Maidstone and Tunbridge Wells NHS
NHS Trust

TRUST BOARD MEETING

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

10.30am – c.1pm WEDNESDAY 22ND FEBRUARY 2017
LECTURE ROOMS 1 & 2, THE EDUCATION CENTRE, TUNBRIDGE WELLS HOSPITAL

A G E N D A – PART 1

Ref.	Item	Lead presenter	Attachment
2-1	To receive apologies for absence	Chairman	Verbal
2-2	To declare interests relevant to agenda items	Chairman	Verbal
2-3	Minutes of the Part 1 meeting of 25th January 2017	Chairman	1
2-4	To note progress with previous actions	Chairman	2
2-5	Safety moment	Chief Nurse	Verbal
2-6	Chairman's report	Chairman	Verbal
2-7	Chief Executive's report	Chief Executive	3
	Presentation from a Clinical Directorate		
2-8	Critical Care	Clinical Director / General Manager / Lead Matron, Critical Care	Presentation
2-9	Review of the Board Assurance Framework, 2016/17	Trust Secretary	4
2-10	Integrated Performance Report for January 2017 (incl. an update on the "Trauma & Orthopaedics 2020" programme)	Chief Executive	
	▪ Safe / Effectiveness / Caring	Chief Nurse	
	▪ Safe / Effectiveness (incl. HSMR)	Medical Director	
	▪ Safe (infection control)	Chief Nurse	5
	▪ Well-Led (finance)	Director of Finance	
	▪ Effectiveness / Responsiveness (incl. DTOCs)	Director of Operations, Urgent Care Division	
	▪ Well-Led (workforce)	Director of Workforce	
	Quality items		
2-11	Planned and actual Ward staffing for January 2017	Chief Nurse	6
	Reports from Board sub-committees (and the Trust Management Executive)		
2-12	Audit and Governance Committee, 02/02/17	Committee Chair	7
2-13	Quality Committee, 06/02/17	Committee Chair	8
2-14	Trust Management Executive, 15/02/17 (incl. review of Hospital Pharmacy Transformational Programme (HPTP) Plan)	Committee Chair	9
2-15	Finance Committee, 20/02/17 (incl. quarterly progress update on Procurement Transformation Plan)	Committee Chair	10 (to follow) & 11
2-16	Charitable Funds Committee, 20/02/17	Committee Chair	Verbal
2-17	To approve revised Terms of Reference for the Remuneration & Appointments Committee	Committee Chair	12
2-18	**To consider any other business**		
2-19	**To receive any questions from members of the public**		
2-20	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:

- 29th March 2017, 10.30am, Academic Centre, Maidstone Hospital
- 26th April 2017, 10.30am, Education Centre, Tunbridge Wells Hospital
- 24th May 2017, 10.30am, Academic Centre, Maidstone Hospital
- 28th June 2017, 10.30am, Education Centre, Tunbridge Wells Hospital
- 19th July 2017, 10.30am, Academic Centre, Maidstone Hospital

Anthony Jones,
Chairman

Maidstone and Tunbridge Wells NHS
NHS Trust

MINUTES OF THE MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST BOARD MEETING (PART 1) HELD ON WEDNESDAY 25TH JANUARY 2017, 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 (arrived during item 1-7. Refer to minute for details)	(AK)
	Steve Orpin	Director of Finance	(SO)
	Paul Sigston	Medical Director	(PS)
	Kevin Tallett	Non-Executive Director	(KT)
In attendance:	Richard Hayden	Director of Workforce	(RH)
	Jim Lusby	Deputy Chief Executive	(JL)
	Laurence Maiden	Clinical Director, Specialist Medicine & Therapies (for item 1-8)	(LM)
	Peter Maskell	Incoming Medical Director	(PM)
	Claire O'Brien	Deputy Chief Nurse	(C'OB)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Darren Palmer	General Manager, Specialist Medicine & Therapies (for item 1-8)	(DP)
	Kevin Rowan	Trust Secretary	(KR)
Observing:	Annemieke Koper	Staff Side representative	(AKo)
	Ruochen Li	Core Medical Doctor	(RL)
	Darren Yates	Head of Communications (until item 1-16)	(DY)
	Mark Lavenstein	Member of the public	(ML)
	Natlie Tipping	Reporter, Kent Messenger	(NT)
	Mandy Thompson	Healthcare Development Manager, Ferring Pharmaceuticals Ltd	(MT)

1-1 To receive apologies for absence

There were no apologies.

AJ welcomed PM and COB to their first Trust Board meeting, and noted that this would be AB and PS' last Board meeting. AJ remarked that AB had been an excellent Chief Nurse since her 3.5 years at the Trust and thanked AB on behalf of the Trust Board, staff and, most importantly, patients. AJ then noted that during PS's 6 years and 11 months as Medical Director, PS had been a 'tower of strength' in what was a very difficult role. AJ also thanked PS on behalf of the Trust Board, staff, and patients.

1-2 To declare interests relevant to agenda items

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

PM declared that he would be the Medical Director of Kent Community Health NHS Foundation Trust (KCHFT) for a 2 further weeks (before starting as the Trust's Medical Director).

1-3 Minutes of the Part 1 meeting of 21st December 2016

The minutes were agreed as a true and accurate record of the meeting, subject to the following amendment:

- Item 12-7, page 4 of 10: Remove the sentence "AG then explained that the new guidance regarding patient choice had not yet been applied to NHS Foundation Trusts, so it was expected that such Trusts would experience a similar reduction in performance to that experienced by the Trust earlier in the year".

KT then referred to the statement that "'Medically Fit For Discharge'…data was only collected on a voluntary basis" under item 12-8 on page 10, and asked for clarification. AG clarified that although the collection of this data was not formally required as part of the Trust's data submission, such data was collected.

1-4 To note progress with previous actions

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

- **9-8i ("Ensure the Trust Board receives the outcome of the planned review of Medical rotas being led by the Medical Director")**. SDu gave assurance that the Finance Committee had received a helpful report at its meeting on 23/01/17, which had included significantly more details of the pilot project being undertaken. AJ concurred.

KR asked whether the action should remain open from the Board's perspective. AJ stated that he felt the action should remain open until the Trust Board meeting in March 2017. SDu instead stated she believed the action could be closed. AJ explained that he was keen to ensure the Board was kept up to date with progress. SDu and JL therefore proposed that a report be submitted to the Board. JL proposed that this report be received in April 2017. SDu instead proposed this be received in March 2017, as the Finance Committee would receive a report that month. This was agreed. It was therefore agreed to close the original action.

Action: Submit a report to the Trust Board, in March 2017, on the progress being made in relation to Medical productivity / Workforce Transformation Programme (Deputy Chief Executive, March 2017)

1-5 Safety moment

AB reported the following points:

- Medicines optimisation was the theme for the month, which included issues relating to antibiotics, medication administration, safe storage of medications etc.
- A number of excellent case studies had been shared with staff

SM then added that efforts to promote the prudent prescribing of antibiotics continued, which included highlighting the need to review and adjust the antibiotic prescriptions between 48 and 72 hours of the original prescription. SM also stated that the associated CQUIN target for 2016/17 was close to being achieved, which represented an enormous change.

AJ asked what barriers existed to the progress described by SM continuing. SM replied that the regular intake of new Junior Doctors was a key factor, and repeated reminders had to be given regarding antibiotic prescribing. AJ went on to ask the point at which a 'red flag' would be considered to be reached, in the event of new Junior Doctors not following the relevant guidelines. SM stated that a senior Medic would be expected to identify inappropriate and/or incorrect prescribing, via a range of processes, including 'board rounds' and review by Pharmacy staff. PS added that there were a range of 'checks and balances' in place for more serious medication errors, but in general, most errors indicated a need for further education of the individuals involved.

1-6 Chairman's report

AJ reported the following:

- The process to identify a replacement for AJ was underway, but his expectation was that he would still be Chairman at the February 2017 Trust Board meeting. This was however uncertain

- AJ had been impressed by the work being undertaken to keep the Trust's hospitals operational over the past 2 months, despite the significant pressures faced. Certain Trust Board Members were worthy of congratulations, along with all staff, so AJ proposed that formal communication be issued to staff, expressing the Trust Board's gratitude. This was agreed.

Action: Arrange for formal communication to be issued, expressing the Trust Board's gratitude to staff, in light of their response to recent operational pressures (Trust Secretary, January 2017)

1-7 Chief Executive's report

GD referred to the circulated report and highlighted that the Inquest into the death of Mrs Frances Cappuccini had concluded, which meant that after 4.5 years, Mrs Cappuccini's family should be able to obtain some form of closure. GD continued that the Trust Board's thoughts were with the family, and went on to state that the Inquest had focused on different aspects of Mrs Cappuccini's care than had been the focus of the Corporate Manslaughter trial. GD added that the Trust needed to do all it could to learn and make the necessary changes. SDu asked what assurance was intended in relation to this. GD proposed that a report be submitted to the Quality Committee that identified the actions taken/to be taken in response to the recommendations from the Preventing Future Deaths (PFD) report from HM Coroner. This was agreed. PS pointed out that the PFD report had not yet however been issued, so a timescale was unable to be set as yet.

Action: Liaise to schedule a date for the Quality Committee to receive a response to the recommendations within the Preventing Future Deaths (PFD) report to be issued by HM Coroner following the Inquest into the death of Mrs Cappuccini (Trust Secretary / Medical Director / Chief Nurse, January 2017 onwards)

GD then then continued, and highlighted that Sue Chapman, Discharge Lounge Nurse, single-handedly cajoled many organisations to sponsor hampers to enable these to be provided to staff undergoing treatment for serious illnesses. AJ proposed that a formal letter of thanks from the Trust Board be sent to Ms Chapman. This was agreed. SDu proposed that the letter be hand-delivered by AJ. This was also agreed.

Action: Arrange for a letter of thanks, from the Trust Board, to be hand-delivered to Sue Chapman (Discharge Lounge Nurse), in recognition of her efforts to provide staff who were undergoing treatment for serious illnesses with a Christmas hamper (Chairman of the Trust Board / Trust Secretary, January 2017 onwards)

[N.B. AK joined the meeting at this point]

GD then continued, and highlighted the following points:

- GD endorsed AJ's remarks under item 1-6 about the commitment of staff. It was usual for staff to 'go the extra mile', but the difference, when compared to previous years, was the sustained pressure currently being faced, and AG should take credit for the level of planning and cooperation between partner organisations. Such planning had borne fruit, to the extent that GD believed the Trust had coped better than neighbouring Trusts. There had been some downsides to the recent situation, in terms of the cancellation of some elective activity, but safety had been maintained, and the Trust had avoided having temporarily close services.
- Social Care was under continuing and sustained pressure, in the face of a national cut in actual Care Packages of 24%, and an aging population. One of the interesting debates being held was Surrey County Council's intention to hold a referendum on proposals to increase their Social Care budget (via increasing Council Tax)

AK referred to the latter point, and remarked that the Surrey Council situation was interesting because the Leader of that Council, David Hodge, was also the leader of the Local Government Association (LGA), whilst the Chancellor of the Exchequer was a senior MP in Surrey. AK added that the County Council Network and the LGA had been asked to make representation to the Government in relation to Social Care funding.

Presentation from a Clinical Directorate

1-8 Specialist Medicine and Therapies

AG welcomed AA, LM and DP to the meeting. DP then gave a presentation which highlighted the following points:

- The Specialist Medicine side of the Directorate comprised Rheumatology; Neurology; Cardiology; Elderly Care and Stroke; Gastroenterology; Respiratory; and Diabetes and Endocrinology
- The Therapies side of the Directorate comprised Occupational Therapy; Physiotherapy; Nutrition and Dietetics; and Speech and Language Therapy
- Performance issues were reported regularly to the Executive Team, and current challenges included sickness absence, recruitment, performance on the 62-day Cancer waiting time target, and finances
- The Directorate was new, and LM and DP had joined relatively recently
- There were problems in terms of recent capacity, but the Directorate had coped very well, and staff should be thanked and commended for their efforts. The strain had however been considerable, and there had been occasions when patients had to be treated on trollies
- The number of patients had increased, despite the new Acute Medical Unit (AMU) at Tunbridge Wells Hospital (TWH)
- The strengths of the Directorate included having an enthusiastic leadership team, whilst the weaknesses included the aforementioned increasing capacity with a depleted workforce (particularly in terms of Consultant vacancies in key areas, and increased sickness absence)
- Many of the Trust's patients had general medical problems, which came under the responsibility of the Directorate
- The Trust operated Ward-based working, which was not always effective when compared to the team-based approach that had been in place at the Kent and Sussex Hospital

AA then highlighted the following points:

- Therapies were leading on Pathway 1 of the Home First project
- Physiotherapy Outpatients were intrinsically involved with the Virtual Fracture Clinic (a pilot project aimed to see if patients could be managed in a more virtual way)
- The pan-Kent enteral feed contract review was reaching its final stages, and the Clinical Manager for Nutrition and Dietetics had been involved
- Outpatient physiotherapy had also been involved in recent CCG developments regarding the Musculoskeletal (MSK) pathway

LM then highlighted the following points:

- LM liked to describe the Directorate via the analogy of a cruise ship, and LM believed the Directorate's challenges regarding capacity and Financial Special Measures (FSM) were analogous to a ship lurching in a tropical storm. However, the Directorate had had a positive meeting with the Financial Improvement Director.
- In relation to capacity, it was felt that some admissions were not necessary
- Future improvements included the Stroke service and other new models of care
- There was also cause for some optimism in relation to recruitment within some areas

AJ asked RH to comment on the recruitment and sickness absence issues. RH noted that the Directorate's sickness absence had been high, but he had been assured that the staff concerned were being managed appropriately. RH also noted that recruiting to certain vacancies had been problematic, but progress was being made. RH added that there were also some issues with staff turnover, so further work was required. AJ asked whether the Trust was unique in experiencing such problems. RH remarked that he believed there were national factors involved. LM echoed this, and described the recruitment problems he understood to be faced by other NHS Trusts in the South. LM also remarked that the Trusts that had been successful with recruitment tended to recruit several posts at once, rather than to single posts at a time. PM acknowledged there was a national shortage of Medics in some specialties, but stated that a number of issues affected recruitment, and he did not therefore believe that recruiting to several posts was the solution.

SDu commended the presentation, but asked LM to explain his remark that there were some unnecessary admissions. LM elaborated that he believed some patients would be better cared for in the community than in an acute hospital environment. SDu acknowledged the point, and commented that she had attended Dr Milton's clinic with her elderly mother, and the appointment took place only 10 days after the initial GP appointment. SDu continued that the service was excellent, and the notification of the appointment occurred by telephone, but the letter confirming the appointment details arrived 6 days after the appointment. AJ asked how this could have happened. DP firstly acknowledged SDu's positive comments, which he would relay to those involved. DP then explained that appointment letters were issued via an external company, and he believed the situation described was not a common occurrence. AJ replied that he was aware that similar instances had occurred previously, and asked who was responsible for performance related to outpatient letters. DP confirmed he was responsible. AJ asked that the issue be investigated and a response be provided. AG agreed to lead on the requested response.

Action: Provide a response to the delayed arrival of Outpatient clinic appointment notification letters that was reported at the Trust Board meeting on 25/01/17 (Chief Operating Officer, January 2017 onwards)

LM then stated that the key issue he took from SDu's anecdote was the beneficial effect of 'hot' Outpatient clinics. DP confirmed that a significant amount of capacity was being converted to such 'hot' clinics, to enable patients to be seen directly from their GP or from the Emergency Department. SDu commended this, noting that in her case the clinic had provided the GP with assurance that a longer-term referral (to secondary care) was not required.

KT then asked what LM and DP would request from the community, should they possess a 'magic wand'. LM replied that dialogue was required to increase the level of Social Care provision, to streamline patient admissions, even if this was undertaken at cost to the Trust. GD agreed, but stated that the aforementioned 'hot' clinics were a good example of the Trust demonstrating that it could contribute to reducing admissions. GD added that it would be beneficial if such efforts attracted financial reward, but he would also advocate that any additional funding made available should be allocated to Social Care.

SD stated that she understood from the presentation that certain areas had particular financial challenges, and asked for further details. DP replied that the largest challenge was in relation to non-substantive staffing costs, which was the key area of focus. DP elaborated that this included Medical, Nursing and Scientific Therapeutic and Technical (STT) staff. LM concurred, but noted that progress had been made, and £1.9m had been saved in totality from the whole Division.

KT asked whether the Directorate was fully aware of the potential opportunities arising from the Lord Carter efficiencies work. DP replied that a number of Service Line Reporting 'deep dive' reviews had been carried out, and all of the Lord Carter-related opportunities were being reviewed, with the aim of realising these as much as possible. DP continued that much of this focused on Length of Stay (LOS), but all opportunities were being investigated.

AJ thanked DP, AA and LM for their presentation, and appealed for them to maintain the progress described, particularly with regards recruitment to substantive posts.

1-9 Integrated Performance Report for December 2016

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

[N.B. The order of the sub-headings under item 1-9 reflects the order in which the items were considered at the meeting, rather than the order listed on the agenda]

Effectiveness / Responsiveness (incl. DTOCs)

A report was tabled (Attachment 4a), which included some information in relation to Cancer waiting time performance and Referral to Treatment (RTT) and elective activity that had been erroneously omitted from the circulated report (Attachment 4). AG then referred to the reports and highlighted the following points:

- Very high levels of Delayed Transfer of Care (DTOCs) had been experienced in December

- LOS had increased in December, as this was affected by difficulty in discharging patients
- The improvement in 2-week Cancer waiting time performance had been sustained for 4 months, so AG was confident that the changes that had been made were sustainable
- Performance on the 62-day Cancer waiting time target had experienced a setback in November. There had been fewer treatments in the month than planned, but this was largely due to patient choice and/or patients not being fit for treatment. A specific test had also been introduced to the Lung Cancer pathway, which had created delays, and there had also been some equipment-related delays in Urology

AJ referred to the 62-day Cancer waiting time target and noted that performance had not recovered to that required, and although he understood there were several issues involved, the performance had called him to question whether sufficient action had been taken. AG accepted the challenge, but noted that only a small number of Tumour sites still had unresolved issues, and for the lower Gastrointestinal (GI)/Colorectal Tumour site, all necessary actions were now in progress, including a start date for the “straight-to-test pathway”.

AJ asked why the Trust was consistently below its previous performance. AG replied that the volume of referrals had been the main factor, but much had been done to manage that volume. AG added that a number of patients referred from other hospitals had been subject to delays. AJ proposed that a detailed report on the matter be submitted to the Trust Board, involving those from the Cancer teams, within the next 2 months. This was agreed.

Action: Arrange for a detailed report on the Trust’s 62-day Cancer waiting time target performance to be submitted to the Trust Board (Chief Operating Officer, by March 2017)

AG then continued, and reported that elective activity had reduced beyond plan, despite a certain level of reduction being planned. SDu asked about the Maidstone Orthopaedic Unit (MOU). AG replied that bookings had increased, and the MOU beds were excluded from the baseline bed base at Maidstone Hospital (MH) and were not therefore used for inpatient escalation. AG added that the Unit was operating at circa 90% of capacity. SDu confirmed this was very reassuring. AJ agreed, and asked that AG notify the Trust Board if the MOU did not operate at full capacity in the future. AG agreed to the request.

SD then referred back to the Clinical Nurse Specialists’ workload described in Attachment 2, and asked whether the current permanent establishment of 3.4 WTE included Stoma Care. AG clarified that this was excluded. SD also asked whether the 3.4 WTE included the newly-appointed staff. AG confirmed such staff were not included in the reported WTE level.

Safe / Effectiveness / Caring

AB reported the following:

- A supplementary report (Attachment 6) had been circulated
- Performance on falls was rated as ‘green’ for the year to date, and although there had been a decline in performance in December, the situation had recovered in January. Falls was an issue of absolute focus, and although it was not shown on the Performance Dashboard, there had been a significant reduction in serious harm from falls, and a 40% reduction in falls-related Serious Incidents (SIs)

AJ commended the efforts regarding falls. AB added that the falls rate was at its lowest level, and the additional focus from application of the Period of Increased Incidence (PII) process had been beneficial.

AB then continued, and highlighted that the Friends and Family Test (FFT) response rates had reduced slightly in December, but this had been replicated nationally, as a result of capacity challenges. AB did however add that the positive scores for the A&E and Inpatient FFT had been maintained, despite such pressures.

Safe / Effectiveness (incl. HSMR)

PS reported the following:

- Mortality continues to be rated 'red'. This had been discussed at the Quality Committee 'deep dive' meeting on 04/01/17, and work continued, which included a review of healthcare records
- Crude mortality remained stable, and therefore work was required to understand the reasons for the increase in Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR). There appeared to be a particular issue in April 2016

KT asked whether PS had a timescale in mind by which the mortality indicators could be expected to reduce. PS replied that setting a timescale without a full understanding of the issues would not be beneficial. SDu agreed, emphasising that there needed to be a full understanding of why the Trust's SHMI was at 109. KT asked how long it would be before such an understanding was obtained. SDu replied that some investigation had occurred, and the matter would be considered at the Quality Committee each month until answers were forthcoming. KT asked for a date when such answers would be available. PS stated that it would be several months before the full picture was known, but each passing week resulted in further knowledge. KT stated that he did not feel assured. SDu gave assurance that monitoring would continue, and it was noted that a further update was scheduled for the Quality Committee 'deep dive' meeting on 06/02/17. PM added that he would lead the work once PS was no longer the Medical Director. AB pointed out that the only way of understanding the issue fully was to review individual patients' healthcare records. GD agreed, and noted that there were a manageable number of records to be reviewed. SDu gave assurance that the issue was an absolute priority for the Quality Committee.

Safe (infection control)

SM conveyed the following points:

- The Trust would probably achieve the planned performance for Clostridium difficile, providing that only 1 case was seen for each future month in 2016/17
- There had been no more cases of MRSA bacteraemia
- 4 bays on the AMU at TWH had been closed due to Norovirus, but it was hoped that these would re-open on the weekend of 28th/29th January
- Influenza A had been seen in 5 admitted patients, and there had been some concern expressed during the previous week, but additional screening had been introduced
- The Government were introducing a new target, for a 50% reduction of E. Coli bacteraemias by 2020. The Trust would be challenged on this from 2017/18, and a toolkit had been issued

Well-Led (finance)

SO reported the following:

- The Trust had a £1.3m deficit in December, which was adverse to plan by £0.3m
- The Trust had agreed to the control total for 2016/17, and therefore had access to the Sustainability and Transformation Fund (STF). However, the Trust had not achieved the NHS Constitutional access targets, so had not been able to access £0.7m of the available STF monies. £0.4m of finance-related STF monies had however been received
- Pay costs had been reduced, and Nurse Agency expenditure was below 2014/15 levels
- For the year to date, the Trust was just under £1m adverse to plan, with a £14.4m deficit
- The financial plans for Quarters 2 and 3 had been delivered, but Quarter 4 had always represented the major challenge. There was the proverbial 'mountain to climb', and time was short. There was a significant risk of £7m to delivery of the Financial Recovery Plan (FRP), and additional risks for income, which led to a significant risk to achieving the control total

SDu remarked that it was a strange decision to penalise Trusts that were in difficulty by withholding STF monies, and stated this fact should be noted. SO acknowledged the point, but highlighted the existence of an appeals process, which enabled Trusts to request STF monies if they felt that extenuating circumstances had affected their ability to achieve the NHS Constitutional targets.

Well-led (workforce)

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

- The hard work in continuing to undertake appraisals should be acknowledged, and particular praise should be directed towards the Estates and Facilities Department

- By the end of December, the Trust had vaccinated 66.6% of staff against influenza, compared to the national rate of 61.8%. Of local Trusts, KCHFT had vaccinated 52.9% of its staff, whilst MFT had vaccinated 74.9%

1-10 Detailed review of Length of Stay-related issues

AG referred to the report that had been circulated and made the following points:
- Regular reviews were undertaken with each speciality, to identify the areas where attention should be focused
- The Respiratory specialty used to perform very well on LOS, but the ability to recruit to permanent Consultant posts, and gaps in Medical rotas had been detrimental. However, the Lead Clinician for the specialty remained very focused on LOS

AJ referred to page 5, and asked whether the variation shown between the summer and winter for Diabetic Medicine was expected. PM stated that Diabetic ketoacidosis (DKA), an infection that affected diabetic patients, was seasonal, & was therefore likely to have a seasonal effect on LOS.

AG then continued, and highlighted the following points:
- Much work had been undertaken in Medicine, and this was now being extended to Trauma & Orthopaedics, as it was believed there were opportunities to improve LOS in that area
- Good progress had been made in relation to the proof of concept for Pathway 1 of the Home First initiative, but Pathway 2 had been constrained by the absence of community capacity

SDu commented that she was aware that the Abbyfield Nursing home in Tonbridge had circa 50 vacant rooms. AG acknowledged this, but remarked that a number of Nursing Homes were reluctant to offer their capacity, for a variety of reasons.

KT asked whether the Trust worked with Nursing Homes to prevent admissions from such locations. AG confirmed that liaison took place, but acknowledged that further work was required, and that this was planned, as part of the work regarding frail elderly patients.

AG then continued, and emphasised that LOS underpinned many issues across the Trust, and real-time data was required, as was increased capacity, in order to optimise the opportunities. SM added that from a clinical engagement perspective, further work was required with Junior Doctors, to ensure they understood the issues, and the purpose of reducing LOS. AJ asked when this work would be undertaken. SM confirmed this was planned over the next few weeks, and added that an audit of every discharge over a 2-week period would be carried out, to identify the specific issues leading to delay, to either confirm or deny the anecdotal claims that were often reported as the cause of delays, such as transport.

AJ asked whether sufficient resource was in place for the work. SM confirmed this was adequate, as there was dedicated support available from the PMO.

AJ then referred to page 11 and asked whether the “Initial 8 beds identified at Community Hospital as a Therapeutic led unit” were the 8 beds the Trust had previously vacated at Tonbridge Cottage Hospital. AG confirmed this was the case. AJ asked about the capacity at Sevenoaks Hospital. PM stated that West Kent Clinical Commissioning Group (CCG) had decided that they would not provide funding for the beds at that hospital, but added that the CCG were regularly asked about such beds at the A&E Delivery Board meeting.

KT referred to page 14 and asked about “EKBI”. AG replied that this related to “East Kent Business Intelligence”. KT also asked about the “Transformational change management, with input from external company” remark on page 16. AG clarified that the Trust was working with “The Advisory Board”.

Quality Items

1-11 Supplementary Report on Quality and Patient Safety

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

- An internal assurance process in relation to compliance with the Care Quality Commission (CQC) domains had been in place since May 2016. 7 mock CQC inspections had been undertaken to date, and Estates and Facilities would be reviewed in February 2017
- Some key themes had emerged, which highlighted good practice as well as areas of inconsistency that were common at other Trusts
- The findings were presented to Ward Managers and Matrons, and the intention was to re-focus on the basic aspects of care
- There was an continuing programme, and the Quality Improvement Plan (QIP) previously reviewed by the Trust Board was also being reviewed to ensure the supporting evidence was comprehensive

1-12 Planned and actual ward staffing for December 2016

AB referred to the circulated report and pointed out that 2 Wards (30 and 31) were rated as 'amber', as a result of the length of time taken to recruit staff to these Wards. AB added that the issue had been discussed at the last 'main' Quality Committee, and noted that although some appointments had been made, these involved junior staff, so the involvement of Practice Development Nurses was required.

1-13 Trust Board Members' hospital visits

The circulated report was noted. AJ reminded all Trust Board Members to ensure that any visits they made were recorded.

Assurance and Policy

1-14 Emergency Planning update (annual report to Board)

AG referred to the circulated report and invited questions or comments. SDu referred to page 3 and asked what a "loggist" was. AG explained this was an individual who logged the events, and that "loggist" was a nationally-used term.

PS commended the work being undertaken with the helicopter providers. GD agreed.

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

1-15 Quality Committee, 04/01/17 & 11/01/17 (incl. approval of revised Terms of Reference)

SDu referred to the circulated report and highlighted the following points:
- The Quality Committee 'deep dive' had focused on mortality
- Directorates were becoming more engaged in the 'main' Quality Committee, and the Directorate reporting process was developing well
- Revised Terms of Reference had been submitted, for approval

The revised Terms of Reference were approved as circulated.

1-16 Trust Management Executive, 18/01/17

JL referred to the circulated report and highlighted that the new contractual arrangements with West Kent CCG had been discussed in detail, and a presentation had been given on the development of 7 day services.

1-17 Finance Committee, 23/01/17

SDu referred to the circulated report and highlighted the following points:
- Considerable work had been undertaken in response to FSM, ahead of the next review meeting with NHS Improvement on 30/01/17. However, more work was required before that meeting
- The 2017-19 contract with West Kent CCG was being developed, and this would be discussed further in the 'Part 2' Board meeting scheduled for later that day
- The Committee wished to highlight to the Board, its concern at the recent formal request by West Kent CCG for the Trust to reduce elective activity (which had erroneously been stated in

the circulated report as “non-elective”), the unsatisfactory arrangements for the management of the waiting list backlog, and the need for the Trust Board to consider a formal written response
- The Committee’s concerns regarding the unpaid invoices to CCGs in respect of the Trust’s costs for hosting the Sustainability and Transformation Plan (STP), as well as raising the wider issue of the governance of expenditure on STP had now been allayed

AG emphasised that the Trust was currently working through the implications of West Kent CCG’s aforementioned request to reduce elective activity. AJ said that the Trust should not be blamed for the consequences of the CCG’s decision.

Other matters

1-18 Update on Guardian of Safe Working Hours

RH referred to the circulated report and highlighted the following points:
- Dr Milner had been appointed to the role of the Guardian of Safe Working Hours
- The Guardian of Safe Working Hours would submit a report to Workforce Committee in March 2017, which would then be submitted to the Board

KT referred to the statement on page 6 that that “The guardian has the power to levy financial penalties against departments where safe working hours are breached”, and asked for further details. RH explained that fines could be levied and used for the benefit of Junior Doctors, such as for the Doctors’ Mess, but as the Junior Doctors contract was new, further discussions would be required to ensure this was understood by all relevant parties.

1-19 To consider any other business

There was no other business.

1-20 To receive any questions from members of the public

There were no questions.

1-21 To approve the motion that in pursuance of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public now be excluded from the meeting by reason of the confidential nature of the business to be transacted

The motion was approved.

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting – February 2017

2-4 Log of outstanding actions from previous meetings — Chairman

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress [1]
1-9 (Jan 17)	Arrange for a detailed report on the Trust's 62-day Cancer waiting time target performance to be submitted to the Trust Board	Chief Operating Officer	By March 2017	A report has been scheduled to be submitted to the Trust Board meeting in March 2017

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
1-6 (Jan 17)	Arrange for formal communication to be issued, expressing the Trust Board's gratitude to staff, in light of their response to recent operational pressures	Trust Secretary	January 2017	A letter signed by the Chairman of the Trust Board was posted on the Trust Intranet, and publicised via the Chief Executive's weekly update on 27/01/17
1-7i (Jan 17)	Liaise to schedule a date for the Quality Committee to receive a response to the recommendations within the Preventing Future Deaths (PFD) report to be issued by HM Coroner following the Inquest into the death of Mrs Cappuccini	Trust Secretary / Medical Director / Chief Nurse	January 2017 onwards	The response to the PFD report has been provisionally scheduled to be received at the 'main' Quality Committee in March 2017, before this is submitted to HM Coroner
1-7ii (Jan 17)	Arrange for a letter of thanks, from the Trust Board, to be hand-delivered to Sue Chapman (Discharge Lounge Nurse), in recognition of her efforts to provide staff who were undergoing treatment for serious illnesses with a Christmas hamper	Chairman of the Trust Board / Trust Secretary	January 2017	A letter signed by the Chairman of the Trust Board was hand-delivered (by the Chairman) to Ms Chapman on 01/02/17
1-8 (Jan 17)	Provide a response to the delayed arrival of Outpatient clinic appointment notification	Chief Operating Officer	February 2017	The process for urgent appointments is by phonecall, followed by letter confirmation. It has been confirmed that once the

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

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
	letters that was reported at the Trust Board meeting on 25/01/17			letter is generated from the PAS (PatientCentre) it can be traced to look for the delay, once the Trust has been notified that the letter has not been received. Letters posted by 2nd class post are expected to take around 3 to 4 days to arrive.

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
12-8iii (Dec 16)	Arrange for the next Trust Board 'Away Day' to discuss the 'new normal' levels of clinical activity seen at the Trust	Trust Secretary	spring 2016	The issue will be added to the agenda of the next 'Away Day', when the scheduling is confirmed
1-4 (Jan 17)	Submit a report to the Trust Board, in March 2017, on the progress being made in relation to Medical productivity / Workforce Transformation Programme	Deputy Chief Executive	March 2017	The item has been scheduled for March 2017

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – February 2017

2-7	Chief Executive's Update	Chief Executive

Summary / key points

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

1. Since our last Board meeting MTW has continued to make patient safety its absolute priority through our on-going focus on learning and change.

   We have seen increased focus throughout MTW on the importance of reporting medication incidents, as part of our medicines optimisation project. This is so we can protect patients from avoidable harm by learning where we went wrong.

   A range of topics have been covered including the importance of reducing missed and delayed doses of time critical medicines and methods to achieve this and getting the most out of medicines (including launching a `Green Bag Scheme' for patients to improve the information they receive about medicines).

   We are also placing a huge focus on VTE (venous thromboembolism) prevention this month, as part our Trust's patient safety calendar. While we have a good record in relation to VTE prevention, we need to ensure we continue to implement all the actions to prevent our patients from developing VTE. This includes educating our patients about VTE prevention.

   The importance of maintaining our safety focus is uttermost in our minds at all times, and remains the case as we work through periods of peak demand.

   The NHS is providing emergency care for more patients than ever before, and many more of these patients now require urgent, unplanned hospital admission with potentially prolonged periods of hospitalisation.

   At the same time, we are doing everything possible to meet the appointments our patients have with us for pre-planned procedures but despite our best efforts, cancellation of planned surgery has been necessary when demand for emergency care reaches the kinds of unparalleled levels we have been experiencing.

   We recognise that this can be frustrating for our patients and we are working across health and social care to address the collective problems and challenges we are facing, particularly with timely discharge of patients with complex health and social care needs.

   Our A&E departments at Maidstone and Tunbridge Wells hospitals admitted 11% more patients in January than they did for the same month the previous year. This reflects a trend throughout 2016 and the start of the 2017. While our hospitals remain extremely busy, I regularly receive feedback from patients and relatives impressing their gratitude for the quality and compassion of the care they have received at MTW.

   While we focus on patient safety and wellbeing at all times, we also continue to recognise the individual and collective efforts of our colleagues who are working tirelessly to provide our services. I draw your attention to outstanding areas of staff achievement later in my report.

2. We continue to work closely with NHS Improvement on our financial position. Our most recent discussions have reflected on the extent to which our staff and therefore our organisation as a whole, has clearly taken responsibility for spending money carefully and wisely. Our challenge is now two-fold – to maintain the momentum we have built, delivering financial efficiencies through February and March and to put together a robust plan for 2017/18. The next year will bring fresh challenges but, if we do what we need to do, we will be able to look to the future with real confidence.

3. Mark Cynk, MTW Consultant Urological Surgeon, and his team recently performed their 1,000th laser prostate operation. Patients are experiencing better outcomes and shorter stays in hospital as a consequence of our work in this area, which is being shared with surgeons from the UK, Europe, USA and worldwide via training courses at Maidstone.

4. A group of A&E staff have been trained in basic sign language so they can introduce themselves to people who have difficulties with hearing or communication. This is the latest initiative to come from our A&E departments to help improve our patient experience.

5. I would like to commend the actions of Ward Manager Angie Cooke, one of our Senior Nurses at Tunbridge Wells Hospital, who helped save a man's life. Angie provided lifesaving CPR after the man had a cardiac arrest at the wheel of his car. She acted with great selflessness and is a credit to the organisation and to the community as a whole.

   We know our staff consistently go the extra mile and I was equally proud to learn of, and commend the actions of, Becky Hayton, an Oncology Research Nurse, and staff in the Peggy Wood Brest Care Centre, who helped save someone's life. Becky performed CPR on a man who collapsed and stopped breathing in the Centre waiting area, while other colleagues assisted. Their collective efforts undoubtedly helped achieve a good outcome and have been described as an excellent team effort, reflecting the highest levels of organisation and professionalism.

   Our organisation has recently been involved in training young people in basic life-saving skills. A team of nurses, paramedics and community first responders from MTW and the SECAMB recently delivered life-saving skills training to over 150 students at Cornwallis Academy in Maidstone. It is hoped that this kind of community outreach initiative will give more young people key skills and confidence to administer CPR in an emergency.

6. Congratulations to Gemma Craig and Helen Burn who have been awarded two of the 27 national Florence Nightingale Scholarships for 2017. During the year they will have some fantastic opportunities to develop leadership skills whilst undertaking projects to improve patient care. They were chosen from over 100 applicants.

7. Our latest staff awards for outstanding achievement have been presented to the Endoscopy Decontamination team and Sabita Raj, Staff Nurse in Theatre recovery.

8. I would like to pay tribute to one of our former colleagues, Valerie Shirley, who has passed away. Valerie set up our Occupational Health counselling service 18 years ago and only retired last March shortly before her 70th birthday. Prior to her role with Occupational Health, she was a counsellor in the oncology department and nurse not only in the UK but around the world as well, providing care and support to many throughout her career.

Which Committees have reviewed the information prior to Board submission?

- n/a

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

Information and assurance

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

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting – February 2017

2-9 Board Assurance Framework (BAF) 2016/17 Trust Secretary

The management of the BAF and link with the Risk Register

The Board Assurance Framework (BAF) is the document through which the Trust Board identifies the principal risks to the Trust meeting its agreed objectives, and to ensure adequate controls and measures are in place to manage those risks. The ultimate aim of the BAF is to help ensure that the objectives agreed by the Board are met. The BAF is managed by the Trust Secretary, who liaises with each "Responsible Director" to ensure that the document is updated throughout the year. The BAF differs from the Risk Register in that the BAF should only contain a sub-set of risks on the Risk Register: those that pose a direct threat to the achievement of the Trust's objectives.

Review by the Audit and Governance Committee

The BAF was reviewed by the Audit and Governance C'ttee on 02/02/17, and it was agreed that the question "Is the Committee assured that actions reported as being undertaken are satisfactorily evidenced?" should be added to the prompts in the BAF report (this has been added below). Since the Committee's review, the BAF has been updated with the latest monthly performance.

Summary

Objective	Confidence[1]
1.a. To reduce the falls rate to less than 6.2 per 1,000 occupied bed days	Green
2.a. To achieve an average maximum Length of Stay for elective care of 3.2 days	Amber Red
2.b. To achieve an average maximum Length of Stay for non-elective care of 6.8 days	Amber Red
3.a. To reduce the vacancy rate to 8.5%	Green
4.a. To maintain operational liquidity whilst reducing working capital (from the planned level for 16/17)	Red
4.b. To deliver the control total for 2016/17	Red
5.a. To deliver the Trust's 2016/17 agreed trajectory regarding the 62-day Cancer waiting time target	Red

Review by the Trust Board

This is the third time during 2016/17 that the Board has seen the populated BAF, following the last review in November 2016. Board Members will recall that at that meeting, it was agreed to change the wording of objective 4.b, from "To improve on the Trust's Income and Expenditure plan for 2016/17" to "To deliver the control total for 2016/17". This change has now been made. Board members are asked to review and critique the content, by considering the following prompts:

- Are the objectives appropriately described? Should the wording of any be amended?
- Do the RAG ratings of the sufficiency of the actions taken reflect the situation as understood by the Board (and its sub-committees)?
- Do the RAG ratings of confidence that the objective will be achieved reflect the situation as understood by the Board (and its sub-committees)?
- Is the Board assured that actions reported as being undertaken are satisfactorily evidenced?
- Does any of the content require further explanation?
- Does the format of the BAF need to be amended?

The Board is reminded of the options available to it, in terms of a response, which include:

- Accepting the information as submitted;
- Requesting amendments, to objectives, risks, ratings and/or content;
- Requesting further information on any of the BAF items;
- Requesting that a Board sub-committee review the risks to an objective in more detail

Which Committees have reviewed the information prior to Board submission?

- Audit and Governance Committee, 02/02/17
- Trust Management Executive, 15/02/17
- Finance Committee, 20/02/17 (objective 4 only)

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

Review

[1] This is the confidence of the Responsible Director that the objective will be achieved by the end of 2016/17

[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

Board Assurance Framework 2016/17

Maidstone and Tunbridge Wells NHS Trust

What is the key risk? *Main risk*

1 The Trust fails to improve key aspects of clinical care and safety

What does the Trust want to achieve? [3] *Objective*

1.a To reduce the falls rate to less than 6.2 per 1,000 occupied bed days

Relevant CQC domain/s: Safe ☒ Effective ☒ Caring ☒ Responsive ☐ Well-led ☒

What could prevent this objective being achieved? *Risks to objectives*

1. Insufficient senior leadership and commitment
2. Insufficient clarity of the performance required by each Ward, & the monitoring of such performance
3. Insufficient engagement by Wards and staff
4. The falls-related documentation not being fit for purpose

What actions have been taken in response to the above issues? *Controls*

a. A Task and Finish group for reducing falls has been established, chaired by the Chief Nurse and supported by the Director of Infection Prevention and Control and Deputy Chief Executive (1)
b. The Falls Review Panel has been strengthened with Executive Director leadership (Chief Nurse) (2)
c. Individualised thresholds have been set for each Ward, and the Falls Review Panel meets with each Ward team that exceeds their threshold as part of the wider review of practice (2)
d. The Period of Increased Incidence (PII) monitoring framework used in infection control has been revised for use in falls prevention (2)
e. The Terms of Reference for the Slips, Trips and Falls Group have been reviewed, to engage and representation from all staff groups (3)
f. A dashboard has been developed to enable falls data to be collated and viewed in one place (2)
g. The Programme Management Office (PMO) is providing support to undertake data analysis (2)
h. Nursing assessment documents for falls prevention has been reviewed (4)
i. There is a comprehensive action plan to address the areas identified as requiring improvement from the National Falls Audit (1, 2, 3, 4)

Are the actions that had been planned for this point been taken? *Gaps in control*

September 2016			November 2016			February 2017		
Yes	Partly	No	Yes	Partly	No	Yes	Partly	No
☒	☐	☐	☒	☐	☐	☒	☐	☐

If "Partly" or "No", please explain

1. N/A

Where can assurance be obtained on the actions taken to date? *Sources of assurance*

1. The Trust Performance Dashboard (which contains the "Rate of Total Patient Falls", the "Rate of Total Patient Falls Maidstone", "Rate of Total Patient Falls TWells" the number of "Falls - SIs in month") and Integrated Performance Report graphs (which shows the "Rate of Falls" graphically)
2. Quality Accounts priorities progress reports to the Patient Experience C'ttee and Quality C'ttee
3. The 'Quality and Governance' bi-monthly report to the Trust Clinical Governance Committee, which shows the "Rate of Patient Falls per 1,000 Occupied Beddays", and the number of Falls resulting in "No Harm", "Low Harm", "Moderate Harm", and "Severe Harm") and provides a commentary on the latest position; and also includes the falls data for each Directorate at both hospital sites

Do we have all the data needed to judge performance? Yes ☒ No ☐ *Gaps in assurance*

If "No", what other data is needed?

1. N/A

Risk owner/s:	Responsible Director:	Main committee/s responsible for oversight:
Chief Nurse / Medical Director	Chief Nurse	Trust Clinical Governance Committee / Quality Committee

How confident is the Responsible Director that the objective will be achieved by the end of 2016/17? [4]

September 2016			November 2016			February 2017		
☒	☐	☐	☒	☐	☐	☒	☐	☐

Rationale for rating (including details of the further action planned for any "Amber" or "Red" ratings):

- The rate for month 10 (January) was 7.2, whilst the rate for the year to date (to month 10) was 6.0

[3] In July 2016, the Trust Board approved the proposal to focus on a deliberately small number of higher-level objectives to act as proxy indicators (i.e. a 'litmus test') for broader performance

[4] "G": No reason to doubt that the objective won't be achieved; "R": Serious doubts exist regarding achievement

Board Assurance Framework 2016/17

Maidstone and Tunbridge Wells NHS Trust

What is the key risk? *Main risk*

2 The Trust is unable to manage (either clinically or financially) during the winter period

What does the Trust want to achieve? [5] *Objective*

2.a To achieve an average maximum Length of Stay for elective care of 3.2 days

2.b To achieve an average maximum Length of Stay for non-elective care of 6.8 days

Relevant CQC domain/s: Safe ☐ Effective ☒ Caring ☐ Responsive ☐ Well-led ☒

What could prevent this objective being achieved? *Risks to objectives*

1. Insufficient senior leadership and commitment
2. Insufficient engagement by clinical staff
3. Insufficient clarity over the performance required
4. Insufficient framework to drive patient flow
5. Poorly designed ambulatory pathways
6. Insufficient 'pull' of patients from outside of Wards
7. Insufficient incentives for good performance
8. Insufficient awareness of the action required
9. Lack of capability & capacity re complex discharges
10. Lack of optimal use of community hospitals
11. Insufficient capacity for non-elective patients
12. Insufficient change in discharge management out of the Trust (i.e. inability to deliver system-wide)
13. Delay in implementation of all the elements of the 'Home First' initiative
14. Continued rise in non-elective demand

What actions have been taken in response to the above issues? *Controls*

a. The LOS programme is led by the Chief Operating Officer as Executive Sponsor, with the ADNS for Planned Care and Oncology as Project Lead. The Clinical Director (CD) for Diagnostics & Pharmacy (D&P) is also the Clinical Lead for LOS (1)

b. "Perfect Discharge Week" has been rolled out across all wards, led by SAFER project team including senior presence on focused Wards (1, 2)

c. Key metrics have been set at Ward level to increase discharges before 10am, before 12pm & the flow of patients to the Discharge Lounge (3)

d. Implementation of, and monitoring of, the SAFER (*S*enior review, *A*nticipate, *F*low, *E*arlier discharges, *R*eact to delays & waits) framework (4)

e. The Breakfast Club in the Discharge Lounge aims to 'pull' patients from Wards before 10am (6)

f. Communication plan , to highlight the importance of early discharges. Badges, posters, etc. have been produced for use on the Wards (8)

g. An external company, CHS, has been engaged to support complex discharges (9)

h. Weekly conference call now fully established re the flow in community hospitals (10)

i. Bed configuration plans for Tun. Wells Hosp (11)

j. The availability of the 'Hilton' model (which enables more complex patients to be settled at home) has been increased to the Sevenoaks area (10)

k. The Trust initiated an Emergency Pressures meeting (on 23/09) with WK CCG, KCC, Kent Comm. Health NHS FT, & Kent and Medway NHS and Social Care Partnership Trust, which clarified the commitment from system partners to support the management of complex patients out of hospital (12, 13 & 14)

l. The "Home First" initiative has been launched. There are 3 Pathways, and Pathway 1 had its 'Proof of Concept' initiated on 05/12/16 (for Maidstone A&E, Maidstone AMU and Chaucer Ward), and was extended to Whatman Ward, Ward 12 and Tunbridge Wells A&E and AMU in January 2017 (13)

m. A Task & Finish group led by the Clinical Lead for LOS is driving the completion of Electronic discharge notifications (EDNs) the day before (1, 2)

n. Clinical Leads have been appointed in Directorates, with additional Programmed Activity (PA) support, to increase clinical 'buy in' and leadership (2)

o. There is also a continued emphasis on identifying where "Day before" actions are not fully implemented, with intensive focus on those areas

Are the actions that had been planned for this point been taken? *Gaps in control*

	September 2016	November 2016	February 2017
Yes	☒	☒	☒
Partly	☐	☐	☐
No	☐	☐	☐

If "Partly" or "No", please explain

1. N/A

Where can assurance be obtained on the actions taken to date? *Sources of assurance*

1. Progress report to the Quality Committee and Trust Management Executive in September 2016, and updates to the 'main' Quality Committee in
2. The Trust Performance Dashboard
3. "Detailed review of Length of Stay-related issues" item at the January 2017 Trust Board

[5] In July 2016, the Trust Board approved the proposal to focus on a deliberately small number of higher-level objectives to act as proxy indicators (i.e. a 'litmus test') for broader performance

November 2016 and January 2017

Do we have all the data needed to judge performance? Yes ☒ No ☐ *Gaps in assurance*

If "No", what other data is needed?

1. N/A

Risk owner:	**Responsible Director:**	**Main committee/s responsible for oversight:**
Chief Operating Officer	Chief Operating Officer	Trust Management Executive / Trust Board

Continued overleaf

How confident is the Responsible Director that the objective will be achieved by the end of 2016/17?[6]

September 2016	November 2016	February 2017
☐ ☒ ☒	☐ ☒ ☒	☐ ☒ ☒

Rationale for rating (including details of the further action planned for any "Amber" or "Red" ratings):

An 'Amber/Red' rating has been selected, as for the year to date (month 10), the "Average LOS Elective" is 3.33 days, whilst the "Average LOS Non-Elective" is 7.73 days. However there were mitigating circumstances, including December 2016 seeing the highest level of Delayed Transfers of Care (DTOCs), at 8%. Ambulatory pathways were rolled out at Tunbridge Wells Hospital in July 2016, led by the Directorate, but due to high escalation these were not been optimised. Pathways are in place at Maidstone but these need further embedding. The actions taken and/or planned are therefore felt to be the correct actions required, but achieving the average LOS targets listed above may not be achieved until the end of Quarter 2, 2017/18. This level of confidence is affected by the fact that there has been no reduction in non-elective demand. However, despite this, measures have been constantly applied to ensure patient flow continued during recent weeks.

[6] "G": No reason to doubt that the objective won't be achieved; "R": Serious doubts exist regarding achievement

Board Assurance Framework 2016/17

Maidstone and Tunbridge Wells NHS Trust

What is the key risk? *Main risk*

3 The Trust does not have the correct level of substantive workforce for effective delivery

What does the Trust want to achieve? [7] *Objective*

3.a To reduce the vacancy rate to 8.5%

Relevant CQC domain/s: Safe ☐ Effective ☒ Caring ☐ Responsive ☐ Well-led ☒

What could prevent this objective being achieved? *Risks to objectives*

1. National shortage of certain staff groups
2. Lack of clarity/focus on the key actions required
3. A lack of clarity over the performance required by each Directorate, and the monitoring of such performance
4. Inefficiency of recruitment processes
5. Lack of urgency/commitment by recruiting managers
6. Uncertainty over the status of vacancies

What actions have been taken in response? *Controls*

a. The Trust Workforce Strategy 2015-20 and associated workplan ("Recruitment & Retention" is the first of 6 workforce priorities) (1, 2, 3)
b. Nurse Recruitment and Retention Group (Chaired by the Chief Nurse) (5)
c. Increased recruitment staffing resource (4)
d. Divisional New Ways of Working Task and Finish Groups (4, 5)
e. Vacancies have been reviewed (as part of the Financial Recovery Plan) and a number of vacancies have been removed (6)
f. Establishments and workforce requirements have been reviewed as part of the Business Planning process for 2017/18 and 2018/19

Are the actions that had been planned for this point been taken? *Gaps in control*

September 2016			November 2016			February 2017		
Yes	Partly	No	Yes	Partly	No	Yes	Partly	No
☒	☐	☐	☒	☐	☐	☒	☐	☐

If "Partly" or "No", please explain

1. N/A

Where can assurance be obtained on the actions taken to date? *Sources of assurance*

1. The Trust Performance Dashboard (which contains the "Vacancy %")
2. Reports to the Workforce Committee (which includes a commentary on the latest issues regarding the vacancy rate)
3. Directorate performance dashboards
4. The Chief Nurse's report to the October 2016 Trust Board regarding Nursing staffing levels
5. The monthly Planned and Actual Ward Staffing reports to the Board (re the establishments)

Do we have all the data needed to judge performance? Yes ☒ No ☐ *Gaps in assurance*

If "No", what other data is needed?

1. N/A

Risk owner:	**Responsible Director:**	**Main committee/s responsible for oversight:**
Director of Workforce	Director of Workforce	Trust Management Executive / Workforce Committee / Trust Board

How confident is the Responsible Director that the objective will be achieved by the end of 2016/17? [8]

September 2016	November 2016	February 2017
☒ ☐ ☐	☒ ☐ ☐	☒ ☐ ☐

Rationale for rating (including details of the further action planned for any "Amber" or "Red" ratings):

- The vacancy rate for the year to date (at month 10, 2016/17) is 7.7%

[7] In July 2016, the Trust Board approved the proposal to focus on a deliberately small number of higher-level objectives to act as proxy indicators (i.e. a 'litmus test') for broader performance

[8] "G": No reason to doubt that the objective won't be achieved; "R": Serious doubts exist regarding achievement

Board Assurance Framework 2016/17

Maidstone and Tunbridge Wells NHS Trust

What is the key risk? *Main risk*

4 The Trust fails to demonstrate an ability to achieve future financial viability

What does the Trust want to achieve? [9] *Objective*

4.a To maintain operational liquidity whilst reducing working capital (from the planned level for 2016/17)

4.b To deliver the control total for 2016/17 (N.B. Until Nov. '16, this was "To improve on the Trust's Income and Expenditure plan for 2016/17")

Relevant CQC domain/s: Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well-led ☒

What could prevent this objective being achieved? *Risks to objectives*

1. A lack of senior leadership and commitment
2. Poor financial controls and/or their application
3. Lack of urgency/commitment by managers
4. Lack of capability and capacity in key areas
5. If the Financial Recovery Plan (FRP) was developed without consideration of best practice elsewhere
6. NHS Improvement (NHSI) not accepting the FRP
7. Insufficient engagement with external stakeholders

What actions have been taken in response? *Controls*

a. The Executive have taken urgent action to mobilise the organisation since the Trust was put into Financial Special Measures (1)
b. Control targets have been set for each Directorate to reduce their cost run rate (2)
c. A number of 'Grip and Control' measures have been implemented to ensure delivery of the Plan (e.g. increased and improved communication, increasing financial awareness, which is leading to behavioural change across the Trust)) (2, 3)
d. Launch sessions have been held along with several FRP sessions with Directorates, and a series of Executive Challenge sessions (3)
e. A new Performance Management Framework has been implemented (3)
f. A review of capacity and capability across the organisation has been undertaken, to ensure the appropriate resource (Finance, PMO, Operational teams) is in place to deliver the Plan (4)
g. The FRP was informed by the Phase 1 Financial Improvement Programme report from KPMG LLP & by the guidance and advice from NHSI (including that from the Finance Improvement Director) (5, 6)
h. At first review meeting with NHSI, on 21/09/16, the Trust agreed to the control total of a £4.7m deficit for 2016/17. This agreement 'unlocked' a number of funds, including the Sustainability and Transformation Fund (STF) and also meant the Trust would not be subject to contractual penalties
i. Since the second review meeting with NHSI, on 23/11/16, 7 specific actions were identified by NHSI, and there has been progress made on these, ahead of the next review meeting on 30/01/17
j. Action has been taken to engage with external stakeholders, including agreeing an aligned incentives contract with West Kent CCG for 2017/18

Are the actions that had been planned for this point been taken? *Gaps in control*

September 2016			November 2016			February 2017		
Yes	Partly	No	Yes	Partly	No	Yes	Partly	No
☐	☒	☐	☐	☒	☐	☐	☒	☐

If "Partly" or "No", please explain

1. 3 of the 7 actions identified by NHSI are incomplete (the agreement of a 2016/17 year end settlement with West Kent CCG; identifying an additional £3.5m in cost reduction schemes by 30/01/17; and to improve the risk adjusted position for 2017/18)

Where can assurance be obtained on the actions taken to date? *Sources of assurance*

1. FRP report to Quality Committee and Trust Board, September 2016
2. Fortnightly FRP challenge sessions with the Exec.
3. Weekly FRP performance 'flash' reports to the Exec.
4. Monthly financial performance (including liquidity) reports to TME, Finance Committee and Board
5. Monthly FRP updates to TME and Finance C'ttee

Do we have all the data needed to judge performance? Yes ☒ No ☐ *Gaps in assurance*

If "No", what other data is needed?

1. N/A

Risk owner:	Responsible Director:	Main committee/s responsible for oversight:
Director of Finance	Director of Finance	Finance Committee / Trust Board

[9] In July 2016, the Trust Board approved the proposal to focus on a deliberately small number of higher-level objectives to act as proxy indicators (i.e. a 'litmus test') for broader performance

How confident is the Responsible Director that the objective will be achieved by the end of 2016/17?[10]

September 2016	November 2016	February 2017
☐ ☒ ☐	☐ ☒ ☐	☐ ☐ ☒

Rationale for rating (including details of the further action planned for any "Amber" or "Red" ratings):

- There remains a significant amount of risk to the delivery of the control total. The deficit to date (at month 10) was £14.1m, against a planned deficit of £9.9m i.e. £4.2m adverse to plan

[10] "G": No reason to doubt that the objective won't be achieved; "R": Serious doubts exist regarding achievement

Board Assurance Framework 2016/17

Maidstone and Tunbridge Wells NHS Trust

What is the key risk? *Main risk*

5 The Trust fails to maintain and improve its reputation as a Cancer provider

What does the Trust want to achieve? [11] *Objective*

5.a To deliver the Trust's 2016/17 agreed trajectory regarding the 62-day Cancer waiting time target

Relevant CQC domain/s: Safe ☐ Effective ☒ Caring ☐ Responsive ☒ Well-led ☒

What could prevent this objective being achieved? *Risks to objectives*

1. Insufficient engagement by clinical staff outside of the Cancer and Haematology Directorate
2. Pathways may not be optimal in relation to achieving the required performance
3. Insufficient communication of the performance required outside of the Cancer and Haematology Directorate (only $^{1}/_{3}$ of the delivery is within the control of the Cancer and Haematology Directorate – the remainder is within Diagnostics, Surgery and Medicine)

What actions have been taken in response? *Controls*

a. Two Cancer Summits, and Tumour Site-specific workshops (to focus on particular specialities) have been held. A further Trust-wide Summit meeting is scheduled for 26/02/17, and areas of further focus will be identified from this (1, 3)
b. The issues have been discussed in Governance meetings & the Cancer Clinical Board (1, 3)
c. There are weekly Patient tracking Lists (PTLs) for each Cancer site and for other providers (3)
d. Changes are being made to pathways (2)
e. Action/Recovery Plans are in place for each of the tumour sites (1, 3)
f. Individual Cancer pathway workshops are taking place, to focus on key issues in those specific areas (i.e. Breast, Lung, Colorectal)
g. There has been improved engagement with all specialties, which has increased focus and accountability

Are the actions that had been planned for this point been taken? *Gaps in control*

September 2016			November 2016			February 2017		
Yes	Partly	No	Yes	Partly	No	Yes	Partly	No
☐	☒	☐	☐	☒	☐	☒	☐	☐

If "Partly" or "No", please explain

1. A 'Yes' rating is accurate, but actions will be revised/adjusted until the required performance is achieved

Where can assurance be obtained on the actions taken to date? *Sources of assurance*

1. The Trust Performance Dashboard
2. Directorate reports to the Trust Clinical Governance Committee & Trust Management Executive

Do we have all the data needed to judge performance? Yes ☒ No ☐ *Gaps in assurance*

If "No", what other data is needed?

1. N/A

Risk owner:	Responsible Director:	Main committee/s responsible for oversight:
Chief Operating Officer	Chief Operating Officer	Trust Management Executive / Trust Board

How confident is the Responsible Director that the objective will be achieved by the end of 2016/17? [12]

September 2016			November 2016			February 2017		
☒	☐	☐	☒	☐	☐	☐	☐	☒

Rationale for rating (including details of the further action planned for any "Amber" or "Red" ratings):

- At month 9, 2016/17, the "Cancer 62 day wait - First Definitive" performance (overall) for the quarter to date is 70.3%, but for MTW patients only is 76.3%. This compares to the target performance of 85.2% & 85% respectively
- Performance will not reach the target level by April 2017, and the trajectory therefore needs to be re-assessed to determine when the required level of performance will be achieved. There has however been 4 months of stable performance against the 2-week waiting time target, which is a good 'launch pad' for the 62-day target.

[11] In July 2016, the Trust Board approved the proposal to focus on a deliberately small number of higher-level objectives to act as proxy indicators (i.e. a 'litmus test') for broader performance

[12] "G": No reason to doubt that the objective won't be achieved; "R": Serious doubts exist regarding achievement

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – February 2017

2-10 Integrated performance report for January 2017 Chief Executive

The enclosed report includes:

- The 'story of the month' for January 2017
- An update on the "Trauma and Orthopaedics 2020" programme
- A Workforce update
- The Trust performance dashboard
- An explanation of the Statistical Process Control charts which are featured in the "Integrated performance charts" section
- Integrated performance charts

Which Committees have reviewed the information prior to Board submission?

- Trust Management Executive, 15/02/16 (performance dashboard)

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

Discussion and scrutiny

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

'Story of the month' for January 2017

Responsiveness

At the end of month 10 the Trust is underperforming against the constitutional standards for emergency 4 hour standard, RTT and cancer 62 day first definitive treatment.

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

Performance for the Trust for January is 76.4% against an improvement trajectory 90%. This underperformance is on par with the majority of local Trusts and in line with the national picture. A&E Attendances are 6.4% higher than at the same period in 2016-17, but conforming very closely to the activity model that was produced this year, based on our own assessment of likely activity levels. Along with the focus on the internal professional standards for the Emergency Department there is a also a clear focus on delivering ambulatory pathways and LOS improvement as the key enablers to improve capacity and flow of patients to achieve safe and effective admission and discharges of patients. Implementation of Home First is a key initiative for the Trust to manage complex discharges, particularly for patients requiring further care in a nursing home. The Trust continues to work with the CCG, the community Trust and KCC to deliver Home First in West Kent.

Non-elective activity highlights

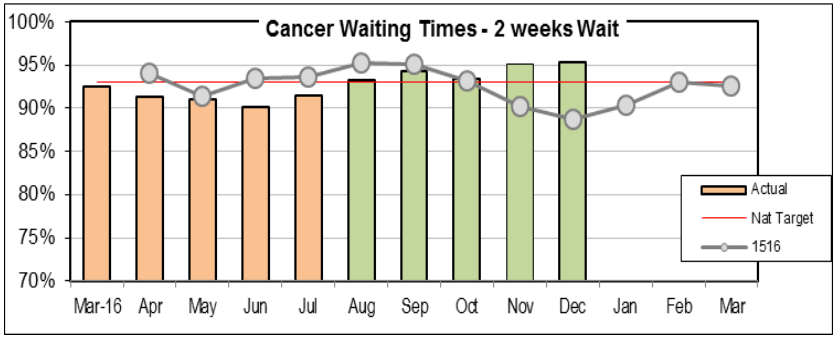
- Non-Elective Activity was 9.7% higher than plan for January r and 11.5% higher than January last year. YTD activity is 11.3% higher than plan.
- There were 1,620 bed-days lost – 6.7% of occupied beds in December due to delayed transfers of care.
- Average occupied bed days increased to 786 in January which is a new record.
- Non-elective LOS dropped to 7.46 days for January discharges.

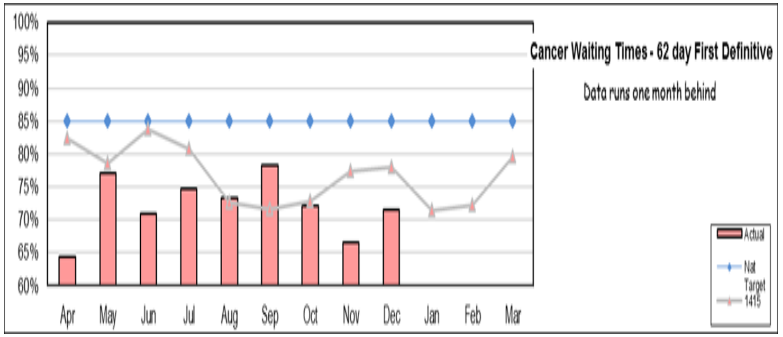
Delayed Transfers of Care

Row Labels	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
A : Awaiting Assessment	11	17	17	15	6	15	21	15	17	15	10	5	7	3	8	1	6	25	15	7	5	5	12	20	22
B : Awaiting Public Funding	1	3	2	2		1	1	4	8	7	3	1			1	1	1	8	12	25	21	5	3	6	
C : Awaiting Further Non-Acute NHS Care	21	18	28	32	34	39	48	33	30	20	6	3	8	15	18	17	13	11	10	8	10	14	6	23	8
Di : Awaiting Residential Home	5	3	6	18	1	11	27	28	26	22	16	21	15	15	27	32	20	37	21	33	43	34	19	21	30
Dii : Awaiting Nursing Home	17	12	30	40	21	38	90	57	52	56	40	73	53	80	73	58	67	65	67	69	83	69	63	112	78
E : Awaiting Care Package	11	18	10	7	7	20	16	27	17	32	26	43	28	36	36	28	24	39	41	41	76	58	51	89	49
F : Awaiting Community Adoptions	9	1	8	1	11	2	1		1	13	9	8	14	5	13	8	7	12	4	6	10	8	5	7	9
G : Patient of Family Choice	39	47	60	60	44	44	45	16	43	26	22	31	12	12	22	13	9	19	19	10	16	20	16	14	9
H : Disputes				2	1			1	3	1	1		1				3	1	1				1		
I : Housing	2		1	3	4	3	1		1	13	12	9	3	5	1			5	5	2	3	2	4	8	3
Grand Total	116	119	162	180	129	173	250	181	198	205	145	194	141	171	199	158	150	222	195	201	267	215	180	300	208
Trust delayed transfers of care	**4.1%**	**3.4%**	**6.0%**	**5.5%**	**4.8%**	**6.8%**	**7.9%**	**7.1%**	**7.9%**	**6.6%**	**5.7%**	**6.0%**	**5.0%**	**5.8%**	**5.6%**	**5.5%**	**5.3%**	**6.2%**	**6.7%**	**6.7%**	**7.2%**	**7.9%**	**6.3%**	**8.1%**	**6.7%**

2. Cancer 2 week waits

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





3. Cancer 62 day FDT

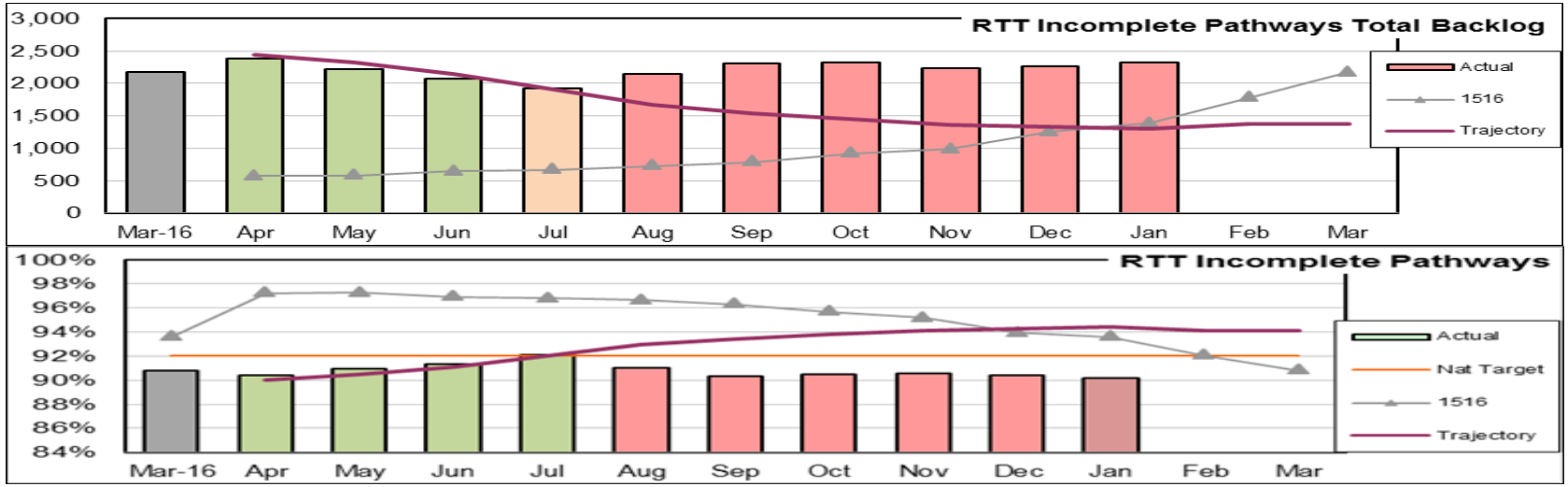
The Trust continues to under-perform against the 62 day standards, which was 71.6% for December (76.3% for MTW only patients). The majority of breaches in December were across Urology, LGI, Lung and Haematology and the breaches were caused by clinical as well as non-clinical reasons. Progress continues to be made with the individual MDT leads for each tumour site with a clear focus on the reasons for breaches and the actions necessary to address these. The clinical teams are aware of the issues in their respective areas to be addressed and the remedial actions are monitored on a regular basis. the actions related to improving the diagnostic phase and engaging with other units re timely referral for all patients on a cancer pathway.

4. RTT and elective activity.

Performance: December performance shows the Trust continues to be non-compliant with the Incomplete RTT standards at an aggregate level – 90.2%. This is due to a continued increase in non-elective demand resulting in a much reduced level of elective activity. The Trust is now non-compliant at a speciality level for T&O, Gynaecology, Rheumatology, Cardiology, Respiratory, Endocrinology and ENT.

The majority of the backlog is concentrated to three specialities i.e. T&O, Gynae, ENT -all of which are being carefully monitored against action plans put in place to reduce their longest waiters.

- ENT, T&O & Gynae continue to reduce their backlogs by running extra Saturday sessions in addition to planned activity during the week
- T&O continues to increase the activity through the MOU.
- Rheumatology, Endocrinology, Respiratory and cardiology have devised recovery plans to reduce their outpatient backlogs by the end of March 2017. This includes validation, running extra clinics and ensuring clinics are fully booked.
- The Trust has agreed a revised elective plan with the CCG that reflects their request to reduce activity during quarter 4.


RTT Incomplete Pathways Total Backlog
3,000
2,500
2,000
1,500
1,000
500
0
Mar-16
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Actual
1516
Trajectory
RTT Incomplete Pathways
100%
98%
96%
94%
92%
90%
88%
86%
84%
Actual
Nat Target
1516
Trajectory

Update on the "Trauma and Orthopaedics 2020" programme

The T&O 2020 group continue to focus their work on the priorities outlined below:

- MOU
- Ambulatory Pathways
- Trauma Review
- Medical Staffing Review
- Virtual Fracture Clinic Pilot
- CCG
- Theatre Utilisation

There are weekly update meetings chaired by the Deputy Chief Executive, the meetings are attended by the CD, Director of Operations, Associate Director of Nursing, GM, Matron, PMO. The work of this programme is now being absorbed into the business as usual of the directorate with regular reviews presented to the Planned Care Divisional Board. The Board will not therefore receive specific updates on this work in the future.

Workforce

As at the end of January 2017, the Trust employed 5,099.1 whole time equivalent substantive staff. Overall temporary staffing decreased from December 2016, although agency represented a larger proportion of the total. Further work will continue to reduce dependence on temporary staff.

Sickness absence in the month (December) increased by 0.4% to 4.6% primarily as a result of staff reporting cold/flu illnesses within the month (an additional 427.27 days were lost for this absence reason compared to last year). Sickness absence management remains a key area of focus for the HR and operational management teams.

Statutory and mandatory training compliance has reduced slightly by 0.3% but remains consistently above the target percentage. Actions are in place to improve compliance further.

Appraisal levels reported for non-medical staff have increased by 0.9% since December 2016. Work continues with directorates and managers in order to improve return rates with particular attention on corporate areas. Work is currently underway to review the workforce metrics within the trust dashboard.

TRUST PERFORMANCE DASHBOARD **Position as at:** **31 January 2017**

Delivering or Exceeding Target	
Underachieving Target	
Failing Target	

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

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

	Safe	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
		Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ *Limit*	Forecast	
1-01	*Rate C-Diff (Hospital only)	0.00	4.1	8.6	11.3	2.7	0.9	11.5	11.5	
1-02	Number of cases C.Difficile (Hospital)	0	1	17	25	8	2	27	27	
1-03	Number of cases MRSA (Hospital)	0	0	1	1	0	1	0	1	
1-04	Elective MRSA Screening	99.0%	97.0%	99.0%	97.0%		-1.0%	98.0%	97.0%	
1-05	% Non-Elective MRSA Screening	98.0%	96.0%	98.0%	96.0%		1.0%	95.0%	96.0%	
1-06	**Rate of Hospital Pressure Ulcers	3.3	3.2	2.6	2.8	0.1	- 0.2	*3.0*	2.7	3.0
1-07	***Rate of Total Patient Falls	6.0	7.2	6.8	6.0	- 0.7	- 0.2	*6.20*	6.20	
1-08	***Rate of Total Patient Falls Maidstone	6.1	6.0	6.1	5.4	- 0.7			5.5	
1-09	***Rate of Total Patient Falls TWells	6.1	9.0	7.2	6.6	- 0.6			7.5	
1-10	Falls - SIs in month	4	8	41	30	- 11				
1-11	Number of Never Events	0	0	2	2	0	2	*0*	2	
1-12	Total No of SIs Open with MTW	37	33			- 4				
1-13	Number of New SIs in month	11	13	89	91	2	- 9			
1-14	**Serious Incidents rate	0.50	0.54	0.45	0.41	- 0.04	0.35	*0.0584 - 0.6978*	0.41	*0.0584 - 0.6978*
1-15	Rate of Patient Safety Incidents - harmful	0.86	1.27	1.19	0.72	- 0.47	- 0.51	*0 - 1.23*	0.72	*0 - 1.23*
1-16	Number of CAS Alerts Overdue	1	0			-1	0	*0*		
1-17	VTE Risk Assessment	95.5%	95.7%	95.3%	95.3%	0.0%	0.3%	95.0%	95.3%	95.0%
1-18	Safety Thermometer % of Harm Free Care	97.1%	96.3%	96.8%	96.5%	-0.3%	1.5%	95.0%		93.4%
1-19	Safety Thermometer % of New Harms	2.35%	3.34%	2.42%	3.25%	0.83%	0.2%	*3.00%*	3.25%	
1-20	C-Section Rate (non-elective)	14.9%	13.8%	14.9%	13.0%	-1.87%	-2.0%	*15.0%*	13.0%	

	Effectiveness	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
		Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ *Limit*	Forecast	
2-01	Hospital-level Mortality Indicator (SHMI)******	Prev Yr: Oct 13 to Sept 14		102.6	110.0	7.4	10.0	*Lower confidence limit to be <100*		100.0
2-02	Standardised Mortality (Relative Risk)	Prev Yr: Oct 13 to Sept 14		104.0	106.0	2.0	6.0			100.0
2-03	Crude Mortality	1.1%	1.5%	1.2%	1.3%	0.1%				
2-04	****Readmissions <30 days: Emergency	11.6%	11.9%	11.5%	11.7%	0.2%	-1.9%	*13.6%*	11.7%	14.1%
2-05	****Readmissions <30 days: All	11.0%	11.1%	10.7%	11.0%	0.3%	-3.7%	*14.7%*	11.0%	14.7%
2-06	Average LOS Elective	3.26	3.93	3.17	3.33	0.16	0.12	*3.20*	3.20	
2-07	Average LOS Non-Elective	7.73	8.58	7.33	7.72	0.40	0.88	*6.84*	7.72	
2-08	******FollowUp : New Ratio	1.32	1.62	1.27	1.58	0.32	0.07	*1.52*	1.58	
2-09	Day Case Rates	87.3%	88.6%	84.2%	85.5%	1.2%	5.5%	80.0%	85.5%	82.2%
2-10	Primary Referrals	8,468	8,567	87,258	89,912	3.0%	3.2%	104,825	108,323	
2-11	Cons to Cons Referrals	3,314	3,542	34,947	36,010	3.0%	4.0%	40,698	43,383	
2-12	First OP Activity	11,043	12,608	116,634	125,691	7.8%	4.0%	145,879	151,375	
2-13	Subsequent OP Activity	22,834	25,049	227,594	240,776	5.8%	4.2%	278,923	288,777	
2-14	Elective IP Activity	471	406	6,425	6,258	-2.6%	-8.5%	8,097	7,833	
2-15	Elective DC Activity	3,041	2,951	32,665	33,935	3.9%	-0.4%	41,046	41,477	
2-16	Non-Elective Activity	3,677	4,157	37,629	41,636	10.6%	0.8%	49,350	49,745	
2-17	A&E Attendances (Inc Clinics. Calendar Mth)	12,832	12,330	129,009	134,085	3.9%	-0.3%	164,376	161,602	
2-18	Oncology Fractions	5,930	5,048	57,907	58,998	1.9%	-3.5%	72,901	72,219	
2-19	No of Births (Mothers Delivered)	470	514	4,807	5,029	4.6%	2.5%	5,888	6,035	
2-20	% Mothers initiating breastfeeding	73.2%	81.3%	77.9%	82.2%	4.3%	4.2%	78.0%	82.2%	
2-21	% Stillbirths Rate	0.2%	0.38%	0.41%	0.33%	*-0.1%*	*-0.1%*	*0.47%*	0.33%	0.47%

	Caring	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
		Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ *Limit*	Forecast	
3-01	Single Sex Accommodation Breaches	6	0	6	12	6	12	0	12	
3-02	*****Rate of New Complaints	1.28	1.11	1.69	1.21	-0.5	- 0.11	*1.318-3.92*	1.21	
3-03	% complaints responded to within target	68.6%	60.0%	71.9%	68.8%	-3.0%	-6.2%	75.0%	72.3%	
3-04	****Staff Friends & Family (FFT) % rec care	82.2%	82.7%	82.2%	82.7%	0.4%	3.7%	79.0%	82.7%	79.2%
3-05	*****IP Friends & Family (FFT) % Positive	96.1%	95.6%	96.4%	95.5%	-0.9%	0.5%	95.0%	95.5%	95.8%
3-06	A&E Friends & Family (FFT) % Positive	86.4%	88.9%	88.8%	90.2%	1.4%	3.2%	87.0%	90.2%	85.5%
3-07	Maternity Combined FFT % Positive	97.2%	94.8%	95.1%	93.8%	-1.3%	-1.2%	95.0%	95.0%	95.6%
3-08	OP Friends & Family (FFT) % Positive	80.9%	83.6%	79.9%	82.8%	2.9%			82.8%	

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

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

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

	Responsiveness	Latest Month		Year/Quarter to Date		YTD Variance		Year End		Bench Mark
		Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ *Limit*	Forecast	
4-01	******Emergency A&E 4hr Wait	82.8%	76.4%	90.2%	87.0%	-3.2%	-3.5%	95.0%	91.1%	82.7%
4-02	Emergency A&E >12hr to Admission	0	1	0	2	2	2	*0*	2	
4-03	Ambulance Handover Delays >30mins	New	566	New						
4-04	Ambulance Handover Delays >60mins	New	59	New						
4-05	RTT Incomplete Admitted Backlog	942	1591	942	1591	649	725	916	1265	
4-06	RTT Incomplete Non-Admitted Backlog	444	704	444	704	260	270	459	635	
4-07	RTT Incomplete Pathway	93.6%	90.3%	93.6%	90.3%	-3.3%	-3.9%	92%	92.3%	
4-08	RTT 52 Week Waiters	0	0	5	5	-	5	*0*	5	
4-09	RTT Incomplete Total Backlog	1,386	2295	1,386	2295	909	995	1,375	1900	
4-10	% Diagnostics Tests WTimes <6wks	95.04%	99.6%	98.8%	99.6%	0.9%	0.6%	99.0%	99.0%	
4-11	*Cancer WTimes - Indicators achieved	3	7	3	6	3	- 3	9	7	
4-12	*Cancer two week wait	88.7%	95.3%	90.6%	94.6%	4.0%	1.6%	93.0%	93.0%	
4-13	*Cancer two week wait-Breast Symptoms	87.1%	94.2%	89.3%	93.9%	4.6%	0.9%	93.0%	93.0%	
4-14	*Cancer 31 day wait - First Treatment	96.3%	97.0%	96.6%	97.1%	0.5%	1.1%	96.0%	96.0%	
4-15	*Cancer 62 day wait - First Definitive	78.0%	71.6%	76.2%	70.3%	-6.0%	-10.7%	85.2%	81.9%	
4-16	*Cancer 62 day wait - First Definitive - MTW	83.5%	76.5%	81.3%	76.3%	-4.9%		85.0%		
4-17	*Cancer 104 Day wait Accountable	9.5	10.0	43.5	79.5	36.0	79.5	*0*	79.5	
4-18	*Cancer 62 Day Backlog with Diagnosis	New	73	New	73					
4-19	*Cancer 62 Day Backlog with Diagnosis - MTW	New	61	New	61					
4-20	Delayed Transfers of Care	6.6%	6.7%	6.3%	6.7%	0.4%	3.2%	3.5%	6.7%	
4-21	% TIA with high risk treated <24hrs	50.0%	84.2%	70.1%	82.7%	12.5%	22.7%	60%	82.7%	
4-22	*******% spending 90% time on Stroke Ward	76.8%	81.6%	82.7%	81.6%	-1.1%	1.6%	80%	81.6%	
4-23	*******Stroke:% to Stroke Unit <4hrs	46.2%	43.8%	46.2%	51.4%	5.3%	-8.6%	60.0%	51.4%	
4-24	*******Stroke: % scanned <1hr of arrival	66.2%	58.3%	55.2%	56.5%	1.3%	8.5%	48.0%	56.5%	
4-25	*******Stroke:% assessed by Cons <24hrs	70.1%	72.9%	72.6%	66.5%	-6.1%	-13.5%	80.0%	66.5%	
4-26	Urgent Ops Cancelled for 2nd time	0	0	0	0	0	0	*0*	0	
4-27	Patients not treated <28 days of cancellation	0	2	0	25	25	25	*0*	25	

RTT Incomplete Pathway Monthly Plan is Trust Recovery Trajectory

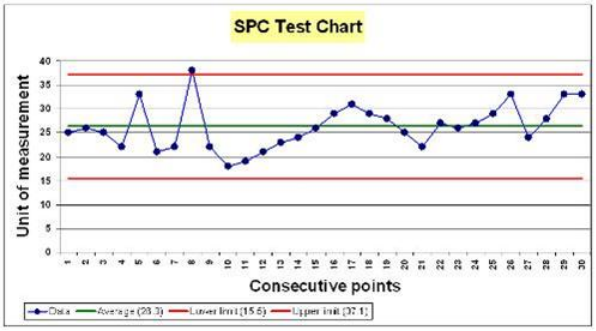
**CWT run one mth behind, YTD is Quarter to date, Monthly Plan for 62 Day Wait First Definitive is Trust Recovery Trajectory*

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

	Well-Led	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
		Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ *Limit*	Forecast	
5-01	Income	32,238	35,130	331,537	355,537	7.2%	-1.0%	440,817	437,552	
5-02	EBITDA	(365)	818	6,099	10,834	77.6%	-37.3%	37,717	34,345	
5-03	Surplus (Deficit) against B/E Duty	(3,172)	258	(21,965)	(14,123)			4,675	2,497	
5-04	CIP Savings	1,355	2,704	17,495	18,019	3.0%	-15.0%	32,065	32,065	
5-05	Cash Balance	9,126	2,676	9,126	2,676	-70.7%	84%	1,000	1,000	
5-06	Capital Expenditure	1,342	864	9,980	3,536	-64.6%	-68.1%	*15,188*	8,647	
5-07	Establishment (Budget WTE)	5,702.0	5,605.4	5,702.0	5,605.4	-1.7%	0.0%	5,837.3	5,837.3	
5-08	Contracted WTE	5,118.0	5,099.1	5,118.0	5,099.1	-0.4%	-0.3%	5,427.1	5,427.1	
5-09	***Contracted not worked WTE	(108.4)	(135.2)	(108.4)	(135.2)	24.8%		(100.0)	(100.0)	
5-11	Bank Staff (WTE)	215.9	294.8	215.9	294.8	36.5%	-11.6%	254.8	254.8	
5-12	Agency & Locum Staff (WTE)	262.0	189.0	262.0	189.0	-32.9%		155.3	155.3	
5-13	Overtime (WTE)	53.0	34.6	53.0	34.6	-34.7%		50.0	64.4	
5-14	Worked Staff WTE	5,540.5	5,482.3	5,540.5	5,482.3	-1.1%	-2.2%	5,801.7	5,801.7	
5-15	Vacancies WTE	584.0	430.3	584.0	430.3	-26.3%	4.2%	408.6	408.6	
5-16	Vacancy %	10.2%	7.7%	10.2%	7.7%	-2.6%	-12.0%	8.5%	8.5%	
5-17	Nurse Agency Spend	(827)	(522)	(8,389)	(6,996)	-16.6%				
5-18	Medical Locum & Agency Spend	(1,211)	(1,086)	(10,358)	(12,432)	20.0%				
5-19	Temp costs & overtime as % of total pay bill		14.8%		14.8%					
5-20	Staff Turnover Rate	10.3%	10.5%	9.8%	10.3%	0.2%	0.0%	*10.5%*	10.3%	11.05%
5-21	Sickness Absence	3.7%	4.6%	3.9%	4.2%	0.8%	1.3%	*3.3%*	4.2%	4.3%
5-22	Statutory and Mandatory Training	90.3%	90.8%	90.3%	90.8%	0.5%	5.8%	85.0%	90.8%	
5-23	Appraisal Completeness	81.0%	88.2%	62.9%	88.2%	7.3%	-1.8%	90.0%	90.0%	
5-24	Overall Safe staffing fill rate	104.1%	98.4%	101.6%	98.9%	-5.8%		93.5%	98.9%	
5-25	****Staff FFT % recommended work	56.9%	62%	56.9%	62%	5.4%	0.3%	62.0%	62%	62.9%
5-26	***Staff Friends & Family -Number Responses	253	422	253	422	169				
5-27	*****IP Resp Rate Recmd to Friends & Family	24.6%	27.2%	26.1%	22.9%	-3.3%	-2.1%	25.0%	25.0%	25.7%
5-28	A&E Resp Rate Recmd to Friends & Family	8.6%	9.1%	13.7%	14.3%	0.6%	-0.7%	15.0%	15.0%	12.7%
5-29	Mat Resp Rate Recmd to Friends & Family	28.9%	51.6%	20.9%	25.7%	4.8%	0.7%	25.0%	25.0%	24.0%

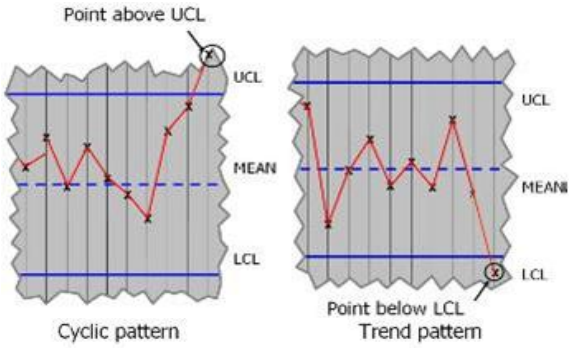
Explanation of Statistical Process Control (SPC) Charts

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

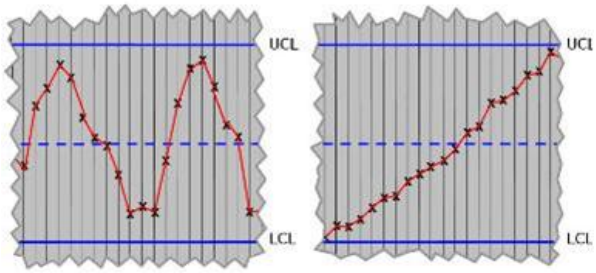


SPC is a type of charting that shows the variation that exists in the systems that are being measured. When interpreting SPC charts there are 4 rules that help to identify what the system is doing. If one of the rules has been broken, this means that 'special cause ' variation is present in the system.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

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

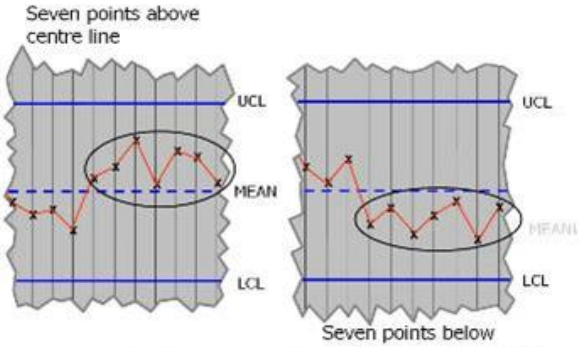


Rule 2: Any unusual pattern or trends within the control limits. The most obvious example of a cyclical pattern is seasonality but we also see it when looking at daily discharges where the weekends have low numbers. To qualify as a trend there must be at least 6 points in a row. This is one of the key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

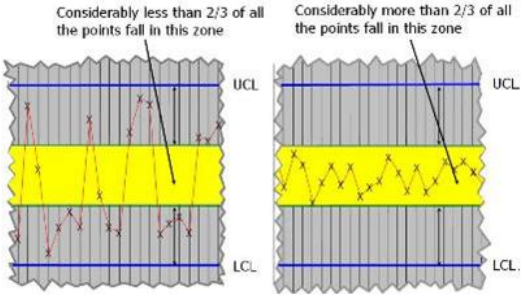


Rules 1 and 2 are the main reason for displaying SPC charts on our performance reports as it makes abnormally high or low values and trends immediately obvious. However there are two other rules that are also used to interpret the graphs.

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

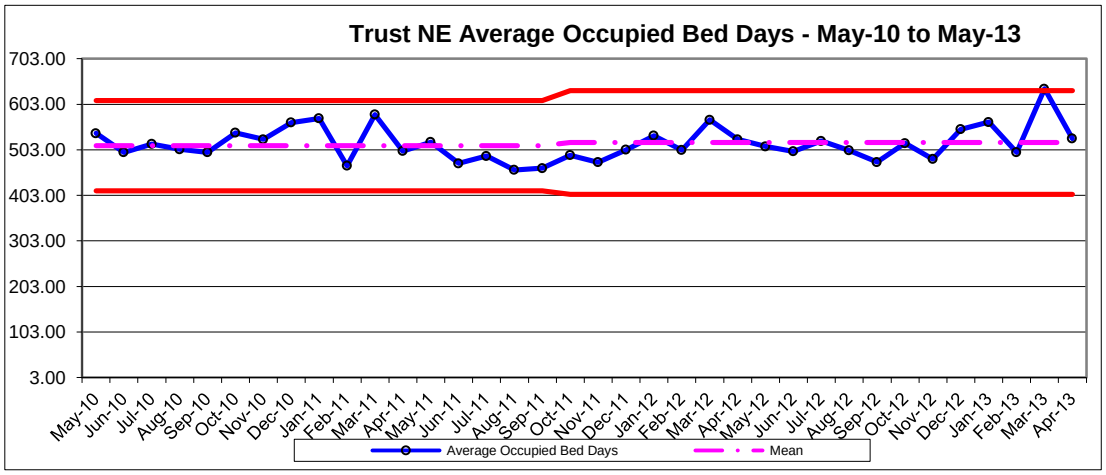


Rule 4: The number of points within the middle third of the region between the control limits differs markedly from two -thirds of the total number of points. This gives an indication of how stable a process is. If controlled variation (common cause) is displayed in the SPC chart, the process is stable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

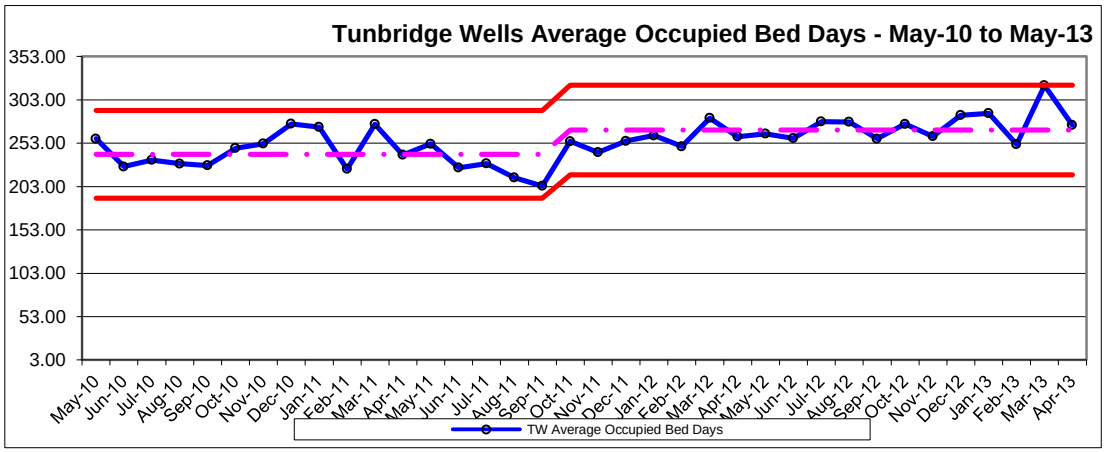


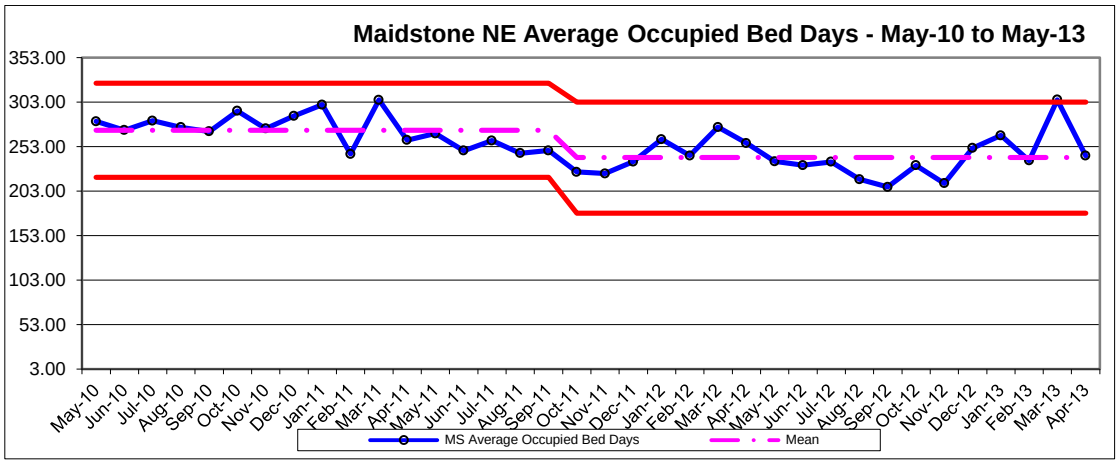
Changes to Control Lines

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



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

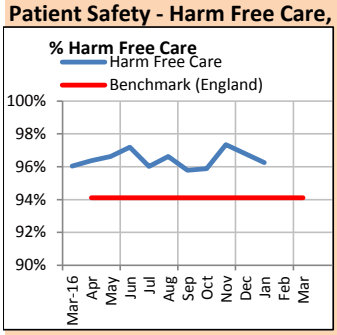


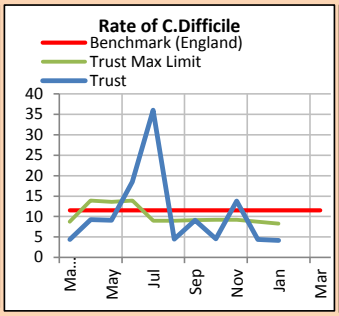


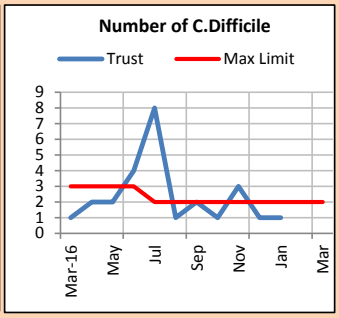
So in the examples given we have calculated a mean and control limits based on the data for May 2010 to September 2011 and then calculated them based on the period October 2011 to April 2013. The lines are all a result of the SPC calculations, only the date of the change is decided by the Information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

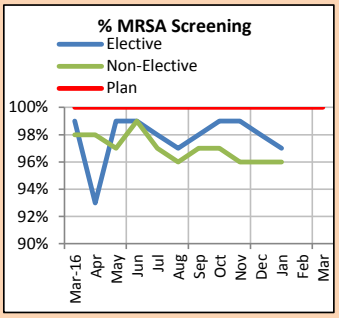
INTEGRATED PERFORMANCE REPORT ANALYSIS - PATIENT SAFETY & QUALITY

Patient Safety - Harm Free Care, Infection Control

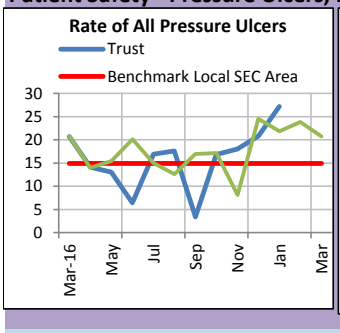


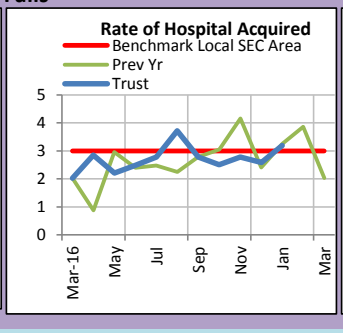


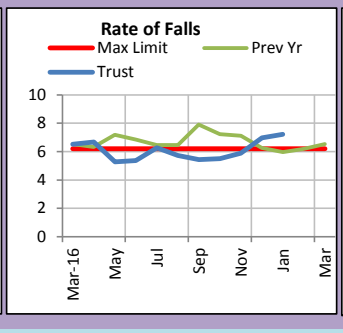


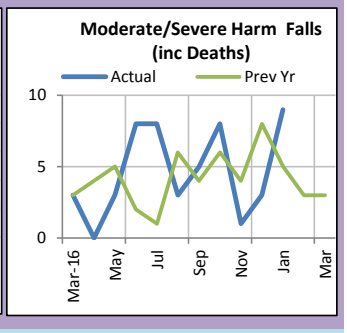


Patient Safety - Pressure Ulcers, Falls

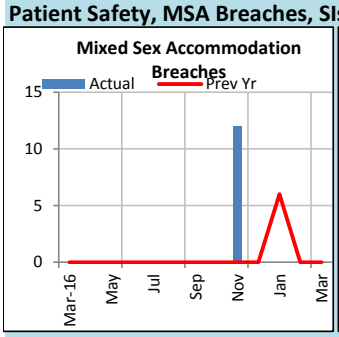


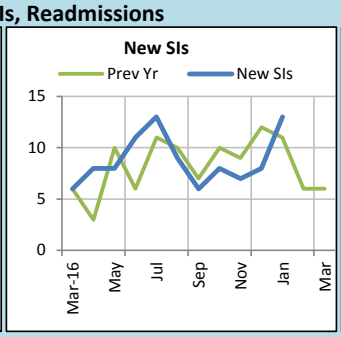


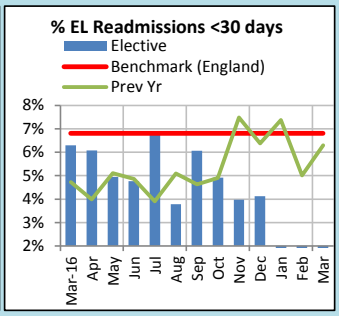


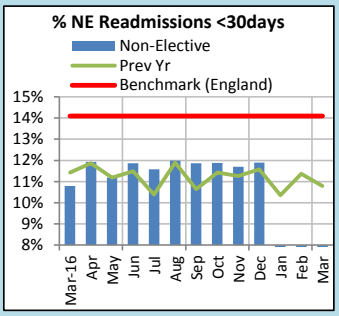


Patient Safety, MSA Breaches, SIs, Readmissions

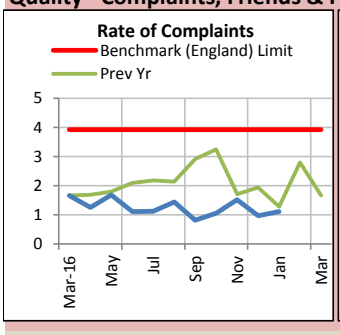


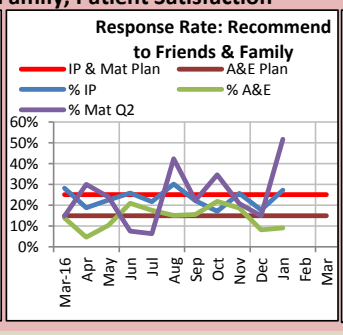


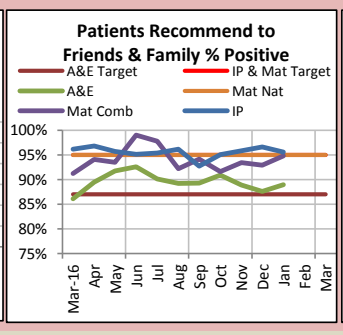


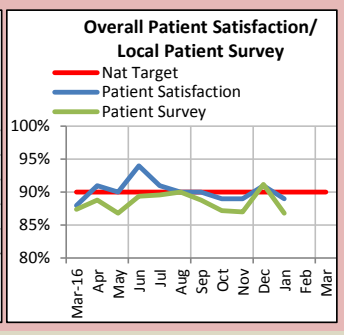


Quality - Complaints, Friends & Family, Patient Satisfaction

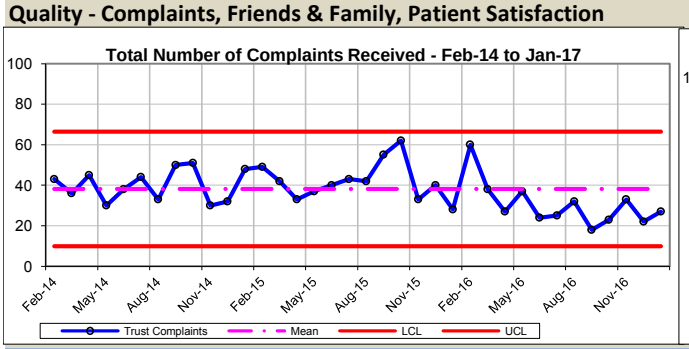


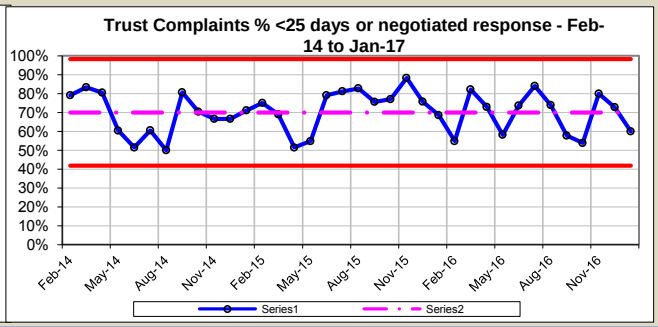




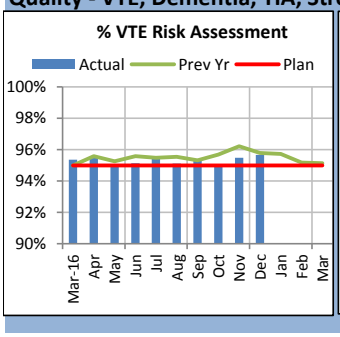


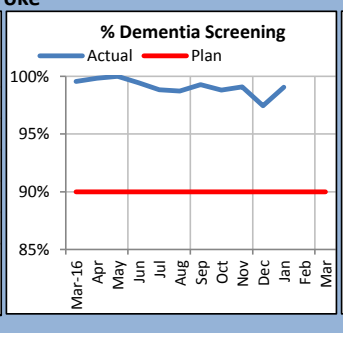
Quality - Complaints, Friends & Family, Patient Satisfaction

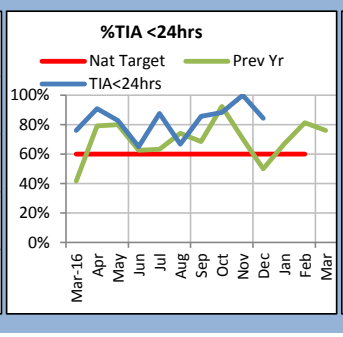


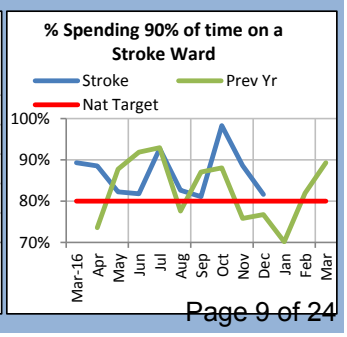


Quality - VTE, Dementia, TIA, Stroke



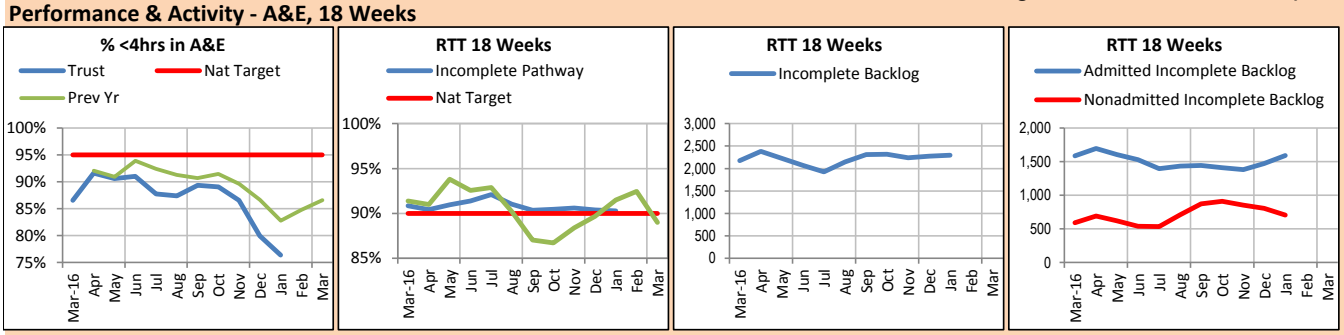




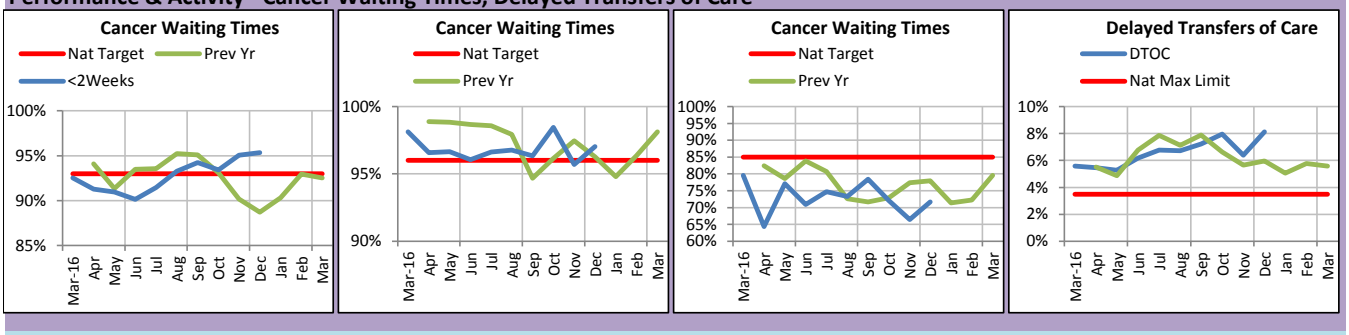


INTEGRATED PERFORMANCE REPORT ANALYSIS - PERFORMANCE & ACTIVITY

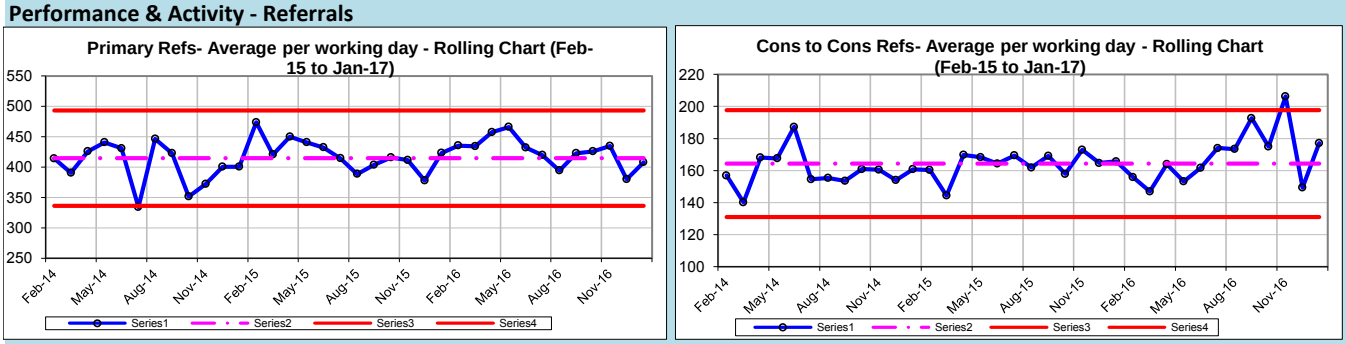
Performance & Activity - A&E, 18 Weeks



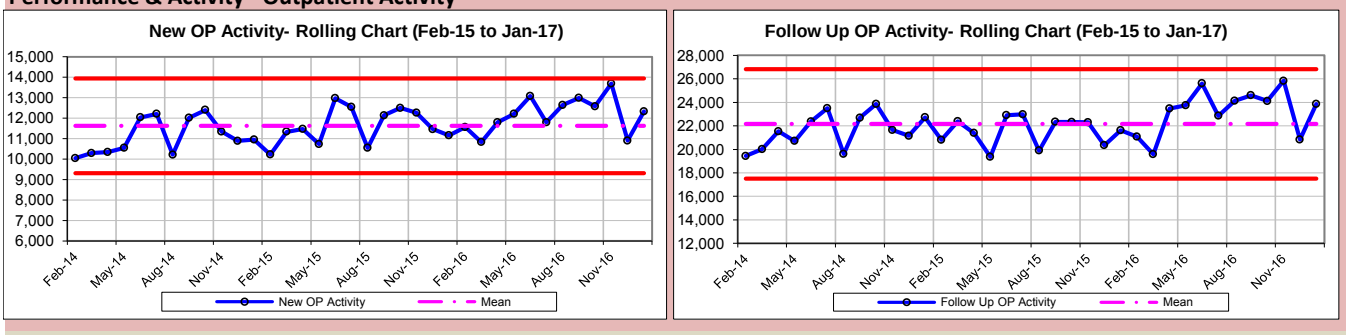
Performance & Activity - Cancer Waiting Times, Delayed Transfers of Care



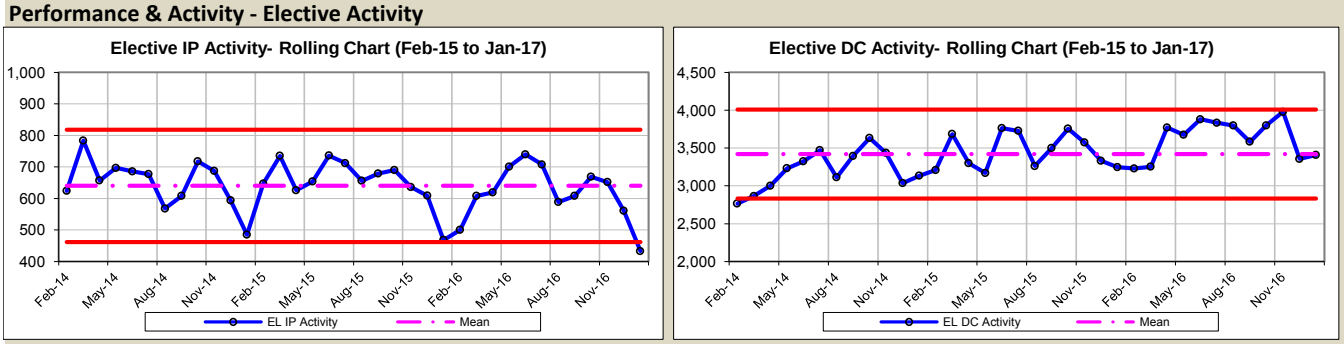
Performance & Activity - Referrals



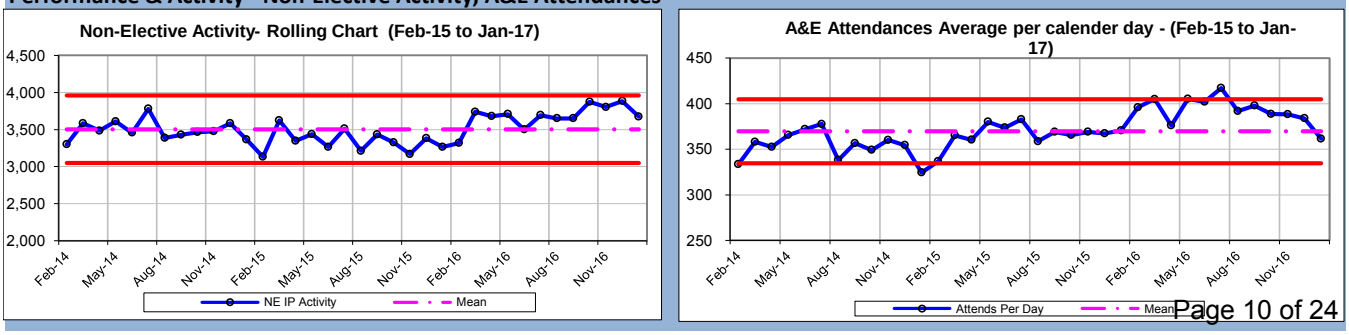
Performance & Activity - Outpatient Activity



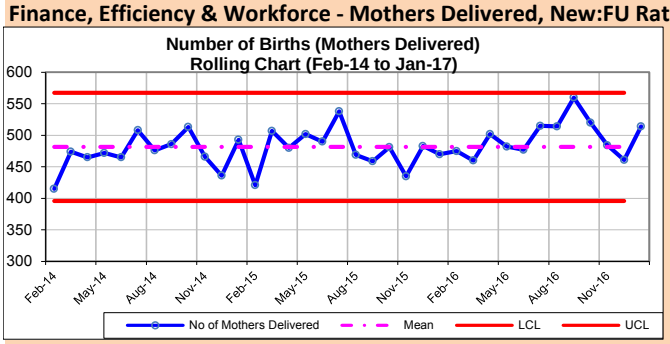
Performance & Activity - Elective Activity

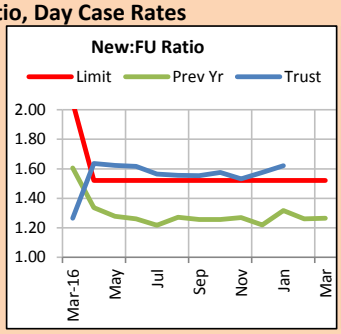


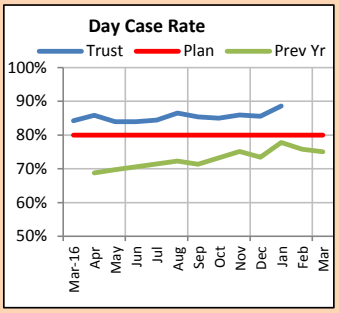
Performance & Activity - Non-Elective Activity, A&E Attendances



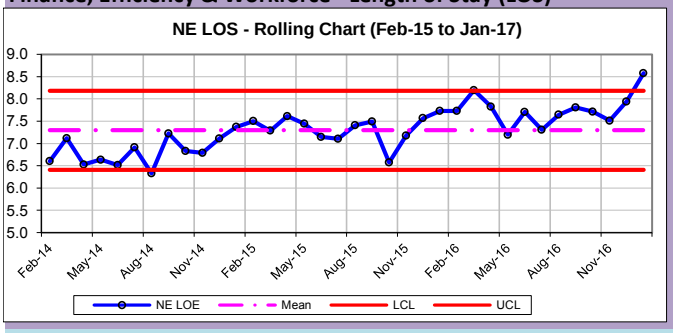
Finance, Efficiency & Workforce - Mothers Delivered, New:FU Ratio, Day Case Rates

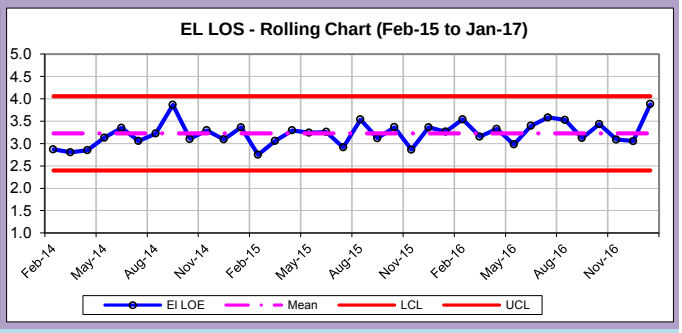




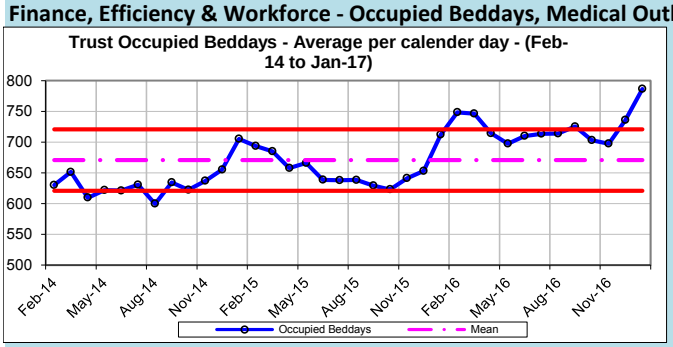


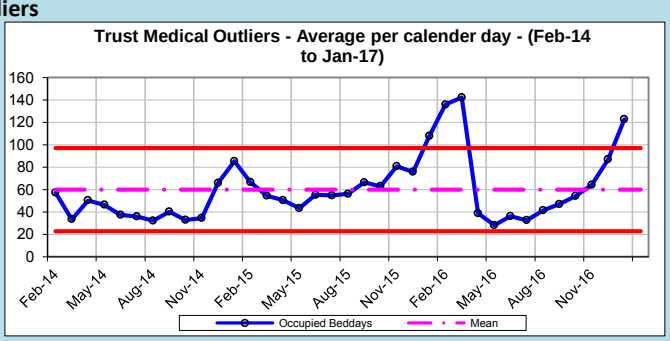
Finance, Efficiency & Workforce - Length of Stay (LOS)



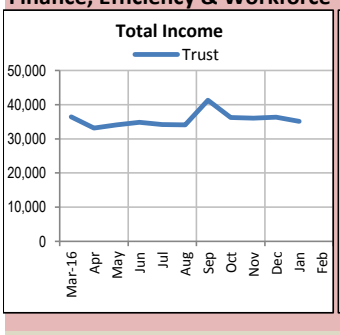


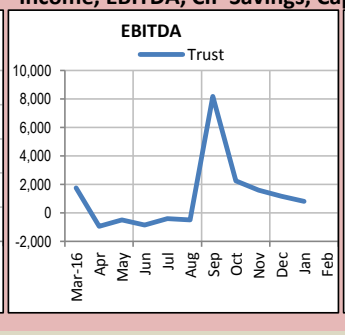
Finance, Efficiency & Workforce - Occupied Beddays, Medical Outliers

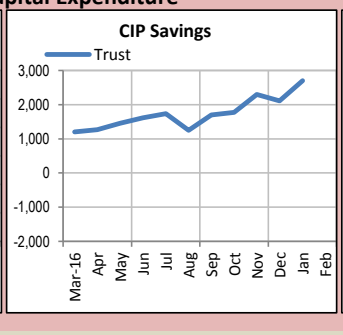


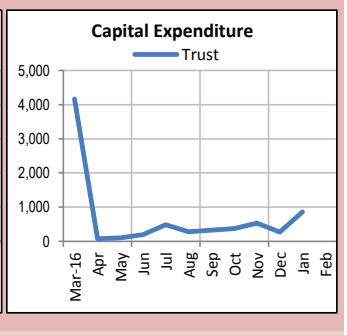


Finance, Efficiency & Workforce - Income, EBITDA, CIP Savings, Capital Expenditure

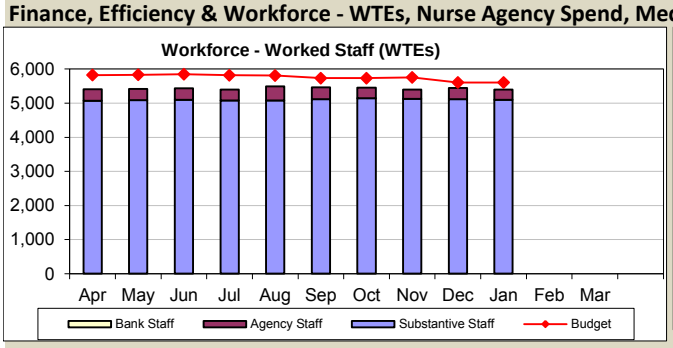


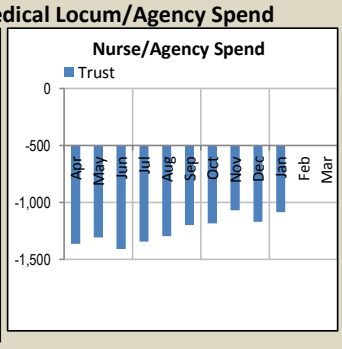


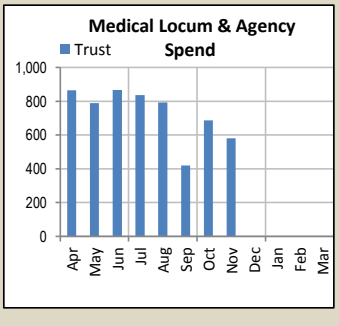




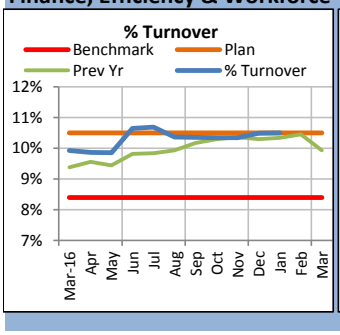
Finance, Efficiency & Workforce - WTEs, Nurse Agency Spend, Medical Locum/Agency Spend

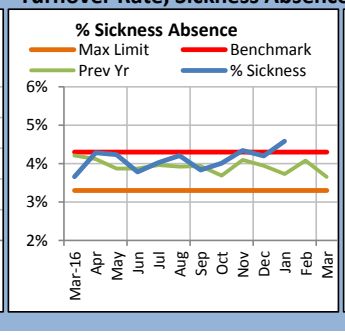


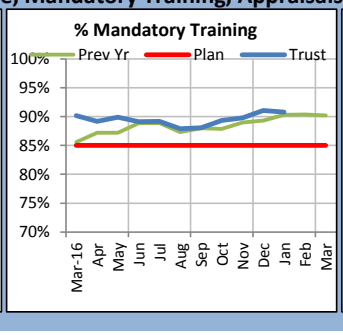


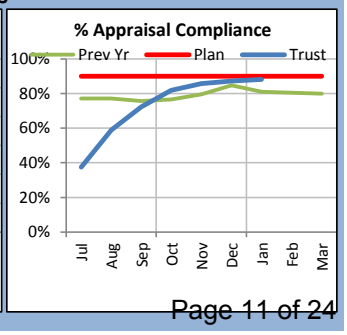


Finance, Efficiency & Workforce - Turnover Rate, Sickness Absence, Mandatory Training, Appraisals









Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – February 2017

2-10	Review of Latest Financial Performance	Director of Finance

Summary / Key points

- The Trust had an adverse variance against plan in January 2017 of £3.3m. The in month surplus was £0.3m.
- The Trust's net deficit to date (including technical adjustments) is £14.1m against a planned deficit of £9.9m, therefore £4.2m adverse to plan. The driver of the adversity to plan is the Trust only achieved 67% of the STF YTD. The Trust fully achieved quarter 2 and 3 of the element relating to financial performance but has missed quarter 3 A&E performance, RTT and Cancer performance trajectories.
- In January the Trust operated with an EBITDA surplus of £0.8m which was £5.1m adverse to plan.
- The key variances in the month are as follows:
    - Total income was £2.2m adverse in the month, Clinical income was £2.6m adverse in the month, Elective IP activity was £1.1m adverse, Daycase activity was £0.6m adverse, A&E £0.2m. STF funding was £1m adverse in the month due to failure to meet the Financial, A&E, RTT and Cancer trajectories for the month. Income relating to high cost drugs was £0.4m favourable to plan and other operating income was £1m favourable to plan which related to STP.
    - Pay was £1m adverse in the month which included £2m unidentified CIP. Temporary Staffing costs reduced by £0.1m between months, Nursing costs remained at December levels although this included £250k benefit associated within an accrual review, the number of agency hours increased between months by 18% (2,700 hours), the majority of this increase (2,000 hours) was within SSSU at TWH due to escalation within the unit and TWH theatre recovery. Medical reduced by £0.1m mainly within Urgent Care, T&O incurred £0.2m in locum agency costs in January which represents 40% of their medical expenditure in the month.
    - Non Pay was overspent by £2m in the month which included £1m unidentified savings. Drugs adverse to plan by £0.5m which is offset by pass though income and STP costs of £0.9m (offset by income).
    - Depreciation improvement of £1.8m in January includes the FRP saving associated with asset relife changes.
- The CIP and FRP performance in January delivered efficiencies of £2.7m which was £2.6m adverse to plan, £3.2m relates to unidentified savings phased from January.
- The Trust held £2.7m of cash at the end of January. The Trust is forecasting to repay the remaining balance of the uncommitted loan facility in March of £2.458m once we have received quarter 3 STF funding in March. The cash flow forecast assumes receipt of £8.4m SLA over performance.
- The Trusts plan has been set to deliver the Control total for 2016/17 of a £4.7m surplus including STF, £4.7m deficit excluding STF.

Reason for circulation to Trust Board

To note the January financial position

Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Pack

Month 10
2016/17

Maidstone and Tunbridge Wells NHS Trust

Content

Finance Committee Pack for January 2017

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 and Liquidity

a. Cash Flow

b. Balance Sheet

6. Capital

a. Capital Plan

1.Executive Summary

Maidstone and Tunbridge Wells NHS Trust

1a. Executive Summary January 2017

Key Variances £m

	January	YTD		Headlines
Total Surplus (+) / Deficit (-)	**(3.3)**	**(4.2)**	**Adverse**	The reported Trust position for January is a surplus of £0.3m which is £3.3m adverse to plan. The main drivers were: Clinical Income (Excluding STF) was £2.6m adverse to plan in month (£4.7m adverse YTD), the key variances were, Elective IP activity £1.1m adverse to plan, Daycase £0.6m adverse to plan, A&E £0.2m adverse to plan, and Oncology fractions £0.2m adverse to plan. The level of elective (DC and IP) activity reduced between months by 16% with non elective activity reducing by 5% between months. The Trust did not meet the Financial plan or the access trajectories for January resulting in no STF funding.
Pay	**(1.0)**	**0.7**	**Favourable**	Pay was £1m adverse in the month which included £2m unidentified CIP. Temporary Staffing costs reduced by £0.1m between months, Nursing costs remained at December levels although this included £250k benefit associated within an accrual review, the number of agency hours increased between months by 18% (2,700 hours), the majority of this increase (2,000 hours) was within SSSU at TWH due to escalation within the unit and TWH theatre recovery. Medical reduced by £0.1m mainly within Urgent Care , T&O incurred £0.2m in locum agency costs in January which represents 40% of their medical expenditure in the month.
Non Pay	**(2.0)**	**(3.7)**	**Adverse**	Non Pay was overspent by £2m in the month which included £1m unidentified savings. Drugs adverse to plan by £0.5m which is offset by pass though income and STP costs of £0.9m (offset by income).
Elective IP	**(0.0)**	**(0.6)**	**Adverse**	Elective IP income reduced between months by £0.5m, the main specialties were: Surgery £0.2m (31% reduction), T&O £0.1m (23% reduction) and Gynae £0.1m (56% reduction)
Sustainability and Transformation Fund	**(0.3)**	**(0.9)**	**Adverse**	The Sustainability and Transformation fund is weighted 70% towards achieving the financial plan and 30% towards access targets (12.5% A&E, 12.5% RTT and 5% Cancer). The Trust did not achieve the financial and access targets in January.
CIP / FRP	**(0.0)**	**(0.8)**	**Adverse**	The FRP plan in January included £3.2m unidentified cost reduction savings

Financial Forecast

Risks:
Unidentified cost reduction FRP of £6.5m

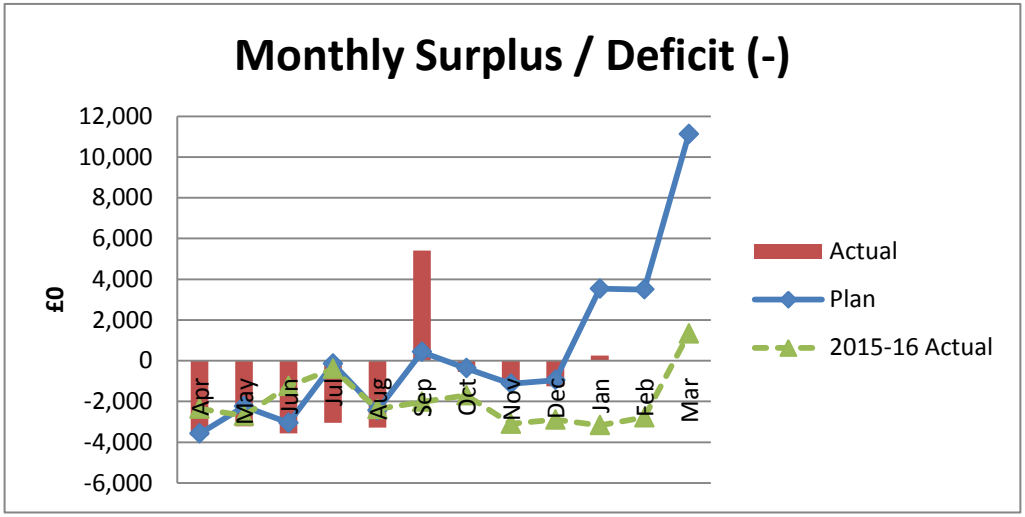
Ability to deliver elective activity due to non elective activity levels

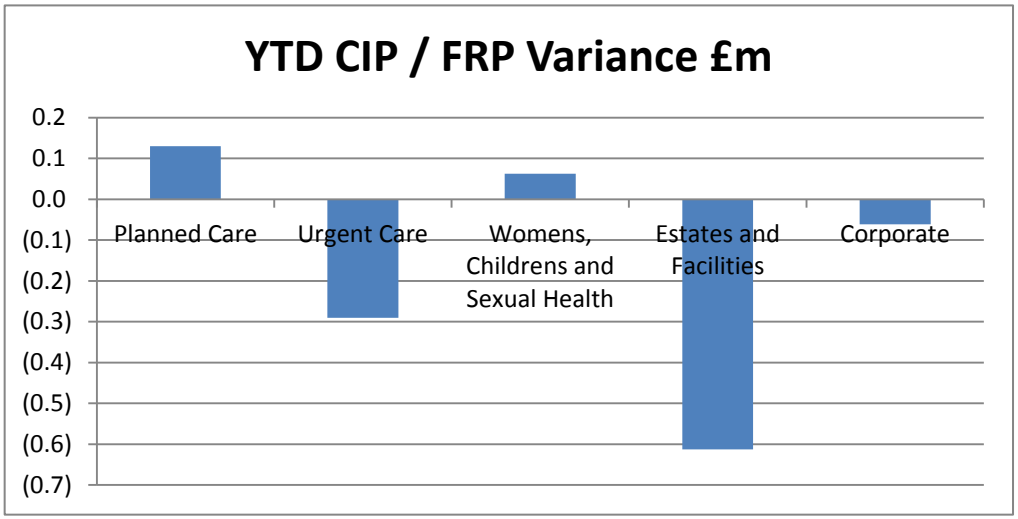
CQUINs are finalised with the Commissioners, the main CQUINs with risk are: Flu vaccinations, Health and Well being and Antibiotic prescribing. CQUIN performance is forecasted to achieve 92% for the year for CCG and 100% for NHSE

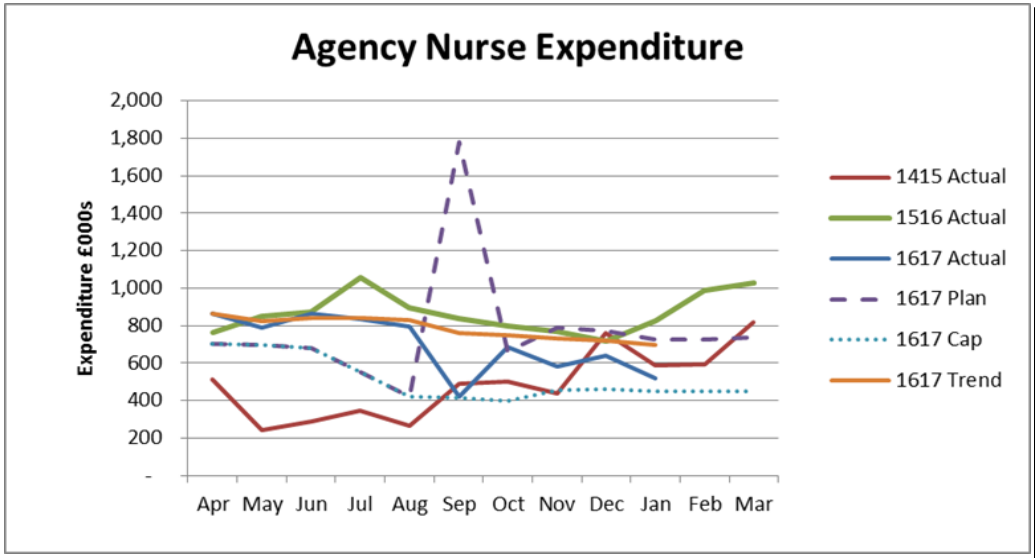
Opportunities:
The Trust is appealing quarter 2 and 3 missed access targets linked to STF.

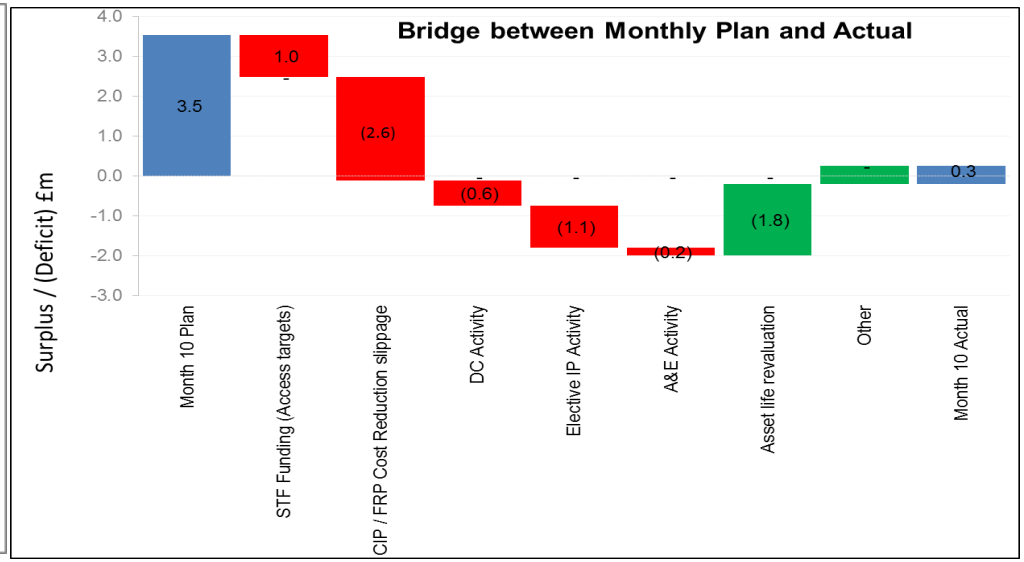
Maidstone and Tunbridge Wells NHS Trust

1b. Executive Summary KPI's January 2017









2.Financial Performance

Maidstone and Tunbridge Wells NHS Trust

2a. Consolidated Income & Expenditure

Income & Expenditure January 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	26.7	30.0	(3.3)	283.4	289.6	(6.2)	344.2	348.3	(4.2)
	STF	0.7	1.0	(0.3)	4.3	5.2	(0.9)	4.9	9.4	(4.4)
	High Cost Drugs	3.1	2.7	0.4	29.1	27.2	1.9	32.6	32.6	0
	Other Operating Income	4.5	3.5	1.0	38.8	37.0	1.7	50.3	50.5	(0.2)
	Total Revenue	35.1	37.3	(2.2)	355.5	359.0	(3.5)	432.0	440.8	(8.8)
Expenditure										
	Substantive	(17.6)	(17.1)	(0.5)	(179.5)	(180.1)	0.7	(218.6)	(214.3)	(4.3)
	Bank	(1.1)	(0.7)	(0.4)	(8.5)	(7.5)	(1.0)	(9.1)	(8.9)	(0.2)
	Locum	(1.1)	(0.7)	(0.4)	(10.5)	(9.4)	(1.1)	(11.3)	(10.8)	(0.5)
	Agency	(0.8)	(1.1)	0.3	(12.5)	(14.3)	1.8	(17.3)	(16.4)	(0.8)
	Pay Reserves	0.0	(0.0)	0.0	0	(0.2)	0.2	0	0	0
	Total Pay	(20.5)	(19.5)	(1.0)	(210.9)	(211.6)	0.7	(256.3)	(250.4)	(5.9)
	Drugs & Medical Gases	(4.2)	(3.7)	(0.5)	(42.6)	(40.8)	(1.7)	(49.4)	(48.3)	(1.1)
	Blood	(0.2)	(0.2)	(0.0)	(2.1)	(2.0)	(0.0)	(2.4)	(2.4)	0.0
	Supplies & Services - Clinical	(2.7)	(2.3)	(0.3)	(26.7)	(25.8)	(1.0)	(31.1)	(30.5)	(0.7)
	Supplies & Services - General	(0.4)	(0.5)	0.1	(4.6)	(4.6)	(0.0)	(5.4)	(5.5)	0.1
	Services from Other NHS Bodies	(0.6)	(0.7)	0.1	(6.5)	(7.2)	0.7	(8.9)	(8.6)	(0.2)
	Purchase of Healthcare from Non-NHS	(0.8)	(0.7)	(0.1)	(7.6)	(8.0)	0.4	(8.8)	(9.5)	0.7
	Clinical Negligence	(1.5)	(1.5)	0.0	(15.2)	(15.2)	0.1	(18.3)	(18.3)	0
	Establishment	(0.3)	(0.2)	(0.0)	(3.2)	(2.9)	(0.3)	(3.3)	(3.3)	0.1
	Premises	(1.8)	(1.6)	(0.2)	(17.0)	(17.4)	0.4	(20.8)	(20.5)	(0.2)
	Transport	(0.1)	(0.1)	(0.0)	(1.4)	(1.1)	(0.3)	(1.3)	(1.3)	(0.1)
	Other Non-Pay Costs	(1.2)	(0.3)	(0.9)	(5.6)	(3.7)	(1.9)	(4.4)	(4.2)	(0.2)
	Non-Pay Reserves	0.0	(0.0)	0.0	(1.3)	(1.3)	0.0	(0.3)	(0.3)	0
	Total Non Pay	(13.8)	(11.8)	(2.0)	(133.8)	(130.1)	(3.7)	(154.3)	(152.7)	(1.6)
	Total Expenditure	(34.3)	(31.4)	(2.9)	(344.7)	(341.7)	(3.0)	(410.6)	(403.1)	(7.5)
EBITDA	**EBITDA**	0.8	6.0	(5.1)	10.8	17.3	(6.4)	21.4	37.7	(16.3)
		0.0	*0.0*	*0.0*	*3.0%*	*4.8%*	*186.5%*	*5.0%*	*8.6%*	*185%*
Other Finance Costs										
	Depreciation	0.8	(1.0)	1.8	(11.0)	(13.1)	2.0	(14.6)	(15.7)	1.1
	Interest	(0.0)	(0.1)	0.1	(0.8)	(0.9)	0.0	(1.3)	(1.1)	(0.2)
	Dividend	(0.3)	(0.3)	0.0	(2.7)	(2.7)	0.0	(3.1)	(3.4)	0.3
	PFI and Impairments	(1.1)	(1.1)	0.0	(11.3)	(11.3)	(0.1)	(27.0)	(27.0)	(0.0)
	Total Finance Costs	(0.7)	(2.6)	1.9	(25.9)	(28.0)	2.1	(46.1)	(47.2)	1.2
Net Surplus / Deficit (-)	**Net Surplus / Deficit (-)**	0.1	3.4	(3.3)	(15.1)	(10.7)	(4.4)	(24.6)	(9.5)	(15.1)
Technical Adjustments	**Technical Adjustments**	0.1	0.1	0.0	1.0	0.7	0.2	14.2	14.2	0
Surplus/ Deficit (-) to B/E Duty	**Surplus/ Deficit (-) to B/E Duty Incl STF**	0.3	3.5	(3.3)	(14.1)	(9.9)	(4.2)	(10.4)	4.7	(15.1)
	Surplus/ Deficit (-) to B/E Duty Excl STF	(0.5)	2.5	(3.0)	(18.4)	(15.2)	(3.3)	(15.4)	(4.7)	(10.7)

Commentary

The Trusts surplus including STF was £0.3m in January which was £3.3m adverse to plan with a pre STF adverse variance of £2.2m. The Trust plan for January included £4.7m unidentified savings which was part of the FRP and revised plan set to meet the control total. The Trust YTD deficit is £14.1m (£4.2m adverse to plan), £2.4m relating to STF slippage. The Trust did not meet the Financial plan or the access trajectories for January resulting in no STF funding.

Clinical Income (Excluding STF) was £2.6m adverse to plan in month (£4.7m adverse YTD), the key variances were, Elective IP activity £1.1m adverse to plan, Daycase £0.6m adverse to plan, A&E £0.2m adverse to plan, and Oncology fractions £0.2m adverse to plan. The level of elective (DC and IP) activity reduced between months by 16% with non elective activity reducing by 5% between months.

Other Operating Income includes £0.9m STP funding offsetting expenditure incurred in the month (£2.4m YTD)

Pay was £1m adverse in the month which included £2m unidentified CIP. Temporary Staffing costs reduced by £0.1m between months, Nursing costs remained at December levels although this included £250k benefit associated within an accrual review, the number of agency hours increased between months by 18% (2,700 hours), the majority of this increase (2,000 hours) was within SSSU at TWH due to escalation within the unit and TWH theatre recovery. Medical reduced by £0.1m mainly within Urgent Care , T&O incurred £0.2m in locum agency costs in January which represents 40% of their medical expenditure in the month.

Non Pay was overspent by £2m in the month which included £1m unidentified savings. Drugs adverse to plan by £0.5m which is offset by pass though income and STP costs of £0.9m (offset by income).

Depreciation improvement of £1.8m in January includes the FRP saving associated with asset relife changes.

3. Expenditure and WTE Analysis

Maidstone and Tunbridge Wells NHS Trust

3a. Run Rate Analysis

Analysis of 13 Monthly Performance (£m's)

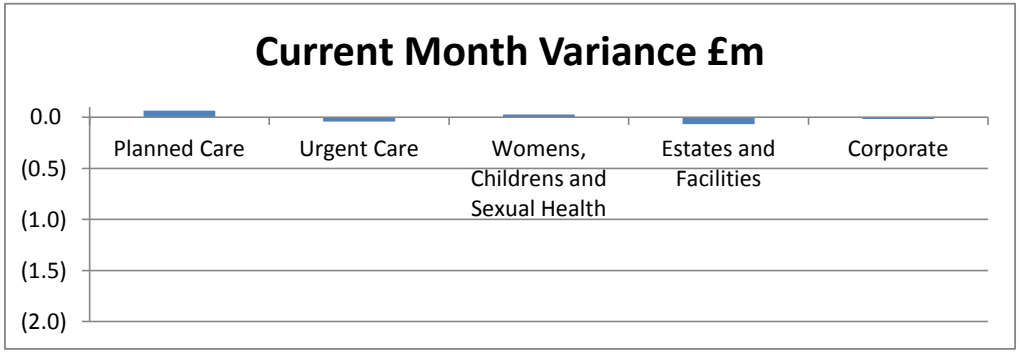
		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Change between Months
Revenue	Clinical Income	25.5	25.7	26.9	26.6	27.7	28.4	27.6	27.8	34.7	29.3	26.7	27.8	26.7	(1.1)
	STF	0	0	0	0	0	0	0	0	0	0	2.7	0.9	0.7	(0.1)
	High Cost Drugs	2.7	2.6	3.1	2.8	2.6	2.8	2.6	2.7	2.9	2.9	2.8	3.8	3.1	(0.7)
	Other Operating Income	4.0	4.6	6.5	3.8	3.8	3.6	4.0	3.6	3.7	4.0	3.9	3.9	4.5	0.7
	Total Revenue	**32.2**	**33.0**	**36.4**	**33.2**	**34.1**	**34.8**	**34.2**	**34.1**	**41.3**	**36.2**	**36.1**	**36.3**	**35.1**	**(1.2)**
Expenditure	Substantive	(17.3)	(17.7)	(18.1)	(17.8)	(17.9)	(18.1)	(17.9)	(17.9)	(18.1)	(18.0)	(18.1)	(18.1)	(17.6)	0.5
	Bank	(0.9)	(0.9)	(1.1)	(0.9)	(0.8)	(0.8)	(0.7)	(0.9)	(0.8)	(0.8)	(0.8)	(1.0)	(1.1)	(0.1)
	Locum	(1.0)	(0.7)	(0.6)	(1.2)	(0.9)	(1.0)	(1.1)	(1.1)	(0.8)	(0.9)	(0.5)	(1.9)	(1.1)	0.9
	Agency	(1.4)	(1.7)	(1.9)	(1.3)	(1.6)	(1.7)	(1.5)	(1.3)	(1.2)	(1.4)	(1.6)	(0.1)	(0.8)	(0.7)
	Pay Reserves	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Pay	(20.6)	(21.0)	(21.8)	(21.2)	(21.2)	(21.6)	(21.3)	(21.2)	(20.9)	(21.1)	(20.9)	(21.1)	(20.5)	0.6
Non-Pay	Drugs & Medical Gases	(4.1)	(3.9)	(4.0)	(4.3)	(4.1)	(4.4)	(3.8)	(4.0)	(4.5)	(3.9)	(4.8)	(4.6)	(4.2)	0.4
	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	(2.5)	(2.3)	(2.3)	(2.2)	(2.7)	(2.7)	(2.7)	(3.0)	(2.7)	(2.7)	(2.6)	(2.8)	(2.7)	0.1
	Supplies & Services - General	(0.6)	(0.4)	(0.7)	(0.4)	(0.5)	(0.5)	(0.4)	(0.5)	(0.4)	(0.5)	(0.5)	(0.5)	(0.4)	0.1
	Services from Other NHS Bodies	(0.7)	(0.6)	(0.7)	(0.7)	(0.7)	(0.8)	(0.6)	(0.6)	(0.7)	(0.7)	(0.6)	(0.7)	(0.6)	0.1
	Purchase of Healthcare from Non-NHS	(0.3)	(0.7)	(1.1)	(0.8)	(0.7)	(0.8)	(0.9)	(0.9)	(0.6)	(0.8)	(0.7)	(0.7)	(0.8)	(0.1)
	Clinical Negligence	(1.4)	(1.4)	(1.4)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	0
	Establishment	(0.3)	(0.4)	(0.4)	(0.2)	(0.3)	(0.3)	(0.4)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	(0.3)	0.0
	Premises	(1.4)	(1.0)	(1.1)	(2.1)	(1.7)	(1.9)	(1.9)	(1.7)	(1.2)	(1.7)	(1.4)	(1.8)	(1.8)	0.0
	Transport	(0.0)	(0.1)	(0.2)	(0.1)	(0.2)	(0.2)	(0.1)	(0.1)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)
	Other Non-Pay Costs	(0.5)	(0.8)	(0.8)	(0.2)	(0.7)	(0.6)	(0.4)	(0.2)	(0.3)	(0.3)	(0.9)	(0.9)	(1.2)	(0.4)
	Non-Pay Reserves	0	0	0	(0.2)	(0.2)	(0.4)	(0.4)	(0.4)	0.4	0.0	0	0	0	0
	Total Non Pay	(12.0)	(11.8)	(12.9)	(12.9)	(13.4)	(14.1)	(13.3)	(13.4)	(12.3)	(12.9)	(13.6)	(14.1)	(13.8)	0.3
	Total Expenditure	(32.6)	(32.8)	(34.7)	(34.1)	(34.6)	(35.7)	(34.6)	(34.6)	(33.1)	(34.0)	(34.5)	(35.2)	(34.3)	0.9
EBITDA	EBITDA	(0.4)	0.2	1.8	(1.0)	(0.5)	(0.8)	(0.4)	(0.5)	8.2	2.2	1.6	1.2	0.8	(0.4)
		-1%	*1%*	*5%*	*-3%*	*-1%*	*-2%*	*-1%*	*-1%*	*20%*	*6%*	*4%*	*3%*	*2%*	
Other Finance Costs	Depreciation	*(1.3)*	*(1.4)*	*0.9*	*(1.4)*	*(1.4)*	*(1.4)*	*(1.4)*	*(1.4)*	*(1.4)*	*(1.4)*	*(1.4)*	*(0.8)*	*0.8*	*1.6*
	Interest	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)	0.1
	Dividend	(0.4)	(0.4)	0.1	(0.3)	(0.3)	(0.3)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	0.0
	PFI and Impairments	(1.1)	(1.4)	(14.2)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.2)	(1.1)	0.1
		(2.9)	**(3.2)**	**(13.3)**	**(2.9)**	**(2.8)**	**(2.8)**	**(2.8)**	**(2.8)**	**(2.9)**	**(2.9)**	**(2.9)**	**(2.4)**	**(0.7)**	**1.7**
Net Surplus / Deficit (-)	Net Surplus / Deficit (-)	(3.3)	(3.0)	(11.5)	(3.8)	(3.3)	(3.7)	(3.2)	(3.3)	5.3	(0.6)	(1.3)	(1.2)	0.1	1.3
Technical Adjustments	Technical Adjustments	0.1	0.2	12.8	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	(0.0)	0.1	0.2
Surplus/ Deficit (-) to B/E Duty Incl STF	Surplus/ Deficit (-) to B/E Duty	(3.2)	(2.8)	1.3	(3.7)	(3.2)	(3.6)	(3.1)	(3.3)	5.4	(0.5)	(1.2)	(1.3)	0.3	1.5
Surplus/ Deficit (-) to B/E Duty Excl STF	Surplus/ Deficit (-) to B/E Duty	(3.2)	(2.8)	1.3	(3.7)	(3.2)	(3.6)	(3.1)	(3.3)	5.4	(0.5)	(3.9)	(2.1)	(0.5)	1.6

4. Cost Improvement Programme and Financial Recovery Plan

Maidstone and Tunbridge Wells NHS Trust

4a. Curent month savings by Directorate

	Cost Improvement Plan			Financial Recovery Plan			Total Savings		
	Actual	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cancer and Haematology	0.12	0.12	0.00	0.10	0.10	0.00	0.22	0.22	0.00
Critical Care	0.09	0.08	0.00	0.04	0.02	0.02	0.13	0.11	0.02
Diagnostics	0.14	0.14	0.00	0.11	0.11	0.01	0.25	0.24	0.01
Head and Neck	0.05	0.06	(0.01)	0.02	0.01	0.01	0.07	0.07	(0.00)
Surgery	0.07	0.07	0.00	0.08	0.06	0.02	0.15	0.13	0.02
Trauma and Orthopaedics	0.03	0.03	0.00	0.06	0.04	0.02	0.09	0.08	0.02
Patient Admin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Private Patients Unit	0.01	0.01	0.00	0.00	0.00	(0.00)	0.02	0.02	(0.00)
Total Planned Care	**0.52**	**0.52**	**(0.01)**	**0.41**	**0.34**	**0.07**	**0.93**	**0.87**	**0.06**
Urgent Care	**0.27**	**0.30**	**(0.03)**	**0.29**	**0.30**	**(0.01)**	**0.56**	**0.60**	**(0.04)**
Womens, Childrens and Sexual Health	**0.11**	**0.11**	**(0.00)**	**0.07**	**0.04**	**0.03**	**0.18**	**0.15**	**0.03**
Estates and Facilities	**0.08**	**0.12**	**(0.04)**	**0.09**	**0.12**	**(0.02)**	**0.17**	**0.24**	**(0.07)**
Corporate	**0.06**	**0.08**	**(0.03)**	**0.12**	**0.11**	**0.01**	**0.17**	**0.19**	**(0.02)**
Total	**1.03**	**1.14**	**(0.11)**	**0.98**	**0.91**	**0.07**	**2.01**	**2.05**	**(0.04)**

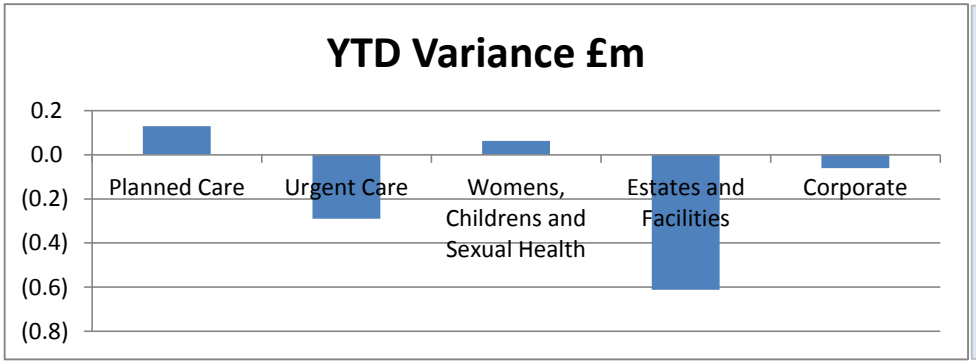


Savings of £2.7m were delivered in January, an increase of £0.7m between months however savings were £2.6m adverse to plan.

The FRP plan includes £3.2m unidentified savings in January, the Trust has therefore identified / over performed against existing schemes by £0.6m, the main schemes relate to:
- Consultant fees
- SCAP Costs offset by income £0.1m
- Consultant overpayment £0.1m

4b. Year to Date Savings by Directorate

	Cost Improvement Plan			Financial Recovery Plan			Total Savings		
	Actual	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cancer and Haematology	2.00	2.00	0.00	0.26	0.26	0.01	2.27	2.26	0.01
Critical Care	0.93	0.98	(0.05)	0.10	0.05	0.04	1.03	1.03	(0.01)
Diagnostics	1.18	1.16	0.02	0.60	0.42	0.18	1.77	1.57	0.20
Head and Neck	0.68	0.73	(0.04)	0.06	0.04	0.03	0.75	0.77	(0.02)
Surgery	1.05	1.05	0.00	0.18	0.20	(0.02)	1.23	1.25	(0.02)
Trauma and Orthopaedics	0.87	0.93	(0.06)	0.10	0.12	(0.02)	0.97	1.05	(0.08)
Patient Admin	0.00	0.00	0.00	0.03	0.01	0.02	0.03	0.01	0.02
Private Patients Unit	0.17	0.14	0.03	0.01	0.01	(0.00)	0.18	0.16	0.02
Total Planned Care	**6.88**	**6.99**	**(0.10)**	**1.34**	**1.11**	**0.23**	**8.23**	**8.10**	**0.13**
Urgent Care	**2.99**	**3.09**	**(0.11)**	**0.75**	**0.93**	**(0.18)**	**3.74**	**4.03**	**(0.29)**
Womens, Childrens and Sexual Health	**0.90**	**0.89**	**0.01**	**0.28**	**0.22**	**0.06**	**1.18**	**1.11**	**0.06**
Estates and Facilities	**1.07**	**1.83**	**(0.76)**	**0.56**	**0.41**	**0.14**	**1.63**	**2.24**	**(0.61)**
Corporate	**0.78**	**0.85**	**(0.07)**	**0.71**	**0.70**	**0.01**	**1.49**	**1.55**	**(0.06)**
Total	**12.63**	**13.66**	**(1.03)**	**3.63**	**3.37**	**0.26**	**16.26**	**17.03**	**(0.77)**



The YTD FRP plan includes £3.2m unidentified savings in January.

Planned Care: £0.4m YTD FRP advesre variance, this includes £0.8m unidentified savings.

Urgent Care: £2m YTD FRP adverse varance relates to £2.1m **u**nidentified savings.

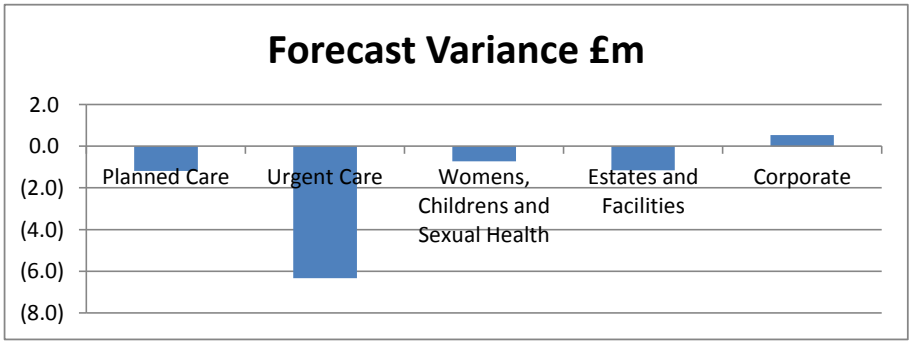
Womens, Childrens and Sexual Health: £0.2m YTD FRP advesre variance, this includes £0.3m unidentified savings.

Maidstone and Tunbridge Wells NHS Trust

4c. Forecast savings by Directorate

Directorate Performance

	Cost Improvement Plan			Financial Recovery Plan			Total Savings		
	Actual	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cancer and Haematology	2.24	2.24	0.00	0.76	0.49	0.27	3.01	2.73	0.27
Critical Care	1.05	1.10	(0.05)	0.28	0.37	(0.09)	1.33	1.47	(0.13)
Diagnostics	1.43	1.41	0.02	1.18	1.42	(0.24)	2.61	2.83	(0.23)
Head and Neck	0.78	0.85	(0.07)	0.25	0.46	(0.22)	1.03	1.31	(0.28)
Surgery	1.19	1.19	0.00	0.42	0.97	(0.55)	1.61	2.16	(0.54)
Trauma and Orthopaedics	0.94	1.00	(0.06)	1.00	1.25	(0.24)	1.94	2.24	(0.30)
Patient Admin	0.00	0.00	0.00	0.06	0.05	0.02	0.06	0.05	0.02
Private Patients Unit	0.20	0.17	0.03	0.02	0.04	(0.02)	0.22	0.21	0.01
Total Planned Care	**7.83**	**7.96**	**(0.13)**	**3.99**	**5.04**	**(1.06)**	**11.81**	**13.00**	**(1.19)**
Urgent Care	**3.52**	**3.69**	**(0.17)**	**1.93**	**8.09**	**(6.16)**	**5.45**	**11.78**	**(6.33)**
Womens, Childrens and Sexual Health	**1.11**	**1.11**	**0.00**	**0.57**	**1.30**	**(0.73)**	**1.68**	**2.41**	**(0.73)**
Estates and Facilities	**1.22**	**2.06**	**(0.84)**	**0.88**	**1.21**	**(0.32)**	**2.11**	**3.27**	**(1.16)**
Corporate	**0.92**	**1.04**	**(0.11)**	**1.22**	**0.57**	**0.65**	**2.14**	**1.60**	**0.54**
Total	**14.61**	**15.86**	**(1.25)**	**8.59**	**16.21**	**(7.62)**	**23.20**	**32.06**	**(8.87)**



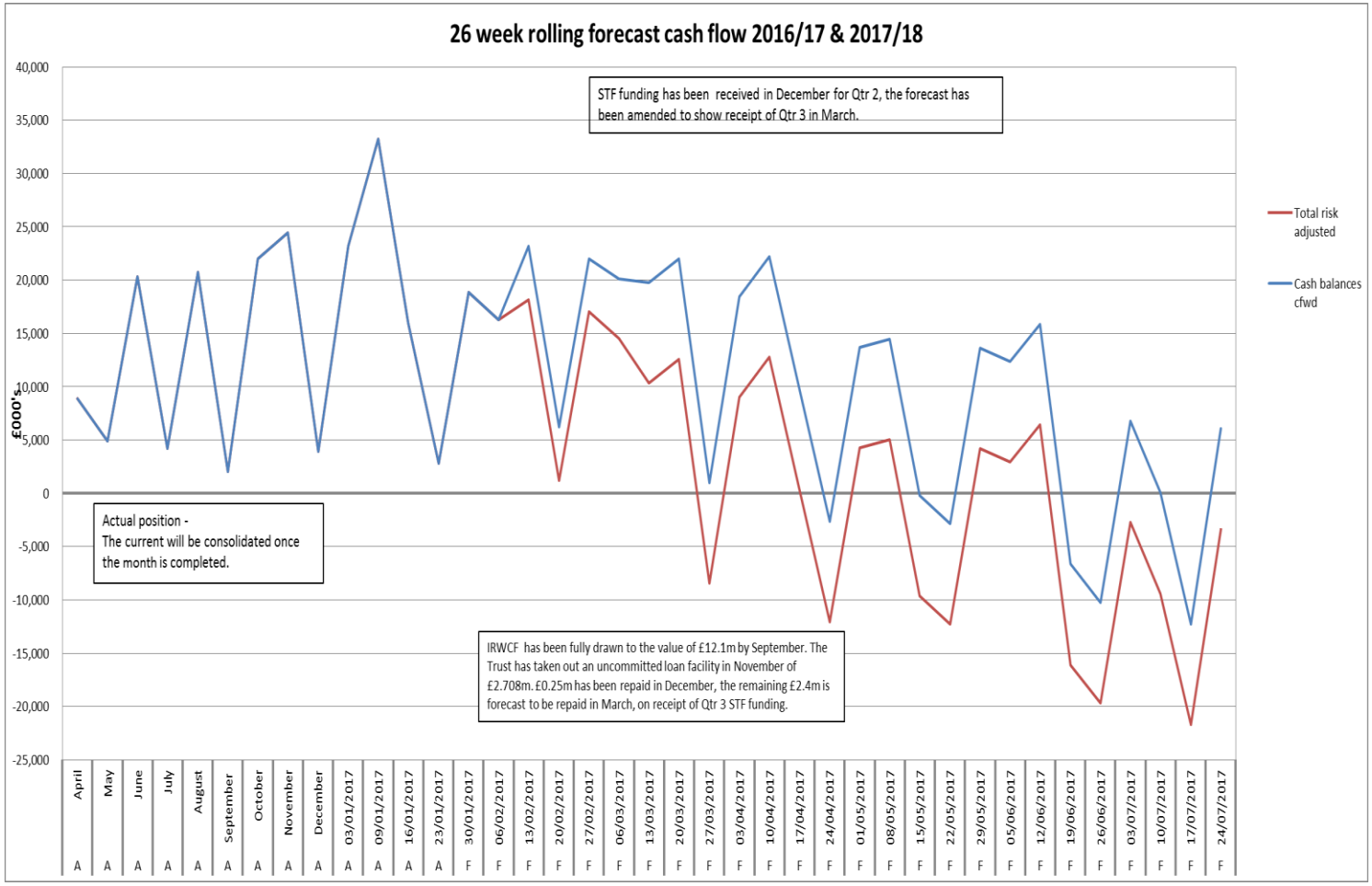
The annual savings plan for the Trust incorporating CIP and FRP equates to £32.1m for 2016/17.

The CIP forecast which was used for the resubmitted plan included savings for energy and rates. However this was not included in the I&E forecast therefore has no bottom line impact, this will be a £0.75m shortfall at the year end. Planned savings of £340k associated with the new Patient Transport contract have not delivered.

The current year end forecasted FRP gap is £6.5m, to deliver the control total of £4.7m surplus.

5. Balance Sheet and Liquidity

5a. Cashflow



Commentary

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

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

The Trust is forecasting to repay the remaining balance of the uncommitted loan facility in March of £2.458m once we have received quarter 3 STF funding in March.

The cash forecast is in line with the I&E position after agreeing the control totals. The cash flow forecast assumes receipt of £8.4m SLA over performance for 2016/17, if this is not received the Trust has a number of strategies to manage the yearend balance without requiring additional funding.

Both the SLA over performance and the STF funding are risk adjusted on the red line of the graph.

Maidstone and Tunbridge Wells NHS Trust

5b. Balance Sheet
January 2017

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

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

Commentary:
The balance sheet is less than plan. Key movements to January are in working capital where the stock and cash are decreasing and debtors and creditors balances are increasing from the December's position. 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. However, due to the review of the UEL of some PPE which resulted in the assets' life being extended, the net depreciated value of assets is more than that reported in December as a result of less depreciation charges.

Current Assets Inventory has increased slightly from the reported November position, mainly due to an decrease in pharmacy stock from £4.1m to £3.3m. Other stocks have remained consistent with cardiology stocks £1m, materials management £1m and all other stock including theatres of £2.5m. Inventory reduction is a cash management and potential CIP being discussed.

NHS Receivables have increased since December, remaining significantly higher than the plan value. Of the £52.5m balance, £17.4m relates to invoiced debt of which £5.8m is aged debt over 90 days. Debt over 90 days has increased since December as a result of the high cost drug.

Trade receivables has increased by £0.5m from December's position, and is above plan by £3.9m. Included within this balance is trade invoiced debt of £1.7m and private patient invoiced debt of £0.8m (consistent with £0.8m in December).

Current Liabilities NHS trade payables has remained consistent with the December reported position and is below plan. Non-NHS trade payables has increased by £6.7m, still remaining significantly above plan.

Of the £71.0m trade creditor balances, £17.3m relates to invoices, £28.7m is deferred income primarily relating to the advance received from WK and Medway CCG's in April of c£18 million, the remaining £25.0m relates to accruals, including TAX, NI, Superannuation, PDC and deferred income.

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	635	1,520	885	2,581	1,868	713	1,321
ICT	0	0	0	553	553	0	553
Equipment	127	300	173	800	800	0	375
PFI Lifecycle (IFRIC 12)	0	0	0	553	553	0	553
Donated Assets	-127	-300	-173	-800	-800	0	-375
Total	**635**	**1,520**	**885**	**3,686**	**2,973**	**713**	**2,426**
Less donated assets	-127	-500	-373	-800	-800	0	-375
Contingency Against Non-Disposal	0	0	0	0	0	0	0
Adjusted Total	**508**	**1,020**	**512**	**2,886**	**2,173**	**713**	**2,051**

The FOT remains £9.4m with the YTD Actual Spend at £3.7m. Significant spend is planned for the final two months of the financial year, including additional generators at Maidstone, backlog programme completion, several items of medical equipment and the delivery to a bonded warehouse of the new linear accelerator in March. The total resource approved by the Trust board for the 2016/17 capital programme was £15.988m, including PFI lifecycle and donated assets. The Trust has proposed a Capital to Revenue transfer of £4.188m as part of its recovery plan. It also was unable to proceed at this point with the plans for the TWH radiotherapy satellite scheme as Specialist Commissioners want to further consider the proposal in the light of STP plans.

The forecast outturn therefore takes into account the reductions of £4.188m for the capital to revenue transfer and £4.056m for the TWH radiotherapy satellite scheme element. The Trust has been successful in a bid for PDC funding (£1.7m) to support the purchase of a Linac in 16/17, as part of the NHSE investment in radiotherapy modernisation and this is included in the year end spend forecast.

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – February 2017

2-11 Planned and actual ward staffing for January 2017 Chief Nurse

Summary / Key points

The attached paper shows the planned v actual nursing staffing as uploaded to UNIFY for the month of January 2017. 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 has remained at 7.5. For Tunbridge Wells Hospital the overall CHPPD dropped to 8.9 compared to 10 in December. This may be attributed to the increase in capacity on the Tunbridge Wells site. As this data does not include unfunded escalation areas, such as the use of theatre recovery, these care hours would not be captured for the site.

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 January were Wards10 and 11.

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

Lord North Ward had additional clinical support requirement to support a high number of ward attenders on 2 days during the month, and increased dependency for one day.

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

Cornwallis, Ward 21 and Ward 30 had a shift in skill mix to maintain sufficient numbers of staff to provide fundamental aspects of care. This was a considered decision based on acuity and skill mix with oversight by the relevant directorate matron.

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

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

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

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

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

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

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

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

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

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

The key underlying reasons for amber overall ratings are vacancy resulting in an adverse shift of the RN to CSW ratios and high levels of acuity and dependency, most notably in this respect are Ward 30 and 31, ward 2 and stroke, where concerns have been noted by the Directorate. A number of support measures are in place including day to day support from the Directorate and Corporate Teams including specific focus on recruitment.

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

Which Committees have reviewed the information prior to Board submission?

- n/a

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

Assurance

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

January '17		Day		Night			Nurse Sensitive Indicators						Financial review		
Hospital Site name	Ward name	Average fill rate registered nurses/midwives	Average fill rate care staff (%)	Average fill rate registered nurses/midwives	Average fill rate care staff (%)	Overall Care Hours per pt day	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Overall RAG Status	Comments	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Acute Stroke	94.2%	97.6%	95.2%	95.2%	6.9	24.4%	100.0%	13	0		Establishment at agreed levels, however heavy reliance on temporary staffing. Higher number of falls in month.	118,484	110,791	7,693
MAIDSTONE	Foster Clark	98.6%	93.5%	100.0%	100.0%	5.9	36.8%	96.0%	5	3			98,543	109,247	-10,704
MAIDSTONE	Cornwallis	106.5%	96.8%	94.6%	131.8%	5.9	43.8%	88.6%	1	1		CSW reflects an increase to cover shortfall in RN cover to maintain overall numbers of staff to enable timely delivery of fundamental care. A considered/accepted risk	62,107	78,569	-16,462
MAIDSTONE	Coronary Care Unit (CCU)	100.0%	77.4%	100.0%	N/A	10.0	119.0%	100.0%	0	0		CSW fill rate an accepted risk as unit is co-located on Cornwallis Ward. Team cross-cover during course of shift as required.	92,406	92,286	120
MAIDSTONE	Culpepper	100.0%	93.5%	100.0%	100.0%	6.2	80.0%	93.8%	3	0					
MAIDSTONE	John Day	92.3%	98.9%	101.1%	98.4%	6.5	46.8%	90.9%	8	0			115,421	125,837	-10,416
MAIDSTONE	Intensive Treatment Unit (ITU)	102.0%	100.0%	103.2%	N/A	27.1	50.0%	100.0%	0	0			164,702	174,583	-9,881
MAIDSTONE	Pye Oliver	95.1%	87.0%	100.0%	100.0%	6.4	47.2%	100.0%	5	1		Unable to fill CSW shifts via bank. Considered risk.	105,947	114,651	-8,704
MAIDSTONE	Chaucer	98.4%	94.2%	98.9%	100.0%	6.0	32.4%	91.7%	8	0			110,174	130,311	-20,137
MAIDSTONE	Lord North	96.8%	122.6%	97.8%	106.5%	6.7	48.6%	100.0%	2	0		Additional CSW to cover enhance care requirements for one day, and additional day attenders on 2 days.	86,240	110,323	-24,083
MAIDSTONE	Mercer	120.2%	89.5%	98.9%	100.0%	6.3	34.1%	92.9%	5	1		RN fill rate enhanced to meet overall care needs. 1 RN additional to establishment for HR/Professional support.	95,500	97,259	-1,759
MAIDSTONE	Edith Cavell (MOU)	94.6%	80.0%	100.0%	76.7%	10.0	54.3%	94.7%	4	0		CSW fill rate at night an accepted risk.	115,876	74,030	41,846
MAIDSTONE	Urgent Medical Ambulatory Unit (UMAU)	84.3%	102.2%	130.1%	209.7%	8.3	4.9%	90.0%	1	0		Reduced fill rate during the day an accepted risk in order meet additional requirements at night due to escalation beds.	87,803	76,630	11,173
TWH	Stroke/W22	79.0%	91.6%	96.8%	95.7%	9.6	118.8%	100.0%	9	0		RN fill rate reduced due in ability of bank to cover requests, combined with vacancy. Support provided by senior nursing team.	172,188	132,054	40,134
TWH	Coronary Care Unit (CCU)	104.2%	50.9%	146.8%	N/A	11.3	120.0%	94.4%	1	1		Additional capacity throughout the month. CSW fill rate due to inability of bank to meet demand during month.	59,082	46,952	12,130
TWH	Gynaecology/ Ward 33	92.2%	96.8%	98.4%	94.6%	7.4	63.9%	92.8%	4	1			71,111	72,935	-1,824
TWH	Intensive Treatment Unit (ITU)	106.0%	100.0%	106.5%	100.0%	25.1	0.0%	0.0%	1	1			179,175	185,775	-6,600
TWH	Medical Assessment Unit	88.2%	103.2%	115.5%	107.5%	7.9	49.0%	91.7%	8	0		Increased RN fill rate night due to escalation/additional capacity.	147,016	190,267	-43,251
TWH	SAU	104.3%	80.6%	98.4%	103.2%	8.7			9	0		CSW fill rate an accepted risk.	86,566	67,340	19,226
TWH	Ward 32	93.0%	98.9%	94.6%	98.4%	7.0	8.3%	23.5%	1	0			118,550	116,673	1,877
TWH	Ward 10	94.8%	99.2%	80.6%	175.8%	7.3	26.6%	94.1%	1	0		Enhanced care needs for 18 nights. Cohort approach to provide enhanced observation for between 3 and 5 patients per night.	108,759	117,114	-8,355
TWH	Ward 11	98.6%	110.8%	100.0%	114.5%	6.8	15.3%	100.0%	6	0		Enhanced care needs for 11 days/nights for confused combative patient with trachae.	109,499	114,185	-4,686
TWH	Ward 12	84.2%	93.5%	90.3%	96.0%	6.5	27.3%	100.0%	12	0		Reduced fill rate for RNs during the day an accepted risk. Bank fill ability impacted on by increased site capacity.	119,124	120,414	-1,290
TWH	Ward 20	99.1%	87.6%	101.1%	98.3%	5.7	28.1%	77.8%	14	0		Reduced CSW fill rate due to inability of bank to provide cover (increased demand across whole site)	112,925	119,827	-6,902
TWH	Ward 21	102.7%	81.7%	87.7%	124.2%	6.6	9.5%	100.0%	6	2		Increased CSW rate at night to ensure sufficient staff available to provide fundamental aspects of care.	126,496	118,294	8,202
TWH	Ward 2	83.1%	95.5%	93.5%	96.0%	7.0	70.8%	88.2%	23	0		RN fill rate an accepted risk. Support provided by senior nursing teams.	81,866	122,399	-40,533
TWH	Ward 30	85.5%	155.3%	98.4%	90.5%	7.0	33.3%	100.0%	6	3		RN:CSW ratio altered according to dependency. Cross cover provided to Ward 31 during month.	103,384	95,630	7,754
TWH	Ward 31	88.7%	94.5%	96.0%	90.3%	7.0	34.1%	73.3%	7	0		RN fill rate an accepted risk. Support provided from Ward 30 as required during course of shift/month.	103,145	121,076	-17,931
Crowborough	Birth Centre	98.4%	64.5%	100.0%	96.8%		51.6%	94.8%	0	0		CSW fill rate an accepted risk. Low risk mothers. On-call arrangements in place if/when required.	86,691	64,220	22,471
TWH	Ante-Natal	98.4%	74.2%	100.0%	87.1%				0	0		Maternity unit works as a 'floor' with staff moving during the course of a shift (following the mother). All women in established labour received 1:1 care from a midwife.	596,710	636,137	-39,427
TWH	Delivery Suite	105.5%	90.3%	98.4%	86.0%				0	0					
TWH	Post-Natal	105.5%	90.3%	98.4%	86.0%				0	0					
TWH	Gynae Triage	91.9%	93.5%	100.0%	93.5%				0	0			12,407	11,432	975
TWH	Hedgehog	95.2%	93.5%	111.6%	112.9%	9.4	17.9%	94.6%	1	0		Increased fill rate at night due to additional capacity.	213,962	172,190	41,772
MAIDSTONE	Birth Centre	100.0%	100.0%	100.0%	96.8%				0	0			62,137	66,038	-3,901
TWH	Neonatal Unit	97.3%	93.5%	101.6%	87.1%	13.1			0	0		Support worker fill rate at night an accepted risk.	162,268	149,153	13,115
MAIDSTONE	MSSU	119.7%	113.0%	159.5%	N/A	7.8	15.5%	96.0%	0	0		Unit open throughout month (planned hrs reflected unit closed at weekends). Increase acuity during month as some inpatient elective work undertaken in the unit.	39,204	57,343	-18,139
MAIDSTONE	Peale	119.1%	75.0%	133.9%	87.1%	8.4	22.9%	100.0%	1	0		RN:CSW shift is a legacy from staffing reviews. Overall headcount per shift within agreed limits.	61,119	75,654	-14,535
TWH	SSSU	100.0%	100.0%	100.0%	100.0%	3.2	0.0%	0.0%	3	0		Fill rate reflects support provided to Recovery 1 & 2 for additional capacity.	22,983	208,712	-185,729
MAIDSTONE	Whatman	96.0%	93.5%	98.9%	100.0%	5.7	26.0%	92.3%	7	0			114,972	94,658	20,314
MAIDSTONE	A&E	100.0%	96.8%	99.5%	96.8%		5.3%	84.0%	2	0		Reduced fill rate for support workers had minimal impact on care. Quality rounds maintained.	202,540	182,209	20,331
TWH	A&E	91.9%	72.4%	98.5%	79.0%		13.0%	90.9%	4	0			294,412	291,581	2,831
												Total Establishment Wards	**4,821,494**	**5,044,778**	**(223,284)**
												Additional Capacity beds	40,891	37,027	3,864
												Other associated nursing costs	2,472,063	2,468,737	3,326
												Total	7,334,448	7,550,541	-216,093

RAG Key

Under fill

Over fill

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – February 2017

2-12 Summary report from Audit and Governance Committee, 02/02/17 Trust Secretary

The Audit and Governance Committee met on 2nd February 2017.

1. **The key matters considered at the 'main' meeting were as follows:**
   - Under the Safety Moment, the Trust Secretary reported that the month's theme was Venous thromboembolism (VTE) prevention. The Head of Internal Audit agreed to investigate the availability of relevant material relating to VTE prevention (or related issues) from other organisations and to report his findings to the Committee
   - The Board Assurance Framework (BAF) was reviewed and there was discussion of whether allowance should be made for the effect of winter pressures on the achievement of BAF objectives and general agreement was reached that this should not be the case. The Director of Finance reported that the Trust was unlikely to meet its year-end control total (Objective 4b), and the potential implications of this were discussed.
   - The Risk Register was reviewed and it was agreed to provide an update out of meeting on the latest actions taken to address the amber rated risk relating to a reported lack of functional computers and computer screens in Cancer and Haematology. Updates and more details were also requested on the risks for overuse of temporary staff; long-term financial viability; Ophthalmology follow-up capacity and the Mortality review backlog in Speciality Medicine and Therapies. It was also agreed that the substance of all red risks in the Risk Register should be accounted for within the BAF report, or identified for separate consideration by the appropriate forum
   - An update on progress with the Internal Audit plan for 2016/17 (incl. progress with actions from previous Internal Audit reviews) was reported. The list of recent Internal Audit reviews are shown below (in section 2). Within this item:
     - The status of outstanding recommendations was reviewed;
     - The Committee recorded that its assurance that appropriate action was being taken in response to the Never Events Advisory Review was based on the Quality Committee's review of this issue in January 2017; and
     - The Committee requested that the Chair of the Quality Committee considered whether any further action was required arising from the response that "No further action can be taken" re the "Data Quality of KPIs" Internal Audit review recommendation that "any cases completed just under four hours should be reviewed as part of the internal validation processes"
   - The Internal Audit Plan for 2017/18 was reviewed & approved, subject to the amendments discussed at the meeting. This included reconsideration of the proposed timing of the Internal Audit "review of governance arrangements at the Trust for managing the impact of the STP", following feedback that a review later in 2017/18 would be more valuable
   - A Counter Fraud update was reviewed, and the Committee heard that the results of the 2016/17 Fraud Awareness Survey had been generally encouraging. However, the Committee requested that the Workforce Committee reviewed the Trust's arrangements for "whistleblowing" in response to the Survey findings that "proactive work was needed in this area", and to include liaison with the Chair of the A&G Committee in respect of his roles as Senior Independent Director and Freedom to Speak up Guardian
   - A 'Progress and emerging issues report' was received from External Audit and no matters of concern were reported
   - The External Audit Plan for 2016/17 was reviewed and approved
   - An update was given on the 2016/17 Accounts process and confirmation was given by External Audit that:
     - The Trust's proposed approach to property revaluation was consistent with discussions to date; and
     - The basis of the Trust's Going Concern assumption was appropriate
   - The Committee was formally notified of the appointment of Grant Thornton UK LLP as the Trust's External Auditor from 2017/18 (following approval by the Trust Board 30/11/16)

- The Director of Finance reported on the latest financial issues, which included an update on the latest Financial Special Measures (FSM) meeting with NHS Improvement
- The latest losses & compensations data was reviewed, which showed an increase in both value and numbers of claims, compared with the same period in the previous year. The Committee heard that a suspected theft of £2k cash was currently under investigation by the Trust and would also be reported to the Police
- The latest single tender waivers data was reviewed, which reflected a similar volume, but increased value of waivers compared with the same period in the previous year. The increase was in respect of MRI outsourced arrangements. It was noted that all of the waivers were above the OJEU threshold. The Interim Head of Procurement gave an update on the Trust's procurement systems and "no PO, no pay" policy
- A report detailing gifts, hospitality and sponsorship, declared since the last meeting, was considered and a verbal update given on the status of the consultation by NHS England on conflicts of interest within the NHS. The Trust's policy for externally sponsored posts was considered and it was agreed that the criteria for this needed clarifying and that the Executive Team should be reminded of the requirements to declare such arrangements
- The minutes of the previous meeting of the Auditor Panel were approved and discussion ensued on the assessment of the Trust's Internal Audit service. Potential to review this issue on a STP-wide basis was noted, & it was agreed that the next evaluation of the service by the Committee should be informed by the approach taken by other Trusts.

2. The Committee received details of the following Internal Audit reviews:

- "Audiology Stock Management" (which received a "Limited Assurance" conclusion)
- "Clinic Management in the Outpatient Department" (which received a "Limited Assurance" conclusion)
- "Information Management Framework" (which received a "Limited Assurance" conclusion)
- "Procurement" (which received a "Reasonable" conclusion)
- "Nurse Revalidation" (which received a "Reasonable" conclusion)
- "Never Events Advisory Review" (not subject to a formal audit conclusion)
- Information Governance Toolkit Part 1 (Assurance level to be allocated following completion of Part 2)

3. The Committee was also notified of the following "high" priority outstanding actions from Internal Audit reviews:

- "Pharmacy" (2 outstanding actions)

The Committee was also notified of the following "urgent" priority outstanding actions from Outstanding Transferred Kent and Medway HIS Audit Recommendations:

- "Clinical Activity Recording" (1 outstanding action)

4. The Committee agreed that (in addition to any actions noted above):

- To add a further prompt within the BAF cover sheet to establish if the Committee was assured that actions reported as being undertaken were satisfactorily evidenced
- To expand the summary table of open risks in the BAF cover sheet to highlight red risks by Department / Division

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

- The Committee requested its concern about the red status of BAF Objective 5a (62 day cancer waiting time target) to be drawn to the Board's attention. The impact of winter pressures was noted as highlighted in Section 1, but it was agreed that this should not be accepted as mitigation for not meeting the target

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

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

- Information and assurance

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

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting – February 2017

2-13 Summary report from Quality Committee, 06/02/17	**Committee Chair (Non-Executive Director)**

The Quality Committee has met once since the last Trust Board meeting, on 6th February (a 'deep dive' meeting).

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

- A review of progress with **actions agreed from previous meetings**, & it was agreed that 2 of the actions could be closed, as they were of insufficient priority to warrant diverting the Trust Lead Cancer Clinician's attention from more pressing clinical matters.
- The Clinical Director for Surgery and Associate Director of Nursing for Planned Care (who was previously the General Manager for Surgery, Urology & Gynaecology Oncology) attended to give a presentation under the item **"Surgery review"**. The presentation, and discussion, highlighted the following issues:
  - The Directorates' response to the Care Quality Commission inspection in October 2014, in relation to the 5 CQC domains
  - The positives and risks in relation to each of the Directorate's specialities (Upper GI, Lower GI, Emergency Surgery, Breast Surgery, Urology, Gynaecology Oncology, and Vascular surgery). Urology was discussed in particular, and it was agreed that the Chief Operating Officer should liaise with the Chief Executive in relation to the current difficulties involving the Urology service and Medway NHS Foundation Trust, and relay the Quality Committee's request that the Chief Executive discuss the matter with the Chief Executive at Dartford and Gravesham NHS Trust
  - The good working relationships with the Critical Care Directorate and Theatres
  - The quality monitoring processes in place, including the Mortality review process and the response to the recent Never Events
- The presentation was circulated on all Trust Board Members via email on 06/02/17
- The Assistant Director of Business Intelligence also attended for an **update on the actions being taken in response to the Trust's higher than expected mortality rates**, following the 'deep dive' meeting on 04/01/17. It was noted that an internal Mortality dashboard had been issued for consultation in response to the action to "Improve the visibility of mortality data within the Operations Directorate / Trust". It was agreed that the Associate Director, Quality Governance should ensure that future reports from the Trust Clinical Governance Committee to the 'main' Quality Committee contain details of each Clinical Directorate's overall mortality rate/s (to enable this to be discussed as part of each Directorate's highlight report to the 'main' Quality Committee)
- It was noted that **April's 'deep dive' meeting** would involve: a "Detailed update on the working relationships within Obstetrics and Gynaecology"; "The outcome and follow-up from the SELKaM Trauma Network Review visit in September 2016"; a 'Review of progress with implementing 7-day services'; and a "Review of actions to reduce Length of stay"

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

- N/A

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

- N/A

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information and assurance

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

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – February 2017

2-14	**Summary of the Trust Management Executive (TME) meeting, 15/02 (incl. review of hospital pharmacy transformational programme (HPTP) plan)**	**Deputy Chief Executive**

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

- In the **safety moment**, the Chief Nurse highlighted the importance of assessing for, and trying to prevent, Venous thromboembolism (VTE)
- A **replacement Consultant post** (for Radiologist with a special interest in musculoskeletal radiology) was approved, and the draft **Hospital Pharmacy Transformational Programme (HPTP) Plan** was reviewed, and supported. The HPTP Plan is required to be approved by the Trust Board, prior to submission to NHS Improvement, and is therefore enclosed in Appendix 1
- Initial proposals regarding **the future use of Theatres 3 and 6 at Tunbridge Wells Hospital, & the Maidstone Orthopaedic Unit (MOU)** were supported. The proposals related to the continued functioning of the MOU as an elective Orthopaedic Unit beyond April 2017; the transfer of all existing Orthopaedic activity from Theatre 3 to Theatre 6, and the re-allocation of the Theatre 3 sessions previously occupied by Orthopaedics. It was noted that a Business Case would be required, but it was agreed that this should be expedited, to avoid delay in implementation
- The latest situation regarding the **Financial Recovery Plan (FRP) and Financial Special Measures (FSM)** was reported, and **Performance for month 10**, 2016/17 was discussed. The issues raised included the efforts currently being made to understand the increased mortality rates at the Trust, and the Medical Director gave assurance regarding the action being taken and planned. Other issues discussed included the relentless pressure being faced by staff, and the impact this had on performance (including the A&E 4-hour waiting time target). It was agreed to consider what action should be taken to ensure that pressure was acknowledged.
- The **infection prevention and control** position for January was reported, which noted there had been 1 case of Clostridium difficile, & thus 25 cases for the year to date, against the limit of 27
- The **reports from Divisions** (which were given jointly by the relevant Director of Operations and Clinical Directors) highlighted that for Urgent Care, the key issues were the size of the financial challenge; increased activity; staffing (for which the plans to establish 6 new Emergency Department Practitioner posts were reported); & patient flow issues. For Planned Care, the key issues were similar (financial challenges, staffing), but the adverse impact of West Kent CCG's decision regarding elective activity was also discussed, as was a current issue with diagnostic capacity. For Women's, Children's & Sexual Health, some forthcoming issues with Paediatric Middle Grade Doctor staffing were reported, but it was noted that a resolution was being sought.
- The key issues discussed at the latest **Clinical Directors' Committee** and **Executive Team meetings** were reported (which were similar to the issues discussed at the TME), and brief updates were given on the Kent and Medway **Sustainability and Transformation Plan (STP)** , and the **national 7 day service programme**
- The summary report from the **Trust Clinical Governance Committee** was received, as was the one **recently-approved business case**. The latest **Board Assurance Framework & Trust Risk Register** was also reviewed
- An update on the **implementation of the replacement PAS+** noted that an options appraisal had concluded that the Trust should continue to work with Allscripts to resolved the outstanding issues (rather than seek another provider). It was also noted that these issues have resulted in the 'go-live' date of March 2017 being cancelled. The earliest next 'go live' date was now June
- Formal updates were received on the recent activity of the TME's main **sub-committees** (Informatics Steering Group, Policy Ratification Committee, and Health & Safety Committee). The report from the latter included the outcome of the most recent water quality testing.

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

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [1]
1. Information and assurance; and
2. To approve the Hospital Pharmacy Transformational Programme Plan (Appendix 1) prior to submission to NHSI

[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: Hospital Pharmacy Transformational Programme (HPTP) Plan

Maidstone and Tunbridge Wells NHS
NHS Trust

Maidstone and Tunbridge Wells Hospital

Hospital Pharmacy Transformational Programme (HPTP)

1. Executive Summary

The Carter Report, Operational Productivity and Performance in English NHS Acute Hospital was published on 5 February 2016 and made 15 core recommendations on hospital productivity.

Recommendation 3 requires Trusts to develop a Hospital Transformational Programme (HPTP), to be submitted by March 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist's prescribers, e-prescribing, consolidating stock holding and to realise savings and efficiencies by 2020 in agreement with NHS Improvement and NHS England.

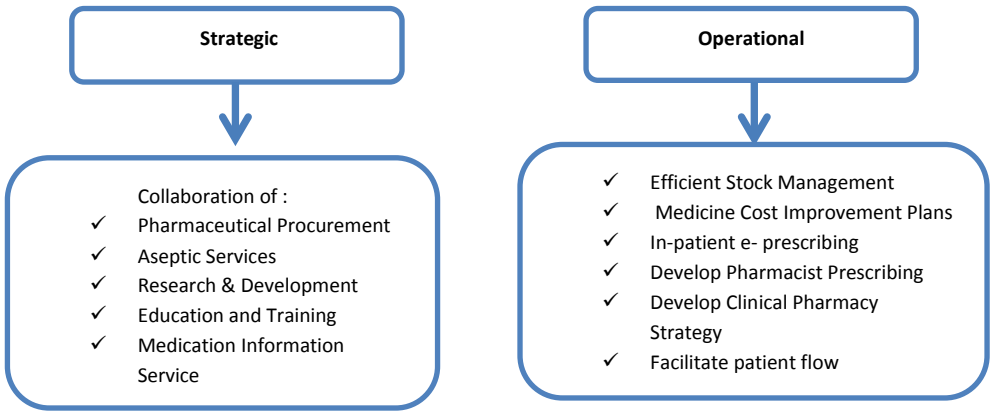
Completion of the Assessment and Action Planning Tool, assessment of the Model Hospital Portal and drafting of Hospital Pharmacy Transformation Programme has identified some excellent areas of Pharmacy and Medicines practice at Maidstone and Tunbridge Wells NHS Trust included in the categories of effectiveness (% of medicines reconciliations conducted within 24 hours of patient admission, average number of pharmacy deliveries per day, e-commerce ordering) ; and People Management & Culture: Well Led (completed appraisals and statutory and mandatory training); Caring (National Inpatient Survey, Medicines Related Questions 2015/16).

There are a number of areas where work progress and improvement are required to achieve the target Carter metrics. These include metrics under money and resources (to reduce the spend on high cost drug therapies); safety (In-patient electronic prescribing and administration); effectiveness (% of pharmacists actively prescribing) and review of pharmacy 'infrastructure' services.

MTW has nominated the Chief Nurse as the Trust Board Director to work with Pharmacy
The first draft of the HPTP was submitted to NHS improvement, HopMop team in October 2016 and received a very good feedback.

Pharmacy services intends to consider two key areas to implement the Carter recommendations for MTW.

- **Strategic –** Kent wide collaboration to manage stock, procurement of medicines and manufacturing of ready to administer aseptic pharmaceutical products.
- **Operational –** Implementing a number key control and monitoring processes for MTWH



2. Background

Maidstone and Tunbridge Wells NHS Trust is a large acute hospital Trust in the south east of England. The Trust was legally established on 14 February 2000 and provides a full range of general hospital services, and some areas of specialist complex care to around 560,000 people living in the south of West Kent and the north of East Sussex.

The Trust's core catchment areas are Maidstone and Tunbridge Wells and their surrounding boroughs, and it operates from two main clinical sites: Maidstone Hospital and Tunbridge Wells Hospital at Pembury. The latter is a Private Finance Initiative (PFI) hospital and provides wholly single bedded en-suite accommodation for in-patients.

3. Carter Metrics and Model Hospital benchmarks – (Including updates on Dashboard in January 2017)

MEASURES 1. Staff & Resources		TRUST ACTUALS £(000)	NATIONAL MEDIAN £(000)	COMMENTS & ACTIONS
1	Pharmacy Staff & Medicines costs per WAU	£404	£350	1. Participating in National Benchmark survey. 2. Review skill mix in department 3. Review roles / essential services
2	Medicines Costs per WAU	£372	£312	Implementing savings actions: 1. Process and controls to reduce waste 2. Maintain strict adherence to implementing contract changes 3. Through awareness and engagement with patients increase use of patients own medicines. 4. Improve medicines optimisation by cost effective purchasing and prescribing. 5. Review use of unlicensed medicines. 6. Review supply issues with CCG 7. Implement top 10 medicines savings 8. Explore the feasibility for a joint Formulary across K&M 9. Monitor non-formulary use and maintain excellent adherence to Formulary (99%) as demonstrated in 14/15 outpatient Rx audit 10. Conduct review of ePACT data
3	High Cost Medicines per WAU	£125	£112	1. Biosimilar switches completed 2. Increase use of homecare 3. Review provision of chemotherapy (Dependent on outcome of aseptic services review)
4	Non High Cost Medicines per WAU	£246	£196	Same as actions for Medicines Cost under (2)
5	Choice of Paracetamol Formulation (% IV versus total spend)	67%	56%	1. Restrict the use of IV paracetamol 2. Promote the use of oral paracetamol pre-op instead of post-op IV
6	Use of Generic Immunosuppressants (% Generic VS Total spend on selected drugs)	0	60%	Implementing contract changes
7	Use of Inhalation Anaesthetics- % Spend on sevoflurane	53%	66%	Engage with anaesthetic department to rationalise the use of anaesthetic agents

	MEASURES 2. Safe	TRUST ACTUALS	NATIONAL MEDIAN	COMMENTS & ACTIONS
1	% ePrescribing IP	0%	50%	Business case to be written as part of Trust INSPIRE IT road map
2	% ePrescribing OP	20%	50%	As above
3	% ePrescribing Discharge	100%	60%	Complete
4	% ePrescribing Chemotherapy	40%	50%	Project underway to complete all chemotherapy e-Prescribing by 31.3.17
5	Total Antibiotic Consumption in DDD/100 admissions	4,752	4,549	1. Action plan to meet CQUIN targets 2. Regular review of antibiotic guidelines 3. Implement mandatory training for staff to increase awareness and good practice 4. Actions monitored monthly by Antimicrobial Stewardship Group
7	%Diclofenac vs Ibuprofen & Naproxen (monthly)	21.51%	8.85%	Action plan in place to reduce use of diclofenac and monitoring Monthly using Define benchmark tool.

	MEASURES 3. Effective	TRUST ACTUALS	NATIONAL MEDIAN	COMMENTS & ACTIONS
1	Number of Days Stockholding	26.0	18.8	1. Currently stock holding across Trust = 20 days and has improved from 25 days since August 16. Ward stock has been reviewed. 2. Plan in place to consolidate more stock onto one site.
2	% Pharmacists Actively Prescribing	0	20%	1. Four Pharmacists currently qualified but not actively prescribing 2. Plan in place to ensure all prescribers use their qualification. 3. Strategy for training all appropriate Pharmacists being developed to achieve target of 80% prescribers
3	% Medicines Reconciliation within 24 hours of admission	80%	73%	1. Medicines Safety Thermometer data available monthly. 2. This is also monitored monthly as part of the Pharmacy Dashboard
4	% Use of Summary Care Record (or local system) per Month	21.8%	52.1%	1. Clinical Pharmacy staff using SCR. Strategy needed to ensure other professional groups use the SCR and that cards operate at all times 2. Target areas for use include A&E / out patients and pre-assessment
5	% Soluble Prednisolone of Total Prednisolone uptake (Sept 2016)	0.0%	3.4%	Completed – continue to monitor monthly via Define to ensure no deviation
6	% Biosimilar Infliximab Uptake (Monthly) Sept2016	38.5%	68.3%	1. Significant action in place to complete current switch to biosimilars by the end of the financial year 2016/17 2. Template in place for implementation of future switches
	% Biosimilar Etanercept 2015/16	£49k	£1.1m	As above

	MEASURES 4. Caring	TRUST ACTUALS	NATIONAL MEDIAN	COMMENTS & ACTIONS
1	National Inpatients Survey – Medicines Related Questions	76.5%	75.8%	1. Action in place with implementation of MaPPs software to provide patients with information about their medicines. 2. Medications Working Group initiated to ensure medicines information is embedded in clinical mandatory training and pharmacy and nursing day to day practices

	MEASURES 5. Responsive	TRUST ACTUALS		NATIONAL MEDIAN
1	Sunday ON WARD Clinical Pharmacy hours (Medical Admission Unit/Equivalent)	5.5	7.0	1. MTW 7 day pharmacy service currently provides 5 hours on ward clinical pharmacy on Sundays. 2. To be reviewed as the service has been running for circa 18 months with some challenges

	MEASURES 6. People Management & Culture; Well - Led	TRUST ACTUALS		NATIONAL MEDIAN
1	% Sickness Absence Rate 2015/16	No data	No data	Current sickness is 3.5% and is being monitored closely
2	% staff with appraisals completed 2015/16	100%	85%	Compliance with Trust standard 90%
3	% staff with statutory and mandatory training 2015/16	92%	91%	Compliant
4	% Staff Turnover Rate 2015/16	17%	14%	15/16 turnover = 16%. Concern at high turnover rate current 19%. Action needed to investigate ways to retain staff
5	Staff Vacancy rate (New) 2015/16	10%	6%	Local data in February 2017 is double

4. HPTP Summary: Key activities and collaboration

1. Optimisation of Stock Management

This requires collaboration across a number of Trusts to investigate the possibility of a collaborative NHS store. Our average stockholding days are 26 days with 15 deliveries per day. A collaborative store could enable further reduction in stock holding and the number of daily deliveries, including a significant reduction in stock value as many items for MTW are high cost drugs used in oncology, Ophthalmology and Neurology.

Within the Trust, improved ward stock management to reduce stock holding, reduce missed doses and reduce time spent on accessing medicines by ward staff could be reduced by the implementation of electronic ward storage units on wards. A business case should be developed to explore the funding of these across the Trust.

Electronic ordering – The target for electronic orders and invoices is 90%. We are performing better than the national median at 94.5% vs 90.4% and 88% vs 82% for the two sub set of e-commerce ordering.

2. Implementation of Electronic Prescribing and Administration System for inpatients and Outpatients

This is a key initiative and a Trust business case will be written as part of our IT road map. The business case is due to be written in 2017/18 and will identify the specification of the most appropriate solution to be implemented. Electronic prescribing is a key tool to improve/control the use of medicines for patient safety and for cost effective use of medicines. Implementing a system however will require additional staff resources within pharmacy for maintenance of the system and ensure appropriate training for all users

3. Seven Day Services

MTW Pharmacy implemented a 7 day service in September 2015 to focus on medicines reconciliation and discharge. In order to provide a more comprehensive clinical 7-Day service, the Trust will need to invest in staffing to be able to undertake more clinical interventions at the weekend e.g. implementing ITU ward rounds and additional medical ward rounds at weekends. The high vacancy rate that is experienced currently (January/ February2017) is having an adverse effect on the weekend staff rota.

4. Clinical Pharmacy and Infrastructure

To fulfil requirements of Carter Recommendations over 80% of the Trust Pharmacist resources should be utilised for patient focused/direct medicines optimisation activities.

Being a Trust with two sites and three departments, the current % is estimated to be 73% main pharmacy, 67% oncology, 65% Tunbridge Wells. (local data) The % of clinical activity includes medicines optimisation on wards and clinical duties to check that chemotherapy and aseptic items are clinically appropriate. Development of clinical activity will be reviewed as part of a skill mix review across all activities undertaken by Pharmacy and identifying if any infrastructure activities can be outsourced.

5. Provision of Chemotherapy and Aseptic Services

The Trust is the fourth largest cancer centre in UK and demands on the services will continue to increase. Local collaboration is needed across a number of Trusts to explore the possibility of a shared NHS licensed unit to prepare chemotherapy and other aseptically prepared items. We currently buy in ready-made chemotherapy and make patient specific chemotherapy for patients requiring short dates, high cost, short notice, and clinical trial items. The cost of maintaining the aseptic units is high and training staff to work within the units is time consuming. A local plan should be developed to explore the possibility of developing a collaborative resource locally and reviewing the number of operational aspetic units we have.

6. Pharmacist Prescribers

A strategy is needed to develop 80% of Pharmacists to complete the prescribing course. This will be difficult to achieve due to the high turnover of the group of Pharmacists most likely to train to be prescribers (band 7 Pharmacists). Band 6 Pharmacists are not appropriate to train as prescribers until they complete their clinical diplomas. In addition, competition for places on validated prescribing courses is high. Discussions are underway with HR to develop a recruitment and retention strategy in addition to building a prescribing role into all senior posts. Pharmacy development may include cross sector posts with CCGs.

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.

National Agenda

As a region, the Chief Pharmacists are sharing and developing ideas on collaboration to achieve the Hospital Transformational Model Hospital.

7. **Risks and Mitigations** Risks which may impact on the delivery of our plan:

	Risks	**Mitigation**
Development of a local collaborative NHS medicines store	Lack of collaboration across the region. Lack of an owner and funding to set this up	To continue to review stock holding across the Trust. Plan to comply with Carter recommendations to reduce the number of deliveries per day on one site if not possible on both sites
Development of a collaborative local NHS aseptic/chemotherapy licensed unit	Lack of collaboration across the region. Lack of an owner and funding to set this up	Review provision of aseptic services within the Trust. This should concentrate on reducing the number of aseptic units and concentration of staff in agreed aseptic location. Explore further use of external provider e.g. homecare companies
Achieving 80% of Pharmacist Prescribers	Turnover too high to create robust training strategy	Ensure prescribing is embedded in senior posts. Explore a recruitment and retention strategy for development of band 6 into band 7 Pharmacists

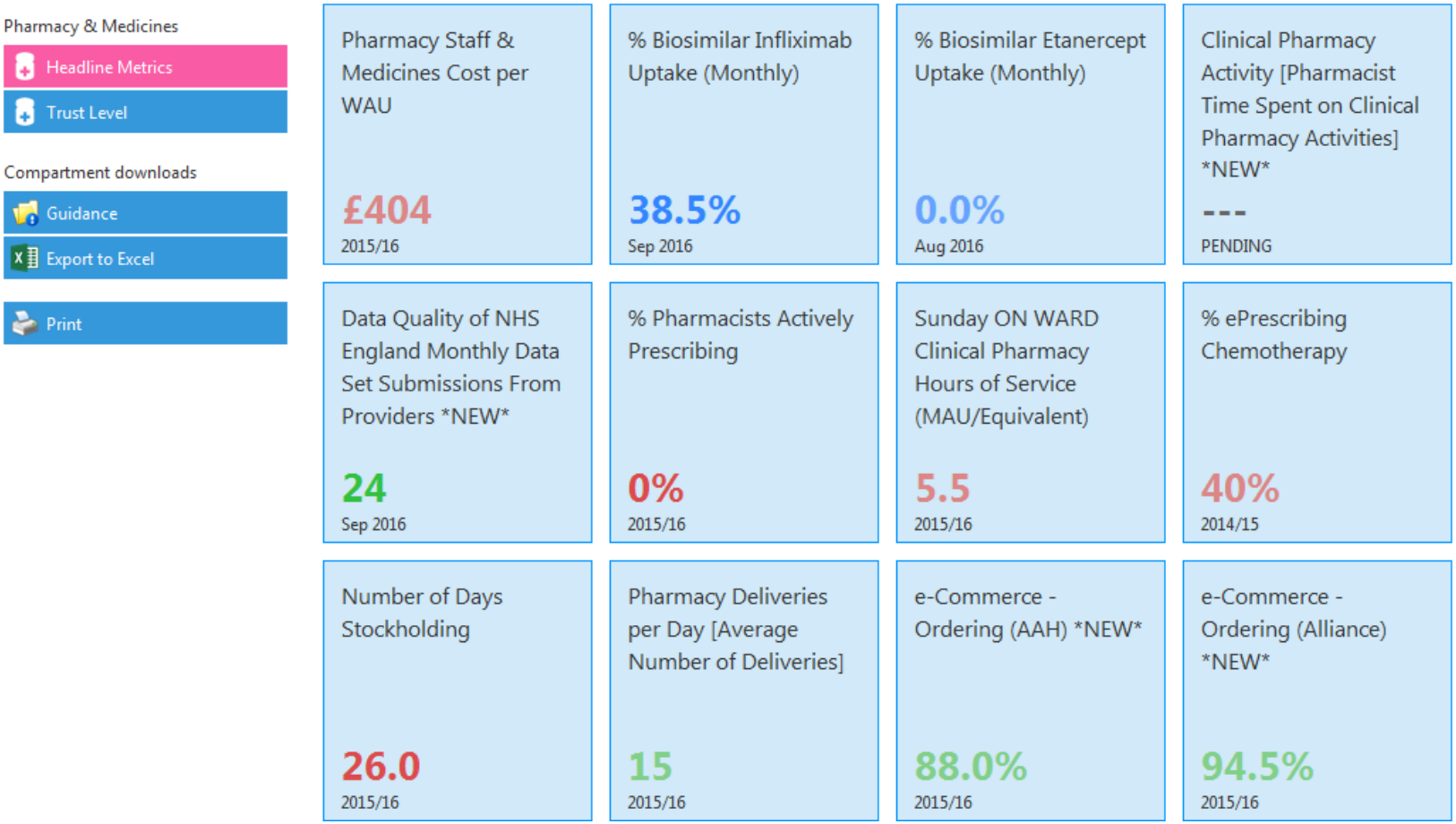
8. Issues and Mitigations

Risks	Mitigation
The STP strategy recommendations may impact on the current plan.	To ensure good lines of communication with other Chief Pharmacists and productivity team of STP to minimise impact
The training for pre-registration Pharmacists and technical pharmacy staff will be changing. This will adversely impact the department by requiring a higher training commitment which may take staff away from patient facing roles	To keep up to date with changing in training and ensure HPTPs are included in the impact assessment of implementing revised training

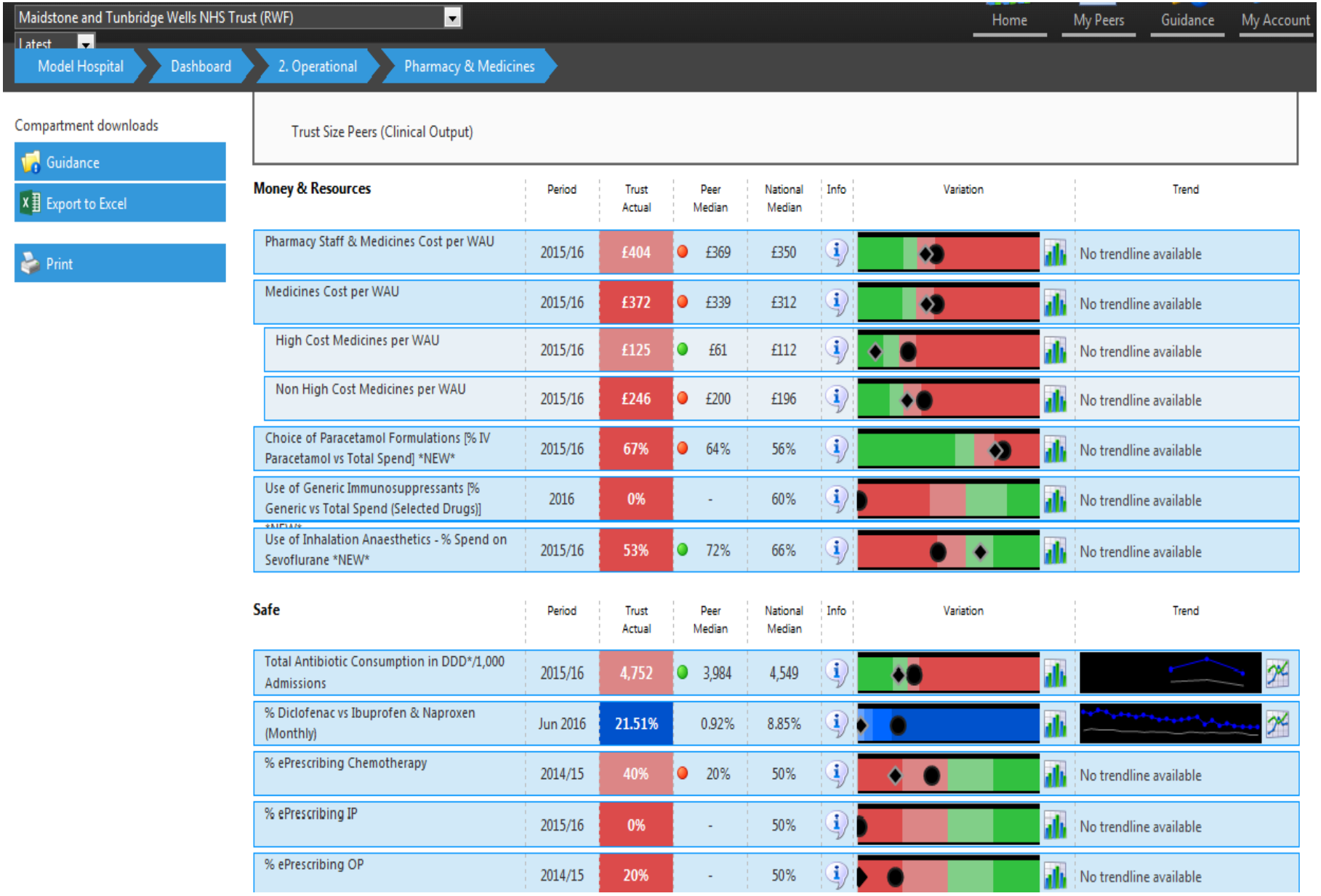
Model Hospital Portal
Pharmacy & Medicines
HPTP Assessment for Maidstone &Tunbridge Wells NHS Trust

31.1.2017

Mildred Johnson, Chief Pharmacist


Pharmacy & Medicines
Headline Metrics
Trust Level
Compartment downloads
Guidance
Export to Excel
Print
Pharmacy Staff & Medicines Cost per WAU
£404
2015/16
% Biosimilar Infliximab Uptake (Monthly)
38.5%
Sep 2016
% Biosimilar Etanercept Uptake (Monthly)
0.0%
Aug 2016
Clinical Pharmacy Activity [Pharmacist Time Spent on Clinical Pharmacy Activities] *NEW*

PENDING
Data Quality of NHS England Monthly Data Set Submissions From Providers *NEW*
24
Sep 2016
% Pharmacists Actively Prescribing
0%
2015/16
Sunday ON WARD Clinical Pharmacy Hours of Service (MAU/Equivalent)
5.5
2015/16
% ePrescribing Chemotherapy
40%
2014/15
Number of Days Stockholding
26.0
2015/16
Pharmacy Deliveries per Day [Average Number of Deliveries]
15
2015/16
e-Commerce - Ordering (AAH) *NEW*
88.0%
2015/16
e-Commerce - Ordering (Alliance) *NEW*
94.5%
2015/16



Money & Resources	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Pharmacy Staff & Medicines Cost per WAU	2015/16	£404	£369	£350			No trendline available
Medicines Cost per WAU	2015/16	£372	£339	£312			No trendline available
High Cost Medicines per WAU	2015/16	£125	£61	£112			No trendline available
Non High Cost Medicines per WAU	2015/16	£246	£200	£196			No trendline available
Choice of Paracetamol Formulations [% IV Paracetamol vs Total Spend] *NEW*	2015/16	67%	64%	56%			No trendline available
Use of Generic Immunosuppressants [% Generic vs Total Spend (Selected Drugs)] *NEW*	2016	0%	-	60%			No trendline available
Use of Inhalation Anaesthetics - % Spend on Sevoflurane *NEW*	2015/16	53%	72%	66%			No trendline available

Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Total Antibiotic Consumption in DDD*/1,000 Admissions	2015/16	4,752	3,984	4,549			
% Diclofenac vs Ibuprofen & Naproxen (Monthly)	Jun 2016	21.51%	0.92%	8.85%			
% ePrescribing Chemotherapy	2014/15	40%	20%	50%			No trendline available
% ePrescribing IP	2015/16	0%	-	50%			No trendline available
% ePrescribing OP	2014/15	20%	-	50%			No trendline available

Effective	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Clinical Pharmacy Activity [Pharmacist Time Spent on Clinical Pharmacy Activities] *NEW*	-	NOT AVAILABLE	-	-			
% Pharmacists Actively Prescribing	2015/16	0%	5%	20%			No trendline available
% Medicines Reconciliation Within 24 Hours of Admission	2015/16	80%	57%	73%			No trendline available
% Use of Summary Care Record (or Local System) per Month	Aug 2016	21.8%	41.8%	52.1%			
% Soluble Prednisolone of Total Prednisolone Uptake	Sep 2016	0.0%	7.6%	3.4%			
% Biosimilar Infliximab Uptake (Monthly)	Sep 2016	38.5%	61.8%	68.3%			
% Biosimilar Etanercept Uptake (Monthly)	Aug 2016	0.0%	0.7%	17.0%			
Total Spend on Etanercept in 201516	2015/16	£49k	£0.7m	£1.1m			No trendline available
Dose-Banded Chemotherapy [Doses Delivered as Standardised Bands] *NEW*	2015/16	34%	72%	42%			No trendline available
Number of Medication Incidents Reported to NRLS per 100,000 FCEs of Hospital Care *NEW*	Mar 2016	177.9	240.5	285.6			
% Medication Incidents Reported as Causing Harm or Death/All Medication Errors *NEW*	Mar 2016	9.5%	11.5%	9.7%			No trendline available
Number of Days Stockholding	2015/16	26.0	25.0	18.8			No trendline available
Pharmacy Deliveries per Day [Average Number of Deliveries]	2015/16	15	14	15			No trendline available
e-Commerce - Ordering (Alliance) *NEW*	2015/16	94.5%	93.0%	90.4%			No trendline available
e-Commerce - Ordering (AAH) *NEW*	2015/16	88.0%	78.0%	82.0%			No trendline available

Effective	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Data Quality of NHS England Monthly Data Set Submissions From Providers *NEW*	Sep 2016	24	21	20			No trendline available

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
National Inpatients Survey - Medicines Related Questions	2015/16	75.2%	71.6%	73.1%			

Responsive	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Sunday ON WARD Clinical Pharmacy Hours of Service (MAU/Equivalent)	2015/16	5.5	0.5	7.0			No trendline available

People, Management & Culture: Well-led	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
% Sickness Absence Rate	2015/16	5.0%	3.8%	3.1%			No trendline available
% Staff with Appraisals Completed	2015/16	100%	82%	85%			No trendline available
% Staff with Statutory and Mandatory Training	2015/16	92%	78%	91%			No trendline available
% Staff Turnover Rate	2015/16	17%	23%	14%			No trendline available
% Staff Vacancy Rate *NEW*	2015/16	10%	16%	6%			No trendline available

Medicines Costs per WAU

- MTW (15-16), Pharmacy & Medicines Cost per WAU- £404. ↑ than peer median of £369
- Medicines Cost per WAU- 372. ↑ than peer median of £339

Possible reasons for the differences with peers:

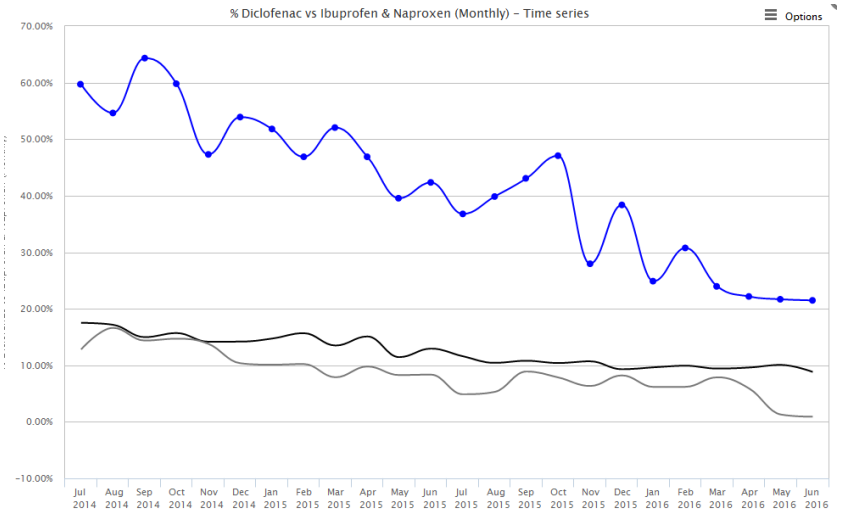
- MTW house the Kent Oncology Centre which provides comprehensive cancer services for the 1.8 million population of Kent, Medway and East Sussex
- A large number of high cost drugs are used in this specialist service to treat cancer patients
- Detailed analysis of the drug spend, volume and comparison with peers is therefore difficult
- Other areas of high spend include HIV, IVIG Service, multiple sclerosis & rheumatology
- In 2015-16, the vacancy rate was running at a high (21% in December 2016) due to an unstable period of leadership, compounded with difficulties in recruiting to middle grade posts
- Many posts were covered by locums which attract significantly higher fees than substantive post or bank cover

It is planned that this dataset will be discussed with NHSI to help gain a shared understanding

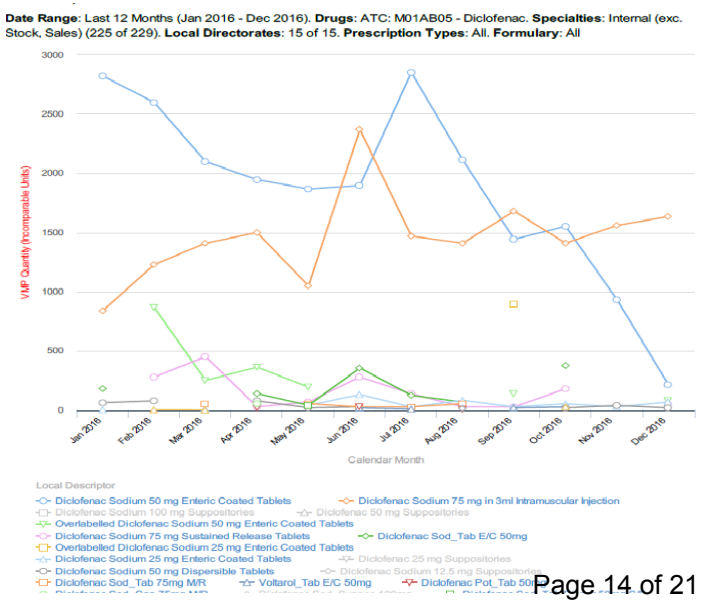
Medicines CIP Schemes

- Our medicine CIP schemes for 2017/18 will focus on the efficient use of medicines listed on the portal
- We have realised improvements on some drugs usage since the last data was recorded in June 2016
- Oral diclofenac use has improved since a local action was implemented in Sept 2016. The use of injection is to be reviewed in theatre

Diclofenac vs Ibuprofen & Naproxen usage Jul 2014-Jun 2016



Define in Jan- Dec 2016



Medicines CIP Schemes

- Total antibiotic consumption (2015/16) DDDs/1000 admissions

  - MTW 4752; ↑ than Peer Median (3984)

  -CQUIN in place to reduce antibiotic use

- % Soluble Prednisolone of Total Prednisolone Uptake: MTW 0% (Sept 2016); Peer median (7.6%); National (3.4%)

    - usage is restricted to patients unable to swallow e.g. young children

Medicines reconciliation

- 80% - Good performance and better than peers/national
- Well above mean in 2016 NHS benchmarking data
- Some issues at weekends need to be addressed

% pharmacists actively prescribing

- MTW 0%; Peer median 5%
- 1 staff currently qualified but not actively prescribing
- The plan is to work with specialties to develop B7 and 8A pharmacists to be trained as independent prescribers as part of a new programme of development for these grades of staff
- Training capacity and funding will be the rate limiting step of this initiative

% e-Prescribing Discharge

- MTW (2014-15) 100%; Peer median 80%;National 60%
- No IP (in-patient) e-prescribing at MTW nor at peer hospitals; national median is 50%

- Business case planned for a full electronic prescribing system (for IP & OP)

Sunday on Ward Clinical Pharmacy

- MTW (15-16) 5.5 hours; Peer median 0.5hours
- Pharmacy operates a 7 day service in line with the recommendations of 'Transformation of seven day clinical pharmacy services in acute hospitals' – September 2016
- This allows pharmacy to supporting patient flow, patient safety and high quality clinical outcomes at the weekend

Use of Summary Care Record

- MTW (April 2016) 21.8%; Peers = 41.8%
- Use of SCR improves efficiency by reducing time taken to complete medicines reconciliation process

Plan

- Raise awareness amongst medical/nursing staff in high admission areas e.g. AMU, A&E etc
- rollout to all pre-admission clinics
- target low pharmacy-users to increase use

Staff Turnover & Sickness Absence Rate

- Turnover 15/16 data
  - MTW 17%; National (14%)

- Sickness Absence -15/16 data
  - MTW 5.0%; National (3.1%)

- Complete Appraisals – (15/16)
  - MTW 100%; Peer 82%; National 85%

- S&M Training – 15/16 data
  MTW 92%; Peer (78%)

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board Meeting – February 2017

2-15 Summary report from Finance C'ttee, 20/02 Committee Chair (Non-Exec. Director)

The Finance Committee met on 20th February 2017.

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

- The actions from previous meetings were discussed, and it was agreed that an action relating to the current plans to replace the Patient Administration System (PAS) could be closed, but that the Trust Board should be notified of the latest situation with those plans
- Under the "Safety Moment", the Trust Secretary reported that February's theme was Venous Thromboembolism (VTE), and described the activity being undertaken during the month
- An update on progress in implementing the Financial Recovery Plan was given, which highlighted that there were risks (which primarily related to income) to the delivery of the most likely case at year end. It was also noted that the next Review meeting with NHS Improvement would be at the end of May 2017
- The month 10 financial performance for 2016/17 was reviewed, and it was noted that the primary reason for the Trust's adverse position against plan for the month was the non-receipt of the Sustainability and Transformation Fund monies (as a result of the Trust failing to achieve the targets associated with the Fund)
- The Head of Delivery Development attended for the monthly 'Medical Productivity' update (which has now been incorporated into a broader 'Workforce Transformation' programme). The plans, which included the use of benchmarked 'Weighted Activity Unit' (WAU) data, were commended, and it was agreed that monthly progress reports should continue
- The Deputy Director of Finance (Financial Performance) provided a progress report on the 2017/18 Cost Improvement Plan (CIP), which outlined the value of the schemes identified to date, and the work being planned to improve the position by the end of March 2017
- An update on the Lord Carter efficiency review was received, which focused on the Service Line Reporting (SLR) 'deep dive' reviews that were underway and/or planned
- The Director of Finance gave a quarterly progress update on the Procurement Transformation Plan (which has been submitted to the Board as a separate item/report)
- The first 6-monthly report describing the post-project reviews of approved Business Cases was received, which reported the outcome of the review of a Case to increase ENT capacity
- The financial aspects of the Board Assurance Framework (BAF) were reviewed, and it was agreed that the Trust Board should be made aware that the content of the "Are the actions that had been planned for this point been taken?" section of the BAF for objectives 4.a and 4.b should state that only 1 (not 3, as was reported) of the 7 actions identified by NHSI following the second Financial Special Measures review meeting was incomplete
- The usual report on breaches of the external cap on the Agency staff pay rate was noted
- It was noted that this was the Chairman of the Trust Board's last Finance Committee

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

- It was agreed that the Director of Finance should deliver a presentation on the corporate services consolidation within the Kent and Medway STP to the Part 2 Trust Board meeting on 22/02/17 (this was been scheduled)

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

- The primary reason for the Trust's adverse position against plan for month 10 was the non-receipt of the Sustainability and Transformation Fund (as a result of the Trust failing to achieve the targets associated with the Fund)

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information and assurance

Maidstone and Tunbridge Wells NHS
NHS Trust

Trust Board meeting – February 2017

2-15	**Finance Committee, 20/02/17 (quarterly progress update on Procurement Transformation Plan)**	**Chair of Finance Committee**

The Procurement Transformation Plan (PTP) was approved by the Trust Board on 19th October 2016 and then submitted to NHS Improvement (NHSI) by 31st October, which was the deadline for Board-approved submissions.

It was a requirement that every Trust should have a PTP. The PTP is a document which outlines the procurement function within the trust and the key actions and activity within the trust to deliver the Lord Carter targets set within the document.

Each PTP must have an action plan at the end of the report and it is the expectation that PTPs are agreed, and signed off, by the Trust Board.

NHSI would then publish a review template in the autumn for the PTP and this would need to be reviewed by the Trust Board on a quarterly basis. The template was published in January 2017 with a view that reporting would commence from February and a dashboard will be published in April with data from January, February and March 2017 that will track and benchmark the Trust's progress.

This is the first report about progress against the PTP and further reports will be provided on a quarterly basis. These quarterly reports will initially be submitted to the Finance Committee, and then onwards to the Trust Board.

Which Committees have reviewed the information prior to Board submission?
- Finance Committee, 20/02/17

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

[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. INTRODUCTION

1.1 The Procurement Transformation Plan (PTP) was approved by the Trust Board on the 19th October 2016 and then submitted to NHS Improvement by the 31st October, which was the deadline for Board approved submissions.

1.2 The PTP guidance from NHSI states that "Trusts will be asked to provide regular progress updates on their PTPs to their Trust's board and NHS Improvement. These will take place quarterly…"

1.3 In February 2017, NHSI confirmed that they would like to receive monthly reporting against the metrics and that this reporting would cover form January 2017.

2. DETAIL AND BACKGROUND

Background

2.1 The Procurement Transformation Plan was approved by the Trust Board on the 19th October 2016 and then submitted to NHSI by the 31st October, which was the deadline for Board approved submissions. At an update to Heads of Procurement, the Programme Lead – Carter Procurement confirmed that only 5 Trusts had submitted their plans. As of 19th January 2017, 100 plans had been submitted and so a new deadline was set that all plans, whether approved by the board or not, should be submitted by 31st January 2017.

2.2 The Programme Lead – Carter Procurement is reviewing the submitted plans and will provide feedback to individual trusts. The Associate Director of Procurement will be attending the inaugural meeting of the National Health Service Procurement Alliance. Invitations to this meeting are based on trusts submitting their PTP and confirmed agreement to the Nationally Contract Products Programme. The purpose of this meeting is to bring together procurement leaders from across the whole of England at regular intervals to discuss and agree joint strategies for improvement in operations and value for money. In doing so the Alliance is expected to support delivery of Lord Carter's recommendations 2016, the national e-procurement strategy and Get it Right First Time (GIRFT).

Carter Metrics

2.3 NHSI published a template for reporting which includes all of the metrics listed below apart from metric 7 which is submitted via a separate template. The template for submission in relation to metric 7 commenced in August 2016 and the template for metric 1 to 6 commenced in January 2017.

2.4 Metric 7 relates to NHSI's Purchase Prince Index Benchmarking tool which is a national benchmarking tool for measuring the prices paid by Trusts for the same items. This tool is the theme for one of ten regional category management groups that have been established for delivering savings across the STP footprint in 2017/18.

2.5 The table, overleaf, is an update on the metrics reported to the Committee in October 2016.

METRICS		PERFORMANCE				COMMENTARY
		ACTUAL		TARGET		
		SEPTEMBER 2016	DECEMBER 2016	SEPTEMBER 2017	SEPTEMBER 2018	
1	Monthly cost of clinical and general supplies per 'WAU' (Weighted Activity Unit)	£339 per WAU	£339 per WAU[1]	TBC by NHSI	TBC by NHSI	Outturn to be refreshed with model hospital data.
2	Total % purchase order lines through a catalogue (target 80%)	60%	91%	72%	80%	This metric relates to the proportion of Integra POs that utilise the approved e-catalogues. When Estates have moved fully from Shires to Integra this will dilute the metric, as they use a higher proportion of non-catalogue ordering.
3a	Total % of **expenditure** through an electronic purchase order (target 80%) up to and including PO issue	43%	47%	60%	80%	The Trust has a No PO no Pay policy and this is strictly applied across the Trust. This has significantly improved the Trust's position in relation to the coverage of transactions. This improvement will be reflected in the coverage of spend when the 22 transactions related to the PFI and Negligence contracts are covered by a PO in 17/18. NB this data is Integra only, not including the Estates' Shires system.
3b	Total % of **transactions** through an electronic purchase order (target 80%) up to and including PO issue	74%	89%	80%	80%	

[1] The information related to WAU is based on the spend in 2015/16 and is a figure derived from the "Model Hospital" work by the Carter team.

METRICS		PERFORMANCE				COMMENTARY
		ACTUAL		TARGET		
		SEPTEMBER 2016	DECEMBER 2016	SEPTEMBER 2017	SEPTEMBER 2018	
3c	Total % of expenditure through an electronic purchase order (target 80%) from requisition through to and including payment	5%	TBC	50%	80%	The current payment system is not completely electronic with a number of invoices coming into the Trust as hard copy though in turn these may be processed using OCR technology. The % value metric is TBC because the basis of calculation and definition is being reviewed with NHSI.
3d	Total % of transactions through an electronic purchase order (target 80%) from requisition through to and including payment	63%	63%	70%	80%	
4	% of spend on a contract (target 90%)	61%	67%	81%	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.
5a	Inventory Stock Turns-static	Days	Days	Days	Days	The Trust is implementing an inventory management system which will be support capture of this data in future.
5b	Inventory Stock Turns-dynamic	Days	Days	Days	Days	
6	NHS Standards Self-Assessment Score (average total score out of max 3)	1.16	1.16	2	2	Awaiting peer review to complete accreditation.

METRICS		PERFORMANCE				COMMENTARY
		ACTUAL		TARGET		
		SEPTEMBER 2016	DECEMBER 2016	SEPTEMBER 2017	SEPTEMBER 2018	
7	NHSI's Purchase Price Index Benchmarking (PPIB) Tool	N/A[2]	Variance to median[3] £185,676	TBC	TBC	The targets will be completed following the development of the CIP1718 planning with Regional HoPs across the STP footprint.

[2] PPIB tool was not published at this time. Please note that the PPIB tool currently relates to data from acute trusts only.
[3] Based on £10,901,267 of spend with 778 suppliers for 8,128 products

RAG Rating Definitions:
Green = At, or better, than the target
Amber = Up to 10% less than target
Red = More than 10% below target

Action plan

2.6 A review of the action plan is in appendix one of the document. The action plan is confirmed below.

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 workplan	Completion of 2017/18 and 2018/19 procurement workplan. These workplans will cover tail spend and improve the trust position on contract spend.
Procurement Savings	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	Percentage of invoiced expenditure captured electronically through Purchase orders (P2P systems). Re-launch of the Trust 'No Purchase Order, No Pay' policy.
People and Organisation	Achievement of the procurement standard level 1 and training programme to support level 2.

Procurement objective	Action
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 external options 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

3. Risks and issues

3.1 The previous report noted the risk of a shortage of procurement skills within the region. If this risk manifests itself then it could impact on the delivery of the CIP saving for 17/18. To mitigate against this risk, the Associate Director of Procurement has established regular meetings with the Heads of Procurement from the acute trusts in the STP footprint. This meeting has now widened to include the Heads of Procurement from non-acute trusts.

These meetings have led to seven areas of collaboration being agreed so that the skills and expertise across the region are focused for the benefit of all. This approach has proved to be helpful to the Trust given the recent resignation of a Category Manager and the unsuccessful recruitment campaigns to replace this officer, because the work that has been commenced by the current postholder can be continued when he moves to another Trust within the STP footprint.

4. RECOMMENDATION

4.1 It is recommended that the Finance Committee note and review the information in the report.

Appendix 1: Update about the action plan

Procurement objective	Action	Update
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.	The procurement team has 40% of its staff with CIPS qualifications.
Procurement workplan	Completion of 2017/18 and 2018/19 procurement workplan. These workplans will cover tail spend and improve the trust position on contract spend.	The Purchasing team has a workplan that commenced in January 2017 to renegotiate with 100 suppliers by May 2017. The annual spend between these suppliers ranges from over £22,000 to £200,000 and a total spend of £3.77 million.
Procurement Savings	Achievement of agreed 2017/18 CIP	The detailed plans for the CIP which is £5.3 million of non-pay are being developed with directorates. These plans will be informed by the seven areas of collaboration with STP partners.
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.	Planned actions for 2016/17 have been completed. Further communications plans for 2017/18 are set out in the sections below.
Policies, processes and systems	Policies are reviewed and updated annually or at times of significant change.	Policies and processes are being reviewed and these will be captured in a procurement manual that is being created by the Interim Associate Director of Procurement and Head of Category Management. The manual will be finalised by an intern over the summer following workshops with all three teams within the Department.
Spend controls	Percentage of invoiced expenditure captured electronically through Purchase orders (P2P systems). Re-launch of the Trust No Purchase Order, No Pay policy.	Integra is now live and supporting the re-launch of the Trust's No PO, No Pay policy. Metrics 3a and 3b demonstrate the progress in this regard.
People and Organisation	Achievement of the procurement standard level 1 and training programme to support level 2.	The Trust has invested in the procurement team to support achieving level 2. A peer review has been requested for June 2017.

Procurement objective	Action	Update
Collaboration	50% of expenditure on goods and services is channelled through collaborative arrangements by 2016, rising to 60% by 2019.	52% of the Trust's spend is through collaborative arrangements.
	Alignment of procurement work plans across the region	This is being progressed for 2017/18.
	Review of external options for transactional procurement	This is part of the STP corporate services workstream.
	Integra financial system – working groups for agreement and alignment for the use of the system	This is part of the STP corporate services workstream.
	Market management engagement – 2 supplier events per year.	A supplier event took place in September 2016 and another is planned for April. This was an event that was 'co-hosted' by Medway Foundation Trust, East Kent Foundation Trust and Dartford and Gravesham NHS Trust. 110 suppliers attended and the event was oversubscribed by 84 enquiries. All those that expressed an interest in attending (194) were provided with a copy of the slides from the event.
	Shared learning and collaboration of the FOM across the region	Part of the National Health Service Procurement Alliance, they will be looking at how we can work together to deliver greater savings in advance of the FOM, with the expectation that the learning is taken back to respective STPs. Both MTW and East Kent Foundation Trust will be attendees of Alliance.
	2 supplier surveys per year to be sent to support the review of the team's engagement with the market	A survey of the attendees to the supplier event in September led to 13 responses. Given that this is not a statistically significant sample of the attendees, only the key messages from the responses are reported below: 1 The suppliers welcomed the opportunity to meet with the procurement teams and asked for more of the 121 meetings that were offered as part of the event 2 The suppliers would like themed events in the future to ensure that the event is focused on their business category.

Maidstone and Tunbridge Wells NHS
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Trust Board Meeting - February 2017

2-17	**Revised Terms of Reference for the Remuneration and Appointments Committee**	**Committee Chairman**

The Terms of Reference of the Remuneration and Appointments Committee are overdue their regular review, having last been approved in July 2015.

The Terms of Reference have therefore been reviewed, and some minor, housekeeping changes are proposed, which are shown as 'tracked' below.

The revised Terms of Reference were discussed and agreed at the Remuneration Committee held on 25/01/17, and are enclosed, for approval.

Which Committees have reviewed the information prior to Board submission?

- Remuneration and Appointments Committee, 25/01/17

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

Approval

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

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REMUNERATION AND APPOINTMENTS COMMITTEE

TERMS OF REFERENCE

1. Purpose

In accordance with the Code of Conduct and Code of Accountability[2], a Remuneration and Appointments Committee is constituted by the Trust Board.

2. Membership

- Chairman of the Trust Board (Chair~~man~~)
- Non-Executive Directors
- Chief Executive*

* for all elements other than the Chief Executive's remuneration and terms and conditions.

Members are expected to attend all relevant meetings.

3. Quorum

The Committee shall be quorate when the Chair~~man~~ and 2 Non-Executive Directors are in attendance.

4. Attendance

The following are invited to attend each main meeting:

- Director of Workforce ~~and Communications~~

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

5. Frequency of Meetings

There will be a minimum of two meetings per year.

The Chair~~man~~ may arrange meetings as required.

6. Duties

6.1 To review, on behalf of the Trust Board, the appointment of Executive Directors and other staff appointed on Very Senior Manager (VSM) contracts, to ensure such appointments have been undertaken in accordance with Trust Policies.

6.2 Review, on behalf of the Trust Board, and at least annually, the remuneration, allowances and terms of service of Executive Directors and other staff appointed on VSM contracts, to ensure that they are fairly rewarded for their individual contribution to the organisation; and by having proper regard to whether such remuneration is justified as reasonable.

6.3 Review, with the Chief Executive, the performance of Executive Directors and other staff appointed on VSM contracts, at least annually.

6.4 To oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments, taking account of such national guidance, as appropriate. Any non-contractual payment to a staff member must be first reviewed and approved by the Committee.

6.5 To consider and approve, on behalf of the Trust Board, proposals on issues which represent significant change, e.g. "Agenda for Change" implementation, Consultant contract/incentive scheme[3].

[2] Department of Health, 1994 (and subsequent revisions)

7. Parent Committee and reporting procedure

The Remuneration and Appointments Committee is a sub-committee of the Trust Board.

8. Sub-committees and reporting procedure

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

9. Administration

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

The Committee will be serviced by administrative support from the Human Resources Directorate.

10. Emergency powers and urgent decisions

The powers and authority of the Remuneration and Appointments Committee may, when an urgent decision is required between meetings, be exercised by the Chair~~man~~ of the Committee, after having consulted the Chief Executive. The exercise of such powers by the Committee Chair~~man~~ shall be reported to the next formal meeting of the Committee, for formal ratification.

11. Review of Terms of Reference

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

History

- Revised Terms of Reference agreed by the Remuneration Committee, 24/06/15
- Revised Terms of Reference approved by the Trust Board, 22/07/15
- Revised Terms of Reference agreed by the Remuneration and Appointments Committee, 25/01/17
- Revised Terms of Reference approved by the Trust Board, 22/02/17

[3] The Committee will not consider matters relating to individual posts covered under the Agenda for Change national framework, or matters relating to individual medical staff