13% below plan for the year to date
- In terms of "Risks and Challenges", the sustainability and backlog of the 18-week wait pathway (for Inpatients and Outpatients) was a key concern, and the Directorate was the worst performing Directorate on this target
- Surgical Site Infection (SSI) rates were above the national average, but GS was concerned that the Trust may be over-reporting, as patients who other Trusts may not count as having an SSI were counted as such at the Trust
- The Trust did not ring-fence elective beds, but some other Trusts did. Some Specialist Commissioners, including Professor Tim Briggs (Consultant Orthopaedic Surgeon at the Royal National Orthopaedic Hospital NHS Trust) advocated ring-fencing, as did GS, as this helped with, for example, reducing SSIs
- There was also a lack of planned Theatre capacity for increased Trauma demand. GS believed that 1.5 days of Trauma capacity was required, whilst some Trusts only required 0.5 days. The Trust had coped with current capacity due to reduced elective activity, and some action had been taken in response
- There was a lack of Orthopaedic Rehabilitation beds, particularly for non-weight bearing (NWB) patients, in East Sussex. Some NWB patients were therefore unable to be discharged as they were not able to adhere to a NWB regime
- There were 19 vacancies for Nursing staff
- GMC 'red flags' related to concerns raised by the annual survey of Junior Doctors that was undertaken by the GMC in March each year. Trauma & Orthopaedics was the Directorate with the highest number of 'red flags' for the year, which was due to a number of reasons
- The retention/banding/rebranding of Junior Doctors was an ongoing issue
- The Trust was reliant on the use (in terms of outsourcing) of providers within the 'Any Qualified Provider' (AQP) framework, and should the CCG decide to tender the Orthopaedics service, such providers would be competitors to the Trust. In response, current actions included developing partnerships with AQP providers (which had been led by JL) including Spire Healthcare, The Horder Centre and the Kent Institute for Medicine and Surgery (KIMS)

- There were plans to improve patient flow by changing the criteria for Rehabilitation patients on Chaucer Ward. This would however result in a longer journey for patients who would previously have been seen on Ward 20
- The current bed reconfiguration plans affected Trauma & Orthopaedics and GS had some concerns

JR emphasised that the reconfiguration plans included a dedicated number of beds within the Day Case Unit, and offered to go through the detailed plans with any Trust Board Member.

GS then continued, and highlighted the following points:

- The Virtual Fracture Clinic model had been implemented
- There was a plan to re-open the Maidstone Orthopaedic Unit (MOU) to sustain elective activity during the winter. There were also plans to expand the Paediatric service and become the leading South East provider
- There was an intention to reduce the future dependence on Junior Doctors, by extending the role of Physiotherapy for post-operative/joint reviews, and by recruiting Physician Associates. The Business Case for the latter had been agreed, but the first round of recruitment had been unsuccessful
- Other future plans included developing referral processes in collaboration with the CCG, and having protocol-led patient pathways
- A Directorate 'Away Day' was intended, to enable clinical staff to consider the changes that had been made in the past and the challenges for the future
- The long-term use of the MOU needed to be considered, and a number of options were being explored. There was also the need for a long-term solution regarding access to Trauma lists

SO referred to the outsourcing of Outpatient activity, and asked whether the resources not currently being used for elective activity could be diverted, to increase the Outpatient activity undertaken in-house. GS acknowledged that if operating lists were cancelled sufficiently far in advance, such a diversion could occur, but if cancellations occurred at short notice (in order to try to proceed with the operation), there was often insufficient time to organise Outpatient clinics. GS also pointed out that the financial contribution for Outpatient activity was less than that for elective, although it was obviously important to provide the former service to patients. SO acknowledged the point, but emphasised the importance of ensuring that existing resources were used as effectively as possible, and noted that outsourcing Outpatient activity would incur an additional cost to the Trust. GS confirmed that plans were being considered, but added that the ideal situation would be to be able to operate within the Trust, to the planned levels.

KT then challenged the Trust's outsourcing of elective activity to KIMS. AJ agreed. AG explained that the other Independent Sector providers did not have the collective level of capacity that the Trust required. JL proposed that the discussion continue within the 'Part 2' Board meeting scheduled for later that day. AJ agreed this was appropriate.

AJ then referred to the 19 Nursing vacancies, which equated to a vacancy rate of circa 25%, and asked whether this was problematic in relation to the Directorate's plans. GS confirmed that it affected the level of Bank staff that were engaged. AJ asked why there had been problems recruiting. AB reported that recruitment had been an issue, but the situation on the Wards fluctuated due to staff turnover. AB added that this had not however affected patient throughput. SDu queried whether the turnover rate had been affected by the fact that the patient mix on those Wards was different to that expected by the staff when they applied for posts. GD and AB agreed that this was likely to be a factor in the decisions made by staff. SDu remarked that this therefore illustrated the significance of the Trust effectively assigning its joint replacement activity to other providers, and continued that the Trust was running the risk of such activity not returning to the Trust. SDu appealed for the Board to consider the matter strategically. ST agreed with SDu's challenge and echoed the call for the Board to determine what it considered acceptable with regards to long-term consequences. GS agreed that the long-term consequences were potentially significant.

A discussion was then held regarding the issues. AJ summarised that the problem faced by the Trust related to capacity constraints, and not to an intention to reduce elective activity, and

therefore efforts to address the problems needed to continue to focus on increasing capacity. GS agreed that TWH had been affected by non-elective pressures more than MH, and therefore such pressures had affected Trauma & Orthopaedics more acutely than the Surgery Directorate, which was configured across both hospital sites. AG acknowledged the point, but emphasised that much more detailed work was required before solutions could be proposed and/or implemented. GS appealed for strategic thinking to be undertaken in relation to the use of the 2 hospital sites. AJ reiterated the point that the issue was one of capacity constraints and the issues discussed should not be a surprise to Trust Board Members.

AJ then asked GS about LOS performance. GS replied that LOS could always be improved, but noted that some patients had social issues that prevented them from being discharged, and illustrated by describing an individual that had been an Inpatient for 3 months. GS added that the Directorate was however undergoing a Peer Review assessment that day, and this may lead to suggestions for improvement. AJ commented that it was fair to expect the Directorate to do all it could to respond to the issues within its control. AG noted that the Directorate was tasked with achieving an improvement in average LOS of 1.5 days.

AJ then asked whether JR or MM wished to add anything further. JR stated that many of the Directorate's challenges were being addressed via the "Trauma & Orthopaedics 2020" programme. AJ commended the programme.

SDu asked whether an update on the work should be given in the future. AG stated that the update on the "Trauma & Orthopaedics 2020" programme was scheduled to be received at the Trust Management Executive (TME) in November, so this could be reported to the Board at that point. AJ agreed, but clarified that a presentation would not be necessary.

Action: Submit a report to the Trust Board, in November 2016, on the progress with the "Trauma & Orthopaedics 2020" programme (Chief Operating Officer, November 2016)

Quality Items

9-17 Supplementary Quality and Patient Safety report

AB referred to the circulated report and noted that the latest Patient-led Assessment of the Care Environment (PLACE) results were very positive, and examples of the work that had been undertaken were described in page 3. AB added that the results had been discussed in detail at the Patient Experience Committee.

KT asked how the results could be publicised to the wider public. AB noted that there had been very good media coverage of the Trust's results on the National Inpatient survey, but she had not seen any coverage regarding the PLACE results. KT suggested that posters could be erected outside each Ward. AB acknowledged the suggestion.

AJ then referred to the section of the report relating to protected mealtimes/mealtime assistance, and asked whether AB was confident that the Trust had the correct processes in place. AB replied that the issue would continue to be monitored, as some Wards performed very well, whilst others did not, so the key was to ensure consistency. KT asked whether patients' food allergies were recorded. AB confirmed this was the case.

9-18 Annual Report from the Director of Infection Prevention and Control

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

- There was 36% reduction in Clostridium difficile cases for the year, resulting in a rate of 7.4 per 100,000 bed days, which placed the Trust in the top 15 acute Trusts in England
- Only 1 MRSA bacteraemia had occurred in the year and MRSA screening rates were very high
- MSSA bacteraemia cases did however increase significantly, although the numbers were very low. A report was nevertheless submitted to the Infection Control Committee and it was agreed to extend the Root Cause Analysis (RCA) process to cover these cases
- Ultraviolet (UV) light decontamination had been implemented, and had been active for circa 1 month. The chart showing the effect of the new system was shown on page 32 of 136. UV light

was not as good as fogging (hydrogen peroxide vapour) for *Clostridium difficile*, so this would still therefore be used

AJ asked when the UV light system would be introduced more widely. SM confirmed that it was already in place when required at TWH, and would be extended for use at MH next month, although its use at the latter site would not be as extensive, as the system was less effective in a non-single room environment. SM added that the system could however be used in Theatres, for example.

KT commended the report as being the most comprehensive Annual Report he had seen during his time at the Trust. ST concurred. AJ agreed that the story described therein was outstanding, and commended SM and her colleagues. SM noted that the Trust was sharing the learning it had gained over the past 10 years via the Healthcare Infection Society (HIS) International Conference 2016. AJ suggested (to DY) that this should be promoted as much as possible.

9-19 Planned and actual ward staffing for July & Aug 2016

AB referred to the circulated report and noted that the report contained a number of 'amber'-rated areas, and the reasons for this were described, but overall the report demonstrated that there was safe staffing in place at the Trust.

SDu remarked that she was encouraged by the report, noting that this was really positive when triangulated with the situation on patient falls, and adding that the report summarised where the Trust needed to make progress.

Assurance and Policy

9-20 Update on Medical contract issues

In PS's absence, RH reported that the BMA had suspended the Junior Doctors' strike action that had been scheduled for October, November and December 2016. GD added that there was still some uncertainty, as the BMA had indicated that they still wished to undertake some form of industrial action, and the potential therefore still existed for considerable disruption. AG confirmed that the Trust would continue to plan for such eventualities. KT commented that covering such disruption by Locum staff would likely have an adverse effect on the Trust's finances. The point was acknowledged.

9-21 Health & Safety Annual Report, 2015/16 (incl. agreement of the 2016/17 programme)

AG referred to the circulated report and remarked that Jeff Harris, Risk and Compliance Manager, was retiring from the Trust at the end of September, and a successor was intended to start in post from mid-November. AJ asked that the Board's thanks be passed on to Mr Harris, and also asked that the new appointee be introduced to the Trust Board when they start. AG agreed.

Action: Relay the Trust Board's gratitude to the outgoing Risk and Compliance Manager for their contribution to the Trust (Chief Operating Officer, September 2016 onwards)

Action: Arrange for the incoming Risk and Compliance Manager to be introduced to the Trust Board after they commence in post (Trust Secretary, September 2016 onwards)

AG then continued, highlighted that good progress had been made on key issues, and invited questions or comments. ST referred to the 'work place stress' content on page 6 and asked for further details as to how such issues were monitored. AG explained that this had been discussed at the Health and Safety Committee, but further work was taking place with the Head of Occupational Health regarding the reporting of work-related stress.

ST queried whether he understood correctly that the Trust's staff survey findings had identified staff as reporting stress-related problems. RH confirmed this had been the case, and gave assurance that work was planned to address this, but acknowledged that there was more to be done. AG added that the key issue was to obtain clearer information on the matter.

KT remarked that the issues reported would be very good subjects for inclusion in the safety calendar that AB had referred to under item 9-10. AG agreed, and noted that 'safety moments' had raised awareness of sharps injuries during the previous year, including at the Trust Board.

AJ asked about reports of "violence and abuse", and asked whether there was an increase in physical violence. AG confirmed that she would be able to provide a breakdown of the reported incidents of "violence and abuse" in the report.

Action: Circulate, to Trust Board Members, a breakdown of the reported incidents of "violence and abuse" that were referred to in the Health & Safety Annual Report for 2015/16 (Chief Operating Officer, September 2016 onwards)

The Trust Board agreed the Health and Safety programme for 2016/17 and delegated the management of the programme to the Health and Safety Committee.

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

9-22 Quality Committee, 01/08/16 & 14/09/16 (incl. SIs)

SDu referred to the part of the circulated report pertaining to the meeting held on 01/08/16, and stated that the interest in End of Life Care arose following the demise of the Liverpool Care Pathway (LCP). SDu added that she had been very encouraged by the presentation from the End of Life Care team. ST and KT concurred with SDu's commendation. SDu continued that further action had been agreed, which was described in the report.

SDu also noted that it had been agreed that mortality would be subject of a future Quality Committee 'deep dive' meeting.

KT then referred to the part of the circulated report pertaining to the meeting held on 14/09/16, and highlighted that the key issue discussed was the impact of the Financial Recovery Plan on quality. KT confirmed he had been assured.

AJ asked whether KT had been comfortable with the situation regarding Sepsis. KT confirmed this was the case.

9-23 Audit and Governance Committee, 10/08/16 (incl. the Annual Audit Letter for 2015/16)

KT referred to the circulated report and noted that that it contained the Annual Audit Letter, which did not contain any surprises.

AJ asked for further details of the outstanding actions from the "Local Registration Authority Management Reviews" Internal Audit review. KR replied that he was unable to comment on the specific action, but the Local Registration Authority process related to the use of 'smartcards' to access the Trust's IT systems, and the in-house process was usually overseen by staff within Human Resources.

9-24 Finance Committee, 22/08/16 & 26/09/16

ST referred to the circulated reports (Attachments 14 and 15) and pointed out that an excellent presentation had been given by Ophthalmology at the meeting on 26/09/16, which demonstrated the work that could be achieved when clinical staff worked with finance staff. ST added that the presentation covered aspects from Consultant productivity to the accuracy of clinical coding.

AJ asked SO whether the process applied within Ophthalmology would be applied to other areas. SO confirmed that several other areas were planned to be subject to the same review process.

9-25 Patient Experience Committee, 06/09/16

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

- The Junior Doctor that had attended and been asked to provide AB with further details of any patient transfers that were perceived as unnecessary, to enable AB to respond

- Letters had been sent the League of Friends at both hospitals
- The PLACE results had been discussed
- The meeting had been very positive

9-26 Trust Management Executive, 21/09/16

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

- Many of the issues discussed had already been discussed during the Board meeting
- The delay in implementation of the replacement PAS had been confirmed, and discussions with the provider of the current PAS were ongoing

AJ referred to the latter point, and asked whether there were any patient related issues in continuing with the current PAS. AG confirmed there were no such issues.

9-27 To consider any other business

KR noted that the Trust Board needed to delegate the authority to approve the Trust's Strategy to the 'Part 2' Trust Board meeting scheduled for later that day. The Trust Board duly delegated that authority.

9-28 To receive any questions from members of the public

There were no questions.

9-29 To approve the motion that in pursuance of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public now be excluded from the meeting by reason of the confidential nature of the business to be transacted

The motion was approved.

Trust Board Meeting – October 2016

10-4 Log of outstanding actions from previous meetings				Chairman
Actions due and still 'open'				
Ref.	Action	Person responsible	Original timescale	Progress ¹
9-8i (Sep 15)	Ensure the Trust Board receives the outcome of the planned review of Medical rotas being led by the Medical Director	Trust Secretary / Medical Director	September 2015 onwards (but then extended to March 2016)	Introduction of the new contract has started. At the present time there is no evidence that there will be any significant impact (including financial) with its introduction
9-13 (28 th Sept 16)	Amend the Board Assurance Framework to reflect the comments made at the Trust Board on 28/09/16	Trust Secretary	September 2016 onwards	The requested amendments will be made prior to the next review of the Board Assurance Framework, in November 2016
9-14ii (28 th Sept 16)	Arrange for the Quality Committee to consider the findings and responses to the two Orthopaedic implant related Never Events that occurred in May 2014 and August 2016 respectively	Trust Secretary / Chief Nurse / Medical Director	September 2016 onwards	The item has been provisionally scheduled for the 'main' Quality Committee in November 2016
9-21ii (28 th Sept 16)	Arrange for the incoming Risk and Compliance Manager to be introduced to the Trust Board after they commence in post	Trust Secretary	September 2016 onwards	The individual will be introduced to the Board after they commence in post (which is likely to be the end of November 2016)
9-21iii (28 th Sept 16)	Circulate, to Trust Board Members, a breakdown of the reported incidents of "violence and abuse" that were referred to in the Health & Safety Annual Report for 2015/16	Chief Operating Officer	September 2016 onwards	In progress

1

Not started

On track

Issue / delay

Decision required

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
6-8iv (June 16)	Arrange for the next meeting of the Workforce Committee to review whether the current vacancy rate had been assumed in the Trust's plans for 2016/17	Chairman of Workforce Committee / Director of Workforce	September 2016	The matter was considered at the Workforce Committee on 29/09/16 (within the report in Financial Special Measures), and it was confirmed that the Trust's 2016/17 Plans assumed a vacancy rate of 8.5%
9-12 (28 th Sept 16)	Confirm, to Trust Board Members, the proportion of Trust staff with a Learning Disability	Director of Workforce	October 2016	3.17% of staff have a disability but the number of staff with a Learning Disability is unable to be provided as the detail of the disability is not presently captured
9-14i (28 th Sept 16)	Circulate, to Trust Board Members, the monitoring data relating to the aspects of Length of Stay that were both within, and outside, the Trust's control	Chief Operating Officer	October 2016	A document containing the requested information was circulated to Board Members by email on 14/10/16
9-14iii (28 th Sept 16)	Arrange for more of the 'Variance From Plan' columns of the workforce-related aspects of the Well-Led section of the Trust Performance Dashboard to be populated	Director of Workforce	October 2016	More of the columns have been populated in the Performance Dashboard submitted to the October Board meeting
9-21i (28 th Sept 16)	Relay the Trust Board's gratitude to the outgoing Risk and Compliance Manager for their contribution to the Trust	Chief Operating Officer	September 2016	The Board's gratitude was relayed to the individual

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
9-16 (28 th Sept 16)	Submit a report to the Trust Board, in November 2016, on the progress with the "Trauma & Orthopaedics 2020" programme	Chief Operating Officer	November 2016	<div></div> The item has been added to the forward programme for November 2016

Trust Board meeting - October 2016

10-7	Chief Executive's update	Chief Executive
<p>I wish to draw the points detailed below to the attention of the Board:</p> <ol style="list-style-type: none"> Since our last meeting, the Executive Team has continued to work closely with colleagues throughout the Trust on the delivery of high quality, accessible services for our patients that are cost-effective and within our financial control. <p>A large part of our immediate challenge is to make sure that we have control of our finances. This is important because we have learned from elsewhere that poor financial performance can lead to an impact on the quality of care.</p> <p>Finance and quality are not necessarily opposing demands; many providers are continuing to deliver good quality care within the resources available by beginning to transform the way they work through collaboration, and by thinking outside the box and improving the way their services are provided. We are doing both.</p> <p>It has been no surprise to me that MTW has responded to being in Financial Special Measures by rising to the challenge that this brings, and displaying a determination to prove itself. We are not yet where we need to be but we are on the right track and have made good progress.</p> <p>Our staff are working hard to improve quality and reduce cost. There are many examples of how this is now occurring.</p> <p>Our Women and Children's Services Directorate, for instance, have changed our bladder botox treatment for incontinence from a day case service involving a general anaesthetic into an outpatient procedure using a local anaesthetic. Women can now have their procedure in 30 minutes and go home shortly afterwards instead of spending all day in hospital. The service now meets national best practice so it's the best patients can get. We can also treat more women because the process we follow is more efficient and cost-efficient. At the same time we've freed up around four hours a week in theatres and recovery for short stay surgery so other colleague and patients can benefit as well.</p> <p>On a wider scale, the NHS, social care and public health partners in Kent and Medway are working together to plan how we will transform health and social care services to meet the changing needs of local people. It is the first time we have all worked in this way and it gives us a unique opportunity to bring about positive and genuine improvement in health and social care delivery.</p> <p>Although most people get good care in Kent and Medway most of the time, services are not always good enough, too many people wait too long for treatment and we can't recruit enough staff. So, first and foremost, we need to design services that improve services for our patients. At the same time, we are facing a big financial problem. Across Kent and Medway, health and social care have £3.4billion in funding but overspent by £141million last year. Without change, we will be looking at a hole of up to £485million by 2020/21.</p> <p>The plan will provide:</p> <ul style="list-style-type: none"> • better health and wellbeing • better standards of care • better use of staff and funds <ol style="list-style-type: none"> We are in the process of implementing some of the important preparatory works that underpin our clinically-led winter resilience plan. 		

Edith Cavell Ward at Maidstone has moved to Romney Ward as part of plans to increase our elective orthopaedic capacity this winter by reusing the 12-bed Maidstone Orthopaedic Unit for elective joint replacements. More patients who have emergency orthopaedic operations at TWH will also undertake their rehabilitation on Chaucer Ward at Maidstone to help with patient flow. The temporary move is one of a number of emerging actions within this year's winter plan.

Last year many elective orthopaedic operations had to be cancelled due to unprecedented demand from patients requiring acute medical care. The reuse of the MOU will help address this. We have seen no let-up in demand for emergency care this year. We, and the NHS as a whole, has experienced a further six percentage increase in A&E attendances throughout this year with a similar conversion rate for admissions. I have stressed to staff the importance of everyone owning a part of this year's winter plan and working together to improve patient flow.

3. We have launched our flu clinics for staff – I and my Exec colleagues have had ours done. As we all know, in winter months when flu is circulating, outbreaks can happen very quickly, and we all have a responsibility to protect ourselves and those we come into contact with, by having the vaccination if we are able to. We really want to hit our target of 75% this year, and maintain a healthy, resilient workforce
4. Baroness Julia Cumberlege, the Independent Chair of the 2016 'National Maternity Review' commissioned by NHS England to assess current provision and help shape future services, has visited our maternity services to help mark our fifth anniversary of integrated maternity care. Baroness Cumberlege met with staff and families at Maidstone Birth Centre, Tunbridge Wells Hospital and Crowborough Birth Centre. Baroness Cumberlege commented: "I have been impressed by maternity staff across Maidstone and Tunbridge Wells NHS Trust who are clearly committed to maximising positive outcomes – both physical health and mental wellbeing - for the mother, baby and the family as a whole." The Board will recall that we have been selected as a Maternity Choice and Personalisation Pioneer to help implement some of the recommendations from the National Maternity Review.
5. Healthcare professionals and patients attended a 'Lung Awareness Day' at Maidstone Hospital earlier this month. The event was organised by our Trust's Respiratory Research and Respiratory Medicine departments in partnership with the charity, 'Kent Lung Awareness'. Simon Denegri, National Director for Patients and Public at the National Institute for Health Research (NIHR) gave a key note speech. Dr Syed Arshad Husain, Chest Consultant at Maidstone Hospital, gave a series of talks on the range of various lung illnesses in people and how to best manage lung conditions. We also showcased a new device to help identify irregular breathing patterns in patients.
6. We are now taking part in the 14th National NHS Staff Survey with 1,250 of our staff receiving the survey. We used feedback from last year's survey to:
 - Improve communication through introducing "Hello – my name is" initiative, developing a "buddy" scheme whereby Executives are linked to areas across the Trust to provide greater visibility, and holding more open staff meetings
 - Launch a new Employee Assistance Programme providing a 24 hour helpline and health and wellbeing website for staff
 - Appoint an Equality and Diversity lead for the Trust
 - Deliver "Living our Values" workshops to focus on how we achieve our vision together
7. A service coordinated by MTW for people living with secondary breast cancer has marked its first anniversary. 'Living with Secondary Breast Cancer' is a service delivered by the national charity Breast Cancer Care and funded by local charity, Breast Cancer Kent. People living with secondary breast cancer attend monthly meetings which feature a range of guest expert speakers, alongside activities such as mindfulness and relaxation techniques. It is the only group in Kent specifically for those living with secondary breast cancer.

<p>8. Our Diabetes team have been raising the profile of Hypoglycaemia Awareness Week across our hospitals, training nurses and doctors, and running simulation exercises to help improve the standards of care we offer our patients. 15-20% of our inpatients are affected by diabetes. Many of them are affected by hypoglycaemia during their stay, and if their condition is managed poorly, it can prolong hospital stay, lead to readmission or even be fatal. Well done to the team for, once again, proactively highlighting this important issue.</p> <p>9. We have held a very successful visit to the A&E department at Tunbridge Wells by pupils from Oakley School in Tunbridge Wells, which caters for pupils aged 4-18 years with severe and or complex needs, and associated communication and learning difficulties.</p> <p>Nine pupils and three teachers/teaching assistants from the school came along to meet staff, look around the department and even try out some first-aid. The visit was arranged as part of our ongoing campaign to make A&E a less daunting place. The pupils thoroughly enjoyed their visit and left us with a really positive view of A&E, which is fantastic.</p>
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none"> ▪ N/A
<p>Reason for receipt at the Board (decision, discussion, information, assurance etc.)¹</p> <p>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 – October 2016

10-8 Integrated performance report for September 2016	Chief Executive
<p>The enclosed report includes:</p> <ul style="list-style-type: none"> ▪ The 'story of the month' for Sept 2016 ▪ A quality exception report ▪ A Workforce update ▪ The Trust performance dashboard ▪ An explanation of the Statistical Process Control charts which are featured in the "Integrated performance charts" section ▪ Integrated performance charts 	
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none"> ▪ 	
<p>Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹</p> <p>Discussion and scrutiny</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

'Story of the month' for Sept 2016

Responsiveness

At the end of month 6 the Trust is underperforming against the constitutional standards for emergency 4 hour standard, RTT and cancer 62 day first definitive treatment.

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

The Trust achieved 89.4% against our recovery trajectory plan of 92.4% for the 4 hour standard for September. An increase in levels of activity continues with attendances 8% higher YTD against the same period 15/6. Higher than planned LOS and a continued increase in the level of patients with a delayed transfer of care were also contributory factors. A number of projects and improvement action plans remain in place to achieve a consistent and sustainable improvement across both sites and these include a re-focus on reducing LOS and re-launching the ambulatory model for acute medicine on 17th October. A focused piece of working looking at TW site 4 hour performance & improvements is also underway. In addition, the TW proposed bed reconfiguration will support flow from ED to key areas such as SAU. Non-Elective Activity was 15.4% higher than plan for September and 8.4% higher than September last year. YTD activity is 9.8% higher than plan. Non-elective LOS increased by 0.4 days between August and September to 7.81 days in September against the internal phased target of 6.8. There is a clear focus on LOS improvement as the key enabler to improve capacity and flow. Bed occupancy remains above 95% across the Trust and the DTOC level has increased further in September to 7.2% (1,602 bed days).

Trust delayed transfers of care	4.4%	4.8%	4.2%	3.6%	4.1%	3.4%	6.0%	5.5%	4.8%	6.8%	7.9%	7.1%	7.9%	6.6%	5.7%	6.0%	5.0%	5.8%	5.6%	5.5%	5.3%	6.2%	6.7%	6.7%	7.2%
Row Labels	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
A : Awaiting Assessment	7	3	2		11	17	17	15	6	15	21	15	17	15	10	5	7	3	8	1	6	25	15	7	5
B : Awaiting Public Funding	7	6	1		1	3	2	2		1	1	4	8	7	3	1			1	1	1	8	12	25	21
C : Awaiting Further Non-Acute NHS Care	33	30	25	19	21	18	28	32	34	39	48	33	30	20	6	3	8	15	18	17	13	11	10	8	10
Di : Awaiting Residential Home		1	6	10	5	3	6	18	1	11	27	28	26	22	16	21	15	15	27	32	20	37	21	33	43
Dii : Awaiting Nursing Home	20	13	16	8	17	12	30	40	21	38	90	57	52	56	40	73	53	80	73	58	67	65	67	69	83
E : Awaiting Care Package	8	13	26	15	11	18	10	7	7	20	16	27	17	32	26	43	28	36	36	28	24	39	41	41	76
F : Awaiting Community Adoptions	2	7	8	6	9	1	8	1	11	2	1		1	13	9	8	14	5	13	8	7	12	4	6	10
G : Patient of Family Choice	32	46	47	36	39	47	60	60	44	44	45	16	43	26	22	31	12	12	22	13	9	19	19	10	16
H : Disputes	1							2	1			1	3	1	1		1				3	1	1		
I : Housing			2		2		1	3	4	3	1		1	13	12	9	3	5	1			5	5	2	3
Grand Total	110	119	133	94	116	119	162	180	129	173	250	181	198	205	145	194	141	171	199	158	150	222	195	201	267

2. Cancer 2 week waits

The cancer 2 week-wait standard was achieved for August (93.2 %) and the Trust is forecasting 94% for September. This improvement follows the team initiating more robust processes in the booking office. Breast symptomatic 2 week performance remains below the national standard i.e. 90% (against 93% target) and is largely due to patient choice and patient cancellation of appointments. If all patients accepted the first appointment dates offered to them performance would be above 95%. In November, with support from the CCG, plans are in place for all 2 week cancer referrals to be booked via e-referrals which will address this issue.

3. Cancer 62 day FDT

Performance was off trajectory for Aug, partly due to a drop in patients treated, with most breaches occurring in lung, gynae oncology and lower GI tumour groups. The focus internally remains on addressing all the issues that are to do with MTW processes. Clear actions have been agreed and are in place for each tumour group. A workshop for lower GI tumour group is planned to support further improvements surrounding diagnostic delays and further work is underway with clinicians to continue the work to date in refining the lung pathway. The cancer delivery plan is monitored on a weekly basis with the relevant managers and clinical leads. An upgrade to the electronic patient tracking system is now being embedded across all MDTs.

4. RTT and elective activity.

The Trust missed the agreed RTT trajectory in Sept as a direct result of the reduced level of elective activity undertaken in the month due to the higher than expected NEL activity and lower than expected activity YTD. Progress is being maintained against the 18 week plan with all specialties. The Trust is non-compliant at a specialty level for T&O, Gynae, Rheumatology, Cardiology, Endocrinology, Respiratory and ENT. The majority of the backlog is concentrated to three specialties i.e. T&O, Gynae, ENT, – all of which are being carefully monitored against action plans put in place to reduce their longest waiters and steady progress is being made. However September also saw significant increases in the backlogs of a number of specialist medical specialities, who are all devising their recovery plans to achieve compliance again by December. We are also continuing to outsource activity in T&O and neurology.

Quality Exception Report

Falls and pressure ulcers remain below the Trust targets. These indicators alongside other ward quality indicators are being stringently monitored to ensure any impact of new ward staffing levels is picked up as quickly as possible.

Workforce

As at the end of September 2016, the Trust employed 5,117.8 whole time equivalent substantive staff, representing a slight increase on August 2016. Continued recruitment combined with establishment reviews have reduced the number of vacancies in the organisation by 65.7 WTE from August. The Trust will continue to focus attention on recruitment, retention and establishment reviews in order to reduce the number of vacancies within the organisation further in line with achieving the 8.5% plan.

Although Bank and Agency use has reduced significantly in September from the August levels, dependence upon temporary staff remains higher than planned. Comparison with the same period last year shows an overall reduction in temporary staffing use as well as a shift from Agency to Bank. Further work is ongoing to ensure we reduce expenditure in this area.

Sickness absence in the month was 3.8%, 0.1% lower than the same period last year (3.9%), but a significant reduction on the August rate at 4.2%. As the current rate is still higher than the 3.3% target, sickness absence management remains a key area of focus for the HR and operational management teams.

Statutory and mandatory training compliance has risen modestly by 0.2% from August and is in line with the same period last year and despite the overall figure being rebased this year to include all subjects. Actions are in place to improve compliance further. Appraisal levels are reported for non-medical staff have increased significantly since August, representing a 13.2% rise as appraisals are returned and processed. Work is currently underway to provide targeted non-compliance lists to directorates and managers in order to improve return rates..

TRUST PERFORMANCE DASHBOARD

Governance (Quality of Service):

Finance:

Position as at:

2.0	Amber/Red
TDA	Amber

Based on TDA 2014/15 Methodology

30 September 2016

Safe	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
*Rate C-Diff (Hospital only)	15.91	9.0	10.2	14.4	4.2	3.0	11.5	11.5	
Number of cases C.Difficile (Hospital)	3	2	12	19	7	4	27	27	
Number of cases MRSA (Hospital)	0	0	1	0	-1	0	0	0	
Elective MRSA Screening	99.0%	98.0%	99.0%	98.0%		0.0%	98.0%	98.0%	
% Non-Elective MRSA Screening	98.0%	97.0%	98.0%	97.0%		2.0%	95.0%	97.0%	
**Rate of Hospital Pressure Ulcers	2.8	2.8	2.3	2.8	0.5	- 0.2	3.0	2.8	3.0
***Rate of Total Patient Falls	7.9	5.4	6.9	6.0	- 0.9	- 0.2	6.20	6.20	
***Rate of Total Patient Falls Maidstone	8.5	5.0	6.1	5.4	- 0.7			5.7	
***Rate of Total Patient Falls TWells	7.5	5.7	7.3	6.4	- 0.9			7.3	
Falls - SIs in month	5	5	21	17	- 4				
Number of Never Events	0	0	0	1	1	1	0	1	
Total No of SIs Open with MTW	28	30			2				
Number of New SIs in month	7	7	47	57	10	- 3			
**Serious Incidents rate	0.37	0.32	0.40	0.43	0.03	0.37	0.0584 - 0.6978	0.43	0.0584 - 0.6978
Rate of Patient Safety Incidents - harmful	1.68	0.48	1.35	0.62	- 0.74	- 0.61	0 - 1.23	0.62	0 - 1.23
Number of CAS Alerts Overdue	0	0			0	0	0		
VTE Risk Assessment	95.7%	95.1%	95.3%	95.3%	0.0%	0.3%	95.0%	95.3%	95.0%
Safety Thermometer % of Harm Free Care	96.7%	95.8%	96.8%	96.4%	-0.4%	1.4%	95.0%		93.4%
Safety Thermometer % of New Harms	2.54%	4.21%	2.36%	3.33%	0.98%	0.3%	3.00%	3.33%	
C-Section Rate (non-elective)	15.3%	13.8%	15.3%	13.7%	-1.55%	-1.3%	15.0%	13.7%	

Effectiveness	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
Hospital-level Mortality Indicator (SHMI)*****	Prev Yr: Oct 13 to Sept 14		311.7	106.0	- 205.7	6.0	Lower confidence limit to be <100		100.0
Standardised Mortality (Relative Risk)	Prev Yr: Oct 13 to Sept 14		106.0	107.0	1.0	7.0			100.0
Crude Mortality	1.3%	1.0%	1.2%	1.2%	0.0%				
****Readmissions <30 days: Emergency	12.2%	11.2%	11.7%	11.6%	-0.1%	-2.0%	13.6%	11.6%	14.1%
****Readmissions <30 days: All	11.3%	10.4%	10.7%	10.8%	0.1%	-3.9%	14.7%	10.8%	14.7%
Average LOS Elective	3.12	3.26	3.17	3.35	0.18	0.14	3.20	3.20	
Average LOS Non-Elective	7.49	7.81	7.33	7.50	0.17	0.66	6.84	7.50	
*****FollowUp : New Ratio	1.26	1.30	1.27	1.55	0.28	0.03	1.52	1.55	
Day Case Rates	83.7%	85.3%	83.6%	85.0%	1.4%	5.0%	80.0%	85.0%	82.2%
Primary Referrals	8,883	8,582	53,074	54,441	2.6%	4.6%	104,825	108,453	
Cons to Cons Referrals	3,722	3,586	21,068	21,044	-0.1%	0.4%	40,698	41,922	
First OP Activity	12,020	12,515	69,728	73,310	5.1%	1.8%	144,940	145,099	
Subsequent OP Activity	23,554	23,116	135,528	139,029	2.6%	0.1%	279,695	277,471	
Elective IP Activity	677	648	4,049	4,009	-1.0%	-7.9%	8,755	8,337	
Elective DC Activity	3,299	3,116	19,605	20,395	4.0%	-7.8%	44,937	41,028	
Non-Elective Activity	3,842	4,371	22,874	24,820	8.5%	7.7%	46,131	49,006	
A&E Attendances (Inc Clinics. Calendar Mth)	12,869	13,002	77,979	81,596	4.6%	-0.5%	163,967	164,376	
Oncology Fractions	6,181	5,693	33,799	35,334	4.5%	0.3%	70,642	72,617	
No of Births (Mothers Delivered)	459	560	2,938	3,050	3.8%	3.6%	5,888	6,100	
% Mothers initiating breastfeeding	82.4%	82.9%	81.0%	82.8%	1.8%	4.8%	78.0%	78.0%	
% Stillbirths Rate	0.9%	0.53%	0.40%	0.32%	-0.1%	-0.1%	0.47%	0.32%	0.47%

Caring	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
Single Sex Accommodation Breaches	0	0	0	0	0	0	0	0	
****Rate of New Complaints	2.92	0.81	1.69	1.24	-0.5	- 0.08	1.318-3.92	1.27	
% complaints responded to within target	75.6%	61.5%	71.9%	69.8%	-2.1%	-5.2%	75.0%	75.1%	
****Staff Friends & Family (FFT) % rec care	82.2%	87.2%	82.8%	87.2%	4.4%	8.2%	79.0%	87.2%	79.2%
*****IP Friends & Family (FFT) % Positive	95.9%	92.7%	96.7%	95.3%	-1.3%	0.3%	95.0%	95.3%	95.8%
A&E Friends & Family (FFT) % Positive	89.0%	89.3%	89.0%	90.6%	1.6%	3.6%	87.0%	90.6%	85.5%
Maternity Combined FFT % Positive	95.2%	94.2%	94.7%	94.0%	-0.7%	-1.0%	95.0%	95.0%	95.6%
OP Friends & Family (FFT) % Positive	79.2%	83.4%	79.0%	82.6%	3.5%			82.6%	

* 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 only for certain specialties -plan still being agreed so currently last year plan

***** IP Friends and Family includes Inpatients and Day Cases

*****SHMI is within confidence limit

Item 10-8. Attachment 4 - Integrated Performance Report

Delivering or Exceeding Target		Please note a change in the layout of this Dashboard to the Five CQC/TDA Domains
Underachieving Target		
Failing Target		*****A&E 4hr Wait monthly plan is Trust Recovery Trajectory

Responsiveness	Latest Month		Year/Quarter to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
*****Emergency A&E 4hr Wait	90.7%	89.4%	91.9%	89.6%	-2.3%	0.6%	95.0%	91.1%	85.8%
Emergency A&E >12hr to Admission	0	0	0	0	0	0	0	0	
Ambulance Handover Delays >30mins	New	No data	New	No data				No data	
Ambulance Handover Delays >60mins	New	No data	New	No data				No data	
RTT Incomplete Admitted Backlog	635	1430	635	1430	795	401	916	916	
RTT Incomplete Non-Admitted Backlog	150	870	150	870	720	354	459	459	
RTT Incomplete Pathway	96.3%	90.4%	96.3%	90.4%	-5.9%	-3.1%	92%	94.1%	
RTT 52 Week Waiters	0	2	5	2	- 3	2	0	2	
RTT Incomplete Total Backlog	785	2300	785	2300	1,515	623	1,375	1375	
% Diagnostics Tests WTimes <6wks	96.56%	99.0%	98.8%	99.0%	0.2%	0.0%	99.0%	99.0%	
*Cancer WTimes - Indicators achieved	6	4	7	3	- 4	- 6	9	7	
*Cancer two week wait	95.2%	93.2%	94.6%	92.4%	-2.1%	-0.6%	93.0%	92.3%	
*Cancer two week wait-Breast Symptoms	90.8%	90.0%	94.4%	90.4%	-4.0%	-2.6%	93.0%	93.0%	
*Cancer 31 day wait - First Treatment	97.9%	96.6%	97.1%	96.6%	-0.6%	0.6%	96.0%	96.0%	
*Cancer 62 day wait - First Definitive	72.6%	72.5%	75.2%	73.4%	-1.8%	-4.4%	85.2%	80.9%	
*Cancer 62 day wait - First Definitive - MTW	78.0%	76.3%	80.7%	79.4%	-1.3%		85.0%		
*Cancer 104 Day wait Accountable	5.0	4.5	5.0	46.5	41.5	46.5	0	46.5	
*Cancer 62 Day Backlog with Diagnosis	New	74	New	74					
*Cancer 62 Day Backlog with Diagnosis - MTW	New	51	New	51					
Delayed Transfers of Care	7.9%	7.2%	6.6%	6.3%	-0.4%	2.8%	3.5%	6.3%	
% TIA with high risk treated <24hrs	74.2%	66.7%	71.4%	78.0%	6.6%	18.0%	60%	78.0%	
*****% spending 90% time on Stroke Ward	93.0%	80.8%	84.5%	92.6%	8.1%	12.6%	80%	92.6%	
*****Stroke:% to Stroke Unit <4hrs	47.1%	50.9%	47.1%	49.7%	2.6%	-10.3%	60.0%	49.7%	
*****Stroke: % scanned <1hr of arrival	60.8%	48.1%	53.2%	53.2%	0.0%	5.2%	48.0%	53.2%	
*****Stroke:% assessed by Cons <24hrs	74.5%	58.2%	74.3%	63.0%	-11.3%	-17.0%	80.0%	63.0%	
Urgent Ops Cancelled for 2nd time	0	0	0	0	0	0	0	0	
Patients not treated <28 days of cancellation	0	5	0	13	13	13	0	13	

RTT Incomplete Pathway Monthly Plan is Trust Recovery Trajectory

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

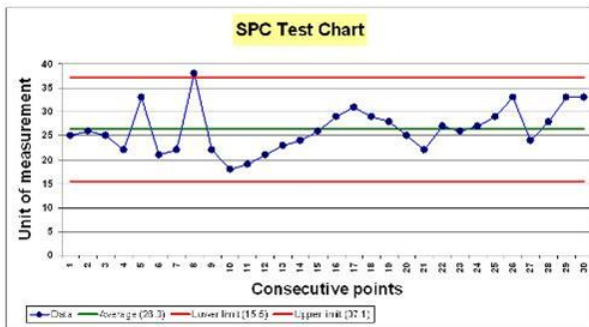
*** Contracted not worked includes Maternity /Long Term Sick

**** Staff FFT is Quarterly therefore data is latest Quarter

Well-Led	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
Income	34,384	41,319	198,888	211,770	6.5%	-0.6%	440,817	440,817	
EBITDA	731	8,175	5,929	4,980	-16.0%	-10.8%	37,717	37,717	
Surplus (Deficit) against B/E Duty	(2,021)	5,405	(11,108)	(11,400)			4,675	4,675	
CIP Savings	2,328	1,696	10,219	9,229	-9.7%	-0.2%	32,065	32,065	
Cash Balance	7,162	5,618	7,162	5,618	-21.6%	-11%	1,000	1,000	
Capital Expenditure	1,138	329	4,423	1,489	-66.3%	-60.7%	15,188	6,949	
Establishment (Budget WTE)	5,381.5	5,732.2	5,381.5	5,732.2	6.5%	0.0%	5,837.3	5,837.3	
Contracted WTE	4,978.6	5,117.8	4,978.6	5,117.8	2.8%	-3.3%	5,427.1	5,427.1	
***Contracted not worked WTE	(122.9)	(124.0)	(122.9)	(124.0)	0.9%	24.0%	(100.0)	(100.0)	
Bank Staff (WTE)	295.6	345.8	295.6	345.8	17.0%	27.0%	254.8	254.8	
Agency & Locum Staff (WTE)	358.6	226.7	378.1	226.7	-40.1%		155.3	155.3	
Overtime (WTE)	78.0	55.5	78.0	55.5	-28.8%	11.1%	50.0	64.4	
Worked Staff WTE	5,588.0	5,621.8	5,588.0	5,621.8	0.6%	-1.9%	5,801.7	5,801.7	
Vacancies WTE	402.9	534.0	402.9	534.0	32.6%	21.1%	408.6	408.6	
Vacancy %	7.5%	9.3%	7.5%	9.3%	1.8%	21.1%	8.5%	8.5%	
Nurse Agency Spend	(839)	(420)	(5,280)	(4,570)	-13.4%				
Medical Locum & Agency Spend	(1,102)	(1,199)	(6,322)	(7,922)	25.3%				
Temp costs & overtime as % of total pay bill		17.0%		17.0%					
Staff Turnover Rate	10.2%	10.3%	9.8%	10.3%	0.2%	-0.2%	10.5%	10.3%	8.4%
Sickness Absence	3.9%	3.8%	3.9%	4.1%			3.3%	4.1%	3.7%
Statutory and Mandatory Training	88.0%	88.1%	88.0%	88.1%	0.1%	3.1%	85.0%	88.1%	
Appraisal Completeness	75.6%	72.2%	62.9%	72.2%	-3.4%	-17.8%	90.0%	80.0%	
Overall Safe staffing fill rate	100.5%	97.3%	101.6%	99.7%	-3.1%		93.5%	99.7%	
****Staff FFT % recommended work	56.9%	64.2%	57.6%	64.2%	6.6%	2.2%	62.0%	64.2%	62.9%
***Staff Friends & Family -Number Responses	253	664	1152	664	-488				
*****IP Resp Rate Recmd to Friends & Family	26.8%	22.1%	27.3%	23.5%	-3.7%	-1.5%	25.0%	25.0%	25.7%
A&E Resp Rate Recmd to Friends & Family	20.0%	15.6%	13.5%	14.2%	0.7%	-0.8%	15.0%	15.0%	12.7%
Mat Resp Rate Recmd to Friends & Family	10.2%	22.4%	14.5%	22.2%	7.7%	-2.8%	25.0%	25.0%	24.0%

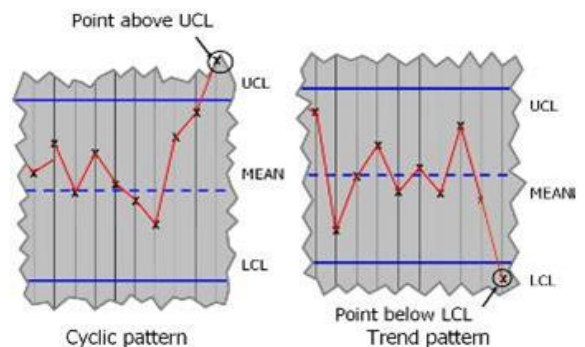
Explanation of Statistical Process Control (SPC) Charts

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

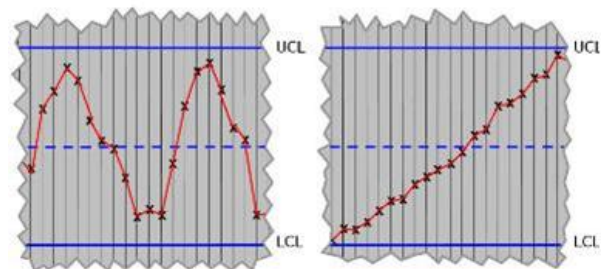


SPC is a type of charting that shows the variation that exists in the systems that are being measured. When interpreting SPC charts there are 4 rules that help to identify what the system is doing. If one of the rules has been broken, this means that 'special cause' variation is present in the system.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

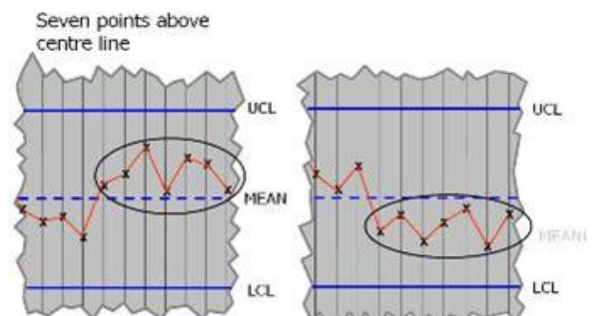


Rule 2: Any unusual pattern or trends within the control limits. The most obvious example of a cyclical pattern is seasonality but we also see it when looking at daily discharges where the weekends have low numbers. To qualify as a trend there must be at least 6 points in a row. This is one of the key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

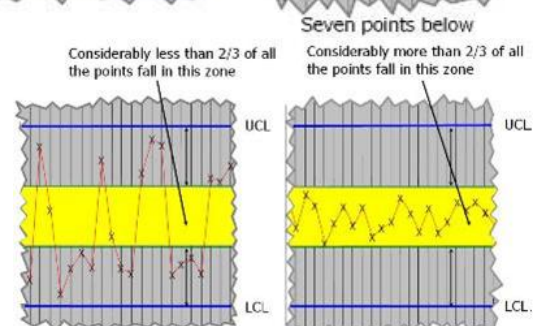


Rules 1 and 2 are the main reason for displaying SPC charts on our performance reports as it makes abnormally high or low values and trends immediately obvious. However there are two other rules that are also used to interpret the graphs.

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.

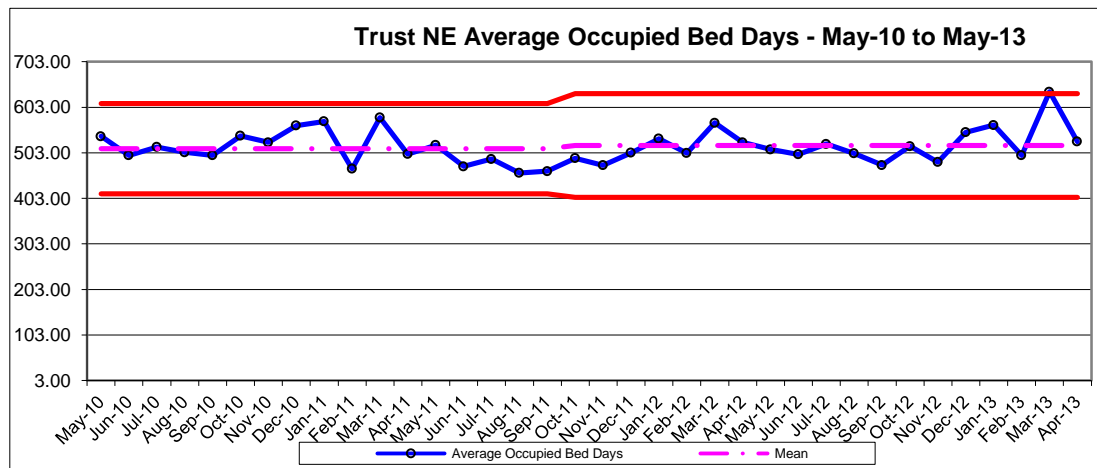


Rule 4: The number of points within the middle third of the region between the control limits differs markedly from two-thirds of the total number of points. This gives an indication of how stable a process is. If controlled variation (common cause) is displayed in the SPC chart, the process is stable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

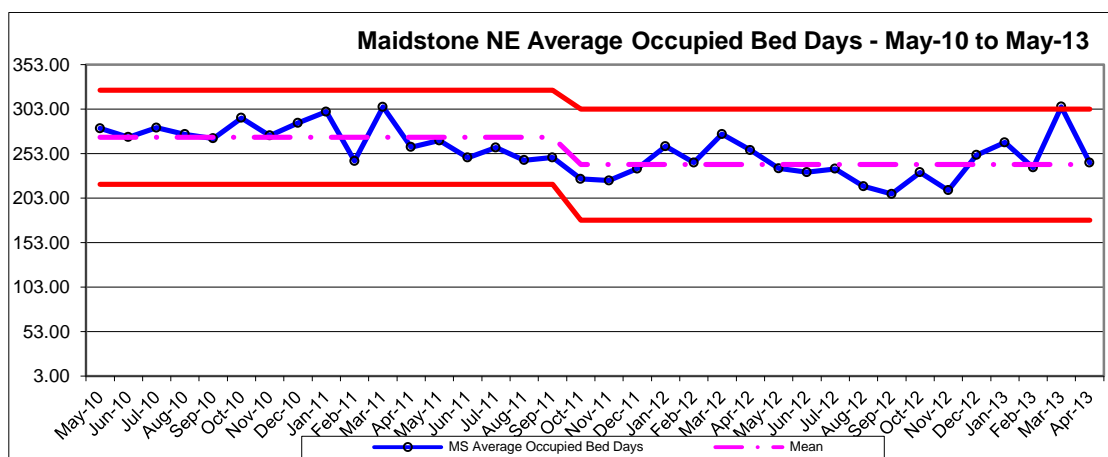
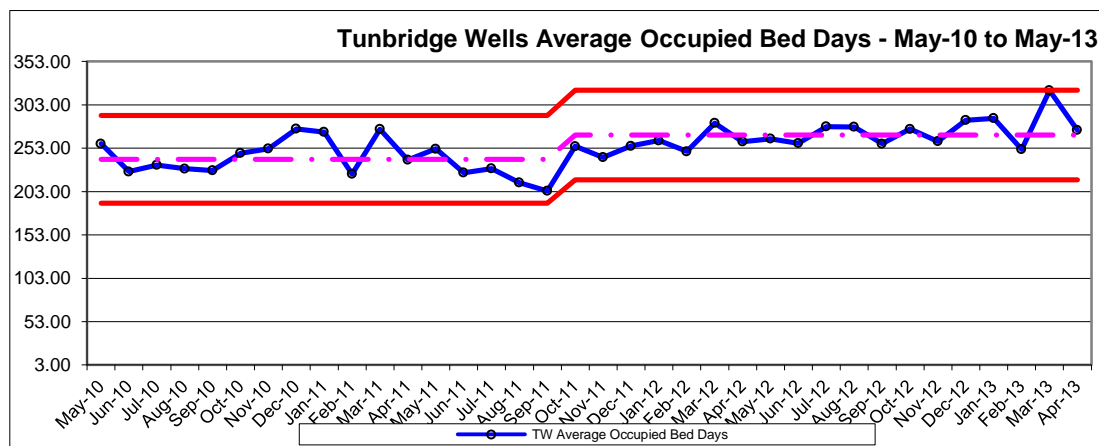


Changes to Control Lines

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:

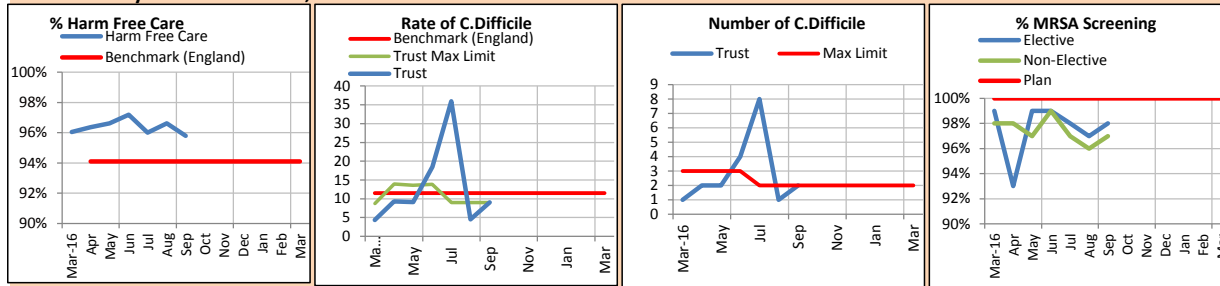


So in the examples given we have calculated a mean and control limits based on the data for May 2010 to September 2011 and then calculated them based on the period October 2011 to April 2013. The lines are all a result of the SPC calculations, only the date of the change is decided by the Information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

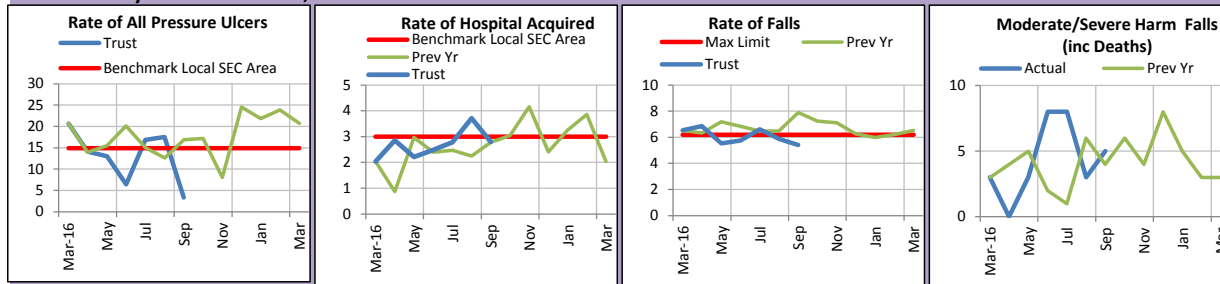
INTEGRATED PERFORMANCE REPORT ANALYSIS - PATIENT SAFETY & QUALITY

Item 10-8. Attachment 4 - Integrated Performance Report

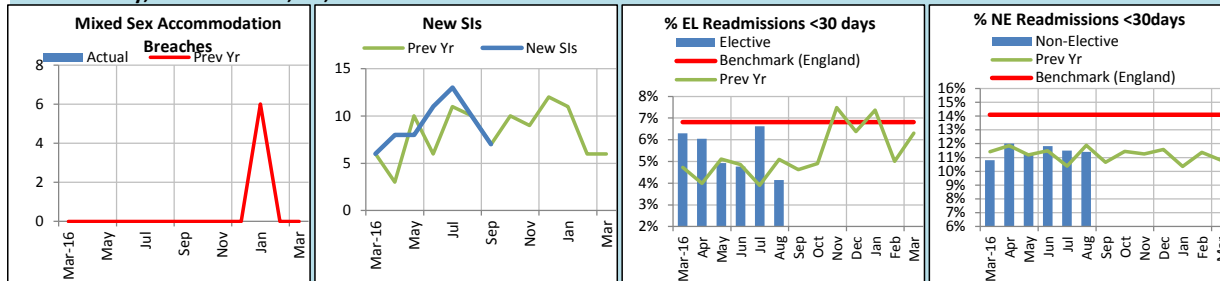
Patient Safety - Harm Free Care, Infection Control



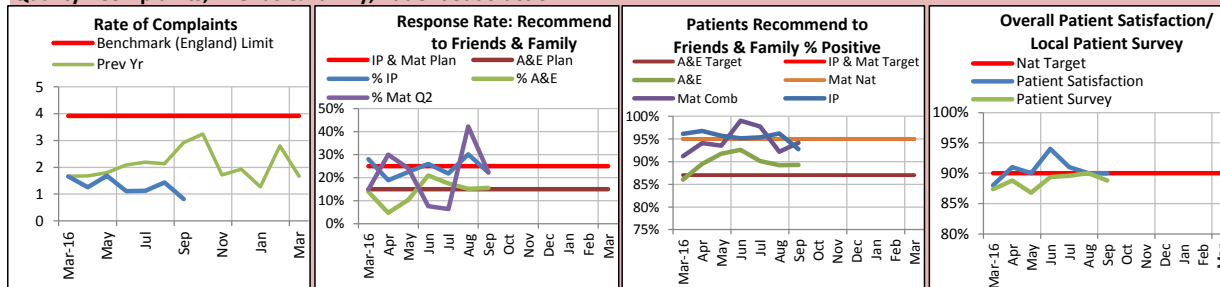
Patient Safety - Pressure Ulcers, Falls



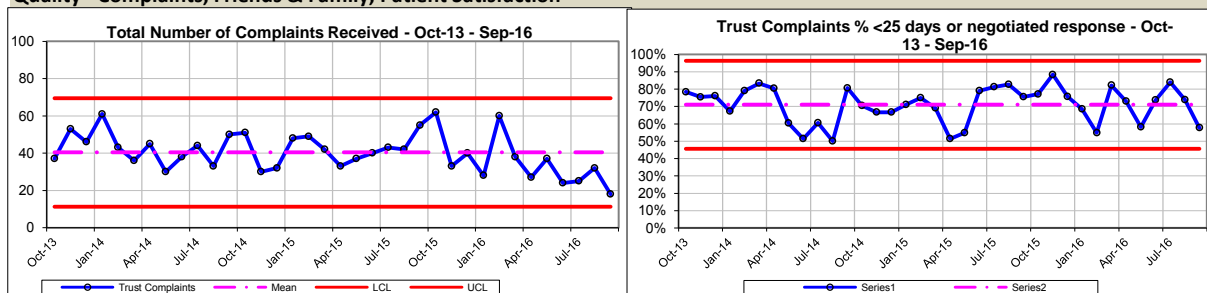
Patient Safety, MSA Breaches, SIs, Readmissions



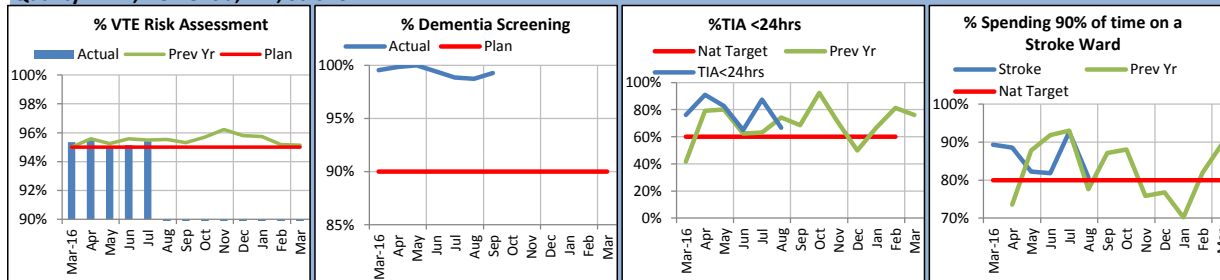
Quality - Complaints, Friends & Family, Patient Satisfaction



Quality - Complaints, Friends & Family, Patient Satisfaction



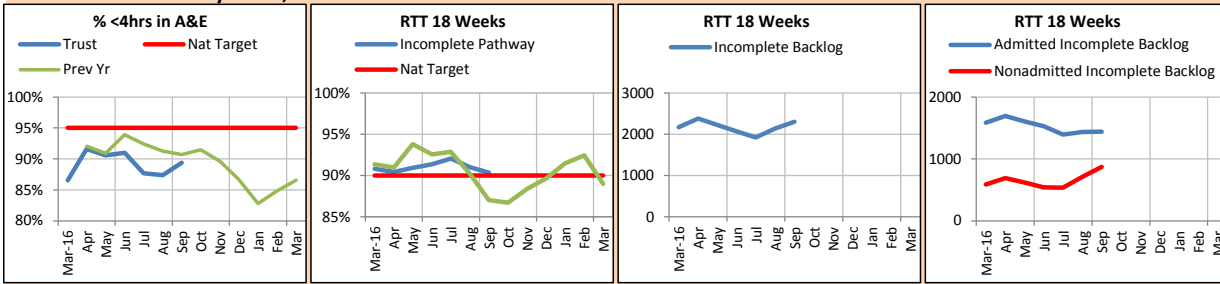
Quality - VTE, Dementia, TIA, Stroke



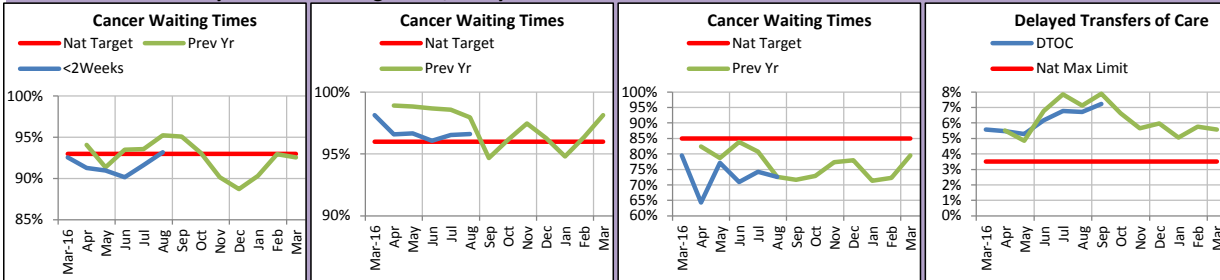
INTEGRATED PERFORMANCE REPORT ANALYSIS - PERFORMANCE & ACTIVITY

Item 10-8. Attachment 4 - Integrated Performance Report

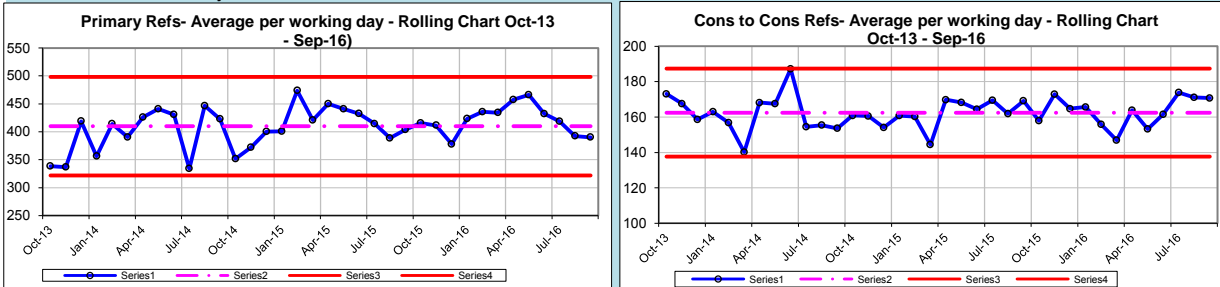
Performance & Activity - A&E, 18 Weeks



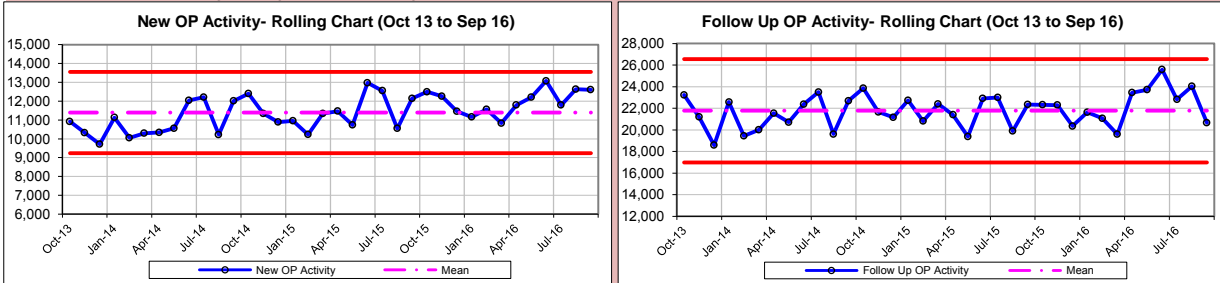
Performance & Activity - Cancer Waiting Times, Delayed Transfers of Care



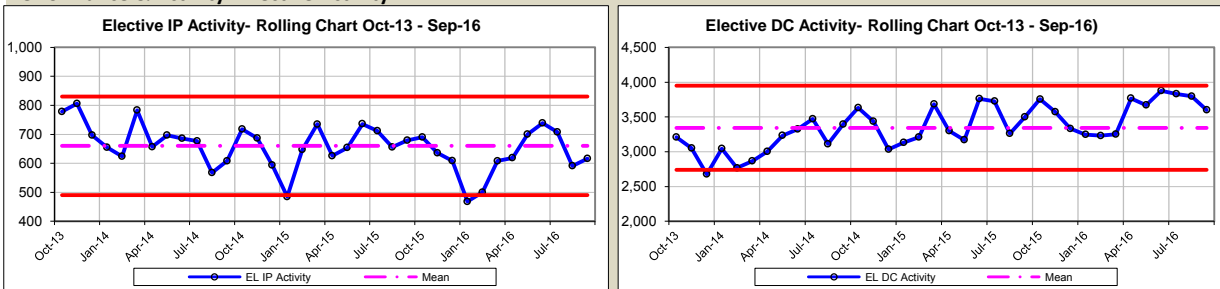
Performance & Activity - Referrals



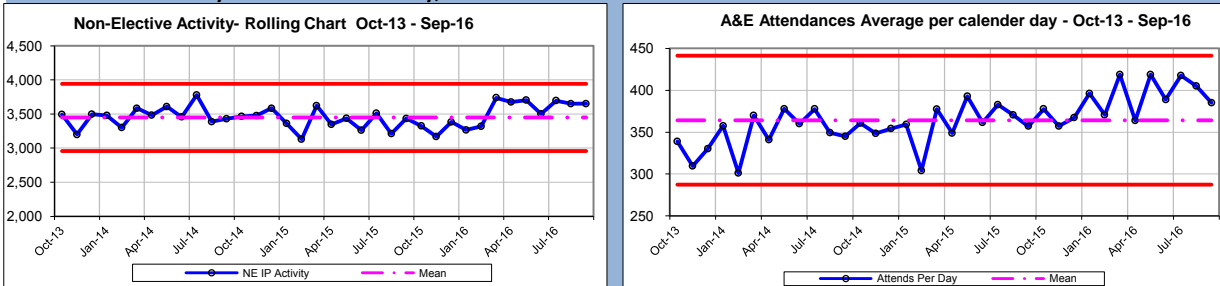
Performance & Activity - Outpatient Activity



Performance & Activity - Elective Activity



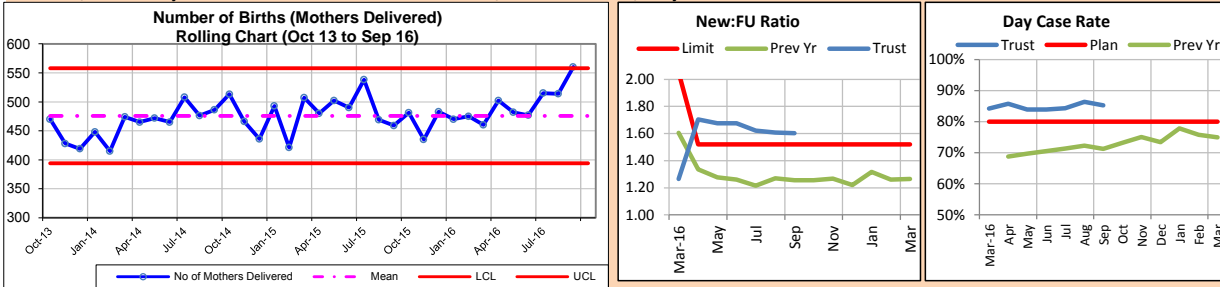
Performance & Activity - Non-Elective Activity, A&E Attendances



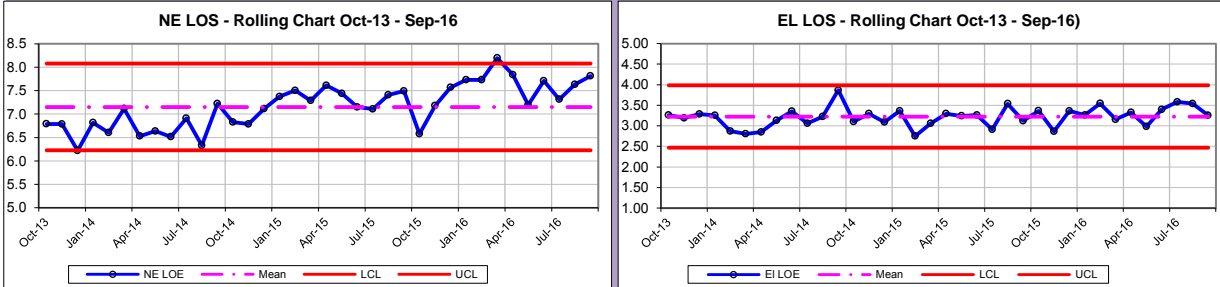
INTEGRATED PERFORMANCE REPORT ANALYSIS - FINANCE, EFFICIENCY & WORKFORCE

Item 10-6: Attachment 4 - Integrated Performance Report

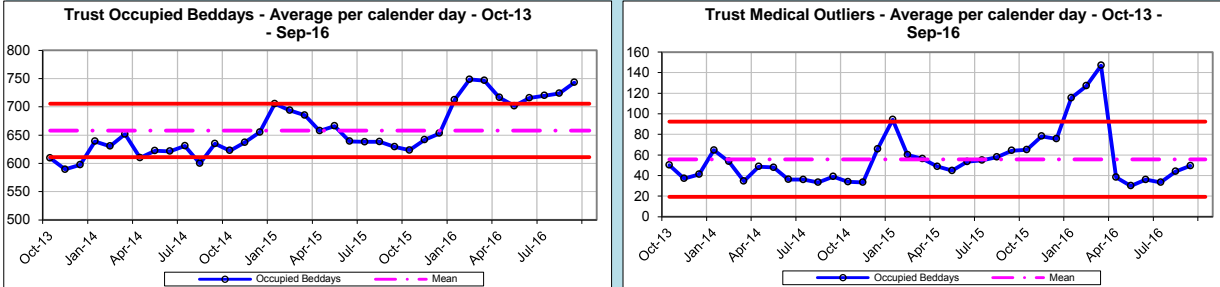
Finance, Efficiency & Workforce - Mothers Delivered, New:FU Ratio, Day Case Rates



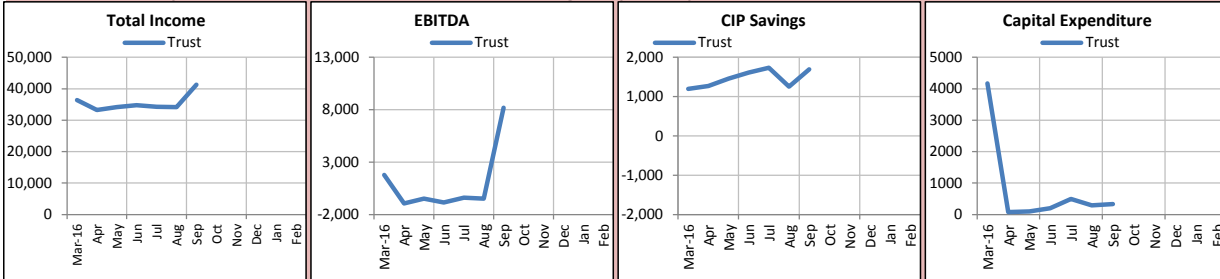
Finance, Efficiency & Workforce - Length of Stay (LOS)



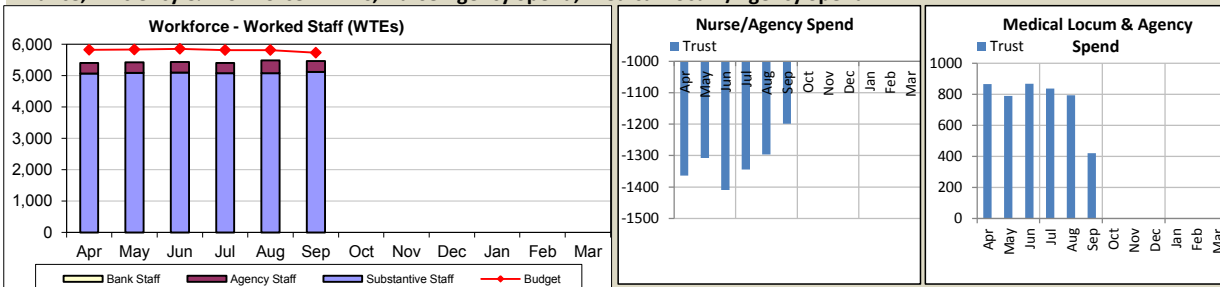
Finance, Efficiency & Workforce - Occupied Beddays, Medical Outliers



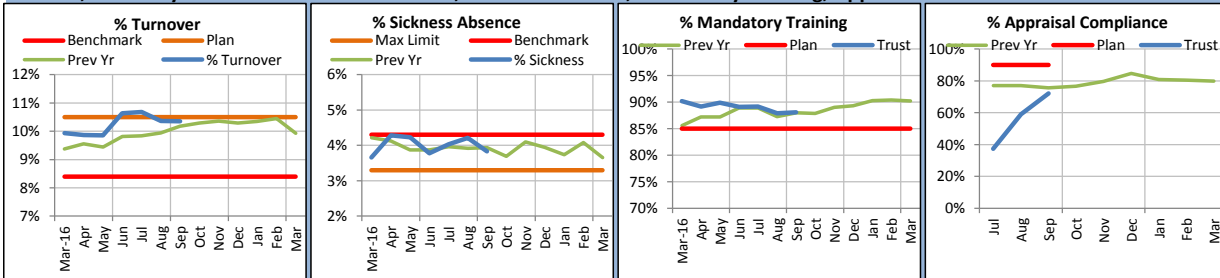
Finance, Efficiency & Workforce - Income, EBITDA, CIP Savings, Capital Expenditure



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



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



Trust Board meeting – October 2016

10-8	Review Of Latest Financial Performance	Director Of Finance
<p>Summary / Key points</p> <ul style="list-style-type: none"> ▪ The Trust had an adverse variance against plan in September 2016 of £0.2m ▪ The Trust's net deficit to date (including technical adjustments) is £11.4m against a planned deficit of £11.1m, therefore £0.3m adverse to plan. The driver of the adversity to plan is the Trust only achieved 85% of the STF in quarter two. The Trust fully achieved the element relating to financial performance and A&E performance but failed RTT and Cancer Targets. ▪ In September the Trust operated with an EBITDA surplus of £8.2m which was £0.3m adverse to plan. ▪ The key drivers of the variance in the month are as follows: <ul style="list-style-type: none"> ○ Total income was £1m adverse in the month, Clinical income was £1.1m adverse in the month, £0.4m due to the Trust not achieving the full STF funding due to failure to meet A&E, RTT and Cancer trajectories agreed at the beginning of the financial year. Elective income was £0.6m lower than plan. ○ Pay was favourable to plan in the month by £0.3m within nursing. Total pay spend reduced between months by £0.5m. This was due to a release of an accrual for nursing agency of £0.3m and a reduction in costs of £0.2m. Medical costs increased in month by £0.2m, mainly within anaesthetics. ○ Non Pay was underspent by £0.4m, £0.5m due to the release of the contingency reserve part of the financial recovery plan, lower Outsourcing costs of £0.3m, which was offset by an overspend on drugs of £0.4m (£0.2m associated with pas through costs). ▪ The CIP performance in September delivered efficiencies of £1.2m which was on plan. The FRP delivered efficiencies of £0.5m which was also aligned to plan; therefore total efficiencies of £1.7m were delivered in month. ▪ The Trust held £5.6m of cash at the end of September. The remaining £7.1m balance was drawn as planned in September. The Trust also paid £0.9m for PDC dividend in month. ▪ The Trust has agreed a control total for 2016/17 with NHSI of £4.7m surplus. The Trust is currently forecasting a surplus of £4.3m, £0.4m adverse to plan due to the slippage in STF. 		
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none"> ▪ Finance Committee, 17/10/16 		
<p>Reason for submission to the Board (decision, discussion, information, assurance etc.)¹</p> <p>To note the September financial position and actions needed to deliver the £4.3m annual forecasted surplus</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 Finance Pack

Month 6
2016/17

Trust Board Finance Pack for September 2016

1. Executive Summary

- a. Executive Summary
- b. Executive Summary KPI's

2. Financial Performance

- a. Consolidated I&E

3. Expenditure Analysis

- a. Run Rate Analysis £

4. Cost Improvement Programme / Financial Recovery Plan

- a. Current Month Savings by Directorate
- b. Year to date Savings by Directorate
- c. Forecast Savings by Directorate

5. Balance Sheet

- a. Capital Plan
- b. Balance Sheet

6. Capital

- a. Capital Plan

1.Executive Summary

1a. Executive Summary September 2016

Key Variances £m

	September	YTD		Headlines
Total Suprlus (+) / Deficit (-)	5.4	(11.4)	Adverse	The reported Trust position for September is a surplus of £5.4m which is £0.2m adverse to plan The main drivers were: Clinical Income was £1.1m adverse to plan in month (£1.3m adverse YTD), Elective activity £0.6m below plan and £0.4m adverse against Sustainability Transformation Funding (STF) due to A&E and RTT below trajectories. Pay underspent in the month by £0.3m due to reduction in Nurse Agency, Non Pay was £0.4m favourable in the month due to the release of contingency reserves.
Pay	0.3	0.6	Favourable	Pay was £0.3m underspent in the month. The level of pay spend reduced between months by £0.3m which was mainly within Nursing (£0.5m), £0.3m of the nursing spend reduction in the month relates to the balance sheet review of 2015-16 year end accruals which were released in September in line with the Financial Recovery Plan. Medical Costs increased in the month by £0.2m, the main increase was within Critical Care which was due to the use of 2 Agency doctors for the first time this financial year.
Non Elective threshold	0.1	0.0	Favourable	The non elective threshold has been adjusted in line with the Financial Recovery plan. This is still being discussed with commissioners and a formal agreement is yet to be agreed. Non Elective activity increased by 302 cases between months (£0.4m),
Contract Penalties & Challenges	1.7	(0.7)	Adverse	Contract Penalties and Challenges have been adjusted in line with the Financial Recovery Plan requirements and national guidance following agreement to the year end control total. This has improved the year to date financial position by £2.6m and £1.1m respectively. The remaining year to date value of £1.3m relates to contract penalties outside STF (£0.1m) contract deductions for Emergency Readmissions (£1.0m) and Outpatient efficiency ratios (£0.2m).
Sustainability and Transformation Fund	(0.4)	(0.4)	Adverse	The Sustainability and Transformation fund is weighted 70% towards achieving the financial plan and 30% towards access targets (12.5% A&E, 12.5% RTT and 5% Cancer). The Trust achieved the financial plan however failed in the quarter against the access targets, as a result the Trust is expected to receive £2.7m against the £3.1m available.
Daycase Activity	(0.3)	(0.1)	Adverse	Daycase activity was lower than plan in the month due to lower levels of outsourcing than forecasted and uncoded interventional radiology activity. The interventional radiology activity is currently being reviewed.
CIP / FRP	0.0	(0.0)	Favourable	The Trust has achieved the YTD CIP and FRP savings target, however the Trust has £9.4m unidentified FRP savings phased from January 17.

Financial Forecast

Risks:

Unidentified FRP (£9.4m) phased from 1st January 17 equating to a reduction in budget of £3.1m per month.

Ability to deliver elective activity due to non elective activity levels

CQUINs are finalised with the Commissioners, the main CQUINs with risk are: Flu vaccinations, Health and Well being and Antibiotic prescribing

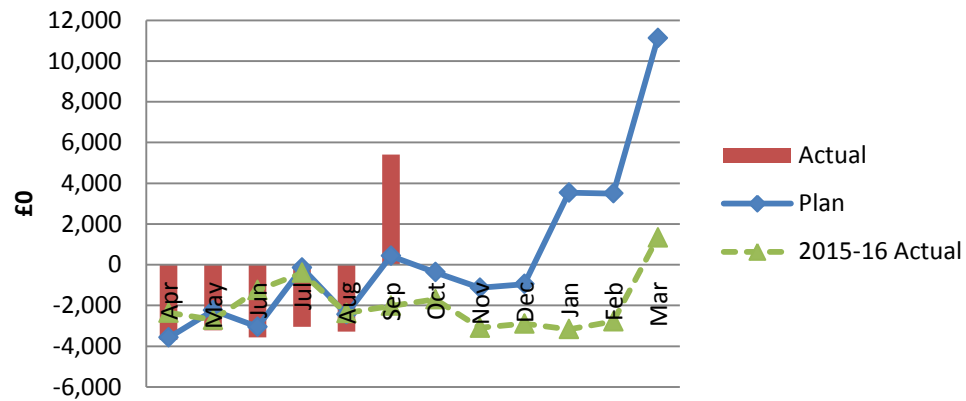
Opportunities:

Efficiency workshop being scheduled for November. Work ongoing to identify further opportunities as part of the FRP. New FRP governance process in place.

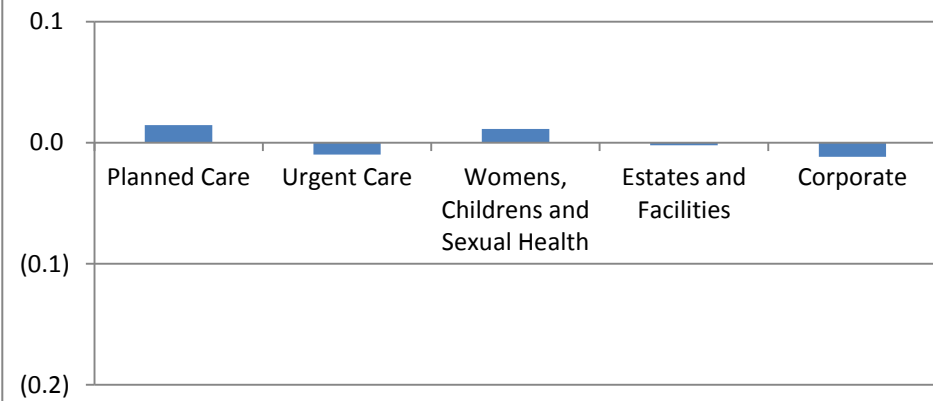
Lord Carter efficiencies programme being led by the PMO team with clinicians and operational teams

1b. Executive Summary KPI's September 2016

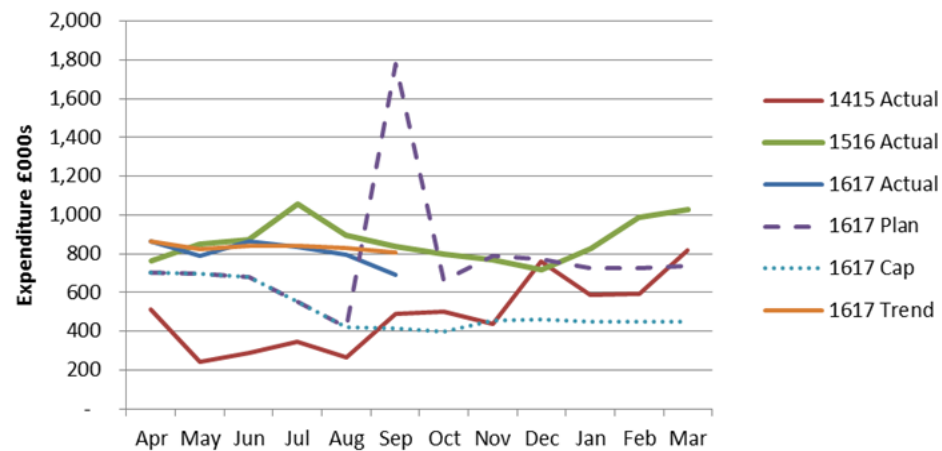
Monthly Surplus / Deficit (-)



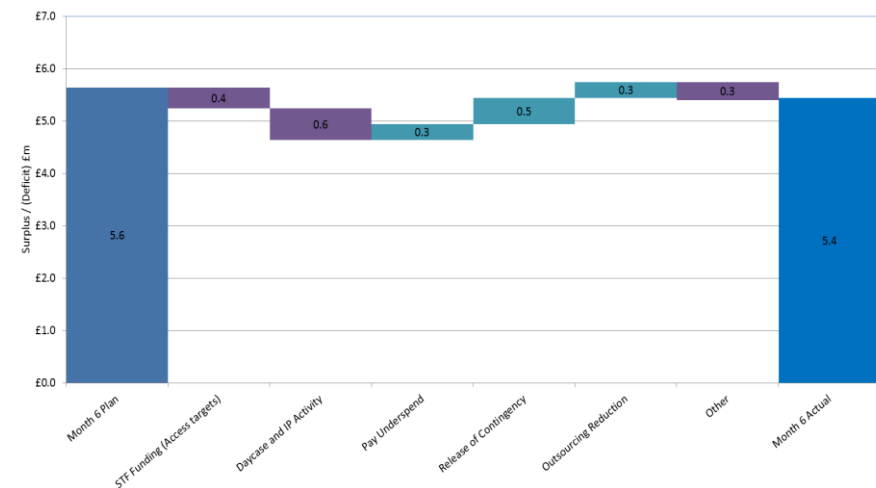
CIP and FRP September Variance £m



Agency Nurse Expenditure



Bridge between Monthly Plan and Actual



2. Financial Performance

2a. Consolidated Income & Expenditure

Income & Expenditure September 2016/17

	Current Month			Year to Date			Annual Forecast		
	Actual £m	Plan £m	Variance £m	Actual £m	Plan £m	Variance £m	Forecast £m	Plan £m	Variance £m
Revenue									
Clinical Income	34.7	35.8	(1.1)	172.8	174.1	(1.3)	357.3	357.7	(0.4)
High Cost Drugs	2.9	2.7	0.2	16.5	16.3	0.2	32.6	32.6	0
Other Operating Income	3.7	3.8	(0.1)	22.5	22.6	(0.2)	50.5	50.5	0
Total Revenue	41.3	42.3	(1.0)	211.8	213.0	(1.3)	440.4	440.8	(0.4)
Expenditure									
Substantive	(18.1)	(18.1)	0.1	(107.8)	(108.0)	0.2	(214.3)	(214.3)	0
Bank	(0.8)	(0.7)	(0.1)	(4.8)	(4.6)	(0.2)	(8.9)	(8.9)	0
Locum	(0.8)	(1.0)	0.1	(6.2)	(6.3)	0.1	(10.8)	(10.8)	0
Agency	(1.2)	(1.3)	0.2	(8.6)	(9.0)	0.4	(16.4)	(16.4)	0
Pay Reserves	0.0	0.0	0.0	0	0	0	0	0	0
Total Pay	(20.9)	(21.2)	0.3	(127.3)	(127.9)	0.6	(250.4)	(250.4)	0
Drugs & Medical Gases	(4.5)	(4.1)	(0.4)	(25.0)	(24.8)	(0.3)	(48.3)	(48.3)	0
Blood	(0.2)	(0.2)	0.0	(1.2)	(1.2)	0.0	(2.4)	(2.4)	0
Supplies & Services - Clinical	(2.7)	(2.7)	(0.0)	(16.0)	(15.6)	(0.4)	(30.5)	(30.5)	0
Supplies & Services - General	(0.4)	(0.5)	0.1	(2.7)	(2.7)	0.0	(5.5)	(5.5)	0
Services from Other NHS Bodies	(0.7)	(0.7)	(0.0)	(4.1)	(4.2)	0.2	(8.6)	(8.6)	0
Purchase of Healthcare from Non-NHS	(0.6)	(0.8)	0.3	(4.6)	(4.8)	0.3	(9.5)	(9.5)	0
Clinical Negligence	(1.5)	(1.5)	0.0	(9.1)	(9.1)	0.0	(18.3)	(18.3)	0
Establishment	(0.4)	(0.3)	(0.1)	(1.9)	(1.8)	(0.1)	(3.3)	(3.3)	0
Premises	(1.2)	(1.4)	0.2	(10.4)	(10.7)	0.3	(20.5)	(20.5)	0
Transport	(0.2)	(0.1)	(0.1)	(0.9)	(0.8)	(0.1)	(1.3)	(1.3)	0
Other Non-Pay Costs	(0.3)	(0.3)	0.0	(2.3)	(2.4)	0.1	(4.2)	(4.2)	0
Non-Pay Reserves	0.4	(0.0)	0.5	(1.3)	(1.4)	0.1	(0.3)	(0.3)	0
Total Non Pay	(12.3)	(12.7)	0.4	(79.5)	(79.5)	0.1	(152.7)	(152.7)	0
Total Expenditure	(33.1)	(33.8)	0.7	(206.8)	(207.5)	0.7	(403.1)	(403.1)	0
EBITDA	8.2	8.5	(0.3)	5.0	5.6	(0.6)	37.3	37.7	(0.4)
Other Finance Costs	0.0	0.0	0.0	2.4%	2.6%	47.6%	8.5%	8.6%	100%
Depreciation	(1.4)	(1.4)	0.0	(8.2)	(8.2)	0.0	(15.7)	(15.7)	0
Interest	(0.1)	(0.1)	(0.0)	(0.5)	(0.5)	(0.0)	(1.1)	(1.1)	0
Dividend	(0.3)	(0.3)	0.0	(1.6)	(1.6)	0.0	(3.4)	(3.4)	0
PFI and Impairments	(1.1)	(1.1)	(0.0)	(6.8)	(6.8)	(0.0)	(27.0)	(27.0)	0
Total Finance Costs	(2.9)	(2.9)	0.0	(17.0)	(17.1)	0.0	(47.2)	(47.2)	0
Net Surplus / Deficit (-)	5.3	5.6	(0.3)	(12.0)	(11.5)	(0.6)	(9.9)	(9.5)	(0.4)
Technical Adjustments	0.1	0.0	0.1	0.6	0.4	0.2	14.2	14.2	0
Surplus/ Deficit (-) to B/E Duty	5.4	5.6	(0.2)	(11.4)	(11.1)	(0.3)	4.3	4.7	(0.4)

Commentary

The Trusts surplus in September was £5.4m which was £0.2m adverse to plan with a YTD deficit of £11.4m (£0.3m adverse to plan). The plan in September has been adjusted to reflect the agreed Financial Recovery Plan and is therefore based on delivering a year end surplus of £4.7m (including £9.375m STF).

Clinical Income was £1.1m adverse to plan, £0.4m due to the Trust not achieving the full STF funding due to failure to meet RTT and Cancer Trajectories, £0.3m due to Virtual Fracture clinic activity being incorrectly priced and £0.6m due to elective activity being lower than plan.

Pay was favourable in the month by £0.3m which was within Nursing. Overall pay spend reduced between months by £0.5m, this was mainly within Nursing mainly due to the release of £0.3m prior year accruals. Medical Costs increased by £0.2m mainly within Anaesthetics, two agency staff were used in month that have not been used previously this financial year.

Non Pay was underspent by £0.4m, £0.5m due to the release of the contingency reserve part of the FRP, outsourcing of elective activity was below plan (£0.3m). This was partly offset by an overspend against drugs of £0.4m (0.2m associated with pass through costs)

The Trust is currently forecasting a year end surplus of £4.3m, £0.4m adverse to plan due to slippage in quarter 2 relating to STF (RTT and Cancer access targets).

3. Expenditure Analysis

3a. Run Rate Analysis

Analysis of 13 Monthly Performance (£m's)

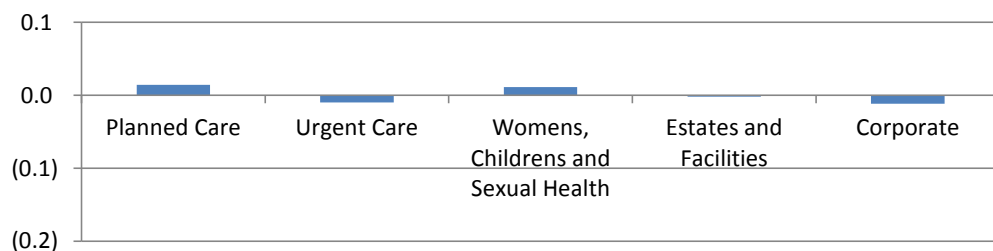
		Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Change between Months
Revenue	Clinical Income	27.3	27.3	26.3	26.4	25.5	25.7	26.9	26.6	27.7	28.4	27.6	27.8	34.7	(6.9)
	High Cost Drugs	2.8	2.5	2.8	2.8	2.7	2.6	3.1	2.8	2.6	2.8	2.6	2.7	2.9	(0.2)
	Other Operating Income	4.3	4.3	4.1	4.0	4.0	4.6	6.5	3.8	3.8	3.6	4.0	3.6	3.7	(0.1)
	Total Revenue	34.4	34.0	33.2	33.2	32.2	33.0	36.4	33.2	34.1	34.8	34.2	34.1	41.3	(7.2)
Expenditure	Substantive	(17.1)	(17.0)	(17.5)	(17.4)	(17.3)	(17.7)	(18.1)	(17.8)	(17.9)	(18.1)	(17.9)	(17.9)	(18.1)	0.1
	Bank	(0.8)	(0.8)	(0.8)	(0.8)	(0.9)	(0.9)	(1.1)	(0.9)	(0.8)	(0.8)	(0.7)	(0.9)	(0.8)	(0.0)
	Locum	(0.8)	(0.8)	(0.6)	(0.9)	(1.0)	(0.7)	(0.6)	(1.2)	(0.9)	(1.0)	(1.1)	(1.1)	(0.8)	(0.3)
	Agency	(1.9)	(1.7)	(1.6)	(1.6)	(1.4)	(1.7)	(1.9)	(1.3)	(1.6)	(1.7)	(1.5)	(1.3)	(1.2)	(0.2)
	Pay Reserves	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Pay	(20.6)	(20.2)	(20.4)	(20.6)	(20.6)	(21.0)	(21.8)	(21.2)	(21.2)	(21.6)	(21.3)	(21.2)	(20.9)	(0.4)
Non-Pay	Drugs & Medical Gases	(4.2)	(3.7)	(4.0)	(4.1)	(4.1)	(3.9)	(4.0)	(4.3)	(4.1)	(4.4)	(3.8)	(4.0)	(4.5)	0.5
	Blood	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.0)
	Supplies & Services - Clinical	(2.8)	(2.8)	(3.0)	(2.8)	(2.5)	(2.3)	(2.3)	(2.2)	(2.7)	(2.7)	(2.7)	(3.0)	(2.7)	(0.3)
	Supplies & Services - General	(0.4)	(0.4)	(0.5)	(0.4)	(0.6)	(0.4)	(0.7)	(0.4)	(0.5)	(0.5)	(0.4)	(0.5)	(0.4)	(0.1)
	Services from Other NHS Bodies	(0.8)	(0.4)	(0.5)	(0.6)	(0.7)	(0.6)	(0.7)	(0.7)	(0.7)	(0.8)	(0.6)	(0.6)	(0.7)	0.2
	Purchase of Healthcare from Non-NHS	(0.6)	(0.8)	(0.6)	(0.7)	(0.3)	(0.7)	(1.1)	(0.8)	(0.7)	(0.8)	(0.9)	(0.9)	(0.6)	(0.3)
	Clinical Negligence	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	0
	Establishment	(0.3)	(0.4)	(0.4)	(0.3)	(0.3)	(0.4)	(0.4)	(0.2)	(0.3)	(0.3)	(0.4)	(0.3)	(0.4)	0.1
	Premises	(1.7)	(2.0)	(1.9)	(1.8)	(1.4)	(1.0)	(1.1)	(2.1)	(1.7)	(1.9)	(1.9)	(1.7)	(1.2)	(0.4)
	Transport	(0.1)	(0.2)	(0.2)	(0.1)	(0.0)	(0.1)	(0.2)	(0.1)	(0.2)	(0.2)	(0.1)	(0.1)	(0.2)	0.1
	Other Non-Pay Costs	(0.6)	(0.4)	(0.3)	(0.4)	(0.5)	(0.8)	(0.8)	(0.2)	(0.7)	(0.6)	(0.4)	(0.2)	(0.3)	0.1
	Non-Pay Reserves	0	0	0	0	0	0	0	(0.2)	(0.2)	(0.4)	(0.4)	(0.4)	0.4	(0.8)
	Total Non Pay	(13.1)	(12.7)	(13.0)	(12.8)	(12.0)	(11.8)	(12.9)	(12.9)	(13.4)	(14.1)	(13.3)	(13.4)	(12.3)	(1.1)
	Total Expenditure	(33.7)	(32.9)	(33.5)	(33.4)	(32.6)	(32.8)	(34.7)	(34.1)	(34.6)	(35.7)	(34.6)	(34.6)	(33.1)	(1.5)
EBITDA	EBITDA	0.7	1.1	(0.3)	(0.2)	(0.4)	0.2	1.8	(1.0)	(0.5)	(0.8)	(0.4)	(0.5)	8.2	(8.7)
Other Finance Costs	2%	3%	-1%	-1%	-1%	1%	5%	-3%	-1%	-2%	-1%	-1%	-1%	20%	
	Depreciation	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.4)	0.9	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	0.0
	Interest	(0.0)	(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	(0.4)	(0.4)	(0.3)	(0.2)	(0.4)	(0.4)	0.1	(0.3)	(0.3)	(0.3)	(0.2)	(0.3)	(0.3)	(0.0)
	PFI and Impairments	(1.1)	(1.1)	(1.1)	(1.2)	(1.1)	(1.4)	(14.2)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(0.0)
		(2.9)	(2.9)	(2.9)	(2.8)	(2.9)	(3.2)	(13.2)	(2.9)	(2.8)	(2.8)	(2.8)	(2.8)	(2.9)	0.0
Net Surplus / Deficit (-)	Net Surplus / Deficit (-)	(2.1)	(1.8)	(3.2)	(3.1)	(3.3)	(3.0)	(11.5)	(3.8)	(3.3)	(3.7)	(3.2)	(3.3)	5.3	(8.6)
Technical Adjustments	Technical Adjustments	0.1	0.1	0.1	0.2	0.1	0.2	12.8	0.1	0.1	0.1	0.1	0.1	0.1	(0.0)
Surplus/ Deficit (-) to B/E Duty	Surplus/ Deficit (-) to B/E Duty	(2.0)	(1.7)	(3.1)	(2.9)	(3.2)	(2.8)	1.3	(3.7)	(3.2)	(3.6)	(3.1)	(3.3)	5.4	(8.7)

4. Cost Improvement Programme and Financial Recovery Plan

4a. Current month savings by Directorate

	Cost Improvement Plan			Financial Recovery Plan			Total Savings		
	<i>Actual</i>	<i>Plan</i>	<i>Variance</i>	<i>Actual</i>	<i>Plan</i>	<i>Variance</i>	<i>Actual</i>	<i>Plan</i>	<i>Variance</i>
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cancer and Haematology	0.2	0.2	0.0	0.0	0.0	(0.0)	0.2	0.2	(0.0)
Critical Care	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Diagnostics	0.1	0.1	0.0	0.1	0.0	0.0	0.2	0.2	0.0
Head and Neck	0.1	0.1	0.0	0.0	0.0	(0.0)	0.1	0.1	(0.0)
Surgery	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Trauma and Orthopaedics	0.1	0.1	0.0	0.0	0.0	0.0	0.2	0.1	0.0
Patient Admin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Private Patients Unit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Planned Care	0.8	0.8	0.0	0.1	0.1	0.0	0.9	0.9	0.0
Urgent Care	0.2	0.2	(0.0)	0.0	0.0	0.0	0.2	0.2	(0.0)
Womens, Childrens and Sexual Health	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.0
Esates and Facilities	0.1	0.1	(0.0)	0.0	0.0	0.0	0.1	0.1	(0.0)
Corporate	0.1	0.1	(0.0)	0.3	0.3	0.0	0.4	0.4	(0.0)
Total	1.2	1.2	(0.0)	0.5	0.5	0.0	1.7	1.7	0.0

Current Month Variance £m



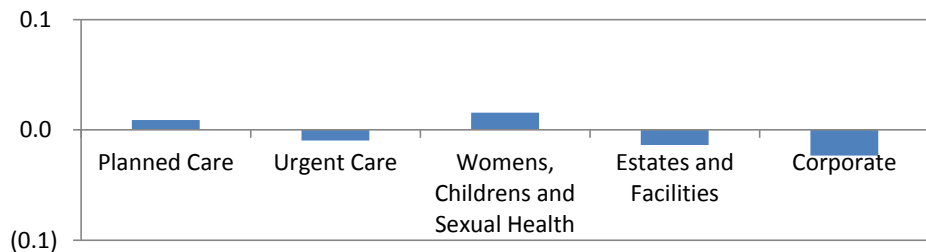
The CIP plan has been updated to reflect the FRP submission which reset the original CIP plans based on a forecast delivery. This is currently on target at the end of month 6.

The FRP is on plan, however the majority of the FRP schemes are due to take effect from October 16.

4b. Year to Date Savings by Directorate

	Cost Improvement Plan			Financial Recovery Plan			Total Savings		
	<i>Actual</i>	<i>Plan</i>	<i>Variance</i>	<i>Actual</i>	<i>Plan</i>	<i>Variance</i>	<i>Actual</i>	<i>Plan</i>	<i>Variance</i>
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cancer and Haematology	1.5	1.5	0.0	0.0	0.0	(0.0)	1.5	1.5	(0.0)
Critical Care	0.6	0.6	0.0	0.0	0.0	0.0	0.6	0.6	0.0
Diagnostics	0.6	0.6	0.0	0.2	0.2	0.0	0.8	0.8	0.0
Head and Neck	0.5	0.5	0.0	0.0	0.0	(0.0)	0.5	0.5	(0.0)
Surgery	0.7	0.7	0.0	0.0	0.0	0.0	0.7	0.7	0.0
Trauma and Orthopaedics	0.7	0.7	0.0	0.0	0.0	0.0	0.7	0.7	0.0
Patient Admin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Private Patients Unit	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Total Planned Care	4.7	4.7	0.0	0.2	0.2	0.0	4.9	4.9	0.0
Urgent Care	2.0	2.0	(0.0)	0.0	0.0	0.0	2.0	2.0	(0.0)
Womens, Childrens and Sexual Health	0.5	0.5	0.0	0.1	0.1	0.0	0.6	0.5	0.0
Esates and Facilities	0.8	0.8	(0.0)	0.1	0.1	0.0	0.9	0.9	(0.0)
Corporate	0.5	0.5	(0.0)	0.4	0.4	0.0	0.9	0.9	(0.0)
Total	8.5	8.5	(0.0)	0.7	0.7	0.0	9.2	9.3	(0.0)

YTD Variance £m



The CIP plan has been updated to reflect the FRP submission which reset the original CIP plans based on a forecast delivery. This is currently on target at the end of month 6.

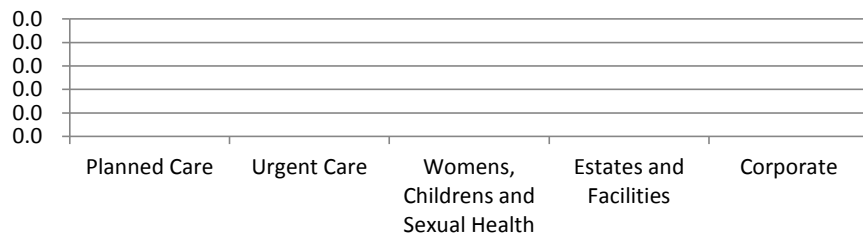
The FRP included £0.2m of schemes that started with immediate effect and therefore relate to August.

6c. Forecast savings by Directorate

Directorate Performance

	Cost Improvement Plan			Financial Recovery Plan			Total Savings		
	<i>Actual</i>	<i>Plan</i>	<i>Variance</i>	<i>Actual</i>	<i>Plan</i>	<i>Variance</i>	<i>Actual</i>	<i>Plan</i>	<i>Variance</i>
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cancer and Haematology	2.2	2.2	0.0	0.5	0.5	0.0	2.7	2.7	0.0
Critical Care	1.1	1.1	0.0	0.4	0.4	0.0	1.5	1.5	0.0
Diagnostics	1.4	1.4	0.0	1.4	1.4	0.0	2.8	2.8	0.0
Head and Neck	0.9	0.9	0.0	0.5	0.5	0.0	1.3	1.3	0.0
Surgery	1.2	1.2	0.0	1.0	1.0	0.0	2.2	2.2	0.0
Trauma and Orthopaedics	1.0	1.0	0.0	1.2	1.2	0.0	2.2	2.2	0.0
Patient Admin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Private Patients Unit	0.2	0.2	0.0	0.0	0.0	0.0	0.2	0.2	0.0
Total Planned Care	8.0	8.0	0.0	5.0	5.0	0.0	13.0	13.0	0.0
Urgent Care	3.7	3.7	0.0	8.1	8.1	0.0	11.8	11.8	0.0
Womens, Childrens and Sexual Health	1.1	1.1	0.0	1.3	1.3	0.0	2.4	2.4	0.0
Estates and Facilities	2.0	2.1	(0.0)	1.2	1.2	0.0	3.3	3.3	0.0
Corporate	1.0	1.0	(0.0)	0.6	0.6	0.0	1.6	1.6	0.0
Total	15.8	15.9	(0.0)	16.2	16.2	0.0	32.1	32.1	0.0

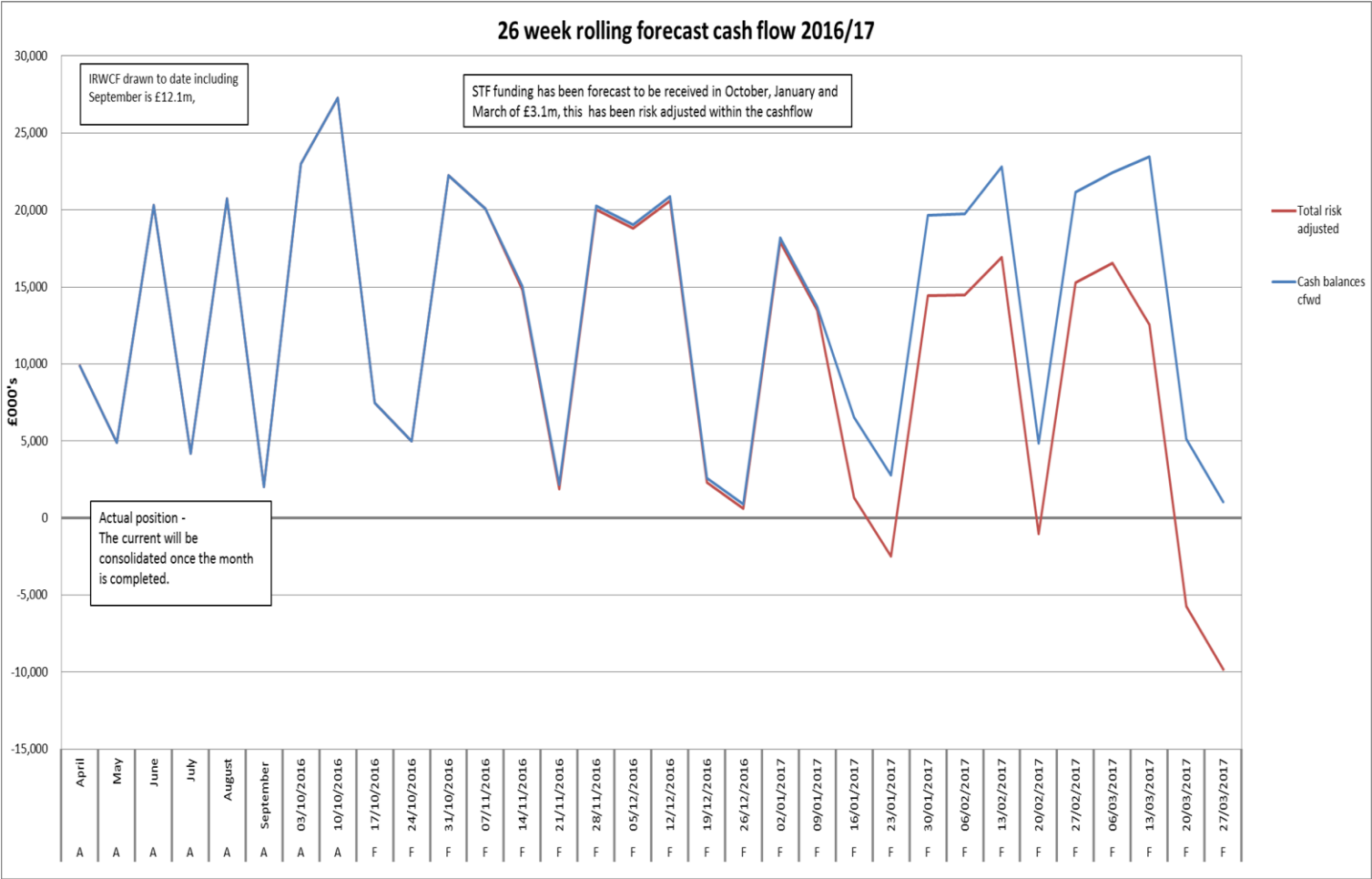
Forecast Variance £m



The annual savings plan for the Trust incorporating CIP and FRP equates to £32.1m for 2016-17. The current year end forecast has a gap of £9.4m which relates to the unidentified savings which is part of the FRP and ensures that the Trust delivers the control total of a £4.7m surplus.

The FRP has been based on the forecast run rate delivery as at month 4 performance, therefore the forecast CIP at this point was £15.9m. This will now be the CIP plan used to monitor delivery of in year performance.

5a. I Cash Flow



Commentary

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

In September the Trust made capital repayment on loan £1.1m, and £0.3m interest in relation to the original loans. Further loan repayment and interest payments are due in March 2017 for similar amount.

The Trust also paid £0.9m for PDC dividend, with an additional payment of £2m due to be paid in March 2017.

For 2016/17 the Trust has IRWCF of £12.132m to assist the cash position. In September the Trust drew the remaining balance of £7.132m.

The cash forecast has been amended to reflect the I&E position after agreeing to the control total. It assumes receiving over performance of c£10m and receipt of STF funding of £9.4m. Both these values have been risk adjusted on the red line of the graph.

The Trust is currently paying all suppliers as authorised invoices become due. The teams are actively working on reducing the aged debtor balances, focusing on all debt balances over 90 days.

5b. Balance Sheet

September 2016

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

£m's	September			August		Full year	
	Reported	Plan	Variance	Reported	Plan	Forecast	
Property, Plant and Equipment (Fixed Assets)	344.2	344.8	(0.6)	345.2	335.3	330.2	
Intangibles	2.8	1.4	1.4	2.9	1.5	2.0	
PFI Lifecycle	0.0	0.0	0.0	0.0	0.0	0.0	
Debtors Long Term	0.9	1.2	(0.3)	1.2	1.2	1.2	
Total Non-Current Assets	347.9	347.4	0.5	349.3	338.0	333.4	
Current Assets							
Inventory (Stock)	8.7	8.3	0.4	8.8	8.3	8.3	
Receivables (Debtors) - NHS	41.2	18.2	23.0	34.5	20.6	21.5	
Receivables (Debtors) - Non-NHS	12.6	7.8	4.8	12.1	10.0	9.4	
Cash	5.6	6.3	(0.7)	4.0	1.0	1.0	
Assets Held For Sale	0.0	0.0	0.0	0.0	0.0	0.0	
Total Current Assets	68.1	40.6	27.5	59.4	39.9	40.2	
Current Liabilities							
Payables (Creditors) - NHS	(4.4)	(5.0)	0.6	(4.6)	(5.0)	(5.0)	
Payables (Creditors) - Non-NHS	(65.3)	(32.5)	(32.8)	(65.8)	(21.8)	(21.7)	
Capital & Working Capital Loan	(2.2)	(2.2)	0.0	(2.2)	(2.2)	(2.2)	
Temporary Borrowing	0.0	0.0	0.0	0.0	0.0	0.0	
Borrowings - PFI	(4.8)	(4.8)	0.0	(4.8)	(5.1)	(5.0)	
Provisions for Liabilities and Charges	(1.9)	(2.3)	0.4	(1.9)	(1.1)	(1.0)	
Total Current Liabilities	(78.6)	(46.8)	(31.8)	(79.3)	(35.2)	(34.9)	
Net Current Assets	(10.5)	(6.2)	(4.3)	(19.9)	4.7	5.3	
Finance Lease - Non- Current	(200.6)	(200.9)	0.3	(201.1)	(198.2)	(198.2)	
Capital Loan - (Interest Bearing Borrowings)	(13.4)	(13.4)	0.0	(14.5)	(16.4)	(12.4)	
Interim Revolving Working Capital Facility	(29.0)	(29.0)	0.0	(21.9)	(29.0)	(29.0)	
Provisions for Liabilities and Charges	(1.2)	(1.4)	0.2	(1.3)	(0.7)	(0.7)	
Total Assets Employed	93.2	96.5	(3.3)	90.6	98.4	98.4	
Financed By							
Capital & Reserves							
Public dividend capital	(203.3)	(203.3)	0.0	(203.3)	(203.3)	(203.3)	
Revaluation reserve	(53.8)	(53.8)	0.0	(53.8)	(53.8)	(53.8)	
Retained Earnings Reserve	163.9	160.6	3.3	166.5	158.7	158.7	
Total Capital & Reserves	(93.2)	(96.5)	3.3	(90.6)	(98.4)	(98.4)	

Commentary:

The balance sheet remains relatively constant to plan. Key movements to September are in working capital where the cash balance is increasing from the August position as debtors and creditors are decreasing. The teams are focusing on reducing the aged debtors and creditors and reviewing current processes to ensure improvement in working capital going forward.

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

Current Assets Inventory has remained consistent as the reported August position, with pharmacy stock at £3.9m, cardiology stocks £1.4m, materials management £1m and all other stock including theatres of £2.4m. Inventory reduction is a cash management and potential CIP being discussed.

NHS Receivables have increased since August and remain significantly higher than the plan value. An additional interim resource has been brought in on the recommendation from KMPG to assist with the reduction of debtors, working closely with the CCGs and other NHS organisations. Due to the financial situation of many neighbouring NHS organisations regular communication is continuing and "like for like" arrangements are being actioned. Of the £41.2m balance, £20.8m relates to invoiced debt with £8.1m aged over 90 days, which has reduced from the August position of £10.8m. £1.3m 15/16 over performance agreed with NHS England was received in September, discussions with the remaining CCG's on the £2.1m balance for over performance is ongoing.

Trade receivables is also above plan (by £4.8m), included within this balance is trade invoiced debt of £1.3m and private patient invoiced debt of £0.9m (reduced from £1.1m in August).

Current Liabilities NHS trade payables has decreased since August and is below plan. However, Non-NHS trade payables has increased and still remains significantly above plan. At present the Trust has a policy to pay approved invoices within 30 days but there are £9.2m of unapproved invoices, and £4.5m approved invoices at month end. £27.2m of accruals, including TAX, NI, Superannuation and PDC. Also included with trade payables is £28.8m of deferred income primarily relating to the advance received from WK and Medway CCG's in April of c£18 million.

6. Capital

6a. Capital Programme

Capital Projects/Schemes

	Year to Date			Annual Forecast			Committed
	Actual	Plan	Variance	Plan	Forecast	Variance	
	£000	£000	£000	£000	£000	£m	£000
Estates	66	1,150	1,084	9,384	2,478	6,906	424
ICT	1,340	1,645	305	2,671	2,045	626	1,508
Equipment	84	990	906	2,581	1,869	712	864
PFI Lifecycle (IFRIC 12)	0	0	0	552	552	0	552
Donated Assets	54	300	246	800	800	0	363
Total	1,544	4,085	2,541	15,988	7,744	8,244	3,711
Less donated assets	-54	-300	-246	-800	-800	0	-363
Contingency Against Non-Disposal	0	0	0	0	0	0	0
Adjusted Total	1,489	3,785	2,296	15,188	6,944	8,244	3,347

Commentary:

The total resource for the 2016/17 capital programme was £15.988m, including PFI lifecycle and donated assets, which had been approved by the Trust Board and prioritised by the relevant lead Directors. As part of the Trust's Recovery Plan, it is proposing a Capital to Revenue transfer of £4.188m.

A detailed review of uncommitted capital projects was undertaken by the each category lead for Estates, IT and Equipment to determine the list of projects to be deferred, in order to make it possible to reduce our outturn capital by this figure. The main project to be deferred is the Estates Electrical Upgrades totalling £2.7m.

As per discussions and the formal feedback received from Specialist Commissioners regarding the Radiotherapy Development at TWH, this scheme has been deferred into 17/18. It would still require approval through the NHSI process.

The Estates projects include significant investment for Backlog Maintenance of £2m, the majority of which relates to deferred 2015/16 schemes. The replacement equipment business cases were approved at the September TME meeting. The Plan of £15.988m is therefore reduced by £4.188m and £4.056m to £7.744m for 2016/17.

Trust Board meeting – October 2016

10-10 Safe Staffing: Planned V Actual – September 2016	Chief Nurse
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Summary / Key points

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

Care Hours Per Patient Day

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

The Carter report indicated a range for CHPPD between 6.3 and 15.48. The median was 9.13. Overall CHPPD for Maidstone Hospital was 7.8. For Tunbridge Wells Hospital the overall CHPPD was 9.4.

Planned vs. Actual

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

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

Wards in this category during September were Maidstone Stroke Unit and Ward 10, which had enhanced care needs at night.

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

A number of wards have altered their RN to CSW ratios to ensure that there is sufficient staff on duty to ensure appropriate levels of observation. This is a considered approach to covering gaps in the rota, and is based on acuity and dependency needs such as Peale and Ward 21.

Escalation areas account for the remainder of the over-fill. These areas were Maidstone AMU (UMAU), TWH AMU, and SAU.

A number of areas had a reduced fill rate, most notably CCU at Maidstone. This unit is co-located with Culpepper Ward, and as such staff move between the two areas as required.

Cross-cover support within directorates is also evident with Wards 30 and 31, where staff move between wards according to patient acuity and staff skill mix. This reviewed several times a day by the Directorate Matron.

Maidstone Intensive Care Unit had a reduced fill rate due to reduce acuity. This was a managed reduction retaining the ability to admit to the unit if the need arose. There was a similar, though smaller, reduction in acuity in the Tunbridge Wells Intensive Care Unit, allowing for a safe

reduction in the CSW hours at night.

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

Neonatal unit continue to have a low fill rate for non-registered staff, however this is an improved position compared to previous months.

Accident & Emergency (A&E) Departments overall fill rates are good against planned staffing levels. Both departments had a reduced fill rate for CSWs; however this was an accepted risk and mitigated with close working between the departments and the Acute Admissions Unit with oversight from the A&E Matrons.

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 RAG rated according to professional judgement against the following expectations:

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

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

The key underlying reasons for amber overall ratings are vacancy resulting in an adverse shift of the RN to CSW ratios and high levels of acuity and dependency.

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

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

September '16		Day		Night		Overall Care Hours per pt day	Nurse Sensitive Indicators						Financial review		
Hospital Site name	Ward name	Average fill rate register d nurses/m idwives	Average fill rate care staff (%)	Average fill rate register d nurses/m idwives	Average fill rate care staff (%)		FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Overall RAG Status	Comments	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Acute Stroke	104.0%	99.2%	100.0%	166.7%	7.5	19.5%	100.0%	6	0		Enhanced care needs in C bay for 8 nights, and for B6 for 11 nights.	121,493	123,984	-2,491
MAIDSTONE	Foster Clark	96.4%	96.7%	100.0%	106.7%	5.9	19.0%	100.0%	7	1			101,090	99,123	1,967
MAIDSTONE	Cornwallis	95.3%	93.3%	98.9%	86.7%	7.0	30.8%	86.1%	0	0		Fill rate for night CSW an accepted risk.	81,241	84,621	-3,380
MAIDSTONE	Coronary Care Unit (CCU)	70.0%	N/A	100.0%	N/A	9.8	62.5%	100.0%	0	0		Fill rate for CCU RNs an accepted risk, based on acuity. Unit is co-located on Culpepper to allow for flexing of staff between CCU and ward.	101,668	102,931	-1,263
MAIDSTONE	Culpepper	105.0%	100.0%	100.0%	100.0%	6.7	48.5%	100.0%	1	0					
MAIDSTONE	John Day	94.6%	90.8%	104.6%	101.7%	6.9	14.1%	100.0%	7	2			154,820	130,968	23,852
MAIDSTONE	Intensive Treatment Unit (ITU)	82.9%	90.9%	79.6%	N/A	36.4	100.0%	100.0%	0	0		Accepted risk, as general dependency on unit low throughout the month.	169,796	147,704	22,092
MAIDSTONE	Pye Oliver	94.9%	94.4%	100.0%	101.3%	6.2	21.5%	100.0%	9	1			115,882	107,608	8,274
MAIDSTONE	Chaucer	96.9%	99.2%	100.0%	100.0%	6.6	11.1%	100.0%	2	0			140,997	127,840	13,157
MAIDSTONE	Lord North	96.7%	97.8%	100.0%	96.7%	6.9	91.9%	100.0%	3	0			88,633	81,560	7,073
MAIDSTONE	Mercer	108.3%	91.7%	97.8%	93.3%	6.3	6.7%	100.0%	4	1			98,104	94,375	3,729
MAIDSTONE	Edith Cavell (MOU)	100.0%	98.4%	100.0%	96.9%	6.7			1	0			62,249	61,455	794
MAIDSTONE	Urgent Medical Ambulatory Unit (UMAU)	92.4%	93.8%	126.2%	196.7%	13.1	9.7%	97.7%	1	1		Trolley bay escalated at night.	113,543	114,402	-859
TWH	Stroke/W22	90.6%	86.0%	95.3%	98.9%	9.4	0.0%	0.0%	8	0		4 shifts where temporary staff booked DNA'd.	176,549	180,155	-3,606
TWH	Coronary Care Unit (CCU)	98.9%	90.0%	93.3%	N/A	11.1	90.9%	65.0%	2	0			59,970	63,184	-3,214
TWH	Gynaecology	95.8%	95.2%	101.7%	100.0%	10.1	20.3%	100.0%	0	0			71,113	60,968	10,145
TWH	Intensive Treatment Unit (ITU)	96.7%	93.3%	98.8%	83.3%	30.7	33.3%	100.0%	0	0		Low fill rate for CSW at night an accepted risk. Nurse in Charge able to provide 'runner' support. 8 nights with low dependency.	179,173	169,366	9,807
TWH	Medical Assessment Unit	93.0%	100.0%	135.3%	100.0%	7.9	32.2%	90.9%	11	1		Ambulatory bay escalated over night.	166,176	184,014	-17,838
TWH	SAU	116.7%	95.0%	133.3%	143.3%	8.2	0.0%	0.0%	0	0		Escalated into Short Stay Surgery and Recovery overnight	87,702	111,378	-23,676
TWH	Ward 32	91.7%	83.3%	100.0%	90.0%	2.6	7.3%	100.0%	2	0		Cross-cover with The Wells Suite.	119,956	126,146	-6,190
TWH	Ward 10	86.2%	115.8%	95.0%	158.3%	7.2	41.8%	1.0%	9	0		Enhanced care needs for 26 days/nights. 7 occasions additional nurse used to support 3pts, decreasing to 2 pts for a further 7 occasions then to 1 for the remaining 12. All risk assessed and reviewed daily by the Matron	119,124	130,934	-11,810
TWH	Ward 11	99.0%	96.7%	95.8%	108.3%	6.6	27.6%	100.0%	5	0			123,234	117,827	5,407
TWH	Ward 12	85.1%	106.7%	98.3%	108.3%	6.3	28.4%	100.0%	9	1		8 shifts not covered, of which 4 were agency DNAs.	118,381	117,940	441
TWH	Ward 20	83.7%	99.2%	97.5%	98.9%	6.4	23.1%	100.0%	9	0		8 RN shifts not covered by temporary staffing solution. 1 agency RN DNA	126,167	126,870	-703
TWH	Ward 21	100.0%	87.8%	91.3%	115.0%	6.4	29.2%	100.0%	8	0		CSW fill rate reflects decreased fill rate for RNs. This occurred on 12 occasions and was a considered and accepted risk.	129,536	135,539	-6,003
TWH	Ward 2	87.7%	79.0%	94.4%	100.0%	6.8	145.9%	96.3%	6	1		RN shifts short by 14 in month. An improvement on last month. Support provided by Matron and other senior staff.	102,242	126,023	-23,781
TWH	Ward 30	85.0%	110.0%	96.7%	96.7%	6.6	23.4%	100.0%	1	2		14 shifts not covered by Bank. Support from Ward 31 on 3 occasions.	123,436	117,304	6,132
TWH	Ward 31	95.0%	93.0%	98.3%	98.9%	7.1	0.0%	0.0%	0	2			122,798	113,404	9,394
Crowborough	Birth Centre	100.0%	93.3%	100.0%	100.0%				0	0			86,693	72,276	14,417
TWH	Ante-Natal	95.0%	96.7%	96.7%	86.7%		22.4%	94.2%	0	0		short fall in CSWs for maternity an accepted risk, with some minor impact, mostly delay in completion of paperwork. All women in established labour received 1:1 care from a midwife.	611,029	627,917	-16,888
TWH	Delivery Suite	102.2%	80.0%	99.6%	88.3%				0	0					
TWH	Post-Natal	100.0%	75.6%	95.0%	84.4%				0	0					
TWH	Gynae Triage	93.3%	100.0%	100.0%	103.3%				0	0			12,410	12,186	224
TWH	Hedgehog	97.2%	60.0%	100.7%	106.7%	8.7	8.6%	100.0%	0	0		HDU patient for 18 days, therefore priority given to covering nights with CSWs as CNS and other senior staff available to support during the day.	209,196	169,376	39,820
TWH	Birth Centre	100.0%	100.0%	95.0%	100.0%				0	0			62,134	72,786	-10,652
TWH	Neonatal Unit	97.8%	86.7%	97.2%	83.3%	14.1			0	0		CSW fill rate an accepted risk, fill rate improved from previous months.	162,824	152,981	9,843
MAIDSTONE	MSSU	104.1%	89.6%	93.2%	N/A	18.2	0.0%	0.0%	0	0		Variation in RN and CSW fill rate reflects maintenance of overall numbers required to maintain patient flow.	43,156	38,462	4,694
MAIDSTONE	Peal	89.3%	133.3%	94.4%	N/A	8.1	26.8%	100.0%	0	0		RN: CSW ratio shift an accepted risk based on acuity and dependency.	82,059	78,815	3,244
TWH	SSSU	113.6%	77.3%	N/A	N/A		0.0%	0.0%	1	0		RN: CSW ratio shift reflects escalation into SSSU from SAU overnight. Increased RNs required to support flow through unit and recovery.	23,263	20,278	2,985
MAIDSTONE	Whatman	97.5%	90.8%	98.9%	101.7%	5.2	0.0%	0.0%	3	1			0	105,325	-105,325
MAIDSTONE	A&E	101.3%	85.0%	96.7%	86.7%		13.0%	85.2%	1	0		CSW fill rate an accepted risk.	202,542	209,611	-7,069
TWH	A&E	102.1%	76.1%	103.7%	81.7%		18.1%	92.2%	9	0			294,412	299,969	-5,557
Total Established Wards													4,964,791	5,017,607	(52,816)
Additional Capacity beds													41,453	70,378	-28,925
Other associated nursing costs													2,858,180	2,186,899	671,281
Total													7,864,424	7,274,885	589,539

RAG Key

Under fill

Over fill

budget sitting within romney (c£74k)

Trust Board meeting – October 2016**10-11 Trust Board Members' hospital visits (15/07/16 – 12/10/16) Trust Secretary**

“Board to Ward” visits, safety ‘walkarounds’ etc. are regarded as key governance tools¹ available to Board members. Such activity can aid understanding of the care and treatment provided by the Trust; and provide assurance to supplement the written and verbal information received at the Board and/or its sub-committees.

This quarterly report therefore provides details of the hospital visits reported as being undertaken by Trust Board Members between 15th July to 12th October 2016 (the last report submitted to the Board in July 2016, covered visits up to 14th July).

The report includes Ward/Department visits; and related activity, but does not claim to be a comprehensive record of such activity, as some Trust Board Members (most notably the Chief Executive, Chief Operating Officer, Chief Nurse, Medical Director, and Director of Infection Prevention and Control), visit Wards and other patient areas regularly, as part of their day-to-day responsibility for service delivery and the quality of care. It is not intended to capture all such routine visits within this report.

In addition, Board Members may have undertaken visits but not registered these with the Trust Management office (Board Members are therefore encouraged to register all such visits).

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

It should also be noted that since the most recent review of visits by the Trust Board (20/07/16), the Executive Team has agreed a more formal framework for visits by Executive Directors, which involves each Director teaming up with Wards and Departments across the Trust. This is intended to improve managerial visibility and staff engagement, which was raised as an important issue in the last national staff survey (staff reported that the Trust’s managers needed “to communicate more effectively with them and provide colleagues with opportunities to be involved, make a difference, and receive good feedback that can be acted upon”). Letters were issued to all Departments, w/c 26/09/16 notifying staff of this new arrangement (which are available from the Trust Secretary on request, along with the allocation of Executives to “zones” across both hospital sites). This framework has therefore replaced the pairing arrangements that were introduced in 2014.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information, to encourage Board members to continue to undertake visits

¹ See “The Intelligent Board 2010: Patient Experience” and “The Health NHS Board 2013”

² All information received by the Board should pass at least one of the tests from ‘The Intelligent Board’ & ‘Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients’: the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors’ understanding of the Trust & its performance

Hospital visits undertaken by Board members, 15th July to 12th October 2016

Trust Board Member	Areas registered with the Trust Secretary / Assistant Trust Secretary as being visited (MH: Maidstone Hospital; TW: Tunbridge Wells Hospital)	Formal feedback provided?
Chairman of Trust Board (AJ)	-	-
Chief Executive (GD)	-	-
Chief Nurse (AB)	-	-
Chief Operating Officer (AG)	<ul style="list-style-type: none"> ▪ A&E (MH) ▪ Outpatients Clinic 4 (MH) ▪ UMAU (MH) ▪ Edith Cavell Unit (MH) ▪ John Day Ward (MH) ▪ Riverbank Children's Unit (MH) ▪ A&E Paediatric (TW) ▪ MAU (TW) ▪ Ward 21 (TW) ▪ Ward 22 (TW) 	-
Deputy Chief Executive (JL)	<ul style="list-style-type: none"> ▪ Ward 10 (TW) ▪ Ward 30 (TW) ▪ Ward 31 (TW) ▪ Hedgehog Unit (TW) ▪ Lord North Ward (MH) ▪ Charles Dickens Day Unit (MH) 	-
Director of Finance (SO)	-	-
Director of Infection Prevention and Control (SM)	- (although a peer review was undertaken at Redhill Hospital)	-
Director of Workforce (RH)	<ul style="list-style-type: none"> ▪ PALS (MH) ▪ Reception (MH) ▪ League of Friends (shop) (MH) ▪ Women's Health Centre (TWH) 	-
Medical Director (PS)	-	-
Non-Executive Director (KT)	-	-
Non-Executive Director (AK)	-	-
Non-Executive Director (SD)	-	-
Non-Executive Director (SDu)	<ul style="list-style-type: none"> ▪ Trauma lead meeting ▪ Trauma Network lead meeting ▪ Trauma network review ▪ Clinical Director meeting to discuss patient safety potential issues ▪ Associate Director Quality governance meeting 	-

Trust Board meeting – October 2016

10-12	Update on 2016 / 17 Winter and Operational Resilience Plan	Chief Operating Officer
Summary / Key points <p>Following the Winter Plans Discussion Paper that was presented at the June Trust Board, work has progressed to ensure the Trust has operational resilience for the winter period of 16/17. The purpose of this paper is to update the Board on the work undertaken to date to give assurance that the Winter Plan is on track to deliver its objectives as outlined below:</p> <p>Objectives for Winter 2016/17 are:</p> <ul style="list-style-type: none"> • Establish a Winter Planning Programme Board • Ensure Winter Plan is understood by organisation at all levels, using a number of communication methods • Ensure culture of 'Right patient, Right bed, Right time' continues to be implemented • Maintain key quality standards to reduce HAPU's, falls and HCAI's • Ensure delivery of A&E, RTT and Cancer standards during the winter period • Maintain DToC level below 5% (CQC standard is <3.5% but the Trust has not achieved this for past 2 years) • Effective processes are in place to minimise the number of MFFD patients across the Trust • Ensure elective work is planned throughout the year to meet performance and financial plans as well as taking account of the increase of non-elective demand over winter • Ensure safe staffing levels are observed in all clinical areas to maintain safe services <p>Work is progressing to achieve each of the above objectives. The finalised Winter Plan will be presented at the November Trust Board once it has been reviewed at Clinical Operations Committee and TME.</p>		
Which Committees have reviewed the information prior to Board submission? <ul style="list-style-type: none"> ▪ N/A 		
Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹ Information and assurance		

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

1.1 Introduction

This paper aims to provide an update on the Winter Plan for this year and to give assurance that the plan presented at the Trust Board in June is progressing at a pace to ensure operational resilience during the winter period for 16/17.

The objectives for Winter 2016/17 are:

- Establish a Winter Planning Programme Board
- Ensure Winter Plan is understood by organisation at all levels, using a number of communication methods
- Ensure culture of 'Right patient, Right bed, Right time' continues to be implemented
- Maintain key quality standards to reduce HAPU's, falls and HCAI's
- Ensure delivery of A&E, RTT and Cancer standards during the winter period
- Maintain DToC level below 5% (CQC standard is <3.5% but the Trust has not achieved this for past 2 years)
- Effective processes are in place to minimise the number of MFFD patients across the Trust
- Ensure elective work is planned throughout the year to meet performance and financial plans as well as taking account of the increase of non-elective demand over winter
- Ensure safe staffing levels are observed in all clinical areas to maintain safe services

These objectives are based on past experiences, especially of the last two winters, and are aimed at ensuring the Trust can fulfil its obligations as an acute care provider over the winter period.

1.1 Progress against plan

- Winter Planning Programme Board established in July. This Board meets monthly, chaired by the Chief Operating Officer
- Communication has started across the Trust with updates being given at Clinical Operations Committee and Directorate meetings
- Table top exercise (Operation Polar) for West Kent planned for 19th October with all providers and CCG
- Bed reconfiguration plan agreed and will be implemented by December
- Escalation plan currently being reviewed. Aim to finalise document following feedback from Operation Polar
- Home First model agreed across West Kent. Programme Board established with Executive representatives from Health and Social Care. Start date planned for December
- Annual leave plans for Christmas and New Year reviewed by all Directorates to ensure appropriate staffing levels at all times.

1.2 Next Steps

The finalised Winter Plan will be taken to Clinical Operations Committee and TME for agreement before being presented at the Trust Board in November.

Trust Board meeting – October 2016**10-13 Workforce Committee Report****Cttee. Chair, Non-Executive Director**

This report provides a summary of the issues discussed at the Workforce Committee on 29 September 2016.

Terms of Reference

The annual review of the Committee's Terms of Reference was undertaken. A number of changes were proposed and agreed. The Terms of Reference are enclosed in Appendix 1 (with the proposed changes 'tracked'), and the Board is asked to approve.

NHS Workforce Race Equality Standard (WRES)

The Committee received a copy of the first annual Workforce Race Equality Standard (2015) report for the NHS, submission data for the Trust for the 2016 return, and an action plan which identified 8 areas for action. The Committee approved the action plan and requested to be kept informed of progress against the identified action areas.

Apprenticeships

The Committee received a report outlining the implications for the Trust resulting from the introduction of a national apprenticeship training level in April 2017. The Government is committed to deliver 3 million apprentice starts by 2020. The Business Innovation and Skills (BIS) are introducing legislation 'The Enterprise Bill' which amongst other things will give the government the power to set apprenticeship targets for public bodies and place a duty on them to report annual progress. The Government has announced a training levy to support the legislation, which comes into effect in April 2017 and is applicable to all larger public sector and private employers who have a pay bill in excess of £3 million. The Trust will need to meet an apprenticeship target and through recruiting apprentices to vacant positions mitigate the impact of an £850k pay-bill levy. The committee discussed the evolving action plan and agreed that the introduction of more apprenticeships to the organisation is a positive development but the scale and timeline for implementation will be a challenge. The Committee requested for a further update to be provided to the December 2016 Workforce Committee.

Consultant Job Planning

The Audit and Governance Committee in August 2016 requested that a report be presented to the Workforce Committee to address recommendations from a recent internal audit report into consultant job planning. The Medical Director presented the changes that have been made to the process since the publication of the audit report including the development of a new job planning tool to address the findings.

Junior Doctors – the New 2016 Contract

The report provided information on the main changes of the new contract, the recommended national timetable for implementation, the Trust readiness and outlined the recent decision by The British Medical Association (BMA) to suspend the walk-out strike action scheduled for the autumn in response to the imposition of the new contract.

Medical Education Update

A detailed presentation was provided by the Dir. of Medical Education on the recent GMC survey results. Overall the survey results were very disappointing for the Trust. The Trust received an increase in the number of red flags and deterioration in overall satisfaction. A detailed action plan is being developed and the Workforce Committee will continue to report progress to the Board.

New Rostering System

The report provided an overview of the governance framework, deployment model and high level timeline for the deployment process for the replacement system.

Financial Special Measures

The Committee received a report outlining the work that had been undertaken in recent weeks in response to the need to reduce expenditure and the Trust being placed in financial special measures by NHS Improvement. The report confirmed that the Trust had an assumed level of vacancies (8.5%) built into the 2016/17 plan. The Committee welcomed the report and acknowledged the work that had been done to date.

Turnover analysis

The Committee received a report on turnover within the Trust in response to a query raised about perceived high turnover in one area. The analysis demonstrated that there is little evidence to suggest unusual turnover once seasonal trends and medical rotations are taken into account. The Workforce Committee will continue to receive a detailed update on turnover.

Workforce Performance Dashboard

The Committee received a report on the workforce dashboard which highlighted the issues of temporary workforce and vacancies.

End of Life Care e-learning mandatory training

The Committee received a report requesting that End of life Care training be mandated for all clinical staff groups. The Committee agreed with the request and the requirement will be added to the Trust Statutory and Mandatory training Policy and Procedure.

The Workforce Committee were informed in response to a question raised in the September Board meeting that 3.17% of staff have a disability but the number of staff with a learning disability was unable to be provided as the detail of the disability is not presently captured.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

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

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

Appendix 1:

MAIDSTONE & ~~AND~~ TUNBRIDGE WELLS NHS TRUST**Workforce Committee****Terms of ~~R~~reference****1 Purpose**

The Workforce Committee is constituted at the request of the Trust Board to provide assurance to the Board in the areas of workforce development, planning, performance and employee engagement.

The Committee will work to assure the Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high performing and motivated workforce that is supporting business success.

2 Membership

~~Non-executive Chairman~~

Non-~~E~~xecutive Director (Chair)

Non-~~E~~xecutive Director (Vice Chair)

Chief Operating Officer

Director of Workforce ~~and Communications~~

Director of Medical Education

~~Other Non-Executive Directors and Executive Directors may attend by open invitation.~~

~~The Director of Medical Education and the Associate Director of Workforce will attend by invitation of the Chair.~~

3 Quorum

The Committee shall be quorate when two Executive Directors and two Non-~~E~~xecutive Directors are in attendance.

4 Attendance

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

Other staff, including members of the Human Resources Directorate, may be invited to attend, as required, to meet the Committee's purpose and duties~~attend to address specific agenda items.~~

5 Frequency of meetings

The Committee will meet quarterly. ~~The Chair can call a meeting at any time if issues arise.~~

6 Duties

To provide assurance to the Trust Board on:

- workforce planning and development, including alignment with business planning and development;
- equality and diversity in the workforce;
- employee relations trends, e.g. discipline, grievance, bullying/harassment, sickness absence, disputes;
- occupational health and wellbeing in the workforce
- external developments, best practice and industry trends in employment practice;
- staff recruitment, retention and satisfaction;
- employee engagement
- terms and conditions of employment, including reward;
- organisation development, organisational change management and leadership development in the Trust;
- training and development activity in the Trust including prioritisation;

To convene task & finish groups to undertake specific work identified by the Committee itself or the Trust Board.

To review and advise upon any other significant matters relating to the performance and development of the workforce.

7 Parent committees and reporting procedure

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

A summary report of each Workforce Committee meeting will be submitted to the Trust Board. The Chair of the Workforce Committee will present the Committee report to the next available Trust Board meeting. The Committee Chairman will report activities to the Trust Board following each meeting or as required.

8 Sub-committees and reporting procedure

The following Committees report to the Workforce Committee through their respective chairs or representatives following each meeting. The frequency of reporting will depend on the frequency of each of the sub-committees:

- LAB (Local Academic Board).

9 Emergency powers and urgent decisions

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

109 Administration

The Committee will be serviced by administrative support from the Trust Management Secretariat.

110 Review of Terms of Reference and monitoring compliance

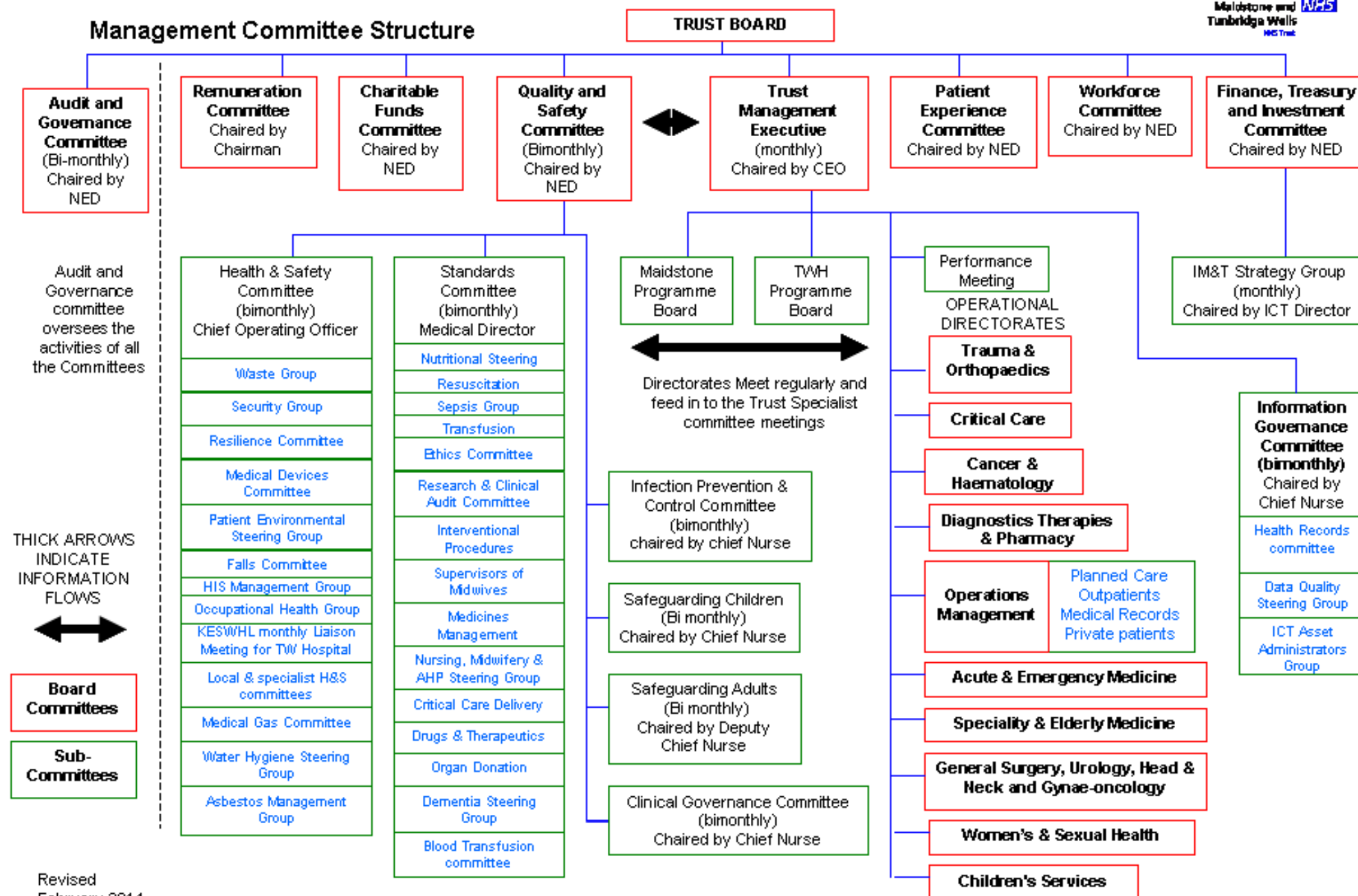
The Terms of Reference of the Committee will be reviewed and agreed by the Workforce Committee at least annually, and then formally approved by the Trust Board. They will be reviewed annually or sooner if there is a significant change in the arrangements.

Terms of Reference agreed by Workforce Committee: ~~4~~2nd June 201~~6~~5

Terms of Reference approved by Trust Board: 24~~9~~th June 201~~6~~5

Terms of Reference to be reviewed: June 201~~6~~7

Management Committee Structure



Revised
February 2014

Trust Board Meeting - October 2016**10-14 Summary report from Quality Committee, 05/10/16****Committee Chair (Non-Executive Director)**

The Quality Committee has met once since the last Trust Board meeting, on 5th October (a 'deep dive' meeting)

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

- The Clinical Director for Women's & Sexual Health and General Manager for Women's & Children's Services attended, for a "Review of Women's services" (with a specific focus on Obstetrics & Gynaecology), and gave a presentation which highlighted the following issues:
 - An independent review had been undertaken in early 2015 as a result of concerns about the effectiveness of working relationships between the Consultants and the impact this could potentially have on clinical performance. There were however no concerns regards patient safety or clinical care
 - Since that time, a number of actions that had been taken, including the appointment of a new Obstetrics & Gynaecology Clinical Director, a Gynaecology Lead, an Obstetric Lead and an Obstetric Risk Lead. The Trust had also supported facilitated 'time out' for the Directorate's senior management team, and an external adviser (Professor William Roche) had facilitated the session. Job Plans were also now published for all Consultants, so there was visibility about the commitments of each
 - The most recent GMC National Training Survey of Junior Doctors had identified a number of 'red flags' relating to the Department, but assurance was given that appropriate action was being taken to address the underlying issues, led by the Medical Director. It was also noted that the Survey findings had been discussed in detail at the Workforce Committee on 29/09/16.
- It was emphasised that the Committee, and the Trust Board, were fully supportive of the action being taken, and it was agreed that the Medical Director would provide a brief update on the working relationships within the Department to the Quality Committee 'deep dive' meeting in December 2016. It was further agreed that the Clinical Director for Women's and Sexual Health would provide a detailed update on the working relationships to the 'deep dive' meeting in February 2017
- The Associate Director, Quality Governance then gave a presentation on the latest position regarding the Trust's compliance with the Care Quality Commission's (CQCs) five domains, and highlighted the following issues:
 - Achievements under the "Safe" domain included further recruitment to the Patient Safety Team, providing monthly incident & complaints reports to Directorates, reviewing the complaints process, and using the Governance Gazette to disseminate learning
 - For Medical cover in ITU, there had been Consultant recruitment and rota compliance. There had also been strengthened processes for recording clinical observations, including the introduction of 'Early Warning Systems', via the Nervecentre IT system
 - Safer staffing reviews were in place, in accordance with the National Quality Board's requirements. The Trust's data was benchmarked against similar organisations; and there was increased awareness of the Duty of Candour amongst Medical Staff (although it was acknowledged that further work was required to ensure full compliance with the processes associated with the formal Duty of Candour)
 - Under the "Effective" domain, ITU clinical guidelines had been aligned to national guidance, and Individualised Care Plans for those approaching end of life had been revised and updated
 - Under the "Caring" domain, the A&E and Maternity services at Maidstone Hospital consistently scored better than the national average in the Friends and Family Test (FFT). Responses to the FFT for patients undergoing Surgery were varied, but Maidstone scored better, overall, than the national average
 - Under the "Responsive" domain, delayed transfers out of ITU was now a CQUIN target,

and increased awareness & vigilance was starting to see rewards, with a reduction in such delays. A new Interpreting service had also been established, which was accessible via telephone and face-to-face contact, and the Committee heard that this was progressing well

- Under the “Well-Led” domain, a “Good Governance and Culture Review” had been commissioned, and there had been a review of Clinical Governance and Risk Management structures and processes, resulting in a revised reporting structure and greater transparency from ‘Board to Ward’. There was also now a Trust-wide standardised approach to Directorate Clinical Governance Meetings, and the key learning and risks from these meetings were reported to the Trust Management Executive and Quality Committee, via the Trust Clinical Governance Committee
- A written process was now in place to underpin self-assessment activity against the CQC standards, including review of data ahead of structured observations of practice. The methods for obtaining local feedback and concerns included Complaints, Inquests and PALS contacts, and anonymous reporting. Feedback was also obtained from the CQC about concerns raised directly with them, as well as from the CCG and Healthwatch Kent. Minutes from Directorate Clinical Governance meetings and specific specialist data also formed part of the data that was reviewed
- The current concerns / areas for further action were discussed, and it was noted that there would be continued liaison and open communication with the CQC’s advisors
- A discussion was then held regarding the best method of ensuring all relevant issues/concerns were identified and subsequently reported. The discussion noted the metrics that had been collated by the external adviser that had been engaged by the Trust prior to the previous CQC inspection; and also that much information about the Trust was publically available. It was then agreed that the Associate Director, Quality Governance and Chief Nurse should reflect on the comments made at the meeting, and consider the most appropriate process to enable the comprehensive identification, and subsequent reporting, of concerns regarding compliance with the CQC’s five domains.

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

- The presentation given on compliance with the CQC’s five domains should be circulated to Quality Committee ‘deep dive’ meeting members
- The Trust Secretary should arrange for the outcome and follow-up from the South East London, Kent and Medway (SELKaM) Trauma Network Review visit in September 2016 to be reported to the Quality Committee ‘deep dive’ meeting in April 2017
- The Medical Director should incorporate an analysis of Sepsis-related mortality within the “Review of Mortality” item at the Quality Committee ‘deep dive’ meeting in December 2016, and, following the outcome of that review, the Committee would then consider whether Sepsis should be subject to a detailed review at a future ‘deep dive’ meeting

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

- N/A

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information and assurance

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

Trust Board meeting – October 2016

10-15	Summary of the Trust Management Executive (TME) meeting, 12/10	Deputy Chief Executive
<p>This report provides information on the TME meeting held on 12/10/16. The meeting was not a 'usual' TME, as it adopted the presentational format which has been adopted twice each year for the past few years, and all Trust Board Members were invited to the meeting. The focus of the presentations was a) delivery against the Financial Recovery Plan for 2016/17; and b) operational plans for 2017/18 and 2018/19.</p> <p>Presentations were given by all Clinical Directors, as well as the Directors of Estates and Facilities Management and Health Informatics. Each presentation covered the following areas:</p> <ul style="list-style-type: none"> 2016/2017 Recovery Plan (the top 5 schemes, along with the associated value (both planned and forecast), 'RAG' rating, and risks & mitigations); The 'Business as usual' and 'Strategic' objectives within the 2017/19 Operational Plan; and The 2017/18 cost savings (the top 5 schemes, along with the associated value, 'RAG' rating, and details of risks & mitigations) <p>The presentations were circulated by email to all Trust Board Members on 11/10/16.</p> <p>The meeting was considered to be beneficial, and although the size of the significant challenge faced by the Directorates (and the Trust as a whole) was acknowledged, the presentations did give some cause for optimism. The option of holding a further, similar, meeting in 3 months' time was considered, but it was instead agreed that progress with the Plans would be reported to the Trust Board (and the rest of the Trust) via the Executive Team. It was however agreed that consideration would be given to the proposal that a monthly summary be circulated widely within the Trust, to summarise the achievements of the previous month and the objectives for the next (this was a suggestion made at the meeting).</p>		
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 – October 2016

10-16	Procurement Transformation Plan	Director of Finance
<p>It is a requirement under the Lord Carter proposals that every Trust should have a Procurement Transformation Plan (PTP). The PTP is a document which outlines the role of the procurement function and its key actions and activity within the Trust to deliver the Lord Carter targets set within the document.</p> <p>Each PTP has an action plan at the end of the report and it is the expectation that PTPs are agreed and signed off by Trust Boards by the end of October.</p> <p>The Trust launched a transformation programme in 2015/16 following Business Case agreement to significant investment through and is currently in year two of the programme. Therefore it has built upon this programme in responding to the central requirement, so much of the information in this report will be familiar to Trust Board Members.</p> <p>The Board is therefore asked to review and approve the enclosed PTP. The document has already been supported by the Trust Management Executive (via virtual means), and is scheduled to be reviewed by the Finance Committee on 17/10/16. The outcome of the Finance Committee's review will be notified to the Trust Board via the summary report from the Committee.</p> <p>NHS Improvement will publish a review template in the autumn for the PTP and this will need to be reviewed by the Trust Board on a quarterly basis. It is intended that these updates be submitted to the Finance Committee first, and then on to the Board in summary form, as part of the summary report from the Finance Committee. The timing of these quarterly reports are being finalised at present.</p>		
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none"> ▪ Trust Management Executive (by virtual means, 12/10/16) ▪ Finance Committee (17/10/16) 		
<p>Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹</p> <p>Approval</p>		

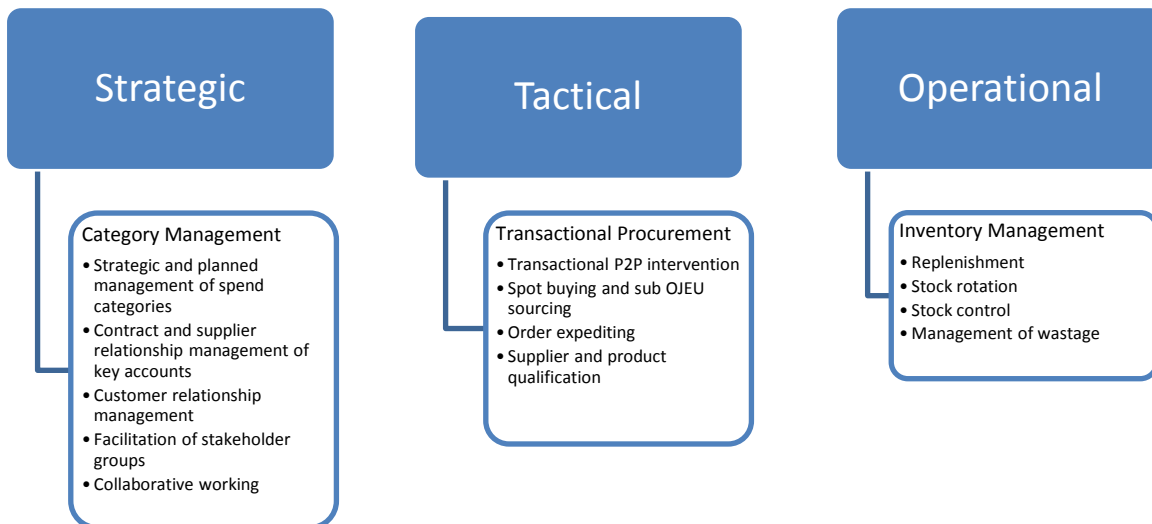
¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; 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

Procurement Transformation Plan (PTP) for Maidstone and Tunbridge wells NHS Trust

1. Executive Summary

The Maidstone and Tunbridge Wells NHS Trust procurement team is going through a three year transformation programme. 2016/17 is year two of this programme. The transformation has been a review and investment into the procurement team in recognition of the importance of the function of procurement within the organisation. This investment is aligned with a very clear business case on the delivery of savings and improved compliance.

Maidstone and Tunbridge Wells NHS Trust (MTW) procurement team covers three key areas of procurement.



Strategic

Strategic procurement is a category management procurement function. The team covers all non-pay spend except for Pharmacy and only part of estates. There is however the intention for procurement to cover all estates in the future. This team is focused on internal stakeholder relationship management; ensuring active and positive engagement throughout the procurement cycle all the way through to contract management stage.

The team also covers external supplier management through the splitting of spend into discrete portfolios of categories. This allows a specialist focus on categories to focus on value and total cost of ownership rather than exclusively price down savings initiatives.

Tactical

This is the more recognisable “purchasing” function managing purchase transactions with suppliers, unplanned sourcing activity and sub-OJEU or “tail” spend not managed through the strategic category management function.

Operational

This function is more recognisable as the “materials management” function responsible for the replenishment and distribution of goods throughout the organisation.

Next steps

Strategic – The Trust 2016/17 CIP target is £4.1million. The team are on target to achieve this figure for the end of March 2017. Work is currently underway to finalise the 2017/18 CIP plan. There are discussions with directorates on areas for savings as well as a review of the contracts register and areas of compliance tenders that must be undertaken. Category management have in

place a 2017/18 work plan which is under review to add any additional activity to be progressed in the New Year.

Tactical – The team are currently completing the migration from a separate P2P system to a full integrated finance system Integra2. This piece of work will be completed by December 2016 and will allow the Trust to review the full pathway from orders placed on the system, to the receipting of goods and payment of the goods.

From an end users perspective, orders will be processed and fulfilled quicker, with less bureaucracy. Better pricing will be identified for commonly used products and proactive chasing of delayed deliveries. Divisional managers will have access to better information about their departments ordering patterns, enabling them to make decisions on areas to improve. Part of the implementation of the system has already evidenced these benefits but full integration will be complete at the end of December 2016.

Operational – The Trust is currently implementing an inventory management system, Omnicell. This will be completed at the end of February 2017. This system will allow the trust to access patient level costing by consultant. Part of the implementation is identifying the maximum and minimum stock levels. This has already highlighted where there is overstocking in some areas based on the optimum levels established.

2. Trust Procurement Performance (RAG rating against Carter targets²)

MEASURES		PERFORMANCE			COMMENTARY
		SEPTEMBER 2016	TARGET SEPT 2017	TARGET SEPT 2018	
1	Monthly cost of clinical and general supplies per 'WAU'	£2,921,030	£ target TBC	£ target TBC	Target for Sept 17 will be completed once the Model hospital data has been refreshed.
2	Total % purchase order lines through a catalogue (target 80%)	60%	70%	80%	The current position provided covers the Purchase order not purchase order lines. This is not previously measured within the Trust but will be measured from now on.
3a	Total % of expenditure through an electronic purchase order (target 80%) up to and including PO issue	43%	60%	80%	The Trust has a No PO no Pay policy and this is being strictly applied across all Directorates. The embedding of this policy will significantly improve the Trust position by enforcing proper procurement process.
3b	Total % of transactions through an electronic purchase order (target 80%) up to and including PO issue	74%	80%	80%	

MEASURES		PERFORMANCE			COMMENTARY
		SEPTEMBER 2016	TARGET SEPT 2017	TARGET SEPT 2018	
3c	Total % of expenditure through an electronic purchase order (target 80%) from requisition through to and including payment	5%	50%	80%	Whilst the ordering and finance process is electronic, the current payment system is not completely electronic with the majority of invoices coming into the Trust as hard copy.
3d	Total % of transactions through an electronic purchase order (target 80%) from requisition through to and including payment	63%	70%	80%	
4	% of spend on a contract (target 90%)	61%	75%	90%	The Trust is reviewing this area and where there is no contract in place, this will form part of the 2017/18 work plan. There has already been a significant improvement in this area due to the 3 year procurement transformation programme.
5a	Inventory Stock Turns -static	Days	Days	Days	The Trust has begun the implementation of an inventory management system which will be captured under this section of the report in the future.
5b	Inventory Stock Turns -dynamic	Days	Days	Days	
6	NHS Standards Self-Assessment Score (average total score out of max 3)	1.16	1.47	1.67	Level has been achieved. Awaiting peer review to complete accreditation.
7	Purchase Price Benchmarking Tool Performance	TBC	TBC	TBC	To be completed using the recently released tool

¹ **RAG Rating Definitions:**

Green = better than the Lord Carter or Trust target

Amber = Up to 10% less than Carter target

Red = More than 10% below Carter target

3. Procurement Transformation Plan – Summary

This section is divided into three areas highlighting the key activity and progress in each area.

People & Organisation

The team have undergone a transformation programme which structured the teams based on the three areas outlined within the executive summary. Additional support identified for the team has been the introduction of a graduate and analyst post. These posts are in recognition of the importance of developing graduates into the world of procurement. MTW has approached the local Canterbury University and is now part of their graduate scheme where purchasing and supplies is

one of the areas of study within the university. The analyst post is in recognition of the level of analysis that is needed and the importance of benchmarking and understanding of the wider market when a procurement exercise is undertaken. These posts are currently being recruited to as part of the progress within the procurement structure.

The Transformation programme has brought a number of changes to the team.

- The strategic team is now one of a category management focus.
- The tactical team are embedding the integrated finance and procurement systems
- The operational team are implementing an inventory management system. Over the next 12 months these will continue to be the area of focus for the team.

Continued development of the team is important and a training matrix has been developed identifying training for each member of the team and how this links to their procurement role. There is also a link to the procurement skills network and sharing learning through peers across the region.

Appendix 2 includes a copy of the current procurement structure.

Next steps

The Procurement strategy was launched in September 2016. The objectives and actions outlined in Appendix 1 indicate the priorities for the team outlined within the Strategy.

Processes, Policies & Systems

Communication is a key element of the procurement strategy and communications have been issued to the trust on a number of areas. Recent communications include:

- a reminder of the procurement thresholds within the Trust SFIs,
- customer care leaflet outlining the role of procurement and the role of each Directorate
- good stock management and how the materials management team can support you
- Clear guidance and the trusts financial restrictions on expenditure.

The Trust has in place a No Purchase order no Pay policy. A reminder has gone out to the Trust regarding this policy as well as letters sent to all suppliers advising them of the implications of this policy. These improvements are focused on ensuring that any request for goods and services has followed the full Trust processes and there is a clear audit trail of activity.

From a systems side, the implementation of the Inventory management system and the integrated procurement and finance system will mean the Trust starting to get real time patient level costing and understanding how this varies for each procedure. This will then be linked to the model hospital metrics to understand how the Trust can improve on the costing. Real time stock levels will allow more accurate management of stock and compare usage across the wards. The integrated finance system will automate better matching of invoices against the orders to ensure we are paying the price agreed with the supplier.

Partnerships - Collaboration

Maidstone and Tunbridge wells NHS Trust is part of the Kent and Medway Sustainability and Transformation programme (STP) footprint. Part of the STP identifies the need for procurement across the region to work closer together and where possible identify resources that can be shared to achieve best value in the market.

The SE regionals heads of procurement, Medway Foundation Trust, Dartford and Gravesham NHS Trust and East Kent Hospitals University NHS Foundation Trust have begun working together as a region. The Heads of Procurement meet every month to discuss opportunities for collaboration and have shared their procurement work plans.

The heads of procurement have shared the contacts across the region as well as identifying the skills of each of their staff, to outline what skills are available within the region. This has been instrumental for longer term discussions on how we work more closely together as there is significant skill shortage in procurement and specifically in the South East (SE) where there is difficulty in attracting staff out of London.

The region has held its first joint supplier event on 16 September 2016 organised and hosted by MTW, where the message to the market was one of collaboration between the trusts in the SE. The event was attended by 85 suppliers with positive feedback and requests for further events. The SE region is planning on holding these events every 6 months as themed events for specific categories.

Next steps

As a region there is recognition of the benefit of the alignment of procurement work plans. This is part of the next steps for the STP footprint as well as using the information of the skills of the staff to identify leads for specific categories across the region.

There has been good success within the region on temporary staffing using the model of regional leads. The group has shared sharing bank and agency rates and have agreed some consistent rates across the region in order to manage the market in a consistent way. This work has now led to new areas being explored with stationery being an area currently under review.

The STP is also considering the use of SBS as a technology solution to regional collaboration especially in the transactional area of procurement. This is at initial stages but there is a longer term principle of joint catalogues and regional purchasing which is important to review.

Three out of the four trusts in the area use the same finance Integra system and it has been agreed that the three will share learning on the system, and aim to use the system in a consistent way across the three as well as sharing of reports each currently have in place.

National Agenda

As a region the heads of procurement share learning and ideas on the national communication and all agree on the support of the national agenda for procurement. Shared learning of the future operating model and standardisation of products is a key agenda at each Heads of procurement meeting.

All four trusts are committed to next steps including include working together based on the Future operating model and links to the supply chain mandated products.

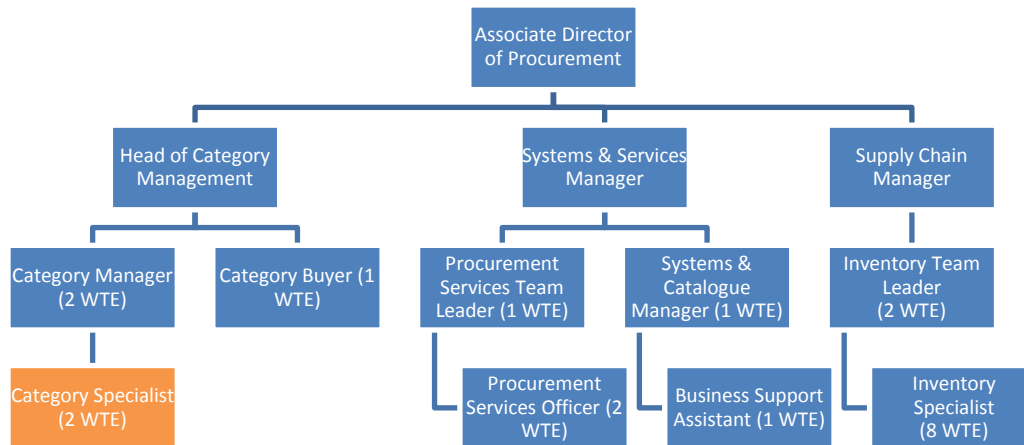
4. Risks and issues

The main risk to the procurement team is the shortage of procurement skills within the region. To deliver the CIP saving and ensure that the leads identified to support the whole region, requires staff with good procurement knowledge and the ability to negotiate in the market. Maidstone and Tunbridge wells is very fortunate to have a Category management team who are all MCIPS qualified but there is always the risk of losing staff to London where salaries are more attractive.

Appendix 1 – Procurement action plan

Procurement objective	Action
Procurement strategy	Staff qualifications. An internal target has been set for 50% of procurement team qualified. Training matrix has been pulled together to identify the training requirements of all staff and link this to their role. This will support the Trust in achieving the level 2 procurement standard.
Procurement work-plan	Completion of 2017/18 and 2018/19 procurement work-plan. These work-plans will cover tail spend and improve the Trust position on contract spend.
Procurement Savings	Agreement and Achievement of agreed 2017/18 CIP
Communication strategy	Communication to internal and external stakeholders. Focus on Trust policy to ensure adherence to spend restrictions as well as improved compliance. This is a key objective within the procurement strategy.
Policies, processes and systems	Policies are reviewed and updated annually or at times of significant change.
Spend controls	Increase the percentage of invoiced expenditure captured electronically through Purchase orders (P2P systems). Re-launch of the Trust No Purchase, No Pay policy.
People and Organisation	Achievement of the procurement standard level 1 and training programme to support level 2.
Collaboration	50% of expenditure on goods and services is channelled through collaborative arrangements by 2016, rising to 60% by 2019.
	Alignment of procurement work plans across the region
	Review of SBS services for transactional procurement
	Integra financial system – working groups for agreement and alignment for the use of the system
	Market management engagement – 2 supplier events per year.
	Shared learning and collaboration of the FOM across the region
	2 supplier surveys per year to be sent to support the review of the team's engagement with the market

Appendix 2 – Current Procurement team structure chart



Trust Board Meeting – October 2016**10-16 Summary report from Finance Committee, 17/10/16****Committee Chairman (Non-Executive Director)**

The Finance Committee met on 17th October 2016.

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

- Under the “Safety Moment”, the Chief Nurse noted that the safety calendar theme for the month was on Infection Prevention and Control, and there was a specific focus on ‘back to basics’. Following a discussion, it was agreed that the Chief Nurse would ask the Infection Prevention and Control Team to consider whether further action was required to encourage visitors to clean their hands on entry to clinical areas
- The Director of Health Informatics attended to give a 6-monthly update on IT strategy and related matters. The implementation of the new PAS was discussed, and the need to develop an additional backup plan (in the event of the failure of the preferred solution and the inability to continue with the current PAS in the long-term) was acknowledged. The recent 12-day outage of the Radiology Information System (RIS) was also discussed, and the Deputy Chief Executive agreed to consider whether further resources were required, to expedite clearance of the imaging activity backlog that occurred as a result of the outage. It was further agreed that Committee and Board members should be provided with a definitive statement regarding the clinical consequences of that backlog
- An update on progress in implementing the Financial Recovery Plan (FRP) was given, which included the governance arrangements in place at Directorate- and Divisional-level
- The month 6 financial performance for 2016/17 was reviewed, and some actions regarding the presentation of future information were agreed
- In the absence of the Medical Director, the Deputy Chief Executive agreed to arrange for the Executive Team to consider the Committee’s concerns regarding the lack of success in improving Medical productivity, and submit a proposed way forward to the Committee
- The Chief Nurse gave a presentation on the analysis undertaken in relation to Care Hours Per Patient Per Day (CHPPD), and it was noted that this would be discussed further at the ‘Part 2’ Board meeting on 19/10/16
- The details and timescales within the national planning guidance for 2017/18 and 2018/19 were considered, and it was noted that the draft planning submissions would be discussed at the Trust Board ‘Away Day’ on 18/11/16, as the Finance Committee did not now meet until after the deadline for the first set of submissions
- The Deputy Chief Executive submitted an update on service tender submissions and related activity, and a discussion was held regarding the best use of tender-related expertise
- A quarterly update report on Service Line Reporting (SLR) was reviewed, which included the latest on the SLR-related ‘deep dive’ reviews. It was agreed that the conclusions/agreed actions from these should be incorporated within the reporting of progress on the FRP
- The Trust’s Procurement Transformation Plan was reviewed, and it was agreed to recommend that the Trust Board approve the Plan at its meeting on 19/10/16
- The Committee was apprised of the finance-related amendments being proposed to the Standing Financial Instructions (SFIs), Standing Orders and Reservation of Powers and Scheme of Delegation, following the routine annual review of each
- An update was given on the Finance Department Improvement Plan that had been submitted to the Committee in June. The good progress made was acknowledged and it was agreed to have a further update at the Committee in March 2017
- The latest quarterly analysis of Consultancy use was noted, as were the latest breaches of the external cap on the Agency staff pay rate
- The Committee agreed to undertake an evaluation in 2016, using the method used in 2015 and 2014 (i.e. completion of a survey by each Committee member), but it was also agreed that Trust Board should be asked to consider a proposal regarding the principle that each Board sub-committee undertake an annual evaluation

<p>2. In addition the agreements referred to above, the Committee agreed that:</p> <ul style="list-style-type: none"> ▪ The Committee would receive an update on the plans regarding 'Operational Productivity & Performance' in November 2016 ▪ The forward programme for the Committee should be amended, to include a post-project review of the Business Case for the Crowborough Birthing Centre in November 2016 ▪ The Trust Secretary should liaise with the Director of Finance to schedule a date for the Committee's consideration of the Trust's process for undertaking post-project reviews of Business Cases <p>3. The issues that need to be drawn to the attention of the Board are as follows:</p> <ul style="list-style-type: none"> ▪ The Committee agreed to recommend that the Trust Board approve the Trust's Procurement Transformation Plan at its meeting on 19/10/16 ▪ The Committee agreed that Trust Board should be asked to consider a proposal regarding the principle that each Board sub-committee undertake an annual evaluation (N.B. The Trust Secretary will give further details of the specific proposal at the Trust Board meeting on 19/10/16)
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none"> ▪ N/A
<p>Reason for receipt at the Board (decision, discussion, information, assurance etc.)</p> <ol style="list-style-type: none"> 1. Information and assurance 2. To agree the principle that each Board sub-committee undertake an annual evaluation (N.B. The Trust Secretary will give further details of the specific proposal at the Trust Board meeting on 19/10/16)