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 26TH APRIL 2018

PENTECOST/SOUTH ROOMS, THE ACADEMIC CENTRE, MAIDSTONE HOSPITAL

A G E N D A – PART 1

Ref.	Item	Lead presenter	Attachment
4-1	To receive apologies for absence	Chair of the Trust Board	Verbal
4-2	To declare interests relevant to agenda items	Chair of the Trust Board	Verbal
4-3	Minutes of the Part 1 meeting of 29th March 2018	Chair of the Trust Board	1
4-4	To note progress with previous actions	Chair of the Trust Board	2
4-5	Safety moment	Chief Nurse	Verbal
4-6	Report from the Chair of the Trust Board	Chair of the Trust Board	3
4-7	Report from the Chief Executive	Chief Executive	4
	Presentation from a Clinical Directorate		
4-8	Cancer & Haematology	Clinical Director / Acting General Manager, Cancer / General Manager, Radiology / Lead Matron	Presentation
4-9	Year-end review of the Board Assurance Framework, 2017/18	Trust Secretary	5
4-10	Integrated Performance Report for March 2018 ▪ 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	6 (Finance pack to follow)
4-11	Update from the Best Care Programme Board	Chief Executive	7 (to follow)
	Quality items		
4-12	Planned and actual ward staffing for March 2018	Chief Nurse	8
4-13	Board members' Quality Walkarounds	Trust Secretary	9
	Planning and strategy		
4-14	Final review of the planning submissions for 2018/19 (incl. operating plan)	Director of Finance	10 (to follow)
4-15	Review of engagement strategy	Director of Workforce	11
	Assurance and policy		
4-16	Approval of statement of compliance with the 2017/18 Data Security Protection Requirements	Chief Nurse (as Senior Information Risk Owner/SIRO)	12
4-17	Annual approval of the Sustainable Development Management Plan (SDMP)	Chief Operating Officer	13
4-18	Freedom to Speak Up Guardian arrangements	Director of Workforce	14
	Reports from Trust Board sub-committees (and the Trust Management Executive)		
4-19	Workforce Committee, 29/03/18 (incl. the findings of the national NHS staff survey 2017)	Committee Chair	15
4-20	Quality Committee, 10/04/18	Committee Chair	16
4-21	Finance and Performance Committee, 24/04/18	Committee Chair	17 (to follow)
4-22	Trust Management Executive (TME), 25/04/18	Committee Chair	Verbal
4-23	To approve revised Terms of Reference for the Remuneration & Appointments Committee	Committee Chair	18
4-24	**To consider any other business**		
4-25	**To receive any questions from members of the public**		
4-26	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: ▪ 24th May 2018, 10am, Academic Centre, Maidstone Hospital ▪ 28th June 2018, 10am, Education Centre, Tunbridge Wells Hospital		

David Highton,
Chair of the Trust Board

MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY 29TH MARCH 2018, 10A.M, AT TUNBRIDGE WELLS 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)
	Angela Gallagher	Chief Operating Officer	(AG)
	Tim Livett	Non-Executive Director	(TL)
	Peter Maskell	Medical Director	(PM)
	Claire O'Brien	Chief Nurse	(COB)
	Steve Orpin	Director of Finance	(SO)
	Steve Phoenix	Non-Executive Director	(SP)
	Miles Scott	Chief Executive (apart from item 3-12)	(MS)
In attendance:	Simon Hart	Director of Workforce	(SH)
	Nazeya Hussain	Associate Non-Executive Director	(NH)
	Steve Inett	Chief Executive, Healthwatch Kent (until item 3-9)	(SI)
	Mrs Lynda Johnson	Patient (until item 3-9)	(LJ)
	Jim Lusby	Deputy Chief Executive	(JL)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Sarah Overton	Director of Strategy/LIA Lead (for items 3-9 to 3-11)	(SOv)
	Kevin Rowan	Trust Secretary	(KR)
	Glenda Sonquit	Matron, Acute & Emergency (for items 3-5 to 3-8)	(GS)
Observing:	Annemieke Koper	Staff Side representative	(AKo)
	Darren Yates	Head of Communications (until item 3-12)	(DY)
	Roy Brazier	Member of the Public (until item 3-12)	(RB)
	Pam Croucher	Healthwatch Kent	(PC)
	Jason DePol	Liaison	(JD)
	Paula Smith	Deputy Director of Operations, Queen Victoria Hospital NHS Foundation Trust	(PS)
	Rachel Street	Deputy Director of Finance, Bromley Healthcare	(RS)

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

3-1 To receive apologies for absence

Apologies were received from Sarah Dunnett (SDu), Non-Executive Director. DH then reported that Alex King had retired as a Non-Executive Director (NED) with effect from 21/03/18.

3-2 To declare interests relevant to agenda items

No interests were declared.

3-3 Minutes of the 'Part 1' meeting of 1st March 2018

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

3-4 To note progress with previous actions

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

- **12-5 ("Arrange for the development of an appropriate Key Performance Indicator for Acute Kidney Injury, for inclusion in the monthly "Trust Performance Dashboard"")**. PM reported that it had been difficult to identify an appropriate Key Performance Indicator (KPI), but he believed that the Trust Board wanted to be assured that the recognition of Acute Kidney Injury (AKI) was robust. PM continued that the matter had been discussed at length at a meeting of the AKI Steering Group, which COB had attended, but no KPI could provide such assurance. PM did however state that the important aspect was that AKI was being monitored successfully and treated appropriately. PM concluded by stating that the Best Care programme

included a 'preventing harm' workstream, and PM it was more appropriate for that workstream to continue the consideration of a KPI for AKI. This was agreed. It was therefore confirmed that the action should be closed.

- **1-8 ("Circulate, to Trust Board Members, a report responding to the specific points and general themes arising from the "A patient's experiences of the Trust's services" item at the Trust Board meeting on 25/01/18")**. COB stated that the report was still in development but she had given the matter considerable thought, and a key element of the response would be a documentation audit. It was confirmed that the action should remain open.
- **2-10a ("Consider providing information to GPs about the Trust's elective services, to assist them in their referral decisions")**. JL reported that he would discuss the matter with West Kent Clinical Commissioning Group that afternoon and the issue had been added to the agenda for the next system-wide Local Care meeting. JL added that the timing of agreeing the contract was important, in the context of the current waiting list backlog, so the Trust needed to ensure that the backlog was addressed. It was agreed that the action could be closed.
- **2-10b ("Publicise the steps the Trust was taking to ensure the safety of its services, in the context of the recent media coverage regarding increased demand and treatment delays across the NHS")**. JL reported that external communications were pertinent now that the winter period had passed, to make the point that the Trust had managed the situation very well. JL continued that this was a strong message that needed to be communicated. DH queried whether JL was implying that some form of 'winter review' document would be published. AG confirmed this was the case.

3-5 Safety moment

COB reported that the focus for March was on how the Medicines Management eGuide could help improve medication safety, and highlighted the following points:

- Four key themes had been applied, focusing on: safe practice in discharge; medicines and missed doses; the safe administration of medicines; and the safe storage of medicines
- Patient stories had been used to illustrate the issues
- The theme had enabled the link with Never Events to be highlighted, and efforts had been made to promote the concept of 'always events', to emphasise the positive steps that staff should always take (to improve safety)

3-6 Report from the Chair of the Trust Board

DH reported the following points:

- He was pleased with how well the Trust had performed on the Care Quality Commission (CQC) inspection, and there had been considerable improvement since the previous inspection
- Congratulations should be given to COB following her appointment as substantive Chief Nurse
- Alex King had resigned as a NED, following a period of ill health, and a replacement was being sought via NHS Improvement (NHSI). Advertisements for 2 other Associate NEDs would also be issued soon, via NHSI, on the basis that those appointed would be eligible for appointment to formal NED vacancies, should any arise
- DH had accepted an invitation from NHSI for the Trust to participate in the NExT Director scheme. The individual placed with the Trust would not have the same status as an Associate NED, and would be unable to chair Trust Board sub-committees, so KR needed to finalise the specific arrangements involved & ensure that the individual was aware of the remit of the role
- DH had attended NHS Providers' latest Chairs and Chief Executive Network event, and the key point raised was the establishment of the Provider Sustainability Fund (PSF) (which had replaced the Sustainability and Transformation Fund (STF)) and Commissioner Sustainability Fund (CSF). Any growth funding for the NHS had been incorporated into the CSF, so a number of Trusts may not feel able to agree the control total they had been set. This important point would be discussed again at the April 2018 Trust Board meeting, which would consider the Trust's final plans for 2018/19. However the Prime Minister had announced her intention to consider improved longer-term funding for the NHS
- The national pay award was also discussed at the event, and although this was reported as being fully-funded, the details of such funding were not yet known. The Trust's planning

assumptions for 2018/19 did not currently reflect the pay award, so it was hoped that further information would be available by April

DH then stated that he had been unable to attend the NHSI Regional Chairs Networking event held recently, so SP had attended instead. SP then reported that the event had focused on operational improvement in 2018/19; workforce issues (including a useful presentation from Health Education England's Regional Director for the South of England), and a presentation from Healthcare Business Solutions, who provided support on pathway redesign. SP added that he had shared the presentations from the event with Members of the Executive Team.

3-7 Report from the Chief Executive

MS referred to the circulated report (Attachment 3) and highlighted the following points:

- MS wished to thank AG and her team for the calm and measured way the Trust had responded to the very challenging recent times, including the snow
- The Quality Strategy needed to use patient feedback to define the priorities, and not take account of the wishes of regulatory bodies. This would however involve a shift in perspective
- JL was leading on identifying Clinical Service Plans for key clinical services. The intention was to apply a simple and clear process, so it was anticipated that a document would be able to be submitted to the Board within the next 2-3 months. Clarity was required as to the action needed by the Board to achieve the plans, and time therefore needed to be identified to consider this

SP asked whether the discussion of the latter two items could be scheduled for discussion at a Trust Board Seminar. DH agreed to consider whether these could be scheduled for the Seminar in April 2018, although MS pointed out that he and DH had agreed on 28/03/18 that the April Seminar would be focused on the Sustainability and Transformation Partnership (STP).

Action: Liaise to consider scheduling reviews of the revised Quality Strategy and the development of Strategic Clinical Service Plans at the April 2018 Trust Board Seminar (Chair of the Trust Board / Trust Secretary, March 2018 onwards)

3-8 A patient's experiences of the Trust's services

DH and COB welcomed LJ, SI and GS to the meeting. COB then introduced the item and invited LJ to recount her experiences with the Trust. LJ duly reported the following points:

- LJ had Parkinson's (although she was admitted with pneumonia). The medication for Parkinson's was very specialised and unique to each person. It therefore needed to be incorporated into the hospital's medication regime, but this went awry in LJ's case
- Staff on the Acute Medical Unit (AMU) (at Tunbridge Wells Hospital (TWH)) appeared to know very little about Parkinson's, and how to offer support. It was hoped that training would help Nursing staff to understand more how they could offer support

GS confirmed that training had indeed been provided to AMU staff. LJ then continued, and highlighted the following points:

- Several issues concerned LJ: staff seemed to be demoralised; another patient's healthcare records were left in a corridor; and at handover, LJ felt that staff did not recognise her presence, and very little discussion was held regarding Parkinson's
- LJ had mobility difficulties, but no assistance was given to help LJ rise from her bed or wash and dress
- LJ did not sleep whilst on the Unit
- LJ felt very vulnerable. One of the staff members on night duty was very intimidating, and LJ was quite scared of that individual. LJ did not therefore welcome the possibility of potentially having to return to the Unit

SI added that LJ had stated that she wanted to be empowered to be involved in the management of her own medication. SI continued that all of LJ's medication was taken away on admission and re-issued by the hospital Pharmacy, whilst her old medication was returned to LJ when she was discharged. SI did not understand why LJ was not able to manage her own medication. LJ added that Nurses carried out several medication rounds per day, but this regime did not accord with that required for LJ's condition.

COB acknowledged that opportunities were often lost by dissolving patients of all responsibility during their admission. LJ agreed, noting that this had occurred during a previous admission at Maidstone Hospital (MH). COB did however point out that there were some safety considerations that needed to be taken into account. GS agreed, and highlighted that it was difficult for staff to dispense patient's own medication from dosette boxes, as such medication had been removed from its original packaging, and therefore the hospital's Pharmacy had been asked to re-dispense LJ's medication.

SI commented that work was required to utilise patient's knowledge of their time-critical medications. The point was acknowledged.

COB then recognised the need to undertake further work with LJ to address her concerns in relation to potential future care and treatment, adding that no patient should feel scared to return to hospital. COB also noted that LJ had stated that she had witnessed patient call bells not being responded to, which had resulted in some patients having soiling accidents. COB added that LJ had also expressed concerns regarding the attitude of some staff. COB gave assurance that such issues had been addressed with the Ward team, but COB wanted the Trust Board to hear about the concerns LJ had raised.

LJ then lamented the fact that important details about a patient could no longer be shown at the end of their bed. COB clarified that this could still occur, under certain circumstances, if patients consented.

DH then thanked LJ for attending, acknowledging that the experience would have been daunting. MC also thanked LJ, and emphasised the importance of patients sharing their experiences. MC also remarked that no individual member of staff could be expected to know everything, so queried whether the introduction of a 'health passport', which were already used in Maternity services, should be considered. The suggestion was acknowledged.

PM added his thanks to LJ, and stated that although it was difficult to hear the experiences she had described, it was important that such experiences were heard. PM pointed out that LJ had both an acute and chronic condition, and acknowledged that the Trust had not yet identified the optimum location in which to treat such patients.

PM then noted that as a Geriatrician he had received in-depth training in Parkinson's, which was a very complex condition, so he therefore understood that staff may need to ask patients to supplement the scant knowledge they may have. PM continued that some of the issues LJ had reported had been alarming, and he was particularly concerned to hear about LJ feeling unsafe, and about healthcare records being left in a corridor. PM therefore asked LJ whether the issues she had raised had been addressed to her satisfaction. LJ confirmed that this was the case, following the meeting she had had with GS. LJ also stated that Sue Kerkin, Parkinson's Clinical Nurse Specialist (CNS), had been very helpful. LJ added that she did however want to make it clear that despite the aforementioned concerns, she had encountered some very good Nursing staff, whilst she was also very pleased with the care she received from Dr Saldanha, even though she only saw him every 2 years. PM stated that he was pleased to hear LJ's comments regarding the CNS, adding that it was important to recognise that the NHS often needed additional competent staff, but these did not have to be doctors.

MS then thanked LJ and stated that he would ensure she was provided with further feedback on the issues she had raised.

Action: Ensure that the patient who attended the "A patient's experiences of the Trust's services" item at the Trust Board meeting on 29/03/18 received a response to the issues they raised at the meeting (Chief Nurse, March 2018 onwards)

MS also emphasised that he wanted COB to meet with LJ to provide assurance regarding any potential future care/treatment LJ may receive at the Trust.

Action: Ensure the patient who attended the "A patient's experiences of the Trust's services" item at the Trust Board meeting on 29/03/18 was provided with assurance with

regards to any potential future care/treatment they may receive at the Trust (Chief Nurse, March 2018 onwards)

3-9 Integrated Performance Report for February 2018

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

- Operational pressure continued to be felt, but the experience of patients passing through the Trust's emergency pathways (as measured by performance on the A&E 4-hour waiting time target) was challenging the national trend
- The Trust generally performed well on quality indicators, but there had been an adverse impact on finances & waiting lists. AG would also address the issues regarding Cancer performance.
- There were also some risks in relation to staffing indicators, although these had not changed markedly from the previous month

Effectiveness / Responsiveness (incl. DTOCs)

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

- The A&E 4-hour waiting time target trajectory had been met for January and February, and for the latter, the Trust had been within the top 20% of national performers
- Non-elective activity was concerning, particularly in the over 75 age group. Patients now rarely arrived at the Trust with one condition, and care was therefore increasingly complex
- The Frailty Unit at TWH had now opened, and although the Unit only had 2 rooms, admissions had been avoided by the Unit's operation
- Length of Stay (LOS) had reduced year on year, as a result of work undertaken to avoid admissions and the level of Delayed Transfers of Care (DTOCs) should be at the expected 3.5% limit within the next month or so
- There was a direct correlation between non-elective demand and waiting lists, as capacity for the latter was reduced by the former. The trajectory for 18-week Referral to Treatment (RTT) performance had been re-set. The overall waiting list had increase, but this was largely due to some data quality issues that had arisen. Members of the Executive Team were clear about the need to reduce the waiting list
- For the 62-day Cancer waiting time target, there was also a correlation with non-elective demand, particularly in terms of access to support services i.e. CT scans, MRI scans etc. There had been delays in the front-end of the patient pathways for a number of Tumour sites, but each Tumour site now had a specific action plan that focused on improving the diagnostic phase of the pathway. NHSI had undertaken a 'critical friend' visit focusing on the pathways

DH noted that the transition to the eReferrals system had led to pressure on Cancer care for the Breast Tumour site, and asked if this had been resolved. AG confirmed that the situation was expected to be resolved soon. DH asked whether all specialties were now using eReferrals. AG confirmed that some areas were still using paper referrals, but the Trust was the first to go 'live' with eReferrals in Kent, Surrey and Sussex, and paper referrals would cease in July 2018. AG added that further work was required regarding the implementation of the eReferral system, but the Trust was aiming to proceed slowly rather than wait until the national implementation deadline was near. DH remarked that this approach was very sensible.

Safe / Effectiveness / Caring

COB then reported the following points:

- There had been a reduction in the total number of falls, so the Trust was on track to achieve the target rate of 6 falls per 1000 occupied bed days. However, there had been 31 falls-related Serious Incidents, compared to 34 for the same period in 2016/17 (i.e. not the 30 that had been reported on page 6 of Attachment 4). Discussion had been held with NHSI's national lead on falls, who had confirmed that the Trust was doing everything it should, although some further actions had been suggested
- There were no significant concerns to report regarding pressure ulcers, although there would be no complacency
- There had been a reduction in the response rate, and number of positive responses, for the Friends and Family Test (FFT), but work was being undertaken to aim to address this

- There had been 5 single sex accommodation compliance breaches. These were related to capacity issues, although this was not an excuse. The Trust was involved in a South East regional audit of mixed sex compliance, as it had been felt that Trusts interpreted the guidance differently. The audit had however confirmed that the Trust's interpretation was appropriate

DH asked for details of the bed configuration of the AMU at TWH. COB replied that it was the only Ward at TWH that did not have single rooms. AG added that the AMU comprised 4-bedded bays. DH remarked that Clinical Site Managers had to make judgements regarding patients' safety and in times of great operational pressure, it was better for a patient to be on a mixed sex Ward than in a corridor. The point was acknowledged.

COB then continued, and highlighted that the complaints response rate had reduced, to 59% (for the month). DH asked for clarification that a successful complaint response required contribution by the Central Complaints Team and front-line staff, and that capacity challenges in either had an adverse effect on the response. COB confirmed that DH's understanding was correct.

COB then continued, and highlighted that the report contained the themes arising from complaints as well as a quality update for Maternity services, which included the Trust's engagement with the national maternity transformation programme, 'Better Births'.

NH referred to page 9 of 30, and asked whether there was a connection between the 2 complainants experiencing a "Premature discharge" in December 2017 and January 2018 and the 2 complainants experiencing a "Failed discharge (readmission within 48 hours)" in the same period. COB confirmed she would clarify.

Action: Clarify whether there was a connection between the 2 complainants reported (within the Integrated Performance Report for February 2018) as experiencing a "Premature discharge" in December 2017 and January 2018 and the 2 complainants reported as experiencing a "Failed discharge (readmission within 48 hours)" in the same period (Chief Nurse, March 2018 onwards)

NH then remarked that that she considered patients making complaints as positive. JL agreed, noting that the Trust's complaints rate had traditionally been comparatively low, which had been a cause for concern.

Safe / Effectiveness (incl. Mortality)

PM confirmed he would discuss mortality and Stroke later in the agenda.

Safe (infection control)

SM referred to the circulated information and reported the following points:

- There had been no cases of MRSA bacteraemia or Clostridium difficile, so the Trust was now 2 cases below trajectory for the year for the latter
- Further work was about to commence in relation to gram negative bacteraemia, and would focus on, among other things, catheter care
- There had been 57 cases of influenza in February, many of which required admission to ICU, but no deaths had been directly related to influenza

DH asked SM to give an explanation of gram negative bacteraemia. SM duly explained that these were bloodstream infections associated with sepsis, which had a number of causes, but the Secretary of State for Health and Social Care was focusing on the infections that were related to a healthcare intervention, including catheter care, and which could be deemed as avoidable. SM added that a national target of a 50% reduction in avoidable gram negative bloodstream infections by 2020/21 had been set, and this would involve considerable work by the Infection Prevention and Control Team in 2018/19. DH queried whether success in this area would reduce LOS. SM confirmed this would be the case.

Well-Led (finance)

SO highlighted the following points:

- Although the Trust was on track to achieve its financial year-end forecast, there was continued pressure, in relation to the escalation of Cornwallis Ward and the deployment of additional medical staff. There was confidence that Cornwallis would be de-escalated at the end of March 2018, but the escalation had not been included in the Trust's plans. The snow experienced in February also had an adverse impact on activity. However, at end of February, there was sufficient flexibility to counter the impact of these factors, although the Trust would require a good month in March 2018
- The Trust's income was only slightly varied from plan. The Aligned Incentives Contract (AIC) protected income during periods of excessive non-elective activity, so without the AIC there would be an income issue, not just a cost issue. The Finance and Performance Committee had requested that the Trust Board Seminar in April consider the risks relating to income
- The Trust's cash position was healthy at present. The level of STP-related debt had reduced, and the Trust had been able to reduce its creditor days
- Significant capital expenditure was still required, but a replacement Linear Accelerator (LinAc) would be purchased in March and held in a bonded warehouse until the required preparatory works had been undertaken. The purchase was part of a national LinAc replacement programme, and a further LinAc was planned to be purchased, in a similar way, in 2018/19 (as had been the case for the purchase of a LinAc in 2016/17)

Well-led (workforce)

SH then reported the following points:
- Pressures had been experienced through the winter period, in terms of vacancy and staff turnover. The latter had improved slightly but was still higher than planned
- NHSI had invited the Trust to take part in a voluntary national staff retention programme. The Trust wanted to accept the invitation, so COB and SH would travel to Birmingham w/c 02/04/18 to participate in the starter programme
- Work was being undertaken to improve the external image of the Trust, to attract staff
- Long-term sickness absence had improved, which reflected the work done by line managers & Human Resources staff. It was hoped that short-term sickness absence would also improve

DH asked about the final rate of influenza vaccination among staff. SH replied that the rate was mid-70%, which was below the best-performing Trusts nationally, but better than the Trust's performance for 2016/17. DH asked whether the vaccine had been effective. SM confirmed this was the case, but added that the absence of full coverage among staff had led to certain challenges when treating patients with influenza, including within the mortuary. SM continued that some stories had been garnered and would be used to promote the uptake of future vaccinations. DH asserted that further thought needed to be given to improve the percentage uptake. The point was acknowledged.

3-10 Update on Emergency Care Improvement Programme (ECIP) visit to Maid. & Tun. Wells hospitals, Jan '18

AG referred to the circulated report (Attachment 5) and highlighted the following points:
- The actions arising from the ECIP review was now aligned with the Best Patient Flow programme, via the Best Care programme, to ensure there was one set of standards
- ECIP staff would visit the Trust again on 12/04/18, for an intensive 4-day programme, focusing on the SAFER bundle, 'red to green' days, ambulance handovers and other issues

DH asked for confirmation that the Trust Board would not therefore receive any further specific update reports on ECIP. AG confirmed this was the case.

Quality Items

3-11 Approval of Trust response to the Kent and Medway Stroke review consultation

DH introduced the item by explaining that the document was complex, and required detailed internal discussions, so had therefore not yet been posted on the Trust's website. PM then referred to the report that had been circulated (Attachment 6) and highlighted the following points:
- Thanks should be given to SOv, who had worked very hard on the report

- The Trust's Stroke team did not quite understand why change was required, given the high quality care they provided for patients in West Kent. However, regardless of this, the team had been engaged in the production of the response
- It was a difficult time for the Stroke team, because at least one of the Trust's Stroke units would no longer existin the future

DH referred to the latter point, and asked for clarification that for 4 of the 5 options in the consultation, the Trust would consolidate its current two geographic Stroke services onto one hospital site. PM confirmed this would be the case.

PM then reminded the Trust Board of the configuration of the 5 options (A, B, C, D, and E) and highlighted the following points:

- No preferred option had been identified in the consultation
- The Trust Board had accepted the consultation process and was therefore bound by its outcome
- One of the 2 key issues in the Trust's response was the importance of the concept of a catchment area, which was significant in relation to the management of comorbidities, and SOv had undertaken some analysis to identify which options split the Trust's catchment area more
- The other key issue was quality, in that the Trust's Stroke services currently provided the best quality service in the region
- The Trust's Stroke staff had indicated they would not transfer their employment to another Trust, and many staff would choose to remain at the Trust as they were not contractually obliged to provide Stroke care. This included most of the Stroke Consultants, although this was not the case for PM
- Locating a Hyper Acute Stroke Unit (HASU) at MH would be easier and less expensive, but the Trust's response had described this less directly

DH summarised that the prime objective of the Trust's response was to ensure that the Trust's catchment was maintained, whilst a secondary objective was to recognise that it was more practicable to implement a HASU at MH than at TWH.

NH asked how the Stroke staff at TWH felt about moving to MH if that option was selected. PM stated that the situation differed between Therapy, Nursing and Medical staff, and he believed that the majority of Nurses would move from TWH to MH. PM continued that the most difficult staff group would be the Therapists, and he expected at least half of such staff to resist moving. PM added that he believed the Medical staff would abide by the outcome of the consultation and move if required, at least in the short-term.

NH remarked that efforts should be made to reduce the time required to implement the options, particularly in relation to the capital expenditure required. SO confirmed that no capital funding was in place for Stroke services at present, but he expected this to be made available in the future.

NH then noted that the Equality Impact Assessment reported within the Pre-Consultation Business Case showed that Black and Minority Ethnic (BME) patients were more likely to experience a Stroke, so she wanted to be assured that the preference for MH took this into account. It was agreed to ensure that the Trust's response took account of the findings from the Equality Impact Assessment reported within the Pre-Consultation Business Case.

Action: Ensure that the Trust's response to the Kent and Medway Stroke review consultation took account of the findings from the Equality Impact Assessment reported within the Pre-Consultation Business Case (Medical Director, March 2018)

SP then stated that he strongly supported the preference for MH. MS clarified that the Trust Board needed to understand that the Trust's response was confirming the case for change, but did not support any of the specific options being offered within the consultation. NH asked how this would be regarded by other parties, given that the Trust had been closely involved in the review process. MS replied that he expected those who had invested the most time in the process may not welcome the approach taken in the Trust's response.

DH noted that the Trust stating a preference for MH may not be popular in Medway, given the close proximity, so the Trust's response had therefore tried to avoid this scenario and focus on maintaining the catchment areas that had been developed over the 18 years the Trust had existed.

SP opined that the Trust's different perspective on implementing the case for change was within the remit of the consultation process. DH concurred.

JL noted that the Trust needed to be mindful of being accused of being protectionist. DH acknowledged the point.

DH then asked whether the Trust Board was content to approve the response as submitted. MS referred to the table under the "Impact of Stroke Consultation Options on existing patient flows" section on page 7 and asked for approval for him to apply some editorial freedom as to how the information was presented, without changing the principle of the response. DH confirmed he was content with this, providing that the spirit of the response was unaltered, and providing that the changes were made quickly. MS confirmed the changes could be made that afternoon, if SOv was available. DH expressed a preference for the response being finalised before the Easter break.

NH asked for confirmation that MS was not proposing to make material changes. MS confirmed this was the case.

TL remarked that the content of page 7 would benefit from the application of an overall patient focus, as the current text appeared to be confusing the point that was trying to be made. The point was acknowledged.

The Trust Board approved the response to the Kent and Medway Stroke review consultation, subject to the application of more patient focus, and a more articulate description, of the content of the "Impact of Stroke Consultation Options on existing patient flows" section (on page 7).

DH concluded by stating that he welcomed the final version of the response being published later that day.

3-12 Care Quality Commission inspection – report and response

COB referred to the circulated report (Attachment 7) and highlighted the following points:

- There had been much improvement since the last CQC inspection
- An action plan had been developed, in conjunction with Divisional teams, to respond to the 17 'should do' recommendations. It was intended to complete the actions within the first quarter of 2018/19, but the actions to ensure that holes in walls and doors were addressed in a timely fashion had been completed as soon as the report had been issued
- The action plan would be monitored through the Best Care programme, although COB did not just want that programme to solely focus on the CQC inspection report
- COB and MS had met with the representatives from the CQC, to discuss future inspections, and to also understand what was required for the Trust to be rated as 'good'
- Work was underway to communicate the report to staff
- The data collection process for the inspection was being reviewed and refined
- No further formal inspections were expected until at least the first quarter of 2019/20

3-13 Planned and actual ward staffing for February 2018

COB referred to the circulated report (Attachment 8) and highlighted the following key points:

- The report has still not yet managed to incorporate the Quality, Effectiveness & Safety Trigger Tool (QuEST) score, as further work was required regarding this
- The red-rated areas reflected an inability to fill shifts with Bank staff
- The Nurse-sensitive indicators were largely stable, and where this was not the case, the relevant area had been allocated an amber rating

3-14 Approval of updated declaration of compliance with eliminating Mixed Sex Accommodation

COB referred to the circulated report and invited questions or comments. None were received.

The declaration was approved as circulated.

3-15 Quarterly mortality data

PM referred to the circulated report (Attachment 10) and highlighted the following points:

- The 12-month and 1-month Hospital Standardised Mortality Ratio (HSMR) had reduced again. PM had reflected on why this had been case, and he was mindful that mortality was heavily influenced by care in Specialist Medicine, as most deaths occurred in that area. PM would therefore ask Dr Foster to consider whether improvement within Specialist Medicine could account for the overall improvement
- Weekday mortality had reduced more than weekend mortality but the Trust's 7-day service programme was progressing well
- The only blot was the proportion of Mortality Reviews undertaken, but PM had been assured by the relevant Deputy Medical Director and Associate Director, Quality Governance that the current Structured Judgement Review process would lead to the required improvement
- More work was also still required in relation to comorbidities, and PM intended to increase the pressure in this regard

SO added that a new Head of Clinical Coding had joined the Trust from King's College Hospital NHS Foundation Trust, so the Trust's Clinical Coding department was now fully established for the first time. SO gave assurance that progress was therefore now expected in this area.

3-16 Proposals re Board members' Quality Walkarounds

KR referred to the circulated report (Attachment 11) and highlighted the following points:

- All Trust Board Members should be familiar with the content of the report, as all had been involved in the consultation to finalise the proposals
- The proposals involved a 'menu' of options being available for Trust Board Members to select
- Views were welcome on how organised the Walkarounds process should be i.e. should Trust Board Members organise their own Walkarounds or should these be organised centrally

NH remarked that she was not in favour of the 'Breakfast with the Board' or 'Lunch with the Board' options (d. and e.). TL and DH concurred. DH therefore proposed that these options be removed from the 'menu'. This was agreed.

DH asked whether NEDs attending routine meetings (i.e. options a. and b.) would be well received by staff. COB replied that it was important to prepare staff in handling such circumstances. AG opined that these options would influence staff behaviour, and would involve considerable preparation, and may therefore only work well with specific meetings. MS stated that the rules he would propose for such options were that the Chair of the meeting would need to be forewarned, and the attendance by the NED should be a one-off event rather than continuous. AG added that it would be important to manage staff's expectations regarding the role of any NEDs at the meeting. The proposed 'rules' were agreed.

DH then confirmed that that he believed sufficient comments had been provided to enable the approach to Trust Board members' Quality Walkarounds to be formalised.

3-17 Proposals re the future of 'patient and staff experience' items at the Trust Board

COB gave a presentation, highlighting that it was proposed to develop a programme of experiences to be shared at each Trust Board meeting, alternating between patient and staff stories; and consider the use of different formats of presentation (i.e. formal presentations, verbal, video and audio).

COB then continued, and highlighted that the proposed areas that could be considered included:

- Direct feedback from patients, through contact via a complaint or correspondence
- Staff sharing their response and actions taken in response to a complex patient experience

- Staff attending Trust Board meetings and sharing their experiences of caring for a specific patient or group of patients; sharing and celebrating good practice or details of a new initiative; or sharing their views on the organisation's practice and culture

SH added that it was important to be able to open and perhaps include supporting staff who had raised concerns to report these to the Trust Board.

Questions were invited. DH commented that item 3-8 had demonstrated that the Trust Board needed to be exposed to patient stories, but queried whether staff would find attendance at Trust Board meetings intimidating. COB replied that staff could be supported and noted that some staff had already been provisionally scheduled to attend future Trust Board meetings.

SP acknowledged the need to hear different perspectives, but queried whether a distinction needed to be made between Trust Board meetings and other forums, as Trust Board meetings were where formal business was transacted. MS asked whether SP was suggesting that patient and staff experience items should take place in other forums in addition to, rather than instead of, the Trust Board. SP confirmed that this was the point he had made.

NH noted that she deployed other methods to enable her to identify how staff felt, but agreed that that it was proper for the Trust Board to hear from staff directly.

MC remarked that the Trusts that had demonstrated the greatest improvement had shown that similar engagement efforts had been important.

TL stated that he supported the proposals, but cautioned against specific staff being given a voice in preference to that of others. The point was acknowledged.

DH then confirmed that that he believed sufficient comments had been provided to enable the approach to future 'patient and staff experience' items at the Trust Board to be formalised.

Planning and strategy

3-18 Update on the Trust's 2018/19 planning

SO noted that a detailed discussion would be held at the 'Part 2' Trust Board meeting scheduled for later that day, but highlighted that DH had already reported the pertinent issues under item 3-6.

3-19 Update on the working capital loan

The circulated report (and supplement) was noted.

Assurance and policy

3-20 Update from the SIRO (incl. approval of the IG Toolkit submission for 2017/18 & Board annual refresher training on Information Governance)

COB referred to the circulated report (Attachment 13) and highlighted the following points:

- The report had been written by the Trust's Head of Information Governance
- The report provided the annual Information Governance refresher training for the Trust Board, so Trust Board Members should take particular note of the "What does the Trust Board need to know to fulfil its duties?" section
- The report contained details of the proposed submission for the Information Governance Toolkit for 2017/18

Questions were invited. None were received.

The Information Governance Toolkit submission for 2017/18 was approved as circulated.

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

3-21 Audit and Governance Committee, 26/02/18 (incl. ratification of amendments to the Scheme of Delegation)

SP referred to the report that had been circulated (Attachment 14) and invited questions or comments. DH noted that the Committee had asked that the rationale for the Trust's Going Concern assumption be drawn to the Board's attention. SO confirmed that further discussion regarding this would be held with the Trust's External Auditors.

KR then referred to Appendix 1, which contained proposals to change the delegation thresholds for "compensation under legal obligation" within the Reservation of Powers and Scheme of Delegation, explained the rationale for the proposals, and confirmed that these had been approved by the Audit and Governance Committee. The Trust Board ratified the proposed changes as circulated.

3-22 Charitable Funds Committee, 27/02/18

The circulated report was noted.

3-23 Patient Experience C'ttee, 07/03/18 (incl. revised Terms of Ref.)

The circulated report was noted.

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

3-24 Quality Committee, 14/03/18

In SDu's absence, DH referred to the circulated report and highlighted that some concerns had been expressed regarding the recent change to the Radiology imaging (PACS) viewer. PM confirmed that the new programme was similar, but not the same, as the previous programme, and PM had been able to train himself in its use.

3-25 Trust Management Executive (TME), 21/03/18

The circulated report was noted, including the TME's endorsement of the proposed Information Governance Toolkit submission for 2017/18.

3-26 Finance and Performance Committee, 27/03/18

The circulated report was noted.

3-27 Review of Trust Board Terms of Reference

The Terms of Reference were approved as circulated.

3-28 To consider any other business

There was no other business.

3-29 To receive any questions from members of the public

No questions were posed.

3-30 To approve the motion (to enable the Trust Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

Trust Board Meeting – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-4 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]
1-8 (Jan 18)	Circulate, to Trust Board Members, a report responding to the specific points and general themes arising from the "A patient's experiences of the Trust's services" item at the Trust Board meeting on 25/01/18	Chief Nurse	January 2018 onwards	A verbal update will be given at the Trust Board meeting on 26/04/18
2-10b (Feb 18)	Publicise the steps the Trust was taking to ensure the safety of its services, in the context of the recent media coverage regarding increased demand and treatment delays across the NHS	Deputy Chief Executive	March 2018 onwards	A verbal update will be given at the Trust Board meeting on 26/04/18
2-10c (Feb 18)	Review the Trust's current policy regarding the start and end dates of the staff Annual Leave year, taking into account other NHS provider organisations' policies	Director of Workforce	March 2018 onwards	The review is ongoing but the standard Annual Leave year is from April to March. Options will be discussed regarding the feasibility of a future approach

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
2-15 (Feb 18)	Lobby the appropriate national bodies (including the Healthcare Financial Management Association) to make representation to NHS Improvement to change their policy of increasing the 2018/19 control totals of Trusts with reduced CNST subscriptions	Chief Executive / Director of Finance	April 2018	The Director of Finance has met with the national and regional Chief Financial Officers of NHS Improvement and discussed the issue at the meetings. Letters to highlight the issue with the Healthcare Financial Management Association and NHS Providers have also been drafted.
3-7 (Mar 18)	Liaise to consider scheduling reviews of the revised Quality Strategy and the development of Strategic Clinical Service Plans at the April 2018 Trust Board Seminar	Chair of the Trust Board / Trust Secretary	April 2018	Liaison occurred, and it was agreed that a "Views on the quality priorities within the revised Quality Strategy" item should be scheduled for the April 2018 Trust Board Seminar, but that the development of Strategic Clinical Service Plans should be

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

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
				scheduled for the next Trust Board 'Away Day' (which is hoped to be scheduled for early July 2018)
3-8a (Mar 18)	Ensure that the patient who attended the "A patient's experiences of the Trust's services" item at the Trust Board meeting on 29/03/18 received a response to the issues they raised at the meeting	Chief Nurse	April 2018	A meeting is being scheduled with the patient concerned (to also involve the Chief Nurse, Assistant Deputy Chief Nurse and Associate Director of Nursing for Urgent Care) to respond to the issues raised
3-8b (Mar 18)	Ensure the patient who attended the "A patient's experiences of the Trust's services" item at the Trust Board meeting on 29/03/18 was provided with assurance with regards to any potential future care/treatment they may receive at the Trust	Chief Nurse	April 2018	As noted for action 3-8a, a meeting is being scheduled with the patient concerned, and the Associate Director of Nursing for Urgent Care will be involved (as any future treatment for the patient would likely be under the remit of the Urgent Care Division)
3-9 (Mar 18)	Clarify whether there was a connection between the 2 complainants reported (within the Integrated Performance Report for February 2018) as experiencing a "Premature discharge" in December 2017 and January 2018 and the 2 complainants reported as experiencing a "Failed discharge (readmission within 48 hours)" in the same period	Chief Nurse	April 2018	The details of the 2 complaints have been reviewed, and it has been confirmed that there was no connection between them.
3-11 (Mar 18)	Ensure that the Trust's response to the Kent and Medway Stroke review consultation took account of the findings from the Equality Impact Assessment reported within the Pre-Consultation Business Case	Medical Director	March 2018	The approach to equality aspects including Black and Minority Ethnic (BAME) patients were considered in the Integrated Impact Assessment (IIA) for the Stroke review. The report does not go into great detail, and age is arguably the overriding factor when you speak to anyone clinical. The report does not lend importance to the groups and is therefore quite limited in this regard. The IIA does stress that for a number of the equality groups including BAME 'Service Familiarity' is an important factor "…as travelling to a new location

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
				and being treated by different healthcare professional may lead to increased anxiety…" "groups likely to be affected include … some people from BAME backgrounds, particularly those who do not have English as a first language who traditionally find it more difficult to navigate the healthcare system.". Arguably this supports the importance of retaining health service catchments as far as possible.

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 – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-6 Report from the Chair of the Trust Board — Chair of the Trust Board

Further to my report last month, that Alex King had resigned as Non-Executive Director (NED) because of an extended period of ill health, I am delighted to confirm that Nazeya Hussain, previously an Associate NED, has been appointed as a NED for a 4 year term commencing 11 April 2018. I look forward to Nazeya's contribution to the Board and the Trust over the coming months and years.

As both of our previous Associate NEDs, Maureen Choong & Nazeya Hussain, have now transitioned into NED roles, we have agreed with NHS Improvement (NHSI) to advertise for 2 new Associate NEDs, with a closing date of 11th May The areas of experience have been chosen to supplement the existing NEDs, as follows:

- Organisational change management expertise gained at a strategic level
- A portfolio of high level governance and organisational skills including strategic planning, financial management, risk management, performance management and service development
- Commercial management experience gained in a major contracting environment ideally with a recognised professional qualification and experience of managing significant budgets

Given the residential pattern of the current NEDs, I have indicated a preference for candidates from the Maidstone end of our main West Kent catchment area. The full information pack can be found on the NHSI website (at https://tinyurl.com/mtwaneds)

As mentioned in my last report, the Trust has agreed to participate in the NExT Director placement scheme, which is designed to support the creation of a pipeline of strong and diverse candidates for future NED roles in the NHS. The scheme provides support to senior people from groups who are currently under-represented on Trust Boards with the skills and expertise necessary to take that final step into the NHS boardroom. I am delighted to say that Selina Gerard-Sharp has accepted a placement at the Trust. Selina has extensive experience in digital marketing and in the recruitment industry and her placement will commence in May, once all the usual checks have been completed. Selina will attend Board meetings and be able to attend Board Sub-Committees.

Our Deputy Chief Executive, Jim Lusby, will be leaving the Trust to take up a secondment to the Kent & Medway STP on 30th April 2018. I would like to thank him personally for all the support he gave me after I was appointed in May 2017, in particular during the 4 months when he was Acting Chief Executive. I know fellow Board members will echo the thanks for his service to the Trust, during which he has been a strong force for improvement and an effective and popular colleague.

A new Director of Strategy, Planning and Partnerships will be sought to replace Jim's portfolio of responsibilities, but the new post will not have the responsibility of Deputy Chief Executive.

There has been one Advisory Appointments Committee during the last month as follows:

- 28/3/18 - Gastroenterology – 1 candidate- panel decision, not suitable for post

Overall, the Trust has had a challenging year, financially and operationally, but has made good progress, in particular seeing a significant improvement acknowledged in our recent CQC report. I would like to thank the Executive Directors for rising to our challenges in order to sustain that improvement, and to thank the Non-Executive Director for the constructive challenge and support. I really feel the whole Board has been pulling in the same direction.
Our challenge for 2018-19 is equally tough, and the Best Care Programme Board will be vital in pulling together all the improvement and efficiency work streams as the Trust continues on the journey to clinical, operational and financial sustainability.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

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

Trust Board meeting – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-7 Report from the Chief Executive — Chief Executive

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

1. The quality and safety of services provided by Maidstone and Tunbridge Wells NHS Trust during 2017/18 has remained high with year on year increases in emergency demand driving ever more innovative approaches to, and improvements in, the provision of patient care.

   Our highly skilled and professional workforce has continued to combine new thinking and national best practice to benefit patients in key areas of care.

   In the last 12 months our teams have developed frailty units and improved ambulatory care pathways at both Maidstone and Tunbridge Wells hospitals to improve flow and patient experience.

   Our sites have worked in unison to maintain planned orthopaedic surgery over the winter months. We have also seen changes for the better in other areas of clinical practice that have improved quality and efficiency.

   Maintaining surgery during periods of escalation can, for instance, be challenging when recovery beds are used for non-elective patients. In order to maintain our ability to treat specialist trauma cases who are suitable for a block anaesthesia, rather than general anaesthesia, a new standard operating procedure has been created by a team from Orthopaedics and Critical Care. We can now continue to treat these patients following the procedure even when beds are not available.

   We have seen innovation across MTW in many other clinical and non-clinical services and roles. Examples include:

   - MTW being one of the first trusts in the south east to introduce Emergency Practitioners (EDPs) to work alongside doctors to treat and care for patients with more serious conditions
   - Setting up virtual clinics to reduce thousands of unnecessary outpatient appointments
   - Achieving a major reduction in perineal trauma

2. Patients who take part in the Friends and Family Test (inpatients, A&E, maternity) are also telling us that they have had a positive experience in our hospitals during 2017/18. Just as importantly, the Care Quality Commission has stated that as a caring organisation, MTW continues to strike the right balance between quality and efficiency. This is borne out in my ward and departmental visits which provide a valuable opportunity for me to talk to our staff and patients first-hand. Patients are very complimentary, and it is striking how much they appreciate the human warmth and empathy of our staff.

   As the CQC found, the empathy and innovation of our staff can also be the source for national improvement. The Critical Care Unit's introduction of a memory keepsake service for relatives during 2017/18 is outstanding.

3. While the job is not yet complete, we have cause for optimism during 2018/19. In February and March our Emergency Departments were collectively placed in the top 20% of performing Trusts. We are also continuing to proactively address our RTT and cancer standards, have importantly de-escalated our escalation areas, and are using more of our facilities for their intended use.

4. As an example of our ongoing commitment to quality improvements, we are working with the Emergency Care Improvement Programme team (ECIP), and a number of regional experts, to review our non-elective flow, and compare ourselves with national best practice.

MTW is open to partnerships and joined-up thinking that improves patient care.

We are hitting the new year at pace with our Best Care programme to further our quality and efficiency improvements over the next 12 months. This work is integrated with our strategic objectives and quality improvement priorities to further enhance our patient and staff experience.

5. The improvements that we are delivering in patient care at MTW come in all shapes and sizes. What is important is that they all add up to an improved experience for our patients and staff.

   MTW joined the `End PJ Paralysis' campaign this month. The idea of the campaign is to get patients up, dressed and moving while they are in hospital so problems caused by staying in bed too long can be avoided and, hopefully, we can get them home sooner. It's proven that staying in bed can actually do more harm than good. Work has started on some wards in our hospitals, with our staff helping patients to get up, dressed and moving, wherever appropriate. Feedback is very positive.

   We have also seen further clinically-led improvements by our staff in the care of patients with Sepsis. One of our Sepsis Champions saw the opportunity for MTW to respond more rapidly to signs of sepsis if our Sepsis Champions are able to take blood cultures. She gained the support of her ward manager, colleagues and infection control team, gained approval for her initiative, and it is now in place and making a huge difference to our patients in terms of quick diagnosis of Sepsis.

   The Trust's Sepsis leads were recently invited to share our ongoing good practice around Sepsis recognition and treatment with East Surrey Hospital.

6. The Trust's cellular pathology team welcomed Professor Jo Martin, President of The Royal College of Pathologists (RCP). Professor Martin met two of our biomedical scientists who have participated in pioneering RCP pilot training scheme to achieve an Advanced Specialist Diploma in Histopathology reporting – two of only a handful of UK scientists to be involved in the programme.

   Professor Martin's visit was to acknowledge the select departments who have been involved and supported this emerging role and pilot scheme. She was very impressed with MTW's multi-disciplinary working and excellent reporting biomedical scientists, and also praised the Trust's molecular team. MTW's Pathology department has been trailblazing in its bid to modernise scientific careers and career development for biomedical scientists.

7. 170 students recently attended a careers event at Maidstone Hospital. The event aimed to provide an innovative and interactive programme for 16 to 19-year-olds to increase their understanding around the breadth of health and social care careers.

   The Trust has also welcomed its first cohort of student nurses from Greenwich University. MTW has always worked with the University for post-registration education but this is the first time we have taken students on the pre-registration nursing programme.

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 – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-9 Board Assurance Framework (BAF) 2017/18: Year-end review — Trust Secretary

The management of the Board Assurance Framework (BAF) and link with the Risk Register

The BAF is the document through which the Trust Board identifies the principal risks to the Trust meeting its agreed objectives and to ensure adequate controls & measures are in place to manage those risks. The ultimate aim of the BAF is to help ensure that the objectives agreed by the Board are met. The BAF is managed by the Trust Secretary, who liaises with each "Responsible Director" to ensure it is updated through the year. The BAF differs from the Risk Register as the BAF only contains the risks posing a direct threat to the achievement of the Trust's objectives.

Key objectives for 2017/18, and year-end position

The key objectives in the 2017/18 BAF were approved at the Board on 26/04/17 (objectives 1-5) & 19/07/17 (objective 6). The status of the BAF was reviewed regularly by the Trust Management Executive, Finance and Performance Committee, Audit and Governance Committee and Trust Board in 2017/18. This report describes the year-end status for each objective, in terms of whether they were "Fully achieved", "Partially achieved" or "Not achieved". A summary is shown below.

Objective	Achieved?
1. To reduce mortality (HSMR) in line with the national average	Fully achieved
2. To deliver the agreed 2017/18 trajectory for the A&E 4 hour waiting time target	Partially achieved
3. To maintain a vacancy rate of no more than 8.5%	Not achieved
4. To deliver the control total for 2017/18 (of a pre-STF deficit of no more £4.5m, or otherwise agreed by NHS Improvement)	Not achieved
5. To deliver the agreed 2017/18 trajectory for the 62-day Cancer waiting time target	Not achieved
6. To deliver the agreed Referral to Treatment (RTT) trajectory for patients on an 'incomplete' pathway	Not achieved

The Trust Board is invited to review the content of the report and consider whether the year-end rating reflects the situation as understood by the Board, or whether further explanation is required.

The enclosed report was discussed at the Trust Management Executive on 25/04/18, and will be reviewed at the Audit and Governance Committee on 02/05/18. The content of the enclosed report will also be reported (in a different format) within the Trust's Annual Report for 2017/18 (which will be submitted to the Audit and Governance Committee and Trust Board in May 2018).

Which Committees have reviewed the information prior to Board submission?

- Trust Management Executive, 25/04/18
- Finance and Performance Committee, 24/04/18 (objectives 2 and 4-6)

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

To review the year-end position for the 2017/18 objectives

[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

Board Assurance Framework 2017/18

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[2] *Key objective*

1 To reduce mortality (HSMR) in line with the national average

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

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

In-year ratings:

How confident was the Responsible Director that the objective would be achieved by the end of 2017/18?[3]

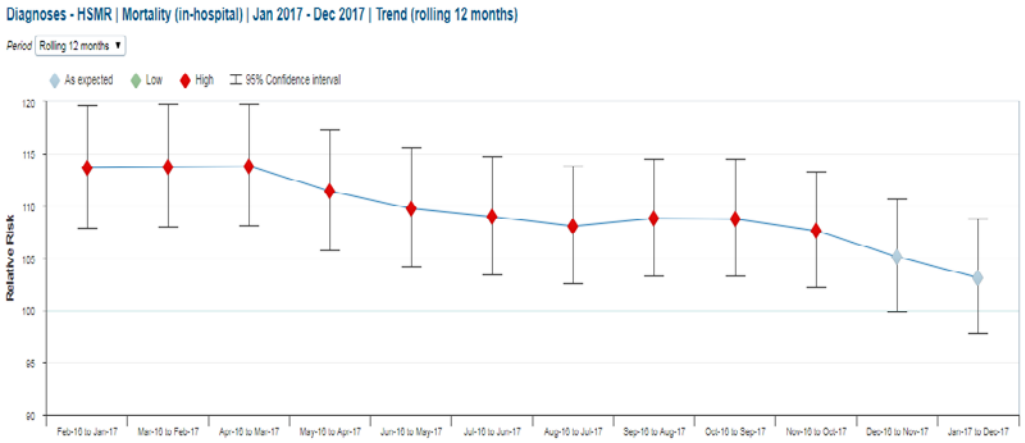
July 2017	September 2017	November 2017	February 2018
☐ ☒ ☐	☒ ☐ ☐		

Year-end position: Was the objective achieved by the end of 2017/18?

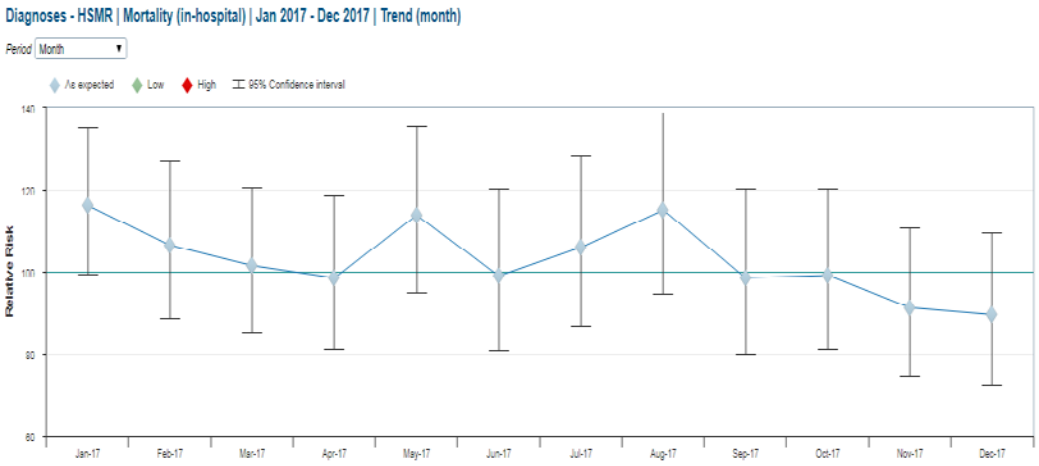
☒ Fully achieved ☐ Partially achieved ☐ Not achieved

Explanation of rating:

The standard HSMR calculation uses a 12 month rolling view of performance. The data for the 12 months from January to December 2017 show the Trust's HSMR to be 103.1 (and the lower confidence interval crosses the national average relative risk of 100, which therefore equates to the Trust's rate being within the expected range).



As can be seen from the chart below, the monthly view of HSMR performance further illustrates the improvement (i.e. decline in HSMR), as the December 2017 HSMR improved to 89.5 compared to 91.2 in November 2017.



[2] In July 2016, the Board approved the proposal to focus on a deliberately small number of higher-level objectives to act as proxy indicators (a 'litmus test') for broader performance. The Board approved the key objectives for 2017/18 on 26/04 & 19/07/17. This objective is intended to manage the broad risk that "The Trust fails to improve key aspects of clinical care and safety"

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

Board Assurance Framework 2017/18

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[4] *Key objective*

2 To deliver the agreed 2017/18 trajectory for the A&E 4 hour waiting time target[5]

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

If "No", what other data is needed?

1. N/A

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

In-year ratings:

How confident was the Responsible Director that the objective would be achieved by the end of 2017/18?[6]

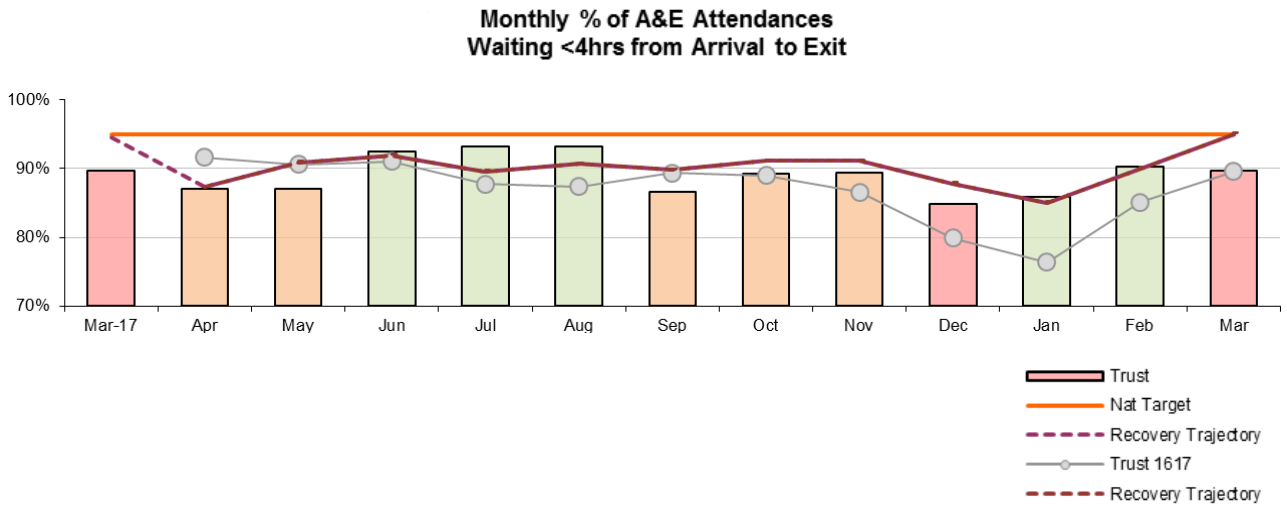
July 2017	September 2017	November 2017	February 2018
☐ ☒ ☐	☐ ☒ ☐		

Year-end position: Was the objective achieved by the end of 2017/18?

☐ Fully achieved ☒ Partially achieved ☐ Not achieved

Explanation of rating:

The Trust's performance for 2017/18 was 89.08%. However, this compared to 87.12% in 2016/17, and the Trust continues to perform significantly better than the national average. In both February and March 2018, the Trust's performance was more than 10 percentage points higher than the national average, which placed the Trust in the top performing 20% of Trusts.



[4] In July 2016, the Board approved the proposal to focus on a deliberately small number of higher-level objectives to act as proxy indicators (a 'litmus test') for broader performance. The Board approved the key objectives for 2017/18 on 26/04 & 19/07/17. This objective is intended to manage the broad risk that "The Trust is unable to manage (either clinically or financially) during the winter period"

[5] The agreed trajectory performance (%) is as follows

May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Total	Q1	Q2	Q3	Q4
90.9%	91.9%	89.6%	90.7%	89.8%	91.1%	91.1%	87.8%	85%	90%	95%	90.05%	90.07%	90.03%	90.01%	90.11%

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

Board Assurance Framework 2017/18

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[7] *Key objective*

3 To maintain a vacancy rate of no more than 8.5%

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

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

In-year ratings:

How confident was the Responsible Director that the objective would be achieved by the end of 2017/18?[8]

July 2017	September 2017	November 2017	February 2018
☐ ☒ ☐	☐ ☒ ☐		

Year-end position: Was the objective achieved by the end of 2017/18?

☐ Fully achieved ☐ Partially achieved ☒ Not achieved

Explanation of rating:

The vacancy rate at the end of 2017/18 was 10.5% (which compared to 7.9% in 2016/17).

What does the Trust want to achieve? (i.e. the key objective)[9] *Key objective*

4 To deliver the control total for 2017/18 (of a pre-STF deficit of no more £4.5m, or otherwise agreed by NHS Improvement)

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

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

In-year ratings:

How confident was the Responsible Director that the objective would be achieved by the end of 2017/18?[10]

July 2017	September 2017	November 2017	February 2018
☐ ☒ ☐	☐ ☒ ☐		

Year-end position: Was the objective achieved by the end of 2017/18?

☐ Fully achieved ☐ Partially achieved ☒ Not achieved

Explanation of rating:

The Trust's year-end deficit for 2017/18 was £17.9m (excluding Sustainability and Transformation Fund (STF)) which was £13.4m adverse to the original plan, but achieved the revised year-end forecast that was set in January 2018.

[7] In July 2016, the Board approved the proposal to focus on a deliberately small number of higher-level objectives to act as proxy indicators (a 'litmus test') for broader performance. The Board approved the key objectives for 2017/18 on 26/04 & 19/07/17. This objective is intended to manage the broad risk that "The Trust does not have the correct level of substantive workforce for effective delivery"

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

[9] In July 2016, the Board approved the proposal to focus on a deliberately small number of higher-level objectives to act as proxy indicators (a 'litmus test') for broader performance. The Board approved the key objectives for 2017/18 on 26/04 & 19/07/17. This objective is intended to manage the broad risk that "The Trust fails to demonstrate an ability to achieve future financial viability"

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

Board Assurance Framework 2017/18

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective) [11] *Key objective*

5 To deliver the agreed 2017/18 trajectory for the 62-day Cancer waiting time target[12]

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

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

In-year ratings:

How confident was the Responsible Director that the objective would be achieved by the end of 2017/18?[13]

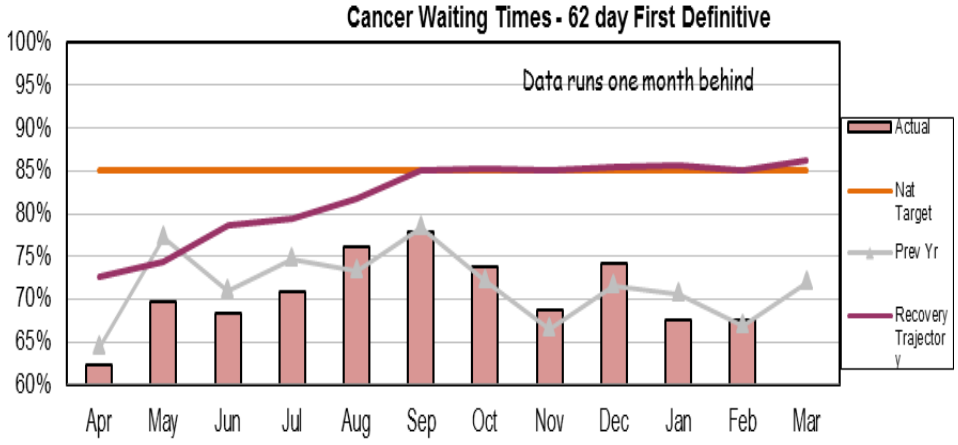
July 2017	September 2017	November 2017	February 2018
☒ ☐ ☐	☐ ☒ ☐		

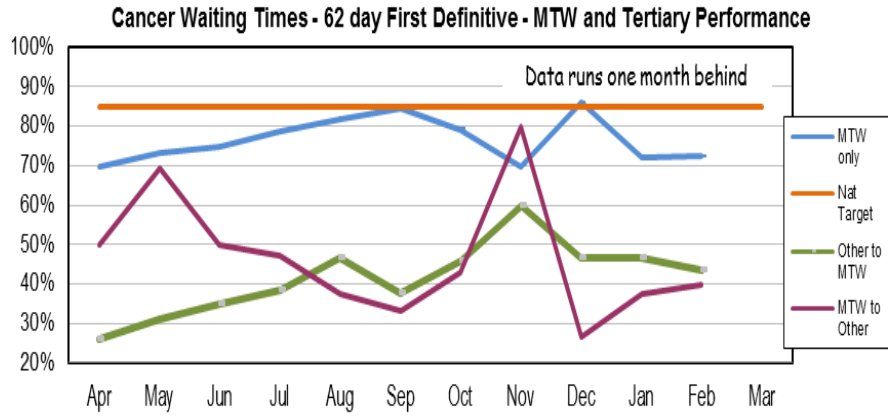
Year-end position: Was the objective achieved by the end of 2017/18?

☐ Fully achieved ☐ Partially achieved ☒ Not achieved

Explanation of rating:

As the Trust Board is aware, the data for Cancer waiting times runs one month behind other performance measures. Therefore the final year-end position for 2017/18 will not be known until May 2018. However, 62-day waiting time performance stayed the same in February at 67.6%, whilst the current forecast 62-day position for March (which is undergoing validation) is 67.7% (and 72.9% for MTW to MTW only performance).





[11] In July 2016, the Board approved a proposal to focus on a deliberately small number of higher-level objectives as proxy indicators (a 'litmus test') for broader performance. The Board approved the 17/18 key objectives on 26/04 & 19/07/17. This objective is intended to manage the broad risk that "The Trust fails to maintain and improve its reputation as a Cancer provider"

[12] The original agreed trajectory performance (%) was as follows

Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Total	Q1	Q2	Q3	Q4
72.6	74.4	78.6	79.5	81.8	85.2	85.3	83.8	85.4	85.6	85.1	86.3	82	75.3	82.1	84.9	85.7

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

Board Assurance Framework 2017/18

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[14] *Key objective*

6 To deliver the agreed Referral to Treatment (RTT) trajectory for patients on an 'incomplete' pathway"[15] [16]

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

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

In-year ratings:

How confident was the Responsible Director that the objective would be achieved by the end of 2017/18?[17]

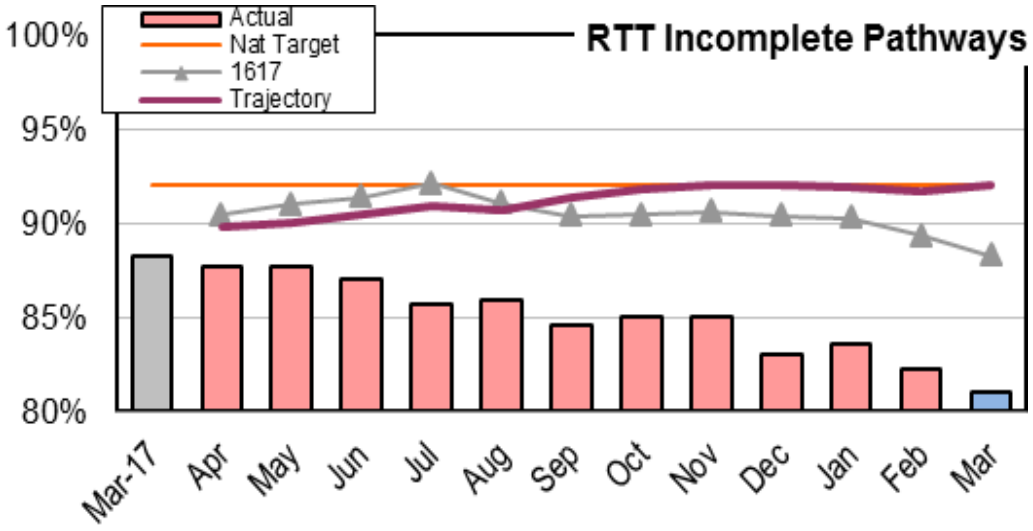
July 2017[18]	September 2017	November 2017	February 2018
☐ ☐ ☐	☐ ☒ ☐		

Year-end position: Was the objective achieved by the end of 2017/18?

☐ Fully achieved ☐ Partially achieved ☒ Not achieved

Explanation of rating:

March 2018 performance was 81.0% which is a decrease since February 2018. The (revised) trajectory required the Trust to achieve 82.9% by the end of March 2018.



[14] In July 2016, the Board approved the proposal to focus on a deliberately small number of higher-level objectives to act as proxy indicators (a 'litmus test') for broader performance. The Board approved the key objectives for 2017/18 on 26/04 & 19/07/17. This objective is intended to manage the broad risk that "The Trust is unable to manage (either clinically or financially) during the winter period"

[15] An 'incomplete' pathway is where a referral has been received and the patient is still waiting for something, be that an Outpatient appointment, diagnostic test, elective admission etc. 92% of patients on an incomplete pathway should be waiting less than 18 weeks from receipt of referral.

[16] The original agreed trajectory performance (%) was as follows

Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
89.85%	90.03%	90.46%	90.89%	90.73%	91.35%	91.79%	92%	92.07%	91.88%	91.71%	92%

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

[18] A rating for July 2017 was not applicable as this objective was not approved by the Trust Board until 19/07/17.

Trust Board meeting – April 2018

NHS
Maidstone and Tunbridge Wells NHS Trust

4-10	**Integrated Performance Report, March 2018**	**Chief Executive / Members of the Executive Team**

The enclosed report includes:

- The 'story of the month' for March 2018 (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

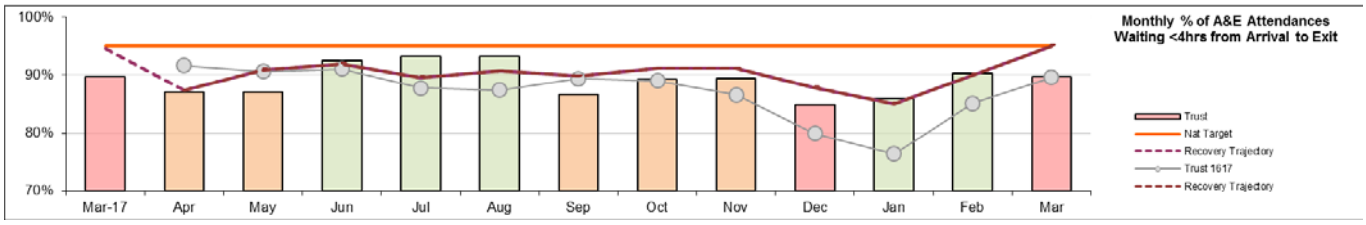
The 'story of the month' for March 2018

OPERATIONAL PERFORMANCE REPORT FOR MARCH-18

1. 4 hour emergency standard

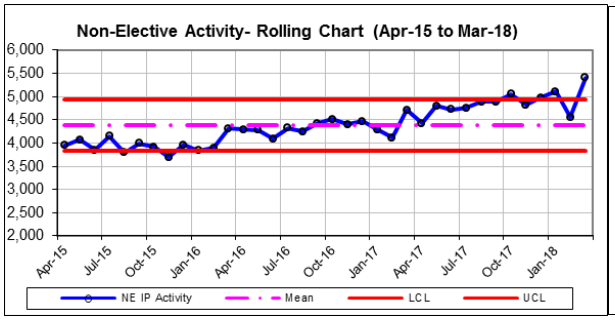
The Trust delivered just below the expected trajectory in March, scoring 89.62% against a target of 90%. For the year, we scored 89.08%, compared to 87.12% in 16/17.

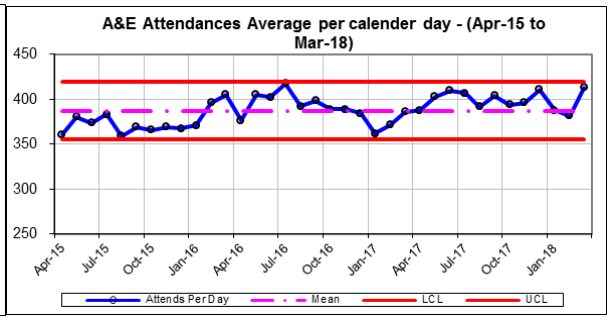
We continue to perform significantly better than the national average on the 4 hour standard. In both February & March, we have scored more than 10 percentage points higher than the national average, and were placed in the top 20% of performing trusts.



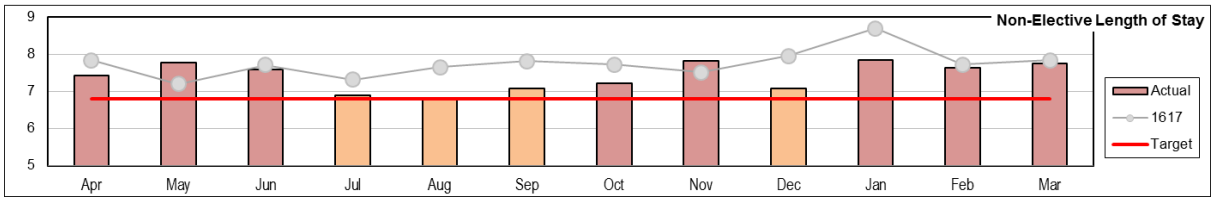
- A&E Attendances continue to increase. The sudden rapid growth seen in late 2015 and early 2016 has eased off, but 1718 (like-for-like) attendance was still 3.2% up on last year, and there was a significant increase in attendances between mid-November and early January which had no clear reason.

- Non-Elective Activity (excluding Maternity) remains considerably above plan 35.8% higher than plan for Mar at 4,796 discharges, and 15.7% higher than March last year. Much of this is driven by increased ED demand and our improved flow through of ambulatory / assessment wards, and increased capacity in CDU.





- Non-elective LoS was 7.73 days for March discharges. Over the year average non-zero NE LoS is 7.41 days, 0.22 days less than in 1617.



- The average occupied bed days dropped somewhat to 843, down from its record 868 in Feb. For the year it was 764.

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:

- Increased focus on AEC with twice daily board rounds on AMUs
- Frail Elderly Unit at Maidstone

- Tunbridge Wells Acute Frailty Unit opened 21st March 2018 as planned on Ward 2 in 2 rooms
- 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 Huddles" commenced chaired by the COO
- Implementation of Live Data dashboards to give an understanding of the current position
- Continuing to work on the areas of improvement identified by 2020 Productivity – AEC, GP Streaming, Frailty and LOS.

2. Delayed Transfers of Care

The percentage occupied bed-days due to DToC deteriorated slightly from 3.98% in February to 4.26% in March. March 2018 is the fifth consecutive month that the DToC percentage has been below 5%, and we ended the year on 4.95%. On average, 36 beds per day were lost to these patients. 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. The Frail Elderly unit at Maidstone is operating effectively and the TWH Frailty Unit opened on 21st March 2018 on Ward 2, in 2 rooms.

Sum of CountOfHospital ID	Month												
Category	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YEAR
A : Awaiting Assessment	14	13	11	7	2	2	7	6	2	5	2	1	**72**
B : Awaiting Public Funding	1	3	3	3	2	-	2	1	-	1	5	1	**22**
C : Awaiting Further Non-Acute NHS Care	17	21	27	11	8	21	15	10	18	21	9	21	**199**
Di : Awaiting Residential Home	21	8	16	16	23	32	21	19	18	24	18	40	**256**
Dii : Awaiting Nursing Home	57	70	94	53	63	42	46	54	38	37	47	54	**655**
E : Awaiting Care Package	35	39	43	27	27	32	24	36	14	18	20	28	**343**
F : Awaiting Community Adaptations	6	8	7	15	8	5	10	12	4	12	10	7	**104**
G : Patient or Family Choice	6	10	8	10	13	14	28	38	13	11	5	10	**166**
H : Disputes	1	1	2	-	1	-	-	1	-	-	-	-	**6**
I : Housing	3	3	5	6	8	2	2	1	2	3	3	2	**40**
Grand Total	**161**	**176**	**216**	**148**	**155**	**150**	**155**	**178**	**109**	**132**	**119**	**164**	1,863
Rate	5.72%	6.03%	6.24%	5.41%	4.54%	5.32%	5.36%	4.84%	3.73%	4.27%	3.89%	4.26%	4.95%

3. Cancer 62 Day First Definitive Treatment

62 day performance stayed the same in February at 67.6%. The current forecast 62 day position for March is 67.7% (which is undergoing validation), 72.9% for MTW to MTW only.

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 February was 57. 35 of these were MTW patients

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

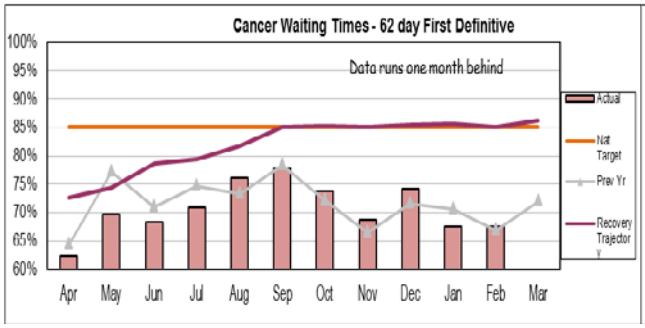
In addition, straight to test triage clinics are now well established for colorectal and lung referrals. This is reducing the overall length of pathways for these patients and has significantly improved the performance of lower GI.

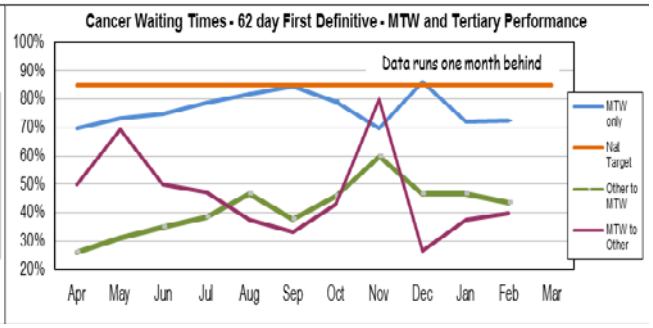
The process and approach used by MTW to track, monitor and manage patients who have been referred with a possible cancer diagnosis was reviewed in February by NHSI, using a critical friend approach. We have received positive feedback overall and we have agreed to work with them to further improve our approach to demand and capacity and specifically the urology pathway.

Cancer 2 week waits

The surgical team are reviewing how to increase their capacity longer term as it is known that demand is in excess of capacity. In breast care, the implementation of a new model of sending letters to patients on annual follow up rather than bringing them back to clinic will release around

3,000 appointments per year and so this can be reused for new patients. The new process is expected to go live for patients from May.





62 Day Performance - All			
Tumour	Total	Brch	%
Breast	22.5	2.0	91.1
Lung	14.5	3.5	75.9
Haemat.	5.0	3.0	40.0
Upper GI	8.0	3.0	62.5
Lower GI	11.0	5.5	50.0
Skin	0.0	0.0	######
Gynae	11.0	1.0	90.9
Urology	26.0	12.5	51.9
Head & Nk	3.0	2.0	33.3
Sarcoma	1.5	0.5	66.7
Other	2.5	1.0	60.0
Total	**105.0**	**34.0**	**67.6**

62 Day Performance - MTW			
Tumour	Total	Brch	%
Breast	22.0	2.0	90.9
Lung	11.0	2.0	81.8
Haemat.	5.0	3.0	40.0
Upper GI	5.0	1.0	80.0
Lower GI	10.0	5.0	50.0
Skin	0.0	0.0	######
Gynae	10.0	1.0	90.0
Urology	22.0	9.0	59.1
Head & Nk	1.0	1.0	0.0
Sarcoma	1.0	0.0	100.0
Other	1.0	0.0	100.0
Total	**88.0**	**24.0**	**72.7**

In February, Urology & Lower GI have contributed the largest number of breaches overall.

MTW only patient performance for February is 72.7.0%.

4. Referral To Treatment – 18 weeks

March performance shows the Trust continues to forecast non-compliance with the Incomplete RTT standards at an aggregate level – 81.0% which is a decrease since last month. Our trajectory required us to achieve 82.9% by the end of Mar 18.

The Trust is investigating some 52wk breaches which have been highlighted but these have not been concluded currently. The key issues contributing to the low performance and increased backlog remain:

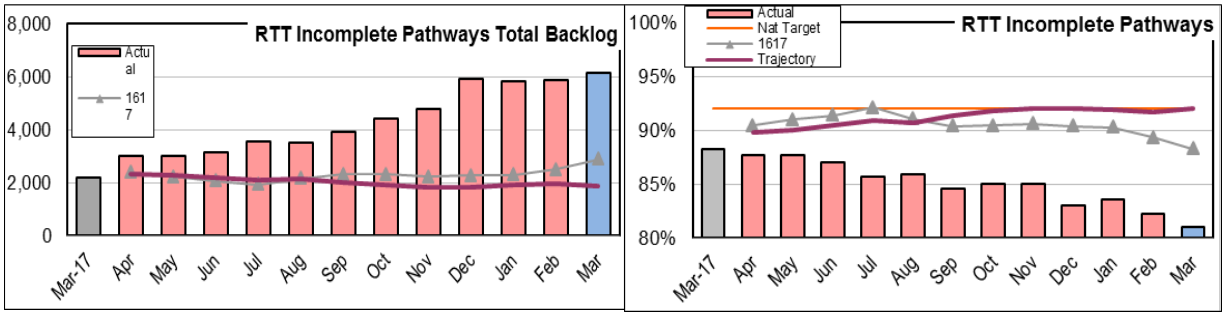
- The inability to do a sufficient level of elective work caused by the increased non-elective activity
- Cessation of outsourcing to IS providers
- Planned reduction of activity during PAS implementation, prolonged by on-going data and admin issues post go-live.
- Key vacancies in consultant and trainee posts in a variety of specialties (GS, Urology, Neurology & Endocrinology)
- Reduced activity in January to support NEL flow and further reduction in February due to snow.

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

	March-18 (Estimate)	Revised Feb-18 Trajectory	Variance from trajectory
RTT Backlog Incomplete	6,149	5,782	367
RTT Waiting List	32,383	33,886	-1,503
RTT Incomplete performance %	81.0%	82.9%	-1.9%

Operational teams have 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 maintain the minimum activity level and prevent further increase in the backlog.
- External validation team employed for 8 weeks to remove duplicate pathways that have been created post go live of Allscripts PAS
- Intense training on PTL management has been instigated and rolled out to each CAU which should be completed by end of March
- Increase clinic/theatre capacity/activity on weekends to increase activity levels and reduce the number of long waiters.
- 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 (March data)

Patient Falls incidents

There were 157 falls reported for the month of March, compared to 128 for February. This can be seen in graph 1, which provides a comparison year to date and to last year. The year-end (17/18) total of falls is 1,581 which indicate a small improvement compared to 1,609 in 16/17.

The rate per 1000 occupied bed days is 6.58 for the month of March. The rate for the year is 5.98 which is below our internal limit of 6.0. (Rate for 2016/17 was 6.07 per 1000 occupied bed days.

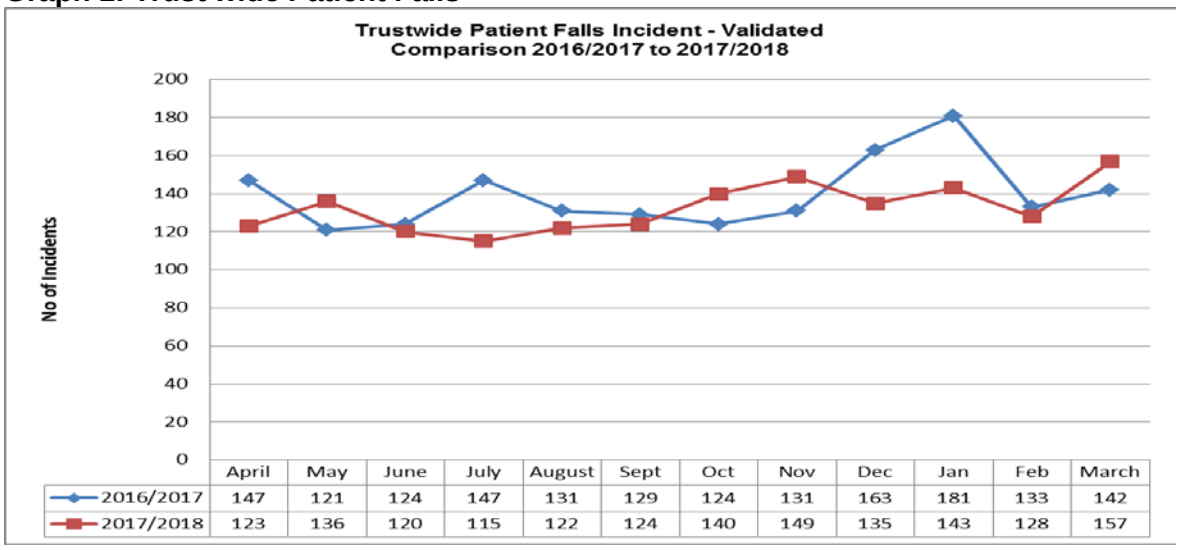
The breakdown of incidents by site is shown in graph 2, indicating a higher rate at Tunbridge Wells compared to Maidstone.

There were 3 Serious Incidents declared in March, The total number of falls SIs year to date is 34 compared to 33 this time last year.

The information on Falls Sis is recorded in accordance to the date the incident occurred and not on the date the SI was declared. For year ending 31st March 2018 there were 36 falls SIs declared. To date there has been two SIs that have been downgraded by the CCG (one for Maidstone Hospital and one for Tunbridge Wells Hospital).

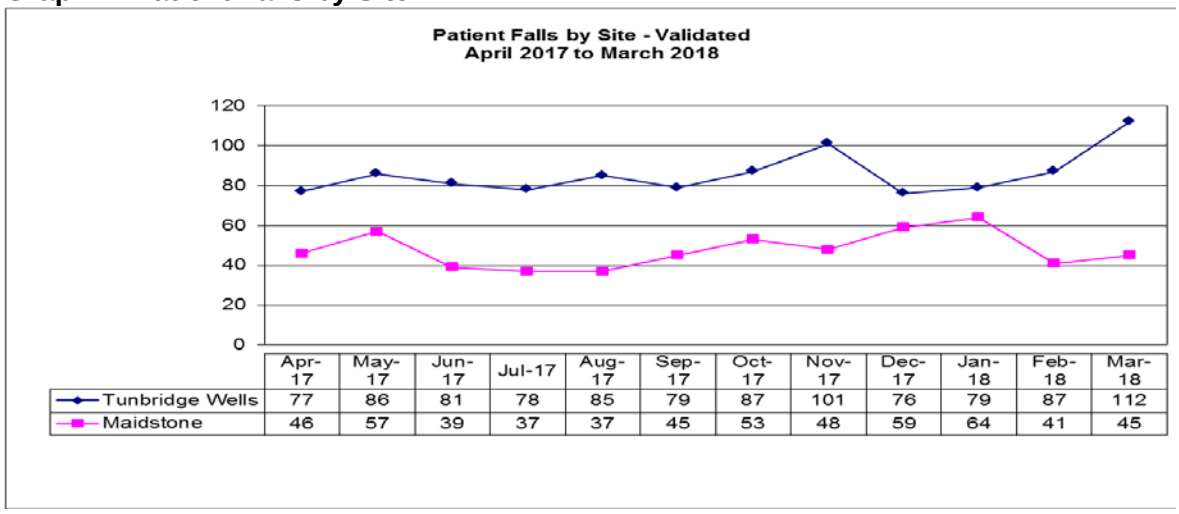
Of the 36 Falls SIs 14 were at Maidstone Hospital and 22 at Tunbridge Wells Hospital compared to 7 at Maidstone Hospital and 26 at Tunbridge Wells Hospital in 2016-17. Therefore Maidstone has seen a higher rise in the numbers of Sis declared.

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	143	128	157

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	79	87	112
Maidstone	46	57	39	37	37	45	53	48	59	64	41	45

Pressure Ulcers:

The incidence of pressure injury has decreased this month. The rate (per 1000 admissions) for March is 1.02 compared to 1.31 for the same month last year. The incidence rate for the year is 2.27 against a threshold of 3.0.

As part of the audit cycle, the Tissue Viability Service was included in the Tiaa Data Quality Audit. Of the sample reviewed (20 cases) it was noted that there was a delay in reporting in 3 cases. There were 4 cases where there was no evidence of TVN follow-up noted on datix. Individual health care records were not reviewed as part of this audit. There were no issues identified with the processing of the incident reports and onward reporting to the trust level dashboard.

Issues with updating Datix regarding the categorisation of the pressure damage and completing the notes section of Datix is resolving. This was due in part to a backlog of Datix as a result of sickness in the TVN team during the year. This is now resolved. There is now a full time Lead TVN in post, and recruitment to a 2nd full time TVN is progress. During the recruitment phase of the 2nd TVN, support is being provided from the Professional Standards Team with a suitably qualified RN providing 0.8 WTE cover to the service.

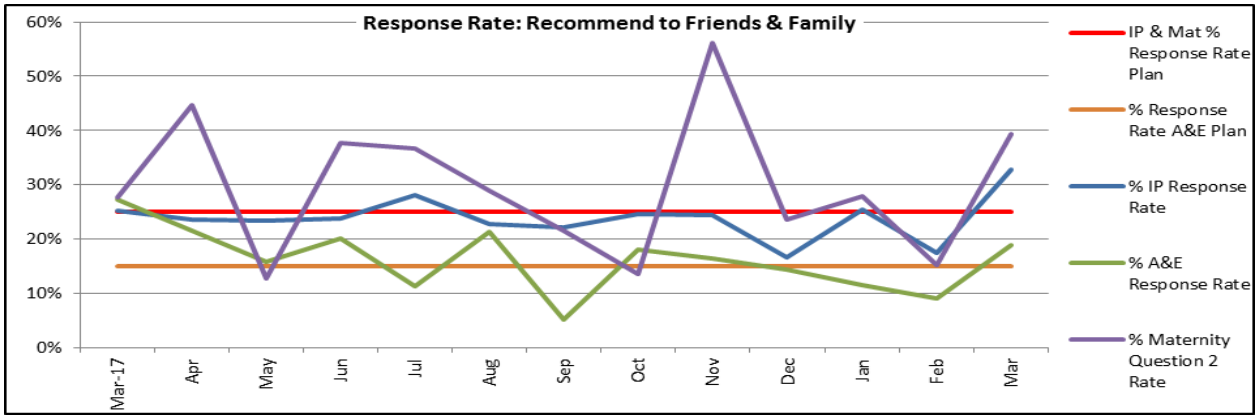
Friends and Family test

The response rate for March can be seen in graph 3, and demonstrates a significant increase compared to February. In addition, the total responses rate across all of the specialities represents the highest overall returns within the last year. This is attributed to re engagement with all of the speciality teams, a re-focus on friends and family returns alongside de-escalation of clinical areas.

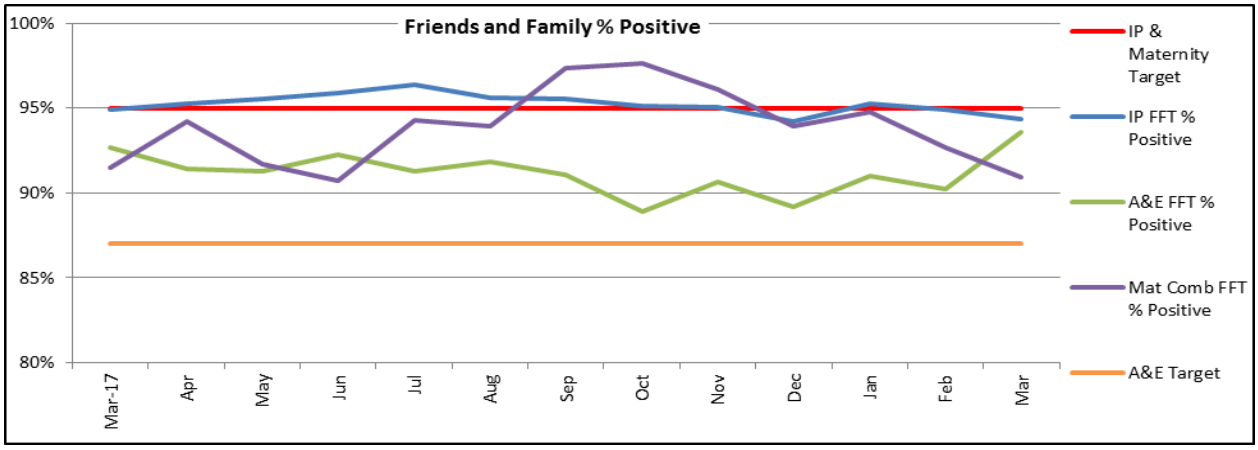
Positive responses have shown a slight increase with current data recording above target level for Inpatients at 95.5% (target 95.0%) and Accident and Emergency at 91.2% (target 87%). Maternity is slightly below target at 93.9% (target 95%).

There are no OP FFT results this month due to issues between our server and the Netcall resulting in an inability to access data. This is currently being addressed and data will be available in the next week.

Graph 3 FFT Response Rates



Graph 4: FFT Positive Responses



Single Sex Compliance:

There were 4 incidences of mixed sex accommodation during the month of March. These occurred on the AMU at Tunbridge Wells, where care is provided in 4 bedded bays. This was due to high operational demands.

Complaints

There were 54 new complaints reported for March which equates to a rate of 2.38 new complaints per 1,000 occupied bed days. This is an increase compared to 2.00 for January. There were 173 open complaints at the end of March compared to 157 in February.

52.1% of complaints were responded to within deadline compared to a target of 75%.

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

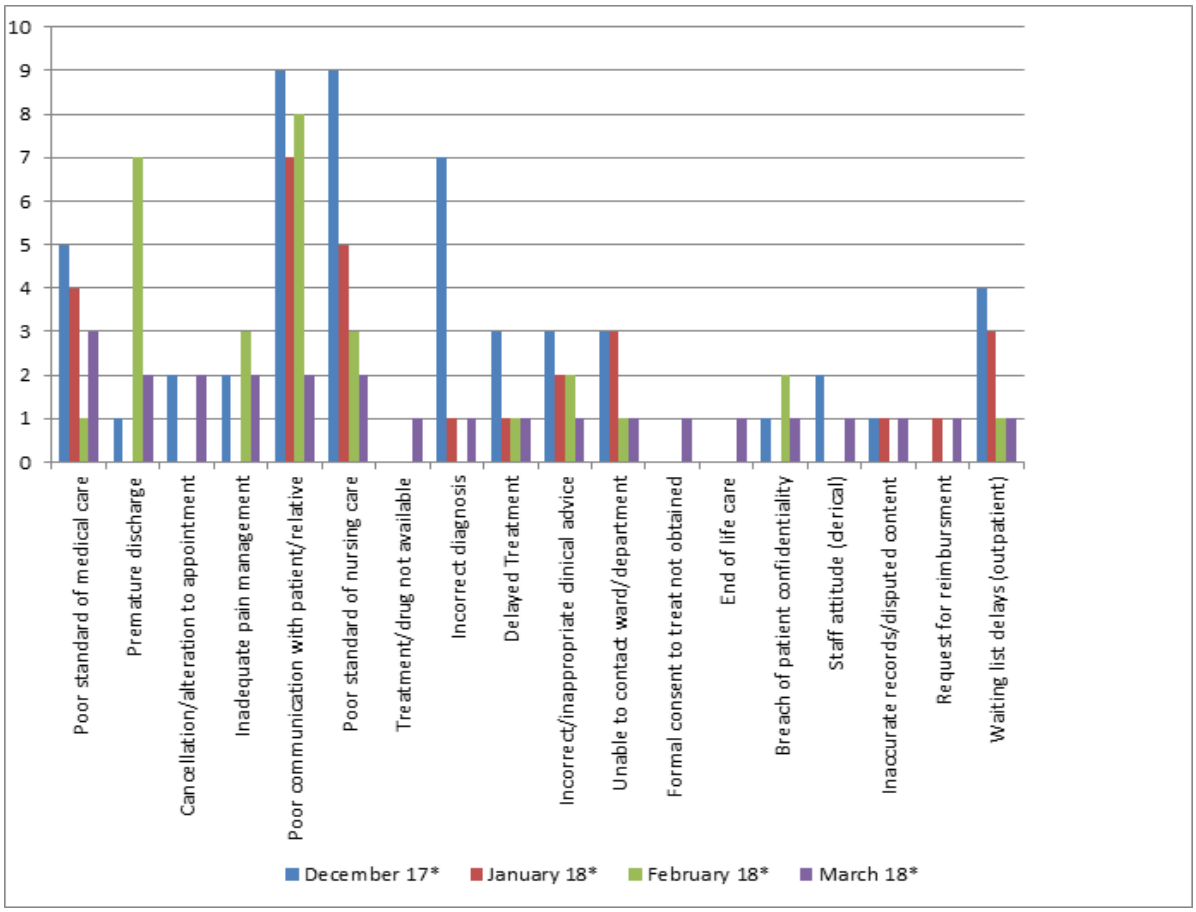
Table 1: Complaints by Sub-subject – most frequently raised in March 2018

	December 17*	January 18*	February 18*	March 18*
Poor standard of medical care	5	4	1	3
Premature discharge	1	0	7	2
Cancellation/alteration to appointment	2	0	0	2
Inadequate pain management	2	0	3	2
Poor communication with patient/relative	9	7	8	2
Poor standard of nursing care	9	5	3	2

*reflects the date of the event being complained about

The following graph (Graph 5) shows an expanded view of the themes of complaints about events that occurred in February 2018.

Graph 5: All themes/subjects raised in complaints made about events occurring February 2018.



It is clear that consistently, communication with patients/relatives remains a key theme within complaints. Between December and March, this has remained one of the most frequently raised subjects in new complaints.

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

- Discharges
- Requests for reimbursement

All other areas show stable or slightly reducing trends, with the most significant reduction in complaints about poor standards of nursing care and incorrect diagnoses.

Complaint case studies are published in the Governance Gazette to highlight key themes and trends seen coming through complaints and the learning taken from complaint investigations.

Learning Disability

There has been a successful appointment to the role of the Trust Learning Disability Liaison Nurse. The post-holder is now in post and is currently undertaking a review of our processes to support people with a learning disability. The post-holder will work with adult patients with a learning disability who have complex needs and access our services via emergency, inpatient and outpatient routes. Aspects the post-holder will cover and assist with include:

- Work closely with frontline staff to support them to care for people with LD including support with applying principles of the Mental Capacity Act (2005) and Reasonable Adjustments (Equality Act 2010).
- Build on staffs existing knowledge of working with people with LD by providing both ad hoc education and face to face learning disability awareness training.
- Provide health promotion and educational resources to people with LD in a format that they can understand with the overall aim to improve health outcomes and reduce hospital admissions.
- To provide information and support to immediate relatives of patients who have an LD.

- To support patients with an LD through desensitisation programs to reduce their anxieties around accessing hospital services and treatments.
- To liaise with recruitment to create paid employment and volunteering opportunities for people with learning disabilities.
- To liaise with paediatric services and adapt their resources to meet the needs of people with a LD, with the overall aim to reduce patient anxiety and increase compliance.
- To support mortality review for patients with an LD and to ensure compliance with the reporting and investigation requirements for LeDeR (Learning Disability Mortality Review).

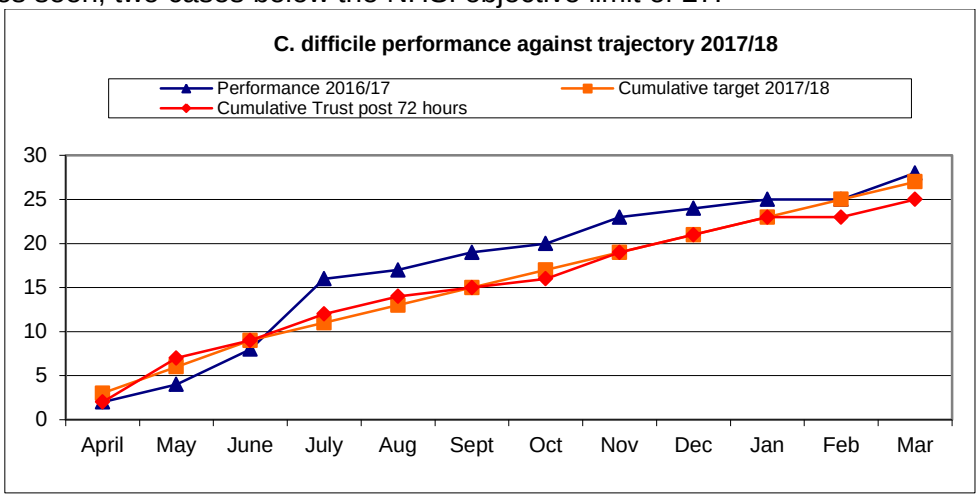
We have three staff how have been trained to support the Learning Disability Mortality Review process (LD Liaison Nurse, Safeguarding Adults Matron, and Patient Safety Manager).

We have reported two deaths of people with LD to the LeDeR programme and have had one request to undertake an independent review.

Infection Prevention and Control

MRSA – The MRSA screening programme is integral to preventing MRSA bacteraemia. The screening rate for March was 99.6% for elective screening. Due to data issues following the Allscripts implementation the data are still not sufficiently robust to report non-elective screening. There have been no Trust-attributable MRSA bacteraemias for the year 2017/18.
The formal post-infection review (PIR) process for MRSA bacteraemia which currently includes Public Health England and NHS England is to be discontinued from the beginning of April 2018. In its place, local arrangements for root cause analysis and scrutiny are expected to be established. MTW will continue to declare a Serious Incident for any post-48 hour MRSA bacteraemia and work with KCHFT to investigate any community acquired cases.

C. difficile - There were two cases of post-72 hour *C. difficile* infection in March against a monthly limit of two cases. The rate of *C. difficile* infection for the year is 9.5/100 000 occupied bed days with 25 cases seen, two cases below the NHSI objective limit of 27.



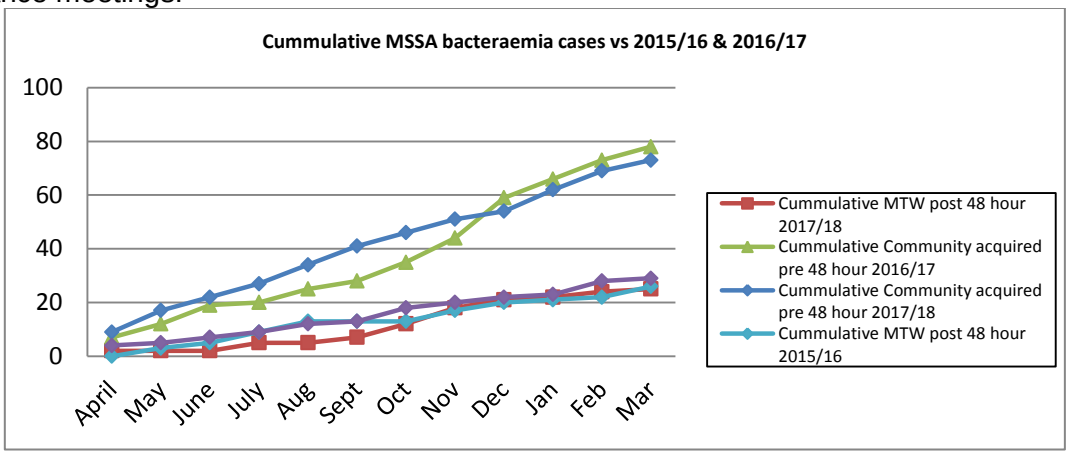
The objective for 2018/19 has been set at **26** cases.

For 2019/20 cases will be assigned to new categories:
• **Healthcare onset healthcare associated**: cases detected three or more days after admission
• **Community onset healthcare associated**: cases detected within two days of admission where the patient has been an inpatient in the trust reporting the case in the previous four weeks
• **Community onset indeterminate association**: cases detected within two days of admission where the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks
• **Community onset community associated**: case detected within two days of admission where the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

Although we currently undertake increased surveillance on community acquired cases where there has been recent MTW admission or interaction, this will increase the level of investigation we will

undertake on all cases we currently classify as 'community acquired' in order to get the most benefit out of the information and feedback to clinical colleagues .

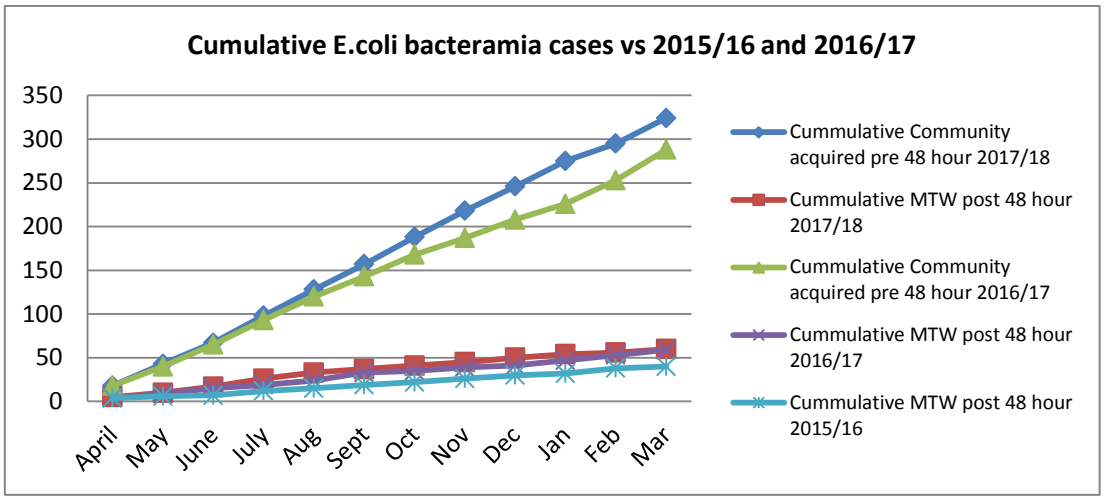
Methicillin sensitive *Staphylococcus aureus* bacteraemia – 25 cases of hospital attributable MSSA bacteraemia have been seen at the end of 2017/18, 4 cases below last year. More intensive monitoring of these bacteraemias is currently undertaken following increases in numbers in previous years, with all cases reviewed at the *C. difficile* panel and learning shared at clinical governance meetings.



Twenty cases have been presented at panel to date. Six cases were found to be avoidable due to infected cannula sites. Learning around this is being addressed as part of this month's safety calendar focus on infection prevention

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. Community acquired blood stream infections continue to rise steeply, placing a significant burden on the acute services as the majority of these patients require admission

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.



This is a key area of focus for the coming year and one area we are working on with community based colleagues is to improve continuity of catheter care from hospital into the community.

Influenza

During March 2018 the Trust diagnosed 37 cases of Influenza (10 Flu B and 27 Flu A and one patient who had infections with both viruses). Two of these patients required ITU admission.

Overall this winter 14 flu patients have required ITU admission with a total of191 bed days (average 13.6 ITU bed days).

Financial commentary

- The Trust's surplus including STF was £2.3m in March which was £0.4m adverse to plan, due to, £1.7m STF underperformance in month due to £3m STF incentive funding offsetting STF slippage due to non-delivery of the financial control target and A&E trajectory, £0.5m slippage against the original plan CIP phasing and £1.6m adverse variances against budget the majority due pay pressures within Medical and Nursing as well as private patient income underperformance (£0.4m) and continued escalation.
- The Trust's year end deficit excluding STF is £17.9m which is £13.4m adverse to the plan although achieving the year end forecast set in January.
- In March the Trust operated with an EBITDA surplus of £3.9m which was £4.7m higher February but £0.5m adverse to plan.
- The Trusts pre STF deficit in March was in line with the forecast submitted to NHSI in January, Income over performance of £1.2m and PDC benefit (£0.3m) offset £1.5m overspend within pay.
- The Trust's normalised pre STF run rate in March was a deficit of £2.6m. The main normalised adjustments in March related to: Partially completed Spells and Maternity deferred income benefit (£0.65m) , West Kent additional support (£0.8m), Winter funding (£0.4m) and Education and Research Income benefit (£0.6m) .
- The key variances in the month are as follows:
  - Total income was £2.6m favourable in the month; Clinical Income excluding HCDs was £1.1m favourable in March. The key adverse variances in March were Elective & Day Cases (£1.3m), and outpatients (£0.4m) offset by favourable variances within non elective (£1.2m) and A&E (£0.4m). The position included a favourable adjustment of £1.4m relating to the aligned incentive contract (£4.0m) positive YTD. STF was £1.7m favourable in March due £3m STF incentive funding offsetting STF slippage relating to non-delivery of the financial target, Other Operating Income £0.3m favourable in the month, £0.5m favourable relating to pass through costs associated with STP and PAS AllScripts , £0.6m favourable relating to education and research income offset by underperformance in the month within Private Patient income (£0.4m).
  - Pay was £2.2m adverse in the month, normalised pay spend increased between months by £0.8m and was the highest level this financial year. Normalised Medical Staffing costs increased between months by £0.5m, the main increases were within Urgent Care (£0.3m), Women's, Children's and Sexual Health (£0.1m) and the provision for disputed medical charges with KMPT (£0.1m). Normalised Nursing spend increased between months by £0.2m with agency and bank hours increasing by 3,000 and 6,000 hours respectively to the highest level this financial year. Pay costs were £1.5m higher in March compared to the forecast submitted to NHSI in January.
  - Non Pay was overspent by £0.9m in March, this was mainly due to Pass through costs (£0.8m) relating to STP, PAS Allscripts and high cost drugs offset by additional income.
- The CIP performance in March delivered efficiencies of £2.4m which was £0.5m adverse to the phasing of the original plan, £9.2m adverse year to date. The adverse CIP position is the primary driver behind the pressure on the Trust's financial performance.
- The Trust held £1.47m of cash at the end of March which is slightly higher than the plan of £1m, this also means that the Trust achieved its EFL statutory duty by £0.47m. In the year the Trust required additional financing of £13.99m to support the operating deficit, this loan was not in the original plan. The Trust continues to proactively engage with NHS organisations trying to collect all agreed values and organising "like for like" arrangements to reduce both debtor and creditor balances. It has also been agreed to switch to invoicing the STP budget in advance, rather than retrospectively.
- The Trust ended the year spending £11.5m capital (including donated assets and PFI lifecycle) which was on target for its revised resource plan taking into account the planned underspend in depreciation to support the I&E position, and well within its original Capital Resource Limit. The Trust received £1.7m of PDC from DH for a linear accelerator and £645k for GP A&E Streaming works. The Trust disposed of the Hillcroft property for £1.04m gross receipts generating a small profit on sale of c.£20k. The Springs property sale was completed on 22nd January with sale proceeds of £800k. The originally planned Salix loan of £4m was reduced to £739k as plans for CHP plant would no longer meet the Salix metrics. All three phases of the

revised application were approved by Salix and NHSI agreed CRL cover with the DH and the Trust has received £739k.
- Risks to the financial position have been discussed in detail at the Finance and Performance Meeting.

Workforce Commentary

April 2018 Board (March Dashboard)

As at the end of March 2018, the Trust employed 5022.0 whole time equivalent substantive staff, an 11.3 WTE decrease from the previous month. Bank and agency use is higher than planned, in line with the higher than anticipated vacancy levels.

Sickness absence in the month (February) decreased by 0.70% to 4.01%, 0.7% over target and higher than the same period last year. Directorates demonstrating the highest sickness rates include Facilities (7.17%), Clinical Governance (5.77%), and Specialty Medicine (5.64%) but with rates having decreased in two of the three areas since last month. At a divisional level, Planned Care has a lower combined sickness absence rate (2.94%) than Urgent Care (4.87%) or Women, Children and Sexual Health (4.28%) but with all decreasing from the previous month. At a trust level, the breakdown in December is 57.24% short-term, 42.76% long term, continuing a shift from long-term to short-term absence. 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 decreased marginally by 0.10% to 87.34%, but 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 General Surgery (82.17%), Trauma and Orthopaedic (82.71%) and Acute and Emergency Medicine (83.27%) although all have increased slightly from the previous month. Specialty Medicine has dropped below the 85.0% target this month to 84.83%.

Turnover has decreased since last month to 10.93%, higher than target with outliers in Estates (20.90%) and Human Resources (20.15%). 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 March, following the end of the Trust's designated appraisal window in June, achieved 89.93%, missing the Trust target for the year by 0.07%. The appraisal compliance figures will reset to zero next month following commencement of the new appraisal year.

Trust Performance Dashboard

Position as at: 31 March 2018

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)	13.14	8.4	10.5	9.5	-1.1	- 0.8	11.5	9.5	
'1-02	Number of cases C.Difficile (Hospital)	3	2	28	25	-3	- 2	27	25	
'1-03	Number of cases MRSA (Hospital)	0	0	1	0	-1	0	0	0	
'1-04	Elective MRSA Screening	98.0%	99.6%	98.0%	99.6%	1.6%	1.6%	98.0%	99.6%	
'1-05	% Non-Elective MRSA Screening	97.0%	No data	97.0%	No data			95.0%	No data	
'1-06	**Rate of Hospital Pressure Ulcers	1.31	1.02	2.62	2.12	- 0.51	- 0.89	*3.01*	2.27	3.00
'1-07	***Rate of Total Patient Falls	6.22	6.58	6.07	5.98	- 0.09	- 0.02	*6.00*	5.98	
'1-08	***Rate of Total Patient Falls Maidstone	4.76	4.84	5.30	5.51	0.21			5.51	
'1-09	***Rate of Total Patient Falls TWells	7.28	7.69	6.64	6.28	- 0.36			6.28	
'1-10	Falls - SIs in month	4	3	38	34	- 4				
'1-11	VTE - SIs in month	0	4	8	13	5				
'1-11	Number of Never Events	0	0	3	4	1	4	*0*	4	
'1-12	Total No of SIs Open with MTW	28	59			31				
'1-13	Number of New SIs in month	8	18	112	173	61	53			
'1-14	***Serious Incidents rate	0.35	0.75	0.42	0.65	0.23	0.60	*0.0584 - 0.6078*	0.65	*0.0584 - 0.6078*
'1-15	Rate of Patient Safety Incidents - harmful	0.69	0.64	0.75	1.12	0.37	- 0.11	*0 - 1.23*	1.12	*0 - 1.23*
'1-16	Number of CAS Alerts Overdue	0	0			0	0	*0*		
'1-17	VTE Risk Assessment - month behind	95.6%	95.1%	95.4%	95.4%	0.0%	0.4%	95.0%	95.4%	95.0%
'1-18	Safety Thermometer % of Harm Free Care	97.3%	97.4%	96.6%	97.3%	0.7%	2.3%	95.0%		93.4%
'1-19	Safety Thermometer % of New Harms	2.56%	2.57%	3.11%	2.55%	-0.56%	-0.5%	*3.00%*	2.55%	
'1-20	C-Section Rate (non-elective)	12.9%	14.0%	11.9%	13.7%	1.77%	-1.3%	*15.0%*	13.7%	

	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	1.0440	0.0	0.0	Band 2	Band 2	1.0
2-02	Standardised Mortality HSMR	Prev Yr: Apr 15 to Mar 16		110.0	103.1	- 6.9	3.1	Lower confidence limit to be <100		100.0
2-03	Crude Mortality	1.1%	1.4%	1.3%	1.2%	-0.1%				
2-04	****Readmissions <30 days: Emergency	12.2%	13.3%	11.7%	12.8%	1.1%	-0.8%	*13.6%*	12.8%	14.1%
2-05	****Readmissions <30 days: All	11.4%	12.8%	11.0%	12.2%	1.3%	-2.4%	*14.7%*	12.2%	14.7%
2-06	Average LOS Elective	2.97	3.21	3.28	3.23	- 0.06	0.02	*3.20*	3.23	
2-07	Average LOS Non-Elective	7.83	7.73	7.63	7.41	- 0.22	0.61	*6.80*	7.41	
2-22	NE Discharges - Percent zero LoS	32.0%	41.6%	30.9%	37.2%	6.3%			37.2%	
2-08	******FollowUp : New Ratio	1.77	1.70	1.80	1.69	- 0.11	0.17	*1.52*	1.69	
2-09	Day Case Rates	85.8%	87.0%	85.7%	86.5%	0.8%	6.5%	80.0%	86.5%	82.2%
2-10	Primary Referrals	10,443	9,691	116,852	118,091	1.1%	-1.0%	119,266	118,091	
2-11	Cons to Cons Referrals	5,234	3,779	61,475	52,319	-14.9%	-10.8%	58,644	52,319	
2-12	First OP Activity (adjusted for uncashed)	17,193	16,921	198,691	193,235	-2.7%	-4.2%	201,705	193,235	
2-13	Subsequent OP Activity (adjusted for uncashed)	32,206	23,057	371,479	322,072	-13.3%	-16.1%	383,906	322,072	
2-14	Elective IP Activity	647	469	7,599	6,484	-14.7%	-21.9%	8,303	6,484	
2-15	Elective DC Activity	3,842	3,115	44,648	41,165	-7.8%	-5.6%	43,602	41,165	
2-16	**Non-Elective Activity	4,714	5,406	52,151	58,289	11.8%	25.5%	46,435	58,289	
2-17	A&E Attendances (Inc Clinics. Calendar Mth)	13,959	15,563	164,934	172,090	4.3%	2.3%	168,161	172,090	
2-18	Oncology Fractions	6,463	5,473	71,785	65,371	-8.9%	-13.2%	75,273	65,371	
2-19	No of Births (Mothers Delivered)	495	463	5,977	5,976	0.0%	0.0%	5,977	5,976	
2-20	% Mothers initiating breastfeeding	80.8%	81.4%	82.9%	81.4%	-1.5%	3.4%	78.0%	81.4%	
2-21	% Stillbirths Rate	0.4%	0.21%	0.59%	0.31%	*-0.3%*	*-0.2%*	*0.47%*	0.31%	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	4	12	46	34	46	0	46	
3-02	*****Rate of New Complaints	1.53	2.26	1.69	1.93	0.2	0.61	*1.318-3.92*	1.93	
3-03	% complaints responded to within target	68.8%	52.1%	74.3%	60.2%	-14.2%	-14.8%	75.0%	60.2%	
3-04	****Staff Friends & Family (FFT) % rec care	76.6%	66.7%	76.6%	66.7%	-9.9%	-12.3%	79.0%	66.7%	
3-05	*****IP Friends & Family (FFT) % Positive	94.9%	94.4%	95.5%	95.3%	-0.2%	0.3%	95.0%	95.3%	95.8%
3-06	A&E Friends & Family (FFT) % Positive	92.6%	93.6%	90.7%	91.2%	0.5%	4.2%	87.0%	91.2%	85.5%
3-07	Maternity Combined FFT % Positive	91.5%	90.9%	93.6%	93.9%	0.3%	-1.1%	95.0%	93.9%	95.6%
3-08	OP Friends & Family (FFT) % Positive	84.1%	83.0%	83.0%	84.3%	1.3%			84.3%	

* 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	85.1%	89.62%	87.1%	89.1%	2.0%	-1.0%	90.1%	89.1%	76.9%
4-02	Emergency A&E >12hr to Admission	0	1	0	7	7	7	*0*	7	
4-03	Ambulance Handover Delays >30mins	New	519	New	4,814				4,814	
4-04	Ambulance Handover Delays >60mins	New	67	New	663				663	
4-05	RTT Incomplete Admitted Backlog	916	2,692	916	2,693	1,777	1,433	1,259	2,693	
4-06	RTT Incomplete Non-Admitted Backlog	459	3,733	459	3,733	3,274	3,102	631	3,733	
4-07	RTT Incomplete Pathway	88.3%	79.8%	88.3%	79.8%	-8.5%	-11.4%	92%	79.8%	
4-08	RTT 52 Week Waiters	-	5	5	28	23	28	-	28	
4-09	RTT Incomplete Total Backlog	2,885	6,426	2,885	6,426	3,541	4,536	1,890	6,426	
4-10	% Diagnostics Tests WTimes <6wks	99.63%	99.2%	99.7%	99.2%	-0.5%	0.2%	99.0%	99.2%	
4-11	*Cancer WTimes - Indicators achieved	3	4	3	1	- 2	- 8	9	1	
4-12	*Cancer two week wait	95.3%	87.6%	93.2%	86.6%	-6.6%	-6.4%	93.0%	89.8%	
4-13	*Cancer two week wait-Breast Symptoms	91.1%	88.7%	88.9%	86.0%	-2.9%	-7.0%	93.0%	85.1%	
4-14	*Cancer 31 day wait - First Treatment	95.5%	97.0%	96.2%	95.9%	-0.3%	-0.1%	96.0%	95.6%	
4-15	*Cancer 62 day wait - First Definitive	67.0%	67.6%	71.4%	67.6%	-3.8%	-14.1%	85.0%	70.6%	
4-16	*Cancer 62 day wait - First Definitive - MTW	71.7%	72.4%	71.7%	72.3%	0.6%		85.0%		
4-17	*Cancer 104 Day wait Accountable	11.0	7.5	101.0	73.0	-28.0	73.0	*0*	73.0	
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	7.11%	4.26%	6.72%	4.95%	-1.77%	1.45%	3.50%	4.95%	
4-21	% TIA with high risk treated <24hrs	72.7%	75.0%	81.7%	72.5%	-9.2%	12.5%	60%	72.5%	
4-22	*******% spending 90% time on Stroke Ward	87.5%	90.7%	88.5%	91.1%	2.6%	11.1%	80%	91.1%	
4-23	*******Stroke:% to Stroke Unit <4hrs	54.0%	42.3%	52.7%	55.9%	3.2%	-4.1%	60.0%	55.9%	
4-24	*******Stroke: % scanned <1hr of arrival	64.7%	61.5%	57.5%	64.4%	6.9%	16.4%	48.0%	64.4%	
4-25	*******Stroke:% assessed by Cons <24hrs	68.6%	91.8%	66.8%	80.8%	14.1%	0.8%	80.0%	80.8%	
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	4	6	32	26	32	*0*	32	

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	41,494	37,735	430,536	437,278	1.6%	0.1%	436,716	437,278	
5-02	EBITDA	7,790	1,869	18,962	15,112	-20.3%	-60.3%	38,055	15,112	
5-03	Surplus (Deficit) against B/E Duty	5,252	(727)	(10,918)	(13,958)			6,673	(13,958)	
5-04	CIP Savings	3,846	2,408	24,552	22,476	-8.5%	-29.1%	31,721	22,404	
5-05	Cash Balance	1,197	1,473	1,197	1,473			1,000	1,000	
5-06	Capital Expenditure	10,721	6,127	14,743	11,344			*16,948*	11,344	
5-07	Establishment WTE	5,605.4	5,608.4	5,605.4	5,608.4	0.1%	0.0%	5,608.4	5,608.4	
5-08	Contracted WTE	5,165.0	5,022.0	5,165.0	5,022.0	-2.8%	-1.7%	5,109.5	5,109.5	
5-09	Vacancies WTE	440.4	586.5	440.4	586.5	33.2%	17.5%	498.9	498.9	
5-11	Vacancy Rate (%)	7.9%	10.5%	7.9%	10.5%	2.6%	1.6%	8.9%	8.9%	
5-12	Substantive Staff Used	4,966.9	4,926.0	4,966.9	4,926.0	-0.8%	-3.6%	5,109.5	5,109.5	
5-13	Bank Staff Used	476.6	523.3	476.6	523.3	9.8%	56.2%	335	335.0	
5-14	Agency Staff Used	160.3	329.8	160.3	329.8	105.8%	101.2%	164.0	164.0	
5-15	Overtime Used	37.9	46.9	37.9	46.9	23.9%				
5-16	Worked WTE	5,641.7	5,826.0	5,641.7	5,826.0		3.9%	5,608.4	5,608.4	
5-17	Nurse Agency Spend	(609)	(1,008)	(8,242)	(8,132)	-1.3%				
5-18	Medical Locum & Agency Spend	(1,630)	(1,936)	(15,004)	(16,200)	8.0%				
5-19	Temp costs & overtime as % of total pay bill	17.2%	20.5%	15.6%	16.4%	0.8%				
5-20	Staff Turnover Rate	11.5%	10.9%		11.7%	-0.5%	1.2%	*10.5%*	11.7%	11.05%
5-21	Sickness Absence	4.2%	4.0%		3.9%	-0.2%	0.6%	*3.3%*	3.9%	4.3%
5-22	Statutory and Mandatory Training	90.2%	87.3%		87.9%	-2.8%	2.9%	85.0%	87.9%	
5-23	Appraisal Completeness	86.9%	89.9%		89.9%	3.0%	-0.1%	90.0%	89.9%	
5-24	Overall Safe staffing fill rate	98.5%	100.9%	98.8%	98.3%	-0.5%		93.5%	98.3%	
5-25	****Staff FFT % recommended work	52.5%	61%	52.5%	61%	8.1%	-1.4%	62.0%	61%	
5-26	***Staff Friends & Family -Number Responses	619	33	619	33	-586				
5-27	*****IP Resp Rate Recmd to Friends & Family	25.2%	32.7%	23.3%	23.9%	0.6%	-1.1%	25.0%	23.9%	25.7%
5-28	A&E Resp Rate Recmd to Friends & Family	27.2%	18.8%	15.5%	15.3%	-0.1%	0.3%	15.0%	15.3%	12.7%
5-29	Mat Resp Rate Recmd to Friends & Family	27.7%	39.4%	26.6%	29.5%	2.9%	4.5%	25.0%	29.5%	24.0%

***** *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.

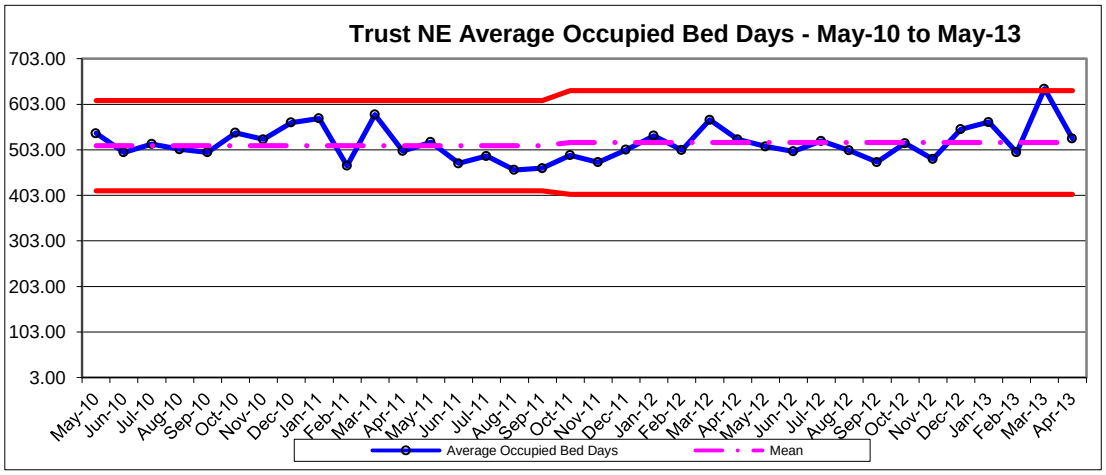
Rules 1 and 2 are the main reason for displaying SPC charts on our performance reports as it makes abnormally high or low values and trends immediately obvious. However there are two other rules that are also used to interpret the graphs.

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.

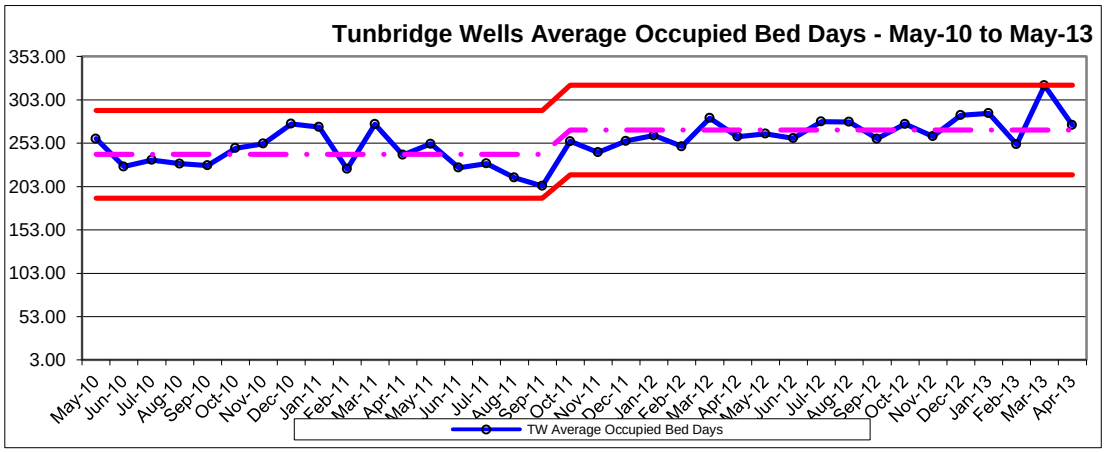
Rule 4: The number of points within the middle third of the region between the control limits differs markedly from two -thirds of the total number of points. This gives an indication of how stable a process is. If controlled variation (common cause) is displayed in the SPC chart, the process is stable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

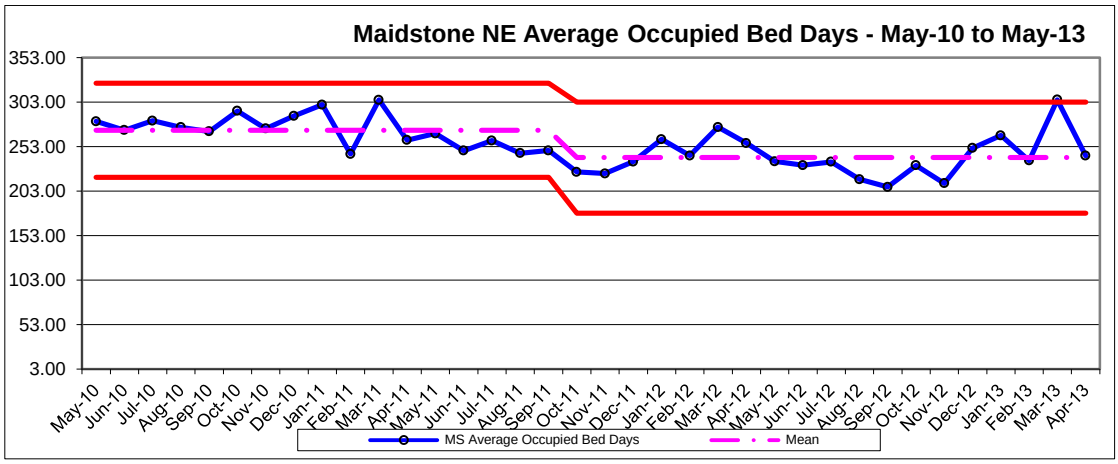
Changes to Control Lines

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:

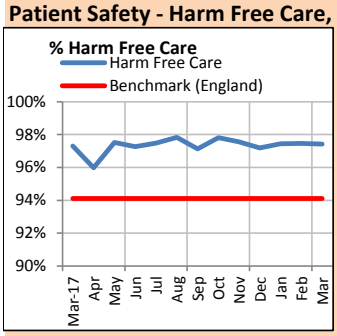


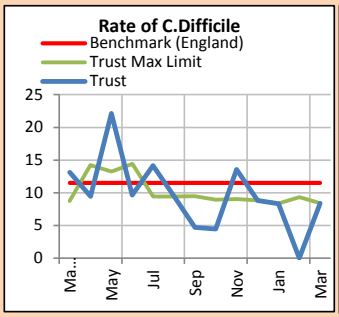


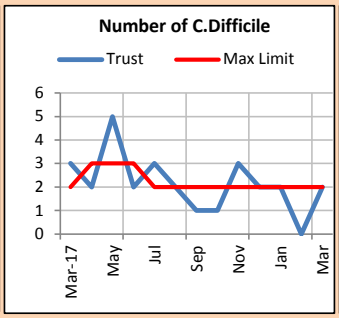
So in the examples given we have calculated a mean and control limits based on the data for May 2010 to September 2011 and then calculated them based on the period October 2011 to April 2013. The lines are all a result of the SPC calculations, only the date of the change is decided by the Information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

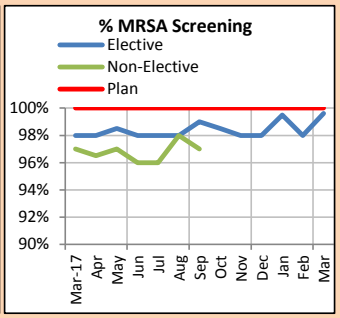
INTEGRATED PERFORMANCE REPORT ANALYSIS - PATIENT SAFETY & QUALITY

Patient Safety - Harm Free Care, Infection Control

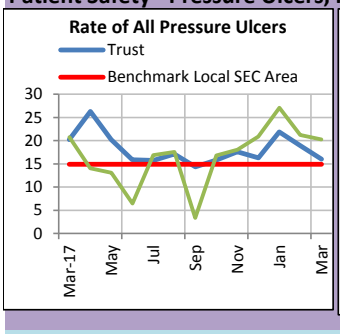


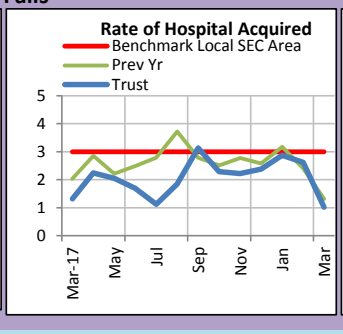


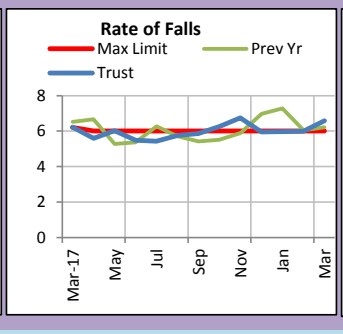


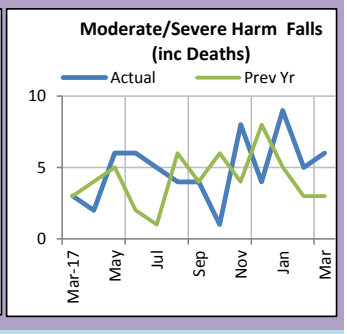


Patient Safety - Pressure Ulcers, Falls

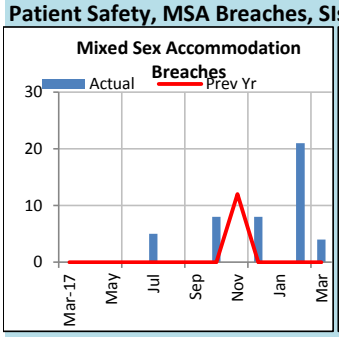


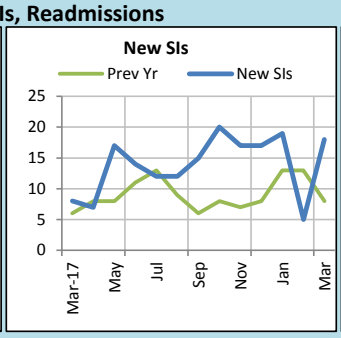


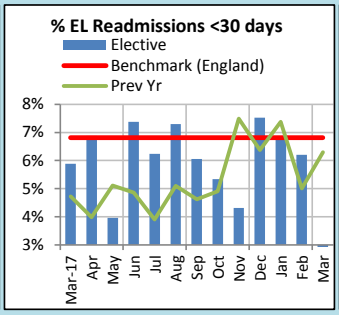


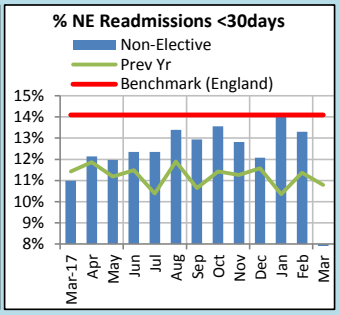


Patient Safety, MSA Breaches, SIs, Readmissions

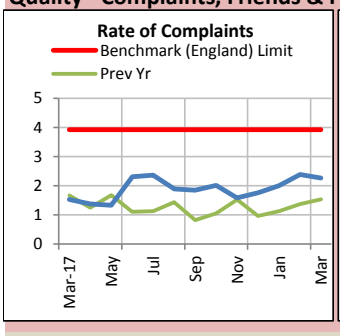


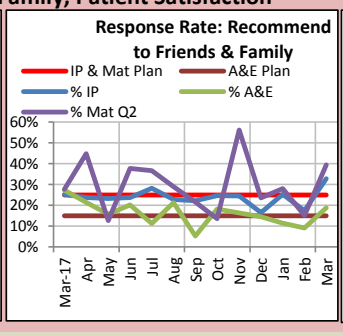


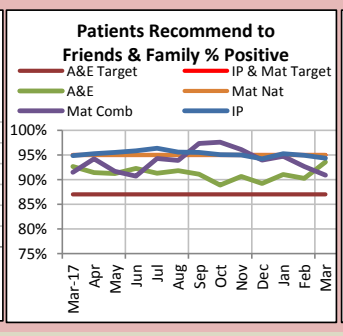


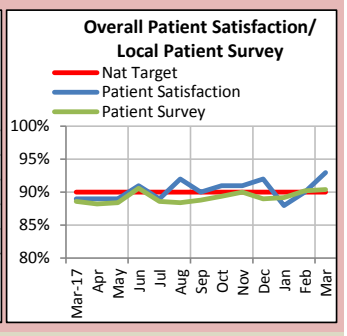


Quality - Complaints, Friends & Family, Patient Satisfaction

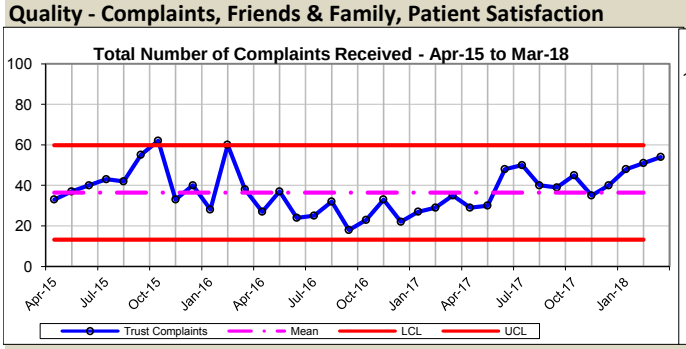


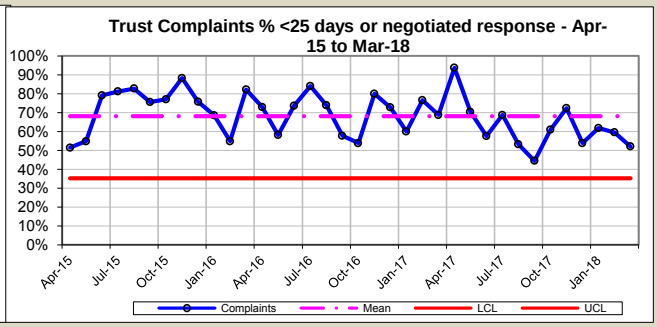




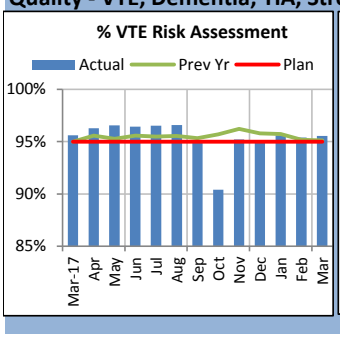


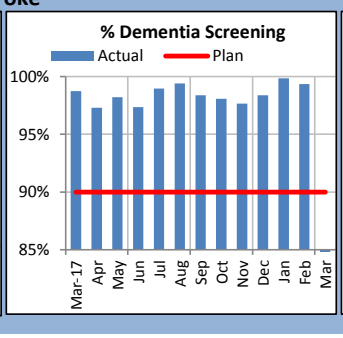
Quality - Complaints, Friends & Family, Patient Satisfaction

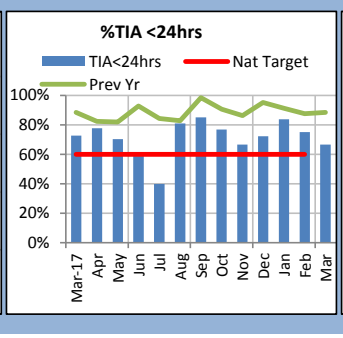


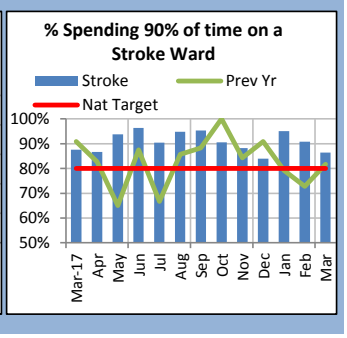


Quality - VTE, Dementia, TIA, Stroke



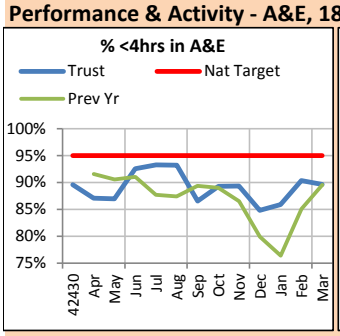


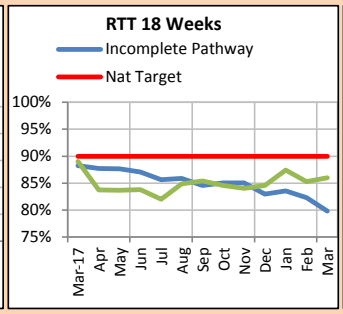


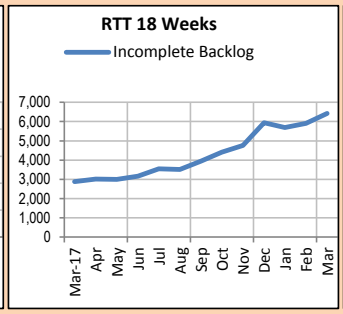


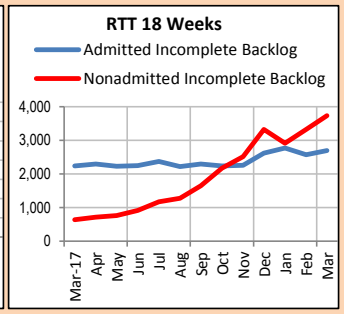
INTEGRATED PERFORMANCE REPORT ANALYSIS - PERFORMANCE & ACTIVITY

Performance & Activity - A&E, 18 Weeks

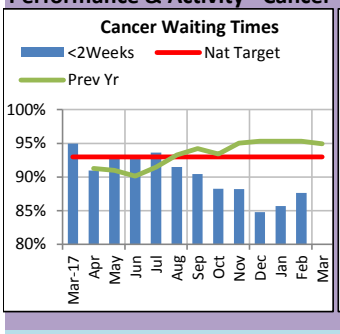


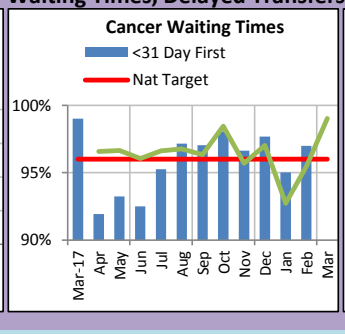


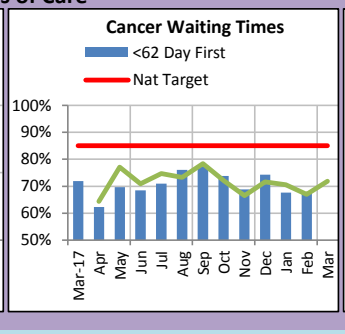


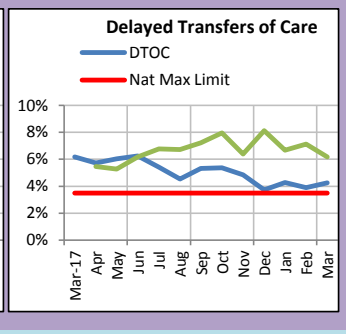


Performance & Activity - Cancer Waiting Times, Delayed Transfers of Care

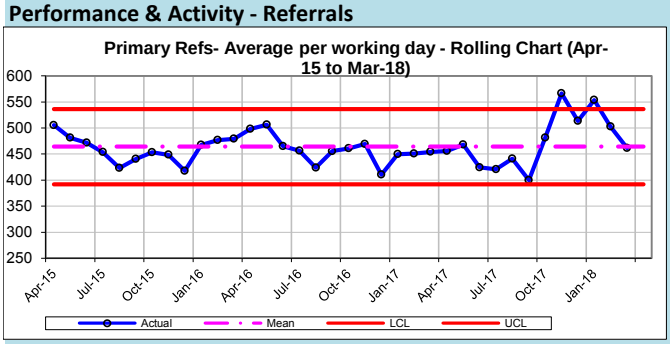


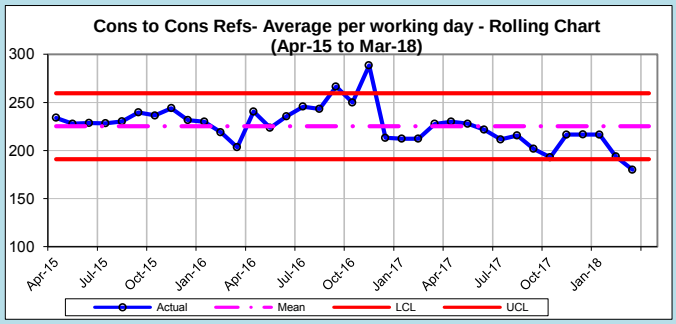




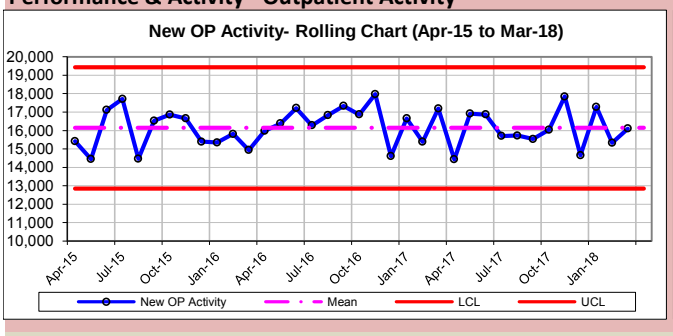


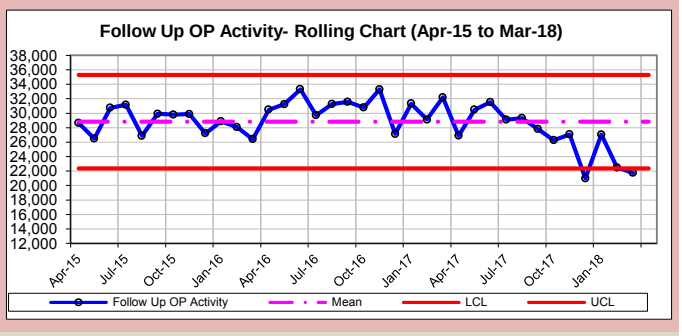
Performance & Activity - Referrals



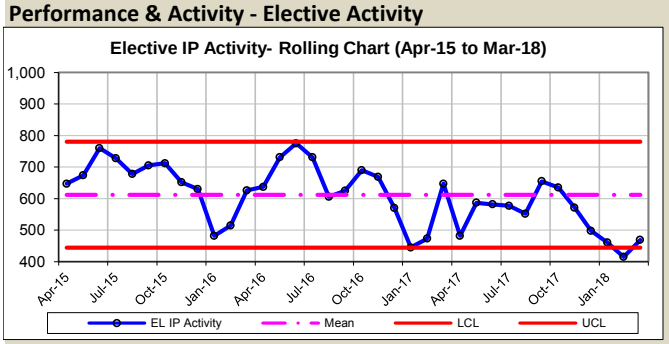


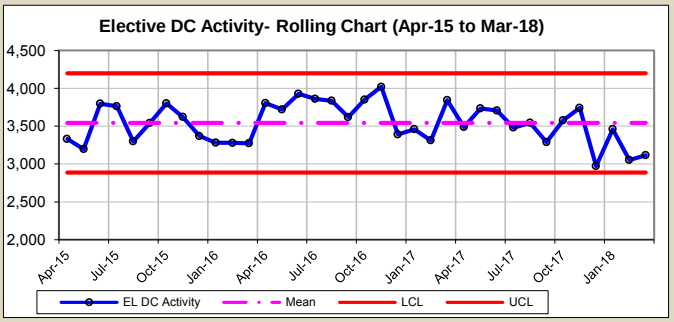
Performance & Activity - Outpatient Activity



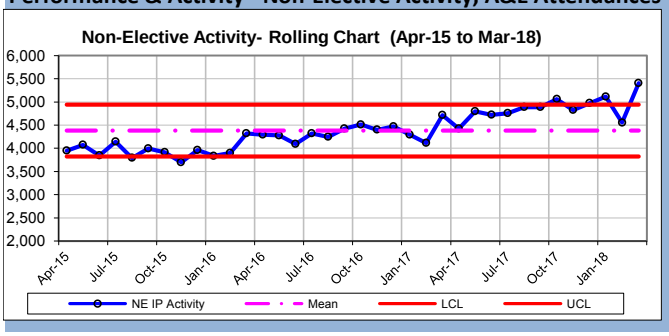


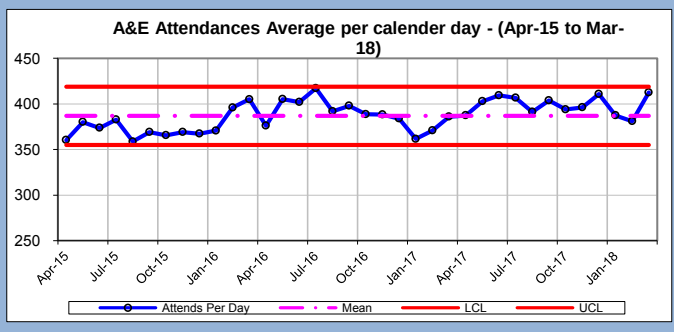
Performance & Activity - Elective Activity





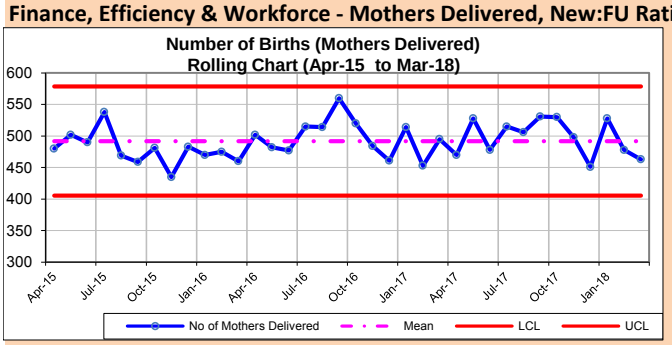
Performance & Activity - Non-Elective Activity, A&E Attendances

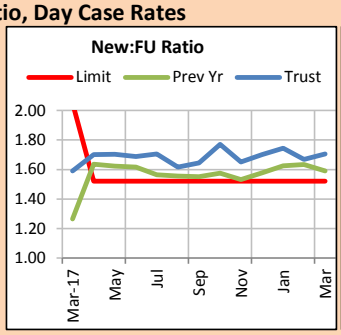


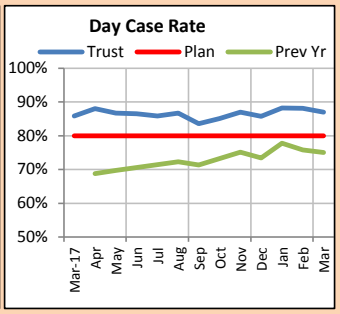


INTEGRATED PERFORMANCE REPORT ANALYSIS - FINANCE, EFFICIENCY & WORKFORCE

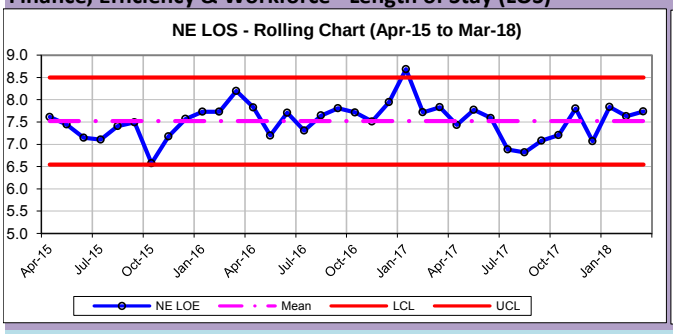
Finance, Efficiency & Workforce - Mothers Delivered, New:FU Ratio, Day Case Rates

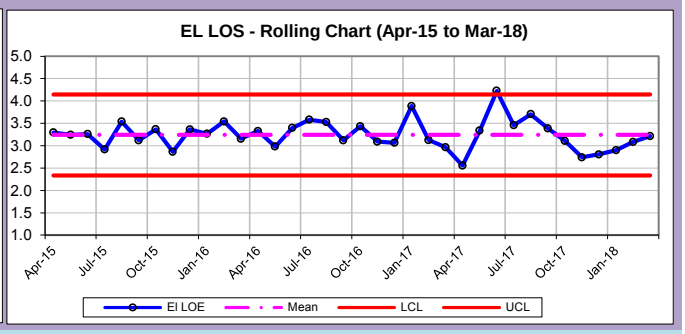




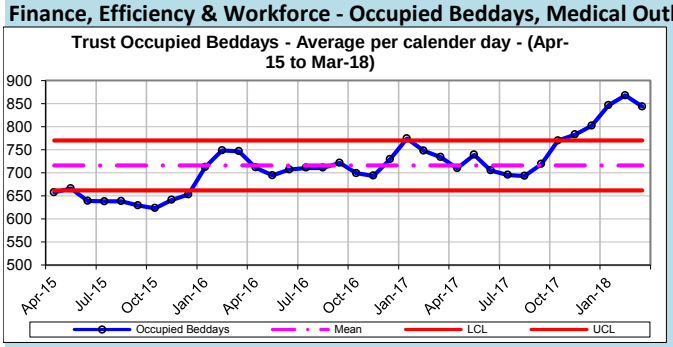


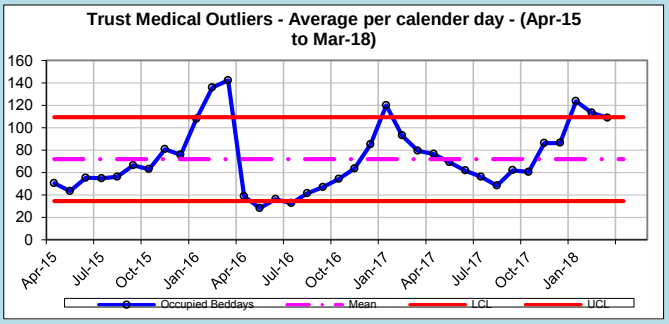
Finance, Efficiency & Workforce - Length of Stay (LOS)



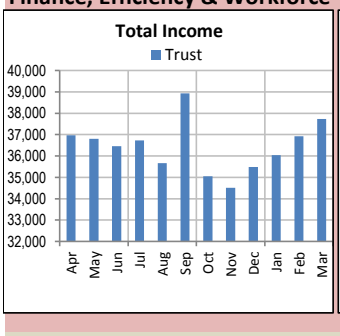


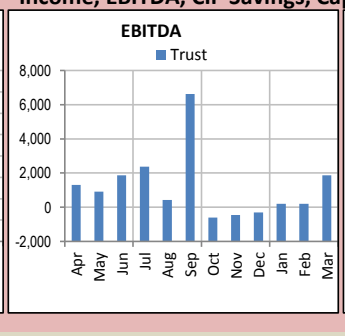
Finance, Efficiency & Workforce - Occupied Beddays, Medical Outliers

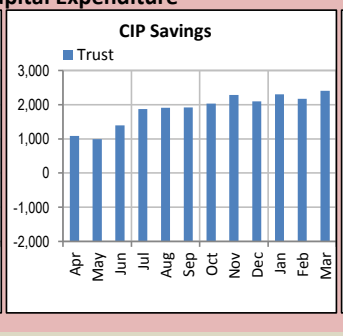


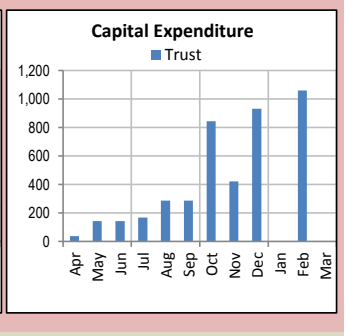


Finance, Efficiency & Workforce - Income, EBITDA, CIP Savings, Capital Expenditure

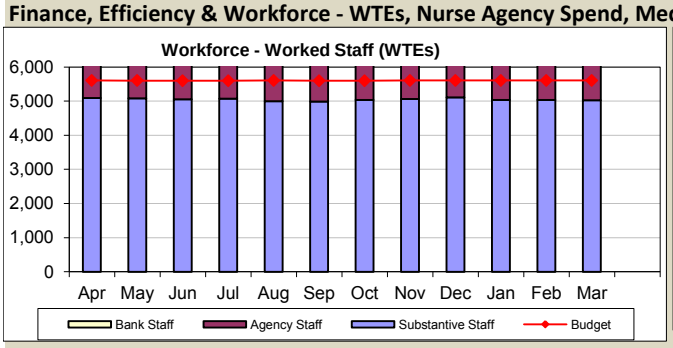


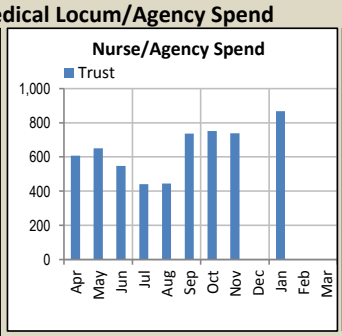


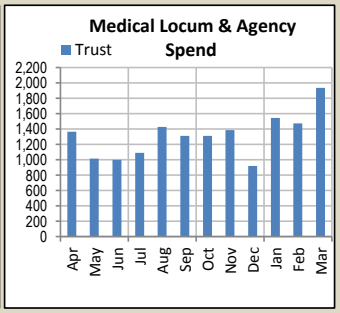




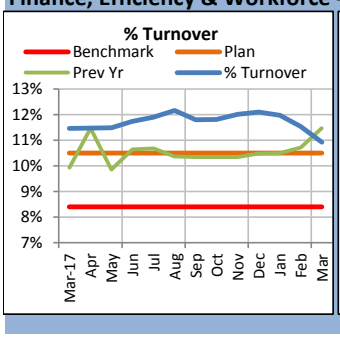
Finance, Efficiency & Workforce - WTEs, Nurse Agency Spend, Medical Locum/Agency Spend

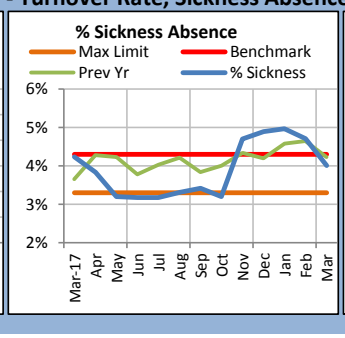


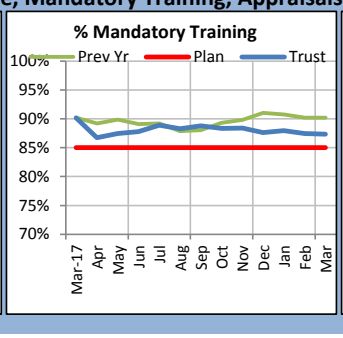


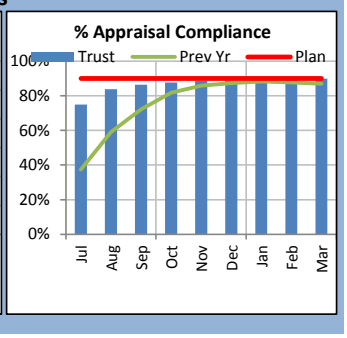


Finance, Efficiency & Workforce - Turnover Rate, Sickness Absence, Mandatory Training, Appraisals









Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Report

Month 12
2017/18

Content

Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Report for March 2017

mtw

1.Executive Summary

Maidstone and Tunbridge Wells NHS

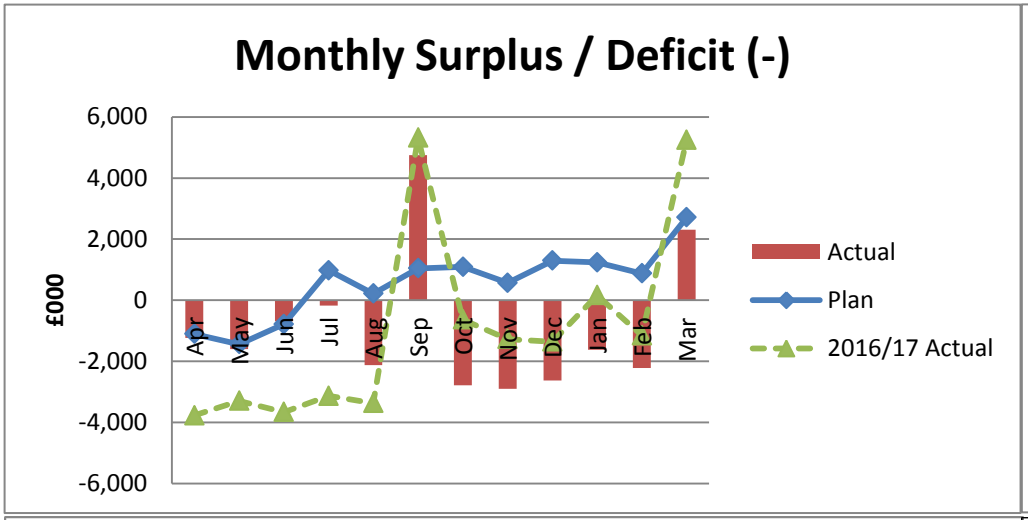
1a. Executive Summary March 2017

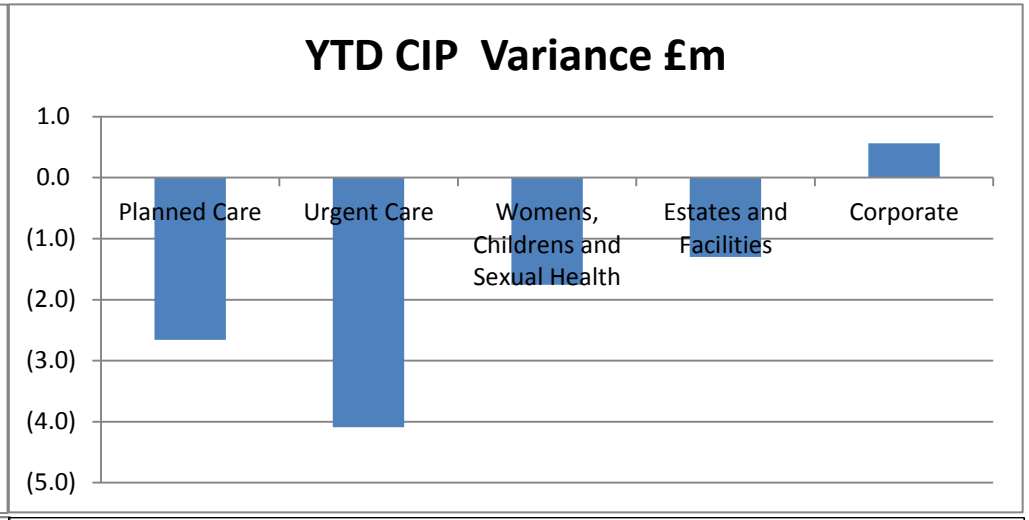
Key Variances £m

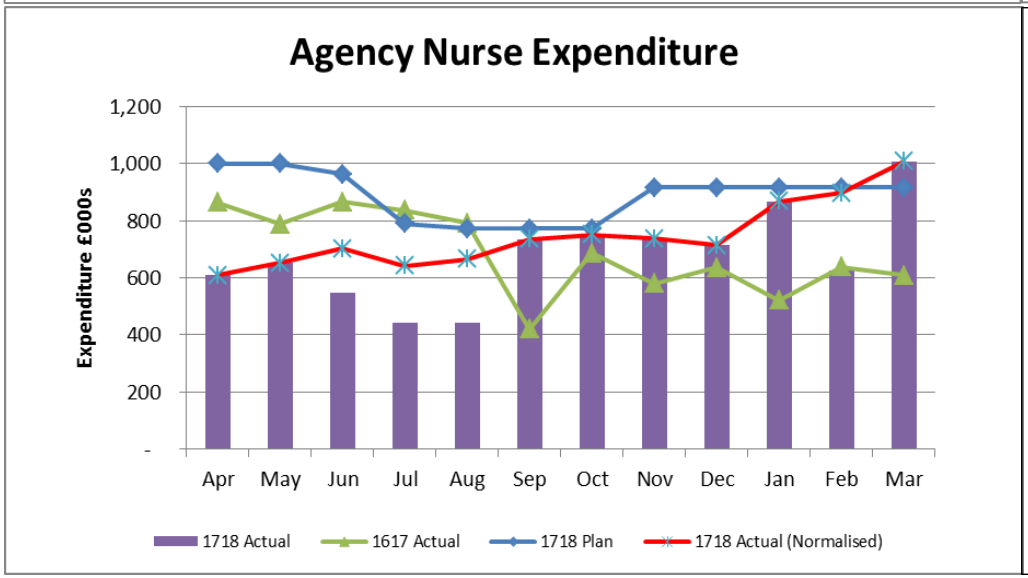
	March	YTD		Headlines
Total Surplus (+) / Deficit (-)	(0.4)	(17.6)	Adverse	The Trusts surplus including STF was £2.3m in March which was £0.4m adverse to plan, £1.7m STF surplus due to £3m STF incentive funding offsetting non delivery of financial performance for March, £0.5m slippage against CIP and £1.6m overspent against budget. The Trust achieved the year end forecast (£17.9m pre STF) submitted to NHSI in January, overspending against the forecast in Pay (£1.6m) was offset by overperformance within clinical income mainly due to benefits relating to cancer MDTs, Partially completed spells and maternity deferred income.
Clinical Income	1.1	0.5	Favourable	Clinical Income excluding HCDs was £1.1m favourable in March. The key adverse variances in March were Elective & Day Cases (£1.3m), and outpatients (£0.4m) offset by favourable variances within non elective (£1.2m) and A&E (£0.4m). The position included a favourable adjustment of £1.4m relating to the aligned incentive contract (£4.0m) positive YTD.
Elective IP and DC	(1.3)	(11.2)	Adverse	Elective and Day Case activity is adverse to plan in month by £1.3m in month and £11.2m year to date.
Sustainability and Transformation Fund	1.7	(4.2)	Adverse	The Trust did not deliver its financial performance and A&E trajectory in March therefore was not eligible for STF income. The Trust received £3m STF Incentive funding in March.
Other Operating Income	0.3	6.7	Favourable	Other Operating Income £0.3m favourable in the month, £0.5m favourable relating to pass through costs associated with STP and PAS AllScripts , £0.6m favourable relating to education and research income offset by underperformance in the month within Private Patient income (£0.4m).
Pay	(2.2)	(7.7)	Adverse	Pay was £2.2m adverse in the month, normalised pay spend increased between months by £0.8m and was the highest level this financial year. Normalised Medical Staffing costs increased between months by £0.5m, the main increases were within Urgent Care (£0.3m), Womens, Childrens and Sexual Health (£0.1m) and the provision for disputed medical charges with KMPT (£0.1m). Normalised Nursing spend increased between months by £0.2m with agency and bank hours increasing by 3,000 and 6,000 hours respectively to the highest level this financial year. Pay costs were £1.5m higher in March compared to the forecast submitted to NHSI in January.
Non Pay	(0.9)	(15.8)	Adverse	Non Pay was overspent by £0.9m in March, this was mainly due to Pass through costs (£0.8m) relating to STP, PAS Allscripts and high cost drugs offset by additional income.
Other Finance Costs	19.4	17.9	Favourable	Other Finance Costs £19.1m favourable in March due to impairments which are offset by a corresponding adjustment within technical adjustment line.
CIP / FRP	(0.5)	(9.2)	Adverse	The Trust achieved £2.4m savings in March which was £0.2m more than February but this was £0.5m adverse to plan. The Trust has delivered £22.5m savings which was £9.2m adverse to plan.

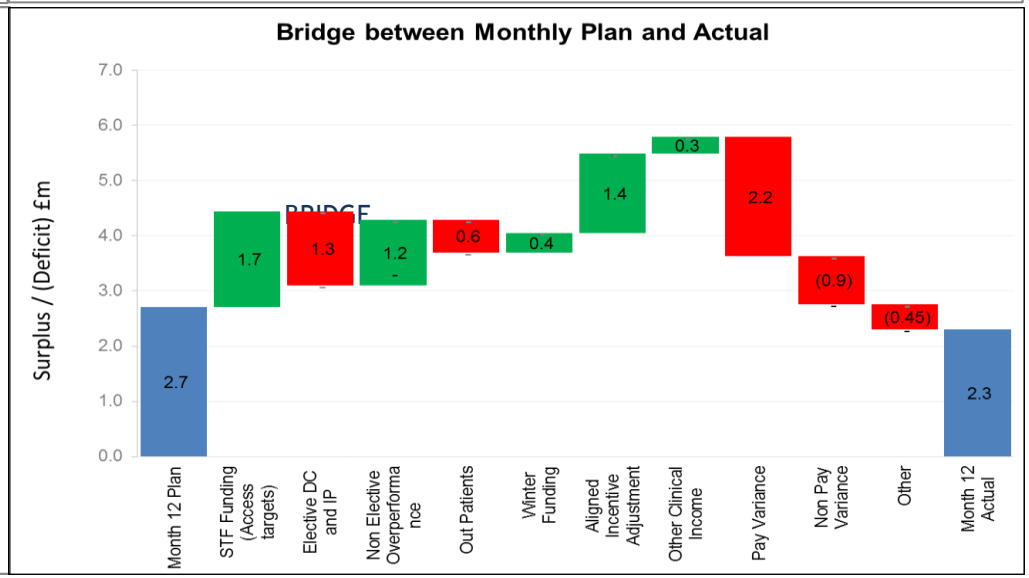
Maidstone and Tunbridge Wells NHS Trust

1b. Executive Summary KPI's March 2017









2.Income and Expenditure

Maidstone and Tunbridge Wells NHS Trust

2a. Income & Expenditure

Income & Expenditure March 2017/18

		Current Month			Year to Date		
		Actual £m	*Plan* £m	*Variance* £m	*Actual* £m	*Plan* £m	*Variance* £m
Revenue							
	Clinical Income	30.5	29.4	1.1	340.2	339.7	0.5
	High Cost Drugs	3.3	3.8	(0.6)	42.8	42.2	0.7
	Total Clinical Income	**33.8**	**33.3**	**0.5**	**383.0**	**381.9**	**1.2**
	STF	3.0	1.3	1.7	7.0	11.2	(4.2)
	Other Operating Income	3.9	3.6	0.3	50.3	43.7	6.7
	Total Revenue	40.8	38.2	2.6	440.3	436.7	3.6
Expenditure							
	Substantive	(17.9)	(17.8)	(0.1)	(214.4)	(215.3)	0.9
	Bank	(1.3)	(0.5)	(0.8)	(12.2)	(6.1)	(6.1)
	Locum	(0.7)	(0.0)	(0.7)	(5.9)	(1.1)	(4.8)
	Agency	(2.6)	(1.9)	(0.6)	(22.2)	(22.5)	0.3
	Pay Reserves	(0.2)	(0.2)	0.0	(1.0)	(2.9)	1.9
	Total Pay	(22.7)	(20.5)	(2.2)	(255.7)	(248.0)	(7.7)
	Drugs & Medical Gases	(4.5)	(4.2)	(0.3)	(52.9)	(50.9)	(2.0)
	Blood	(0.2)	(0.2)	0.0	(2.3)	(2.5)	0.2
	Supplies & Services - Clinical	(2.1)	(1.9)	(0.2)	(30.4)	(23.7)	(6.7)
	Supplies & Services - General	(0.6)	(0.4)	(0.1)	(5.7)	(5.1)	(0.6)
	Services from Other NHS Bodies	(0.3)	(0.6)	0.4	(8.6)	(7.6)	(1.0)
	Purchase of Healthcare from Non-NHS	(0.3)	(0.6)	0.3	(4.1)	(7.9)	3.9
	Clinical Negligence	(1.7)	(1.7)	(0.0)	(20.6)	(20.6)	(0.0)
	Establishment	(0.3)	(0.3)	0.0	(3.4)	(3.7)	0.3
	Premises	(3.0)	(1.8)	(1.2)	(25.3)	(21.5)	(3.8)
	Transport	(0.2)	(0.1)	(0.1)	(1.5)	(1.4)	(0.1)
	Other Non-Pay Costs	(0.2)	(0.4)	0.2	(11.6)	(4.9)	(6.8)
	Non-Pay Reserves	(0.0)	(0.1)	0.0	0	(0.9)	0.9
	Total Non Pay	(13.2)	(12.3)	(0.9)	(166.5)	(150.7)	(15.8)
	Total Expenditure	(35.9)	(32.8)	(3.0)	(422.2)	(398.7)	(23.5)
EBITDA	**EBITDA**	4.9	5.4	(0.5)	18.2	38.1	(19.9)
		0.0	*0.0*	*(0.0)*	*4.1%*	*8.7%*	*-552.7%*
Other Finance Costs							
	Depreciation	(1.2)	(1.3)	0.1	(13.7)	(14.8)	1.1
	Interest	(0.1)	(0.1)	(0.0)	(1.3)	(1.3)	0.0
	Dividend	0.2	(0.1)	0.3	(0.5)	(1.5)	1.0
	PFI and Impairments	17.5	(1.6)	19.1	0.9	(14.9)	15.7
	Total Finance Costs	16.3	(3.1)	19.4	(14.5)	(32.4)	17.9
Net Surplus / Deficit (-)	**Net Surplus / Deficit (-)**	21.2	2.3	18.9	3.6	5.7	(2.0)
Technical Adjustments	**Technical Adjustments**	(18.9)	0.4	(19.3)	(14.5)	1.0	(15.6)
Surplus/ Deficit (-) to B/E Duty	**Surplus/ Deficit (-) to B/E Duty Incl STF**	2.3	2.7	(0.4)	(10.9)	6.7	(17.6)
	Surplus/ Deficit (-) to B/E Duty Excl STF	(0.7)	1.4	(2.1)	(17.9)	(4.5)	(13.4)

Commentary

The Trusts surplus including STF was £2.3m in March which was £0.4m adverse to plan, £1.7m STF surplus due to £3m STF incentive funding offsetting non delivery of financial performance for March, £0.5m slippage against CIP and £1.6m overspent against budget.

The Trust's normalised pre STF run rate in March was a deficit of £2.6m. The main normalised adjustments in March related to: Partially completed Spells and Maternity deferred income benefit (£0.65m) , West Kent additional support (£0.8m), Winter funding (£0.4m) and Education and Research Income benefit (£0.6m) .

The Trusts deficit in March was in line with the forecast submitted to NHSI in January, Income over performance of £1.2m and PDC benefit (£0.3m) offset £1.5m overspend within pay . A full review is incorporated in slide 3d.

Clinical Income excluding HCDs was £1.1m favourable in March. The key adverse variances in March were Elective & Day Cases (£1.3m), and outpatients (£0.4m) offset by favourable variances within non elective (£1.2m) and A&E (£0.4m). The position included a favourable adjustment of £1.4m relating to the aligned incentive contract (£4.0m) positive YTD.

STF income £1.7m favourable in March, the Trust did not deliver the financial performance or A&E trajectory in March but recieved £3m STF Incentive scheme.

Other Operating Income £0.3m favourable in the month, £0.5m favourable relating to pass through costs associated with STP and PAS AllScripts , £0.6m favourable relating to education and research income offset by underperformance in the month within Private Patient income (£0.4m).

Pay was £2.2m adverse in the month, normalised pay spend increased between months by £0.8m and was the highest level this financial year. Normalised Medical Staffing costs increased between months by £0.5m, the main increases were within Urgent Care (£0.3m), Womens, Childrens and Sexual Health (£0.1m) and the provision for disputed medical charges with KMPT (£0.1m). Normalised Nursing spend increased between months by £0.2m with agency and bank hours increasing by 3,000 and 6,000 hours respectively to the highest level this financial year.

Non Pay was overspent by £0.9m in March, this was mainly due to Pass through costs (£0.8m) relating to STP, PAS Allscripts and high cost drugs offset by additional income.

Other Finance Costs £19.1m favourable in March due to impairments which are offset by a corresponding adjustment within technical adjustment line.

The Trust ended the financial year with a deficit including STF of £10.9m, £17.6m adverse to plan. The Trusts outturn 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)

		Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Change between Months
Revenue	Clinical Income	28.7	31.9	31.8	32.3	32.1	31.2	32.6	31.3	31.2	31.7	32.0	31.2	33.8	2.6
	STF	0.8	0.4	0.4	0.6	0.3	0.0	2.2	0.0	0.0	0.0	0.0	0.0	3.0	3.0
	High Cost Drugs	3.6	(0.1)	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)
	Other Operating Income	7.6	4.7	4.6	3.5	4.3	4.5	4.1	3.8	3.4	3.8	4.0	5.7	3.9	(1.8)
	Total Revenue	**40.7**	**37.0**	**36.8**	**36.5**	**36.7**	**35.7**	**38.9**	**35.0**	**34.5**	**35.5**	**36.0**	**36.9**	**40.8**	**3.9**
Expenditure	Substantive	(17.3)	(17.9)	(18.0)	(18.1)	(17.8)	(17.7)	(17.8)	(17.9)	(18.0)	(17.8)	(17.9)	(17.5)	(17.9)	(0.4)
	Bank	(1.0)	(0.9)	(0.9)	(0.9)	(0.9)	(0.7)	(1.2)	(1.0)	(0.9)	(1.2)	(1.2)	(1.1)	(1.3)	(0.1)
	Locum	(0.6)	(0.6)	(0.5)	(0.1)	(0.4)	(0.5)	(0.5)	(0.5)	(0.6)	(0.5)	(0.5)	(0.6)	(0.7)	(0.1)
	Agency	(1.9)	(1.7)	(1.3)	(1.8)	(1.4)	(1.7)	(1.9)	(2.0)	(1.8)	(1.9)	(2.3)	(1.8)	(2.6)	(0.7)
	Pay Reserves	0.0	(0.2)	(0.2)	(0.2)	(0.2)	(0.1)	1.5	(0.2)	(0.2)	(0.2)	(0.2)	(0.3)	(0.2)	0.0
	Total Pay	(20.8)	(21.3)	(21.0)	(21.1)	(20.8)	(20.8)	(20.0)	(21.6)	(21.6)	(21.6)	(22.2)	(21.3)	(22.7)	(1.3)
Non-Pay	Drugs & Medical Gases	(5.1)	(4.2)	(4.6)	(4.6)	(4.2)	(4.8)	(4.1)	(4.4)	(4.5)	(4.2)	(4.5)	(4.3)	(4.5)	(0.1)
	Blood	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.1)	(0.2)	(0.0)
	Supplies & Services - Clinical	(3.1)	(2.6)	(2.8)	(2.7)	(2.7)	(2.7)	(2.2)	(2.5)	(2.6)	(2.5)	(2.6)	(2.5)	(2.1)	0.4
	Supplies & Services - General	(0.6)	(0.4)	(0.5)	(0.5)	(0.5)	(0.3)	(0.5)	(0.5)	(0.5)	(0.5)	(0.4)	(0.5)	(0.6)	(0.1)
	Services from Other NHS Bodies	(0.5)	(0.8)	(0.7)	(0.6)	(0.7)	(0.7)	(0.7)	(0.6)	(1.3)	(0.9)	(0.7)	(0.7)	(0.3)	0.4
	Purchase of Healthcare from Non-NHS	(0.5)	(0.5)	(0.5)	(0.2)	(0.3)	(0.3)	(0.3)	(0.4)	(0.4)	(0.4)	(0.2)	(0.2)	(0.3)	(0.1)
	Clinical Negligence	(1.5)	(1.7)	(1.7)	(1.7)	(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)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	0.0
	Premises	(1.7)	(2.0)	(2.3)	(1.6)	(1.7)	(1.9)	(1.5)	(1.8)	(1.8)	(2.2)	(1.8)	(3.8)	(3.0)	0.8
	Transport	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.2)	(0.1)	(0.1)	(0.2)	(0.1)	(0.2)	(0.0)
	Other Non-Pay Costs	(0.5)	(1.5)	(1.1)	(0.7)	(1.4)	(1.6)	(0.5)	(1.5)	(0.0)	(1.0)	(1.1)	(1.1)	(0.2)	0.9
	Non-Pay Reserves	1.3	(0.1)	(0.1)	(0.1)	0.2	0.0	0.3	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	0.0
	Total Non Pay	(12.9)	(14.4)	(14.9)	(13.5)	(13.6)	(14.4)	(11.7)	(14.1)	(13.4)	(14.2)	(13.7)	(15.4)	(13.2)	2.2
	Total Expenditure	(33.7)	(35.7)	(35.9)	(34.6)	(34.3)	(35.2)	(31.6)	(35.7)	(35.0)	(35.8)	(35.8)	(36.7)	(35.9)	0.8
EBITDA	EBITDA	7.0	1.3	0.9	1.9	2.4	0.4	7.3	(0.6)	(0.5)	(0.3)	0.2	0.2	4.9	4.7
		17%	*4%*	*2%*	*5%*	*6%*	*1%*	*19%*	*-2%*	*-1%*	*-1%*	*1%*	*1%*	*12%*	
Other Finance Costs	Depreciation	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(0.8)	(1.1)	(1.0)	(1.2)	(1.1)	(1.2)	(0.1)
	Interest	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)
	Dividend	0.1	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.5	(0.1)	0.2	0.2
	PFI and Impairments	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.1)	(1.1)	(1.1)	(1.2)	(5.2)	(1.1)	(1.2)	17.5	18.7
	Total Other Finance Costs	**(2.4)**	**(2.6)**	**(2.5)**	**(2.6)**	**(2.6)**	**(2.6)**	**(2.6)**	**(2.2)**	**(2.5)**	**(6.4)**	**(1.9)**	**(2.5)**	**16.3**	**18.8**
Net Surplus / Deficit (-)	Net Surplus / Deficit (-)	4.6	(1.3)	(1.6)	(0.7)	(0.2)	(2.2)	4.7	(2.8)	(2.9)	(6.7)	(1.7)	(2.2)	21.2	23.5
Technical Adjustments	Technical Adjustments	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0	0.0	(18.9)	(19.0)
Surplus/ Deficit (-) to B/E Duty Incl STF	Surplus/ Deficit (-) to B/E Duty	4.5	(1.2)	(1.6)	(0.7)	(0.2)	(2.1)	4.8	(2.8)	(2.9)	(2.6)	(1.6)	(2.2)	2.3	4.5
Surplus/ Deficit (-) to B/E Duty Excl STF	Surplus/ Deficit (-) to B/E Duty	3.7	(1.6)	(2.0)	(1.3)	(0.4)	(2.1)	2.5	(2.8)	(2.9)	(2.6)	(1.6)	(2.2)	(0.7)	1.5

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	0.4	0.2	0.2
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	**1.4**	**1.3**	**0.1**
Urgent Care	**0.6**	**0.8**	**(0.2)**
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	**2.4**	**2.9**	**(0.5)**

Comment
The Trust achieved £2.4m savings in March which was £0.2m more than last month however this was £0.5m adverse to plan.

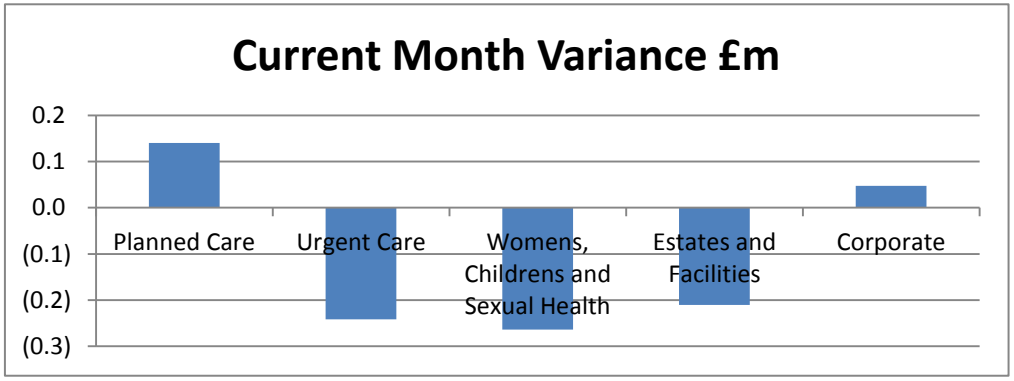
The plan value is based upon the Trusts submitted plan to NHSI in December 16 and March 17. The Trust has a 'live' plan for monitoring the actuals and phasing of the CIP programme. Based upon the 'live plan the savings achieved in March were £1.6m below plan.

Planned Care: £0.1m favourable compared to original CIP plan and £0.5m adverse to the 'live' plan. The main directorate adverse to plan (Live) was Cancer (£0.5m) mainly due to £0.3m Palliative Care contract review although this was a black risk rated scheme and East Kent Contracts review (£0.1m).

Urgent Care: £0.2m 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 £0.47m 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 £0.2m adverse to the 'live' plan, the slippage relates to unidentified savings.

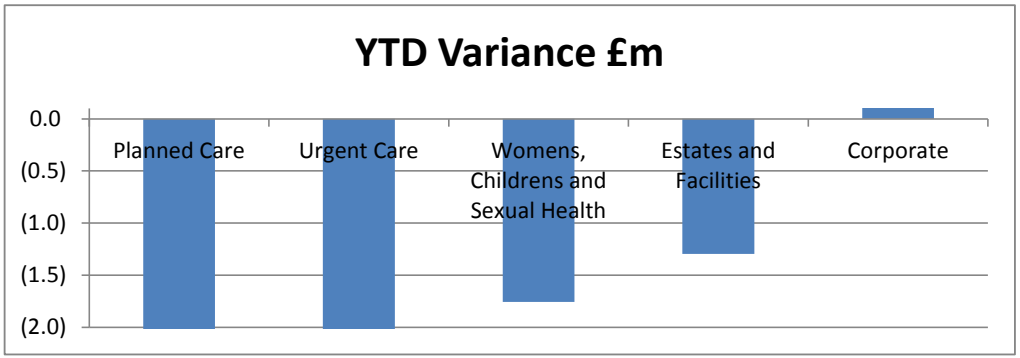
Estates and Facilities: £0.2m adverse to the original and on plan compared to the live plan.



Maidstone and Tunbridge Wells NHS Trust

4b. Year to Date savings by Directorate

	YTD		
	Actual	*Original Plan*	*Variance*
	£m	£m	£m
Cancer	1.8	2.0	(0.2)
Critical Care	1.5	2.2	(0.7)
Diagnostics	1.2	2.2	(1.0)
Head and Neck	0.9	1.0	(0.1)
Surgery	1.0	1.8	(0.8)
T&O	5.2	5.1	0.1
Patient Admin	0.1	0.1	0.0
Private Patient Unit	0.1	0.2	(0.0)
Planned Care	**11.8**	**14.5**	**(2.7)**
Urgent Care	**4.8**	**8.9**	**(4.1)**
Womens, Childrens and Sexual Health	**1.9**	**3.6**	**(1.8)**
Estates and Facilities	**1.6**	**2.9**	**(1.3)**
Corporate	**2.4**	**1.9**	**0.6**
Total	**22.5**	**31.7**	**(9.2)**



Comment

The Trust has delivered £22.5m savings which is £9.2m 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.

Planned Care: £2.7m adverse compared to original CIP. The main directorate adverse to plan is Diagnostics (£0.7m adverse) which is due to £0.2m unidentified and procurement 10% savings target (£0.5m) . Surgery Directorate (£0.7m) adverse which is due to unidentified savings (£0.5m), deep dive review (£0.15m) and medical pay savings (£0.1m) relating to job planning and WLI savings.

Urgent Care: £4.1m adverse compared to the original plan. This is due to £0.7m unidentified savings, delay in closing wards (£1.7m), slippage in procurement savings (£0.7m) and slippage in deep dive savings target (£0.9m).

Womens, Childrens and Sexual Health: £1.8m adverse compared to the plan mainly due to unidentified savings (£1.7m).

Estates and Facilities: £1.3m adverse compared to the plan, this is due to £1.3m Asset Sale slippage.

Corporate: Corporate directorates are £0.6m favourable to the plan manly due to the depreciation review.

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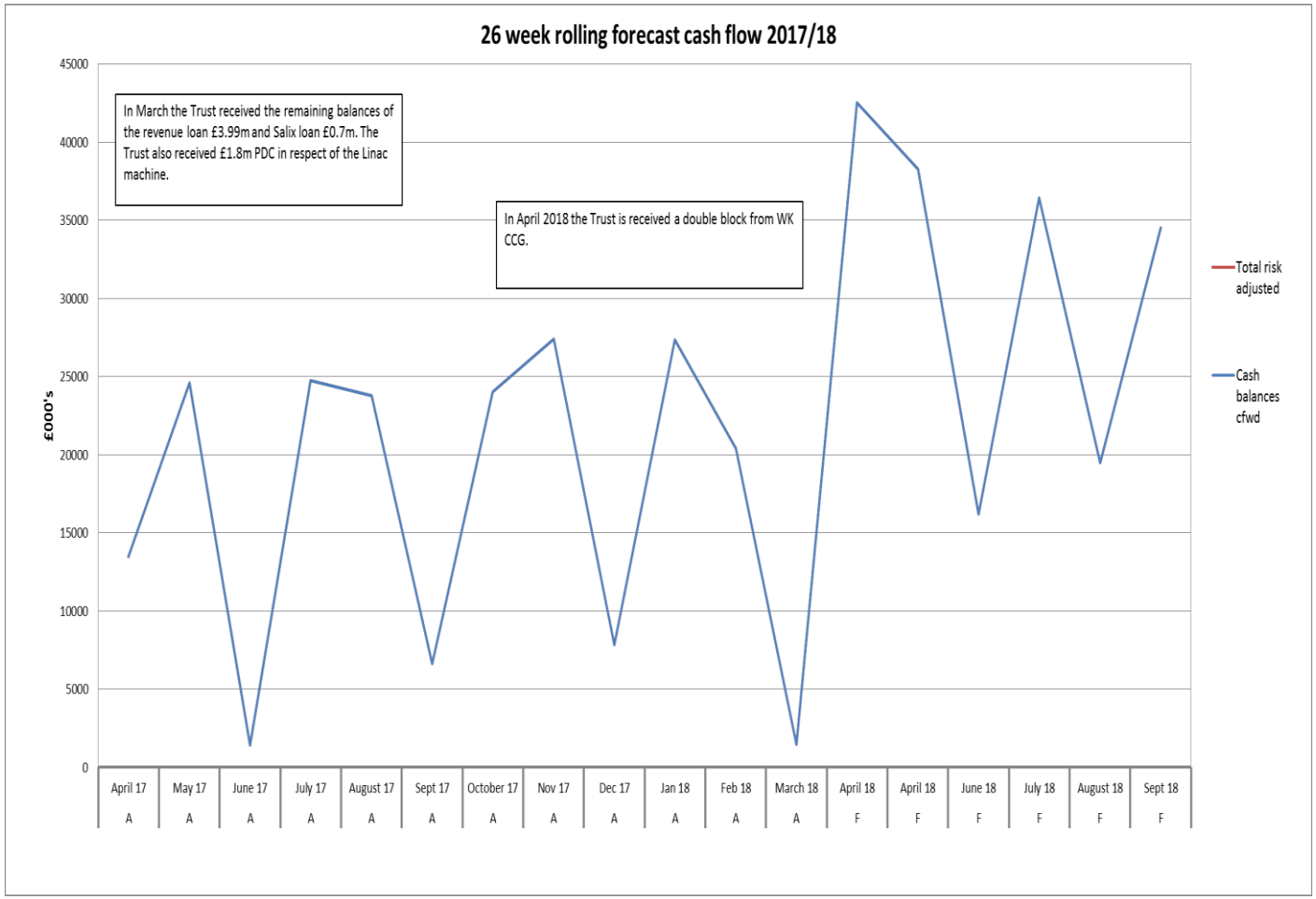
5. Liquidity

Maidstone and Tunbridge Wells NHS Trust

5a. I Cash Flow



Commentary

The blue line shows the Trust's cash position for the year of 17/18 and 6 months to September 2018.

The Trust achieved its statutory duty and met its EFL including cash balance £1.47m.

In 2017/18 the Trust received a working capital loan of £13.99m, Salix loans of £0.7m and PDC £2.4m. The Trust also received STF funding of £4.7m.

Within the year the Trust sold the two properties that were held for sale totalling £1.8m.

The Trust received a double block in April 2018 from West Kent CCG. This addresses the liquidity risk in the short term from April 2018 onwards.

The Trust will continue to work closely with NHS organisations to ensure proactive collection of debt and to reduce debtor/creditor balances.

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	5,028	8,873	3,845	8,873	5,028	3,844
ICT	2,335	1,664	-671	1,664	2,335	-671
Equipment	3,610	5,909	2,299	5,909	3,610	2,299
PFI Lifecycle (IFRIC 12)	371	502	131	502	371	131
Donated Assets	159	450	291	450	159	291
Total	**11,503**	**17,398**	**5,895**	**17,398**	**11,503**	**5,895**
Less donated assets	-159	-450	-291	-450	-159	-291
Asset Sales (net book value)	-1,741	-1,727	14	-1,727	-1,741	14
Contingency Against Non-Disposal	0	0	0	0	0	0
Adjusted Total	**9,603**	**15,221**	**5,618**	**15,221**	**9,603**	**5,618**

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 was approved for 17/18 (£1.7m), for which funding was received in March 2018. The equipment is in storage until ready for delivery to the Trust in May 2018.

The Trust was awarded £645k for GP A&E Streaming works, as additional PDC, which has now been received. The Trust disposed of the Hillcroft property for £1.04m gross receipts generating a small profit on sale of c.£20k. The Springs property sale was completed on 22nd January with sale proceeds of £800k. The originally planned Salix loan of £4m was reduced to £739k as plans for CHP plant would no longer meet the Salix metrics. All three phases of the revised application were approved by Salix and NHSI agreed CRL cover with the DH and the Trust has received £739k.

The Trust had planned an underspend in year in depreciation to further support the Income & Expenditure position and this has been matched by a corresponding reduction in the planned capital spend. Some major schemes (e.g. Energy infrastructure) took longer to initiate than planned which also reduced the in-year depreciation.

Trust Board meeting – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-11 Update from the Best Care Programme Board — Chief Executive

Summary / Key points

Enclosed is an update report from the Best Care Programme Board.

Which Committees have reviewed the information prior to Board submission?

- n/a

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

Information

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

Best Care Programme

Trust Board Report

20th April 2018

Introduction

The Best Care Programme launched in early February 2018, is the platform to deliver continual transformation and service improvements programmes.

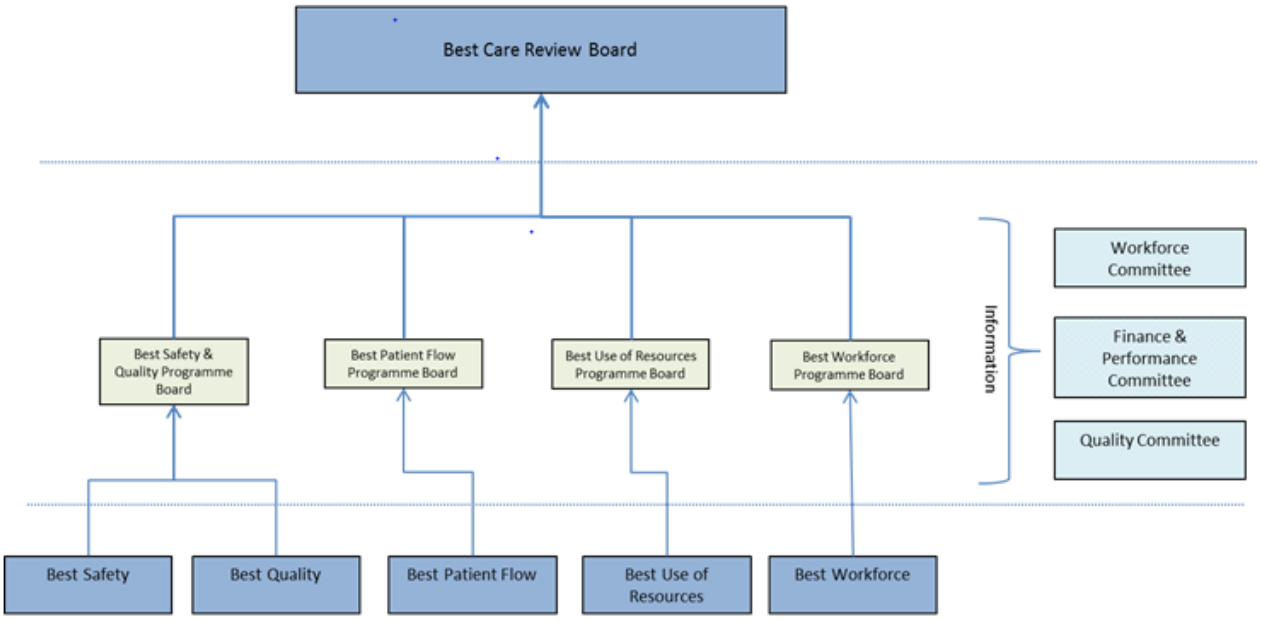
Our overriding aim for the next 12 months is to make our Trust even more of a caring, improvement driven and financially sustainable organisation by focusing on the quality, safety and overall efficiency of everything we do for our patients.

To create a single joined up focus at MTW, we want to achieve the following:

1. The safest possible overall experience for our patients and staff – **Best Safety.**
2. The highest quality experience for our patients and staff – **Best Quality.**
3. A seamless journey for our patients through our hospitals from admission to discharge - **Best Flow.**
4. Supporting our staff to reach their potential, and do what they joined our Trust to do, to give our patients the best experience and work with their colleagues in great teams - **Best Workforce.**
5. Making sure we are all getting maximum value from everything we use and spend money on to make our staff and patient experience a good one – **Best Resource.**

Best Care Programme Governance Process

All workstreams have Executive Sponsors appointed and workstream board meetings held on a Monthly basis to support the Best Care Programme Board, chaired by the Chief Executive.



Each workstream has a number of projects to deliver the overall workstream objectives and monthly detailed reports produced which are reviewed at the workstream board meetings with an executive summary report presented to the Best Care Programme Board. The reports capture:

- Progress to date / Delivery Status / RAG rated
- KPIs
- Risks & Issues
- Financial Position
- PMO Independent Assessment

Best Care Programme Board

The Best Care Programme Board has met twice to date and the approach and reporting to the meetings has continued to evolve. The most recent meeting was the first attended by

Non-Executive Director representation, and resulted in a number of suggestions on how the reporting and governance can be further improved, particularly in how the critical path, milestones and KPIs are transparently repoirted. The workstream reports discussed are attached at the end of this report.

The Programme Board discussed the capacity and capability resources necessary to deliver the Best Care programme with a further discussion and decision to be taken by the Executive Team. The Programme Board also discussed the various approaches to improvement currently deployed within the Trust, and the need for a clear and concerted approach to communications and engagement that works alongside other approaches within and outside the Trust.

Quality Impact Assessments (QIA)

All projects complete a Quality Impact Assessment (QIA), as per the Trusts QIA process current status below:

- 12 QIAs approved at the March QIA clinic
- 20 QIAs scheduled for review on the 2nd May QIA clinic
- 3 QIAs ‘Analysis Phase’ reviewed at March QIA clinic, for information purposes and will represent QIA upon completion of analysis phase.
- 2 QIAs require further work before submitting to ‘Analysis Phase’ QIA

Workstream Executive Summary Reports

Best Safety Programme 11

Date 20-Apr-18

Maidstone and Tunbridge Wells NHS Trust

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs		Financial Position MTW	
7DS/Learning Lessons/Mortality/Preventing Harm/Charter Mark Summary		RAG Last reporting	N/A	RAG Last reporting	N/A	Low Risk (2-4)	0	On or above plan	3	Target	0
Executive Sponsor	Peter Maskell	Not Reported		Not Reported		Mod. Risk (5-9)	2	Marginally below plan	0	YTD Plan	0
Operational Programme Lead	Lynne Sheridan					High Risk (10-15)	1	Significantly below plan	0	YTD Actuals	0
PMO MTW Lead	Vince Roose	RAG This reporting	Draft PID prepared and workstream & project leads confirmed. QIAs for each project prepared and awaiting sign off by MD / CN. Resource requirements to be reviewed and confirmed. Governance arrangements and linkage to Best Quality workstream provisionally agreed awaiting sign off by CN	RAG This reporting	Scoping of projects and identification of key milestones, deliverables and outcomes progressed as early priority. Provisional date for first Best Safety Workstream Oversight Groups identified.	Extreme Risks (16-25)	0	Not Known	6	YTD Variance	0
Clinical Leads	Sharon Beesley / Richard Griffiths / Sarah Flint									FOT	£0
						No. escalated	0	**KPI RAG RATE**	Green		
7DS		RAG Last reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG Last reporting		Low Risk (2-4)	0	On or above plan	0	Target	0
Executive Sponsor	Peter Maskell	Not Reported		Not Reported		Mod. Risk (5-9)		Marginally below plan	Green	YTD Plan	0
Operational Programme Lead	Lynne Sheridan					High Risk (10-15)	0	Significantly below plan	0	YTD Actuals	0
PMO MTW Lead	Vince Roose	RAG This reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG This reporting		Extreme Risks (16-25)	0	Not Known	0	YTD Variance	0
Clinical Leads	0	Not Reported		Not Reported						FOT	£0
						No. escalated	0	**KPI RAG RATE**	0		
Mortality		RAG Last reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG Last reporting		Low Risk (2-4)	1	On or above plan	2	Target	0
Executive Sponsor	Peter Maskell	Not Reported		Not Reported		Mod. Risk (5-9)	5	Marginally below plan	0	YTD Plan	0
Operational Programme Lead	Lynne Sheridan					High Risk (10-15)	10	Significantly below plan	0	YTD Actuals	0
PMO MTW Lead	Vince Roose	RAG This reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG This reporting		Extreme Risks (16-25)	2	Not Known	1	YTD Variance	0
Clinical Leads	0	Not Reported		Not Reported		No. escalated	2			FOT	00/01/1900
Preventing Harm		RAG Last reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG Last reporting		Low Risk (2-4)	0	On or above plan	TBC	Target	0
Executive Sponsor	Peter Maskell	Not Reported		Not Reported		Mod. Risk (5-9)	0	Marginally below plan	TBC	YTD Plan	0

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs		Financial Position MTW	
Operational Programme Lead	Lynne Sheridan					High Risk (10-15)	0	Significantly below plan	TBC	YTD Actuals	0
PMO MTW Lead	Vince Roose	RAG This reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG This reporting		Extreme Risks (16-25)	1	Not Known	TBC	YTD Variance	0
Clinical Leads	0	Not Reported		Not Reported						FOT	0
						No. escalated	1	**KPI RAG RATE**	Work in progress		
MTW Charter Mark		RAG Last reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG Last reporting		Low Risk (2-4)	0	On or above plan	#REF!	Target	0
Executive Sponsor	Peter Maskell	Not Reported		Not Reported		Mod. Risk (5-9)	0	Marginally below plan	#REF!	YTD Plan	0
Operational Programme Lead	Lynne Sheridan					High Risk (10-15)	3	Significantly below plan	#REF!	YTD Actuals	0
Finance Lead	Vince Roose	RAG This reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG This reporting		Extreme Risks (16-25)	0	Not Known/TBC	#REF!	YTD Variance	0
PMO Lead	0	Not Reported		Not Reported						FOT	0
						No. escalated	3	**KPI RAG RATE**	#REF!		
Learning Lessons		RAG Last reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG Last reporting		Low Risk (2-4)	1	On or above plan	#REF!	Target	0
Executive Sponsor	Peter Maskell	Not Reported		Not Reported		Mod. Risk (5-9)	0	Marginally below plan	#REF!	YTD Plan	0
Operational Programme Lead	Lynne Sheridan					High Risk (10-15)	0	Significantly below plan	#REF!	YTD Actuals	0
PMO MTW Lead	Vince Roose	RAG This reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG This reporting		Extreme Risks (16-25)	2	Not Known	#REF!	YTD Variance	0
Clinical Leads	0	Not Reported		Not Reported						FOT	0
0		RAG Last reporting		RAG Last reporting		Low Risk (2-4)	#REF!	On or above plan	#REF!	Target	0
Executive Sponsor	0	Not Reported		Not Reported		Mod. Risk (5-9)	#REF!	Marginally below plan	#REF!	YTD Plan	0
Operational Programme Lead	0					High Risk (10-15)	#REF!	Significantly below plan	#REF!	YTD Actuals	0
PMO MTW Lead	0	RAG This reporting		RAG This reporting		Extreme Risks (16-25)	#REF!	Not Known/TBC	#REF!	YTD Variance	0
Clinical Leads	0	Not Reported		Not Reported						FOT	0

Best Quality Programme 12

Date 20-Apr-18

Maidstone and Tunbridge Wells NHS Trust

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs		Financial Position MTW	
Summary: Complex Needs, Quality Improvement, Engagement and Experience & Effectiveness and Excellenece		RAG Last reporting	Draft PID prepared and workstream & project leads confirmed. QIAs for each project prepared and awaiting sign off by MD / CN. Resource requirements to be reviewed and confirmed Monday 12 March. Governance arrangements including draft ToR and linkage to Best Safety workstream provisionally agreed and ready for sign off Focused effort on Maternity Better Births / NHS Resolution to shift 5 amber criteria green	RAG Last reporting	Scoping of projects and identification of key milestones, deliverables and outcomes progressed as early priority (possible inclusion of Crowborough Birthing Centre review within Effectiveness and Excellenec Project -tbc) Provisional date for first Best Quality Workstream Board canvassed and draft agenda prepared. CQC 2018 Report published and post publication plan actioned Active management of remaining amber Better Births / NHS Resolution criteria.	Low Risk (2-4)	1	On or above plan	0	Target	
Executive Sponsor	Claire O'Brien	Not Reported		Not Reported		Mod. Risk (5-9)	2	Marginally below plan	0	YTD Plan	
Operational Programme Lead	John Kennedy					High Risk (10-15)	0	Significantly below plan	0	YTD Actuals	
PMO MTW Lead	Vince Roose	RAG This reporting	First workstream board meeting took place on 3/04/18 with all existing programme leads -all further workstream boards scheduled for the next 6 months. PID and ToR agreed subject to minor changes and specific feedback on project descriptors. QIA's for the 4 projects have been approved and signed off by Peter Maskell and Claire O'Brien including the CNST reduction for NHSi Addition of new projects to the workstream: #EndPJParalysis and Nurse Led Discharge. These are existing projects which are being directed into the programme to provide extra support . Need to be fully scoped and meetings set up with leads to determine next steps. Awaiting outcome of request for additional resources before detailed planning	RAG This reporting	Key tasks to enable delivery on projects: Intensive support to maternity services management in moving 'at risk' CNST criteria to green - particular focus on securing 90% compliance for maternity emergencies training for each maternity unit staff group. Progress against action plan being reviewed weekly, urgent actions priortised and contingency plans developed such as exploring external provision of training. Project will move to amber once we have finalised plan and have confidence in supporting actions for delivering 90% - expected 13 April. Scoping meeting regarding Paediatric into Adult Transition Services held on 29 March and summary project PID has been developed, this	Extreme Risks (16-25)	0	Not Known	3	YTD Variance	
Clinical Lead	Liz Champion, Karen Davis, Alison Jupp									FOT	
						No. escalated	2	KPI RAG RATE	Green		
Complex Needs		RAG Last reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG Last reporting		Low Risk (2-4)	0	On or above plan	0	Target	
Executive Sponsor	Claire O'Brien	Not Reported		Not Reported		Mod. Risk (5-9)	0	Marginally below plan	0	YTD Plan	
Operational Programme Lead	John Kennedy					High Risk (10-15)	0	Significantly below plan	0	YTD Actuals	
PMO MTW Lead	Vince Roose	RAG This reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG This reporting		Extreme Risks (16-25)	0	Not Known	0	YTD Variance	
Clinical Lead	0	Not Reported		Not Reported						FOT	
						0 No. escalated	0	KPI RAG RATE	0		
Quality Improvement		RAG Last reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG Last reporting		Low Risk (2-4)	1	On or above plan	2	Target	
Executive Sponsor	Claire O'Brien	Not Reported		Not Reported		Mod. Risk (5-9)	5	Marginally below plan	0	YTD Plan	
Operational Programme Lead	John Kennedy					High Risk (10-15)	10	Significantly below plan	0	YTD Actuals	
PMO MTW Lead	Vince Roose	RAG This reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG This reporting		Extreme Risks (16-25)	2	Not Known	1	YTD Variance	
Clinical Lead	Wendy Glazier, Gemma Craig	Not Reported		Not Reported		No. escalated	2			FOT	
Engagement and Experience		RAG Last reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG Last reporting	#REF!	Low Risk (2-4)	0	On or above plan	TBC	Target	
Executive Sponsor	Claire O'Brien	Not Reported		Not Reported		Mod. Risk (5-9)	0	Marginally below plan	TBC	YTD Plan	
Operational Programme Lead	John Kennedy					High Risk (10-15)	0	Significantly below plan	TBC	YTD Actuals	
PMO MTW Lead	Vince Roose	RAG This reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG This reporting		Extreme Risks (16-25)	1	Not Known	TBC	YTD Variance	

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs		Financial Position MTW
Clinical Lead	Gemma Craig, Jo Garrity	Not Reported		Not Reported						FOT
						No. escalated	1	**KPI RAG RATE**	Work in progress	
Effectiveness and Excellence		RAG Last reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG Last reporting		Low Risk (2-4)	0	On or above plan	#REF!	Target
Executive Sponsor	Claire O'Brien	Not Reported		Not Reported		Mod. Risk (5-9)	0	Marginally below plan	#REF!	YTD Plan
Operational Programme Lead	John Kennedy					High Risk (10-15)	3	Significantly below plan	#REF!	YTD Actuals
Finance Lead	Vince Roose	RAG This reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG This reporting		Extreme Risks (16-25)	0	Not Known/TBC	#REF!	YTD Variance
PMO Lead	Wendy Glazier, Sarah Turner, John Kennedy	Not Reported		Not Reported						FOT
						No. escalated	3	**KPI RAG RATE**	#REF!	
0		RAG Last reporting		RAG Last reporting	#REF!	Low Risk (2-4)	1	On or above plan	#REF!	Target
Executive Sponsor	0	Not Reported		Not Reported		Mod. Risk (5-9)	0	Marginally below plan	#REF!	YTD Plan
Operational Programme Lead	0					High Risk (10-15)	0	Significantly below plan	#REF!	YTD Actuals
PMO MTW Lead	0	RAG This reporting		RAG This reporting		Extreme Risks (16-25)	2	Not Known	#REF!	YTD Variance
Clinical Lead	0	Not Reported		Not Reported						FOT
0		RAG Last reporting		RAG Last reporting		Low Risk (2-4)	#REF!	On or above plan	#REF!	Target
Executive Sponsor	0	Not Reported		Not Reported		Mod. Risk (5-9)	#REF!	Marginally below plan	#REF!	YTD Plan
Operational Programme Lead	0					High Risk (10-15)	#REF!	Significantly below plan	#REF!	YTD Actuals
PMO MTW Lead	0	RAG This reporting		RAG This reporting		Extreme Risks (16-25)	#REF!	Not Known/TBC	#REF!	YTD Variance
Clinical Lead	0	Not Reported		Not Reported						FOT
						No. escalated	#REF!	**KPI RAG RATE**	#REF!	

Best Care Programme

Best Patient Flow Workstreams 17-18

Date 20-Apr-18

10

Maidstone and Tunbridge Wells NHS Trust

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs		Financial Position	
Non Elective Best Patient Flow		RAG Last reporting	The new Best Patient Flow programme was set up in February. This is divided into Elective and Non Elective. There are 4 projects (AEC & Ambulatory, Frailty Pathways, Reduced Length of Stay and Out of Hospital Capacity feeding into the Non-Elective Best Patient FlowAssurance Group which will meet monthly. Membership of the 4 projects will be agreed at the Urgent Care Away Day on 16th March and scope embedded with prioritised projects including Frailty pathways, increase in 0 LOS, reduction in stranded patients and Red to Green days	RAG Last reporting	7.59 days report for the NE LOS for Feb 18 discharges against the Trust phased target of 6.8 days. Increases of half a day or so are normal in winter. 7.37 YTD 1718 against 7.72 YTD for 1617. Percentage of delayed occupied bed days (DTOC) AT 3.98% for February against January's figure of 4.27%. A&E standard in February met with 90.33% against target of 90%. These results have been delivered through a number of factors. AEC and Frailty pathways are in place at MH with AEC at TW. Focussed attention is being paid to stranded patients. Pathway 3 beds have been available during the winter period. Operational staff are working with the wards to ensure best patient flow on a daily basis.	Low Risk (2-4)	0	On or above plan	0	Year Plan/Target	0.00
Executive Sponsor	Angela Gallagher					Mod. Risk (5-9)		Marginally below plan	2	Year to date Plan	0.00
Operational Programme Lead	Lynn Gray , Sally Foy					High Risk (10-15)		Significantly below plan	1	Year to date Actual	0.00
PMO Lead	Fiona Redman	RAG This reporting	The Non Elective Patient Flow Assurance Project Group has met as a project group and agreed scope with the 4 task and finish groups (AEC & Ambulatory/ Frailty/ LOS/ Out of Hospital Capacity), as well as agreed TOR, membership. Next meeting on 24.4.18. 3 of the 4 groups have met to agree membership, KPIs, TOR, risks with the fourth scheduled in the week of 9.4.18. QIA is moving towards completion with the Medical Director/ Chief Nurse. KPI dashboard has been set up at Patient Flow Board level with further detail being developed for the subgroups. Weekly group to be set up with senior management from Urgent Care supported by PMO to oversee pace and control.	RAG This reporting	AEC/ Ambulatory: awaiting specific information on 0 day LOS from BI LOS: Non elective LOS for the Trust has increased from an average of 7.63 days Feb 18 to 7.73 March 18. Frailty: Data for this reporting period demonstrates that average bed occupancy is 99.3%, 49.4% of those patients transferred to CAFU are admitted into a CAFU bed and 13% of those patients transferred to CAFU have a 0 LOS. This has improved since the previous reporting period when 56.3% of those patients transferred to CAFU were admitted into a CAFU bed and 7.5% of those patients transferred to CAFU had a 0 LOS. Currently working with BI on further metrics. Out of Hospital Capacity: DTOC at 4.3% this reporting period, against a target of 3.5%	Extreme Risks (16-25)	3	Not Known	0	Year to date Variance	0.00
Clinical Lead	Laurance Maiden					No. escalated	3	KPI RAG RATE	Green	FOT	0.00
Planned Care OP Transformation		RAG Last reporting	> Impact of Allscripts post implementation replaced by winter pressures means operational, IT and Informatics staff engagement is significantly reduced resulting in delays to progress plans to target for C/Correspondence & OPT groups. IT involvement escalated regards progressing key enablers. > C.Tsatsaklas appointed as MTW/WKCCG Joint PMO Lead. Joint PMO working ethic increasing throughout the AIC programmes with leads assigned from both WKCCG and MTW.	RAG Last reporting	E-Referral 'big bang' push back slippage built in to plan means we remain on track to plan. Allscripts post implementation and winter pressures impact reducing colleague engagement means C/Correspondence and Outpatients groups are currently not working to plan.	Low Risk (2-4)	3	On or above plan	2	Year Plan/Target	0.00
Executive Sponsor	Angela Gallagher					Mod. Risk (5-9)	6	Marginally below plan	1	Year to date Plan	0.00
Operational Programme Lead	Jane Rademaker					High Risk (10-15)	10	Significantly below plan	0	Year to date Actual	0.00
PMO Lead	Caroline Tsatsaklas	RAG This reporting	E-Referral Group remains to plan, focussed, with excellent collaborative working. Clinical Correspondence Project Group merger with new CAU Efficiences Group 11/4/18 will mean revisions to the Steering Group ToR, plan, risks, KPIs. Outpatients Sub Group cardiology sprint work concluded with findings presented to 12/3/18 Steering Group - next steps agreed: present detailed timelined plan to 26/4/18 Steering Group and evidence benefits of original schemes by 26/4/18 whilst awaiting future Sprint work resource allocation.	RAG This reporting	E-Referral Group main Sub Group disbanded and monthly Project Group retained following successful go live and moving into next phase with focus on next deadline of 31/5/18 paperless referral system. Clincial Correspondence Sub Group to merge with new CAU Efficiencies Group (starts 11/4/18) - VR business case completed and VR spec submitted to procurement . Outpatients Sub Group focussed on 1:1s with Chair/PMO support and Scheme Leads regards obtaining scheme benefits and presenting final Cardiology Sprint Action Plan to the 26/4/18 Steering Group - await Executive decision on Sprint resource before plans/timelines can be set.	Extreme Risks (16-25)	0	Not Known	0	Year to date Variance	0.00
Clinical Lead	Sara Mumford					No. escalated	0	KPI RAG RATE	GREEN	FOT	0.00

Planned Care Theatre Productivity		RAG Last reporting	Theatre Productivity Project underway. Undertake theatre productivity improvements after efficiency opportunities have been identified by an external company (recommended by NHSI). Both MH and TWH sites are within the scope and it also includes all specialities but excluding cardiology. Improvements include staff time utilisation, more efficient and effective admin processes, identifying root cause of inefficiencies relating to theatre time and utilisation. Four task and finish groups include: Improving late starts, reducing on the day cancellations, scheduling and Pre-assessment. All T&F groups have commenced with TOR approval, clinical and operational team engagement and action plans in progress.	RAG Last reporting	Gynaecology have achieved 94% and 90% utilisation over the last 2 weeks. T&O are already increasing cases per list and the clinical director has shard individual consultant plans. Relaunched the 642 scheduling meeting. Slight delay in delivery due to staff availability during February half term and the adverse weather impact on operations. To mitigate this, the four eyes team are extending their contract by one week and the T&F groups have increased in frequency to weekly.	Low Risk (2-4)	6	On or above plan	0	#REF!	#REF!
Executive Sponsor	Angela Gallagher					Mod. Risk (5-9)	5	Marginally below plan	3	#REF!	#REF!
Operational Programme Lead	Jane Rademaker, Greg Lawton					High Risk (10-15)	0	Significantly below plan	0	#REF!	#REF!
PMO Lead	Sarah Smith	RAG This reporting	QIA approved 12.04.18	RAG This reporting		Extreme Risks (16-25)	0	Not Known	0	#REF!	#REF!
Clinical Lead	Greg Lawton		Project highlights include: Launching dedicated GA ophthalmology lists CAU performance dashboard pilots have been successfully completed and an agreed standard finalised for Trust wide rollout Scheduling tool has been launched in Theatreman and training is now being rolled out to all CAU's across the Trust Call out resource identified for the next six months. Meeting undertaken with medical records team and admissions team to identify root cause of patient notes issues. Cancellations SOP finalised –for TPP board approval 4.4.18		'Ophthalmology booked 94 cases in 1 week, highest booking numbers ever Pilot call outs saved 6 on the day cancellations in first 3 days Gynaecology continue to perform at optimal productivity levels	No. escalated	0	**KPI RAG RATE**	AMBER	FOT	#REF!
Planned Care CAU Efficiency		RAG Last reporting	Project membership extended to include clinical applications/ medical records team members to identify efficiencies that maybe resolved by IT solutions. First project board meeting scheduled for 10.04.18	RAG Last reporting	Reduction in T&O backlog of 45% for OPD and 15% for IP since the CAU work was started 50% of duplicate pathways now removed – which was forecasted at the beginning of Q4.	Low Risk (2-4)	0	On or above plan	0	Target	#REF!
Executive Sponsor	Angela Gallagher					Mod. Risk (5-9)	0	Marginally below plan	0	YTD Plan	0.00
Operational Programme Lead	Beverley Williams					High Risk (10-15)	0	Significantly below plan	0	YTD Actuals	0.00
PMO Lead	Sarah Smith	RAG This reporting	The CAU Efficiency project was commenced as a feasibility study in Dec 2017. An options appraisal concidering current CAU arranegments was drafted and has been sent ot key stakeholders for review. It is anticipated that the options paper goes to the Divisional board in May 2018.	RAG This reporting	Initial project group commenced w/c . Terms of reference approved. Options appraisal document for CAU arrangment drafted and sent to key stakeholders.	Extreme Risks (16-25)	0	Not Known	0	YTD Variance	0.00
Clinical Lead	Rantimi Ayodele / Richard Benson TBC					No. escalated	0	**KPI RAG RATE**	GREEN	FOT	0.00
											#REF!
Planned Care Private Patients		RAG Last reporting	Project board not yet fully established. KPIs, risks and TOR to be devised by April 2018.	RAG Last reporting	External Contractors commencing 23rd April 2018 to anaylse the current service and identify opportunities. Appointment of a member of the PP admin staff and subsequent recruitment for two further admin staff members now advertised. Staff cover within the unit looking at improving the invoice training incliuding training other staff members. Billing processes being aligned with current oncology process. Contracts not fully finalised but in progress with smaller private patient companies.	Low Risk (2-4)	0	On or above plan	1	Year Plan/Target	0.00
Executive Sponsor	Angela Gallagher					Mod. Risk (5-9)	1	Marginally below plan	0	Year to date Plan	0.00
Operational Programme Lead	David Fitzgerald					High Risk (10-15)	1	Significantly below plan	0	Year to date Actual	0.00
PMO MTW Lead	Sarah Smith	RAG This reporting	External consultants now contracted to undertake mapping of the private patient service. Anaylsis of the service commences w/c 23/4/18 with presentation of findings to TME on 20/6/18 and Finance Committee 26/06/218. Project board meeting scheduled for 24/04/18. TOR, PID and QIA will be agreed at this meeting. QIA clinic attendence for approval on 02.05.18 Oncology invoices have continued to be covered by a band 5 in Oncology (paid as overtime from available budget for band 3 PPU admin post vacancy) which will continue until a longer term plan can be agreed.	RAG This reporting	Prior to Easter there were 3 IP's on Wells Suite which is the largest number of patients at any one time since Q1/Q2 17/18	Extreme Risks (16-25)	0	Not Known/TBC	0	Year to date Variance	0.00
Clinical Lead	TBC					No. escalated	0	**KPI RAG RATE**	GREEN	FOT	0.00
Planned Care Prime Provider		RAG Last	Project implementation phase. Project Board, KPIs, Project Plan and Risk log need to be drafted if proposal agreed.	RAG Last	Proposal drafted and submitted for consideration. Administration staff required for project if proposal approved.	Low Risk (2-	0	On or above plan	0	Target	TBC
Executive Sponsor	Angela Gallagher					Mod. Risk (5-	1	Marginally below plan	0	YTD Plan	TBC
Operational Programme Lead	Jane Rademaker					High Risk (10-	3	Significantly below plan	0	YTD Actuals	TBC
PMO Lead	Sarah Smith	RAG This reporting	MTW and CCG meeting to discuss project scope, objectives, plan, risks etc. scheduled for 20.04.18. Project plan and action plan to be devised post initial meeting. QIA and PID completion post meeting with QIA being submitted to QIA clinic 04.05.18.	RAG This reporting	Administration resources to be identified and recruited to, now that the project proposal has been approved.	Extreme Risks (16-25)	0	Not Known/TBC	0	YTD Variance	TBC
Clinical Lead	TBC									FOT	TBC

Best Workforce Programme Date 20-Apr-18

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Maidstone and Tunbridge Wells NHS Trust

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs		Financial Position MTW	
Workstream Summary		RAG Last reporting	At this stage the team have prioritised the work plan and the focus is aligned to the savings targets. It seems unlikely that the £6.0m will be identified by the end of March as the challenge meetings have been booked up until the end of March. Nothing has been confirmed in the challenge meetings so that all directorates are given a fair opportunity regardless of their timing in the process, however to date opportunities have been identified from Urgent Care Division of £69k, Cancer and Diagnostics will be presenting at their meeting an identified £350k made up of non recurrent and recurrent savings. The STP rates for medical locums were not achieved for Q4. The PMO are	RAG Last reporting	Primary focus has been on facilitating the executive vacancy review and review of temporary staffing controls. STP rate control introduction planned for 01/04/2018 following analysis phase and process review. First stage of inpatient nursing establishment review completed, this will feed into the nursing temp staffing review. Initial collation of current 'new role' initiatives completed.	Low Risk (2-4)	0	On or above plan	1	Target	£9,400,000
Executive Sponsor	Simon Hart					Mod. Risk (5-9)	1	Marginally below plan	3	YTD Plan	£0
Operational Programme Lead	Jamie Phipps					High Risk (10-15)	2	Significantly below plan	0	YTD Actuals	£0
PMO MTW Lead	Abigail Hill / Steph Pearson	RAG This reporting	There has been a change of approach with regards to the £6m vacancy removal project, which is a more robust approach to ensuring delivery. The STP rates for Q1 have been agreed at an STP level to be implemented from 9th April and internal communication from the Executive Team have gone out to this affect. The Temporary Staffing Working Group to review process is established and the recruitment of the Head of Temporary Staffing will be a huge boost in terms of supporting delivery. Divisional Usage meetings are commencing from 13th April. The affect on fill rates remain a concern across the Trust but experience from other Trusts within the STP of Q4 rates, suggest this is unfounded. The QIA for this project has been resubmitted and approved. The scoping work for the other projects within this Workstream has broadly been completed and it is planned for the PID, and TORs to be agreed at the Workstream Board on the 19th April. The team are awaiting Finance Team review of the directorate CIPs, expected by 12/04/18.	RAG This reporting	Progress has been made on the business plan vacancy removal and STP rate adoption schemes to the point where implementation of the plans is underway. The schemes can therefore be considered to be RAG rated as Green from the perspective of planning / implementation, but Amber for their financial return at this point. £6m is due to be removed from the business plan submission during April - Assurance regarding processes and systems for ongoing monitoring of quality and safety need to be in place. STP rate adoption for quarter 1 due to take place on 9th April 2018 - Weekly monitoring will be used to understand effectiveness.	Extreme Risks (16-25)	0	Not Known	0	YTD Variance	£0
Clinical Leads	Sara Mumford									FOT	£9,400,000
						No. escalated	1	KPI RAG RATE	Amber		Red
Temporary Staffing controls Group		RAG Last reporting	The STP rates for medical locums were not achieved for Q4. The PMO are working with the temporary staffing team to implement a process and Q1 rates aligned with the STP requirements.	RAG Last reporting	STP rate control introduction planned for 01/04/2018 following analysis phase and process review.	Low Risk (2-4)	0	On or above plan	1	Target	£2,000,000
Executive Sponsor	Simon Hart					Mod. Risk (5-9)	1	Marginally below plan	3	YTD Plan	£0
Operational Programme Lead	Tracey Karlsson					High Risk (10-15)	2	Significantly below plan	0	YTD Actuals	£0
PMO MTW Lead	Abigail Hill / Steph Pearson	RAG This reporting	The STP rates for Q1 have been agreed at an STP level to be implemented from 9th April and internal communication from the Executive Team have gone out to this affect. The Temporary Staffing Working Group is established and the recruitment of the Head of Temporary Staffing will be a huge boost in terms of supporting delivery. Divisional Usage meetings are commencing from 13th April. The affect on fill rates remain a concern across the Trust but experience from other Trusts within the STP of Q4 rates, suggest this is unfounded. The QIA for this project has been resubmitted and approved.	RAG This reporting	STP adoption go live was agreed to start on 9th April which is a delay against origional plan at STP HRD's meeting on 4th April. The schemes can therefore be considered to be RAG rated as Amber due to delayed start to align with STP go live date and Amber for their financial return at this point as we are more likely to acheive the Q4 rates for April/May as shifts already booked. Weekly monitoring will be used to understand effectiveness and regular temporary staffing meetings set up to discuss spend with divisions WB 09th April 2018. QIA is signed off.	Extreme Risks (16-25)	0	Not Known	0	YTD Variance	£0
Clinical Leads	0									FOT	£2,000,000
						No. escalated	1	KPI RAG RATE	Amber		Red
New Roles and Apprenticeships		RAG Last reporting	N/A	RAG Last reporting	N/A	Low Risk (2-4)	0	On or above plan	0	Target	£0
Executive Sponsor	Simon Hart/Peter Maskell	Not Reported		Not Reported		Mod. Risk (5-9)	0	Marginally below plan	Amber	YTD Plan	£0
Operational Programme Lead	Jamie Phipps					High Risk (10-15)	0	Significantly below plan	0	YTD Actuals	£0
PMO MTW Lead	Abigail Hill / Steph Pearson	RAG This reporting	Jamie Phipps	RAG This reporting	Reported as Amber as although some analysis activities has commenced there is still a significant number of activities that needs to be completed. Further progress of analysis activities is required in order to identify new roles and roles to be selected as apprenticeships. The project plan also requires revision. Pace needed as only 1.7% of levy is being spent and if not used by Apr 19 it will start to be removed. New working group and additional PMO support expected to move the projects forward at pace and to support workforce planning.	Extreme Risks (16-25)	0	Not Known	0	YTD Variance	£0
Clinical Leads	Sarah Turner / Gemma Craig									FOT	£0
						00/01/1900 No. escalated	0	KPI RAG RATE	0		Green

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs		Financial Position MTW
Medical Workforce Transformation		RAG Last reporting		RAG Last reporting		Low Risk (2-4)	1	On or above plan	2	Target
Executive Sponsor	Peter Maskell	Not Reported		Not Reported		Mod. Risk (5-9)	5	Marginally below plan	0	YTD Plan
Operational Programme Lead	Lynne Sheridan					High Risk (10-15)	10	Significantly below plan	0	YTD Actuals
PMO MTW Lead	Abigail Hill / Steph Pearson	RAG This reporting	There is a mature work plan in place which follows on from the groundwork achieved in 17/18. The Programme Steering Group for the Medical Workforce Transformation Programme has now transferred into the Best Care Programme and this project will form part of the Best Workforce Work-stream. The project governance is in place and it is planned that this is signed off in the Best Workforce Work-stream board on the 19th April. Project resource has delayed progress this month, including the competing priorities of the General Managers -which has affected the loading of Job Plans onto the e-job planning system and the PMO team resource to support this, however this is in the process of being resolved and within the next two weeks this project will have PMO resource dedicated to it. The project team are confident	RAG This reporting	The e-Job Planning system is live and the number of job plans on the e-job planning system currently stands at 156 (as at 8th April), in various stages of development. The General Managers are being supported in terms of inputting information onto the system. Local PA Allocation Table are being developed with the Directorates. Productivity work commencing. Next meeting of working group is scheduled for 19/04/2018.	Extreme Risks (16-25)	2	Not Known	1	YTD Variance
Clinical Leads	Sara Mumford					No. escalated	2			FOT
Workforce Productvity Group		RAG Last reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG Last reporting		Low Risk (2-4)	0	On or above plan	TBC	Target
Executive Sponsor	Simon Hart	Not Reported		Not Reported		Mod. Risk (5-9)	0	Marginally below plan	TBC	YTD Plan
Operational Programme Lead	Jamie Phipps					High Risk (10-15)	0	Significantly below plan	TBC	YTD Actuals
PMO MTW Lead	Kathryn Brown	RAG This reporting	INCLUDED IN THE SUMMARY EXCEPTION REPORT	RAG This reporting	Progress has continued broadly in line with stated timetable, although agreement of the e-Rostering Strategy (HealthRoster scope) has been moved from Workforce Committee scheduled for 29/03/2018 to the Best Workforce Board on 18/04/2018. KPIs will be refined once the additional HealthRoster deployment scope and rostering performance framework has been agreed.	Extreme Risks (16-25)	1	Not Known	TBC	YTD Variance
Clinical Leads	0	Not Reported								FOT
						No. escalated	1	**KPI RAG RATE**	Work in progress	
Best Workforce Divisional Tactical Groups		RAG Last reporting	Divisional tactical group is not currently running. The plan is to set these up once we have started to impact on the STP rates.	RAG Last reporting		Low Risk (2-4)	0	On or above plan	TBC	Target
Executive Sponsor	Simon Hart					Mod. Risk (5-9)	0	Marginally below plan	TBC	YTD Plan
Operational Programme Lead	Jamie Phipps					High Risk (10-15)	3	Significantly below plan	TBC	YTD Actuals
Finance Lead	Kathryn Brown	RAG This reporting	Divisional tactical group is not currently running. The plan is to set these up once we have started to impact on the STP rates.	RAG This reporting	Not Known/TBC	Extreme Risks (16-25)	0	Not Known/TBC	TBC	YTD Variance
PMO Lead	0									FOT
						No. escalated	3	**KPI RAG RATE**	TBC	
Directorate CIPs		RAG Last reporting	N/A	RAG Last reporting	N/A	Low Risk (2-4)	1	On or above plan	1	Target
Executive Sponsor	Simon Hart	Not Reported		Not Reported		Mod. Risk (5-9)	0	Marginally below plan	0	YTD Plan
Operational Programme Lead	Jamie Phipps					High Risk (10-15)	0	Significantly below plan	0	YTD Actuals
PMO MTW Lead	Steph Pearson	RAG This reporting	Work is being carried out by Finance Managers and QIA has been signed off.	RAG This reporting	The directorate CIPs are being reviewed following adoption of the revised vacancy removal approach (expected 12/04/2018) in order to assess and impact and removal potential for double counting of identified savings. Work is underway with the relevant directorates to develop detailed project plans and QIAs where necessary.	Extreme Risks (16-25)	2	Not Known	0	YTD Variance
Clinical Leads	0	Not Reported								FOT

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs		Financial Position MTW	
Vacancy Removal		RAG Last reporting	N/A	RAG Last reporting	N/A	Low Risk (2-4)	0	Significantly below plan	0	Target	£0
Executive Sponsor	Simon Hart	Not Reported		Not Reported		Mod. Risk (5-9)		Not Known	1	YTD Plan	£0
Operational Programme Lead	Jamie Phipps					High Risk (10-15)	1	0	0	YTD Actuals	£0
PMO MTW Lead	Steph Pearson	RAG This reporting	Work is being carried out by Finance Managers and QIA has been signed off.	RAG This reporting	Implementation process in progress. Proposal paper written and due to be presented at the Best Care Board on 18/04/2018. QIA signed off by Chief Nurse and Deputy Medical Director. Communication plan to be agreed as part of implementation proposal.	Extreme Risks (16-25)	0	0	0	YTD Variance	£0
Clinical Leads	0	Not Reported								FOT	£0
											£0
						No. escalated	1	KPI RAG RATE	Amber		

Best Care Programme

Best Use of Resources Workstreams 17-18

Date 20-Apr-18

12

Maidstone and Tunbridge Wells NHS Trust

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs	
Estates & Facilities		RAG Last reporting	>KPI dashboard requires completion regards unit, RAG and regular monitoring. > Risk log requires completion, RAG and monitoring >QIA (business case (best value of delivery)) re-submission due April 2018 (clinic date TBC) >LED phase4/Biomass phasing - progressing on plan >ERIC data (J.Batten/P.McGinley) to triangulate all data review/identify any opportunities then RAG and map against national opportunities - due w/c 26/3/18.	RAG Last reporting	All work planned during period has been completed in accordance with timetable.	Low Risk (2-4)	3	On or above plan	5
Executive Sponsor	Steve Orpin					Mod. Risk (5-9)	0	Marginally below plan	0
Operational Programme Lead	Jeanette Batten					High Risk (10-15)	0	Significantly below plan	0
PMO Lead	0	RAG This reporting	RAG remains Amber due to: - KPI identified but needs to be measured against which will commence April 2018 - Risk log completed with 3 low risks and are being monitored by the Directorate with support from PMO - QIAs for Best Value and Energy Saving submission to QIA clinic 17/4/18 - Project Governance Steering Commitee meetings are embedded in the Directorate Board Meetings, these meetings occur monthly, the working group meetings are incorporated into the weekly SMT meetings (with the exception of the week when the Directorate board meetings hold).	RAG This reporting	RAG remains amber due to: 1. External specialist report received, paper to be prepared for Trust Board 26/4/18. 2. Energy efficiency: Business Case submitted for Salix Funding, AGREED and completed. Capital funding allocation request submitted to NHS I, pending approval. Procurement of specialist contractor to undertake work, completed 3. Model Hospital Opportunity Review Meeting scheduled for 12/4/18 (P.McGinley/J.Batten) 4. Biomass phasing - Completed	Extreme Risks (16-25)	0	Not Known	0
Clinical Lead	0					No. escalated	0	**KPI RAG RATE**	Green
Procurement		RAG Last reporting	>KPIs need confirming, dashboard completed inc RAG and regular monitoring. > Risk log requires completion - impact, mitigation, RAG and monitoring. >QIAs required/completed - TBQ	RAG Last reporting	>31 Product Trials - Q4: New products. > If all projects successful and the Trust switches – saving of FYE £1,033,000 . 12 Green £606k delivered in January and Feb. . 9 in progress. Currently amber but will turn green if completed successfully in March 2018. Further saving of £245k . 10 red planned to commence in March (£247k) > STP Projects: Potential £72,000 identified but timescale tbc > Clinical & Non clinical Tenders - Q4: 10 projects completed i£200k saving due end March 2018 This is not included in the roll-over £2.6million.	Low Risk (2-4)	0	On or above plan	0
Executive Sponsor	Steve Orpin					Mod. Risk (5-9)	0	Marginally below plan	0
Operational Programme Lead	Preeya Bailie					High Risk (10-15)	2	Significantly below plan	0
PMO Lead	0	RAG This reporting	Moved from red to amber due to: >Overall workplan in place and submitted to Finance with break down of detailed Divisional information being shared with Divisions by 13/4/18 for review before relevant insertions to divisional plans. >KPI data planned reporting inserted - actual monitoring commences end April 2018 >Risk log completed with governance of review at bi-monthly Procurement Strategy Committee >Established CPMC procurement process in place that supports the QIA process however for 18/19 schemes Trustwide QIAs will be provided - QIAs Procurement General Tenders and Procurement Managed Services for QIA clinic submission 17/4/18	RAG This reporting	Moved from red to amber due to - > 31 Product Trials Update: . 9 Green as completed successfully in March 2018. Further saving of £245k . 10 red planned to commence in March rolling into April (£247k) > STP Projects: Potential £72,000 identified but timescale still tbc > Clinical & Non clinical Tenders Q4: 10 projects completed i£200k saving completed end March 2018 This is not included in the roll-over £2.6million. Q1: 8 projects completed - £405k saving. £220 of this will go live immediately. £185k will go live in Q2. Q2 and Q3 - £695k saving from a further 28 projects. These changes will be immediate to realise full year effect	Extreme Risks (16-25)	1	Not Known	3
Clinical Lead	0								
						No. escalated	1	**KPI RAG RATE**	TBC

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs	
ICT		RAG Last reporting	Not reported	RAG Last reporting	not reported	Low Risk (2-4)	3	on or above plan	
Executive Sponsor	Steve Orpin					Mod. Risk (5-9)	0	Marginally below plan	
Operational Programme Lead	Michael Beckett					High Risk (10-15)	0	Significantly below plan	
PMO Lead		RAG This reporting	Remains red due to: - KPIs need to be agreed and monitor dates/plan/actuals set - Plans need to be submitted and reviewed - Relevant QIAs completed/approved - Relevant financial methodologies assigned/reported	RAG This reporting	Top 3 key risks assigned and mitigation set - all 3 are low risk 1. Excess mileage report awaited, emails to be sent to each member of staff to confirm excess mileage is no longer applicable from 1 April 2018. 2. Patient Centre contract payment for read only system until cessation later in the year. 3. Storage and back up contracts to be assessed once project plan for full implementation defined.	Extreme Risks (16-25)	0	Not Known	TBC
Clinical Lead						No. escalated	0	**KPI RAG RATE**	TBC
Medicine Management		RAG Last reporting	• Plan to roll out all patients on Biosimilar -Entanercept - due April 2018. • MTW and CCG Joint Fomulary group set up, in line with 6wk clinical notice period the first meeting booked for April, TOR and Agenda set • KPIs used from Model Hospital/biosimilars are in development with data collection process under review, potential monitoring to commence April 2018.	RAG Last reporting	Fornightly project group meetings have been switched to teleconferences due to operational pressures, however a plan is now in place to alternate venue and phone meetings to make attendance easier. The project is moving forward however the pace needs to pick up over the next period. Working with KCHFT, KCC to look at the management of medicines and use of Dossett boxes	Low Risk (2-4)	0	On or above plan	1
Executive Sponsor	Steve Orpin					Mod. Risk (5-9)	0	Marginally below plan	1
Operational Programme Lead	Millie Johnson					High Risk (10-15)	0	Significantly below plan	1
PMO Lead	Abi Hill	RAG This reporting	RAG remains Amber due to: QIAs for dosset boxes, joint formulary, near patient dispensing pilot due for QIA clinic submission 17/4/18. QIAs for biosimilars, drug contract changes and non pass through drugs to be completed and presented by end April 2018. Joint Fomulary meeting scheduled 23/04/18. Formulary review - is underway joinly accross organisations and will be discussed at the Joint Forumary meeting Biosimilars letter is now complete and is planned to be sent out in the next two weeks. Issues with Pharmacy data still being worked through. Dossett boxes - Meeting with LPC to encourage the community pharmacist to manage the MAR Charts. Discuss if CCG can provide funding for them to manage the service.	RAG This reporting	RAG remains amber due to: Fornightly project group meetings have been switched are being reduce to monthly updates so we can concentrate on various projects however due to the strong working relationship between organisations we will come together as required. Please note the KPIs are taken from model hospital and include all MTW patients, a specific report for just West Kent patients is being developed internally.	Extreme Risks (16-25)	1	Not Known	0
Clinical Lead	0								
						No. escalated	1	**KPI RAG RATE**	
Diagnostics		RAG Last reporting	Weekly project meetings in place with good attendance Team working well across both organisations KPIs identified but due to CSU changes concerns over how they will be monitored for pathology Finances to be worked through by end of March 2018	RAG Last reporting	Within the pathology group there has been a focus on communication by cluster to educate and engage with GPs regarding data and a successful event was held with the Wield Cluster. In radiology the team have continued to focus on the interaction with the MSK pathway for MRI. Kinesis conferrals are steadily increasing. Amber RAG rated due to KPIs identified but not currently monitored as yet and go live date TBC.	Low Risk (2-4)	0	On or above plan	3
Executive Sponsor	Steve Orpin					Mod. Risk (5-9)	0	Marginally below plan	2
Operational Programme Lead	David Fitzgerald, Mark Holland, Neil Bedford					High Risk (10-15)	4	Significantly below plan	0
PMO MTW Lead	Abi Hill	RAG This reporting	RAG remains Amber due to: Radiology The focus has been on the AQP MRI service provision and devloping a brief options appraisal, awaiting approval to develop a join business case. Radiology AIC QIA completed and awaiting QIA clinic date w/c 16/4/18 Pathology The group continue to struggle to monitor the KPI's identified but there is continued efforts to idenify how they can be reported. Due to demands on the Operational team with STP the team are finding it difficult to take forward new ideas as there is a continued overlap so they are continuing to work on demand protocols. Pathology AIC QIA completed and awaiting QIA clinic date w/c 16/4/18	RAG This reporting	RAG remains amber due to: The team are continues to explore communication mechanisms to engage with GPs. The team have escalated to the Exec forum the need to develop a co-ordinated GP engagement strategy. Within Radiology the focus has remained on the MSK pathway and the AQP options. However audit work also needs to progress in parallel and this will be the focus for the next month. Kinesis continues to be used and is slowly picking up in its usage. The Trust will continue to work with the CCG to develop further. The team are continue to work with the CCG to develop the KPI data after the changes in the CSU.	Extreme Risks (16-25)	0	Not Known/TBC	0
Clinical Lead	0								

PROGRAMME		PMO Assurance RAG Status		Delivery RAG Status		Escalated Risks & Issues		KPIs	
AIC Diabetes		RAG Last reporting	Project Team 15/2/18 meeting cancelled, however virtual work has kept the workstream on track. Project Team 1/3/18 meeting agreed the AIC governance structure, and reviewed the service model, action plan, draft ToR, Risks and KPIs. Dr M Haq agreed to Co-Chair the group. Dr M Haq, S.Williams, C.Tsatsaklas to update the Risks and KPIs as agreed in preparation for ratification in next meeting 15/2/18. Further work is required on the PID. The QIA was submitted to MTW QIA Clinic 23/2/18 which requires modifications before re-submission w/c 12/3/18. Go live date to set. Finances required to be assigned i.e.DSNs +/- additional resources.	RAG Last reporting	15/2/18 DIG meeting cancelled due to weather conditions. 1/3/18 DIG meeting agreed governance structure and reviewed the current service model, plan and draft TOR, KPIs,Risks which required further work in order for the group to ratify next meeting 15/3/18. QIA submitted 23/2/18 to be modified and resubmitted w/c 5/3/18. Draft PID to be expanded.	Low Risk (2-4)	0	On or above plan	0
Executive Sponsor	Jim Lusby					Mod. Risk (5-9)	0	Marginally below plan	0
Operational Programme Lead	Lynn Gray					High Risk (10-15)	3	Significantly below plan	0
PMO Lead	Caroline Tsatsaklas	RAG This reporting	DIG attendance and engagement excellent. Clear roles, functions and expectations of members. Clear action plan in development with key milestones and delivery maintaing pace and on track to plan.	RAG This reporting	Moved from Red to Amber RAG due to: 15/3/18 DIG meeting agreed TOR, Risk Log, KPIs + June 2018 date to become contract holder in order to actively recruit to the service. KPI dashboard to be created for monitoring by end April 2018. 22/3/18 Finance Refresh Meeting - agreed actions to ascertain DSN + other costs involved in order for budget setting to move to recruitment phase 28/3/18 Contracts meeting arranged. 29/3/18 DIG to agree ongoing Lessons Learned Log initial draft and review expanded project plan. 3/4/18 QIA resubmitted and approved. 5/4/18 Prescribing guidelines meeting arranged. 26/4 DIG to agree PID and baseline plan TBC IT Leads MTW/CCG/Federation/KCHFT meeting to map IT needs against service model and agree data set.	Extreme Risks (16-25)	0	Not Known/TBC	3
Clinical Lead	Masud Haq								
						No. escalated	0	**KPI RAG RATE**	TBC

Trust Board Meeting – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-12 Staffing (planned and actual ward staffing for March 2018 Chief Nurse

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

Wards of note this month include:

Acute Stroke Unit (Maidstone): Improved: Reduction in incidence of falls this month.

CCU (Maidstone): CSW moved to Culpepper to support increased dependency; however staff between Culpepper and CCU during course of shift as unit is collocated on Culpepper.

Culpepper: Increased Registered Nurse requirement as RMN required for 15 days.

John Day: RN: CSW ratio shift. An accepted risk to ensure sufficient staff available to provide fundamental aspects of care. No change in nurse sensitive indicators noted in month.

Chaucer: High fill rate due to escalation of frailty assessment unit overnight for 16 nights. Improvements seen in falls last month have been sustained with a further reduction; 2 this month compared with 3 last month (threshold set at 3/month)

Edith Cavell: Increased staffing requirements at night to support a number of patients under DoLS. One in particular was challenging as in non-weight bearing cast and making purposeful attempts to wander.

Maidstone UMAU: Escalated overnight,

Ward 22/ASU: Low RN fill rate, due to an inability to fill from Bank/Agency, and falls rate 3 above agreed threshold.

CCU (TWH): RN fill rate reflects 6 RNs transferred to support other wards and 5 shifts unfilled by bank/agency.

Ward 10: RN: CSW ratio shift to ensure sufficient staff on ward to provide fundamental aspects of care and maintain a 'line of sight' level of observation. The imbalance in the ratio of staff was an accepted risk as unable to fill some RN shifts with temporary cover.

Ward 12: RN fill rate due to inability of bank or agency to fill requests. Falls rate 4 above agreed threshold.

Ward 20: Whilst improvement seen in fill rate, there has been a significant increase in the incidence of falls (31 in month). There were 8 patients who were high risk/repeat falls. Review of cohorting practice and ward routines have been undertaken jointly with the Ward Manager, Matron and Falls Prevention Practitioner.

Ward 2: Overall fill rate low due to inability of bank or agency to fill requests. Some improvements noted in falls incidence, 4 above threshold of 7 compare to 7 above threshold last month.

Ward 30: Increase in incidence of falls noted, with 6 above a threshold of 5, compared to 3 above threshold last month. RN fill rate reduced during the day.

Whatman: Increase in falls with 5 above agreed threshold.

Crowborough Birth Centre: Reduced RM fill rate during the day. This is a considered action to ensure cover at night. Community midwifery teams are able to support the Centre during the day.

Overall RAG ratings (as detail later in this report) 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. Progress on the reintroduction of the Quality, Effectiveness & Safety Trigger Tool (QuEST), as referred to last month, is on track. The core templates are now available and discussions will be had with the Ward Managers and Matrons over the next couple of weeks, with the intention of having the first round of data by the end of April.

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 latest update on the NHSI database at November indicated a national average range of 7.5 – 8.5.
The overall CHPPD for Maidstone is 7.5 compared to 7.3 last month, and for Tunbridge Wells it is 8.3 compared to 8.0 last 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

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

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

March '18		Day		Night			Nurse Sensitive Indicators						Financial review		
Hospital Site name	Ward name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Overall Care Hours per pt day	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Overall RAG Status	Comments	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Acute Stroke	91.0%	97.6%	99.2%	95.2%	7.2	23.8%	100.0%	4	0	⇧		132,329	125,403	6,926
MAIDSTONE	Cornwallis (on Foster)	104.8%	70.2%	96.8%	96.8%	7.0	83.1%	94.4%	2	0		CSW fill rate due to inability to fill with bank cover.	72,057	116,421	(44,364)
MAIDSTONE	Coronary Care Unit (CCU)	98.4%	77.4%	98.4%	N/A	9.7	58.8%	100.0%	0	0		CSW fill rate accepted risk as unit is collocated on Culpepper. Culpepper had increased Registered staffing due to 15/7 of RMN cover requirement .	106,475	109,066	-2,591
MAIDSTONE	Culpepper	124.2%	93.5%	124.2%	100.0%	7.4	81.5%	100.0%	2	0					
MAIDSTONE	John Day	80.1%	119.4%	98.1%	100.0%	6.1	19.4%	84.6%	5	0		RN:CSW ratio due to inability to fill RN shifts (vacancy and lack of temp staffing)	127,486	155,223	(27,737)
MAIDSTONE	Intensive Treatment Unit (ITU)	91.1%	N/A	88.7%	N/A	29.2			0	0		Reduced RN fill rate accepted as decreased dependency.	174,246	182,719	(8,473)
MAIDSTONE	Pye Oliver	97.5%	86.4%	98.9%	101.1%	5.2	42.6%	95.0%	6	0			100,557	118,057	(17,500)
MAIDSTONE	Chaucer	99.3%	109.6%	143.5%	116.1%	7.5	27.6%	94.9%	2	0		Escalation of frailty unit on 16 nights.	112,063	139,598	(27,535)
MAIDSTONE	Lord North	82.6%	90.0%	97.8%	100.0%	7.1	56.4%	90.9%	3	0		Reduced RN fill rate an accepted risk, as no temporary chemo trained staff available. Ward supported by appropriate CNSs	101,913	117,252	(15,339)
MAIDSTONE	Mercer	108.9%	97.6%	101.1%	117.7%	6.6	84.2%	100.0%	2	0		7 nights of increased dependency.	101,227	114,225	(12,998)
MAIDSTONE	Edith Cavell	100.0%	115.5%	96.8%	200.0%	6.4	116.7%	97.1%	1	0		Increased CSW requirement to support a number of DoLS patients.	82,226	82,834	(608)
MAIDSTONE	Urgent Medical Ambulatory Unit (UMAU)	90.4%	93.0%	128.0%	196.8%	9.1	13.4%	93.1%	0	0		Escalated over night.	104,359	135,801	(31,442)
TWH	Stroke/W22	78.0%	96.1%	94.2%	94.6%	6.8	118.8%	89.5%	10	0	⇩	Reduced RN fill rate due to vacancy and inability to fill with temporary staff. Falls 3 above threshold	163,074	140,484	22,590
TWH	Coronary Care Unit (CCU)	90.8%	90.3%	100.0%	N/A	10.7	153.6%	93.0%	1	0			61,501	62,154	(653)
TWH	Gynaecology/ Ward 33	93.3%	77.4%	100.0%	129.0%	6.4	27.7%	90.3%	0	1		CSW fill rate an accepted risk for the day, as priority given to fill night shifts and escalation.	74,602	77,306	(2,704)
TWH	Intensive Treatment Unit (ITU)	107.3%	100.0%	105.2%	77.4%	29.8	100.0%	100.0%	0	0			194,948	205,224	(10,276)
TWH	Medical Assessment Unit	92.1%	90.3%	120.0%	100.0%	7.4	0.0%	0.0%	12	0		Escalation beds	162,759	200,738	(37,979)
TWH	SAU	95.7%	100.0%	100.0%	100.0%	3.8			0	0			54,119	59,090	(4,971)
TWH	Ward 32	87.6%	107.4%	98.9%	115.3%	6.5	30.9%	88.2%	5	2		RN fill rate due to inability to fill with temporary staffing.	122,788	113,084	9,704
TWH	Ward 10	87.3%	95.2%	75.0%	153.2%	7.4	28.8%	95.2%	0	0		RN:CSW ratio shift to maintain sufficient staff numbers to delivery fundamental aspects of care.	112,453	114,208	(1,755)
TWH	Ward 11	98.0%	114.0%	92.7%	114.5%	6.6	31.1%	100.0%	7	0		CSW fill rate increased due to a number of patients with variable cognitive impairment (head injury).	110,018	124,309	(14,291)
TWH	Ward 12	75.7%	99.2%	96.8%	98.4%	6.1	18.8%	93.3%	10	0	⇩	RN fill rate due to inability to fill with temporary staffing. Falls 4 above threshold	122,915	126,824	(3,909)
TWH	Ward 20	94.6%	106.5%	100.0%	114.5%	5.9	47.4%	88.9%	31	0	⇩	High rate of falls due, in part, to 8 patients who were 'repeat' falls. Review of cohort processes have been undertaken along with reviews of other ward routines.	106,507	127,340	(20,833)
TWH	Ward 21	87.1%	108.6%	92.3%	130.6%	8.6	42.0%	93.1%	3	1		RN fill rate due to inability to fill with temporary staffing. Night CSW increase due to increased dependency.	133,012	142,759	(9,747)
TWH	Ward 2	73.4%	94.8%	96.8%	88.7%	6.2	66.7%	96.7%	12	0	⇔	Reduced RNs due to both inability to fill with temporary staff, and 4 rooms closed for building works. Falls 4 above threshold	124,028	144,448	(20,420)
TWH	Ward 30	88.9%	90.4%	98.9%	96.8%	6.1	0.0%	0.0%	11	0	⇔	Falls 6 above threshold	108,041	113,587	(5,546)
TWH	Ward 31	84.9%	113.7%	93.5%	91.4%	10.2	0.0%	0.0%	7	1		RN:CSW ratio an accepted risk to ensure cover at night.	129,736	132,326	(2,590)
Crowborough	Birth Centre	69.4%	93.5%	98.4%	103.2%				0	0		RM fill rate accepted to ensure cover at night. Daytime cover provided according to demand from community teams.	85,997	73,692	12,305
TWH	Ante-Natal	96.8%	80.6%	103.2%	83.9%	6.3	39.4%	90.9%	1	0		Delivery Suite RM fill rate due to increased demands.	615,173	660,436	(45,263)
TWH	Delivery Suite	101.4%	88.7%	134.0%	96.8%	20.5			0	0					
TWH	Post-Natal	96.6%	83.9%	96.8%	66.7%	6.0			0	0					
TWH	Gynae Triage	93.5%	100.0%	96.8%	96.8%				0	0			11,974	11,848	126
TWH	Hedgehog	108.1%	N/A	101.9%	100.0%	7.2	16.9%	94.3%	0	0			215,654	176,750	38,904
MAIDSTONE	Birth Centre	98.4%	93.5%	100.0%	100.0%				0	0			63,527	68,671	(5,144)
TWH	Neonatal Unit	102.1%	122.6%	100.5%	93.5%	9.5			0	0		Additional CSW requirement during the day to support increased capacity/demand f	167,377	179,759	(12,382)
MAIDSTONE	MSSU	121.1%	69.6%	100.0%	N/A				1	0		RN Shift to meet increased acuity and activity; as increase in elective activity through unit.	40,769	35,026	5,743
MAIDSTONE	Peale	108.6%	165.3%	100.0%	100.0%	8.4	51.5%	97.1%	0	0			70,239	80,665	(10,426)
TWH	SSSU	100.0%	100.0%	100.0%	100.0%				4	1			66,724	207,540	(140,816)
MAIDSTONE	Whatman	99.1%	91.1%	101.1%	119.4%	5.3	146.7%	72.7%	11	0	⇩	Additional CSW requirements overnight due to increased dependency Falls 5 above threshold	90,070	100,219	(10,149)
MAIDSTONE	A&E	98.0%	80.6%	99.1%	93.5%		9.5%	92.8%	2	0			205,143	201,592	3,551
TWH	A&E	93.9%	89.2%	100.3%	93.5%		27.8%	93.8%	1	0			311,865	352,141	(40,276)
												Total Establishment Wards	**4,939,951**	**5,428,815**	**(488,864)**
												Additional Capacity beds	39,307	37,132	2,175
												Other associated nursing costs	2,306,582	2,621,824	-315,242
												Total	7,285,840	8,087,771	(801,931)

RAG Key

Under fill

Over fill

Trust Board meeting – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-13 Trust Board Members' Quality Walkarounds (20/01/18 to 13/04/18) Trust Secretary

Quality Walkarounds are regarded as key governance tools[1] available to Trust Board members. At its meeting on 29/03/18, the Trust Board confirmed that the generic term "Quality Walkarounds" should cover a wide range of activities with the purpose of: aiding the understanding of the care and treatment provided by the Trust; providing assurance to supplement the written and verbal information received at the Board and/or its sub-committees (i.e. to enable a form of triangulation, but not be a formal monitoring process); and providing an opportunity to thank staff and invite discussion of any pertinent issues.

The Board also agreed that the following 'menu' options were available to Trust Board Members, but that formal feedback was only required if something of significance was be noted:

a. Observation and/or active participation at any existing meeting (formal committee, working group, Task & Finish Group etc.)[2]
b. Organised visits to clinical areas
c. Assisting in mealtimes (i.e. to help serve meals)

The default position is that Trust Board Members will organise their own Quality Walkarounds (but these can organised centrally on request).

This quarterly report therefore provides details of the Quality Walkarounds reported as being undertaken by Trust Board Members between 20th January and 13th April 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 Secretary's office (Board Members are therefore encouraged to register all such visits).

The report is primarily for information, and to encourage Trust Board Members to continue to undertake visits.

Which Committees have reviewed the information prior to Board submission?

- N/A

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [3]

Information

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

[2] The Board did however agree the following rules for this option: a) that the Chair of the meeting should be forewarned, b) that the attendance by the Non-Executive Director (NED) should be a one-off event rather than continuous, and c) that staff's expectations regarding the role of any NEDs at the meeting should be managed

[3] 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, 20th January 2018 to 13th April 2018

Trust Board Member	Areas registered as being visited (MH: Maidstone Hospital; TWH: Tunbridge Wells Hospital)
Chief Executive (MS)	▪ Sexual Health Services (MH) ▪ Birthing Centre (MH) ▪ PET CT Centre (MH) – site opening ▪ Pathology (MH) ▪ Blood Sciences (MH) ▪ Birthing Centre (MH) ▪ John Day Ward (MH) ▪ Frailty Unit (Chaucer Ward) (MH) ▪ Foster Clark Ward (MH) ▪ IT (MH/Magnitude House) ▪ Site Tour (TWH) ▪ Pharmacy (TWH) ▪ Ward 10 (TWH) ▪ Ward 11 (TWH) ▪ Short Stay Surgical Unit (TWH) ▪ Neonatal (TWH) ▪ Laundry and Transport (Park Wood) ▪ Medical Records (Paddock Wood) ▪ Oncology visit / Site Tour (East Kent) ▪ Crowborough Birth Centre
Deputy Chief Executive (JL)	-
Chief Nurse (COB)	▪ Gynaecology Ward (TWH) ▪ Rubin Gum Clinic (MH)
Chief Operating Officer (AG)	▪ Quiet Room (TWH) – Opening event ▪ NHSI Cancer Critical Friend visit (MH)
Director of Finance (SO)	-
Medical Director (PM)	-
Director of Workforce (SH)	▪ AHP meeting (Therapies)
Chair of Trust Board (DH)	▪ PET CT Centre (MH) – site opening ▪ Oncology visit / Site Tour (East Kent)
Non-Executive Director (SDu)	-
Non-Executive Director (MC)	▪ Pharmacy (MH) ▪ Chaplaincy (MH) ▪ PALS and complaints (MH) ▪ Resuscitation Committee meting (MH)
(Associate) Non-Executive Director (NH)	-
Non-Executive Director (TL)	-
Non-Executive Director (SP)	▪ Stroke Unit (MH

Trust Board meeting – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-14	Final review of the planning submissions for 2018/19 (incl. operating plan)	Director of Finance

Summary / Key points

Enclosed is an update report on the Trust's 2018/19 planning submissions.

Which Committees have reviewed the information prior to Board submission?

- Finance and Performance Committee (24/04/18)
- Trust Management Executive (25/04/18)

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

Information

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

Maidstone and Tunbridge Wells NHS
NHS Trust

Annual Business Planning Update

2018/19 Plan

Key Submission Dates

Maidstone and Tunbridge Wells NHS
NHS Trust

Deadlines	Submission	Date	Achieved
November Finance Committee	First draft high level	Nov 2017	Yes
December Finance Committee – update paper	Second Draft	Dec 2017	Yes
February Finance Committee	First Submission	Feb 2018	Yes
February Board	First Submission	Mar 2018	Yes
NHSI Submission	First Submission	8th March 2018	Yes
April Finance Committee	Final Submission	24th Apr 2018	Yes
April Board	Final Submission	26th Apr 2018	
NHSI Submission	Final Submission	30th Apr 2018	

Summary of Key 2018/19 Business Plan Highlights

Maidstone and Tunbridge Wells NHS
NHS Trust

Proposal

- Agreement of the 2018/19 Control Total, £2m surplus pre Provider Sustainability Fund (PSF), £17.7m surplus including PSF. To be delivered by:
    - 2018/19 CIP Target £24.1m
    - Additional Non Recurrent Benefits (above CIP Target) £10.4m
- This report highlights the mitigations that could be implemented throughout the year if the Trust was away from plan, these include:
    - Release of Trust contingency £3.8m
    - Restrict Pay Investment £3m
    - System capacity to manage Non Elective demand £0.6m
    - Asset Sale review £2m
    - Temporary staffing controls £2m

Planning Assumptions

Clinical Income

- Based on 17/18 forecast outturn at month 9 which includes £1.5m full access to the West Kent AIC risk reserve
- Adjustments have been made to the FOT baseline for Out Patients to increase activity in recognition of the planned reduction in activity associated with the implementation of the new PAS during 2017/18.
- Demographic growth included at 1.08% as per STP current assumptions
- The plan has been adjusted to reflect commissioning intentions for MSK impact associated with East Sussex and North Kent.
- No further adjustments have been made to reduce RTT backlog and the Waiting list, the benefit from Four Eyes utilisation improvements has been used to increase capacity to deliver the increase associated with Prime Provider activity.
- Activity has been priced using the published 2018/19 national tariff as part of the 2 year planning guidance issued in 2016.
- Local prices & block items 0.1%, high cost drugs 3.6% & devices 2.1%
- £2.7m Provider intentions are included and have been agreed with the CCG and will be included in the contract from April 2018.
- CQUIN applied at 100% for West Kent and NHSE and 80% for associate commissioners (2.5% CCG / 2% NHSE)

Other Income

- Excludes non recurrent funding from CCGs
- 0% inflation for Education and Research, 1.8% tariff uplift to other income

Pay

- Based on forecasted pay costs as at month 11
- Assumes 2.0% inflation to incorporate pay award (to be confirmed) and incremental drift
- Adjusted Full Year Effect (FYE) of agreed business cases and Cost pressures
- Divisions have been allocated £3m pay contingency held locally to fund any posts that have been recruited to and not covered in 2017/18.

Non Pay

- Based on 17/18 forecast outturn at month 9
- Adjusted for Non Recurring and Full Year Effect (FYE) items
- Assumes 3.6% Drug inflation, 1% non pay inflation with exception of rates (£0.3m) and £0.6m reduction in CNST which have been based on actual notified changes.
- Assumes £0.7m variable cost increase relating to an increase of 1.08% in activity associated with Demographic growth.

Planning Assumptions

Other

- Assumes 0.8% contingency reserve for risk management (£3.8m)
- The plan incorporates £2m increase associated with the FYE of 2017/18 agreed business cases (Theatre 6 = £1.2m, additional Cardiology and Neurology Consultant (£0.3m) and Clinical Coding (£0.5m) and an additional £0.8m relating to 2018/19 Cost Pressures.
- Assumes 100% STF to be received

Cost Improvement Plan

- Assumes a £24.1m efficiency programme (5.1% of 2017/18 turnover) which is incorporated within the Best Care Programme
- An additional £10.4m of non recurrent benefits have been incorporated within the plan to close the current financial gap to the control total (£2m surplus pre PSF)

Demand & Capacity

- Elective activity assumes 1.08% demographic growth as per STP assumptions
- Assumes the same level of non elective activity as per 17/18, at current average LOS and current DTOC and demographic growth of 1.08% for non elective and 1.08% growth for A&E attendances
- Plan currently excludes any assumptions on targeted backlog reduction

General

- The national planning guidance states the Winter funding is non recurrent therefore no additional income has been included. Pay budgets have been set on 2017/18 forecasted spend as at February (Month 11) therefore budgets will reflect additional costs for winter.
- STP costs based on 2017/18 Forecast, MTW contribution at £0.63m

Summary I&E

Maidstone and Tunbridge Wells NHS
NHS Trust

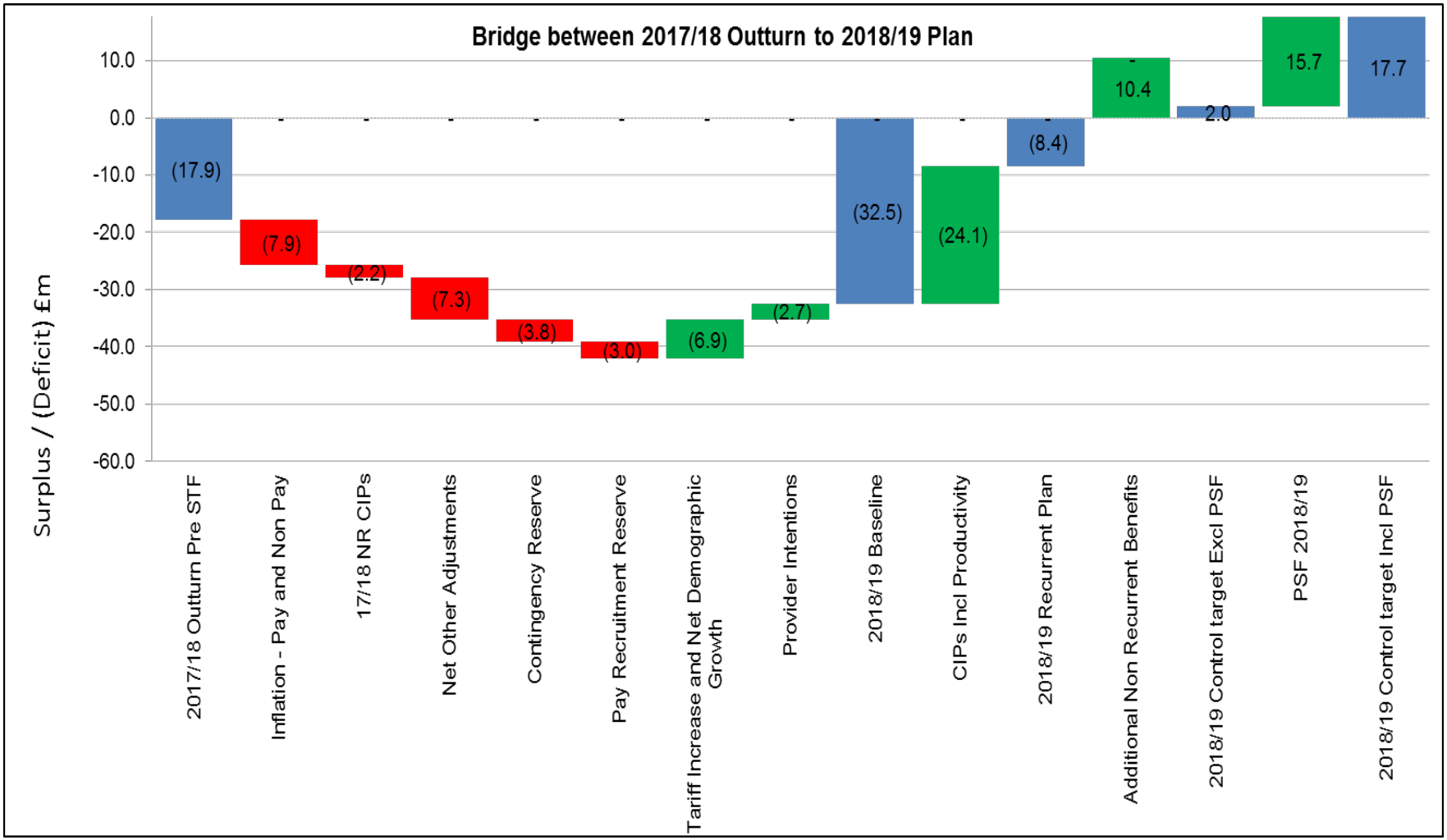
Subjective Group	2017/18 Outturn	Revised 2018/19 Plan	2018/19 CIP Programme	2018/19 Revised Plan Including CIP	Additional Non Recurrent Benefits	2018/19 PSF Income	Final 2018/19 Plan
Clinical Income	379.9	388.4	**10.9**	**399.3**	0.0		399.3
Education Training & Research	11.8	10.7	**0.0**	**10.7**	0.0		10.7
Non Clinical Income	33.9	30.8	**0.5**	**31.3**	6.7		38.0
Other Income	7.8	7.4	**1.1**	**8.6**	0.0		8.6
STF	7.0	0.0	**0.0**	**0.0**	0.0	15.7	15.7
Total Income	**440.3**	**437.3**	**12.5**	**449.9**	**6.7**	**15.7**	**472.2**
Pay	-255.7	-266.7	**3.0**	**-263.8**	0.2		-263.6
Total Pay	**-255.7**	**-266.7**	**3.0**	**-263.8**	**0.2**	**0.0**	**-263.6**
Clinical Negligence	-20.6	-20.0	**0.9**	**-19.0**	0.0		-19.0
Clinical Supplies	-36.2	-39.5	**3.2**	**-36.4**	0.0		-36.4
Drugs & Medical Gases	-52.9	-55.8	**2.9**	**-52.9**	0.0		-52.9
Other Non Pay	-52.7	-53.4	**3.0**	**-50.4**	0.3	0.0	-50.1
Purch healthcare from non NHS	-4.1	-3.9	**-1.4**	**-5.3**	0.0		-5.3
Total Non Pay	**-166.5**	**-172.6**	**8.6**	**-164.0**	**0.250**	**0.0**	**-163.8**
Depreciation and Other	-13.6	-13.4	**0.0**	**-13.4**	3.3		-10.1
Impairment of Fixed Assets	14.7	-1.0	**0.0**	**-1.0**	0.0		-1.0
Other Finance Costs	-15.1	-15.8	**0.0**	**-15.8**	0.0		-15.8
PDC Dividend	-0.451	-1.3	**0.0**	**-1.3**	0.0		-1.3
Total Other Finance	**-14.5**	**-31.5**	**0.0**	**-31.5**	**3.3**	**0.0**	**-28.2**
Total Surplus (+) / Deficit (-)	**3.6**	**-33.6**	**24.1**	**-9.5**	**10.4**	**15.7**	**16.7**
Technical Adjustments	-14.5	1.1	**0.0**	**1.1**			1.1
Revised Surplus (+) / Deficit (-) Including Technical Adj	**-10.9**	**-32.5**	**24.1**	**-8.4**	**10.4**	**15.7**	**17.7**
Revised Surplus (+) / Deficit (-) Including Technical Adj (excl STF)	**-17.9**	**-32.5**	**24.1**	**-8.4**	**10.4**	**0.0**	**2.0**
2018/19 Control Target				**2.0**			2.0
Variance to Control Target				**-10.4**			**0.0**

Comments: Year on Year movements

- Clinical income has the following key adjustments:
  - Non Recurrent Old Year Settlements (1718) = £1.8m
  - Demographic Growth £3.3m
  - Provider Intentions £2.7m (Un Well Babies, (£1.5m) Core HRG for Neonatal (£0.8m) and Paediatric HDU (£0.4m)
  - Tariff Changes Incl HCD Price Increase (£4.2m)
  - Assumes £1.5m AIC risk reserve is recurrent
  - Full Yr Effect of the GP in A&E Service £0.6m.
  - Best Care Programme income schemes (£10.9m)
- Education and Research Income has reduced by £0.9m due to the reduction in CLRN and Commercial R&D Income (offset by reduction in expenditure).
- Non Clinical Income includes £6.7m additional West Kent CCG non recurrent funding support as well as adjustments to reflect non recurrent income in 2017/18.
- Pay
  - GP in A&E £0.7m offset by additional income
  - £1.4m Agreement for agreed business cases in 2017/18 (Theatre 6 (£0.7m), Neurology Consultant (£0.1m) Cardiology Consultant (£0.1m), Clinical Coding (£0.5m) .
  - £5.2m 2018/19 Inflation
  - £4.3m Pay Reserve
  - CIP - £3m, has been assumed will be identified through the best care programme for workforce
- Non Pay
  - £1.1m Non Recurrent 2017/18 CIP
  - £0.6m FYE of agreed business cases (Theatre 6, Blood Stage 2, CUR and Symphony upgrade)
  - Increase - £3.1m inflation, £1.9m drug inflation (3.6%) and £0.9m for other non pay
  - Reduction - CNST £0.6m as per confirmed contributions for 2018/19
  - Contingency £2.5m
  - £0.7m increase in costs associated with meeting demographic growth increase (based on 20% of income expectation)
  - CIP - £8.6m, assumed to be delivered via the Best Care Programme
- Depreciation includes £3.3m assumption associated with profit on disposal of Asset

Bridge from 2017/18 forecast outturn to 2018/19 Plan

Maidstone and Tunbridge Wells NHS
NHS Trust



2018/19 Plan Assumptions

- **2018/19 Pay inflation** (£5.2m) based on 2% increase, Non Pay Inflation (£2.8m) includes £1.9m drug inflation (3.6%), £0.9m for other non pay (1%)

- **2017/18 Non Recurrent CIPs** (£2.2m) which relates to non pay and income non recurrent CIP

- **Net Other Adjustments** (£7.4m) which includes:: FYE of 2017/18 Business Cases (£2m), FYE of 2017/18 Cost Pressures (£0.8m), Non Recurrent 2017/18 Winter Funding (£1.2m), CNST adjustment (£0.6m), Education and Research Income (£1m), 2018/19 CCG Commissioning intentions (£1m) relating to Non West Kent MSK impact, and PFI/PDC and Depreciation adjustments (£1m)

- **Contingency Reserve –** The Trust has £3.8m representing 0.8% of turnover for 2018/19

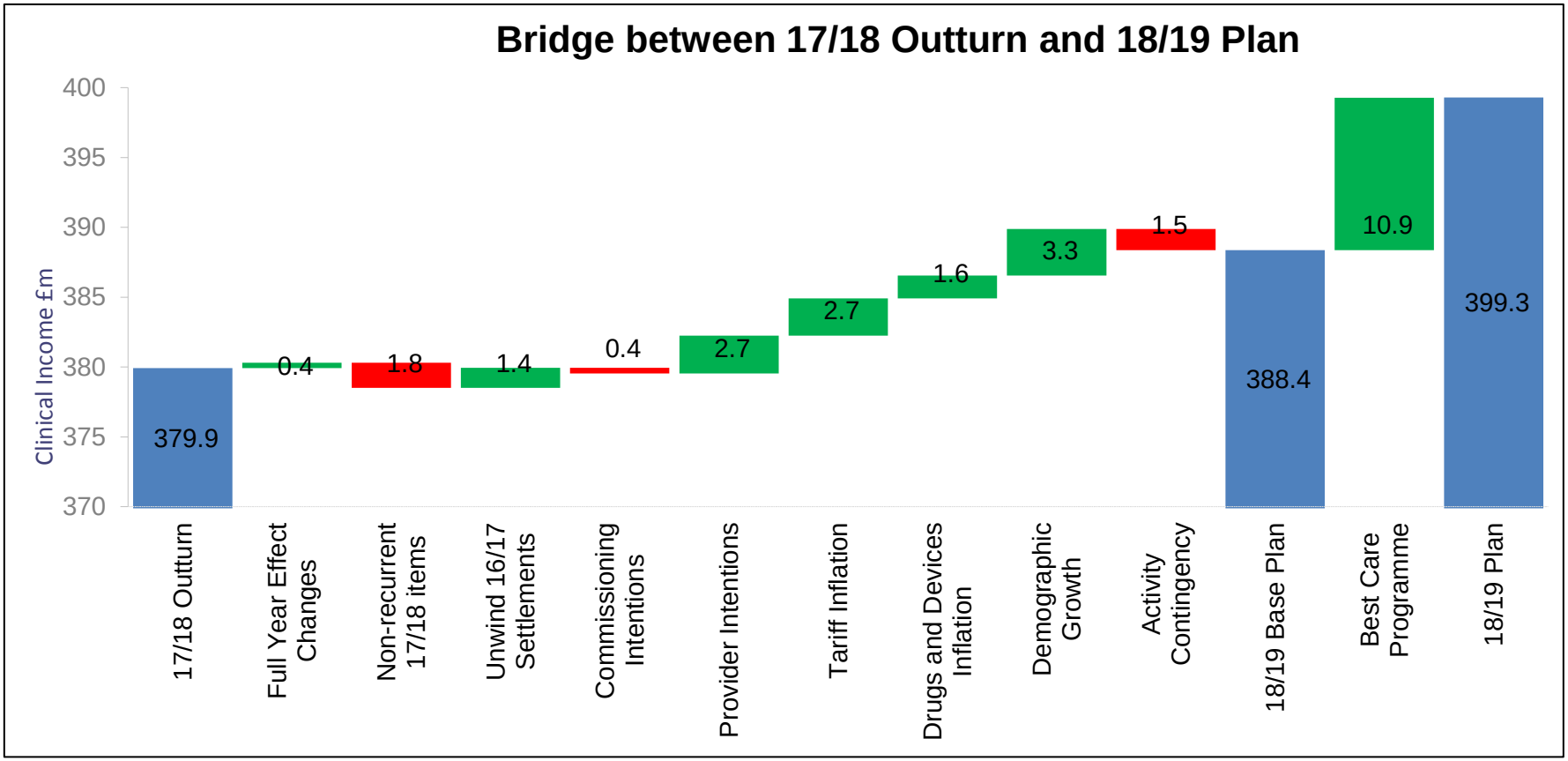
- **2018/19 Tariff Increase and demographic Growth** (£6.9m) , Uplift relating to impact of 2018/19 tariffs and 3.6% increase for High Cost Drugs. 2018/19 Demographic growth based on 1.08% increase which equates to £3.4m increase in income and an estimated increase in expenditure of £0.7m (20% of income) to fund variable costs.

- **2018/19 Provider Intensions** (£2.7m) includes £1.5m Unwell babies, £0.8m Neonatal Core HRG and £0.4m Paediatric HDU – these have been accepted by Commissioners

- **Additional Non Recurrent benefits** (£10.4m), Profit on Asset Sale (£3.3m), West Kent CG Income support (£6.6m) and £.5m other non recurrent benefits.

Clinical Income Bridge

Maidstone and Tunbridge Wells NHS
NHS Trust

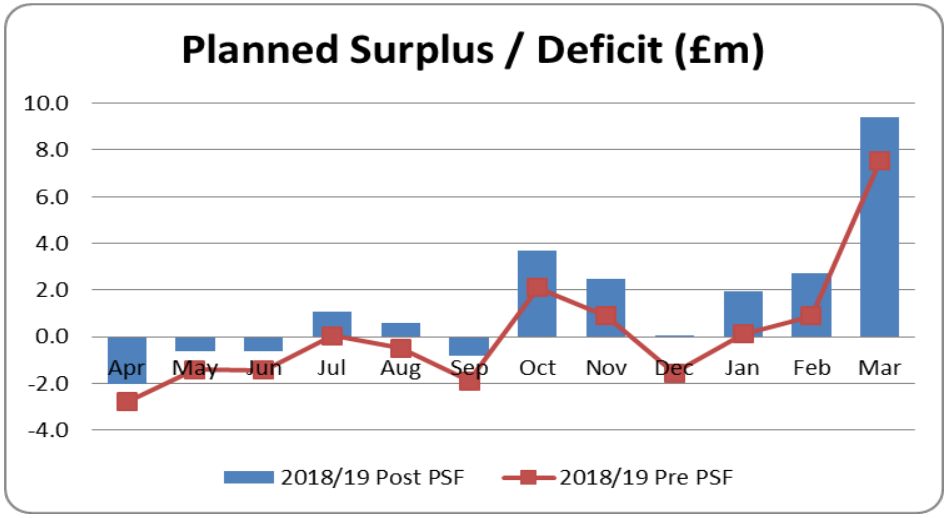


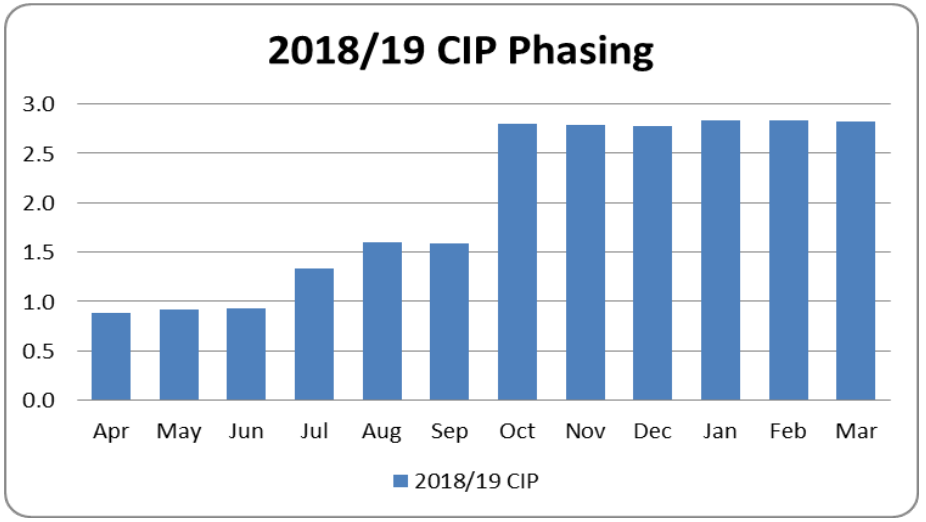
Comments

- Full Year Effect Changes (£0.4m) – relates to (£0.6M) GP in A&E Service commenced in Jan 2018, (-£0.2M) Cancer Drug fund recharge adjustment.
- Non Recurrent 2017/18 items (£1.8m) – Relates to (£1.2m) funding to support winter pressures and (£0.6m) Partially Completed Spells and Maternity Deferred income movement.
- Commissioning Intentions (£0.4m) – Relates to MSK reduction for East Sussex and North Kent CCGs.
- Provider Intentions £2.7m - Unwell Babies (£1.5m) Core HRG for Neonatal (£0.8m) and Paediatric HDU (£0.4m).
- Activity Contingency (£1.5m) – relates to a contingency to mitigate impact of commissioner plans to reduce activity where not covered by AIC.
- Best Care Programme (£10.9m) – Prime Provider Model (£9.5m), Urgent Care Centre (1.8m), Drugs Gain Share (-£0.7m), Other schemes (£0.3m).

2018/19 Plan Phasing

Maidstone and Tunbridge Wells NHS
NHS Trust

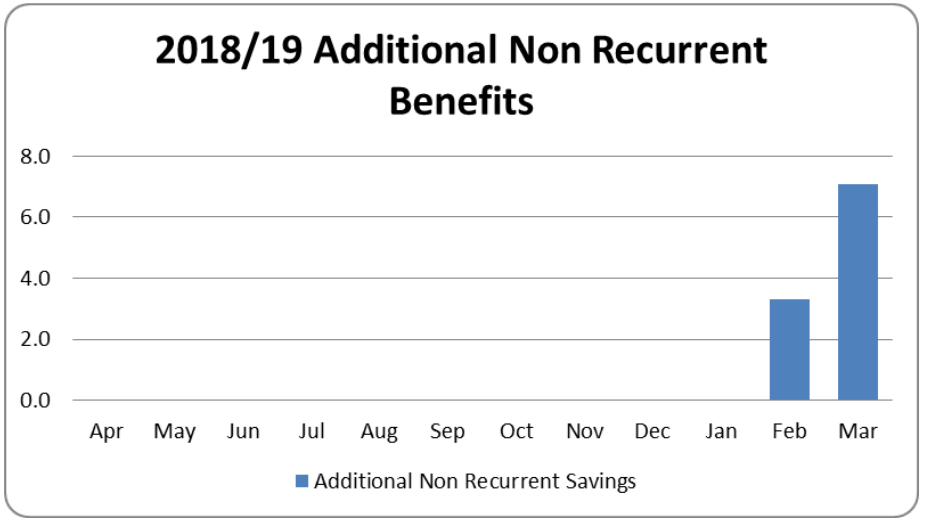




Planned Surplus / Deficit Excl STF by Quarter

£m

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Revised 2018/19 Plan	-8.4	-6.9	-6.9	-10.3	**-32.5**
2018/19 CIP Plan	2.7	4.5	8.4	8.5	**24.1**
Additional Non Recurrent Savings	0.0	0.0	0.0	10.4	**10.4**
Total	**-5.6**	**-2.3**	**1.4**	**8.6**	**2.0**



CIP Planning Assumptions

- The Best Care Programme sets a savings target of £24.1m which equates to 4.5% of turnover, on top of these savings the plan assumes:
  - £10.4m additional non recurrent benefits is to be identified to achieve the control total (£2m surplus pre PSF
- The CIPS have been RAG rated however at this stage they have not been risk adjusted therefore the full benefit has been included
- Savings identified includes the amalgamation of Directorate plans and savings identified through the Best Care Programme. Finalisation of allocation of Best Care savings to Directorate level to be completed by final submission.

Maidstone and Tunbridge Wells NHS
NHS Trust

Programme Management and Governance for Improvement

'Best Care' Review Board
Chaired by Chief Executive; **Attended by** Programme SROs, Programme Leads, NED representation, Head of PMO

Five programmes of work for 2018/19 each with an SRO and Programme Lead

- Individual projects within a programme to have an assigned Project Manager (clinical/operational) and an Improvement Lead (from the 'Improvement/PMO' team)

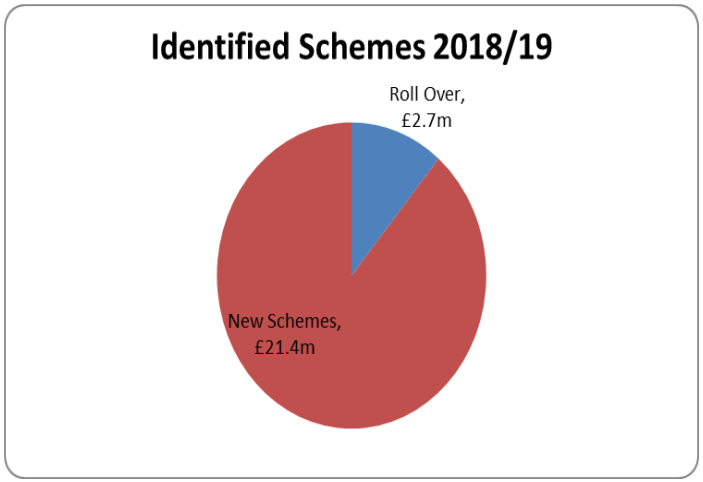
Best Safe	Best Workforce	Best Patient Flow	Best Quality	Best use of resources
Peter Maskell	Simon Hart	Angela Gallagher	Claire O'Brien	Steve Orpin

'Best Care' Working Group
Chaired by Finance Director
Attended by Programme Leads, Project Managers, Improvement Leads and Head of PMO

Maidstone and Tunbridge Wells NHS
NHS Trust

2018/19 CIP Target

Programme	Target £000	Identified Target: Green	Amber	Red	Total Identified
Best Workforce	3,669	2,822	320	527	**3,669**
Best Patient Flow	8,795	1,114	6,066	1,615	**8,795**
Best use of Resources	10,459	5,683	1,414	3,362	**10,459**
Best Safe	0				**0**
Best Quality	1,184	909	0	275	**1,184**
Total	**24,107**	**10,528**	**7,800**	**5,779**	**24,107**



Non-Recurrent Benefits

Programme	Target £000	Identified Target: Green	Amber	Red	Total Identified
Asset Sale	3,300	3,300			3,300
Other benefits	500		500		500
West Kent CCG Income	6,600			6,600	6,600
Total	**10,400**	**3,300**	**500**	**6,600**	**10,400**

- Pre-set criteria in place to identify schemes between green, amber and red. All green schemes have plans and completed QIAs
- CIPs are identified to cost centre level, and are removed from Directorate and Divisional budgets.
- Further QIA clinics are scheduled through May to move further schemes to green. On-going validation of schemes identified as high risk to convert to Med/Low risk and assure delivery

2018/19 CIP Schemes (Key Schemes)

Maidstone and Tunbridge Wells NHS
NHS Trust

Best Patient Flow

Scheme	Comments	£000
Non Elective Best Patient Flow	Become Urgent Care Centre for OOH activity WEF Oct	365
Theatre Productivity	Maintain closure of Theatre 8 until October	860
Elective Outsourcing	Reduce Elective outsourcing WEF April 18.	500
Endoscopy Utilisation	Increase Bowel Screening activity and reduce WLI sessions WEF July 18	500
Clinical Admin Unit Efficiency	Reduce Outsource typing	25
Private Patient Income	Increase PP income from July and a further increase from Oct	1,000
Prime Provider Outpatients	Become Prime Provider lead WEF August	1,200
Prime Provider – Elective		4,345
Total		**8,795**

Best Quality

Scheme	Comments	£000
Maternity Better Births	Achieve CNST maternity premium reduction	909
Satellite Service Review	Review utilisation of satellite services	275
Total		**1,184**

2018/19 CIP Schemes (2)

Best use of Resources

Scheme		£000
2017/18 Rollover	Schemes implemented in 2017/18	2,698
Estates & Facilities	£1.75m Subsidiary WEF July, Patient Transport review (£0.3m) WEF Oct 18 and Other savings plan (£0.4m)	2,433
Procurement	Savings planned from STP collaboration, Managed Services and Tenders	2,489
Back Office / Clinical Service Consolidation	Planned Savings through IT Contract reviews	512
NHS Provider Review		304
Medicine Management	Avastin drug change (£0.7m WEF Oct), Biosimilar switch (£0.2m starting from Q2) contract price changes (£1m)	1,955
Diagnostics	Review of send away tests	68
Total		**10,459**

Best Workforce

Scheme	Comments	£000
2017/18 Rollover	Schemes implemented in 2017/18	318
STP Medical Agency Rates	Implementation of Standardised Medical Agency Rates WEF April 18	2,000
STP Nursing Rates	Review standardised nursing rates WEF October 18	156
Directorate led Schemes	Various directorate led initiatives	713
A&C Review	Review A&C structures	482
Total		**3,669**

Key Plan Risks

- The two most significant risks to the Trust's plan are the impact of non-elective activity above plan and the delivery of the full value of non-recurrent benefits.

- If the Non Elective activity is higher than planned there will be a significant impact on the Trusts capacity to deliver the prime provider opportunity. The plan assumes the Trust will become prime provider from 1st August 2018 and Theatre, Out Patient and LOS benefits will be delivered to ensure activity is seen internally with only a marginal increase in cost. There will remain the need for some outsourcing in Orthopaedics and this has been factored into the opportunity. The CCG have commenced the project to deliver the prime provider opportunity and the Trust have engaged Four Eyes Insight to support the Theatre Productivity work, and are looking to extend this to support the outpatients work.

- £10.4m of non-recurrent benefits need to be delivered to close the current financial gap to the control total (£2m surplus pre PSF); so far £3.8m of opportunities have been identified. West Kent CCG have agreed to develop a case to be submitted to NHSE to request to draw down their retained surpluses from previous years to bridge the remaining amount.

2018/19 Risk and Mitigation

Impact of Risk on Plan

		£000				
Scenario	**Scenario Description**	**Qtr 1**	**Qtr 2**	**Qtr 3**	**Qtr 4**	**Total**
1	Current Plan	0	0	0	0	**0**
2	As per Scenario 1 but risk Adjusted CIPS (Green = 100%, Amber = 75% and Red = 25%)	-118	-521	-2,821	-2,824	**-6,284**
3	As per Scenario 1 but red CIP schemes delayed by 3 months	-101	-222	-2,355	0	**-2,678**
4	As per Scenario 1 less specific high value CIP schemes inc Prime Provider	0	-1,075	-4,133	-4,133	**-9,342**

Deployment of Proposed Mitigations

	£000				
Mitigations	**Qtr 1**	**Qtr 2**	**Qtr 3**	**Qtr 4**	**Total**
Release Trust Contingency Reserve	1,120	1,120	786	786	**3,812**
Restrict Pay Investment	750	750	750	750	**3,000**
System capacity to manage NEL demand – reduced costs	100	100	200	200	**600**
Asset Sale Review – other accommodation, laundry, etc.	0	0	0	2,000	**2,000**
Temp Staffing Controls (5% reduction)	465	462	513	533	**1,973**
Total	**2,435**	**2,432**	**2,249**	**4,269**	**11,385**

- The impact of non-elective activity above plan on elective activity will reduce the ability to deliver the prime provider efficiency opportunity. This impact is captured in scenario 3, alongside other high value schemes not delivering in 2018/19.
- Should the prime provider efficiency not commence in the way expected, the Trust would engage with other providers to offer capacity to undertake additional elective work
- The system response to managing non-elective demand will reduce cost within the Trust either in avoiding escalation costs or reducing the need to outsource elective activity. Should non-elective activity continue to rise the system will need to procure additional capacity to manage the system effectively.

Capital Programme

Maidstone and Tunbridge Wells NHS
NHS Trust

Capital Funding Sources	2018/19 £000	Comments
	£'000	
Depreciation - Purchased	10,010	Depreciation and Amortisation for existing and planned asset base
Depreciation - Donated	475	Depreciation and Amortisation for existing and planned asset base
Depreciation - PFI/IFRIC 12	2,979	PFI asset depreciation signficantly lower than PFI capital repayment
Total Depreciation	**13,463**	**Based on outturn adjusted for changes in asset base**
Less:		
Capital Investment Loan Repayments	-2,174	Existing capital loan principal repayments
Salix Loan repayment	-103	Salix loan repayment relating to 17/18 loans - for energy infrastruture
PFI Finance Lease Repayment	-5,284	Element of Unitary Payment that pays for the PFI capital asset
PFI Lifecycle repayment	-471	Element of Unitary Payment that pays for lifecycling the asset
Total Repayment deductions	**-8,032**	
Plus: Asset Sales		
Maidstone Residences	2,402	Net book value of Maidstone residences recycled in Capital resource
Asset Sales - NBV	**2,402**	
Total Internal Resources	**7,833**	
Plus:		
PFI Lifecycle CRL	471	Central resource cover for PFI Lifecycle paid via the Unitary Charge
Central PDC	1,750	Bid for Linac replacement from NHSE Capital funding in 2018/19
Salix Loans	1,209	Planned additional energy infrastructure bid to Salix in 2018/19
Capital Investment Loans	2,500	Critical Medical Imaging equipment - planned Loan application
Total External Resources	**5,930**	
Total CRL including PFI Lifecycle	**13,763**	
Capital Spend (excluding donated)	**2018/19 £000**	
Estates		
Estates Projects - Backlog maintenance	900	Essential Backlog Maintenance
Estates Projects - other renewals	400	Other estates schemes
Estates - HODU/Cardiac development	2,532	Resourced via sale of residences so contingent upon disposal
Linac estates work	747	Enabling works for Linac replacements from 2017/18 and 2018/19 bid
Estates schemes, internally funded	**4,579**	
ICT schemes, internally funded	**1,003**	**Infrastructure, core applications, hardware**
Equipment		
Linac replacement programme	480	Equipment for Linac deployment not covered by NHSE national funding
Trustwide equipment	1,771	Essential Equipment replacement, including medical equipment
Equipment schemes, internally funded	**2,251**	
Externally financed projects		
TWH - Lifecycle (IFRIC 12 PFI capital)	471	PFI lifecycle as planned in the PFI contract
Linac replacement programme	1,750	Bid for Linac replacement from NHSE Capital funding
Critical Medical Imaging replacemnet - Loans	2,500	CT scanners requiring replacement, capital loan application
Energy infrastructure via Salix	1,209	Planned energy infrastructure bid to Salix
Subtotal - external finance	**5,930**	
Total Capital Spend Plans excl donated	**13,763**	

- 2018/19 programme is balanced against existing sources of capital funding, less committed repayments of loans, PFI capital and planned Salix loans. The difference between current levels of PFI depreciation (due to asset impairments) and PFI capital repayment gives the Trust a £2.8m pressure.

- The programme assumes bids for:
  - NHSE capital for replacement linac
  - Capital investment loan application for critical Medical Imaging replacement
  - Salix loan applications for energy infrastructure replacement
  - Disposal of residences assets enabling replacement of HODU/Cardiac facility

- The K&M STP Stroke reconfiguration BC may result in s STP capital bid affecting one of the MTW sites. In line with NHSI guidance this has not been built in at this stage, prior to approval.

- Other equipment/ICT requirements will be reviewed to consider options to maximise the use of charitable funds and managed service alternatives.

- The submitted 5 year plan includes additional loans to finance the rolling linac replacement programme and critical replacement of Maidstone Theatres

Cash

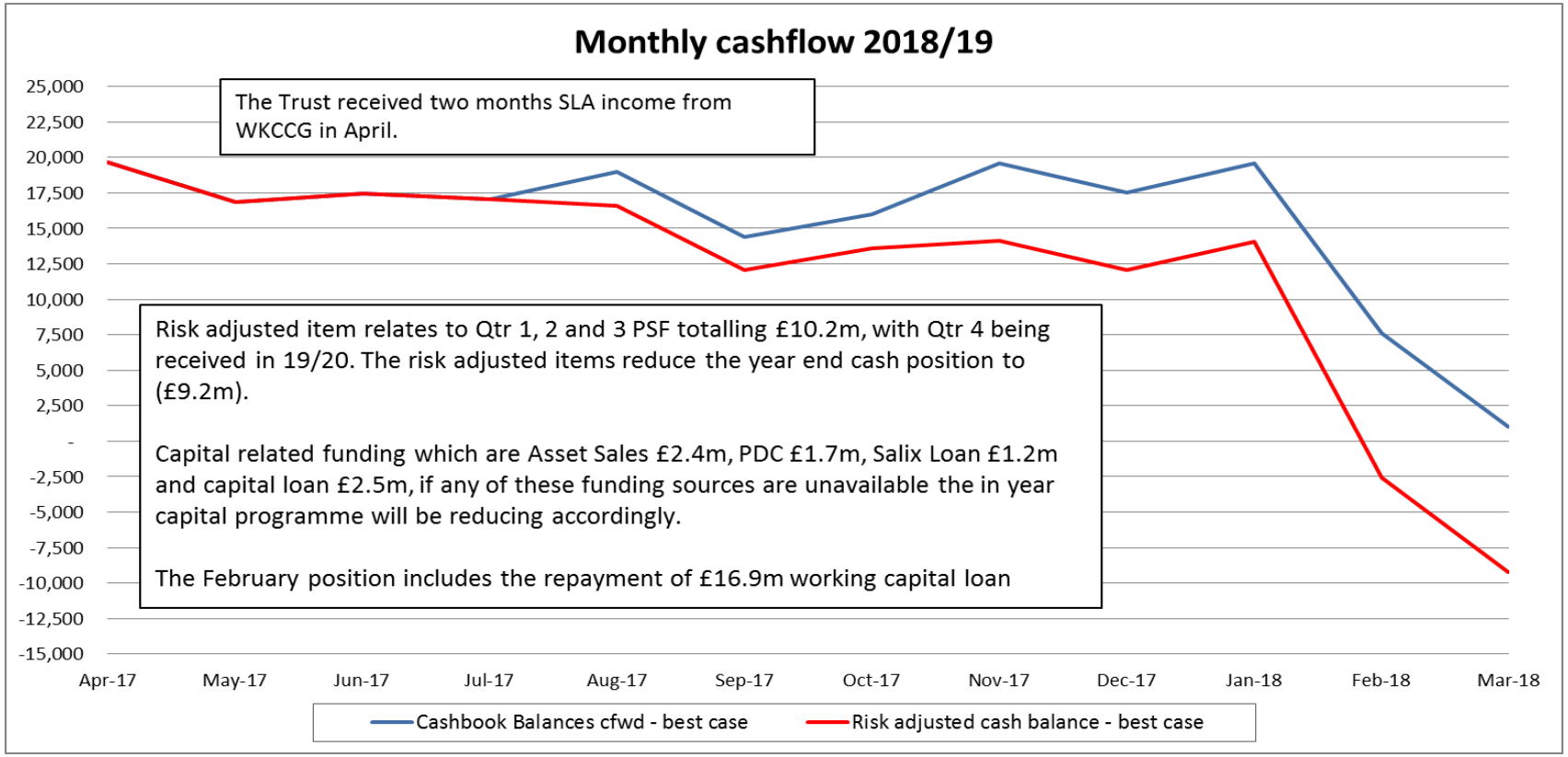
- **2018/19**

Existing commitment

– In February 2019 the Trust is due to repay its initial 3 year working capital loan (£16.9m). For this to be repaid without requiring further financing, the Trust needs to deliver the c.£17.7m surplus I&E position which assumes securing the PSF funding in full.

In year pressure

– Unless the 2018/19 I&E is able to deliver the control total (or at minimum an I&E breakeven position including the PFI impact) then any planned or likely deficit will translate into additional cash pressure that will need additional working capital support.



2019/20 High Level Plan

Maidstone and Tunbridge Wells NHS
NHS Trust

Subjective Group	Recurrent 2018/19 Outturn	Non Recurrent CIP	Revised 2018/19 Recurrent Outturn	High Level 2019/20 Inflation Adjustments: Pay Inflation	Non Pay Inflation	Income Inflation	Contingency Resereve	Forecast 2019/20 Plan
Clinical Income	399.3		399.3			2.0		401.3
Education Training & Research	10.7		10.7					10.7
Non Clinical Income	31.3		31.3					31.3
Other Income	8.6		8.6			0.2		8.7
STF	0.0		0.0					0.0
Total Income	**449.9**	**0.0**	**449.9**	**0.0**	**0.0**	**2.2**	**0.0**	**452.0**
Pay	-263.8	-1.1	-264.9	-5.3				-270.2
Total Pay	**-263.8**	**-1.1**	**-264.9**	**-5.3**	**0.0**	**0.0**	**0.0**	**-270.2**
Clinical Negligence	-19.0		-19.0		-0.2			-19.2
Clinical Supplies	-36.4		-36.4		-0.8			-37.1
Drugs & Medical Gases	-52.9	-0.4	-53.3		-1.9			-55.2
Other Non Pay	-50.4		-50.4		-1.3		-3.5	-55.2
Purch healthcare from non NHS	-5.3		-5.3		-0.1			-5.5
Total Non Pay	**-164.0**	**-0.4**	**-164.4**	**0.0**	**-4.3**	**0.0**	**-3.5**	**-172.2**
Depreciation and Other	-13.4		-13.4					-13.4
Impairment of Fixed Assets	-1.0		-1.0					-1.0
Other Finance Costs	-15.8		-15.8					-15.8
PDC Dividend	-1.3		-1.3					-1.3
Total Other Finance	**-31.5**	**0.0**	**-31.5**	**0.0**	**0.0**	**0.0**	**0.0**	**-31.5**
Total Surplus (+) / Deficit (-)	**-9.5**	**-1.5**	**-11.0**	**-5.3**	**-4.3**	**2.2**	**-3.5**	**-21.9**
Technical Adjustments	**1.1**		1.1					1.1
Revised Surplus (+) / Deficit (-) Including Technical Adj	**-8.4**	**-1.5**	**-9.9**	**-5.3**	**-4.3**	**2.2**	**-3.5**	**-20.8**
Revised Surplus (+) / Deficit (-) Including Technical Adj (excl STF)	**-8.4**	**-1.5**	**-9.9**	**-5.3**	**-4.3**	**2.2**	**-3.5**	**-20.8**
2018/19 Control Target	**2.0**		**2.0**					**2.0**
Variance to Control Target	**-10.4**		**-11.9**					**-22.8**

Comments:

- The table shows the high level forecast for 2019/20 using the recurrent 2018/19 outturn.
- The current forecast for 2019/20 estimates that savings of £22.8m will need to be achieved to ensure the Trusts meets the control target.
- The assumptions incorporated within this forecast are:
- **Income**
  - Clinical Income: 0.1% net uplift (£0.4m) which is based upon the 2018/19 high level technical guidance impact. However the actual impact of 2018/19 tariff is estimated to be c£2.6m.
  - High Cost Drugs and Devices – 3.6% uplift (£1.6m) which is offset by increase in costs
  - Other Income 1.8% uplift (£0.2m)
  - Currently no demographic growth has been applied
- **Pay**
  - Tariff Inflation uplift of 2% (£5.3m) which assumes 1% pay increase and 1% incremental drift
- **Non Pay**
  - Drugs inflation uplift (3.6%)
  - CNST – 1% uplift (as per technical guidance for 2018/19 planning)
  - Rates – 6% estimated increase (£0.25m)
  - All other non pay inflation uplift of 2.1% has been applied
- **Contingency**
  - Contingency Reserve of £3.5m has been incorporated within the forecast
- **Other**
  - The Control total for 2019/20 has not been published therefore this analysis assumes the control total remains unchanged (£2m Pre PSF Surplus)

Next Steps

- Trust Board Sign Off
- Delivery of 2018/19 business plan

Maidstone and Tunbridge Wells NHS
NHS Trust

Appendices

Summary of Key Impacts of 2018/19 Planning Guidance

Maidstone and Tunbridge Wells NHS
NHS Trust

Key Items

- 2018/19 Control Total before STF changed from Breakeven to £2m surplus as a result of perceived "windfall gain" on CNST reduction

- STF allocation increased from £11.2m to £15.7m – meaning a bigger prize to be aimed for than previously assumed

- Winter Funding Confirmed as non recurrent, therefore income and expenditure is currently removed from the plan - £1.3m. Further conversations to be had with WKCCG regarding funding costs.

- RTT incomplete waiting lists should be no higher in March 19 than in March 18, alongside a halving of 52 weeks waiters nationally, and a goal of elimination in individual providers. This is a less aggressive position than in our draft plan, and suggests less growth will be available to support RTT reduction.

- A&E 4 hour target to 90% by September, 95% in March and then 95% delivery going forward in 19/20.

- Clear focus on reducing ALOS with a separation of less than 1 day and more than 1 day activity, and a focus on stranded (7 days) and super stranded (21 days) patients to reduce ALOS.

2018/19 I&E

Maidstone and Tunbridge Wells NHS
NHS Trust

Subjective Group	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Clinical Income	31.4	32.8	32.7	33.8	34.0	32.6	35.7	34.5	32.3	33.9	31.4	34.2	399.3
Education Training & Research	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	10.7
Non Clinical Income	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	9.3	38.0
Other Income	0.6	0.6	0.6	0.7	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.8	8.6
PSF	0.8	0.8	0.8	1.0	1.0	1.0	1.6	1.6	1.6	1.8	1.8	1.8	15.7
Total Income	**36.3**	**37.7**	**37.6**	**39.0**	**39.2**	**37.8**	**41.6**	**40.4**	**38.2**	**40.0**	**37.5**	**46.9**	**472.2**
Pay	-21.9	-21.9	-21.9	-21.8	-21.8	-21.9	-21.9	-21.9	-22.2	-22.2	-22.2	-21.9	-263.6
Total Pay	**-21.9**	**-21.9**	**-21.9**	**-21.8**	**-21.8**	**-21.9**	**-21.9**	**-21.9**	**-22.2**	**-22.2**	**-22.2**	**-21.9**	**-263.6**
Clinical Negligence	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-19.0
Clinical Supplies	-3.0	-3.0	-3.0	-3.0	-3.0	-3.0	-3.1	-3.1	-3.1	-3.1	-3.1	-3.1	-36.4
Drugs & Medical Gases	-4.6	-4.6	-4.6	-4.6	-4.6	-4.6	-4.2	-4.2	-4.2	-4.2	-4.2	-4.2	-52.9
Other Non Pay	-4.4	-4.4	-4.4	-4.2	-4.2	-4.2	-4.1	-4.1	-4.1	-4.1	-4.1	-3.9	-50.1
Purch healthcare from non NHS	-0.2	-0.2	-0.2	-0.2	-1.0	-1.0	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-5.3
Total Non Pay	**-13.9**	**-13.9**	**-13.8**	**-13.6**	**-14.3**	**-14.3**	**-13.4**	**-13.4**	**-13.4**	**-13.4**	**-13.4**	**-13.1**	**-163.8**
Depreciation and Other	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	2.2	-1.1	-10.1
Impairment of Fixed Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-0.4	0.0	0.0	-0.6	-1.0
Other Finance Costs	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-1.3	-15.8
PDC Dividend	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-1.3
Total Other Finance	**-2.5**	**-2.5**	**-2.5**	**-2.5**	**-2.5**	**-2.5**	**-2.5**	**-2.5**	**-2.9**	**-2.5**	**0.8**	**-3.2**	**-28.2**
Total Surplus (+) / Deficit (-)	**-2.0**	**-0.6**	**-0.6**	**1.1**	**0.6**	**-0.8**	**3.7**	**2.5**	**-0.4**	**1.9**	**2.7**	**8.8**	**16.7**
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.6	1.1
Revised Surplus (+) / Deficit (-) Including Technical Adj	**-2.0**	**-0.6**	**-0.6**	**1.1**	**0.6**	**-0.8**	**3.7**	**2.5**	**0.0**	**2.0**	**2.7**	**9.4**	**17.7**
Revised Surplus (+) / Deficit (-) Including Technical Adj (excl PSF)	-2.8	-1.4	-1.4	0.0	-0.5	-1.9	2.1	0.9	-1.6	0.1	0.9	7.5	**2.0**

2018/19 Pay Trend

Maidstone and Tunbridge Wells NHS
NHS Trust

		£m												
Staff Group		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
A&C/Sen Man Staff	A&C/Sen Man Agency	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.1
	A&C/Sen Man Bank	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.0
	A&C/Sen Man Substantive	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	31.5
A&C/Sen Man Staff Total		2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	33.6
Medical Staff	Consultants	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.0	36.7
	Medical Agency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Medical Locums	1.2	1.2	1.2	1.2	1.2	1.2	1.4	1.4	1.4	1.4	1.4	1.4	15.7
	Other Medical Grades	2.3	2.3	2.3	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.1	26.9
Medical Staff Total		6.6	6.6	6.6	6.5	6.5	6.5	6.7	6.7	6.7	6.7	6.7	6.5	79.3
Nursing	Nurse Agency	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.8	0.8	0.8	0.7	8.2
	Nurse Bank	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.9	0.9	0.9	0.9	10.2
	Nurses Substantive - Trained	5.1	5.1	5.1	5.1	5.1	5.1	5.1	5.1	5.1	5.1	5.1	5.1	61.4
	Nurses Substantive - Untrained	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	14.5
Nursing Total		7.8	7.8	7.8	7.8	7.8	7.8	7.8	7.8	8.0	8.0	8.0	7.9	94.2
Pay Reserves	Appenticeship Levy	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.0
	Contingency	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	1.3
Pay Reserves Total		0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	2.3
Scientific Therap & Tech Staff	STT Agency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5
	STT Bank	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	2.2
	STT Substantive	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	38.0
Scientific Therap & Tech Staff Total		3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	40.6
Support Staff	Support Agency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5
	Support Bank	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
	Support Substantive	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	12.9
Support Staff Total		1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	13.6
Grand Total		**21.9**	**21.9**	**21.9**	**21.8**	**21.8**	**21.9**	**21.9**	**21.9**	**22.2**	**22.2**	**22.2**	**21.9**	**263.6**

Substantive Staff	18.5	18.5	18.6	18.5	18.5	18.5	18.5	18.5	18.5	18.5	18.5	18.3	221.8
Appenticeship Levy	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.0
Pay Reserve	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	1.3
Temporary Staff	3.1	3.1	3.1	3.1	3.1	3.1	3.3	3.3	3.6	3.6	3.6	3.5	39.5
Total	21.9	21.9	21.9	21.8	21.8	21.9	21.9	21.9	22.2	22.2	22.2	21.9	263.6
% of Pay as Temporary Staff	*14%*	*14%*	*14%*	*14%*	*14%*	*14%*	*15%*	*15%*	*16%*	*16%*	*16%*	*16%*	*15%*

Maidstone and Tunbridge Wells NHS
NHS Trust

2018/19 CIP Phasing by Subjective Group

£000

PNPcat	Group1	Group2	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
INCOME	NHS Clinical Income	Income from Activities - Other	0	0	0	-28	-28	-28	-28	-28	-28	-28	-28	-28	-250
	NHS Clinical Income Total		**0**	**0**	**0**	**-28**	**-28**	**-28**	**-28**	**-28**	**-28**	**-28**	**-28**	**-28**	**-250**
	NHS Clinical SLA Income	SLA Income	-6	-6	-6	5	-996	-996	-1,496	-1,496	-1,496	-1,465	-1,465	-1,465	-10,885
	NHS Clinical SLA Income Total		**-6**	**-6**	**-6**	**5**	**-996**	**-996**	**-1,496**	**-1,496**	**-1,496**	**-1,465**	**-1,465**	**-1,465**	**-10,885**
	Non Clinical Income	All Other Income	-12	-12	-12	-12	-12	-12	-12	-12	-12	-12	-12	-12	-143
		Non Patient Services	-15	-14	-14	-14	-14	-14	-14	-14	-14	-6	-6	-6	-139
	Non Clinical Income Total		**-27**	**-25**	**-25**	**-25**	**-25**	**-25**	**-25**	**-25**	**-25**	**-17**	**-17**	**-17**	**-282**
	Non NHS Clinical Income	Other Non NHS for Patient Care	-18	-18	-18	-18	-18	-9	-9	-5	-4	-4	-4	-4	-127
		Private Patients	0	0	0	-56	-56	-56	-139	-139	-139	-139	-139	-139	-1,000
	Non NHS Clinical Income Total		**-18**	**-18**	**-18**	**-74**	**-74**	**-64**	**-147**	**-144**	**-143**	**-143**	**-143**	**-143**	**-1,127**
INCOME Total			**-50**	**-49**	**-49**	**-122**	**-1,122**	**-1,113**	**-1,696**	**-1,693**	**-1,691**	**-1,653**	**-1,653**	**-1,653**	**-12,544**
PAY	A&C/Sen Man Staff	A&C/Sen Man Substantive	-45	-45	-45	-45	-45	-45	-60	-60	-60	-60	-60	-59	-632
	A&C/Sen Man Staff Total		**-45**	**-45**	**-45**	**-45**	**-45**	**-45**	**-60**	**-60**	**-60**	**-60**	**-60**	**-59**	**-632**
	Medical Staff	Consultants	-9	-9	-9	-12	-7	3	5	5	5	5	5	5	-12
		Medical Locums	-122	-122	-122	-140	-136	-130	114	114	114	96	96	96	-141
		Other Medical Grades	-68	-72	-63	-114	-114	-114	-132	-132	-132	-149	-149	-149	-1,389
	Medical Staff Total		**-199**	**-203**	**-194**	**-266**	**-257**	**-241**	**-13**	**-13**	**-13**	**-48**	**-48**	**-48**	**-1,541**
	Nursing	Nurse Agency	-35	-35	-35	-37	-37	-37	-37	-37	-37	-37	-37	-37	-439
		Nurses Substantive - Trained	-42	-42	-34	-30	-30	-30	-17	-17	-17	-15	-14	-14	-302
		Nurses Substantive - Untrained	0	0	0	0	0	0	0	0	0	0	0	0	-3
	Nursing Total		**-77**	**-77**	**-69**	**-67**	**-68**	**-67**	**-55**	**-54**	**-54**	**-52**	**-51**	**-51**	**-743**
	Scientific Therap & Tech Staff	STT Agency	-7	-7	-6	-6	-6	-6	-6	0	0	0	0	0	-41
		STT Bank	-5	-5	-5	0	0	0	0	0	0	0	0	0	-15
		STT Substantive	-2	-2	-2	0	1	1	1	1	1	1	1	1	3
	Scientific Therap & Tech Staff Total		**-14**	**-14**	**-13**	**-6**	**-4**	**-4**	**-4**	**1**	**1**	**1**	**1**	**1**	**-54**
	Support Staff	Support Substantive	-1	-1	-1	-1	-1	-1	0	0	0	0	0	0	-6
	Support Staff Total		**-1**	**-1**	**-1**	**-1**	**-1**	**-1**	**0**	**0**	**0**	**0**	**0**	**0**	**-6**
PAY Total			**-336**	**-340**	**-322**	**-385**	**-375**	**-359**	**-132**	**-126**	**-126**	**-159**	**-159**	**-158**	**-2,976**
NONPAY	Non Pay Costs	Clinical Negligence	-76	-76	-76	-76	-76	-76	-76	-76	-76	-76	-76	-76	-909
		Drugs & Medical Gases	-19	-19	-19	-57	-57	-57	-417	-417	-417	-478	-478	-478	-2,912
		Establishment	-5	-5	-5	-5	-5	-5	-5	-5	-5	-5	-5	-5	-65
		Other Non Pay Costs	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-7
		Premises	-36	-36	-36	-247	-247	-247	-241	-241	-241	-247	-247	-247	-2,311
		Purch healthcare from non NHS	-80	-80	-80	-82	633	633	84	84	84	84	84	84	1,445
		Services from Other NHS Bodies	-26	-30	-30	-34	-34	-34	-33	-32	-32	-26	-26	-26	-362
		Supplies & Services - Clinical	-242	-261	-289	-296	-279	-290	-153	-150	-150	-150	-148	-144	-2,552
		Supplies & Services - General	-13	-17	-25	-29	-34	-37	-76	-77	-77	-77	-76	-75	-613
		Transport	0	0	0	0	0	0	-50	-50	-50	-50	-50	-50	-300
NONPAY Total			**-498**	**-525**	**-561**	**-826**	**-100**	**-113**	**-968**	**-964**	**-964**	**-1,025**	**-1,023**	**-1,018**	**-8,586**
Grand Total			**-884**	**-914**	**-932**	**-1,333**	**-1,598**	**-1,585**	**-2,796**	**-2,783**	**-2,781**	**-2,837**	**-2,834**	**-2,828**	**-24,106**

2018/19 Additional Non Recurrent Savings Phasing by Subjective Group

Maidstone and Tunbridge Wells NHS
NHS Trust

£000

PNPcat	Group1	Group2	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
INCOME	Non Clinical Income	All Other Income	0	0	0	0	0	0	0	0	0	0	0	-6,650	-6,650
	Non Clinical Income Total		0	0	0	0	0	0	0	0	0	0	0	-6,650	-6,650
INCOME Total			0	0	0	0	0	0	0	0	0	0	0	-6,650	-6,650
PAY	Medical Staff	Consultants	0	0	0	0	0	0	0	0	0	0	0	-100	-100
		Other Medical Grades	0	0	0	0	0	0	0	0	0	0	0	-100	-100
	Medical Staff Total		0	0	0	0	0	0	0	0	0	0	0	-200	-200
PAY Total			0	0	0	0	0	0	0	0	0	0	0	-200	-200
NONPAY	Non Pay Costs	Other Non Pay Costs	0	0	0	0	0	0	0	0	0	0	0	-250	-250
	Non Pay Costs Total		0	0	0	0	0	0	0	0	0	0	0	-250	-250
NONPAY Total			0	0	0	0	0	0	0	0	0	0	0	-250	-250
Grand Total			0	0	0	0	0	0	0	0	0	0	0	-7,100	-7,100

2018/19 CIP Phasing

Maidstone and Tunbridge Wells NHS
NHS Trust

Phasing (Non Risk Adjusted) by Best Care Programme £000

Programme	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Best Workforce	254	258	241	278	270	258	339	334	334	368	368	368	3,669
Best Patient Flow	187	187	187	298	544	544	1,141	1,141	1,141	1,141	1,141	1,141	8,795
Best use of Resources	478	499	528	769	770	745	1,154	1,129	1,119	1,098	1,087	1,081	10,459
Best Safe													0
Best Quality	76	76	76	76	76	76	122	122	122	122	122	122	1,184
Total	**995**	**1,020**	**1,032**	**1,421**	**1,659**	**1,623**	**2,757**	**2,726**	**2,716**	**2,729**	**2,718**	**2,711**	**24,107**

Phasing (Non Risk Adjusted) by RAG Rating £000

Programme	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Green	931	932	914	1,125	1,094	1,047	780	749	739	746	736	734	10,528	44%
Amber	30	55	85	188	458	468	1,084	1,084	1,084	1,090	1,089	1,085	7,800	32%
Red	34	34	34	108	108	108	893	893	893	893	893	893	5,779	24%
Black	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Total	**995**	**1,020**	**1,032**	**1,421**	**1,659**	**1,623**	**2,757**	**2,726**	**2,716**	**2,729**	**2,718**	**2,711**	**24,107**	**100%**
Risk Adjusted	*962*	*981*	*986*	*1,293*	*1,464*	*1,425*	*1,816*	*1,785*	*1,775*	*1,787*	*1,776*	*1,771*	*17,823*	

Trust Board meeting – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-15 Review of Engagement Strategy — Director of Workforce

Enclosed for review is the staff is the draft staff Engagement Strategy that has been considered by the Executive Team on 17/04/18 and the Trust Management Executive on 25/04/18.

Which Committees have reviewed the information prior to Board submission?

- Executive Team meeting, 17/04/18
- Trust Management Executive, 25/04/18

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

Review

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

Staff Engagement at MTW

Introduction

Staff engagement is a well-recognised component of an efficient, safe and quality driven organisation. It is a key indicator of organisational performance for NHSE, NHSi and the CQC. Kings Fund research links high levels of staff engagement to improved patient experience, reduced mortality and morbidity, higher levels of innovation and improved recruitment and retention of staff. The converse, most notably at Mid Staffordshire NHSFT, was associated with significant failures of patient care.

The following document sets out a plan by which MTW will seek to improve the wider culture of staff engagement within the organisation with the intention of building the trust and confidence of staff to feel able to engage effectively in the first instance. In order to then provide a means by which staff can actively engage in the development of MTW it utilises and builds on the work done to date under the Listening into Action programme as this is an understood organisational 'brand'.

Engagement at MTW

MTW has identified staff engagement as an area in which it needs to improve and excel if it is to fully deliver its strategic objectives of being a caring organisation, an improvement driven organisation and a sustainable organisation.

- **2015 Care Quality Commission Report**

  The CQC report identified a culture that was not sufficiently open to allow staff to raise concerns. The quality of staff engagement was identified as an area that required further improvement. These elements contributed to the 'inadequate' rating for Well-led.

- **National Staff Surveys 2015-17**

  National staff survey data shows MTW to have an average level of staff engagement when compared with other acute trusts. The composite staff engagement score has remained virtually static over this three year period. The % of staff identifying good communication between staff and senior management has got worse over the same period.

- **Medical Engagement survey**

  The most recent medical engagement survey (2017) shows a number of improvements in the levels of medical engagement from the preceding survey (2014), reflecting a number of interventions, particularly in Obstetrics and Gynaecology. It does continue to show significant variation in levels of medical engagement between specialties, between sites and between medical staff involved in management and those who were not. SAS doctors were also notable for being much less engaged than their consultant colleagues.

- **Staff Friends & Family**

  As with the national staff survey the Staff Friends and Family test, which is given to all staff annually in Q1 and to samples of staff in Q2 and Q4, has shown little year on year variation.

- **LiA Pulse Survey**

  The LiA pulse survey as with the national staff survey highlighted issues with communication with senior managers and the ability of MTW to communicate its priorities and goals. The survey also highlighted the strong desire of staff to be more fully consulted with about proposed changes to the organisation and empowered to drive them locally.

Our goal

We wish to ensure that MTW is recognised by its workforce as an organisation that actively encourages and empowers staff to speak and act in the best interests of patients and have a clear voice in the direction and decisions of the trust.

To achieve this goal we need to

- embed an organisational culture of trust and transparency so that all staff feel safe and enabled to participate in the transformation and improvement of MTW
- Implement a structured and multi-faceted approach through which all staff can engage in an informed way with key issues and decisions MTW needs to address and to contribute their own ideas as to how this might be achieved. This will be either directly at a team and department level via LiA or indirectly via improved partnership working with trade unions and staff networks.

Outcomes

As a result of these actions we are looking to achieve

- A consistently applied approach to staff engagement across the Trust that joins up our efforts to achieve quality improvements in our patient and staff experience
- Improved staff morale and retention of staff
- Increased trust and confidence of staff in the organisation to act in a transparent, fair and just manner
- A wider external reputation of being an organisation that champions staff engagement that will enhance our reputation as a local employer of choice
- High levels of leadership visibility and involvement at all levels
- Organisation wide support for multi-disciplinary engagement
- Support for CQC KLOEs and our annual evidence-based assessments
- An organisational focus on day to day can-do, staff-led, real-time improvements in our patient and staff experience
- Support for the achievement of our Strategic Objectives and Quality priorities

Measurements of Success

- National Staff Survey
    - composite staff engagement score
    - communication with senior management
    - % recommending MTW as a place to work or be treated
    - % able to contribute to improvements at work
    - Reduction in % staff bullied or harassed by colleagues
- Staff Friends & Family Test
- LiA pulse check
- Active use of FTSU guardian
- Medical Engagement survey

Action Plan

Goal	Action	Timeframe	Output
Visibility of Senior Leaders	All senior leaders to have a regular 'shop floor' day identified as an objective at appraisal	Q1-4	Improved visibility and accessibility of senior leaders to both clinical and corporate teams
	Ensure that staff have a voice in all recruitment to senior leadership positions	Q2-3	Staff have a stake in who the senior leaders of the trust are
Leadership behaviours	Consult and agree a set of MTW leadership behaviours	Q1	Shared understanding across MTW of how its leaders will behave
	Apply leadership behaviours to all MTW leadership programmes	Q2-3	Current and future leaders educated in what MTW expects to build a defined MTW culture
	Incorporate leadership behaviours into recruitment for all MTW leadership positions	Q2-3	Leadership behaviours given a parity with skills when appointing new leaders to maintain cultural coherency
	Ensure discussion of leadership behaviours is part of appraisal process for all MTW leaders	Q2-4	Reinforce the expectation of what is the right way to act as an MTW leader
	Develop and launch Staff Charter and Leadership behaviours	Q1	Ensures that staff charter and leadership behaviours are clearly linked together in the eyes of staff
Freedom to Speak Up	Agree to advertise and appoint a Permanent Freedom to Speak Up guardian	Q1	Aim to create a clearly independent place where staff can raise concerns
	Agree and identify additional FTSU champions across the organisation	Q1	Create multiple safe points where staff can raise concerns
	Revise FTSU policy to reflect new structures	Q1	Ensures that the process is linked in to wider trust assurance processes for NHSi and CQC reporting
	Publicise new FTSU approach across the organisation	Q1	Ensures that staff are aware of and confident in their ability to raise issues safely
Improve Partnership working	Cultural Diversity chair to jointly review ER outcomes with HR lead	Q1	Increased transparency of decisions and demonstration of willingness to be challenged
	Revised Partnership agreement to include staff side and staff networks that emphasises the collaborative approach of all parties	Q1	Develop and sustain a collaborative and engaged approach to problem solving that will support the wider engagement culture
	Chair of Staff side to sit on Workforce committee	Q2	Increased transparency of decisions and demonstration of willingness to be challenged

Goal	Action	Timeframe	Output
	Support training and development of new chair of staff side to support continuation of partnership working	Q1	A shared approach to emphasise and support the wider culture of engagement
	Joint training with staff side and HR	Q1-4	A shared approach to emphasise and support the wider culture of engagement
	Joint campaign to encourage new union stewards	Q1-2	A demonstration of the trust commitment to allow staff to have a voice in the running of the organisation and its willingness to be challenged and engaged
Equality & Diversity	Agree and publicise MTW Equality & Diversity strategy	Q1	Sets plan of action for MTW and gives a clear message to staff about inclusivity and openness
	Each staff network to have an annual action plan and support	Q1	To support the networks to become an effective element of trust engagement structures
	Ensure trust communications and publicity reflect the diversity of the trust	Q1-4	gives a clear message to staff about inclusivity and openness
Bullying & harassment	Ensure that zero tolerance to bullying and harassment is part of the staff charter	Q1	Staff have a clear understanding on the trust position on B&H
	Ensure that managing bullying behaviours is part of trust leadership programmes	Q2-3	Line managers are equipped to recognise and tackle B&H
	Introduce cohort of bullying & harassment advisors	Q3-4	Staff have alternative sources of support beyond line manager and HR
	Revise trust induction slides to emphasise zero tolerance to bullying & harassment	Q1	New staff have a clear understanding on the trust position on B&H
	Review all cases of Bullying with networks and staff side annually	Q3	Increased confidence of staff that the trust acts appropriately when managing B&H as well as shared learning to support more effectively
	Joint communications from trust, networks and staff side on zero tolerance	Q1-4	Staff have a clear understanding on the trust position on B&H as well as understand partnership approach to the issue
Medical Engagement	Implement SAS charter	Q1-4	Develop a process to engage with a currently disengaged element of the medical workforce
	Review reopening of Associate Specialist grade	Q1-2	Develop a process to engage with a currently

Goal	Action	Timeframe	Output
			disengaged element of the medical workforce
	Revised JLNC terms of reference	Q1	Develop and sustain a collaborative and engaged approach to problem solving that will support the wider engagement culture
	Job planning scrutiny panel	Q1	Increased transparency of decisions and demonstration of willingness to be challenged
	Implement a Medical Advisory Forum	Q2	Create a forum for all medical staff to engage with trust wide issues as well as issues specific to medical staff
	Revise AAC process to include junior doctor and wider MDT involvement	Q2	Staff have a stake in who the senior leaders of the trust are
	Maintain and extend regular lunchtime engagement opportunities for meeting with senior leaders and executive directors	Q1-4	Improved visibility and accessibility of senior leaders
Listening into Action	Agree key investments to support LiA in 18/19	Q1	A tangible commitment to the organisation of ongoing desire to promote staff engagement
	Identify further LiA Crowd fixing events	Q1-4	Maintain opportunity for staff to be involved in addressing issues raised via pulse surveys etc
	Repeat LiA pulse survey	Q2	Test of level of staff engagement across the organisation
	Directorates to ask staff to identify 2 further of LiA changes	Q1-4	Maintain pace of staff driven quality improvement programmes
	Identify future clinical LiA leadership and support	Q1	Ensure that there is ongoing clinical leadership and support to maintain LiA momentum
	LiA principles included in leadership development programmes	Q2-3	All trust leaders are equipped to use LiA principles to engage staff in change and improvement
	Establish LiA user groups to tackle trustwide topics of relevance to staff and the trust	Q1-4	Maintain pace of staff driven quality improvement programmes
	Utilise identified LiA champions to promote projects within directorates and teams	Q1-4	Maintain pace of staff driven quality improvement programmes
	Develop and launch staff charter, ensuring alignment	Q1	Behaviours for staff and leaders are defined and

Goal	Action	Timeframe	Output
	with leadership behaviours (above)		linked
Communication	Agree and launch MTW branding that will specifically highlight engagement and quality improvement issues	Q1	To encourage and embed a culture of staff led improvements and engagement
	Develop branded support materials for managers including team briefing, newsletter template etc. to support engagement with workforce	Q1-4	To encourage and embed a culture of staff led improvements and engagement
	Develop resources to allow staff to be informed about quality, patient experience and other key issues at a local level – via electronic and physical means	Q1-4	To encourage and embed a culture of staff led improvements and engagement
	Develop and pilot key leader meetings to ensure that core trust messages are discussed, disseminated and understood	Q2-4	To provide a forum for identified leaders to engage with and contribute to the trust agenda and ensure a coherent message to all staff
	Trust recognition awards reviewed to ensure focus on staff led improvements	Q2-3	To encourage and embed a culture of staff led improvements and engagement
	Promotion of staff led quality achievements/behaviours via internal promotion, Best Care ‘triangle’ and other branded communication	Q1-4	To encourage and embed a culture of staff led improvements and engagement

Trust Board meeting – April 2018

Maidstone and Tunbridge Wells NHS Trust

4-16	Approval of Statement of Compliance with the 2017/18 Data Security Protection Requirements (DSPR)	Chief Nurse (as Senior Information Risk Owner)

Summary / Key points

The Board are advised that in January 2018 a set of 10 data and cyber security standards were published jointly by the Department of Health and Social Care, NHS England and NHS Improvement.

The standards are based on those recommended by the National Data Guardian and confirmed by the Government in July 2017.

The 10 standards apply to all Health and Social Care providers and will be incorporated into the 'Well-led' section of future CQC inspections.

The standards have also been incorporated into the new Data Security and Protection Toolkit (DSP Toolkit) which replaces the Information Governance Toolkit (IG Toolkit). It will form part of a new framework for assuring that organisations are implementing the 10 data security standards and meeting their statutory
obligations on data protection and data security.

The 10 standards have been arranged into three categories:
Leadership obligation 1: People;
Leadership obligation 2: Processes;
Leadership obligation 3: Technology.

NHSI are now asking all providers to confirm, by 11 May, whether or not they are complying with the 2017/18 DSPR standards.

Below is detail of the proposed response which the Board are asked to consider and support:

Leadership obligation 1: People

Requirement
1. Senior level responsibility - There must be a named senior executive responsible for data and cyber security in your organisation. Ideally this person will also be your senior information risk owner (SIRO), and where applicable a member of your organisation's board.
Please provide the contact details of the named senior executive responsible for data and cyber security if they are in place.

Proposed Trust Response
Fully implemented – The organisation has a named senior executive who reports to the board who is responsible for data and cyber security and this person is also the SIRO.

The Informatics Strategy Group requested me to fulfil this function. My contact details will be submitted to NHSI.

Requirement
2. Completing the Information Governance toolkit v14.1 - By 31 March 2018 organisations are required to achieve at least level 2 on the Information Governance (IG) toolkit.

Proposed Trust Response
Fully implemented - The organisation has completed the IG Toolkit, submitted its results to NHS Digital and obtained either level 2 or 3.

The Trust submitted its results on 28th March and achieved 74% - a 'Satisfactory' rating.

Requirement
3. Preparing for the introduction of the General Data Protection Regulation in May 2018.

Proposed Trust Response
Partially implemented – By May 2018 the organisation will have a plan that has been developed but not yet sponsored and approved at Board level on how it will achieve compliance with the GDPR.

An audit of the Trust preparedness, conducted by TIAA, is due to be completed in April. Work has been ongoing for some time to update Policies, Procedures and Privacy Notices for both patient and employee data.

Requirement
4. Training staff – All staff must complete appropriate annual data security and protection training.

Proposed Trust Response
Fully implemented – At least 95% of staff have completed either the previous IG training or the new training in the last twelve months.

Annual Information Governance training is a mandatory requirement for all Trust staff.

Leadership Obligation 2: Processes

Requirement
5. Acting on CareCERT advisories – Organisations must:
- Identify a primary point of contact for your organisation to receive and co-ordinate your organisation's response to CareCERT advisories, and provide this information through CareCERT Collect;
- Act on CareCERT advisories where relevant to your organisation;
- Confirm within 48 hours that plans are in place to act on High Severity CareCERT advisories, and evidence this through CareCERT Collect

Proposed Trust Response
Fully implemented – The organisation has registered for CareCERT Collect. Yes – The organisation has plans in place for all CareCERT advisories up to 31/03/2018 that are applicable to the organisation. (Note: the plan could be that the Board accepts the residual risk).
Fully implemented – The organisation has clear processes in place that allow it to confirm within 48 hours of a High Severity CareCERT advisory being issued that a plan is in place.
Fully implemented – The organisation has in post a primary point of contact who is responsible for receiving and co-ordinating CareCERT advisories.

The Trust has a number of staff who receive the CareCERT advisories and a procedure document for handling the advisories within the timeframes required. The Head of Information Governance is the primary point of contact.

Requirement
6. Business continuity planning – Comprehensive business continuity plans must be in place to support the organisation's response to data and cyber security incidents.

Proposed Trust Response

Partially implemented – The organisation is developing a business continuity plan for data and cyber security incidents. The plan will take into account the potential impact of any loss of services on external organisations in the health and care system.

The Trust business continuity plan for Health Informatics is currently being updated.

Requirement
If there is a business continuity plan in place has it been tested in 2017/18

Proposed Trust Response
No – The business continuity plan for data and cyber security incidents has not been tested in 2017/18.

Plans are already in place for a table top exercise to be undertaken in September 2018.

Requirement
7. Reporting incidents – Staff across the organisation must report data security incidents and near misses and incidents should be reported to CareCERT in line with reporting guidelines.

Proposed Trust Response
Fully implemented – The organisation has a process or working procedure in place for staff to report data security incidents and near misses.

The Trust incident management policy and procedure already covers information incidents for both data and cyber security.

Leadership obligation 3: Technology

Requirement
8. Unsupported systems – Your organisation must:
   - Identify unsupported systems (including software, hardware and applications);
   - Have a plan in place by April 2018 to remove, replace or actively mitigate or manage the risks associated with unsupported systems.

Proposed Trust Response
Fully implemented – The organisation has reviewed all its systems and any supported systems have been identified and logged on the organisation's relevant risk register.

Requirement
For any unsupported systems identified, has the organisation developed a plan for how it will remove, replace or actively mitigate or manage the risks of unsupported systems.

Proposed Trust Response
Fully implemented – By May 2018 the organisation will have developed a plan to remove, replace or actively mitigate or manage the risks associated with unsupported systems.

The Trust has a number of medical devices that, technically, fall within the category of 'unsupported' systems. However the operating software is such that the risks associated thereto are slight. Additional measures have been put in place to isolate and protect the USB ports on these devices.

Requirement
9. On-site cyber and data security assessments – Your organisation must:
   - Have undertaken or have signed up to an on-site cyber and data security assessment by NHS Digital;
   - Act on the outcome of that assessment, including any recommendations, and share the outcome of the assessment with your commissioner.

Proposed Trust Response
Not implemented – Prior to 30 March 2018 the organisation has not signed up to an NHS Digital on-site cyber and data security assessment.

Requirement
Please tell us if the organisation has used an external organisation to audit the organisation's data and cyber security risks.

Proposed Trust Response
Yes - The organisation has used an external vendor to audit the organisation's data and cyber security risks.

Requirement

10. Checking supplier certification – Organisations should ensure that any supplier of critical IT systems that could impact on the delivery of care, or process personal identifiable data, has the appropriate certification.

Proposed Trust Response

Partially implemented – The organisation has checked that the suppliers of IT systems that relate to patient data, involve clinical care or identifiable data have appropriate certificate, and can evidence that all suppliers have such certification.

All new procurements require that certificates are checked as part of the procurement process. When undertaking reviews of previous procurements certificates would have been checked. The Trust System Managers Group will be tasked with reviewing supplier certification.

Which Committees have reviewed the information prior to Board submission?

- None due to time constraints. This report has been shared with members of the Information Governance Committee. However the Committee does not sit until after the date of the required submission to NHSI.

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

This report is provided to the Board for decision.

Trust Board meeting – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-17	Annual approval of the Sustainable Development Management Plan (SDMP)	Chief Operating Officer

The Sustainable Development Management Plan is required to be approved by the Trust Board annually and is therefore enclosed for review and approval, following its endorsement at the Executive Team meeting on 17/04/18.

Which Committees have reviewed the information prior to Board submission?

- Executive Team meeting, 17/04/18

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

Approval

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

Maidstone and Tunbridge Wells NHS Trust

Sustainable Development Management Plan

Contents

1. Vision, Strategy and Scope

1.1. Sustainability Vision

The Sustainability Vision of the Trust is “The provision of Sustainable and Resilient Healthcare and Buildings to ensure Healthy People and Places in Maidstone and Tunbridge Wells NHS Trust”

1.2. Sustainability Strategy

The Trust recognises that in delivering healthcare services its sites and operations may have adverse impacts on the environment and it is essential that these are minimised and maintained as such through continuous monitoring, mediation and changing culture around the environment and sustainability. The trust is committed to providing healthcare and services to the populations of today without compromising the opportunities of the populations of tomorrow.

The Trust recognises that, to deliver sustainable healthcare, it must achieve positive social impacts, must mitigate its impacts on the environment and must achieve a level of financial efficiency and effectiveness.

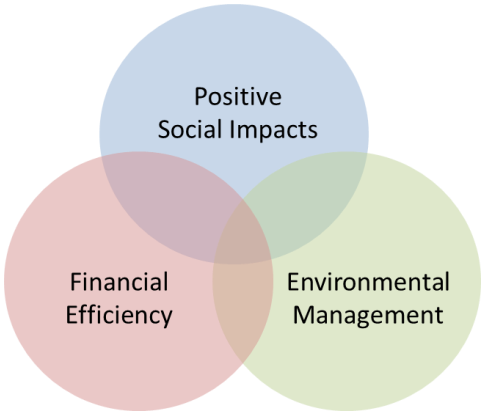


Figure 1: Components of Sustainability

The Trust has developed a Sustainability Strategy that will be implemented through a Sustainable Development Management Plan (SDMP) that comprises of 6 key areas of focus:

- Corporate Vision and Governance
- Leadership, Engagement and Development
- Healthy, Sustainable and Resilient Communities
- Sustainable Clinical Care Models
- Commissioning and Procurement
- Operational Management and Decarbonisation

Figure 2 shows the relationship between the Vision, the Policy, the SDMP and the SDMP Action Framework to form the sustainability strategy.

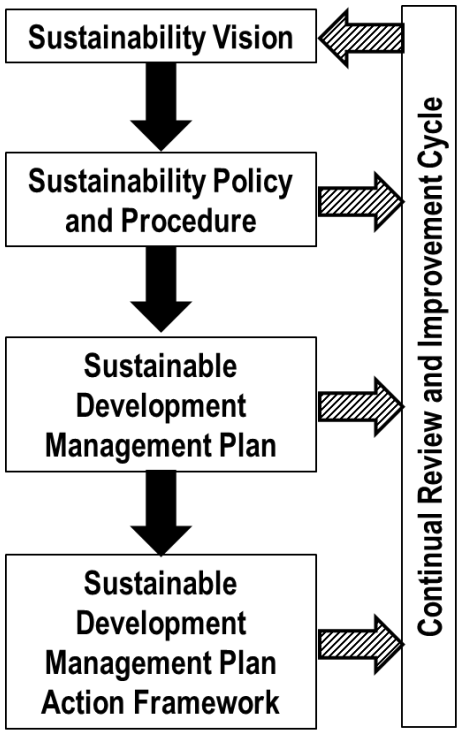


Figure 2: Relationship of the components of the Sustainability Strategy

1.3. Scope

This Plan is applicable across the entire geographical extent of the Trust where the Trust has direct operational responsibility

2. Drivers for Change

The need for an SDMP is driven by different factors, both internal and external to the NHS and the Trust.

The Kent and Medway Sustainability and Transformation Plan (STP), driven by central Government, is reviewing the services that are being provided by each Trust and the ways that they support and interact with each other to ensure they are as sustainable and efficient as possible and to remove duplication and inefficiency.

The Trusts themselves are also required to review *how* they are delivering the services to ensure that they are operating in the most efficient and sustainable manner possible

2.1. Financial

- **Operational Budget Constraints**
  The challenge to the health and care system is clear. Kent, like the rest of England, has an ageing population that will put increasing demands on the system, and will require long-term complex care. This, along with unhealthy lifestyle behaviours and the rising cost of technology means that nationally the NHS faces a £30bn funding gap by 2021.

- **Energy Costs**
  The costs of energy are set to remain volatile in the short term and are predicted to rise in the medium to long term. The wholesale energy price is dependent upon many natural and geopolitical variables, none of which are within the immediate control of the Trust.
  In 2016/17 the Trust spent a total of £3,947,296 on the procurement of Gas, Electricity, Biomass and CRC Compliance

- **Water Costs**
  The deregulation of the commercial water industry in April 2017 means an element of uncertainty in the water industry. Whilst the industry will undoubtedly become more transparent and competitive the predictions are that, ultimately, prices for water supply and disposal will increase year on year.
  In 2016/17 the Trust spent a total of £665,124 on Water Supply, Sewerage and Effluent Treatment.

- **Material and Services Costs**
  The increase in the cost of materials and services, whilst being limited through effective procurement strategies, will continue to increase in line with inflation. External factors, such as Brexit, have potential to adjust the trajectory of increase to an unknown extent.

2.2. Legislation and Performance Targets

- **Climate Change Act 2008**
  The Climate Change Act (2008) was introduced to ensure the UK cuts its carbon emissions by 80% by 2050. The 80% target is set against a 1990 baseline.
  The act enables the UK to become a low carbon economy. It sets in place a legally binding framework allowing the government to introduce measures which will achieve carbon reduction and mitigate and adapt to climate change.

- **NHS Carbon Reduction Target**
  As the largest public sector emitter of carbon emissions, the health system has a duty to respond to meet the targets which are entrenched in law. Contributing to the Climate Change Act target with a 34% reduction in carbon emissions by 2020 is a key measure of our ambition across the

country. Reduced environmental impact will be measured against the target of 34% reduction in CO2e emissions by 2020 and be well placed to meet the 50% target by 2025.

- **Public Services (Social Value) Act 2012**
  The Public Services (Social Value Act) was passed at the end of February 2012 and came into force in January 2013. Under the Act, for the first time, all public bodies in England and Wales are required to consider how the services they commission and procure might improve the economic, social and environmental well-being of the area.

- **Modern Slavery Act 2015**
  The Modern Slavery Act 2015 is designed to tackle slavery in the UK. The Transparency in Supply Chain Provisions require commercial organisations to publish an annual statement regarding slavery within their supply chain if they have an annual turnover above a threshold (£36 million). However, the Department of Health has confirmed that publicly-funded NHS activities were not intended to be within the scope of the Act, and therefore the £36 million threshold only applies to profit-making activities.

2.3. Demands upon Services

Using resident populations for the districts of Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells, the following changes are predicted over the next 20 years:

- The overall population of the four districts is expected to increase, with the highest increases in Maidstone for 65 years or over (11% increase) and Tonbridge & Malling for people aged over 85 years (26%).

- The under-five population will remain fairly constant with an increase of less than 4% over 20 years.

- The population aged 5-19 will increase by just over 12.5% across that period. The under 15 population will increase by 12% over his period. The number of people aged between 16 and 64 years will increase by 11% across that period.
- The population of 65+ is set to increase by 58.93% from 2015 to 2035 increasing from 101,000 to 152,600 people and during the same period, within this the population of 85+ group is predicted to increase by 127.3% during the same period, from 12,100 to 27,500 people.

  This population increase has serious implications for health and care delivery from both a financial and activity perspective.

- Older people have the greatest risk of their health being affected by cold temperatures. The majority of excess winter deaths are in people 75 years old

- The prevalence of multi-morbidity increases substantially with age

- The prevalence of dementia increases with age and these patients need additional elements in their care

3. Specific Areas of Focus

3.1. Corporate Vison and Governance

The Trust will make carbon reduction and sustainable development corporate responsibilities and will ensure that they are integrated into the governance and reporting mechanism.

The Trust will have a clear vison of its Sustainability Goals and will ensure that responsibility and accountability for sustainable development is clear within its organisational structures.

The Trust will produce evidence of its progress towards targets to satisfy the requirements of its regulators and commissioners. In addition the Trust will publish performance information to provide assurance to its stakeholders that the Trust is managing its corporate responsibility commitments.

3.2. Leadership, Engagement, Partnership and Development

The Trust aspires will be a demonstrable leader within the provision of sustainable healthcare and is committed to engaging and partnering at all levels, both locally, regionally and nationally to deliver this ambition. The Trust will ensure that the SDMP is adopted by Heads of Department and Senior Management Team members and is cascaded through the lines of control

The Trust will engage with local stakeholders to ensure that its approach is dovetailed to local initiatives and activities as well as to seek endorsement of and support for its sustainability strategy and actions. The trust is committed to ensuring that local feedback and opinion is recognised within its decision making and that local community assets and initiatives are embedded within its care provision. The trust is committed to communicating its vision, goals and strategy to local stakeholders and will put in place a communications plan to ensure the openness and transparency of its programmes. The approach is one of supporting and enhancing local activities where they exist and working in partnership with local groups to achieve a common aim.

The Trust is committed to engaging in local, regional and national forums and platforms, both internal and external to the NHS to ensure that it maximises on all potential leverage that is available and benefits from and demonstrates best practice to the wider stakeholder community.

The trust recognises its own staff members are essential and intrinsic to the delivery of sustainable healthcare and is committed to supporting and developing its staff to have the competencies and skills to deliver sustainable healthcare within their specific areas of operation and to challenge and rectify practices that are not

complementary to this aim. This will be achieved through the mainstreaming of sustainability into the recruitment process, into job descriptions and daily activities and operations through a comprehensive review of operational procedures and policies.

3.3. Healthy, Sustainable and Resilient Communities

The Trust recognises the inherent value of a healthy community and will actively support programmes and schemes to improve the health and fitness of its local community, stakeholders and staff through direct activities, the use of volunteers and the partnership with local organisations.

The Trust recognises that investing in volunteers is investing directly in its stakeholders and seeks to capitalise on positive experiences and feedback to expand the scale and role of volunteers within the operation of the sites.

The Trust is committed to improving the health and welfare of its staff, both in and outside of the workplace, through the promotion of healthy living options, support services and the partnership with organisations that provide specialist services.

The Trust recognises that its grounds and green spaces are an asset, both due to the natural capital that they represent as a habitat and ecosystem but also as a resource for local communities to utilise and enjoy. The Trust will improve access to its green spaces and natural environments for stakeholders and will maintain and enhance the biodiversity capacity of its managed estate. The Trust will develop and publish a Biodiversity Management Strategy for its entire estate and will engage with local ecological partners and volunteers in its preparation.

The Trust recognises that its buildings and facilities have a significant impact on the environment, both due to the embedded carbon and resource depletion involved in their construction and in the energy consumed and carbon produced in their operation. The Trust will ensure that any refurbishment, redevelopment or new development seeks to minimise the environmental impact and associated carbon footprint of the construction process, the materials used and the subsequent operation of the facility through the use of appropriate technologies and strategies.

The Trust will ensure that any redevelopment or new development of its facilities appraises the potential changes to the climate, the potential effects of those changes on the facility and seeks to mitigate them at the design stage.

The effects of climate change to the Trust have the potential to be severe, and the organisational risk register will be updated to include the appraisal of the legal, financial, infrastructure and service related risks and action plans will be developed to manage the risks that have been identified. The Trust will use standard risk assessment tools and externally available guidance and support to assist with the risk assessment process.

The Trust recognises that the process of climate change is leading to the normal patterns of weather changing and severe weather events becoming more frequent and prolonged. These include heatwaves, drought and water shortage, extreme cold events and associated snowfall, extreme rainfall and associated fluvial (surface water) flooding, changes to groundwater levels and associated groundwater flooding, severe storms and high winds.

The Trust will prepare plans for the risks identified and will integrate the process of planning with the existing processes for Emergency Planning and Business Continuity.

3.4. Sustainable Clinical Care Models

The Trust is committed to the transformation of its service to deliver improved health outcomes coupled with social and environmental benefits.

The Trust recognises that the way that healthcare services are delivered will need to change to accommodate the changes associated with rising costs, changing population intensities, demographics and locations. Financial and budgetary pressures will continue to challenge the service provision as well as the ever changing and evolving structure of NHS services within the local and regional setting.

The Trust will ensure that environmental and social sustainability assessments are included as a standard within the templates for business case and service redesign templates and will review the models of care and patient pathways to take into account the overhead use of resources and carbon footprint.

The Trust will consider the most appropriate locations of services and facilities to minimise internal travel and will seek to maximise the opportunities presented by technology to facilitate remote and distance meetings.

The Trust will work in partnership with NHS stakeholders to ensure the realisation of the Health and Social Care Sustainability and Transformation Plan (STP) and the integration and redesign of services across Kent and Medway to deliver better standards of care, better health and wellbeing and better use of staff and funds.

3.5. Commissioning and Procurement

The Trust aims to fully assess the environmental, social and financial impacts of its procured goods and services whilst remaining compliant with the systems and procedures established.

The Trust will minimise procurement of new items and will seek to reuse existing equipment where this is operationally viable. The sharing and internal recycling of resources will be promoted and encouraged to all staff and departments

Where procurement is required the Trust will develop tools to assess the lifetime financial and environmental impact of the required item, to include the manufacture, delivery, operational usage, consumable requirement, maintenance, decommissioning and disposal and will seek to use the assessment to influence the outcome of tender review decisions.

The Trust is committed where possible to sourcing all products from certified sustainable and renewable sources and will specify this as a requirement of its supply chain.

The Trust is fully committed to working within the NHS Procurement and Commercial standards and using the standards as a vehicle for improving the efficiency of the systems it operates and the sustainability of the services it provides.

The Trust is committed to fully complying with all relevant aspects of the Public Services (Social Value) Act 2012 and the Modern Slavery (2015) Act and will publish clear statements and guidance for its partners and supply chain.

The Trust is committed to maximising the local economic benefit of its activities through the use of local suppliers and local labour where the skills and experience are available to undertake the required tasks and where the local selection is permissible under procurement guidelines.

3.6. Operational Management and Decarbonisation

The Trust is committed to operating in a manner that eliminates unnecessary energy and water use, utilises equipment and materials effectively, reduces waste production, maximises waste recycling, accurately assesses and mitigates impacts to the environment and causes no environmental damage through accidental discharges or spills.

The Trust will monitor and report upon its energy and water usage and its Scope 1 and Scope 2 emissions on an annual basis and will set internal targets with the aim of reducing the carbon emissions associated with its activities by 28% by 2020 against a 2013 baseline in line with the NHS Carbon Reduction Target of 80% by 2050.

The Trust will create a tangible culture that is intolerant of energy and water wastage, will optimise equipment and systems for efficient operation and will monitor, record and report on the energy and water performance of different geographical areas and departmental zones.

The Trust will identify opportunities for capital replacement and upgrade of equipment and infrastructure that will have an energy and water saving benefit and will prepare relevant business cases and justification.

The Trust is committed to reducing the emissions associated with transport and providing efficient low carbon transport services across its operational environment and will document this through the publication of a green travel plan.

The Trust is committed to applying the waste hierarchy in all aspects of its operation, including those of subcontractors, to ensure that none of its waste is send to landfill and to maximising the recycling of waste that is produced.

The Trust will regularly assess the environmental aspects and impacts of its operation and will have in place suitable procedures and processes to prevent any unplanned or uncontrolled discharge to the environment. The Trust will maintain and practice emergency response procedures to intercept any spillage or environmental incidents that may occur to ensure that any potential impacts are mitigated.

4. Objectives and Progress

The Trust has established 20 clear objectives through which the Sustainability vision is achievable. The objectives are listed below along with the current progress as of March 2018.

1 The Trust has a clear vision of its Sustainability Goals

2 Responsibility and accountability for sustainable development is clear in the Trust

3 Leadership has engaged widely and developed a narrative for sustainable development that aligns visions, priorities and delivery

4 The Trusts approach to environmental and social responsibility is supported and owned by local people.

5 The Trust has consolidated partnerships and makes use of its leverage within local frameworks.

6 All staff are aware of the benefits of acting sustainably, have the competencies and skills to implement sustainability initiatives and are empowered to challenge unsustainable behaviour

7 The Trust actively supports programmes and schemes to improve the health and fitness of its stakeholders and staff

8 The Trust has a network of engaged and enthusiastic volunteers form the local community who capitalise on positive experiences and support the operations of the Hospital

9 The entire environment in which the Trust delivers care will promote wellness, will minimise emissions and will be resilient to changes in climate

10 The trust understands and minimises the current and future risks to the organisation from climate change

11 Adaptation plans are in place that link to business continuity and emergency planning processes

12 Transformation of the Trust services deliver improved health outcomes coupled with social and environmental benefits.

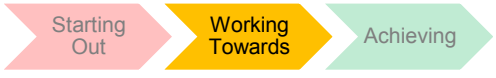
13 Procurement is undertaken in a compliant manner that takes into account the social, environmental and financial impacts of the service

14 The systems and processes for procurement are streamlined and consistent to ensure Trust Wide best value and efficiency

15 Materials are controlled, issued, reused and replaced in an efficient manner that minimises loss and the generation of waste

16 The Trust operates an environment where non-essential energy use is eliminated

17 The Trust delivers efficient low carbon transport services



18 The Trust is operates an environment where non-essential water use is eliminated

19 The trust applies the Waste Hierarchy in all aspects of its operation, diverts 100% of waste from Landfill and maximises recycling

20 The Trust operates in a manner that assesses the environmental aspects of its activities and mitigates any impacts associated with them

Specific actions associated to the objectives are tracked through the Sustainable Development Management Plan Action Framework (appendix 1)

5. Numerical Scope 1 and 2 Emissions Target

The Trust recognises that there is a concerted effort within the NHS to decarbonise the operational footprint of the wider supply chain and stakeholders, and the Trust is fully supportive of these efforts and is committed to undertaking activities to support them.

The specific numerical target of the SDMP is to reduce scope 1 and 2 carbon emissions by 28% by 2020/21 against a 2013/14 baseline in line with the NHS Carbon Reduction Target of 80% by 2050.

Scope 1 (direct emissions) emissions are those from natural gas and liquid fuels procured by the Trust and consumed in boilers, generators and vehicles .
Scope 2 (energy indirect) emissions are those from electricity procured by the Trust and supplied via the national grid.

The graph in figure 3 shows the baseline years scope 1 and 2 emissions in Tonnes of Carbon Dioxide, the performance of subsequent years and the required emissions to achieve the target of 28% reduction.

The table in figure 4 shows the actual emissions assosciated with each energy source and the required trajectory to reach the target.

The chart in figure 5 shows the composition of the 2017/18 carbon emissions between grid electricity, piped natural gas, gas oil for backup generators and transport operations.

The chart in figure 6 shows the same carbon emissions by producing site within the Trust.

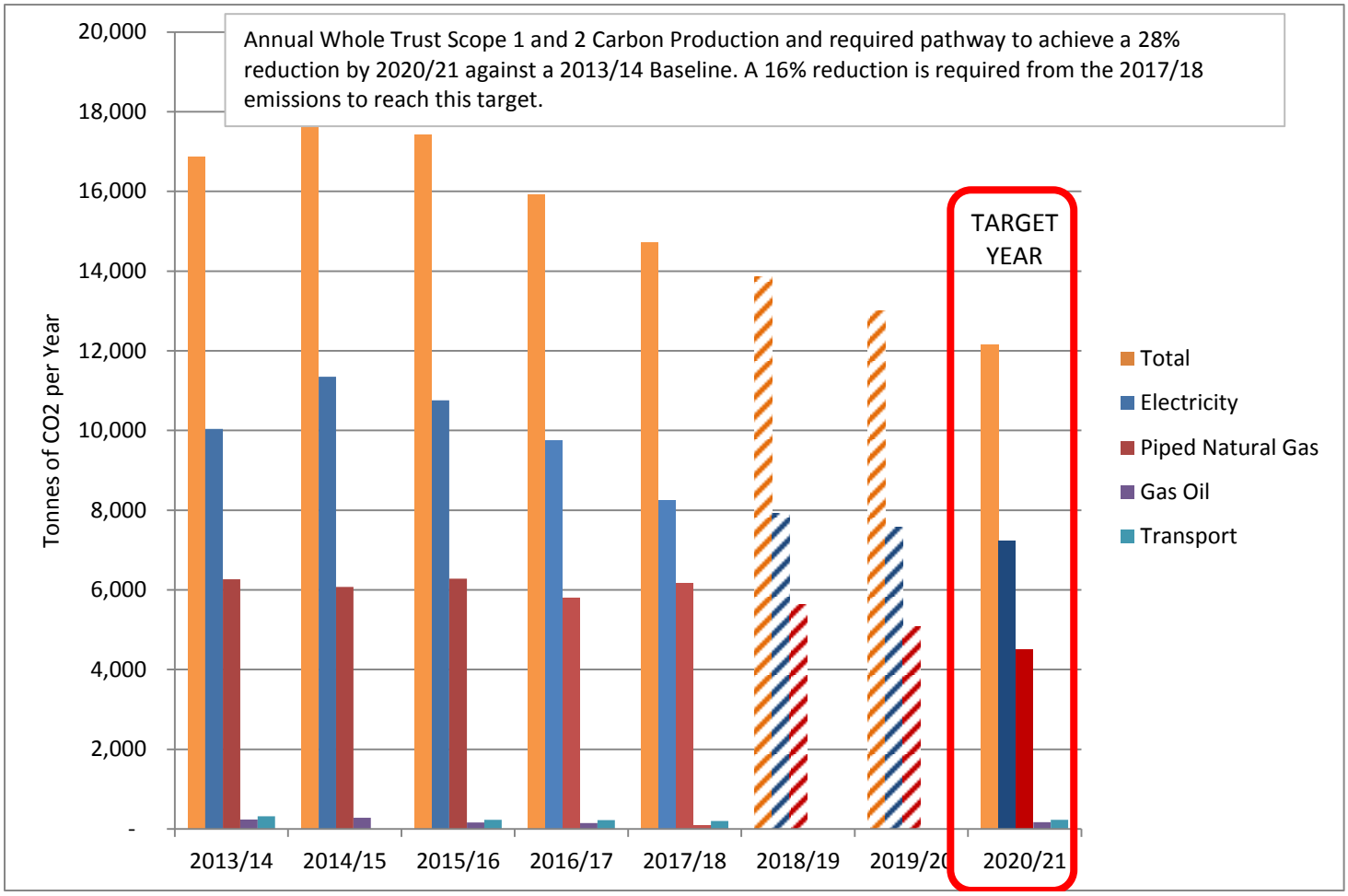


Figure 3: Trust actual carbon emissions (scope 1 and 2) from baseline year to 2017/18 and required trajectory -

Scope 1 and 2 Carbon (tCO2) Total and Target

Year	Electricity	Piped Natural Gas	Gas Oil	Transport	Total	% Reduction Achieved against Baseline	% Difference against Previous Year
2013/14	10,043	6,269	242	321	16,875		
2014/15	11,348	6,076	282	No Data	17,706	4.9%	4.9%
2015/16	10,755	6,284	161	228	17,428	3.3%	-1.6%
2016/17	9,748	5,804	147	220	15,920	-5.7%	-8.7%
2017/18	8,251	6,180	79	199	14,710	-12.8%	-7.6%
2018/19	7,911	5,624			13,856	-17.9%	-5.8%
2019/20	7,571	5,069			13,003	-22.9%	-6.2%
2020/21	7,231	4,514	174	231	12,150	-28.0%	-6.6%
2013/14 is Baseline Year		RED text is required emissions to remain on target trajectory					

Figure 4: Trust actual carbon emissions (scope 1 and 2) from baseline year to 2017/18 and required trajectory

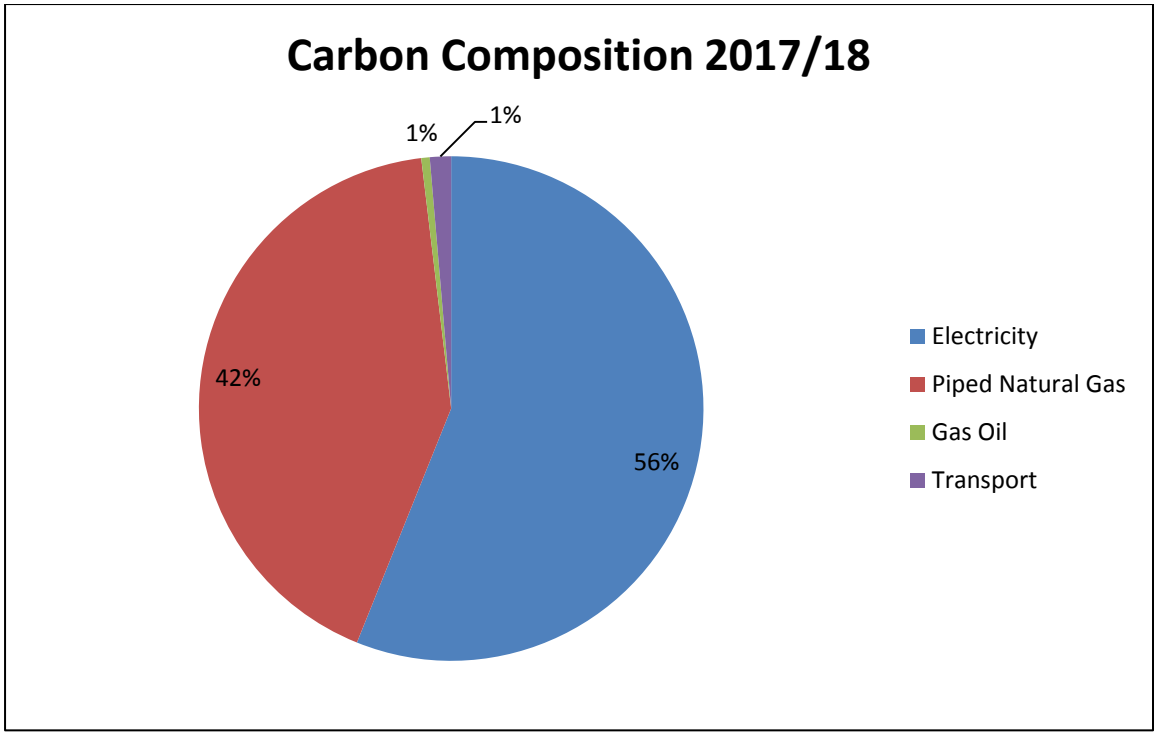


Figure5: Energy source of Trust carbon emissions (scope 1 and 2) in 2017/18

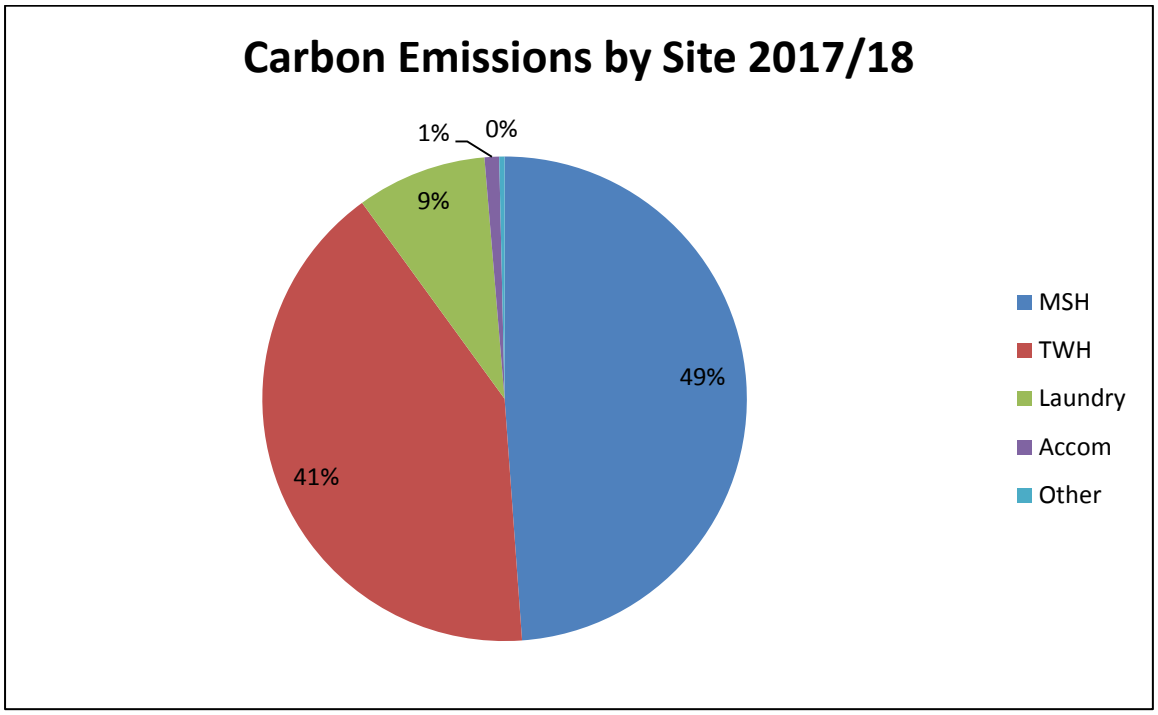


Figure 6: Geographical Source of Trust carbon emissions (scope 1 and 2) in 2017/18

6. Sustainable Development Management Plan Action Framework

Specific actions arising from and related to this SDMP will be tracked through the SDMP Action Framework.
All actions within the framework will have a member of the committee assigned as lead for the action and will have timeframes for implementation and review timeframes established and recorded.
Progress against actions contained within the framework will be reviewed by the Sustainable Development and Environmental Committee on a quarterly basis.

7. Review

This plan will be reviewed and ratified on an annual basis by the Sustainable Development and Environmental Committee and the Trust Board

8. Conclusion

It is essential that the Trust reviews and improves its financial, social and environmental efficiency in order to respond to the significant changes that are occurring within the local, regional, national and global operating environments.

In order for the Trust to achieve its vision it is imperative that the environmental impacts are mitigated, the financial burdens are reduced and the social impacts are transformed across all aspects of the Trusts operations.

The Trust is making good steady progress towards this.

Appendix 1

Maidstone and Tunbridge Wells NHS Trust

Sustainable Development Management Plan Action Framework

Theme	Sub Theme	Objective Number	Objective Detail	Ref	Actions Required	Measure of Success	Relevent Specific Targets and Objectives	Reference Documents	Lead	Time frame	Status (RAG)	Comments
Corporate Vision and Govemance	Corporate Vision	1	The Trust has a clear vision of its Sustainability Goals	1.1	Sustainability Vision is Documented	Sustainability Vision is ratified and published			Stu Meades	Complete		Vision agreed by SDEC Dec 2016 and included in Policy
				1.2	Sustainability Policy is Documented	Sustainability Policy is ratified and published			Stu Meades	Complete		Policy ready to be ratified, antiicpated to be ratified April 2017
	Govemance	2	Responsibility and accountability for sustainable development is clear in the Trust	2.1	Sustainable Development and Environment Committee is established	Sustainable Development and Environment Committee meeting minutes			Stu Meades	Q1 2018 19		Committee needs to be relaunched with revised membership
				2.2	Terms of Reference in place for Sustainable Development and Environment Committee	Terms of Reference ratified and published			Stu Meades	Complete		
				2.3	Sustainability data is regularly reviewed	Performance Data is periodically presented to Trust Board for review			Stu Meades	Complete		Trust data is presented monthly
				2.4	Trust reports sustainability performance via the annual report	Annual Report includes Sustainability data			Stu Meades	Complete		Data being Gathered
Leadership, Engagement, Partnership and Development	Leadership	3	Leadership has engaged widely and developed a narrative for sustainable development that aligns visions, priorities and delivery	3.1	Agree a board level executive for sustainability.	Board level executive in place			Stu Meades	Complete		Steve Orpin is the appointed person
				3.2	Chief Executive signed endorsement of Sustainability Vision, Policy and SDMP	Document signed by Chief Exec			Stu Meades	Complete		
				3.3	Trust Management Executive endorsement of Sustainability Vision, Policy and SDMP	Documents endired by TME			Stu Meades	Complete		TME endorsed SDMP in April 2017
	Engagement	4	The Trusts approach to environmental and social responsibility is supported and owned by local people.	4.1	Ensure local viewpoints and opinions have an avenue to be represented to the Senior Management Team	Local feedback and opinion is recognised within trust decision making			Gemma Craig	Q4 2018 19		External Stakeholder Engagement Strategy being developed within 2018/19
				4.2	Understand and harness the assets that exist in local communities to enable a more sustainable delivery of health and care in the future.	local community assets are embedded within care provision that fosters a feeling of mutual ownership			Gemma Craig	Q4 2018 19		External Stakeholder Engagement Strategy being developed within 2018/19
				4.3	Outline a communications plan for reporting on sustainability to staff and public.	Communications plan in place			Darren Yates	Q2 2018 19		Internal and External Comms Strategy being reviewed in 2018/19
	Partnerships and Networks	5	The Trust has consolidated partnerships and makes use of its leverage within local frameworks.	5.1	Engage with local non NHS groups to enhance awareness of the Trusts commitments and approaches	MTW Membership / attendance at local groups			Stu Meades	Complete		Kent Climate Change Network
				5.2	Engage with other healthcare partners to further develop cooperative approaches and mutual support	MTW Membership at forums and groups			Stu Meades	Complete		South East NHS Total Waste Management Consortium
				5.3	Engage with Kent NHS Sustainability Forums	MTW Membership at forums			Stu Meades	Complete		Kent NHS Sustainability Forum
				5.4	Engage with National NHS Sustainability Forums	MTW Membership at forums			Stu Meades	Complete		NHS SDU working group and network
	Staff Development	6	All staff are aware of the benefits of acting sustainably, have the competencies and skills to implement sustainability initiatives and are empowered to challenge unsustainable behaviour	6.1	Generic text on sustainability to be developed for inclusion in all job descriptions	Job Descriptions include section on Sustainability			Ruth Bailey	Q1 2018 19		Stu Meades to provide generic text for inclusion
				6.2	Sustainability is included as a component of the staff induction process	New starters have an awareness of Sustainability issues at MTW			Jeanette Barlow	Q1 2018 19		Section on sustainability to be inserted into online induction and also clinical induction.
				6.3	Develop staff sustainability awareness program	Increased awareness of Sustainability isues amongst existing MTW staff			Jo Garrity	Q2 2018 19		
				6.4	Review workforce policies to ensure they promote sustainable behaviour	Sustainability is engrained in all policies and procedures			Kevin Rowan	Ongoing		Trust policy template ot be reviewed to include a section on sustainablility where relevent and applicable
				6.5	Hold annual sustainability awards to recognise the most environmentally and socially sustainable team/department.	Staff engagement and awareness of sustainability issues			Jo Garrity	Q2 2018 19		
Healthy, Sustainable and Resilient Communities	Healthy Staff	7	The Trust actively supports programmes and schemes to improve the health and fitness of its stakeholders and staff	7.1	The Trust offers a range of programs that encourage and support the physical activity of staff members	Physical activitiy programs are in operation and are being engaged with by staff members	The target is to get the programs started and available to staff. Success of these programs will be measured by a reduction in sickness and absence and an increase in health and wellbeing		Christian Lippiat	Complete		Local gym membership offered, cycle to work scheme in place, "climb the stairs" signs in place
				7.2	The Trust offers a range of programs that encourage and support the Mental Health of staff members	Mental health welfare and support programs are in place and being utilised by staff			Christian Lippiat	Complete		Mindfullness training available, support line available, traiing on dealing with stressfull situations available
				7.3	The Trust offers a range of programs that encourage and support the wellbeing of staff members	Wellbeing programs are available and being used by staff members			Christian Lippiat	Complete		NHS health checks available, flu jab available
	Engaging Communities	8	The Trust has a network of engaged and enthusiastic volunteers form the local community who capitalise on positive experiences and support the operations of the Hospital	8.1	Streamlining of recruitment process to enable easier access for volunteers	Positive feedback on a smooth recruitment process			Anne-Marie Stevens	Q4 2018 19		Currently applicants still find the process frustrating due to the restricted nature of the online application via Trac or NHS jobs. Hand holding through process can help
				8.2	Expand role and nature of volunteers within the hospital	Increase in number of Volunteers			Anne-Marie Stevens	Q4 2018 19		Trust engagement of Volunteering still needs to be improved, buy in from departments is required to ensure volunteers feel supported. The upcoming launch of the #endpjparalsys , has Executive Team commitment therefore should provide a model for future launches. Following the launch of Green Team Volunteering projects in 2017, the community engagement and volunteering interest from individuals and organisations was very high, unfortunately the infrastructure to support the project was limited. The Stroke Garden and the Lung Awareness Charity garden will be opening in May 2018, again this might springboard commitment
				8.3	Ensure that volunteers are motivated and enthusiastic and have a desire to stay within the hospital environment	Increased retention of volunteers			Anne-Marie Stevens	Complete		Regular meet ups are arrange with the VSC and training opportunities, ongoing open door for Volunteers to access VSC and encouragement for Volunteers to be more visible. Currently core, team of Volunteers good and motivated. Approx. 230 Trust Volunteers and 150 League of Volunteers active in the Trust
	Sustainable Communities - Designing the Built Environment	9	The entire environment in which the Trust delivers care will promote wellness, will minimise emissions and will be resilient to changes in climate	9.1	Produce options for improved access and increased green space in the grounds.	Greater green space utilisation and access			Stu Meades	Q3 2018 19		Need to engage with new grounds maintenance company
				9.2	Recognise and Enhance the biodiversity capacity of the estate	Trust wide Biodiversity Management Strategy in place			Stu Meades	Q3 2018 19		Need to engage with new grounds maintenance company
				9.3	Ensure that any refurbishment, redevlopment or new development seeks to minimise the carbon footprint of the works and the subsequent operation of the building	Low carbon specification included within any tender to works			Kevin Vaughan	Complete		This has been incorporated to the project process. The next projects that this is applicable to are HODU and Theatres
				9.4	Ensure that any refurbishment, redevlopment or new development appraises the potential changes to the climate and environment and mitigates those impacts at the design stage	Climate change resilience appraisal to be included within any design			Kevin Vaughan	Complete		
	Resilient Communities - Risk Assessment	10	The trust understands and minimises the current and future risks to the organisation from climate change	10.1	Create a section in the organisation risk register that addresses the challenges of building resilience to climate change and covers the legal, financial, infrastructure and service risks.	Organisational Risk Register reflects climate change risks			Rob Parsons	Complete		Risk assessments that cover all aspects of climate change assoscisted impacts are reviewed on an annual basis by Emergency Planning Department. The residual risk to the Trust from these imacts is low negating the need for further actions at this time
				10.2	Use the Climate Ready BACLIAT tool to complement the process of assessing risks and opportunities associated with climate change locally.	BACLIAT tool has been used to support the risk assessment process			Rob Parsons	Complete		Risk assessments that cover all aspects of climate change assoscisted impacts are reviewed on an annual basis by Emergency Planning Department. The residual risk to the Trust from these imacts is low negating the need for further actions at this time
				10.3	Draw on existing risk assessments, adaptation tools such as the UKCP09 projections and other local information to assess the risks to continuity and assets (buildings, emergency services, vehicles and the supply chain for fuel, food and	Adaption plans in place if required			Rob Parsons	Complete		Risk assessments that cover all aspects of climate change assoscisted impacts are reviewed on an annual basis by Emergency Planning Department. The residual risk to the Trust from these imacts is low negating the need for further actions at this time
	Resilient Communi ties - Adaption Planning	11	Adaptation plans are in place that link to business continuity and emergency planning processes	11.1	Involve business continuity and emergency planning colleagues in developing an Adaptation Plan as a core component of the SDMP. The adaptation plan should link to heat wave and cold weather plans, flooding, emergency preparedness and business continuity plans.	Adaption plans in place if required			John Weeks	Complete		Risk assessments that cover all aspects of climate change assoscisted impacts are reviewed on an annual basis by Emergency Planning Department. The residual risk to the Trust from these imacts is low negating the need for further actions at this time
Sustainable Clinical Care Models		12	Transformation of the Trusts service delivers improved health outcomes coupled with social, environmental and financial benefits.	12.1	Include environmental and social sustainability assessments within business case review process.	Environmental and social sustainability assessments are included within document template and process			Stuart Doyle	Q2 2018 19		

Commissioning and Procurement - Triple Bottom Line	Over Threshold Procurement	13	Procurement is undertaken in a compliant manner that takes into account the social, environmental and financial impacts of the service	13.1	Develop sustainability score card that appraises the lifetime environmental impact of all procured equipment and services, including manufacture, delivery, usage, consumables, maintenance, decomissioning and disposal	Score Card in Use	Achieved Level 2 of Standards of Procurement	NHS Standards of Procurement	Preeya Baillie	Oct-18		
				13.2	Include sustainability appraisal within procurement tender appraisal	Sustainability Appraisal included	Achieved Level 2 of Standards of Procurement	NHS Standards of Procurement	Preeya Baillie	Complete		
				13.3	Develop clear procedures on how the organisation complies with the Public Services (Social Value) Act 2012 and the Modern Slavery Act 2015	Policy guidance statements are issued	Achieved Level 2 of Standards of Procurement	NHS Standards of Procurement	Preeya Baillie	Complete		
				13.4	Engage and collaborate with other Trusts in the procurement of Goods and Services	Collaborative procurement underway	Achieved Level 2 of Standards of Procurement	NHS Standards of Procurement	Preeya Baillie	Complete		
				13.5	Ongoing contract management of awarded supply agreements required suppliers to demonstrate continual improvement and ongoing efficiencies	Continual efficiencies being delivered through existing contractual agreements	Achieved Level 2 of Standards of Procurement	NHS Standards of Procurement	Preeya Baillie	Complete		
	Procurement Systems	14	The systems and processes for procurement are streamlined and consistent to ensure Trust Wide best value and efficiency	14.1	Increase transaction volume covered by an electronic purchase order	Electronic Purchase Orders in widescale usage	90% transaction volume covered by electronic purchase orders	NHS Standards of Procurement	Richard Taylor	Complete		
				14.2	Increase transaction volume through an electronic catalogue to better capture and influence purchases	Electronic Catalogue in widescale usage	80% of transaction volume through an electronic catalogue	NHS Standards of Procurement	Richard Taylor	Complete		
	Stock Control	15	Materials are controlled, issued, reused and replaced in an efficient manner that minimises loss and the generation of waste	15.1	Promote reuse of unwanted or uneeded items within Trust to prevent need for procuring new when existing stocks exist	Reuse system fully in place			Nicola Waters	Complete		
				15.2	Stock Management system revieweed to ensure expiry breaches are prevented	No occurences of out of date stock disposal			Nicola Waters	Q2 2018 19		
				15.3	Full implementation of Omnicell Inventory Management System across Trust	Omnicell in place			Nicola Waters	Complete		
				15.4	Steamlining of Deliveries to maximise efficiencies available				Nicola Waters	Q2 2018 19		
Operational Management and Decarbonisation	Energy	16	The Trust is operates an environment where non essential energy use is eliminated	16.1	Reduce operational energy demand by switching off equipment when not operationally required	Tangiable culture of switching off when not required leading to lower energy consumption	Reduce Scope 1 & 2 carbon emissions by 28% by 2020 against a 2013 baseline in line with the NHS Carbon Reduction Target of 80% by 2050		Stu Meades	Ongoing		
				16.2	Optimise HVAC Equipment - Operating hours, set points, dead bands	Reduced electrical and gas consumption			Stu Meades	Mar-21		MSH - Project underway of upgrading from Sauter to Trend BMS and recomissioning all set points, dead bands and hours of operation. Finance dependent this will be completed in March 2021. TWH - IFM have proposed to undertake this activity, unclear who is payig for it, in progress.
				16.3	Optimise Boilers and Steam Provision	Reduced electrical and gas consumption			Stu Meades	Q4 2018 19		MSH Boilers are being resequenced and optimised, flue gas recovery being installed, condense pipes being replaced
				16.4	Install / utilise existing a network of sub meters to monitor energy performance in geographical areas and the performance of significant energy using equipment and plant	Energy mapping reports are issues to compare distribuiton of energy consumption			Stu Meades	Q2 2018 19		MSH Project approved, being instaled Q1 18/19. TWH meters are installed, no access to data at the current time.
				16.5	Ensure relevant feedback loops are in place to report on poor energy performance and increase ownership amongst end users	Departmental consumption reports issued to departments / equipment users			Stu Meades	Q2 2018 19		Dependent upon data received from sub metering infrastructure installed in 6.1.4. Need ot engage with Interserve FM for analysis of data at TWH
				16.6	Prioritise the usage of low carbon fuel sources where available (Biomass Boiler)	Biomass boiler is operating to the maximum effectiveness and is meeting planning requirements			Stu Meades	Q2 2018		RHI accreditation approved. Physical modifications to plinths and infrastructure still required.
				16.7	Upgrade Internal Lighting to LED across estate, install additional controls and dimmers as operationally appropriate	LEDs installed, reduced electrical consumption			Stu Meades	Q3 2018		MSH - Solution identified and 50% complete. Project est completion Oct 2018. TWH - IFM have identified opportunity and awaiting confirmation of finance
				16.8	Upgrade External Lighting to LED across Estate	LEDs installed, reduced electrical consumption			Stu Meades	Q2 2018		MSH is 50% Complete. Remainder to be completed Q1 2018. TWH - IFM hav e identified opportunity abd awaiting confirmation of finance
				16.9	Install double glazing to all windows within Hospitals	Reduced heating and cooling demand, greater user comfort			Stu Meades	2019 20		MSH is now 90% complete, no immediate plan to finish remaining 10% within 18/19 financial year due to cost (anticipated circa £150K)
	Transport	17	The Trust delivers efficient low carbon transport services	17.1	Develop a Green Travel Plan that promotes the use of public transport, cycling and walking	Green travel plan in place			Alan Hewett	Q1 2018 19		Green Travel Plan is in place and being progressed
				17.2	Review the operation and performance of the trust owned fleet and ensure that all replacements are low emission or electric vehicles	Trust fleet is being used efficiently and plan in place for low carbon replacements			Darren Bulley	Ongoing		
				17.3	Implement Green Driving training across the fleet staff	Increased fuel efficiency of fleet operations			Darren Bulley	Q3 2018 19		
				17.4	Review car lease scheme arrangements to encourage the use of low emitting vehicles.	Only low emisison vehicles are available through lease scheme			Darren Bulley	Ongoing		
	Water	18	The Trust operates an environment where non essential water use is eliminated	18.1	Activley monitor water consumption and investigate out of profile usage	Loggers installed, water consumption reports issued to users			Stu Meades	Complete		Contract signed with Aquafund that offers bureau service that includes data analysis and monitoring
				18.2	Install water efficient technology	Equipment installed			Stu Meades	Q2 2018 19		Partially complete
	Waste	19	The trust is applies the Waste Hierarchy in all aspects of its operation, diverts 100% of waste from Landfill and maximises recycling	19.1	Engage with supply chain to reduce the amount of packaging being delivered to site	Supply chain reduces product packaging and removes waste from site	100% diversion from Landfill; tangiable decrease in waste production and increase in recycling		Stu Meades	Q2 2018 19		
				19.2	Maximise the reuse of materials within the individual sites, the wider trust and the regional NHS community to prevent the need for disposal	Re-use / equipment internal recycling system is in place and working			Stu Meades	Q1 2018 19		Warp It to roll out Q1 2018
				19.3	Allow adequate facilities for segregation and recycling in all collection points	All waste points have the opportunity for recycling			Stu Meades	Q1 2018 19		Recycling push in place for Q1 2018
				19.4	Ensure that all waste within the estate is diverted from Landfill	100% diversion from landfill from waste reports and validated by audit			Stu Meades	Complete		
				19.5	Ensure that all waste arising from 3rd party projects is diverted from landfill by making it a condition of tender	Project specification includes waste requirements			Kevin Vaughan	Q1 2018 19		To be included within project policy
	Environmental Mangement	20	The Trust operates in a manner that assesses the environmental aspects of its activities and mitigates any impacts associated with them	20.1	Environmental impacts and risks are incorporated to standard risk assessment template and process	Template adjusted and being used			Stu Meades	Complete		
				20.2	Pollution Incident Response Plan developed	PIRP in place			Stu Meades	Q1 2018 19		In Progress

Trust Board meeting – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-18 Freedom to Speak Up Guardian arrangements — Director of Workforce

Enclosed for review is a report on the current cases raised with the Interim Freedom to Speak Up Guardian and proposed new arrangements for the role, which were considered at the Executive Team meeting on 17/04/18.

Which Committees have reviewed the information prior to Board submission?
Executive Team meeting, 17/04/18

Reason for submission to the Board (decision, discussion, information, assurance etc.) [1]
To review and endorse the proposed new arrangements

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

NHS
Maidstone and Tunbridge Wells NHS Trust

EXECUTIVE TEAM MEETING – April 2018

16/04/2018	**FREEDOM TO SPEAK UP GUARDIAN REPORT**	**SIMON HART DIRECTOR OF WORKFORCE**

Summary / Key points

This report provides the background to the current arrangement for the Freedom to Speak Up Guardian role, an update on cases being managed by the interim Freedom to Speak Up Guardian and a proposal regarding the future arrangements for the role.

Which Committees have reviewed the information prior to the Executive Team Meeting submission?

None.

Reason for receipt at the Executive Team Meeting (decision, discussion, information, assurance etc.)

Assurance, information and discussion

Freedom to Speak Up

1 Introduction

1.1 In June 2014 the Secretary of State for Health commissioned Sir Robert Francis to carry out an independent review into creating an open and honest reporting culture in the NHS. Sir Robert Francis' report 'Freedom to Speak Up' was published in February 2015 and included a recommendation to introduce a Freedom to Speak Up Guardian in every NHS Trust.

1.2 In October 2015 the Trust Board approved the appointment of a Non-Executive Director to the Freedom to Speak Up Guardian (FTSUG) role. The appointed NED held the role until they left the Trust in July 2017.

1.3 The Chair of the Workforce Committee was asked in July 2017 to take on the role on an interim basis.

1.4 The FTSUG should be accessible to all employees and complete the Freedom to Speak Up Foundation Training provided by the National Guardian's Office (this office had not been established when the Board made the appointment to FTSUG role in October 2015).

1.5 As Non-Executive Directors are officially only expected to undertake duties 2 – 3 days a month they are not best placed to be the FTSUG.

1.6 The Head of Employee Relations was appointed to the FTSUG role on an interim basis pending a review by the Director of Workforce. This was agreed at the Trust Board in November 2017.

1.7 The Head of Employees Relations attended the Freedom to Speak Up Foundation Training on 01 December 2017.

2 Summary of Cases

The Head of Employee Relations commenced in the FTSUG role immediately after completing the training. As it is an interim appointment the role has not been promoted to any significant extent. However, three individuals have spoken to the Head of Employee Relations in her FTSUG role.

1. Expression of concern regarding the origins of allegations and the motivation to commission an investigation into the employee 'speaking up' and concern with regard to the safety of their workplace.

A review has been completed into the origins of the allegations and the motivation to investigate them. The review concluded the actions were appropriate in the circumstances. A further meeting is to be scheduled to discuss the employee's concerns with regard to the safety of their workplace.

2. An ex-employee and a current employee have spoken up about concerns regarding their recruitment, induction and on-going support following appointment to the Private Patients Unit after a restructure. These concerns are being investigated.

3 Future of the Freedom to Speak Up Guardian Role

3.1 As the role of FTSUG has become more established within NHS organisations the National Guardian's Office, together with NHSI, has provided more guidance in relation to the role.

3.2 A revised Job Description was published in March 2018 which sets out the purpose, expectations and outcomes for the role. There is no band/salary assigned to the role.

3.3 Appointments to the role are made locally and should be made fairly, openly and transparently.

3.4 As part of the Engagement Strategy the proposal was to move the FTSUG role to the Chair of Staff Side and to identify additional union stewards to hold FTSU champion roles.

3.5 Taking into consideration national guidelines on appointing to the FTSUG and FTSU champion roles, the proposal has been revised and the roles will be advertised within the Trust based on the national job description.

3.6 The FTSUG role will be advertised first. Time allocation for the role is difficult to determine and there are a number of models across the NHS Trusts. The proposal is to allocate one day to the role initially.

3.7 Once a FTSUG has been appointed the role will be promoted and awareness raised across the organisation.

3.8 The appointment of FTSU champions will be made once the FTSUG appointed has had an opportunity to establish their role.

3.9 To ensure the Trust continues to promote an open and honest culture the anonymous reporting process will be retained and aligned to the Speaking Out Safely Policy to enable opportunities for triangulation with any key themes raised.

3.10 The current Speak Out Safely Policy and Procedure (formerly Whistle Blowing) will be reviewed to ensure it reflects national guidelines and local level structures.

4 Conclusion

The Executive Team are asked to note the current cases raised with the Interim Freedom to Speak Up Guardian and to support the proposed approach to the role moving forward.

Trust Board Meeting – April 2018

NHS Maidstone and Tunbridge Wells NHS Trust

4-19	Summary report from Workforce Committee, 29/03/18	Committee Chair (Non-Exec. Director)

The Workforce Committee met on 29th March 2018.

- **The key matters considered at the meeting were as follows:**
  - The actions from previous meetings were reviewed,
  - A revised risk register was agreed that reflected the range of risks reflected across the workforce portfolio including recruitment, temporary staffing, equality and diversity and learning and development.
  - The committee reviewed the Workforce performance data for the preceding month. The committee were pleased to note the reduction in sickness absence in January. There was a corresponding reduction in the amount of long term absence reflecting the input and engagement of line managers and HR business partners in the management of these cases. The committee also welcomed the first notable reduction in turnover data for a number of months but noted that further work was required given the risks previously noted relating workforce vacancies. The participation of MTW in cohort 3 of the NHSi Retention programme was noted.
  - The committee reviewed the findings of the 2017 National Staff Survey report and in particular noted the key organisational issues and their associated action plans, namely, i) Communication between senior management and staff, ii) medical engagement, iii) job satisfaction with regards resourcing and staffing, iv) the reporting of discrimination, violence and harassment. The findings corresponded closely with those of the LiA Pulse check and the Staff Friends and Family test.
  - The committee reviewed and discussed the draft staff engagement strategy and associated action plan. The committee was satisfied that the strategy captured the key issues facing the trust and that the action plan was comprehensive and robust. The committee noted the changes in guidance about the role of the Freedom to Speak Up guardian that had occurred subsequent to the circulation of the document and subject to changes to reflect the updated national guidance approved the strategy.
  - The committee noted the Trust Gender Pay Gap report and noted the average difference of 25% in hourly pay between male and female staff. This was comparable to other NHS organisations. Particular note was made of the gender difference in terms of bonuses which related to Consultant Excellence awards. It was agreed that further work was required to ensure that all eligible consultants, especially women and those from ethnic minority groups be encouraged and supported to apply. The committee approved the report and its publication as required by legislation.
  - The committee was updated on the plans and progress of the Best Workforce programme and noted the proposals with in relation to the achievement of savings against the potential growth in workforce costs that had been otherwise proposed as well as associated risks.

- **The issues that need to be drawn to the attention of the Board are as follows:**
  a. The report on the 2017 National Staff Survey is attached (Appendix 1, p.2/80)
  b. The Gender Pay Gap report is attached (Appendix 2, p.76/80)

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

WORKFORCE COMMITTEE – January 2018

NHS
Maidstone and Tunbridge Wells NHS Trust

09/03/18 2017 NATIONAL STAFF SURVEY REPORT DIRECTOR OF WORKFORCE

Executive Actions

- Note key themes
- Agree outline action plan (attached)
- Divisions and corporate departments to develop local action plans by the end of March for review in quarterly executive performance meetings

Reason for circulation to Workforce Committee

Results of NHS National Staff Survey 2017

Introduction

The 2017 NHS National Staff Survey ran from 29 September to 1 December 2017 with **1250** staff randomly selected by Quality Health, our survey administrators, to participate. Surveys were completed online and in paper format and all responses have been collated and reports generated by Quality Health.

MTW had a **32.6%** return rate in 2017 (equating to 402 responses) against a National Average of **45.4%** compared to 36% at MTW in 2016. The staff survey was run at a similar time to the LiA survey and asked similar questions. This may have impacted on the overall response rate.

Staff Engagement

Overall staff engagement is **3.80** compared to **3.82** in 2016 which has not changed much and is average compared to other Acute Trusts (**3.79**).

(1 = Poorly engaged staff, 5 = Highly engaged staff)

Top Ranking Scores for 2017
(compared favourably with other acute Trusts in England)

1. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

Trust Score	90%
National average for acute Trusts	85%

2. Percentage of staff agreeing that their roles makes a difference to patients/service users

Trust Score	92%
National average for acute Trusts	90%

3. Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month

Trust Score	28%
National average for acute Trusts	31%

4. Percentage of staff satisfied with the opportunities for flexible working patterns

Trust Score	55%
National average for acute Trusts	51%

5. Percentage of staff appraised in the last 12 months

Trust Score	91%
National average for acute Trusts	86%

Bottom Ranking Scores for 2017
(compared least favourably with other acute Trusts in England)

1. Percentage of staff /colleagues reporting most recent experience of harassment, bullying or abuse

Trust Score	37%
National average for acute Trusts	45%

2. Quality of non-mandatory training, learning or development

Trust Score	3.97
National average for acute Trusts	4.05

3. Percentage of staff experiencing discrimination at work in the last 12 months

Trust Score	16%
National average for acute Trusts	12%

4. Percentage of staff reporting good communication between senior management and staff

Trust Score	28%
National average for acute Trusts	33%

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Trust Score	31%
National average for acute Trusts	28%

Significant Changes and areas of note

A comparison of the data across the years from 2014 to 2017 shows the following statistically significant changes.

- 2016 to 2017 shows a 12% reduction in staff reporting experiences of harassment, bullying or abuse.
- Comparisons of 2015 to 2017 show a reduction in staff satisfaction with resourcing and support and a reduction in staff satisfaction with the quality of work and care they are able to deliver.

Whilst not a statistically significant shift, the number of staff who would recommend the trust as a place to work or receive treatment has dropped to its lowest in four years, albeit still just above the national average for acute trusts.

The medical workforce whilst only making up 10% of the respondents was notable for being the least positive occupational group within the survey for a range of key findings, including recommending the trust as a place to work or receive treatment, ability to contribute towards improvements, communications with senior managers and experiencing harassment and bullying from staff. The majority of medical respondents were consultant staff.

The quality of non-mandatory training is an issue primarily for non-clinical and unqualified staff, admin and clerical in particular

WRES Data

There are some significant changes in WRES data reporting between 2016 and 2017, primarily around the numbers of BME staff experiencing harassment, bullying and abuse from patients and public and experiencing discrimination at work. There was also a significant drop in the % of BME staff feeling that career progression was fair. Overall however BME staff were more positive about the organisation than their white colleagues.

Staff Comments

The Comments Report reinforces the numeric data regarding communication between senior management and staff and the need for more visibility and to feel heard and cared for. Staff feel they are not consulted when changes take place within the Trust e.g. the implementation and effects of Allscripts and electronic notes. Staffing levels are also mentioned.

Conclusions

The low response rate does mean that the data needs to be treated with a degree of caution as it only represents the views of 8% of the trust, however the trust scores remain broadly average when compared with comparable organisations and largely unchanged from 2016.

Whilst there are only 2 statistically significant changes for the worse it is also clear that the first six months of the Listening into Action programme did not make a sufficient impression on the workforce to convince them that there was a long term change in organisational culture. This can be seen from the overall staff engagement score and the responses to the quality of communication with senior management. The pressures and impact of decisions taken by the trust as a result of Financial Special Measures can also be seen within the survey data.

The key organisational issues arising from the survey are

- Communication between senior management and staff
- Medical Engagement
- Job satisfaction, primarily around resourcing and support
- Reporting of Discrimination, bullying, harassment & violence

The issues regarding engagement, resourcing and medical engagement are already understood. The Listening into Action programme, staff engagement strategy and medical engagement plan will address all of these areas. The Best Care programme will also assist with the above.

Additional work is required to improve reporting of incidents of discrimination, bullying and harassment, particularly from patients, relatives and members of the public and ensure that staff are aware of the support that is available to them in such circumstances.

Executive Actions

i) Note key themes
ii) Agree outline action plan (attached)
iii) Divisions and corporate departments to develop local action plans by the end of March for review in quarterly executive performance meetings

2014 – 2017 DATA COMPARISON

Appraisals and Support for Development

Percentage of staff appraised in last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	**96%**	**94%**	**94%**	**91%**
National Average	**85%**	**86%**	**87%**	**86%**

Percentage of staff having well structured appraisals in the last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	**47%**	3.14	3.17	3.14
National Average	**38%**	3.05	3.11	3.11

Quality of non-mandatory training, learning or development				
	2014	**2015**	**2016**	**2017**
Trust Score		4.02	3.97	3.97
National Average		4.03	4.05	4.05

Percentage of staff receiving job relevant training, learning or development in the last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	**84%**			
National Average	**81%**			

Percentage of staff having equality and diversity training in the last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	**56%**			
National Average	**63%**			

Percentage of staff receiving health and safety training in the last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	76%			
National Average	77%			

Demographics	**Appraisal**	**Quality of appraisal**	**Quality of non-mand training**
Men	88%	2.97	3.91
Women	91%	3.16	3.96
Disabled	86%	2.75	3.84
Non-Disabled	92%	3.16	3.96
White	90%	2.95	3.91
BME	93%	3.92	4.08

Equality & Diversity

Percentage of staff experiencing discrimination at work in the last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	11%	**12%**	13%	**16%**
National Average	11%	**10%**	11%	**12%**

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion				
	2014	**2015**	**2016**	**2017**
Trust Score	87%	86%	**90%**	**90%**
National Average	87%	87%	**87%**	**85%**

Demographics	**Discrimination**	**Career progression**
Men	16%	86%
Women	15%	90%
Disabled	23%	74%
Non-Disabled	12%	92%
White	13%	91%
BME	30%	78%

Errors & Incidents

Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month				
	2014	**2015**	**2016**	**2017**
Trust Score	30%	**25%**	31%	**28%**
National Average	34%	**31%**	31%	**31%**

Percentage of staff reporting errors, near misses or incidences witnessed in the last month				
	2014	**2015**	**2016**	**2017**
Trust Score	**87%**	92%	91%	90%
National Average	**90%**	90%	90%	90%

Fairness and effectiveness of incident reporting procedures				
	2014	**2015**	**2016**	**2017**
Trust Score	3.56	3.68	3.74	3.74
National Average	3.54	3.70	3.72	3.73

Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice				
	2014	**2015**	**2016**	**2017**
Trust Score	65%	3.61	3.70	3.62
National Average	67%	3.62	3.65	3.65

Demographics	**Witnessing errors/near misses**	**Reporting errors**	**Fairness of procedure for reporting**	**Confidence in reporting unsafe practice**
Men	24%	88%	3.59	3.42
Women	27%	89%	3.79	3.66
Disabled	25%	90%	3.57	3.50
Non-Disabled	27%	89%	3.78	3.62
White	27%	89%	3.72	3.60
BME	16%	-	3.79	3.60

Health and Wellbeing

Percentage of staff suffering work-related stress in the last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	36%	37%	38%	35%
National Average	37%	36%	35%	36%

Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell *(this included under pressure from manager, colleagues or themselves from 2016)*				
	2014	**2015**	**2016**	**2017**
Trust Score	**22%**	**52%**	53%	52%
National Average	**26%**	**59%**	56%	52%

Organisation and management interest in and action on health and wellbeing				
	2014	**2015**	**2016**	**2017**
Trust Score		3.53	3.51	3.55
National Average		3.57	3.61	3.62

Demographics	**Work related stress**	**Attending work whilst unwell**	**Organisation interest in health and wellbeing**
Men	33%	45%	3.36
Women	33%	52%	3.60
Disabled	46%	66%	3.48
Non-Disabled	31%	46%	3.55
White	35%	51%	3.49
BME	23%	47%	3.75

Working Patterns

Percentage of staff satisfied with the opportunities for flexible working patterns				
	2014	**2015**	**2016**	**2017**
Trust Score		52%	52%	**55%**
National Average		49%	51%	**51%**

Percentage of staff working extra hours				
	2014	**2015**	**2016**	**2017**
Trust Score	**76%**	**75%**	**75%**	72%
National Average	**71%**	**72%**	**72%**	72%

Demographics	**Flexible working**	**Working extra hours**
Men	45%	81%
Women	58%	69%
Disabled	45%	68%
Non-Disabled	57%	73%
White	54%	72%
BME	52%	72%

Job Satisfaction

Staff recommendation of the Trust as a place to work or receive treatment				
	2014	**2015**	**2016**	**2017**
Trust Score	3.81	3.85	3.85	3.78
National Average	3.67	3.76	3.76	3.75

Staff motivation at work				
	2014	**2015**	**2016**	**2017**
Trust Score	3.89	3.99	3.94	3.91
National Average	3.86	3.94	3.94	3.92

Percentage of staff able to contribute towards improvements at work				
	2014	**2015**	**2016**	**2017**
Trust Score	69%	69%	70%	69%
National Average	68%	69%	70%	70%

Staff satisfaction with the level of responsibility and involvement				
	2014	**2015**	**2016**	**2017**
Trust Score	3.63	3.92	3.91	3.92
National Average	3.60	3.91	3.92	3.91

Effective team working				
	2014	**2015**	**2016**	**2017**
Trust Score	3.79	3.78	3.73	3.73
National Average	3.74	3.73	3.75	3.72

Staff satisfaction with resourcing and support				
	2014	**2015**	**2016**	**2017**
Trust Score		3.38	3.29	3.21
National Average		3.30	3.33	3.31

Demographics	**Recommend place to work/ treatment**	**Motivation**	**Contribute to improve-ments**	**Responsibility**	**Team work**	**Resources**
Men	3.64	3.85	67%	3.82	3.57	3.19
Women	3.81	3.94	68%	3.94	3.76	3.23
Disabled	3.70	3.81	58%	3.78	3.56	3.09
Non-Disabled	3.77	3.93	70%	3.94	3.74	3.24
White	3.71	3.84	67%	3.89	3.68	3.16
BME	4.01	4.28	72%	3.96	3.82	3.52

Managers

Recognition and value of staff by managers and the organisation				
	2014	**2015**	**2016**	**2017**
Trust Score		3.41	3.42	3.43
National Average		3.42	3.45	3.45

Percentage of staff reporting good communication between senior management and staff				
	2014	**2015**	**2016**	**2017**
Trust Score	32%	**30%**	30%	**28%**
National Average	30%	**32%**	33%	**33%**

Support from immediate managers				
	2014	**2015**	**2016**	**2017**
Trust Score	3.66	3.68	3.69	3.70
National Average	3.65	3.69	3.73	3.74

Demographics	**Recognition**	**Good comms**	**Support from managers**
Men	3.35	27%	3.53
Women	3.45	27%	3.74
Disabled	3.33	20%	3.70
Non-Disabled	3.44	29%	3.68
White	3.38	24%	3.66
BME	3.60	42%	3.83

Patient Care and Experience

Work pressure felt by staff				
	2014	**2015**	**2016**	**2017**
Trust Score	3.00			
National Average	3.07			

Staff satisfaction with the quality of work and patient care they are able to deliver				
	2014	2015	2016	**2017**
Trust Score	79%	**4.05**	**3.90**	3.85
National Average	77%	**3.93**	**3.96**	3.91

Percentage of staff agreeing that their role makes a difference to patients/service users				
	2014	**2015**	**2016**	**2017**
Trust Score	90%	**94%**	91%	**92%**
National Average	91%	**90%**	90%	**90%**

Effective use of patient/service user feedback				
	2014	**2015**	**2016**	**2017**
Trust Score	**66%**	3.69	3.79	3.71
National Average	**56%**	3.70	3.72	3.71

Demographics	**Quality of work**	**Making a difference**	**Use of patient feedback**
Men	3.83	93%	3.48
Women	3.88	91%	3.75
Disabled	3.80	85%	3.63
Non-Disabled	3.88	93%	3.71
White	3.79	91%	3.64
BME	4.19	95%	3.90

Violence, Harassment and Bullying

Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	14%	13%	**13%**	16%
National Average	14%	14%	**15%**	15%

Percentage of staff experiencing physical violence from staff in the last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	**4%**	1%	2%	2%
National Average	**3%**	2%	2%	2%

Percentage of staff/colleagues reporting most recent experience of violence				
	2014	**2015**	**2016**	**2017**
Trust Score		54%	59%	70%
National Average		53%	67%	66%

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	29%	**30%**	**30%**	**31%**
National Average	29%	**28%**	**27%**	**28%**

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months				
	2014	**2015**	**2016**	**2017**
Trust Score	23%	22%	25%	26%
National Average	23%	26%	25%	25%

Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse				
	2014	**2015**	**2016**	**2017**
Trust Score		37%	49%	37%
National Average		37%	45%	45%

Demographics	**Exp violence from pts**	**Exp violence from staff**	**Reporting violence**	**Exp bullying from pts**	**Exp bullying from staff**	**Reporting bullying**
Men	11%	1%	-	25%	24%	34%
Women	16%	3%	75%	30%	26%	38%
Disabled	20%	5%	73%	31%	32%	38%
Non-Disabled	13%	1%	65%	27%	24%	35%
White	13%	2%	65%	27%	26%	38%
BME	18%	3%	-	31%	25%	26%

Workforce Race Equality Standard (WRES)

		MTW in 2017	**Average for acute Trusts**	**MTW in 2016**
Percentage of staff experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months	White	37%	27%	32%
	BME	31%	28%	22%

Percentage of staff experiencing bullying, harassment or abuse from staff in the last 12 months	White	26%	25%	25%
	BME	25%	27%	21%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	91%	87%	89%
	BME	78%	75%	91%
In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleague?	White	8%	7%	7%
	BME	18%	15%	5%

Breakdown of responses

Gender	
Men	105
Women	280
Prefer to self-describe	1
Prefer not to say	9
Disabled	81
Not disabled	301
White	329
BME	61

2017 National NHS staff survey

Results from Maidstone And Tunbridge Wells NHS Trust

Table of Contents

1. Introduction to this report

This report presents the findings of the 2017 national NHS staff survey conducted in Maidstone And Tunbridge Wells NHS Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3, 4, 6 and 7 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

In section 5 of this report, the data required for the Workforce Race Equality Standard (WRES) is presented.

These sections of the report have been structured thematically so that Key Findings are grouped appropriately. There are nine themes within this report:

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

Please note, two Key Findings have had their calculation changed and there have been minor changes to the benchmarking groups for social enterprises since last year. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions

- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

Responses to the individual survey questions can be found in Appendix 3 of this report, along with details of which survey questions were used to calculate the Key Findings.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

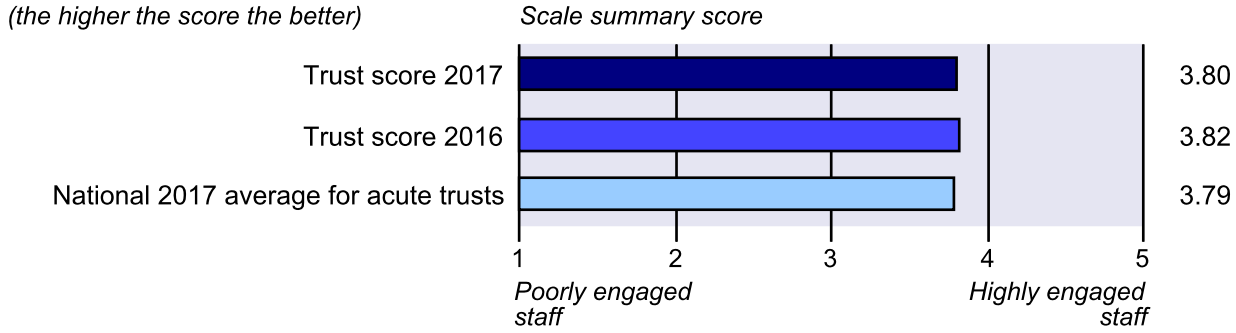
Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

		Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
Q21a	"Care of patients / service users is my organisation's top priority"	76%	76%	79%
Q21b	"My organisation acts on concerns raised by patients / service users"	70%	73%	75%
Q21c	"I would recommend my organisation as a place to work"	62%	61%	63%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	71%	71%	75%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.75	3.76	3.84

2. Overall indicator of staff engagement for Maidstone And Tunbridge Wells NHS Trust

The figure below shows how Maidstone And Tunbridge Wells NHS Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.80 was average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how Maidstone And Tunbridge Wells NHS Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a significant change since the 2016 survey.

	Change since 2016 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	• No change	• Average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)*	• No change	• Average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	• Average
KF7. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	! Below (worse than) average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

3. Summary of 2017 Key Findings for Maidstone And Tunbridge Wells NHS Trust

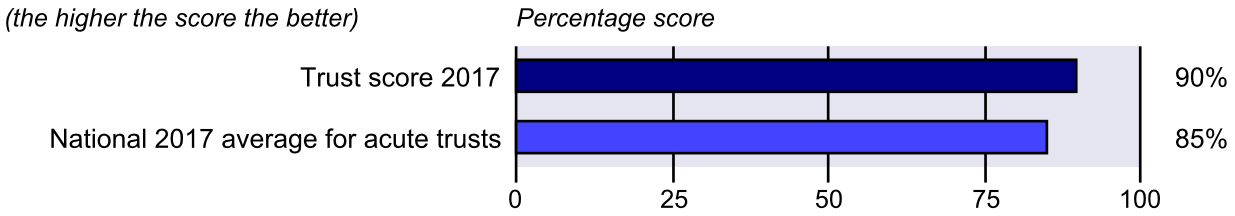
3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which Maidstone And Tunbridge Wells NHS Trust compares most favourably with other acute trusts in England.

TOP FIVE RANKING SCORES

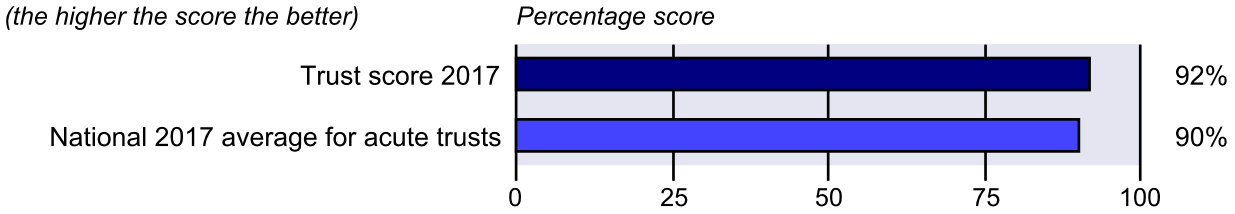
✓KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



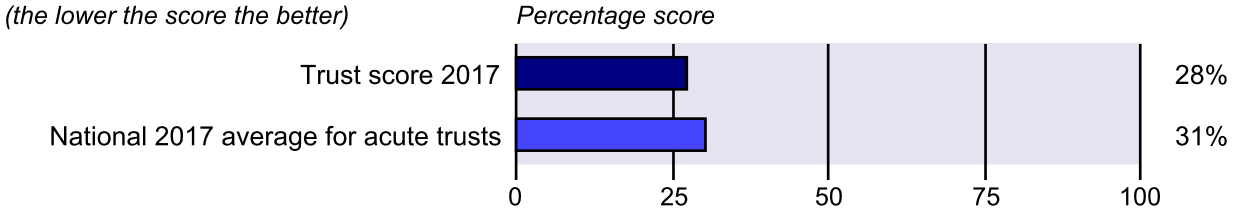
✓KF3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



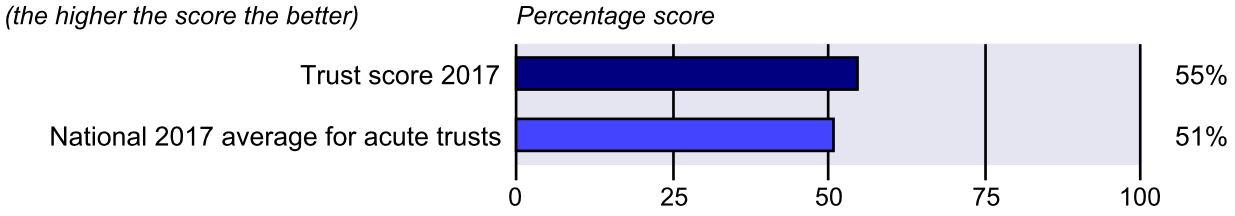
✓KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



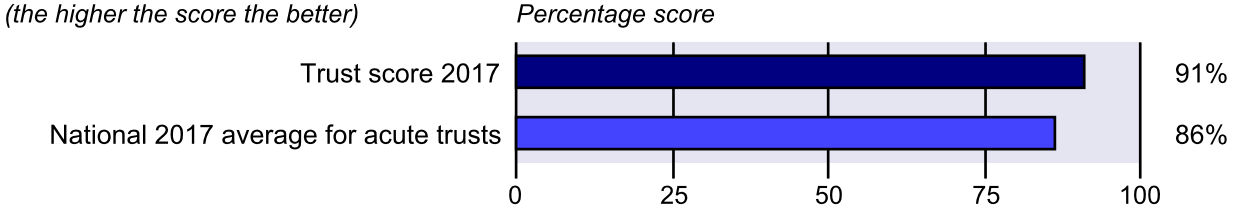
✓KF15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



✓KF11. Percentage of staff appraised in last 12 months

(the higher the score the better)



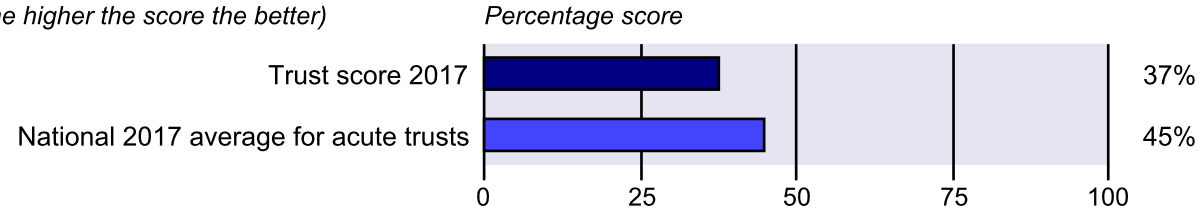
For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 93 (the bottom ranking score). Maidstone And Tunbridge Wells NHS Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document ***Making sense of your staff survey data***.

This page highlights the five Key Findings for which Maidstone And Tunbridge Wells NHS Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

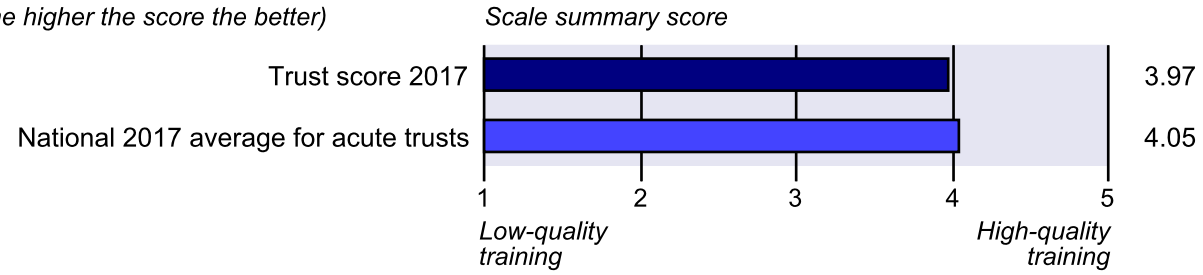
! KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



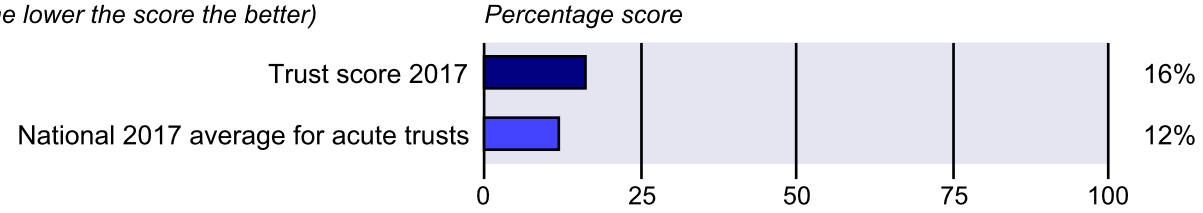
! KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



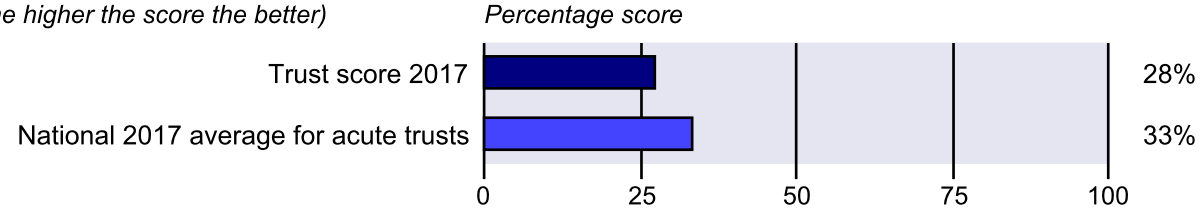
! KF20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



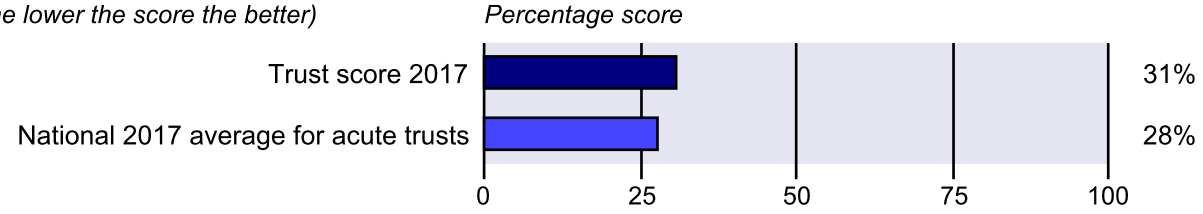
! KF6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



! KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 93 (the bottom ranking score). Maidstone And Tunbridge Wells NHS Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 93. Further details about this can be found in the document ***Making sense of your staff survey data***.

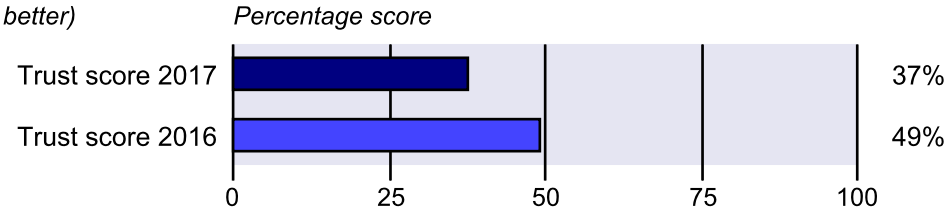
3.2 Largest Local Changes since the 2016 Survey

This page highlights the Key Finding that has deteriorated at Maidstone And Tunbridge Wells NHS Trust since the 2016 survey. It is suggested that this might be seen as a starting point for local action to improve as an employer.

WHERE STAFF EXPERIENCE HAS DETERIORATED

! KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



Because the Key Findings vary considerably in terms of subject matter and format (e.g. some are percentage scores, others are scale scores), a straightforward comparison of score changes is not the appropriate way to establish which Key Findings have deteriorated the most. Rather, the extent of 2016-2017 change for each Key Finding has been measured in relation to the national variation for that Key Finding. Further details about this can be found in the document ***Making sense of your staff survey data***.

3.3. Summary of all Key Findings for Maidstone And Tunbridge Wells NHS Trust

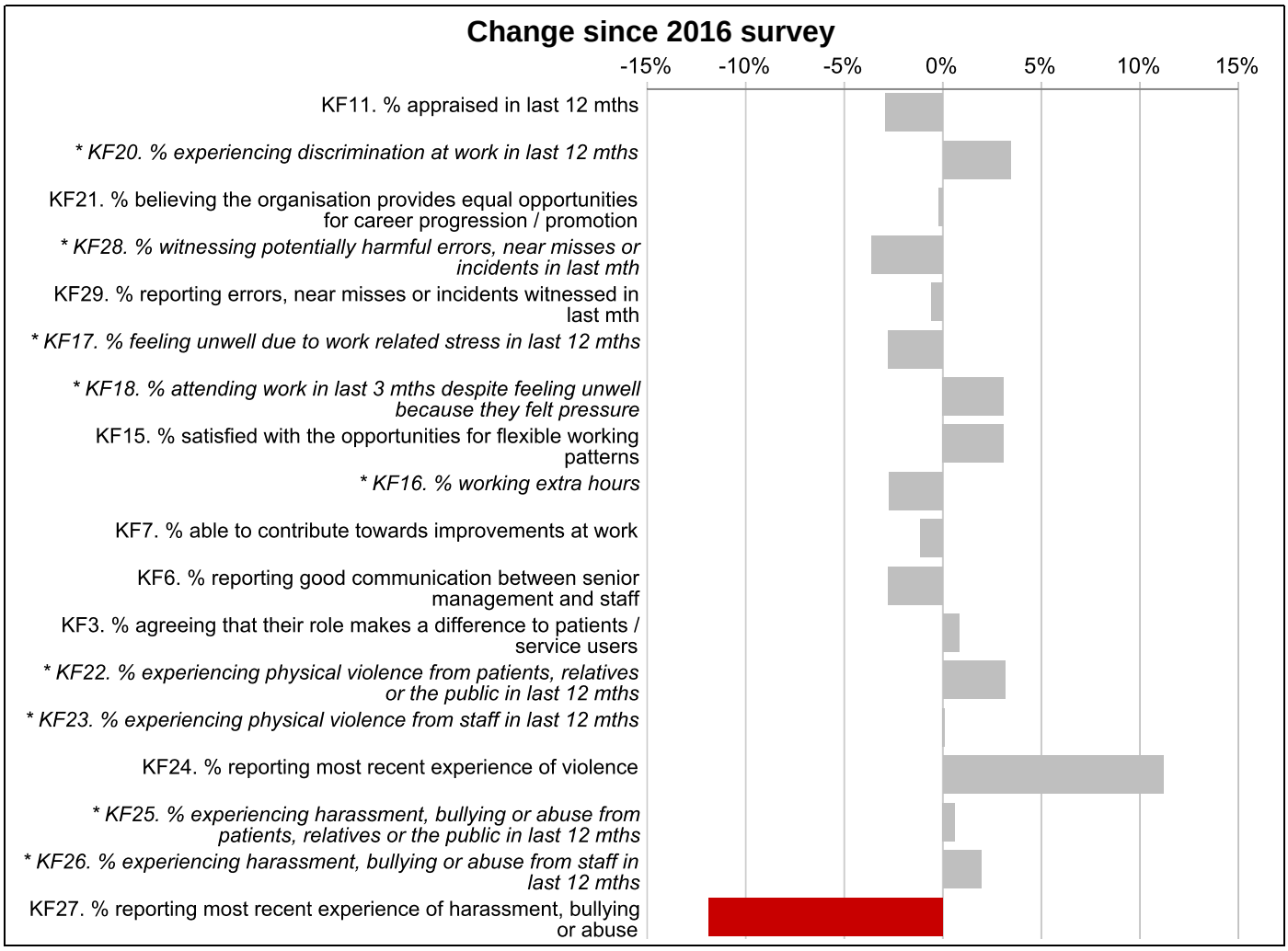
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2016 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2016 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2016 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



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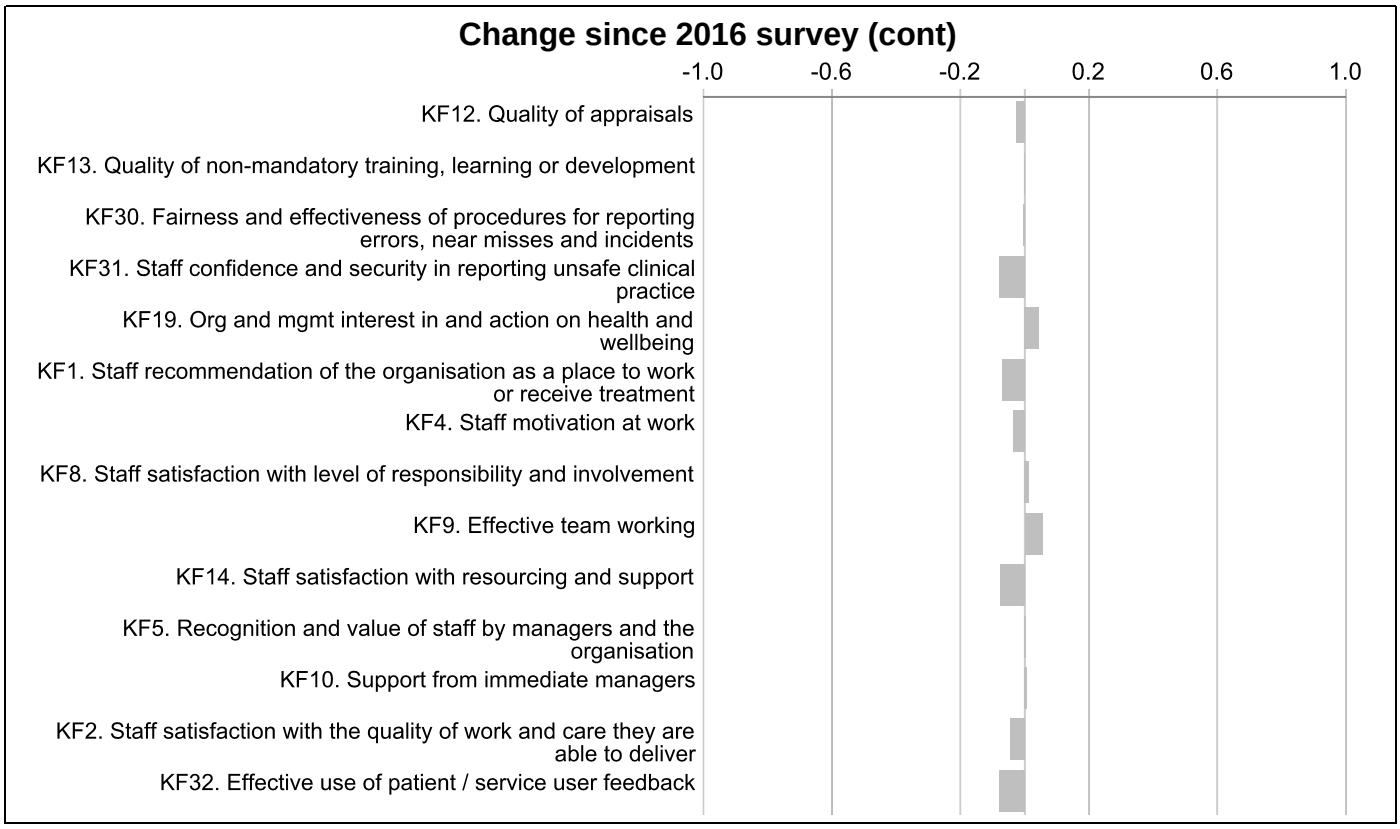


3.3. Summary of all Key Findings for Maidstone And Tunbridge Wells NHS Trust

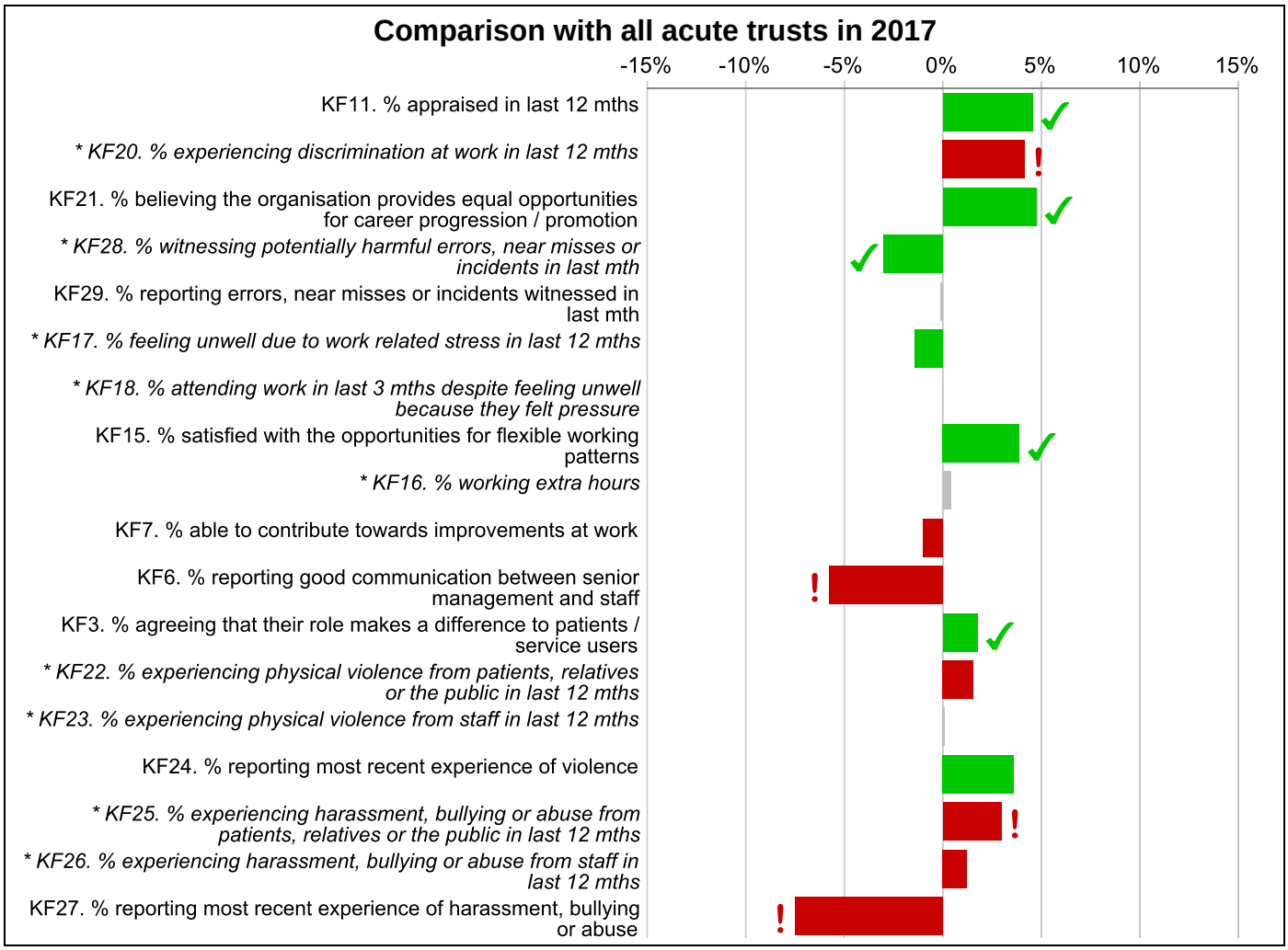
KEY

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, i.e. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for Maidstone And Tunbridge Wells NHS Trust

KEY

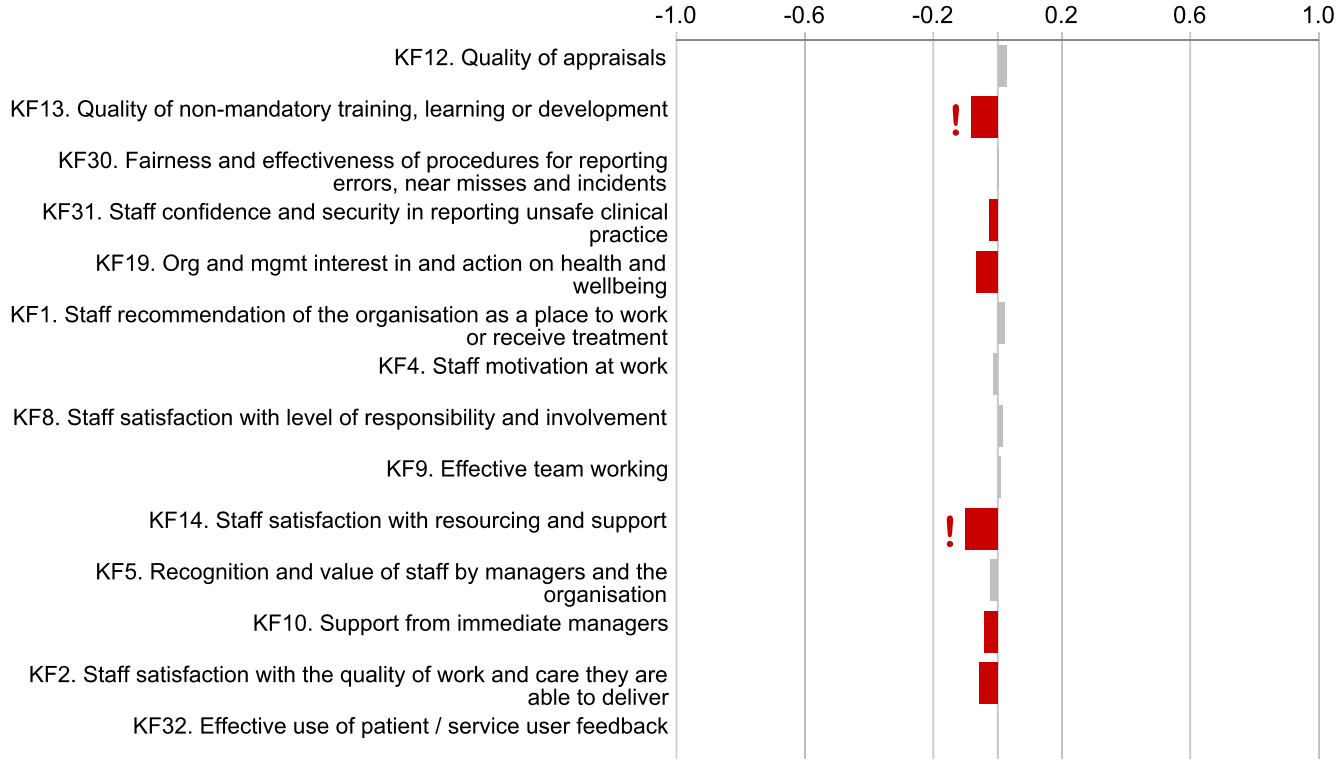
Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, i.e. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all acute trusts in 2017 (cont)



3.4. Summary of all Key Findings for Maidstone And Tunbridge Wells NHS Trust

KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2016.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2016.

'Change since 2016 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2016 survey.

-- No comparison to the 2016 data is possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2016 survey	Ranking, compared with all acute trusts in 2017
Appraisals & support for development		
KF11. % appraised in last 12 mths	• No change	✓ Highest (best) 20%
KF12. Quality of appraisals	• No change	• Average
KF13. Quality of non-mandatory training, learning or development	• No change	! Lowest (worst) 20%
Equality & diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	• No change	! Highest (worst) 20%
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	✓ Highest (best) 20%
Errors & incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	✓ Lowest (best) 20%
KF29. % reporting errors, near misses or incidents witnessed in last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	• Average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	! Below (worse than) average
Health and wellbeing		
* *KF17. % feeling unwell due to work related stress in last 12 mths*	• No change	✓ Below (better than) average
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	• No change	• Average
KF19. Org and mgmt interest in and action on health and wellbeing	• No change	! Below (worse than) average
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	• No change	✓ Highest (best) 20%
* *KF16. % working extra hours*	• No change	• Average

3.4. Summary of all Key Findings for Maidstone And Tunbridge Wells NHS Trust (cont)

	Change since 2016 survey	Ranking, compared with all acute trusts in 2017
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	• Average
KF4. Staff motivation at work	• No change	• Average
KF7. % able to contribute towards improvements at work	• No change	! Below (worse than) average
KF8. Staff satisfaction with level of responsibility and involvement	• No change	• Average
KF9. Effective team working	• No change	• Average
KF14. Staff satisfaction with resourcing and support	• No change	! Lowest (worst) 20%
Managers		
KF5. Recognition and value of staff by managers and the organisation	• No change	• Average
KF6. % reporting good communication between senior management and staff	• No change	! Lowest (worst) 20%
KF10. Support from immediate managers	• No change	! Below (worse than) average
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	! Below (worse than) average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	✓ Highest (best) 20%
KF32. Effective use of patient / service user feedback	• No change	• Average
Violence, harassment & bullying		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF23. % experiencing physical violence from staff in last 12 mths*	• No change	• Average
KF24. % reporting most recent experience of violence	• No change	✓ Above (better than) average
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	! Highest (worst) 20%
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	! Above (worse than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	! Decrease (worse than 16)	! Lowest (worst) 20%

4. Key Findings for Maidstone And Tunbridge Wells NHS Trust

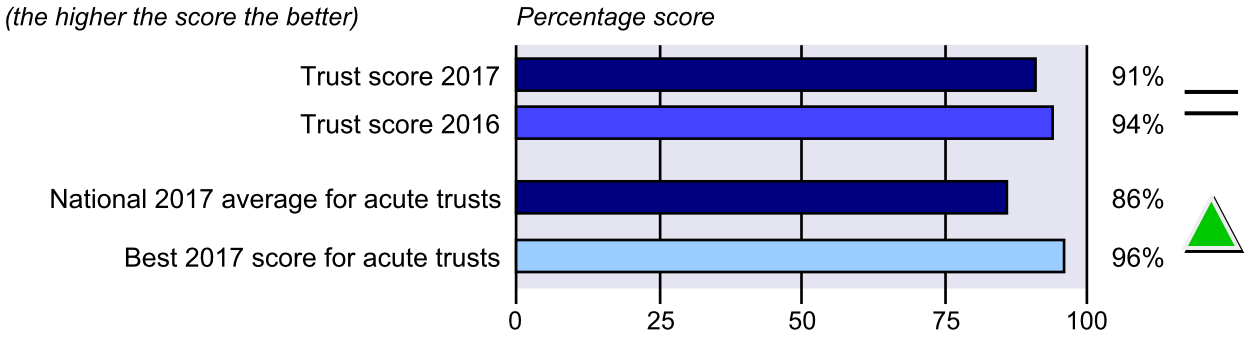
Maidstone And Tunbridge Wells NHS Trust had 402 staff take part in this survey. This is a response rate of 33%[1] which is in the lowest 20% of acute trusts in England (44%), and compares with a response rate of 36% in this trust in the 2016 survey.

This section presents each of the 32 Key Findings, using data from the trust's 2017 survey, and compares these to other acute trusts in England and to the trust's performance in the 2016 survey. The findings are arranged under nine themes: appraisals and support for development, equality and diversity, errors and incidents, health and wellbeing, working patterns, job satisfaction, managers, patient care and experience , and violence, harassment and bullying.

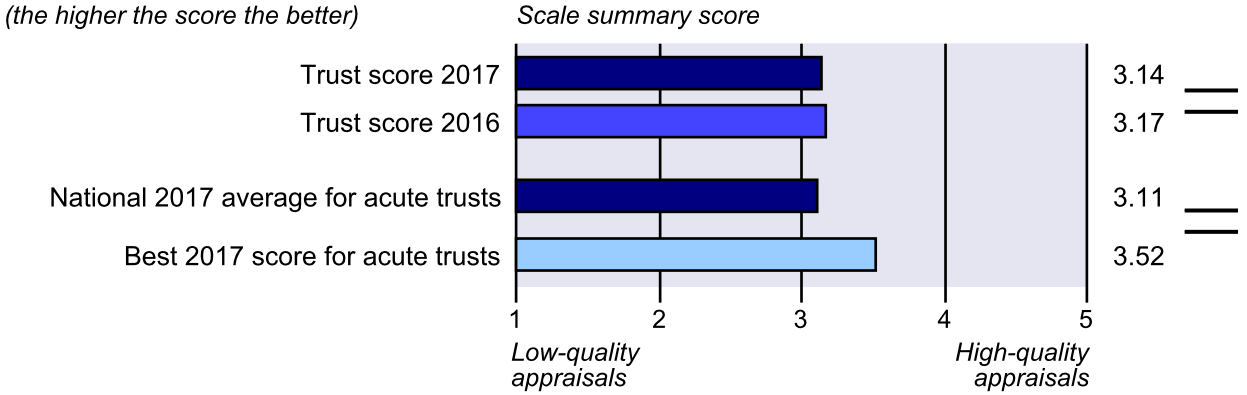
Positive findings are indicated with a green arrow (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2016). Negative findings are highlighted with a red arrow (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2016). An equals sign indicates that there has been no change.

Appraisals & support for development

KEY FINDING 11. Percentage of staff appraised in last 12 months



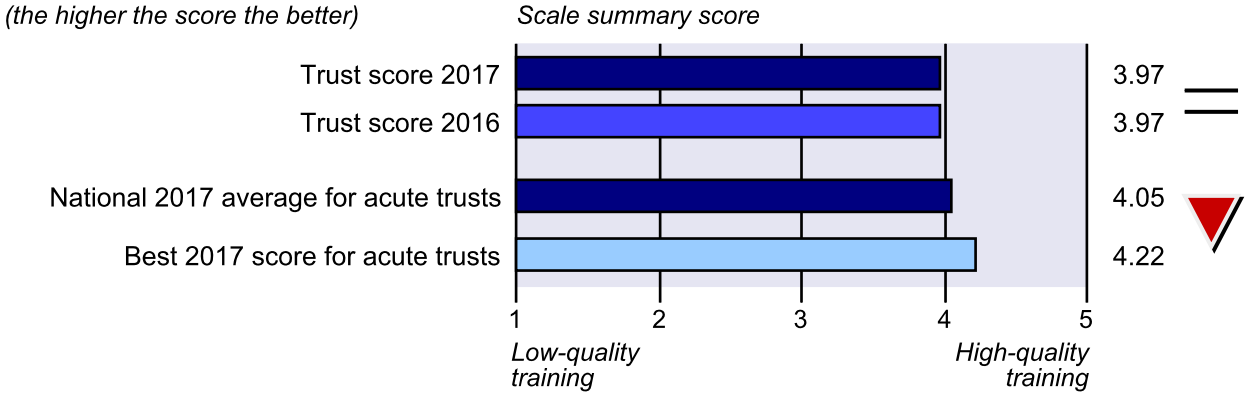
KEY FINDING 12. Quality of appraisals



[1]At the time of sampling, 6049 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 1233 staff. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

KEY FINDING 13. Quality of non-mandatory training, learning or development

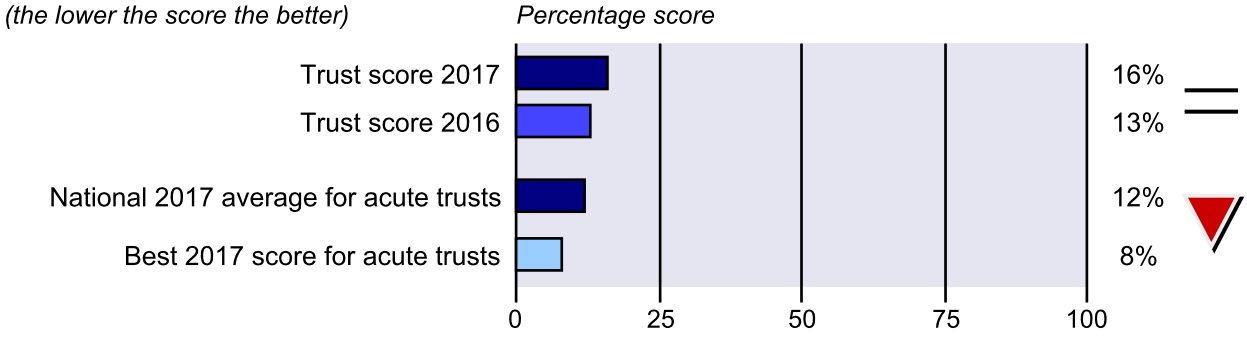
(the higher the score the better)



Equality & diversity

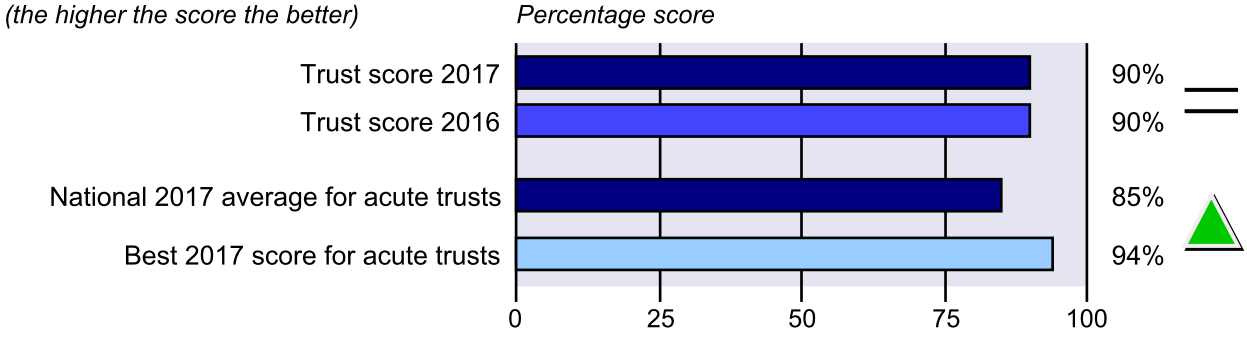
KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

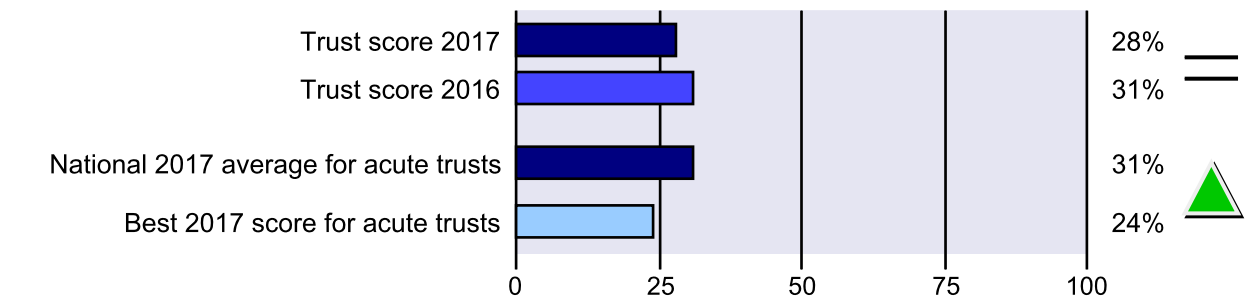
(the higher the score the better)



Errors & incidents

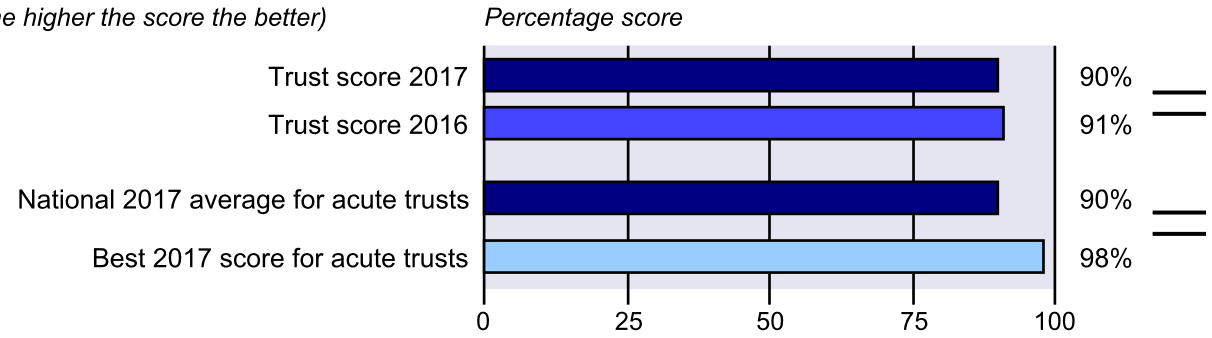
KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



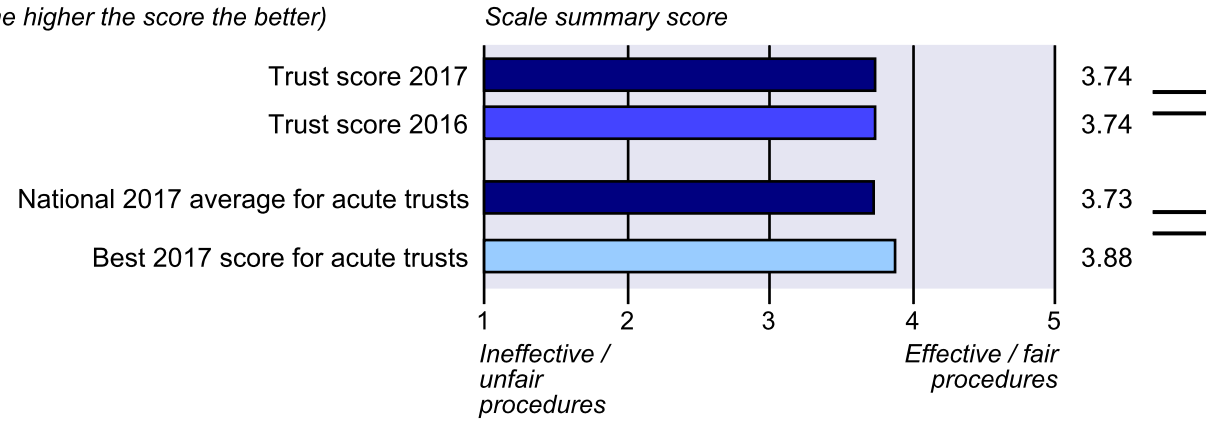
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



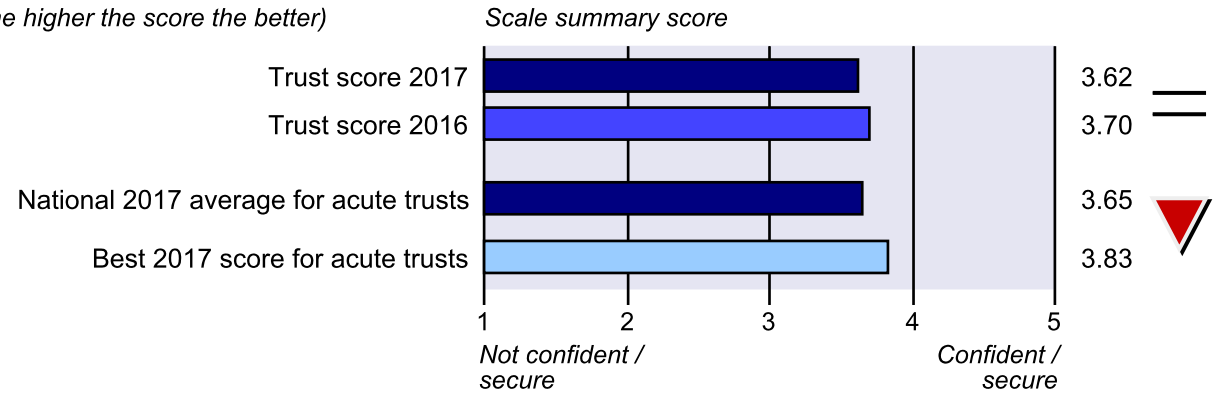
KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)



KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice

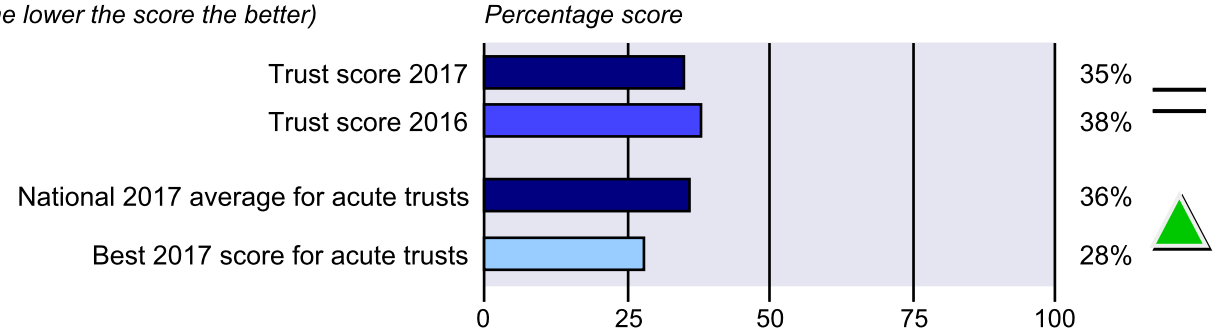
(the higher the score the better)



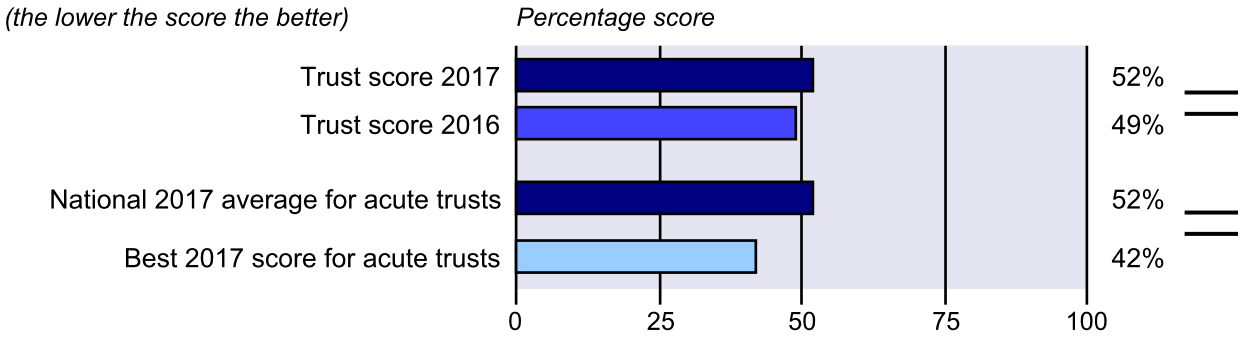
Health and wellbeing

KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

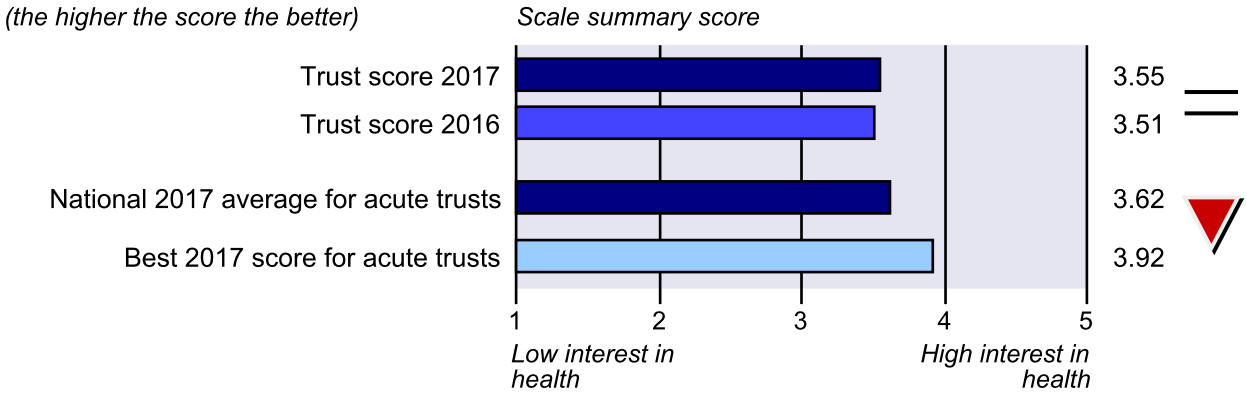
(the lower the score the better)



KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

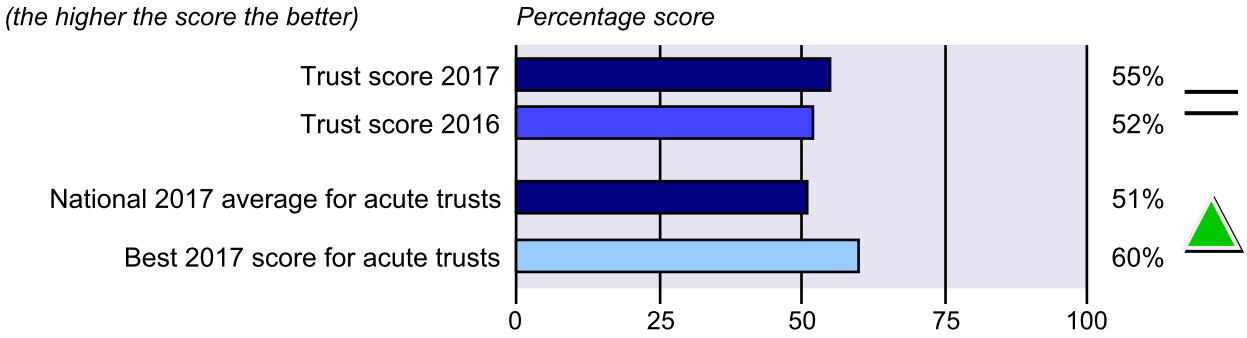


KEY FINDING 19. Organisation and management interest in and action on health and wellbeing

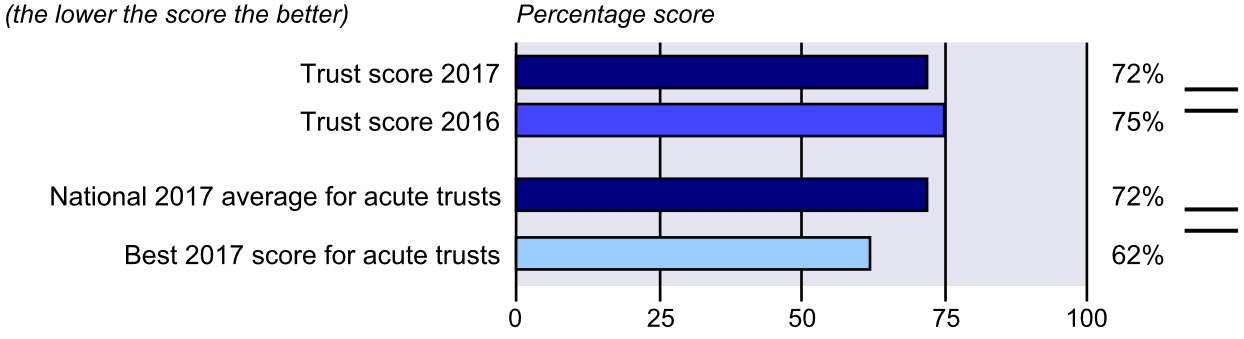


Working patterns

KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns



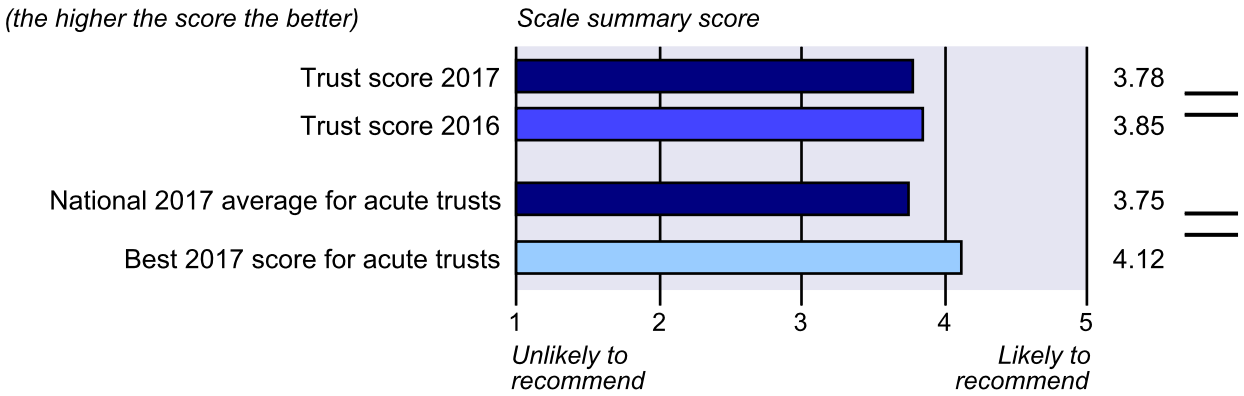
KEY FINDING 16. Percentage of staff working extra hours



Job satisfaction

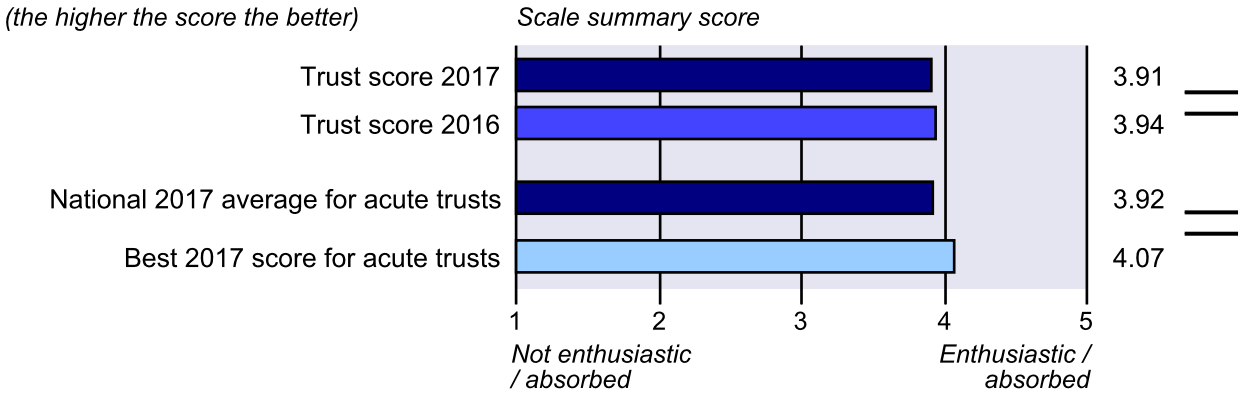
KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)



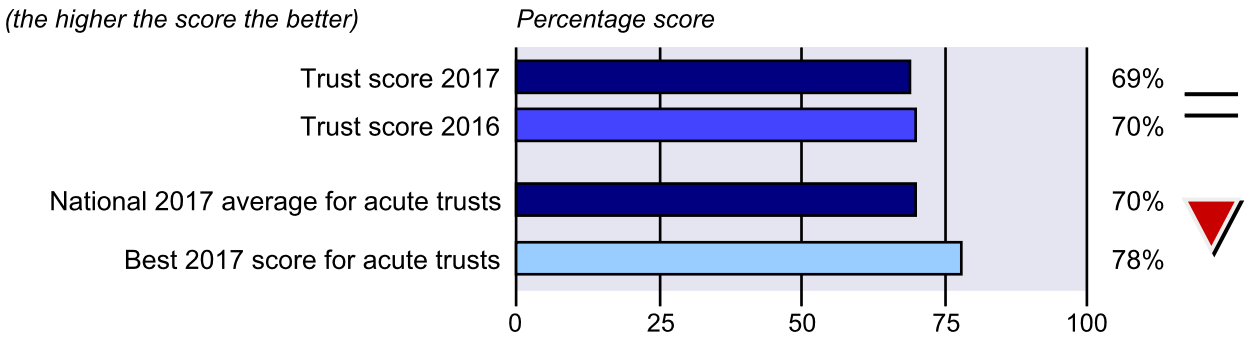
KEY FINDING 4. Staff motivation at work

(the higher the score the better)



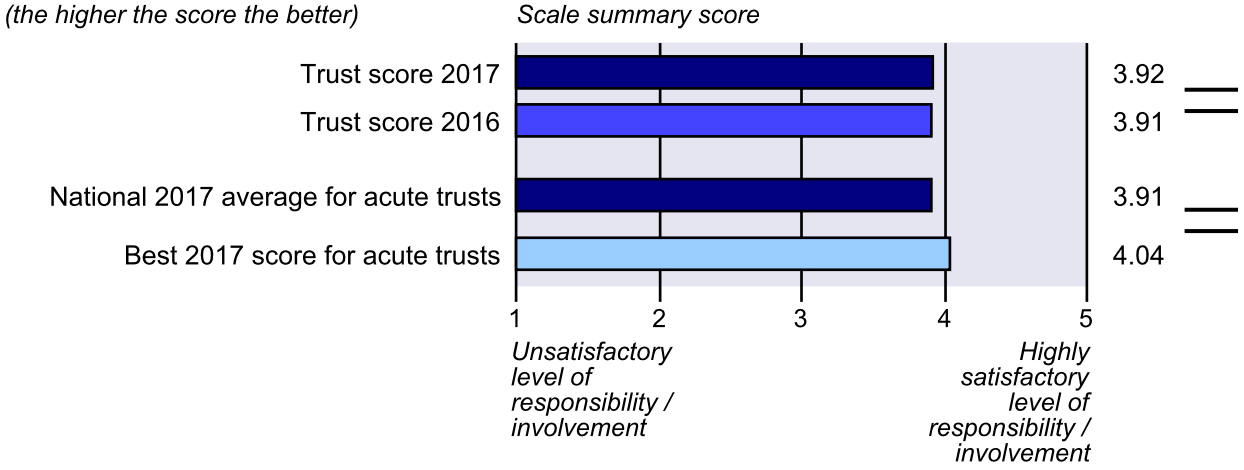
KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



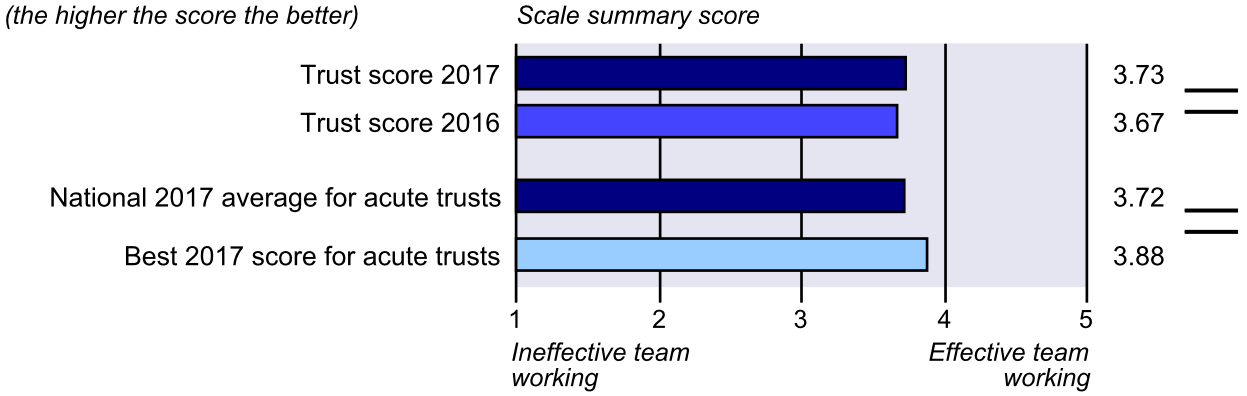
KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



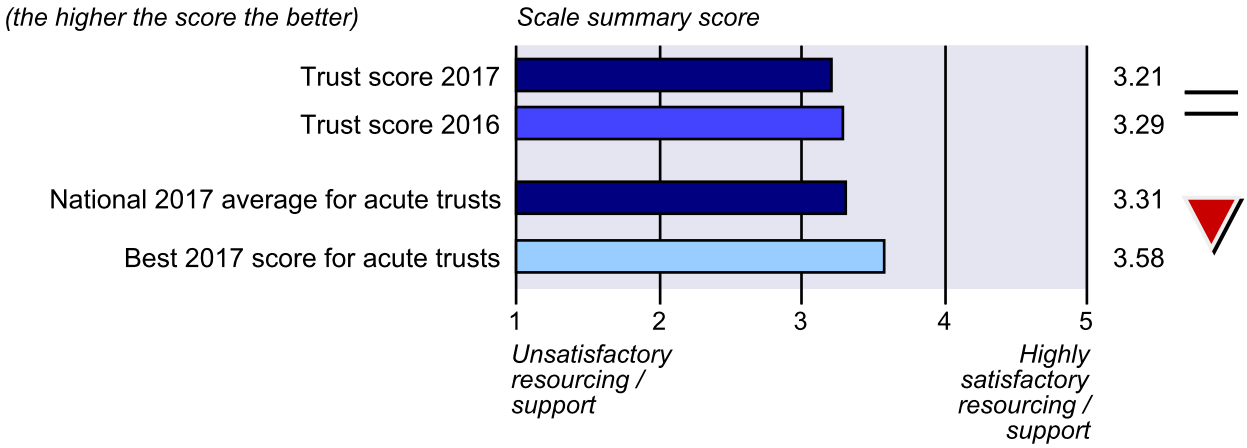
KEY FINDING 9. Effective team working

(the higher the score the better)



KEY FINDING 14. Staff satisfaction with resourcing and support

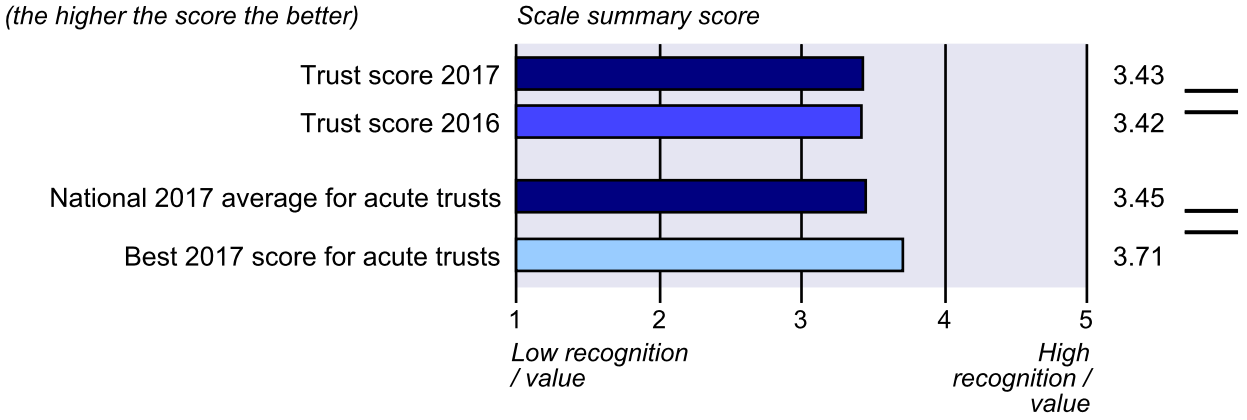
(the higher the score the better)



Managers

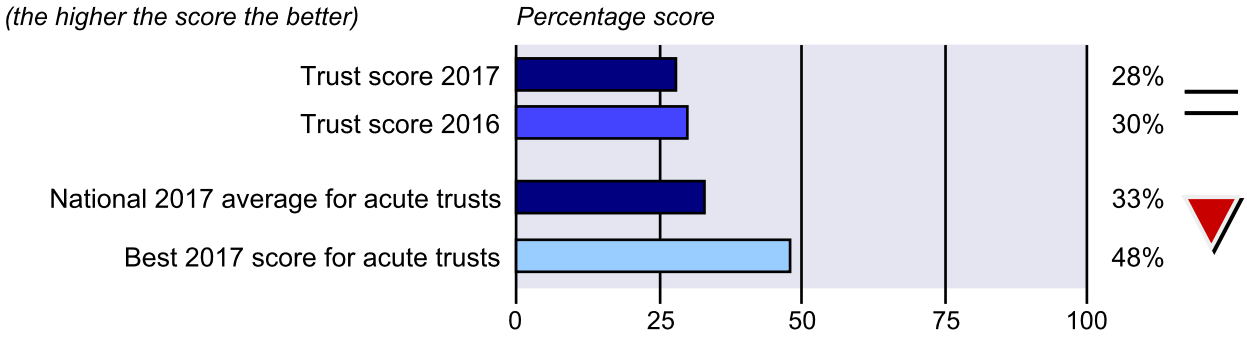
KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)



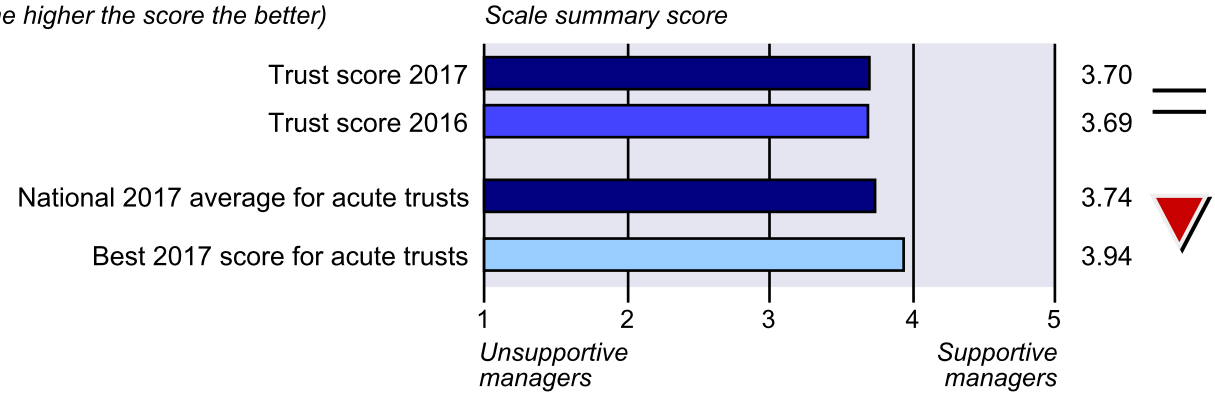
KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



KEY FINDING 10. Support from immediate managers

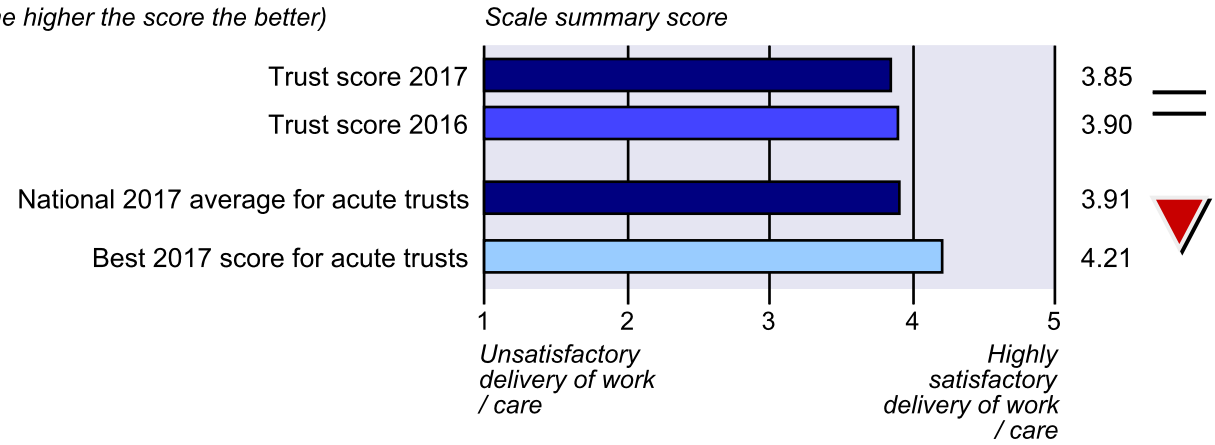
(the higher the score the better)



Patient care & experience

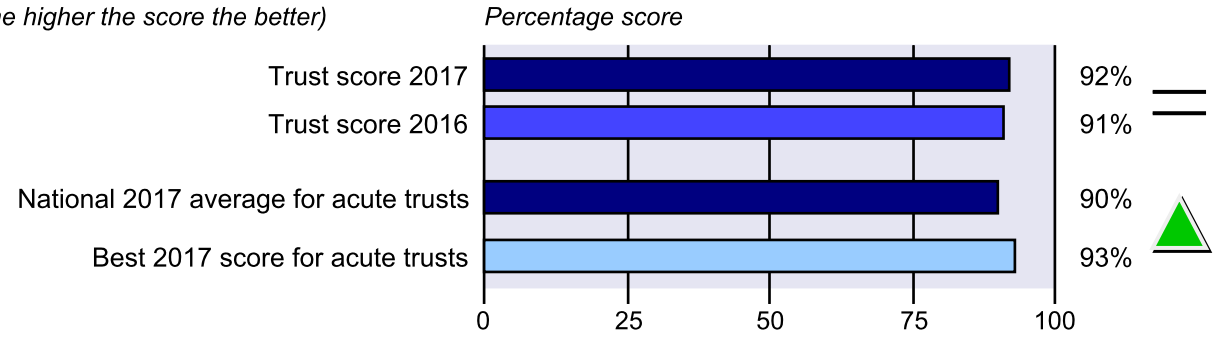
KEY FINDING 2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



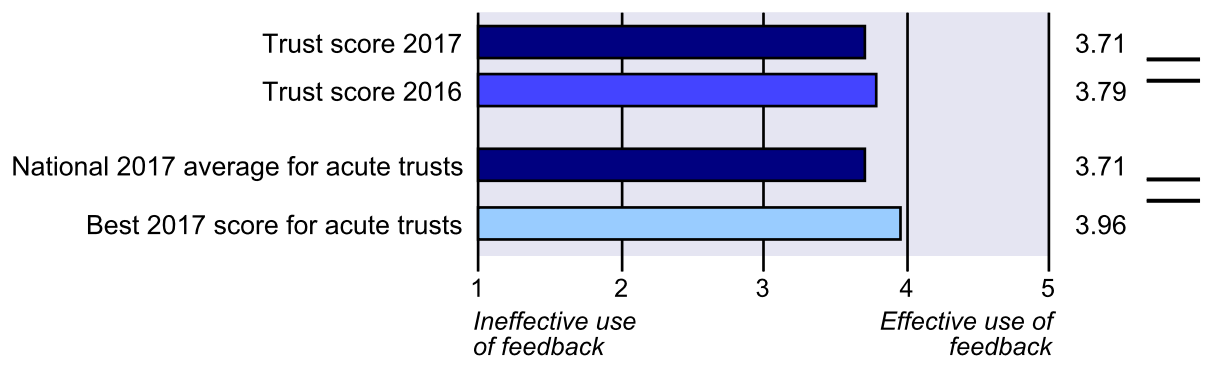
KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



KEY FINDING 32. Effective use of patient / service user feedback

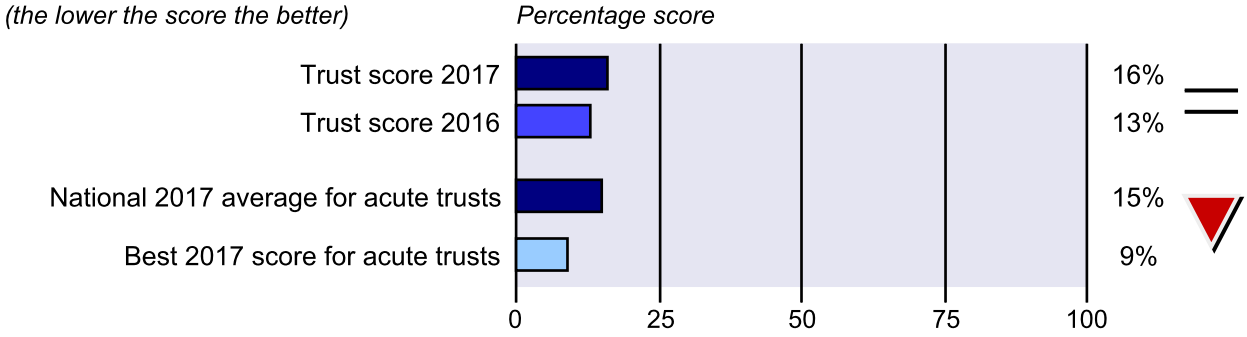
(the higher the score the better)



Violence, harassment & bullying

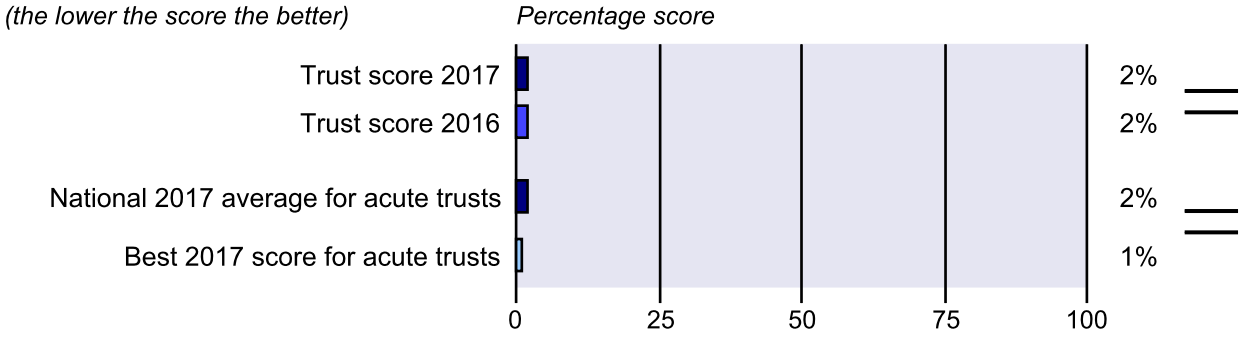
KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



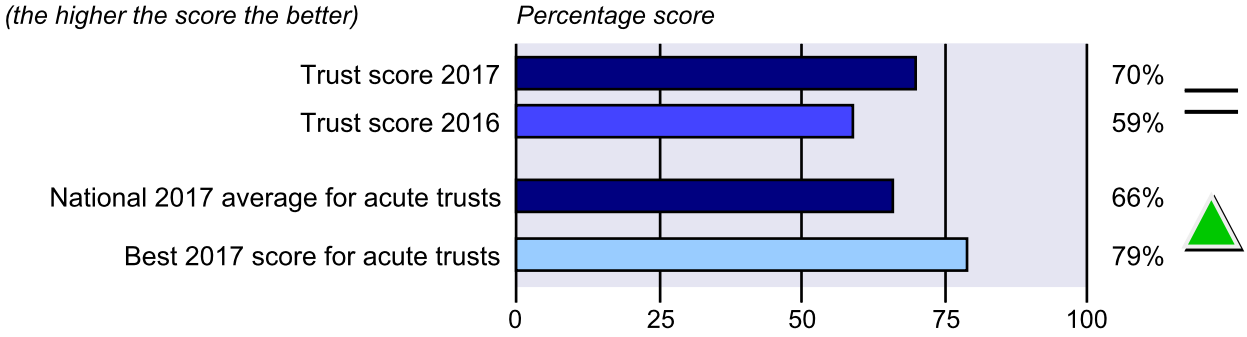
KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



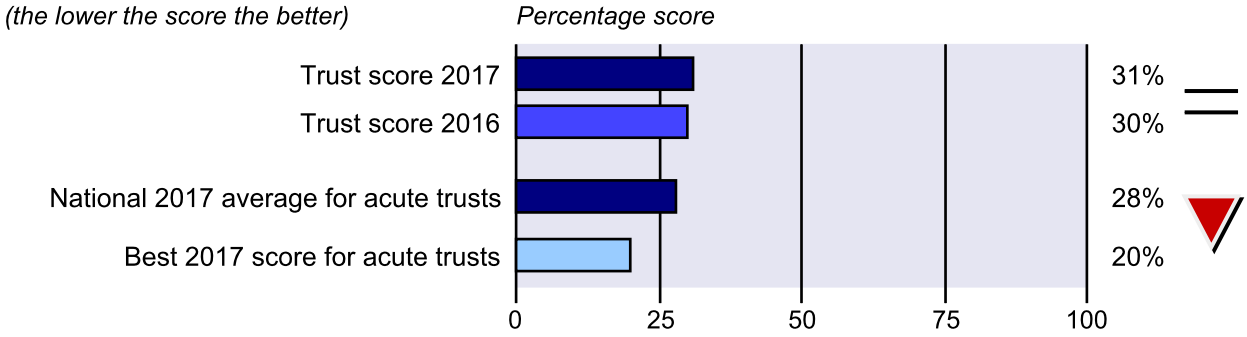
KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



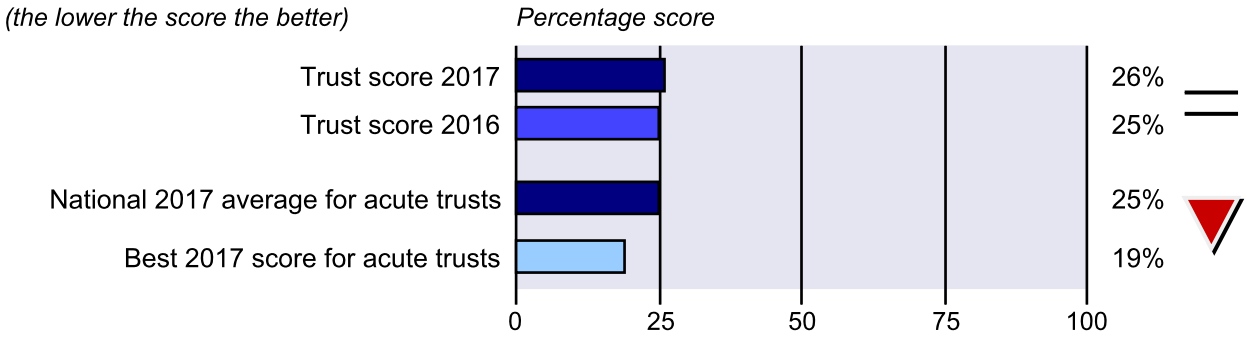
KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



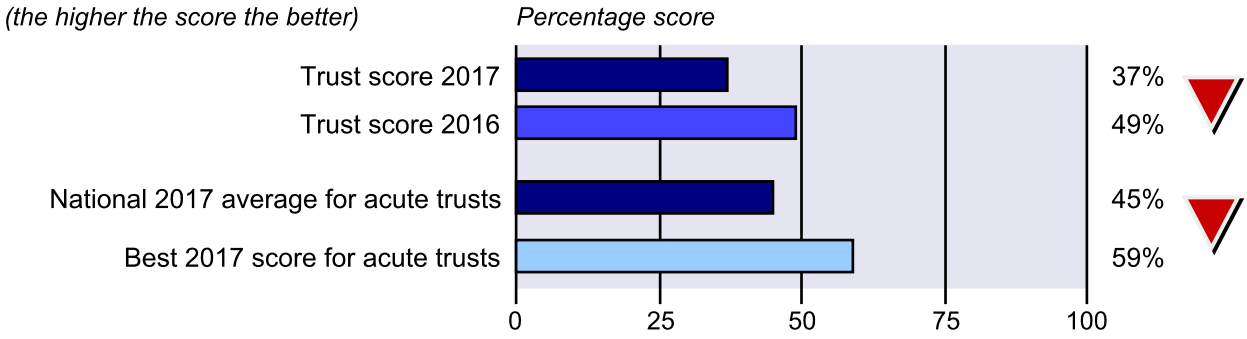
KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



5. Workforce Race Equality Standard (WRES)

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	27%	27%	32%
		BME	31%	28%	22%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	26%	25%	25%
		BME	25%	27%	21%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	91%	87%	89%
		BME	78%	75%	91%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	8%	7%	7%
		BME	18%	15%	5%

6. Key Findings by work group characteristics

Tables 6.1 to 6.4 show the Key Findings at Maidstone And Tunbridge Wells NHS Trust broken down by work group characteristics: occupational groups, directorates, and full time/part time staff.

Technical notes:

- As in previous years, there are two types of Key Finding:
    - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
    - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 6.1 to 6.4, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF11. % appraised in the last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have had appraisals.
- Please note that, unlike the overall trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

Table 6.1: Key Findings for different occupational groups

	Adult / General Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Radiography	Other Allied Health Professionals	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services	Maintenance / Ancillary
Appraisals & support for development										
KF11. % appraised in last 12 mths	98	90	88	89	93	88	95	94	71	93
KF12. Quality of appraisals	3.36	3.32	3.33	2.78	3.15	3.24	3.22	3.02	-	2.85
KF13. Quality of non-mandatory training, learning or development	4.22	3.97	3.87	4.11	-	4.22	3.76	3.42	-	3.90
Equality & diversity										
* *KF20. % experiencing discrimination at work in last 12 mths*	23	24	22	16	13	25	14	11	6	16
KF21. % believing the organisation provides equal opportunities for career progression / promotion	93	100	100	74	-	-	87	89	-	76
Errors & incidents										
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	37	57	22	32	27	31	39	13	13	13
KF29. % reporting errors, near misses or incidents witnessed in last mth	100	100	-	75	-	-	100	-	-	-
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.81	3.72	3.90	3.34	3.71	4.04	3.90	3.72	-	3.62
KF31. Staff confidence and security in reporting unsafe clinical practice	3.71	3.79	4.08	3.12	3.70	3.75	3.48	3.64	3.19	3.60
Health and wellbeing										
* *KF17. % feeling unwell due to work related stress in last 12 mths*	35	62	24	43	0	25	30	45	38	19
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	61	71	22	57	33	63	43	57	47	50
KF19. Org and mgmt interest in and action on health and wellbeing	3.66	3.07	4.06	2.99	3.53	3.94	3.47	3.56	3.66	3.34
Working patterns										
KF15. % satisfied with the opportunities for flexible working patterns	66	48	67	18	47	47	47	54	69	47
* *KF16. % working extra hours*	79	86	67	78	60	67	64	62	60	71
Number of respondents	62	21	18	38	15	16	44	64	16	32

Due to low numbers of respondents, no scores are shown for the following occupational groups: Occupational Therapy, Physiotherapy, General Management and Patient Transport Service.

Table 6.1: Key Findings for different occupational groups (cont)

	Adult / General Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Radiography	Other Allied Health Professionals	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services	Maintenance / Ancillary
Job satisfaction										
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.79	3.87	4.18	3.49	3.73	3.85	3.61	3.85	3.76	3.58
KF4. Staff motivation at work	4.02	3.92	3.98	3.82	4.24	4.17	3.70	3.82	3.52	3.90
KF7. % able to contribute towards improvements at work	85	71	67	54	67	56	68	63	69	59
KF8. Staff satisfaction with level of responsibility and involvement	4.11	3.95	3.92	3.80	3.99	3.98	3.82	3.84	3.69	3.63
KF9. Effective team working	3.94	3.67	3.69	3.44	3.71	4.10	3.84	3.68	3.22	3.24
KF14. Staff satisfaction with resourcing and support	3.30	3.06	3.64	2.77	3.50	3.38	3.23	3.12	3.11	3.31
Managers										
KF5. Recognition and value of staff by managers and the organisation	3.54	3.29	3.76	2.88	3.44	3.63	3.35	3.38	3.52	3.24
KF6. % reporting good communication between senior management and staff	33	29	39	11	13	25	33	23	44	41
KF10. Support from immediate managers	3.86	3.33	4.04	3.11	3.83	3.96	3.69	3.61	3.91	3.37
Patient care & experience										
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.93	3.60	4.04	3.57	4.38	3.92	3.93	3.88	3.83	4.00
KF3. % agreeing that their role makes a difference to patients / service users	97	95	89	97	100	94	88	84	85	96
KF32. Effective use of patient / service user feedback	3.76	3.98	3.81	3.07	4.00	3.67	3.82	3.92	-	-
Violence, harassment & bullying										
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	27	29	56	16	0	25	5	2	0	13
* *KF23. % experiencing physical violence from staff in last 12 mths*	2	0	17	0	0	6	0	2	0	3
KF24. % reporting most recent experience of violence	60	-	-	-	-	-	-	-	-	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	42	57	44	45	27	19	7	28	13	10
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	26	33	22	37	20	25	26	27	38	25
KF27. % reporting most recent experience of harassment, bullying or abuse	41	38	-	10	-	-	17	45	-	-
Overall staff engagement	3.93	3.85	4.03	3.52	3.80	3.90	3.67	3.75	3.60	3.65
Number of respondents	62	21	18	38	15	16	44	64	16	32

Due to low numbers of respondents, no scores are shown for the following occupational groups: Occupational Therapy, Physiotherapy, General Management and Patient Transport Service.

Table 6.2: Key Findings for different directorates

	Corporate (L3)	Corporate Operations (L3)	Planned Care (L3)	Urgent Care (L3)	Volunteers (L3)	Women, Children and Sexual Health (L3)
Appraisals & support for development						
KF11. % appraised in last 12 mths	86	91	95	96	20	89
KF12. Quality of appraisals	3.27	2.83	3.01	3.22	-	3.22
KF13. Quality of non-mandatory training, learning or development	3.88	3.87	3.89	4.06	-	3.97
Equality & diversity						
* *KF20. % experiencing discrimination at work in last 12 mths*	10	13	17	22	0	9
KF21. % believing the organisation provides equal opportunities for career progression / promotion	89	75	89	91	-	90
Errors & incidents						
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	15	11	27	35	0	51
KF29. % reporting errors, near misses or incidents witnessed in last mth	-	-	94	81	-	100
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.74	3.55	3.79	3.70	-	3.64
KF31. Staff confidence and security in reporting unsafe clinical practice	3.55	3.57	3.60	3.63	3.71	3.57
Health and wellbeing						
* *KF17. % feeling unwell due to work related stress in last 12 mths*	33	19	37	36	0	43
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	53	43	53	53	12	60
KF19. Org and mgmt interest in and action on health and wellbeing	3.84	3.28	3.44	3.71	3.97	3.26
Working patterns						
KF15. % satisfied with the opportunities for flexible working patterns	63	46	51	52	87	48
* *KF16. % working extra hours*	70	70	69	72	-	91
Number of respondents	54	39	181	75	17	35

Please note that the directorates classification was provided by Maidstone And Tunbridge Wells NHS Trust

Table 6.2: Key Findings for different directorates (cont)

	Corporate (L3)	Corporate Operations (L3)	Planned Care (L3)	Urgent Care (L3)	Volunteers (L3)	Women, Children and Sexual Health (L3)
Job satisfaction						
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.81	3.65	3.76	3.62	4.17	3.83
KF4. Staff motivation at work	3.72	3.95	3.87	3.84	4.71	4.03
KF7. % able to contribute towards improvements at work	77	58	71	65	59	60
KF8. Staff satisfaction with level of responsibility and involvement	3.92	3.68	3.90	3.98	4.17	3.79
KF9. Effective team working	3.78	3.26	3.76	3.77	3.77	3.62
KF14. Staff satisfaction with resourcing and support	3.27	3.36	3.23	3.07	3.97	2.89
Managers						
KF5. Recognition and value of staff by managers and the organisation	3.64	3.25	3.40	3.30	4.29	3.22
KF6. % reporting good communication between senior management and staff	47	34	23	25	7	20
KF10. Support from immediate managers	4.04	3.36	3.61	3.82	4.03	3.42
Patient care & experience						
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.88	3.90	3.95	3.71	4.23	3.50
KF3. % agreeing that their role makes a difference to patients / service users	89	90	92	89	92	94
KF32. Effective use of patient / service user feedback	-	-	3.82	3.53	-	3.48
Violence, harassment & bullying						
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	2	11	11	33	6	14
* *KF23. % experiencing physical violence from staff in last 12 mths*	2	3	1	4	6	0
KF24. % reporting most recent experience of violence	-	-	69	71	-	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	10	11	29	44	0	40
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	31	21	28	22	6	31
KF27. % reporting most recent experience of harassment, bullying or abuse	35	-	36	38	-	38
Overall staff engagement	3.81	3.70	3.78	3.70	4.16	3.81
Number of respondents	54	39	181	75	17	35

Please note that the directorates classification was provided by Maidstone And Tunbridge Wells NHS Trust

Table 6.3: Key Findings for different directorates Page 1 of 2

	Acute and Emergency Medicine (L4)	Cancer and Haematology (L4)	Critical Care (L4)	Diagnostics (L4)	Estates and Facilities (L4)
Appraisals & support for development					
KF11. % appraised in last 12 mths	100	96	97	95	91
KF12. Quality of appraisals	3.14	3.00	3.08	3.12	2.78
KF13. Quality of non-mandatory training, learning or development	4.21	3.73	4.04	3.91	3.77
Equality & diversity					
* *KF20. % experiencing discrimination at work in last 12 mths*	19	12	11	15	14
KF21. % believing the organisation provides equal opportunities for career progression / promotion	91	82	100	86	72
Errors & incidents					
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	44	27	40	23	11
KF29. % reporting errors, near misses or incidents witnessed in last mth	-	-	100	100	-
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.75	3.90	3.86	3.83	3.55
KF31. Staff confidence and security in reporting unsafe clinical practice	3.91	3.73	3.76	3.56	3.53
Health and wellbeing					
* *KF17. % feeling unwell due to work related stress in last 12 mths*	31	19	43	25	17
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	60	42	57	52	43
KF19. Org and mgmt interest in and action on health and wellbeing	3.43	3.50	3.50	3.55	3.27
Working patterns					
KF15. % satisfied with the opportunities for flexible working patterns	44	50	51	48	43
* *KF16. % working extra hours*	94	72	74	65	68
Number of respondents	16	26	35	66	37

Please note that the directorates classification was provided by Maidstone And Tunbridge Wells NHS Trust

Table 6.3: Key Findings for different directorates (cont) Page 1 of 2

	Acute and Emergency Medicine (L4)	Cancer and Haematology (L4)	Critical Care (L4)	Diagnostics (L4)	Estates and Facilities (L4)
Job satisfaction					
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.73	3.94	3.87	3.73	3.62
KF4. Staff motivation at work	3.81	4.10	4.04	3.84	3.93
KF7. % able to contribute towards improvements at work	69	77	83	71	56
KF8. Staff satisfaction with level of responsibility and involvement	4.01	3.96	4.02	3.95	3.66
KF9. Effective team working	3.60	3.73	3.73	3.94	3.18
KF14. Staff satisfaction with resourcing and support	3.23	3.18	3.19	3.37	3.37
Managers					
KF5. Recognition and value of staff by managers and the organisation	3.42	3.51	3.43	3.47	3.22
KF6. % reporting good communication between senior management and staff	27	35	17	29	33
KF10. Support from immediate managers	3.74	3.92	3.60	3.69	3.32
Patient care & experience					
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.85	4.09	3.98	4.08	3.96
KF3. % agreeing that their role makes a difference to patients / service users	94	92	97	95	89
KF32. Effective use of patient / service user feedback	3.55	4.08	3.91	3.83	-
Violence, harassment & bullying					
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	31	0	29	5	11
* *KF23. % experiencing physical violence from staff in last 12 mths*	6	0	0	0	3
KF24. % reporting most recent experience of violence	-	-	-	-	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	63	31	37	11	11
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	38	23	34	23	19
KF27. % reporting most recent experience of harassment, bullying or abuse	-	-	41	21	-
Overall staff engagement	3.76	3.95	3.93	3.76	3.67
Number of respondents	16	26	35	66	37

Please note that the directorates classification was provided by Maidstone And Tunbridge Wells NHS Trust

Table 6.3: Key Findings for different directorates Page 2 of 2

	Finance (L4)	General Surgery (L4)	Head and Neck (L4)	Human Resources and Medical Education (L4)	Obstetrics and Gynaecology (L4)	Operations Management (L4)	Paediatrics (L4)	Patient Administration (L4)	Speciality Medicine (L4)	Volunteers (L4)
Appraisals & support for development										
KF11. % appraised in last 12 mths	71	-	94	100	89	92	88	93	95	20
KF12. Quality of appraisals	3.72	-	2.45	3.58	3.20	3.24	3.24	2.69	3.24	-
KF13. Quality of non-mandatory training, learning or development	3.88	-	-	-	4.06	-	3.85	-	4.01	-
Equality & diversity										
* *KF20. % experiencing discrimination at work in last 12 mths*	11	42	15	0	11	8	6	21	23	0
KF21. % believing the organisation provides equal opportunities for career progression / promotion	100	-	91	-	92	100	-	-	92	-
Errors & incidents										
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	5	8	35	17	63	25	38	14	32	0
KF29. % reporting errors, near misses or incidents witnessed in last mth	-	-	-	-	100	-	-	-	84	-
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.66	3.73	3.64	-	3.69	3.79	3.56	3.58	3.68	-
KF31. Staff confidence and security in reporting unsafe clinical practice	3.21	3.63	3.34	-	3.74	4.13	3.38	3.38	3.55	3.71
Health and wellbeing										
* *KF17. % feeling unwell due to work related stress in last 12 mths*	21	67	60	33	37	25	50	43	38	0
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	44	58	60	50	63	50	56	71	51	12
KF19. Org and mgmt interest in and action on health and wellbeing	3.92	3.33	3.05	4.17	3.34	3.92	3.16	3.43	3.79	3.97
Working patterns										
KF15. % satisfied with the opportunities for flexible working patterns	74	75	55	75	47	75	50	36	54	87
* *KF16. % working extra hours*	71	100	63	58	95	92	88	50	66	-
Number of respondents	20	12	20	12	19	12	16	14	59	17

Please note that the directorates classification was provided by Maidstone And Tunbridge Wells NHS Trust

Table 6.3: Key Findings for different directorates (cont) Page 2 of 2

	Finance (L4)	General Surgery (L4)	Head and Neck (L4)	Human Resources and Medical Education (L4)	Obstetrics and Gynaecology (L4)	Operations Management (L4)	Paediatrics (L4)	Patient Administration (L4)	Speciality Medicine (L4)	Volunteers (L4)
Job satisfaction										
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.94	3.86	3.40	3.64	3.75	4.25	3.93	3.93	3.59	4.17
KF4. Staff motivation at work	3.85	3.94	3.54	3.61	4.07	3.82	3.98	3.62	3.84	4.71
KF7. % able to contribute towards improvements at work	68	58	58	92	68	83	50	50	64	59
KF8. Staff satisfaction with level of responsibility and involvement	3.98	3.99	3.56	4.00	3.82	4.19	3.76	3.81	3.97	4.17
KF9. Effective team working	3.68	3.74	3.27	3.96	3.58	4.19	3.67	3.67	3.82	3.77
KF14. Staff satisfaction with resourcing and support	3.41	3.50	2.79	3.52	2.82	3.03	2.97	3.14	3.02	3.97
Managers										
KF5. Recognition and value of staff by managers and the organisation	3.79	3.58	2.84	3.81	3.26	3.81	3.17	3.26	3.26	4.29
KF6. % reporting good communication between senior management and staff	37	8	5	58	26	58	13	14	24	7
KF10. Support from immediate managers	4.08	3.74	3.15	4.30	3.47	3.90	3.36	3.19	3.83	4.03
Patient care & experience										
KF2. Staff satisfaction with the quality of work and care they are able to deliver	-	4.00	3.31	-	3.51	-	3.50	4.08	3.67	4.23
KF3. % agreeing that their role makes a difference to patients / service users	93	92	85	91	100	100	88	75	88	92
KF32. Effective use of patient / service user feedback	-	-	-	-	3.56	-	3.38	-	3.52	-
Violence, harassment & bullying										
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	0	33	5	0	11	8	19	0	33	6
* *KF23. % experiencing physical violence from staff in last 12 mths*	0	8	5	0	0	0	0	0	4	6
KF24. % reporting most recent experience of violence	-	-	-	-	-	-	-	-	81	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	0	42	45	0	47	25	31	43	39	0
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	26	50	35	25	42	25	19	14	18	6
KF27. % reporting most recent experience of harassment, bullying or abuse	-	-	-	-	-	-	-	-	50	-
Overall staff engagement	3.92	3.81	3.43	3.78	3.80	4.15	3.83	3.63	3.69	4.16
Number of respondents	20	12	20	12	19	12	16	14	59	17

Please note that the directorates classification was provided by Maidstone And Tunbridge Wells NHS Trust

Table 6.4: Key Findings for different work groups

	Full time / part time[a]	
	Full time	Part time
Appraisals & support for development		
KF11. % appraised in last 12 mths	92	90
KF12. Quality of appraisals	3.07	3.12
KF13. Quality of non-mandatory training, learning or development	3.93	3.94
Equality & diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	15	16
KF21. % believing the organisation provides equal opportunities for career progression / promotion	91	85
Errors & incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	30	19
KF29. % reporting errors, near misses or incidents witnessed in last mth	92	78
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.74	3.69
KF31. Staff confidence and security in reporting unsafe clinical practice	3.59	3.57
Health and wellbeing		
* *KF17. % feeling unwell due to work related stress in last 12 mths*	38	23
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	57	38
KF19. Org and mgmt interest in and action on health and wellbeing	3.53	3.48
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	50	65
* *KF16. % working extra hours*	76	56
Number of respondents	283	93

[a] Full time is defined as staff contracted to work 30 hours or more a week

Table 6.4: Key Findings for different work groups (cont)

	Full time / part time[a]	
	Full time	Part time
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.75	3.75
KF4. Staff motivation at work	3.85	3.99
KF7. % able to contribute towards improvements at work	70	62
KF8. Staff satisfaction with level of responsibility and involvement	3.90	3.87
KF9. Effective team working	3.70	3.66
KF14. Staff satisfaction with resourcing and support	3.17	3.26
Managers		
KF5. Recognition and value of staff by managers and the organisation	3.40	3.39
KF6. % reporting good communication between senior management and staff	28	20
KF10. Support from immediate managers	3.70	3.56
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.88	3.79
KF3. % agreeing that their role makes a difference to patients / service users	90	96
KF32. Effective use of patient / service user feedback	3.68	3.67
Violence, harassment & bullying		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	16	10
* *KF23. % experiencing physical violence from staff in last 12 mths*	2	2
KF24. % reporting most recent experience of violence	68	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	31	19
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	28	22
KF27. % reporting most recent experience of harassment, bullying or abuse	37	38
Overall staff engagement	3.77	3.78
Number of respondents	283	93

[a] Full time is defined as staff contracted to work 30 hours or more a week

7. Key Findings by demographic groups

Tables 7.1 and 7.2 show the Key Findings at Maidstone And Tunbridge Wells NHS Trust broken down by different demographic groups: age group, gender, disability and ethnic background.

Technical notes:

- As in previous years, there are two types of Key Finding:
    - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
    - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 7.1 and 7.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF11. % appraised in the last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have had appraisals.
- Please note that, unlike the overall trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the demographic group in question contributed fewer than 11 responses to that score.

Table 7.1: Key Findings for different age groups

	Age group			
	Age 16-30	Age 31-40	Age 41-50	Age 51+
Appraisals & support for development				
KF11. % appraised in last 12 mths	91	83	94	91
KF12. Quality of appraisals	3.49	3.29	3.16	2.86
KF13. Quality of non-mandatory training, learning or development	4.06	3.89	4.03	3.87
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	26	18	13	12
KF21. % believing the organisation provides equal opportunities for career progression / promotion	86	93	89	87
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	33	34	30	17
KF29. % reporting errors, near misses or incidents witnessed in last mth	89	84	93	89
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.88	3.76	3.71	3.68
KF31. Staff confidence and security in reporting unsafe clinical practice	3.46	3.61	3.64	3.61
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	39	30	32	34
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	51	54	50	49
KF19. Org and mgmt interest in and action on health and wellbeing	3.63	3.42	3.57	3.52
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	56	50	61	51
* *KF16. % working extra hours*	68	66	79	71
Number of respondents	57	74	100	161

Table 7.1: Key Findings for different age groups (cont)

	Age group			
	Age 16-30	Age 31-40	Age 41-50	Age 51+
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.66	3.70	3.80	3.81
KF4. Staff motivation at work	3.83	3.68	4.01	3.99
KF7. % able to contribute towards improvements at work	63	66	69	69
KF8. Staff satisfaction with level of responsibility and involvement	3.74	3.87	3.93	3.97
KF9. Effective team working	3.58	3.59	3.81	3.74
KF14. Staff satisfaction with resourcing and support	3.31	3.14	3.23	3.21
Managers				
KF5. Recognition and value of staff by managers and the organisation	3.32	3.26	3.44	3.52
KF6. % reporting good communication between senior management and staff	23	26	36	23
KF10. Support from immediate managers	3.72	3.59	3.73	3.69
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.09	3.79	3.79	3.87
KF3. % agreeing that their role makes a difference to patients / service users	89	91	95	91
KF32. Effective use of patient / service user feedback	3.77	3.69	3.51	3.79
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	21	16	11	13
* *KF23. % experiencing physical violence from staff in last 12 mths*	2	3	1	3
KF24. % reporting most recent experience of violence	55	-	-	67
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	32	26	25	29
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	26	19	27	28
KF27. % reporting most recent experience of harassment, bullying or abuse	33	33	29	45
Overall staff engagement	3.66	3.65	3.86	3.84
Number of respondents	57	74	100	161

Table 7.2: Key Findings for other demographic groups

	Gender				Disability		Ethnic background	
	Men	Women	Prefer to self-describe	Prefer not to say	Disabled	Not disabled	White	Black and minority ethnic
Appraisals & support for development								
KF11. % appraised in last 12 mths	88	91	-	-	86	92	90	93
KF12. Quality of appraisals	2.97	3.16	-	-	2.75	3.16	2.95	3.92
KF13. Quality of non-mandatory training, learning or development	3.91	3.96	-	-	3.84	3.96	3.91	4.08
Equality & diversity								
* *KF20. % experiencing discrimination at work in last 12 mths*	16	15	-	-	23	12	13	30
KF21. % believing the organisation provides equal opportunities for career progression / promotion	86	90	-	-	74	92	91	78
Errors & incidents								
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	24	27	-	-	25	27	27	16
KF29. % reporting errors, near misses or incidents witnessed in last mth	88	89	-	-	90	89	89	-
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.59	3.79	-	-	3.57	3.78	3.72	3.79
KF31. Staff confidence and security in reporting unsafe clinical practice	3.42	3.66	-	-	3.50	3.62	3.60	3.60
Health and wellbeing								
* *KF17. % feeling unwell due to work related stress in last 12 mths*	33	33	-	-	46	31	35	23
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	45	52	-	-	66	46	51	47
KF19. Org and mgmt interest in and action on health and wellbeing	3.36	3.60	-	-	3.48	3.55	3.49	3.75
Working patterns								
KF15. % satisfied with the opportunities for flexible working patterns	45	58	-	-	45	57	54	52
* *KF16. % working extra hours*	81	69	-	-	68	73	72	72
Number of respondents	105	280	1	9	81	301	329	61

Table 7.2: Key Findings for other demographic groups (cont)

	Gender				Disability		Ethnic background	
	Men	Women	Prefer to self-describe	Prefer not to say	Disabled	Not disabled	White	Black and minority ethnic
Job satisfaction								
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.64	3.81	-	-	3.70	3.77	3.71	4.01
KF4. Staff motivation at work	3.85	3.94	-	-	3.81	3.93	3.84	4.28
KF7. % able to contribute towards improvements at work	67	68	-	-	58	70	67	72
KF8. Staff satisfaction with level of responsibility and involvement	3.82	3.94	-	-	3.78	3.94	3.89	3.96
KF9. Effective team working	3.57	3.76	-	-	3.56	3.74	3.68	3.82
KF14. Staff satisfaction with resourcing and support	3.19	3.23	-	-	3.09	3.24	3.16	3.52
Managers								
KF5. Recognition and value of staff by managers and the organisation	3.35	3.45	-	-	3.33	3.44	3.38	3.60
KF6. % reporting good communication between senior management and staff	27	27	-	-	20	29	24	42
KF10. Support from immediate managers	3.53	3.74	-	-	3.70	3.68	3.66	3.83
Patient care & experience								
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.83	3.88	-	-	3.80	3.88	3.79	4.19
KF3. % agreeing that their role makes a difference to patients / service users	93	91	-	-	85	93	91	95
KF32. Effective use of patient / service user feedback	3.48	3.75	-	-	3.63	3.71	3.64	3.90
Violence, harassment & bullying								
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	11	16	-	-	20	13	13	18
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	3	-	-	5	1	2	3
KF24. % reporting most recent experience of violence	-	75	-	-	73	65	65	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	25	30	-	-	31	27	27	31
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	24	26	-	-	32	24	26	25
KF27. % reporting most recent experience of harassment, bullying or abuse	34	38	-	-	38	35	38	26
Overall staff engagement	3.69	3.82	-	-	3.66	3.81	3.74	3.98
Number of respondents	105	280	1	9	81	301	329	61

8. Work and demographic profile of the survey respondents

The occupational group of the staff survey respondents is shown in table 8.1, other work characteristics are shown in table 8.2, and demographic characteristics are shown in table 8.3.

Table 8.1: Occupational group of respondents

Occupational group	Number questionnaires returned	Percentage of survey respondents
Allied Health Professionals		
Occupational Therapy	2	1%
Physiotherapy	8	2%
Radiography	15	4%
Other qualified Allied Health Professionals	6	2%
Support to Allied Health Professionals	10	3%
Scientific and Technical / Healthcare Scientists		
Pharmacy	12	3%
Other qualified Scientific and Technical / Healthcare Scientists	28	7%
Support to Scientific and Technical / Healthcare Scientists	4	1%
Medical and Dental		
Medical / Dental - Consultant	24	6%
Medical / Dental - In Training	8	2%
Medical / Dental - Other	6	2%
Operational ambulance staff		
Emergency care practitioner	1	0%
Patient Transport Service	1	0%
Nurses, Midwives and Nursing Assistants		
Registered Nurses - Adult / General	62	16%
Registered Nurses - Children	7	2%
Midwives	9	2%
Other Registered Nurses	5	1%
Nursing auxiliary / Nursing assistant / Healthcare assistant	18	5%
Other groups		
Admin and Clerical	64	17%
Central Functions / Corporate Services	16	4%
Maintenance / Ancillary	32	8%
General Management	9	2%
Other	34	9%
Did not specify	21	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Table 8.2: Work characteristics of respondents

	Number questionnaires returned	Percentage of survey respondents
Full time / part time		
Full time	283	75%
Part time	93	25%
Did not specify	26	
Length of time in organisation		
Less than a year	35	9%
Between 1 to 2 years	62	16%
Between 3 to 5 years	65	17%
Between 6 to 10 years	75	20%
Between 11 to 15 years	51	13%
Over 15 years	95	25%
Did not specify	19	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Table 8.3: Demographic characteristics of respondents

	Number questionnaires returned	Percentage of survey respondents
Age group		
Between 16 and 30	57	15%
Between 31 and 40	74	19%
Between 41 and 50	100	26%
51 and over	161	41%
Did not specify	10	
Gender		
Male	105	27%
Female	280	71%
Prefer to self-describe	1	0%
Prefer not to say	9	2%
Did not specify	7	
Ethnic background		
White	329	84%
Black and minority ethnic	61	16%
Did not specify	12	
Disability		
Disabled	81	21%
Not disabled	301	79%
Did not specify	20	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Appendix 1

Key Findings for Maidstone And Tunbridge Wells NHS Trust benchmarked against other acute trusts

Technical notes:

- The first column in table A1 shows the trust's scores for each of the Key Findings. The same data are displayed in section 3 and 4 of this report.
- The second column in table A1 shows the 95% confidence intervals around the trust's scores for each of the Key Findings.
- The third column in table A1 shows the average (median) score for each of the Key Findings for acute trusts. The same data are displayed in section 3 and 4 of this report.
- The fourth and fifth columns in table A1 show the thresholds for the lowest and highest 20% for each of the Key Findings for acute trusts. The data are used to describe comparisons with other trusts as displayed in section 3 and 4 of this report.
- The sixth column in table A1 shows the lowest score attained for each of the Key Findings by an acute trust.
- The seventh column in table A1 shows the highest score attained for each of the Key Findings by an acute trust.
- For most of the Key Findings presented in table A1, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative score. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Please note that the data presented in table A1 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.

Table A1: Key Findings for Maidstone And Tunbridge Wells NHS Trust benchmarked against other acute trusts

	Your trust		National scores for acute trusts				
	Trust score	95% Confidence Interval	Median score	Threshold for lowest 20%	Threshold for highest 20%	Lowest score attained	Highest score attained
Response rate	33	-	44	39	50	29	73
Appraisals & support for development							
KF11. % appraised in last 12 mths	91	[88, 94]	86	81	91	65	96
KF12. Quality of appraisals	3.14	[3.01, 3.27]	3.11	3.01	3.20	2.83	3.52
KF13. Quality of non-mandatory training, learning or development	3.97	[3.89, 4.05]	4.05	4.01	4.10	3.90	4.22
Equality & diversity							
* *KF20. % experiencing discrimination at work in last 12 mths*	16	[12, 20]	12	10	14	8	25
KF21. % believing the organisation provides equal opportunities for career progression / promotion	90	[86, 93]	85	82	88	69	94
Errors & incidents							
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	28	[23, 32]	31	28	33	24	42
KF29. % reporting errors, near misses or incidents witnessed in last mth	90	[84, 96]	90	89	91	86	98
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.74	[3.67, 3.81]	3.73	3.64	3.79	3.46	3.88
KF31. Staff confidence and security in reporting unsafe clinical practice	3.62	[3.54, 3.70]	3.65	3.58	3.71	3.43	3.83
Health and wellbeing							
* *KF17. % feeling unwell due to work related stress in last 12 mths*	35	[30, 40]	36	34	40	28	46
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	52	[47, 57]	52	49	55	42	59
KF19. Org and mgmt interest in and action on health and wellbeing	3.55	[3.45, 3.65]	3.62	3.51	3.71	3.34	3.92
Working patterns							
KF15. % satisfied with the opportunities for flexible working patterns	55	[50, 60]	51	47	54	40	60
* *KF16. % working extra hours*	72	[68, 77]	72	69	74	62	78

Table A1: Key Findings for Maidstone And Tunbridge Wells NHS Trust benchmarked against other acute trusts (cont)

	Your trust		National scores for acute trusts				
	Trust score	95% Confidence Interval	Median score	Threshold for lowest 20%	Threshold for highest 20%	Lowest score attained	Highest score attained
Job satisfaction							
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.78	[3.70, 3.85]	3.75	3.58	3.94	3.34	4.12
KF4. Staff motivation at work	3.91	[3.83, 3.98]	3.92	3.87	3.96	3.76	4.07
KF7. % able to contribute towards improvements at work	69	[64, 74]	70	67	72	59	78
KF8. Staff satisfaction with level of responsibility and involvement	3.92	[3.86, 3.98]	3.91	3.86	3.96	3.76	4.04
KF9. Effective team working	3.73	[3.65, 3.81]	3.72	3.67	3.80	3.59	3.88
KF14. Staff satisfaction with resourcing and support	3.21	[3.13, 3.29]	3.31	3.23	3.40	3.12	3.58
Managers							
KF5. Recognition and value of staff by managers and the organisation	3.43	[3.34, 3.52]	3.45	3.36	3.53	3.21	3.71
KF6. % reporting good communication between senior management and staff	28	[23, 32]	33	28	38	20	48
KF10. Support from immediate managers	3.70	[3.61, 3.79]	3.74	3.67	3.81	3.55	3.94
Patient care & experience							
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.85	[3.76, 3.95]	3.91	3.82	3.99	3.69	4.21
KF3. % agreeing that their role makes a difference to patients / service users	92	[89, 95]	90	89	91	86	93
KF32. Effective use of patient / service user feedback	3.71	[3.59, 3.84]	3.71	3.62	3.78	3.41	3.96
Violence, harassment & bullying							
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	16	[12, 20]	15	13	17	9	22
* *KF23. % experiencing physical violence from staff in last 12 mths*	2	[1, 4]	2	2	3	1	5
KF24. % reporting most recent experience of violence	70	[57, 83]	66	63	72	55	79
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	31	[26, 36]	28	25	30	20	36
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	26	[22, 31]	25	22	28	19	38
KF27. % reporting most recent experience of harassment, bullying or abuse	37	[29, 46]	45	42	47	36	59

Appendix 2

Changes to the Key Findings since the 2015 and 2016 staff surveys

Technical notes:

- For most of the Key Findings presented in tables A2.1 and A2.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.

- It is likely that we would see some small change simply due to sample differences between the two years. The final column of the tables shows whether the change in your trust is statistically significant or not. If a change is not significant, then there is no evidence of a real change in the trust score.

- Please note that the trust scores and change scores presented in tables A2.1 and A2.2 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.

- All percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.

- In certain cases a dash (-) appears in Table A2.2. This is either because the Key Finding was not calculated in previous years, or there have been changes in how the Key Finding has been calculated this year.

To enable comparison between years, scores from 2016 and 2015 have been re-calculated and re-weighted using the 2017 formulae, so may appear slightly different from figures in previous feedback reports. More details about these changes can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

Table A2.1: Changes in the Key Findings for Maidstone And Tunbridge Wells NHS Trust since 2016 survey

	Maidstone And Tunbridge Wells NHS Trust			
	2017 score	**2016 score**	**Change**	**Statistically significant?**
Response rate	33	36	-3	N/A
Appraisals & support for development				
KF11. % appraised in last 12 mths	91	94	-3	No
KF12. Quality of appraisals	3.14	3.17	-0.03	No
KF13. Quality of non-mandatory training, learning or development	3.97	3.97	0.00	No
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	16	13	3	No
KF21. % believing the organisation provides equal opportunities for career progression / promotion	90	90	0	No
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	28	31	-4	No
KF29. % reporting errors, near misses or incidents witnessed in last mth	90	91	-1	No
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.74	3.74	-0.01	No
KF31. Staff confidence and security in reporting unsafe clinical practice	3.62	3.70	-0.08	No
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	35	38	-3	No
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	52	49	3	No
KF19. Org and mgmt interest in and action on health and wellbeing	3.55	3.51	0.05	No
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	55	52	3	No
* *KF16. % working extra hours*	72	75	-3	No

Table A2.1: Changes in the Key Findings for Maidstone And Tunbridge Wells NHS Trust since 2016 survey (cont)

	Maidstone And Tunbridge Wells NHS Trust			
	2017 score	**2016 score**	**Change**	**Statistically significant?**
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.78	3.85	-0.07	No
KF4. Staff motivation at work	3.91	3.94	-0.04	No
KF7. % able to contribute towards improvements at work	69	70	-1	No
KF8. Staff satisfaction with level of responsibility and involvement	3.92	3.91	0.01	No
KF9. Effective team working	3.73	3.67	0.06	No
KF14. Staff satisfaction with resourcing and support	3.21	3.29	-0.08	No
Managers				
KF5. Recognition and value of staff by managers and the organisation	3.43	3.42	0.00	No
KF6. % reporting good communication between senior management and staff	28	30	-3	No
KF10. Support from immediate managers	3.70	3.69	0.01	No
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.85	3.90	-0.04	No
KF3. % agreeing that their role makes a difference to patients / service users	92	91	1	No
KF32. Effective use of patient / service user feedback	3.71	3.79	-0.08	No
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	16	13	3	No
* *KF23. % experiencing physical violence from staff in last 12 mths*	2	2	0	No
KF24. % reporting most recent experience of violence	70	59	11	No
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	31	30	1	No
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	26	25	2	No
KF27. % reporting most recent experience of harassment, bullying or abuse	37	49	-12	Yes

Table A2.2: Changes in the Key Findings for Maidstone And Tunbridge Wells NHS Trust since 2015 survey

	Maidstone And Tunbridge Wells NHS Trust			
	2017 score	**2015 score**	**Change**	**Statistically significant?**
Response rate	33	41	-8	-
Appraisals & support for development				
KF11. % appraised in last 12 mths	91	94	-3	No
KF12. Quality of appraisals	3.14	3.14	-0.01	No
KF13. Quality of non-mandatory training, learning or development	3.97	4.03	-0.07	No
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	16	13	4	No
KF21. % believing the organisation provides equal opportunities for career progression / promotion	90	86	3	No
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	28	26	2	No
KF29. % reporting errors, near misses or incidents witnessed in last mth	90	91	-1	No
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.74	3.67	0.06	No
KF31. Staff confidence and security in reporting unsafe clinical practice	3.62	3.61	0.02	No
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	35	37	-2	No
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	52	49	3	No
KF19. Org and mgmt interest in and action on health and wellbeing	3.55	3.53	0.02	No
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	55	52	3	No
* *KF16. % working extra hours*	72	76	-3	No

Table A2.2: Changes in the Key Findings for Maidstone And Tunbridge Wells NHS Trust since 2015 survey (cont)

	Maidstone And Tunbridge Wells NHS Trust			
	2017 score	**2015 score**	**Change**	**Statistically significant?**
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.78	3.85	-0.07	No
KF4. Staff motivation at work	3.91	3.99	-0.08	No
KF7. % able to contribute towards improvements at work	69	69	0	No
KF8. Staff satisfaction with level of responsibility and involvement	3.92	3.92	0.00	No
KF9. Effective team working	3.73	3.74	-0.02	No
KF14. Staff satisfaction with resourcing and support	3.21	3.38	-0.17	Yes
Managers				
KF5. Recognition and value of staff by managers and the organisation	3.43	3.40	0.02	No
KF6. % reporting good communication between senior management and staff	28	30	-3	No
KF10. Support from immediate managers	3.70	3.68	0.02	No
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.85	4.05	-0.20	Yes
KF3. % agreeing that their role makes a difference to patients / service users	92	94	-2	No
KF32. Effective use of patient / service user feedback	3.71	3.68	0.03	No
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	16	13	4	No
* *KF23. % experiencing physical violence from staff in last 12 mths*	2	1	1	No
KF24. % reporting most recent experience of violence	70	71	-1	No
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	31	30	1	No
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	26	22	4	No
KF27. % reporting most recent experience of harassment, bullying or abuse	37	42	-5	No

Appendix 3

Data tables: 2017 Key Findings and the responses to all survey questions

For each of the 32 Key Findings (Table A3.1) and each individual survey question in the core version of the questionnaire (Table A3.2), this appendix presents your trust's 2017 survey response, the average (median) 2017 response for acute trusts, and your trust's 2016 survey response (where applicable).

In Table A3.1, the question numbers used to calculate the 32 Key Findings are also listed in the first column.

In Table A3.2, the responses to the survey questions are presented in the order that they appear within the core version of the 2017 questionnaire.

Technical notes:

- In certain cases a dash (-) appears in Tables A3.1 or A3.2. This is in order to preserve anonymity of individual staff, where there were fewer than 11 responses to a survey question or Key Finding.

- Please note that the figures reported in tables A3.1 and A3.2 are un-weighted, and, as a consequence there may be some slight differences between these figures and the figures reported in sections 3 and 4 and Appendix 2 of this report, which are weighted according to the occupational group profile of a typical acute trust.

- The question data within this section excludes any non-specific responses ('Don't know'/'Can't remember').

- More details about the calculation of Key Findings and the weighting of data can be found in the document ***Making sense of your staff survey data***, which can be downloaded from: www.nhsstaffsurveys.com

Table A3.1: Key Findings for Maidstone And Tunbridge Wells NHS Trust benchmarked against other acute trusts

	Question number(s)	Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
Appraisals & support for development				
KF11. % appraised in last 12 mths	Q20a	90	86	94
KF12. Quality of appraisals	Q20b-d	3.09	3.10	3.15
KF13. Quality of non-mandatory training, learning or development	Q18b-d	3.93	4.05	3.97
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	Q17a-b	15	12	13
KF21. % believing the organisation provides equal opportunities for career progression / promotion	Q16	88	85	89
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	Q11a-b	26	30	31
KF29. % reporting errors, near misses or incidents witnessed in last mth	Q11c	89	90	91
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	Q12a-d	3.72	3.73	3.75
KF31. Staff confidence and security in reporting unsafe clinical practice	Q13b-c	3.60	3.65	3.70
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	Q9c	33	36	38
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	Q9d-g	51	52	48
KF19. Org and mgmt interest in and action on health and wellbeing	Q7f, 9a	3.53	3.62	3.50
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	Q5h	54	51	50
* *KF16. % working extra hours*	Q10b-c	71	71	74

Table A3.1: Key Findings for Maidstone And Tunbridge Wells NHS Trust benchmarked against other acute trusts (cont)

	Question number(s)	Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	Q21a, 21c-d	3.75	3.76	3.84
KF4. Staff motivation at work	Q2a-c	3.90	3.92	3.94
KF7. % able to contribute towards improvements at work	Q4a-b, 4d	68	70	69
KF8. Staff satisfaction with level of responsibility and involvement	Q3a-b, 4c, 5d-e	3.90	3.90	3.89
KF9. Effective team working	Q4h-j	3.70	3.71	3.66
KF14. Staff satisfaction with resourcing and support	Q4e-g, 5c	3.21	3.31	3.29
Managers				
KF5. Recognition and value of staff by managers and the organisation	Q5a, 5f, 7g	3.42	3.44	3.41
KF6. % reporting good communication between senior management and staff	Q8a-d	27	33	31
KF10. Support from immediate managers	Q5b, 7a-e	3.68	3.74	3.67
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	Q3c, 6a, 6c	3.85	3.92	3.92
KF3. % agreeing that their role makes a difference to patients / service users	Q6b	91	90	91
KF32. Effective use of patient / service user feedback	Q21b, 22b-c	3.68	3.71	3.79
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	Q14a	14	14	13
* *KF23. % experiencing physical violence from staff in last 12 mths*	Q14b-c	2	2	2
KF24. % reporting most recent experience of violence	Q14d	68	67	59
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	Q15a	28	27	30
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	Q15b-c	26	25	25
KF27. % reporting most recent experience of harassment, bullying or abuse	Q15d	36	45	47

Table A3.2: Survey questions benchmarked against other acute trusts

		Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
	Contact with patients			
Q1	% saying they have face-to-face contact with patients / service users as part of their job	77	83	84
	Staff motivation at work			
	% saying often or always to the following statements:			
Q2a	"I look forward to going to work"	60	58	62
Q2b	"I am enthusiastic about my job"	75	74	73
Q2c	"Time passes quickly when I am working"	79	77	78
	Job design			
	% agreeing / strongly agreeing with the following statements:			
Q3a	"I always know what my work responsibilities are"	92	88	87
Q3b	"I am trusted to do my job"	94	92	91
Q3c	"I am able to do my job to a standard I am personally pleased with"	80	80	81
	Opportunities to develop potential at work			
	% agreeing / strongly agreeing with the following statements:			
Q4a	"There are frequent opportunities for me to show initiative in my role"	70	73	72
Q4b	"I am able to make suggestions to improve the work of my team / department"	72	74	74
Q4c	"I am involved in deciding on changes introduced that affect my work area / team / department"	51	53	50
Q4d	"I am able to make improvements happen in my area of work"	55	56	55
Q4e	"I am able to meet all the conflicting demands on my time at work"	44	46	47
Q4f	"I have adequate materials, supplies and equipment to do my work"	43	54	48
Q4g	"There are enough staff at this organisation for me to do my job properly"	27	31	31
Q4h	"The team I work in has a set of shared objectives"	74	72	71
Q4i	"The team I work in often meets to discuss the team's effectiveness"	57	58	54
Q4j	"Team members have to communicate closely with each other to achieve the team's objectives"	75	78	75
	Staff job satisfaction			
	% satisfied or very satisfied with the following aspects of their job:			
Q5a	"The recognition I get for good work"	52	52	50
Q5b	"The support I get from my immediate manager"	68	67	65
Q5c	"The support I get from my work colleagues"	83	81	83
Q5d	"The amount of responsibility I am given"	74	74	76
Q5e	"The opportunities I have to use my skills"	70	71	71
Q5f	"The extent to which my organisation values my work"	41	43	42
Q5g	"My level of pay"	28	30	31
Q5h	"The opportunities for flexible working patterns"	54	51	50
	Contribution to patient care			
	% agreeing / strongly agreeing with the following statements:			
Q6a	"I am satisfied with the quality of care I give to patients / service users"	80	81	83
Q6b	"I feel that my role makes a difference to patients / service users"	91	90	91
Q6c	"I am able to deliver the patient care I aspire to"	66	67	69

		Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
	Your managers			
	% agreeing / strongly agreeing with the following statements:			
Q7a	"My immediate manager encourages those who work for her/him to work as a team"	70	74	71
Q7b	"My immediate manager can be counted on to help me with a difficult task at work"	69	71	68
Q7c	"My immediate manager gives me clear feedback on my work"	58	61	59
Q7d	"My immediate manager asks for my opinion before making decisions that affect my work"	51	55	51
Q7e	"My immediate manager is supportive in a personal crisis"	70	74	69
Q7f	"My immediate manager takes a positive interest in my health and well-being"	65	67	63
Q7g	"My immediate manager values my work"	70	71	69
Q8a	"I know who the senior managers are here"	80	83	82
Q8b	"Communication between senior management and staff is effective"	34	40	40
Q8c	"Senior managers here try to involve staff in important decisions"	29	34	34
Q8d	"Senior managers act on staff feedback"	27	32	32
	Health and well-being			
Q9a	% saying their organisation definitely takes positive action on health and well-being	28	32	28
Q9b	% saying they have have experienced musculoskeletal problems (MSK) in the last 12 months as a result of work activities	25	26	23
Q9c	% saying they have have felt unwell in the last 12 months as a result of work related stress	33	36	38
Q9d	% saying in the last three months they had gone to work despite not feeling well enough to perform their duties	53	56	51
	If attended work despite not feeling well enough (YES to Q9d), % saying they...			
Q9e	...had felt pressure from their manager to come to work	25	27	28
Q9f	...had felt pressure from their colleagues to come to work	23	21	24
Q9g	...had put themselves under pressure to come to work	94	92	92
	Working hours			
Q10a	% working part time (up to 29 hours a week)	25	20	20
Q10b	% working additional PAID hours	32	35	39
Q10c	% working additional UNPAID hours	60	57	59
	Witnessing and reporting errors, near misses and incidents			
Q11a	% witnessing errors, near misses or incidents in the last month that could have hurt staff	11	17	15
Q11b	% witnessing errors, near misses or incidents in the last month that could have hurt patients / service users	24	26	26
Q11c	If they witnessed an error, near miss or incident that could have hurt staff or patients / service users (YES to Q11a or YES to Q11b), % saying the last time this happened, either they or a colleague had reported it	94	95	94

		Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
	Fairness and effectiveness of procedures for reporting errors, near misses or incidents			
	% agreeing / strongly agreeing with the following statements:			
Q12a	"My organisation treats staff who are involved in an error, near miss or incident fairly"	50	55	52
Q12b	"My organisation encourages us to report errors, near misses or incidents"	83	88	88
Q12c	"When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again"	68	69	72
Q12d	"We are given feedback about changes made in response to reported errors, near misses and incidents"	60	56	57
	Raising concerns about unsafe clinical practice			
Q13a	% saying if they were concerned about unsafe clinical practice they would know how to report it	93	95	92
	% agreeing / strongly agreeing with the following statements:			
Q13b	"I would feel secure raising concerns about unsafe clinical practice"	64	69	72
Q13c	"I am confident that the organisation would address my concern"	52	57	59
	Experiencing and reporting physical violence at work			
	% experiencing physical violence at work from patients / service users, their relatives or other members of the public in last 12 months...			
Q14a	Never	86	86	87
Q14a	1 to 2 times	9	9	7
Q14a	3 to 5 times	3	3	3
Q14a	6 to 10 times	1	1	1
Q14a	More than 10 times	1	1	1
	% experiencing physical violence at work from managers in last 12 months...			
Q14b	Never	99	99	99
Q14b	1 to 2 times	0	0	1
Q14b	3 to 5 times	0	0	0
Q14b	6 to 10 times	0	0	0
Q14b	More than 10 times	0	0	0
	% experiencing physical violence at work from other colleagues in last 12 months...			
Q14c	Never	98	98	98
Q14c	1 to 2 times	1	1	1
Q14c	3 to 5 times	1	0	1
Q14c	6 to 10 times	0	0	0
Q14c	More than 10 times	0	0	0
Q14d	(If YES to Q14a, Q14b or Q14c) % saying the last time they experienced an incident of physical violence, either they or a colleague had reported it	68	67	59
	Experiencing and reporting harassment, bullying and abuse at work			
	% experiencing harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public in last 12 months...			
Q15a	Never	72	73	70
Q15a	1 to 2 times	16	17	16
Q15a	3 to 5 times	6	6	7
Q15a	6 to 10 times	2	2	2
Q15a	More than 10 times	4	3	4

		Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
	% experiencing harassment, bullying or abuse at work from managers in last 12 months...			
Q15b	Never	86	87	86
Q15b	1 to 2 times	10	9	11
Q15b	3 to 5 times	3	2	2
Q15b	6 to 10 times	0	1	1
Q15b	More than 10 times	1	1	0
	% experiencing harassment, bullying or abuse at work from other colleagues in last 12 months...			
Q15c	Never	82	81	82
Q15c	1 to 2 times	14	13	13
Q15c	3 to 5 times	3	3	3
Q15c	6 to 10 times	1	1	1
Q15c	More than 10 times	1	1	0
Q15d	(If YES to Q15a, Q15b or Q15c) % saying the last time they experienced an incident of harassment, bullying or abuse, either they or a colleague had reported it	36	45	48
	Equal opportunities			
Q16	% saying the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	88	85	89
	Discrimination			
Q17a	% saying they had experienced discrimination from patients / service users, their relatives or other members of the public in the last 12 months	7	6	7
Q17b	% saying they had experienced discrimination from their manager / team leader or other colleagues in the last 12 months	10	8	7
	% saying they had experienced discrimination on the grounds of:			
Q17c	Ethnic background	49	40	39
Q17c	Gender	9	19	16
Q17c	Religion	5	4	4
Q17c	Sexual orientation	2	4	4
Q17c	Disability	7	8	10
Q17c	Age	12	18	12
Q17c	Other reason(s)	37	33	33
	Job-relevant training, learning and development			
Q18a	% having received non-mandatory training, learning or development in the last 12 months	71	71	74
	% who had received training, learning and development in the last 12 months (YES to Q18a) agreeing / strongly agreeing with the following statements:			
Q18b	"It has helped me to do my job more effectively"	80	84	79
Q18c	"It has helped me stay up-to-date with professional requirements"	84	87	87
Q18d	"It has helped me to deliver a better patient / service user experience"	76	82	81
Q19	% who had received mandatory training in the last 12 months	97	97	93
	Appraisals			
Q20a	% saying they had received an appraisal or performance development review in the last 12 months	90	86	94

		Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
	If (YES to Q20a) had received an appraisal or performance development review in the last 12 months:			
Q20b	% saying their appraisal or development review definitely helped them to improve how they do their job	20	22	24
Q20c	% saying their appraisal or development review definitely helped them agree clear objectives for their work	33	34	38
Q20d	% saying their appraisal or development review definitely made them feel their work was valued by the organisation	28	30	31
Q20e	% saying the values of their organisation were definitely discussed as part of the appraisal	25	33	31
Q20f	% saying their appraisal or development review had identified training, learning or development needs	69	64	69
	If (YES to Q20a) had received an appraisal or performance development review AND (YES to Q20f) training, learning or development needs identified as part of their appraisal or development review:			
Q20g	% saying their manager definitely supported them to receive training, learning or development	54	51	55
	Your organisation			
	% agreeing / strongly agreeing with the following statements:			
Q21a	"Care of patients / service users is my organisation's top priority"	76	76	79
Q21b	"My organisation acts on concerns raised by patients / service users"	70	73	75
Q21c	"I would recommend my organisation as a place to work"	62	61	63
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	71	71	75
	Patient / service user experience measures			
	% saying 'Yes'			
Q22a	"Is patient / service user experience feedback collected within your directorate / department?"	84	89	87
	If patient / service user feedback collected (YES to Q22a), % agreeing or strongly agreeing with the following statements:			
Q22b	"I receive regular updates on patient / service user experience feedback in my directorate / department"	60	62	63
Q22c	"Feedback from patients / service users is used to make informed decisions within my directorate / department"	56	58	60
	BACKGROUND DETAILS			
	Gender			
Q23a	Male	27	20	22
Q23a	Female	71	77	78
Q23a	Prefer to self-describe	0	0	0
Q23a	Prefer not to say	2	2	0
	Age group			
Q23b	Between 16 and 30	15	16	15
Q23b	Between 31 and 40	19	21	22
Q23b	Between 41 and 50	26	27	33
Q23b	51 and over	41	34	30
	Ethnic background			
Q24	White	84	88	84
Q24	Mixed	1	1	2
Q24	Asian / Asian British	10	7	10
Q24	Black / Black British	3	2	3
Q24	Chinese	1	0	0
Q24	Other	1	1	1

		Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
	Sexuality			
Q25	Heterosexual (straight)	88	91	90
Q25	Gay Man	1	1	1
Q25	Gay Woman (lesbian)	1	1	1
Q25	Bisexual	1	1	0
Q25	Other	1	0	2
Q25	Preferred not to say	8	7	6
	Religion			
Q26	No religion	29	34	30
Q26	Christian	54	53	54
Q26	Buddhist	1	1	1
Q26	Hindu	4	2	4
Q26	Jewish	0	0	0
Q26	Muslim	2	2	2
Q26	Sikh	1	0	0
Q26	Other	1	2	3
Q26	Preferred not to say	8	6	7
	Disability			
Q27a	% saying they have a long-standing illness, health problem or disability	21	17	14
Q27b	If long-standing disability (YES to Q27a and if adjustments felt necessary), % saying their employer has made adequate adjustment(s) to enable them to carry out their work	81	74	66
	Length of time at the organisation (or its predecessors)			
Q28	Less than 1 year	9	9	10
Q28	1 to 2 years	16	14	18
Q28	3 to 5 years	17	17	16
Q28	6 to 10 years	20	17	20
Q28	11 to 15 years	13	14	14
Q28	More than 15 years	25	28	21
	Occupational group			
Q29	Registered Nurses and Midwives	22	28	27
Q29	Nursing or Healthcare Assistants	5	8	4
Q29	Medical and Dental	10	9	8
Q29	Allied Health Professionals	11	12	14
Q29	Scientific and Technical / Healthcare Scientists	12	8	9
Q29	Social Care staff	0	0	0
Q29	Emergency Care Practitioner	0	0	0
Q29	Paramedic	0	0	0
Q29	Emergency Care Assistant	0	0	0
Q29	Ambulance Technician	0	0	0
Q29	Ambulance Control Staff	0	0	0
Q29	Patient Transport Service	0	0	1
Q29	Public Health / Health Improvement	0	0	1
Q29	Commissioning staff	0	0	0
Q29	Admin and Clerical	17	17	18
Q29	Central Functions / Corporate Services	4	5	4
Q29	Maintenance / Ancillary	8	6	11
Q29	General Management	2	3	1
Q29	Other	9	3	3

		Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
	Team working			
Q30a	% working in a team	94	95	93
	(If YES to Q30a): Number of core members in their team			
Q30b	2-5	21	22	22
Q30b	6-9	20	20	22
Q30b	10-15	20	18	17
Q30b	More than 15	38	38	38

Appendix 4

Other NHS staff survey 2017 documentation

This report is one of several ways in which we present the results of the 2017 national NHS staff survey:

1) A separate summary report of the main 2017 survey results for Maidstone And Tunbridge Wells NHS Trust can be downloaded from: www.nhsstaffsurveys.com. The summary report is a shorter version of this feedback report, which may be useful for wider circulation within the trust.

2) A national briefing document, describing the national Key Findings from the 2017 survey and making comparisons with previous years, will be available from www.nhsstaffsurveys.com in March 2018.

3) The document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com. This includes details about the calculation of Key Findings and the data weighting method used.

4) A series of detailed spreadsheets will be made available after publication via www.nhsstaffsurveys.com. In these detailed spreadsheets you will be able to find:
    - responses of staff in your trust to every core survey question
    - responses in every trust in England
    - the average responses for each major trust type (e.g. all acute trusts, all ambulance trusts)
    - the average responses for each major occupational and demographic group within the major trust types

Maidstone and Tunbridge Wells NHS
NHS Trust

WORKFORCE COMMITTEE – 29 March 2018

29/03/18	**GENDER PAY GAP REPORT**	**JO GARRITY** **HEAD OF STAFF ENGAGEMENT & EQUALITY**

Summary / Key points

Gender pay reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year showing how large the pay gap is between their male and female employees.

This report shows the calculations of gender pay gaps as a mean average, median average, bonus pay gaps and lowest to highest paid groups. Included is an action plan to address the pay gaps and the Workforce Committee is requested to agree actions.

This data must be submitted by 31 March 2018.

Which Committees have reviewed the information prior to Workforce Committee submission?

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

- Information
- Assurance

1.0 GENDER PAY GAP REPORT

1.1 What is the Gender Pay Gap Report?

1.1.1 Gender pay reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year showing how large the pay gap is between their male and female employees. There are two sets of regulations.

1.1.2 The first regulation is mainly for the private and voluntary sectors (taking effect from 5 April 2017) and the second is mainly for the public sector (taking effect from 31 March 2017). Employers will have up to 12 months to publish their gender pay gaps.

1.1.3 The results must be published on the employer's website and a government website. They must, where applicable, be confirmed in a written statement by an appropriate person, such as a Chief Executive. While employers may already be taking steps to improve gender equality and reduce or eliminate their gender pay gap, this process will support and encourage action.

1.1.4 Gender pay reporting is different to equal pay – equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman (Equality Act 2010 – sex is a protected characteristic).

1.1.5 The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with and the individual calculations may help to identify what those issues are.

1.1.6 The NHS terms and conditions of service handbook contain the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff.

1.1.7 Job evaluation enables jobs to be matched to national job profiles or allows Trusts to evaluate jobs locally to determine in which Agenda for Change pay band a post should sit.

1.2 The Gender Pay Gap indicators

1.2.1 An employer must publish six calculations showing their:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay

1.2.2 The current gender split within the overall workforce at MTW is 76% female and 24% male. The breakdown of proportion of females and males in each banding.

Band	Male %	Female %
Apprentice	38.63%	61.37%
Band 1	26.19%	73.81%
Band 2	11.96%	88.04%
Band 3	11.96%	88.04%
Band 4	14.43%	85.57%
Band 5	12.49%	87.51%
Band 6	15.47%	84.53%
Band 7	32.42%	67.58%
Band 8a	42.00%	58.00%
Band 8b	46.15%	53.85%
Band 8c	50.00%	50.00%
Band 8d	16.67%	83.33%
Medical	55.29%	44.71%
Trust Board	55.56%	44.44%

1.3 Snapshot of MTW data taken 31 March 2017

1.3.1 Average gender pay gap as a mean average

Average gender pay gap as a mean average			
Overall	Male £	Female £	% difference
Mean hourly rate	£ 20.08	£ 15.12	24.69%
Agenda for Change	Male £	Female £	% difference
Mean hourly rate	£ 14.00	£ 14.17	-1.23%
Medical	Male £	Female £	% difference
Mean hourly rate	£ 35.52	£ 28.72	19.13%

1.3.2 Average gender pay gap as a median average

Average gender pay gap as a median average			
Overall	Male	Female	% difference
Median hourly rate	£ 14.56	£ 13.67	6.09%

Agenda for Change	Male	Female	% difference
Median hourly rate	£ 11.95	£ 13.19	-9.80%

Medical	Male	Female	% difference
Median hourly rate	£ 34.27	£ 25.24	26.34%

1.3.3 Average bonus gender pay gap as a mean average

Average bonus gender pay gap as a mean average			
Medical	Male	Female	% difference
Mean bonus payment	£ 13,044.00	£ 8,130.54	37.67%

1.3.4 Average bonus gender pay gap as a median average

Average bonus gender pay gap as a mean average			
Medical	Male	Female	% difference
Median bonus payment	£ 8,950.75	£ 4,773.70	46.67%

1.3.5 Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment

Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment	
Male proportion overall	76.09%
Male medical staff overall	55.29%
% difference	20.80%
Female proportion receiving bonus	23.91%
Female medical staff overall	44.71%
% difference	-20.80%

1.3.6 Proportion of males and females when divided into four groups ordered from lowest to highest pay

Proportion of males and females when divided into four groups ordered from lowest to highest pay		
	Male	Female
Lower	24.02%	75.98%
Lower middle	21.57%	78.43%
Upper middle	16.02%	83.98%
Upper	36.76%	63.24%

1.4 Summary of results and actions

Metric	Result	Action
Average gender pay gap as a mean average	There is an overall difference of 24.6% but the AfC mean hourly rate difference is minimal. However there is a difference in the medical workforce with females being paid 19% less mean hourly rate than males.	Review of the invitation to eligible Consultants to apply for CEAs and offer support to all in submitting applications.
Average gender pay gap as a median average	Female median pay is less than male median pay (6%)	
Average bonus gender pay gap as a mean average	Female CEA pay is less than the male CEA pay (37.6%)	
Average bonus gender pay gap as a median average	Female CEA pay is less than the male CEA pay (46.6%)	
Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment	A higher proportion of males receive CEA pay than females (20%)	
Proportion of males and females when divided into four groups ordered from lowest to highest pay	Female proportion higher in Upper and Upper middle pay groups Female proportion in Lower and Lower middle pay groups	Discuss with and encourage lower pay band roles (such as facilities staff) to take up CSW and other apprenticeships

Trust Board Meeting – April 2018

Maidstone and Tunbridge Wells NHS Trust

4-20	Summary report from Quality Committee, 10/04/18	Committee Chair (Non-Executive Director)

The Quality Committee has met once since the last Trust Board, on 29th March (a Quality Committee 'deep dive' meeting)

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

- The **progress with actions** from previous meetings was noted
- A **Review of the quality care provided under inpatient escalation (including the Trust's Boarding Guidelines** was undertaken, for which the Associate Director of Nursing attended. It was reported that:
  - The Trust's escalation policy was reviewed by the Trust Board as part of the Winter Planning process and no areas other than those approved within the policy were used for escalation
  - Escalation was the clinical and operational response used to safely maintain patient flow, at times when demand and capacity were mismatched
  - Reasons for escalation included increased attendances & admissions over a period of time; changes in patient acuity; increased length of stay; changes in out of hospital capacity (e.g. Social Services and mental health providers); and closure of areas due to infection
  - The national OPEL (Operational Pressures Escalation Level) had been introduced by NHS England to ensure national consistency in escalation criteria across the system
  - OPEL status was assessed at daily bed meetings & communicated clearly to frontline staff
  - Potential responses included: increased staffing; commencement of senior doctor reviews on wards; and increased liaison with the Discharge team and Social Services; admission deferrals and increased consultant cover
  - The Trust had escalated to OPEL Level 4 on approximately 10 days during the most recent winter period
  - Intensity of activity was expected to increase in future years and it was therefore critical to learn how to manage the resulting issues differently
  - Continuous review of the current and predicted state of activity was essential, with the emphasis upon taking pre-emptive actions to stay ahead of developments
  - There was continuous liaison with partner organisations; daily meetings were chaired by the CCG & attended by Community Trusts, South East Coast Ambulance Service & Social Services
  - Feedback from patients in escalation was generally positive, as reflected in the low number of complaints on this subject
  - Every potentially inappropriately bedded patient was considered at each site meeting
  - Boarding was defined as "a patient residing on a ward without an allocated bed space"; the rationale for boarding was to introduce a process of risk sharing across the organisation when ED had more patients than it could safely manage was noted
  - Potential triggers for boarding included the likelihood of 12 hour trolley breaches; the Trust had reported two trolley breaches during the year which were related to safety
  - Boarded patients were the responsibility of the ward in which they were located
  - There had been some resistance to boarding from Trust staff, but this had been discussed and there had been significant input to the Boarding Guidelines; staff rotations, including ED nurse visits to the wards and vice versa had also taken place.
  - Safeguards in place for boarded patients, included that speciality patients were only boarded on wards with specialist knowledge, even if this resulted in them being boarded for longer
  - 4 incident reporting (IR1) forms relating to boarding had been received in 2017/18, compared with 8 in the previous year
  - Patient safety indicators for escalation, included improved ED performance (5%); Delayed Transfers of Care reduction (4%); falls reduction (by 20) & pressure damage injury reduction
  - The remaining challenges included staffing; ITU capacity; transfers from tertiary centres and capacity to manage Medically Fit for Discharge patients outside of the Trust
  - Work-streams relating to Length of Stay, Ambulatory Emergency Care, avoiding admissions, frailty care and GP streaming were in place to optimise the progress made to date.

- The second main item was a **Review of the themes arising from Root Cause Analyses of incidents and complaints**, which had been prepared by the Associate Director, Quality Governance. The presentation contained detailed consideration of the themes of and categorised actions arising from Serious Incidents (SIs) and complaints in the period. The following issues were covered:
  - The information presented had been manually extrapolated and would be subject to detailed consideration as part of the Best Safety work-stream prior to further development
  - There had been 150 SIs declared in 2017/18, of which 21 had been downgraded
  - The five categories of SI were main; falls; pressure damage; VTE and safeguarding
  - The key themes from Main SIs included failure to follow process; treatment delays; Mental Capacity Act & consent issues; communication; failure to recognise the deteriorating patient; failure to escalate; delayed treatment and maternity); examples of each were given
  - The main actions arising from the Main SI category had been categorised as: documentation, education, IT solutions and process
  - Examples of actions under each category were given
  - Key themes & examples of actions taken for each of the other categories of SI were outlined
  - Against the wider context of the large number of patients treated in the period, the examples cited related to only a very small number of incidents
  - The main subject of complaints received in the first half of 2017/18 was clinical treatment
  - Other key complaints themes included communication; medication errors; end of life care; and administration
  - The main actions arising from complaints had been categorised as: documentation, education, communication and process, of which communication was the most significant
  - The overlap between the main categories of actions identified from complaints & SIs was noted
  - The next steps in the review process were noted and included development of the Best Safety / Quality work-stream into lessons learnt; the roll out of Human Factors training; IT solutions for dissemination of learning; and data extraction, which was currently the biggest impediment to progress
  - The Chair of the Trust Board raised the importance of incorporating findings from the review into both the business case and design considerations for the Electronic Patient Records (EPR) system.

- Under any other business, the Chair of the Trust Board reported a query received from NHS Improvement, ahead of the next FSM meeting, about why the items considered at Quality Committee 'Deep Dive' meetings were not consistent with those identified for the Model Hospital deep dive process. The Chair of the Committee confirmed that this had not been the focus of the Committee's Deep Dives to date and that the agenda set by the Committee was justified in its focus on critical Quality issues within the Trust. The Committee agreed this as an appropriate response to NHSI's query

2. In addition to the agreements referred to above, the Committee agreed that:
A "Review of improvements in Paediatrics"; a "Review of the last 4 Never Events and identification of any wider learning arising" and a "Follow-up review of compliance with the Mental Capacity Act 2005" should be scheduled for the Quality Committee 'deep dive' meeting in June 2018 and that:
A "Review of the compliance with the requirement to date and time all entries within patient healthcare records"; a "Review of the work being undertaken regarding patient falls" and a "Review of nutrition and fluid balance" should be scheduled for the meeting in August 2018

3. 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]
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 – April 2018

Maidstone and Tunbridge Wells NHS Trust

4-21	Summary report from Finance and Performance Committee, 24/04/18	Committee Chair (Non-Exec. Director)

The Finance and Performance Committee met on 24th April 2018.

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

- The actions from previous meetings were reviewed, which included responding to the 2017 Committee evaluation findings. It was agreed to schedule an annual review of the IT strategy at the Committee, followed by a 6-monthly update (and further agreed that the "Update on IT strategy and related matters" items scheduled for May and November 2018 should be deferred to July 2018 and January 2019 respectively, to take account of the timing of the development of the revised IT strategy). It was also agreed that the Chair of the Committee would meet with the Director of Finance to discuss the presentation, and use, of the financial information submitted to the Committee, taking into account the findings from the evaluation
- Under the "Safety Moment", it was reported that April's theme was Infection control
- A proposed amendment to the Terms of Reference (relating to the membership of the Deputy Chief Executive) was agreed, which will be submitted to the Board, for approval, in May 2018
- The month 12 financial performance, including that on the Cost Improvement Programme, was discussed in detail, and it was agreed that the Director of Finance and Chief Operating Officer would submit a report to the Committee in May 2018 explaining the significant increases in temporary Medical staffing expenditure that occurred in a) August 2017 and b) March 2017 and 2018. It was also agreed that the Director of Finance would clarify the reason/s for the £1.2m in-month adverse variance reported in "Premises" costs
- The month 12 non-finance, non-quality, related performance was discussed, and it was agreed that the Chief Operating Officer would submit a report to the Committee in June 2018 on the recovery plans for the 62-day Cancer waiting time target
- A review of the run-rate in outpatient activity, by speciality, at the end of 2017/18 (and the extent to which this led to operational performance issues and/or financial/contractual issues) was also undertaken (following a request from a previous meeting), and it was agreed that the Chief Operating Officer would submit a report to the Committee in May 2018 on the approach being taken regarding the recovery of the Trust's outpatient activity
- The Trust's 2018/19 plans for Referral to Treatment and Cancer activity were reviewed, and the Committee challenged the level of ambition within the plans
- The final 2018/19 Planning submissions were reviewed in detail, ahead of these being submitted to the Trust Board for approval (and ahead of the Financial Special Measures review meeting being held on the afternoon of 24/04/18). The Committee agreed to recommend that the Trust Board approve the plans, and agree to the 2018/19 control total
- The latest quarterly update on Service tender submissions was reviewed, as was the usual monthly update on the Lord Carter efficiency review
- The year-end review of the relevant aspects of the Board Assurance Framework (BAF), was noted, ahead of the full BAF being reviewed by the Trust Board on 26/04/18
- A quarterly update on the Apprenticeship Levy was received, and the Committee agreed that it would no longer receive further updates on the Levy
- The standing "breaches of the external cap on Agency staff pay rate" report was noted
- The Committee was notified of the recent uses of the Trust Seal

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

- A "Review of the Trust's recruitment plan" should be scheduled in May or June 2018
- The Chief Operating Officer should submit a report in May 2018 on the preparations being made to become the prime provider for elective activity from 01/08/18; & arrange for the rules regarding the receipt of the 2018/19 Provider Sustainability Fund monies that related to the A&E 4-hour waiting time target to be circulated to Committee members

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

- The Committee agreed to recommend that the Trust Board approve the plans for 2018/19, and agree to the 2018/19 control total

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 – April 2018

NHS
Maidstone and Tunbridge Wells NHS Trust

4-23	To approve revised Terms of Reference for the Remuneration & Appointments Committee	Chair of the Remuneration and Appointments Committee

Some minor amendments to the Remuneration and Appointments Committee's Terms of Reference were proposed, and agreed, at the Remuneration and Appointments Committee meeting held on 29th March 2018. These are shown as 'tracked' in the pages below.

The Trust Board is required to approve the Terms of Reference & is therefore requested to do so.

Which Committees have reviewed the information prior to Board submission?

- Remuneration and Appointments Committee, 29/03/18

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

Approval

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

REMUNERATION AND APPOINTMENTS COMMITTEE

TERMS OF REFERENCE

Maidstone and Tunbridge Wells NHS Trust

1. Purpose

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

2. Membership

- The Chair of the Trust Board (Chair of Committee)
- All Non-Executive Directors

The Vice Chair of the Committee will be the Vice Chair of the Trust Board.

Members are expected to attend all relevant meetings.

3. Quorum

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

4. Attendance

The following are invited to attend each main meeting:

- Chief Executive
- Director of Workforce
- Associate Non-Executive Directors

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

5. Frequency of Meetings

Meetings will be scheduled according to need, but there will be a minimum of one meeting per year.

6. Duties

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

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

6.3 To review, with the Chief Executive, the performance of members of the Executive Team and other staff appointed on VSM contracts, at least annually.

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

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

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

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

7. Parent Committee and reporting procedure

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

The Chair of the Remuneration and Appointments Committee will determine the extent (and format) to which the detailed activities of the Committee are reported to the Trust Board.

8. Sub-committees and reporting procedure

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

9. Administration

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

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

10. Emergency powers and urgent decisions

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

11. Review of Terms of Reference

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

History

- Revised Terms of Reference agreed by the Remuneration Committee, 24/06/15
- Revised Terms of Reference approved by the Trust Board, 22/07/15
- Revised Terms of Reference agreed by the Remuneration and Appointments Committee, 25/01/17
- Revised Terms of Reference approved by the Trust Board, 22/02/17
- Revised Terms of Reference agreed by the Remuneration and Appointments Committee, 23/01/18
- Revised Terms of Reference approved by the Trust Board, 01/03/18
- Revised Terms of Reference agreed by the Remuneration and Appointments Committee, 29/03/18 (to list Chief Executive among those invited to attend each meeting, and note the change in secretariat function)
- Revised Terms of Reference approved by the Trust Board, 26/04/18