TRUST BOARD MEETING

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

NHS Maidstone and Tunbridge Wells NHS Trust

10am – c.12.30pm THURSDAY 25TH JANUARY 2018

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

A G E N D A – PART 1

Ref.	Item	Lead presenter	Attachment
1-1	To receive apologies for absence	Chair of the Trust Board	Verbal
1-2	To declare interests relevant to agenda items	Chair of the Trust Board	Verbal
1-3	Minutes of the Part 1 meeting of 20th December 2017	Chair of the Trust Board	1
1-4	To note progress with previous actions	Chair of the Trust Board	2
1-5	Safety moment	Chief Nurse	Verbal
1-6	Report from the Chair of the Trust Board	Chair of the Trust Board	Verbal
1-7	Report from the Chief Executive	Chief Executive	3
1-8	A patient's experiences of the Trust's services	Chief Nurse[1]	Verbal
	Presentation from a Clinical Directorate		
1-9	Women's & Sexual Health	Clinical Director / General Manager / Head of Midwifery & Women's Health	Presentation
1-10	Integrated Performance Report for December 2017 ▪ Effectiveness / Responsiveness ▪ Safe / Effectiveness / Caring ▪ Safe / Effectiveness (incl. mortality) ▪ Safe (infection control) ▪ Well-Led (finance) ▪ Well-Led (workforce)	Chief Executive Chief Operating Officer Chief Nurse Medical Director Dir. of Infect. Prev. & Control Director of Finance Director of Workforce	4
	Quality items		
1-11	Planned and actual ward staffing for December 2017	Chief Nurse	5
1-12	Board members' Quality Walkarounds	Trust Secretary	6
	Planning and strategy		
1-13	Update on the Trust's 2018/19 planning	Director of Finance	7
1-14	Final Agreement for working capital support	Director of Finance	8 (N.B. The full document has been issued as a supplement to the main reports)
	Assurance and policy		
1-15	Emergency Planning update (annual report to Board)	Chief Operating Officer	9
	Reports from Trust Board sub-committees (and the Trust Management Executive)		
1-16	Quality Committee, 18/12/18 & 10/01/18 (to include approval of revised Terms of Reference)	Committee Chair	10
1-17	Trust Management Executive (TME), 17/01/18	Committee Chair	11
1-18	Finance and Performance Committee, 09/01/18 & 23/01/18	Committee Chair	12 & 13 (to follow)
1-19	**To consider any other business**		
1-20	**To receive any questions from members of the public**		
1-21	To approve the motion (to enable the Trust Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest	Chair of the Trust Board	Verbal

Date of next meetings:

- 1st March 2018, 10am, The Academic Centre, Maidstone Hospital
- 29th March 2018, 10am, The Education Centre, Tunbridge Wells Hospital
- 26th April 2018, 10am, The Academic Centre, Maidstone Hospital
- 24th May 2018, 10am, The Academic Centre, Maidstone Hospital
- 28th June 2018, 10am, The Education Centre, Tunbridge Wells Hospital
- 26th July 2018, 10am, The Education Centre, Tunbridge Wells Hospital
- 27th September 2018, 10am, The Academic Centre, Maidstone Hospital
- 25th October 2018, 10am, The Academic Centre, Maidstone Hospital

David Highton,
Chair of the Trust Board

[1] A patient's relative will also be in attendance for this item

MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON WEDNESDAY 20TH DECEMBER 2017, 10A.M, AT MAIDSTONE HOSPITAL

NHS Maidstone and Tunbridge Wells NHS Trust

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board	(DH)
	Maureen Choong	Non-Executive Director	(MC)
	Sarah Dunnett	Non-Executive Director	(SDu)
	Angela Gallagher	Chief Operating Officer	(AG)
	Simon Hart	Director of Workforce	(SH)
	Tim Livett	Non-Executive Director (from item 12-7)	(TL)
	Jim Lusby	Acting Chief Executive	(JL)
	Claire O'Brien	Interim Chief Nurse	(COB)
	Steve Orpin	Director of Finance	(SO)
	Steve Phoenix	Non-Executive Director	(SP)
In attendance:	Sharon Beesley	Deputy Medical Director (for item 12-12)	(SB)
	Nazeya Hussain	Associate Non-Executive Director	(NH)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Kevin Rowan	Trust Secretary	(KR)
Observing:	Darren Yates	Head of Communications	(DY)
	Pam Croucher	Member of the public	(PC)

12-1 To receive apologies for absence

Apologies were received from Alex King (AK), Non-Executive Director; and Peter Maskell (PM), Medical Director. DH then welcomed SP to his first Trust Board meeting, following him joining the Board as a Non-Executive Director on 01/12/17. DH also welcomed SH, who also started at the Trust on 01/12/17 (but who had been in attendance at the Trust Board meeting on 29/11/17).

12-2 To declare interests relevant to agenda items

No interests were declared.

12-3 Minutes of the 'Part 1' meeting of 29th November 2017

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

- Item 11-7, page 3: Replace "SDu then referred to the GP Steaming development…" with "SDu then referred to the GP Streaming development…"

Action: Amend the minutes of the 'Part 1' Trust Board meeting held on 29/11/17 (Trust Secretary, December 2017)

DH then referred to item 11-8 and noted that the patient's relative had been invited to attend that day's Trust Board meeting, but they were again unable to attend. DH added that they may however be able to attend the Board meeting in either January or February 2018.

12-4 To note progress with previous actions

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

- **7-11 ("Arrange for an assessment of the feasibility of establishing a 'finder fee' arrangement for staff who introduce individuals who were subsequently appointed to vacant Nursing positions")**. COB reported that a response was still awaited from Kent and Medway NHS and Social Care Partnership Trust (KMPT) following the query the Trust had raised with them, but added that she had discussed the matter with SH. SH then stated that the Trusts that had introduced such arrangements had only seen limited success, unless a large finder fee was applied. DH asked that a formal proposal be submitted to the next Trust Board meeting.

- **10-26 ("Arrange for the Non-Executive Directors to be notified of any pre-arranged visits to clinical areas by members of the Executive Team, to enable Non-Executive Directors to take part in the visit, if convenient")**. KR explained that despite the update reported within the 'actions log' submitted to the Trust Board meeting on 29/11/17, the issue was not then discussed in detail at the Trust Board 'Away Day' on 07/12/17, so DH and KR needed to consider how the current arrangements needed to change. JL remarked that previously a 'buddy' arrangement had been in place, where Non-Executive Directors were paired with members of the Executive Team, and this had been reasonably successful. AG agreed. DH stated that he would therefore consider reintroducing such an arrangement, and he intended to issue some proposals by email rather than wait until the next Trust Board meeting.

12-5 Safety moment

COB reported that the theme for December was Acute Kidney Injury (AKI) and highlighted the following points:

- There had been a focus on clarifying exactly what AKI comprised
- A Task and Finish Group had been established to consider the wider issue of fluid management, which was an important aspect of the management of AKI. Poor fluid management could affect the risk rating scores of patients
- AKI could occur in up to 20% of inpatients and was associated with increased mortality
- The acute care bundles for AKI considered prevention and treatment options, and aimed to ensure swift action was taken

SO commented that he understood AKI had been the subject of a previous Commissioning for Quality and Innovation (CQUIN) target. AG confirmed this was the case. SO then asked whether it was known how the Trust's performance compared to others. COB replied that it was known that the Trust performed poorly in relation to the completion of fluid balance charts, but it was not known how this performance compared to other Trusts.

SDu asked whether an AKI-related Key Performance Indicator (KPI) could feature on the monthly "Trust Performance Dashboard" given that KPIs for falls & pressure ulcers were already reported. DH concurred. COB agreed to consider the development of a KPI for AKI. DH pointed out that the KPI could be either input/process-based or output-based. The point was acknowledged.

Action: Arrange for the development of an appropriate Key Performance Indicator for Acute Kidney Injury, for inclusion in the monthly "Trust Performance Dashboard" (Chief Nurse, December 2017 onwards)

MC remarked that the issue of patient hydration had been raised at the last Patient Experience Committee meeting, so the AKI Safety Moment was very timely. COB agreed.

DH asked whether improvements in completion of fluid balance charts would arise from just paying more attention to the issue. COB replied that she believed that poor completion of fluid balance charts was a widespread problem across the NHS, and a range of methods were needed to improve matters, including education and emphasising the importance of the issue to staff.

12-6 Chair's report

DH referred to the circulated report and highlighted that Miles Scott would start as the Trust's substantive Chief Executive on 08/01/18. DH thanked JL for his work and contribution both when the previous substantive Chief Executive had been occupied with Sustainability and Transformation Partnership (STP) duties, and in the most recent past, as Acting Chief Executive. The sentiment was echoed by the all of those at the meeting.

DH also noted that the report contained details of the outcomes from Advisory Appointments Committees (AACs) and this would continue for his future reports to the Board.

12-7 Chief Executive's report

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

- The Executive Team had been liaising to consider how best to ensure a seamless transition for Miles Scott's arrival as Chief Executive. JL had spent 2 hours with Mr Scott recently, and Mr Scott had visited the A&E department at Tunbridge Wells Hospital (TWH) with AG on 19/12/17 (after which AG had confirmed that Mr Scott's visit had been well received by staff)
- The Trust continued to be very busy and was entering its busiest period of the year
- Susan Powley and Sarah Gregson had been shortlisted for Royal College of Midwives awards for Excellence in Maternity Care

12-8 Integrated Performance Report for November 2017

Effectiveness / Responsiveness (incl. DTOCs)

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

- The A&E 4-hour waiting time performance was better than at the same point last year. The Trust had set a target to achieve at least 90% each month, but this was very challenging, as there continued to be surges in activity, and a high level of patient acuity. Corridors had also had to be used to accommodate patients whilst beds became available. However safety had been maintained.
- The winter plan was working, and the elective stream from TWH was also starting to take effect
- 2020 Delivery Ltd had been working with the Trust for the last 4 weeks, focussing on 'front door' GP Streaming, and maximising patient flow. An Ambulatory Emergency Care (AEC) Unit had also been created. The work had been productive in reviewing the Trust's arrangements and also providing some capacity to implement improvements
- Elective Length of Stay (LOS) had increased slightly, but there had been an overall improvement within Medicine. Delayed Transfers of Care (DTOCs) had also reduced, although these usually increased from that point in the year

DH asked what the potential daily throughput was of the AEC Unit at TWH. AG replied that there was potential for circa 14 patients, and there were currently circa 9 patients going through the Unit. AG added that there was a collective desire for the Unit to work, and momentum was building. AG continued that the entrance had been changed to physically prevent beds from being moved into the Unit, and although this was had been difficult, given the risk of 12-hour waiting time breaches, all staff believed in the benefit of the change.

DH commended the engagement of 2020 Delivery Ltd, but noted that he had previously observed that it had been difficult to sustain periods of intense improvement activity, so asked what would happen once the engagement had ended. AG replied that the Trust's Project Management Office (PMO) staff had been closely involved in the work, so there would be an element of skills transference, to continue with the improvements. JL added that this had been specifically included within the terms of engagement for 2020 Delivery Ltd. AG pointed out that although the engagement had been beneficial, it was not the only intervention the Trust had implemented, as, for example, a daily huddle had been introduced circa 2 weeks before 2020 Delivery Ltd had started at the Trust. The point was acknowledged.

DH remarked that he understood a report would be provided by 2020 Delivery Ltd. AG confirmed this was the case. DH therefore stated that expected some KPIs to be developed from that report, which would be used for future monitoring. AG also confirmed this was the intention.

MC commended the work, particularly in relation to vulnerable patients and asked what safeguarding arrangements had been considered in the operation of the AEC Unit. AG gave assurance that this had been specifically taken into account when developing the Unit, and staff had been made aware of the importance of communicating to patients and relatives.

AG then continued, and highlighted the following points:

- Although the number of DTOCs had reduced, the focus on discharging patients with complex needs remained
- For the 62-day Cancer waiting time target, there had been some internal issues relating to the availability of patient letters within the new Patient Administration System (PAS), and some Lower Gastrointestinal (GI) patients had cancelled at short notice. A Clinical Nurse Specialist

(CNS) had also left the Trust. All of these issues had therefore adversely affected performance, but assurance had been provided that the Lower GI pathway was still timely, although this continued to be monitored closely

DH noted that it had been reported at the last Trust Board meeting that as the Trust had improved its Cancer waiting performance, it felt able to have dialogue with referring Trusts to aim to improve their performance, and asked whether such dialogue had started. AG confirmed this was the case, and added that the Director of Operations for Planned Care was liaising with local Trusts to aim to improve their pathways. JL added that he had made a proposal to Medway NHS Foundation Trust (MFT) to have a broader discussion regarding Cancer care, and MFT had been receptive to this.

AG then continued, and highlighted that the planned reduction in elective activity due to the PAS replacement had adversely affected 18-week Referral to Treatment (RTT) target performance. AG continued that NHS Improvement (NHSI) had given a clear message that the priority should be the Cancer 62-day and A&E 4-hour waiting time targets, but the Trust was keen to ensure the RTT target was also tried to be met. AG added that she intended to meet with the Director of Operations for Planned Care in the new year to discuss the approach that should be taken to managing the patients who were currently subject to a long wait. DH noted that the Trust Board would be interested in seeing the resulting recovery plan, when complete, and proposed this be submitted to the Trust Board in due course. This was agreed.

Action: Submit, to the Trust Board, the recovery plan arising from the impending review of the approach to managing patients experiencing a long waiting time (Chief Operating Officer, January 2018 onwards)

Safe / Effectiveness / Caring

COB then firstly reported that the falls indicator was on target in terms of the rate, and there had been reduced falls-related Serious Incidents (SIs). COB added that action continued to be taken however, and there had been some improvement in some areas, such as on John Day Ward, which had previously had a higher rate of falls. COB then made the following points regarding falls:

- The ‘Baywatch’ initiative (which had been referred to as ‘stay in the bay’ at the last Trust Board meeting) was being considered to reduce falls. This involved staff staying within a patient’s bay at all times i.e. if they needed to leave, they would be replaced by another member staff. This system was likely to be introduced in the new year
- The times that falls occurred were also being monitored, and it had been identified that there was an increased risk of falls in the evening and late morning. The Trust therefore needed to consider its response
- Following SDu’s question at the last Trust Board meeting as to whether all aspects from the previous falls review undertaken with Brighton and Sussex University Hospitals NHS Trust had been implemented, this had been checked, and the one aspect that had not been introduced was a safety huddle. This was however not just related to falls, but other issues, such as pressure ulcers
- The findings from the National Audit of Inpatient Falls had been reviewed, and issues such as changes in postural hypertension when patients stood up needed to be properly understood, as did the effect that medication had on the risk of falling. Visual assessments of patients were also important, to consider whether they had any visual disturbances that affected the risk of falling; whilst the need for robust ‘comfort rounds’, to assess whether patients required drinks or toilet breaks (for example) was also essential
- COB intended to liaise with the Associate Director of Nursing for Planned Care to give further impetus to the falls-related work
- In conclusion, although the overall falls rate was satisfactory, there had been an increase in falls-related SIs, which had prompted the latest range of actions

DH asked what the equivalent of ‘Baywatch’ was at TWH, which had single rooms instead of bays. COB replied that the alternative was to cohort patients in a common area outside their rooms.

COB then continued, and highlighted the following points:

- There had been a significant increase in the Friends and Family Test response rate for Maternity, and COB had confirmed that the reported increase had been correctly recorded

- There had been a slight reduction in the number of pressure ulcer related incidents, and there had been 1 category 3 pressure ulcer, which was reported as an SI. The Trust was on target with the overall number of pressure ulcers but there would be no complacency, and there was an opportunity to use the aforementioned safety huddle to help improve
- A Never Event had been reported in November, which related to a retained swab (not "swap" as stated on page 8 of Attachment 5). The Root Cause Analysis (RCA) was currently in progress
- The complaints response rate had improved, following an improvement in the staffing situation within the corporate complaints team

Safe / Effectiveness (incl. Mortality)

In PM's absence, DH noted that mortality issues would be covered under item 12-12.

Safe (infection control)

SM then reported the following points:

- There had been 1 case of MRSA bacteraemia. However, the RCA was unable to assign a root cause, so arbitration had been requested from Public Health England (PHE) to have the case assigned to another party. PHE had referred the case to NHS England
- There had been 3 cases of Clostridium difficile, which meant that the Trust was again performing in accordance with its annual trajectory. Only 2 of the 15 cases seen for the year to date had been deemed unavoidable which was a major improvement from the past

Well-Led (finance)

SO highlighted the following points:

- There had been a £2.9m deficit in the month. The delivery of the Cost Improvement Programme (CIP) remained a constant issue. The Finance and Performance Committee had held an extraordinary meeting in November to consider this, and this had given confidence in the delivery of green-rated schemes but demonstrated a paucity of new CIP schemes
- There had been some income-related issues throughout the year, and these continued
- There were also some data artefacts arising from the replacement PAS implementation. The Trust had been able to submit data to the Secondary Uses Service (SUS) (which enabled the Trust to be paid for its activity) but there had been some anomalies (which were being investigated)
- Elective & Day Case activity was behind plan, but non-elective activity was above that planned
- The lack of private patient activity had also been evident, as a result of inpatient activity/capacity pressures and reduced private cancer care provision
- The increase in Bank pay rate that had been introduced in December had started to see a shift (in December) in staff behaviour, which was positive
- Nurse Agency expenditure was higher than the level in 2016/17. Vacancies had been one of the primary factors in this, and although Nursing vacancies were expected to reduce, temporary Medical staffing was high. AG had commissioned a review of the Trust's approach compared to that expected by NHSI, and SO understood that PM and SM were involved in this
- It was intended to agree common 'break glass' rates for Medical Locums across all acute providers in the STP, along with some provision for KMPT, who already had a lower rate
- The deficit placed a strain on the cash position, & although there had been significant amounts of cash paid to reduce STP-related debt, the Trust still required working capital support

DH noted that the request for working capital support would be considered under item 12-16.

Well-led (workforce)

SH the reported the following points:

- The aforementioned change in Bank pay rate had resulted in circa 25 to 30 new members of staff joining the Bank. The financial breakeven point had not yet been reached, but it was hoped that the trend would continue

- The temporary staffing team were working with AG and colleagues to ensure that shifts were filled during the Christmas period, and some incentivised pay rates were being considered, particularly for New Year's Eve
- There had been 69 new members of staff, but this had been offset by a number of staff leaving
- There was increased sickness absence in some areas which were noted in the report. The Human Resources Business Partners were focusing their support on those on long-term sickness absence

12-9 Update on the Workforce Transformation Programme

In PM's absence, SM referred to the circulated report and made the following additional points:

- The programme had been in place since June 2017, starting with Trauma & Orthopaedics as a pilot before being extended to 3 other areas. An electronic Job Planning system was however then purchased, so the rollout had been suspended to enable this to be implemented
- The revised Job Planning policy had been discussed at the Joint Medical Consultative Committee (JMCC), and PM had agreed that the Chair of the JMCC would be involved in the development of the Terms of Reference for the Medical Job Plan Consistency Committee (MJPCC)
- There had been some confusion regarding the role of the MJPCC, but PM had clarified this
- The policy had been approved by the Trust Management Executive (TME) in December, and would be considered by the Policy Ratification Committee (PRC) in the new year
- Training for the Clinical Directors in the use of the new Job Planning system, and on holding difficult conversations in relation to Job Planning, had been scheduled for January, prior to the January TME meeting
- Once the new system was established, the approach would be applied to all other Directorates although it was likely that full implementation would take time

DH asked whether the resistance to the arrangements that had been expressed by the unions reflected the views of the Trust's Consultants. SM confirmed that no adverse comments had been received during the policy consultation.

KR then asked whether the current schedule of 6-monthly reporting on the programme to the Trust Board should continue, in light of the quarterly reports that were also submitted to the Finance and Performance Committee. DH and JL replied that it was important that the work of the programme be reported to the Board and not just the Finance and Performance Committee, so the current scheduling should be maintained.

MC then noted the involvement of Professor Evans, the National Director of Clinical Productivity, and asked when the Trust was likely to be involved in the second wave of the National Job Planning Programme. It was noted that this was likely to be the latter part of 2018.

Quality Items

12-10 Update on the Care Quality Commission (CQC) inspection

COB referred to the circulated report and stated that the Trust had now undergone the Well Led inspection in December, and the CQC had given the Trust positive verbal feedback at the end of the second day of the inspection, which had then been followed by a formal letter to JL. DH asked that the letter be circulated to all Trust Board Members.

Action: Circulate the letter that the Care Quality Commission had sent to the Trust following the Well Led inspection in December 2017 (Trust Secretary, December 2017)

COB then continued, and highlighted the following points:

- The daily CQC huddles continued, but the continuance of these would be reviewed
- The future process to update of the Provider Information Request (PIR), which would be required annually, was being considered
- No 'red flags' had arisen from the inspection, and overall it had been a positive experience

DH asked how the CQC's ratings grid was able to be fully populated, given that some areas such as Maternity, were not inspected. MC confirmed that such areas would just be reported as "Not inspected" on the ratings grid.

12-11 Planned and actual ward staffing for November 2017

COB referred to the circulated report and highlighted that the key wards of note had been highlighted.

DH stated that the latest Finance and Performance Committee meeting had discussed how the report treated new Nursing staff during their induction period. COB confirmed that such Nurses were supernumerary and therefore not included within planned staffing levels until they had completed their full induction. COB added that the induction period varied among areas e.g. the period was longer within the ICU.

DH asked if Nurses recruited from overseas would also be considered supernumerary. COB confirmed that such Nurses would be supernumerary until their registration with the Nursing and Midwifery Council (NMC) was confirmed, and their induction completed.

12-12 Quarterly mortality data

In PM's absence, SB referred to Attachment 9 and drew attention to the following points:

- The mortality rate continued to improve, and the 12-month rolling Hospital Standardised Mortality Ratio (HSMR) was 104.3, which was in the 'expected' range. The trend was still downward, although January and February usually resulted in increases in HSMR
- The monthly HSMR was at 88/89
- Some of the improvement seen was probably related to awareness of comorbidity recording
- The Dr Foster CUSUM alerts did not help much, as they were based on the reason a patient was admitted, not the cause of death
- The Summary Hospital-level Mortality Indicator (SHMI) data was more out of date than HSMR but was still following the same trend
- Palliative Care coding was now in accordance with the national average
- The new process for Mortality Reviews was a work in progress, following the Trust's publication of a revised policy in September 2017
- The Trust was considering asking those who completed the 'Part 5' form (i.e. Confirmatory medical certificate - Cremation 5) to undertake the initial mortality screening assessment
- The Structured Judgement Review (SJR) process had commenced, and no trends or themes had been identified at present, although some issues had been raised by families in relation to communication

DH asked whether there were sufficient doctors trained in the SJR process. SB confirmed this was currently the case, but there was awareness that more doctors may need to be trained if the number of SJRs required to be competed increased.

SM asked how Healthcare Associated Infections (HCAIs) aligned with the SJR process i.e. do deceased patients with a HCAI automatically receive an SJR. SB confirmed that this was not automatic, as the key issue for triggering an SJR was the judgement that there had been 'sub-optimal care', which was defined according to nationally-set criteria.

SDu remarked that mortality had featured highly on the Quality Committee's agenda, and there was now far greater assurance compared to previously, but a significant amount of work was still required.

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

12-13 Patient Experience Committee, 01/12/17

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

- Patients' nutritional needs and supporting patients to eat had been raised. The longstanding members of the Committee had acknowledged the previous work to support patients but felt

there were further opportunities to improve. COB agreed to take this into account when developing the revised Quality Strategy (for which a meeting had been arranged in January 2018)
- The need for further engagement in the development of the Quality Strategy was also acknowledged

12-14 Trust Management Executive (TME), 13/12/17

JL referred to the circulated report and made the following points:
- The meeting had clashed with JL's interview by the CQC, so SO had chaired much of the meeting
- Certain elements of the TME's governance arrangements reflected the previous substantive Chief Executive's STP-related commitments, so JL would suggest to the incoming substantive Chief Executive that he now become the Chair of the TME

DH asked about the Clinical Utilisation Review (CUR) and noted that the implementation of the new PAS had delayed the deployment of CUR, so asked if this had now resumed. AG replied that the CUR software had to be rebuilt to be comparable with the Allscripts PAS, but confirmed that this had now been done. DH then asked some further questions regarding the use of the CUR system in monitoring the 'red and green day' process, and AG provided the requested information.

12-15 Quality Committee, 18/12/17

SDu referred to the circulated report and highlighted the following points:
- The meeting was a 'deep dive' that covered a "Review of lessons learned". PM was noted to have a developed plan in liaison with COB, which was encouraging as a 'road map', but would take time to embed in full. There was however reason to be assured of the intention to improve
- The meeting also undertook a "Review of the strategy/plan for medical engagement", and it was acknowledged that much further improvement was required in that area (although there were some exceptions)

SM confirmed that SDu's assessment of the status of medical engagement was accurate. SDu then continued, and highlighted the following points:
- Investment was likely to be required to improve medical engagement, as the organisations that had demonstrated good engagement had undertaken such investment. The Quality Committee was resolutely supportive of such investment
- An update on the proposal/case for improving compliance with the Mental Capacity Act 2005 was also provided, and the Committee expressed its support for the forthcoming Business Case

JL referred to the latter point, and added that the last meeting of the Executive Team Meeting had expressed its support for the need for the gap in compliance to be addressed.

12-16 Finance and Performance Committee, 18/12/17 (incl. notification of request for additional working capital support)

SDu referred to the circulated summary and invited questions, noting that she had nothing to add to the issues already discussed at the meeting. No questions were posed.

SO then referred to the circulated "Request for additional working capital support" report (Attachment 12) and added the following points:
- The cash support available to the Trust could currently only be agreed up to the Trust's currently reported forecast year-end deficit
- Support was however likely to be required in January, February and March, so approval was being sought in advance, to avoid having to seek approval each month

DH gave his support for the prospective approval.

The proposed request for additional working capital support was approved by the Trust Board as circulated and as recommended by the Finance and Performance Committee at its meeting on 18/12/17. Specifically, the Trust Board resolved to:

1. Approve the proposed loan application for the combined deficit working capital loan (£3.866m) and STF advance (£1.134m) i.e. £5m in total, to be drawn on 15/01/18. Specifically, to:
   a. Approve the financing proposed via the loan agreement in line with Schedule 1 of the Loan facility documentation ("Conditions Precedent) i.e.:
      - Approve that the loan facility can be signed by the Director of Finance under delegated authority
      - Agree to the terms of and the transactions contemplated by the loan subject to the Department of Health finalising the exact value and confirmation of financing product as a result of special measures regime
   b. Authorise the Director of Finance as the nominated officer to execute the agreement ("the Finance Documents")
   c. Authorise the Director of Finance, or Deputy Directors of Finance, to manage the agreement i.e. to sign and/or despatch all documents and notices including any Utilisation Requests required under the agreement.
   d. Agree to the additional terms and conditions set out in the relevant schedule of the facility agreement (i.e. schedule 8)

2. Approve a resolution to cover the same likely additional working capital loans required in February and March 2018, up to the value of a further £10m. Specifically to delegate the authority to approve the February and March agreements to the Chair of the Trust Board on the same terms and conditions as for the January 2018 agreement.

12-17 To consider any other business

SDu raised the issue of the venues for Trust Board meetings, noting that few of the 2018 meetings were scheduled at TWH. It was agreed that KR would review this and aim for an even allocation between Maidstone Hospital (MH) and TWH. JL noted that a similar uneven allocation had originally been made for TME meetings. KR confirmed he would review the venues of Trust Board meetings, but pointed out that this meant moving all bookings that had already been made before the Trust Board dates had been set (noting that the day of the Trust Board meetings had only been changed in the autumn of 2017). This was acknowledged, but it was agreed that all such bookings should be moved. DH opined that the April 2018 meeting appeared to be the priority, as this would break the sequence of there being 5 consecutive meetings at MH. The point was acknowledged.

Action: Ensure that the venues for the 2018 Trust Board meetings were more evenly distributed between Maidstone and Tunbridge Wells Hospitals (Trust Secretary, December 2017 onwards)

The Trust Board then delegated its authority to the 'Part 2' Board meeting being held later that day to review and confirm the year-end financial forecast for 2017/18.

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

No questions were posed.

12-19 To approve the motion that in pursuance of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public now be excluded from the meeting by reason of the confidential nature of the business to be transacted

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

Trust Board Meeting – January 2018

NHS Maidstone and Tunbridge Wells NHS Trust

1-4 Log of outstanding actions from previous meetings — Chair of the Trust Board

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress [1]
12-5 (Dec 17)	Arrange for the development of an appropriate Key Performance Indicator for Acute Kidney Injury, for inclusion in the monthly "Trust Performance Dashboard"	Medical Director (N.B. this was originally allocated to the Chief Nurse , but transferred to the Medical Director by mutual consent)	December 2017 onwards	A verbal update will be given at the Trust Board meeting on 25/01/18
12-8 (Dec 17)	Submit, to the Trust Board, the recovery plan arising from the impending review of the approach to managing patients experiencing a long waiting time	Chief Operating Officer	January 2018 onwards	An interim report has been scheduled for submission to the February 2018 Trust Board meeting

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
7-11 (July 17)	Arrange for an assessment of the feasibility of establishing a 'finder fee' arrangement for staff who introduce individuals who were subsequently appointed to vacant Nursing positions	Chief Nurse	January 2018	The feasibility has been assessed (with the Director of Workforce) and given the minimal evidence base for success compared to the investment required it was felt better to channel efforts into the retention of existing staff
10-26 (Oct 17)	Arrange for the Non-Executive Directors to be notified of any pre-arranged visits to clinical areas by members of the Executive Team, to enable Non-Executive Directors to take part in the visit, if convenient	Trust Secretary	December 2017	Non-Executive Directors will aim to be notified of any scheduled visits. However, an email was issued on 21/12/17 advising Trust Board Members of the plans for the 2018 Board Seminars and the point was made that the day of the scheduled formal Board meetings in 2018 should be kept as clear as possible, and any time that is not allocated for meetings/seminars could be used (for NEDs in particular) to undertake Safety Walkarounds / visits to Ward areas (but avoiding mealtimes)
12- 3 (Dec 17)	Amend the minutes of the 'Part 1' Trust Board	Trust Secretary	December 2017	The minutes were amended

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

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
	meeting held on 29/11/17			
12-10 (Dec 17)	Circulate the letter that the Care Quality Commission had sent to the Trust following the Well Led inspection in December 2017	Trust Secretary	December 2017	The letter was circulated by email on 21/12/17
12-17 (Dec 17)	Ensure that the venues for the 2018 Trust Board meetings were more evenly distributed between Maidstone and Tunbridge Wells Hospitals	Trust Secretary	January 2018	The venues of the Trust Board meetings on 29/03, 28/06 and 20/12 have been moved to Tunbridge Wells Hospital, which means 6 of the 11 meetings in 2018 will now be at Tunbridge Wells Hospital, with 5 at Maidstone Hospital

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
7-14 (July 17)	Arrange for details of the length of the Trust's backlog maintenance programme to be included in future Estates and Facilities Annual Reports	Chief Operating Officer	July 2018	The Director of Estates and Facilities has been notified of the request, and been asked to ensure the information is included in the 2017/18 Annual Report, which is scheduled to be considered by the Trust Board in July 2018

Trust Board meeting – January 2018

NHS Maidstone and Tunbridge Wells NHS Trust

1-7 Report from the Chief Executive — Chief Executive

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

1. I would like to place on record my personal thanks to all staff at MTW for their commitment to keep our patients safe and well cared for during periods of significant operational pressure.

2. It is clear that MTW has a workforce that is deeply committed to delivering our trust values by putting our patients first in everything we do. In the few weeks that I have been their new Chief Executive, I have seen first-hand the efforts that so many of our staff are making to provide a good experience for thousands of patients in challenging circumstances.

3. From what I have seen, I am convinced that we have the potential to be among the very best NHS trusts in the country. I have told our staff that I will work with them to achieve this and my initial priorities are:

    - To boost staff engagement and clinical leadership in our Trust.
    - To act positively and constructively on the pending report from the recent CQC visit.
    - To support operational delivery at this time of pressure.
    - To work with teams to identify breakthrough improvements in patient experience and productivity to secure a sustainable future for our services.
    - To continue to build effective and important partnerships across our health and social care system.

4. I have told our staff that if they need proof of their potential, they need look no further than their achievements in December for our emergency patients. The efforts they have made throughout our hospitals to keep our emergency patients safe and well over Christmas were made clear to me in the recently publicised national Emergency Department performance data for December.

5. This early data collection shows that our staff saw over 800 more ED attendances and over 650 more emergency admissions in December 2017 than they did in December 2016. Nonetheless, as a result of their hard work and the many changes in practice they have helped lead across our trust, we managed to markedly reduce our ED treatment and admission times over the timeframe.

6. We are part-way through our winter months and there are likely to be further challenges to come. It has again been necessary to cancel some of our pre-planned procedures. While clinically necessary to maintain high standards of emergency care, this is clearly regrettable for the patients involved. We are very mindful of the affect this will have on our waiting list and of the need for further innovations to see more of our elective and emergency patients in unison.

7. My ongoing visits to our wards and departments have provided me with an opportunity to ask our staff about the things that work well at MTW and the improvements they would make to enhance our staff and patient experience. Our staff tell me we have many opportunities to build on MTW's successes.

8. I have been invited to attend events at our hospitals later this month that are being held to promote our staff achievements through Listening into Action. I look forward to hearing about their achievements and the ways in which we can support more staff-led changes at MTW that continue to improve our patient and staff experience.

9. While we seek clinically-led transformation of our services to meet the changing needs of our local population, ideas do not always have to be big to have a profound affect.

    The efforts of our Phlebotomy staff have been brought to my attention and deserve praise for

their insightfulness and ingenuity. The team have found a way to bring comfort to young patients who require blood to be taken.

They use a `magic' tin of Disney plasters to distract the children with the end result being no tears, no stress and on many occasions blood being taken without the children noticing.

It wasn't possible to keep purchasing the plasters so staff wrote to the manufacturers, told them about their experiences, and received 100 tins of plasters for free. The plasters have been a huge hit in the department and alongside some other initiatives the unpleasant experience of having blood taken has become much less daunting.

The challenges faced by our staff and our trust as a whole come in many shapes and sizes. It is important that we remember to put our patients first in everything we do, big and small. My aim is to champion our trust values in everything I do at MTW.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information and assurance

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

Trust Board meeting – January 2018

Maidstone and Tunbridge Wells NHS Trust

1-10	**Integrated Performance Report, December 2017**	**Chief Executive / Members of the Executive Team**

The enclosed report includes:

- The 'story of the month' for December 2017 (including Emergency Performance (4 hour standard); Delayed Transfers of Care (DTOCs); Cancer 62 day First Definitive Treatment) and Referral to Treatment (RTT)
- A Quality and Safety Report
- An Infection Prevention and Control Report
- A financial commentary
- A workforce commentary
- The Trust performance dashboard
- An explanation of the Statistical Process Control charts which are featured in the "Integrated performance charts" section
- Integrated performance charts
- The Board finance pack

Which Committees have reviewed the information prior to Board submission?

- Finance & Performance Committee (in part)

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

Review and discussion

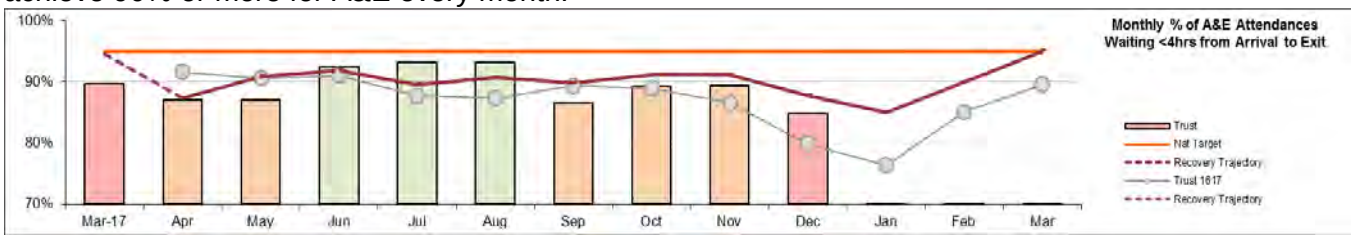
[1] All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making;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

The 'story of the month' for December 2017

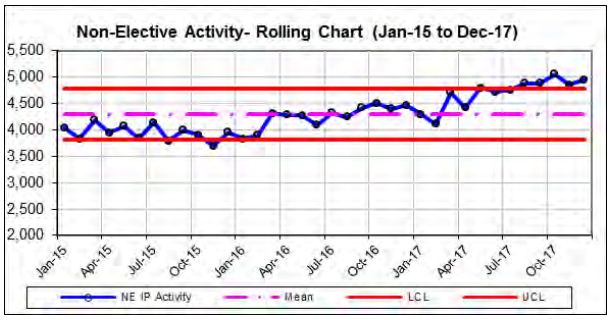
OPERATIONAL PERFORMANCE REPORT FOR DECEMBER 2017

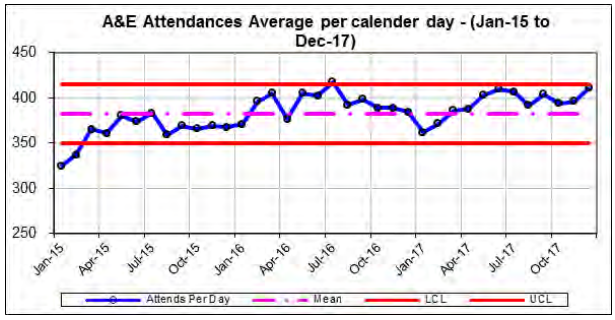
1. 4 hour emergency standard

Performance for the Trust for December delivered below the expected trajectory despite the continuing focus on patient flow and capacity across the non-elective pathway. The 84.2% achievement was an improvement of 4.3% compared to the Dec-16. The Trust is aiming to achieve 90% or more for A&E every month.

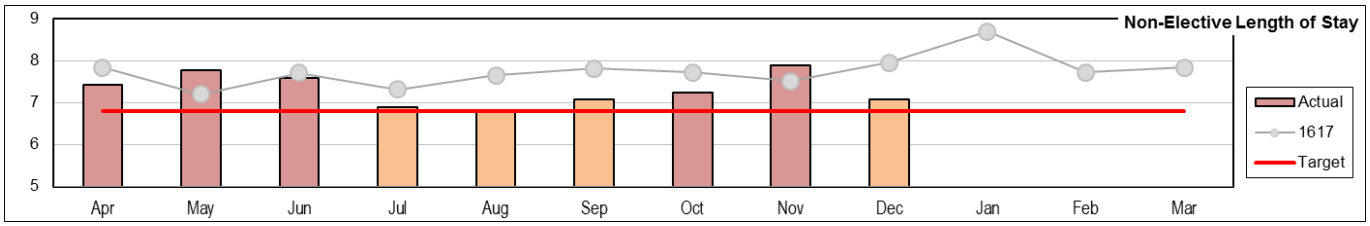


- A&E Attendances continue to increase. The sudden rapid growth seen in late 2015 and early 2016 has eased off, but 1718 YTD attendance is still 2.2% up on last year. The usual dip in activity observed in the winter has not happened. Instead of dropping from late November down to a mid-January minimum, activity has increased to close to the levels seen at the summer peak. Type 3 attendance was 12,732 in December - the second highest monthly attendance ever recorded, and 7.0% higher than last December. Attendances are currently in the range of 2,800-2,900 per week – around 200 higher than we expect based on historical trends. This increase is being felt more acutely at TW.
- Non-Elective Activity (excluding Maternity) however remains considerably above plan 33.3% higher than plan for Dec at 4,357 discharges, and 12.5% higher than December last year. Some of this is driven by increased use of ambulatory / assessment wards, and increased capacity in CDU.





- Non-elective LoS was 7.08 days for December discharges. November's spike was partly due to several very long stay patients being discharged in the same month. YTD, average non-zero NE LoS is 7.34 days, 0.35 days less than 1617



- The average occupied bed days rose to a record 802 average through December

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

- Increasing the level of senior doctor cover in the ED at specific times of the day.
- Twice daily board rounds on AMUs
- Frail Elderly Unit at Maidstone
- Focus on SAFER to achieve an improved length of stay.
- Weekly review of the KPI dashboard to monitor improvements
- Daily breach analysis & RCA reviews as appropriate
- Winter "Capacity / Safety Huddles commenced in early November chaired by the COO
- Implementation of Live Data dashboards to give an understanding of the current position
- The Trust has commissioned an external company, 2020 Productivity, to support the overall delivery of the urgent care improvements particularly in the areas of GP streaming, Ambulatory Emergency Care and Discharge Management.

2. Delayed Transfers of Care

The percentage of delayed transfers of care fell again in December to 3.73%, but with a steady number of medically fit for discharge patients remaining on acute beds – circa 100 across the Trust. The number of bed days lost decreased from 1,068 in November to 845 in December. We have experienced a greater focus from external partners on the exit routes from the hospital and have now rolled out Pathway 1 2 & 3 of the Home First initiative in full (Pathway 3 was mobilised in full from mid-December). The Frail Elderly unit at Maidstone is operating effectively with plans for the TWH Frailty Unit in advanced development but with limiting factors of staffing and capacity being a key risk. Plans are being developed to launch the TWH frailty unit on the 26th February 2018.

Reasons for DTOCs

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
A : Awaiting Assessment	20	22	32	14	14	13	11	7	2	2	7	6	2
B : Awaiting Public Funding	6	-	4	3	1	3	3	3	2	-	2	1	-
C : Awaiting Further Non-Acute NHS Care	23	8	13	16	17	21	27	11	8	21	15	10	18
Di : Awaiting Residential Home	21	30	24	35	21	8	16	16	23	32	21	19	18
Dii : Awaiting Nursing Home	112	78	77	76	57	70	94	53	63	42	46	54	38
E : Awaiting Care Package	89	49	30	38	35	39	43	27	27	32	24	36	14
F : Awaiting Community Adaptations	7	9	10	13	6	8	7	15	8	5	10	12	4
G : Patient or Family Choice	14	9	19	28	6	10	8	10	13	14	28	38	13
H : Disputes	-	-	1	1	1	1	2	-	1	-	-	1	-
I : Housing	8	3	5	4	3	3	5	6	8	2	2	1	2
Total	300	208	215	228	161	176	216	148	155	150	155	178	109
Trust Rate of Transfers of Care	8.1%	6.7%	7.4%	6.2%	5.7%	6.0%	6.2%	5.4%	4.5%	5.3%	5.3%	4.8%	3.7%

3. Cancer 62 Day First Definitive Treatment

Both overall and MTW only performance have shown an upward trend month on month until September but there has been a downturn in performance for all and MTW only patients in October and November. An early view of December's performance shows a recovery of the performance, particularly of the MTW only patients.

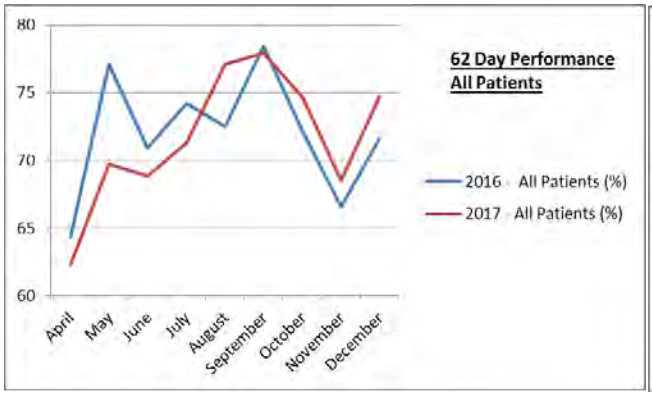
Performance was affected in October & November by the **Allscripts change-** over and the issues regarding clinic mapping and set-up that needed to be resolved but was also affected by **capacity issues** in surgical specialities due to a lack of middle grade doctors. This was particularly the case in **urology** and occurred due to rotational change over and also an increase in **substantive medical staff vacancies**. Despite attempting to source locums, the calibre of the appointees was such that they cannot cover cancer clinics.

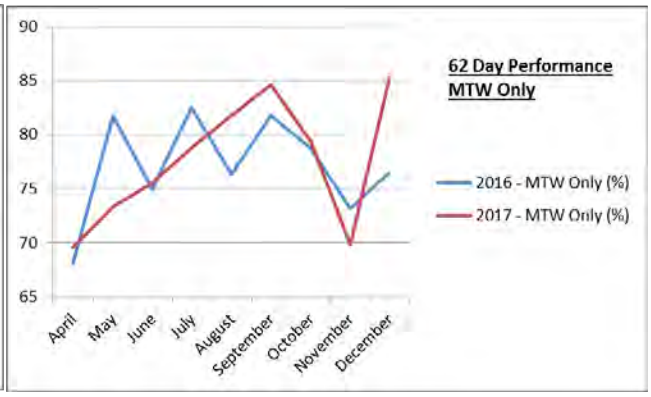
The delivery plan remains focused both on patients in the 40 -62 day category and those who have already breached to bring them in for treatment sooner to help reduce the backlog. The backlog at the end of October was 59, a 14 patient reduction over the month. 24 of these were MTW patients, and this number has been steadily reducing.

The key improvement initiative for the cancer services is the **daily huddle** where the focus is on the next event for individual patients (outpatient appt, test, result review, date for treatment) that is needed to pull them through the pathway, with any delays or blocks being actioned on the same day.

The Oncology PTL is taking place weekly to replicate the main PTL meeting in order to progress radiotherapy and chemotherapy treatments and oncology are calling in to the daily huddle as well

In addition, straight to test triage clinics are now well established for colorectal and lung referrals. This is reducing the overall length of pathways for these patients and has significantly improved the performance of lower GI.





62 Day Performance - All			
Tumour	Total	Brch	%
Breast	22.0	1.5	93.2
Lung	14.0	5.0	64.3
Haemat.	6.5	4.5	30.8
Upper GI	6.0	0.5	91.7
Lower GI	9.5	5.5	42.1
Skin	1.0	0.0	100.0
Gynae	14.5	2.5	82.8
Urology	22.0	8.0	63.6
Head & Nk	3.0	1.5	50.0
Sarcoma	0.0	0.0	
Other	1.5	0.0	100.0
Total	101.0	31.5	68.8

62 Day Performance - MTW			
Tumour	Total	Brch	%
Breast	23	4	82.6
Lung	9	3	66.7
Haemat.	6	4	33.3
Upper GI	4	0	100.0
Lower GI	8	4	50.0
Skin	1	0	100.0
Gynae	12	2	83.3
Urology	21	8	61.9
Head & Nk	2	1	50.0
Sarcoma	0	0	
Other	1	0	100.0
Total	86	26	69.8

In November, the breaches in total and for MTW- only have increased to a level similar to earlier in the year.

Urology breaches continue to be the highest with Lower GI incurring the second highest number of breaches. Lung breaches have returned to a level that had improved with the implementation of clinic model that ensures that CT scans are available at the first seen appointment.

Breast and Haematology incurred an increased number of breaches in November as well. The Breast breaches were due to capacity and the Haematology breaches were due to complex pathways.

Action in place include:

1. **Additional 2ww clinics** are being arranged as quickly as possible. Surgery have secured additional middle grade doctors to release substantive staff to undertake cancer clinics. Working with each speciality to identify where capacity does not meet demand and to implement pathway changes to improve performance against this standard.
2. Lower GI straight to test nurse-led triage vacancy has been recruited to and will start in the next few weeks, returning capacity to previous levels.
3. A straight to test triage nurse has been appointed to support Upper GI and is expected to start early in the New Year.
4. Implementation of protected MRI slots for suspected prostate cancer referrals in order to decrease time to biopsy.
5. A regional co-ordinator for 12 months to support the push and pull of patients between organisations (started on 23rd October). Currently evaluating opportunities for improvements with an action plan to be established and implemented at the start of next year.
6. Inter-provider pathway review meetings held to provide peer review and support to implement optimum pathways and reduce shared breaches.
7. New Trust Cancer Clinical Lead and is reviewing and redesigning the Cancer Committee to improvement upon clinical engagement. An action plan is being collated to be monitored and

supported through the committee to provide pathway improvements designed to increase the speed of diagnostics.

8. Collaboration and supporting work streams of the Cancer Alliance (earlier diagnosis and living with and beyond).
9. Continuing daily huddle in order to ensure the next step in each patient's pathway is undertaken as quickly as possible.
10. Review of function of MDT Co-ordinator in order to establish Pathway Navigators to increase the speed of diagnostic pathways based on the Manchester experience in suspected lung cancer pathways.

4. Referral To Treatment – 18 weeks

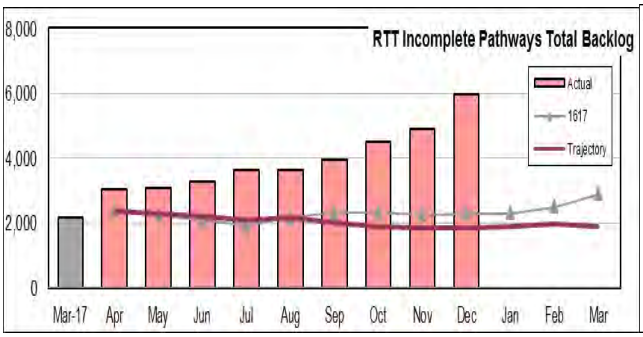
December performance shows the Trust continues to forecast non-compliance with the Incomplete RTT standards at an aggregate level – 83.0% which is a drop since last month. 13 x 52wk breaches have occurred in the T&O specialty in December and the RCA reviews remain on-going.

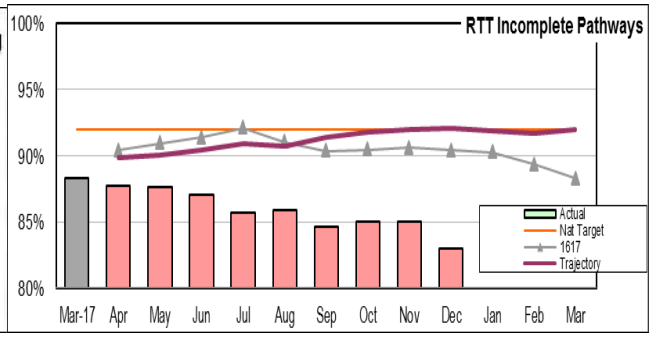
The majority of the backlog is concentrated in T&O, Gynae, ENT, Ophthalmology and Neurology- all of which are being carefully monitored against trajectories and action plans on a weekly basis.

	Dec-17	Dec-17 Trajectory	Variance from trajectory
RTT Backlog Incomplete	5,948	1,850	4,098
RTT Waiting List	34,969	23,330	11,639
RTT Incomplete performance %	83.0%	92.07%	-9.07%

Operational teams are focused their recovery plans to increase elective activity and arrange extra clinics to ensure backlog does not grow further. The key actions are:

- Continue to ensure achievement of Incomplete targets month on month at an aggregate level by reducing RTT backlog for Incompletes through implementation of speciality plans
- Monitor weekly all Non-Admitted patients at 11wks or over without an OPA and all Admitted patients at 18wks or over without a TCI
- Ensure backlog patients are booked chronologically to avoid long waits/52 wk breaches
- Outsourcing to continue for Neurology in order to support Backlog reduction. Locum's being appointed in Endocrinology
- Increase clinic/theatre capacity/activity on weekends to improve income, activity and incomplete performance
- Continue weekly PTL/RTT performance monitoring to maintain overall performance
- Ensure robust management of Diagnostic waiting lists to ensure problems identified early to allow for solutions to be identified in a timely manner





Quality and Safety

Patient Falls incidents

There were 135 falls reported for the month of December 2017, this is a decrease compared to 149 in November, this can be seen in graph 1, which provides a comparison year to date and to last year. The rate per 1000 bed days is currently 5.96 which is below our internal limit of 6.0. The breakdown of incidents by site is shown in graph 2, indicating a higher rate at Tunbridge Wells compared to Maidstone.

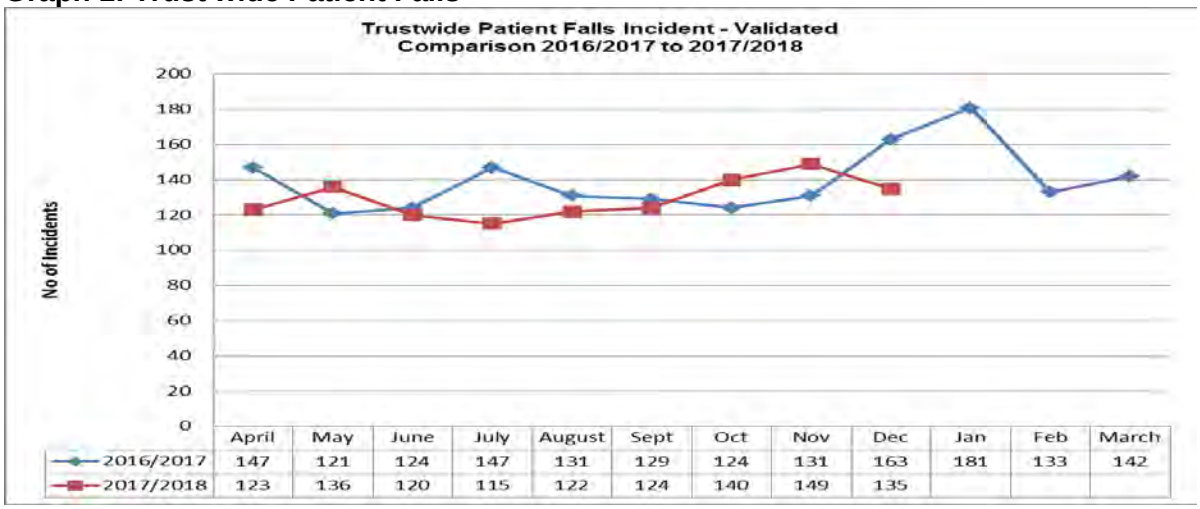
There have been 2 falls declared as Serious Incidents (SI) in December compared to 4 last month. The total number of falls SIs year to date is 28 compared to 20 this time last year.

Learning identified as a result of recent serious incident investigations include:

- Assessment for enhanced care to be undertaken when levels of acuity or dependence on ward is higher than usual.
- Falls assessment and care plan for falls prevention to be fully completed upon transfer from another ward.
- Ensure that appropriate footwear and mobility aids are available and in use by patient.

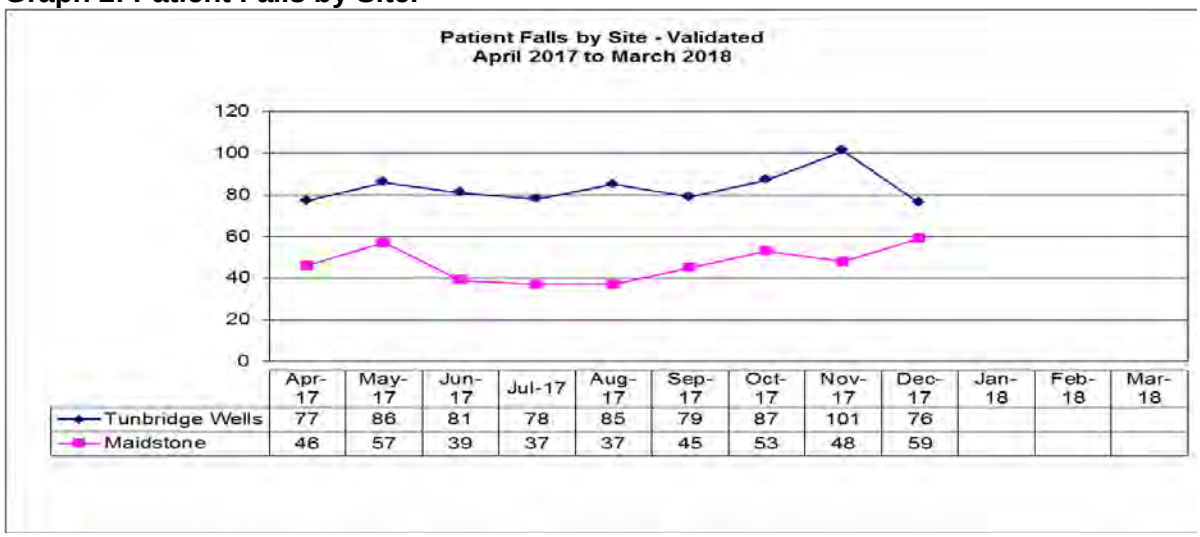
We are currently reviewing falls prevention strategies and approaches used in other Trusts to help us to focus on reducing the number of falls incidents that have resulted in harm to patients. We are considering a number of ideas which includes the introduction of a 'Safety Huddle ' A further update on agreed next steps will be provided at the next Trust Board meeting.

Graph 1: Trust wide Patient Falls



	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
2016/2017	147	121	124	147	131	129	124	131	163	181	133	142
2017/2018	123	136	120	115	122	124	140	149	135			

Graph 2: Patient Falls by Site.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Tunbridge Wells	77	86	81	78	85	79	87	101	76			
Maidstone	46	57	39	37	37	45	53	48	59			

Pressure Ulcers:

The incidence of pressure injury is not giving cause for concern currently, and is demonstrating some improvement overall. The rate (per 1000 admissions) is 2.20 compared to 2.58 this time last year. The rate for the year to date is 2.09 compared to 2.74 last year. This is against an improvement threshold of 3.0.

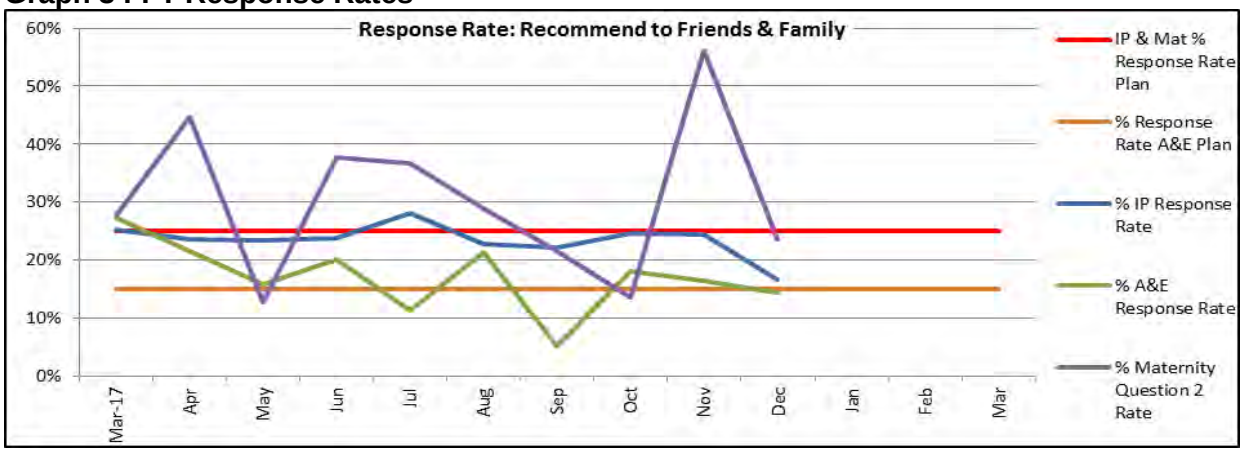
Friends and Family test

The response rates for December can be seen in graph 3, indicating a decrease in returns overall. Inpatients are below target response rate, with A&E slightly below target.
Maternity response rates are at a more normal level, as last month's response was unusually high. Feedback from I Want Great Care has suggested that this is not an unusual picture nationally for maternity, as detailed in last month's report.

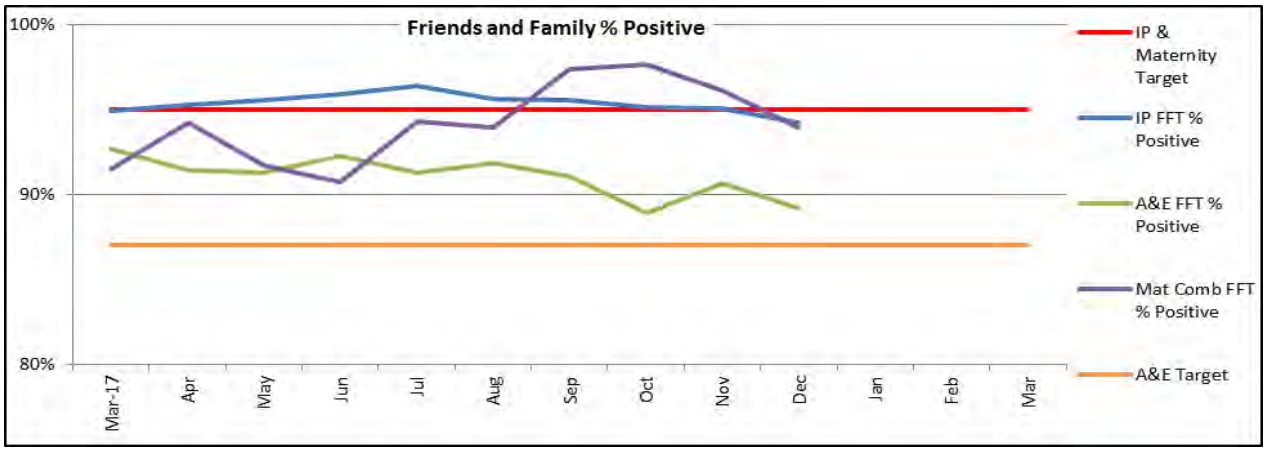
Positive response rate can be seen in graph 4. This indicates a decrease in positive responses for both in-patients and maternity, dropping below target. However A&E continues to be above target and compares favourably with national results.

The FFT group continues to work with both IWGC and the directorates to ensure continued focus on administering the FFT and to enable teams to respond to any emerging themes. To this end the use of 'word clouds' has been fully implemented. Ward teams generally find this helpful in terms of objective review of their feedback.

Graph 3 FFT Response Rates



Graph 4: FFT Positive Responses



Complaints

There were 40 new complaints reported for December which equates to a rate of 1.77 new complaints per 1,000 occupied bed days. This is a slight increase from last month (35 new complaints in November).

The overall response rate to complaints for December has dropped to 53.8% compared to 72.3% in November 2017.

There is a strategy in place to target outstanding complaints where deadlines have been missed, with measures in place to support improvements which include:

- Regular meetings continue with directorate links to monitor progress
- Review of all open complaints taking place once a week with a view to troubleshooting
- Diarised review of all complaints approaching breach dates with early escalation to ADNs and CN
- Redistribution of cases approaching deadlines amongst CCT where necessary to ensure deadlines are met.

Infection Prevention and Control

MRSA – The outcome of the arbitration for the MRSA bacteraemia in November 2017 is still awaited.

The Infection control team is assisting WKCCG in the investigation of a community acquired MRSA bacteraemia diagnosed in December 2017.

The MRSA screening programme is integral to preventing MRSA bacteraemia. The screening rate for December was 98% for elective screening. Due to data issues following the Allscripts implementation the data are still not sufficiently robust to report non-elective screening.

C. difficile - There were 2 cases of post-72 hour C. difficile infection in December against a monthly limit of two cases. The current rate of C. difficile infection is 10.8 per 100 000 obd for the year to date. The trust is currently on trajectory for the year with 21 cases seen.

Methicillin sensitive *Staphylococcus aureus* bacteraemia – 21 cases of hospital attributable MSSA bacteraemia have been seen year to date, 1 case below the same period last year. More intensive monitoring of these bacteraemias is currently undertaken following increases in numbers in previous years, with all cases reviewed at the *C. difficile* panel and learning shared at clinical governance meetings.

Gram negative bacteraemia - Following the Secretary of State's announcement of a 50% reduction target in avoidable gram negative blood stream infection by 2020/21, data collection has been commenced to establish the baseline.

From the beginning of April epidemiological data has been collected on all cases of *Pseudomonas sp* and *Klebsiella sp* blood stream infection, in addition to the E. coli data collected for some years, and submitted to the national Data Collection System.

Influenza

By the end of December 2017 the Trust had only seen one confirmed case of Influenza A (on MITU). However, other parts of the country have seen many more cases with many severely ill patients. The rate of influenza hospitalisation per 100 000 trust catchment population was 7.4 in week 1, 2018, above the very high impact threshold of 4.2 per 100 000.

The A&E departments have received additional training on managing flu patients on admission and fit testing for masks is ongoing. All wards have stocks of masks and Trust wide communications have gone out to encourage staff to swab all patients with a suspicion of Influenza. Turnaround times for testing have improved by sending swabs to EKHUFT. A rapid in-house method will be available shortly providing same day results.

Financial commentary

- The Trusts deficit including STF was £2.6m in December which was £3.9m adverse to plan, due to, £1.1m STF underperformance in month due to non-delivery of the financial control target and A&E trajectory, £0.9m slippage against the original plan CIP phasing and adverse variances against budget.
- The Trust's net deficit (including technical adjustments) in December is £2.6m against a planned surplus of £1.3m, therefore £3.9m adverse to plan. The Trusts year to date net deficit (including technical adjustments) is £9.4m, £11.2m adverse to plan.
- The Trust's YTD deficit excluding STF is £13.3m which is £7.9m adverse to the plan.
- In December the Trust operated with an EBITDA deficit of £0.3m, an improvement of £0.2m between months but £4.2m adverse to plan.
- The Trusts deficit in December was in line with last month's forecast, Income over-performance of £0.3m and Depreciation underspend (£0.2m) offset overspends within Non-Pay (£0.5m) and Pay (£0.1m)
- The key variances in the month are as follows:
  - Total income was £1.3m adverse in the month; Clinical Income excluding HCDs was £0.3m adverse in December. The key adverse variances in November were Elective & Day Cases (£0.5m) and Out Patient Activity (£1m) partly offset by favourable variances within non elective (£0.5m) and A&E (£0.2m).The position included an favourable adjustment of £0.6m relating to the aligned incentive contract (£2.1m positive YTD). STF was £1.1m adverse in December due to non-delivery of the financial target, other operating income was £0.2m favourable, £0.7m favourable relating to pass-through items (STP and PAS) offset by adverse variance against Private Patient Income (£0.3m) and Car Parking income (£0.1m) due to a broken barrier at Tunbridge Wells Hospital.
  - Pay was £1.2m adverse in the month, total pay spend (excluding reserves) was £41k higher than November and £45k higher than last month's forecast. Medical Staffing costs reduced by £0.2m mainly due to a reduction in Temporary staffing costs (£0.1m) associated by a release of a accrual. Nursing costs increased by £100k between months, the increase was a result of the increase in standard bank rates and enhanced bank rates for shifts covered over the Christmas period.
  - Non Pay was overspent by £1.8m in December, this was mainly due to Pass through costs (£0.7m) relating to STP and PAS Allscripts offset by additional income, and Clinical Supplies £0.7m adverse (mainly due to unidentified CIP).
- The CIP performance in December delivered efficiencies of £2.1m which was £0.9m adverse to the phasing of the original plan, £7.2m adverse year to date. The adverse CIP position is the primary driver behind the pressure on the Trust's financial performance. The Trust has a risk adjusted CIP forecast of £22.9m, £9.2m adverse to plan.
- The Trust held £7.9m of cash at the end of December which is in line with the plan (£7.4m). There was a significant improvement in reduction of debts to help improve the cash position. The Trust continues to proactively engage with NHS organisations trying to collect all agreed values and escalating any items disputed for resolution. It has also been agreed to switch to invoicing the STP budget in advance, rather than retrospectively.
- The Trust has received approval of all the phases for its Salix loan application of £744k for 2017/18 to support its energy infrastructure renewal. The Spring property is expected to complete as a sale (for £800k) on January 22nd, exchange has already taken place. The sale is assumed in the Trust's capital resource, so if it does not complete the Trust would need to reduce spend accordingly. The Trust is already planning an under-spend in depreciation to support the Income & Expenditure position but this needs to be matched by a corresponding reduction in the planned capital spend. Some major schemes (e.g. Energy infrastructure) have taken longer to initiate than planned which will reduce the in-year depreciation
- The Trust is forecasting a Year End deficit including STF of £14m, £7.3m adverse to plan. The Trusts forecast excluding STF is a deficit of £17.9m which is £13.4m adverse to plan.

Workforce commentary

As at the end of December 2017, the Trust employed 5024.7 whole time equivalent substantive staff, a 36.0 WTE decrease from the previous month. While agency staffing is in line with plan, bank use is higher than planned, resulting in increased overall temporary staffing levels.

Sickness absence in the month (November) increased by 0.19% to 4.70%, 1.39% over target and substantially higher than the same period last year. Directorates demonstrating the highest

sickness rates include Facilities (8.30%), Children's Services (7.28%) and Clinical Governance (6.31%) with rates having increased in all three of these areas since last month. At a divisional level, Planned Care has a lower combined sickness absence rate (3.75%) than Urgent Care (5.66%) or Women, Children and Sexual Health (5.81%), but with all three rising since last month. This difference is largely attributable to higher long-term absence proportions in the divisions with high sickness rates. At a trust level, the breakdown in November is 42.21% short-term, 57.79% long term which represents a slight shift from short-term to long-term absence. It is evident there that while the increase in seasonal cold and influenza will be contributing to the overall rate rise, long-term absence is still having a significant impact. Effective sickness absence management remains a key area of focus for the HR and operational management teams, particularly targeting long term sickness in outlying areas.

Statutory and mandatory training compliance has increased marginally to 87.61%, and remains above the target percentage. In general, corporate areas demonstrate a higher level of training compliance, in line with the more limited range of training needs that are required. Directorates with lower overall compliance include Trauma and Orthopaedic (80.70%) and Acute and Emergency Medicine (83.04%) although both have increased slightly from the previous month.

Turnover has increased since last month to 12.09%, higher than target with outliers in Estates (31.14%) and ICT (23.94%). It should be noted that due to the 12 month rolling calculation, turnover figures typically move more slowly and incorporate historic data as well as the most recent month. HR Business Partners continue to work closely with divisional operational management teams in order to address areas which have a high turnover.

Appraisal compliance for October, following the end of the Trust's designated appraisal window in June, stands at 88.75%, an increase of 0.07% from the previous month.

Trust Performance Dashboard

Position as at: 31 December 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 Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
1-01	*Rate C-Diff (Hospital only)	4.38	8.8	10.1	10.8	0.7	-	11.5	10.3	
1-02	Number of cases C.Difficile (Hospital)	1	2	20	21	1	-	27	27	
1-03	Number of cases MRSA (Hospital)	0	0	1	1	0	1	0	1	
1-04	Elective MRSA Screening	98.0%	98.0%	98.0%	98.0%	0.0%	0.0%	98.0%	98.0%	
1-05	% Non-Elective MRSA Screening	96.0%	0.0%	96.0%	0.0%	-96.0%	-95.0%	95.0%	0.0%	
1-06	**Rate of Hospital Pressure Ulcers	2.58	2.20	2.74	2.09	- 0.65	- 0.92	*3.01*	2.30	3.00
1-07	***Rate of Total Patient Falls	6.97	5.96	5.90	5.91	0.00	- 0.09	*6.00*	5.84	
1-08	***Rate of Total Patient Falls Maidstone	6.05	6.46	5.21	5.45	0.24			4.83	
1-09	***Rate of Total Patient Falls TWells	5.77	5.63	6.18	6.20	0.03			5.75	
1-10	Falls - SIs in month	4	2	22	28	6				
1-11	Number of Never Events	0	0	2	2	0	2	*0*	2	
1-12	Total No of SIs Open with MTW	26	59			33				
1-13	Number of New SIs in month	8	17	78	131	53	41			
1-14	***Serious Incidents rate	0.35	0.75	0.39	0.67	0.28	0.61	*0.0584 - 0.6078*	0.67	*0.0584 - 0.6078*
1-15	Rate of Patient Safety Incidents - harmful	0.77	1.49	0.64	1.19	0.55	- 0.04	*0 - 1.23*	1.19	*0 - 1.23*
1-16	Number of CAS Alerts Overdue	0	0			0	0	*0*		
1-17	VTE Risk Assessment	95.7%	72.4%	95.3%	92.6%	-2.7%	-2.4%	95.0%	92.6%	95.0%
1-18	Safety Thermometer % of Harm Free Care	96.8%	97.2%	96.5%	97.3%	0.8%	2.3%	95.0%		93.4%
1-19	Safety Thermometer % of New Harms	2.80%	2.67%	3.23%	2.59%	-0.64%	-0.4%	*3.00%*	2.59%	
1-20	C-Section Rate (non-elective)	12.9%	14.0%	13.7%	14.0%	0.35%	-1.0%	*15.0%*	14.0%	

	Effectiveness	Latest Month Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
2-01	Hospital-level Mortality Indicator (SHMI)******	Prev Yr: July 14 to June 15		1.0260	1.0492	0.0	0.0	Band 2	Band 2	1.0
2-02	Standardised Mortality HSMR	Prev Yr: Apr 15 to Mar 16		105.0	106.4	1.4	6.4	Lower confidence limit		100.0
2-03	Crude Mortality	1.7%	1.5%	1.3%	1.2%	-0.1%		to be <100		
2-04	****Readmissions <30 days: Emergency	11.9%	12.4%	11.7%	12.6%	0.9%	-1.0%	*13.6%*	12.6%	14.1%
2-05	****Readmissions <30 days: All	10.7%	11.6%	10.9%	12.0%	1.1%	-2.7%	*14.7%*	12.0%	14.7%
2-06	Average LOS Elective	3.06	2.86	3.28	3.36	0.08	0.16	*3.20*	3.36	
2-07	Average LOS Non-Elective	7.95	7.08	7.63	7.34	- 0.29	0.54	*6.80*	7.34	
2-22	NE Discharges - Percent zero LoS	31.5%	38.7%	30.8%	36.5%	5.7%			36.5%	
2-08	******FollowUp : New Ratio	1.77	1.57	1.80	1.71	- 0.09	0.19	*1.52*	1.71	
2-09	Day Case Rates	85.6%	84.9%	85.2%	86.0%	0.9%	6.0%	80.0%	86.0%	82.2%
2-10	Primary Referrals	8,209	8,445	87,951	84,898	-3.5%	-4.1%	119,266	113,654	
2-11	Cons to Cons Referrals	4,475	3,468	46,223	39,056	-15.5%	-10.2%	58,644	52,285	
2-12	First OP Activity (adjusted for uncashed)	14,608	14,572	149,462	143,381	-4.1%	-4.1%	201,705	212,512	
2-13	Subsequent OP Activity (adjusted for uncashed)	27,129	20,511	278,824	249,207	-10.6%	-10.7%	383,906	369,361	
2-14	Elective IP Activity	570	508	6,034	5,154	-14.6%	-22.1%	8,303	7,639	
2-15	Elective DC Activity	3,391	2,852	34,034	31,390	-7.8%	-6.4%	43,602	46,524	
2-16	**Non-Elective Activity	4,472	4,957	39,032	43,227	10.7%	24.1%	46,435	64,663	
2-17	A&E Attendances (Inc Clinics. Calendar Mth)	13,656	14,589	126,021	128,832	2.2%	1.8%	168,161	171,807	
2-18	Oncology Fractions	5,740	4,425	48,254	34,597	-28.3%	-39.1%	75,273	46,129	
2-19	No of Births (Mothers Delivered)	461	451	4,515	4,508	-0.2%	13.1%	5,977	6,762	
2-20	% Mothers initiating breastfeeding	80.8%	80.2%	81.1%	81.5%	0.4%	3.5%	78.0%	81.5%	
2-21	% Stillbirths Rate	0.4%	0.22%	0.21%	0.33%	*0.1%*	*-0.1%*	*0.47%*	0.33%	0.47%

	Caring	Latest Month Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
3-01	Single Sex Accommodation Breaches	0	8	12	21	9	21	0	21	
3-02	*****Rate of New Complaints	0.96	1.77	1.69	1.82	0.1	0.51	*1.318-3.92*	1.80	
3-03	% complaints responded to within target	72.7%	53.8%	74.3%	61.3%	-13.1%	-13.7%	75.0%	61.3%	
3-04	****Staff Friends & Family (FFT) % rec care	0.0%	#DIV/0!	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	79.0%	#DIV/0!	
3-05	*****IP Friends & Family (FFT) % Positive	96.6%	94.2%	95.5%	95.4%	0.0%	0.4%	95.0%	95.4%	95.8%
3-06	A&E Friends & Family (FFT) % Positive	87.6%	89.2%	90.3%	90.9%	0.7%	3.9%	87.0%	90.9%	85.5%
3-07	Maternity Combined FFT % Positive	92.9%	94.0%	93.5%	94.3%	0.8%	-0.7%	95.0%	94.3%	95.6%
3-08	OP Friends & Family (FFT) % Positive	83.1%	84.5%	82.7%	84.4%	1.7%			84.4%	

	Responsiveness	Latest Month Prev Yr	Latest Month Curr Yr	Year/Qtr to Date Plan	Year/Qtr to Date Prev Yr	Year/Qtr to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
4-01	******Emergency A&E 4hr Wait	79.9%	84.82%	87.8%	88.1%	89.2%	1.1%	-0.8%	90.1%	90.1%	83.0%
4-02	Emergency A&E >12hr to Admission	0	0	0	0	0	0	0	*0*	0	
4-03	Ambulance Handover Delays >30mins	New	587	0	New	3,249					
4-04	Ambulance Handover Delays >60mins	New	102	0	New	428					
4-05	RTT Incomplete Admitted Backlog	890	2,643	1,232	890	2,643	1,753	1,411	1,259	1,259	
4-06	RTT Incomplete Non-Admitted Backlog	446	3,316	618	446	3,316	2,870	2,698	631	631	
4-07	RTT Incomplete Pathway	90.4%	83.0%	92.0%	90.4%	83.0%	-7.4%	-7.9%	92%	92.0%	
4-08	RTT 52 Week Waiters	0	14	-	0	21	21	21	*0*	21	
4-09	RTT Incomplete Total Backlog	2,272	5959	1,850	2,272	5959	3,687	4,109	1,890	1890	
4-10	% Diagnostics Tests WTimes <6wks	99.73%	99.1%	99.0%	99.7%	99.1%	-0.6%	0.1%	99.0%	99.0%	
4-11	*Cancer WTimes - Indicators achieved	5	5		2	5	3	- 4	9	9	
4-12	*Cancer two week wait	95.0%	88.2%		92.5%	88.2%	-4.2%	-4.8%	93.0%	93.0%	
4-13	*Cancer two week wait-Breast Symptoms	94.5%	76.6%		88.5%	84.7%	-3.9%	-8.3%	93.0%	93.0%	
4-14	*Cancer 31 day wait - First Treatment	95.7%	96.6%		96.6%	97.3%	0.7%	1.3%	96.0%	96.0%	
4-15	*Cancer 62 day wait - First Definitive	66.5%	68.8%	85.3%	72.1%	71.3%	-0.8%	-8.4%	85.0%	85.0%	
4-16	*Cancer 62 day wait - First Definitive - MTW	73.2%	69.8%	85.3%	73.2%	74.4%	1.2%		85.0%		
4-17	*Cancer 104 Day wait Accountable	7.0	6.0		69.5	53.5	-16.0	53.5	*0*	53.5	
4-18	*Cancer 62 Day Backlog with Diagnosis	78	99		78	99	21				
4-19	*Cancer 62 Day Backlog with Diagnosis - MTW	63	90		63	90	27				
4-20	Delayed Transfers of Care	8.1%	3.7%		6.7%	5.2%	-1.5%	1.7%	3.5%	5.2%	
4-21	% TIA with high risk treated <24hrs	88.2%	66.7%		80.0%	70.5%	-9.5%	10.5%	60%	70.5%	
4-22	*******% spending 90% time on Stroke Ward	98.3%	90.0%		87.4%	91.5%	4.1%	11.5%	80%	91.5%	
4-23	*******Stroke:% to Stroke Unit <4hrs	57.4%	49.2%	60.0%	52.3%	59.4%	7.1%	-0.6%	60.0%	59.4%	
4-24	*******Stroke: % scanned <1hr of arrival	59.6%	60.7%	48.0%	56.4%	65.1%	8.7%	17.1%	48.0%	65.1%	
4-25	*******Stroke:% assessed by Cons <24hrs	78.7%	83.6%	80.0%	65.9%	80.5%	14.6%	0.5%	80.0%	80.5%	
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	3	3		6	19	13	19	*0*	19	

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 Prev Yr	Latest Month Curr Yr	Year to Date Plan	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
5-01	Income	36,343	35,477	36,766	320,408	326,585	1.9%	0.4%	436,682	433,933	
5-02	EBITDA	1,181	(294)	3,920	10,013	12,835	28.2%	-49.2%	38,055	38,055	
5-03	Surplus (Deficit) against B/E Duty	(1,261)	(2,631)	1,293	(14,383)	(9,392)			6,673	(13,989)	
5-04	CIP Savings	2,128	2,099	3,003	15,332	15,676	2.2%	-31.5%	31,721	22,486	
5-05	Cash Balance	3,914	7,882	7,339	3,914	7,882	101.4%	7%	1,000	1,000	
5-06	Capital Expenditure	270	931	320	2,672	3,701	38.5%	-69.7%	*16,948*	10,732	
5-07	Establishment WTE	5,722.5	5,609.0	5,609.0	5,722.5	5,609.0	-2.0%	0.0%	5,609.0	5,609.0	
5-08	Contracted WTE	5,165.0	5,024.7	5,110.1	5,165.0	5,024.7	-2.7%	-1.7%	5,110.1	5,110.1	
5-09	Vacancies WTE	557.5	584.4	498.9	557.5	584.4	4.8%	17.1%	498.9	498.9	
5-11	Vacancy Rate (%)	9.7%	10.4%	8.9%	9.7%	10.4%	0.7%	1.5%	8.9%	8.9%	
5-12	Substantive Staff Used	5,029.1	4,880.9	5,110.1	5,029.1	4,880.9	-2.9%	-4.5%	5,110.1	5,110.1	
5-13	Bank Staff Used	331.8	452.0	335.0	331.8	452.0	36.2%	34.9%	335	335.0	
5-14	Agency Staff Used	164.4	145.9	164.0	164.4	145.9	-11.3%	-11.0%	164.0	164.0	
5-15	Overtime Used	33.0	45.9	0.0	33.0	45.9	38.9%				
5-16	Worked WTE	5,558.3	5,524.6	5,609.0	5,558.3	5,524.6		-1.5%	5,609.0	5,609.0	
5-17	Nurse Agency Spend	(637)	(714)	(898)	(5,837)	(4,916)	-15.8%				
5-18	Medical Locum & Agency Spend	(1,171)	(1,339)	(919)	(10,175)	(9,908)	-2.6%				
5-19	Temp costs & overtime as % of total pay bill	14.6%	16.9%		15.8%	15.3%	-0.5%				
5-20	Staff Turnover Rate	10.3%	12.0%	11.8%		11.8%	1.7%	1.3%	*10.5%*	11.8%	11.05%
5-21	Sickness Absence	4.3%	4.7%	4.5%		3.7%	0.4%	0.4%	*3.3%*	3.7%	4.3%
5-22	Statutory and Mandatory Training	89.8%	88.4%			88.0%	-1.4%	3.0%	85.0%	88.0%	
5-23	Appraisal Completeness	85.8%	88.7%			88.7%	2.9%	-1.3%	90.0%	88.7%	
5-24	Overall Safe staffing fill rate	97.4%	97.2%		98.9%	98.3%	-0.7%		93.5%	98.3%	
5-25	****Staff FFT % recommended work	62.3%	#DIV/0!	59.0%	62.3%	#DIV/0!	#DIV/0!	#DIV/0!	62.0%	#DIV/0!	
5-26	***Staff Friends & Family -Number Responses	422	0		422	0	-422				
5-27	*****IP Resp Rate Recmd to Friends & Family	17.8%	16.5%	15.0%	22.4%	23.3%	0.9%	-1.7%	25.0%	25.0%	25.7%
5-28	A&E Resp Rate Recmd to Friends & Family	8.1%	14.4%	5.0%	14.8%	16.0%	1.1%	1.0%	15.0%	16.0%	12.7%
5-29	Mat Resp Rate Recmd to Friends & Family	15.0%	23.5%	15.0%	22.8%	30.3%	7.5%	5.3%	25.0%	30.3%	24.0%

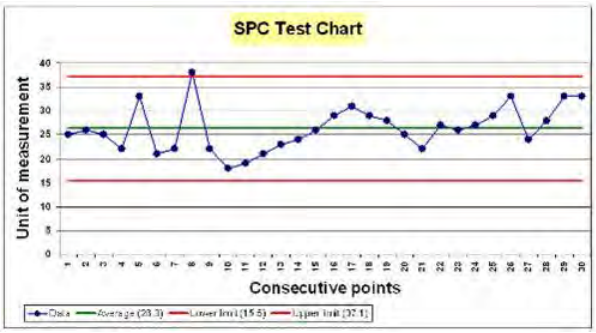
* Rate of C.Difficile per 100,000 Bed days, ** Rate of Pressure Sores per 1,000 admissions (excl Day Case), *** Rate of Falls per 1,000 Occupied Beddays, **** Readmissions run one month behind, ***** Rate of Complaints per 1,000 occupied beddays.

***** New :FU Ratio is now both consultant and non-consultant led for all specialties -plan still being agreed so currently last year plan

***** *IP Friends and Family includes Inpatients and Day Cases* ******SHMI is at Band 2 "As Expected"* ** NE Activity Includes Maternity

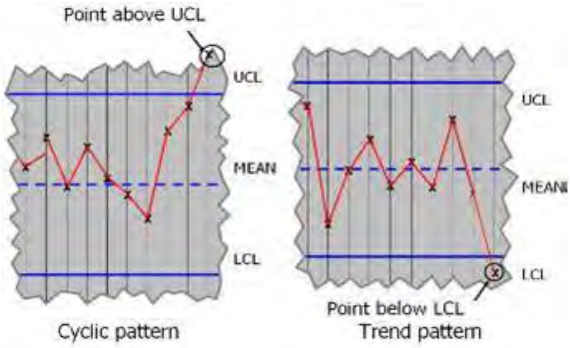
Explanation of Statistical Process Control (SPC) Charts

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

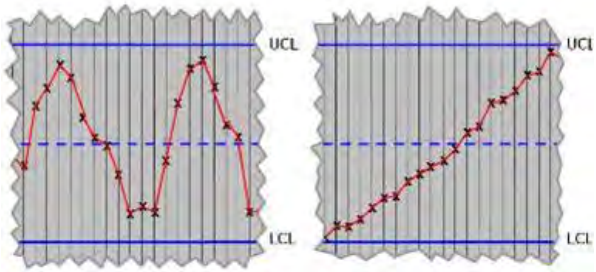


SPC is a type of charting that shows the variation that exists in the systems that are being measured. When interpreting SPC charts there are 4 rules that help to identify what the system is doing. If one of the rules has been broken, this means that 'special cause ' variation is present in the system.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

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

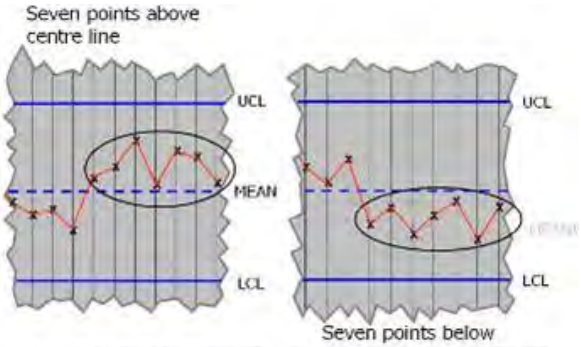


Rule 2: Any unusual pattern or trends within the control limits. The most obvious example of a cyclical pattern is seasonality but we also see it when looking at daily discharges where the weekends have low numbers. To qualify as a trend there must be at least 6 points in a row. This is one of the key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

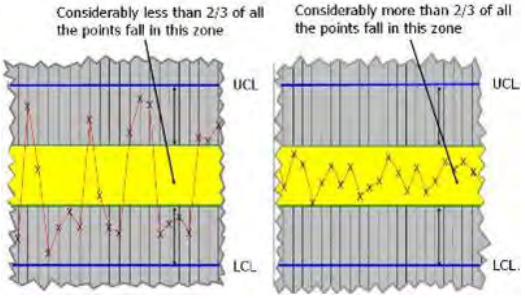


Rules 1 and 2 are the main reason for displaying SPC charts on our performance reports as it makes abnormally high or low values and trends immediately obvious. However there are two other rules that are also used to interpret the graphs.

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

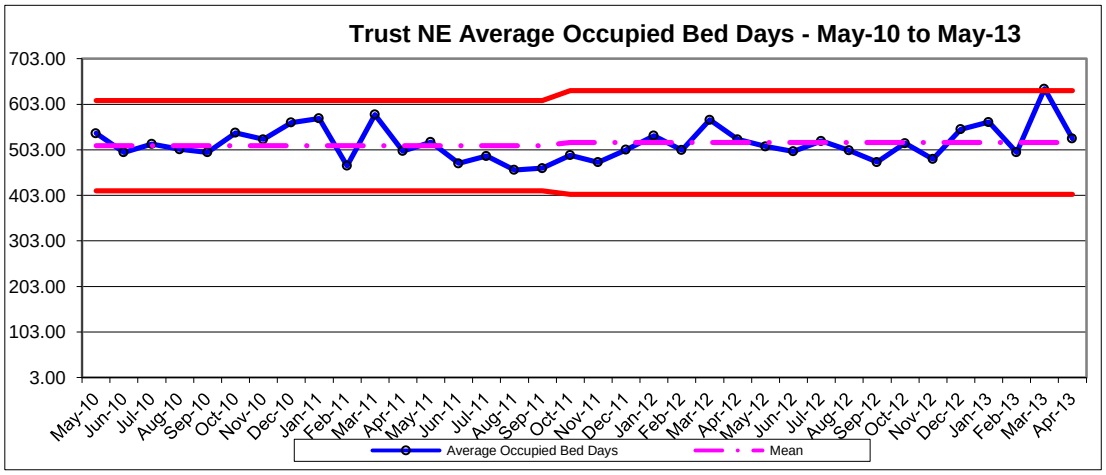


Rule 4: The number of points within the middle third of the region between the control limits differs markedly from two -thirds of the total number of points. This gives an indication of how stable a process is. If controlled variation (common cause) is displayed in the SPC chart, the process is stable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

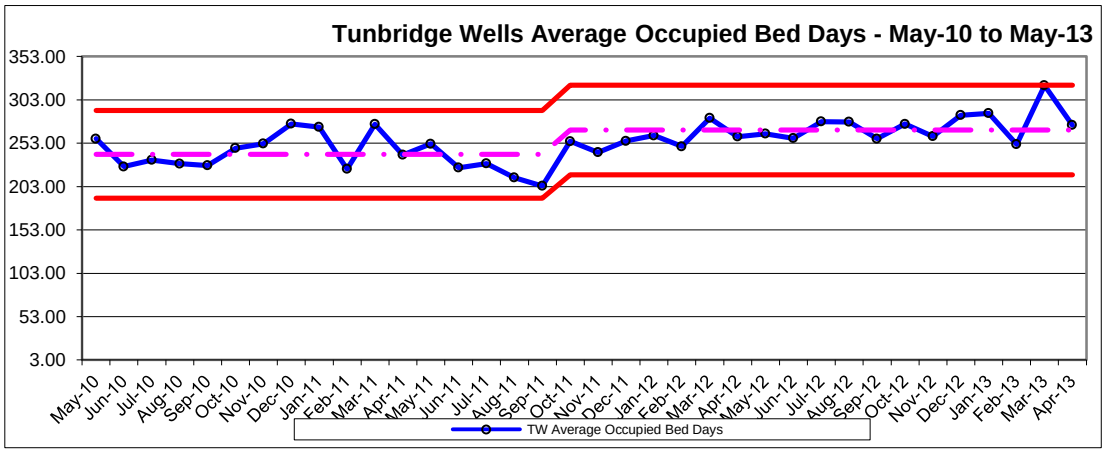


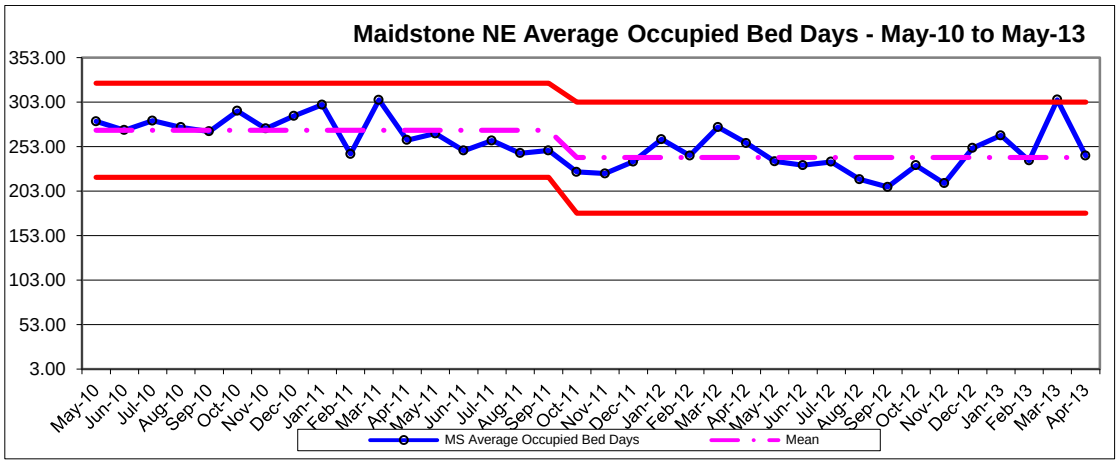
Changes to Control Lines

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



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

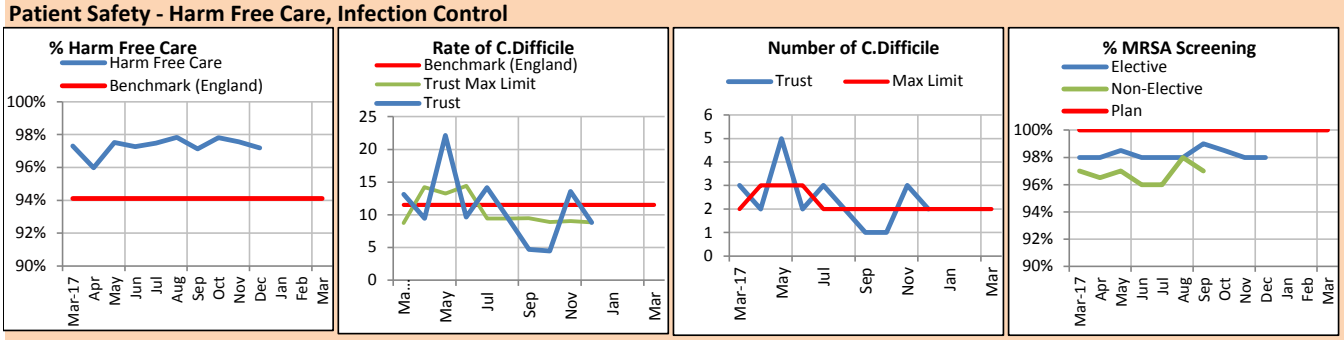




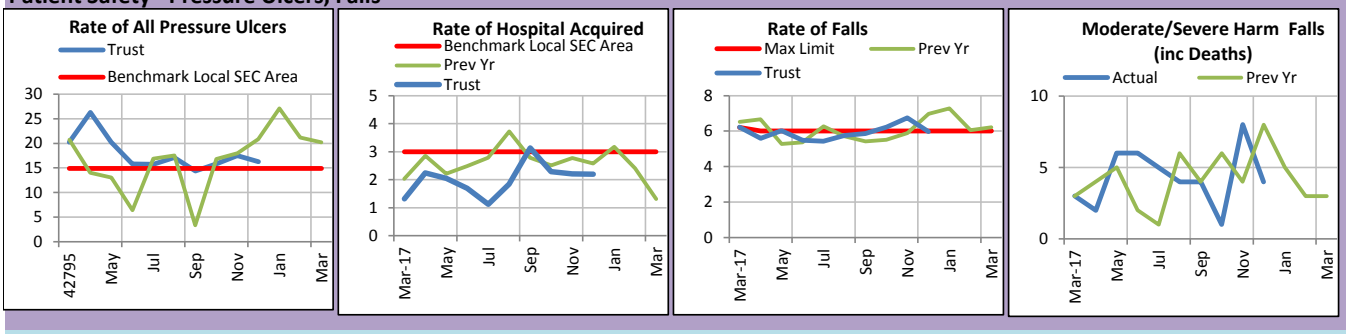
So in the examples given we have calculated a mean and control limits based on the data for May 2010 to September 2011 and then calculated them based on the period October 2011 to April 2013. The lines are all a result of the SPC calculations, only the date of the change is decided by the Information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

INTEGRATED PERFORMANCE REPORT ANALYSIS - PATIENT SAFETY & QUALITY

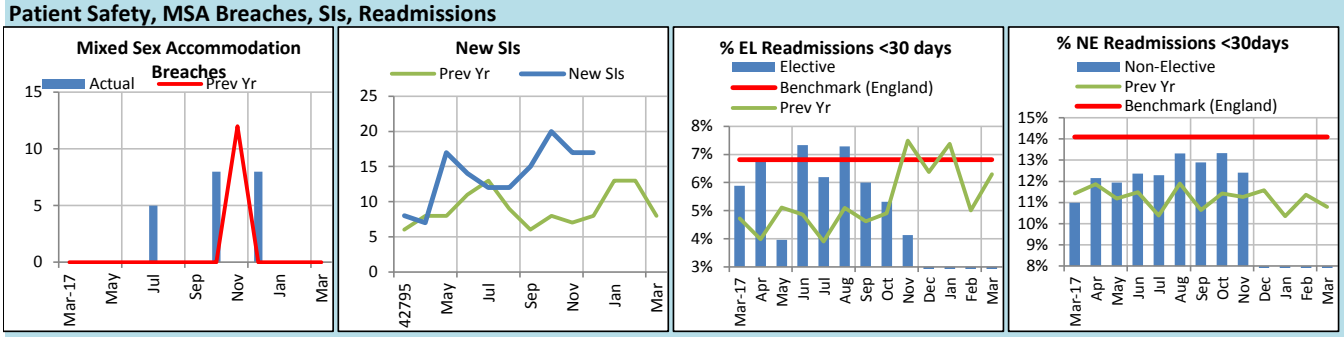
Patient Safety - Harm Free Care, Infection Control



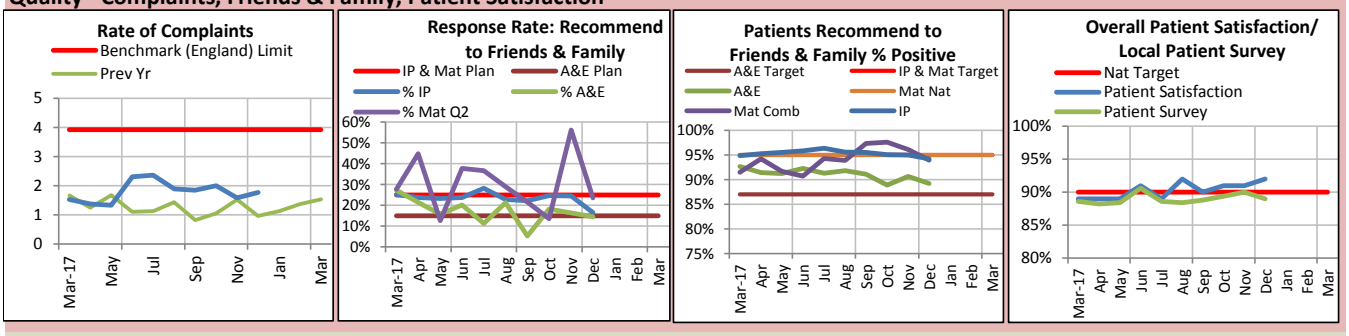
Patient Safety - Pressure Ulcers, Falls



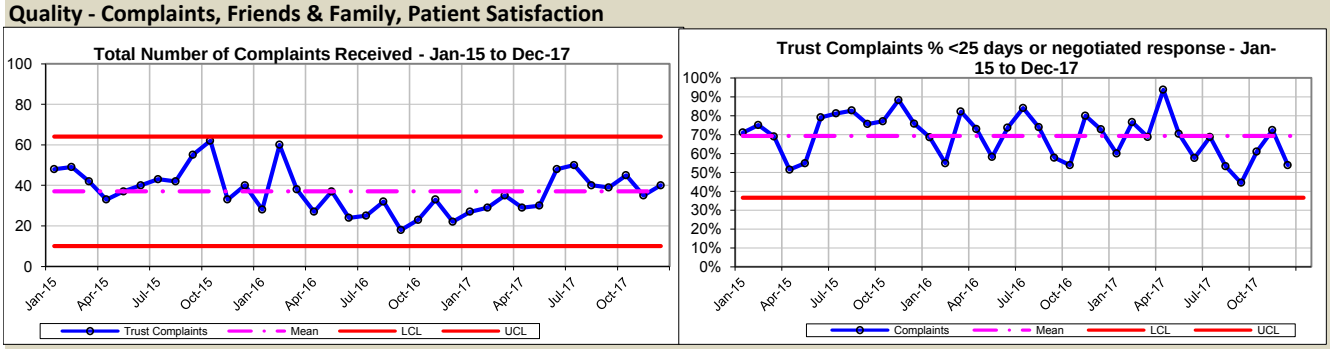
Patient Safety, MSA Breaches, SIs, Readmissions



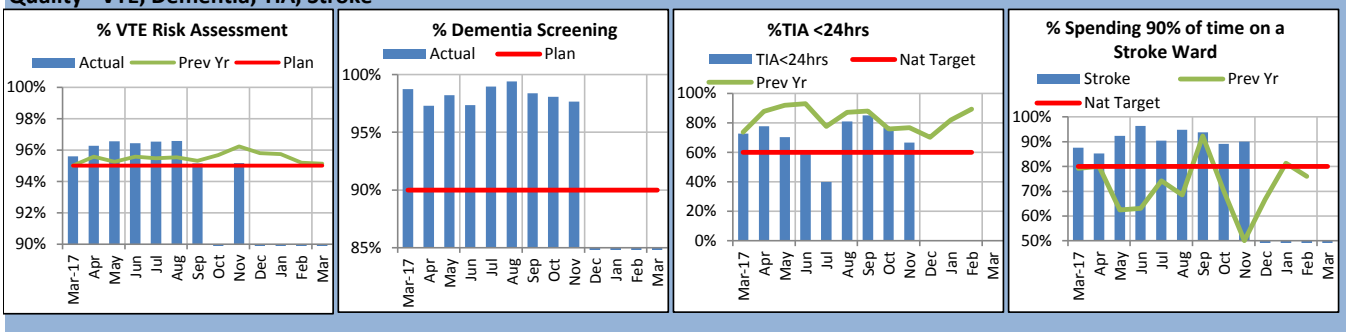
Quality - Complaints, Friends & Family, Patient Satisfaction



Quality - Complaints, Friends & Family, Patient Satisfaction

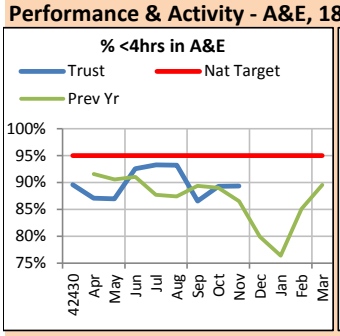


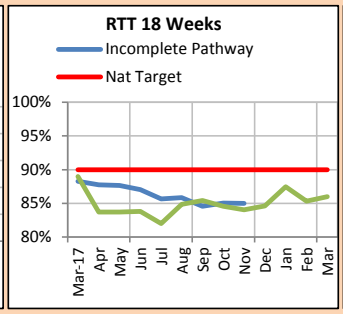
Quality - VTE, Dementia, TIA, Stroke

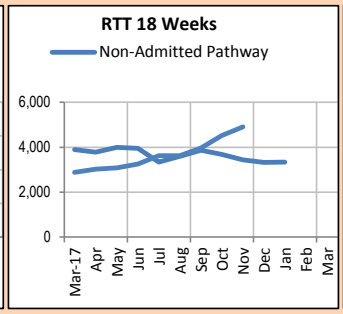


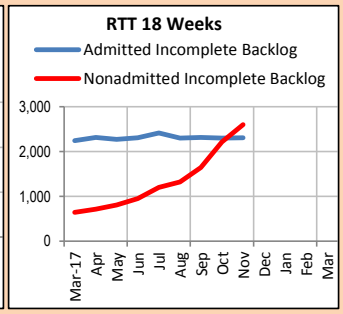
INTEGRATED PERFORMANCE REPORT ANALYSIS - PERFORMANCE & ACTIVITY

Performance & Activity - A&E, 18 Weeks

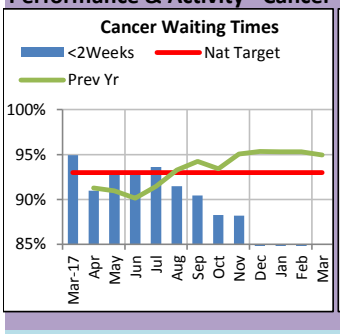


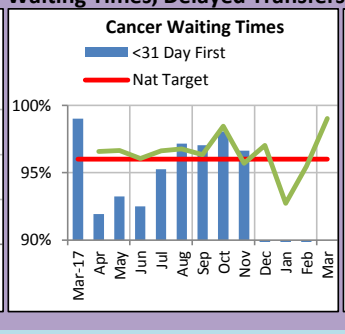


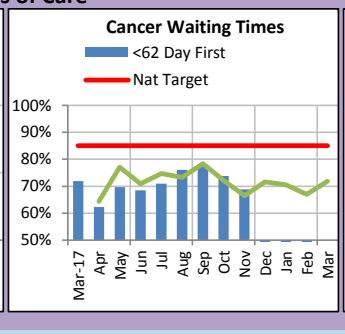


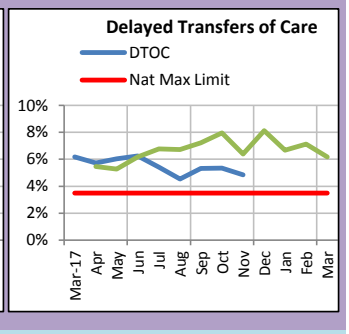


Performance & Activity - Cancer Waiting Times, Delayed Transfers of Care

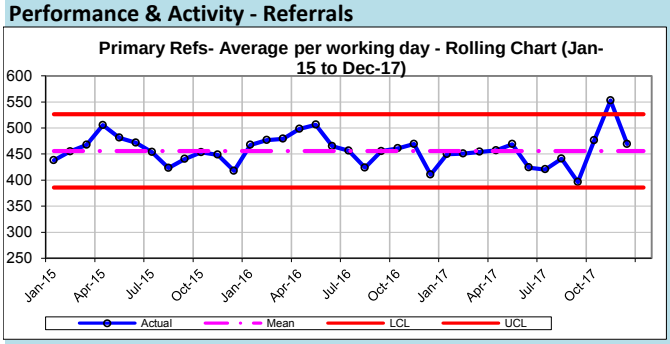


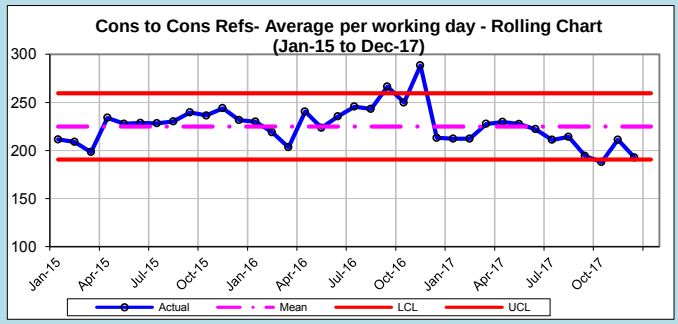




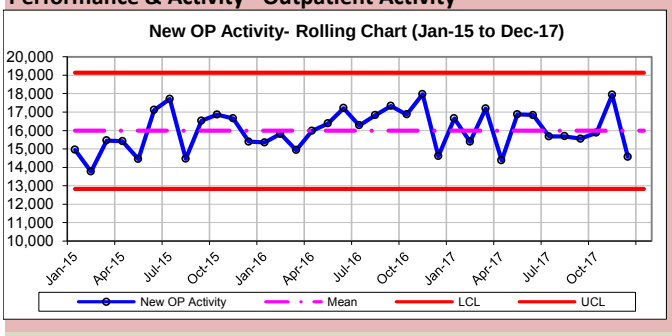


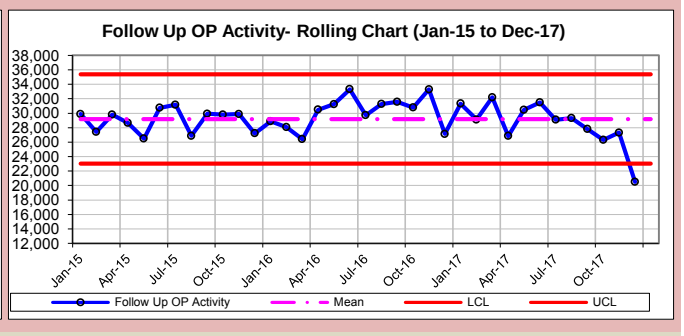
Performance & Activity - Referrals



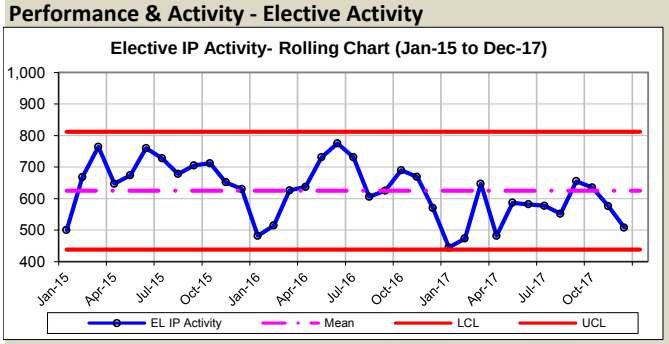


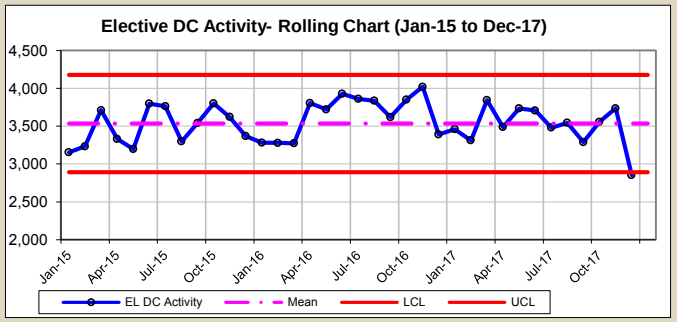
Performance & Activity - Outpatient Activity



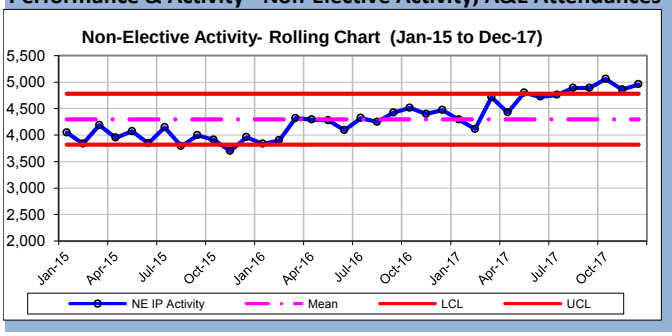


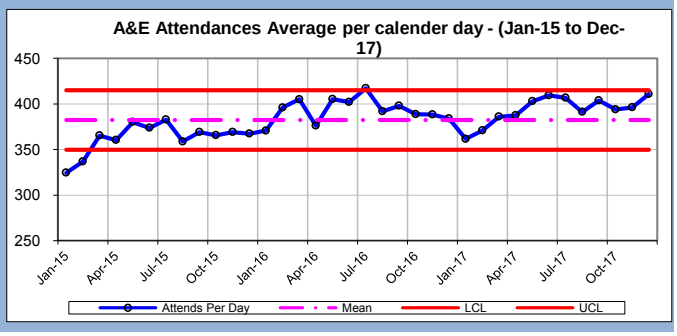
Performance & Activity - Elective Activity





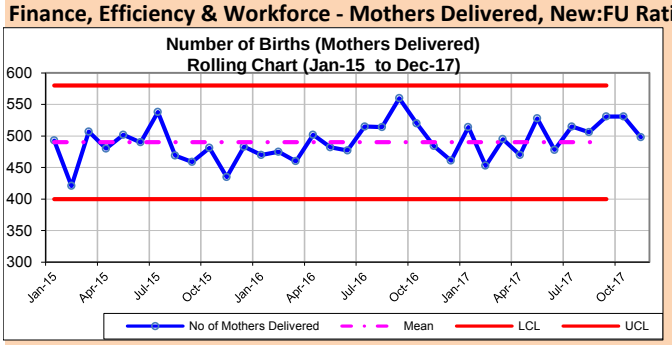
Performance & Activity - Non-Elective Activity, A&E Attendances

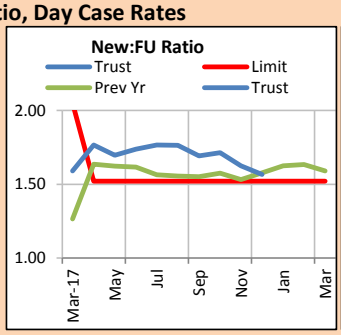


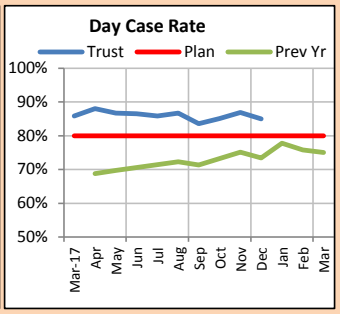


INTEGRATED PERFORMANCE REPORT ANALYSIS - FINANCE, EFFICIENCY & WORKFORCE

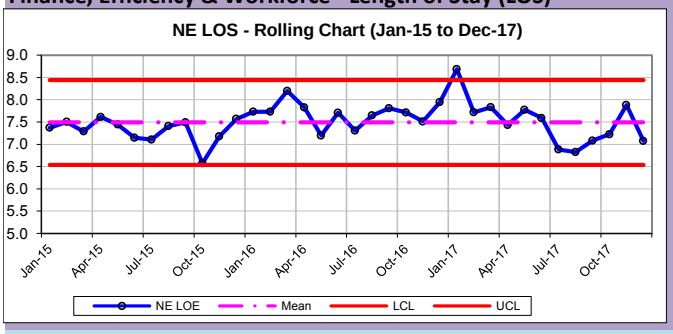
Finance, Efficiency & Workforce - Mothers Delivered, New:FU Ratio, Day Case Rates

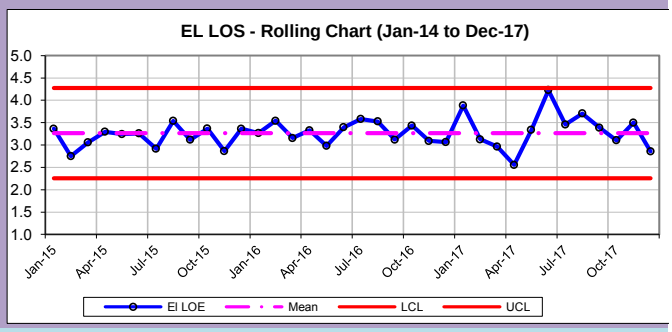




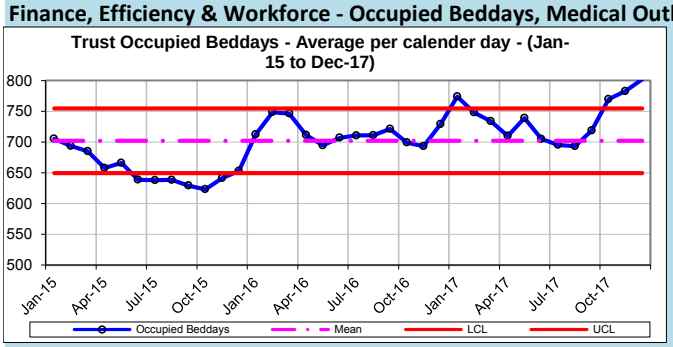


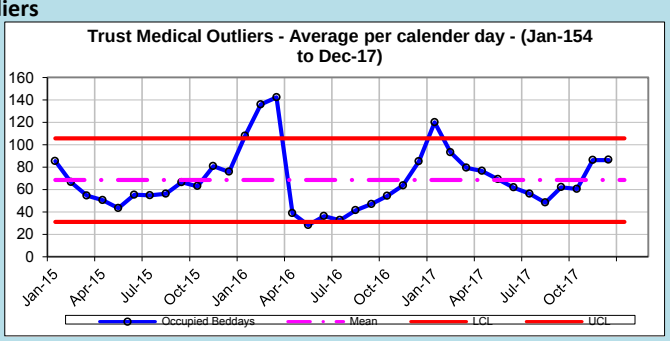
Finance, Efficiency & Workforce - Length of Stay (LOS)



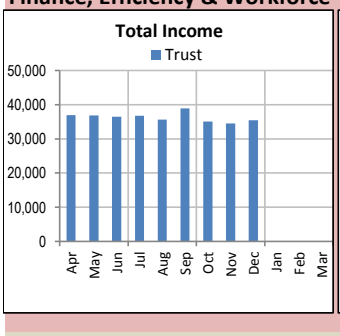


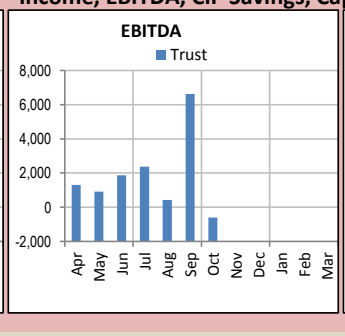
Finance, Efficiency & Workforce - Occupied Beddays, Medical Outliers

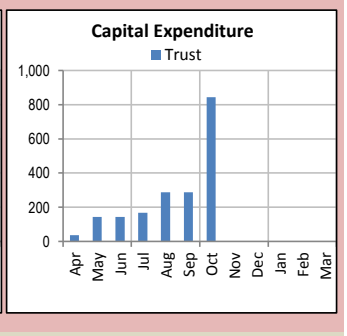




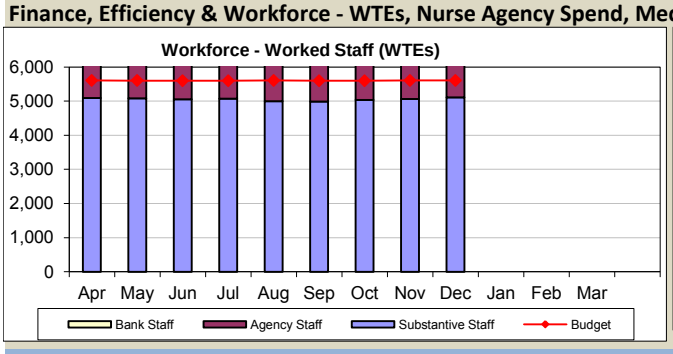
Finance, Efficiency & Workforce - Income, EBITDA, CIP Savings, Capital Expenditure

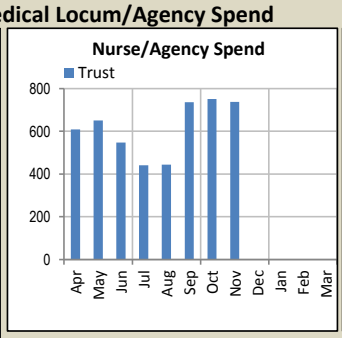


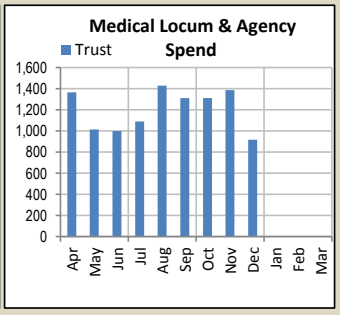




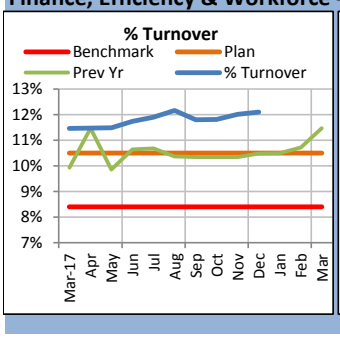
Finance, Efficiency & Workforce - WTEs, Nurse Agency Spend, Medical Locum/Agency Spend

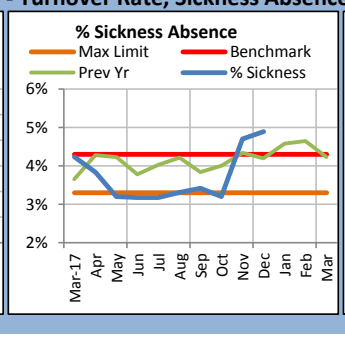


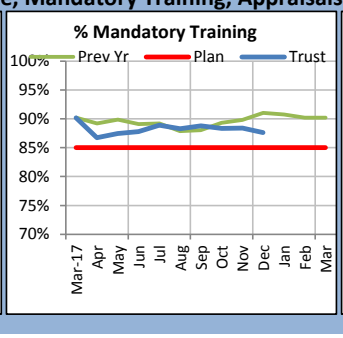


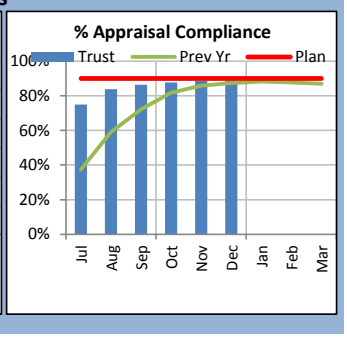


Finance, Efficiency & Workforce - Turnover Rate, Sickness Absence, Mandatory Training, Appraisals









Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Pack

Month 9
2017/18

Content

Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Pack for December 2017

mtw

1.Executive Summary

Maidstone and Tunbridge Wells NHS

1a. Executive Summary December 2017

Key Variances £m

	December	YTD		Headlines
Total Surplus (+) / Deficit (-)	(3.9)	(11.2)	Adverse	The Trusts deficit including STF was £2.6m in December which was £3.9m adverse to plan, £1.1m STF slippage relating to non delivery of financial performance for December, £0.9m slippage against CIP and £1.9m overspent against budget.
Clinical Income	(0.3)	(0.3)	Adverse	Clinical Income excluding HCDs was £0.3m adverse in December. The key adverse variances in December were Elective & Day Cases (£0.5m) and Out Patient Activity (£1.0m) partially offset by favourable variances within non elective (£0.5m) and A&E (£0.2m).The position included a favourable adjustment of £0.6m relating to the aligned incentive contract (£2.1m) positive YTD).
Elective IP and DC	(0.5)	(6.8)	Adverse	Elective and Day Case activity is adverse to plan in month by £0.5m in month and £6.8m year to date.
Sustainability and Transformation Fund	(1.1)	(3.4)	Adverse	The Trust did not deliver its financial performance and A&E trajectory in December therefore was not eligible for STF income.
Other Operating Income	0.2	3.9	Favourable	Other Operating Income £0.2m favourable in the month, £0.7m relating to pass through costs associated with STP (£0.5m) and PAS AllScripts (£0.2m) partly offset by adverse variances relating to Private Patient Income (£0.3m) and Car Parking (£0.1m) due to a broken barrier at TWH for one week.
Pay	(1.2)	(3.1)	Adverse	Pay was £1.2m adverse in the month, total pay spend (excluding reserves) was £41k higher than November and £45k higher than last month's forecast. Medical Staffing costs reduced by £0.2m mainly due to a reduction in Temporary staffing costs (£0.1m) associated by a release of a accrual. Nursing costs increased by £100k between months, the increase was a result of the increase in standard bank rates and enhanced bank rates for shifts covered over the Christmas period.
Non Pay	(1.8)	(10.5)	Adverse	Non Pay was overspent by £1.8m in December, this was mainly due to Pass through costs (£0.7m) relating to STP and PAS Allscripts offset by additional income, and Clinical Supplies £0.7m adverse (mainly due to unidentified CIP) .
Depreciation	0.2	0.8	Favourable	Depreciation is underspent to budget by £0.2m in December, £0.8m YTD.
CIP / FRP	(0.9)	(7.2)	Adverse	The Trust achieved £2.3m savings in November which was £0.3m higher than October however this was £0.7m adverse to plan. The Trust has delivered £13.6m savings YTD and is £6.3m adverse to plan.

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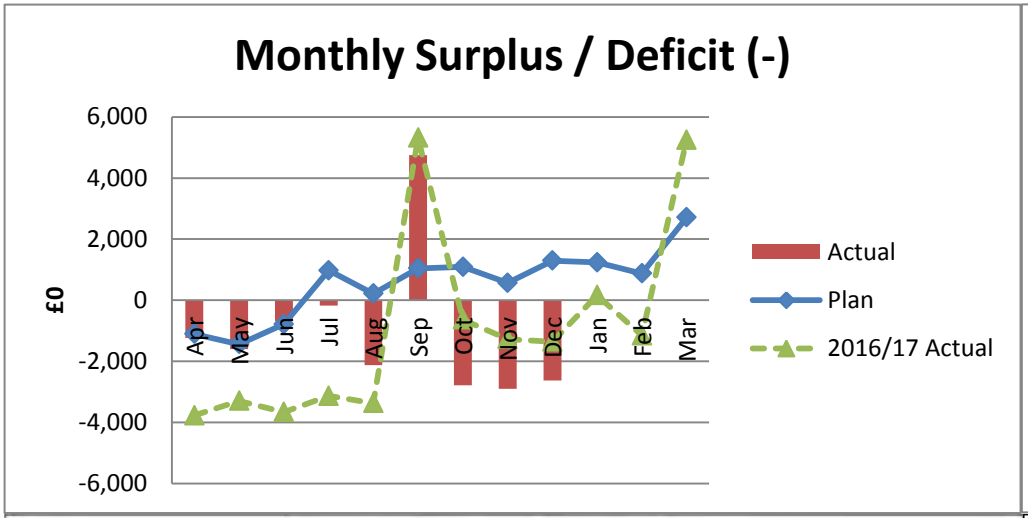
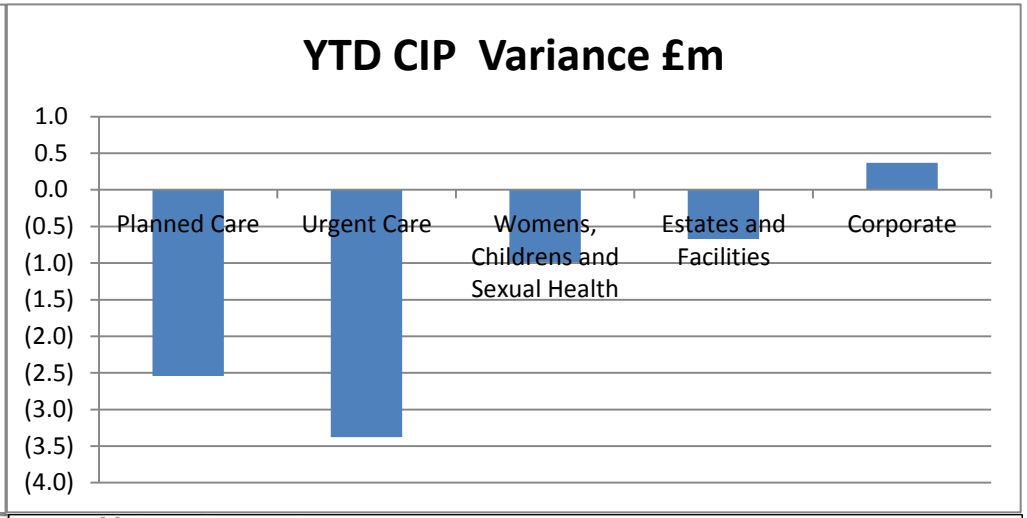
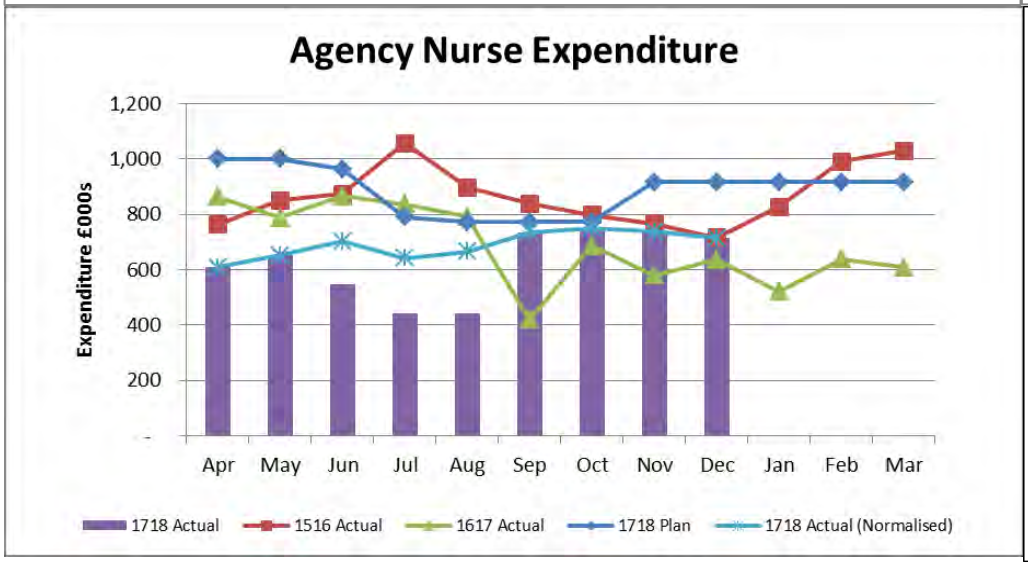
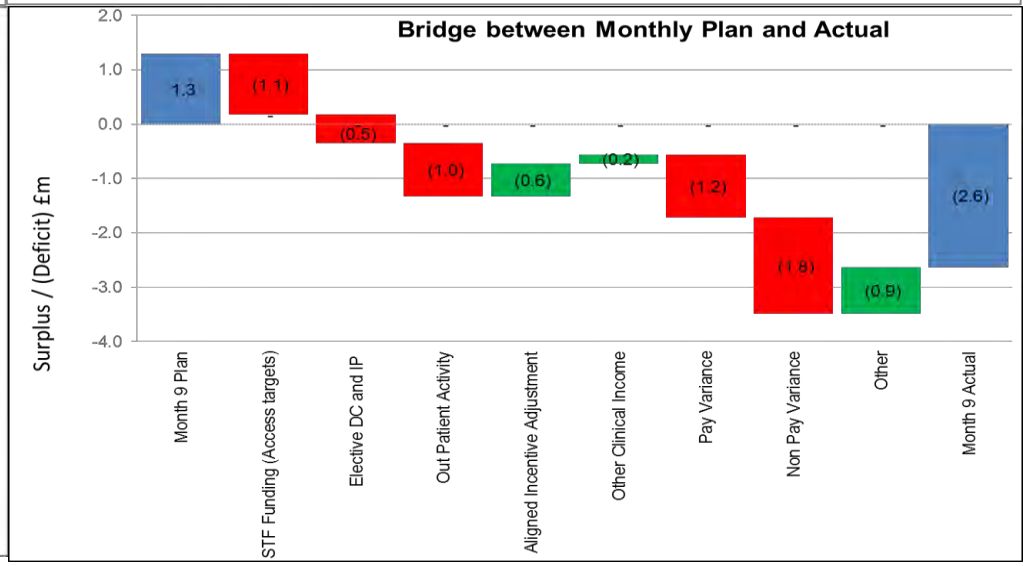
Maidstone and Tunbridge Wells NHS Trust

1b. Executive Summary KPI's December 2017









2.Income and Expenditure

Maidstone and Tunbridge Wells NHS Trust

2a. Income & Expenditure

Income & Expenditure December 2017/18

		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	28.3	28.6	(0.3)	253.9	254.2	(0.3)	339.7	339.7	0.0
	High Cost Drugs	3.4	3.4	(0.1)	32.2	31.2	0.9	42.9	42.2	0.7
	Total Clinical Income	**31.7**	**32.0**	**(0.3)**	**286.0**	**285.4**	**0.6**	**382.6**	**381.9**	**0.8**
	STF	0.0	1.1	(1.1)	3.9	7.3	(3.4)	3.9	11.2	(7.3)
	Other Operating Income	3.8	3.6	0.2	36.7	32.7	3.9	47.4	43.6	3.8
	Total Revenue	35.5	36.8	(1.3)	326.6	325.4	1.2	433.9	436.7	(2.7)
Expenditure										
	Substantive	(17.8)	(17.8)	(0.0)	(161.0)	(161.8)	0.7	(214.7)	(215.2)	0.5
	Bank	(1.3)	(0.5)	(0.8)	(9.8)	(4.8)	(5.0)	(13.2)	(6.3)	(6.9)
	Locum	(1.3)	(0.8)	(0.5)	(11.3)	(7.8)	(3.5)	(15.2)	(10.2)	(4.9)
	Agency	(0.8)	(1.1)	0.2	(7.2)	(9.9)	2.7	(10.0)	(13.3)	3.2
	Pay Reserves	(0.2)	(0.2)	0.0	(0.3)	(2.2)	1.9	(1.0)	(2.9)	1.9
	Total Pay	(21.6)	(20.4)	(1.2)	(189.6)	(186.4)	(3.1)	(254.1)	(247.9)	(6.2)
	Drugs & Medical Gases	(4.2)	(4.2)	(0.0)	(39.6)	(38.2)	(1.4)	(52.9)	(50.9)	(2.0)
	Blood	(0.2)	(0.2)	(0.0)	(1.8)	(1.8)	0.0	(2.4)	(2.5)	0.0
	Supplies & Services - Clinical	(2.5)	(1.9)	(0.6)	(23.2)	(18.0)	(5.3)	(31.0)	(23.7)	(7.3)
	Supplies & Services - General	(0.5)	(0.4)	(0.1)	(4.2)	(3.8)	(0.4)	(5.5)	(5.1)	(0.5)
	Services from Other NHS Bodies	(0.9)	(0.6)	(0.3)	(6.9)	(5.7)	(1.2)	(9.1)	(7.6)	(1.5)
	Purchase of Healthcare from Non-NHS	(0.4)	(0.6)	0.1	(3.3)	(6.2)	2.8	(4.4)	(7.9)	3.6
	Clinical Negligence	(1.7)	(1.7)	(0.0)	(15.4)	(15.4)	(0.0)	(20.6)	(20.6)	(0.0)
	Establishment	(0.3)	(0.3)	0.0	(2.6)	(2.8)	0.2	(3.4)	(3.7)	0.3
	Premises	(2.2)	(1.8)	(0.4)	(16.7)	(16.2)	(0.5)	(22.4)	(21.5)	(0.9)
	Transport	(0.1)	(0.1)	(0.0)	(1.0)	(1.0)	0.0	(1.5)	(1.4)	(0.1)
	Other Non-Pay Costs	(1.0)	(0.4)	(0.6)	(9.3)	(3.7)	(5.7)	(11.3)	(4.9)	(6.4)
	Non-Pay Reserves	(0.0)	(0.1)	0.1	0.1	(0.7)	0.8	(0.0)	(1.0)	1.0
	Total Non Pay	(14.2)	(12.4)	(1.8)	(124.2)	(113.7)	(10.5)	(164.6)	(150.7)	(13.8)
	Total Expenditure	(35.8)	(32.8)	(2.9)	(313.7)	(300.1)	(13.6)	(418.6)	(398.6)	(20.0)
EBITDA	**EBITDA**	(0.3)	3.9	(4.2)	12.8	25.3	(12.4)	15.3	38.1	(22.8)
		(0.0)	*0.0*	*0.0*	*3.9%*	*7.8%*	*-1024.1%*	*3.5%*	*8.7%*	*827.7%*
Other Finance Costs										
	Depreciation	(1.0)	(1.2)	0.2	(10.2)	(11.0)	0.8	(13.8)	(14.8)	1.0
	Interest	(0.1)	(0.1)	0.0	(0.9)	(1.0)	0.1	(1.2)	(1.3)	0.1
	Dividend	(0.1)	(0.1)	0.0	(1.1)	(1.1)	(0.0)	(0.7)	(1.5)	0.8
	PFI and Impairments	(5.2)	(1.2)	(4.0)	(14.4)	(10.7)	(3.7)	(18.3)	(14.9)	(3.5)
	Total Finance Costs	(6.4)	(2.6)	(3.7)	(26.5)	(23.7)	(2.8)	(34.0)	(32.4)	(1.6)
Net Surplus / Deficit (-)	**Net Surplus / Deficit (-)**	(6.7)	1.3	(8.0)	(13.7)	1.5	(15.2)	(18.7)	5.7	(24.4)
Technical Adjustments	**Technical Adjustments**	4.0	0.0	4.0	4.3	0.3	4.0	4.7	1.0	3.7
Surplus/ Deficit (-) to B/E Duty	**Surplus/ Deficit (-) to B/E Duty Incl STF**	(2.6)	1.3	(3.9)	(9.4)	1.8	(11.2)	(14.0)	6.7	(20.7)
	Surplus/ Deficit (-) to B/E Duty Excl STF	(2.6)	0.2	(2.8)	(13.3)	(5.4)	(7.9)	(17.9)	(4.5)	(13.4)

Commentary

The Trusts deficit including STF was £2.6m in December which was £3.9m adverse to plan, £1.1m STF slippage relating to non delivery of financial performance for December, £0.9m slippage against CIP and £1.9m overspent against budget.

The Financial plan for December included £2m unidentified CIP, this was split £0.1m income, £1m pay and £0.9m nonpay.

The Trust's normalised pre STF run rate in December was a deficit of £3.3m which was £0.6m higher than November.

The Trusts deficit in December was in line with last months forecast, Income overperformance of £0.3m and Depreciation underspend (£0.2m) offset overspends within NonPay (£0.5m) and Pay (£0.1m), a full review is incorporated in slide 3d.

Clinical Income excluding HCDs was £0.3m adverse in December. The key adverse variances in December were Elective & Day Cases (£0.5m) and Out Patient Activity (£1.0m) partially offset by favourable variances within non elective (£0.5m) and A&E (£0.2m).The position included a favourable adjustment of £0.6m relating to the aligned incentive contract (£2.1m) positive YTD).

STF income £1.1m adverse in December, the Trust did not deliver the financial performance or A&E trajectory in December.

Other Operating Income £0.2m favourable in the month, £0.7m relating to pass through costs associated with STP (£0.5m) and PAS AllScripts (£0.2m) partly offset by adverse variances relating to Private Patient Income (£0.3m) and Car Parking (£0.1m) due to a broken barrier at TWH for one week.

Pay was £1.2m adverse in the month, total pay spend (excluding reserves) was £41k higher than November and £45k higher than last month's forecast. Medical Staffing costs reduced by £0.2m mainly due to a reduction in Temporary staffing costs (£0.1m) associated by a release of a accrual. Nursing costs increased by £100k between months, the increase was a result of the increase in standard bank rates and enhanced bank rates for shifts covered over the Christmas period.

Non Pay was overspent by £1.8m in December, this was mainly due to Pass through costs (£0.7m) relating to STP and PAS Allscripts offset by additional income, and Clinical Supplies £0.7m adverse (mainly due to unidentified CIP) .

Other Finance Costs £3.7m adverse in December. Impairments £4m adverse relating to Impairment of PAS project although this cost is offset as a technical adjustment . Depreciation was £0.2m favourable to plan to reflect the latest depreciation forecast.

The Trust is forecasting a Year End deficit including STF of £14m, £7.3m adverse to plan. The Trusts forecast excluding STF is a deficit of £17.9m which is £13.4m adverse to plan.

3. Expenditure Analysis

Maidstone and Tunbridge Wells NHS Trust

3a. Run Rate Analysis

Analysis of 13 Monthly Performance (£m's)

		Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Change between Months
Revenue	Clinical Income	27.5	26.9	26.4	28.7	31.9	31.8	32.3	32.1	31.2	32.6	31.3	31.2	31.7	0.5
	STF	0.6	(0.0)	0.0	0.8	0.4	0.4	0.6	0.3	0.0	2.2	0.0	0.0	0.0	0.0
	High Cost Drugs	4.4	3.7	3.3	3.6	(0.1)	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)
	Other Operating Income	3.3	4.5	3.9	7.6	4.7	4.6	3.5	4.3	4.5	4.1	3.8	3.4	3.8	0.4
	Total Revenue	**35.7**	**35.1**	**33.5**	**40.7**	**37.0**	**36.8**	**36.5**	**36.7**	**35.7**	**38.9**	**35.0**	**34.5**	**35.5**	**1.0**
Expenditure	Substantive	(18.1)	(17.6)	(17.8)	(17.3)	(17.9)	(18.0)	(18.1)	(17.8)	(17.7)	(17.8)	(17.9)	(18.0)	(17.8)	0.2
	Bank	(1.0)	(1.1)	(0.8)	(1.0)	(0.9)	(0.9)	(0.9)	(1.1)	(0.9)	(1.3)	(1.3)	(1.1)	(1.3)	(0.3)
	Locum	(1.9)	(1.1)	(0.9)	(1.6)	(1.4)	(1.0)	(1.0)	(1.1)	(1.4)	(1.3)	(1.3)	(1.4)	(1.3)	0.0
	Agency	(0.1)	(0.8)	(0.9)	(1.0)	(0.8)	(0.8)	(0.8)	(0.5)	(0.6)	(1.0)	(0.8)	(0.9)	(0.8)	0.0
	Pay Reserves	0.0	0.0	0.0	0.0	(0.2)	(0.2)	(0.2)	(0.2)	(0.1)	1.5	(0.2)	(0.2)	(0.2)	(0.0)
	Total Pay	(21.1)	(20.5)	(20.5)	(20.8)	(21.3)	(21.0)	(21.1)	(20.8)	(20.8)	(20.0)	(21.6)	(21.6)	(21.6)	(0.0)
Non-Pay	Drugs & Medical Gases	(4.6)	(4.2)	(4.0)	(5.1)	(4.2)	(4.6)	(4.6)	(4.2)	(4.8)	(4.1)	(4.4)	(4.5)	(4.2)	0.3
	Blood	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.0)
	Supplies & Services - Clinical	(2.8)	(2.7)	(2.5)	(3.1)	(2.6)	(2.8)	(2.7)	(2.7)	(2.7)	(2.2)	(2.5)	(2.6)	(2.5)	0.1
	Supplies & Services - General	(0.5)	(0.4)	(0.4)	(0.6)	(0.4)	(0.5)	(0.5)	(0.5)	(0.3)	(0.5)	(0.5)	(0.5)	(0.5)	(0.0)
	Services from Other NHS Bodies	(0.7)	(0.6)	(0.7)	(0.5)	(0.8)	(0.7)	(0.6)	(0.7)	(0.7)	(0.7)	(0.6)	(1.3)	(0.9)	0.3
	Purchase of Healthcare from Non-NHS	(0.7)	(0.8)	(0.5)	(0.5)	(0.5)	(0.5)	(0.2)	(0.3)	(0.3)	(0.3)	(0.4)	(0.4)	(0.4)	(0.1)
	Clinical Negligence	(1.5)	(1.5)	(1.5)	(1.5)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(0.0)
	Establishment	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	(0.0)
	Premises	(1.8)	(1.8)	(1.7)	(1.7)	(2.0)	(2.3)	(1.6)	(1.7)	(1.9)	(1.5)	(1.8)	(1.8)	(2.2)	(0.4)
	Transport	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.2)	(0.1)	(0.1)	(0.0)
	Other Non-Pay Costs	(0.9)	(1.2)	(0.7)	(0.5)	(1.5)	(1.1)	(0.7)	(1.4)	(1.6)	(0.5)	(1.5)	(0.0)	(1.0)	(1.0)
	Non-Pay Reserves	0.0	0.0	0.0	1.3	(0.1)	(0.1)	(0.1)	0.2	0.0	0.3	(0.0)	(0.0)	(0.0)	0.0
	Total Non Pay	(14.1)	(13.8)	(12.7)	(12.9)	(14.4)	(14.9)	(13.5)	(13.6)	(14.4)	(11.7)	(14.1)	(13.4)	(14.2)	(0.8)
	Total Expenditure	(35.2)	(34.3)	(33.2)	(33.7)	(35.7)	(35.9)	(34.6)	(34.3)	(35.2)	(31.6)	(35.7)	(35.0)	(35.8)	(0.8)
EBITDA	EBITDA	0.6	0.8	0.3	7.0	1.3	0.9	1.9	2.4	0.4	7.3	(0.6)	(0.5)	(0.3)	0.2
		2%	*2%*	*1%*	*17%*	*4%*	*2%*	*5%*	*6%*	*1%*	*19%*	*-2%*	*-1%*	*-1%*	
Other Finance Costs	Depreciation	(0.8)	0.8	(1.0)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(0.8)	(1.1)	(1.0)	0.1
	Interest	(0.1)	(0.0)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.0
	Dividend	(0.3)	(0.3)	0.7	0.1	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.0
	PFI and Impairments	(1.2)	(1.1)	(42.3)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.1)	(1.1)	(1.1)	(1.2)	(5.2)	(4.0)
	Total Other Finance Costs	**(2.4)**	**(0.7)**	**(42.7)**	**(2.4)**	**(2.6)**	**(2.5)**	**(2.6)**	**(2.6)**	**(2.6)**	**(2.6)**	**(2.2)**	**(2.5)**	**(6.4)**	**(3.9)**
Net Surplus / Deficit (-)	Net Surplus / Deficit (-)	(1.8)	0.1	(42.4)	4.6	(1.3)	(1.6)	(0.7)	(0.2)	(2.2)	4.7	(2.8)	(2.9)	(6.7)	(3.7)
Technical Adjustments	Technical Adjustments	(0.0)	0.1	40.3	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	4.0
Surplus/ Deficit (-) to B/E Duty Incl STF	Surplus/ Deficit (-) to B/E Duty	(1.9)	0.3	(2.0)	4.5	(1.2)	(1.6)	(0.7)	(0.2)	(2.1)	4.8	(2.8)	(2.9)	(2.6)	0.3
Surplus/ Deficit (-) to B/E Duty Excl STF	Surplus/ Deficit (-) to B/E Duty	(2.5)	0.3	(2.0)	3.7	(1.6)	(2.0)	(1.3)	(0.4)	(2.1)	2.5	(2.8)	(2.9)	(2.6)	0.3

4. Cost Improvement Programme

Maidstone and Tunbridge Wells NHS Trust

4a. Current Month Savings by Directorate

	Current Month		
	Actual	*Original Plan*	*Variance*
	£m	£m	£m
Cancer	0.2	0.2	(0.0)
Critical Care	0.2	0.2	(0.0)
Diagnostics	0.1	0.2	(0.1)
Head and Neck	0.1	0.1	0.0
Surgery	0.1	0.2	(0.1)
T&O	0.4	0.4	0.1
Patient Admin	0.0	0.0	0.0
Private Patient Unit	0.0	0.0	(0.0)
Planned Care	**1.1**	**1.3**	**(0.2)**
Urgent Care	**0.6**	**0.8**	**(0.3)**
Womens, Childrens and Sexual Health	**0.1**	**0.4**	**(0.3)**
Estates and Facilities	**0.1**	**0.3**	**(0.2)**
Corporate	**0.2**	**0.2**	**0.0**
Total	**2.1**	**3.0**	**(0.9)**

Comment

The Trust achieved £2.1m savings in December which was £0.2m lower than last month however this was £0.9m adverse to plan. The plan includes £2m unidentified savings phased from July.

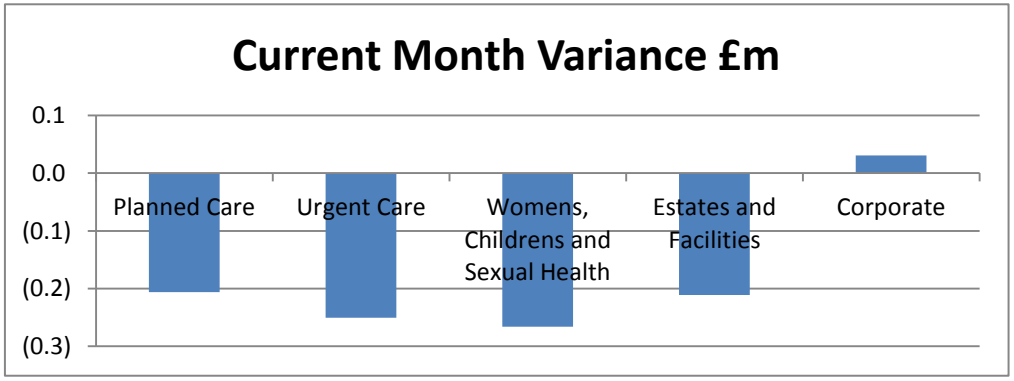
The plan value is based upon the Trusts submitted plan to NHSI in December 16 and March 17. The Trust has a 'live' plan for monitoring the actuals and phasing of the CIP programme. Based upon the 'live plan the savings achieved in November were £1.8m below plan.

Planned Care: £0.2m adverse compared to original CIP plan and £0.5m to the 'live' plan. The main directorates adverse to plan (Live) are Critical Care Directorate were £112k adverse in December, £60k due to unidentified CIP, £20k adverse due to unidentified Procurement savings and £20k adverse relating to Endoscopy Bowel screening sessions. Diagnostics are £145k adverse in December, £85k due to unidentified CIP, £40k due to unidentified procurement savings and £10k due to slippage associated with reduction n in outsourcing costs.

Urgent Care: £0.3m adverse compared to the original plan, when compared to the 'live' plan the directorate are £0.8m adverse in the month which is mainly due to £0.45m unidentified savings , slippage in closing 1ward (£0.1m), slippage in deep dive savings plan (£0.15m) and slippage in identifying procurement savings (£0.1m).

Womens, Childrens and Sexual Health: £0.3m adverse compared to the original plan and 'live' plan, the slippage relates to unidentified savings.

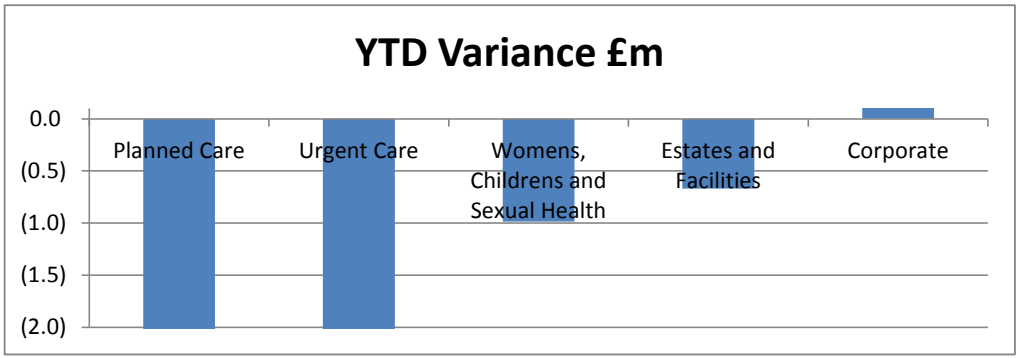
Estates and Facilities: £0.2m adverse to the original and 'live' plan. The main slippage relates to EPC energy business case (£70k per month) , Laundry contract (£30k) and bus service contract review (£20k).



Maidstone and Tunbridge Wells NHS Trust

4b. Year to Date savings by Directorate

	YTD		
	Actual	*Original Plan*	*Variance*
	£m	£m	£m
Cancer	1.3	1.4	(0.2)
Critical Care	0.9	1.6	(0.7)
Diagnostics	0.7	1.5	(0.9)
Head and Neck	0.6	0.7	(0.1)
Surgery	0.7	1.3	(0.6)
T&O	3.8	4.0	(0.1)
Patient Admin	0.1	0.1	0.0
Private Patient Unit	0.1	0.1	(0.0)
Planned Care	**8.1**	**10.7**	**(2.5)**
Urgent Care	**3.1**	**6.4**	**(3.4)**
Womens, Childrens and Sexual Health	**1.5**	**2.5**	**(1.0)**
Estates and Facilities	**1.2**	**1.9**	**(0.7)**
Corporate	**1.7**	**1.3**	**0.4**
Total	**15.7**	**22.9**	**(7.2)**



Comment

The Trust has achieved £15.7m savings YTD which is £7.2m adverse to plan.

The plan value is based upon the Trusts submitted plan to NHSI in December 16 and March 17. The Trust has a 'live' plan for monitoring the actuals and phasing of the CIP programme. Based upon the 'live plan the savings achieved YTD were £11.4m below plan.

Planned Care: £2.5m adverse compared to original CIP planned phasing, £3.8m slippage YTD when compared to the 'live' plan. The main directorate adverse to plan is Diagnostics (£976k adverse) which is due to £510k unidentified, procurement 10% savings target (£340k) and £81k delay in implementation of the new MLS contract. Surgery Directorate (£760k) adverse which is due to unidentified savings (£510k), deep dive review (£110k) and medical pay savings (£90k) relating to job planning and WLI savings.

Urgent Care: £3.4m adverse compared to the original plan, when compared to the 'live' plan the directorate are £5m adverse YTD. This is due to £2.7m unidentified savings, delay in closing wards (£1.3m), slippage in procurement savings (£0.5m) and slippage in deep dive savings target (£0.6m).

Womens, Childrens and Sexual Health: £1m adverse compared to the original plan, when compared to the 'live' plan the directorate are £1.2m adverse YTD. The YTD adverse variance (£1.2m) is due to unidentified savings.

Estates and Facilities: £0.7m adverse compared to the original plan, when compared to the 'live' plan the directorate are £1.6m adverse YTD. This is due to £0.35m Energy Savings, £0.15m Bus Service contract, £0.1m delay in sale of Springs, £0.15m Laundry contract savings and £0.1m Rental income from East Kent.

Corporate: Corporate directorates are £0.4m favourable to the original plan and are £0.2m favourable to the 'live' plan. The main slippage relating to the live plan relates to HR (£50k) due to the savings plans associated with restricting advertising (£50k) no longer being explored.

Change

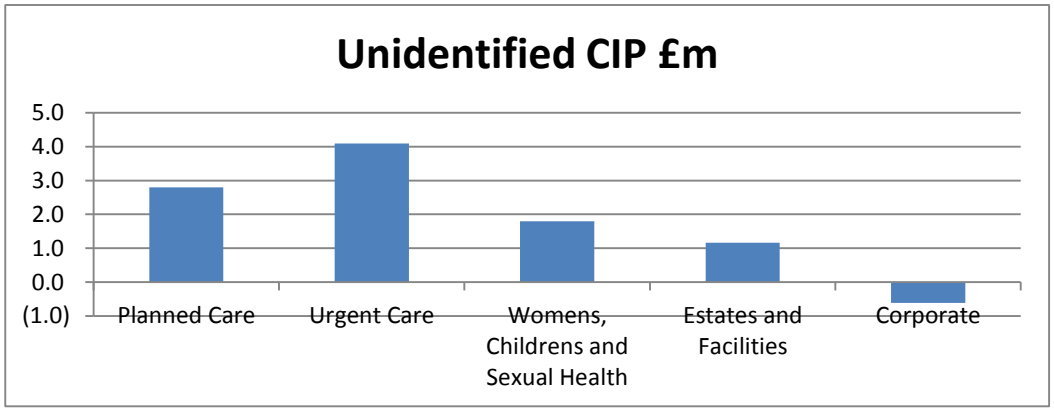
Maidstone and Tunbridge Wells NHS Trust

4c. Forecast savings by Directorate

Directorate Performance

	Forecast Savings			
	Risk Adjusted Forecast	*Unidentified (Risk Adjusted)*	*Plan*	*% Unidentified*
	£m	£m	£m	
Cancer	2.0	0.4	2.4	17%
Critical Care	1.5	0.7	2.2	30%
Diagnostics	1.0	0.8	1.8	45%
Head and Neck	0.8	0.2	1.0	17%
Surgery	1.0	0.8	1.8	42%
T&O	5.1	(0.1)	5.1	-1%
Patient Admin	0.1	0.0	0.1	8%
Private Patient Unit	0.1	0.0	0.2	22%
Planned Care	**11.8**	**2.8**	**14.6**	**19%**
Urgent Care	**4.8**	**4.1**	**8.9**	**46%**
Womens, Childrens and Sexual Health	**1.9**	**1.8**	**3.7**	**49%**
Estates and Facilities	**1.6**	**1.2**	**2.8**	**42%**
Corporate	**2.5**	**(0.6)**	**1.9**	**-33%**
Total	**22.5**	**9.2**	**31.7**	**29%**

Savings as per 8th December



The Trust has a £31.7m CIP plan for 2017/18 and has identified £22.9m (non risk adjusted) , £8.8m unidentified. The current forecasted risk adjusted identified savings is £22.5m, a shortfall of £9.2m.

Planned Care Division have identified £12.1m savings which is risk adjusted to deliver £11.8m. The division has £2.8m risk adjusted shortfall (19%).

Urgent Care Division have identified £4.8m savings which is risk adjusted to deliver £4.8m. The division has £4.1m risk adjusted shortfall (46%).

W&CH Division have identified £1.9m savings which is risk adjusted to deliver £1.9m. The division has £1.8m risk adjusted shortfall (49%).

Estates and Facilities Division have identified £1.6m savings which forecasted to fully deliver. The division has a risk adjusted shortfall of £1.2m (42%). The forecast assumes the asset sale (£1m benefit to I&E) will not materialise in 2017/18.

5. Balance Sheet

Maidstone and Tunbridge Wells NHS Trust

5a. Balance Sheet

December 2017

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

	December			November	Full year	
£m's	**Reported**	**Plan**	**Variance**	**Reported**	**Plan**	**Forecast**
Property, Plant and Equipment (Fixed Assets)	270.1	275.4	(5.2)	274.2	282.1	282.9
Intangibles	2.5	2.8	(0.3)	2.6	2.1	2.5
PFI Lifecycle	0.0	0.0	0.0	0.0	0.0	0.0
Debtors Long Term	1.2	1.2	0.0	2.7	1.2	2.0
Total Non-Current Assets	**273.9**	**279.4**	**(5.5)**	**279.4**	**285.4**	**287.4**
Current Assets	0.0	0.0	0.0	0.0	0.0	0.0
Inventory (Stock)	7.7	8.3	(0.6)	7.2	8.3	7.9
Receivables (Debtors) - NHS	38.7	45.6	(6.9)	41.8	21.0	28.6
Receivables (Debtors) - Non-NHS	13.9	9.5	4.4	13.9	9.5	11.2
Cash	7.9	7.4	0.5	9.5	1.0	1.0
Assets Held For Sale	0.8	0.0	0.8	0.8	0.0	0.0
Total Current Assets	**68.9**	**70.7**	**(1.8)**	**73.1**	**39.7**	**48.7**
Current Liabilities	0.0	0.0	0.0	0.0	0.0	0.0
Payables (Creditors) - NHS	(7.2)	(6.8)	(0.4)	(6.8)	0.0	(4.5)
Payables (Creditors) - Non-NHS	(40.8)	(29.0)	(11.8)	(43.1)	(14.5)	(39.2)
Deferred Income	(27.2)	(18.1)	(9.1)	(28.5)	(3.5)	(7.1)
Capital & Working Capital Loan	(2.3)	(2.2)	(0.1)	(1.1)	(19.1)	(19.2)
Temporary Borrowing	0.0	0.0	0.0	0.0	0.0	0.0
Borrowings - PFI	(5.0)	(5.0)	(0.0)	(5.0)	(5.5)	(5.5)
Provisions for Liabilities and Charges	(1.8)	(1.3)	(0.6)	(1.8)	(1.3)	(2.0)
Total Current Liabilities	**(84.3)**	**(62.4)**	**(22.0)**	**(86.2)**	**(43.9)**	**(77.6)**
Net Current Assets	(15.4)	8.4	(23.8)	(13.1)	(4.2)	(28.9)
Finance Lease - Non- Current	(194.1)	(198.7)	4.6	(194.6)	(192.7)	(192.7)
Capital Loan - (interest Bearing Borrowings)	(11.7)	(11.2)	(0.4)	(12.3)	(14.2)	(10.8)
Working Capital Facility	(31.3)	(29.0)	(2.3)	(31.3)	(12.1)	(27.0)
Provisions for Liabilities and Charges- Long term	(1.1)	(0.5)	(0.6)	(1.1)	(0.4)	(1.0)
Total Assets Employed	**20.4**	**48.3**	**(27.9)**	**27.0**	**61.8**	**27.1**
Financed By:						
Capital & Reserves						
Public dividend capital	205.0	205.0	0.0	205.0	208.6	207.3
Revaluation reserve	30.3	30.3	(0.0)	30.3	36.2	39.5
Retained Earnings Reserve	(214.9)	(187.0)	(27.9)	(208.2)	(182.9)	(219.7)
Total Capital & Reserves	**20.4**	**48.3**	**(27.9)**	**27.0**	**61.8**	**27.1**

Commentary:
The balance sheet is £27.9m less than plan primarily due to variations in current liabilities and PPE. Increased in year deferred income relates to advance SLA payments. The variance in PPE results from reduced capital spend and impairments recognised for ICT and related intangible assets. The teams are continuing to focus on reducing the aged debtors .

Non-Current Assets (PPE) - The value of PPE has decreased from the November position reflecting the recognition of the impairment of intangible assets.

Current Assets - the increase in Inventory since November relates to drug stocks which is likely to reflect pre Christmas operational planning.

NHS Receivables have reduced by £3.0m compared to the November reported position. It is also below the plan value by £6.9m. Of the £38.7m reported balance, £10.1m relates to invoiced debt of which £3.7m is aged debt over 90 days. Debt over 90 days has decreased by £1.5m compared with the November reported position. The remaining £28.6m includes SLA income raised in advance (£21.7m) for cash flow purposes and uninvoiced accrued income. Due to the financial situation of many neighbouring NHS bodies regular communication is continuing and arrangements are being put in place to help reduce the level of debts.

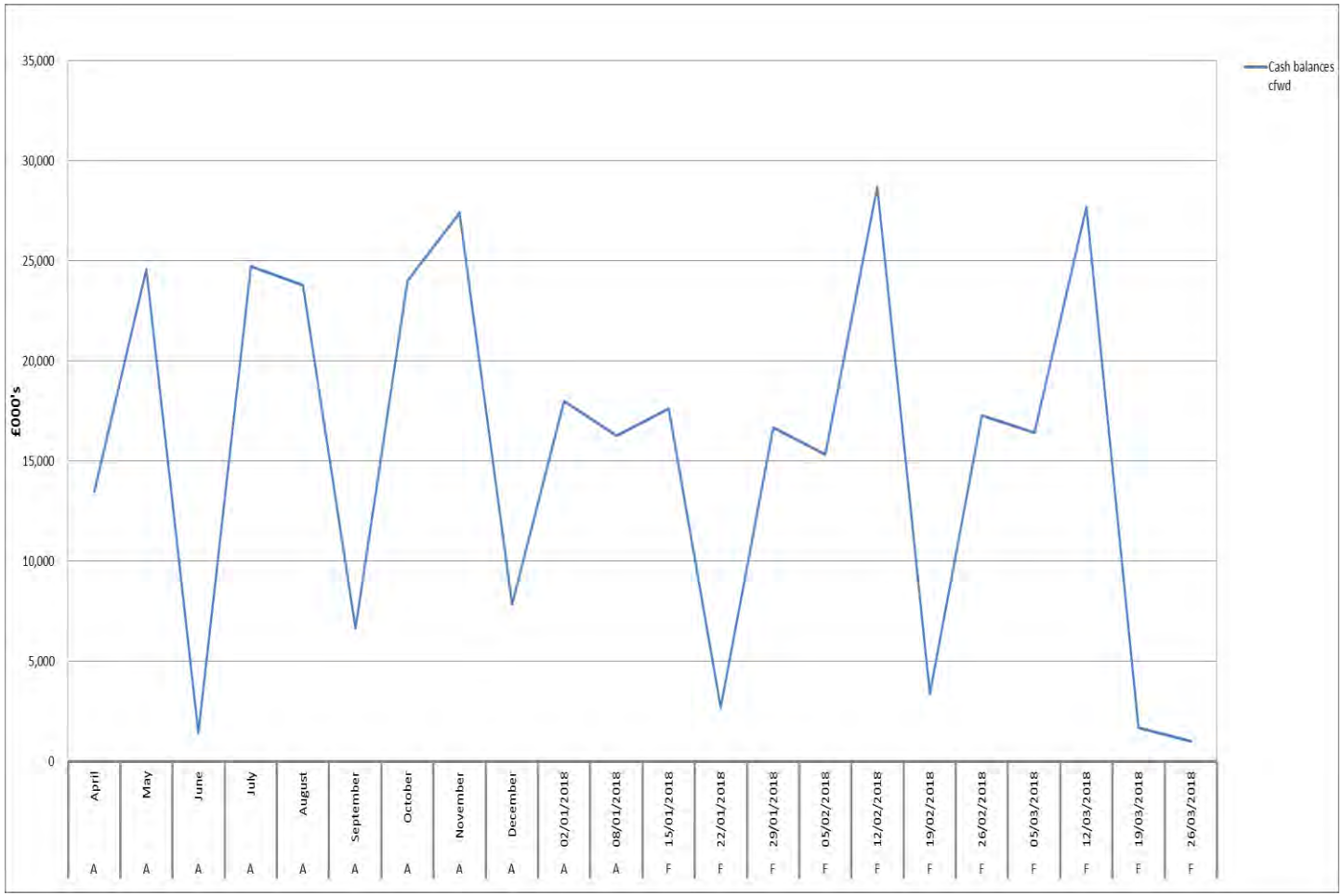
Non NHS Receivables remain static with the November reported position, and is above plan by £4.4m. Included within this balance is trade invoiced debt of £3.6m and private patient invoiced debt of £0.5m.

Current Liabilities - NHS payables have increased from the November reported position by £0.45m. Non-NHS trade payables has decreased since November by £2.3m and remain higher than the plan to date of £29.0m.
Of the £40.8m creditor balances, £27.1m relates to actual invoices, £13.7m relates to uninvoiced accruals. The accruals include expected values for tax , NI, Superannuation and PDC payments.

£27.2m is deferred income primarily relating to advance SLA payments from West Kent CCG, High Weald CCG and Medway CCG, and other funding for PAS AllScript and LDA.

Maidstone and Tunbridge Wells NHS Trust

5b. | Cash Flow



Commentary

In April 2017 the Trust received advance SLA payments (double block) from West Kent CCG, High Weald CCG and Medway CCG to support its cash flow.

In January 2018 the Trust received the Quarter 2 Sustainability & Transformation funding of £2.235m and will be paying back the advanced loan funding relating to this in February 2018.
The Trust received £5m additional working capital financing in January 2018 as approved by NHSI and the DH, to help fund the year to date deficit.

During the year to date the Trust has managed its liquidity even though the actual position has been a I&E deficit , through strong focus on the Trust's debt recovery processes, support from the CCGs with advance SLA payments, and by managing the timing of capital spending.

6. Capital

Maidstone and Tunbridge Wells NHS Trust

6a. Capital Programme

Capital Projects/Schemes

	Year to Date			Annual		
	Actual	*Plan*	*Variance*	*Plan*	*Forecast*	*Variance*
	£000	£000	£000	£000	£000	£m
Estates	1,936	8,523	6,587	8,873	4,979	3,893
ICT	1,216	1,430	214	1,664	1,717	-53
Equipment	282	2,004	1,722	5,909	4,004	1,905
PFI Lifecycle (IFRIC 12)	268	268	0	502	502	0
Donated Assets	0	350	350	450	167	283
Total	**3,702**	**12,575**	**8,873**	**17,398**	**11,369**	**6,029**
Less donated assets	0	-350	-350	-450	-167	-283
Asset Sales (net book value)	-994	0	994	-1,727	-1,727	0
Contingency Against Non-Disposal	0	0	0	0	0	0
Adjusted Total	**2,708**	**12,225**	**9,517**	**15,221**	**9,475**	**5,746**

The Trust approved an initial Capital Plan of £17.4m, made up by Capital resources of £14.8m depreciation; the Net Book Value of £1.7m for the planned asset sales (Springs and Hillcroft properties); an estimate of donated assets of £0.45m; requested Central PDC funding for 2 Linacs of £3.6m ; and a proposed Salix loan of £4m for the Energy Infrastructure programme; less £7.7m of existing capital loan repayments. Linac 1 at Maidstone has been installed and is now in clinical use.

The Trust requested additional PDC funding for the next 2 Linacs, however, only 1 Linac has been approved for 17/18 (£1.7m). The equipment will be put into storage until ready for delivery to the Trust in May 2018. The Trust has been awarded £645k for GP A&E Streaming works, as a dditional PDC.

The Trust disposed of the Hillcroft property for £1.04m gross receipts generating a small profit on sale of c.£20k. The Sprin gs property is expected to complete as a sale on 22nd January (£800k), exchange has already taken place. If the sale does not complete the Trust would need to reduce spend accordingly.

The originally planned Salix loan of £4m has been reduced to £744k as plans for CHP plant would no longer meet the Salix metr ics. All three phases have now been approved by Salix and NHSI are agreeing CRL cover with the DH.

The Trust is already planning an underspend in depreciation to support the Income & Expenditure position but this needs to be matched by a corresponding reduction in the planned capital spend. Some major schemes (e.g. Energy infrastructure) have taken longer to initiate than pl anned which will reduce the in year depreciation. The current FOT shown below of £11.37m (before donations and asset sales) reflecting the forecast underspend in depreciation of £985k.

Trust Performance Dashboard

Position as at: 31 December 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 Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
1-01	*Rate C-Diff (Hospital only)	4.38	8.8	10.1	10.8	0.7	-	11.5	10.3	
1-02	Number of cases C.Difficile (Hospital)	1	2	20	21	1	-	27	27	
1-03	Number of cases MRSA (Hospital)	0	0	1	1	0	1	0	1	
1-04	Elective MRSA Screening	98.0%	98.0%	98.0%	98.0%	0.0%	0.0%	98.0%	98.0%	
1-05	% Non-Elective MRSA Screening	96.0%	No data	96.0%	No data	-96.0%	-95.0%	95.0%	No data	
1-06	**Rate of Hospital Pressure Ulcers	2.58	2.20	2.74	2.09	- 0.65	- 0.92	*3.01*	2.30	3.00
1-07	***Rate of Total Patient Falls	6.97	5.96	5.90	5.91	0.00	- 0.09	*6.00*	5.84	
1-08	***Rate of Total Patient Falls Maidstone	6.05	6.46	5.21	5.45	0.24			4.83	
1-09	***Rate of Total Patient Falls TWells	5.77	5.63	6.18	6.20	0.03			5.75	
1-10	Falls - SIs in month	4	2	22	28	6				
1-11	Number of Never Events	0	0	2	2	0	2	*0*	2	
1-12	Total No of SIs Open with MTW	26	59			33				
1-13	Number of New SIs in month	8	17	78	131	53	41			
1-14	***Serious Incidents rate	0.35	0.75	0.39	0.67	0.28	0.61	*0.0584 - 0.6978*	0.67	*0.0584 - 0.6978*
1-15	Rate of Patient Safety Incidents - harmful	0.77	1.49	0.64	1.19	0.55	- 0.04	*0 - 1.23*	1.19	*0 - 1.23*
1-16	Number of CAS Alerts Overdue	0	0			0	0	*0*		
1-17	VTE Risk Assessment	95.7%	72.4%	95.3%	92.6%	-2.7%	-2.4%	95.0%	95.0%	95.0%
1-18	Safety Thermometer % of Harm Free Care	96.8%	97.2%	96.5%	97.3%	0.8%	2.3%	95.0%		93.4%
1-19	Safety Thermometer % of New Harms	2.80%	2.67%	3.23%	2.59%	-0.64%	-0.4%	*3.00%*	2.59%	
1-20	C-Section Rate (non-elective)	12.9%	14.0%	13.7%	14.0%	0.35%	-1.0%	*15.0%*	14.0%	

	Effectiveness	Latest Month Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
2-01	Hospital-level Mortality Indicator (SHMI)******	Prev Yr: July 14 to June 15		1.0260	1.0492	0.0	0.0	Band 2	Band 2	1.0
2-02	Standardised Mortality HSMR	Prev Yr: Apr 15 to Mar 16		105.0	106.4	1.4	6.4	Lower confidence limit to be <100		100.0
2-03	Crude Mortality	1.7%	1.5%	1.3%	1.2%	-0.1%				
2-04	****Readmissions <30 days: Emergency	11.9%	12.4%	11.7%	12.6%	0.9%	-1.0%	*13.6%*	12.6%	14.1%
2-05	****Readmissions <30 days: All	10.7%	11.6%	10.9%	12.0%	1.1%	-2.7%	*14.7%*	12.0%	14.7%
2-06	Average LOS Elective	3.06	2.86	3.28	3.36	0.08	0.16	*3.20*	3.36	
2-07	Average LOS Non-Elective	7.95	7.08	7.63	7.34	- 0.29	0.54	*6.80*	7.34	
2-22	NE Discharges - Percent zero LoS	31.5%	38.7%	30.8%	36.5%	5.7%			36.5%	
2-08	******FollowUp : New Ratio	1.77	1.57	1.80	1.71	- 0.09	0.19	*1.52*	1.71	
2-09	Day Case Rates	85.6%	84.9%	85.2%	86.0%	0.9%	6.0%	80.0%	86.0%	82.2%
2-10	Primary Referrals	8,209	8,445	87,951	84,898	-3.5%	-4.1%	119,266	113,654	
2-11	Cons to Cons Referrals	4,475	3,468	46,223	39,056	-15.5%	-10.2%	58,644	52,285	
2-12	First OP Activity (adjusted for uncashed)	14,608	14,572	149,462	143,381	-4.1%	-4.1%	201,705	212,512	
2-13	Subsequent OP Activity (adjusted for uncashed)	27,129	20,511	278,824	249,207	-10.6%	-10.7%	383,906	369,361	
2-14	Elective IP Activity	570	508	6,034	5,154	-14.6%	-22.1%	8,303	7,639	
2-15	Elective DC Activity	3,391	2,852	34,034	31,390	-7.8%	-6.4%	43,602	46,524	
2-16	**Non-Elective Activity	4,472	4,957	39,032	43,227	10.7%	24.1%	46,435	64,663	
2-17	A&E Attendances (Inc Clinics. Calendar Mth)	13,656	14,589	126,021	128,832	2.2%	1.8%	168,161	171,807	
2-18	Oncology Fractions	5,740	4,425	48,254	34,597	-28.3%	-39.1%	75,273	46,129	
2-19	No of Births (Mothers Delivered)	461	451	4,515	4,508	-0.2%	13.1%	5,977	6,762	
2-20	% Mothers initiating breastfeeding	80.8%	80.2%	81.1%	81.5%	0.4%	3.5%	78.0%	81.5%	
2-21	% Stillbirths Rate	0.4%	0.22%	0.21%	0.33%	*0.1%*	*-0.1%*	*0.47%*	0.33%	0.47%

	Caring	Latest Month Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
3-01	Single Sex Accommodation Breaches	0	8	12	21	9	21	0	21	
3-02	*****Rate of New Complaints	0.96	1.77	1.69	1.82	0.1	0.51	*1.318-3.92*	1.80	
3-03	% complaints responded to within target	72.7%	53.8%	74.3%	61.3%	-13.1%	-13.7%	75.0%	61.3%	
3-04	****Staff Friends & Family (FFT) % rec care	82.7%	66.7%	82.7%	66.7%	-16.0%	-12.3%	79.0%	66.7%	
3-05	*****IP Friends & Family (FFT) % Positive	96.6%	94.2%	95.5%	95.4%	0.0%	0.4%	95.0%	95.4%	95.8%
3-06	A&E Friends & Family (FFT) % Positive	87.6%	89.2%	90.3%	90.9%	0.7%	3.9%	87.0%	90.9%	85.5%
3-07	Maternity Combined FFT % Positive	92.9%	94.0%	93.5%	94.3%	0.8%	-0.7%	95.0%	94.3%	95.6%
3-08	OP Friends & Family (FFT) % Positive	83.1%	84.5%	82.7%	84.4%	1.7%			84.4%	

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

***** New :FU Ratio is now both consultant and non-consultant led for all specialties -plan still being agreed so currently last year plan

	Responsiveness	Latest Month Prev Yr	Latest Month Curr Yr	Year/Qtr to Date Prev Yr	Year/Qtr to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
4-01	******Emergency A&E 4hr Wait	79.9%	84.82%	88.1%	89.2%	1.1%	-0.8%	90.1%	90.1%	83.0%
4-02	Emergency A&E >12hr to Admission	0	0	0	0	0	0	*0*	0	
4-03	Ambulance Handover Delays >30mins	New	587	New	3,249					
4-04	Ambulance Handover Delays >60mins	New	102	New	428					
4-05	RTT Incomplete Admitted Backlog	890	2,643	890	2,643	1,753	1,411	1,259	1,259	
4-06	RTT Incomplete Non-Admitted Backlog	446	3,316	446	3,316	2,870	2,698	631	631	
4-07	RTT Incomplete Pathway	90.4%	83.0%	90.4%	83.0%	-7.4%	-7.9%	92%	92.0%	
4-08	RTT 52 Week Waiters	0	14	0	21	21	21	*0*	21	
4-09	RTT Incomplete Total Backlog	2,272	5959	2,272	5959	3,687	4,109	1,890	1890	
4-10	% Diagnostics Tests WTimes <6wks	99.73%	99.1%	99.7%	99.1%	-0.6%	0.1%	99.0%	99.0%	
4-11	*Cancer WTimes - Indicators achieved	5	5	2	5	3	- 4	9	9	
4-12	*Cancer two week wait	95.0%	88.2%	92.5%	88.2%	-4.2%	-4.8%	93.0%	93.0%	
4-13	*Cancer two week wait-Breast Symptoms	94.5%	76.6%	88.5%	84.7%	-3.9%	-8.3%	93.0%	93.0%	
4-14	*Cancer 31 day wait - First Treatment	95.7%	96.6%	96.6%	97.3%	0.7%	1.3%	96.0%	96.0%	
4-15	*Cancer 62 day wait - First Definitive	66.5%	68.8%	72.1%	71.3%	-0.8%	-8.4%	85.0%	85.0%	
4-16	*Cancer 62 day wait - First Definitive - MTW	73.2%	69.8%	73.2%	74.4%	1.2%		85.0%		
4-17	*Cancer 104 Day wait Accountable	7.0	6.0	69.5	53.5	-16.0	53.5	*0*	53.5	
4-18	*Cancer 62 Day Backlog with Diagnosis	78	99	78	99	21				
4-19	*Cancer 62 Day Backlog with Diagnosis - MTW	63	90	63	90	27				
4-20	Delayed Transfers of Care	8.1%	3.7%	6.7%	5.2%	-1.5%	1.7%	3.5%	5.0%	
4-21	% TIA with high risk treated <24hrs	88.2%	66.7%	80.0%	70.5%	-9.5%	10.5%	60%	70.5%	
4-22	*******% spending 90% time on Stroke Ward	98.3%	90.0%	87.4%	91.5%	4.1%	11.5%	80%	91.5%	
4-23	*******Stroke:% to Stroke Unit <4hrs	57.4%	49.2%	52.3%	59.4%	7.1%	-0.6%	60.0%	60.0%	
4-24	*******Stroke: % scanned <1hr of arrival	59.6%	60.7%	56.4%	65.1%	8.7%	17.1%	48.0%	65.1%	
4-25	*******Stroke:% assessed by Cons <24hrs	78.7%	83.6%	65.9%	80.5%	14.6%	0.5%	80.0%	80.5%	
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	3	3	6	19	13	19	*0*	19	

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 Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
5-01	Income	36,343	35,477	320,408	326,585	1.9%	0.4%	436,682	433,933	
5-02	EBITDA	1,181	(294)	10,013	12,835	28.2%	-49.2%	38,055	38,055	
5-03	Surplus (Deficit) against B/E Duty	(1,261)	(2,631)	(14,383)	(9,392)			6,673	(13,989)	
5-04	CIP Savings	2,128	2,099	15,332	15,676	2.2%	-31.5%	31,721	22,486	
5-05	Cash Balance	3,914	7,882	3,914	7,882	101.4%	7%	1,000	1,000	
5-06	Capital Expenditure	270	931	2,672	3,701	38.5%	-69.7%	*16,948*	10,732	
5-07	Establishment WTE	5,722.5	5,609.0	5,722.5	5,609.0	-2.0%	0.0%	5,609.0	5,609.0	
5-08	Contracted WTE	5,165.0	5,024.7	5,165.0	5,024.7	-2.7%	-1.7%	5,110.1	5,110.1	
5-09	Vacancies WTE	557.5	584.4	557.5	584.4	4.8%	17.1%	498.9	498.9	
5-11	Vacancy Rate (%)	9.7%	10.4%	9.7%	10.4%	0.7%	1.5%	8.9%	8.9%	
5-12	Substantive Staff Used	5,029.1	4,880.9	5,029.1	4,880.9	-2.9%	-4.5%	5,110.1	5,110.1	
5-13	Bank Staff Used	331.8	452.0	331.8	452.0	36.2%	34.9%	335	335.0	
5-14	Agency Staff Used	164.4	145.9	164.4	145.9	-11.3%	-11.0%	164.0	164.0	
5-15	Overtime Used	33.0	45.9	33.0	45.9	38.9%				
5-16	Worked WTE	5,558.3	5,524.6	5,558.3	5,524.6		-1.5%	5,609.0	5,609.0	
5-17	Nurse Agency Spend	(637)	(714)	(5,837)	(4,916)	-15.8%				
5-18	Medical Locum & Agency Spend	(1,171)	(1,339)	(10,175)	(9,908)	-2.6%				
5-19	Temp costs & overtime as % of total pay bill	14.6%	16.9%	15.8%	15.3%	-0.5%				
5-20	Staff Turnover Rate	10.3%	12.0%		11.8%	1.7%	1.3%	*10.5%*	10.5%	11.05%
5-21	Sickness Absence	4.3%	4.7%		3.7%	0.4%	0.4%	*3.3%*	3.7%	4.3%
5-22	Statutory and Mandatory Training	89.8%	88.4%		88.0%	-1.4%	3.0%	85.0%	88.0%	
5-23	Appraisal Completeness	85.8%	88.7%		88.7%	2.9%	-1.3%	90.0%	90.0%	
5-24	Overall Safe staffing fill rate	97.4%	97.2%	98.9%	98.3%	-0.7%		93.5%	98.3%	
5-25	****Staff FFT % recommended work	62.3%	61%	62.3%	61%	-1.7%	-1.4%	62.0%	61%	
5-26	***Staff Friends & Family -Number Responses	422	33	422	33	-389				
5-27	*****IP Resp Rate Recmd to Friends & Family	17.8%	16.5%	22.4%	23.3%	0.9%	-1.7%	25.0%	25.0%	25.7%
5-28	A&E Resp Rate Recmd to Friends & Family	8.1%	14.4%	14.8%	16.0%	1.1%	1.0%	15.0%	16.0%	12.7%
5-29	Mat Resp Rate Recmd to Friends & Family	15.0%	23.5%	22.8%	30.3%	7.5%	5.3%	25.0%	30.3%	24.0%

Trust Board meeting – January 2018

NHS Maidstone and Tunbridge Wells NHS Trust

1-11 Planned and actual ward staffing for December 2017 — Chief Nurse

The attached paper shows the planned v actual nursing staffing as uploaded to UNIFY for December 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.

Wards of note this month include:

Cornwallis: Low CSW fill rate. This was due, in part, to an inability to fill from Bank. However support from other wards (either RN or CSW) provided to maintain safe levels.(Not reflected in the UNIFY figures)

Chaucer: High fill rate due to escalation of frailty assessment unit overnight. Falls are 2 above threshold.

Maidstone UMAU: Escalated overnight, falls are 2 above threshold.

Ward 22/ASU: Continues have increased number of falls, with 9 above threshold.

MAU (TW): Escalated at night. Falls increased with 9 above threshold.

Ward 10: 21 nights of enhanced care requirements to cover a cohort of patients ranging between 1 and 3 patients.

Whatman: Significant number of falls (improvement plan in place), with 14 above threshold. There was a need for enhanced care over 24 nights which is reflected in the CSW fill rate.

Wards 12 & 30: Improvements seen in falls and pressure injury incidence during the month.

Ward 20: Decrease in falls (6 compared to 16 in previous month). Increased CSW fill rate was related to a norovirus outbreak during the month.

Overall RAG ratings (as detailed on the attached spreadsheet) are based on quality indicators (namely incidence of falls and pressure injury in month) and professional judgement. Consideration is being given to refine this approach with a more objective framework. To this end the Quality, Effectiveness & Safety Trigger Tool (QuEST) is being reconsidered and revised.

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.
CHPPD have decreased over the last month for Maidstone at 7.5 compared to 8.0 last month. Tunbridge Wells has remained stable at 8.6 compared to 8.8 for the previous month.

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.

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:

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

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

Assurance

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

December '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	105.2%	99.2%	98.4%	104.8%	8.3	21.9%	100.0%	3	0			143,669	132,329	(11,340)
MAIDSTONE	Cornwallis (on Foster)	103.5%	79.8%	93.9%	95.8%	6.9	50.0%	91.5%	2	0		CSW fill rate low due, in part, to an inability to fill via bank.	78,061	72,057	(6,004)
MAIDSTONE	Coronary Care Unit (CCU)	100.0%	77.4%	100.0%	N/A	9.9	220.0%	95.5%	0	0		CSWs x 9 sent to support other wards during the month. Risk accepted as CCU is co-located on Culpepper so staff support as required.	96,874	105,031	8,157
MAIDSTONE	Culpepper	100.0%	100.0%	100.0%	100.0%	6.6	71.4%	100.0%	0	0					
MAIDSTONE	John Day	88.8%	124.7%	96.8%	101.6%	6.4	94.5%	88.5%	3	1		RN:CSW ratio shift an accepted risk to ensure sufficient staff available to maintain core nursing care.	131,143	127,486	(3,657)
MAIDSTONE	Intensive Treatment Unit (ITU)	84.3%	N/A	83.5%	N/A	31.8	71.4%	100.0%	1	0		Reduced fill rate reflects 15 days when acuity and dependency (or empty beds) mean staff were not required. Where appropriate staff were redeployed to other areas.	149,923	174,246	24,323
MAIDSTONE	Pye Oliver	89.9%	85.8%	98.9%	98.9%	6.1	41.5%	95.5%	5	1		Reduced fill rate due to lack of availability of temporary staff.	115,064	100,557	(14,507)
MAIDSTONE	Chaucer	84.2%	113.3%	151.6%	132.3%	7.1	26.8%	93.8%	6	0	⇩	Escalated over night; reduced fill rate during the day an accepted risk. Falls: 2 above threshold.	127,732	123,904	(3,828)
MAIDSTONE	Lord North	95.5%	56.5%	95.7%	96.8%	7.0	27.5%	100.0%	1	0		Reduced clinical support work fill rate due to combination of vacancy, sickness and unable to fill via bank. Risk not to go to agency an accepted risk according to dependency levels.	96,733	101,913	5,180
MAIDSTONE	Mercer	105.6%	96.0%	96.8%	100.0%	6.0	50.0%	100.0%	3	0			104,302	101,227	(3,075)
MAIDSTONE	Edith Cavell	100.0%	100.0%	98.9%	100.0%	6.5	81.8%	77.8%	5	0			65,375	60,667	(4,708)
MAIDSTONE	Urgent Medical Ambulatory Unit (UMAU)	92.2%	85.7%	128.0%	180.6%	8.5	13.1%	93.9%	6	0	⇩	Escalated over night. Increased number of falls, 2 above threshold	135,427	104,359	(31,068)
TWH	Stroke/W22	87.6%	101.3%	98.1%	98.9%	11.1	150.0%	93.3%	16	0	⇔	Increased number of falls, 9 above threshold.	151,636	148,397	(3,239)
TWH	Coronary Care Unit (CCU)	99.0%	80.6%	93.5%	N/A	11.4	108.6%	100.0%	2	0			70,470	61,501	(8,969)
TWH	Gynaecology/ Ward 33	96.5%	96.8%	100.0%	100.0%	7.6	33.1%	100.0%	0	0			86,192	74,602	(11,590)
TWH	Intensive Treatment Unit (ITU)	101.6%	96.8%	100.0%	45.2%	26.2	100.0%	66.7%	0	0		CSW fill rate an accepted risk. RN cover sufficient to provide required levels of care.	181,637	192,154	10,517
TWH	Medical Assessment Unit	93.2%	92.7%	119.4%	102.2%	7.2	56.0%	91.8%	15	0	⇩	Escalated over night. Falls: 9 above threshold.	192,796	162,759	(30,037)
TWH	SAU	96.8%	96.8%	98.4%	96.8%	9.1	0.0%	0.0%	0	0			59,073	54,117	(4,956)
TWH	Ward 32	95.2%	105.4%	95.7%	108.9%	7.0	0.0%	0.0%	6	2			143,630	122,788	(20,842)
TWH	Ward 10	88.7%	103.2%	75.0%	172.6%	7.1	0.0%	0.0%	3	0		21 nights of enhanced care requirements ranging between 1 and 3 patients. RN:CSW ratio shift an accepted risk based on acuity and dependency.	121,353	112,453	(8,900)
TWH	Ward 11	96.8%	103.2%	95.2%	108.1%	6.6	0.0%	0.0%	3	0			123,348	110,018	(13,330)
TWH	Ward 12	87.9%	101.6%	96.8%	96.8%	6.4	27.1%	93.8%	5	1	⇧		114,962	112,559	(2,403)
TWH	Ward 20	96.8%	122.6%	93.5%	154.4%	6.2	66.7%	88.9%	6	0	⇧	Increased CSW at night due to both a need to cohort cognitively impaired patients and to ensure no cross over of staff during norovirus outbreak.	129,875	106,506	(23,369)
TWH	Ward 21	93.5%	103.2%	79.9%	140.3%	6.2	57.1%	96.4%	4	2		RN:CSW ratio shift an accepted risk to ensure sufficient staff available to maintain core nursing care.	136,397	121,041	(15,356)
TWH	Ward 2	89.5%	80.0%	97.8%	100.0%	5.8	71.0%	81.8%	4	1			121,894	124,028	2,134
TWH	Ward 30	93.2%	91.1%	98.9%	93.5%	6.2	0.0%	0.0%	5	2	⇧		119,782	108,041	(11,741)
TWH	Ward 31	95.2%	94.4%	99.2%	102.2%	7.2	2.5%	100.0%	5	2			133,138	129,736	(3,402)
Crowborough	Birth Centre	95.2%	96.8%	83.9%	64.5%				0	0		Night cover an accepted risk. On-call cover arrangements in place.	68,595	85,997	17,402
TWH	Ante-Natal	98.4%	64.5%	95.2%	67.7%	7.6	23.5%	94.0%	0	0		CSW fill rate an accepted risk. All women in established labour received 1:1 care from a midwife.	657,395	615,173	(42,222)
TWH	Delivery Suite	96.8%	90.3%	90.7%	83.9%	12.6			0	0					
TWH	Post-Natal	91.7%	101.1%	89.5%	69.1%	6.5			0	0					
TWH	Gynae Triage	91.9%	87.1%	100.0%	87.1%				0	0			12,020	11,974	(46)
TWH	Hedgehog	99.6%	58.1%	112.9%	135.5%	8.4	23.8%	94.2%	0	0		Additional capacity beds open over night, also RMN cover required for 4 nights	219,102	215,654	(3,448)
MAIDSTONE	Birth Centre	95.2%	100.0%	98.4%	100.0%				0	0			57,344	63,527	6,183
TWH	Neonatal Unit	109.6%	93.5%	105.4%	67.7%	18.2			0	0		Reduced fill rate for CSW an accepted risk overnight; unit also supporting post-reg students so overall risk minimal.	179,370	167,377	(11,993)
MAIDSTONE	MSSU	101.6%	56.1%	75.0%	N/A		23.8%	94.2%	0	0		Unit closed 6 nights during month. Staff redeployed to other areas.	37,671	40,769	3,098
MAIDSTONE	Peale	104.3%	80.0%	96.8%	83.9%	6.6	0.0%	0.0%	0	0			75,021	70,239	(4,782)
TWH	SSSU	100.0%	100.0%	100.0%	100.0%				3	0			154,380	66,724	(87,656)
MAIDSTONE	Whatman	100.0%	105.4%	96.8%	138.7%	5.7	100.0%	84.6%	20	1	⇩	Falls: 14 above threshold. 24 nights of enhanced care needs.	99,993	90,069	(9,924)
MAIDSTONE	A&E	98.4%	90.3%	101.8%	87.1%		16.6%	90.0%	1	0			230,175	205,144	(25,031)
TWH	A&E	97.3%	92.5%	100.3%	91.9%		16.2%	91.2%	6	0			300,353	311,865	11,512
												Total Establishment Wards	**5,224,915**	**4,888,988**	**(335,927)**
												Additional Capacity beds	30,568	39,307	8,739
												Other associated nursing costs	1,978,220	2,950,747	-318,151
												Total	7,233,703	7,879,042	(645,339)

RAG Key

Under fill

Over fill

Trust Board meeting – January 2018

Maidstone and Tunbridge Wells NHS Trust

1-12 Trust Board Members' Quality Walkarounds (10/10/17 to 19/01/18) Trust Secretary

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

This quarterly report therefore provides details of the Quality Walkarounds reported as being undertaken by Trust Board Members between 9th October 2017 and 19th January 2018.

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

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

Trust Board Members will also recall that an email was issued on 21/12/17 advising of the plans for the 2018 Board Seminars and the point was made that the day of the scheduled formal Board meetings in 2018 should be kept as clear as possible, and any time that is not allocated for meetings/seminars could be used (for NEDs in particular) to undertake Safety Walkarounds / visits to Ward areas (but avoiding mealtimes).

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

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information, to encourage Board members to continue to undertake Quality Walkarounds

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

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

Hospital visits undertaken by Board members, 10th October 2017 to 19th January 2018

Trust Board Member	Areas registered as being visited (MH: Maidstone Hospital; TWH: Tunbridge Wells Hospital)
Chief Executive (MS)	▪ Acute Medical Unit (TWH) ▪ Oncology (MH) ▪ Radiology (MH) ▪ Ophthalmology (MH) ▪ SSSU (TWH) ▪ A&E (TWH) ▪ Women's and Children's (TWH) ▪ Endoscopy (TWH)
Deputy Chief Executive (JL)	▪ Pharmacy (TWH) ▪ Maternity (TWH) ▪ Emergency Department (TWH) ▪ Radiology (TWH)
Chief Nurse (COB)	▪ Wide range of departments/sites visited as part of day-to-day responsibility for service delivery and the quality of care Also formal visits with NH and SDu to: ▪ Chaplaincy (MH) ▪ Bereavement office (MH) ▪ Voluntary Services (MH) ▪ John Day Ward (MH) ▪ Outpatients (MH)
Chief Operating Officer (AG)	▪ Wide range of departments/sites visited as part of day-to-day responsibility for service delivery and the quality of care
Director of Finance (SO)	▪ Endoscopy (MH) ▪ Short Stay Surgery (MH) ▪ Eye Day Care (MH)
Medical Director (PM)	▪ Wide range of departments/sites visited as part of day-to-day responsibility for service delivery and the quality of care
Director of Workforce (SH)	▪ Night shift worked with Site Nurses (TWH) (every ward visited except Paediatrics) ▪ Night shift worked with Site Nurses (MH) ▪ A&E (TWH) ▪ Domestic and portering staff (MH) ▪ Paediatric Ward (TWH) ▪ Critical Care Unit (TW)
Chair of Trust Board (DH)	▪ Clinical Simulation Suite (TWH) ▪ Maternity (TWH) ▪ Emergency Department (TWH)
Non-Executive Director (SDu)	▪ Chaplaincy (MH) ▪ Bereavement office (MH) ▪ Voluntary Services (MH) ▪ John Day Ward (MH) ▪ Outpatients (MH)
Non-Executive Director (MC)	▪ Emergency Department (TWH) ▪ AMU (TWH) ▪ Ward 20 (TWH) ▪ The Haemato-Oncology Day Unit (TWH) ▪ Intensive Care Unit (MH) ▪ Site tour (MH)
Associate Non-Executive Director (NH)	▪ ED (TWH) ▪ AMU (TWH) ▪ The Haemato-Oncology Day Unit (TWH) ▪ Ward 20 (TWH) ▪ Intensive Care Unit (MH)

Trust Board Member	**Areas registered as being visited** (MH: Maidstone Hospital; TWH: Tunbridge Wells Hospital)
	▪ Site tour (MH) ▪ Chaplaincy (MH) ▪ Bereavement office (MH) ▪ Voluntary Services (MH) ▪ John Day Ward (MH) ▪ Outpatients (MH)
Non-Executive Director (AK)	▪ -
Non-Executive Director (TL)	▪ Site tour (TWH) ▪ Endoscopy (MH) ▪ Short Stay Surgery (MH) ▪ Eye Day Care (MH)
Non-Executive Director (SP)	▪ HR Department ▪ Further induction visits to be arranged

Trust Board meeting – January 2018

Maidstone and Tunbridge Wells NHS Trust

1-13 Update on the Trust's 2018/19 planning — Director of Finance

The Trust commenced its internal business planning process in the autumn and has had two challenge meetings with clinical divisions and corporate directorates to date. A third set of meetings have been arranged for the first half of February.

It was expected that NHS Improvement and NHS England would release joint guidance relating to planning for the 2018/19 financial year prior to Christmas. The guidance was expected to include the CCG's funding allocations, which should incorporate the additional funding announced in the Budget, Payment by Results tariff guidance including overarching price uplifts, core planning guidance including expectations around performance measures and a key timetable for submission of plans. As at the date of drafting this paper, this guidance remains outstanding.

It was expected that NHS Improvement would require two submissions of our 2018/19 financial plan. The first one, an intermediate submission, was expected to be in early February with a final submission in March / April. It is currently unclear what NHS Improvement's requirements will now be given the delay to the guidance.

Once the guidance is received, a briefing will be provided to the Finance and Performance Committee and Board to ensure that members are clear on the implications of the guidance for our plans and approach.

Irrespective of the delayed guidance, the Trust still requires an agreed plan for the 2018/19 financial year and agreed budgets to be set for all areas. With that in mind the Trust is continuing with its internal process with a view of bring a draft plan to the Trust Management Executive and Finance and Performance Committee in February and a final plan in to Board in March.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information

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

Trust Board meeting – January 2018

Maidstone and Tunbridge Wells NHS Trust

1-14 Final Agreement for Working Capital Support — Director of Finance

The Trust Board received a report in December 2017 detailing the Trust's position regarding working capital requirements in the light of the continuing pressures on operational finances and the consequential request that the Trust was making to the Department of Health for working capital finance, and approved the application in January 2018 for £5m of working capital finance.

The Trust's application for £5m in January 2018 was approved by NHS Improvement and the Department of Health, and was received on the 15th January 2018. The interest rate applied was 3.5%. The full loan document and repayment details have been circulated as a supplement to the formal 'pack' of Board reports (i.e. Attachment 8a). Trust Board Members are therefore welcome to read the supplement, but are not expected to do so.

Which Committees have reviewed the information prior to Board submission?

- Finance and Performance Committee, 23/01/ 8

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

For information

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

Trust Board meeting – January 2018

NHS Maidstone and Tunbridge Wells NHS Trust

1-15 Emergency Planning update (annual report to Trust Board) Chief Operating Officer

The enclosed report is the Annual Report to Board on Emergency Planning summarising key aspects of preparedness for 2017.

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

Which Committees have reviewed the information prior to Board submission?

- 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

1 Introduction

1.1 This report summarises the work of the Emergency Planning & Response team for 2017. It also contains the outcome of the NHS England & CCG assurance process and the work plan for the 2018 period.

1.2 The Trust is a Category One responder as defined by the Civil Contingencies Act 2004 which defines a number of legal duties in addition to those set by NHS England and the CCG as contractual duties.

2 Emergency Response

2.1 During the year a number of responses have been mounted including the cyber-attack which affected the NHS in May. Although the trust was not directly affected there were extensive actions and communications taken by the IT directorate to ensure services were able to continue.

2.2 2017 was marked by the shocking terrorist attacks in the UK starting with Westminster in March, Manchester in May, London Bridge in June and Parsons Green in September. The national threat level went to Critical on two occasions in both May and September requiring the trust to implement additional measures and review security. The lessons identified in national debriefs were quickly shared and the Trust has considered all of the advice in changing emergency plans. The team through its extensive networks has had the opportunity to talk directly to some of those involved and understand the issues they faced.

2.3 During the year a number of highways issues have caused business continuity issues for the trust. The team have worked hard with multi agency partners to ensure the needs of the NHS are understood by those undertaking the works.

2.4 In January sudden snow caused business continuity challenges overnight and the trust activated its agreement with South East 4x4 Volunteers to assist in getting staff into the hospitals. The agreement worked well and the hospitals did not reduce any services.

3 Training & Exercising

3.1 The trust has a full year of exercises. The first was a trauma network exercise on March 8th which looked at casualty distribution from a mass casualty incident in conjunction with other trusts in the South East London Kent & Medway Trauma Network.

3.2 On April 5th a live no notice fire exercise took place at Maidstone Hospital in conjunction with Kent Fire & Rescue Service. This smoke logged the trust management block allowing a live unannounced test of evacuation and incident command arrangements.

3.3 During May unannounced exercises were started in both Emergency Departments including out of hours exercises. These allowed staff to familiarise themselves with lockdown, triage, access to equipment and procedures for clearing the ED.

3.4 In June a tabletop exercise was carried out with the Maternity Unit to ensure arrangements for managing incidents within this specialist area and its birthing centres were adequate.

3.5 On July 27th Exercise Lockgate was carried out at Tunbridge Wells Hospital in conjunction with Kent Police, South East Coast Ambulance and HM Coastguard. This exercise consisted of a full activation of the Major Incident Plan following a declaration by Ambulance Control. The hospital was expecting one Priority One patient by helicopter but when it was landing a minibus arrived with a further 12 casualties on unannounced and un-triaged. This aimed to bring in some of the issues identified in recent terrorist incidents where patients arrived without notice in busses taxis and

private transport. He exercise took place on a very busy day in the ED and staff did very well in managing not only the normal activity but a major incident response as well.

3.6 On August 17th a live lockdown was carried out at Maidstone Hospital in the morning to coincide with maximum footfall – this tested lessons identified in some of the recent terrorist incidents.

3.7 On 25th of October - Exercise Neptune was a live Business Continuity Exercise at Maidstone Hospital which tested a complete failure of water supply to the hospital in conjunction with South East Water. The exercise tested command & control, live connections to tankers to fill holding tanks, delivery and distribution of thousands of bottles of water and communications both internally and with partner agencies along with media handling.

3.8 On 26th of October – Exercise Polar was a tabletop exercise to review arrangements for winter. This took place with partner agencies and neighbouring NHS organisations.

3.9 A series of short films are being made to give short sharp learning opportunities' to key staff such as ED teams based on delivering key important information not lasting more than five minutes. The short DVD awareness films are in production including triage and casualty reception which was released in December.

3.10 The Command Accreditation Courses and CPD for on call teams has gone from strength to strength and continues in to 2018. Awareness training for non-specialist staff is provided by a DVD which is available on both the intranet and the trust YouTube channel.

3.11 On November 2nd a live exercise tested relocation of the Trust Switchboard room with staff establishing a fall back room with call handling ability.

4 Public Safety & Partnerships

4.1 The trust continues to play a full part in Safety Advisory Groups in the local authorities around the trust catchment area. These multi agency groups play an important part in protecting public safety at large events. During the year members of the team have done multiagency site visits at the War & Peace Event at the Hop Farm, the Kent County Show and various music festivals and concerts all with the aim of reducing attendances at Emergency Departments.

4.2 During the year the Trust presented two partnership awards firstly to the Kent Event Centre & County Show for work in successfully reducing hospital attendances from large events and then to the crew of the HM Coastguard Rescue Helicopter Team for their support in live training and exercising.

4.3 The trust is also part of the Kent Resilience Forum made up of all multi agency partners, military and voluntary sector organisations.

4.4 The trust formed the first independent sector emergency planning group in 2005 and this has been reinvigorated to ensure the independent sector can play a vital part in a major incident response.

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5.1 The trust has continued an excellent relationship with all helicopter providers at both its hospitals. This has meant the added realism of live helicopters during exercises, valuable training provided to both ground staff who make landings safe and the critical care teams who might receive or transfer by air is of a very high quality. In 2018 a new larger HM Coastguard helicopter will be tested at all sites. In addition work the team are doing with the RAF means military helicopters will test land at the hospitals in 2018 to enhance our capability.

5.2 Partnership options are being explored to make the landing site at Maidstone more permanent.

6 Assurance

6.1 The West Kent CCG endorsed the trust board submission to NHS England that the trust was fully compliant following the 2017 round of EPRR assurance visits. The SECAMB peer review of Chemical and radiation preparedness did not highlight any areas that required action.

7 Chemical, Biological, Radiation & Nuclear Incidents

7.1 The trust continues to work with EKHUFT and DGS Trust to maintain a team of interchangeable staff trained to the same standard able to support at any of the hospitals in an Incident.

7.2 A new innovative workshop method of training will take place in 2018 at central locations allowing staff from the three trusts to learn from the team but also from Kent Fire & Rescue Service, Public Health England and South East Coast Ambulance Service.

7.3 New suits are gradually coming through to replace the old stock as part of the national replacement strategy.

8 Business Continuity

8.1 In 2017 there has been a renewed focus on Business Continuity Plans which started during Business Continuity Awareness Week in March.

8.2 At each Trust Resilience Meeting chaired by the Chief Operating Officer each division presents aspects of their plans and opens them up to scrutiny and challenge by peers and other departments.

8.3 Divisional tabletop exercises were supplemented this year by a major live test of arrangements during Exercise Neptune.

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9.1 The trust is once again supporting East Kent Hospitals University Foundation Trust and working collaboratively with Dartford & Gravesham NHS Trust to work as one team with joint training and planning where possible.

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10.1 In March the Trust will take part in a live multi agency exercise to test arrangements for Dungeness Nuclear Power Station.

10.2 Staff already working on mass casualty responses will conclude the planning work ready for testing during the first half of the year during a tabletop exercise.

10.3 A training prospectus has been published on the Intranet for 2018.

10.4 The trust will continue to take an active part in various national groups during the year.

11 Conclusion

11.1 The trust remains well prepared with a good programme of work. The team are making good progress in providing training in different ways to meet the challenges of the modern NHS.

mtw.nhs.uk
Emergency Planning and Response

Maidstone and Tunbridge Wells NHS Trust

Emergency Planning, Response & Recovery Annual Report to Trust Board 2017

taking pride

Patient First · Respect · Innovation · Delivery · Excellence

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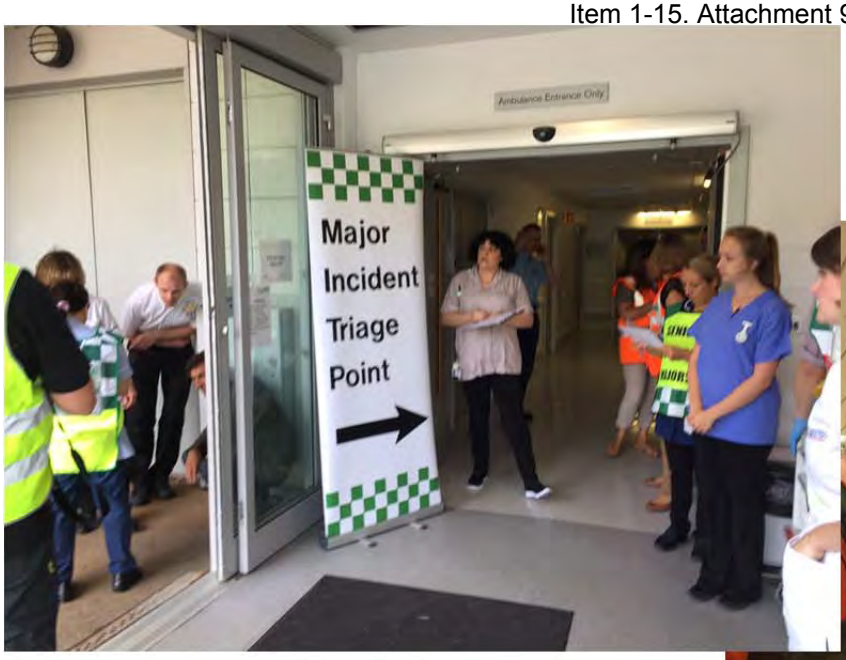
Exercise Lockgate

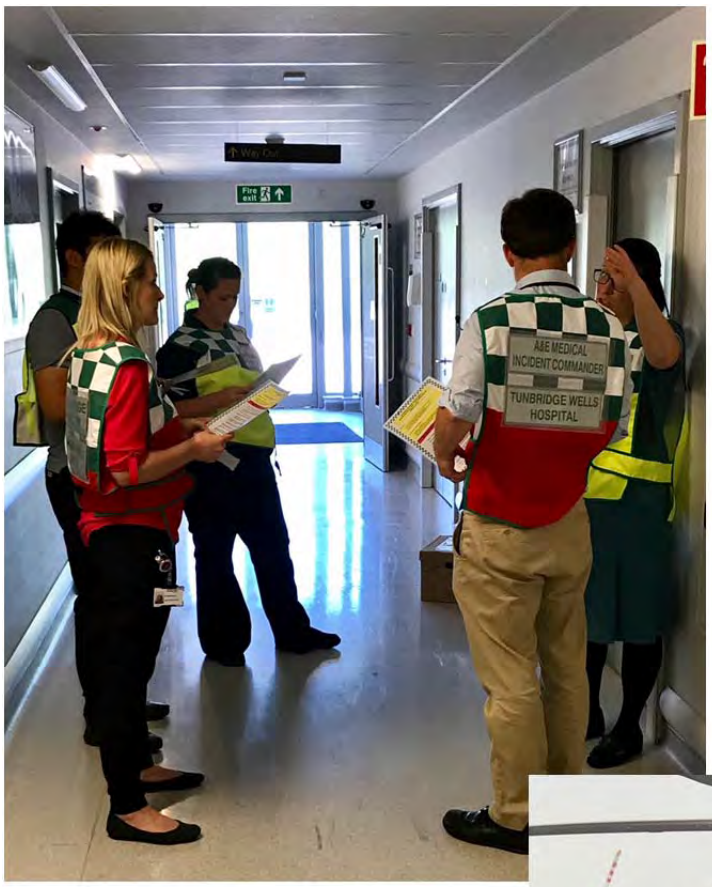
Tunbridge Wells Hospital



Exercise Execs

Maidstone Hospital

Exercise Neptune Maidstone



Emergency Department Exercises

Presentation of award to

HM Coastguard

Helicopter Training

Trust Board Meeting – January 2018

Maidstone and Tunbridge Wells NHS Trust

1-16	Summary report from Quality Committee, 18/12/17 & 10/01/18 (including revised ToR)	Committee Chair (Non-Executive Director)

The Quality Committee has met twice recently, on 18th December 2017 (a Quality Committee 'deep dive' meeting) and 10th January (a 'main' meeting).

1. The key matters considered at the 'deep dive' meeting on 18th Dec. were as follows:

- The **progress with actions** from previous meetings was noted
- A **Review of lessons learned** was held, led by the Medical Director. This focused on the work of a Task and Finish Group established in the autumn of 2017. The issues discussed as part of the review were as follows:
  - Two subgroups were convened (with enhanced membership from the main Group) to focus on 2 key aspects of the work. Subgroup 1 focused on answering the question "How do we ensure that our action planning from incidents is fit for purpose and incorporates an end to end philosophy?". Subgroup 2 focused on answering the questions "How do we deliver the learning?", "How do we test that learning has taken place?", and "How do we assure ourselves that learning is still in place 6 months later?"
  - The importance of having a single IT system was recognised, and to this end, a new centralised Datix database had been developed by a member of the in-house Governance Team, with a potential for this to 'go live' in January 2018 (although it was noted that the system's resilience had not yet been fully tested)
  - A gap analysis revealed that the Clinical Governance meetings were very doctor-led, had limited multidisciplinary attendance and there was no protected/allocated time for non-doctor staff to attend. The agendas were also narrow (these were mainly pre-set and focused on clinical audit and mortality reports); and there was variable evidence of discussion about Serious Incidents (SIs), Never Events, legal cases or complaints
  - Other gaps included the meetings not appearing to discuss external safety notifications or NICE reports; and there being no evidence of monitoring of action plans. The Clinical Governance Leads were also predominantly Consultants. Only some Directorates had Administrative & Clerical staff in support, and only one Directorate had a dedicated Clinical Governance Coordinator. Terms of Reference did also not exist for Directorate Clinical Governance meetings (with one exception)
  - The recommendations and next steps included introducing the new Datix system for action planning, which included confirmation of the system implementation timeline to January 2018, drafting SMART guidance and corporate communication, linking this to Learning from Deaths and Clinical Audit database requirements, and incorporating a 'rating' system to signpost learning dissemination; improving the infrastructure of Clinical Governance meetings by establishing a Trust-wide review of such meetings structure (from Directorate to Board); establishing a Trust-wide review of Clinical Governance meeting content and Terms of Reference (Directorate, Division and Trust meetings); identifying protected time for designated non-doctor staff to attend Clinical Governance meetings; and refining and developing the proposed "Patient Safe" internal Quality Mark, including drafting an implementation plan, launching a Trust-wide competition to support the design; and developing standards (based on the CQC's Key Lines of Enquiry
- The second main item was a **Review of the strategy/plan for medical engagement**, for which one of the Deputy Medical Directors attended. The issues discussed were as follows:
  - Engagement measures (which included previous surveys and the Listening into Action pulse survey) had demonstrated that there had been little improvement in the last few years. This was the case for both clinical engagement and medical engagement.
  - The next medical engagement survey was intended to provide a baseline against which to compare future progress. The aim was to also see medical staff more involved in management meetings, and for medical staff to receive proper training in management
  - The revised Job Planning process was part of the Medical Director's plans to improve the situation, in that if the allocation of Supporting Professional Activities (SPAs) was

correct, this would free Consultant time to participate in the required actions
  - A detailed discussion was held regarding the optimum approach and methods for training Clinical Directors, including the potential for bespoke training, coaching etc. The Medical Director confirmed he was content with the arrangements in place for the Deputy Medical Directors, but there was an opportunity to develop Clinical Directors.
  - The actions that had been agreed following the engagement review were presented, but it was noted that further work was required to extend the scope to include non-medical staff, and Senior Nurses in particular. It was agreed that the Medical Director should submit the fully-developed plan for medical engagement to the Quality Committee 'deep dive' meeting in February 2018, having first submitted the plan to an Executive Team Meeting in January 2018
- The Committee also received an **update on the proposal/case for improving the Trust's compliance with the Mental Capacity Act 2005**. The Committee wished the associated Business Case fortune on its route to approval

2. In addition to the agreements referred to above, the Committee agreed that:
- The Trust Secretary and Chief Nurse should liaise, to agree suitable date for a "Review of the themes arising from Root Cause Analyses of incidents and complaints" at a Quality Committee 'deep dive' meeting
- The Trust Secretary should provisionally schedule a "Review of clinical engagement" at the 'main' Quality Committee in March 2018; and a "Review of progress with implementing the Quality Strategy" at the 'main' Quality Committee every 4 months, from May 2018
- The Medical Director should submit a "Review of lessons learned from the Quality Impact Assessment process" to the February 2018 Quality Committee 'deep dive' meeting
- The Trust Secretary should schedule a "Review of improvements in Paediatrics" at the Quality Committee 'deep dive' meeting in April 2018; and a "Review of the quality care provided under inpatient escalation (including the Trust's Boarding Guidelines)" at the Quality Committee 'deep dive' meeting in February 2018 (and invite the Associate Director of Nursing for Urgent Care to attend)
- The "Follow-up review of compliance with the Mental Capacity Act 2005" should be deferred from the February 2018 'deep dive' meeting to a meeting later in 2018

3. The issues from the meeting that need to be drawn to the attention of the Board are as follows: N/A

4. The key matters considered at the 'main' meeting on 10th January were as follows:
- The **progress with actions** from previous meetings was noted
- The Medical Director reported on the **quality matters arising from the plans to exit Financial Special Measures (FSM)**, which included the latest Quality Impact Assessment (QIA) dashboard
- The latest update on the **work being undertaken to reduce Length of Stay** was given, and the Chief Operating Officer was asked to ensure future reports contained details of the number of patients awaiting Home First Pathway 3 placements. The Medical Director also agreed to ask that the Deputy Medical Director for Urgent Care instigate a programme of work to investigate the circumstances affecting the recent pattern of inpatient readmissions
- The first report from the **rolling programme of Directorate-based clinical outcome reports** was submitted, for Pathology and Pharmacy. The report was very informative, and was noted to be helpful in informing the subsequent reports from other Directorates
- The report of recent **Trust Clinical Governance Committee** meetings was discussed, and each **Directorate then highlighted their key issues.** The resulting discussions led to a number of actions, as follows
  - The Trust Secretary agreed to liaise with the Medical Director to schedule a "review of the compliance with the requirement to date and time all entries within patient healthcare records" at a Quality Committee 'deep dive' meeting
  - The Chief Nurse and Associate Director, Quality Governance agreed to consider how the number of incident investigators at the Trust could be increased
  - The Medical Director agreed to liaise with the Director of Medical Education to ascertain whether there was a correlation between the findings of the GMC's national training surveys and the existence of gaps in trainee medical rotas

- The Clinical Director for Pathology and Pharmacy agreed to request that the Chief Pharmacist reviews the Trust's processes for the management and control of FP10 prescriptions to ensure these were robust (in the light of the recent theft from an Ophthalmology outpatient clinic)
- The Clinical Director, Cancer, Haematology & Radiology agreed to submit a proposal to the Clinical Directors' Committee to address the marked increase in CT scan requests

- A **summary report of the Patient Experience Committee meeting** on 01/12/17 was noted
- A **Mortality update** report gave the latest position on Hospital Standardised Mortality Ratio (HSMR) and the Mortality Reviews undertaken by Directorates.
- Updates were given on the **implementation of Quality Accounts priorities 2017/18** and on the **complaints for quarters 1 & 2, 2017/18**
- The latest **Serious Incidents** were reported, and reports of the **Quality Committee 'deep dive' meetings** held on 31/10/17 and 18/12/17 were noted
- The **findings from the Committee evaluation 2017** were discussed. It was noted that the main issue of concern is the report from the Trust Clinical Governance Committee to the 'main' Quality Committee, which forms the basis of the Directorate reports to the Committee. However, as there was an outstanding action to review the format of the report from the Trust Clinical Governance Committee, the Committee agreed to proceed with the plan to arrange a meeting between the Chair of the Quality Committee, the Medical Director, Chief Nurse, Associate Director, Quality Governance and Trust Secretary, to consider the report and the broader relationship between the Trust Clinical Governance Committee and Quality Committee (although it was also agreed that that the discussion at that meeting should be informed by the findings from the Quality Committee evaluation)
- The **Committee's Terms of Reference** were subjected to their annual review and some minor changes were agreed. The Terms of Reference are enclosed in Appendix 1 (with proposed changes 'tracked'), for the Trust Board's approval

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

6. The issues from the meeting 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]

1. Information and assurance
2. To approved the Committee's revised Terms of Reference (Appendix 1)

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

QUALITY COMMITTEE - TERMS OF REFERENCE

Maidstone and Tunbridge Wells NHS Trust

1. Purpose

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

2. Membership

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

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

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

3. Quorum

The 'main' meeting of the Committee will be quorate when the following members are present:

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

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

- The Chair or Vice Chair of the Quality Committee
- 1 other Non-Executive Director or Associate Non-Executive Director[2]
- 2 members of the Executive ~~Directors~~Team

4. Attendance

The following are invited to attend each 'main' meeting

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

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

[2] For the purposes of quorum, the Chair of the Trust Board will be regarded as a Non-Executive Director

All other Non-Executive Directors (including the Chair~~man~~ of the Trust Board), Associate Non-Executive Directors, and members of the Executive Team~~Directors~~ (i.e. apart from those listed in the "Membership") are invited to attend all~~any~~ meeting of the Committee.

5. Frequency of Meetings

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

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

6. Duties

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

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

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

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

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

6.6 To seek and obtain assurance on the implementation of relevant policies, ~~and~~ procedures and clinical guidance

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

6.8 To receive details of Serious Incidents (SIs), and the Trust's response

6.9 To seek and obtain assurance on the Trust's compliance with the Fundamental Standards (as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and reflected in the Care Quality Commission's 5 domains)

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

7. Parent committees and reporting procedure

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

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

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

8. Sub-committees and reporting procedure

The Committee has no sub-committees.

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

9. Trust Clinical Governance Committee

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

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

10. Patient Experience Committee

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

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

11. Administration

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

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

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

12. Emergency powers and urgent decisions

The powers and authority of the Quality Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted at least 2~~two~~ members of the Executive Team~~Director members~~. The exercise of such powers by the Committee Chair shall be reported to the next meeting of the Quality Committee, for formal ratification.

13. Review of Terms of Reference

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

- Agreed by Quality and Safety Committee: 13 March 2013
- Approved by the Board: March 2013
- Agreed by the Quality & Safety Committee 'deep dive' meeting: 25th April 2014
- Terms of Reference (amended) agreed by the Quality & Safety Committee: 9th May 2014
- Approved by the Board: May 2014
- Terms of Reference (amended) agreed by the Quality & Safety Committee: 21st January 2015 (to remove reference to the Health & Safety Committee, which is a sub-committee of the Trust Management Executive)
- Revised Terms of Reference agreed by the Quality & Safety Committee, 13th May 2015
- Revised Terms of Reference approved by the Trust Board, 27th May 2015
- Revised Terms of Reference agreed by the Quality Committee, 6th January 2016

- Revised Terms of Reference approved by the Trust Board, 27th January 2016
- Revised Terms of Reference agreed by the Quality Committee, 11th January 2017
- Revised Terms of Reference approved by the Trust Board, 25th January 2017
- Terms of Reference approved by Trust Board, 18th October 2017 (to add Associate Non-Executive Directors to the membership)
- Revised Terms of Reference agreed by the Quality Committee, 10th January 2018

Trust Board Meeting – January 2018

Maidstone and Tunbridge Wells NHS Trust

1-17	Summary report from the Trust Management Executive (TME), 17/01/18	Committee Chair (Chief Executive)

The TME met on 13th December 2017.

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

- I gave an introduction, which included my initial observations since starting on 08/01/18, and outlined my initial priorities, which included ensuring a more structured engagement process was in place; supporting all of those dealing with current operational pressures; ensuring the recommendations from the impending CQC inspection report were implemented swiftly; and focusing on the Trust's financial position. I also noted the need to do more to define the Trust's plans for each individual service, and how these connected together
- A presentation was given by David Evans, Former Chief Executive of Northumbria Healthcare NHS Foundation Trust (& Consultant in Obstetrics & Gynaecology). The presentation ("Learning from Northumbria - Our Journey: A Practical Perspective") focused on the range on initiatives that had been applied at that organisation over the past several years. The presentation was very inspirational, and it was agreed that the Medical Director would coordinate a visit to the Trust, as a follow-up
- The progress with previous actions was noted, which included the efforts to increase the uptake of staff having flu vaccinations. It was agreed that the Director of Workforce would provide the Clinical Directors with the list of staff who had not yet received a vaccination
- The Chief Operating Officer updated the meeting on the management of current operational pressures, and outlined the support required by TME members. Following a discussion, the Chief Nurse agreed to investigate the risk to the Trust's ICU Nurses' NMC registration arising from such Nurses caring for patients under the Nurse:patient ratios seen in January
- Amendment to the TME's Terms of Reference (to reinstate the Chief Executive as the Chair, and enable any member of the Executive Team to act as Vice Chair were approved
- Requests to replace a Consultant Histopathologist and 2 Consultant Radiologists were approved. It was however agreed that I would review the current approval process
- The "Additional Clinical Session Authorisation and Payment Policy and Procedure" was approved, and this will now be considered for ratification at the Policy Ratification Committee
- The Director of Finance gave an update on Financial Special Measures, which included the forecast year-end position for 2017/18 and the current plan for 2018/19. The Deputy Chief Executive then presented the plans regarding "Programme Management and Governance for Improvement" (which focused on 5 programmes Trust-wide programmes)
- The Chief Operating Officer reported on the outcome of the 'Best care, Best patient flow' initiative at Tunbridge Wells Hospital (for which the Trust engaged 2020 Delivery Ltd)
- The monthly update from the Director of Infection Prevention and Control focused on the current status with regards to influenza
- The Chief Operating Officer gave an updated response to the concerns regarding the availability of healthcare records that had been raised at the previous 2 TME meetings; & also reported on the work being undertaken to improve data quality
- Updates were given on the IT outage that occurred on 05/01/18 and the requests by Trust Consultants for GPs to undertake non-contracted clinical activities
- Performance for month 9 was reviewed in brief, with a focus on 18 week Referral to Treatment; the 13 52-week breaches that had recently been identified; patient falls; single sex accommodation breaches, complaints response time, and sickness absence
- An update on the national 7 day service programme was given, and reports from the Trust Clinical Governance Committee and on the implementation of Quality Accounts priorities 2017/18 were noted. The notes from recent Executive Team Meetings were also noted

2. **In addition to any 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.)

Information and assurance

Trust Board Meeting – January 2018

NHS Maidstone and Tunbridge Wells NHS Trust

1-18	Finance and Performance Committee, 09/01/18	Committee Chair (Non-Exec. Director)

As was noted at the 'Part 2' Trust Board meeting on 20/12/17, an extraordinary Finance and Performance Committee meeting was held on 9th January 2018. The two items at the meeting were "To review the revised financial forecast for 2017/18" and "To discuss next steps".

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

- The 2017/18 forecast discussed at the Finance and Performance Committee meeting in December 2017 (which was based on month 8) had been developed to the end of month 9 (i.e. Quarter 3) with items from the month 8 forecast added and subtracted
- The Committee heard that the cost that had been assumed for winter pressures did not include escalating into Cornwallis Ward, which had now had to occur (and it was assumed that Cornwallis Ward would continue to be escalated until the end of January 2018)
- The Committee also heard that the expected reduction in clinical supplies had not been seen, so a £300k cost had been included in the month 9 forecast for this. In addition, there had been further reductions in private patient income, and this was expected to continue in January, February and March. It was further noted that year-end stock issues had led to a cost of £300k.
- The planned asset disposal that had originally been within the Trust's plans for 2017/18 was discussed in detail, and noted that the disposal was now not likely to occur until 2018/18
- The latest situation was also provided on the outstanding rates rebate issue, and the other aspects of the proposed month 9 forecast (both positive and negative)
- The Financial Special Measures (FSM)/forecast meetings with NHS Improvement (NHSI) on 10/01/18 and 16/01/18 were also discussed, and it was agreed that the Director of Finance should hold a telephone discussion with NHSI's Head of Finance ahead of the meeting scheduled for 10/01/18
- The Committee also recapped on the 2016/17 year-end position (for which the Trust's deficit was £10.9m including Sustainability and Transformation Fund (STF), and £17.6m once STF was excluded)
- It was acknowledged that the Trust's revised forecast needed to be submitted before the FSM review meeting with NHSI on 16/01/18 (which was before the next Trust Board meeting), and that the forecast therefore needed to be agreed by the Committee. The Committee therefore duly agreed the value of the 2017/18 year-end forecast to be submitted to NHSI
- The Committee also discussed the 2018/19 position was then held, which included the likely timescale by which the Trust would be able to achieve a recurrent break-even position

2. In addition 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:

- The Committee agreed the value of the 2017/18 year-end forecast to be submitted to NHSI before the FSM review meeting with NHSI on 16/01/18

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