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

9.45am to circa 1pm THURSDAY 28TH FEBRUARY 2019

PENTECOST/SOUTH ROOMS, THE ACADEMIC CENTRE, MAIDSTONE HOSPITAL

A G E N D A – PART 1

Ref.	Item	Lead presenter	Attachment
2-1	To receive apologies for absence	Chair of the Trust Board	Verbal
2-2	To declare interests relevant to agenda items	Chair of the Trust Board	Verbal
2-3	Minutes of the Part 1 meeting of 31st January 2019	Chair of the Trust Board	1
2-4	To note progress with previous actions	Chair of the Trust Board	2
2-5	Safety moment	Chief Nurse/Medical Director	3
2-6	Report from the Chair of the Trust Board	Chair of the Trust Board	4
2-7	Report from the Chief Executive	Chief Executive	5
2-8	Integrated Performance Report for January 2019	Chief Executive	6
	▪ Effectiveness / Responsiveness	Chief Operating Officer	6
	▪ Well-Led (finance)	Chief Finance Officer	6
	▪ Finance and Performance Committee, 27/02/19	Committee Chair	7 (to follow)
	▪ Safe / Effectiveness / Caring (incl. planned and actual ward staffing for January 2019)	Chief Nurse	6
	▪ Safe / Effectiveness (incl. mortality)	Medical Director	6
	▪ Safe (infection control)	Director of Inf. Prev. and Control	6
	▪ Well-Led (workforce)	Director of Workforce	6
	▪ Workforce Committee, 31/01/19	Committee Chair	8
2-9	Update from the Best Care Programme Board	Chief Executive	9 (to follow)
2-10	Review of the Board Assurance Framework 2018/19	Trust Secretary	10
	Planning and strategy		
2-11	Update on the Trust's 2019/20 plan	Director of Strategy, Planning and Partnerships	11
2-12	Stakeholder assessment and engagement plan	Director of Strategy, Planning and Partnerships	12
	Reports from Trust Board sub-committees (and the Trust Management Executive)		
2-13	Quality Committee, 06/02/19	Committee Chair	13
	Patient experience		
2-14[1]	A patient's experience of the Trust's services	Medical Director[2]	Verbal
2-15	**To consider any other business**		
2-16	**To receive any questions from members of the public**		
2-17	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:

- 28th March 2019, 9.45am, Lecture Rooms 1 & 2, The Education Centre, Tunbridge Wells Hospital
- 25th April 2019, 9.45am, Pentecost/South rooms, The Academic Centre, Maidstone Hospital
- 23rd May 2019, 9.45am, Lecture Rooms 1 & 2, The Education Centre, Tunbridge Wells Hospital
- 27th June 2019, 9.45am, Pentecost/South rooms, The Academic Centre, Maidstone Hospital
- 25th July 2019, 9.45am, Lecture Rooms 1 & 2, The Education Centre, Tunbridge Wells Hospital
- 26th September 2019, 9.45am, Pentecost/South rooms, The Academic Centre, Maidstone Hospital
- 31st October 2019, 9.45am, Lecture Rooms 1 & 2, The Education Centre, Tunbridge Wells Hospital
- 28th November 2019, 9.45am, Pentecost/South rooms, The Academic Centre, Maidstone Hospital
- 19th December 2019, 9.45am, Lecture Rooms 1 & 2, The Education Centre, Tunbridge Wells Hospital

David Highton,
Chair of the Trust Board

[1] This item is scheduled for 12.30pm
[2] A patient's relatives will also be in attendance for this item

MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY 31ST JANUARY 2019, 9.45A.M, AT TUNBRIDGE WELLS HOSPITAL

NHS Maidstone and Tunbridge Wells NHS Trust

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board	(DH)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Sarah Dunnett	Non-Executive Director	(SDu)
	Nazeya Hussain	Non-Executive Director	(NH)
	Tim Livett	Non-Executive Director	(TL)
	Peter Maskell	Medical Director	(PM)
	Claire O'Brien	Chief Nurse	(COB)
	Steve Orpin	Chief Finance Officer	(SO)
	Miles Scott	Chief Executive	(MS)
In attendance:	Neil Griffiths	Associate Non-Executive Director	(NG)
	Simon Hart	Director of Workforce	(SH)
	Amanjit Jhund	Director of Strategy, Planning & Partnerships	(AJ)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Emma Pettitt-Mitchell	Associate Non-Executive Director	(EPM)
	Kevin Rowan	Trust Secretary	(KR)
	Michael Beckett	Interim Director of IT (for item 1-15)	(MB)
	Richard Flood	Staff Side Joint Chair (for item 1-8)	(RF)
	Debbie O'Reilly	Staff Side Joint Chair (for item 1-8)	(DOR)
Observing:	Richard Flood	Staff Side Joint Chair (except item 1-8)	(RF)
	Debbie O'Reilly	Staff Side Joint Chair (except item 1-8)	(DOR)
	Darren Yates	Head of Communications	(DY)
	William English	Member of the public	(WE)

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

1-1 To receive apologies for absence

No apologies were received. DH however reported that Steve Phoenix had left his position as a Non-Executive Director to become the Chair of the Board at East Sussex Healthcare NHS Trust. DH thanked Mr Phoenix for the time he served on the Trust Board.

1-2 To declare interests relevant to agenda items

No interests were declared.

1-3 Minutes of the 'Part 1' meeting of 20th December 2018

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

- Item 12-9, page 5, paragraph 3. DH acknowledged that the minute could be interpreted as an indication that the Trust Board did not have regard to the Referral to Treatment (RTT) NHS Constitutional target, which was not the case. MS added that it should be clear that the Trust Board had agreed to establish a recovery plan to achieve the RTT target on a sustainable basis. It was therefore confirmed that the minute "…although a recovery plan was in place to recover the NHS Constitutional standard for cancer, but there was no such plan to deliver the RTT Constitutional standard" should be replaced with "…although a recovery plan was in place to recover the NHS Constitutional standard for cancer, there was no agreed plan to recover the RTT Constitutional standard"; the minute "DH highlighted that the performance management that NHSI undertook in relation to RTT had been against the Trust's agreed activity plan, not the NHS Constitutional target" should be removed; and the minute "SB confirmed that the Trust's operational teams had delivered the plan that had been agreed, but performance was at

significant variance from the NHS Constitutional target" should be replaced with "SB confirmed that even though the Trust's operational teams had delivered the activity that had been agreed, performance was at significant variance from the NHS Constitutional target".

Action: Amend the minutes of the 'Part 1' meeting of 20th December 2018 (Trust Secretary, January 2019 onwards)

1-4 To note progress with previous actions

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

- **10-9c ("Ensure that all Non-Executive Directors received an appraisal").** DH confirmed that the final appraisal was scheduled for later that day so the action would be closed at that point.
- **12-9b ("Consider amending the "planned and actual ward staffing" report to the Trust Board to show the proportion of the average fill rate undertaken by Agency staff").** COB confirmed that the action was in progress but not yet complete. DH asked if a new date should be set. It was confirmed that the action would be able to be closed by the end of March 2019**.**

1-5 Safety moment

COB reported that the focus for the month was the launch of the 'preventing ill health' Commissioning for Quality and Innovation (CQUIN) target, which would include assessing patients alcohol consumption and smoking. COB noted that staff would also be encouraged to lead a healthier lifestyle. PM added that 'making every contact count' was a key issue across the NHS.

MS remarked that he understood patients were increasingly resistant to receiving lectures on obesity by clinical staff who were clearly overweight, and therefore appealed for more to be done to promote healthy lifestyles among the Trust's staff. COB replied that the situation was complex, and the focus was on ensuring staff were fit to perform their duties. SH did however note that some healthy living programmes were in place, although more could be done. MC emphasised the importance of canteens offering affordable healthy eating options. The point was acknowledged.

1-6 Report from the Chair of the Trust Board

DH referred to Attachment 3 and highlighted the following points:

- The NHS Long Term Plan had now been published, and one of the key issues was the development of Integrated Care Systems (ICSs), which West Kent was well placed to progress. The Chairs of the local provider Trust Boards had welcomed the development.
- The Trust had held a successful Research & Development event

1-7 Report from the Chief Executive

MS referred to Attachment 4 and highlighted following key points:

- The clinically-led changes were progressing well
- A session on workforce would be scheduled for 12/02/19, given the importance of workforce issues to all other areas of performance
- Paragraphs 7 and 8 illustrated the type of quality initiatives that had been implemented without a top-down approach, and the use of colourful blankets to help minimise falls on Wards had received much attention from social media, and led to other items being donated

Staff experience

1-8 The joint Chairs of Staffside

DH welcomed DOR and RF to the meeting. RF reported that he was a CT Radiographer at Maidstone Hospital (MH) and had been co-Chair of Staffside with RF for the past 18 months, when the previous Chair had retired. DOR reported that she worked in Ophthalmology and had moved to the Trust/area from the North of England. DOR added that one of the key issues for staff was change, and the need for staff to be fully informed of, and engaged with, such change. It was noted that encouraging and promoting that engagement was the key aspect of DOR and RF's role.

RF continued that there had previously been staff apathy about engagement, but the situation had started to change, particularly with the introduction of initiatives such as Listening into Action (LiA), as the Trust had previously been poor at communicating the positive actions it had taken.

SDu asked for further comments on LiA. RF remarked that the initial LiA projects had created real change but there was some reluctance to engage with LiA. SDu asked why that was the case. DOR explained that there was an element of disinterest, although such attitudes were challenged when encountered by DOR. RF added that engaging with change was difficult during times of work pressure, including the winter period, and some staff lacked the belief that they could make changes to improve. RF asserted that all staff, including domestics, should however be asked what steps would make a situation better.

NH asked whether there were cultural differences between MH and Tunbridge Wells Hospital (TWH). DOR noted that Ophthalmology worked across 3 sites i.e. MH, TWH and Medway Maritime Hospital, but she did not believe there were such differences. RF however acknowledged the existence of differences between the Radiology services at TWH and MH.

NG then noted that the Trust wanted to become "outstanding" and asked if any contact had been made with "outstanding" Trusts, to understand how they engaged with their staff. DOR noted that such contact was planned, but had not yet been able to be undertaken.

COB then asked what more could be done to encourage the Royal College of Nursing (RCN) to be formally represented at the Trust, noting that a representative from the RCN had previously accepted the Trust's invitation to visit. RF noted that previous efforts had been made, but there was no easy resolution to the situation. RF added that some professional Nursing representation would be beneficial, in the absence of an accredited RCN representative. MS queried whether the Trust could adopt a different approach and perhaps ask a Matron, or recently retired Nurse, to act in that role. RF suggested that a staff representation committee may help i.e. that did not require the same formality as the Joint Consultative Forum, which was a mandated requirement. MS asked that further consideration therefore be given outside of the meeting, noting that if the Trust was a Foundation Trust (FT), it would have Staff Governors. RF welcomed the Trust Board's endorsement of the suggested ideas, adding that this would help ensure that managers released their staff to attend relevant meetings.

Action: Liaise to consider the ideas to improve staff representation that were discussed during the "The joint Chairs of Staffside" item at the Trust Board on 31/01/19 (Director of Workforce / Chief Nurse, January 2019 onwards)

DH thanked DOR and RF for attending the meeting.

1-9 Integrated Performance Report for December 2018

MS referred to Attachment 5 and gave a summary of the key headlines. MS then invited each relevant Member of the Trust Board to address the specific areas of performance within their remit.

Effectiveness / Responsiveness

SB referred to Attachment 5 and highlighted the following points:

- The Trust was performing above its agreed trajectory for the A&E 4-hour waiting time target but below the 95% target. Real progress had however been made and the Trust had recently been ranked as the 15th best performing Trust in the country. The target for Quarter 3 target had also been met, which was important for the receipt of Provider Sustainability Fund (PSF) monies
- Ambulance handover performance had significantly improved in the last 2 weeks, following the agreement of an action plan

DH asked that future Integrated Performance Reports include a commentary on ambulance handover times, within the "operational performance report…" section. This was agreed.

Action: Ensure that a commentary on ambulance handover times was included in the "operational performance report…" section of future Integrated Performance Reports (Chief Operating Officer, February 2019)

SB then continued, and highlighted the following points:

- The 2-week cancer waiting time target performance had been at its highest level for some time
- The number of patients waiting over 104 days for cancer treatment had reduced and there were now only 24 such patients
- The in-month 62-day cancer waiting time target performance was below the trajectory, but weekly clinically-led Patient Tracking List (PTL) and performance meetings were being held and there remained a commitment to reach the 85% target by the end of May 2019. The Integrated Assurance Meeting (IAM) with NHS Improvement (NHSI) had been informed that the main challenge was in Urology and that a plan was in place to achieve the required improvement
- The performance on the 31-day cancer waiting time target remained good, but a step change was required in relation to the 62-day target

DH asked for a comment on the balance between the implementation of short-term and sustainable solutions in relation to cancer performance. SB replied that some of the actions that had been taken would lead to a sustainable improvement, but there was still more to be done on pathway redesign in certain tumour groups, including Urology and Lung. SB added that there was however also more work needed to validate the PTL data. SB also acknowledged that there were backlogs in some areas in relation to the typing of clinical letters.

SDu asked whether anything was being done with primary care partners to improve the quality of cancer-related referrals. SB explained the Trust's approach, noting some of the complexities involved, but acknowledged that limited action had been taken thus far. MS emphasised that he instead believed that the Trust must accept that GPs would refer more patients, particularly when they were advised by the National Institute for Health and Care Excellence (NICE) that they should refer if they had a 3% suspicion of cancer. MS continued that rather than try to manage that demand, the Trust should respond differently, by using innovative schemes such as 'straight to test' etc., rather than just apply the routine process of scheduling an outpatient appointment etc.

MC then noted that a significant improvement was needed in 62-day cancer waiting time target performance in the circa 9 weeks that were left before the end of 2018/19. SB clarified that the Trust's commitment to achieve 85% performance was for the end of May, not April, but acknowledged that the situation would be challenging. SB added that approximately half of the breaches of the target were in Urology and that specialty was therefore the main area of focus.

NG appealed for the focus to be on looking forwards rather than backwards, so that the Trust aimed to manage to compliance, rather than explain non-compliance. SB acknowledged the point and explained how reporting was changing towards such an approach.

SB then continued and highlighted that performance on the RTT target was below the required performance of 92%, and the Finance and Performance Committee had challenged SB, SO and AJ to develop a sustainable plan regarding that performance. SB noted that that plan was in development and would be discussed at the Executive Team Meeting in the coming weeks. SB added that the total waiting list had however improved considerably.

Well-Led (finance)

SO then referred to Attachment 6 and highlighted the following points:

- The financial plan for Quarter 3 had been met, which led to £3.8m of PSF monies that would be received in Quarter 4. There was £4.4m of PSF monies available for Quarter 4 performance
- The plan was however not being delivered in the way that was envisaged at the start of 2018/19, as the Cost Improvement Programme (CIP) delivery was much lower than forecast as a result of the delayed start of the Prime Provider contract for Planned Care
- The Finance and Performance Committee had considered the Trust's remaining mitigations, which included the disposal of the Trust's properties, but if these did not deliver there were no further mitigations that could be applied
- However the Trust's financial position was circa £11m better than at the same point in 2017/18, and it was the first time under the Sustainability and Transformation Fund (STF) or PSF regime that the Trust had achieved its financial plan for Quarter 3

- Staffing expenditure, and Medical temporary staffing in particular, remained a challenge. The overall plan was still however forecast to be delivered

DH asked what was needed to receive the Quarter 4 PSF monies. SO noted that £4.4m would be available, with circa £1.2m of that relating to delivery of the A&E 4-hour waiting time target (and specifically achieving 95% compliance in March 2019), and the remainder linked to the delivery of the financial plan. DH asked about the confidence regarding the former and queried whether it would be prudent to invest funds to ensure the PSF monies were obtained. SO noted that a meeting had been held with the Emergency Department (ED) to discuss their plans, and it was possible that some pump-priming funding would be required. SO continued that further work was needed to finalise matters, but it was likely that an investment of £150k to £200k would be made. MS added that it had been agreed to make a decision by the end of w/c 04/02/19, as a proper forecast of the future position was need to make the required judgement. DH explained that the issue was not solely based on the financial incentive available, but on whether the resulting improvement in patient care and experience justified the investment. MS agreed, and clarified that the decision would be focused on whether the Trust could afford the investment.

Finance and Performance Committee, 29/01/19

TL referred to Attachment 6 and highlighted the following points:

- The meeting had focused on the key issues within the financial plan
- The discussion on non-financial performance included further detail on patients waiting over 104 days for cancer treatment
- AJ had attended for a detailed discussion on the Trust's proposed 2019/20 plan
- The Business Cases for the proposed property disposals had been considered at a high level, but the Committee noted that these would be discussed in detail at the 'Part 2' Trust Board meeting scheduled for later that day

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

COB referred to Attachment 5 and highlighted the following points:

- There had been 1 falls-related Serious Incident (SI)
- Pressure ulcers had increased slightly but this was not a cause for major concern. A major strand of work would commence in relation to beds and mattresses, with particular regard to clarifying roles and responsibilities. The Infection Prevention and Control and Portering teams were both involved in that work
- There had been a reduction in the total number of SIs. Processes were being reviewed to consider whether the SI reporting threshold was appropriate
- There had been no Missed Sex Accommodation breaches
- The Friends and Family Test (FFT) response rate was labile, and the introduction of the electronic solution was not straightforward, as a contract with an external company, "iwantgreatcare" was in place. However, that contract was being re-tendered, so other organisations would be considered
- The complaints response target of 75% had not been met, but COB felt more confident in the level of engagement regarding the response rate. The complaints team had participated in a training session for Clinical Directors earlier that week, and there had been some positive feedback. A Standard Operating Procedure had also been developed to strengthen the process
- SDu had undertaken a 'deep dive' review of surgical complaints

SDu referred to the latter point and noted that the outcome of the review would be discussed in due course.

DH acknowledged the improved complaints response that had been made, whilst also noting that further improvement was required.

COB then referred to the "Safe staffing" section and highlighted the following points:

- Considerable effort had been needed to stabilise the workforce in ED over the Christmas period
- The Care Quality Commission (CQC) had received a whistleblowing concern regarding staffing levels at MH. COB had spoken with the Divisional Director of Nursing and Quality for Medicine & Emergency Care and provided the CQC with assurance on the Trust's plans. There had been

some particular challenges/significant staffing gaps during the night of New Year's Eve. NHSI had been notified of the concern that had been raised
- Some recruitment had resulted from a recent Open Day that had been held at TWH, although the Trust had been unable to recruit ED Nurses. Work to address the ED Nursing challenges was however continuing

SB asked why it was more challenging to recruit staff at TWH. COB speculated that the single-room environment was a factor, as the additional requirements of that environment added to the staff's burden. SH added that a more sophisticated geographical analysis of the transport links to TWH was also needed, as, for example, travelling from the Crowborough area to TWH required the use of 2 buses.

Quality Committee, 16/01/19

SDu referred to Attachment 7 and highlighted that concerns regarding consent had been raised at the meeting, so work would now take place on that issue before it was considered again at the Quality Committee meeting in March 2019. SDu added that she was aware that this was not the first time such concerns had been raised.

Safe / Effectiveness (incl. mortality)

PM then referred to Attachment 5 and reported the following points:
- A new system would be introduced for the Summary Hospital-level Mortality Indicator (SHMI), which meant that the SHMI would now be reported monthly
- The implementation of the Medical Examiner role had been put on hold by the Kent Coroner
- The Datix IT system that the Trust used for SIs, and wanted to use for the 'Lessons Learned' work, had been identified as outdated. A review of other systems had therefore been held (which SM had attended) and "Datix Cloud IQ" had emerged as the preferred option

MC referred to the latter point and stated that she understood that the new system would lead to an exponential increase in the availability of information. SM confirmed this would be the case.

PM then pointed out that the latest Hospital Standardised Mortality Ratio (HSMR) was in fact 103.3, not 102.4 as reported in Attachment 5. PM also reported that Dr Reynolds would assume the mortality-related role previously held by the Chief of Service for Cancer Services, whilst the Chief of Service for Medicine & Emergency Care would provide oversight. PM added that the first task of the latter individual was to explore the weekend mortality position in more detail.

Safe (infection control)

SM then referred to Attachment 5 and reported the following points:
- There had been no cases of MRSA bacteraemia
- There had been 2 cases of Clostridium difficile infection in December, and the Trust had breached the objective for 2018/19, as there had been 29 cases against a limit of 26
- There had been 9 cases of hospital-attributable gram negative bloodstream infection
- There had been an extended outbreak of norovirus on Ward 20 in November and December
- The Trust had experienced significant adverse effects from influenza cases. There had been 61 such cases and some patients needed admission to ICU. All of the cases were influenza A, which was a change from the previous year. The Trust was also now a sentinel reporting site, so reported all of its influenza cases to Public Health England

MS asked how the number of influenza cases at the Trust compared to 2014/15, when significant numbers had been seen across the country. SM stated that the current number of cases had been the largest she had experienced at the Trust and elaborated on the response being taken.

Well-led (workforce)

SH then referred to Attachment 5 and reported the following issues:
- Staffing challenges and gaps remained in several areas, but some recruitment had been made
- The uptake in the influenza vaccine had been the best seen at the Trust. SMS/text contact with the staff that had not been vaccinated in-house had been successful, as many such staff had

then confirmed that they had received vaccines via other sources. SH was confident that the main vaccination target would be achieved

SDu then concluded the item by asking RF and DOR whether they had been aware of the areas of positive performance described in the performance report. RF and DOR agreed that more was needed to communicate such performance. SDu suggested that better use of technology may be beneficial i.e. rather than relying on traditional communication methods such as newsletters. DH acknowledged the validity of the point, and it was agreed to consider what could be done.

Action: Consider how communication of the Trust's positive performance to staff could be improved via the better use of technology (Director of Strategy, Planning and Partnerships, January 2019 onwards)

1-10 Detailed review of the Best Care programme

MS referred to Attachment 8 and highlighted the following points:

- PM's workstreams on medical productivity and the Getting It Right First Time (GIRFT) programme were achieving traction, whilst the Agency staffing workshop that SH's staff had led had been very positive
- However, the savings challenges remained, including the savings planned for the aforementioned Prime Provider contract for Planned Care and the use of Avastin medication. Some of the larger value schemes that had not delivered had also not been able to be replaced
- The Best Care approach was still regarded as the most appropriate but significant re-programming work was taking place to improve the output

Planning and Strategy

1-11 Organisational Development proposals to support the plans to develop a clinically led organisation

SH referred to Attachment 9, commended the work of the Head of Learning and Development, and highlighted the following key points:

- The work had been informed by the Trust's visit to Northumbria Healthcare NHS FT
- The report included the commissioning specification for a senior leadership development programme
- The Apprenticeship Levy continued to be used, but it was limited solely to Apprenticeships, so unless the Trust's expenditure increased significantly, the Levy would need to be returned to the Treasury from June/July 2019. More innovate thinking was however taking place regarding the use of the Levy, which could be used for MBA qualifications. However, 20% of an Apprentice's time needed to be spent away from their job, so careful consideration was required
- An electronic appraisal system would be introduced, which would enable focus on the quality of appraisals rather than on whether appraisals had been undertaken
- Staff induction was primarily still focused on the completion of mandatory training rather than on promoting the Trust's values, so work was needed in that area. Non-clinical staff also completed all their induction training online, so did not meet anyone in person until they had started in post
- Significant investment was required to ensure that the planned levels of staff were able to complete the senior leadership development programme

DH asked whether the proposals would be considered by the Workforce Committee. SH confirmed this was not the case, as the Workforce Committee was due to meet later that afternoon.

DH asked SH to confirm what the Trust Board was being asked to do. SH clarified that the Trust Board was asked to note the progress of the work and approve the direction being proposed, but note that the tender would need to be approved at a later date.

SO observed that it was important to consider the outcome expected from the proposals. SO elaborated that he believed the proposals should be recognised to be part of a wider programme of work that was not yet complete. The point was acknowledged.

EPM offered to assist SH in developing talent management at the Trust and noted that it was important for such work to commence at the top of the organisation. SH acknowledged the point and confirmed that this was intended to be reflected in the implementation plan.

SDu welcomed the proposals but appealed for a senior leadership development programme partner to be appointed that would really inspire staff. The suggestion was acknowledged.

The Trust Board duly noted the progress, approved the proposed direction and acknowledged the further work required regarding the tender.

1-12 The NHS Long Term Plan

AJ referred to Attachment 10 and highlighted the "Key questions for MTW" on each of the chapters. AJ emphasised the development of Integrated Care Partnerships and ICSs; the importance of talent management; and the request that informatics leadership be represented on the Board of every NHS organisation.

DH commended AJ for producing the report so soon after the publication of the Long Term Plan, but noted that he expected the situation to evolve over time, with further national policy initiatives developed, so proposed that the document be noted, but revisited perhaps every 2 months. This was agreed.

1-13 Update on Strategic Clinical Service Plans

AJ referred to Attachment 11 and highlighted the key points therein, which included the particular issues for General Surgery (which were noted would be discussed during the 'Part 2' Trust Board meeting scheduled for later that day), Gastroenterology, Cardiology, Oncology & Ophthalmology. AJ added that the Trust Management Executive (TME) meeting held on 30/01/19 had also acknowledged the need to focus on Paediatrics in the near future.

DH stated that a key issue was how many of the Strategic Clinical Service Plans would lead to an operational implementation plan. MS stated that AJ had made it clear that the Strategic Clinical Service Plans were not intended to lead to strategies that would not be implemented. MS added that the capital funding requirements of such implementation needed to be considered.

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

DH firstly explained that a detailed discussion of the draft plan had been held at the Finance and Performance Committee meeting on 29/01/19 and noted that the key issue was the timescale, as a submission to NHSI was required on 12/02/19, which was before the Trust Board next met. AJ then referred to Attachment 12 and highlighted the key points therein, which included the details of the actions intended before the aforementioned submission. SO added further detail on the issues that would be considered during that time.

DH noted that the members of the Finance and Performance Committee would be emailed a snapshot of the submission on 11/02/19, for information, not approval, on the basis that the Trust Board would be able to approve the final plan submission at its meeting in March 2019. DH added that any other Trust Board member could receive that email if they wished. MS instead proposed that all Trust Board Members receive the plan that was submitted to the Finance and Performance Committee, along with a reconciliation against the proposed submission. This was agreed.

Action: Arrange for Trust Board members to receive the details of the final proposed 2019/20 planning submission by email prior to the submission to NHS Improvement on 12/02/19 (Trust Secretary, February 2019)

1-15 Approval of revised IT Strategy

DH welcomed MB to the meeting. MB firstly noted that Dr MacDonald, the Trust's Chief Clinical Information Officer, was unable to attend, but they had been closely involved in the development of the strategy. MB then referred to Attachment 13 and highlighted the following points:

- The Strategy had already been reviewed by the Finance and Performance Committee
- The Strategy acknowledged future national initiatives, including the NHS Long Term Plan

- The Strategy was focused on 4 workstreams: “Electronic Patient Record” (EPR), “Intuitive Technology”, “Digital Collaboration” and “Invisible IT”
- The forums described on page 15 of 15 had already been established, with the exception of the “Invisible IT” group, as MB had struggled to obtain interest for that workstream from clinical staff

EMP asked about the level of investment required, and asked whether an IT Strategy had been approved at the same time the previous year i.e. was the Strategy was updated annually. MB clarified that the Trust’s previous IT Strategy had been approved circa 5 years ago, although there had been some updates since that time. MB also pointed out that the capital costs of the Strategy were shown on page 14 of 15. MS added that a further question the Board needed to consider was the level of investment that should be made over the next 5 years, i.e. beyond the costs shown in Attachment 13. The point was acknowledged.

MS also stated that he believed the Strategy needed to include some other aspects from the NHS Long Term Plan, such as the concept of ‘digital first’ when engaging with patients, and the use of ‘big data’ to inform planning i.e. using the data in the Trust’s Patient Administration System (PAS) in a more informative way. MB acknowledged the validity of the points, noting that the publication date of the NHS Long Term Plan had not been ideal. DH however proposed that the Strategy be approved as submitted, as the implementation of the EPR was the major workstream, but that a refresh of the Strategy be scheduled for June or July 2019. This was agreed.

Action: Schedule a refresh of the IT Strategy that was approved by the Trust Board on 31/01/19 for June or July 2019 (Trust Secretary, January 2019 onwards)

The revised IT Strategy was therefore approved as circulated.

It was however also agreed that work should commence on refreshing the Strategy, to reflect the aforementioned commitments in the NHS Long Term Plan.

Action: Arrange for work to commence on refreshing the IT Strategy that was approved by the Trust Board on 31/01/19 to reflect the commitments in the NHS Long Term Plan to engage with patients via digital means, and use ‘big data’ for future planning (Chief Finance Officer, January 2019 onwards)

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

1-16 Trust Management Executive (TME), 30/01/19

MS reported that it was the first meeting of the newly-constituted TME, which had a larger membership and would now meet quarterly in a more formative manner.

1-17 To consider any other business

KR asked that the Trust Board delegate the authority to the ‘Part 2’ Trust Board meeting scheduled for later that day to consider the Business Cases relating to the proposed disposals of the Trust's properties at 32 High Street, Pembury, and Springwood Road, Maidstone; as well as make decisions regarding the proposed establishment of a Hyper Acute Stroke Unit and Acute Stroke Unit at MH. The requested authority was duly delegated.

1-18 To receive any questions from members of the public

RF commended Attachment 10, which was considered under item 1-12, and stated that he particularly welcomed the promotion of diversity, which he believed staff would welcome. AJ thanked RF for his comments.

1-19 To approve the motion (to enable the Trust Board to convene its ‘Part 2’ meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

Trust Board Meeting – February 2019

Maidstone and Tunbridge Wells NHS Trust

2-4 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 19)	Liaise to consider the ideas to improve staff representation that were discussed during the "The joint Chairs of Staffside" item at the Trust Board on 31/01/19	Director of Workforce / Chief Nurse	January 2019 onwards	The Chief Nurse has met with the Senior Royal College of Nursing (RCN) Officer for the South East Region, but further liaison with the Director of Workforce is required
1-9a (Jan 19)	Ensure that a commentary on ambulance handover times was included in the "operational performance report…" section of future Integrated Performance Reports	Chief Operating Officer	February 2019	A brief commentary has been included in the Integrated Performance Report submitted to the February meeting, but work is underway to ensure a more detailed commentary is submitted to the Board in March 2019

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
10-9c (Oct 18)	Ensure that all Non-Executive Directors received an appraisal	Chair of the Trust Board	January 2019	All appraisals have been completed
1-3 (Jan 19)	Amend the minutes of the 'Part 1' meeting of 20th December 2018	Trust Secretary	January 2019	The minutes were amended
1-9b (Jan 19)	Consider how communication of the Trust's positive performance to staff could be improved via the better use of technology	Director of Strategy, Planning and Partnerships	February 2019	The Trust uses a range of communication channels to engage with, and inform its internal and external audiences about its patient and staff experience. The channels are currently predominantly focused on the use of low-cost digital communications channels with a higher audience reach (Facebook, Twitter, LinkedIn, Youtube and Instagram), direct email, external website, internal intranet and trade/regional/national media coverage. A staff communications App will be launched in late spring and the merits of commissioning a new staff intranet in 2019 with external accessibility is being reviewed. The Trust continues to explore ways of making its television screens (appointment reminder and

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

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
				patient bedroom) more user-friendly for messages/marketing materials. The practicality of introducing largescale screens and eye-catching information boards in the Trust's main foyers is also being explored. The Trust has named communications business partners working with its new clinically-led divisions to support the development of internal and external stakeholder communications and engagement. It plans to relaunch its patient magazine in April and introduce a new stakeholder e-newsletter. Plans are also being finalised to update and add to the promotional poster boards at both hospitals.
1-14 (Jan 19)	Arrange for Trust Board members to receive the details of the final proposed 2019/20 planning submission by email prior to the submission to NHS Improvement on 12/02/19	Trust Secretary	February 2019	A document describing the changes from the planning report submitted to the January 2019 Finance and Performance Committee meeting was emailed to Trust Board Members on 11/02/19
1-15a (Jan 19)	Schedule a refresh of the IT Strategy that was approved by the Trust Board on 31/01/19 for June or July 2019	Trust Secretary	January 2019	A refresh of the IT Strategy has been scheduled for the July 2019 Trust Board (to enable this to first be considered by the Finance and Performance C'ttee in June 2019)
1-15b (Jan 19)	Arrange for work to commence on refreshing the IT Strategy that was approved by the Trust Board on 31/01/19 to reflect the commitments in the NHS Long Term Plan to engage with patients via digital means, and use 'big data' for future planning	Chief Finance Officer	January 2019	Work has commenced and the outputs will be included within the refresh of the IT Strategy that has been scheduled for the July 2019 Trust Board (see action 1-15a)

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
12-9b (Dec 18)	Consider amending the "planned and actual ward staffing" report to the Trust Board to show the proportion of the average fill rate undertaken by Agency staff	Chief Nurse	The end of March 2019	The work to amend the report is underway but not yet complete

Trust Board meeting – February 2019

Maidstone and Tunbridge Wells NHS Trust

2-5 Safety Moment **Chief Nurse/Medical Director**

The Safety Moment for February has aimed to raise awareness of a ***'Just Culture'.***

The following key topics have been highlighted for each week of the month as follows:

Week One 04/02/2019

Moving beyond blame in our Organisation – key messages shared with staff have been as follows:

- The Trust welcomes and encourages the reporting of incidents by all staff and has set out to create an environment in which all employees are encouraged to report patient safety incidents.
- The Trust has a "just", not a "blame" culture and staff reporting incidents will be supported. The Trust also actively promotes anonymous reporting.
- An important part of a just culture is being able to explain the approach that will be taken if an incident occurs.
- The focus of investigations should be about learning and not blame
- Employees should feel supported throughout the patient safety incident investigation process; they too may have been affected by the event.
- The Trust is committed to developing a "learning culture" and not a "blame culture" from incidents, complaints / concerns, claims that have happened locally but also learning from those which have happened within the wider NHS.
- Access to Practical support and guidance was shared with our staff; including access to the Patient Safety Team and though the Trust' Freedom to Speak Up Guardian and occupational health services.

Week Two 11/02/2019

Moving beyond blame in our Organisation -key messages shared with staff have been as follows:

- The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame.

HOW?

- Focus more on behaviour and less on procedures to change culture
- Support patients and families affected by patient safety incidents to make the experience better for everyone
- Visibly and actively support staff when things become difficult, so they feel safe to be open and honest
- Invest in building good relationships with commissioners and regulators as they have a substantial impact on culture

Week Three 18/02/2019

Moving beyond blame in our Organisation - key messages shared with staff have been as follows:

- The Patient Safety team will play an active part in ensuring that we promote cultural change throughout the organisation

What can the Patient Safety Team do to help you?

- We can provide assistance and information in regard to patient incidents, help with your investigations, information on SI's, Never Events and Duty of Candour.

Week Four 25/02/2019

Moving beyond blame in our Organisation- key messages shared with staff have been as follows:

- **NHS Improvement – A just culture guide**
  This guide supports a conversation between managers about whether a staff member involved in a patient safety incident requires specific individual support or intervention to work safely
- It asks a series of questions that help clarify whether there truly is something specific about an individual that needs support or management versus whether the issue is wider, in which case singling out the individual is often unfair and counter-productive
- It helps reduce the role of unconscious bias when making decisions and will help ensure all individuals are consistently treated equally and fairly no matter what their staff group, profession or background. This has similarities with the approach being taken by a number of NHS trusts to reduce disproportionate disciplinary action against black and minority ethnic staff.

The guide can be used at any stage of a patient safety investigation - it does not replace the need for a patient safety investigation and it should not be used routinely. It should only be used when there is already some suspicion that a member of staff requires some management to work safely. This guide reflects our best current understanding on how to apply the principles of a just culture in practice, in what is a live area of both academic and practical debate. We will revisit and update this guide as new resources become available.

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, 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 – February 2019

Maidstone and Tunbridge Wells NHS Trust

2-6 Report from the Chair of the Trust Board — Chair of the Trust Board

The future of emergency stroke services in Kent and Medway

On 14/02/19, the Stroke Joint Committee of Clinical Commissioning Groups reached a unanimous agreement on the future of emergency stroke services in Kent and Medway, and made the decision to implement the preferred option to establish Hyper Acute Stroke Units (HASUs) at William Harvey Hospital in Ashford, Darent Valley Hospital in Dartford and Maidstone Hospital.

I am sure that all Trust Board Members join me in welcoming that decision, as effective implementation will save lives. The Trust's Business Case to establish the HASU at Maidstone is scheduled to be considered at the Finance and Performance Committee and Trust Board in March 2019, and I look forward to progress being made as swiftly as possible.

Non-Executive Director (NED) changes

The February 2019 Trust Board meeting is the last for Tim Livett, who leaves the Trust Board at the end of the month. I would like to thank Tim for his contribution to the Trust during his time on the Board and, on behalf of the whole Board, wish him all the best for the future. The recruitment for Tim's successor is underway, and interviews will be held at the end of March (the details are at https://improvement.nhs.uk/news-alerts/non-executive-director-mtw-nhs-trust/). The person appointed will Chair the Audit and Governance Committee and Charitable Funds Committee, and be a member of the Finance and Performance Committee. Maureen Choong has kindly agreed to be the acting Chair of the Audit and Governance Committee until the new appointee starts.

I would like to congratulate Neil Griffiths, as NHS Improvement have confirmed Neil's appointment as a substantive NED for a 4 year term, effective from 14/02/19. Neil therefore fills the vacancy arising from Steve Phoenix's departure. An advertisement for another Associate NED will be issued in due course, when the best set of skills to complement the Trust Board has been determined. Neil will Chair of the Finance and Performance Committee from March 2019.

Consultant appointments

I and my Non-Executive colleagues are responsible for chairing Advisory Appointment Committees (AACs) for the appointment of new substantive Consultants, and the Trust follows the Good Practice Guidance issued by the Department of Health, in particular delegating the decision to appoint to the AAC, evidenced by the signature of the Chair of the AAC and 2 other Committee members. The delegated appointments made by the AAC since the previous report are shown below.

AAC recommended Consultant appointments (dependant on compliance or withdrawal)

Date of AAC	Title	First name	Surname	Department	Potential/Actual Start date
07/02/19	Mr	Richard	Freeman	Orthopaedics	ASAP / TBC
14/02/19	Mr	Sarju	Athwal	Ophthalmology	ASAP / TBC

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 – February 2019

NHS
Maidstone and Tunbridge Wells NHS Trust

2-7 Report from the Chief Executive — Chief Executive

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

1. The Trust's Executive Directors and Chiefs of Service are now into the second month of new arrangements to make Maidstone and Tunbridge Wells NHS Trust a more clinically-led organisation.

   The Executive Directors and Chiefs of Service, the latter of whom are some of our most senior doctors, continue to meet on a weekly basis at Executive Team Meetings. This is providing MTW with significantly more clinical leadership and insight. Key areas of discussion at our meetings in February have included:

   - Maintaining patient safety and staff wellbeing during periods of unprecedented demand for NHS services.
   - EU exit contingency planning.
   - Reviewing the Trust's red-rated risks and associated actions (themes include waiting times, capacity and staffing levels).
   - Reviewing the Trust's ongoing work to improve performance against cancer standards and 18-week planned care patient pathways.
   - The positive impact of ambulatory care pathways and frailty services on patient care this winter and the development of a frailty service at TWH.
   - Plan for the implementation of Refer To Treatment reporting from Allscripts.
   - Development and delivery of the Trust's cost improvement plan, Best Care programme and quality improvement objectives for 2019/20.
   - Review of the Trust's Business Intelligence Strategy.
   - Integrated care plans for West Kent and Kent and Medway.

   One of February's Executive Team Meetings was used as a session for Workforce Planning and Development. Wider engagement (and attendance) of the Trust's clinical and corporate leadership teams was sought. The session resulted in a series of actions to further support recruitment and retention in 2019. The actions will form part of our Best Care/Best Workforce programme.

2. The Trust hosted a visit to our cancer services by NHSI/E on 20 February led by Dr Kathy McLean, Executive Medical Director and Chief Operating Officer NHSI, and Nicholas White, National Clinical Lead. NHSI/E are working with organisations such as MTW to support our ongoing work that has seen improvement in, and the development of further actions to continue to enhance, our performance against national cancer waiting time standards.

3. I attended a Kent-wide event exploring Integrated Care Systems and Integrated Care Partnerships, and the potential benefits this could bring to healthcare in the area. These new systems and partnerships aim to join up the services offered by GPs, acute and community care, ensuring the healthcare system can respond rapidly and effectively to patients' needs.

   We've achieved so much over the past year with significant improvements to our Emergency Department performance and better patient flow through our hospitals. We're admitting fewer patients as a result of using our Frailty and Ambulatory units as well as making more use of our partnerships with community teams via Hospital at Home.

   These last few weeks have demonstrated that even for a Trust such as ours that is performing relatively well, the unprecedented - and growing - levels of demand for our services cannot be met simply by providing more of the same. Our healthcare system needs to work differently with a particular focus on providing patients with care and treatment in a setting that is most appropriate to their needs. The NHS Long Term Plan objectives reinforce that integrated care and seamless working between organisations is central to managing future demand.

4. The Joint Committee of Clinical Commissioning Groups for Kent and Medway has unanimously agreed to give the go-ahead for three Hyper Acute Stroke Units at Maidstone Hospital, William Harvey Hospital and Darent Valley Hospital. We very much welcome this decision and the role our highly skilled stroke teams are going to play in improving outcomes for stroke patients across Kent and Medway. Working with our partners, we will now proceed with the next steps to progress our plans to ensure the new unit is open in spring 2020. Once the new units are up and running, everyone having a stroke in Kent and Medway will be taken to their nearest hyper acute stroke unit, which will offer specialist stroke care round the clock every day of the year.

5. Colleagues may have seen media coverage of trusts having to withdraw from contracts for out of hospital care with nursing home providers following adverse Care Quality Commission inspections. I can assure the board that all community care facilities used by this Trust meet essential criteria set out by the CQC. We do not place into any homes that have an inadequate CQC rating. Very occasionally we may use a home with a requires improvement rating, but first assure ourselves that the areas needing improvement are not related to care issues.

   We have several safeguards to ensure ongoing quality of care in the homes we do use including: cross referencing with Social Services; and regular visits to patients in homes from the Pathway 3 team to review both the individual and the homes. We also have local intelligence from our Care Home Selection service who we use to help us place more complicated patients and this can highlight any issues for us at an early stage.

6. Our Breast Unit has been awarded the Breast Cancer Now Service Pledge, in recognition of their ongoing commitment to delivering a high quality service to our breast cancer patients. The breast care team have improved patient communication, information and discharge processes.

7. Pioneering work carried out by Consultant Interventional Radiologists Dr Aidan Shaw and Dr Paul Ignotus has been showcased at a national masterclass in London. The doctors have received international recognition for using particular types of stent to open up blockages caused by upper and lower gastrointestinal tumours, which has brought significant health benefits to patients.

8. Congratulations to Jackie Hancock from Therapy Services who recently became an Accredited Hand Therapist. Jackie is the first accredited hand therapist in the Trust. A hand therapist is a registered occupational therapist or physiotherapist who specialises in the rehabilitation of patients with conditions affecting the hands and upper limb. The development of this service within MTW is great news for patients as it enables them to receive targeted, specialised care, closer to home.

9. I would like to give special mention to two forthcoming events that show how our duty of care to our patients and their loved ones extends beyond the physical boundaries of our hospital wards. A special service is being held for parents and relatives who have experienced the death of a baby, or a miscarriage at Tunbridge Wells Hospital. The annual Baby Memorial Service is being held at St Peter's Upper Church, Pembury on Wednesday 6 March 2019 at 6.30pm. It will be led by the hospital chaplain, Revd Stephen Baker. The purpose of the service is to set aside a little time to share thoughts and light candles in memory of those babies who have meant so much but who we no longer see.

   We are also holding a Memorial Service in April for bereaved relatives of patients that have died within our hospitals over the last year. This is a non-religious based ceremony to celebrate and commemorate loved ones. A Book of Remembrance has also been donated to Maidstone Hospital in memory of a colleague who died in 2018. The gift will be a permanent memorial to members of staff who have passed away.

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 – February 2019

NHS Maidstone and Tunbridge Wells NHS Trust

2-8	Integrated Performance Report, January 2019	Chief Executive / Members of the Executive Team

The enclosed report includes:

- The 'story of the month' for January 2019 (including Emergency Performance (4 hour standard); Delayed Transfers of Care (DTOCs); Cancer 62 day First Definitive Treatment); Referral to Treatment (RTT)
- A Quality and Safety Report (including an update on complaints performance)
- Planned and actual ward staffing for January 2019
- An Infection Prevention and Control Report
- A financial commentary
- A workforce commentary (including healthcare worker flu vaccination information)
- 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]

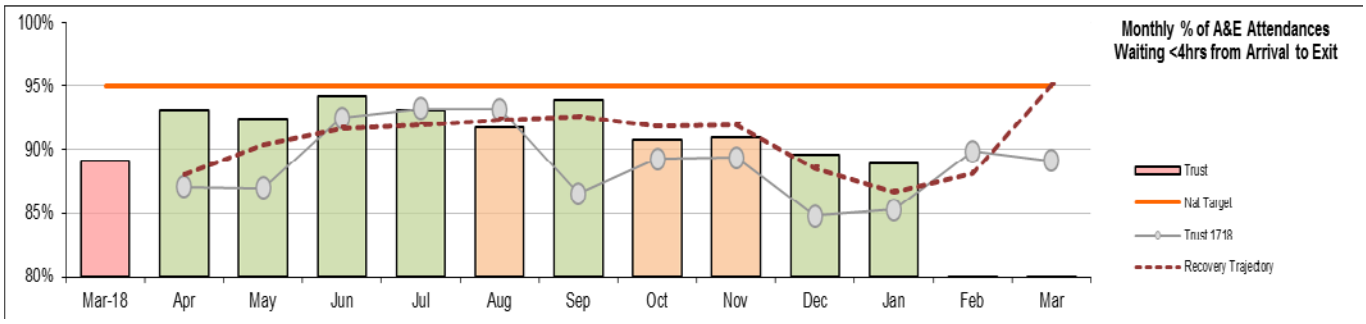
Review and discussion

[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

OPERATIONAL PERFORMANCE REPORT FOR JANUARY 2019

1. 4 Hour Emergency Target

- The Trust was above the recovery trajectory for each month from April to July 2018. Performance was a little below in August, October & November, but above in September, December & January, coming in at 88.93% in Jan (including MIU), against the target of 86.68% (-1.1%).
  - YTD at 31-Jan, the Trust was at 91.91% against a YTD trajectory of 90.64% and a year-end target of 90.82%.
  - As at 13-Feb, February performance is doing poorly at 84.21% against a trajectory target of 88.14%. We need to push average scores over 91.5% to achieve February
  - Q3 performance came in at 90.46%, missing the trajectory target of 90.77%, but achieving the PFS funding threshold of 90.00%.
  - Q4 funding relies entirely on achieving 95.0% in March
  - For the year 1718 the Trust scored 89.08%, compared to 87.12% in 1617. This year's current forecast is a score of 91.3% to 91.6%



2. Ambulance Handovers

- There were 613 30min delays for January and 3,736 YTD, which is a 1.5% improvement on last year
- For 60min delays there were 74 for January and 500 YTD, which is a 1.8% improvement on last year

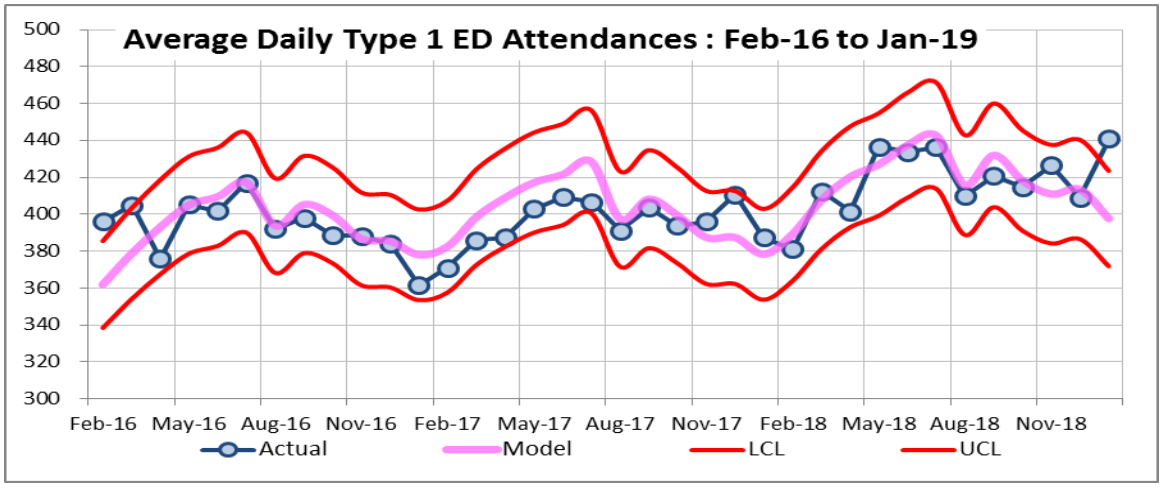
  A note must be made that SECamb data sometimes reports a delay however when reviewed Patients are triaged, seen and in a bed inside the required standards however this data is not updated on SECamb systems and therefore remains as a delay. These examples are sent back to SECamb to advise outcomes

  Although a very busy time with enormous pressure on all services we have continued to manage handover effectively and this is backed up by the figures above.

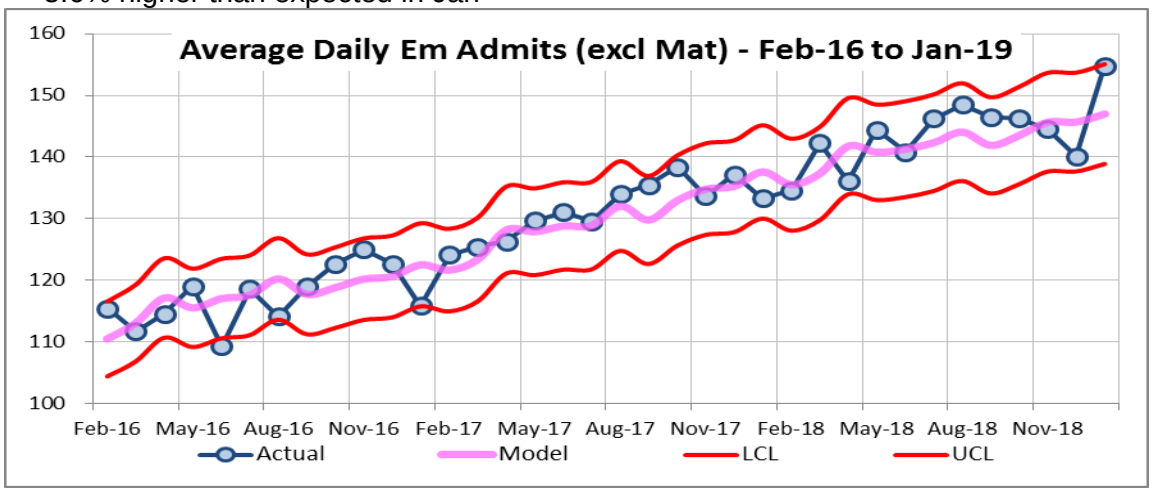
  We have introduced a flow coordinator in majors improving flow through the department as well as a receptionist within RAT to speed up hand overs even more with a key responsibility to make sure pin numbers are adding in a timely fashion to improve data quality

3. ED Attendances & Emergency Admissions

- A&E Attendances continue to increase. Over the last 5 years, annualised growth has averaged 4.4%. This is against a local population increase of around 1.1% per year, and a demographic 'bulge', where the people born during the 1946-64 spike in birth rates are hitting the age when A&E attendances become more frequent.
- January has seen an unprecedented spike in attendances that has carried on and increased into February. Total January attendances were 9.2% up on model, and 13.8% up on trajectory at 16,436. This is 10.1% up on last January (like-for-like. YTD attendances are 0.9% up on model, 4.2% up on trajectory and 5.9% up on this time last year. Average weekly attendances were at record levels over the summer, but surpassed that in January, which is usually the quietest month of the year.

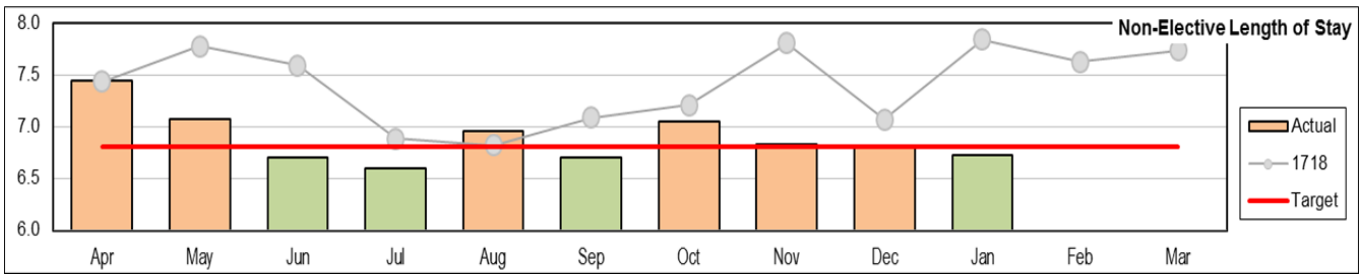


- The week ending 10-Feb was the busiest week ever seen with 3,338 type 1 attendances – 15.9% higher than expected. Monday 11-Feb was the busiest day ever recorded – 21.3% higher than expected
- Non-Elective Activity (excluding Maternity) was 20.7% above plan in January and 15.5% higher than last January at a record 5,201 discharges. Over the summer, NE activity had been its highest ever level, but January surpassed that by over 4%. 1718 activity was 28.1% above plan and 13.2% higher than 1617 at 50,905 discharges. The plan for 1819 is just 0.2% higher than 1718 at 51,248. YTD, we are now running at 11.0% above plan & 12.3% above last year. Much of this is driven by increased use of CDU & Assessment areas, though non-zero NE activity was 5.6% higher than expected in Jan



4. Length of Stay

- Non-Elective LOS was 6.73 days in December, and 6.89 YTD vs 7.41in 1718.
- NE LoS tends to increase by 0.5 to 1.0 days in the winter, but so far this year, no increase has been observed.



- The average occupied bed-days are up 42 in Jan to 748, compared to an average of 764 for the whole of 1718.
- Key achievement in LoS are as follows
    - **LOS:** Year to date comparison figures showing marked reduction in LOS figures, adult inpatient hospital bed days, stranded patients and adult inpatient outliers.
        - 'Smarties' CUR live data feed now live showing real time delays. CUR compliance 79% for Jan. Successful roll out of Criteria Led Discharge through wards 2 and AMU over the last 6 weeks.
    - **Frailty:** Bronze model of care approved by Executive team 5th Feb-implementation plan and timeline for initiation in place. Medical cover, bank nursing and pharmacy cover in place. Further clarification required surrounding Therapies. Substantive recruitment process to begin. Launch date Weds 20th Feb requiring no escalation into unit from Tues 19th. As part of Bronze model of care 12-15:00 GP advice line will be provided from 11th March-initially at TW site and rolled out to MH site after discussion with consultant. This will not include direct conveyancing. Silver and Gold options worked up by frailty team to be presented at CCG clinical cabinet 12th Feb. This is with a view to achieving a stepped approach to 7 day AFU services and seeking funding from the wider health economy. Await outcome and funding decision before implementing further recruitment plan.
    - **AEC:** Planned ambulatory in the community- Fortnightly meetings in place. Decision taken to focus on transferring simple IV patient transfers initially.
        - Proposal to go to A& E delivery board W/C 11th Feb. Outstanding issues regarding clinic slots at TCH and QIA sign of within KCHFT.
        - AEC/AMB development: Fortnightly AEC development meetings in place.
        - Scope and objectives agreed with plans in place to remodel AEC to increase usability and functionality and address barriers to flow. Ongoing work with Matron and GM from surgical specialities and T&O to increase engagement with non-medicine ambulatory pathways.
    - **Hospital at Home:** Hospital and Home scheme has seen a drop off in referrals during Christmas period. The caseload has remained around 10. The main concern presently is about sufficient referrals internally, however a new staff member has commenced so capacity to assess and pull patients will improve. There is capacity in the community to receive patients and role of Hospital at Home Champions will also be key in increasing throughput. Average caseload number throughout January

5. Delayed Transfers of Care (DTOC)

The percentage of occupied bed-days to DToC came back up from a low of 3.17% in December to 4.07% in January. This represents a fairly normal pattern, with DToC generally coming down in December because of the concerted & coordinated push to free up beds over Xmas YTD we are 4.42%

The number of lost bed days due to DTOCs increased 235 to 887. We ended 1718 on 4.95%, and apart from a spike in September we have been reporting under 5.0% for the past year or so. We have averaged 4.37% over the past 12 months. On average, 29.6 beds per day have been lost to delays in 1819 compared to 36.7 for the equivalent period last year.

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

Category	Ja Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Rolling 12
A : Awaiting Assessment	2	1	2	5	3	8	17	21	13	12	17	36	**137**
B : Awaiting Public Funding	5	1	2	4	0	0	4	3	0	0	2	9	**30**
C : Awaiting Further Non-Acute NHS Care	9	21	12	20	14	17	22	14	21	19	18	34	**221**
Di : Awaiting Residential Home	18	40	15	23	29	22	9	32	22	21	8	7	**246**
Dii : Awaiting Nursing Home	47	54	53	43	26	34	54	27	35	33	21	23	**450**
E : Awaiting Care Package	20	28	20	31	18	29	24	28	16	22	10	17	**263**
F : Awaiting Community Adaptations	10	7	15	7	6	4	8	10	7	3	3	7	**87**
G : Patient or Family Choice	5	10	3	14	11	9	14	9	17	9	4	10	**115**
H : Disputes	0	0	1	0	0	0	1	1	0	0	4	2	**9**
I : Housing	3	2	6	2	7	5	4	4	4	2	2	0	**41**
Grand Total	**119**	**164**	**129**	**149**	**114**	**128**	**157**	**149**	**135**	**121**	**89**	**145**	**1,599**
Rate	**3.89%**	**4.26%**	**4.56%**	**4.34%**	**4.39%**	**5.03%**	**4.77%**	**5.89%**	**4.52%**	**3.58%**	**3.17%**	**4.07%**	**4.37%**

6. Cancer 62 Day First Definitive Treatment

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

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

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

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

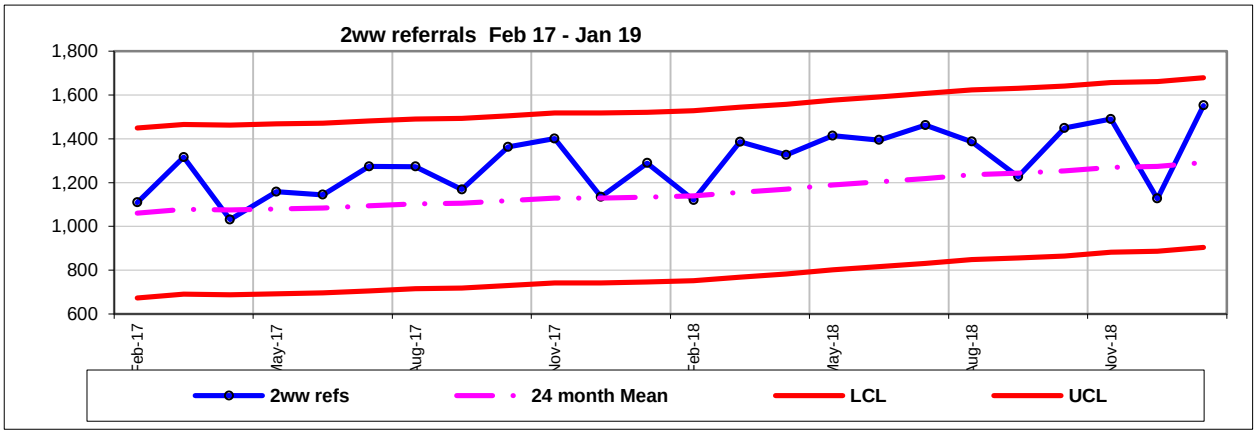
Consultant-led PTL reviews and a weekly COO oversight meeting have reduced the total number of patients on the PTL, patients over 104 days and significantly reduced the number of patients undiagnosed over 62 days.

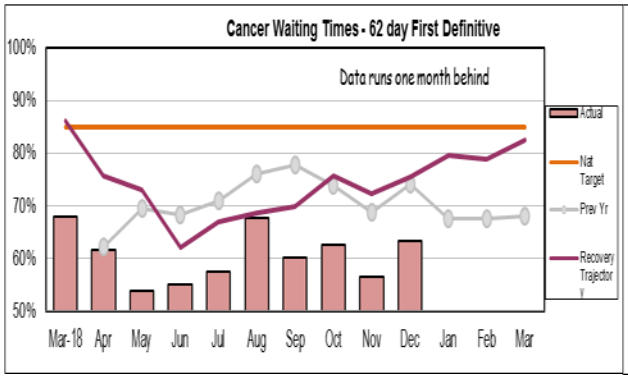
A change to the prostate cancer pathway to include dedicated MRI and biopsy capacity within 24 hours of each other will contribute to a step change in performance against the 62 day standard and efforts are being focussed here to have the new pathway in place as soon as possible. Radiologists have been emergency job planned to focus on prostate MRI reporting and the backlog of reports has now been cleared.

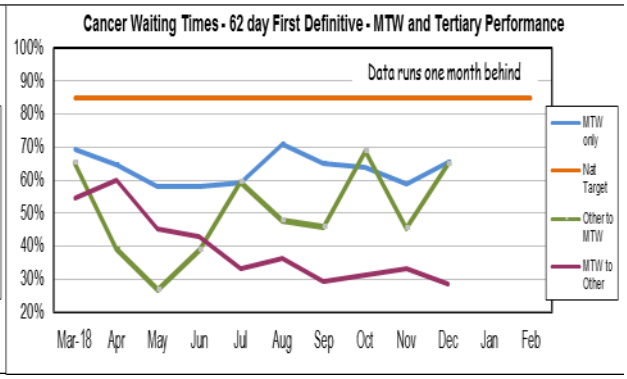
Urology is now aligning prostate biopsy capacity to occur much sooner after MRI scan as the reports are being turned around much faster. East Kent plan to start a template biopsy service in April and this will release capacity at Maidstone as activity is repatriated.

The size of the backlog (patients over 62 days) has continued to decrease from a high of 388 in October to 200 in February. There has also been a significant reduction in the number of patients on the PTL between days 40 and 62 (high of 329 in September to 158 in February).The number of patients over 104 days has reduced to between 35 and 40 patients from a high of 123 in October. The overall number of patients on the PTL has reduced from over 2,300 in August to around 1,750 in February.

This is on the background of a further 20% increase in suspected cancer referrals in January when compared to 2018. This demonstrates better, proactive management of the PTL and the benefit of consultant-led reviews.







62 Day Performance						
December 2018	All reportable patients			MTW only patients		
	Total	Breach	%	Total	Breach	%
Breast	25.5	5.0	80.4	25	5	80.0
Gynae	10.5	1.0	90.5	9	1	88.9
Haematology	3.5	2.0	42.9	3	2	33.3
Head & Neck	5.0	2.0	60.0	1	0	100.0
Lower GI	18.5	6.5	64.9	17	5	70.6
Lung	6.5	0.5	92.3	4	0	100.0
Other	0.5	0.0	100.0	0	0	#DIV/0!
Upper GI	9.0	4.5	50.0	8	4	50.0
Urology	34.0	20.0	41.2	29	16	44.8
TOTAL	**113.0**	**41.5**	63.3	**96**	**33**	65.6

Cancer 2 week waits

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

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

However, the significant increase in demand in January has been largely due to increases in breast (40%) and lower GI (33%). This is require even further capacity for one stop clinics and endoscopy and therefore is likely to required increased outsourcing/insourcing.

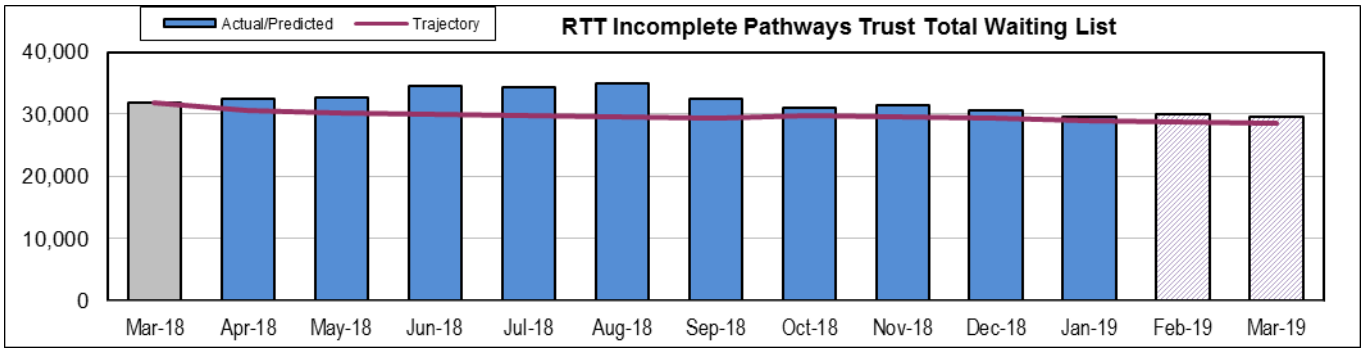
7. Referral To Treatment – 18 weeks

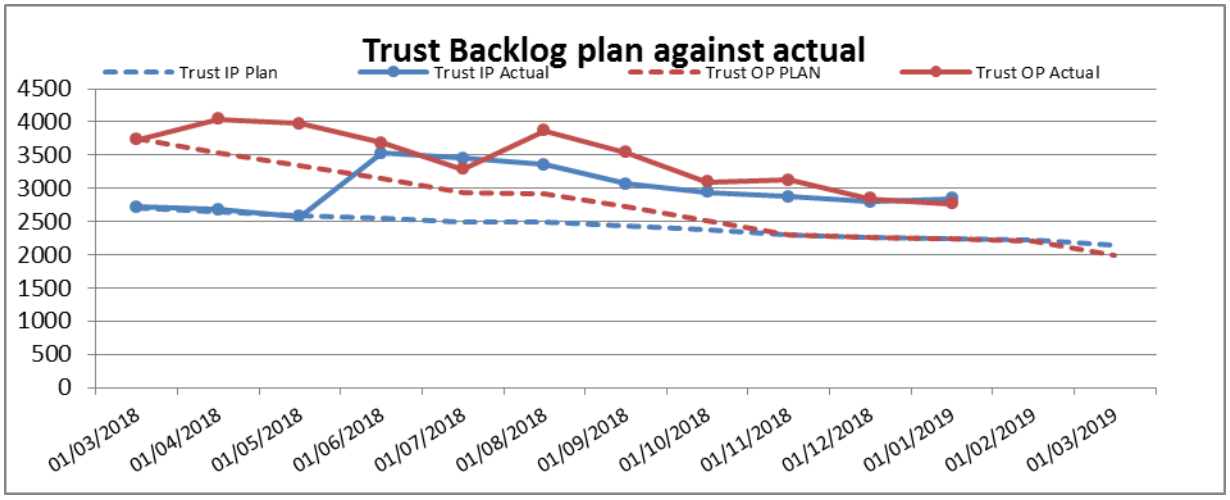
January performance shows as similar position to December in the Incomplete RTT performance achieving 81.1% against a target of 84.6%. The objective remains to achieve a waiting list position at the end of March 2019 that is no greater than the March 2018 position of 31,871.

		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
TRUST	Trajectory Total WL	31871	30573	30211	29955	29700	29583	29329	29836	29488	29276	29064
	Actual Total Waiting List	32074	32729	32888	34584	34420	34856	32386	31236	31509	30530	29668
	Actual IP Waiting List	5741	5736	5841	7641	7519	7273	6986	7024	6944	7043	7042
	Actual OP Waiting List	26333	26993	27047	26943	26901	27583	25400	24212	24565	23487	22626
	Trajectory Backlog	6438	6186	5935	5685	5437	5416	5170	4884	4601	4539	4478
	Actual Total Backlog	6451	6728	6547	7214	6743	7220	6607	6036	5997	5642	5612
	Actual IP Backlog	2716	2682	2577	3530	3454	3352	3068	2939	2875	2793	2841
	Actual OP Backlog	3735	4046	3970	3684	3289	3868	3539	3097	3122	2849	2771
	Trajectory % Performance	**79.8%**	**79.8%**	**80.4%**	**81.0%**	**81.7%**	**81.7%**	**82.4%**	**83.6%**	**84.4%**	**84.5%**	**84.6%**
	Actual Total % Performance	**79.9%**	**79.4%**	**80.1%**	**79.1%**	**80.4%**	**79.3%**	**79.6%**	**80.7%**	**81.0%**	**81.5%**	**81.1%**

A detailed piece of work has been undertaken to produce a revised forecast of future performance for February and March 2019 based on the RTT Recovery Plan (as below).

RTT Forecasted Performance with Estimate for Prime Provider from February 2019	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Total Waiting List	31871	32729	32888	34584	34420	34856	32388	31236	31509	30530	29668	30016	29553
Total Backlog	6680	6728	6547	7214	6743	7220	6609	6036	5997	5642	5612	6382	5905
Total %	**79.0%**	**79.4%**	**80.1%**	**79.1%**	**80.4%**	**79.3%**	**79.6%**	**80.7%**	**81.0%**	**81.5%**	**81.1%**	**78.7%**	**80.0%**





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

Although an RTT recovery plan was put in place until the end of October 2018 and further extra waiting list initiatives being performed throughout November and December, it was recognised that

further input was required to ensure the Trust met the requirement of the waiting list being no greater in March 2019 than in March 2018 and that the Trust needed to significantly reduce patients waiting over 40 weeks for treatment. A business case was therefore submitted in December 2018 and agreed by the Trusts Finance & Performance Committee which consists of the following actions:

- Continue WLI theatre and outpatient sessions for all specialities from Jan-March 2019 – Scheduled (40 x theatre sessions and 18 x outpatient sessions).
- Recruit an additional 2 x B3 Booking clerks within Head and Neck until March 2019 - Recruited and in place.
- Recruit 4 x B3 additional validators into the central team – recruitment has been unsuccessful so overtime is being offered to all CAU staff.
- Recruit a second GM within Surgery for 3 months – Recruited and in post.
- Surgical Registrar to be based in ED at TWH - Recruitment has been unsuccessful.
- Implement MyPreOp (cloud based integrated IT system) pre-operative assessment tool for all specialities which will also require 2 x B5 nurses to double run the current service - Task & finish group continues with implementation planned for April.
- Outsource non AIC activity where possible – in progress.

Continuous actions:

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

Elective Activity and New Outpatient Activity:

Currently the Elective activity YTD is 1452 (3%) above plan. Outpatient New Activity (excluding Therapies and Ward Attenders) is -3701 (-3.3%) below plan with general surgery and ophthalmology being furthest from plan. The inability to deliver the planned elective work internally is a risk to our ability to meet the forecast. There is an assumption in our forecast that the activity is delivered to plan.

Activity (Main Specialties):	Elective Activity YTD				Outpatient New Activity YTD			
	Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance
Trauma & Orthopaedics	2811	2200	611	27.8%	21970	18519	3451	18.6%
General Surgery (Not inc Endoscopy)	2502	2692	-190	-7.0%	14908	16752	-1844	-11.0%
Urology	1905	2021	-116	-5.7%	5711	5217	494	9.5%
ENT	1591	1725	-134	-7.8%	7738	7467	271	3.6%
Ophthalmology	4215	4733	-518	-10.9%	22152	24111	-1959	-8.1%
Gynaecology	1963	2106	-143	-6.8%	6212	6530	-318	-4.9%
Cardiology					5004	5286	-282	-5.3%
Gastroenterology					3328	3744	-416	-11.1%
Rheumatology					2035	1753	282	16.1%
Respiratory					3760	3522	238	6.8%
Diabetes					1438	1346	92	6.8%
Endocrinology					1299	1190	109	9.1%
Neurology					2517	2610	-93	-3.6%
Care of the Elderly					1286	1824	-538	-29.5%
Other	28108	26591	1517	6%	9355	12851	-3496	-27.2%
Trust Total (All Specialties)	43095	41643	1452	3%	108713	112414	-3701	-3.3%

NB: Plan excludes Prime Provider Activity

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

- Planned reduction of activity during PAS implementation, prolonged by on-going data and admin issues post go-live.
- The impact from an earlier data quality issue means that the IPWL part of the Total Waiting List from July increased by 1528 patients and the IP Backlog increased by 921 patients which will have an ongoing effect.
- Key vacancies in consultant and trainee posts in a variety of specialties (General Surgery, Urology, Neurology & Endocrinology)
- Reduced activity in January 2018 to support Non-Elective flow and further reduction in February due to snow, which increased the size of the problem in the New Year.
- Reduction of WLI activity which was suspended during the Four-Eye scoping exercise across elective and outpatients.
- Winter assessment of demand going beyond the worst case scenario requiring escalation of more surgical beds - the capacity and demand has identified the bed gaps based on expected activity levels using previous years' data. A number of schemes were implemented in December to provide additional out of hospital capacity. The 9 trolleys for day surgery have not been retained at TWH for around 3 weeks and recovery 1 and holding bay have been escalated for around 2 weeks due to a period of prolonged OPEL 3/4.

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

52 week breaches

Total Trust	Apr-18	May-18	Jun-18	Q1 Total	Jul-18	Aug-18	Sep-18	Q2 Total	Oct-18	Nov-18	Dec-18	Q3 Total	Jan-19	YTD
RTT >52kw Breach Occurrences	3	2	8	13	8	5	9	22	9	13	10	32	8	75

The Trust has incurred 75 x 52 week breaches year to date (8 of these patients rolled over as they were not treated within the reporting period), largely due to historic data and administration issues, particularly in one specialty, T&O. Additional training & support has been well received and continues to be a priority for all specialities.

There were 8 breaches in total for January. 6 breaches occurred due to data quality issues and 2 were down to capacity issues. All patients have been given a date for surgery.

All 8 patients have had a harm review by the managing Consultant and no harm found.

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

Oversight:

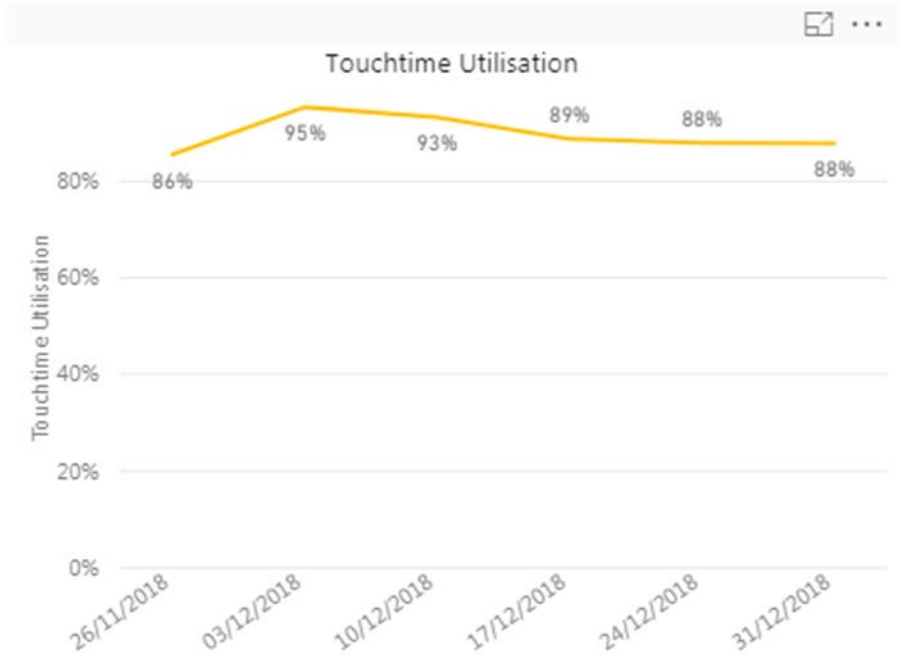
- Weekly monitoring of the specialty plans for activity, diagnostics, and theatre scheduling, backlog and waiting list size, through the PTL and specialty meetings.
- All patients over 40 weeks are being monitored by the Head of Performance and Delivery, the speciality General Managers, Assistant General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

8. Theatre Productivity

The graphs below are taken from the Four Eyes Theatre Dashboard and show the Theatre Utilisation from 1/1/19 – 31/1/19 overall. The target for utilisation is 85%
Overall Touch time Utilisation and this has to be delivered by monitoring that we have effective booking, listing and pre-operative assessment in place; start and finish times by specialty; number of cases per session; cancellations and DNAs; appropriate allocation of NCPOD lists and case-mix. Specialty level exception reports are provided and reviewed at the theatre utilisation group.

Q4 plan to also introduce electronic POA system (MYPREOP) potential reduction in non-face to face assessment by 30%. Task and finish implementation group in progress.

Overall Touch time Utilisation



Quality and Safety December Trust Board (January data)

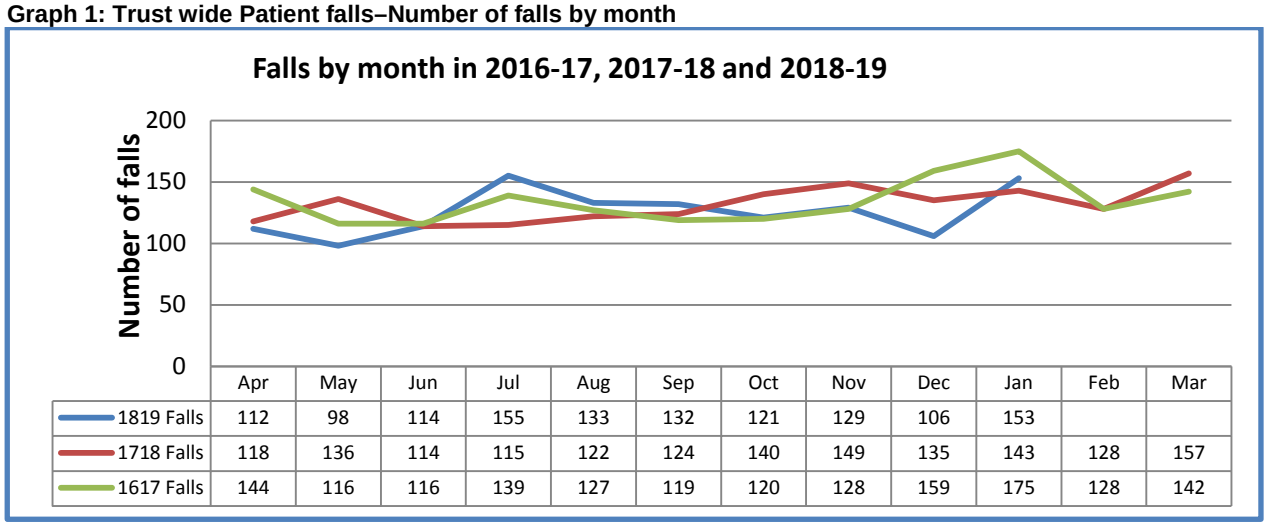
Patient Falls incidents

There were 153 falls incidents reported during January 2019, compared to 106 for December 2018. The monthly figures in Graph 1 provide a comparison for each month and for the same period on the previous year. The breakdown of incidents by site in January equates to 40 falls at Maidstone and 113 at Tunbridge Wells.

The monthly falls rate per 1000 Occupied Bed Days (OBD) for January 2019 was 7.02, a significant rise compared to December 2018, but a decrease when compared to January 2018 when it was 7.11.Comparison for previous months and months in previous year can be seen in Graph 2. The year to date falls rate for 2018/19 is 6.13 per 1000 OBD against the threshold of 6.0.

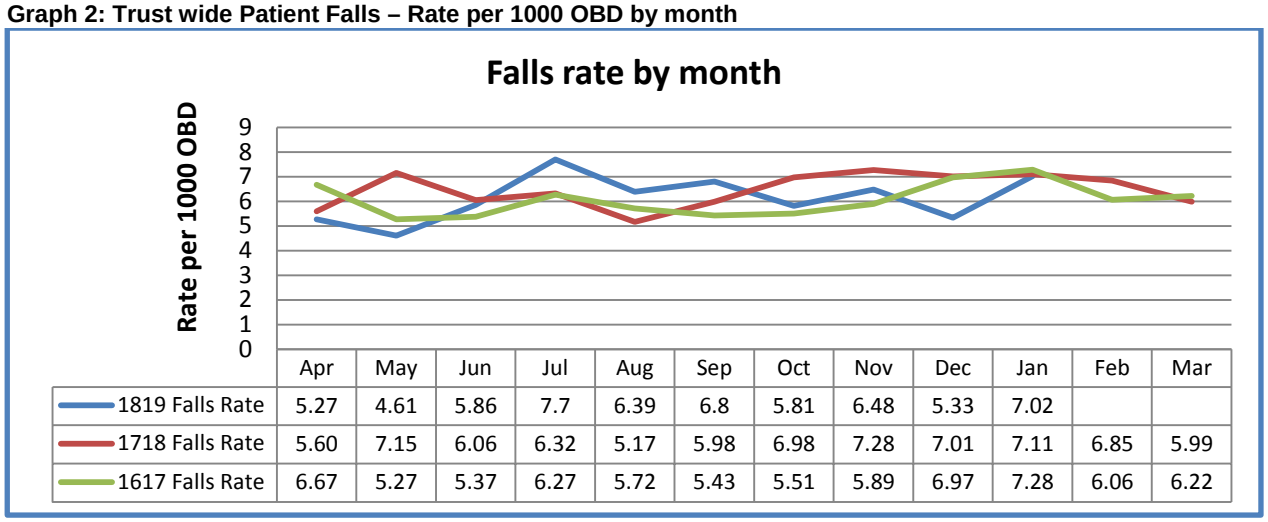
There were three falls that resulted in injury declared as Serious Incident's (SI) in January 2019. All three were at Tunbridge Wells Hospital; one patient sustained hip fracture, one patient sustained a left orbit with zygomatic and maxillary fracture resulting in displacement of implanted lens and the third was a patient who sustained subarachnoid haemorrhage and subdural haematoma.

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1819 Falls	112	98	114	155	133	132	121	129	106	153		
1718 Falls	118	136	114	115	122	124	140	149	135	143	128	157
1617 Falls	144	116	116	139	127	119	120	128	159	175	128	142

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1819 Falls Rate	5.27	4.61	5.86	7.7	6.39	6.8	5.81	6.48	5.33	7.02		
1718 Falls Rate	5.60	7.15	6.06	6.32	5.17	5.98	6.98	7.28	7.01	7.11	6.85	5.99
1617 Falls Rate	6.67	5.27	5.37	6.27	5.72	5.43	5.51	5.89	6.97	7.28	6.06	6.22

Pressure Ulcers:

There were 8 new Hospital Acquired (HA) pressure ulcers and 2 deteriorations of pressure ulcers previously reported during January.

Of the 8 HA pressure ulcers; 3 were Deep Tissue Injuries to heels, 1 category 2 to a patient's Hip, 1 category 2 to sacral area and 3 of unstageable category to patient's sacral area.

There is an improvement on monitoring patient's heels.

The 2 deteriorations involved patients whose general medical condition was poor and were reported as Serious Incidents

The incidence for January showed a slight improvement from same period last year.

Promoting education and the need for a full body assessment and monitoring even on independent patients, unless they have capacity to decline assessment, is always relevant as we aspire to systematically improve in our care.

Updates to the Ward Managers and TVN link nurses are regularly sent to ensure departments are aware of changes and recommendations.

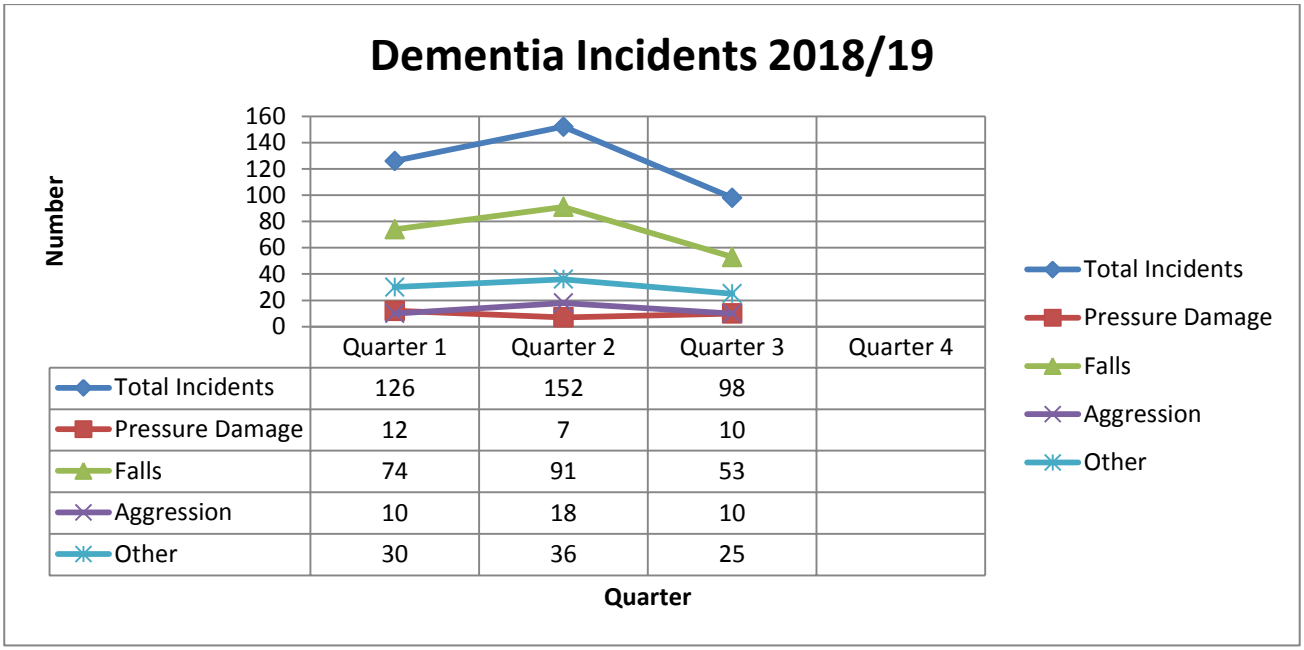
A new project group has been established by the Chief Nurse to review the use of beds and mattresses in the Trust.

Incidents relating to inpatients with Dementia:

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

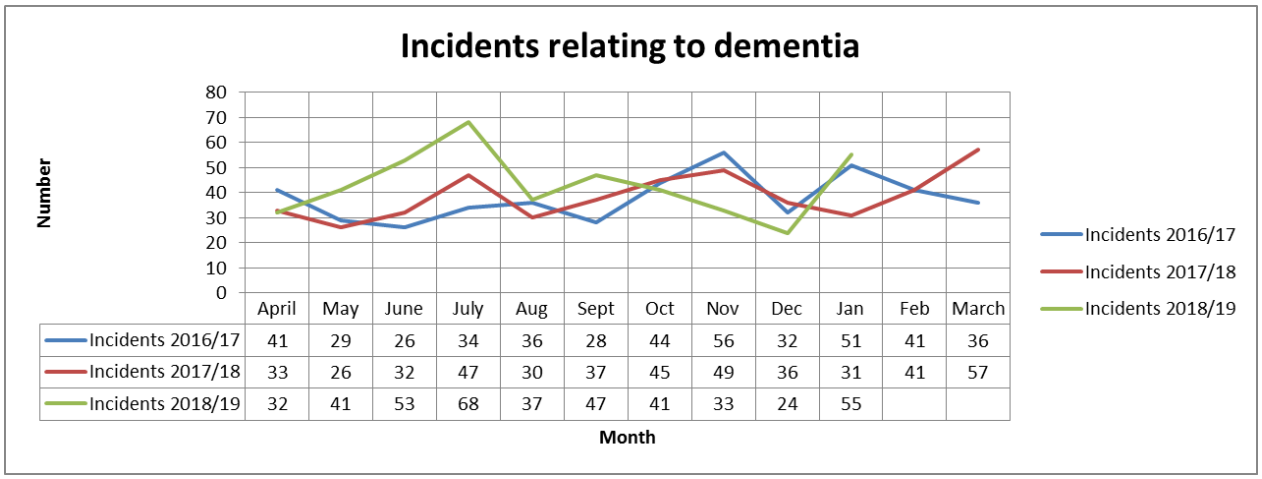
The incidents have been analysed by the Lead Nurse for Dementia Care, following a search on the Datix system of all incidents relating to patients with dementia. The identification of patients with a known diagnosis of dementia is via the Datix form and this has been validated by the Lead Nurse for Dementia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

Graph 3 – Dementia Incidents



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

Graph 4 – Incidents relating to dementia



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Incidents 2016/17	41	29	26	34	36	28	44	56	32	51	41	36
Incidents 2017/18	33	26	32	47	30	37	45	49	36	31	41	57
Incidents 2018/19	32	41	53	68	37	47	41	33	24	55		

Graph 4 plots the number of incidents relating to dementia patients per month for 2016/17; 2017/18 and 2018/19. There has been a significant increase in incidents in January since last month. In January there were 39 incidents at TWH and 16 at Maidstone, of these falls continues to be the main cause of incidents totalling 36 (31 at TWH and 5 at Maidstone).

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

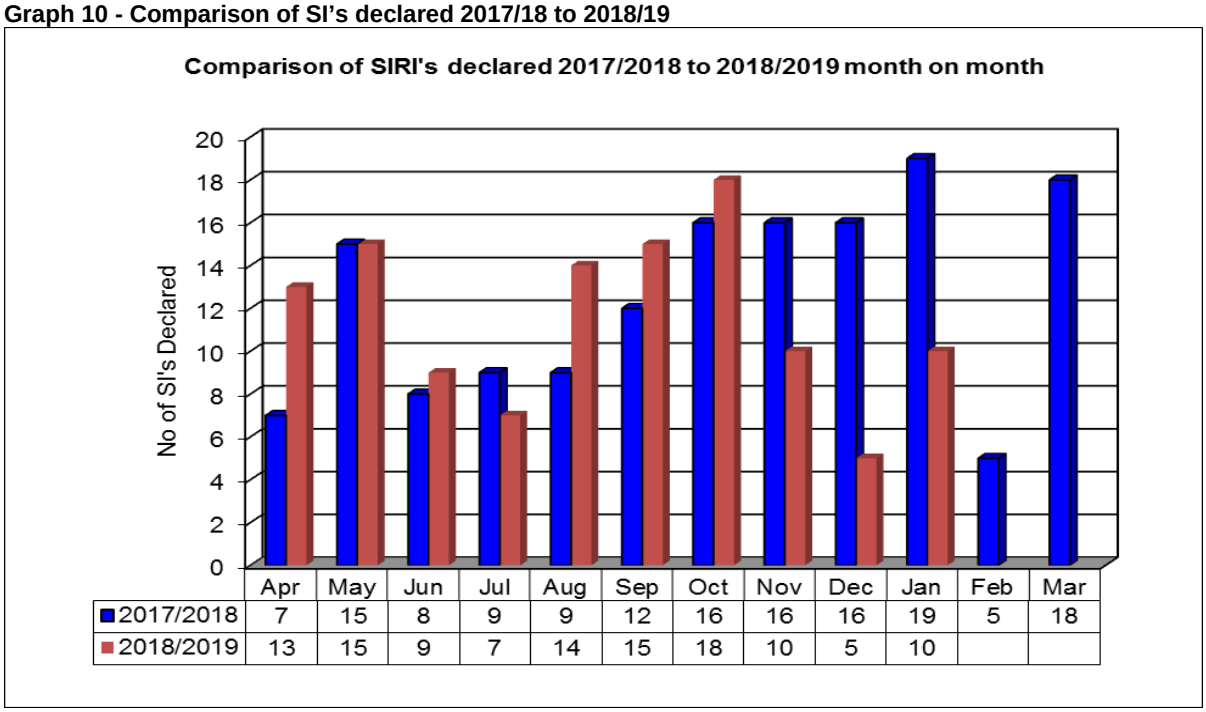
Serious Incidents (SI's):

There were 10 Serious Incidents reported in January 2019

- 4 Main SI's
  - 2 in Accident & Emergency (MTW)
  - 1 in General Surgery (Ward 11)
  - 1 in Oncology (MTW / East Kent Hospitals)
- 3 falls – 2 on Ward 2 (TWH) and 1 on AMU (TWH)
- 2 Pressure damage (Cat 4) – 1 on John Day Ward and 1 on Ward 31
- 1 VTE – Pye Oliver Ward

The total number of SI's open remains increased year to date at 87 compared to 63 during 2017/18.

Graph 10 - Comparison of SI's declared 2017/18 to 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/2018	7	15	8	9	9	12	16	16	16	19	5	18
2018/2019	13	15	9	7	14	15	18	10	5	10		

During the month of January 2019, 3 SI's were closed and 1 SI was downgraded.

- SI 2018/22034 – Confidential information leak – declared Sept18

Falls Learning and Improvement (SI) Panel – key actions identified

- Patient at risk of falls to have assessment for delirium and to ascertain mental capacity for decisions on personal safety and risk of falls.
- Patient assessed for use of falls sensor monitor to have decision from assessment and the rationale for decision clearly documented.
- Patient identified as requiring supervision for risk of falling should not be left unattended.
- Patient at risk of falls to have medication review
- Patient at risk of falls to have lying and standing blood pressure to identify postural hypotension and inform on measures to be taken to reduce risk of falls from postural hypotension.
- Post fall, before moving the patient carry out assessment for injury and assess for most appropriate moving and handling method to reduce the risk of distress and further harm to patient.
- Risk of falling out of chair clearly explained and documented to enable patient to make informed choice. Alternative such as recliner chair may provide a safer sitting position for patient wanting to sleep in chair.

VTE Learning and Improvement (SI) Panel – key actions identified

- To ensure all staff understand the importance of complete and legible documentation.
- To ensure all staff are aware of the VTE risk assessment and prescribing; and following that assessment, document why the patient will not be prescribed /did not receive prophylaxis.
- To adhere to guidance and policy relating to blood transfusion and VTE, i.e. Haemoglobin checks

Safeguarding Learning and Improvement SI panel

- No panel held in January

Main Learning and Improvement (SI) Panel – key actions identified

Organisational learning that could be adopted by the Divisions – January 2019

Care/Service Delivery Issue	Learning
Information Governance Breach Staff members do not always check where their computer is defaulted to for printing requests Staff member potentially handed over the additional papers to the patient. Uncollected request paperwork being placed into tray next to printer	For all staff members to be reminded how to reset their default printer when working in another area. Department Leads to check with staff that they understand how to do this. Prior to handing over papers to patient for them to take away with them, staff must be reminded to check that all papers being handed over pertain to that particular patient. Review of where printing is collected and stored within the Department
Staff Assault Lack of information provided to staff in relation to previous assault of staff by patient. Lack of guidelines available in relation to procedure to follow and roles and responsibilities of staff when staff assaults occur.	All staff to be reminded to clearly document in Patients Healthcare records any significant events in relation to risk to safety of staff and patients. Ensure clear and accurate handover takes place on transfer especially in relation to risk to safety of staff and patients. Clear guidance and flowchart to be developed in relation to process to be followed and roles and responsibilities of staff following assault on staff members, including reporting procedures internally and externally. To be included in Policy and Procedure for the Management of Violence and Aggression.

Care/Service Delivery Issue	Learning
Staff involved in the assault felt the incident was not followed up in an appropriate manner and felt unsupported.	Clear guidance and flowchart to be developed in relation to process to be followed and roles and responsibilities of staff following assault on staff members, including reporting procedures internally and externally. To be included in Policy and Procedure for the Management of Violence and Aggression. Clear guidance on referral process for staff following violence and aggressive incidents to be included in flowchart and policy with appropriate designation of duties.
Incident not fully investigated until declared as SI, but initially declined as an SI.	Assault on staff is not included in the SI criteria; however, need to have clear guidance on what would constitute an SI when relating to violence and aggression on staff included in the SI policy.
<u>Working outside of practise</u> Review of needs/efficiency of service to support the introduction of extended nurse roles	Introduction of competencies that allow extended roles for experienced nurses.

Single Sex Compliance:

There are 23 individual breaches for January 2019 on the Acute Stroke Unit (ASU) at Maidstone. These occasions were due to the need to mix acutely unwell medical patients on the stroke unit due to their clinical needs, which could not be provided elsewhere in the trust at the time when they were admitted due to high operational demands.

After seeking NHSI clarification these breaches were not declared due to the clinical needs at the time. However this remains an internal breech but justified in terms of clinical need.

Our plan is manage this as a cluster of single sex accommodation breaches (internally) and undertake a very simple RCA into this cluster of Breeches so that we go through the process of understanding the rationale for the decisions made on each occasion. Completing this will demonstrate a robust approach to this situation and identify learning. We are expecting publication of revised guidance on delivering single sex accommodation in the coming months which we expect will set out more clearly expectations.

Friends and Family Test:

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

With the new services added to the IWGC system and the unit codes provided to the procurement department, there has been a significant reduction in rejected forms. In addition, the dedicated IPads in service areas are being increasingly used with a total of 136 online and tablet reviews submitted. Embedding this new way of collecting FFT continues and the reporting system will continue to monitor utilisation of the app version.

Response rates for January: IP: decreased from 19.6% in December to 18.7% in January. Although the number of respondents was higher in January, it was offset by a larger number of eligible respondents. A&E (now including children) decreased from 12% in December to 5.4% in January. Although there was a reduction in returns noted for the Tunbridge wells hospital site (total 544 cards) the Maidstone Hospital A+E site reported a 0 return which has contributed significantly to this decrease. Unfortunately all of the Maidstone's A+E January feedback forms did not reach the central collection point resulting in a significant drop in percentage response rate. There have been an approximate 302 cards identified for January and an additional 160 from previous months. All of these cards will now be formally collected and included into February's data to ensure patient's feedback is captured.

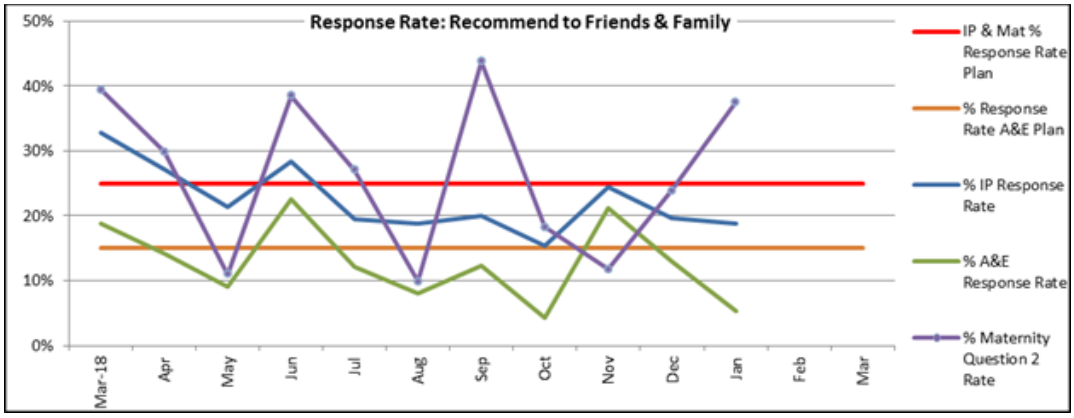
Maternity Q2 demonstrated a significant increase from 23.9% in December to 37.6% in January.

In terms of number of respondents from OP, the number of responses has shown a slight decrease decreased from 1506 in December to 1472 in January.

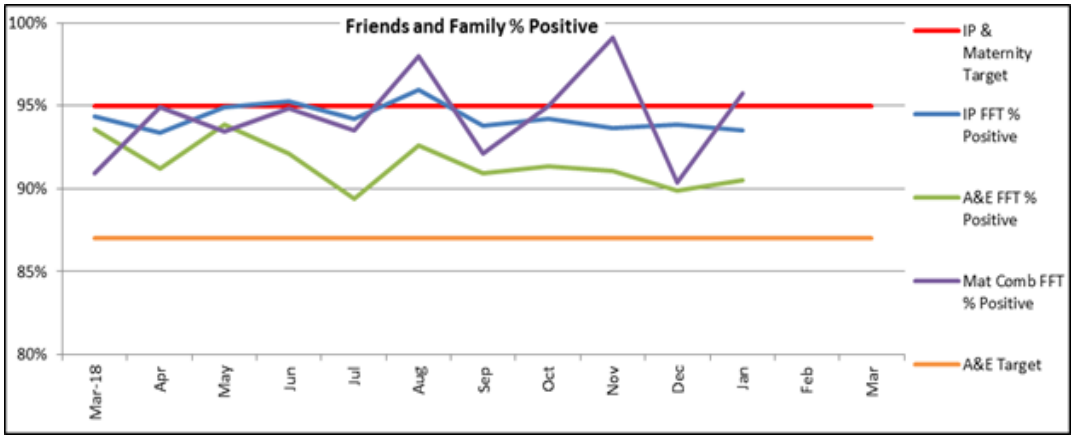
For the % Positive for January, inpatients has reduced slightly from 93.9% in December to 93.5% in January, A&E increased from 89.9% in December to 90.5% in January despite the lack of respondents and Maternity (all 4 combined) increased from 90.4% in December to 95.8% in January.

YTD response rate for in-patient care is currently at 21.4%
YTD response rate for maternity is currently 24.7%.
YTD response rate for Accident & Emergency response is 12.1%

Graph 5- FFT Response Rates:



Graph 6 - FFT Positive Responses:

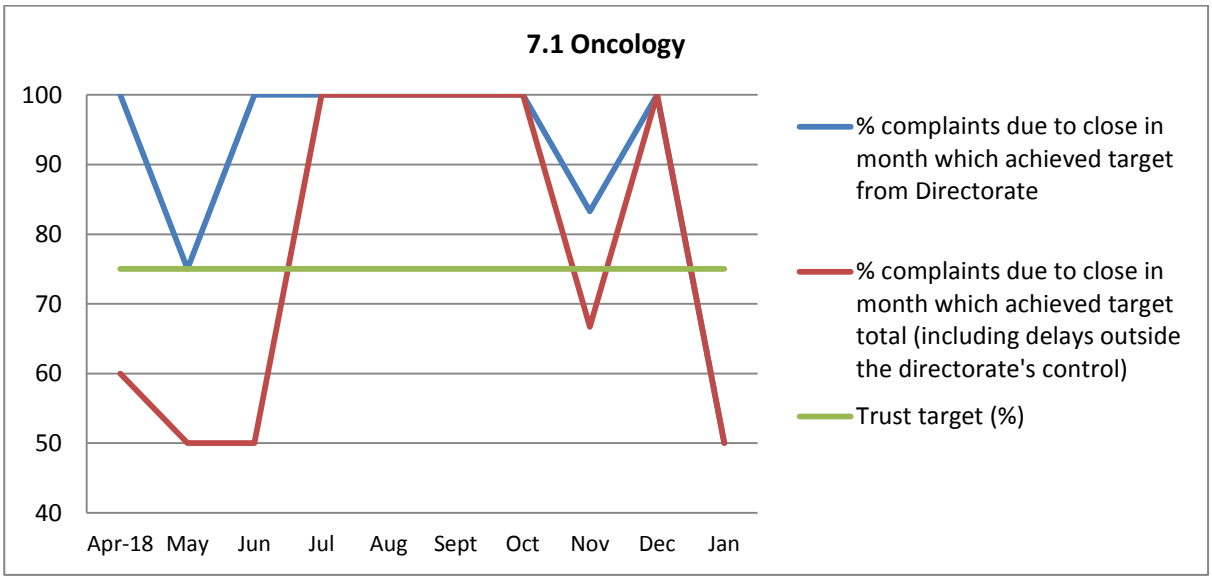


Complaints:

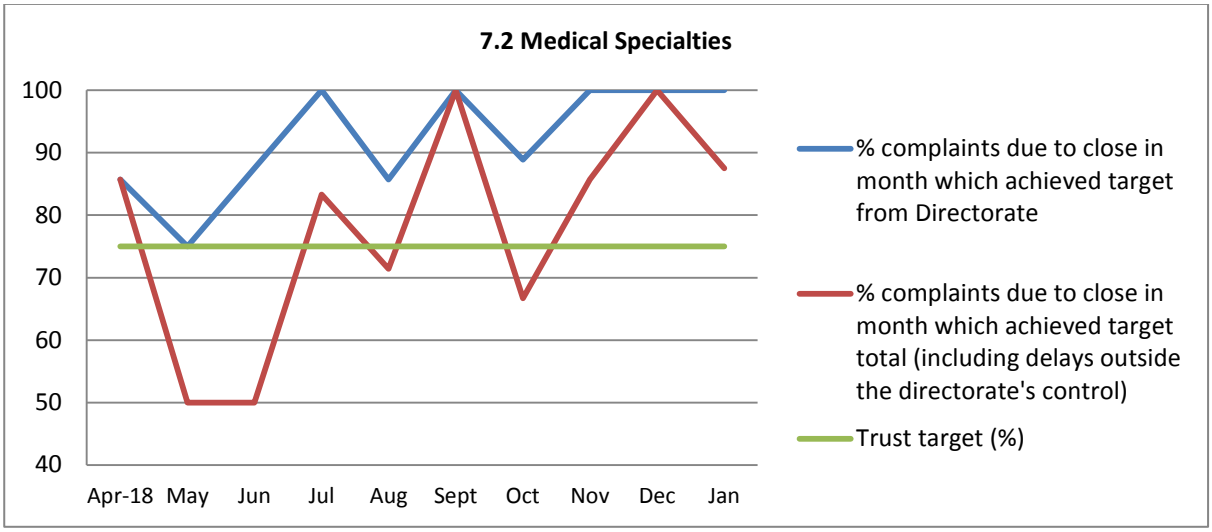
There were 52 new complaints reported for January which equates to a rate of 2.23 new complaints per 1,000 occupied bed days. This is a decrease compared to 2.41 for December. There were 130 open complaints at the end of January, compared to 129 in December.

82.8% of complaints were responded to within deadline compared to a target of 75%. Graphs 7.1 to 7. (below) provide information on the performance for year to date by each directorate.

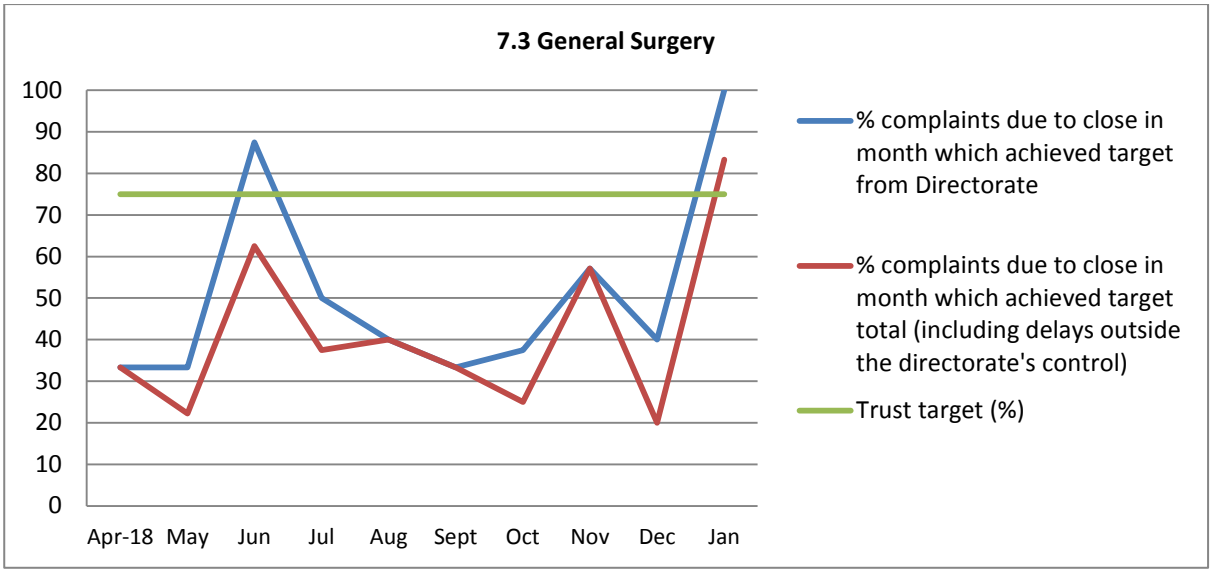
Graph 7 - Complaints performance against Trust target



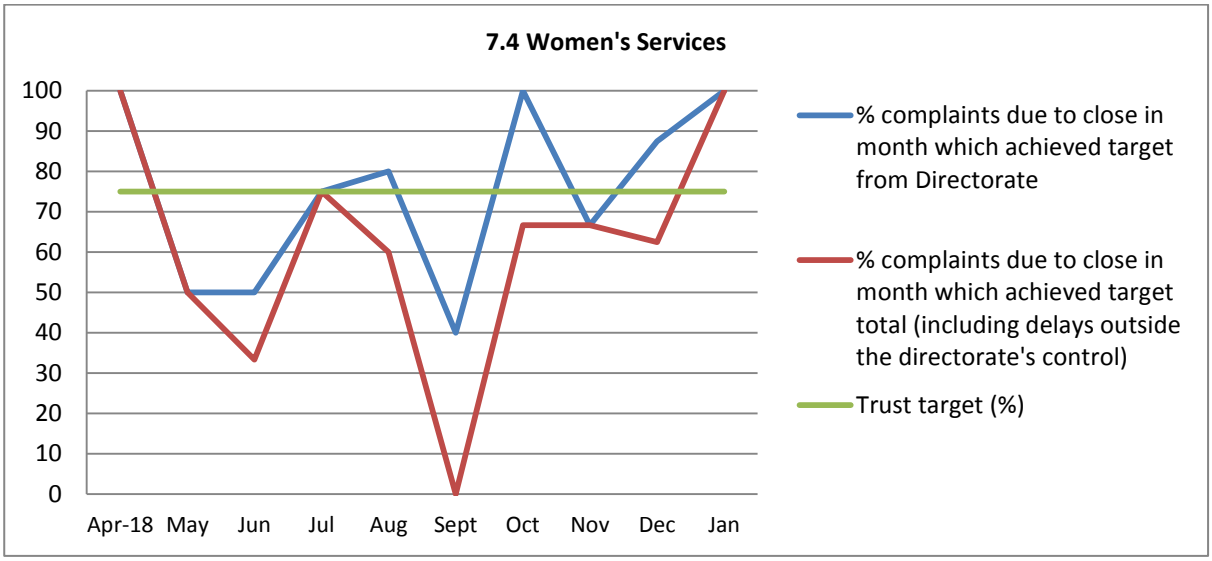
Oncology	Apr 18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of complaints due to close in month	5	4	2	2	2	1	2	6	1	4
Number of complaints responded to in month	5	5	2	2	4	2	4	7	2	2



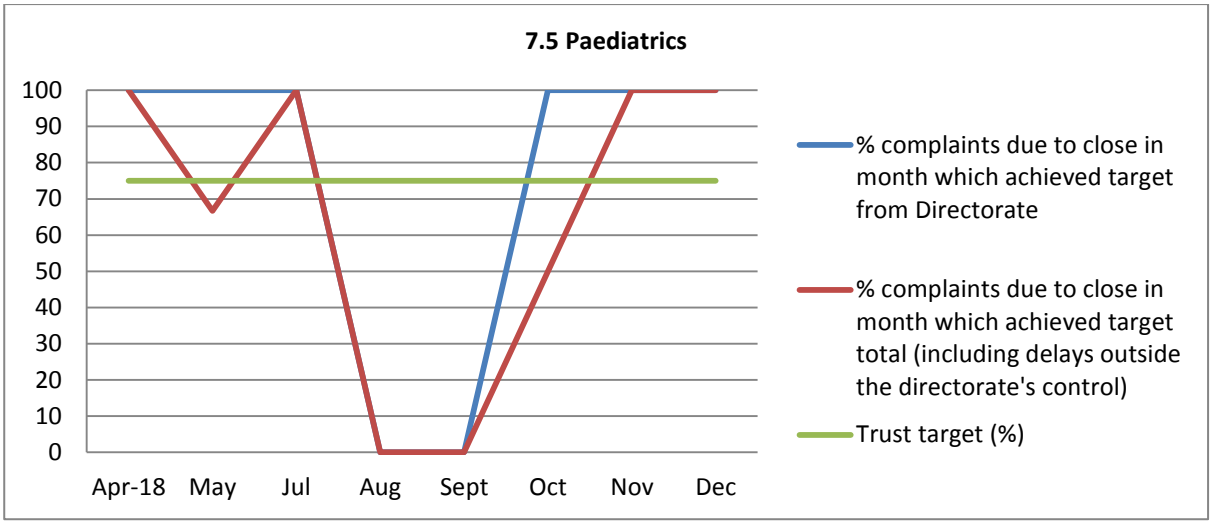
Medical Specialties	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of complaints due to close in month	7	12	8	6	7	7	9	7	1	8
Number of complaints responded to in month	17	7	11	10	15	9	12	8	3	10



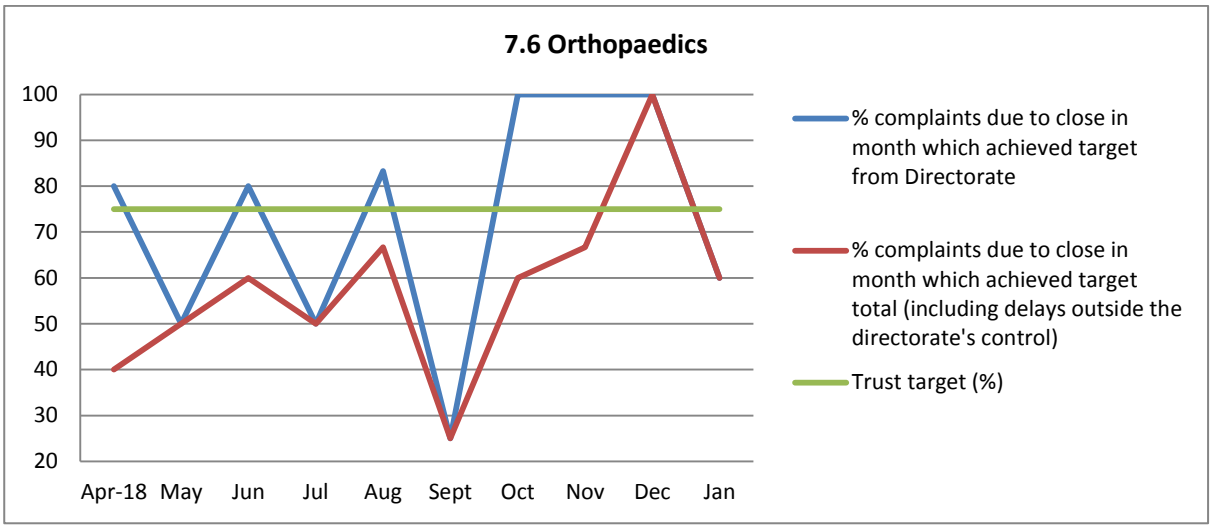
General Surgery	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of complaints due to close in month	6	9	8	8	5	3	8	7	5	6
Number of complaints responded to in month	12	6	9	5	10	4	10	12	6	10



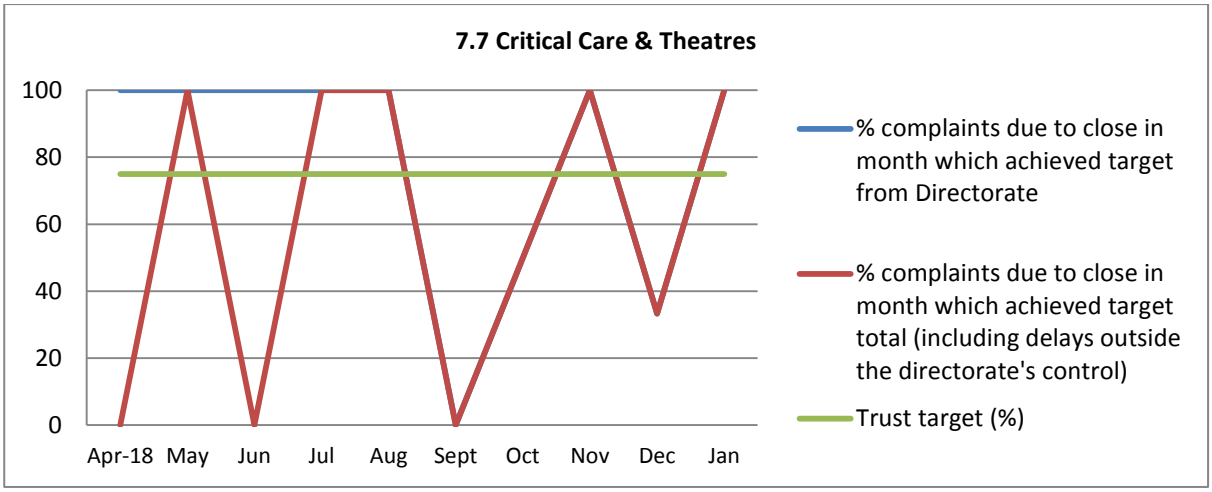
Women's Services	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of complaints due to close in month	5	2	6	8	5	5	3	3	8	8
Number of complaints responded to in month	8	5	9	10	8	13	11	10	6	10



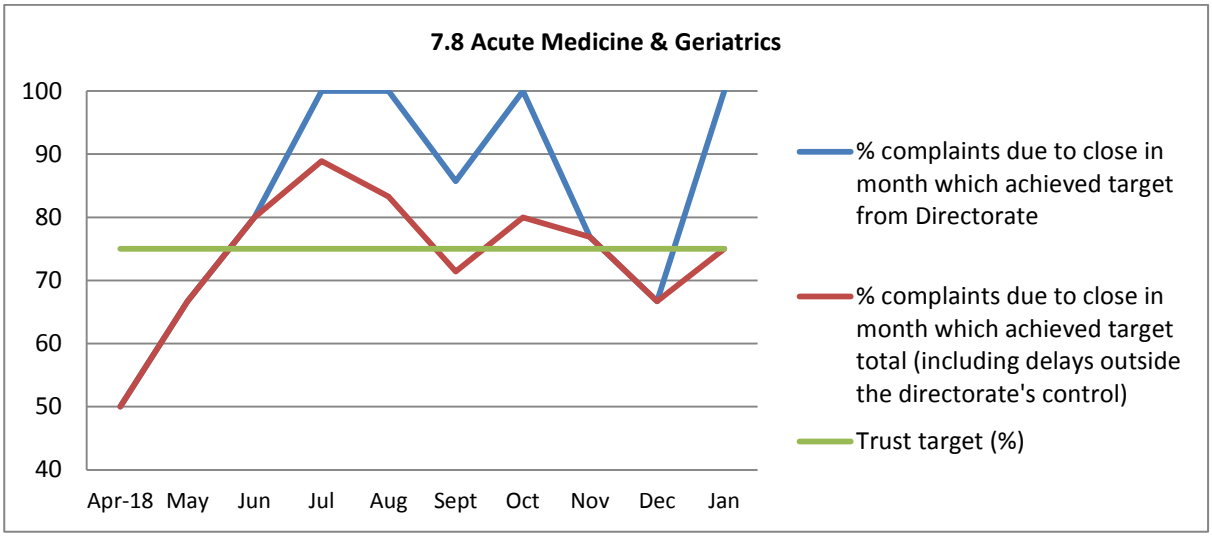
Paediatrics	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of complaints due to close in month	3	3	0	3	0	0	2	4	2	0
Number of complaints responded to in month	7	2	0	3	1	2	4	2	3	0



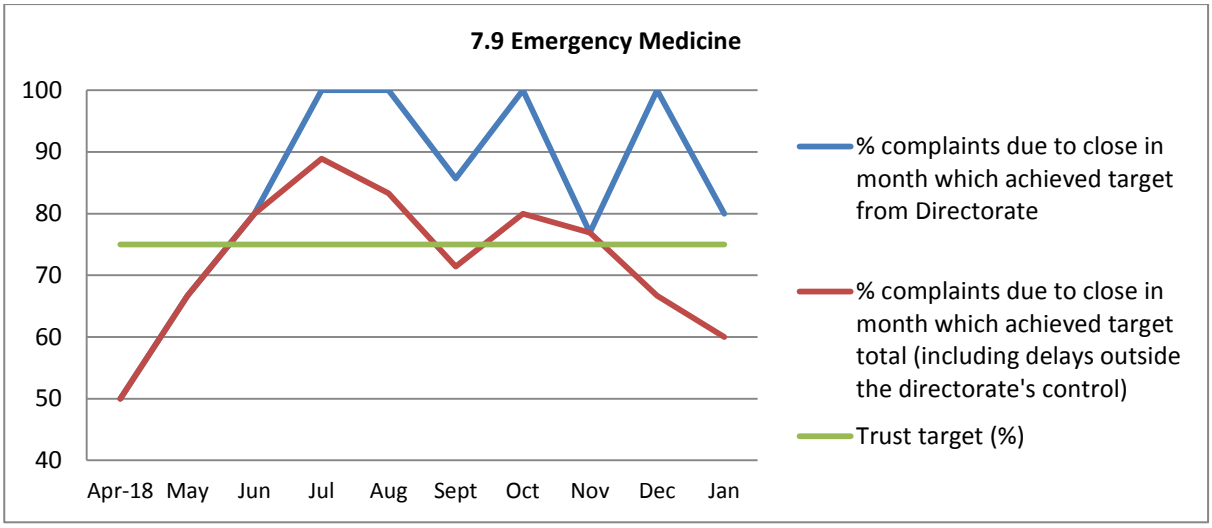
Orthopaedics	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of complaints due to close in month	5	2	5	4	6	4	5	3	3	5
Number of complaints responded to in month	8	3	3	6	8	3	8	4	3	6



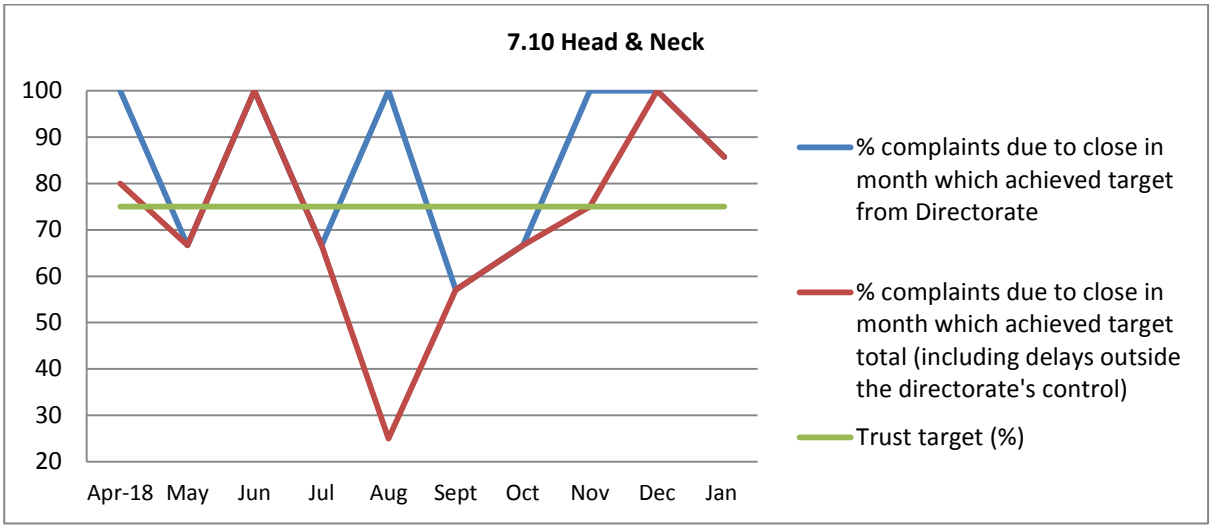
Critical Care & Theatres	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of complaints due to close in month	1	3	1	2	3	0	2	1	3	5
Number of complaints responded to in month	0	3	2	2	4	2	1	2	1	7



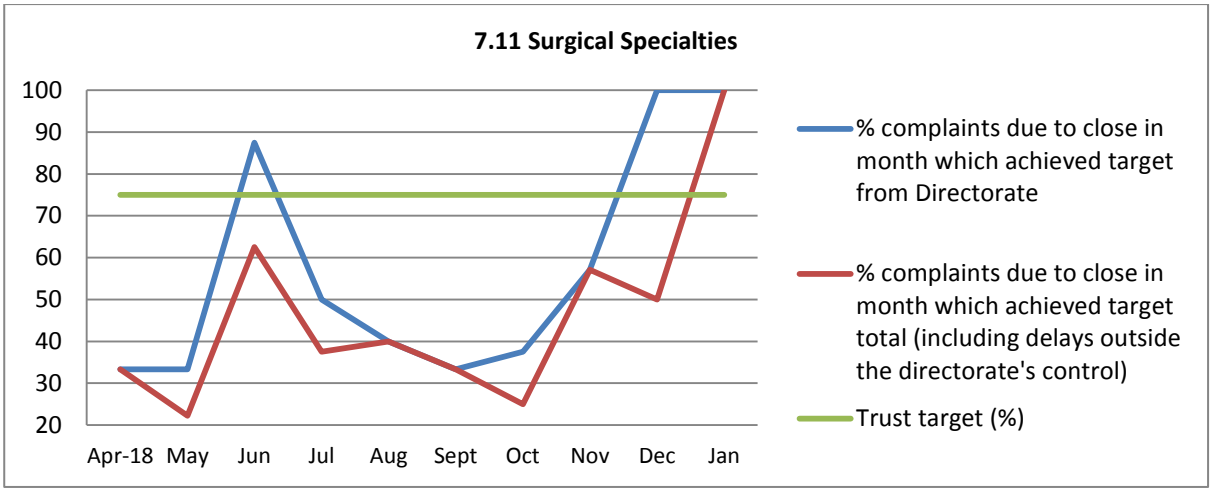
Acute Medicine & Geriatrics	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of complaints due to close in month	4	9	5	9	6	7	10	13	3	4
Number of complaints responded to in month	6	7	7	7	5	10	12	13	3	8



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



Head & Neck	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of complaints due to close in month	5	6	4	3	4	7	3	4	2	7
Number of complaints responded to in month	6	4	4	1	3	0	5	7	1	9



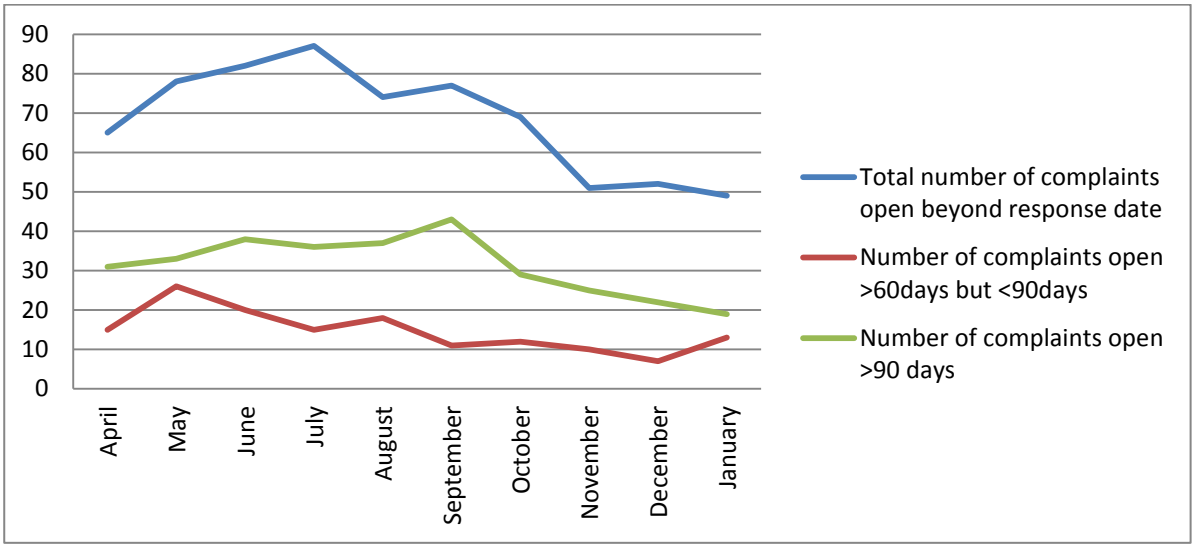
Surgical Specialties	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of complaints due to close in month	6	9	8	8	5	3	8	7	2	5
Number of complaints responded to in month	12	6	9	5	10	4	10	12	3	5

Every directorate listed above achieved or exceed the Trust's target of 75% for January, except: Orthopaedics (60%), Emergency Medicine (60%) and Oncology (50%).

In total, 6 complaints breached due to delays within the lead directorate, which account for 10.3% of the lost performance. However, a further 4 complaints breached for other reasons: 3 were also the subject of SI investigation which had not yet been completed and 1 was delayed during the signing process. These delays accounts for 6.9% of the lost performance.

Revised Standard Operating Procedures have been reviewed and agreed at the Senior Nurse's meeting and shared across the directorate management teams. As part of this review, it has been agreed to trial a reduction in the length of time allocated to the directorate staff to undertake their investigation/information gathering, with the aim of increasing the window for drafting and obtaining approval, as well as allowing more time for sign off by the Executive. Changes are also being trialled to the timeline for responding to complaints which are the also the subject of SI investigations. These will have bespoke timeframes, allowing for 25 working days after the SI panel to allow for response drafting, approval and signing. Should these measures prove successful, they will be incorporated into the Trust's Management of Complaints and Concerns Policy and Procedure, when it is reviewed later this year.

Graph 8: Number of overdue open complaints



Focused work continues around clearing older cases. To give an indication of progress, at the time of reporting, of the 19 cases open over 90 days:

- 5 responses were awaiting signature
- 2 local resolution meetings have been held and a third has been scheduled
- 2 drafts were awaiting directorate approval
- 1 draft was undergoing final quality checks
- 1 draft had been returned to the directorate and GP for further comments
- 1 draft had been returned to the directorate for further comments
- 1 response was awaiting drafting (comments received on 30 January)

Of the remaining cases, 1 is awaiting comments from another Trust, 1 is the subject of an outstanding SI investigation, 1 case is being delayed due to the healthcare records going missing, 1 case is awaiting an update from an external safeguarding panel and CCT is awaiting receipt of healthcare records to complete the remaining response.

The Board will note the increase in number of complaints open between 60 and 90 days, which represents 6 cases. It should be recognised that at the time of reporting, 6 responses were awaiting signature, which would account for this swell in numbers. Positive progress is recorded again all bar 2 of the other cases in this group. One of these is the subject of an outstanding SI investigation and the other is being delayed due to the healthcare records going missing.

Work continues to deliver the Trust wide complaints action plan. In addition, specific actions are being undertaken within divisions. This month we are featuring feedback from the Surgery Division.

The Division report that specific actions are being undertaken which includes:-

- Improvement trajectories agreed with the directorate leads, chief nurse and complaints manager.
- Complaints management SOP is being used to provide a clear pathway and timeline for those within the directorate who are managing complaints.
- Monthly 1:1 with DDNQ and Complaints Manager to monitor compliance and identify actions to be taken where trajectories are not being met.
- Divisional Governance lead and DDNQ produce monthly complaints poster/leaflets on the learning lessons aspect of Complaints management which is circulated throughout the Division.
- Complaints focus at Divisional Board meeting to discuss lessons learnt, monitor progress and ensure everyone understands their role in complaints management.
- Focus and improvement to close old complaints > 60 days.

Within the Divisions Complaints poster there is a section entitled Case Study or Learning in the leaflet these include:-

- Two complaints received regarding the cancellation of patient's surgical procedure. In one of the instances the procedure cancelled was because the Consultant was on sick leave and the other related to 1:1 care which had not been arranged prior to surgery despite it being flagged at pre-assessment. *Learning*- Please take time to plan your lists and ensure that the wider team have been communicated to regarding any changes that might impact the working day. *'Failing to plan is planning to fail'*
- During pre-assessment the daughter of the patient was asked if a best interest meeting had been undertaken to ensure that proceeding with surgery was in her father's best interest. Despite several attendances and being seen by several clinicians the issue of the patient's lack of capacity to consent had not previously been identified. Surgery had to be put on hold until a best interest meeting could be undertaken but unfortunately during this time the patient's health deteriorated. *Learning*- highlights the impact that delays can have on our patients and their families. *'Delays equal time and time can cause the patients presentation to change potentially changing the course of action'.*
- Patient raised concerns that they'd received treatment in the wrong eye, the patient told the Doctor on a subsequent occasion and the patient was assured that an investigation would be undertaken. As this did not occur the patient complained. As a result a Serious Incident was declared. *Learning*- It is essential that checks are carried out before any kind of invasive procedure. Checklists for identity and consent must be obtained consistently and documented. Checks must be made prior to storing images. If a patient is told that an investigation is taking place, it is vital that they are informed of any updates and that the outcome is shared with them if they have requested it to be. *'If alarm bells ring and questions are raised - stop, check and check*

again. Listen to your patients if they raise any queries. They are often experts of their own health!'

Furthermore, the Trust was notified at the beginning of February and that the Parliamentary and Health Service Ombudsman had closed one of their cases without investigation. This indicates that they considered that nothing would be gained, beyond the work already undertaken by the Trust, in them pursuing this complaint, which is a good quality indicator.

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

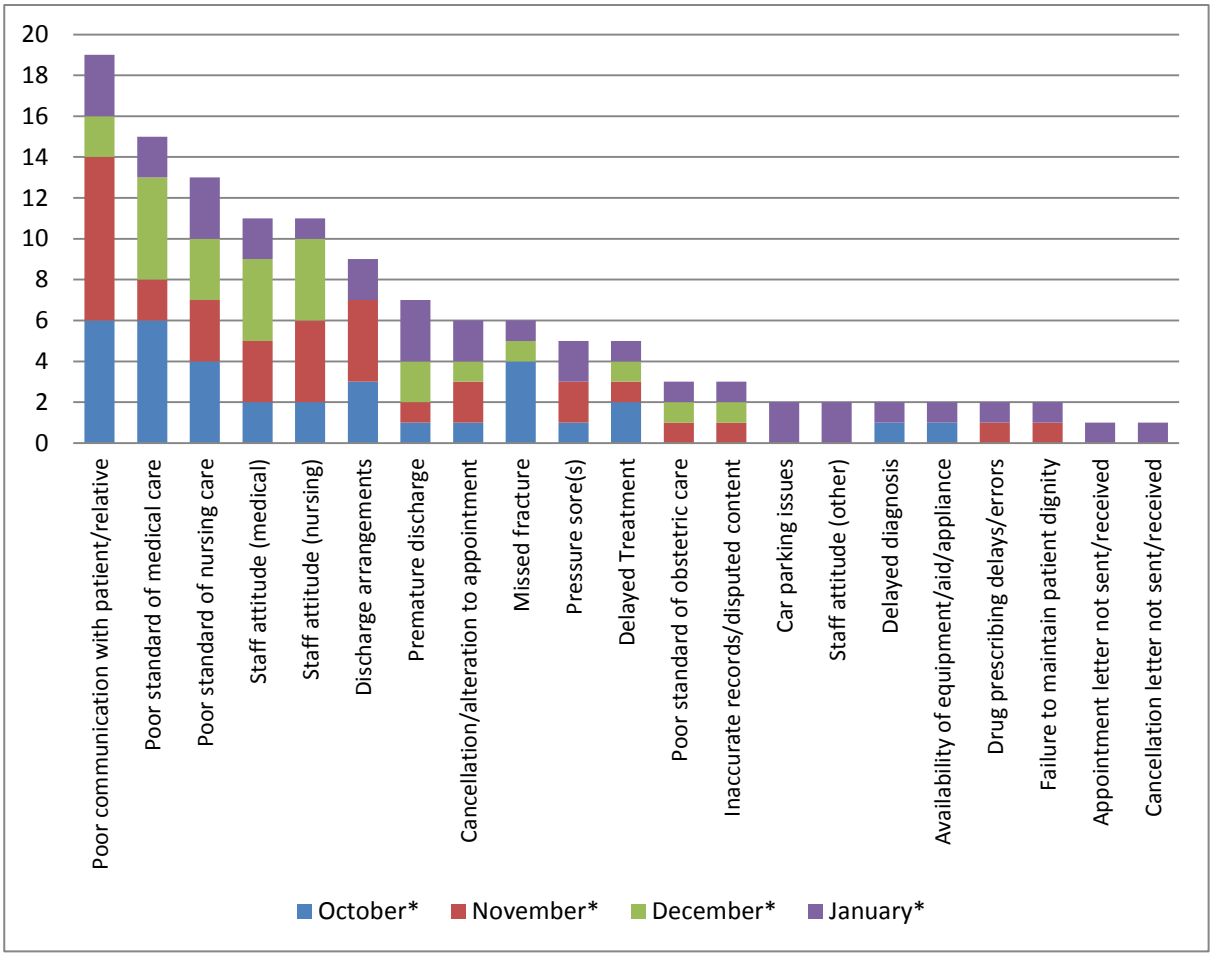
Graph 9 - Complaints by Sub-subject – most frequently raised in January 2019

	October *	November *	December *	January *
Premature discharge	1	1	2	3
Poor communication with patient/relative	6	8	2	3
Poor standard of nursing care	4	3	3	3

*reflects the date of the event being complained about

The following graph (Graph 10) shows an expanded view of the themes of complaints that occurred in January 2019.

Graph 10: All themes/subjects raised in complaints made about events that occurred in January 2019.



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

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

- Premature discharge
- Poor standard of obstetric care
- Inaccurate records/disputed content
- Car parking issues
- Staff attitude (other staff groups)
- Staff attitude (medical)
- Cancellation/alteration to appointments
- Pressure sore(s)
- Drug prescribing delays/errors
- Failure to maintain patient dignity
- Appointment letter not sent/received
- Cancellation letter nor sent/received

All other subjects listed in graph 10 show stable or reducing trends. 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.

Safe staffing: Planned versus actual for January 2019

The attached paper shows the planned v actual nursing staffing as uploaded to UNIFY for January 2019. This data is also published via the NHS Choices website and the Trust website as directed by NHS England and the National Quality Board.

Wards of note include:

Cornwallis: Cornwallis team moved to Peale ward location on the 10th November 2018. Cornwallis remained closed until 31st December when it reopened as part of the winter escalation plan. Reduced fill rate according to acuity and dependency in an escalation ward.

John Day: 5 falls above threshold. Increased CSW fill rate to support increased acuity and enhanced care needs. 16 RN shifts uncovered throughout the month.

Chaucer: Increased fill rates to support unit escalation throughout the month. Reduced CSW fill rate during the day due to lack of available temporary staff.

Mercer: Increased fill rate due to increased acuity and dependency.

UMAU (MDGH): 1 fall above threshold. 37 unfilled shifts due to sickness and vacancy. Increased fill rate at night throughout the month due to escalation

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

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

ITU (TWH): Increased fill rate for CSW due to unit escalation on 12 occasions in month

MAU (TWH): 3 falls above threshold. Reduced fill rate for RN with lack of available temporary staff across 42 shifts and CSW reduced fill rate across 41 shifts. Escalation into AEC.

Ward 10: Improvement in fall rate compared with December with 1 reported above threshold. Skill mix adjustment a considered risk by the ward team in line with a high dependency and moderate acuity.

Ward 11: 7 falls above threshold an increase in month. Increased CSW fill rate as skill mix adjustment to change RN shift to CSW

Ward 12: Remain 5 falls above threshold. Increased fill rate to support enhanced care needs. Skill mix adjustment to support safe staffing levels due to sickness during the month.

Ward 20: 15 falls above threshold associated with a high number of recurrent falls. Reduced RN fill rate due to lack of available temporary staff. Increased CSW fill rate at night to support enhanced care requirements Quality reviews continue to monitor against actions.

Ward 2: Increase in falls to 9 reported above threshold associated with a higher number of recurrent falls. AFU escalated through the month alongside enhanced care requirements.

Neonatal Unit: Reduced fill rate according to a Acuity / dependency during January rag rated 1 amber, 3 reds and 8 Black escalation in month. In addition 3 intensive babies across two days.

Peale: Reduced RN fill rate at night in line with bed occupancy and an increase in bed base for team as part of the planned Winter escalation. Cornwallis team currently on Peale ward with effect from 18th November 2018.

A+E (MH + TWH): MH 11 uncovered RN shifts and redeployment on one occasion to support safe staffing in AMU. TWH AE 35 uncovered shifts across the month alongside additional requirements on 12 occasions.

MOU: Reduced fill rate due to short term sickness however, small team which means data can appear skewed if 1 shift short in team. Safe staffing maintained throughout month.

Foster Clarke: Peale team now on Foster Clarke with an increase in bed base to 27. Reduced fill rate for CSW support at night according to reduced ward occupancy on two occasions. CSW also redeployed to support safe staffing levels

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

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

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

The next programme of Safe Staffing reviews is currently being completed in collaboration with the Chief Nurse or Deputies, Associate Director of Nursing for the division, Ward Manager, Matron, Finance, Professional standards and Health Roster representation. The report from this review will be presented to the Trust Board in March 2019.

With the introduction of apprenticeships and the start for the new Trainee Nursing Associates (TNAs) this will impact on the current workforce structure. This will require a revised methodology

when considering our workforce needs to ensure consideration to the future structure of new learners, apprentice's and the introductions of TNA's leading to the Nursing Associate role.

Care Hours per Patient Day

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

CHPPD is a measure of workforce deployment that can be used at ward, service or aggregated to Trust level. The safe staffing paper uses the CHPPD at ward / department level where service leaders and managers can consider the workforce deployment over time, with comparable wards within a trust or at other trusts as part of a review of staff deployment and overall productivity.
To calculate CHPPD, monthly returns for safe staffing along with the daily patient count at midnight, which is the total number of patients on the ward at 23:59 are aggregated for the month.

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

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

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

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

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

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

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

The RAG rating for QuESTT is rated as:
Green: 0 - 11
Amber: 12 – 15 Trend analysis and further enquiry
Red : 16 + Immediate enquiry and action to be taken

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

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

Falls
Complaints
FFT
Workforce KPIS including sickness, vacancy, turnover
Performance
Financial performance
E roster KPIs
Other patient safety incidents

Table 1

QuESTT: Quality, Effectiveness and Safety Trigger Tool	
Name of person completing review:	**Date of Review:**

Section One:
The content of this completed tool should be used to form the basis of a *monthly* multi-disciplinary review of the key quality indicators within a clinical area. The assessment should be made by the team leader and then validated by the members of the review group discussing the results. Section One acts as a trigger or early warning tool and must be assessed and completed each month.
Instructions: If the statement is true, insert a X in the cell (the score will be calculated automatically). If it is not true, leave blank.

Indicators	True?
New or no line manager in post (within last 6 months)	
Vacancy rate higher than 3%	
Unfilled shifts is higher than 6%	
Sickness absence rate higher than 3.5%	
No monthly review of key quality indicators by peers, e.g. peer review or governance team meeting	
Planned annual appraisals not performed	
No involvement in Trust-wide multi-disciplinary meetings	
No formal feedback obtained from patients during the month, e.g. questionnaires or surveys	
2 or more formal complaints in a month (Wards) or 3 or more (A&E or OPD) or 1 or more (CCU & ICU	
No evidence of resolution to recurring themes	
Unusual demands on service exceeding capacity to deliver, e.g. national targets, outbreak	
Hand hygiene audits not performed	
Cleanliness audits not performed	
Ward/Department appears untidy	
No evidence of *effective* multi-disciplinary/multi-professional team working	
Ongoing investigation or disciplinary investigation (including RCA's & infection control RCA's)	
Overall Score:	

Insert comments below (if appropriate):

Score if True		
1	2	3

Jan-19		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	QuESTT Score	Comments	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Acute Stroke	99.9%	89.3%	107.8%	95.2%	7.9	65.9%	96.3%	2	0	5	Short term sickness unable to be covered with temporary staff	138,263	146,419	(8,156)
MAIDSTONE	Cornwallis	97.9%	85.1%	96.6%	83.9%	5.6	39.6%	95.2%	1	0		Medical escalation as part of winter plan	115,598	53,550	62,048
MAIDSTONE	Culpepper (Inc CCU)	93.5%	97.1%	100.0%	106.5%	11.1	102.9%	91.7%	2	0	2	1 fall above threshold	109,337	111,813	(2,476)
MAIDSTONE	John Day	95.9%	120.5%	102.6%	107.0%	6.0	61.7%	79.3%	10	1	5	5 falls above threshold Increased CSW fill rate to support increased acuity and enhanced care needs. 16 RN shifts uncovered throughout the month	132,925	133,217	(292)
MAIDSTONE	Intensive Treatment Unit (ITU)	100.2%	96.4%	97.1%	-	27.0			0	0	5	Escalated on 19 days in the month	185,671	183,348	2,323
MAIDSTONE	Pye Oliver	90.9%	87.2%	100.0%	100.0%	5.6	21.4%	75.0%	5	0	7	4 x RN shifts uncovered. Reduced CSW fill rate due to lack of available temporary staff and CSW redeployed on 2 occasions	116,339	112,678	3,661
MAIDSTONE	Chaucer	115.8%	73.8%	150.6%	187.9%	12.0	75.9%	100.0%	3	0	0	Increased fill rates to support unit escalation throughout the month. Reduced CSW fill rate during the day due to lack of available temporary staff	118,267	121,249	(2,982)
MAIDSTONE	Lord North	86.2%	92.7%	98.9%	106.5%	6.4	36.4%	87.5%	1	1	4	Reduced fill rate due to lack of available temporary staff to cover a mix of sickness and vacancies	102,318	107,287	(4,969)
MAIDSTONE	Mercer	108.0%	102.8%	128.0%	109.7%	6.7	58.3%	92.9%	5	3	3	Increased dependency	101,048	122,293	(21,245)
MAIDSTONE	Edith Cavell	100.3%	112.3%	103.3%	116.1%	5.7	65.0%	92.3%	2	2	2	Increased fill rate due to hours owed and enhanced care requirements covered on 12 occassions	71,882	77,092	(5,210)
MAIDSTONE	Urgent Medical Ambulatory Unit (UMAU)	94.5%	91.7%	130.3%	190.3%	9.1	3.0%	92.9%	5	0	10	1 fall above threshold. 37 unfilled shifts due to sickness and vacancy. Increased fill rate at night throughout the month due to escalation	131,489	121,645	9,844
TWH	Stroke/W22	84.2%	94.8%	99.4%	97.9%	9.6	106.3%	94.1%	6	0	7	Reduced fill rate due to inability to cover vanct shifts throughout the month	150,502	149,341	1,161
TWH	Coronary Care Unit (CCU)	98.1%	72.4%	96.9%	-	10.2	107.4%	93.1%	1	0	3	1 fall above threshold Reduced fill rate due to lack of available temporary staff.	67,825	67,220	605
TWH	Gynaecology/ Ward 33	88.8%	88.9%	100.0%	92.4%	11.2	1.0%	100.0%	1	0	2	1 fall above threshold EGAU commenced 24hr service and staff requirements changed. Reduced fill rate to new plan.	79,636	85,377	(5,741)
TWH	Intensive Treatment Unit (ITU)	96.8%	113.8%	101.6%	100.0%	28.2			0	0	1	Escalated on 12 occasions in month	195,061	188,854	6,207
TWH	Medical Assessment Unit	81.3%	75.5%	96.8%	87.2%	8.0	21.6%	90.1%	9	0	11	3 falls above threshold. Reduced fill rate for RN with lack of available temporary staff across 42 shifts and CSW reduced fill rate across 41 shifts. Escalation into AEC	189,499	194,293	(4,794)
TWH	SAU	96.8%	93.5%	100.0%	100.0%	7.8			0	0	0		61,940	59,458	2,482
TWH	Ward 32	93.3%	104.9%	103.2%	97.4%	6.2	13.9%	100.0%	11	0	6	5 falls above threshold Enhanced care requirements during the month	139,808	192,120	(52,312)
TWH	Ward 10	103.6%	86.3%	89.5%	177.4%	6.7	25.9%	100.0%	3	0	3	1 fall above threshold Increased CSW fill rate to support enhanced care requirements throughout the month. Skill mix adjustment a considered risk by the ward team in line with a high dependency and moderate acuity	120,565	131,792	(11,227)
TWH	Ward 11	85.8%	122.0%	98.4%	135.5%	6.2	12.1%	100.0%	11	1	3	7 falls above threshold Increased CSW fill rate as skill mix adjusted to change RN shift to CSW	126,638	133,348	(6,710)
TWH	Ward 12	111.6%	98.1%	130.0%	97.6%	6.7	17.1%	92.3%	11	0	7	5 falls above threshold Increased fill rate to support enhanced care needs. Skill mix adjustment to support safe staffing levels due to sickness during the month	121,446	141,647	(20,201)
TWH	Ward 20	88.0%	97.6%	97.8%	126.6%	5.6	42.9%	88.9%	22	1	9	15 falls above threshold Reduced RN fill rate due to lack of available temporary staff. Increased CSW fill rate at night to support enhanced care requirements	123,611	119,866	3,745
TWH	Ward 21	90.0%	101.8%	97.0%	104.3%	6.0	39.4%	89.3%	7	0	5	1 fall above threshold Skill mix adjustment and short term sickness managed in month to maintain staffing levels	134,850	128,141	6,709
TWH	Ward 2	89.7%	104.5%	102.4%	125.8%	7.3	52.4%	97.0%	16	0	9	9 falls above threshold AFU escalated through the month alongside enhanced care requirements	131,973	141,480	(9,507)
TWH	Ward 30	93.9%	94.9%	97.8%	96.7%	5.8	20.6%	92.3%	9	0	8	4 falls above threshold Adjusted skills mix on occasion in month to backfill RN shifts with CSW if unable to fill due to lack of available temporary staff	122,715	124,040	(1,325)
TWH	Ward 31	94.9%	93.9%	103.3%	95.9%	6.6	0.0%	-	5	3	3	Enhanced care requirements throughout the month	139,943	150,545	(10,602)
Crowborough	Birth Centre	77.9%	100.0%	96.3%	97.9%				0	0		Considered action to prioritise the night with Community teams support during the day	71,096	72,337	(1,241)
TWH	Maternity Services (incl Ante/Post Natal, Delivery Suite & Triage)	98.4%	81.4%	96.7%	76.9%	15.1	82.3%	95.8%	1	0		1 fall reported in delivery suite - no harm Reduced fill rate to ensure safe staffing levels on delivery suite	690,933	663,507	27,426
TWH	Hedgehog	93.4%	41.0%	103.1%	-	12.2	0.0%	-	1	0	6	1 fall above threshold Unit escalated on 6 occasions throughout the month. Reduced CSW fill rate due to lack of available paediatric CSW cover	208,979	183,113	25,866
MAIDSTONE	Birth Centre	111.1%	92.5%	97.7%	96.8%				0	0			62,876	58,559	4,317
TWH	Neonatal Unit	85.0%	66.7%	108.0%	-	14.8			0	0	2	Reduced fill rate according to a Acuity / dependency during January rag rated 1 amber, 3 reds and 8 Black escalation in month. In addition 3 intensive babies across two days.	178,696	177,843	853
MAIDSTONE	MSSU	103.3%	84.0%	79.9%	-	18.3			0	0	0	Reduced fill rate in line with planned ward closure overnight on 5 occasions in month.	41,893	48,760	(6,867)
MAIDSTONE	Peale	101.1%	121.8%	67.8%	96.9%	9.1	11.7%	100.0%	0	0	10	Supporting TNA's supernumary shifts reduced fill rate at night in line with bed occupancy	91,179	79,336	11,843
TWH	SSSU	121.9%	122.3%	147.2%	267.4%	6.7			0	0	8	Increased fill rates due to unit escalation throughout the month.	181,731	97,589	84,142
MAIDSTONE	A&E	82.9%	100.6%	91.9%	98.6%		0.0%	-	1	0		MH 11 uncovered RN shifts and redeployment on one occasion to support safe staffing in AMU. TWH AE 35 uncovered shifts across the month alongside additional requirements on 12 occasions.	214,550	254,224	(39,674)
TWH	A&E	96.1%	80.4%	98.8%	83.9%		10.4%	90.5%	2	0			341,646	341,007	639
MAIDSTONE	MOU	71.4%	77.0%	85.9%	-	19.3			0	0	3	Reduced fill rate due to short term sickness however, small team which means data can be skewed if 1 shift short in team. Safe staffing maintained throughout month.	34,612	42,139	(7,527)
MAIDSTONE	Foster Clarke	103.9%	96.7%	97.6%	55.4%	7.2	0.0%	-	0	0	7	Reduced fill rate for CSW support at night according to reduced ward occupancy on two occasions. CSW also redeployed to support safe staffing levels.	76,274	111,320	(35,046)
												Total Established Wards	5,423,614	5,427,845	(4,231)
												Additional Capacity be Cath Labs	36,509	36,141	368
												Whatman	99,470	1,665	97,805
												Other associated nursing costs	2,701,426	2,679,062	22,364
												Total	8,261,019	8,144,713	116,306

RAG Key

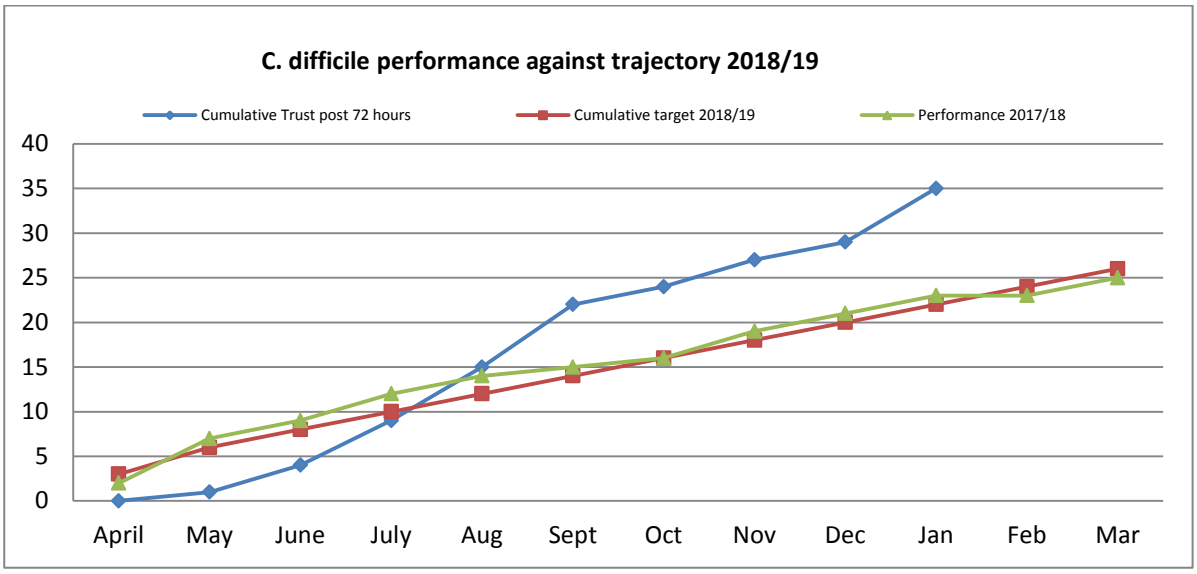
Under fill

Over fill

Infection Prevention and Control

MRSA

There were no cases of MRSA blood stream infection in January.
C. difficile - There were six cases of post-72 hour *C. difficile* infection in January against a monthly limit of two cases. The Trust has breached the C. difficile objective for the year with a total of 35 cases against a limit of 26.



One ward at Maidstone saw two hospital-acquired and one community cases during January together with a third hospital acquired case at the beginning of February. Two incident meetings have been held. No evidence of cross infection has been found. Root cause analysis has not shown any link between the cases.

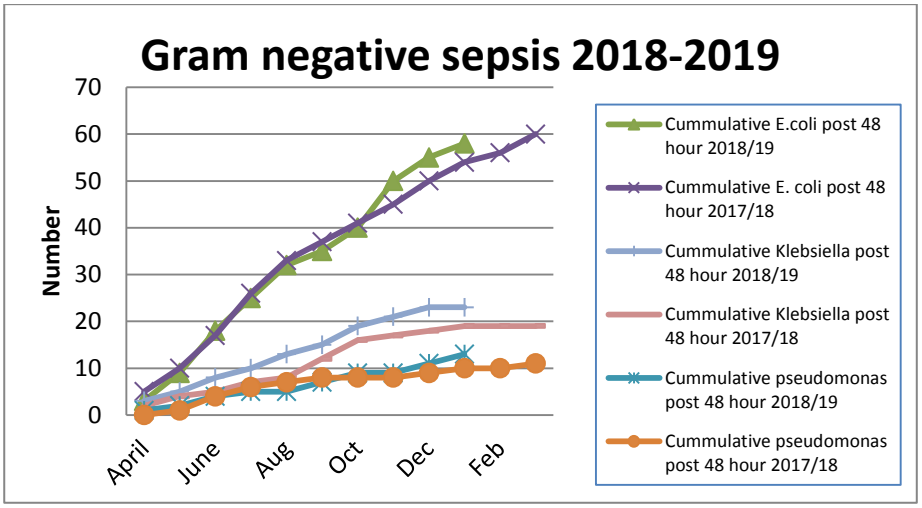
In response the action plan from the outbreak last summer was re-visited and all wards audited against the actions. Two areas of the action plan were found where changes in practice had not been fully embedded:

- Cleaning tables prior to meal service and ensuring that hand wipes were handed directly to all patients to use before eating
- Ensuring that mattresses are cleaned, checked internally and labelled as clean following patient discharge.

These actions have been reinforced and will continue to be audited by the infection prevention team. Results will be reported on the directorate reports to the IPCC.
In addition, the ward was decanted and deep cleaned. The site and facilities teams at Maidstone were very helpful in ensuring this happened in a timely manner.
No further cases have been seen on the ward.

Gram negative bacteraemia

Five cases of hospital-attributable gram negative blood stream infection were seen in January. Three cases were due to *E. coli*, none due to *Klebsiella* and two due to *Pseudomonas* species



Methicillin sensitive *Staphylococcus aureus* bacteraemia

Two cases of hospital-attributable MSSA blood stream infection were seen in January. Review of earlier cases continues at the C. difficile panel

Influenza

The flu season has continued with 77 inpatient cases of Influenza A in January. Eleven patients required ITU level care, some for an extended period of time.

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

Financial commentary

- The Trusts deficit including Provider Sustainability Fund (PSF) was £2.6m in January which was £4.1m adverse to plan but £0.3m better than the forecasted position. The Trust was adverse to the control target before PSF by £2.6m which was due to £1.4m Cost Improvement Programme (CIP) slippage and £1.2m overspend against other budget pressures.
- The Trusts normalised run rate in January was £2.3m deficit pre PSF which was £2.3m adverse to plan.
- In January the Trust operated with an EBITDA deficit of £0.1m which was £4.1m adverse to plan.
- The Trust has a year to date deficit of £0.9m which is £4m adverse to plan , the key variances against plan are: CIP Slippage (£8.2m) overspends within pay budgets (£2.4m) and non-pay budgets (£4.7m) and PSF slippage (£1.5m) partly offset by non-recurrent items (£2.1m) , release of contingency reserve (£5.1m) , earlier than planned phasing of Non Recurrent Income support (£3m) , over performance within Clinical Income (£1.9m) and underspends within depreciation (£0.4m).
- The key current month variances are as follows:
    - Total income net of pass-through related income is £2.7m adverse to plan, £1.5m due to PSF slippage and £1.2m relating to Clinical Income. Clinical Income excluding HCDs was £1.3m adverse to plan in January. The key adverse variances are Excess Bed Days (£0.5m) and the Aligned Incentives adjustment (£1.4m). This is mainly driven by significant over-performance in Non-Electives in January which was £1.8m above the plan. Other Operating Income excluding pass-through costs was on plan in the month, underperformance within Private Patients (£0.2m) offset by over performance within Estates and Facilities (£0.1m) and non-recurrent income within Nursing and Quality (£0.1m).
    - Pay budgets overspent by £0.2m in January and were £0.9m favourable to forecast this was mainly due to bank Christmas 'bonus' being less than predicted (£0.3m), non-recurrent benefit associated with Medical Agency accrual adjustment (£0.2m) and winter escalation costs less than planned (c£0.2m).
    - Non Pay adjusted for pass through costs and reserves was overspent by £1.4m in January and was £0.2m adverse to forecast. The main pressures in the month related to: increase in doubtful debt provision for Private Patient debt over 120 days (£0.4m), pressures within Energy (£0.2m) and £0.1m increase in costs above forecast within Pathology. These pressures were partly offset by underspends within drugs (£0.6m) and £0.2m forecasted costs associated with Hospital at Home not being incurred (offset by reduction in income).
- The Trust achieved £1.4m savings in January which was £1.4m adverse to plan and £8.2m adverse year to date. This is mainly due to STP Medical rate slippage (£1.2m), Prime Provider (£3.9m), Private Patient income slippage (£0.7m).
- The Trust held £8m of cash at the end of January which is higher than the plan of £5.2m. In January the Trust repaid the interim working capital loan received in December relating to the qtr 2 PSF funding of £2.544m along with £6k interest. The Trust has been given an extension to the single currency working capital loan which is due to be repaid in February 2019, the Trust has removed any interim working capital financing from the cash flow forecast for the remaining quarter (previously forecast to request a value between £6m and £13m in February). The Trust is continuing to work closely with neighbouring NHS bodies and where possible “like for like” arrangements are organised with local providers. MTW usually receives a benefit as we a net provider of services so we seek a proportionate arrangement to bring the debtor/creditor positions in line with each other.
- The Trust has an approved Capital Plan of £14.46m and is forecasting to spend £11m which takes account of: 1) Linear Accelerator (LinAc) 5 funding is £32k less than plan; 2) NHSI have indicated that it is extremely unlikely that capital expenditure reliant on DHSC financing will not be available in 18/19 - therefore the Trust is no longer forecasting the purchase of CT scanners (£2.5m) through a potential capital loan in this year; the Trust will reserve its right to bring this back into the planning submission for 2019/20; 3) the outturn forecast for depreciation is £446k lower than plan due to slippage on schemes - this reduces the available resource so it is balanced by some equipment schemes being deferred; 4) the total Salix loan for Phase 4 at MS and Phase 1 at TWH has increased by £270k for this year; 5) the majority of the

HODU/Cardiology scheme has been removed, leaving £130k for the Cardiology Cath Lab enabling works and 6) additional £1.7m PDC for Linac 6. The Trust also has proposed asset sales with a Net Book Value of £2.4m, which will be added to the FOT.

- The Trust is forecasting to deliver the plan which will require delivery of various actions which include: £13.9m profit on disposal of asset, non-recurrent income from commissioners (£5.3m) and funding for Cancer and RTT recovery plans (£1.8m). The full list of key actions and risks are detailed in slide 1f of the report.

Workforce Commentary

January Dashboard

Key Workforce Risks & current actions to note

Trust Vacancy Rate 9.9% (Target >9%)

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

Trust Turnover Rate 9.1% (Target >10%)

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

Current Actions:

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

Sickness Absence 3.9% (Target =>3.3%)

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

Short term Absence 49.1%, Long term absence 50.9%

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

Current actions
- Flu campaign focusing on areas of low uptake, as of 18th Jan. 70% of frontline staff vaccinated. The Trust is behind its trajectory to hit its target of 85%. All non-vaccinated staff will be reminded by text message of the importance of vaccination. OH & peer vaccinators are working with Divisional teams to identify areas of low uptake and target resources accordingly. Communication continues to focus on vaccination as a key element of infection control as well as communication featuring staff who did not have the vaccine and have had flu over the Christmas period
- HR are providing line managers with updates on staff hitting absence triggers and are following up to ensure that sickness meetings are held and OH referrals made.
- HR staff are working with line managers to ensure that all those on long term absence have a management plan in place.

Mandatory Training 82% (Target <85%)

Current Actions

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

Appraisals 90.2% (Target 90%)

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

Healthcare worker (HCW) flu vaccination information

NHS Improvement (NHSI) asked each Trust to publicly report the following information to its February 2019 Trust Board meeting:

1. Total flu vaccination uptake and opt-out numbers and rates
2. A list of areas designated higher-risk and the uptake and opt-out rates for each
3. Details of actions taken to deliver the 100% uptake ambition
4. A breakdown of the reasons that staff have given for opting-out

A response to the request is given below

<table>
<tr><td rowspan="2">1. Total flu vaccination uptake and opt-out numbers and rates</td><td>a) 3863 staff vaccinated in total, of which 3378 are Frontline Healthcare Workers = 77.1% Frontline Healthcare Worker uptake
• Medical: 73%
• Nursing & Midwifery: 75%
• Other Professionals: 72%
• Clinical Support: 84%</td></tr>
<tr><td>b) 146 staff recorded as declining the vaccine</td></tr>
<tr><td rowspan="2">2. A list of areas designated higher-risk and the uptake and opt-out rates for each</td><td>a) The Trust did not risk assess and designate “higher-risk” areas, thus we are unable to list uptake.</td></tr>
<tr><td>b) Opting out of the vaccine was instructed to be collected anonymously, as such, the information / feedback we received and recorded is fully anonymous and as such we are unable to determine the staff group or work area of staff that opted out.</td></tr>
<tr><td>3. Details of actions taken to deliver the 100% uptake ambition</td><td colspan="2">The document “MTW Flu fighter Campaign 2018” (which is included below) describes the actions taken to deliver the 100% ambition. In addition, the following was undertaken in addition to the original plan:
• The Peer Vaccinators were provided with ward level data on staff groups who had not received the vaccine in an attempt to focus efforts on areas of low uptake. They were also encouraged to help achieve the Trust target in a last big effort to improve uptake.
• To further reach staff who had not been vaccinated, the Occupational Health Department sent out over 1,500 text messages to staff recorded as not having received the vaccine. This approach was taken in an effort to reach the large number of staff who do not access the intranet or Trust emails. The response to this text message was largely very positive with staff reporting having had the vaccine at their GP’s or pharmacy, as well as calling to arrange to receive the vaccination.</td></tr>
<tr><td>4. A breakdown of the reasons that staff have given for opting-out</td><td colspan="2"><table>
<tr><td>Don't like needles</td><td>15</td></tr>
<tr><td>Don't think they'll get flu</td><td>23</td></tr>
<tr><td>Don't believe the evidence that being vaccinated is beneficial</td><td>26</td></tr>
<tr><td>Concerned about possible side effects</td><td>15</td></tr>
<tr><td>Had a previous adverse reaction</td><td>16</td></tr>
<tr><td>Egg allergy</td><td>2</td></tr>
<tr><td>Not suitable for vegans</td><td>1</td></tr>
<tr><td>Don't want it</td><td>33</td></tr>
<tr><td>Other … not stated</td><td>15</td></tr>
<tr><td>TOTAL</td><td>146</td></tr>
</table></td></tr>
</table>

MTW Flu Fighter Campaign, Infection Control & Patient Safety 2018/19

Campaign Aims;

- Vaccinate over 85% of frontline healthcare workers
- Achieve CQUIN target
- Ensure staff have easy access to the vaccine
- Active promoting of when / where and how to receive a vaccination
- To exceed the number of active peer vaccinators and vaccines they administered in 2017/18.
  Support: This requires the understanding of clinical managers that the flu campaign holds a level of importance in the Trusts aims and objectives and their flexibility to help enable it. In 2016/17 16 Peer Vaccinators jabbed 491 colleagues, in 2017/18 15 Peer Vaccinators jabbed 508 colleagues.

Feedback from 2017/18 Campaign;

Critical Care had the best uptake in a clinical area and Trauma & Orthopaedics had the lowest of clinical areas. Corporate areas had a good uptake potentially due to their greater ability to leave the workplace to receive a vaccination. Critical Care had a proactive Matron with a "flu positive" attitude as well as very active Peer Vaccinators. In other clinical areas, where there are Peer Vaccinators the uptake is higher. There are two factors here, one being the easy access to receive the vaccine at any time of the shift that the Peer is working. The other factor being the positive attitude towards receiving the vaccine and myth busting of a peer rather than a "management" instruction to receive the vaccine.

Campaign;

1. Hold over 70 flu clinics across the Trust including at key events where large numbers of frontline staff will be; . clinical mandatory training, Trust induction.
   Support: This will require the understanding of the organisation that during this period the normal OH services may be affected whilst resources are focused on flu clinics.

2. To run approximately 26 "walking clinics" through clinical areas in the 2 main hospitals to capture staff in their work area who may otherwise not be able to leave to attend a clinic. These will be mostly during the latter part of November through to the end of the season once the bulk of staff have attended set clinics, areas of lower uptake can be targeted by the "walking clinics".
   Support: This will require the flexibility of the OH Department to run this type of roaming clinic.

3. To run approximately 38 out of hours "walking clinics" to help maximise saturation of flu clinics and in particular to get to hard to reach staff who may only ever work nights or weekends.
   Support: This will require support of the business case for a dedicated "flu nurse". Costs in the region of £2-3k.

4. Encourage competition between staff groups and departments to help inspire greater involvement.
   Support: This will require the support of department managers and staff group leaders across the organisation.

5. The Executive team to support the campaign as champions and be photographed /noted as having received the vaccine, dispel the myths and promote the campaign.
   Support: Executive Team involvement and responsibility to encourage and enable staff to receive the vaccine.

6. Set up Task and Finish Group to oversee campaign and target interventions with Matrons / General Managers accountable. In addition, performance reporting against target to be monitored at H&S Committee, IPC Committee and Clinical Operations and Delivery meetings. Actions to be raised accordingly for departments.

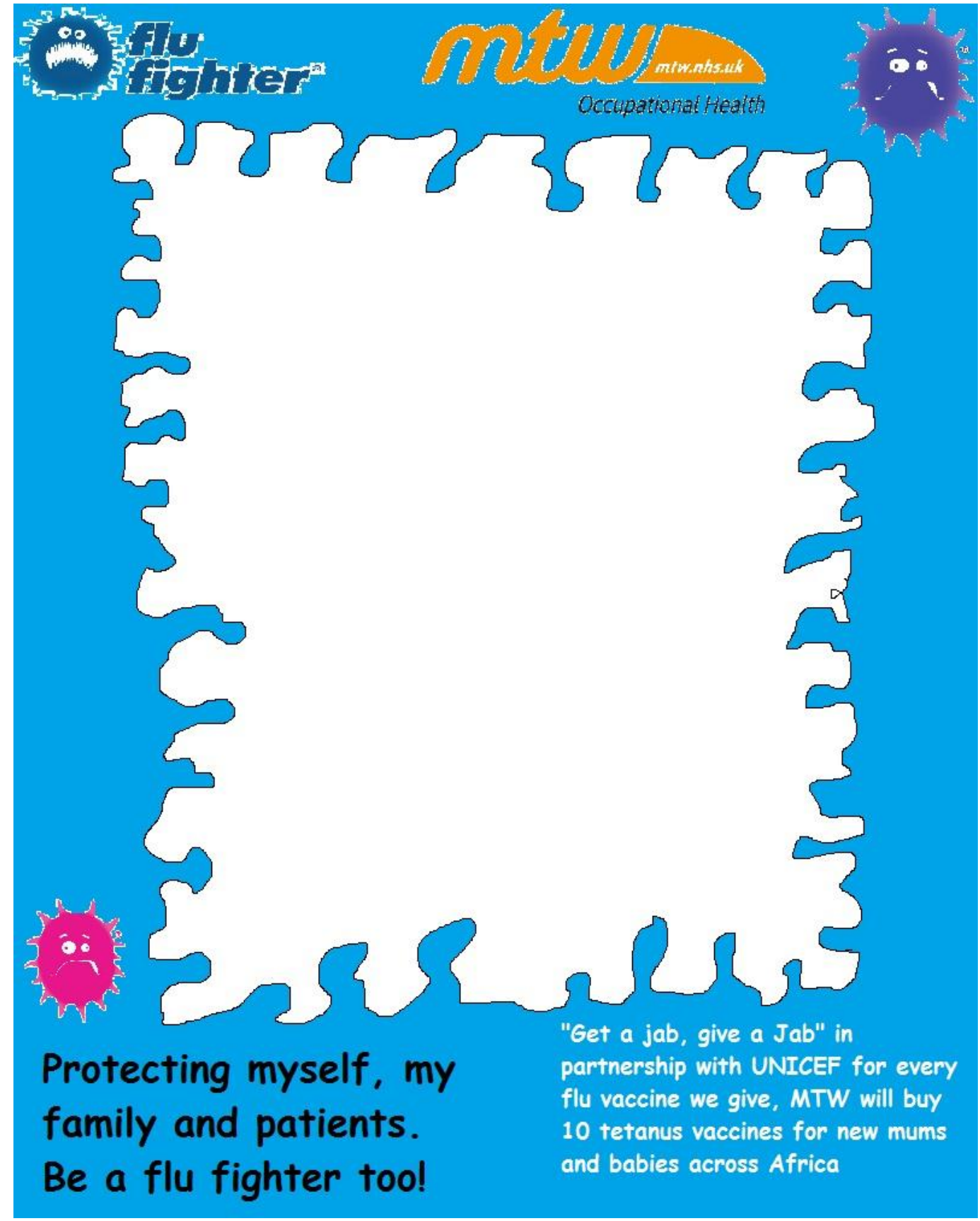
New Initiatives:

- Flu Nurse; have a dedicated nurse/'s to run out of hours roaming flu clinics to ensure all clinical staff have easy access to the vaccine regardless of the shift times and days they work. This is subject to a business case and financial support (£2k-3k investment).
- Run the "get a jab, give a jab" campaign where the Trust purchases tetanus, polio or measles vaccines through UNICEF for every flu jab given. This could help encourage more staff to come forward in the knowledge they are providing vital vaccinations to mothers and babies in developing world countries. This will require the support and approval of the Trust in relation to the costs of the vaccines (support options would be between £300 to £2,133.60 based on approximately 3,810 flu jabs required to reach 85%).
- Social media; get staff involved in raising awareness and increasing encouragement amongst their peer group to receive the vaccine. Have a flu fighter themed "selfie frame" for staff to hold up and post a picture of themselves having just had the vaccine. This could prove to be the most successful way of spreading communication throughout our staff – particularly those who do not regularly sit at PC's to work.
- Competitions; generate greater competition between departments / staff groups as well as between Peer Vaccinators. This would require a greater detail of reporting on vaccine uptake.

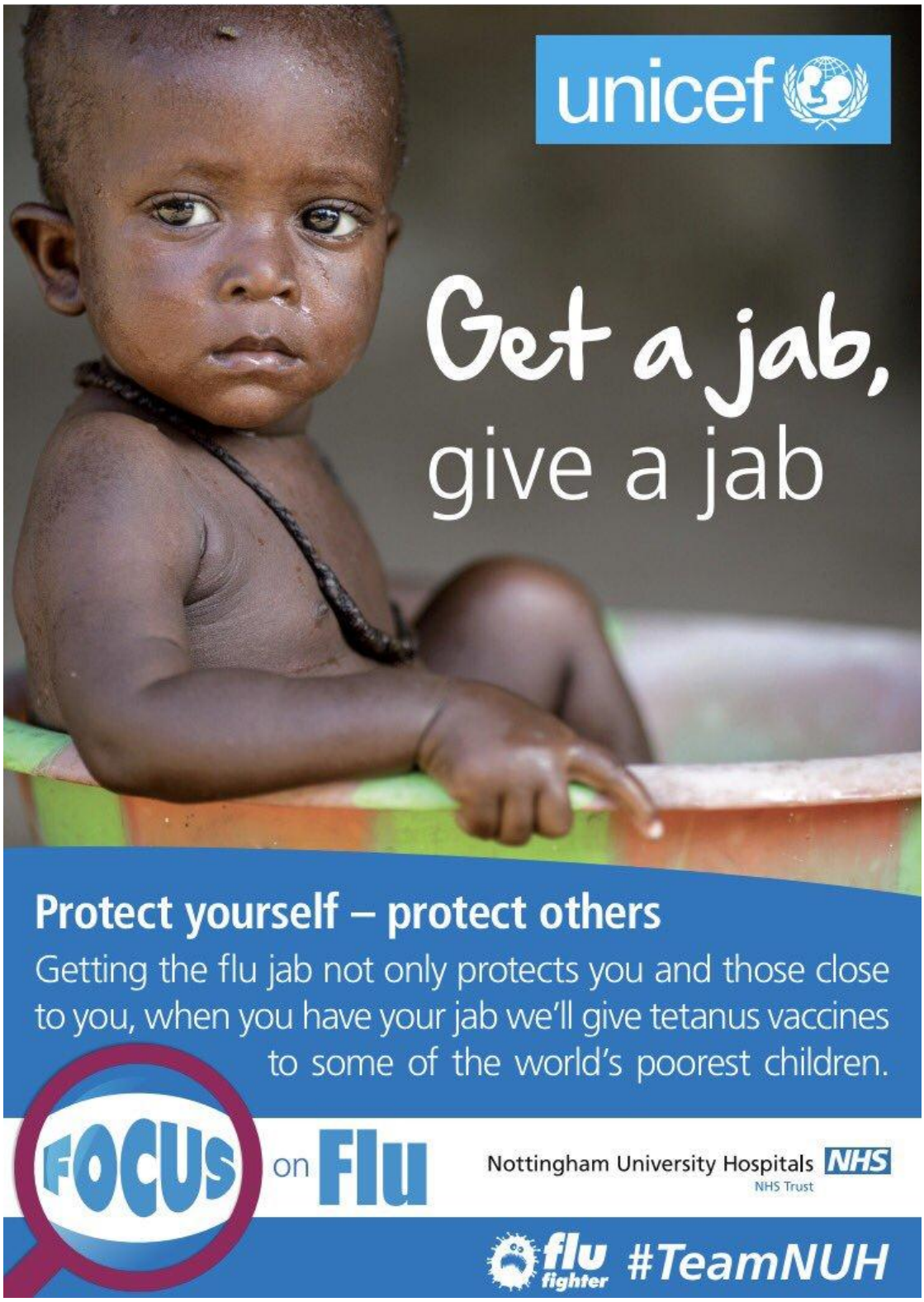
Action Plan Overview:

Action	Lead / Responsible	Time scale
Communications; **Myth busting, Awareness/Promotion –** Each directorate leadership team to undertake this, led by Chief Nurse, Medical Director, Director of IPC. Use a member of staff who has had influenza to give a brief story of how bad it really is and importance of being vaccinated. **Social Media -** Social media to encourage colleagues to have the vaccine through a post indicating they had their flu jab. Staff are more likely to have a larger number of colleagues on their profiles than senior managers and generate peer pressure on having the vaccine which would be more effective than "management" pressure. A draft photo frame is attached, this could be an A3 hard foam frame for Peer Vaccinators and OH Nurses.	Communications Team, Flu Team, Vaccinated Staff Head of OH to create and commission the selfie frames	July to March July/August
Lessons from last season; *What worked / did not*; Greater responsibility of unit managers to increase uptake – Trust Board to hold senior managers to account for their areas uptake percentage *Any changes?* Greater reporting by staff group within departments	Department Managers, Senior Middle Managers Head of OH	October to February
Budget; Out of hours flu nurse; £2-3k Selfie flu frame; £TBA, cost of artwork and production of (20?)frames Sweet treats; £80, WorkPerk treats; £0 – free! UNICEF Get a Jab, Give a Jab campaign. Options based on 3,810 vaccines; • Polio £552.45 • Measles £2,133.60 • Tetanus £323.85 Our proposal would be to purchase 2 polio vaccines for every flu jab given equating to an investment of £1,104.90 against a back drop of approximately £222k in CQUIN money. Rational being polio likely to be seen as a more devastating disease for a child to get and as such have a greater "pull" on staff to support the campaign.	Head of Employee Relations / Head of OH Head of OH Lead Flu Nurse Head of OH Head of OH, subject to Board approval	August August September July to February August/ September
Supply; Type; quadrivalent Quantity; 4000 Delivery date; week ending 21/9/18 Access for Peers; via Pharmacy & OH	Pharmacy & OH	March June September October to February

Action	Lead / Responsible	Time scale
Target areas; Areas / groups of low uptake. Gain peer vaccinator from there Target OH nurse & flu nurse there	Trauma & Orthopaedics, Private Patient Unit, Sexual Health, Paediatrics, General Surgery, Head and Neck, Maternity	July for Peer Vaccinator recruitment October to February for flu uptake amongst their staff groups
Peer Vaccinator Training; PGD training, Flu vaccine contraindications, administration, procedure, paperwork. Matrons to be provided with Peer Vaccinator list and identify areas where there is no peer and seek to gain a vaccinator. Where there is no activity from a peer vaccinator, contact them and their manager / matron to identify any barriers to giving flu jabs.	Pharmacy, OH Lead Nurse & Flu Link Nurse	July to September **Note**: 30 peer vaccinators in 17/18. 44 vaccinators in 18/19 as at end August
Vaccinations Elsewhere: Awareness for staff to report vaccines received elsewhere & ease of reporting	Communications / OH	September to February
Progress Reports; Weekly overall Trust position for Front Line Healthcare Workers uptake for CEO weekly message Fortnightly report on uptake split by staff group within departments shared across the Trust. Infection Prevention and Control to also receive this and raise low uptake areas with the unit manager as an IPC issue. Patient Safety Committee to receive reports and raise action points for areas of low uptake. Executive Performance Review to receive report and target actions for staff and managers in areas of low uptake.	Lead Flu Nurse / Head of OH Head of OH	October to February October to February



Find out why getting your flu jab matters
nhsemployers.org/flumatters
#flumatters flu fighter NHS Employers



Find out why getting your flu jab matters
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Trust Performance Dashboard

Position as at: 31 January 2019

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)	8.34	27.5	11.4	17.1	5.7	6.4	11.5	15.6	
1-02	Number of cases C.Difficile (Hospital)	2	6	23	35	12	13	26	39	
1-03	Number of cases MRSA (Hospital)	0	0	0	3	3	3	0	3	
1-04	Elective MRSA Screening	99.5%	98.0%	99.5%	98.0%	-1.5%	0.0%	98.0%	98.0%	
1-05	% Non-Elective MRSA Screening	No data	86.0%	No data	98.0%	No data	No data	98.0%	No data	
1-06	**Rate of Hospital Pressure Ulcers	2.87	1.29	2.19	1.23	- 0.96	- 1.78	*3.01*	1.24	3.00
1-07	***Rate of Total Patient Falls	5.96	7.02	5.91	6.13	0.21	0.13	*6.00*	6.02	
1-08	***Rate of Total Patient Falls Maidstone	6.76	4.64	5.50	5.53	0.02			4.90	
1-09	***Rate of Total Patient Falls TWells	5.45	8.29	6.17	6.70	0.53			6.05	
1-10	Falls - SIs in month	5	3	31	21	- 10				
1-11	Number of Never Events	2	0	4	1	-3	1	*0*	1	
1-12	Open SIRIs	76	62			- 14				
1-13	Number of New SIs in month	19	10	150	138	- 12	38			
1-14	***Serious Incidents rate	0.79	0.46	0.68	0.67	- 0.01	0.62	*0.0584 - 0.6978*	0.67	*0.0584 - 0.6978*
1-15	Rate of Patient Safety Incidents - harmful	1.05	1.01	1.18	1.06	- 0.12	- 0.17	*0 - 1.23*	1.06	*0 - 1.23*
1-16	Number of CAS Alerts Overdue	0	1			1	1	*0*		
1-17	VTE Risk Assessment - month behind	96.6%	96.5%	96.4%	96.5%	0.1%	1.5%	95.0%	96.5%	95.0%
1-18	Safety Thermometer % of Harm Free Care	97.5%	97.9%	96.6%	97.8%	1.1%	2.8%	95.0%		93.4%
1-19	Safety Thermometer % of New Harms	3.34%	2.14%	3.24%	2.17%	-1.08%	-0.8%	*3.00%*	2.17%	
1-20	C-Section Rate (non-elective)	14.0%	16.6%	13.7%	13.7%	0.01%	-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		1.0492	1.0391	- 0.0101	0.0391	Band 2	Band 2	1.0
2-02	Standardised Mortality HSMR	Prev Yr: Apr 15 to Mar 16		106.0	102.3	- 3.7	2.3	Lower confidence limit to be <100		100.0
2-03	Crude Mortality	1.1%	1.3%	1.7%	1.0%	-0.7%				
2-04	****Readmissions <30 days: Emergency	12.1%	15.9%	11.7%	14.6%	2.8%	1.0%	*13.6%*	14.6%	14.1%
2-05	****Readmissions <30 days: All	11.8%	15.2%	11.0%	14.0%	3.0%	-0.7%	*14.7%*	14.0%	14.7%
2-06	Average LOS Elective	2.90	3.15	2.55	3.13	0.57	- 0.08	*3.20*	3.13	
2-07	Average LOS Non-Elective	7.84	6.73	7.43	6.89	- 0.55	0.09	*6.80*	6.89	
2-22	NE Discharges - Percent zero LoS	37.9%	44.7%	36.6%	45.0%	8.4%			45.0%	
2-08	******FollowUp : New Ratio	1.76	1.40	1.69	1.58	- 0.11	0.06	*1.52*	1.58	
2-09	Day Case Rates	88.0%	88.9%	88.0%	87.5%	-0.5%	7.5%	80.0%	87.5%	82.2%
2-10	Primary Referrals	12,205	9,722	98,656	102,238	3.6%	1.4%	121,638	122,010	
2-11	Cons to Cons Referrals	5,135	5,410	48,322	58,177	20.4%	22.4%	56,704	69,428	
2-12	First OP Activity (adjusted for uncashed)	17,286	18,079	161,019	176,242	9.5%	3.2%	204,495	210,327	
2-13	Subsequent OP Activity (adjusted for uncashed)	27,145	27,512	276,982	262,661	-5.2%	-17.3%	379,945	313,459	
2-14	Elective IP Activity	461	456	5,603	5,224	-6.8%	-18.9%	7,674	6,234	
2-15	Elective DC Activity	3,459	3,640	34,997	36,728	4.9%	-1.3%	44,403	43,831	
2-16	**Non-Elective Activity	5,113	5,754	48,332	53,454	10.6%	9.2%	58,582	63,760	
2-17	A&E Attendances (Calendar Mth) Excl Crowborc	14,608	15,780	143,445	151,217	5.4%	3.2%	174,428	180,917	
2-18	Oncology Fractions	5,335	5,811	55,518	54,312	-2.2%	-4.5%	67,890	72,416	
2-19	No of Births (Mothers Delivered)	506	469	2,497	4,977	99.3%	-0.1%	5,977	5,972	
2-20	% Mothers initiating breastfeeding	82.3%	84.4%	82.3%	81.8%	-0.6%	3.8%	78.0%	81.8%	
2-21	% Stillbirths Rate	0.2%	0.42%	0.20%	0.16%	*0.0%*	*-0.3%*	*0.47%*	0.16%	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	0	21	35	14	35	0	35	
3-02	*****Rate of New Complaints	2.00	2.39	3.52	2.23	-1.3	0.91	*1.318-3.92*	2.19	
3-03	% complaints responded to within target	61.8%	82.8%	74.3%	66.9%	-7.4%	-8.1%	75.0%	70.1%	
3-04	****Staff Friends & Family (FFT) % rec care	71.4%	78.2%	71.4%	78.2%	6.8%	-0.8%	79.0%	78.2%	
3-05	*****IP Friends & Family (FFT) % Positive	95.3%	93.5%	95.3%	94.3%	-1.0%	-0.7%	95.0%	94.3%	95.8%
3-06	A&E Friends & Family (FFT) % Positive	91.0%	90.5%	91.4%	91.3%	-0.2%	4.3%	87.0%	91.3%	85.5%
3-07	Maternity Combined FFT % Positive	94.8%	95.8%	93.6%	94.3%	0.7%	-0.7%	95.0%	94.3%	95.6%
3-08	OP Friends & Family (FFT) % Positive	84.1%	84.4%	83.0%	83.7%	0.6%			83.7%	

* 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	85.3%	88.93%	88.9%	91.9%	3.0%	1.6%	90.8%	91.5%	76.4%
4-02	Emergency A&E >12hr to Admission	-	-	-	2	2	2	-	2	
4-03	Ambulance Handover Delays >30mins	570	613	3,819	3,763	- 56			5,645	
4-04	Ambulance Handover Delays >60mins	81	74	509	500	- 9			750	
4-05	RTT Incomplete Admitted Backlog	2,298	2,829	2,298	2,829	531	583	2,151	2,829	
4-06	RTT Incomplete Non-Admitted Backlog	718	2,781	718	2,781	2,063	550	1,995	2,781	
4-07	RTT Incomplete Pathway	83.6%	81.1%	83.6%	81.1%	-2.5%	-3.5%	85.5%	81.1%	
4-08	RTT 52 Week Waiters (New in Month)	3	7	4	61	57	61	*0*	61	
4-09	RTT Incomplete Total Backlog	5,685	5,610	5,685	5,610	- 75	1,132	4,146	5,610	
4-10	% Diagnostics Tests WTimes <6wks	99.15%	99.1%	99.5%	99.1%	-0.4%	0.1%	99.0%	99.0%	
4-11	*Cancer WTimes - Indicators achieved	5	4	3	4	1	- 5	9	9	
4-12	*Cancer two week wait	84.8%	88.1%	92.1%	88.2%	-3.9%	-4.8%	93.0%	93.0%	
4-13	*Cancer two week wait-Breast Symptoms	75.7%	58.3%	87.9%	75.2%	-12.6%	-17.8%	93.0%	93.0%	
4-14	*Cancer 31 day wait - First Treatment	97.7%	97.2%	92.6%	96.7%	4.0%	0.7%	96.0%	96.0%	
4-15	*Cancer 62 day wait - First Definitive	74.3%	63.3%	66.2%	61.0%	-5.2%	-21.2%	85.0%	85.0%	
4-16	*Cancer 62 day wait - First Definitive - MTW	71.7%	65.6%	71.7%	62.8%	-8.9%		85.0%		
4-17	*Cancer 104 Day wait Accountable	15.5	9.5	88.5	142.0	53.5	142.0	*0*	142.0	
4-18	*Cancer 62 Day Backlog with Diagnosis	73	0	73	0	-73				
4-19	*Cancer 62 Day Backlog with Diagnosis - MTW	61	0	61	0	-61				
4-20	Delayed Transfers of Care	4.27%	4.07%	5.13%	4.42%	-0.71%	0.92%	3.50%	4.42%	
4-21	% TIA with high risk treated <24hrs	83.9%	58.3%	72.7%	72.5%	-0.3%	12.5%	60%	72.5%	
4-22	*******% spending 90% time on Stroke Ward	95.0%	86.3%	91.6%	90.8%	-0.7%	10.8%	80%	90.8%	
4-23	*******Stroke:% to Stroke Unit <4hrs	50.0%	52.9%	58.7%	58.1%	-0.5%	-1.9%	60.0%	58.1%	
4-24	*******Stroke: % scanned <1hr of arrival	67.6%	52.0%	65.3%	58.2%	-7.1%	10.2%	48.0%	58.2%	
4-25	*******Stroke:% assessed by Cons <24hrs	87.5%	79.2%	84.5%	84.5%	0.0%	4.5%	80.0%	84.5%	
4-26	Urgent Ops Cancelled for 2nd time	0	0	0	0	0	0	*0*	0	
4-27	Patients not treated <28 days of cancellation	24	1	24	23	-1	23	*0*	23	

RTT Incomplete Pathway Monthly Plan is Trust Recovery Trajectory

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

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

	Well-Led	Latest Month Prev Yr	Latest Month Curr Yr	Year to Date Prev Yr	Year to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
5-01	Income	36,038	37,148	362,623	385,748	6.4%	0.0%	466,408	464,866	
5-02	EBITDA	198	(104)	13,033	23,894	83.3%	-16.1%	38,910	27,514	
5-03	Surplus (Deficit) against B/E Duty	(1,622)	(2,567)	(11,015)	(897)			11,743	11,743	
5-04	CIP Savings	2,237	1,428	17,900	10,333	-42.3%	-44.1%	24,111	14,072	
5-05	Cash Balance	8,315	7,956	8,315	7,956			1,000	1,000	
5-06	Capital Expenditure	457	295	15,153	6,270			*13,762*	11,055	
5-07	Establishment WTE	5,609.0	5,684.0	5,609.0	5,684.0	1.3%	0.0%	5,684.0	5,684.0	
5-08	Contracted WTE	5,035.0	5,139.1	5,035.0	5,139.1	2.1%	2.4%	5,016.9	5,016.9	
5-09	Vacancies WTE	574.0	544.9	574.0	544.9	-5.1%	-18.3%	667.1	667.1	
5-11	Vacancy Rate (%)	10.2%	9.6%	10.2%	9.6%	-0.6%	-2.1%	11.7%	11.7%	
5-12	Substantive Staff Used	4,876.7	4,994.6	4,876.7	4,994.6	2.4%	-0.8%	5,036.6	5,036.6	
5-13	Bank Staff Used	419.7	432.6	419.7	432.6	3.1%	13.1%	382	382.3	
5-14	Agency Staff Used	313.0	283.0	313.0	283.0	-9.6%	6.7%	265.1	265.1	
5-15	Overtime Used	45.9	36.8	45.9	36.8	-19.7%				
5-16	Worked WTE	5,655.3	5,747.0	5,655.3	5,747.0		1.1%	5,684.0	5,684.0	
5-17	Nurse Agency Spend	(868)	(862)	(6,498)	(7,746)	19.2%				
5-18	Medical Locum & Agency Spend	(1,545)	(1,663)	(12,792)	(15,502)	21.2%				
5-19	Temp costs & overtime as % of total pay bill	18.7%	17.9%	15.6%	17.1%	1.5%				
5-20	Staff Turnover Rate	12.0%	8.9%		8.9%	-3.1%	-1.6%	*10.5%*	8.9%	11.05%
5-21	Sickness Absence	5.0%	3.4%		3.4%	-1.6%	0.1%	*3.3%*	3.4%	4.3%
5-22	Statutory and Mandatory Training	88.0%	No data		87.1%	-88.0%	2.1%	85.0%	87.1%	
5-23	Appraisal Completeness	89.2%	91.0%		91.0%	1.8%	1.0%	90.0%	91.0%	
5-24	Overall Safe staffing fill rate	97.7%	95.3%	98.2%	96.7%	-1.5%		93.5%	96.7%	
5-25	****Staff FFT % recommended work	62.5%	50%	62.5%	50%	-12.5%	-12.0%	62.0%	50%	
5-26	***Staff Friends & Family -Number Responses	56	78	56	78	22				
5-27	*****IP Resp Rate Recmd to Friends & Family	25.3%	18.7%	23.7%	21.4%	-2.3%	-3.6%	25.0%	21.4%	25.7%
5-28	A&E Resp Rate Recmd to Friends & Family	11.4%	5.4%	21.4%	12.1%	-9.3%	-2.9%	15.0%	12.1%	12.7%
5-29	Mat Resp Rate Recmd to Friends & Family	28.0%	37.6%	30.0%	24.7%	-5.3%	-0.3%	25.0%	24.7%	24.0%

Explanation of Statistical Process Control (SPC) Charts

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

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

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

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

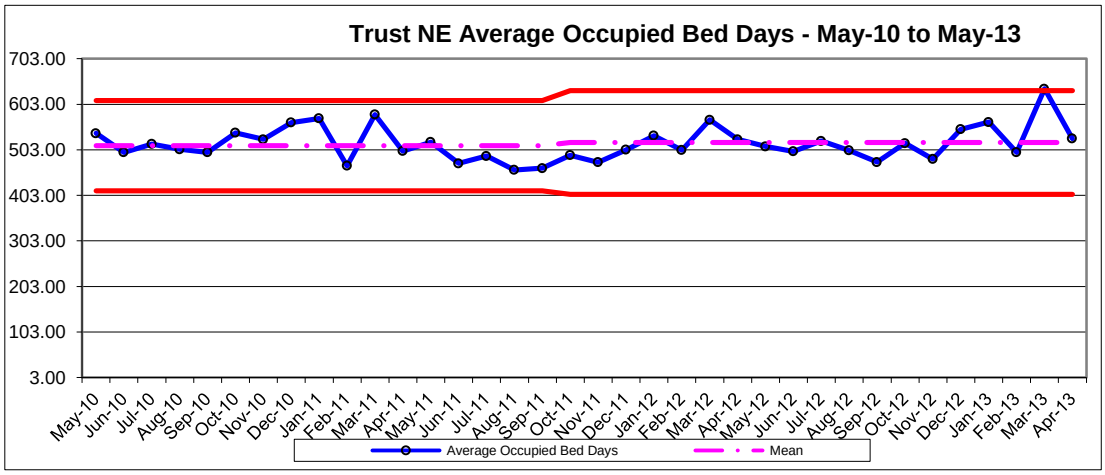
Rules 1 and 2 are the main reason for displaying SPC charts on our performance reports as it makes abnormally high or low values and trends immediately obvious. However there are two other rules that are also used to interpret the graphs.

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

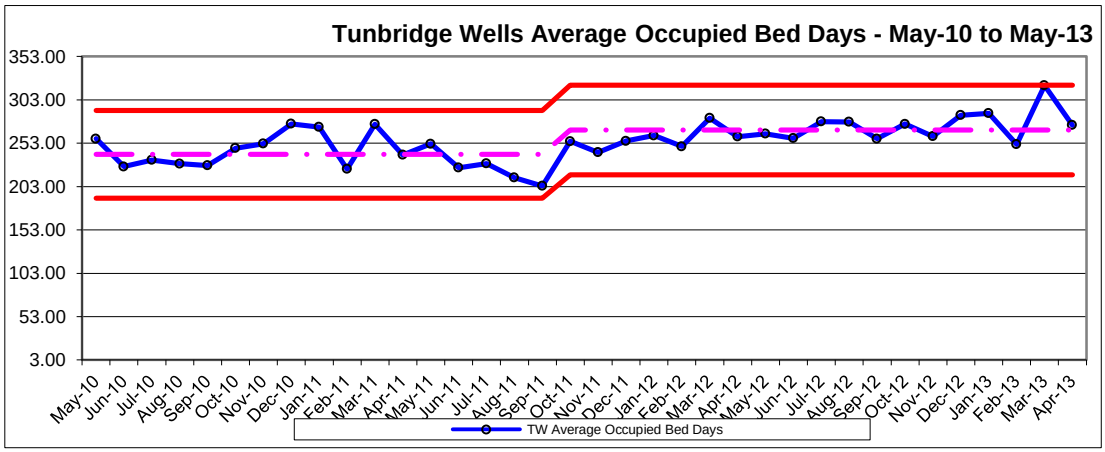
Rule 4: The number of points within the middle third of the region between the control limits differs markedly from two -thirds of the total number of points. This gives an indication of how stable a process is. If controlled variation (common cause) is displayed in the SPC chart, the process is stable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

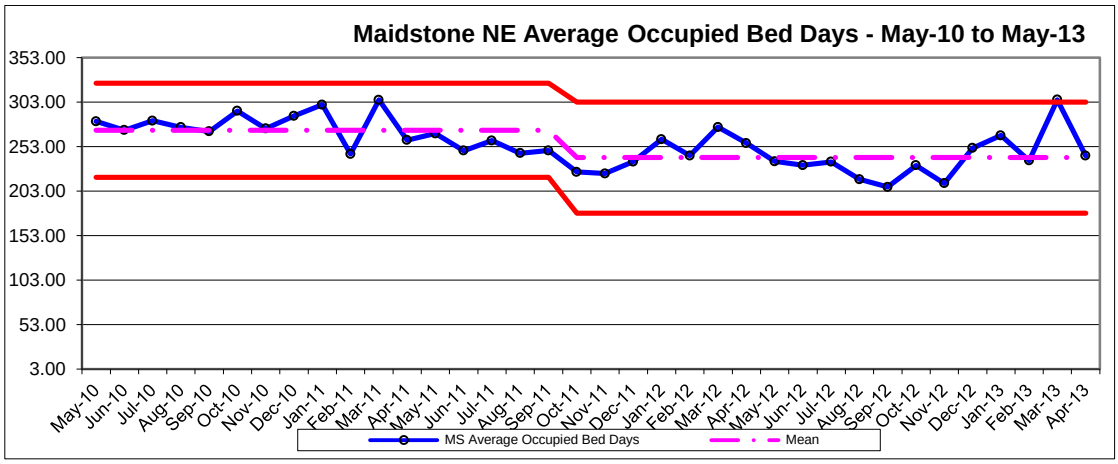
Changes to Control Lines

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



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

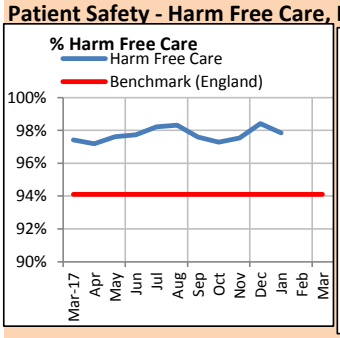


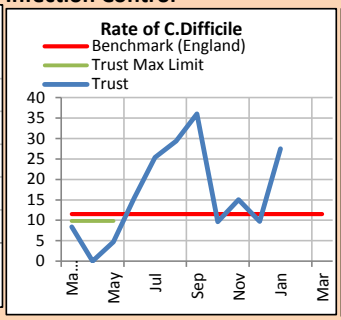


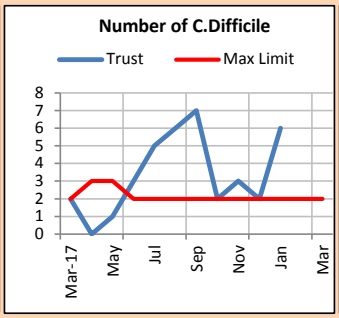
So in the examples given we have calculated a mean and control limits based on the data for May 2010 to September 2011 and then calculated them based on the period October 2011 to April 2013. The lines are all a result of the SPC calculations, only the date of the change is decided by the Information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

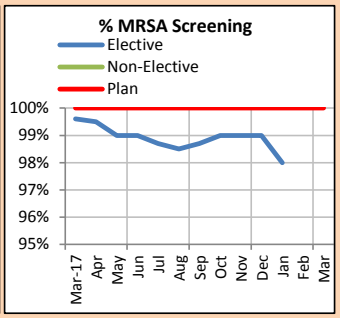
INTEGRATED PERFORMANCE REPORT ANALYSIS - PATIENT SAFETY & QUALITY

Patient Safety - Harm Free Care, Infection Control

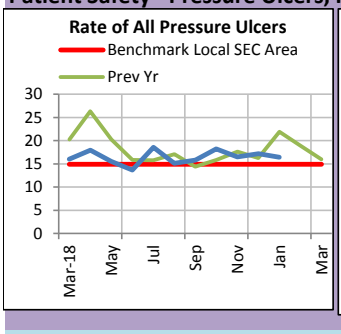


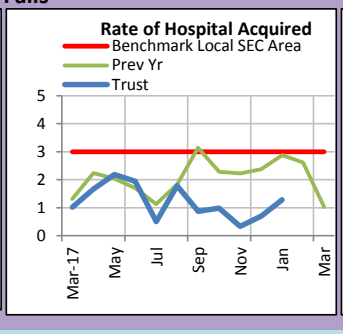


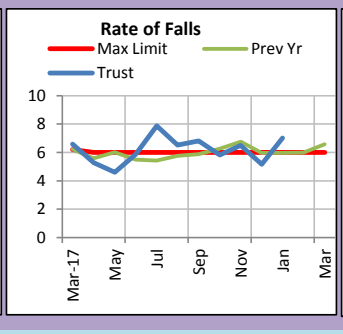


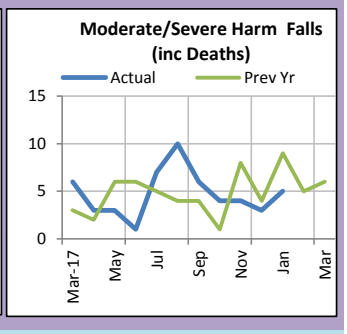


Patient Safety - Pressure Ulcers, Falls

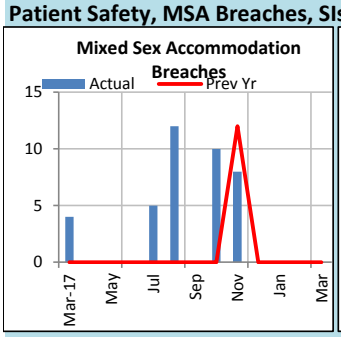


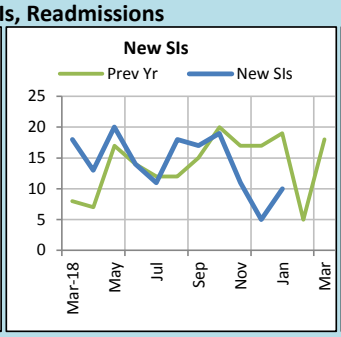


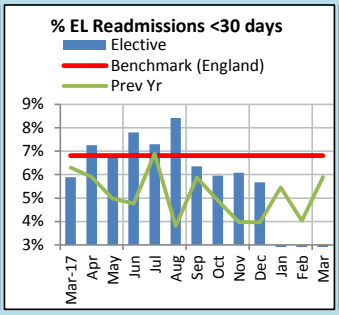


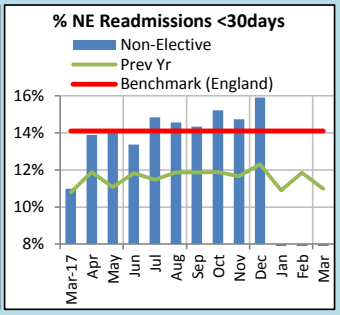


Patient Safety, MSA Breaches, SIs, Readmissions

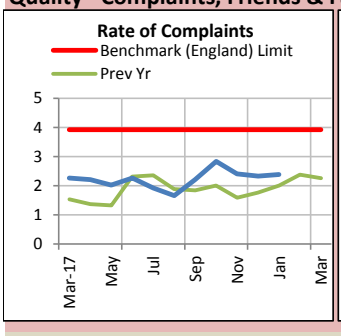


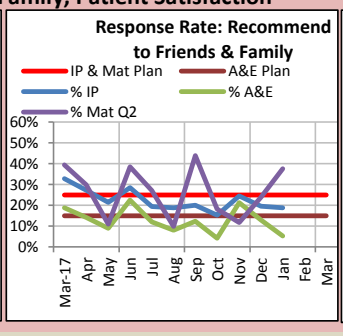


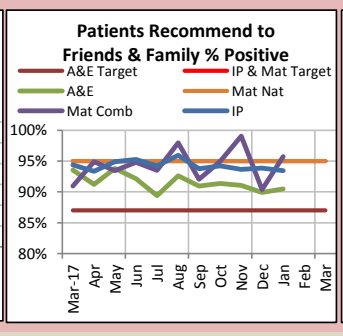


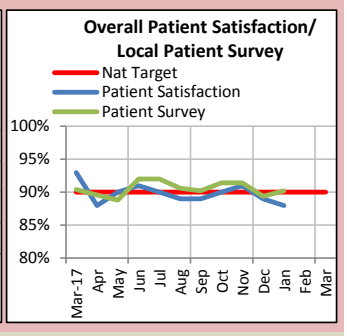


Quality - Complaints, Friends & Family, Patient Satisfaction

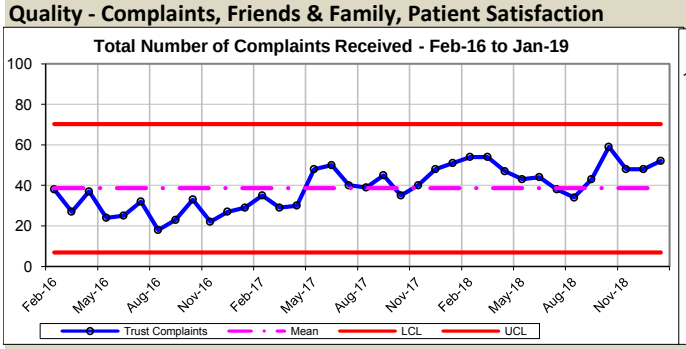


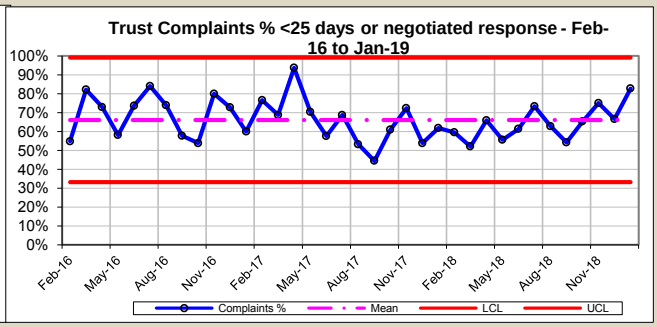




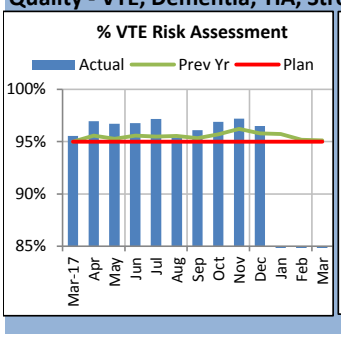


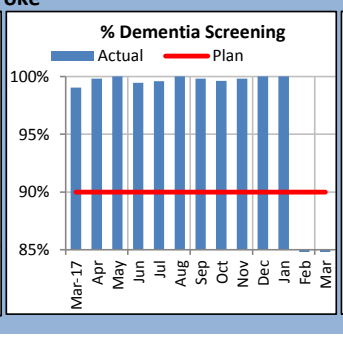
Quality - Complaints, Friends & Family, Patient Satisfaction

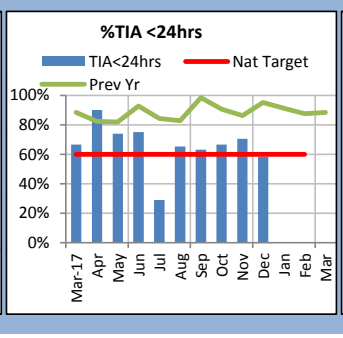


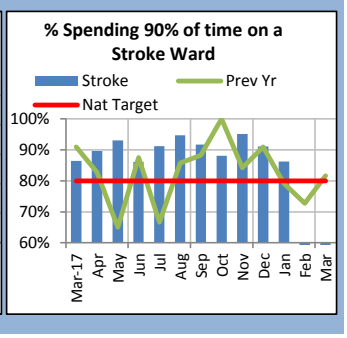


Quality - VTE, Dementia, TIA, Stroke



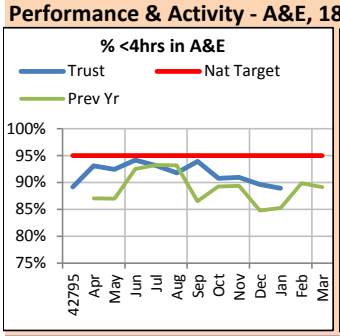


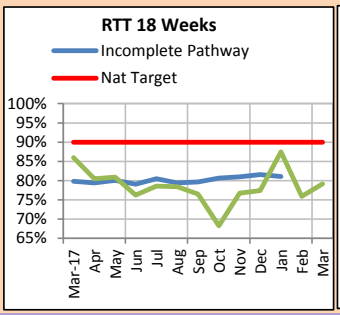


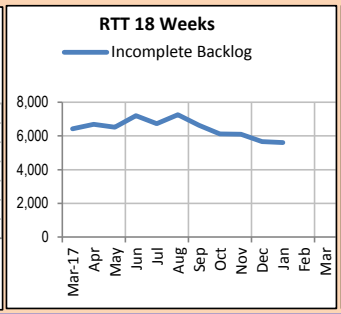


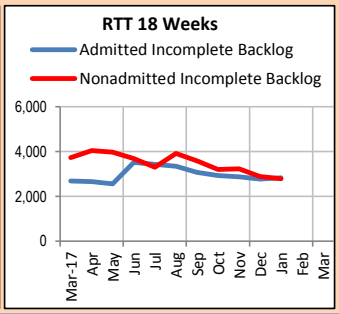
INTEGRATED PERFORMANCE REPORT ANALYSIS - PERFORMANCE & ACTIVITY

Performance & Activity - A&E, 18 Weeks

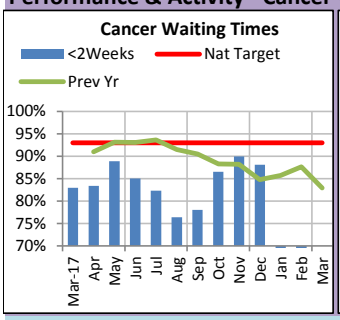


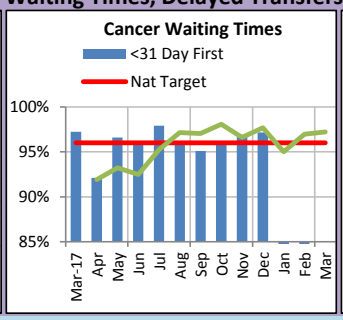


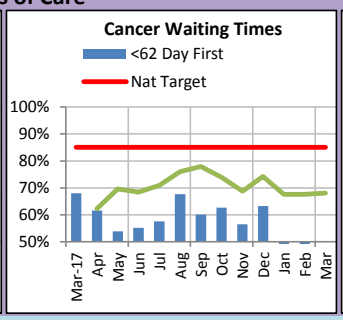


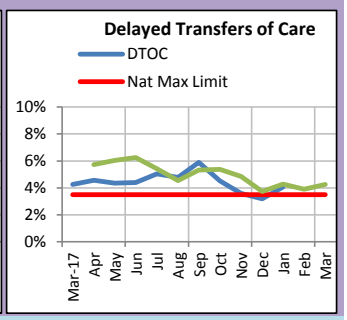


Performance & Activity - Cancer Waiting Times, Delayed Transfers of Care

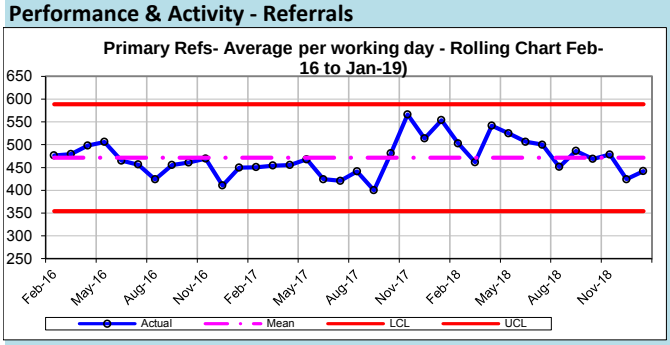


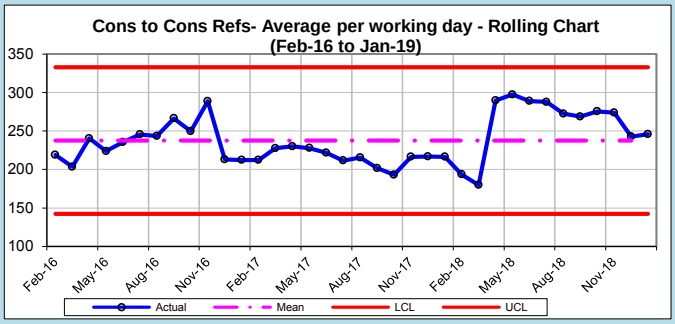




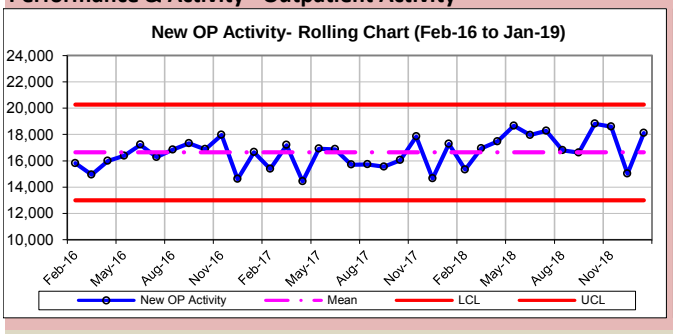


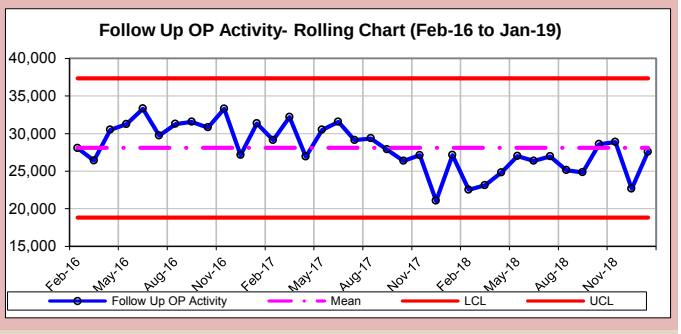
Performance & Activity - Referrals



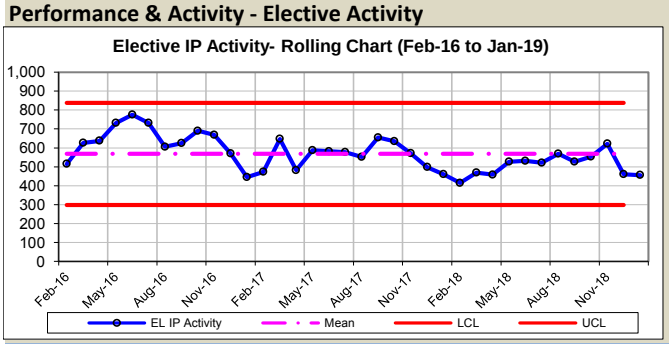


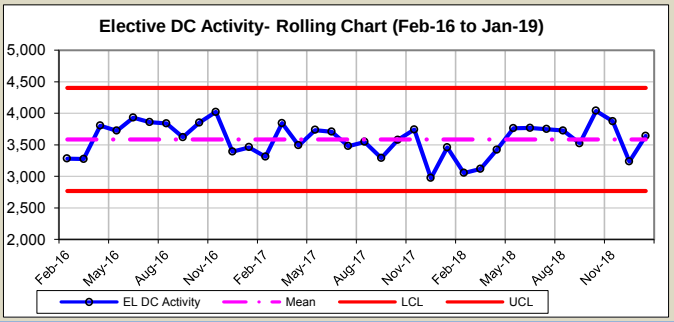
Performance & Activity - Outpatient Activity



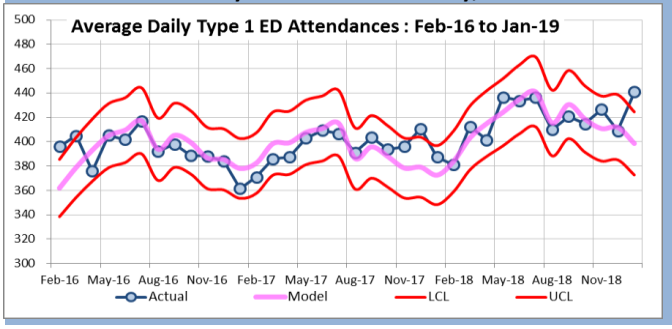


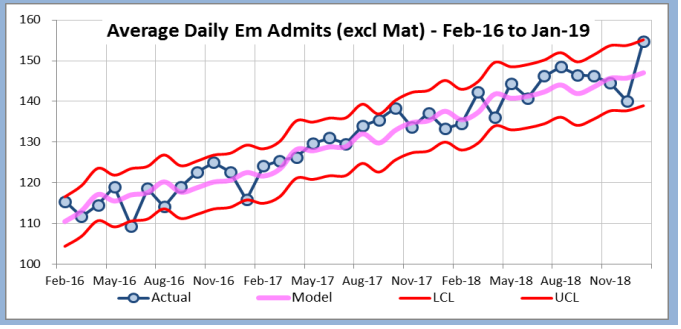
Performance & Activity - Elective Activity





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

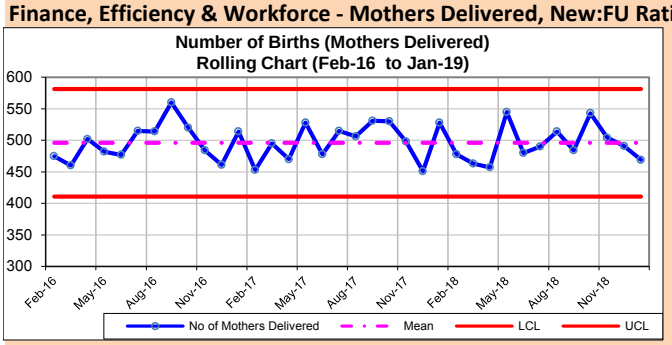


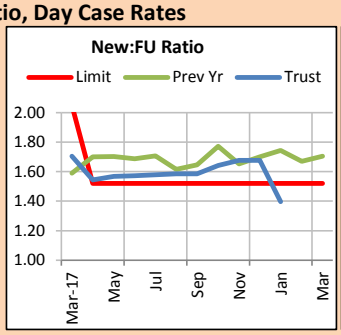


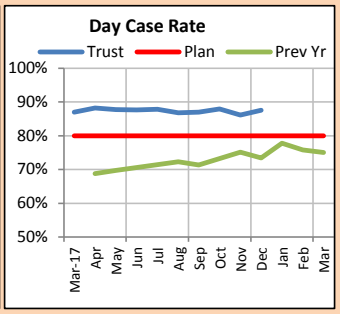
These have been changed to show actual against model, since emergency activity is subject to both growth and seasonal variation. Control limits are 2 standard deviations of variance, so a count outside the control limits will be expected around one month in 20.

INTEGRATED PERFORMANCE REPORT ANALYSIS - FINANCE, EFFICIENCY & WORKFORCE

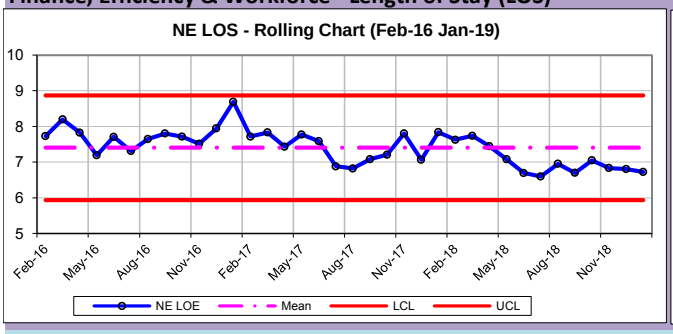
Finance, Efficiency & Workforce - Mothers Delivered, New:FU Ratio, Day Case Rates

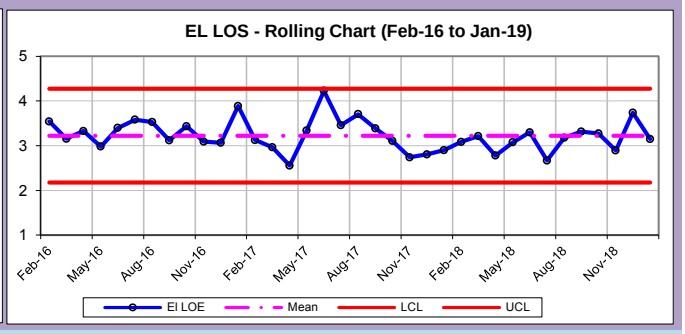




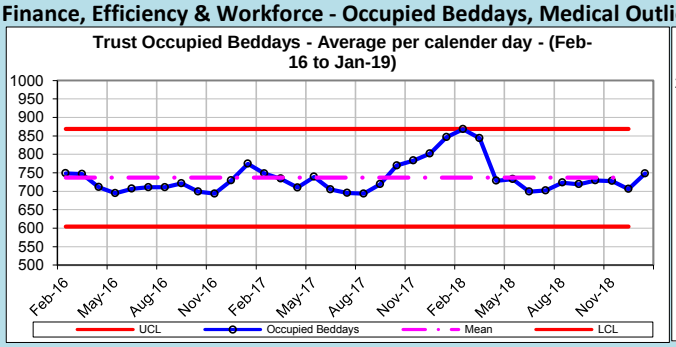


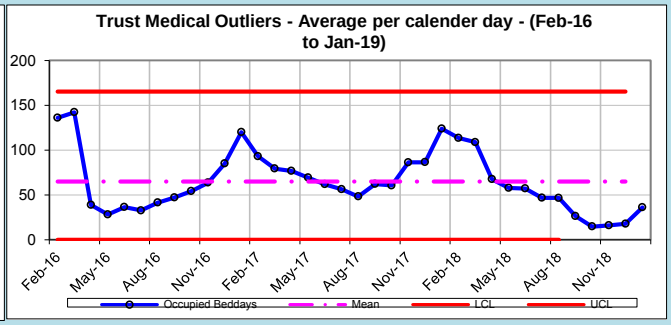
Finance, Efficiency & Workforce - Length of Stay (LOS)



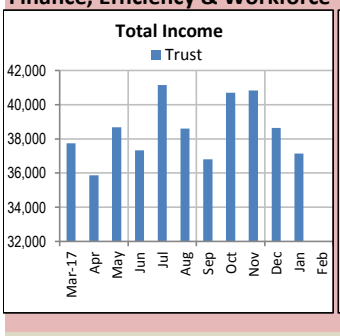


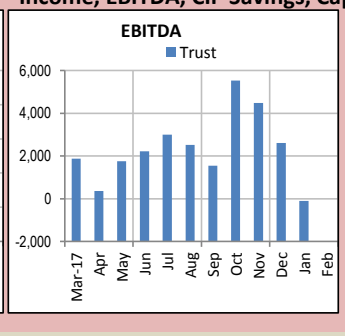
Finance, Efficiency & Workforce - Occupied Beddays, Medical Outliers

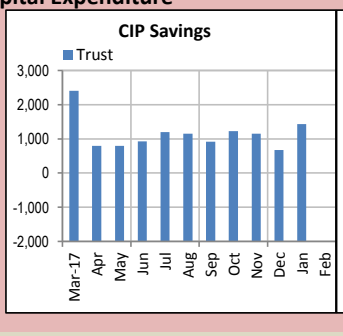


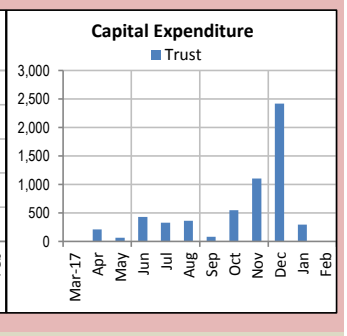


Finance, Efficiency & Workforce - Income, EBITDA, CIP Savings, Capital Expenditure

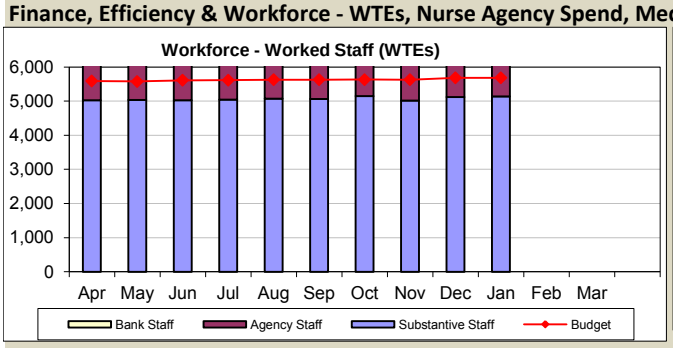


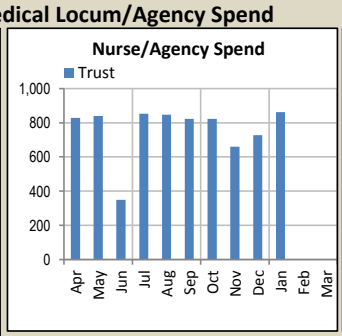


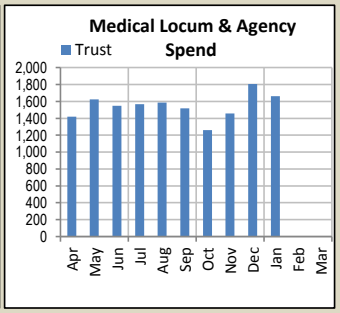




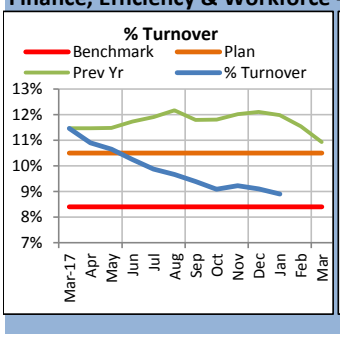
Finance, Efficiency & Workforce - WTEs, Nurse Agency Spend, Medical Locum/Agency Spend

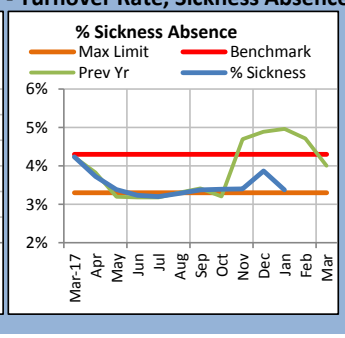


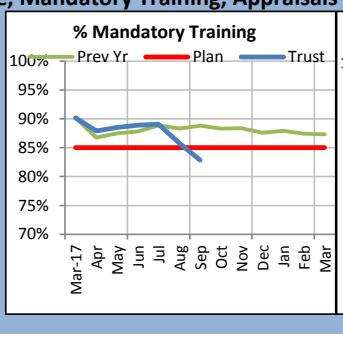


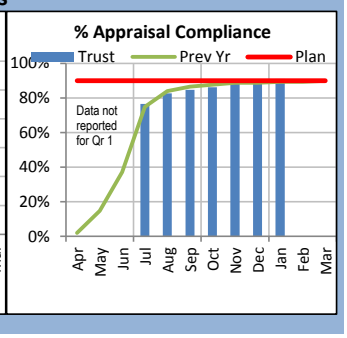


Finance, Efficiency & Workforce - Turnover Rate, Sickness Absence, Mandatory Training, Appraisals









Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Report

Month 10
2018/19

Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Report for January 2019

Maidstone and Tunbridge Wells NHS Trust

1a. Dashboard

January 2018/19

	Current Month						Year to Date						Annual Forecast			
	Actual £m	*Plan* £m	*Variance* £m	Pass-through £m	*Revised Variance* £m	*RAG*	*Actual* £m	*Plan* £m	*Variance* £m	Pass-through £m	*Revised Variance* £m	*RAG*	*Actual* £m	*Plan* £m	*Variance* £m	*RAG*
Income	37.1	39.8	(2.7)	0.0	(2.7)		385.7	389.8	(4.1)	(1.0)	(3.1)		464.9	471.3	(6.4)	
Expenditure	(37.3)	(35.8)	(1.5)	(0.0)	(1.4)		(361.9)	(361.3)	(0.5)	1.0	(1.5)		(437.4)	(432.3)	(5.1)	
EBITDA (Income less Expenditure)	(0.1)	4.0	(4.1)	0.0	(4.1)		23.9	28.5	(4.6)	0.0	(4.6)		27.5	39.0	(11.4)	
Financing Costs	(2.5)	(2.5)	0.1	0.0	0.1		(25.4)	(25.8)	0.4	0.0	0.4		(17.2)	(28.2)	11.1	
Technical Adjustments	0.0	0.0	0.0	0.0	0.0		0.6	0.5	0.2	0.0	0.2		1.4	1.0	0.4	
Net Surplus / Deficit (Incl PSF)	**(2.6)**	**1.5**	**(4.1)**	**0.0**	**(4.1)**		**(0.9)**	**3.1**	**(4.0)**	**0.0**	**(4.0)**		**11.7**	**11.7**	**(0.0)**	
CIPs	1.4	2.8	(1.4)		(1.4)		10.3	18.5	(8.2)		(8.2)		14.1	24.1	(10.0)	
Cash Balance	8.0	5.2	2.8		2.8		8.0	5.2	2.8		2.8		1.0	1.0	0.0	
Capital Expenditure	0.3	1.4	1.1		1.1		6.3	6.9	0.6		0.6		11.1	13.8	2.7	
Capital service cover rating							4	3					4	4		
Liquidity rating							4	4					4	4		
I&E margin rating							3	2					1	1		
Agency rating							4	4					4	4		
Finance and use of resources rating							4	4					3	3		

Summary:

- The Trusts surplus including PSF was £2.6m in January which was £4.1m adverse to plan but £0.3m better than the forecasted position. Year to date the Trust has a deficit of £0.9m which is £4m adverse to plan , the key variances against plan are: CIP Slippage (£8.2m) overspends within pay budgets (£2.4m) and non pay budgets (£4.7m) and PSF slippage (£1.5m) partly offse t by non-recurrent items (£2.1m), release of contingency reserve (£5.1m) , earlier than planned phasing of Non Recurrent Income support (£3m) , over performance within Clinical Income (£1.9m) and underspends within depreciation (£0.4m).
- The Trust has spent £9.5m more than the YTD agency ceiling set by NHSI (£11.8m per annum)
- The Trust has delivered £10.3m savings YTD which is £8.2m adverse to plan (44% slippage)

Key Points:

- The Trusts normalised run rate in January was £2.3m deficit pre PSF which was £2.3m adverse to plan.
- The Trust was adverse to the control target in January and therefore received no PSF fore the month. If the Trust delivers the control target at the end of the financial year the full PSF will be received including this months slippage. The PSF relating to A&E performance in quarter 4 relates to delivering 95% in March only.
- The main non pay pressures (excluding CIP) relate to clinical supplies (£3.8m adverse year to date) specifically within Surgery Division (£1m), Diagnostics and Clinical Support (£0.7m) and Medical and Emergency Services (£0.7m).
- The Trust has managed the YTD financial position by implementing non recurrent actions, as a result the Trusts recurrent deficit has increased from a planned deficit of £8.4m to a forecasted deficit of

Risks:

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

Maidstone and Tunbridge Wells NHS Trust

1b. Summary Income & Expenditure (Exceptional Items)

Income & Expenditure January 2018/19

	Current Month					Year to Date				
	Actual £m	*Plan* £m	*Variance* £m	Pass-through £m	*Revised Variance* £m	*Actual* £m	*Plan* £m	*Variance* £m	Pass-through £m	*Revised Variance* £m
Income	37.1	38.3	(1.2)	0.0	(1.2)	372.0	380.1	(8.1)	(1.0)	(7.1)
Expenditure	(37.6)	(35.8)	(1.8)	(0.0)	(1.8)	(367.3)	(361.3)	(6.0)	1.0	(7.0)
Trust Financing Costs	(2.5)	(2.5)	0.1	0.0	0.1	(25.4)	(25.8)	0.4	0.0	0.4
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.6	0.5	0.2	0.0	0.2
Net Revenue Surplus / (Deficit) before Exceptional Items	**(2.9)**	**0.0**	**(2.9)**	**0.0**	**(2.9)**	**(20.1)**	**(6.6)**	**(13.5)**	**0.0**	**(13.5)**
Exceptional Items	0.3		0.3		0.3	11.0		11.0		11.0
Net Position	**(2.6)**	**0.0**	**(2.6)**	**0.0**	**(2.6)**	**(9.2)**	**(6.6)**	**(2.5)**	**0.0**	**(2.5)**
PSF Funding	0.0	1.5	(1.5)	0.0	(1.5)	8.3	9.8	(1.5)	0.0	(1.5)
Net Revenue Surplus / (Deficit) Incl PSF and Exceptional Items	(2.6)	1.5	(4.1)	0.0	(4.1)	(0.9)	3.1	(4.0)	0.0	(4.0)

Key messages:
The Trust benefited by £0.3m of exceptional adjustments this month which related to £0.3m release of reserves .

Income:
Income YTD net of pass-through related costs and exceptional items is £7.1m adverse to plan, which is due to CIP slippage (£8.3m) and Private Patient income £0.8m partially offset by income over performance within non AIC contracted clinical income (£1.9m) and £3m non recurr ent income support.

Expenditure:
Expenditure budgets net of pass-through and exceptional items are £7m adverse, which is due to budget overspends within Pay bud gets (£2.4m) and Non Pay (£4.7m) partly offset by £0.2m CIP overperformance..
The main pressures within expenditure budgets (net of pass though, CIP and exceptional items) relates to: Clinical Supplies a nd Services (£3.8m and Medical (£2.1m).

Reserves: The Trust has fully released the YTD held reserves.

PSF: The Trust was adverse to the control target in January and therefore received no PSF fore the month. If the Trust delivers t he control target at the end of the financial year the full PSF will be received including this months slippage. The PSF relating to A&E performance in qu arter 4 relates to delivering 95% in March only.

Maidstone and Tunbridge Wells NHS Trust

2a. Income & Expenditure

Income & Expenditure January 2018/19

	Current Month					Year to Date					Annual Forecast		
	Actual £m	*Plan* £m	*Variance* £m	Pass-through £m	*Revised Variance* £m	*Actual* £m	*Plan* £m	*Variance* £m	Pass-through £m	*Revised Variance* £m	*Actual* £m	*Plan* £m	*Variance* £m
Clinical Income	28.9	30.3	(1.3)	(0.0)	(1.3)	295.9	297.6	(1.7)	(0.3)	(1.5)	354.8	356.3	(1.6)
High Cost Drugs	3.5	3.5	(0.1)	(0.2)	0.1	35.9	36.2	(0.3)	(0.3)	(0.0)	43.2	43.2	0.0
Total Clinical Income	**32.4**	**33.8**	**(1.4)**	**(0.2)**	**(1.2)**	**331.8**	**333.8**	**(2.0)**	**(0.6)**	**(1.5)**	**398.0**	**399.6**	**(1.6)**
PSF	0.0	1.5	(1.5)	0.0	(1.5)	8.3	9.8	(1.5)	0	(1.5)	12.7	12.7	0
Other Operating Income	4.7	4.6	0.2	0.2	(0.0)	45.7	46.3	(0.6)	(0.4)	(0.1)	54.2	59.0	(4.8)
Total Revenue	**37.1**	**39.8**	**(2.7)**	**0.0**	**(2.7)**	**385.7**	**389.8**	**(4.1)**	**(1.0)**	**(3.1)**	**464.9**	**471.3**	**(6.4)**
Substantive	(18.8)	(19.1)	0.3	0.0	0.2	(186.1)	(190.9)	4.8	0.3	4.6	(224.3)	(229.0)	4.7
Bank	(1.2)	(1.1)	(0.1)	0.0	(0.1)	(10.9)	(10.2)	(0.7)	0.0	(0.7)	(13.3)	(12.3)	(1.0)
Locum	(0.9)	(0.5)	(0.4)	0.0	(0.4)	(7.0)	(4.5)	(2.5)	0	(2.5)	(9.0)	(5.5)	(3.5)
Agency	(1.9)	(2.1)	0.2	0.0	0.2	(19.1)	(18.1)	(1.0)	0.0	(1.0)	(23.3)	(22.2)	(1.1)
Pay Reserves	(0.1)	(0.1)	(0.0)	0.0	(0.0)	(0.7)	(1.5)	0.9	0	0.9	(1.1)	(1.6)	0.6
Total Pay	**(23.0)**	**(22.8)**	**(0.1)**	**0.0**	**(0.2)**	**(223.8)**	**(225.2)**	**1.4**	**0.3**	**1.1**	**(270.9)**	**(270.6)**	**(0.4)**
Drugs & Medical Gases	(3.9)	(4.1)	0.2	0.2	0.0	(43.8)	(43.8)	0.1	0.3	(0.2)	(52.8)	(52.0)	(0.9)
Blood	(0.2)	(0.2)	(0.0)	0.0	(0.0)	(1.8)	(1.8)	(0.0)	0	(0.0)	(2.2)	(2.2)	(0.0)
Supplies & Services - Clinical	(3.0)	(2.7)	(0.2)	0.0	(0.2)	(29.0)	(26.6)	(2.4)	0.3	(2.7)	(35.0)	(32.1)	(2.9)
Supplies & Services - General	(0.5)	(0.4)	(0.1)	(0.0)	(0.1)	(4.7)	(4.2)	(0.5)	(0.0)	(0.5)	(5.7)	(5.0)	(0.7)
Services from Other NHS Bodies	(0.9)	(0.8)	(0.0)	(0.0)	(0.0)	(8.6)	(8.2)	(0.4)	(0.0)	(0.4)	(10.4)	(9.9)	(0.4)
Purchase of Healthcare from Non-NHS	(0.3)	(0.4)	0.1	0.0	0.1	(2.9)	(4.6)	1.7	0	1.7	(3.8)	(5.4)	1.6
Clinical Negligence	(1.5)	(1.6)	0.0	0.0	0.0	(15.5)	(15.9)	0.4	0	0.4	(18.6)	(19.0)	0.5
Establishment	(0.3)	(0.3)	0.0	(0.0)	0.0	(3.1)	(2.9)	(0.2)	(0.0)	(0.1)	(4.0)	(3.5)	(0.5)
Premises	(2.6)	(1.6)	(1.0)	(0.2)	(0.7)	(19.7)	(18.2)	(1.5)	0.2	(1.6)	(23.6)	(21.4)	(2.3)
Transport	(0.2)	(0.1)	(0.1)	0.0	(0.1)	(1.4)	(1.2)	(0.2)	0	(0.2)	(1.7)	(1.3)	(0.3)
Other Non-Pay Costs	(1.0)	(0.6)	(0.4)	(0.0)	(0.4)	(7.5)	(6.9)	(0.7)	0.0	(0.7)	(8.7)	(8.1)	(0.6)
Non-Pay Reserves	0.0	(0.2)	0.2	0.0	0.2	0	(1.7)	1.7	0	1.7	0.0	(1.8)	1.8
Total Non Pay	**(14.3)**	**(13.0)**	**(1.3)**	**(0.0)**	**(1.3)**	**(138.0)**	**(136.1)**	**(1.9)**	**0.7**	**(2.7)**	**(166.4)**	**(161.7)**	**(4.7)**
Total Expenditure	**(37.3)**	**(35.8)**	**(1.5)**	**(0.0)**	**(1.4)**	**(361.9)**	**(361.3)**	**(0.5)**	**1.0**	**(1.5)**	**(437.4)**	**(432.3)**	**(5.1)**
EBITDA	**(0.1)**	**4.0**	**(4.1)**	**0.0**	**(4.1)**	**23.9**	**28.5**	**(4.6)**	**0.0**	**(4.6)**	**27.5**	**39.0**	**(11.4)**
	(0.0)	*0.0*	*0.0*	*%*		*6.2%*	*7.3%*	*112.6%*	*0.0%*	*149.1%*	*5.9%*	*8.3%*	*179.0%*
									0	0			
Depreciation	(1.1)	(1.1)	0.1	0	0.1	(10.8)	(11.2)	0.4	0	0.4	(13.0)	(13.5)	0.5
Interest	(0.1)	(0.1)	(0.0)	0	(0.0)	(1.4)	(1.3)	(0.0)	0	(0.0)	(1.6)	(1.6)	(0.0)
Dividend	(0.1)	(0.1)	0.0	0	0	(1.1)	(1.1)	0	0	0	(1.3)	(1.3)	0
PFI and Impairments	(1.2)	(1.2)	(0.0)	0	(0.0)	(12.2)	(12.3)	0.1	0	0.1	(1.3)	(11.9)	10.7
Total Finance Costs	**(2.5)**	**(2.5)**	**0.1**	**0.0**	**0.1**	**(25.4)**	**(25.8)**	**0.4**	**0**	**0.4**	**(17.2)**	**(28.2)**	**11.1**
Net Surplus / Deficit (-)	**(2.6)**	**1.5**	**(4.1)**	**0.0**	**(4.1)**	**(1.5)**	**2.7**	**(4.2)**	**0.0**	**(4.2)**	**10.3**	**10.7**	**(0.4)**
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.6	0.5	0.2	0.0	0.2	1.4	1.0	0.4
Surplus/ Deficit (-) to B/E Duty Incl PSF	**(2.6)**	**1.5**	**(4.1)**	**0.0**	**(4.1)**	**(0.9)**	**3.1**	**(4.0)**	**0.0**	**(4.0)**	**11.7**	**11.7**	**(0.0)**
Surplus/ Deficit (-) to B/E Duty Excl PSF	**(2.6)**	**0.0**	**(2.6)**	**0.0**	**(2.6)**	**(9.2)**	**(6.6)**	**(2.5)**	**0.0**	**(2.5)**	**(1.0)**	**(1.0)**	**(0.0)**

Commentary

The Trusts deficit was £2.6m in January which was £4.1m adverse to plan but £0.3m better than forecast. Year to date the Trust has a deficit it including PSF of £0.9m which is £4m adverse to plan.

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

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

Clinical Income excluding HCDs was £1.3m adverse to plan in January. The key adverse variances are Excess Bed Days (£0.5m) and the Aligned Incentives adjustment (£1.4m). This is mainly driven by significant over-performance in Non-Electives in January which was £1.8m above the plan.

The Trust was adverse to the control target in January and therefore received no PSF fore the month. If the Trust delivers the control target at the end of the financial year the full PSF will be received including this months slippage. The PSF relating to A&E performance in quarter 4 relates to delivering 95% in March only.

Other Operating Income excluding pass-through costs was on plan in the month, underperformance within Private Patients (£0.2m) offset by overperformance within Estates and Facilities (£0.1m) and non recurrent income within Nursing and Quality (£0.1m).

Pay budgets overspent by £0.2m in January and were £0.9m favourable to forecast this was mainly due to bank Christmas 'bonus' being less than predicted (£0.3m), non recurrent benefit associated with Medical Agency accrual adjustment (£0.2m) and winter escalation costs less than planned (c£0.2m).

Non Pay adjusted for pass through costs and reserves was overspent by £1.4m in January and was £0.2m adverse to forecast. The main pressures in the month related to: increase in doubtful debt provision for Private Patient debt over 120 days (£0.4m), pressures within Energy (£0.2m) and £0.1m increase in costs above forecast within Pathology. These pressures were partly offset by underspends within drugs (£0.6m) and £0.2m forecasted costs associated with Hospital at Home not being incurred (offset by reduction in income).

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

Maidstone and Tunbridge Wells NHS Trust

2b. Run Rate Analysis

Analysis of 13 Monthly Performance (£m's)

		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Change between Months
Revenue	Clinical Income	32.0	31.2	33.8	30.7	33.5	32.3	35.4	33.1	32.0	33.7	35.5	33.1	32.4	(0.7)
	STF / PSF	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	High Cost Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Other Operating Income	4.0	5.7	3.9	5.1	5.2	5.0	5.7	5.5	4.8	7.0	5.3	5.5	4.7	(0.8)
	Total Revenue	**36.0**	**36.9**	**40.8**	**35.9**	**38.7**	**37.3**	**41.2**	**38.6**	**36.8**	**40.7**	**40.8**	**38.6**	**37.1**	**(1.5)**
Expenditure	Substantive	(17.9)	(17.5)	(17.9)	(18.3)	(18.7)	(18.4)	(19.4)	(18.5)	(18.9)	(17.6)	(18.9)	(18.7)	(18.8)	(0.1)
	Bank	(1.2)	(1.1)	(1.3)	(1.0)	(1.0)	(1.0)	(1.0)	(1.2)	(1.1)	(1.0)	(1.1)	(1.2)	(1.2)	(0.1)
	Locum	(0.5)	(0.6)	(0.7)	(0.5)	(0.6)	(0.5)	(0.6)	(0.7)	(0.7)	(0.6)	(0.8)	(1.0)	(0.9)	0.2
	Agency	(2.3)	(1.8)	(2.6)	(2.0)	(2.1)	(1.7)	(2.1)	(2.1)	(1.9)	(1.8)	(1.7)	(1.7)	(1.9)	(0.2)
	Pay Reserves	(0.2)	(0.3)	(0.2)	(0.2)	(0.2)	(0.2)	(0.1)	0.2	0.0	0.4	(0.2)	(0.2)	(0.1)	0.1
	Total Pay	(22.2)	(21.3)	(22.7)	(22.0)	(22.7)	(21.9)	(23.2)	(22.3)	(22.5)	(20.7)	(22.7)	(22.8)	(23.0)	(0.1)
Non-Pay	Drugs & Medical Gases	(4.5)	(4.3)	(4.5)	(4.2)	(4.8)	(4.3)	(4.5)	(4.3)	(4.4)	(4.4)	(4.8)	(4.2)	(3.9)	0.3
	Blood	(0.2)	(0.1)	(0.2)	(0.2)	(0.1)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.0)
	Supplies & Services - Clinical	(2.6)	(2.5)	(2.1)	(2.6)	(2.9)	(2.7)	(2.9)	(3.0)	(2.8)	(3.1)	(3.0)	(3.1)	(3.0)	0.1
	Supplies & Services - General	(0.4)	(0.5)	(0.6)	(0.4)	(0.4)	(0.4)	(0.4)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	0.0
	Services from Other NHS Bodies	(0.7)	(0.7)	(0.3)	(0.6)	(0.6)	(1.1)	(0.7)	(0.7)	(1.1)	(0.8)	(1.3)	(0.9)	(0.9)	0.0
	Purchase of Healthcare from Non-NHS	(0.2)	(0.2)	(0.3)	(0.3)	(0.3)	(0.2)	(0.2)	(0.3)	(0.4)	(0.3)	(0.2)	(0.3)	(0.3)	(0.0)
	Clinical Negligence	(1.7)	(1.7)	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.3)	(1.5)	(1.5)	(0.0)
	Establishment	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.2)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.0)
	Premises	(1.8)	(3.8)	(3.0)	(1.9)	(1.8)	(1.8)	(2.6)	(2.2)	(1.8)	(1.7)	(1.5)	(1.8)	(2.6)	(0.8)
	Transport	(0.2)	(0.1)	(0.2)	(0.2)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.2)	(0.0)
	Other Non-Pay Costs	(1.1)	(1.1)	(0.2)	(1.0)	(1.0)	(0.3)	(1.2)	(1.1)	(0.2)	(1.1)	(0.4)	(0.3)	(1.0)	(0.7)
	Non-Pay Reserves	(0.0)	(0.0)	(0.0)	(0.2)	(0.2)	(0.2)	(0.2)	0.5	0.6	(0.4)	0.0	0.0	0.0	0.0
	Total Non Pay	(13.7)	(15.4)	(13.2)	(13.5)	(14.3)	(13.2)	(14.9)	(13.8)	(12.7)	(14.5)	(13.6)	(13.2)	(14.3)	(1.1)
	Total Expenditure	(35.8)	(36.7)	(35.9)	(35.5)	(36.9)	(35.1)	(38.2)	(36.1)	(35.3)	(35.2)	(36.3)	(36.0)	(37.3)	(1.2)
EBITDA	EBITDA	0.2	0.2	4.9	0.4	1.8	2.2	3.0	2.5	1.5	5.5	4.5	2.6	(0.1)	(2.7)
		1%	*1%*	*12%*	*1%*	*5%*	*6%*	*7%*	*7%*	*4%*	*14%*	*11%*	*7%*	*0%*	
Other Finance Costs	Depreciation	(1.2)	(1.1)	(1.2)	(1.1)	(1.1)	(1.1)	(1.0)	(1.0)	(1.2)	(1.1)	(1.1)	(1.1)	(1.1)	0.0
	Interest	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.0
	Dividend	0.5	(0.1)	0.2	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.0
	PFI and Impairments	(1.1)	(1.2)	17.5	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.3)	(1.4)	(1.2)	(1.2)	(1.2)	0.0
	Total Other Finance Costs	**(1.9)**	**(2.5)**	**16.3**	**(2.5)**	**(2.5)**	**(2.5)**	**(2.5)**	**(2.5)**	**(2.7)**	**(2.7)**	**(2.5)**	**(2.5)**	**(2.5)**	**0.0**
Net Surplus / Deficit (-)	Net Surplus / Deficit (-)	(1.7)	(2.2)	21.2	(2.2)	(0.8)	(0.3)	0.5	0.0	(1.1)	2.8	2.0	0.1	(2.6)	(2.7)
Technical Adjustments	Technical Adjustments	0.0	0.0	(18.9)	0.0	0.0	0.0	0.0	0.0	0.1	0.3	0.0	0.0	0.0	(0.0)
Surplus/ Deficit (-) to B/E Duty Incl STF	Surplus/ Deficit (-) to B/E Duty	(1.6)	(2.2)	2.3	(2.2)	(0.8)	(0.3)	0.6	0.1	(1.0)	3.1	2.0	0.1	(2.6)	(2.7)
Surplus/ Deficit (-) to B/E Duty Excl STF	Surplus/ Deficit (-) to B/E Duty	(1.6)	(2.2)	(0.7)	(2.2)	(0.8)	(0.3)	0.6	0.1	(1.0)	3.1	2.0	0.1	(2.6)	(2.7)

Maidstone and Tunbridge Wells NHS Trust

3a. Cost Improvement Plan

Savings by Division

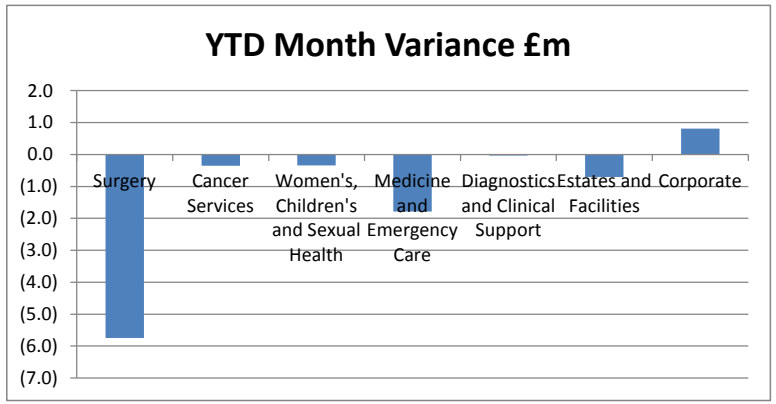
	Current Month			Year to Date			Forecast (Risk Adjusted)		
	Actual	*Original Plan*	*Variance*	*Actual*	*Original Plan*	*Variance*	*Forecast*	*Original Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surgery	0.18	1.29	(1.11)	2.97	8.71	(5.74)	3.23	11.29	(8.06)
Cancer Services	0.02	0.14	(0.12)	0.66	1.02	(0.36)	0.82	1.29	(0.46)
Women's, Children's and Sexual Health	0.12	0.23	(0.12)	1.31	1.65	(0.34)	1.56	2.11	(0.55)
Medicine and Emergency Care	0.09	0.46	(0.37)	0.95	2.74	(1.79)	1.22	3.66	(2.44)
Diagnostics and Clinical Support	0.07	0.08	(0.01)	0.62	0.65	(0.03)	0.77	0.81	(0.04)
Estates and Facilities	0.48	0.40	0.09	1.45	2.15	(0.70)	2.00	2.95	(0.94)
Corporate	0.46	0.22	0.24	2.38	1.57	0.81	4.47	2.01	2.46
Total	**1.43**	**2.83**	**(1.40)**	**10.33**	**18.49**	**(8.15)**	**14.07**	**24.11**	**(10.04)**

Savings by Subjective Category

	Current Month			Year to Date			Forecast (Risk Adjusted)		
	Actual	*Original Plan*	*Variance*	*Actual*	*Original Plan*	*Variance*	*Forecast*	*Original Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.19	0.16	0.04	2.16	2.86	(0.70)	2.58	3.17	(0.59)
Non Pay	1.13	1.02	0.11	7.25	6.36	0.89	9.08	8.40	0.68
Income	0.10	1.65	(1.54)	0.92	9.26	(8.34)	2.42	12.55	(10.13)
Total	**1.43**	**2.83**	**(1.40)**	**10.33**	**18.49**	**(8.15)**	**14.07**	**24.11**	**(10.04)**

Savings by Plan RAG

	Current Month			Year to Date			Forecast (Risk Adjusted)		
	Actual	*Original Plan*	*Variance*	*Actual*	*Original Plan*	*Variance*	*Forecast*	*Original Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Green	0.84	1.88	(1.03)	8.27	13.26	(5.00)	11.01	16.99	(5.98)
Amber	0.49	0.31	0.19	1.46	2.10	(0.64)	2.27	2.73	(0.46)
Red	0.09	0.65	(0.55)	0.61	3.12	(2.51)	0.79	4.39	(3.60)
Total	**1.43**	**2.83**	**(1.40)**	**10.33**	**18.49**	**(8.15)**	**14.07**	**24.11**	**(10.04)**



Comment

The Trust was £1.4m adverse to plan in the month and £8.1m adverse YTD. The main schemes adverse to plan YTD are:
- STP Medical Rates £1.2m (£0.3m adverse in month)
- Prime Provider £3.9m (£0.9m adverse in month)
- Private Patient Income £0.7m (£0.1m adverse in month)
- Estates and Facilities £0.8m (£0.1m adverse in month)

The Trusts risk adjusted savings forecast is £10m adverse to plan, the main schemes forecasting slippage are:
- Estates and Facilities Subsidiary £1.75m (although £0.6m new schemes have been added to reduce impact to £1.2m)
- Private Patient Income = £1m
- STP Medical Rates = £1.5m
- Prime Provider = £5.5m
- Medicines Management = £1.1m (£0.7m relates to Avastin)
- Urgent Care Centre = £0.4m

The year end forecast includes £1.5m non recurrent income overperformance to plan.

Maidstone and Tunbridge Wells NHS Trust

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

Year End Forecast January 2018/19

Year End Forecast - Pre PSF £m

	Actual										Forecast				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast	Budget	Variance
Income	35.2	38.0	36.7	40.3	37.8	36.0	39.4	39.5	37.4	37.1	34.8	39.9	452.1	458.5	-6.4
Pay	-22.0	-22.7	-21.9	-23.2	-22.3	-22.5	-20.7	-22.7	-22.8	-23.0	-23.6	-23.5	-270.9	-270.6	-0.4
Non Pay	-13.5	-14.3	-13.2	-14.9	-13.8	-12.7	-14.5	-13.6	-13.2	-14.3	-14.2	-14.2	-166.4	-161.8	-4.6
Other Finance Costs	-2.5	-2.5	-2.5	-2.5	-2.5	-2.7	-2.7	-2.5	-2.5	-2.5	-2.5	10.8	-17.2	-28.2	11.1
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.7	1.4	1.1	0.3
Surplus/ Deficit (-) to B/E Duty	**-2.8**	**-1.4**	**-0.9**	**-0.3**	**-0.8**	**-1.9**	**1.8**	**0.8**	**-1.1**	**-2.6**	**-5.5**	**13.7**	**-1.0**	**-1.0**	**0.0**

Key Assumptions

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Asset Sales	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.9	**13.9**
Non Recurrent Income Support	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	1.4	0.0	0.0	2.3	**5.3**
Risk Reserve - West Kent	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	**1.6**
Cancer and RTT Income - Phase 1 (Net)	0.0	0.0	0.0	0.0	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	**0.8**
Cancer and RTT Income - Phase 2 (Net)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.3	**1.1**
Partially Completed Spells	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	**0.5**
Clinical Income - Oral Chemo	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	**0.3**
2018/19 - Rates Rebate	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	**0.3**
Risk Reserve -High Weald	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.2**
Total Key Assumptions	**0.2**	**0.2**	**0.2**	**0.2**	**0.3**	**0.3**	**0.4**	**2.0**	**2.3**	**0.4**	**0.5**	**17.0**	**23.9**

Commentary

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

- **Asset Sales.** The Trust is pursuing disposals that will increase the profit on sale of assets to £13.9m, an additional £10.6m over plan and initial mitigations. This has included discussions with NHSI CFO, the Capital and Cash team and the Regional Finance Team. The first disposal is targeting completion at the end of February.

- **Risk Reserve** – Criteria to access the risk reserve has been triggered. West Kent CCG risk reserve has been agreed, seeking final confirmation from High Weald / Sussex CCGs.

- **Cancer and RTT Income** – Additional support has been agreed from WK CCG to cover the costs of improvements to Cancer and RTT performance in an open book way. Contract variations are being enacted.

- **Non Recurrent Provider Support** – this has been agreed with commissioners and system partners.

- **Prime Provider Benefit** – This is due to start on 18th February.

- **Additional Recovery Plan** – Divisions meeting with CEO and CFO on a weekly basis to review financial recovery plans.

Maidstone and Tunbridge Wells NHS Trust

5a. Balance Sheet

January 2019

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

£m's	Reported	January Plan	Variance	December Reported
Property, Plant and Equipment (Fixed Assets)	289.5	289.3	0.2	290.1
Intangibles	2.4	2.0	0.4	2.4
PFI Lifecycle	0.0	0.0	0.0	0.0
Debtors Long Term	1.2	1.2	0.0	1.2
Total Non-Current Assets	**293.1**	**292.5**	**0.6**	**293.7**
Current Assets	0.0	0.0	0.0	0.0
Inventory (Stock)	8.2	8.1	0.1	8.2
Receivables (Debtors) - NHS	26.8	26.9	(0.1)	25.5
Receivables (Debtors) - Non-NHS	13.6	10.5	3.1	13.3
Cash	8.0	5.2	2.8	12.7
Assets Held For Sale	0.0	0.0	0.0	0.0
Total Current Assets	**56.6**	**50.7**	**5.9**	**59.7**
Current Liabilities				
Payables (Creditors) - NHS	(4.1)	(4.0)	(0.1)	(4.0)
Payables (Creditors) - Non-NHS	(40.0)	(36.7)	(3.3)	(40.3)
Deferred Income	(11.5)	(5.5)	(6.0)	(10.1)
Capital Loan	(2.3)	(2.2)	(0.1)	(2.2)
Working Capital Loan	(29.3)	(29.0)	(0.3)	(31.5)
Other loans	(0.4)	(0.1)	(0.3)	(0.4)
Borrowings - PFI	(5.0)	(5.2)	0.2	(5.0)
Provisions for Liabilities and Charges	(1.8)	(2.1)	0.3	(1.8)
Total Current Liabilities	**(94.4)**	**(84.8)**	**(9.6)**	**(95.3)**
Net Current Assets	(37.8)	(34.1)	(3.7)	(35.6)
Borrowings - PFI > 1yr	(188.8)	(188.8)	0.0	(189.3)
Capital Loans	(9.1)	(9.7)	0.6	(9.1)
Working Capital Facility & Revenue loans	(14.1)	(14.0)	(0.1)	(14.0)
Other loans	(1.4)	(1.3)	(0.1)	(1.4)
Provisions for Liabilities and Charges- Long term	(0.9)	(0.7)	(0.2)	(0.9)
Total Assets Employed	**41.0**	**43.9**	**(2.9)**	**43.4**
Financed By:				
Capital & Reserves				
Public dividend capital	209.0	207.3	1.7	209.0
Revaluation reserve	29.8	29.8	0.0	29.8
Retained Earnings Reserve	(197.8)	(193.2)	(4.6)	(195.2)
Total Capital & Reserves	**41.0**	**43.9**	**(2.9)**	**43.6**

Commentary:
The month 10 balance sheet position is consistent with the plan that was submitted in June. The overall working capital within the month results in a increase in both debtors and creditors compared to the plan. The cash balance held at the end of the month is also higher tha n the plan, this is primarily due to receiving cash which was not included within the plan.

Non-Current Assets -
Capital additions for 2018/19 have reduced from the plan of £14.46m to £11.1m to reflect the reduction in the in year capital progra mme including the removal of £2.5m loan following recent notification from NHSI on capital funding, donated assets has remained u nchanged from the planned spend of £0.7m. The planned depreciation for the year has also been revised from £13.5m to £13m to reflect the sl ippage in the capital programme. The month 10 capital spend is £0.3m against a plan of £1.4m.

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

NHS Receivables have increased from the month 9 position by £1.3m to £26.8m. Of the £26.8m reported balance, £8.6m relates to invoiced debt of which £2.6m is aged debt over 90 days. Invoiced debt over 90 days has increased by £0.1m from the mth 9 reported position. The remaining £18.2m relates to uninvoiced accrued income including work in progress partially completed spells and a accrual for m7-9 PSF funding £3.8m. Due to the cash pressures of many neighbouring NHS bodies regular communication is continuing and arrangement s are being put in place to help reduce the level of debt.

Non NHS Receivables have increased by £0.3m to £13.6m from the month 9 reported position. Included within the £13.6m balance is trade invoiced debt of £2.5m and private patient invoiced debt of £0.6m. Also included within the £13.6m are prepayments and accrued income totalling £8.9m. Prepayments primarily relate to rates & annual service maintenance contracts, which will reduce throughout t he year as they are expensed. The Trust is currently using a company called Patient Billing Ltd which are supporting the PPU department with improving the quality of invoices and debt collecting.

The cash balance of £8m is higher than plan of £5.2m by £2.8m. In January the Trust repaid the £2.544m interim working capital loan re lating to qtr 2 PSF funding. As the Trust has pressure points within the final quarter of 2018/19 the cash balance will gradually re duce as these pressures materialise.

Current Liabilities -
NHS payables have increased from the December's reported position by £0.1m to £4.1m. Non-NHS trade payables have decreased slightly by £0.3m giving a combined payables balance of £44.1m.

Of the £44.1m combined payables balances, £11.6m relates to actual invoices of which £4.9m are approved for payment and £32.5m relates to uninvoiced accruals. The accruals include expected values for Tax , NI, Superannuation and PDC payments.

Deferred income of £11.5m primarily is in relation to £3.3m advanced contract payment received from WK CCG and £2m from High Weald CCG in April, the WKCCG income reduces by £2.28m over each of the remaining 11 months. Other items within the deferred income balances are £1.9m maternity pathway.

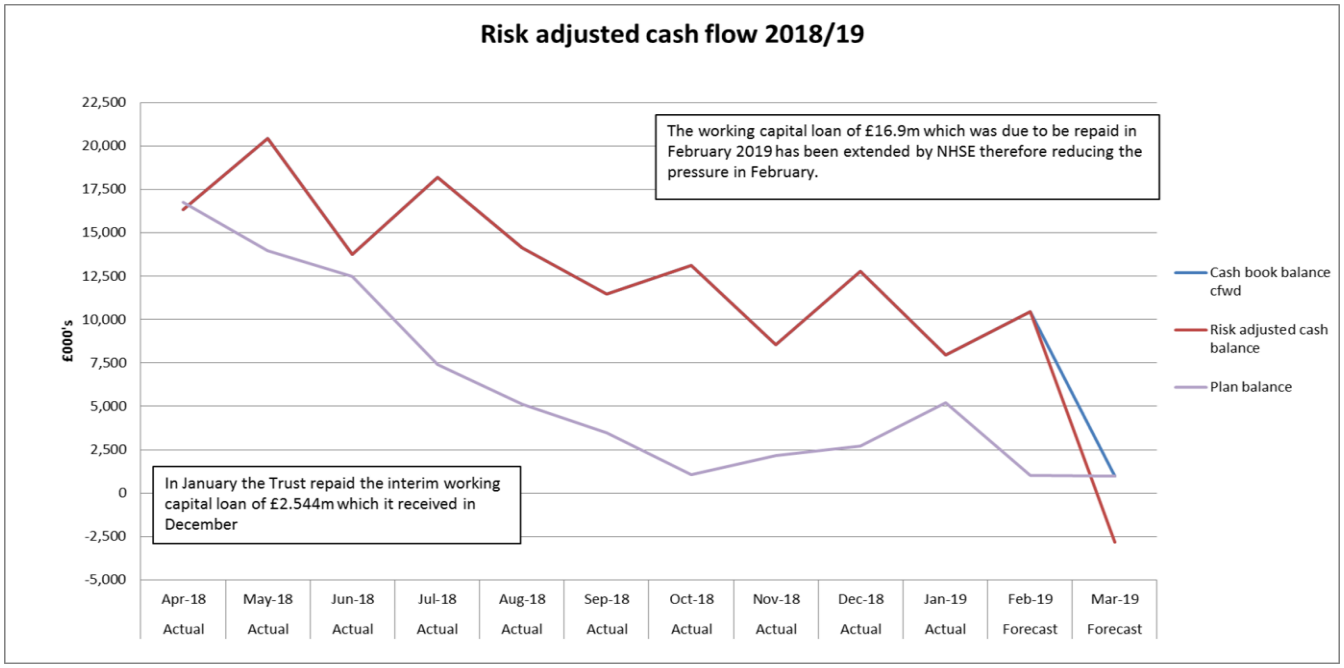
Included within the £29.3m working capital loan are £16.9m which was due to be repaid in February, however the Trust has been given an extension to this loan. Also included is £12.132m repayable in October 2019. The £2.544m loan received in December was repaid in January.

Other loans for both current and non current liabilities relate to the Salix loan which has been taken out to improve the ene rgy efficiency of the Trust.

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

Maidstone and Tunbridge Wells NHS Trust

5b. | Cash Flow



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

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

In January the Trust repaid the interim working capital loan of £2.544m received in December along with £6k interest.

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

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

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

Information on loans:

	Rate	Value £m's	18/19 Annual Repayment £m's	18/19 Annual Interest Paid £m's	Repayment Date
Interim Single Currency Loan					
Interim Revolving Working Capital Facility (IRWCF)	3.50%	12.132	0.00	0.43	19/10/2019
interim working capital loans	3.50%	13.990	0.00	0.49	18/03/2021
interim working capital loans	3.50%	2.544	2.54	0.06	14/01/2019
Capital loans:	0.00%	0.000	0.00	0.00	00/01/1900
Capital investment loan					
Capital investment loan	3.91%	11.000	0.73	0.19	15/19/2025
Capital investment loan	4.73%	6.000	0.24	0.16	15/19/2035
Other loans:					
Salix loan (interest free)	0.00%	2.115	0.10	0.00	2024/25

Maidstone and Tunbridge Wells NHS Trust

5c. Capital Programme

Capital Projects/Schemes

	Year to Date			Annual			*Committed & orders raised
	Plan	*Actual*	*Variance*	*Plan*	*Forecast*	*Variance*	
	£000	£000	£000	£000	£000	£m	£m
Estates	2,593	2,399	194	5,788	3,656	-2,132	3,273
ICT	901	1,037	-136	1,002	1,651	649	1,068
Equipment	3,169	2,461	708	6,501	4,577	-1,924	4,272
PFI Lifecycle (IFRIC 12)	233	373	-140	471	471	0	471
Donated Assets	665	0	665	700	700	0	612
Total	**7,561**	**6,270**	**1,291**	**14,462**	**11,054**	**-3,408**	**9,696**
Less donated assets	-665	0	-665	-700	-700	0	0
Asset Sales (net book value)	0	0	0	-2,402	0	2,402	0
Contingency Against Non-Disposal							
Adjusted Total	**6,896**	**6,270**	**626**	**11,360**	**10,354**	**-1,006**	**9,696**

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

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

The FOT is £11m which takes account of: 1) Linac 5 funding is £32k less than plan; 2) the outturn forecast for depreciation is £446k lower than plan due to slippage on schemes 3) the Trust is longer applying for a loan for the Critical Imaging Equipment in this financial year of £2.5m 4) additional Salix loan amount of £270k 5) the majority of the HODU/Cardiology has been removed, leaving £130k for the Cardiology enabling works 6) additional £1.7m PDC for Linac 6

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

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

The prioritised list of equipment schemes was approved by TME and Execs, subject to individual Business case approval. Some equipment schemes have been deferred to support the ICT EPR project. Linac 4 replacement at Maidstone is now up and running. Linac 5 machine was delivered in December and is currently being commissioned for clinical use. Linac 5 replacement funding has been agreed with NHSE as additional PDC from the national programme. Additional funding for Linac 6 has also been agreed in this financial year, the machine will be delivered on 29th March to an off-site storage warehouse until ready for installation in July.

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

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

Trust Board Meeting – February 2019

NHS Maidstone and Tunbridge Wells NHS Trust

2-8	Summary report from the Finance and Performance Committee, 26/02/19	Committee Chair (Non-Exec. Director)

The Finance and Performance Committee met on 26th February 2019.

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

- It was noted that the theme of the "Safety Moment" was to raise awareness of a 'just culture'
- The actions from previous meetings were reviewed and several further actions were agreed in relation to the scheduling of future items (see below)
- The month 10 financial performance was reviewed in detail, which included the factors affecting the adverse variance from the plan. It was agreed that the Chief Executive should draft a briefing for Trust Board Members on the lessons learned from the Trust's 2018/19 performance and planning. That briefing is enclosed in Appendix 1 of this report
- The financial aspects of the Best Care programme were also reviewed
- The month 10 non-finance related performance was discussed, which included the A&E 4-hour, Referral to Treatment (RTT), and 62-day Cancer waiting time targets, as well as the latest position on the patients who had waited over 52 weeks for treatment
- RTT forecasting was reviewed and the key governance questions were discussed, namely: the robustness of modelling; the impact of RTT data quality/systems work; the potential impact of the Prime Provider contract for Planned Care, & the need for action to prevent patients waiting over 52 weeks for treatment. It was agreed that a report on RTT data quality should be submitted to the March 2019 meeting and that that meeting should also discuss the issues that may adversely affect the 2019/20 RTT waiting time performance in detail
- An update on the use of the Hospital @ Home service was given and a report on the cancer-related funding for 2019/20 was reviewed
- The Divisional Director of Operations for Surgery attended to give a helpful progress report on the work of the Theatre utilisation Best Flow programme
- The Director of Strategy, Planning and Partnerships gave an update on the Trust's 2019/20 plan and it was agreed to ensure that the March 2019 meeting included a detailed review of the 2019/20 Cost Improvement Programme (CIP)
- An update was given on the Trust's 2019/20 contracts & the Committee gave its support for the Chief Finance Officer's approach to resolving the outstanding issues with commissioners
- The Trust's hosting of the Kent and Medway Sustainability and Transformation Partnership (STP) was reviewed, and it was agreed to recommend to the Trust Board that the hosting continue for 2019/20 (but that the STP be asked to fund the costs of the hosting), & then ask the STP to work towards a Clinical Commissioning Group (CCG) hosting from 2020/21
- The Committee also approved the 2019/20 STP budget (it was noted that the values involved did not require the Board to approve, even though some other providers in the STP had stated they would ask their Boards for such approval)
- The usual update on the Lord Carter efficiency review (incl. SLR) was given and it was agreed that future reports should include details of the action/s that were being driven by the efficiency data analysis
- The latest quarterly progress update on Procurement Transformation Plan was given, and the Committee acknowledged and commended the considerable work done by the Trust's procurement team in preparation for the UK's exit from the EU
- The relevant aspects of the Board Assurance Framework (BAF) were reviewed;
- The standing "Breaches of the external cap on Agency staff pay rate" report was noted, as were the recent uses of the Trust's Seal

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

- The June 2019 meeting should receive a one-off analysis of the efficiency of non-Ward-based Nursing staff (on the basis that such staff are excluded from the CHPPD metric)
- Post-implementation reviews of the Ambulatory Emergency Care and Acute Frailty Unit Business Cases that were approved by the Committee on 27/11/18 should be scheduled for April (the former Case) and October (the latter Case)
- An "Update on the Trust's intended use of Avastin medication in Ophthalmology" item should

be scheduled every 2 months, from April 2019
- The Chief Finance Officer should circulate details of the financial values involved in the "Private Health Care Debt" section of the monthly financial performance report

3. The issues that need to be drawn to the attention of the Board are as follows:
- The Committee agreed to recommend to the Board that the Trust continue as the Kent & Medway STP host for 2019/20 (but to ask that the STP funded the costs of such hosting), and then ask the STP to work towards a CCG taking on the hosting for 2020/21
- The Committee approved the 2019/20 STP budget

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
2. To consider the committee's recommendation regarding the Trust's continued hosting of the Kent and Medway STP

Appendix 1: Briefing for Trust Board Members on the lessons learned from the Trust's 2018/19 performance and planning

1. Improved CIP delivery will be essential in 2019/20. This will require:
   a. Greater clarity about ownership and personal accountability for CIP schemes, including responsibility to deliver a 'plan b' for schemes that are delayed, or deliver less than originally planned
   b. Clear mapping of critical paths and key interdependencies

2. The need to secure delivery of plan each month from month 1 (ideally over-achieving against plan in the first part of the year). The plan will only get tougher as the year progresses. This therefore requires robust performance management against budget all year.

3. All £11m of the mitigations identified for 2019/20 have had to be deployed to deliver the plan. Given the risks inherent in the plan for 2019/20, significant mitigations need to be identified against these risks

4. Any developments that are likely to be required later in the year (e.g. in support of the winter plan) need to be funded from the outset

5. Budget holders are typically optimistic about their ability to recruit to posts in the planning phase. This can artificially inflate the size of the challenge for the year.

6. The Aligned Incentives Contract (AIC) can hold risks for the Trust around delivery of operational performance standards. It is important for the Trust Board to be clear of its 'red lines' in this area

Trust Board Meeting – February 2019

NHS Maidstone and Tunbridge Wells NHS Trust

2-8 Summary report from Workforce Committee, 31/01/19	Committee Chair (Non-Exec. Director)

The Workforce Committee met on 31st January 2019.

- **The key matters considered at the meeting were as follows:**
  - The actions from previous meetings were reviewed
  - The committee noted the presentation of the current Workforce indicators and discussed the increase in substantive vacancies being filled. Discussion was also held regarding recruitment of staff to the Tunbridge Wells Hospital site and challenges with transport links to the hospital.
  - The Director of Workforce advised of a plan to move to an electronic system for appraisals. This may reduce the pressure to complete appraisals within an appraisal window.
  - The committee considered a paper on a Review of Staff Absence and noted a number of initiatives being introduced to help staff, particularly the introduction of Schwartz rounds and supporting staff after traumatic events in the workplace.
  - The committee received the report from the Medical Education Department. The report noted that under the new contract no work schedules or rotas have been changed for trainees as a result of educational exception reporting. The HEKSS visit to Paediatrics in November noted the hard work of the department and engagement of Consultants to address the issues raised. Funding has been secured under Supported Return to Training project to establish a structured programme and resources for returning trainees and those out of programme.
  - The committee also agreed to add to Workforce risk register any risks associated with the planned Deanery visit in March 2019.
  - The committee were advised that the Freedom to Speak up Self Review tool had been revised in line with action noted at the previous meeting. The document was signed off by the committee. A Non-Executive Director will provide support to the Freedom to Speak up Guardian on how evidence is presented to give assurance to the Trust Board.
  - The committee were advised that uptake on the Flu vaccination had achieved 75% compliance. It was asked that thanks be passed to the peer vaccinators for their assistance in reaching this result.

- **The issues that need to be drawn to the attention of the Board are as follows:**

N/A

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information and assurance

Trust Board meeting – February 2019

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2-9 Detailed review of the Best Care programme — Chief Executive

Enclosed is an update from the Best Care Programme Board

Which Committees have reviewed the information prior to Board submission?

- -

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

Information, assurance

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

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MTW Best Care

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Trust Board

February 2019

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    c. Best Flow
    d. Best Quality
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    a. Financial Summary

1a. Executive Summary

Workstreams Update

KEY PROGRESS

Best Patient Flow – Acute Frailty Unit MTW - Bronze model of care approved, implementation plan and timeline for initiation in place, launch date 20/2/2019. Pathway 3 continues to provide good flow, currently running at 35 patients with 20 non-weight bearers. Hospital at Home - Up until 31/1/19 we have seen 77 patients and saved a total of 593 bed days. 02/2019 has seen a significant increase in activity, as of 20/2/19 we have 14 on the caseload and had 18 at the end of last week. There has been a marked reduction in LoS, stranded patients and adult inpatient outliers compared to last year, average LoS has reduced from 7.93 last year to 7.46. CUR live data is now available.
Outpatient Transformation initial scoping for Gastro/Respiratory/Ophthalmology sprint work in progress. Data analysis with West Kent Alliance partners for respiratory sprint 5/3/19.
MSK programme conversion to 'business as usual' proposed from 04/2019 – proposal presentation to West Kent Alliance Executive Group 12/3/19.

Best Safety – All existing job plans shut down and reopened for 04/2019 start date . Training, feedback and guidance provided to CD's and GM's. BI team concluded first stage of the review of outpatient capacity against job planning. Consent working group and governance in place. The Radiology team welcomed a visit from the GIRFT team resulting in a interesting and positive discussion. Electronic harm form developed for to identify harm for patients experiencing long elective waits.

Best Workforce – Medical Contracts drafted and supplier meetings scheduled mid 03/2019. Ambition transitioned to BNA (framework affiliate) effective 21/2/2019, with subsequent potential for significant savings on commission. Revised medical bank rates currently with COO awaiting approval to cascade to CoS for comment with an aim of implementing 1/4/2019. Roster performance challenge meetings in place for nursing rosters, with work in progress to ensure all enhancements for non-medical staff (excluding Estates & Facilities) are only claimable via HealthRoster (negating manual claims) effective 1/4/2019. Medical Recruitment Team continue overseas recruitment and streamline medical recruitment processes.

KEY RISKS

Best Patient flow – Recruitment remains a risk in line with national recruitment shortages and Best Flow continues to work with Best Workforce to develop strategies to mitigate this. The continuing non-elective activity pressures are being monitored to ensure that they do not impact AFU and AEC performance.
Outpatient Transformation, lack of resource and mitigation with recruitment of Band 7 AGM transformation managers and clinical champions.

Best Safety – GIRFT – delay in completing Litigation actions, due to resource issues.

Best Workforce – Number of vacancies across workforce groups still remains a risk.

Workstreams Update

KEY PROGRESS

Best Quality – Production of coproduced patient and carer strategy; Crowborough refurbishment completes 22/2/2019 - positive feedback from mothers and NCT; Development of dementia pathway following 12/2018 Show and Tell event with formalisation of governance arrangements between existing Steering Group, West Kent Alliance and Best Quality discussed and agreed with PID, workplan, KPIs under development. Policy of care for 16/17 year olds drafted. Carers questionnaire developed and distributed to Carers First members and feedback acted on. Feedback to staff about responsiveness to issues identified in last staff survey. CQC good to outstanding plan first draft completed.
Review Children & Young People Action Plan Document and Mapping paediatric against CQC report 'Improving and assessment framework for children and young people's health services'. Publication of Y2 NHS Resolution Maternity Incentive Scheme
First phase of refurbishment works complete for Crowborough Birthing Centre.

Best Use of Resources – Diagnostics planning for 19/20 has identified three key work streams: IT enablers, Demand and capacity management and Positioning of Diagnostics within the ICS pathway. Estates and Facilities are due to agree contracts with PFI on energy by end of 03/2019. Procurement have identified forecast delivery of £4.7m of a £5m savings target. YTD actual / forecast - £6.5m delivered against YTD plan - £8m.
Diabetes Community Clinics Go Live week commencing 25/2/19. Diabetes programme conversion to 'business as usual' proposed from 04/2019 – proposal presentation to West Kent Alliance Executive Group 12/3/2019.

KEY RISKS

Best Quality – PPEE remains unsupported without resource.
Unsuccessful attempts to appoint to Band 5 Transition Nurse post – after going out to advert 3 times.

Best Use of Resources –Monitoring of Pathology KPIs has been impacted by changes to key staff.

Maidstone and Tunbridge Wells NHS Trust

2a.Best Use of Resources

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

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

The key areas are:

- **Estates and Facilities**
- **Procurement**
- **Medicines Management**
- **Aligned Incentive Contracts**
- **STP pathology review**
- **West Kent Diabetes Community Clinics**

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WORKSTREAM	Best Use of Resources Summary Report	BEST CARE BOARD DATE	Feb 2019
WORKSTREAM LEAD	Steve Orpin	PMO SUPPORT	Caroline Tsatsaklas & Toyin Falana

DESCRIPTION	MILESTONE ACTUAL (M10)	DELIVERY RAG		ACTIONS FOR NEXT REPORTING PERIOD (M11)
		LAST MONTH	THIS MONTH	
Estate & Facilities	Target £2.5m, Forecast Delivery £1.4m, current gap £1m • Additional CIP opportunity identified of £102k for capitalisation of estates works undertaken during year, this is subject to availability of capital funding • Commercial negotiations with PFI on Energy • Identified further CIP of £103k following review of dilapidations • Implemented restrictions on surplus meals being ordered to non in-patient areas • Additional CIP received on PFI Insurance rebate			• Complete disposal of High Brooms by end of March 2019 • Agree contracts with PFI on Energy by the end of March 2019.
Procurement	Target £5m, forecast delivery £4.7m, current gap £375K • International recruitment – started in Jan 2019, savings on fees paid to agencies already started. • Endoscopy maintenance contract -£102K FYE saved.			• International recruitment ongoing this will continue within each divisions until all substantive vacant posts are filled. • Deliver another £40K savings of the Theatre consumable contract by Feb 2019. • VAT Recovery on delivery charges. This will bring in another £40K FYE – will not deliver until March 2019, this is a non – recurrent saving. • Deliver Endoscope maintenance contract which will bring in £66K savings in Jan 2019. • Photocopier contract - £1m savings over 5 years in discussion with suppliers with a £300K to claim by March 2019. • Discharge services – rolling annual contract review (contract ends in May 2019) • Point of care testing £80K savings to deliver by end of March 2019.
Medicine Management	Avastin • Group collecting data to develop proposal for Group 1 patients, however the team have not received any legal assurances and legal statement to proceed by the Trust legal team			• Sort external legal advice from specialist legal adviser. • Complete a QIA • Complete a detailed analysis on how supply will be managed as the no of new patients increases.
	Target £1.9m, Forecast Delivery £814K, current gap £1.1m. • 2019/20 planning still in progress – scheme identification and scoping ongoing. • Weekly recovery meetings still in progress.			• Develop detailed plans and other project documentation around new schemes
	• Joint Formulary Resource - recruitment process commenced, successful candidate is expected to be in post by April 2019			• Successful Candidate to be in post by April 2019.

DESCRIPTION	MILESTONE ACTUAL	DELIVERY RAG		ACTIONS FOR NEXT REPORTING PERIOD
		This Month	Last Month	
Medicines Management.	Adalimumab – switch for existing patients still ongoing. Saving confirmed.			Adalimumab – uptake report due at the end of Feb 2019.
	Aseptic Service - proposal paper still in development, meeting with contract team on the 14th Feb 2019 to complete.			Aseptic Service – proposal paper will be finalised for submission by the next NHSE contract meeting in March.
	Dossette Box – pilot commenced end of January for 6 months			Dossette Boxes / MAR Chart – continue work on pilot till June 2019, and collate data.
	Outsourcing – Business case development in progress. Costing yet to be completed.			Outsourcing -complete costing and obtain approval at the Pharmacy Outsourcing Board, before proceeding to the F&P and Trust Boards.
	Subcutaneous Methotraxate – proposal paper presented to the WKA Executive Board on the 22nd Jan, but not approved, pending further amendments to be done on paper.			Subcut Methotraxate – recalculate savings and update paper. Represent paper at the West Kent Alliance Execs group for approval in March 2019.
WKA - Pathology	Sodium – guidance updated and added unto ICE			Sodium – Update guidance and add unto ICE. CL chased and made aware actions are still required.
	Faecal Calprotectin – actions completed and comms sent out.			Further work has been incorporated into the 2019/20 workplan.
	LFT – guidance has now successfully added unto ICE			No further work required.
	FIT Testing – work on service evaluation still ongoing, joint Business Case will be developed at the end of evaluation.			FIT Testing – now part of the STP workstream, agree pathway on 2 week wait patients
	Direct Access Requests - 18/19 data for FBC received. Pathology are aware of increase and do not believe there is scope to reduce this.			No further work required.
	Immunology – guidance completed, awaiting Clinical leads sign off.			Immunology - CL to sign off guidance and add to ICE. Outline Business Case for Thyroid Receptor Antibodies to be approved by Clinical Lead.
STP	Strategic Outline Case (SOC)completed Send Away Test – not going ahead with deal, repatriate work on STP. East Kent have agreed to charge marginal price, and savings will be got from the difference of the current price. These savings will be shared equally amongst the 4 Trusts.			Present SOC for approval at Medway Board in Dec 2019 and at MTW & East Kent respective Boards in Jan 2019. Quantify savings .

DESCRIPTION	MILESTONE ACTUAL	DELIVERY RAG		ACTIONS FOR NEXT REPORTING PERIOD
		This Month	Last Month	
WKA Radiology	Virtual Colonoscopies DORIS changes now complete, it now reads that GPs should obtain consultant approval via Kinesis before referring for VC.			No further action.
	NG12 – all actions on audit completed			No of activity is currently at an acceptable level, continue to monitor activity and NB to link in with Sally Allen at the CCG.
	Direct Access Requests – all actions completed.			No further action.
	Internal demand – continue to work with ENT surgeons to reduce MRI requests. Currently not progressing much, as clinicians not engaging.			Internal demand - work with Chief of Service to review service and device ways to engage better with clinicians.
	Electronic Reports –work still ongoing with practices experiencing issues with receiving electronic reports			Electronic Reports – CCG and Radiology PACS team to review responses from practices as to whether they are receiving electronic results, to ensure the stop to paper reporting.
	Obstetric Scanning – discussions around pricing still ongoing, to increase agreed price to match peers in Kent			Obstetric Scanning – projects leads to agree on price, and progress with implementation. Installation of machines and comms to be completed by March 2019.
WKA Diabetes	Diabetes Community Clinics Go Live week commencing 25/2/19.			Diabetes programme conversion to 'business as usual' proposed from 04/2019 – proposal presentation to West Kent Alliance Executive Group 12/3/19.

Non Recurrent Savings / Financial Mitigation Schemes				
Contingency Reserve	All of reserve already in use YTD.			No further action.
Assets Sales	• Business case submitted to Trust Board and agreed for 32 High Street • Business case submitted to Trust Board and agreed for Springwood Road • Business case submitted to NHSI for Springwood Road			• Complete Legal documentation and sale of 32 High Street • Receive NHSI approval for sale of Springwood Road • Complete Legal documentation and sale of Springwood Road
West Kent CCG Income	Confirmation of £3.7m income support from the CCG. £3m assumed in the YTD position.			Fund to be received by Trust end of February 2019.

KEY ISSUES/RISKS TO FINANCIAL PERFORMANCE

DESCRIPTION	MITIGATION	DATE last reviewed	LAST MONTH	THIS MONTH
Asset Sales - Risk of Springwood Road Business case not being approved through NHSI in time to complete sale by end of financial year.	Business Case has been completed and submitted to NHS I. The CFO and CEO will keep in close contact with NHSI and be ready to respond to any queries to the business case.	02/19		

KPIS	Target	LAST MONTH	THIS MONTH
Procurement		DEC	JAN
95% of transactions lines on e-catalogue	95%	97.4	96.1
90% invoice (by no) on purchase order	90%	90.8	90.7
90% of invoice (by value) on purchase order	90%	97.3	95.9
E&F			
Energy Volume Reduced	937833	834805	886165
Medicines Management			
Transzuzimab uptake	80%	82	
Rixuzimab uptake	80%	67	
Ethernacept uptake	80%	96	
Infliximab uptake	80%	94	

CRITICAL PATH MILESTONES (next 4 weeks)

Task	Milestone Date	Status	RAG Last Month	RAG This month
Meds Mgt - Approval of Pharmacy Outsourcing Business Case	02/19	Business Case not yet approved by Pharmacy Outsourcing Board.		
Complete legal documentation and sale of 32 High Street		On track	New	
Receive NHSI approval for sale of Springwood Road		On track	New	
Complete legal documentation and sale of Springwood road		On track subject to NHSI approval	New	

Finance Narrative

Month 10 Delivery

Total delivery of £1.1m against plan of £1.1m, with some areas over delivering such as 1718 rollovers with £100K and Estates & Facilities with £431K .

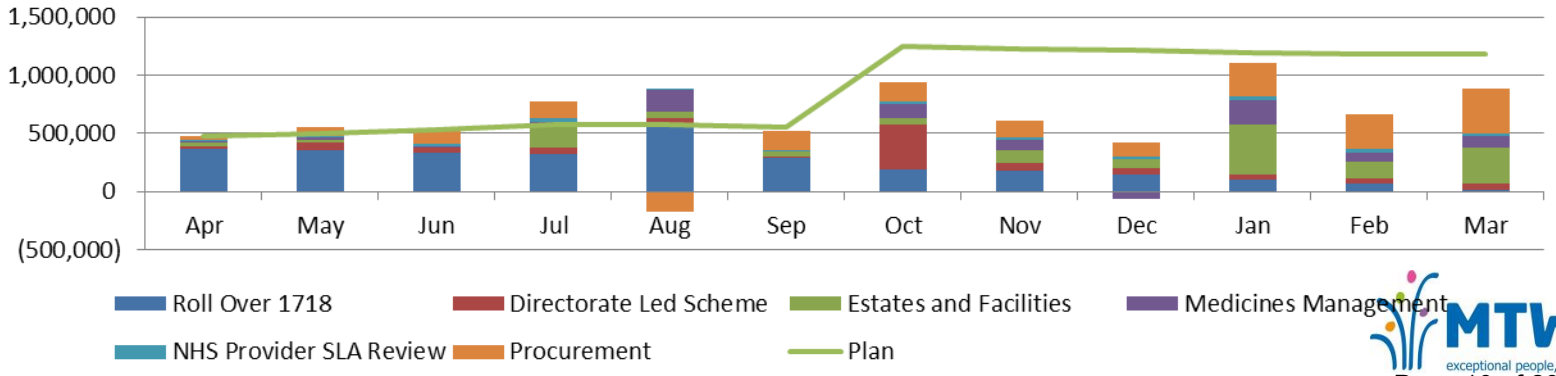
Other areas include: Medicines management with £209K, Procurement with £291KDirectorate Led schemes with £46K and SLA review with £25K.

YTD Delivery

YTD actual / forecast - £6.5m delivered against YTD plan - £8m.

£8.1m delivered against year Forecast of £10.5m, with slippage currently at £2.4m.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Roll Over 1718	362,105	357,275	337,632	324,483	573,617	290,388	191,061	179,624	146,787	100,078	64,958	18,738	2,946,747
Directorate Led Scheme	31,970	66,778	36,408	50,128	54,009	5,326	388,897	71,113	52,949	46,490	45,605	46,497	896,171
Estates and Facilities	23,083	23,083	-11,417	183,393	62,628	49,310	55,109	103,628	78,629	431,528	141,070	316,786	1,456,831
Medicines Management	17,633	17,264	17,553	44,246	182,380	-2,221	112,728	90,374	-58,020	209,235	87,378	96,097	814,647
NHS Provider SLA Review	13,833	15,250	15,250	27,645	14,479	14,479	25,645	25,645	25,645	25,645	25,645	25,645	254,807
Procurement	26,222	70,291	131,120	144,131	-172,752	162,500	165,041	138,874	120,510	291,333	300,916	382,916	1,761,101
Plan	478,343	499,430	528,168	574,543	575,478	550,883	1,251,693	1,226,511	1,216,516	1,195,557	1,184,127	1,178,088	



Maidstone and Tunbridge Wells NHS Trust

2b. Best Workforce

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

The workstream's priority areas are:

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

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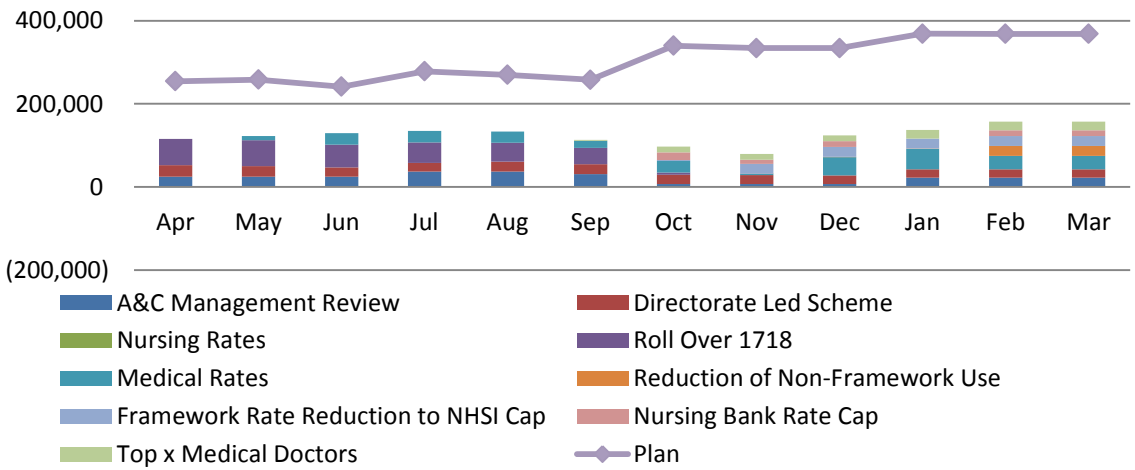
WORKSTREAM	Best Workforce	BEST CARE BOARD DATE	February 2019
WORKSTREAM LEAD	Simon Hart/Tracey Karlsson	PMO SUPPORT	Kathryn Brown/Steph Pearson

Project	Actions/Milestones completed	DELIVERY RAG		Actions for next reporting period
		LAST MONTH	THIS MONTH	
Temporary Staffing Controls Group	• Sara Mumford now Chairing MLAG. • Radiology Reporting Locum has now left Trust. New Consultant commencing Apr-19 • Proposed set of medical bank rates still in review. • NHSi workshop on agency usage received good feedback in relation to transparency of our data and robust operational governance . Further recommendations incorporated within plan. • Medical shifts requested have increased by 49% since Nov from 2,408 to 3,491.			• IR35 assessment for ED Consultant to be completed. • Complete plans to achieve STP rate targets by 31 March. • Centralise medical bank plan finalised 31 March. • Medical bank rates to revise with impact to be issued by 22 Feb 2019 • Further reductions in non-frame work nursing as there was an increase in usage over Christmas period and Jan with A&E TWH. Plan was to top at end of Jan. New plan now required. • Work with agencies/bank to supply at cap in clinical areas at risk.
New Roles and Apprentice -ships	• As at 15 Jan, 91 apprenticeships enrolled on programme. • First Physician Associates Faculty Group held. PMO Lead attended to capture improvements needed to support role, such as to inductions and appraisals. • Advanced Clinical Practitioner Working Group agreed a phased approach. Secured funding for resource to undertake 18 week scoping work. Currently out for advert. • Administrator Apprenticeship Working Group scheduled to meet on 12 Feb with a focus on ensuring apprenticeships are used for entry-level roles. • AHP apprenticeships proposed to be included as a trust-wide role in 19/20 plan due to being included as a priority in the NHS Long Term Plan.			• Confirmation of additional new roles from business planning • 25 student PAs due to graduate in Sep 19. ED planning on 3 PAs. Need to identify further requirement in trust for PAs as will need to go out for recruitment in March in order to secure students. • Implementation plans to be completed for all trust-wide roles. • Timeline for MTI fellow placement to be determined for Paeds and Obs/Gynae.
Directorate CIPs	• Delivery of directed CIP schemes currently reporting a shortfall of £1.6m, of delivery, largely within STP medical rate reduction.			• 18/19 CIPs shortfall mainly due to the underperformance of the STP medical rate reduction delivery. The key enabler to addressing reliance on temporary staffing is to fill medical vacancies and improve rostering performance. This is now a priority for 19/20.
E-Rostering	• Phase II rollout not completed. Further work required to ensure governance requirements are in place prior to agreeing completion of Phase II delivery date. • Review and evaluation of payroll processing from Allocate completed. • Allocate system upgrade applied on 3rd December 2018. • Meeting took place with Chief Nurse and ADNS's to agree full review of all nursing roster templates . • All nursing full / partial approvers emailed to communicate requirement to review time balances and ensure reconciliation against hours / shifts worked before end of financial year. • Additional wording to be incorporated when finalising shifts to reiterate SFI / audit / governance requirements. • Reviewing roster performance calculations and working to ensure this information is meaningful and accurate to meet future reporting requirements. • Retrospective payroll process implemented further to system upgrade and controls are now in place to enable managers to reconcile hours balances.			• Implement nurse bank shift booking app by April 2019. • Allocate's Nurse Rostering Baseline Assessment presented to CNMT on 6 Dec 2018. HRD now to present to Execs – expected by end Feb 2019. • Trustwide communication of approval and finalisation processes to be sent from HRD and CoF to facilitate timely and accurate payroll processing. • Commencement of work to update roster templates to meet budgeted establishment. Cross check safe staffing reviews with workforce establishment by 31 Mar 2019. • Engage with key stakeholders to review and establish rostering KPIs. • Support for Managers to produce rosters up to the 19th May following evaluation of Brexit risk. • Safecare launch demo scheduled for 22nd Feb 2019. Identification of clinical lead and project implementation team. Finalisation of project plan. • Finalisation of Medical E-Roster business case by 31 Mar 2019.
Recruitment	• Medical recruitment agency partnership progressing well with 11 new recruits. • Medical Recruitment workshop help on 17-Jan with key finders and improvement themes being drafted in a report. • Conference call with East Kent medical recruitment representative to learning lessons on its success recruiting consultants (use of social media, medical engagement for shortlisting and branding / effective comms). • Medical recruitment now using TRAC dashboard to prioritise and plan recruitment activity and emailing recruiting managers with link to vacancies as they go live. • Medical recruitment commenced use of social media for advertising.			• Develop implementation plan for improvement to medical recruitment further to workshop. • HRD and SPP Director to agree lead for completing Attraction Strategy and Business Case to improve branding / attraction requirements by 28 Feb. • HRBPs to determine vacancies as part of 19/20 workforce planning and ensure all medical locum usage is against budgeted establishment. • Clearmedi final proposal received and pilot for recruitment of 20 nursing staff and 5 MTI's . • Identify how to improve engagement with Consultants for shortlisting.

KEY ISSUES/RISKS TO FINANCIAL PERFORMANCE

DESCRIPTION	MITIGATION	DATE REC	LAST MONTH	THIS MONTH
ISSUE – Project is forecasting a £2.2m shortfall. This is mainly due to underperformance of the STP medical CIP target.	The key enabler to addressing reliance on temporary staffing is to fill medical vacancies and improve rostering performance. Priorities and clear direction required from 12 Feb workshop on how to fill medical and nursing vacancies in 19/20.	May-18		
ISSUE - Agencies are not providing quality CVs at a reduced rate.	Starting to see an increase in CVs although still at high rates. Head of Temporary Staffing challenging rates. Medical Led Authorisation Group to undertake agency challenge. Head of Temporary Staffing in process of implementing Medical Agency Contracts by 31/02/2019, which should result in more CVs provided at a lower rate.	Aug-18		
ISSUE – Transparent and robust information not available on medical vacancies / gaps due to multiple rostering systems and approaches. Taken medical recruitment team 3 months to deliver quick wins.	PMO launched recruitment project with full review of medical recruitment activity, roles, responsibilities and timelines, identifying quick wins in Nov-18. Feb-19 Medical Recruitment working to TRAC dashboard to plan workload and emailing recruiting managers with link to vacancies when live. However concerns exists over capability of team in order to achieve project objectives. Radical change required. Escalated to HRD.	Oct-18		
RISK – If bank rates were to be reduced to align to STP Q2 rates, directorates including ED, H&N, Paeds, Obs & Gynae will have difficulty ensuring safe fill rates.	Proposed medical bank rates reviewed by CoSs. Agreed additional enhancement for specific areas not required but requested all rates to be increased. Proposal with impact to be issued by 22/02/19. Once agreed then date can be agreed when rates will be applied.	Oct-18		
RISK – Key apprenticeship resource about to go on long term sick leave without backfill impacting on ability to deliver project.	Escalate to Workforce Board. Either backfill required or delivery of project delayed. Also identified that allocated resource not working on apprenticeships but supporting other L&D activity. Due to under-resourcing project at risk. Escalated to HRD.	Feb-19		



KPIs	Target	LAST MONTH	THIS MONTH	
Public Sector Target for workforce on Apprenticeships Apr 18 to Mar 19	2.30%	0.94%	1.24%	↑
Medical				
Medical Shifts Requested		3,190	3,591	↑
Percentage of Medical agency shifts over STP break glass rates	0%	96.3%	96.1%	↓
Percentage of Medical shifts requested more than 6 weeks in advance	> 80%	20.6%	34.3%	↑
Percentage of Medical shifts requested Retrospectively	< 5%	23.1%	16.8%	↓
% Medical Shifts covered by bank workers	> 70%	37.6%	35.5%	↓
% Medical Shifts covered by Framework agency workers	< 24%	34.6%	34.4%	↓
% Medical Shifts covered by Non-Framework agency workers	< 1%	0.7%	0.6%	↓
% Medical Shifts Unfilled	< 5%	27.1%	30.1%	↑
Nursing				
Nursing Shifts Requested		5,438	6,160	↑
Percentage of Nursing agency shifts over NHSI Caps	0%	12.0%	12.2%	↑
Percentage of Nursing shifts requested over 6 weeks in advance	> 80%	32.9%	26.6%	↓
Percentage of Nursing shifts requested Retrospectively	< 5%	7.3%	7.7%	↑
% Nursing Shifts covered by bank workers	> 70%	45.1%	44.8%	↓
% Nursing Shifts covered by Framework agency workers	< 24%	26.9%	29.0%	↑
% Nursing Shifts covered by Non-Framework agency workers	< 1%	3.7%	4.0%	↑
% Nursing Shifts Unfilled	< 5%	24.3%	22.2%	↓
Average roster performance score for ALL nursing areas	> 85%	70.96%	N/A	

FINANCE NARRATIVE

Year to Date

The Best Workforce achievement to date is £1.34m against a plan of £2.94m. The shortfall of £1.6m is largely within the STP Medical rate CIP underachievement (£1.7m).

The key achieving CIP in Months 1 – 9 are the 2017/18 Roll Over schemes reporting 34% of the workstream.

Forecast Position

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

Maidstone and Tunbridge Wells NHS Trust

2c. Best Flow

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

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

The projects include:

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

MTW exceptional people, outstanding care

WORKSTREAM	Best Patient Flow (elective and non elective)	BEST CARE BOARD DATE	18th Feb 2019
WORKSTREAM LEAD	Sean Briggs	PMO SUPPORT	Fiona Redman / Jodie Kennett/ Chantelle Menzies Beer

DESCRIPTION	ACTIONS / MILESTONES COMPLETED	DELIVERY RAG: LAST MONTH	DELIVERY RAG: THIS MONTH	ACTIONS FOR NEXT REPORTING PERIOD
Frailty at TWH and WKAEG Frailty	New CGA part A and B agreed (standard document across locality); information collated and sent to CPMS lead to be uploaded onto system. Advanced Care Plan (ACP) in place-not being used in trust currently for EOL care. Developing locality document for agreement Acute Frailty Unit MTW - Bronze model of care approved by Executive team 5th Feb- implementation plan and timeline for initiation in place. Launch date Weds 20th Feb. GP advice line to be implemented from 11th March following implementation of bronze model.			• De escalation of Frailty Units from 19/2 • Implementation plan for Bronze service within AFU(s) by 20/2/19 • Multi disciplinary clinical notes review for AFU patients to improve pathways and patient experience 13th Feb • Frailty business case presented at clinical cabinet 12th Feb to potentially source revenue for Silver and Gold model of care. Also part of 19/20 business planning. • Frequent flier list to refer to HTS for clinical review • Raise awareness within AFUs, ED, W32 with new falls service • Frailty and HIT training video to be produced by CNS and PAS team to train staff on CPMS
Out of Hospital Capacity	A rise in patients over last 6 weeks waiting for POC and nursing home once Fast track agreed affecting stranded patient numbers. Internal standard maintained. Lack of capacity in agency care providers. Implemented new daily update from CHC to mitigate. Pathway 3 saw good flow during early part of January and is currently running at 35 patients with 20 non weight bearers. Beds also utilised at Burrswood NH in the early part of January when there was no community hospital availability. Super stranded numbers increased in early January but are now stabilising (See ECIST data pg. 3) Hospital at Home scheme has seen a drop off in referrals during Christmas period. The caseload has remained around 10. The main concern is about sufficient referrals internally from physicians. Continue to work with consultants on engagement and increased coordinator capacity through recruitment of new member of staff.. There is capacity in the community to receive patients			• Focus on 19/20 governance, plans and KPIs • Focus on increasing H@H case load numbers • All staff working on operational pressures • Pharmacy meeting to discuss DL delays • Re-audit of SS data
LoS Increased number of 0 LOS	Year to date comparison figures showing marked reduction in LOS figures, adult inpatient hospital bed days, stranded patients and adult inpatient outliers. 'Smarties' CUR live data feed now live showing real time delays. CUR compliance 79% for Jan. Successful roll out of Criteria Led Discharge through wards 2 and AMU over the last 6 weeks.			• **Stranded patient:** SMARTIES go live with CUR day to monitor and review internal delays in diagnostic fields, referral to specialties and CNSs. • **Red 2 Green:** Continue to prioritise CUR reporting before 10am with the attention to training and mentoring the flow coordinators at TW. • **Day before actions:** CLD T & F group inaugural meeting today. Plan to push the CLD opportunities over next 4 weeks on 2,21 and AMU. Measure the impact on this in January with focused work on EDNs and Clinical leadership.
Therapies	Therapies Directorate has agreed and is working on 3 key projects (development of new Therapy Associate role with Corporate Nursing team, engagement with external partners to improve integrated working and development of real time information)			19/20 detailed plans to be created Continue to embed ITIS (old TDI) and development of performance reports
AEC	Planned ambulatory fortnightly meetings in place with stakeholders from CCG, KCHFT, MTW. Project will start with transferring simple IV patient transfers following first acute intervention at MTW to Tonbridge Cottage. QIA agreed. Proposal to go to A& E Delivery Board 11th Feb to ensure agreement to move forward. Fortnightly AEC development meetings in place. Scope and objectives agreed with plans in place to remodel AEC to increase usability and functionality and address barriers to flow. Additional aims to include: •Direct GP referral to AEC •Explore new ways of working including extending and flexing the workforce across the ED and AMU •Enhanced clinical engagement with the AEC model for all specialties Under new clinically led structure surgical teams have signed up to ambulatory network			• Sign off Planned Ambulatory in the community scheme to start 18/2/19 • Planned Ambulatory in the community to become BAU scheme from 31/3 • AEC development group to meet to roll out improvement schemes-initial focus on developing new take list and agree handover/acceptance process plus reduce diagnostic delays

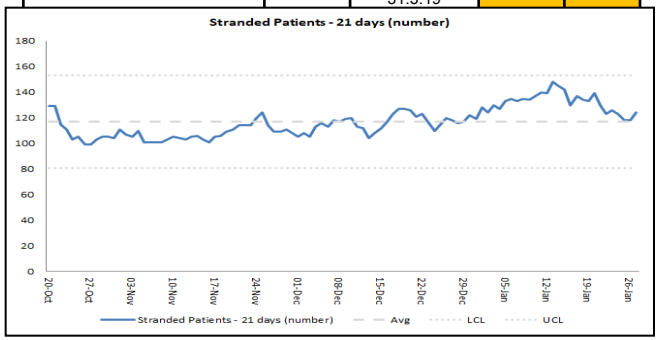
Measure	17/18	18/19
Comparison in LOS figures – adult inpatients	7.93	7.46
Compare total acute adult inpatient hospital bed days	57,652	51,573
Comparison in stranded figures	349.2	307.6
Comparison in super-stranded figures	142.2	111.6
Comparing number of adult inpatient outliers	37.6	13.5

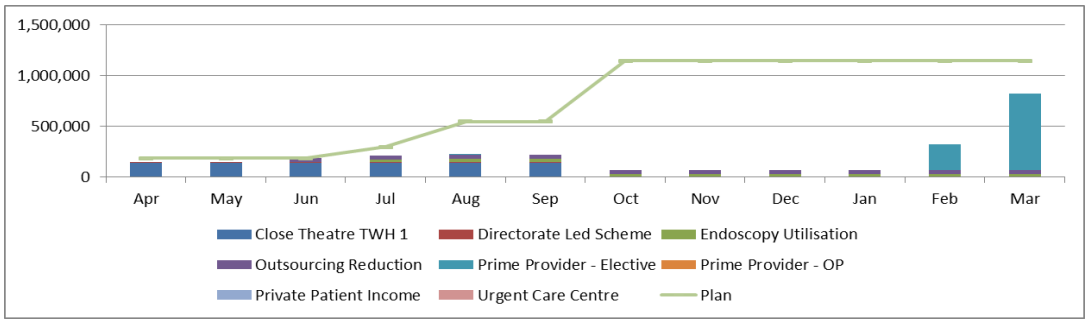
DESCRIPTION	ACTIONS / MILESTONES COMPLETED	DELIVERY RAG		ACTIONS FOR NEXT REPORTING PERIOD
		LAST MONTH	THIS MONTH	
Non-Elective Surgical LOS	• Golden Patient for MRCP pathway approved and implemented • T&O Matron appointed as project lead • Hospital at Home underway- excellent engagement from surgical clinicians- especially breast. pathways for breast & urology • Linking to corporate project around criteria led discharge • Implementation of flow coordinator with complete oversight of discharge plans			• Further embedding of the red to green days by site team through CUR to develop further improvement projects • Project plans to be worked up with new project lead to increase opportunities • Agreement of new clinical lead
Increase in private activity	• Private patient unit at TWH went live on Monday 4th February 2019. • The unit is fully staffed for go live.			• Sign off contract with Basildon and Thurrock. • Development of a communication paper • Operational policy completion including benchmarking tariffs and insurance contract review • Develop clinical governance structure inc. medical advisory committee and clinical lead appointment. • Meeting 15/02/2019 with Senior Operations team to discuss how to release beds for Private Inpatients. • Review contract with Housden end of March 2019 • Weekly reporting against KPIs
Prime Provider	• MTW received notification of appointment of prime provider • GP cluster meeting attendance to ensure robust communication pathways • MTW consultant engagement sessions held • Internal pathways including Allscripts adaptations approved by GMs • Joint Exec meeting held with ISP SMT • GP visits underway to communicate new RAS pathways for patient choice to IS. • RAS templates drafted and sent for creation • Business planning for internal/outsourcing numbers final draft. • Go live date delayed by 2 weeks in response to GP comms feedback.			• Finalise Quattro system for electronic patient tracking to also include outpatients. • Embed KPI and performance monitoring of prime provider into current systems. • Submit operational policy to PRC for approval • Create RAS system in ERS for patient choice pathway. • Complete contract variation for prime provider with WKCCG • Finalise contracts with IS for outsourcing. • PCCT ERS training completion.
Operational Productivity	**My POA** •Visit to Ashford and St Peters to view how they use My POA. •Produced data to identify how many patients will attend the POA clinic. Theatre Productivity •MRSA "screen on the day" continues in 3rd month. •Deep dive into consultant level procedure times- continues by Critical Care CD. •Theatre list review- for discussion in theatre with CD to cement. •Mr Katchburian and Mr Ayodele have theatre editing rights as a pilot to improve theatre list structure ordering and content. **Loan Kits** •Monthly procurement meetings to monitor Loan kit usage •Trial of different suppliers of loan kits continue (to continue into 19/20) •Loan kit spending £216,0000 to date 18/19 **Focal and Soap** •Agreed blocked slots to be removed, implement removal of blocked slots access within the CAU's. •Review of Unallocated slots and there use – Feb 2019. **Workforce Review** •Review of workforce and roles continues – Feb 2019. •RTT Training continues – Jun 2019.			**My POA** •Theatre list review of process and KPI's on review 19/02/2019. •POA Nurse Training has been booked for 13/02/2019 •QIA to be presented – Feb 2019. •Raise PO to purchase My POA **Theatre Productivity** •Stocking Up process has been implemented, using theatre stock personnel to stock theatres at the request of theatre staff. •Late escalation SOP written and ready for sign off. **Loan Kit** •Develop Financial Methodology to provide spending data.. •Loan Kit usage and financial information to be presented at Directorate meeting Feb 2019. •Approval process to be reviewed. **Focal and Soap.** •Review of Unallocated slots and develop a plan for the review of the Templates. **RTT** •RTT Training continued to be provided and develop increased training for the CAU's - March 2019 •Mitigation plan for DNA KPI – Continue to monitor the DNA rate and use of 2 way text messaging, increase communication in Out patients areas and internet.
Outpatient Transformation	**Ophthalmology** •Ophthalmology Sprint : to analyse data with GM/AGM for areas of improvement 1/19 •Review of micro session on Allscripts to look at set up of the clinic including utilisation, start & finish & frequency •Met with Luke Membrey (CD) to discuss Sprint and prioritise areas for review. •initial scoping for Gastro/Respiratory/Ophthalmology sprint work in progress.			**Ophthalmology.** •Review the opportunity of glaucoma Virtual clinics – Feb 2019 •Arrange meeting MTW/West Kent CCG Lead (D.O'Sullivan) to discuss opportunities •Set up meeting with Val Gallagher to review CNS establishment •Agree Ophthalmology baseline and KPIS – Feb 2019. •Data analysis with West Kent Alliance partners for respiratory sprint 5/3/19.
MSK	•MSK KPI combined dashboard progression and monitoring of SPoAs.			•MSK programme conversion to 'business as usual' proposed from 04/2019 – proposal presentation to West Kent Alliance Executive Group 12/3/19. C/Fellow b/case costings.

KEY ISSUES/RISKS TO FINANCIAL PERFORMANCE: DESCRIPTION	MITIGATION	DATE REC	LAST MONTH	THIS MONTH
There is a risk that teams cannot recruit to posts due to national recruitment shortages and lead time.	Working with Best Workforce to develop smarter recruitment campaigns and with Execs to ensure funding agreed with enough time in place to allow for full recruitment of posts	09/03/18		
Releasing internal capacity to undertake additional Prime provider work.	Operational Productivity project underway. Theatre trans. Manager in post. Outpatient/CAU trans. Managers to have all commence. Governed by operational prod group.	08/10/18		**Project green so why is this amber?
Releasing internal capacity to undertake additional In Patient Private Patients	Meeting arranged with Senior Managers: 15/02/2019 with COO to identify plans	08.02.2019		
Clinical admin teams have some vacancies or training needs causing ineffective booking of inpatients/ day cases. This can affect operational productivity.	Repeated RTT training underway. Vacancies are being appointed to. Outpatient and CAU transformation managers commenced work in order to help processes to improve efficiencies.	16/10/18		
Internal standards for turnaround time for Diagnostics is different in ED to AEC which is stopping direct admission to AEC.	Working with Radiology to remedy/ included in action plan to achieve 95% in March 2019-?confidence in this what was Jan?	01/02/18		
Theatres have seen a reduction in elective activity due to winter pressures and escalation into recovery 1 at TWH.	As much elective activity has been moved to Maidstone as possible and will continue to winter pressures are reduced.	11/0218		
The continued use of AFUs and AEC as escalation areas will impact on unit performance and flow	Monitor site performance and compare MH 5 day service to TWH 7 day service			

Critical Path Milestones	Milestone Date	Status	RAG Last month	RAG This month
Appoint staff and implement 8 – 8/ 7 days a week AEC unit at TW	01/12/2018	75%		
Recruit to posts to support increased opening hours of TW AFU	13/11/18	90% for Bronze model		
Hospital at Home (virtual ward) Go Live 1/12 with agreed bed base	13/11/18	50%		
Commence PP additional activity in EGAU	15/08/2018	0% PPU acquired		
Award of CCG tender for prime provider	31/08/2018	100%		
Achieve 100% opportunity (c. 95% utilisation) within theatres creating capacity for prime provider (stepped increase)	01/10/2018	w/c 29.09.18: 94% all specialities. T&O 100%		
Receive income from Prime Provider (primarily from outsourcing) in August 2018	01/08/2018	0		
CCG agreement of funding to support planned ambulatory hub at Tonbridge cottage	13/11/2018	KCHFT to support initially/ to become BAU 31.3.19		

KPIS	Target	LAST MONTH	THIS MONTH
NE LOS Medical	7.4	7.6	7.2
NE LOS Surgery	5.5	5.2	5.9
NE LOS T&O	10.3	10.4	10.4
Achieve or exceed DTOC target (%) ***Estimate only as actual figure not yet available.**	3.5%	3.5%	4.1%
Super-Stranded Patients : All Patients In a Bed & Having LoS >21 days	113.1	107.3	130
Theatre Utilisation for Prime Provider (%) Step up KPI to 100 opportunity (95%) utilisation	95	94 T&O= 100	82 T&O= 100
Outpatients DNA Target (new)	5%	Oct 5.6%	Jan 6.9%
Cancellations on the Day (theatres)	5%	8.4%	8.4%





FINANCE NARRATIVE

At month 10 the year to date planned savings delivery was £6.5m but actual savings of only £1.4m, i.e a slippage against plan of £5.1m. This is driven by prime provider slippage of £3.9m (£0.8m outpatients and £3.1m elective), Private patient income generation £0.7m, Endoscopy utilisation £0.2m and Urgent Care Centre £0.2m.

The year-end forecast slippage is £7.2m (82% of the planned savings of £8.8m). The £1.5m forecast/achieved savings include £0.9m theatre 8 closure for 6 months and £0.4m outsourcing savings

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Maidstone and Tunbridge Wells NHS Trust

2d.Best Quality

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

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

The projects include:

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

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WORKSTREAM	Best Quality	BEST CARE BOARD DATE	February 19
WORKSTREAM LEAD	Gemma Craig	PMO SUPPORT	Vince Roose /Hannah Pearson

PROJECT	MILESTONE ACTUAL	DELIVERY RAG LAST MONTH	DELIVERY RAG THIS MONTH	FORWARD VIEW: KEY MILESTONES TO TAKE PLACE IN THE NEXT 4 WEEKS
Overarching	• Addition of Patients' own drugs (time critical medicines) and MCA / DOLS to be included as new projects within this workstream • Criteria Led Discharge has transferred to Best Flow • Nutrition has been established as a new project in Best Quality • Falls to be actioned as BAU			
Complex Needs	**Dementia** • Development of dementia pathway following Show and Tell Event • Sharing of first draft pathway mapping with Group, following meeting with KCHFT, WKCCG and JPMO re next steps. • Formalisation of governance arrangements between SIG, AIC collaborative and Best Quality Programme discussed and agreed. • SIG Meeting 15th January – JPMO AIC event discussed. Group did not convert into Dementia AIC group as planned. Governance should be in place to by April meeting. • Continuing development of provider relationships across West Kent	A	G	**Dementia** • Scoping of Dementia project and key outcomes to be delivered by West Kent Alliance • Continuation of multi agency work supporting diversion from A&E attendance where appropriate.
	Transition • Unsuccessful attempts to appoint to Band 5 Transition post – after going out to advert 3 times. • Continuation of Level 3 Safeguarding Training • Policy for care of 16&17 year olds on adults wards drafted • SOP for 16/17 year olds on ITU in development • Continuation of awareness raising and relationship development with adult wards	A	R	**Transition** • Decision to be made about scope of project , outcomes to be delivered and requirement for additional Best Care resources in 19/20
Experience and Engagement	**PPEE** • First draft of strategy produced • Carers questionnaire developed and distributed to Carers First members and feedback acted on. • Plan agreed for embedding in mainstream training and development programmes	G	G	**PPEE** • Second draft strategy – *Making it Personal* shared internally and externally for comment and feedback including TME and Patient Experience Committee • Invest to Save proposal developed for securing resource for strategy implementation • Third pre publication draft prepared responding to comments/ feedback received. • Development of plan and materials for communication and launch of strategy
	Staff Experience and Engagement • Feedback to staff about responsiveness to issues identified in last staff survey • Outreach staff engagement sessions ongoing across the Trust	G	G	**Staff Experience and Engagement** • Collation and analysis of feedback received from staff • 2018 Staff Survey results published and communications to staff • Planning of Crowdfixing events to support Directorates and action change identified • Outreach staff engagement sessions scheduled
Quality Improvement	**Quality Improvement** • Addition of 'New do' regarding Patient transport delays. This is being progressed – action plan being worked up. • CQC good to outstanding plan first draft completed. • Review Children & Young People Action Plan Document and Mapping paediatric against CQC report 'Improving and assessment framework for children and young people's health services'.	G	G	**Quality Improvement** • Decision to be taken about timing for moving to BAU (possible Q3 onwards) but subject to timing of CQC inspection.
Effectiveness and Excellence	**Maternity Safer Births / CNST** • Publication of Y2 NHS Resolution Maternity Incentive Scheme • Assessment and identification of performance and areas of non compliance risk • Monthly project meetings established	G	G	**Maternity Safer Births / CNST** • Continuing monitoring and management of performance against the new 10 safety criteria • Ongoing risk assessment and action planning against the new 10 safety criteria
	Crowborough • First phase of refurbishment works complete • Second phase underway – delays with first phase means second phase is slightly behind schedule • Videos of mothers published on social media – You Tube , Instagram , Facebook, • Planning for end of works celebratory event • Invoice for balance of Friends allocation raised • 19/20 milestone planning - cessation of project and shift to BAU from Q3 2019/20	A	G	**Crowborough** • Completion of refurbishment works • Positive feedback received from mothers about refurbished birth room • Detailed planning for End of Works celebratory event • Development of 6 month marketing campaign
	Pressure Sores: • Implementation of new policy in line with new guidelines	G	G	**Pressure Sores** • Continuing implementation of new policy to achieve compliance with standards

WORKSTREAM	Best Quality	BEST CARE BOARD DATE	February 19
WORKSTREAM LEAD	Gemma Craig	PMO SUPPORT	Vince Roose / Hannah Pearson

Effectiveness and Excellence	**CQUINS:** • Alcohol pathway finalised and launched. • Rollout of Risky Behaviours pathway of referral • Development of CQUIN Dashboard for future submissions.	G	G	**CQUINS** • Decision to be taken about timing for cessation of project and shift to BAU. • Publication of 19/20 CQIUN Schemes - Scoping and plans to be drawn up in line with these.
	#EndPJParalysis: • Engaged larger supermarket chains re consideration for the green token scheme – submission made to Tesco amongst other • Order made using money from cake sales and donations - #endpj boxes deployed on 6 wards with activities for pts and personal items. • Liaising with fundraising manager - Plans in place to organise launch week fundraising event e.g. sponsored walk.	G	G	**#EndPJParalysis** • Further fundraising planned including celebrity patient led walks around hospital sites • Ongoing evaluation and monitoring of impact of project - review of qualitative data and patient feedback combined with before /after LoS.
	Nutrition • Attendance at NHSi 3rd collaborative event 24th January – Documentation completed including driver diagram, flow charts, auditing and storyboard of progress so far. • On the job training sessions delivered on pilot wards – 13 staff training refreshers on TW22 and 11 on Edith Cavell • Data analysis starting to show upward trend. Positive responses from Staff involved • 2 new hoist scales purchased for MTW to improve staff access to correct equipment for completion of MUST (available from Jan 2019)	A	G	**Nutrition** • Data analysis using SPC charts. • MUST Learning module reviews • Take 5 and communications plan to raise awareness of importance of MUST • Attendance at Final collaborative event • Continual re-auditing to establish improvement margins

KEY ISSUES/RISKS

DESCRIPTION	MITIGATION	DATE REC	LAST MONTH	THIS MONTH
Risk: PPEE remains unsupported without resource post project phase in BAU mode	Production of Business case for to include provision for PPEE support. It is likely this will no be in place by the end of Feb for Strategy Launch when PMO Support is reduced.	11/12/18	A	A
Issue: Unsuccessful attempts to appoint to Band 5 Transition Nurse post – after going out to advert 3 times	Project team to carry out options appraisal on taking the work forward. Identify the key objectives – could this resource look different	11/02/19	A	R

CRITICAL PATH MILESTONES

TASK	DATE	STATUS	RAG	
			LAST MONTH	THIS MONTH
Dementia Show and Tell Event	12/12/18	Complete	G	C
Review of Governance for Dementia SIG to convert to delivery vehicle of AEG Dementia Project	15/01/19	In progress	G	G
Transition: Recruitment to Transition Lead	30/08/18	Overdue	A	R
Transition: Proposal for paediatrics diabetes care for 16 &17 year olds	30/10/18	Delayed	A	A
Production of coproduced PPEE strategy	28/2/19	On target	G	G
Launch of PPEE Strategy sharing with staff and pt network	29/01/19	On target	G	G
Crowborough Practical Completion Phase 1	21/12/18	Completed	A	C
Crowborough Practical Completion Phase 2	04/03/19	In progress	NEW	G
Submission of Q3 CQUIN update to CCG and NHSE	31/01/19	Completed	G	C
EndPJParalysis – Re launch week 1 year anniversary	15/04/19	On Target	NEW	G
Nutrition attendance at NHSi Event	24/01/19	Complete	G	C
Nutrition – completion of NHSi Collaborative	21/03/19	On Target	G	G

KPIS	TARGET	Dec	Jan
Total Number of Labours commenced at Crowborough Birthing Centre	18	20	14
Number of Births at Crowborough Birthing Centre	14	18	11
Total Number of women receiving Ante Natal Care at Crowborough	200	212	212

WORKSTREAM	Best Quality	BEST CARE BOARD DATE	2nd March
WORKSTREAM LEAD	Gemma Craig	PMO SUPPORT	Vince Roose / Hannah Pearson

FINANCE NARRATIVE

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

Safer Births / CNST:

Ongoing monitoring of performance against NHS Resolution new 10 safety criteria. Monthly monitoring meetings in place – action planning to address any concerns or possible under performance. Monthly meetings in place to monitor .

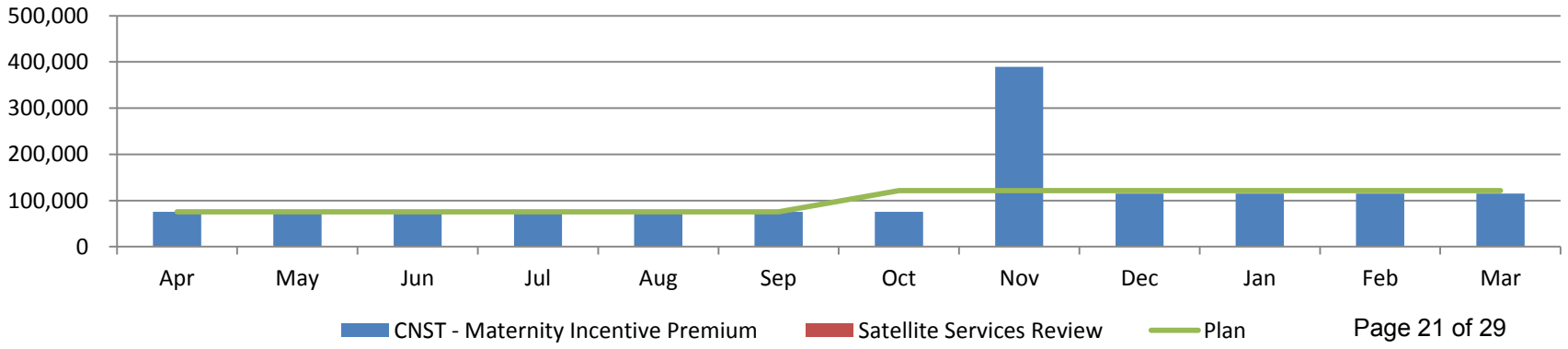
Crowborough Birthing Centre:

No change to KPI and profile of projected increases in no of births.

Women's and Children's Directorate identified a number of schemes to bridge the shortfall, schemes are being identified, assessed, developed and costed so that support can be targeted to those priority schemes that are 'high' value and considered to be more readily deliverable.

FINANCES

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



Maidstone and Tunbridge Wells NHS Trust

2e.Best Safety

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

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

The projects include:

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

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WORKSTREAM	Best Safety	BEST CARE BOARD DATE	6th February 2019
WORKSTREAM LEAD	Lynne Sheridan	PMO SUPPORT	Abigail Hill (Medical Productivity/Preventing Harm and GIRFT) 7DS

PROJECTS	ACTIONS/MILESTONES COMPLETED SINCE PREVIOUS MEETING	DELIVERY RAG		FORWARD VIEW: KEY MILESTONES TO TAKE PLACE IN THE NEXT 4 WEEKS
		LAST MONTH	THIS MONTH	
7 Day Services	The telecon with Mrs Celia Ingham Clark (Medical Director for Clinical Effectiveness at NHS England) took place, as planned on 10th January 2019 to discuss the General Surgery exception pathway. Other members of the NHSI/E Team were also on the call. The issue relates to a small cohort of NEL patients (8.5 on average) at weekends where there is no resident Consultant to cover for any potential standard 2 requirements (14 hour assessment following admission). The output from the call was not as expected. We were advised that a derogation could not be granted by the National Team (even with the low numbers) and that alternative solutions needed to be found. If solutions were not forthcoming, the CCG would be required to decide upon any derogation. A meeting is planned with the CD, Lead Clinician and GM on 14th Feb to discuss solutions and mitigation. The Medicine and Emergency Care plan continues to be progressed and a review is taking place at the 7DS Core Team meeting on 12th February 2019. The remainder of non-compliant areas reside within the Surgical Division , but the issues only relate to a small number of patients (ENT, Urology), and whilst technically compliant, further work is being undertaken by the T&O CD and GM to safeguard potential re-escalation issues against standard 8. As a reminder, the current compliance status for the 4 priority standards (for the non-compliant services) is as follows: ENT – Non compliant - standards 2 & 8. Surgery – Non compliant - standard 2 at weekends (review pending) Urology - Non compliant - standard 2 at weekends – (awaits 6th Consultant appointment) Women's Health – Informally compliant (for ratification at quarterly review in March) Urgent Care – Non-compliant – standard 8– major investment and reconfiguration of services is required. Whilst plan in place to mitigate as far as possible, it is known that full compliance by March 2020 is not going to be achieved. Standard 5 & 6 – Non complaint (just for Endoscopy) until 24/7 GI Bleed rota is implemented – plans in progress. T&O – Technically compliant for standard 8, but decision to revert back to non-compliant state until all potentially medically active patients can be assessed throughout their LOS. All remaining areas compliant or exempt for the 4 priority standards. Work is to commence on the remaining 6 National standards (non-priority ones) commencing with a meeting with the CCG Lead in March.			• Core Team Planning Meeting – 12.02.18 (for next stages of project) • Drafting of compliance assurance pathway for Women's Health (for quarterly review 14.3.19) • Further discussions regarding approach for Med & Emer Division (in respect std 8) • Work with CCG (Mark Atkinson) to review position with Med & Emer Division. • Continue to meet with ENT, Urology, Surgery and Med & Emer Division to agree next steps and actions • Follow up meeting with Surgeons regarding the Celia Ingham Clark telecom on 10.1.19 to identify mitigation and potential for compliance by March 2020. • Meeting with Mark Atkinson (14.3.19) to discuss work on 6 remaining National standards.
Mortality	• The MSG opted for version 2 of the new Word mortality review forms. The forms are to be disseminated. • James Jarvis has sent MTW's mortality reviews to Richard Ewins at EKHUFT to explore available options before making final decision whether to move to Datix Cloud IQ or develop an in-house system. • Meeting was held with Datix 23 January to review the CloudIQ mortality module option. • An options appraisal criteria checklist has been drafted and is to be completed for inclusion in the Mortality Business Case, now that all of the options have been reviewed. • Medical Examiner role has been discussed further and funding arrangements have now been agreed. The discussions continue regarding implementation of the role			• Launch Word versions of the mortality review forms; Preliminary Screening Tool (form1), First Stage Review (form 2) and SJR (form3). • Completion of the options appraisal for the mortality system • Finalisation of the mortality business case • Completion of the Datix functionality requirements specification for inclusion in the business case
Learning Lessons	<u>Action Planning & Learning Source Identification</u> The new Datix System Administrator has undertaken the Datix Healthcheck and the results have been presented to the Best Safety Board and the Datix Recovery Group in January. Fixes and amendments are being implemented to maximise functionality of all applications. A meeting has taken place with Datix to review their latest software (Cloud IQ) and this has been discussed at the Datix Recovery Group on the 24th Jan. A business case is being prepared to recommend migration to Datix IQ. The functionality specification is being produced within the Governance Team (required for production of the business case). The review of the Patient Safety Team has now concluded and the planned stocktake meeting of this project takes place with that Team on 12th February 2019. As previously stated, the work on this section of the project has had to be temporarily ceased until the review was concluded. Project delivery dates will be reassigned following this meeting. The functionality). <u>Clinical Governance Meetings & Infrastructure</u> The meeting outcome from the workshop with the Clinical Governance Leads has been produced and distributed to all members. This includes the content of a revised, standard Clinical Governance agenda for Directorates and the response to four key questions on the infrastructure to support these meetings. The January meeting of the Core Team to review the outputs and agree next steps has taken place. SF and LS are producing a pack to sent to the Chiefs of Service and a meeting is being arranged to discuss (which will also involve the Deputy Medical Director). <u>Evidencing and Embedding Learning</u> The second workshop has taken place which included the Core team plus one of our NEDs (Maureen Choong) and a representative from Healthwatch. 3 areas were put forward as proposals for consideration – 1 x metric based, 1 x people-based and 1 x system based. There were agreed by the Group. This has been further presented to the new Patient Safety Manager and the Lead for the Patient Safety Team review. As outlined above, it has been agreed that this will be discussed more fully during the February 2019 stocktake to ensure that the requirements proposed can be delivered by the existing Team. As previously reported, resource has been lost to this project - (The Project Lead) due to pressure of work. LS is covering.			• Datix Recovery Business Case drafting. • Datix system specification production (for inclusion in above). • Continued work on the Datix system recovery (led by the new seconded – Datix System Administrator) • Stocktake meeting – February 19 • Analysis of outputs from CG Leads Workshop and creation of a draft new Directorate CG agenda and supporting infrastructure for discussion with Chiefs of Service.
Medical Productivity	<u>Job planning</u> • The e-job planning system has been fully rebuilt for the new Clinically Led structure and licences reissued for the new CDs. All existing job plans shut down and reopened for April 2019 start date of new job plans. • The MJPCC was trialled in December for two directorates. –Radiology and Critical Care. This was a successful sessions and the trail will continue in April after the next lot of job plans are signed off. Individual feedback is in the process of being drafted for the remainder of the directorates by the project team. • A CD training session on job planning and slight amendments to the PAAT has been set up for the 30th January 2019 and two GM sessions will follow. • The updated version of the Policy, Standards and PAAT has been agreed with the JMCC and is being updated to the intranet. <u>Demand and Capacity</u> The BI team have concluded the first stage of the review of outpatient capacity against job planning. This shows actual capacity from All scripts against job plans and highlights discrepancies. This will be used as part of the feedback to the directorates on their job plans. The second stage of this work is to compare against demand and capacity plans and then convert into PAs. This has work has commenced. <u>Best Value</u> WAU metrics were agreed at the Medical Productivity Working group and will now be produced monthly. Once job plans have been fully signed off at a directorate level , DCCs will be added into this . The definition of Best Value DCCs has been drafted and is being worked through and tested whilst compiling the feedback reports to directorates. <u>National Project</u> MTW had a positive briefing session with NHSI in November, NHSI are in agreement with project approach and keen to follow developments. We have also made contact with St Georges who are also part of Wave 2.			• Feedback to all directorates on existing job plans • Provide detailed outpatient clinic review against job plans • Set up bookable clinics for feedback session • Hold CD training days –potentially extend to GMs.

WORKSTREAM	Best Safety	BEST CARE BOARD DATE	
WORKSTREAM LEAD	Lynne Sheridan	PMO SUPPORT	Abigail Hill (Medical Productivity/Preventing Harm and GIRFT)/7DS

PROJECTS	ACTIONS/MILESTONES COMPLETED SINCE PREVIOUS MEETING	DELIVERY RAG		FORWARD VIEW: KEY MILESTONES TO TAKE PLACE IN THE NEXT 4 WEEKS
		LAST MONTH	THIS MONTH	
Preventing Harm	Long Elective Waits The Datix team are now in a position to support the development of an electronic Harm Review form , accessible via the intranet, that will auto generate an IR1. This will save considerable time as will remove the need for double entry and will hopefully speed up the process and increase reporting. It is anticipated that this will be tested and ready for go live by the end of February. We are also planning to make the cancer harm review form electronic at this point too. This will also mean that we can increase the scope to doctors reporting any patient who they consider may have come to harm as a result of an excess wait, rather than the plan to only review patients waiting over 52 weeks and a sample of patients waiting over 42 weeks. Through making the process electronic, it will make report running and identifying trends over a longer period of time easier Once we have three months of data we will set up an Review Panel and consider the outcomes of the forms and next steps.			LEW • Finalise the plan for Longo Elective Waits Audit • Continued work on the electronic harm review form for go live at the end of February. • This will then become RAG rated green
	Documentation and Record Keeping • A presentation and paper were provided to the Quality Committee in December. The paper reflected the process that is proposed for a compliance project for medical staff as an interim measure to raise the awareness of the importance of the documentation and record keeping standards in advance of the EPR work. • The project was endorsed and the work has commence in January 2019 – starting with a letter from the Medical Director to all doctors. This was to remind all doctors of their responsibilities in respect of minimum standards for medical record keeping. • The next stage is to send out a survey to all doctors on compliance and barriers to compliance against the standards. This is in the process of being designed.			Documentation and Record Keeping Design Survey Launch of project
	Consent: Meeting held with Alistair Challiner to determine objectives of working group. • Agenda confirmed and attendees invited. • Main objective to agree changes required to consent policy • Outline requirements for consent process and align to WHO checklist procedure • Determine process of agreement for procedure specific consent approval • Review potential for e-consent			Consent: • Consent working party taking place on 14th February, 2019 • Draft consent policy is being reformatted into new Trust Policy template and will then be sent our for further comment prior to the meeting.
Quality Mark	• The Quality Mark project is currently under review. • PM and COB confirmed that the Quality Mark was required by the Trust but that the timing for implementation should be delayed until the next financial year. It was agreed that a presentation would be taken to the overarching Best Care Board for broad discussion to agree direction. • In the meantime, GC and LS are working on a presentation for the Best Care Board (to be informed by information from other Trusts who have implemented similar processes). • Next Meeting confirmed to continue progress			• LS and GC to continue drafting presentation for Best Care Board (for the April 19 meeting). • Joint meeting of Best Safety and Best Quality to review above draft presentation and confirm content. • Arrangements to be made for discussions with other sites who have implemented similar processes. • HP to schedule Quality Mark discussion for April Best Care Board.
GIRFT	The first meeting of the internal panel was held on the 24th January. There was good divisional attendance and the PMO team are working on the next three agendas to allow CDs to attend. **Radiology** - Review date: 6th February 2019. Data pack awaited. Expected 1st Feb **Cardiology** - Date pending, in discussion with GIRFT Team. **Rheumatology** - Data collection submitted –Review date yet to be set **Respiratory** - Data collection submitted –Review date yet to be set **Acute Medicine** - Data collection submitted -Review date yet to be set **Coding** - Data request submitted **Vascular –** data set completed and being reviewed internally before submission The Litigation action plan has yet to be updated, and a revised plan for its completion has been developed. Endocrinology GIRFT action plan drafted –time lines being agreed with the directorate. The Stroke regional event was held last month and MTW is awaiting the data packs. Implementation team are chasing internally for these. A meeting has been set for March to discuss the Urology Area Networks. In addition Professor Briggs will be returning to the Trust at the end of March for a follow up discussion regarding the Trust three key actions: • To ensure senior decisions makers for Surgery are at the 'Front Door' • Develop an action plan to reduce NOF LOS to 6 days • Implement Lot 2 in conjunction with the Horder Centre Finally a GIRFT review has been set for 26th March Anaesthetics and Perioperative Medicine.			• Ensure each action plan has a clinical lead assigned to it and they are clear on their responsibilities.. • Action plans all updated by clinical leads.

WORKSTREAM	Best Safety	**BEST CARE BOARD DATE**	6th February 2019
WORKSTREAM LEAD	Lynne Sheridan	**PMO SUPPORT**	Abigail Hill (Medical Productivity)/ Preventing Harm and GIRFT)/ 7DS

KEY ISSUES/RISKS

DESCRIPTION	MITIGATION	DATE REC	LAST MONTH	THIS MONTH
7DS: Exemption Pathways not accepted by NHSI/E and CCG	LS working with Directorates and producing papers with evidence for submission to NHSI/E.	18.10.18		
7DS: Consultant numbers and recruitment constraints in Med & Emer Division	Work ongoing with Division and Director of Workforce in respect of recruitment aids	05/05/18		
7DS: Temporary Case notes – causing issues as amalgamation with permanent set takes a long time and the ability to review the episode (for a number of processes, not just 7DS – includes mortality, SIs and other) is becoming a risk.	Wendy Glazier has raised this as a corporate risk, so on the corporate risk register for monitoring and action.	01/05/18		
7DS: Delay or inability to implement the 24/7 GI Bleed Rotas (to achieve compliance for Priority standards 5 and 6).	Estimated potential date for delivery is Q2 of 2019/20.	18.10.18		
7DS: Surgery unable to provide resident Consultant cover at w/e at TW for standard 8.	Commenced virtual ward round. Reviewing options re: a change to handover time on site at w/e for existing surgeons and/or use of on-call elective cover	10.1.19		
Mortality: Business Case not approved for Funding for Mortality Module (Datix)	Continued use of manual process (not safe, but no alternative)	25.10.18		
Datix System Administrator Funding not approval (Secondment)	None – cannot implement new electronic version without in house Datix expertise	25.10.18		
Datix system does not satisfy requirements for Learning Lessons and Mortality Projects	Datix review meeting to be convened (re-scheduled for 27.9.18)	14/05/18		
Medical Productivity: Additional costs from the implementation of the PAAT	All CDs are aware of their responsibilities to remain within budget., and it will be the responsibility of the MJPCC to check for consistency across departments	01/09/17		
Medical Productivity: Significant cultural change required to obtain buy in to undertake and implement Best Value DCC and Personalised Metrics	Deputy MD will work through Dof S and CDs to resolve concerns. Project to be standard agenda item on CD meeting to keep Directorate Management Teams informed and updated. This will provide an opportunity to voice concerns and resolve issues arising.	12/09/18		
Medical Productivity: All job plans to be added to the system and signed off by Directorate Management Teams by April 2019	Progress is tracked by the project Team and reported through Divisional EPRs,	28/01/19		
Learning Lessons: Resource constraints – Project Lead and Datix Lead.	Programme Lead is covering as Project Lead with support from the Associate Director of Governance and Team were possible. Substantive Datix resource is being reviewed within Datix recovery business case.	25.10.18		
Learning Lessons: Datix Recovery Business case (System migration to IQ and substantive System Administrator Funding not approved) – work in progress to create business case	None – system functionality not available without the Datix Health Check (which requires the in-house System Administrator).	25.10.18		
Learning Lessons: Potential for capacity constrains in Patient Safety Team to take forward the first stage in the project (Datix and Action Planning)	Stocktake meeting 12 Feb 2019, following Patient Safety Team review.	28.1.19		
GIRFT: All action plans need to be fully updated with detailed evidence.	The PMO team are working with the Clinical Leads and Managers to ensure these are fully updated.	16/10/18		
GIRFT: Litigation action plan is not yet up to date	The team have provided assurance that work has commenced against the action plan but this still requires updating –with a clear plan for outstanding actions once the staffing issues are resolved.	16/10/18		
GIRFT: Dedicated staffing to support the GIRFT programme	A band 7 WTE has been appointed and due to start in April 2019.	26/11/18		
Consent: Vacancies and workload within the Legal Services team is impacting on ability to focus on Next Steps	Weightmans have been approached to provide interim support	29/10/18		

CRITICAL PATH MILESTONES

TASK	DATE	STATUS	RAG	
			LAST MONTH	THIS MONTH
7DS – Confirmation of position for Urgent Care and how to relay this to Regional Team (NHSE/CCG).	Decision by End Jan 2019	Ongoing		
Learning Lessons: Creation of a standard CG agenda for all Directorates.	End Jan	Ongoing		
Learning Lessons: Meeting with Chiefs of Service to discuss proposed CG agenda for Directorates and Divisions and to integrate with work on Trust level CG meeting arrangements.	End Feb	Ongoing		
Learning Lessons: Automation of learning outcomes via Datix on a monthly basis (for distribution to CG Leads and other key comms sources – Team Brief/Senior Leaders etc.)	TBC – awaits Datix Recovery Business Case	Ongoing		
Learning Lessons: Creation of a Datix Recovery Business Case for migration to IQ and substantive resource for Datix System Administrator.	Feb 2019	Ongoing		
GIRFT: Ensure all Action Plans are up to date.	15/11/18	ongoing		
GIRFT: Set up a KPI dashboard, integrated into the single oversight framework	24/1/19	In progress		
GIRFT: Refresh data from the older action plans where feasible	24/1/9	In progress		
Medical Productivity: Personalised metrics to be developed	12/12/18	Yet to start		
Medical Productivity: Rebuild E-job Planning system for Clinically Led Structure and relaunch job planning.	3/09/18	In progress		
Document & Record Keeping: Survey Monkey	Feb 19	Started		
Document & Record Keeping: Survey Analysis	Mar 19	Yet to start		
Document & Record Keeping: Local specialty audits, action plans and collation of results	April – Oct 19	Yet to start		
Document & Record Keeping: Trust wide report (production)	Dec 19	Yet to start		
Document & Record Keeping: Trust wide report (review and agreement of recommendations)	Jan 20	Yet to start		
Document & Record Keeping: Implementation of agreed actions	Jan 20 onwards	Yet to start		
Consent : Consent form circulated for final consultation prior to presentation at PRC	31/10/18	Delayed (Workforce issue)		

WORKSTREAM	Best Safety	BEST CARE BOARD DATE	6th February 2019
WORKSTREAM LEAD	Lynne Sheridan	PMO SUPPORT	Vince Roose / Fiona Redman (7DS) / Abigail Hill (Preventing Harm)

	KPIS	TARGET	ACTUAL	THIS MONTH
7DS	Generic KPIs have been in existence since project was first initiated , but will be reviewed if they can be localised by Division once each Division has completed their actions against the Challenge Day action plan.	NA	NA	
MORTALITY	HMSR (Monthly)	100.0	103.3	
	SHMI (Quarterly)	1.0	1.0244	
	% compliance with all mortality forms following a patient death (death cert, preliminary screening form, first stage mortality form and where appropriate, SJR)	95.0	84.3	
PREVENTING HARM	Long Elective Waits: Delivery of NHS England report 'External Clinical Review Handbook' Remaining Projects' KPS to be developed once scoping complete and indicators identified for each project.	NA	NA	
QUALITY MARK	KPIs to be agreed when the indicators have been confirmed for the project.	NA	NA	
LEARNING LESSONS	% Reduction in Top 10 recurrent incidents (To be confirmed)	NA	NA	
	% Reduction of duplication of incident occurrence	NA	NA	
	Evidence of learning from successes (Metric TBC)	NA	NA	
Medical Workforce Productivity	Number of Job plans on the e-job planning system (see detail below) *This is based on 18/19 Job Planning, the system has now been closed and re opened for 19/20 job planning	332	312	
	Number of Job plans signed off on the e-job planning software (see detail below) *This is based on 18/19 Job Planning, the system has now been closed and re opened for 19/20 job planning	332	180	
GIRFT	KPI GIRFT Dashboard will be set up. It is also planned to identify the GIRFT metrics on the Single Oversight Framework.	TBC	TBC	

As at 27/12/18

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

3a. 19/20 Planning – Approach

Maidstone and Tunbridge Wells NHS Trust

- Assessment and allocation of Local and National Expectations to Best Care Workstreams from:
  - MTW Quality Strategy
  - The NHS Long Term Plan
  - Operational Planning and Contracting Guidance
  - Contract Technical Guidance
  - Lord Carter Reports
  - Getting it right first time (GIRFT)
  - Model Hospital
  - Right Care (CCG)
- West Kent Alliance Programmes, includes the National Expectations, plus high level plan by Qtr deliverables from our NHS Partners.
  - Existing Programmes
    - Frailty
    - Outpatients Transformation
    - Diagnostics
    - Medicines Management
  - New Programmes
    - ED (Urgent Treatment Centre)
    - Dementia
    - Integrated Therapies
    - Community Paeds

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3b. 19/20 Planning – Timeline

Task	Date	Status
Existing Projects assessed against MTW Quality Strategy / National Expectations	22/01/19	Completed
Projects – Objectives, Scope, Team, Quantifiable/Qualitative KPIs (inc. baseline position), Qtr Plan, Financial Methodology (if applicable) drafted	01/02/19	Completed
Best Care Workstream Review of Draft Proposal – Best Care Chair/Best Care SRO/Programme Director/SRO Leads	08/02/19	Completed
Projects – Objectives, Scope, Team, Quantifiable/Qualitative KPIs (inc. baseline position), Qtr Plan, Financial Methodology (if applicable) Final	08/03/19	Ongoing
Best Care Inter-dependencies confirmed / planned (25th Feb to 8th March)	08/03/19	Ongoing
Best Care Workstream Review of Final Proposal – Best Care Chair/Best Care SRO/Programme Director/SRO Leads (11th March to 15th March)	15/03/19	Scheduled
QIA Clinics (4th March to 15th March)	15/03/19	Ongoing
Best Care Programme Board	18/03/19	Scheduled
Best Care Programme Workshop – SROs to present to Trust Senior Team	19/03/19	Scheduled
Financial & Performance Committee Update	26/03/19	Ongoing
Trust Board Update	28/03/19	Ongoing

4a.Best Care Programme - Financial Summary

Maidstone and Tunbridge Wells NHS Trust

Comment

The Trust was £1.4m adverse to plan in the month and £8.1m adverse YTD. The main schemes adverse to plan YTD are:

- STP Medical Rates £1.2m (£0.3m adverse in month)
- Prime Provider £3.9m (£0.9m adverse in month)
- Private Patient Income £0.7m (£0.1m adverse in month)
- Estates and Facilities £0.8m (£0.1m adverse in month)

The Trusts risk adjusted savings forecast is £10m adverse to plan, the main schemes forecasting slippage are:

- Estates and Facilities Subsidiary £1.75m (although £0.6m new schemes have been added to reduce impact to £1.2m)
- Private Patient Income = £1m
- STP Medical Rates = £1.5m
- Prime Provider = £5.5m
- Medicines Management = £1.1m (£0.7m relates to Avastin)
- Urgent Care Centre = £0.4m

The year end forecast includes £1.5m non recurrent income overperformance to plan.

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2-10 Review of the Board Assurance Framework 2018/19 — 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 main risks to the Trust meeting its key objectives, and to ensure adequate controls are in place to manage those risks. The BAF model applied at the Trust is based on the most accepted model of best practice[1]. The ultimate aim of the BAF is to help ensure that the key objectives are met. The BAF is managed by the Trust Secretary, who liaises with "Responsible Directors" to update it through the year. The BAF differs from the Risk Register as the BAF only includes risks that pose a threat to the achievement of the Trust's key objectives (and the risks listed on the BAF are not required to be subject to a detailed risk assessment/risk-rating). There are therefore some red-rated risks on the Risk Register that are not referenced in the BAF. These are however managed via the Risk Register. However, the selection of key objectives took into account the risks faced by the Trust.

Key objectives for 2018/19, and summary of year-to-date position

The key objectives in the BAF were approved at the Board on 24/05/18 (objectives 1 to 8) and 28/06/18 (objectives 9 and 10). The latest summary rating of the 10 objectives in terms of the Responsible Director's confidence of achievement by year-end is as follows:

Key objective	Confidence[2]
1. To deliver the trajectory agreed with NHS Improvement for the A&E 4 hour waiting time target	Amber
2. To deliver the trajectory agreed with NHS Improvement for the 62-day Cancer waiting time target	Red
3. To deliver the Referral to Treatment (RTT) trajectory agreed with NHS Improvement for patients on an 'incomplete' pathway	Amber
4. To deliver the financial plan for 2018/19	Amber
5. To ensure a falls rate of no more than 6.0 per 1000 occupied bed days	Amber
6. To ensure a pressure ulcer rate of no more than 3.0 per 1000 admissions	Green
7. To deliver the agreed 'lessons learned' plan for 2018/19	Amber
8. To deliver the agreed medical productivity plan for 2018/19	Amber
9. To deliver a vacancy rate of no more than 9%	Amber
10. To deliver a staff turnover rate of less than 10%	Green

Review by the Trust Board

This is the fourth time during 2018/19 that the Trust Board has seen the populated BAF, and the final time the Board will see the BAF before the year end (the year-end review of the BAF is scheduled for April 2019). Trust Board members are asked to review and critique the content, by considering the following prompts:

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

Review by other forums

The full BAF is firstly reviewed at the Executive Team Meeting. The objectives relevant to the role of the Finance and Performance Committee are reviewed at that forum before the full BAF is submitted to the Trust Board. The Audit and Governance Committee would have also considered the latest full BAF before the Trust Board, but the Committee meeting scheduled for 19/02/19 had to be rescheduled to 06/03/19[3].

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

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

[1] HM Treasury: Assurance frameworks

[2] This is the confidence of the Responsible Director that the objective will be achieved by the end of 2018/19

[3] In July 2018, the Board considered whether the other Board sub-committees should review the relevant key objectives of the BAF and it was agreed that this was not necessary, as the Workforce and Quality Committees already reviewed the key objectives as part of their routine business

Additional aspects relating to the Risk Register

A summary of the status of the Risk Register is enclosed in Appendix 1. Having reviewed the current list of red-rated risks, it is considered that the substance of each are either accounted for within the BAF (to some aspect) or are being considered by an appropriate forum. Further details supporting this conclusion are contained in Appendix 1, but the Trust Board is obviously free to challenge this.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 19/02/19
- Finance and Performance Committee (objectives 1 to 4 only), 26/02/19

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [4]

Review and discussion (taking into account the prompts listed on page 1)

[4] 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 2018/19

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[5] *Key objective*

1 To deliver the trajectory agreed with NHS Improvement for the A&E 4 hour waiting time target[6]

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

What could prevent this objective being achieved? (including external factors) *Risks to key objective*

1. The capacity required to deliver the 'new norm' for non-elective activity being insufficient
2. A&E attendances remaining higher than plan
3. Bed occupancy remaining above 92%
4. The level of Delayed Transfers of Care (DTOCs) remaining higher than the expected standard
5. If there is failure to follow best practice in response
6. If there is lack of ownership by Clinical Directorates

What actions have been taken in response to the above issues? (number/s in bracket refers to points above) *Controls*

a. Demand & capacity ((including winter resilience) planning for 2018/19 is based on the new normal for non-elective activity using the parameters of attendances, admissions, age-profile & reason for admission as planning bases (1)
b. The Directorate management team and the Information Department have agreed a set of monthly targets to facilitate how the required performed is monitored (the Trust must achieve 90% or above for Q1, Q2 & Q3, and then 95% in March 2018). Monthly targets are also in place (2)
c. The Chaucer Acute Frailty Unit (CAFU) is fully operational at Maidstone Hospital whilst the Frailty Unit at Tunbridge Wells Hospital opened as planned in June 2018 (5)
d. GP streaming is now fully operational (5)
e. There continues to be intensive focus by the Urgent Care team on resolving capacity and flow issues, supported by Emergency Care Improvement Programme (ECIP) (4, 5)
f. The 'Home First' Pathway 3 programme has been fully implemented (5)
g. The objective is reflected in the Best Flow priorities for Urgent Care i.e. reduction of LOS and of super-stranded patients (those with a LOS over 21 days) (6)
h. The Trust's 2018/19 winter plan includes a number of schemes that will improve patient flow, including Hospital @ Home & additional community capacity (Home Treatment Service & Rapid Response) (1, 6)
i. Social Care has had additional winter funding (4)

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

The monthly Trust Performance report submitted to the Finance and Performance Committee and Trust Board (including the 'story of the month')

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

If "No", what other data is needed?

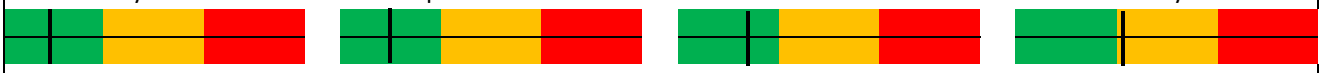
Does specific assurance exist on the data quality of the performance information? Yes ☒ No ☐

Details: The 2017/18 Internal Audit "Review of A&E Data Capture and Recording" published in December 2017 gave an overall conclusion of "Reasonable assurance", although 2 "Important" [7] and 2 "Routine" [8] priority recommendations were made, which have been monitored via the standard follow-up process (which is overseen by the Audit and Governance Committee)

Risk owner/s:	Responsible Director:	Main committee/s responsible for oversight:
Chief Operating Officer	Chief Operating Officer	TME / Finance and Performance Committee / Trust Board

How confident is the Responsible Director that the objective will be achieved by the end of 2018/19?[9]

July 2018 | September 2018 | November 2018 | February 2019



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

- The latest monthly performance (for month 10, December 2018) was 89.7%
- The latest year to date performance (at month 10, December 2018) was 92.2%
- The Amber rating reflects that the trajectory requires 95.03% performance for March '19, which will be challenging

[5] On 24/05/18, the Board approved the proposal to continue to focus on a deliberately small number of higher-level key objectives to act as proxy indicators (a 'litmus test') for broader performance. All the objectives for 2018/19 are intended to address the underlying risk that the Trust is unable to demonstrate clinical operational or financial sustainability

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

Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total	Q1	Q2	Q3	Q4
87.99	90.38	91.7	91.97	92.35	92.62	91.8	91.96	88.54	86.68	88.14	95.03	90.82	90.07	92.3	90.77	90.05

[7] The 2 recommendations were "All relevant members of staff be reminded of the requirement for ensuring that up to date data is consistently captured within the live A&E patient tracker on Symphony with regards to patient status notes" and "Review current user access to establish whether individuals with access to edit discharge times can be minimised. Alternatively, regular monitoring of changes to discharge times to be undertaken with any significant changes being investigated"

[8] The 2 recommendations were "Clinicians be reminded of the requirement for timely and accurate recording of patient discharge times within Symphony" and "Review operational processes with regards to the administrative responsibilities of the clinical members of staff responsible for the day to day live monitoring of the A&E patient tracker and whether these can be undertaken by administrative members of staff on a permanent basis"

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

Board Assurance Framework 2018/19

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[10] *Key objective*

2 To deliver the trajectory agreed with NHS Improvement for the 62-day Cancer waiting time target[11]

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

What could prevent this objective being achieved? (including external factors) *Risks to key objective*

1. Insufficient engagement by clinical staff outside of the Cancer and Haematology Directorate
2. Pathways not being optimal in relation to achieving the required performance
3. Insufficient capacity to meet the increased demand for 2-week wait clinics and diagnostics (Endoscopy and Radiology)
4. Inability to recruit sufficient staff

What actions have been taken in response to the above issues? (number/s in bracket refers to points above) *Controls*

a. Cancer Summits, and Tumour Site-specific mini-Summits have been held (1, 2, 3)
b. The issues have been discussed in Governance meetings & the Cancer Clinical Board (1, 2, 3)
c. Action/Recovery Plans are in place for each of the tumour sites (1, 2, 3)
d. The weekly Cancer Patient tracking Lists (PTLs) meeting is being further revised to include administrative staff responsible for booking inpatient and outpatient appointments. This will enable real time changing of appointments and for dates to be pre-booked for patients when a next key event is known (e.g. likely for surgery).
e. Changes have been made to pathways, including Straight to test triage clinics for colorectal referrals (which is reducing the interval between referral and initial diagnostic and OP appointments for these patients and will eventually enable the number of breaches to be reduced) (2)
f. Individual Cancer pathway workshops are taking place, to focus on key issues in those specific areas (i.e. Breast, Lung, Colorectal) (2)
g. There has been improved engagement with all Tumour Site MDT leads and Directorate management teams, which has increased focus & accountability (1, 3)
h. A daily 'huddle' has been implemented for patients between day 40 & day 61, to expedite actions on their pathways (2)
i. Improvements in administrative processes will enable better performance especially for Urology, such as the implementation of the Endoview reporting system in Tun. Wells (to reduce the number of letters dictated & appropriate patients to be removed earlier from the pathway) & the clinic outcome proforma (to reduce the number of letters dictated & to remove the patient earlier) (2)
j. The 'To come in' (TCI) form for surgery is being updated to provide a reminder to clinicians to record the data needed to apply waiting time adjustments where appropriate (2)
k. Oncology has implemented a new process to identify patients referred after day 38 where breaches can be avoided if the patient is treated within 24 days. Oncologists will reserve 1 new patient appointment per week & the process is being piloted to book the 24-day patients to these
l. A review of the Cancer-related demand & capacity has been undertaken by the NHS Intensive Support Team (IST). The analysis has concurred with the Trust's understanding of the gap to be addressed
m. The Trust's recovery plan is focused on demand management and capacity provision
n. Some key appointments have been made that are crucial to sustaining pathway improvement (Cancer Transformation Manager & Pathway Navigators)
o. The Trust is monitoring the clinical outcomes of patients who have experienced long waiting times

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

The monthly Trust Performance report submitted to the Finance and Performance Committee and Trust Board (including the 'story of the month')

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

If "No", what other data is needed?

Does specific assurance exist on the data quality of the performance information? Yes ☒ No ☐

Details: The 2015/16 Internal Audit "Assurance Review of Data Quality of Key Performance Indicators" published in June 2016 reviewed the KPIs relating to the Cancer 62-day waiting time parget. This gave an overall conclusion of "Reasonable assurance" and stated that "The figures reported to the Board for the Cancer 62 day wait…were found to be accurately reported"

Risk owner:	Responsible Director:	Main committee/s responsible for oversight:
Chief Operating Officer	Chief Operating Officer	Executive Team Meeting / Finance and Performance Committee / Trust Board

[10] On 24/05/18, the Board approved the proposal to continue to focus on a deliberately small number of higher-level key objectives to act as proxy indicators (a 'litmus test') for broader performance. All the objectives for 2018/19 are intended to address the underlying risk that the Trust is unable to demonstrate clinical operational or financial sustainability

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

Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total	Q1	Q2	Q3	Q4
75.73	73.11	71.7	75.65	79.46	82.08	85.48	83.17	83.96	83.74	85.58	86.96	80.5	73.48	78.98	84.29	85.04

How confident is the Responsible Director that the objective will be achieved by the end of 2018/19?[12]

July 2018	September 2018	November 2018	February 2019
			

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

- At month 9 (November), 2018/19, the "Cancer 62 day wait - First Definitive" performance (overall) for the quarter to date was 62.2%. For MTW-only patients, performance was 65.7%
- The rating reflects that the originally agreed trajectory will not be met, but that a commitment has been made to achieve the 85% performance by the end of May 2019

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

Board Assurance Framework 2018/19

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[13] *Key objective*

3 To deliver the Referral to Treatment (RTT) trajectory agreed with NHS Improvement for patients on an 'incomplete' pathway[14, 15]

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

What could prevent this objective being achieved? (including external factors) *Risks to key objective*

1. An insufficient level of elective and outpatient activity being undertaken
2. Non-elective activity increasing beyond current levels (incl. A&E attendances)
3. Additional data quality issues and/or technical 'glitches' following the implementation of the Allscripts Patient Administration System (PAS)
4. Workforce gaps in Consultants and particular Middle Grade doctors (surgery) which adversely affects the ability to deliver the activity

What actions have been taken in response to the above issues? (number/s in bracket refers to points above) *Controls*

a. Close monitoring continues for the highest-risk non-compliant specialties (T&O, General Surgery, Ophthalmology and Urology) against action plans put in place to reduce their longest waiters (1)
b. These specialities are trying to continue to reduce their backlogs by maximising available capacity across both hospital sites and focusing capacity on booking patients within the backlog to all available sessions, including Saturdays (1)
c. Operational teams are focused on their recovery plans to increase elective activity (including outsourcing & Waiting List Initiative activity) (1)
d. The Trust engaged a productivity company, Four Eyes Insight Ltd, to optimise theatre and outpatient productivity and efficiency (to maximise the potential for increased activity to be undertaken within the Trust's baseline capacity) (1)
e. The Waiting List Office has been reorganised with the addition of a validation team to manage ongoing issues relating the PAS, and ensure that data is reported correctly (2)
f. A specific waiting list validation, to address data quality issues, is ongoing (2)
g. There is a focus on recruitment & developing new roles in General Surgery, to expand capacity

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

The monthly Trust Performance report submitted to the Finance and Performance Committee and Trust Board (including the 'story of the month')

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

If "No", what other data is needed?

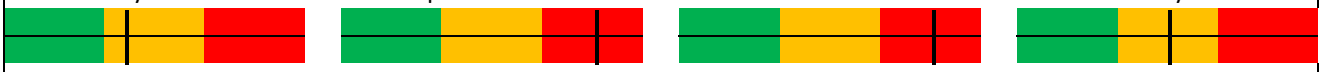
Does specific assurance exist on the data quality of the performance information? Yes ☒ No ☐

Details: The 2017/18 Internal Audit "Assurance Review of Data Quality of Key Performance Indicators" published in May 2018 reviewed the KPIs relating to the RTT incomplete pathway and gave an overall conclusion of "Reasonable assurance", although 2 "Important" priority recommendations were made[16], which will be monitored via the standard follow-up process (which is overseen by the Audit and Governance Committee)

Risk owner:	**Responsible Director:**	**Main committee/s responsible for oversight:**
Chief Operating Officer	Chief Operating Officer	Executive Team Meeting / Finance and Performance Committee Trust Board

How confident is the Responsible Director that the objective will be achieved by the end of 2018/19?[17]

July 2018 | September 2018 | November 2018 | February 2019



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

- The latest available monthly performance (for month 10, December 2018) was 81.6%
- The latest available year to date performance (at month 10, December 2018) was also 81.6%

[13] On 24/05/18, the Board approved the proposal to continue to focus on a deliberately small number of higher-level key objectives to act as proxy indicators (a 'litmus test') for broader performance. All the objectives for 2018/19 are intended to address the underlying risk that the Trust is unable to demonstrate clinical operational or financial sustainability

[14] 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.

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

Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
79.77	80.35	81.02	81.69	81.69	82.37	83.63	84.4	84.5	84.59	84.69	85.46

[16] The 2 recommendations were to "Resolve the technical issue in regards to the outpatient clock stop dates not transferring to Quattro from AllScripts within an agreed reasonable timeframe"; and "Documented evidence to support the referral date captured on the system to be retained within the patient file in all cases with the date of receipt recorded"

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

Board Assurance Framework 2018/19

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[18] *Key objective*

4 To deliver the financial plan for 2018/19

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

What could prevent this objective being achieved? (including external factors) *Risks to key objective*

1. If there was a lack of senior leadership and commitment
2. If there were poor financial controls (or if good controls were poorly applied)
3. If there was a lack of commitment by managers
4. If the Cost Improvement Programme (CIP) schemes were not delivered (regardless of their RAG rating or identified value)
5. If the Trust's plans for 2018/19 had been developed without consideration of best practice elsewhere
6. If there was insufficient engagement with external stakeholders
7. If there is a change in the financial circumstances of commissioners, requiring them to take further action to manage demand
8. If the property disposals were not completed by the end of 2018/19

What actions have been taken in response to the above issues? (number/s in bracket refers to points above) *Controls*

a. The Executive continued to mobilise the Trust after it was put into Financial Special Measures (1)
b. The Trust has signed up to its control total, and submitted a plan to achieve this (1)
c. Agreed Directorate budgets have been set (2)
d. A number of 'Grip and Control' measures have been implemented to ensure delivery (1, 2, 5)
e. The Performance Management Framework is now embedded (2, 3)
f. Action has been taken to engage with external stakeholders, including agreeing an Aligned Incentives Contract with West Kent CCG , which now includes Kent Community Health NHS FT (5, 6)
g. The Trust has introduced a Best Care programme which seeks to bring a consistent approach to transformation and improvement across the Trust (1, 3, 4)
h. The 2018/19 CIP will be delivered via the Best Care programme (1, 3, 4)
i. Further additional actions are being developed in response to the month 7 forecast
j. A Task & Finish Group is overseeing the property disposals (involving the Chair of the Trust Board & Vice-Chair of the Audit and Governance Committee)
k. There is close liaison with NHSI & the Dept of Health and Social Care regarding the property disposals

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

1. Monthly financial performance reports to the Best Care Programme Board (monthly) TME, Finance and Performance Committee and Board
2. Monthly detailed Best Care Programme report to the Finance and Performance Committee and Trust Board

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

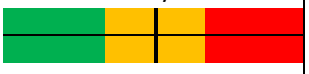
If "No", what other data is needed?

Does specific assurance exist on the data quality of the performance information? Yes ☒ No ☐

Details: The financial position is subject to annual external review via the Annual Audit of the financial accounts, which is reported to the Audit and Governance Committee and Trust Board each May

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

How confident is the Responsible Director that the objective will be achieved by the end of 2018/19?[19]

July 2018	September 2018	November 2018	February 2019
			

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

- At the end of January 2019, the Trust's position is in accordance to the forecast, but this is at variance to the 2018/19 plan
- The Trust's year-end forecast achieves the position, but produces a month on month variance which resolves by the end of month 12

[18] On 24/05/18, the Board approved the proposal to continue to focus on a deliberately small number of higher-level key objectives to act as proxy indicators (a 'litmus test') for broader performance. All the objectives for 2018/19 are intended to address the underlying risk that the Trust is unable to demonstrate clinical operational or financial sustainability

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

Board Assurance Framework 2018/19

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective) [20] *Key objective*

5 To ensure a falls rate of no more than 6.0 per 1000 occupied bed days

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

What could prevent this objective being achieved? (including external factors) *Risks to key objective*

1. Failure/inability to meet national best practice standards
2. Lack of full MDT approach to falls prevention
3. Lack of flexibility and suitability of clinical support systems

What actions have been taken in response to the above issues? (number/s in bracket refers to points above) *Controls*

a. The Trust has completed the NHS Improvement (NHSI) Falls Prevention Collaborative, which included a specific focus on one action (lying & standing blood pressure) across all disciplines. Work is in progress to implement/embed the resulting actions (1 & 2)

b. Review and updating of relevant clinical systems to enable full recording and tracking of interventions via Nerve Centre IT system (3)

c. Ensuring all areas have access to relevant equipment to enable implementation of best practice standards (1)

d. A falls-related Safety Huddle has been introduced (1, 2)

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

The monthly Trust Performance report submitted to the Trust Board (including the 'story of the month')

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

If "No", what other data is needed?

Does specific assurance exist on the data quality of the performance information? Yes ☒ No ☐

Details: The 2017/18 Internal Audit "Assurance Review of Data Quality of Key Performance Indicators" published in May 2018 reviewed the KPIs relating to falls and gave an overall conclusion of "Reasonable assurance", no recommendations, and the statement that "Testing of a sample of twenty cases confirmed timely recording of Falls incidents and that the information contained in source records and the source data system were consistent with the information reported"

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

How confident is the Responsible Director that the objective will be achieved by the end of 2018/19? [21]

July 2018	September 2018	November 2018	February 2019
			

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

- The rate of falls for the latest month (month 9, December 2018) is 5.16 (3.60 at Maidstone Hospital and 6.19 at Tunbridge Wells Hospital)
- The rate of falls for the year to date at month 9 (December 2018) is 6.02 (5.64 at Maidstone Hospital and 6.52 at Tunbridge Wells Hospital)
- The amber rating reflects the worsening position that has occurred

[20] On 24/05/18, the Board approved the proposal to continue to focus on a deliberately small number of higher-level key objectives to act as proxy indicators (a 'litmus test') for broader performance. All the objectives for 2018/19 are intended to address the underlying risk that the Trust is unable to demonstrate clinical operational or financial sustainability

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

Board Assurance Framework 2018/19

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[22] *Key objective*

6 To ensure a pressure ulcer rate of no more than 3.0 per 1000 admissions

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

What could prevent this objective being achieved? (including external factors) *Risks to key objective*

1. Failure to deliver personalised care (i.e. care planning & delivery not tailored to individual patient need)
2. Prolonged 'trolley time' in A&E, Radiology, Theatres
3. Unscheduled absence/gaps in the Tissue Viability Nurse (TVN) service
4. Failure to implement the new NHS Improvement (NHSI) guidance on reporting Deep Tissue Injury (issued in June 2018)

What actions have been taken in response to the above issues? (number/s in bracket refers to points above) *Controls*

a. Education programmes in place, informed by lessons learnt from Root Cause Analysis (RCA) (1)
b. Good links with wound care supplier representatives who provide local ad hoc training & support in and out of hours (1 & 3)
c. Good awareness of risks, leading to prompt transfer of 'high risk' patients to appropriate bed in A&E (2)
d. Key therapeutic Radiotherapy risks are known and consideration is given to planning transfers to minimise waits (2)
e. Good quality trolley are mattresses in place (2)
f. There is early recognition of high risk patients in Theatres with appropriate pressure relief measures in place (2)
g. There are Key Link Nurses & Ward Managers who can support locally for short periods of time (3)
h. There are links with Community TVNs for provision of clinical advice and assessment to telephone triage system (3)
i. Gap analysis against the new NHSI guidance has shown that the Trust is compliant with 19 of the 28 new recommendations (4)
j. There is a minor impact of new NHSI reporting guidance with the inclusion of Deep Tissue Injury (DTI) data
k. The worldwide 'Stop the Pressure' day was celebrated on 15th November 2018, which enabled the profile of pressure ulcer prevention to be raised

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

The monthly Trust Performance report submitted to the Trust Board (including the 'story of the month')

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

If "No", what other data is needed?

Does specific assurance exist on the data quality of the performance information? Yes ☒ No ☐

Details: The 2017/18 Internal Audit "Assurance Review of Data Quality of Key Performance Indicators" published in May 2018 reviewed the KPIs relating to Pressure Ulcers and gave an overall conclusion of "Reasonable assurance", although 1 "Urgent" [23] and 2 "Routine" [24] priority recommendations were made, which will be monitored via the standard follow-up process (which is overseen by the Audit and Governance Committee)

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

How confident is the Responsible Director that the objective will be achieved by the end of 2018/19?[25]

July 2018	September 2018	November 2018	February 2019
			

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

- The rate of hospital pressure ulcers for latest month (month 9, December 2018) is 0.7
- The rate of falls for the year to date at month 9 (December 2018) is 1.22

[22] On 24/05/18, the Board approved the proposal to continue to focus on a deliberately small number of higher-level key objectives to act as proxy indicators (a 'litmus test') for broader performance. All the objectives for 2018/19 are intended to address the underlying risk that the Trust is unable to demonstrate clinical operational or financial sustainability

[23] The recommendations was to "Ensure that the notes on Datix are maintained up to date to accurately reflect and evidence that the patient has been independently assessed by the Tissue Viability Nurse and that the severity of the harm reported has been verified"

[24] The 2 recommendations were "Process notes held by the Lead Tissue Viability Nurse for populating the monthly Safer Smarter Care Template to be formalised" and "Relevant staff to be reminded that all pressure ulcer incidents are to be recorded on Datix within a timely manner following the occurrence of the incident"

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

Board Assurance Framework 2018/19

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[26] *Key objective*

7 To deliver the agreed 'lessons learned' plan for 2018/19

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

What could prevent this objective being achieved? (including external factors) *Risks to key objective*

1. The Datix IT system not being able to provide the required functionality due to upgrade requirements and system investment needed
2. The availability of funding for a Datix System Administrator resource to complete the internal Datix recovery requirements & install long overdue Datix upgrade(s) (& then maintain the system going forward)
3. Clinical Directorates not being able to release key staff to attend clinical governance meetings
4. The identification of meaningful/measurable metrics to assure learning is shared & embedded
5. The Patient Safety Team not having adequate resource to support the identification and dissemination of learning from incidents/other and are unable to support the evidencing and embedding metric monitoring
6. Lack of agreement/support/resource to implement new clinical governance processes proposed (agenda, learning levels, action planning processes)
7. The learning input and output from Datix is not consistently of the right quality to provide clarity for lessons to be learned
8. The new management structure (Clinically Led) will need to be implemented before the revised meeting content and structure of the Clinical Governance process can be finalised

What actions have been taken in response to the above issues? (number/s in bracket refers to points above) *Controls*

a. The Datix Recovery Group has reviewed all requirements. The upgrade to the existing Datix system is planned during February 2019 and migration to Datix Cloud IQ has been proposed as the longer term solution. Initial discussions have been held with the DoF regarding funding requirements for migration (which are low) and a business case is in progress (1, 2, 7)

b. An interim Datix System Administrator is now in post and a Job Description & Person Specification are being produced for a substantive appointment in discussion with the Director of IT (2)

c. The Interim Director of IT is part of the Datix Recovery Group, and will oversee upgrades requests and allocate the required IT Department resource for the upgrade. Assurance has been received that an IT project manager has been allocated (2)

d. The Patient Safety Team will deliver a programme of training on reporting/investigating incidents (6)

e. The workshop took place with all Directorate Clinical Governance Leads for 04/12/18 to review the content of the Clinical Governance meetings, the Directorate attendance required and cascade strategy from clinical governance meetings. This will be clinically-led by 2 senior clinicians. Outputs have been circulated and agreed (3, 6)

f. A meeting is to be held with all Chiefs of Service on 26/02/19 to review the output pack for the future design of Directorate and Divisional Clinical Governance meetings and agree implementation. This will include the work being led by the Deputy Medical Director regarding Trust-level Clinical Governance arrangements (3, 6, 8)

g. Meetings have been held with a wide group (including 2 Non-Executive Directors and other key staff) to devise mechanisms to test for learning/evidencing/embedding and to scope and agree options for recording/metrics. The proposed metrics are being discussed with the Patient Safety Team to seek agreement to implement in a meeting on 12.2.19 (4, 5)

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

1. The Learning Lessons Core Team outputs, Datix Recovery Group minutes, Clinical Governance Leads Workshop outputs (04/12/18), Evidencing and Embedding Workshop outputs (28/11/18) and the documents considered at the Best Safety Board

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

If "No", what other data is needed? The project is still in formulation

Does specific assurance exist on the data quality of the performance information? Yes ☐ No ☒

Details: The project is still in formulation

Risk owner:	**Responsible Director:**	**Main committee/s responsible for oversight:**
Medical Director	Medical Director	Best Care Programme Board

[26] On 24/05/18, the Board approved the proposal to continue to focus on a deliberately small number of higher-level key objectives to act as proxy indicators (a 'litmus test') for broader performance. All the objectives for 2018/19 are intended to address the underlying risk that the Trust is unable to demonstrate clinical operational or financial sustainability

How confident is the Responsible Director that the objective will be achieved by the end of 2018/19?[27]

July 2018	September 2018	November 2018	February 2019
			

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

- Progress has been made with the planning the revised Clinical Governance meeting content/membership/processes – awaiting sanction from the Chiefs of Service
- Business Case for migration to Datix Cloud IQ, will require approval (net additional funding is relatively low i.e. <£10k p.a.)
- Investment in staff time will be required from the Clinical Directorates
- There are known to be national-level difficulties in achieving clear metrics for evidencing learning (including Human Factors benefits)
- Resource confirmation for activities required by Patient Safety Team are yet to be agreed
- An interim Datix System Administrator is now in post. A substantive will be required to assure future-proofing for this project and funding has not yet been identified.

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

Board Assurance Framework 2018/19

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[28] *Key objective*

8 To deliver the agreed medical productivity plan for 2018/19

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

What could prevent this objective being achieved? (including external factors) *Risks to key objective*

1. The resource at Directorate level to complete all Job Planning requirements in line with the project timeline
2. The resource to support the project in the timescales set out in the plan overview, including Project Management Office (PMO) and Business Intelligence support
3. Lack of enforcement of local standards at Directorate level for Job Planning (unwarranted variation)
4. Resistance or lack of support from the Joint Medical Consultative Committee (JMCC)
5. The significant cultural change required to obtain buy in to undertake and implement Best Value Direct Clinical Care (DCC) and Personalised Metrics
6. Seasonal/Annualised job plans are not well received by the Consultant body as a concept
7. Directorate Leadership Teams' ability to deliver significant cultural change and challenging work programme
8. Involvement in the National Wave 2 Medical Workforce project – risk of diverting resource or changing direction of existing project
9. Demand and capacity, personalised metrics and sessions worked analysis is not embraced by the Divisions/Directorates

What actions have been taken in response to the above issues? (number/s in bracket refers to points above) *Controls*

a. Full support given by Core Team, close working with Clinical Directors (CDs) and General Manager, management of targets, and the PMO Lead to project, strong follow-up and delivery chasing with Directorate Teams and Associate Medical Director liaising directly with Clinical Directors – this has resulted in improvement in ratings on the Allocate system (1)
b. Dedicated Business Intelligence resource has been recruited at corporate level which will also support Directorate requirements. The PMO support is also now dedicated (2, 9)
c. The project has the full support of CDs and the Divisional/Directorate management Teams (3)
d. There has been Trust-wide approval of the Job Planning policy/standards/PA allocation table and the Medical Job Planning Consistency Committee (MJPCC) Terms of Reference (4)
e. There has been close working with the JMCC, co-design of the MJPCC Terms of Reference and membership of JMCC representatives on MJPCC (4)
f. The Deputy Medical Director will work through the Chiefs of Service and CDs to resolve concerns (5 , 7)
g. The project will be a standard agenda item on Clinical Directors' Committee meetings, to keep the Directorate Management Teams informed and updated. This will provide an opportunity to voice concerns and resolve issues arising (6)
h. The Deputy Medical Director will test out through CDs and develop a workable compromise (7)
i. The Trust has been accepted into wave 2 of NHS Improvement's Medical Productivity workstream and is working closely with the National Team (8)
j. Links to the emerging Rostering project and Trust level demand and capacity projects (9)

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

1. The Medical Productivity Working Group and Best Safety Board

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

If "No", what other data is needed?

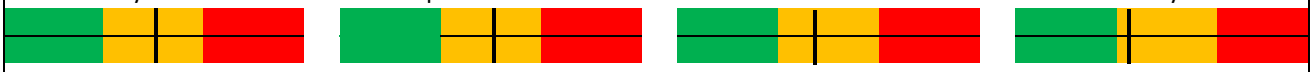
Does specific assurance exist on the data quality of the performance information? Yes ☒ No ☐

Details: Allocate system reports and Business Intelligence Analyst outputs.

Risk owner:	**Responsible Director:**	**Main committee/s responsible for oversight:**
Medical Director	Medical Director	Best Care Programme Board

How confident is the Responsible Director that the objective will be achieved by the end of 2018/19?[29]

July 2018 | September 2018 | November 2018 | February 2019



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

[28] On 24/05/18, the Board approved the proposal to continue to focus on a deliberately small number of higher-level key objectives to act as proxy indicators (a 'litmus test') for broader performance. All the objectives for 2018/19 are intended to address the underlying risk that the Trust is unable to demonstrate clinical operational or financial sustainability

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

- For the first round, job plans have been loaded onto the system. Sign off has been completed or Job Plans have been locked down. The second round of Job Planning has now commenced. The MJPCC meetings are scheduled for May 2019
- The pilot MJPCC meetings have been held and feedback has been given to all CDs ahead of the next round of job planning
- The Deputy Medical Director has undertaken a further round of training with CDs and additional sessions with General Managers are planned
- Demand and capacity training has taken place with NHSI for key Core Team members with respect to the Best Value aspect of the project
- The initial outputs from the demand and capacity work has been presented to the Divisional Leads at the Medical Productivity Project Meeting and key links to the planned Rostering system have been identified

Board Assurance Framework 2018/19

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[30] *Key objective*

9 To deliver a vacancy rate of no more than 9%

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

What could prevent this objective being achieved? (including external factors) *Risks to key objective*

1. A national shortage of certain staff groups
2. If there was a lack of clarity/focus on the key actions required
3. If there was a lack of clarity over the performance required by each Directorate, and the monitoring of such performance
4. If there was inefficiency of recruitment processes
5. If there was a lack of urgency/commitment by recruiting managers
6. If there was uncertainty over the status of vacancies
7. Uncertainty regarding Brexit i.e. the impact on the availability of European recruits

What actions have been taken in response to the above issues? (number/s in bracket refers to points above) *Controls*

a. The Trust Workforce Strategy 2015-20 and associated workplan ("Recruitment & Retention" is the first of 6 workforce priorities) (1, 2, 3)
b. The establishment of the Nurse Recruitment and Retention Group (Chaired by the Chief Nurse) (5)
c. Implementation of TRAC electronic recruitment system (4)
d. Divisional New Ways of Working Task and Finish Groups (4, 5)
e. Establishment of a New Roles and Apprentices group within the Workforce workstream of the Best Care Programme (1)
f. Establishments and workforce requirements have been reviewed as part of the Business Planning process for 2018/19 (6)
g. Establishment levels are likely to be reviewed as part of the Business Planning for 2019/20 (6)
h. Listening into Action (LiA) Crowdfixing events held during January and February 2018 (4)
i. HealthRoster KPIs have been implemented in order to report on effective rostering of staff and usage of contractual hours & to challenge poor practice (5, 6)
j. Development of further international recruitment initiatives (7)

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

1. The Trust Performance Dashboard, which contains the "Vacancy Rate (%)" (as well as "Vacancies WTE")
2. Reports to the Workforce Committee (which includes a commentary on the latest issues regarding the vacancy rate)
3. Directorate performance dashboards
4. The 6-monthly review of Ward and non-Ward areas submitted to the Trust Board in March 2018
5. The monthly Planned and Actual Ward Staffing reports to the Trust Board (re the establishments)
6. The Nursing recruitment plan (which is monitored via the Executive Team Meeting)

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

If "No", what other data is needed?

Does specific assurance exist on the data quality of the performance information? Yes ☐ No ☒

Details:

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

How confident is the Responsible Director that the objective will be achieved by the end of 2018/19?[31]

July 2018	September 2018	November 2018	February 2019
			

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

- The latest available vacancy rate for the year to date (at month 9, October 2018) was 9.9%
- The target is therefore not currently being met, but a range of actions are in place to recover the performance

[30] On 24/05/18, the Board approved the proposal to continue to focus on a deliberately small number of higher-level key objectives to act as proxy indicators (a 'litmus test') for broader performance. All the objectives for 2018/19 are intended to address the underlying risk that the Trust is unable to demonstrate clinical operational or financial sustainability

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

Board Assurance Framework 2018/19

NHS Maidstone and Tunbridge Wells NHS Trust

What does the Trust want to achieve? (i.e. the key objective)[32] *Key objective*

10 To deliver a staff turnover rate of less than 10%

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

What could prevent this objective being achieved? (including external factors) *Risks to key objective*

1. A national shortage of certain staff groups creates a more mobile workforce
2. Higher than planned vacancy rates (resulting in more temporary staffing use) typically reduces staff morale
3. Uncertainty arising from Brexit may impact on the retention of EU staff

What actions have been taken in response to the above issues? (number/s in bracket refers to points above) *Controls*

a. The Trust Workforce Strategy 2015-20 and associated workplan ("Recruitment & Retention" is the first of 6 workforce priorities) (1, 2)
b. The establishment of the Nurse Recruitment and Retention Group (Chaired by the Chief Nurse) (1, 2)
c. Agreement of the Staff Engagement Strategy and associated action plans at the Workforce Committee in March 2018 (1)
d. A Staff Retention group has been established within the Quality workstream of the Best Care Programme (1)

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

1. The Trust Performance Dashboard, which contains the "Staff Turnover Rate (%)"
2. Reports to the Workforce Committee (which includes a commentary on the latest issues regarding the turnover rate)
3. Divisional and Directorate monthly workforce reports
4. Directorate performance dashboards

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

If "No", what other data is needed?

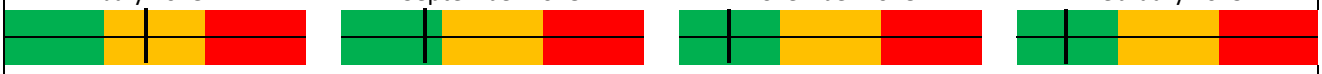
Does specific assurance exist on the data quality of the performance information? Yes ☐ No ☒

Details: Some internal work has been completed to improve the accuracy and data quality used to calculate workforce KPIs. Further refining work is completed throughout the year.

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

How confident is the Responsible Director that the objective will be achieved by the end of 2018/19?[33]

July 2018 | September 2018 | November 2018 | February 2019



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

- The turnover rate for the year to date (at month 9, December 2018) was 9.1%

[32] On 24/05/18, the Board approved the proposal to continue to focus on a deliberately small number of higher-level key objectives to act as proxy indicators (a 'litmus test') for broader performance. All the objectives for 2018/19 are intended to address the underlying risk that the Trust is unable to demonstrate clinical operational or financial sustainability

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

Appendix 1: Summary of the status of the Trust's Risk Register

Each risk on the Risk Register has a designated “Manager” and is allocated a review date. The management of the Risk Register is overseen by the Trust’s Risk and Compliance Manager, who instigates formal reviews every 2 months. The full Risk Register is submitted to the Audit and Governance Committee. Red-rated risks are now also subject to detailed review at Executive Team Meetings each quarter, whilst Clinical Directorate-based red-rated risks are discussed as part of the report that Directorates give to the ‘main’ Quality Committee (via the Trust Clinical Governance Committee).

The latest review of red-rated risks at the Executive Team Meeting took place on 15/01/19, and it was recommended that a number of the red-rated risks be moderated (and therefore have their risk rating downgraded to either an ‘amber’ or ‘green’ rating). This moderation has been fully completed and initially affected the risk profile, by reducing the number of red-rated risks and increasing the number of amber-rated rated risks.

Changes to the organisational structure, with an increased number of Directorates in certain Divisions, has led to an increase the number of red-risks. The updated Risk Register therefore contained the following risks at 20/02/19:

- 17 red-rated risks
- 56 amber-rated risks
- 24 green-rated risks
- 1 blue-rated risks

The issues covered by most of the 17 current red-rated risks should be familiar to the Trust Board and its sub-committees, as these have been previously discussed at the Trust Board, Quality Committee, Finance and Performance Committee and/or Workforce Committee. These issues are as follows:

- Achieving the Cancer waiting time targets
- The cost pressures associated with the use of temporary staff
- Nursing staffing levels in Emergency Medicine
- Nursing staffing levels in Orthopaedics
- Medical staffing shortage in Surgery impacting on inability to deliver emergency & elective care
- Risk associated with failing to learn from incidents
- Lack of capacity to assess and treat within clinically recommended timeframes in the general Ophthalmic and Medical Retinal Service
- High vacancies and turnover rates for Nursing staff in the Acute Medicine and Geriatrics and Medical Specialty Wards at TWH
- Increased risk of harm to patients and staff as a result of delays to psychiatric assessment in Emergency Medicine and Acute Medicine and Geriatrics Directorates
- Shortage of paediatric middle grade doctors on day shifts for paediatrics
- Shortage of radiotherapy therapeutic radiographers and consultant grade oncologists
- The effect of failing to maintain a quality management system in Blood Sciences
- The risks associated with the condition of blood bank benches and floor in Maidstone Blood Sciences
- Pathology LIMS (IT) system age and disaster recovery

It should also be noted that the last 7 bullet points relate to 10 red-rated risks that have either been recently added to the risk register or recently upgraded to red. As such they have not yet been validated via Executive Team Meetings (which validates red-rated risks every quarter). It is therefore possible that either the RAG rating and/or the risk score of these risks will be amended.

As was noted on the page 2 of this report, it was agreed at the Audit and Governance Committee in February 2017 that the substance of all red-rated risks in the Risk Register should be accounted for in the Board Assurance Framework (BAF), or where this is not the case, that the risk is identified for separate further consideration by the appropriate forum. Having reviewed the red-rated risks listed above, it is considered that the substance of each are either accounted for in the BAF or are being considered by an appropriate forum.

Trust Board meeting – February 2019

NHS Maidstone and Tunbridge Wells NHS Trust

2-11 Update on the Trust's 2019/20 plan

Director of Strategy, Planning and Partnerships

Enclosed for review is an update on the Trust's plan for 2019/20.

Which Committees have reviewed the information prior to Board submission?

- Trust Management Executive, 30/01/19

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

Information, assurance

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

NHS
Maidstone and Tunbridge Wells NHS Trust

MTW 19/20 Operational plan as submitted on the 12th of Feb to NHSI

12th Feb 2019

MTW
exceptional people, outstanding care

Executive Summary

NHS
Maidstone and

Activity planning

- It has been agreed that apart from A&E all other growth rates reflect demographic growth rates, in A&E growth rate has been set as 5% with 1% QIPP adjustment as agreed with the CCG. Note: ED attendances in January and February have been in excess of forecast. Out of hospital capacity and same day emergency care will have to be expanded to limit the impact of increased attendances on NEL admissions.
- Elective activity has been phased according to working days while non-elective (including ED) activity has been phased according to a 3 year profile of seasonal variation
- The Trust trajectories are currently set as:
  - A&E – 2019/20 performance of 91.67% an increase on 2019/20 performance
  - RTT – 86% performance by March 2020 with an ~2.5k reduction in waiting list – note this excludes the potential benefits from further validation work or on work on data quality resulting from NECSU
  - Cancer – Achievement and sustainable maintenance of 62 day performance at 85% from May 2019
  - Diagnostics – Maintenance of the standard

Quality planning

- Our Executive lead for quality is the Chief Nurse
- The Trust has created a comprehensive quality strategy with 5 key priority and 22 quality goals. The quality goals are component parts of larger projects within the Best Care Programme. This strategy also forms the basis for our Quality Accounts ensuring synergy in our objectives and outcome measures.
- The Trust has a robust and well embedded QIA process.
- Building quality improvement capability is a key pillar of the Trust's OD programme and we are rolling out the QSIR methodology as a means for doing this.

Workforce planning

- Whilst the trust has seen a considerable improvement in the turnover of staff in 2018/19 (reduced from 12% to 8.9%) it continues to face significant challenges in attracting clinical staff in a number of key areas
- MTW will be part of the STP programme to issue contract to medical agencies in 2019/20 to further reduce medical agency rates. It is expected that this will target junior medical staff initially. In 2018/19 MTW has taken steps to increase the size and usage of its own bank through additional recruitment and the conversion of agency clinicians to the trust bank
- Retention plans for MTW in 2019/20 will aim to continue the consistent downward trend in turnover that has been seen in 2018/19. The trust will deliver the remainder of its plan to improve nurse retention as part of the NHSi nurse retention programme.

Financial planning

- The Trust is planning to meet its control total target of £7.0m deficit before MRET and PSF
- Including the impact of MRET and PSF funding would improve the financial position to a £6.9m surplus
- The Trust is planning a CIP target of £19.4m in addition to £5.7m of full year effect of 18/19 schemes
- The Trust has identified £16m of new savings schemes for 2019/20 with £3.3m unidentified (as of the 12th of February 2019).
- Whilst the trust plans to continue to reduce its reliance on agency staffing and consequent spend it anticipates that it will continue to breach the overall cap set by NHSi in 2019/20. The reason for the breach of the cap relates to the continued recruitment challenges faced by the trust in a number of key areas, notably consultant physicians, middle grade paediatricians and surgeons and qualified nursing staff for medicine and Emergency department specialisms
- The Trust's initial operational plan includes a five year capital programme of total value £49m (excluding donated assets)
- The programme reflects plans for essential improvements in Maidstone estates (£6.7m) and Tunbridge Wells Hospital lifecycle (£5.4m).

STP alignment

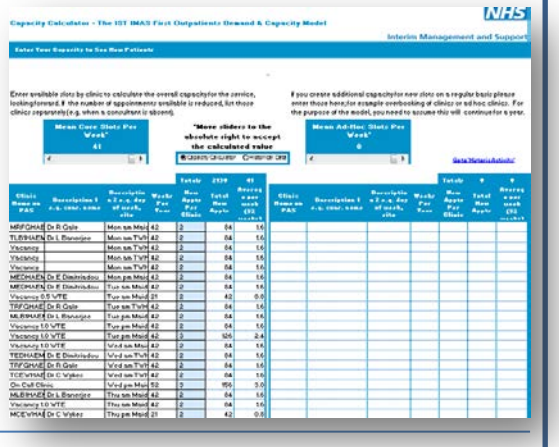
- The STP workstreams directly inform the Trusts operational planning through both Trust specific deliverables and by informing expected improvements in finance, activity , workforce and quality (e.g. reduction of medical agency rates)

In order to ensure that we have the capacity to service our demand we have used both NHSI IMAS IMT models and proprietary top down and bottom up modelling

Maidstone and Tunbridge Wells NHS

Demand and capacity planning

- This year across the Trust we have moved to using the NHSI IMAS IMT models for demand and capacity planning which has had the following advantages
  - We have modelled demand and capacity not just for inpatient and outpatient activity but also for diagnostic activity including:
    - Imaging (for all main modalities)
    - Endoscopy
  - The outputs of the demand and capacity tool have been used to inform discussions on service developments and workforce planning to ensure that all of the Trusts plans are underpinned by robust demand and capacity modelling



Improvement potential

- In order to identify their improvement initiatives for 19/20 a variety of sources from internal data and expertise to the model hospital and GIRFT were used to identify improvements
- In a departure from previous years divisions and directorates have sized their improvement initiatives by individual lever to ensure that we can accurately forecast the levels of activity that we can deliver next year in house and the levels to be outsourced under our prime provider contract
- This has also allowed us to accurately forecast the implications on our waiting list and backlog and therefore likely RTT profile for 19/20

Initiatives	Demand management/ Productivity improvement or New ways of working	Size of initiative
Theatre Utilisation (Foot Non Fractures)	TWH	48 slots
Review of job plan when recruiting new Substantive Foot and Ankle consultant	One additional list/month of 5 patients (assumed in post by May 2019)	50 slots
Theatre Utilisation (Knee, Lower Limb and Hip Comb)	MOU, Maidstone	252 slots
Funded Knee WLI		40 slots
Upper Limb Shoulder Fellow	Two additional lists of 6 patients	456 slots
Theatre Utilisations (Shoulder Non Fractures)	TWH	49 slots
Funded Shoulder WLI		30 slots
New Hand and Shoulder Consultant from Sept 19	Using budget from Spine Consultant retiring in Sept 19, Full year effect = 266 appts	Half year effect = 133 slots

Bottom up bed modelling

- LoS identified by POD and specialty
- LoS improvement set at 0 for this submission and to be revised to 0.5 for specific PODs for final submission
- Detailed calculation of bed requirement built from specialty specific demand and capacity work converted into bed days and therefore bed requirement

Tunbridge Wells Hospital Summary

Directorate	Core Beds: Bedstock	Core Beds: % Days within allocation	Core Beds: Requirement for 85% of days	Core Beds: Variance	Core Beds: % Elective	Core Beds: Elective Beds Requirement	Winter Beds: Requirement 95% of Days	Winter Beds: % Elective	Winter Beds: Elective Beds Requirement	Winter Beds: Additional
Trust G&A	345	2%	397	-52	7%	28	447	6%	3	50
Plus 2% Demographic Growth	345	4%	405	-60	2%	7	456	6%	3	51

Tunbridge Wells Bedstock	Core	Escalated	Total
Acute Medicine Unit (AMU)	32	4	36
Ward 2	24	2	26
Ward 20	30	0	30
Ward 21	30	0	30
Ward 22	22	0	22
Ward 12	30	0	30
Acute Stroke Unit	10	0	10
CCU	5	0	5
Cath Lab	0	3	3
TW32	20	9	29
Ward 10	30	0	30
Ward 11	30	0	30
Surgical Assessment Unit	0	3	11
Short Stay Surgery	12	12	24
TW33 - Female Surgical	10	0	10
Ward 31	30	0	30
Ward 30	30	0	30
Total	345	33	393

Currently 4 beds closed due to building work and 2 used as AFU pop-ups(therefore put as escalation)

Top down bed modelling

- Bed modelling used for previous years
- Based on actual patients in bed every night at Midnight set at the 85th percentile
- Growth then added on top to provide estimation of bed capacity for 19/20

Activity planning assumptions and trajectories

The Trust recognises the importance of being able to understand the likely effects of variations flowing through from both elective referral and non-elective driven demand. The Trust monitors historic patterns and uses these to model likely future demand as well as using intelligence obtained through working with our own clinical teams and stakeholders such as Commissioners, individual GPs and other trusts.

Activity

- The Trust's activity plans have been set based on a forecast outturn calculated from Month 5 of the current year.
- The Trust has used SUS PBR data to generate it's activity baseline
- The Trust has determined it's likely 19/20 demand from triangulating between both a projection of referrals and 18/19 activity
- The Trust has calculated likely 19/20 demand by adding both demographic growth and the growth in waiting lists to the forecast outturn to calculate 19/20 demand

Growth rates

- It has been agreed that apart from A&E all other growth rates reflect demographic growth rates which are as follows:
  - Non elective admissions – 2.3%
  - OP app – 4.9%
  - Electives – 3.6%

A&E attendances

- It has been agreed with the CCG that the growth rate for A&E will be modelled through as 5% with a 1% QIPP adjustment which is in line with our Trust internal modelling.

Phasing of activity

- Elective activity has been phased according to working days while non-elective (including ED) activity has been phased according to a 3 year profile of seasonal variation
- Beds have been phased according to seasonal demand. Beds are currently modelled using no LoS improvement however for the final operating plan submission bed state will be re-modelled using a 0.5 LoS improvement in specified PODs (to build upon the work to reduce LoS in 2018/19)

Operational standards

- For A&E the Trust starts in a strong position with a performance of >90%. However with the increased growth rate seen in A&E attendances (as agreed with the CCG) of 4% net of QiPP performance will be challenged in the winter of 2019/20 (likely to dip below 90%). The Trust is likely to achieve a maximal performance of 94.3% in June with a full year performance of 91.67%.
- The RTT trajectory has been modelled using the detailed demand and capacity work undertaken with the NHSI IMAS IMT models in order to both define the likely effect of additional capacity on waiting list and backlog and also to identify additional initiatives needed to improve performance. The waiting list in March 2020 is forecast to be 2442 lower than in March 2019 and performance is forecast in March 2020 to reach 86%. The current RTT trajectory excludes the effect of further validation or improvements in data quality seen through the NECSU work and this will be factored in to the final submission. The Trust also continues to work on additional initiatives on a specialty by specialty basis to improve performance. The Board is committed to agreeing and implementing a plan to recover the RTT standard on a sustainable basis. The detail of this will be agreed with commissioners once the NECSU work is completed.
- For Cancer performance in most standards is forecast to continue above the constitutional standard. In Cancer 62 days the Trust is forecasting sustainable performance above 85% as of May 2019.
- For diagnostics the Trust is forecasting maintenance of the standard. Detailed demand and capacity work has been undertaken (through the NHSI IMAS IMT models) in order to identify capacity shortfalls (e.g. in ultrasound and CT) to allow initiatives to be fully worked up and implemented in order to fill the capacity gap and maintain performance

Quality planning is embedded at all levels of the Trust through the quality strategy

Maidstone and Tunbridge Wells NHS Trust

Quality of care is at the core of the Trust's day to day business, and is embedded within all aspects of care delivery, performance and service development. To refresh our approach to the management of our quality agenda, the views and priorities of a wide range of our staff, patients and partners have been sought, culminating in the ongoing development and delivery of the Trust's Quality Strategy. The Trust's quality improvement activities are informed and directed by ongoing work from our Care Quality Commission (CQC) inspection process and through collaboration with our local CCGs and patient groups such as Healthwatch Kent. Our Executive lead for quality is the Chief Nurse and Quality improvement assurance is overseen through the Best Care Programme and the Trust's Quality Committee, (a sub-committee of the Board). Quality improvement is monitored by the Trust Clinical Governance Committee and the Trust Management Executive Committee.

The Trust has created a comprehensive quality strategy (founded on the Trust's Corporate Strategy) which has been informed by conversations with staff, patients, families and carers. These discussions were distilled into 5 key priority areas which then culminated in 22 quality goals. The quality goals are component parts of larger projects within the Best Care Programme and their delivery will be monitored through the governance arrangements of that programme. This strategy also forms the basis for our Quality Accounts ensuring synergy in our objectives and outcome measures.
Each of the quality goals aligns to one of MTW's five quality objectives which are demonstrated below.

CREATING A SAFETY CULTURE & LEARNING LESSONS	IMPROVING PATIENT EXPERIENCE *(PERSONALISED CARE)*	CLINICAL EFFECTIVENESS AND TAILORED PATHWAYS	SUPPORTING OUR STAFF TO BE THE BEST	RECOGNISNG AND RESPONDING TO COMPLEX NEEDS
Learning Lessons & Blame Free Culture	Better Births	Commissioning for Quality and Innovation (CQUIN)	Attract, retain, support and develop the best staff	Patients with Dementia and their Carers
Charter Mark	Enhancing Functional Independence	Improving Patient Flow	Develop new and extended roles	Adult Safeguarding & Mental Capacity Act
Duty of Candour	Engagement	Falls	Listen to staff and encourage feedback	Safeguarding Children
Seven Day Services	Improving Stroke Services	Pressure Ulcers	Develop objectives at Directorate and Divisional level for staff to aspire to	
Mortality				
Sepsis				
Preventing Harm				

The Trust monitors it's progress against the quality improvement goals and compliance with national quality priorities

Maidstone and Tunbridge Wells NHS Trust

CQC Domains:-

Safe | Effective | Caring | Responsive | Well-Led

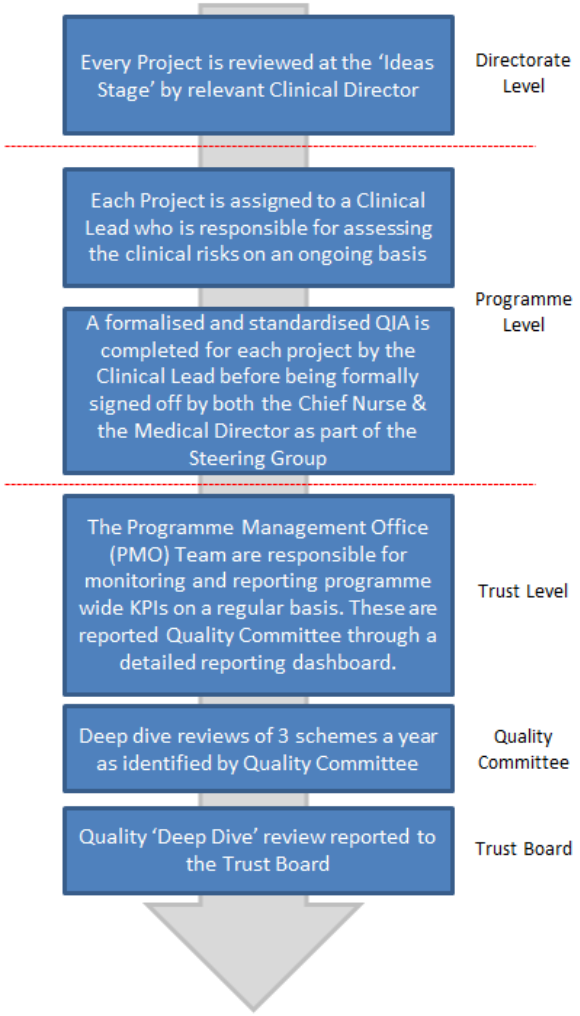
Goal No.	Goal Title	Evidence of Success
Objective 1: Creating A Safety Culture & Learning Lessons		
1	Learning Lessons & Blame Free Culture	Action plans are centralised and effectively implemented Central database implemented Multidisciplinary attendance at Clinical Governance Meetings Human Factors training is implemented The number of repeat incidents is significantly reduced Sustained increase in incident reporting A blame free culture where learning lessons is paramount Presence of human factors training course within the Trust Effective root cause analysis investigations via trained staff
2	Establishing the MTW Quality Mark	High visibility to patients, staff and visitors Improved patient safety Staff reward and recognition High levels of staff engagement Quality Mark embedded and owned amongst staff System is linked to Trust Annual Awards
3	Duty of Candour	Compliance with 10 day standard Monthly reporting of compliance to the Trust Clinical Governance Committee Training programme in place and staff awareness raised Reduced incidence of complaints
4	Seven Day Services (7DS)	10 national priority standards implemented Reduction in unwarranted variation by day of week Weekend effect eliminated A more even distribution of workload throughout the week
5	Mortality	Improved HMSR and SHMI statistics 100% compliance with the completion of all mortality forms following a patient death Implementation of a single database Improvement in coding and the sequencing of recorded co-morbidities (Charlson index) for all deceased patients
6	Sepsis	Compliance with national targets for screening and timely management Improved antibiotic stewardship Rollout of the updated National Early Warning Score (NEWS2) system to identify deteriorating patients Achievement of the rapid screening of at risk patients Staff all kept up to date via the e-learning module
7	Preventing Harm	The reduction of unintended or unexpected harm Audit of patients who have breached the referral to treatment time for elective and outpatients undertaken Learning identified from audit to develop necessary actions Effective learning (facilitated by the Learning Lessons Project)
Objective 2: Improving Patient and Experience (Personalised Care)		
8	Better Births	Implementation of the ambitions set out in 'Better Births'. Reduction in the number of stillbirths and neonatal deaths by 20% (by 2020) and 50% (by 2025). Services meet the needs of women in the Community. Safety improvements achieved through work with other maternity units within the NHS.
9	Enhancing Functional Independence	Supporting patients to proactively manage their long-term conditions at home Further development of ambulatory pathways of care to support treatment without admission Development of assessment units in all specialities that will rapidly assess, treat and promote discharge with appropriate support at home. Prompt discharge home from hospital once medically optimised with support packages insitu. Implementation of the 'End PJ Paralysis' campaign aims
10	Engagement	The development of an Engagement Strategy, co-designed with local people and communities An effective and representative patient experience group Regular workshops held with public representative groups Effective use of the learning from complaints, surveys, Friends and Family Tests, and other patient participation groups Develop a clear communication strategy providing direction and accessibility of Executive/Senior leads to engage and support staff Enable staff to provide feedback/comments easily and demonstrate the actions being taken
Objective 3: Clinical Effectiveness and Tailored Pathways		
11	Improving Stroke Services	Attainment of Sentinel Stroke National Audit Programme (SSNAP) level A Collaborative working with the STP Clinical Reference group to ensure appropriate pathways of care are in place at point of reconfiguration of services Use of patient feedback to improve patient experience Collaboration with community and charitable organisations to streamline patient care following discharge from hospital.
12	Commissioning for Quality and Innovations (CQUINs)	Improvements in the quality and safety of patient care Service changes implemented that support improved patient outcomes Pathways are designed which support improved patient outcomes Successful implementation of the CQUIN Agenda identified for 2017-2019, and further CQUINs agreed to 2021.

Goal No.	Goal Title	Evidence of Success
Objective 3: Clinical Effectiveness and Tailored Pathways		
13	Improving Patient Flow	Patient access to increased number of ambulatory pathways Frailty models of care on both hospital sites 7 day working in both frailty units and to support ambulatory pathways Further pathways of care to facilitate supportive and timely discharge Creation of a virtual ward to support patients at home.
14	Falls	A reduction in patient falls (per 1.000 occupied beddays) to at least the target of 6.00. Monthly audits in place Achievement of the identification of the triggers for falls (e.g.. medications, sight, risks of hypotension) and that these are embedded into practice Increased availability of mobility aids in all areas where patients are at risk Safety huddles implemented and embedded into practice Trust-wide action plan in place.
15	Pressure Ulcers	A reduction in the incidence of category 2 pressure damage for our patients Tissue viability Link Nurse system enhanced Improved access to Tissue Viability Team expertise through increase of hours of service Trust-wide improvement plans in place.
Objective 4: Supporting our Staff to be the Best		
16	Attract, Retain, Support & Develop Staff	An increase in recruitment rates Decreased staff turnover rates / leaver rates Increased scores for staff morale within the Annual Staff Survey and local Friends and Family Tests.
17	Develop New & Extended Roles	An increase in recruitment rates A higher number of filled new role positions Increase in the use of apprenticeship roles within the organisation.
18	Listen to Staff and Encourage Feedback	An increase in responses from the Annual Staff Survey and local Friends and Family Tests Lower scores for bullying, harassment and discrimination Increased scores for staff morale Better active engagement of staff at all levels with the LiA programme.
19	Develop Objectives at Directorate Level	Each Division and Directorate have a set of well- defined strategic objectives that reflect their service improvement and development aspirations, linked to their annual business plans The appraisal process incorporates a review of each staff members' contribution to the achievement of the strategic objectives for their area Service improvement and development occurs in the context of the organisations strategic objectives and priorities.
Objective 5: Recognising and Responding to Complex Needs		
20	Patients with Dementia and their Carers	Patients preferences for care are implemented Personalised care is in place in line with the 'This is Me' document The needs of family and carers are identified and acted upon Specialist staff are available to offer support, advice assessment when required An effective dementia care report is in place for reporting to the Board Participation with the National Dementia Audit and Triangulation of Care-Givers Audit.
21	Adult Safeguarding and Mental Capacity Act	Patients who lack the capacity to make decisions in relation to their care are empowered to do so MTW has an appropriately trained workforce who can identify and support those at risk of abuse or neglect Staff know how to access specialist advice and support when required Pathways of care are in place to prevent harm from occurring Effective working relationships are in place with other healthcare partners to ensure seamless services are in place.
22	Safeguarding Children	All staff in the Trust are able to comply with their statutory responsibilities and comply with best practice guidance A child-centred approach is in place across the Trust which will include staff who are trained at Level 3 Safeguarding in non-Children's Service areas. The safeguarding of children will be everyone's business Effective working relationships are in place with other healthcare partners to ensure seamless services are in place.

MTW exceptional people, outstanding care

The Trust has a robust and embedded QIA process which ensures quality is not compromised

Maidstone and Tunbridge Wells NHS Trust



The Trust's Quality Impact Assessment (QIA) process is a well embedded and robust business as usual practice within the Trust. It is clearly documented in the Programme Management Office (PMO) manual, which is reviewed and updated on an annual basis to reflect any changes identified in the NHS Operational Planning and Contracting guidelines. All change, whether linked to a cost improvement or a service improvement will be subject to a QIA. With the scale of the challenge that the Trust is facing, mitigation in terms of patient quality and safety of any service change is an essential component of the Trust's assurance process. The Trust assigns a clinical lead to every project or scheme, engaged at all stages of the assessment and sign off process. The clinical lead completes the quality assessment of every project which includes:

- Identification and agreement of KPIs to provide sensitive early warning systems, which will lead to responsive and timely action as required.
- A detailed risk assessment identifying any risks to patient safety, patient experience or clinical effectiveness. This allows risks to be mitigated at the earliest possible stage.

It should be noted that even if a scheme/project is in its analysis phase, a QIA will still be required to meet the NHS Operational Planning and Contracting timeline with the likely outcome that a detailed QIA will be required at the point of analysis completion or further detail available.

The QIA template incorporates all key components such as patient safety, clinical effectiveness, patient experience, staff experience, inequalities and targets/performance. The Clinical Lead completes the template with the risk rating and can allocate mitigation actions to provide a residual score.

All approved QIAs are formally signed by the Medical Director and Chief Nurse and scanned to provide an electronic audit trail

Bi-monthly QIA reports presented to Quality Committee and deep dive reviews of appropriate projects as identified by the Quality committee will be conducted to provide the assurance that the transformational or cost improvement project has not affected quality

Deep dives will be coordinated by the Programme Management Office (PMO) and will provide a proforma to the Medical Director, Chief Nurse and appointed Non-Executive Director for completion. In addition to the report, which will contain analysis data and soft intelligence, the deep dive will consist of a walk about or meeting with the area for change by the Medical Director or Chief Nurse, plus the appointed Non-Executive Director. Subject to findings, this will provide the assurance that the project scope has not changed following the QIA sign off and therefore the QIA is still fit for purpose and that the proposed change and the associated QIA scoring be documented and mitigated. There will be an annual Quality Committee report reviewing the yearly QIA performance of all schemes and provide suggestions of any changes which need to be made for the following year.

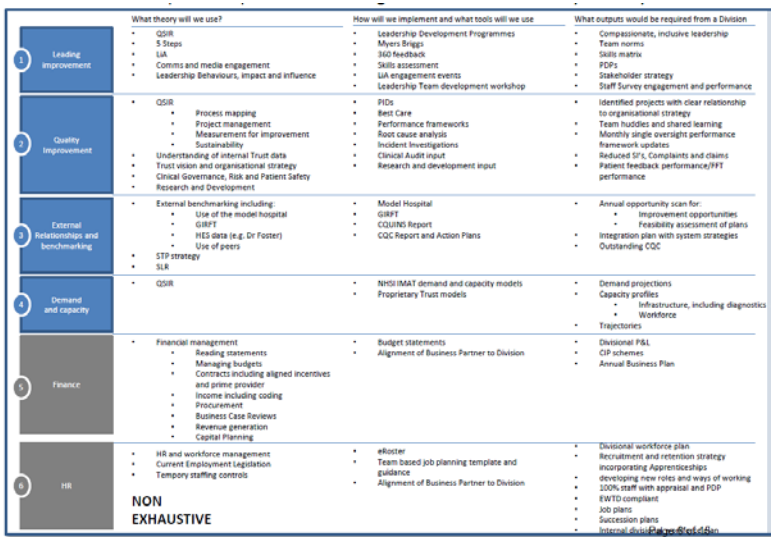
Building Quality Improvement capability is central to the Trust's plans and forms one of the key pillars of our organisational development programme

Maidstone and Tunbridge Wells NHS Trust

Quality, Service Improvement and Redesign Programme

To develop skills for improvement across the Trust, we are investing in the Advancing Change and Transformation (ACT) Academy's Quality, Service Improvement and Redesign Practitioner Programme (QSIR Practitioner Programme) developed by NHS Improvement. QSIR is a nationally recognised successful quality and service improvement programme that has been delivered over many years to thousands of NHS staff. It covers the breadth of universal quality and service improvement skills (for example, elements of Lean, Six Sigma, Model for Improvement). It takes an action based learning approach with participants delivering an improvement project during the programme.

We are actively engaging with and learning from other Trusts who have adopted QSIR as to how to maximise the impact of the Programme, including which support mechanisms we could put in place to provide practical help, advice and coaching to staff engaging in improvement work. This will be in addition to the ongoing support from the ACT Academy.



	What theory will we use?	How will we implement and what tools will we use	What outputs would be required from a Division
1 Leading improvement	• QSIR • 5 Steps • LiA • Comms and media engagement • Leadership Behaviours, impact and influence	• Leadership Development Programmes • Myers Briggs • 360 feedback • Skills assessment • LiA engagement events • Leadership Team development workshop	• Compassionate, inclusive leadership • Team norms • Skills matrix • PDPs • Stakeholder strategy • Staff Survey engagement and performance

2 Quality Improvement	• QSIR
	  • Process mapping
	  • Project management
	  • Measurement for improvement
	  • Sustainability
	• Understanding of internal Trust data
	• Trust vision and organisational strategy
	• Clinical Governance, Risk and Patient Safety
	• Research and Development
		• PIDs
		• Best Care
		• Performance frameworks
		• Root cause analysis
		• Incident Investigations
		• Clinical Audit input
		• Research and development input
			• Identified projects with clear relationship to organisational strategy
			• Team huddles and shared learning
			• Monthly single oversight performance framework updates
			• Reduced SI's, Complaints and claims
			• Patient feedback performance/FFT performance

3 External Relationships and benchmarking	• External benchmarking including:
	  • Use of the model hospital
	  • GIRFT
	  • HES data (e.g. Dr Foster)
	  • Use of peers
	• STP strategy
	• SLR
		• Model Hospital
		• GIRFT
		• CQUINS Report
		• CQC Report and Action Plans
			• Annual opportunity scan for:
			  • Improvement opportunities
			  • Feasibility assessment of plans
			• Integration plan with system strategies
			• Outstanding CQC

4 Demand and capacity	• QSIR	• NHSI IMAT demand and capacity models
		• Proprietary Trust models
			• Demand projections
			• Capacity profiles
			  • Infrastructure, including diagnostics
			  • Workforce
			• Trajectories

5 Finance	• Financial management
	  • Reading statements
	  • Managing budgets
	  • Contracts including aligned incentives and prime provider
	  • Income including coding
	  • Procurement
	  • Business Case Reviews
	  • Revenue generation
	  • Capital Planning
		• Budget statements
		• Alignment of Business Partner to Division
			• Divisional P&L
			• CIP schemes
			• Annual Business Plan

6 HR	• HR and workforce management • Current Employment Legislation • Tempory staffing controls NON EXHAUSTIVE	• eRoster • Team based job planning template and guidance • Alignment of Business Partner to Division	• Divisional workforce plan • Recruitment and retention strategy incorporating Apprenticeships • developing new roles and ways of working • 100% staff with appraisal and PDP • EWTD compliant • Job plans • Succession plans • Internal [illegible]

Clinically led structure and organisational development

As part of our move towards a clinically led structure we have embedded QSIR into our organisational development programme to ensure that we are equipping our clinical staff with both quality improvement capabilities and also the pre-requisite skills to effectively both run and improve their services.

Staff are offered leadership and management development opportunities throughout their career path in order to ensure that we have a diverse and capable cohort of leaders at all levels of the talent pipeline in line with the aims and aspirations of the NHS long term plan

MTW exceptional people, outstanding care

Workforce planning (1/2)

Maidstone and

Workforce planning is an integral part of the Trust's annual business planning process. Workforce plans are developed in conjunction with the organisation's strategic objectives, demand and capacity assessments, operational and financial plans including the Cost Improvement Programme (CIP) and income forecasts. The workforce plans support the delivery of the requirements of the NHS constitution and other service delivery targets.

An Executive Team challenge programme of scrutiny ensures all local plans are aligned to organisational plans and objectives and have been subject to a robust QIA process. The integrated business planning process ensures that recruitment strategies, education commissioning, organisational development initiatives and workforce resource management are affordable and can be developed at a Trust-wide level and at scale. Divisional and directorate workforce plans are formally approved by the relevant Chief of Service prior to review by the relevant executive committee to form a recommendation for approval or variation at the Trust Board.

The Workforce Plan delivers:

- Appropriate staffing levels to meet operational demand as agreed with our commissioners and local partners
- Relevant skill-mix within clinical units to ensure the efficient, safe care of patients within the Trust
- Reduced dependence on temporary staffing (particularly high-cost agency sourcing) but protecting the ability to flex as service and contractual demands require.

Current workforce challenges at Trust and STP level (See page 11 for additional detail)

Whilst the trust has seen a considerable improvement in the turnover of staff in 2018/19 (reduced from 12% to 8.9%) it continues to face significant challenges in attracting clinical staff in a number of key areas. These include

- Consultant physicians
- Consultant radiologists
- Some Oncology specialisms
- Middle grade paediatricians
- Middle grade general surgeons
- Qualified nurses for Accident & Emergency
- Qualified nurses for medical wards
- Qualified theatre staff
- Qualified nurses for Trauma & Orthopaedics
- Senior Radiographer and senior Pharmacy positions

Whilst the trust has been able to continue to provide the requisite quality of care expected of it, it has done so through the use of agency staff with the consequent increase in costs. The demand for agency staff across the STP and more widely has meant that rate reductions have been hard to achieve although some progress has been made in this area in 2018/19, most notably with qualified nurse agency rates. MTW will be part of the STP programme to issue contract to medical agencies in 2019/20 to further reduce medical agency rates. It is expected that this will target junior medical staff initially. In 2018/19 MTW has taken steps to increase the size and usage of its own bank through additional recruitment and the conversion of agency clinicians to the trust bank. This will continue in 2019/20 and the trust will look to utilise available technologies to further encourage the take up of bank shifts.

Workforce planning (2/2)

Due to the limited supply within the local labour market MTW has sourced qualified nurses from overseas. The political impact of Brexit has led to a considerable reduction in interest from EU countries and therefore attention has focused on the wider international market. The trust is planning to expand the number of recruitment agencies it works with in 2019/20 to increase this supply. MTW has also been developing links with an Indian nursing school and aims to recruit an initial cohort from this source in 2019. These nurses will arrive in the UK 'OSCE ready' so as to reduce the amount of time spent as supernumerary. International recruitment will also be used to address vacancies within the medical workforce, primarily for middle grade paediatricians, surgeons and physicians. Recruitment will take place for both substantive and Medical Training Initiative (MTI) positions

Local recruitment will continue to take place with a focus on closer working with local universities to attract newly qualified healthcare professionals. All year 3 nursing students placed at MTW have been offered a job on successful qualification to improve recruitment from this group. For specific hard to fill vacancies, recruitment and retention premium (RRP) will be considered. RRP was used in 2018/19 for the recruitment of consultant Care of the Elderly consultants following consultation with STP partners. This will be repeated in 2019/20 for other select consultant posts which have remained vacant despite multiple recruitment attempts.

Given the challenges of the UK labour market and the time factors involved in international recruitment MTW plans to continue recruiting to alternative clinical roles and has been redesigning care pathways and work to support this. In 2019/20 MTW will recruit additional Physician Associates to surgery, general medicine and obstetrics and gynaecology. It will also recruit further advanced clinical practitioners in paediatrics, ophthalmology, radiology and emergency medicine to support care pathways and reduce the need for medical agency cover.

MTW will continue to expand its use of apprenticeships in 2019/20 to deliver a long term sustainable solution to the workforce. Apprenticeships are being used for entry level posts in administrative functions and for Care Support Workers. 15 trainee nurse associates have been appointed and a further cohort will be recruited in 2019/20 as part of a local consortia of provider organisations including 3rd sector. New apprenticeship roles will be introduced for scientific grades and therapies as the apprentice programmes become available. In order to increase usage of the MTW levy we will work with partner organisations in the STP and specifically within the forming West Kent ICP to transfer the levy to facilitate the development of shared posts.

Retention plans for MTW in 2019/20 will aim to continue the consistent downward trend in turnover that has been seen in 2018/19. The trust will deliver the remainder of its plan to improve nurse retention as part of the NHSi nurse retention programme. Key elements of this plan are being extended to other professional groups including therapies and laboratory staff. More widely the trust engagement plan will focus on the following areas to develop a positive organisational culture and assist in the retention of staff

- Provision of mental health support to individuals and teams in the immediate aftermath of an incident
- Implementation of the BMA Fatigue & Facilities charter
- Support for staff going through the menopause
- Review of the Employee Assistance programme
- Provision of a range of additional programmes for staff including art classes, a staff choir, meditation and mindfulness etc.
- A programme of staff focus groups to identify local issues
- Implementation of the new Freedom to Speak Up strategy and an expansion of the number of FTSU champions, drawn from staff volunteers, staff networks and staff side
- Harassment and Bullying training for all line managers going through all trust leadership programmes
- Joint review of all Employment relations cases by HR, staff side and staff networks to ensure fair and appropriate outcomes and processes are in place
- Revised publicity to emphasise to patients and public the commitment of the organisation to tackle violence and abuse of its staff by members of the public.
- Active 'shop floor' commitment of all senior leaders

Workforce challenges, risks and mitigations

Maidstone and Tunbridge Wells NHS Trust

Current workforce challenges at a local and STP/ICS level

Description of workforce challenge	Impact on workforce	Initiatives in place
i) Shortage of Adult trained nurses, particularly at TWH for ED, medicine, T&O and theatres ii) Shortage of consultant physicians and Radiologists iii) Shortage of middle grade surgeons and paediatricians iv) Stroke	Difficulty in recruiting to establishment; difficulty in rostering, reliance on bank and agency, additional training & development support required to support overseas nurses, apprentice programmes	NHSi Nurse retention programme Overseas nurse recruitment contracts in place with plans for further expansion of contracts. TNA programme in place. Guaranteed job offers made to all year 3 student nurses. Use of alternative roles e.g. Emergency Department practitioners, physician associates, Advanced Clinical Practitioners, Reporting Radiographers University recruitment events Local & regional recruitment events Overseas recruitment for middle grades Increased use of MTI programmes 'Golden handshake' and retention premium for Care of the Elderly consultants

Current workforce risks issues and mitigations in place to address them

Description of workforce risk	Impact of risk (high, medium, low)	Risk response strategy	Timescales and progress to date
High levels of vacancy of qualified nurses in ED, medical wards at TWH, T&O wards at TWH and TWH theatres	High	Using bank and agency staff as a temporary solution to cover gap. Identifying reasons for leaving through exit interviews and engagement with staff through focus groups. Implementing 'itchy feet' conversations as part of NHSi Retention programme. Automatic offers of employment to all year 3 nurse students, introduction of TNAs (15 commenced in December 2018)	
Long term vacancies for consultant physicians for respiratory, Care of the Elderly	High		

Long term vacancies

NHS
Maidstone and Tunbridge Wells
NHS Trust

Long term vacancies and how we plan to fill these

Description of long-term vacancy, including the time this has been a vacancy post	Whole-time equivalent (WTE) impact	Impact on service delivery	Initiatives in place, along with timescales
Consultant Respiratory physician Consultant Care of the Elderly Physician Consultant AMU Consultant Radiologist Consultant Neurologist Consultant Oncologist Physician Middle grade Paediatrician Middle grade general surgeon	2.0 3.0 3.0 1.0 1.0 4.0 X y	Service delivery affected by the use of expensive long term medical agency impacting on budget	More flexible approach to job plans available including additional opportunities for research, teaching etc. Golden handshake of £20k available for Consultant CoE posts. 2 offers made International recruitment agency BDI supporting recruitment of middle grade medical staff. 10 offers pending. Plan to expand use of MTI posts across trust. 10 MTI posts planned for 2019/20. Development of alternative roles; ACPs, physician Associates, Reporting Radiographers. Succession planning with senior trainees

Financial forecasts and modelling

Maidstone and Tunbridge Wells NHS Trust

The Trust is planning to meet its control total target of £7.0m deficit before MRET and PSF. Including the impact of MRET and PSF funding would improve the financial position to a £6.9m surplus. The financial plan has been modelled using a consistent and integrated approach with the activity and workforce models. The plan has used the starting point of the forecast outturn for 2018/19 as at month 9. The Trust has then applied a number of assumptions to this, these include:

- Tariff changes including MFF, MRET and PSF to urgent care changes. The plan assumes the values for MFF, MRET and PSF in the control total will be reflected in the tariff changes.
- A CIP target of £19.4m in addition to £5.7m of full year effect of 18/19 schemes.
- A contingency reserve (£5.4m)

The table on the right shows the income and expenditure position for 2018/19 to 2019/12.

	2018/19 Budget £m	2018/19 Forecast Outturn £m	2019/20 Plan £m
Clinical Income	399.6	398.9	434.8
Commercial Income	3.7	3.8	4.1
Education Training & Research	11.0	10.8	10.9
Private Patients	3.4	1.6	5.1
MRET	0.0	0.0	6.2
PSF	12.7	12.7	7.7
Other Income	40.8	38.3	38.0
Total Income	**471.2**	**466.0**	**506.7**
A&C/Sen Man Staff	-35.9	-35.5	-39.8
Medical Staff	-80.2	-82.9	-80.4
Nursing	-96.7	-96.1	-99.0
Scientific Therap & Tech Staff	-41.3	-40.7	-44.9
Support Staff	-14.8	-14.4	-14.7
Pay Reserves	-1.6	-1.0	-3.6
Total Pay	**-270.6**	**-270.5**	**-282.3**
Other Non Pay	-46.3	-49.7	-53.2
CNST	-19.0	-18.6	-17.6
Drugs & Medical Gases	-52.0	-53.3	-52.4
Purch healthcare from non NHS	-5.4	-4.0	-16.9
Supplies & Services	-37.2	-40.5	-40.2
Reserves	-1.8	0.0	-5.7
Total Non Pay	**-161.7**	**-166.0**	**-185.9**
Other Finance Costs	-28.2	-18.9	-32.8
Total Surplus Pre Technical Adjustments	**10.7**	**10.6**	**5.8**
Technical Adjustments	1.1	1.2	1.1
Total Surplus Including MRET and PSF	**11.7**	**11.7**	**6.9**
Total Deficit Excluding MRET and PSF	**-1.0**	**-1.0**	**-7.0**

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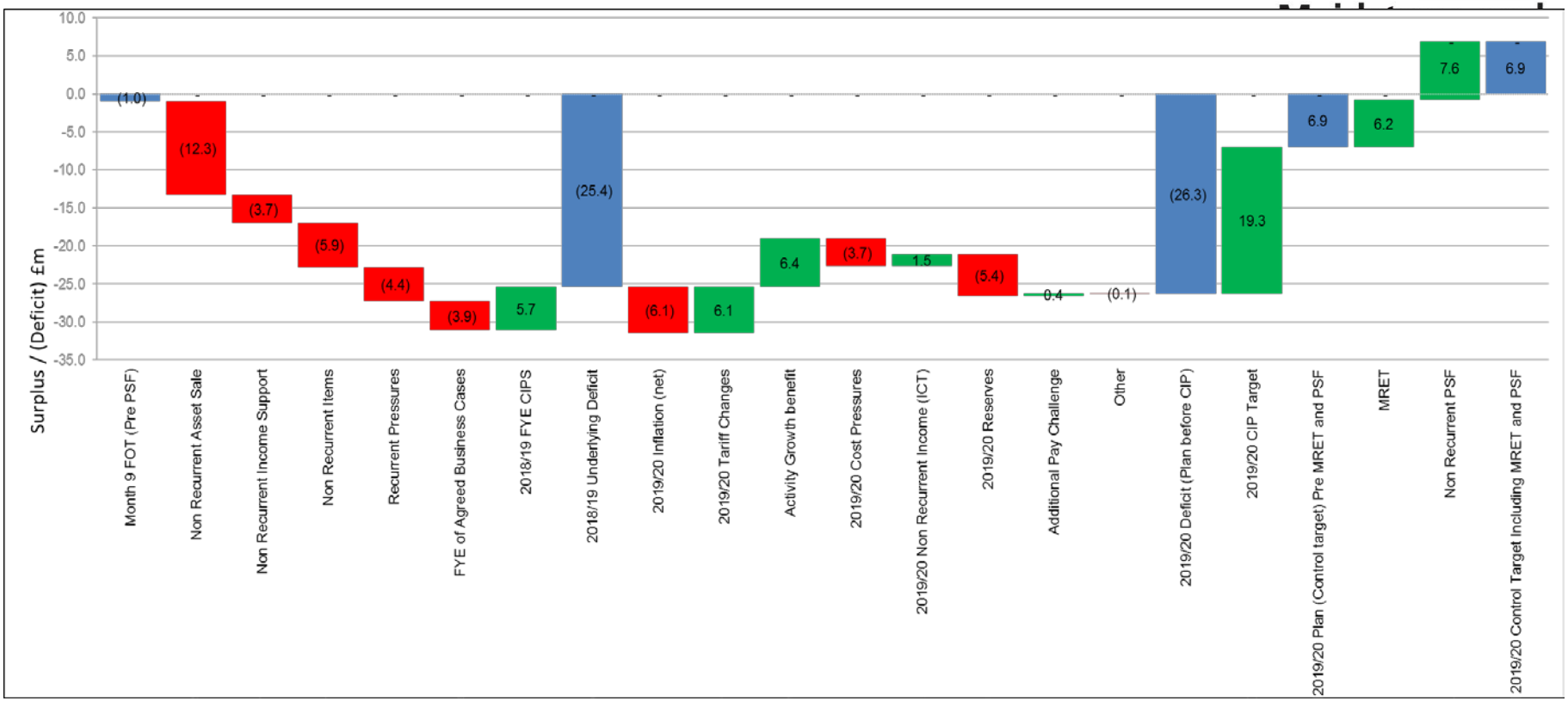
Bridge 2018/19 Outturn to 2019/20 Plan



Non Recurrent Items (£5.9m): 2018/19 Recovery plan saving stretch £2.2m, Clinical income £1.5m (£1.0m 2017/18 old year plus PCS benefit), CNST Maternity Premium savings (£1.4m), Fleming rebate £0.7m.

Recurrent Pressures (£4.4m): Divisional Workforce Plans forecasting to recruit into vacant posts c£4m.

FYE of Agreed Business Case (£3.9m): EPR Business Case £2.9m, PAS AllScripts £0.5m, RTT Data Quality £0.5m, Clinically Led Organisation £1m, less Private Patient Unit benefit £2.1m.

2018/19 FYE CIPS £5.7m: Prime Provider £4.0m, Medicines Management £0.5m, Procurement £0.5m, Estates and Facilities £0.5m

2019/20 Tariff Changes and CNST net impact £6.1m: net CNST, PSF, MFF, net NHS Supply chain.

Cost Pressures (£3.7m): Energy £1.3m, PFI and Depreciation £1.6m, Accommodation Rental £0.8m

2019/20 Non Recurrent Income (ICT) £1.5m: Assumes £1.5m NHS Digital funding will be received towards the EPR project.

MRET £6.2m: By signing up to the control target (£6.9m deficit) the Trust will receive £6.2m MRET funding, there are no performance or financial targets associated with this income.

PSF £7.6m: If the Trust delivers the control target the Trust will receive £7.6m non recurrent PSF. In 2019/20 the PSF funding is not linked to any other performance targets.

Efficiency savings for 2019/20

Maidstone and Tunbridge Wells NHS Trust

The Trust has a total savings plan for 2019/20 of £25.1m. £5.7m Roll over from 2018/19 and £19.4m new 2019/20 schemes.

Roll over savings £5.7m relate to Prime Provider £, Biosimilar savings £0.5m, E&F savings (£0.5m of which £0.2m classified as opportunity relating to Energy Procurement), £0.5m Procurement and £0.2m other savings.

The Trust has identified £16m of new savings schemes for 2019/20 with £3.3m unidentified.

£000

Best Care Programme	Project Title	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Best Patient Flow	Prime Provider	337	337	337	337	337	337	337	337	337	337	337	337	4,045
	Patient Transport Reduction	15	15	30	30	30	30	30	30	30	30	30	30	330
	Radiology Out Sourcing	4	4	4	8	8	8	8	8	8	8	8	8	88
	Operational Efficiencies	0	0	0	333	333	333	333	333	333	333	333	333	3,000
Best Patient Flow Total		**356**	**356**	**371**	**709**	**709**	**709**	**709**	**709**	**709**	**709**	**709**	**709**	**7,462**
Best Safe	Substantive Staff - Medical Job Planning	0	0	115	115	115	115	115	115	115	115	115	115	1,146
Best Safe Total		**0**	**0**	**115**	**115**	**115**	**115**	**115**	**115**	**115**	**115**	**115**	**115**	**1,146**
Best use of Resources	Staffing Non Pay	34	34	34	43	43	43	42	42	42	42	42	42	480
	Directorate Led Scheme	6	6	6	6	6	6	1	1	1	1	1		41
	Estates and Facilities	70	70	70	57	57	57	41	41	16	6	6	6	497
	Medicines Management	66	66	78	62	74	74	86	86	86	86	86	86	938
	NHS Provider SLA Review	11	11	11	11	11	11							67
	Procurement	162	152	203	199	247	247	293	275	275	258	252	252	2,815
	ENERGY	0	0	0	0	0	0	18	18	18	18	18	18	106
	Reduction in Inpatient Meals	4	4	4	8	8	8	8	8	8	8	8	8	88
	Catering Charges	3	3	3	5	5	5	5	5	5	5	5	5	53
	General Transport Services and Lease Vehicles	5	5	5	10	10	10	10	10	10	10	10	10	105
	AVASTIN	0	0	0	0	0	0	33	33	33	33	33	33	200
	Car Parking	0	0	19	19	19	19	19	19	19	19	19	19	192
	OSV Income	21	21	21	21	21	21	21	21	21	21	21	21	250
Best use of Resources Total		**381**	**372**	**454**	**441**	**501**	**501**	**578**	**559**	**534**	**507**	**502**	**501**	**5,831**
Best Workforce	Roll Over from 2018/19	6	6	6	6	6	2	1	1	1	1	1	1	34
	Reduction in Temporary Staffing Usage (Vol)	217	217	217	217	217	217	217	217	217	217	217	217	2,601
	Temp Staff Non Framework	14	14	28	28	42	42	55	55	55	55	55	55	499
	Temp Staffing Rate Standardisation	22	22	45	45	67	67	90	90	90	90	90	90	807
	Temp Staffing Agency to Bank switch	26	26	51	51	77	77	102	102	102	102	102	102	920
	Substantive Staff Review	0	0	159	159	159	159	159	159	159	159	159	159	1,594
Best Workforce Total		**284**	**284**	**505**	**505**	**567**	**563**	**624**	**624**	**624**	**624**	**624**	**624**	**6,455**
Best Quality	CNST - Maternity	70	70	70	70	70	70	70	70	70	70	70	70	840
Best Quality Total		**70**	**70**	**70**	**70**	**70**	**70**	**70**	**70**	**70**	**70**	**70**	**70**	**840**
Unidentified	Unidentified	0	0	0	0	0	0	558	558	558	558	558	558	3,349
Unidentified Total		**0**	**0**	**0**	**0**	**0**	**0**	**558**	**558**	**558**	**558**	**558**	**558**	**3,349**
Grand Total		**1,092**	**1,082**	**1,515**	**1,839**	**1,961**	**1,957**	**2,654**	**2,635**	**2,610**	**2,583**	**2,578**	**2,577**	**25,083**

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Agency Rules

NHS
Maidstone and Tunbridge Wells

Whilst the trust plans to continue to reduce its reliance on agency staffing and consequent spend it anticipates that it will continue to breach the overall cap set by NHSi in 2019/20. The reason for the breach of the cap relates to the continued recruitment challenges faced by the trust in a number of key areas, notably consultant physicians, middle grade paediatricians and surgeons and qualified nursing staff for medicine and Emergency department specialisms. These challenges are driven by national shortages in these areas as well as more local geographical issues, most notably on the Tunbridge Wells site which is impacted more particularly by the cost of housing, cost of transport, ease of access and proximity to hospitals offering London weighting.

Key actions to continue to reduce agency spend in 2019/20 are part of the Trust Best Workforce programme and include work at local and STP level. The trust is working through the STP with neighbouring trusts to introduce STP agency contracts for medical agencies following introduction of similar contracts for qualified nurses in 2018/19. The Trust has plans to expand its international recruitment for qualified nurses and middle grade medical staff through the development of further contracts with recruitment agencies. It is also looking to expand its use of alternative roles such as advanced clinical practitioners and physician associates to offset shortages in hard to recruit specialisms.

The Trust will apply the advice gained from recently provided NHSi support on the management and use of agencies to apply further pressure on agency prices whilst at the same time actively working to continue the expansion of its bank provision. The trust will continue to maintain the level of governance, control and use of data that was endorsed by NHSi colleagues in their visit of 15th January.

Capital planning (1/2)

NHS
Maidstone and Tunbridge Wells

The Trust's initial operational plan includes a five year capital programme of total value £49m (excluding donated assets) which is focussed on delivering the clinical strategy, driving access and operational performance improvements and reducing backlog and clinical risk to ensure appropriate patient safety and experience within an efficient environment.

The programme reflects plans for essential improvements in Maidstone estates (£6.7m) and Tunbridge Wells Hospital lifecycle (£5.4m). The Trust has assumed at this stage a minimum value of £2.4m carried forward from 2018/19 into 2019/20 relating to the net book value of its planned sale of Maidstone Residences. This has yet to be agreed with NHSI, together with any options to carry forward some of the anticipated disposal gain over and above the net book value.

The Trust has assumed that the NHSE capitally funded national programme of updating linear accelerators will continue and has planned for a replacement linac on an annual basis.

The Trust's plan includes replacement equipment provision of c. £8.1m over the 5 year period and ICT projects of £5.4m including the implementation of an Electronic Patient Record system.

The primary source of capital funding is internally generated cash through deprecation and capital receipts received on the planned sale of assets, net of repayments of principal on the existing capital loans, PFI lease repayments and PFI lifecycle repayments. The Trust continues to re-prioritise its programme in the light of the constraints on external capital, the approach to accounting for PFI capital repayments that was introduced in 2016/17, and also to reflect its stretching of the existing asset base (e.g. linac operational lives increased to 13 years from 10 to reflect actual usage) and the impact of valuation impairments.

In order to respond to the scale of critical infrastructure replacement and renewal the Trust may need to seek further capital investment loans given the constraints on its capital resource e.g. for future linac replacements. The Trust will also seek to take advantage of the opportunity to bid for STP capital for projects that have strategic system significance.

The Trust plans to continue accessing charitable funding to support its capital investment, particularly in cardiology and oncology, and also considering other approaches to managing its resource requirement e.g. the use of managed service arrangements (currently used for instance in laboratory services).

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Capital planning (2/2)

Maidstone and Tunbridge Wells NHS Trust

Draft Capital Spend - all figures £000	2019/20	2020/21	2021/22	2022/23	2023/24
Estates					
Estates Projects - Backlog maintenance	500	650	750	700	650
Estates Projects - other renewals	2,013	400	400	400	300
Linac estates work	300	300	350	350	350
Subtotal - internally generated funds	**2,813**	**1,350**	**1,500**	**1,450**	**1,300**
ICT					
ICT - Infrastructure	440	600	600	600	600
ICT - EPR	1880	651	52		
Subtotal - internally generated funds	**2,320**	**1,251**	**652**	**600**	**600**
Equipment					
Trustwide equipment	2,248	2,000	1,660	1,178	1,024
Subtotal - internally generated funds	**2,248**	**2,000**	**1,660**	**1,178**	**1,024**
Externally financed projects					
TWH - Lifecycle (IFRIC 12 PFI capital)	601	987	1,252	1,283	1,316
Linac replacement programme - PDC	1,730	1,730	1,730	1,750	1,750
Critical Medical Imaging replacement - Loans	2,500	700			
Oncology Site replacement - East Kent - Loan		5,000	5,000		
HASU Stroke - STP bid PDC - pending outcome					
Subtotal - external finance	**4,831**	**8,417**	**7,982**	**3,033**	**3,066**
Total Capital Spend Plans	**12,212**	**13,018**	**11,794**	**6,261**	**5,990**

The draft 5 year capital plan is balanced to the forecast internally generated capital resource, net of repayments of PFI and capital loans, plus some specific assumptions of external finance. Headlines for 2019/20:

- £2m in estates projects is assumed for AMU conversion to support HASU development. The funding for this is part of the £2.4m net book value related to residences' disposals in 2018/19 that the Trust intends to seek agreement to carry forward as resource. The HASU PDC is not yet included in the plan in accordance with NHSI instructions as it is subject to final sign off the business case.
- £1.9m of internal funds has been set aside to finance EPR project. The Trust is bidding for external finance via NHSE but this process is unlikely to conclude before the final plan submissions.
- The Trust is assuming a continuation of the NHSE funded linac replacement programme (PDC)
- The Trust has included a loan bid item for 2019/20 for £2.5m for critical Medical Imaging kit. This is brought forward from the 2018/19 plan submission

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The challenge faced by the STP mirrors that of the Trust itself with demographic challenges impacting on provision of care

Maidstone and Tunbridge Wells NHS Trust

The Kent and Medway Health and Social Care System's case for change sets out a range of challenges that are being faced by health and social care that are driving the transformation of care, being pursued by the STP (as summarised below).

The challenges outlined above are already being experienced by the Trust as outlined in this document, characterised by an increased demand for services due to changes in the population and increased challenges in delivering constitutional targets and maintaining expenditure within control totals.

Health and wellbeing

- **Population growth:** Projected to grow by c5% (≈ 89,000 people) over the next five years, with uneven growth across the patch putting pressures on some parts of the system
- **Ageing population:** Largest age group growth is in demographic of 85+ years bringing increased needs for health and social care
- **Health inequality:** Range of life expectancies for both men and women related to deprivation exist, with the main causes of death being from preventative interventions and the gap has not closed over the last 10 years
- **Housing growth:** Kent and Medway earmarked for significant housing growth e.g. Ebbsfleet, adding to the demand for health and care services

Quality of Care

- **Stresses in the system:** Services close to capacity across the patch with acute occupancy over 90%; a number of providers in special measures; a high ratio of patients to GPs and a number of GPs giving up general medical services (GMS) contracts or retiring
- **Delivery of constitutional targets:** Delayed transfer of care, A&E targets, RTT, cancer targets, ambulance response times and other services pressures (e.g. stroke) continue to be an ongoing issue
- **Workforce issues:** Significant workforce issues around recruitment, rotas and maintaining a viable workforce impacting health and social care

Sustainability

- **Financial sustainability:** 15/16 deficit of £109m forecast to rise to £434m by 20/21 in a 'do nothing' scenario (this excludes social care budget pressures (KCC £45m, Medway Council £7m).
- **Clinical sustainability:** Growing reliance on agencies due to workforce issues around unsustainable rotas, recruitment and retention.

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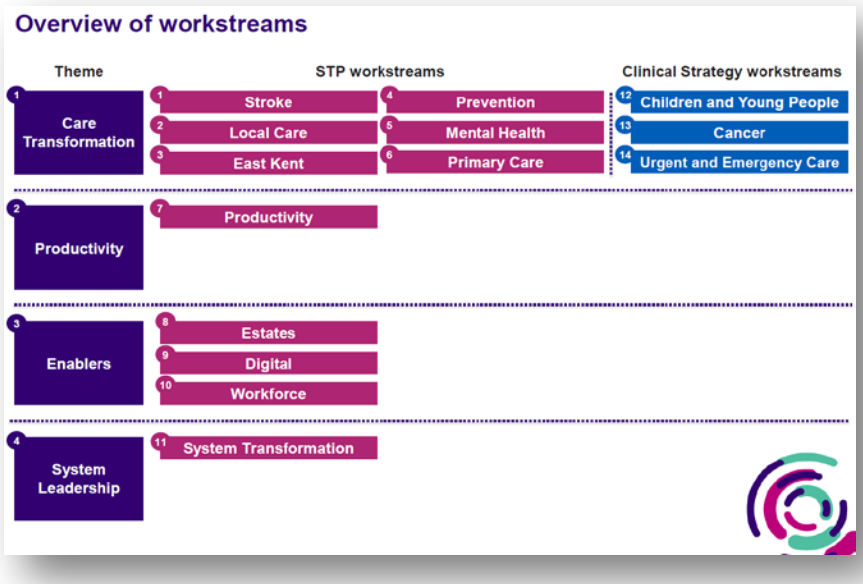
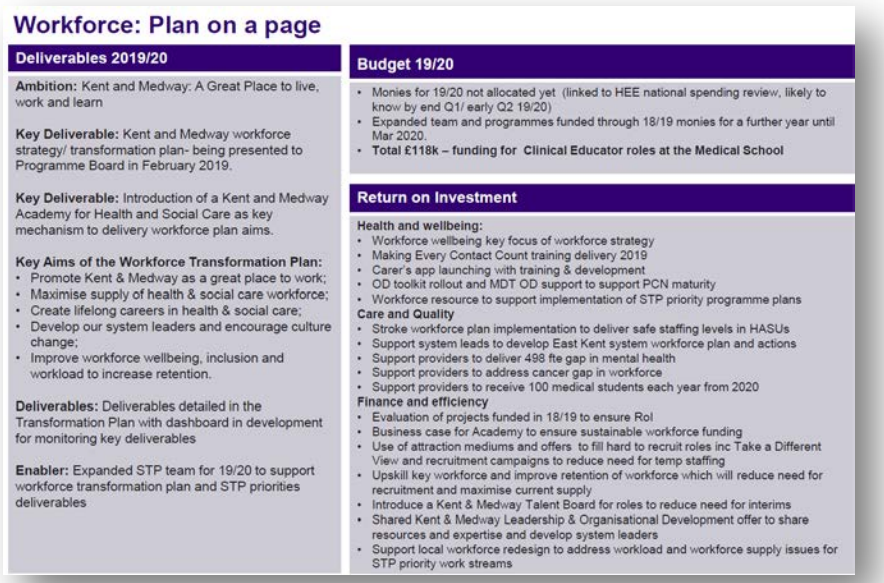
The STP workstreams directly inform the Trusts operational planning through both Trust specific deliverables and by informing expected improvements in finance, activity , workforce and quality

Maidstone and Tunbridge Wells NHS Trust

For all of the STP work streams they have been translated into the critical deliverables for 19/20 including for each individual Trust which constitutes part of the STP (e.g. on the implementation of Hyper Acute Stroke Units across Kent)





Key workstreams where the STP workstreams have informed the operating plan include:

- **Productivity**: A Key focus is on temporary staffing through Expanding the work to date with Nursing agencies to include Medical and then AHPs delivering collaborative bank solutions and harmonising bank rates.
- **Stroke:** MTW has developed it's plans for both a new AMU and HASU as part of the new stroke service model with evident implications on our capital and workforce plans for 19/20
- **Workforce:** The workforce plans at an TSP level support the MTW specific priorities for 19/20 (e.g. the improvement of workforce provision both in Stroke to support the implementation or new HASU's and also support to providers to address the cancer workforce gap which will directly support our operational performance and ability meet constitutional standards)
- **Local care:** As MTW progresses with it's partners towards developing an integrated care partnership (ICP) to support the Integrated Care System at a Kent wide level the work on local care will underpin both a multidisciplinary approach to care which will underpin plans at the same time as directly reducing both A&E activity, non elective activity and outpatient attendances which will help enable the Trust to effectively respond to the priorities set out in the long term plan on same day emergency care and face to face outpatient attendance reduction.

Trust Board meeting – February 2019

Maidstone and Tunbridge Wells NHS Trust

2-12	Stakeholder assessment and engagement plan	Director of Strategy, Planning and Partnerships

Enclosed for consideration is a draft Stakeholder assessment and engagement plan.

Which Committees have reviewed the information prior to Board submission?

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

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

Maidstone and Tunbridge Wells NHS Trust

Internal and External Communications and Engagement Plan - 2019

1. Summary

1.1 The need for excellent internal and external stakeholder communications and engagement plays an important role in the steps MTW takes in 2019 to become an Outstanding NHS trust.

1.2 This plan sets out the core communications and engagement activity for the Trust as it faces many continuing demands within the NHS, on its journey of improvement.

2. The underlying need for communications and engagement

2.1 Strong stakeholder communications and engagement will help MTW:

- Position itself as a clinically-led organisation and, build staff, patient and public confidence (and loyalty) in its service developments to improve the quality of care.
- Be seen as a healthcare provider of choice because of our well-led, effective and efficient services and, patient/visitor experience.
- To play a lead role with partner organisations, stakeholders and patients in the co-design of services as part of essential changes within the Trust and the local health economy.
- Optimise opportunities to protect and enhance our reputation by increasing public engagement in key areas of interest.
- Deliver emergency communications effectively and coherently with other organisations and stakeholders in general at times of crisis and threat to public safety.

3. The role of corporate communications and engagement

3.1 The core objective of the communications function is to ensure the public, stakeholders and staff are kept well informed about and, given a voice to help shape, the steps MTW is taking to become an Outstanding provider of NHS care.

3.2 This plan is about getting the right messages to the right audiences, through the use of the most effective channels, at the most appropriate times. Effective communications is also a two-way process. The plan informs MTW's stakeholders and creates opportunities for the Trust to listen and respond.

The plan aims to:

- Ensure a good culture of good two-way communications and engagement
- Support the delivery of MTW's strategic objectives
- Protect and reinforce a positive reputation
- Give clear, accessible, consistent messages

- Manage public expectations in relation to limited resources and show how high quality, patient-centred care, is more cost effective.
- Keep the public, stakeholders and staff fully informed
- Improve staff morale by keeping them well informed and involved
- Build and maintain a proactive relationship with the media
- Build and maintain a proactive relationship with MTW's high interest/high influence stakeholders.
- Meet the different information needs of groups and individuals.
- Engage with partners and agencies to co-ordinate good communications.

4. Principles of good communication

4.1 To work effectively, the plan is underpinned by some simple principles of good communication and engagement. The key principles that all MTW staff are required to support to maximise the quality of MTW's stakeholder messaging, are:

Being open and accountable	• Responding swiftly and responsibly to questions. • Explaining decisions in an easy to understand way. • Proactively providing information that is relevant, accurate and useful.
Timeliness	• Delivering information when it is needed
Clear and accessible information	• Speaking and writing in plain English, using words and terms that everyone understands.
Two-way communications	• Working within systems that support two-way communications at all levels of the trust.
Targeted	• Appropriate information reaching intended audiences.
Ownership	• Ownership of messages resting jointly with the appropriate lead director, manager and communications team.
Cost effective and sustainable	• Providing fit for purpose communications that represent value for money.
Consistency	• The same messages are used consistently to all our audiences.
Sustained	• Messages are repeated via different channels over a period of time to reach all of our audiences.

5. Internal stakeholder communications and engagement

5.1 We recognise the essential role of staff communications and engagement in the delivery of high quality, safe standards of care and the development of an inclusive environment that encourages and supports continual improvement in patient and staff experience.

5.2 The Communications Department created a three-year Integrated Communications and Engagement Strategy in 2018. This is being implemented through a number of Best Care workstreams and the Trust's development of a more clinically-led organisation.

5.3 This plan identifies the Trust's key internal stakeholders and the ways in which it will target its audiences throughout 2019 to achieve its communications and engagement aims.

5.4 Our key internal stakeholders are:

- Chairman
- Chief Executive
- Execs
- Non-Execs
- Divisional Triumvirates
    - Chiefs of Service
    - DDOs
    - DDNQs
- Directorate Triumvirates
    - CDs
    - GMs
    - Matrons
    - Heads of Performance
- TME members
- Consultant body
- Senior Leadership (540+ MTW everyday leaders)
- Staff Side Chairs and union representatives
- All staff - general
- All staff – hard to reach groups (nightshift, weekend, bank staff, agency)
- Staff networks/LGBT/diverse groups
- PALS
- Volunteers
- League of Friends
- MTW members
- New joiners
- Trainees
- Junior doctors
- Patient experts/patient user groups
- Leavers – the ex-MTW family
- PFI partners

6. Channels of communication

6.1 The Trust uses a mix of internal communications channels to meet the diverse and complex needs of its internal audiences. No one channel of communication is completely effective at reaching all of MTW's 5,000 staff.

Internal channels of communication and engagement include:

- Face to face meetings
- Board to ward visits/management shop floor commitment
- Monthly Team Briefing
- CEO weekly Update
- Quarterly Senior Leadership Forum (540+ staff)
- Senior Leadership e-news
- MTW Staff App (under development in 2019)

- Intranet
- Social media
- Global email
- MTW website
- Newsletter (staff)
- Video
- Screens in hospital waiting areas
- Posters/pull-up displays
- Wage slip attachment
- Junior doctors director email (via Staff Ed)
- Notice boards
- Staff networks
- Staff surveys
- Committee meetings
- Governance Gazette
- PC screensavers
- Listening into Action/Crowdfixing
- Staff Engagement team engagement visits
- Press release/local media

7. Internal Communications Plan

7.1 The Communications Department is working closely with the Trust's Divisions and Directorates during 2019 to develop more effective internal communications with their staff as part of work to make MTW a more clinically led organisation.

7.2 An example of a typical divisional communications plan is shown below by channel, action and frequency:

Audience and actions	Risks/mitigations/ opportunities	Lead	Week 1	Week 2	Week 3	Week 4	Bi-monthly	Quarterly	6 monthly	Yearly
Staff communications										
Divisional and Directorate Annual Objectives										
Divisional/Directorate Newsletter										
Press Releases										
Email news – clinical										
Team Briefing										
Open Staff Forum										
Shop Floor Commitment										
Chief of Service Divisional Board Meeting Blog										
Staff Survey Action Plan										
Clinical Governance news										
Social Media/online stories										
Focus on.... Service Promo										

Audience	Action	Frequency	Delivered by	Success Measure
Chairman	CEO Update Press releases Newsletters Ward rounds	Weekly Weekly Weekly & quarterly Routinely	Comms Comms Comms Chair	Positive feedback Materials issues as planned

Audience	Action	Frequency	Delivered by	Success Measure
	CEO face to face Team brief Social media	Routinely Monthly Routinely	Chair/CEO Comms Comms	
CEO	**P**ress releases Newsletters Team Brief Senior Leaders Core meetings Shop floor commitment Social media	Weekly Weekly & quarterly Monthly Quarterly Routinely Routinely Routinely	Comms Comms Comms Comms CEO CEO Comms	Positive Feedback Staff Surveys Materials issued as planned
Exec team	CEO/face to face Same as above	Weekly Same as above	CEO Same as above	Positive feedback Staff Surveys Materials issued as planned
Non-Execs	Chair face to face Press releases Newsletters Ward rounds CEO/Execs face to face Team brief Social media	Routinely Weekly Weekly & quarterly Routinely Routinely Monthly Routinely	Chair Comms Comms Non-Execs CEO Comms Comms	Positive feedback Staff Surveys Materials issued as planned
Divisional Triumvirate	Exec face to face Board meetings Team meetings TME Team Brief Press Releases Newsletter Senior Leaders Forum Staff engagement sessions Social media Shop floor commitment Intranet	Routinely Monthly Routinely Quarterly Monthly Weekly Weekly & quarterly Quarterly Routinely Routinely Routinely Routinely	Execs Tri management Tri management Tri management Comms Comms Comms Comms Tri management Comms Tri management Comms	Directorate staff feedback Staff surveys Director positive feedback Engagement on social media Visits to intranet
Directorate Triumvirate	Team meetings TME Senior Leaders Forum Team Briefing Newsletters	Routinely Quarterly Quarterly Monthly Weekly &	Tri management Tri management Comms Comms Comms	Directorate staff feedback Staff surveys Director positive feedback Engagement on social media Visits to intranet

Audience	Action	Frequency	Delivered by	Success Measure
		quarterly		
	Staff engagement		Tri management	
	meetings	Routinely		
	Social media	Routinely	Comms	
	Shop floor commitment	Routinely	Tri management	
	Intranet	Routinely	Comms	
TME members	TME	Quarterly	Tri management	Directorate staff feedback
	Team meetings	Routinely	Tri management	Staff surveys
	Senior Leaders Forum	Quarterly	Comms	Director positive feedback
	Newsletters	Weekly & monthly	Comms	Engagement on social media
	Team Brief	Monthly	Comms	
	Social media	Routinely	Comms	
	Shop floor commitment	Routinely	TME members	
	Globaly emails	Routinely	Comms	
Consultant body	Team meetings	Routinely	Directorate Management	Directorate staff feedback Staff surveys
	Senior Leaders Forum	Quarterly	Comms	Positive feedback Engagement on social media
	Newsletters	Weekly & monthly	Comms	
	Team brief		Comms	Visits to intranet
	Social media	Routinely	Comms	Attendance at key meetings
	Open staff meetings	Quarterly	Comms	
	Global emails	Routinely	Comms	
Senior Leaders 540	Team meetings	Routinely	Directorate Management	Directorate staff feedback Staff surveys
	Senior Leaders Forum	Quarterly	Comms	Positive feedback Engagement on social media
	Newsletters	Weekly & monthly	Comms	
	Team brief		Comms	Number of visits to intranet
	Social media	Routinely	Comms	
	Open staff meetings	Quarterly	Comms	Numbers attending forum/key meetings
	Global emails	Routinely	Comms	
Staff Side	Staff side meetings	Quarterly	HR	Attendance at Staff Side
	Team meetings	Routinely	Management	Directorate staff feedback
	Newsletters	Weekly & monthly	Comms	Staff surveys
	Team brief		Comms	Positive feedback
	Social media	Routinely	Comms	Engagement on social media
	Open staff meetings	Quarterly	Comms	Number of visits to intranet
	Intranet	Routinely	Comms	
	Global emails	Routinely	Comms	Numbers attending forum/key meetings
All Staff general	Team meetings	Routinely	Management	Staff surveys
	Newsletters	Weekly & monthly	Comms	Positive feedback
	Team brief		Comms	Engagement on social media
	Social media	Routinely	Comms	
	Open staff meetings	Quarterly	Comms	Number of visits to intranet

Audience	Action	Frequency	Delivered by	Success Measure
	Intranet	Routinely	Comms	Numbers attending
	Global emails	Routinely	Comms	forum/key meetings
	App	Weekly	Comms	App downloads
All Staff hard to reach	Team meetings	Routinely	Management	Staff surveys
	Newsletters	Weekly &	Comms	Positive feedback
	Team brief	monthly	Comms	Engagement on social
	Social media	Routinely	Comms	media
	Open staff meetings	Quarterly	Comms	Number of visits to intranet
	Intranet	Routinely	Comms	Numbers attending
	Global emails	Routinely	Comms	forum/key meetings
	App	Weekly	Comms	App downloads
Networks	Network meetings	Quarterly	HR	Staff surveys
	Team meetings	Routinely	Management	Positive feedback
	Newsletters	Weekly &	Comms	Engagement on social
	Team brief	monthly	Comms	media
	Social media	Routinely	Comms	Number of visits to
	Open staff meetings	Quarterly	Comms	intranet
	Intranet	Routinely	Comms	Numbers attending forum/key meetings
	Global emails	Routinely	Comms	App downloads
	App	Weekly	Comms	
PALS	Team meetings	Routinely	Management	Staff surveys
	Newsletters	Weekly &	Comms	Positive feedback
	Team brief	monthly	Comms	Engagement on social
	Social media	Routinely	Comms	media
	Open staff meetings	Quarterly	Comms	Number of visits to intranet
	Intranet	Routinely	Comms	Numbers attending
	Global emails	Routinely	Comms	forum/key meetings
	App	Weekly	Comms	App downloads
Volunteers	Volunteer meetings	Quarterly	Volunteer	Number of volunteers
	Volunteer tea party	Annually	manager	Volunteer feedback /
	Open staff meetings	Quarterly	Comms	surveys
	App	Weekly	Comms	
LoF	LoF meetings	Quarterly	LoF	Number of volunteers
	Open staff meetings	Quarterly	Comms	LoF feedback / surveys
	App	Weekly	Comms	
Members	Newsletter	Quarterly	Comms	Visits to website
	Social media	Routinely	Comms	Engagement on social
	Press release/ media	Routinely	Comms	media
	Patient engagement events	As & when	Patient engagement team	Positive feedback
New joiners	New joiner letter	Before joining	HR	Staff surveys
	Website	Routinely	Comms	Positive feedback
	Intranet	Routinely	Comms	Engagement on social
	Team meetings	Routinely	Management	media
	1-2-1s	Routinely	Line manager	Visits to intranet
	Social media	Routinely	Comms	App downloads
	Global emails	Routinely	Comms	
	App	Routinely	Comms	

Audience	Action	Frequency	Delivered by	Success Measure
Trainees	Team meetings 1-2-1s Intranet Social media Global emails Open staff meetings App			Staff surveys Positive feedback Engagement on social media Visits to intranet App downloads
Junior doctors	Med Ed training Team meetings Intranet Social media Global emails App	Routinely Routinely Routinely Routinely Routinely Weekly	Med Ed Management Comms Comms Comms Comms	Staff surveys Positive feedback Engagement on social media Visits to intranet App downloads
Leavers	Exit interview 1-2-1s Social media Website	On exit Routinely Routinely Routinely	Manager / HR Manager Comms Comms	Survey feedback Engagement on social media
PFI Partners	Newsletters Social media Meetings	Quarterly Routinely Routinely	Comms Comms Directorate management	Positive feedback

8. External stakeholder communications

8.1 The Trust recognises the importance of developing lasting relationships with its external stakeholders as part of its journey to become an outstanding organisation.

8.2 A patient and public-facing external stakeholder strategy and engagement plan is being developed through the Best Care programme in 2018/19. The external stakeholder communications plan supports the strategic approach being developed to enable more of MTW's patients and local communities to shape improvements in our patient experience.

8.3 The communications plan reaches out to a wider corporate audience beyond the Trust's patient and public groups. This plan identifies the Trust's key external stakeholders and the ways in which it will target its audiences throughout. This is not a definitive list of key individuals. New and influential audiences are likely to emerge throughout the year.

9. MTW's key external stakeholders

9.1 Our key external stakeholders, in order of priority, are:

- CCGs (A)
    - West Kent CCG
        - Bob Bowes, Chairman – Peter Maskell
        - Ian Ayres, Managing Director for Dartford, Gravesham and Swanley; Medway; Swale; and West Kent clinical commissioning groups – Miles Scott
        - Adam Wickings, West Kent CCG's Chief Operating Officer (Delivery) – Sean Briggs
        - Reg Middleton, Chief Finance Officer – Steve Orpin
- HOSC Chairs and local members (B)
- Media – local, regional, national (C)

- Kent and Medway STP leads (D)
    - Glenn Douglas – Miles Scott
    - Michael Ridgwell – Amanjit Jhund
    - Simon Perks – Amanjit Jhund
    - Rachel Jones – Amanjit Jhund
    - Ravi Baghirathan – Amanjit Jhund
    - Diana Hamilton Fairley – Peter Maskell

- MPs (E)

- Healthwatch (Kent and East Sussex) (F)

- Members of the public and patients (G)

- GPs (H)
    - GP Federation
        - Sanjay Singh – Peter Maskell

- Trade press – HSJ (I)

- NHS Providers (J)
    - Chris Hopson, CEO

- NHS Trusts (acute, mental health, community, ambulance) (K)

    - Medway NHS Foundation Trust
        - James Devine, Chief Executive – Miles Scott
        - Ian O'Connor, Director of Finance – Steve Orpin
        - Diana Hamilton Fairley, Director of Strategy – Amanjit Jhund
        - James Lowell, Director of Planning and Partnerships – Amanjit Jhund

    - East Kent University NHS Foundation Trust
        - Susan Acott, Chief Executive, – Miles Scott
        - Philip Cave, Director of Finance– Steve Orpin
        - Lee Martin, Chief Operating Officer – Sean Briggs
        - Liz Shutler, Director of Strategy, Deputy CEO – Amanjit Jhund

    - KCHFT
        - Paul Bentley, Chief Executive – Miles Scott
        - Lesley Strong, Chief Operating Officer – Sean Briggs
        - Gerard Sammon, Director of Strategy – Amanjit Jhund
        - Gordon Flack, Executive Director of Finance – Steve Orpin

    - KMPT
        - Helen Greatorex, Chief Executive – Miles Scott
        - Vincent Badu, Executive Director of partnerships and strategy/deputy CEO – Amanjit Jhund
        - Jacquie Mowbray-Gould, Chief Operating Officer – Sean Briggs
        - Sheila Stenson, Executive Director of Finance – Steve Orpin

    - Darent Valley
        - Louise Ashley, Chief Executive – Miles Scott
        - Lorraine Clegg, Director of Finance and Performance – Steve Orpin
        - Leslieann Osborn, Director Strategy – Amanjit Jhund
        - Pam Dhesi, Director of Operations – Sean Briggs

- NHSE (L)
  - Regional Leadership
    - Anne Eden, Regional Director, South East – Miles Scott
    - Vaughan Lewis, Regional Medical Director – Peter Maskell
  - National Leadership
    - Simon Stevens, CEO
    - Steve Powis, MD
    - Ruth May, Chief Nursing Officer
    - Ian Dodge, Director of Strategy and Innovation
    - Comms leads
- NHSI (M)
  - Regional Leadership
    - Anne Eden, Regional Director, South East – Miles Scott
    - Paul Bennet, Delivery and Improvement Director, South East – Miles Scott
    - Suzanne Cliffe, Head of Delivery and Improvement, South East – Sean Briggs
    - Carla Mood, Head of Finance, South East – Steve Orpin
  - National Leadership
    - Ian Dalton, CEO
    - Dido Harding, Chair
    - Tim Briggs, National Director for Clinical Quality and Efficiency
    - Comms leads
- CQC (N)
  - Regional Leads
  - National Leads
    - Ted Baker, Chief Inspector of Hospitals
    - Ian Trenholm, CEO
    - Comms leads
- County Council and Borough Council Chief Executives + Council Leaders (O)
  - Kent County Council
    - Paul Carter, Leader – Miles Scott
    - Penny Southern, Corporate Director Adult Social Care and Health – Amanjit Jhund
    - Vincent Godfrey, Strategic Comissioner – Amanjit Jhund
  - Medway Council – TBC
    - Alan Jarrett, Leader – Miles Scott
    - Neil Davies, Chief Executive – Miles Scott
    - Ian Sutherland, Director of Children and Adult Services – Amanit Jhund
    - James Williams, Director of Public Health – Amanjit Jhund
    -
- KSS Deanery – Peter Maskell (P)
  - Dr Tariq Hussain, West Kent Patch Associate Dean
  - Dr Richard Laurent, Dr Shobha Ravindra, Dr Sugina Hesketh (Maidstone)
  - Dr Richard Estall, Dr Mark Hambly (Tunbridge Wells)

- Kent and Medway Medical School (Q)
    - Dr Chris Holland, Dean – Miles Scott

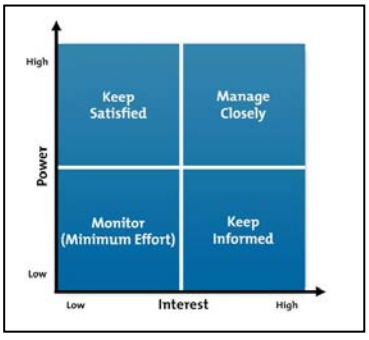
- Unison – Sara Gorton, Head of Health – Simon Hart (R)

- Independent health sector (S)
    - KIMS
        - Simon James, Chief Executive – Miles Scott
        - Mark Griffiths, Commercial Director – Steve Orpin
        - Simon Rust, Finance Director – Steve Orpin
        - Marcus Whiteley, Chief Operating Officer – Sean Briggs
    - Hoarder
        - Dr Richard Tyler, Chief Executive – Miles Scott
        - Rachel Dixon, Operations Director – Sean Briggs
    - Other Prime Provider institutions:
        - TBC

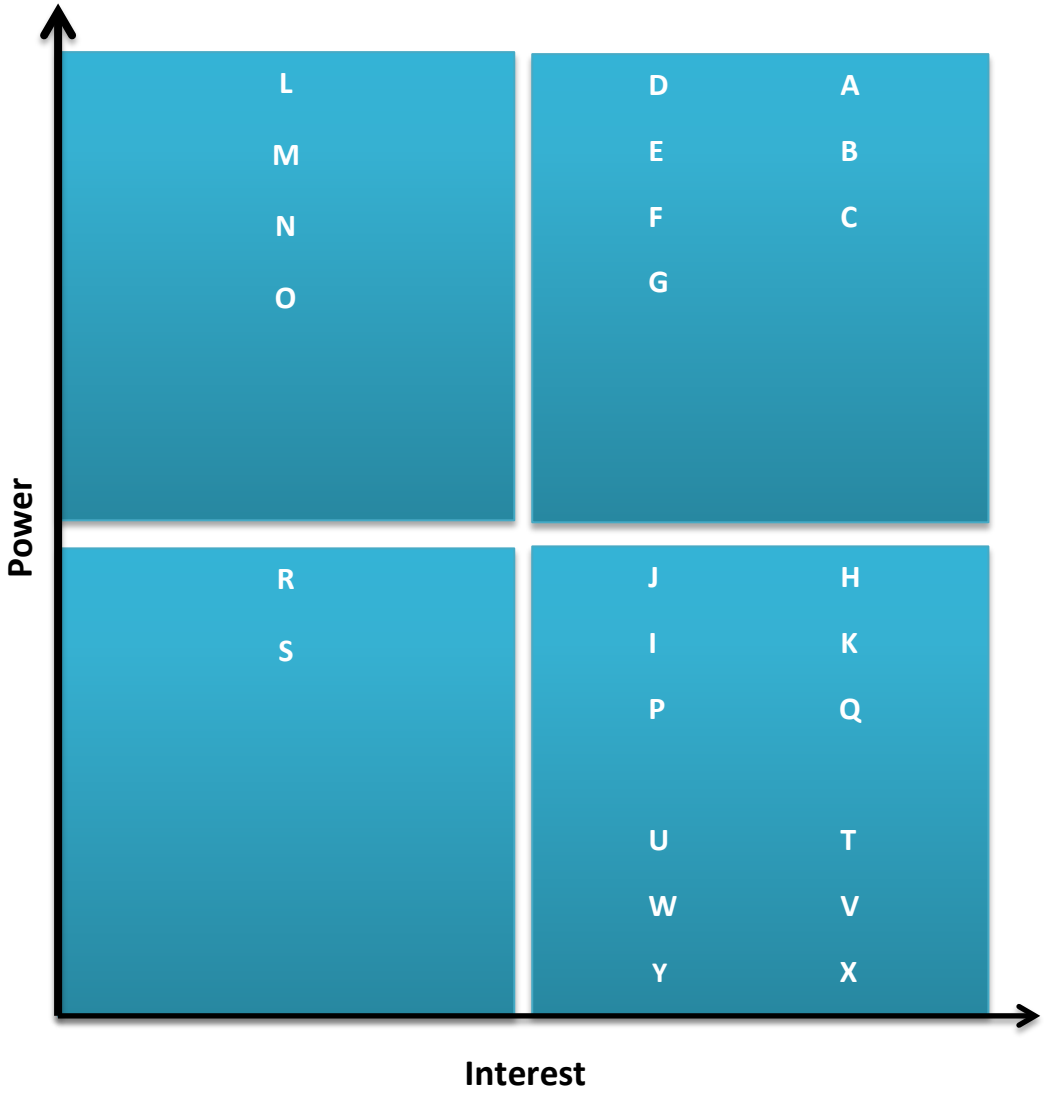
- Trade press – HSJ (T)
- Royal Colleges (U)
- Maidstone BMA and Kent LMC (V)
- Patient groups and charities (W)
- Future employees (X)
- Charitable donors (Y)

10. Stakeholder mapping by power and interest

10.1 The external plan uses a recognised method of managing stakeholders by power and interest. The higher the power and influence, the more closely engaged our audiences should be.



11. Stakeholder map



12. Channels of communication

12.1 The Trust uses a mix of communications channels to engage, inform and involve its external audiences. No one channel is completely effective.

External channels of communication and engagement include:

- Face to face meetings
- MTW website
- Newsletters
- Video
- Screens in hospital waiting areas
- Hospital posters/pull-up displays
- Press releases
- Social media posts

- AGM
- Membership emails
- Marketing materials/recruitment campaigns
- Patient and public engagement workshops

13. External Communications Plan

13.1 The communications plan targets MTW's audiences according to their identified engagement needs. This will enable the Trust to maximise the value of the finite resource it has to dedicate to external communications and engagement.

Manage Closely				
Audience	Action	Frequency	Delivered by	Success
All	Invite to AGM	Annual	Trust secretary	Attendance above 100 people
All	Social media posts on Facebook, Twitter, LinkedIn, Instagram	Routinely	Comms (Execs & service social media editors)	5 x social media posts a week Increase follows/likes/ interactions 25% in 2019 Positive feedback Improved knowledge and understanding of our hospitals
Media	Press release on stories from our hospitals eg charity fundraising, service developments, staff and patient stories	Weekly	Comms	2 x positive articles in newspapers/ online / broadcast media a week Positive reader feedback
MPs	Invite to hospital to meet CEO Written communication to update on developments Attending key hospital events, eg equipment donation, awareness	2 times a year Routinely Routinely	CEO CEO/Comms Comms	2 visits a year + positive reports in newspaper columns. Improved engagement and participation Positive feedback/appear

Manage Closely				
Audience	Action	Frequency	Delivered by	Success
	events, tours of a service			in MTW quarterly newsletters
All	Patient magazine	3 – 4 times per year	Comms	Newsletters developed quarterly. Improved knowledge and understanding of our hospitals Positive feedback Improved relationships with key stakeholders, keeping them informed and making them feel part of their local acute NHS services
K&M STP Leads, CCGs, HOSC chairs and local members and Healthwatch	Stakeholder newsletter	4-6 times per year	Comms	Stakeholder newsletter issued bi-monthly. Better engagement Better understanding and knowledge of our hospitals Improved relationships with key stakeholders, keeping them informed and making them feel part of their local acute NHS services
Members of public	Patient and public engagement	Quarterly	Patient and public	Improved engagement

Manage Closely				
Audience	Action	Frequency	Delivered by	Success
	workshops		engagement lead	and understanding of our service Improved open forum to raise and discuss concerns More patient focused services Positive feedback
Public Membership	Membership emails re: key updates about MTW or to forward patient magazine/ newsletters	Quarterly	Comms	4 x newsletters issued a year. Improved engagement and understanding of our service Positive feedback
All	Video – filming on key awareness messages and updates from our hospitals	Routinely	Comms	6 x videos developed in 2019 on key quality/safety issues. Number of interactions/ likes/follows builds by 10% each video. Positive feedback
K&M STP Leads, CCGs, HOSC chairs and local members and Healthwatch	Face-to-face meetings – scheduled and by invitation	Routinely	Execs and appropriate senior staff	Better engagement Better understanding and knowledge of our hospitals Improved relationships with key stakeholders, keeping them

Manage Closely				
Audience	Action	Frequency	Delivered by	Success
				informed and making them feel part of their local acute NHS services
All	Website – keep updated with handy hints, news articles, alerts, information about services and key developments	Routinely	Comms	Number of visits to site increase by 10% Q2 and 20% Q4. Positive feedback Better understanding and knowledge of our hospitals

Keep Satisfied				
Audience	Action	Frequency	Delivered by	Success
All	Invite to AGM	Annual	Trust secretary	Attendance
All	Social media posts on Facebook, Twitter, LinkedIn, Instagram	Routinely	Comms (Execs & service social media editors)	Engagement on social media Follows / likes / interactions Positive feedback Improved knowledge and understanding of our hospitals
NHSE /NHSI /CQC/ Councils	Face-to-face meetings	Routinely	Execs and relevant senior staff	Improved knowledge and understanding of our hospitals Improved engagement and relationships with key stakeholders
All	Video – filming on key awareness messages and updates from our hospitals	Routinely	Comms	Number of interactions/ likes/follows

Keep Satisfied				
Audience	Action	Frequency	Delivered by	Success
				Positive feedback Improved engagement and relationships with key stakeholders
All	Stakeholder newsletter	4-6 times per year	Comms	Better engagement Better understanding and knowledge of our hospitals Improved relationships with key stakeholders, keeping them informed and making them feel part of their local acute NHS services
All	Website – keep updated with handy hints, news articles, alerts, information about services and key developments	Routinely	Comms	Number of visits to site Positive feedback Better understanding and knowledge of our hospitals

Keep Informed				
Audience	Action	Frequency	Delivered by	Success
All	Website – keep updated with handy hints, news articles, alerts, information about services and key developments	Routinely	Comms	Number of visits to site Positive feedback Better understanding and knowledge of our hospitals
Future employees	Recruitment marketing campaigns	Routinely	Recruitment with support from Comms	Increase in people applying for jobs Positive feedback Better understanding and knowledge of our hospitals
Trade press	Press release / targeted pitches of MTW corporate news	Routinely	Comms	Positive coverage
Charitable donors	Social media, newsletter, donation stories, case studies, thank you letters, events	Routinely	Fundraising	Increase in charitable funds income Better engagement
GPs, KSS Deanery, Kent & Medway Medical School	Stakeholder newsletter	Quarterly	Comms	Better engagement Better understanding and knowledge of our hospitals Improved relationships with key stakeholders, keeping them informed and making them feel part of their local acute
All	Social media posts on Facebook, Twitter,	Routinely	Comms (Execs &	Engagement on social media

Keep Informed				
Audience	Action	Frequency	Delivered by	Success
	LinkedIn, Instagram		service social media editors)	Follows / likes / interactions Positive feedback Improved knowledge and understanding of our hospitals
All	Invite to AGM	Annual	Trust secretary	Attendance
All	Video – filming on key awareness messages and updates from our hospitals	Routinely	Comms	Number of interactions / likes / follows Positive feedback Improved engagement and relationships with key stakeholders
GPs, KSS Deanery, Kent & Medway Medical School, NHS Trusts	Face-to-face meetings on specific topics	Routinely	Execs & relevant senior staff	Positive feedback Improved engagement and relationships with key stakeholders

Monitor				
Audience	Action	Frequency	Delivered by	Success
All	Social media posts on Facebook, Twitter, LinkedIn, Instagram	Routinely	Comms (Execs & service social media editors)	Engagement on social media Follows / likes / interactions Positive feedback Improved knowledge and understanding of our hospitals
All	Invite to AGM	Annual	Trust secretary	Attendance
All	Video – filming on key awareness messages and updates from our hospitals	Routinely	Comms	Number of interactions / likes / follows Positive feedback Improved engagement and relationships with key stakeholders
All	Website – keep updated with handy hints, news articles, alerts, information about services and key developments	Routinely	Comms	Number of visits to site Positive feedback Better understanding and knowledge of our hospitals
All	Patient magazine	Quarterly	Comms	

Trust Board Meeting – February 2019

NHS Maidstone and Tunbridge Wells NHS Trust

2-13 Summary report from Quality Committee, 06/02/19 — **Committee Chair (Non-Executive Director)**

The Quality Committee has met once since the last Board meeting, on 6th February 2019 (a 'deep dive'). Regrettably, the meeting was not quorate as only 1 Non-Executive Director was able to be present, but the meeting proceeded as scheduled. Liaison would occur with the Chief Operating Officer to discuss attendance at future Quality Committee 'deep dives'.

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

- A review of **progress with actions** agreed from previous meetings was noted and further actions were agreed to schedule a review of the updated MSSA action plan for the Quality Committee 'main' meeting in March 2019, and for the Medical Director to discuss with the Infection Prevention Control team how the wider issue of Gram negative bacteraemia (and specifically the increase in cases of E.coli) should be addressed. An updated position for the action relating to waiting times for follow-up appointments was not available for the meeting. However, a progress report was received immediately following the meeting and it was agreed that the action would be carried over to the next meeting.

- The Clinical Director, Matron and Assistant General Manager for the Head & Neck Directorate and Senior Sister for Ophthalmology Outpatients attended for a **review of the Ophthalmology outpatient clinic,** and specifically the Ophthalmology Intravitreal Service. The key issues highlighted related to a discrepancy between demand and capacity in the Intravitreal service. A shortfall of 36% in follow-up appointments and 14% in new appointments was reported. Capacity issues were attributed chiefly to constraints in staffing and estate. Cited mitigations and provisions to ensure patient safety included the recruitment of 4 new Clinical Nurse Specialist injectors; establishment of 6-day working; development of virtual clinics and plans to further develop the departmental workforce. The ongoing Harm Review process in Ophthalmology was noted and a discussion was held around the status of implementation of Avastin for different patient cohorts within the service. It was reported that wide-scale implementation across all suitable patients would take significant time to achieve (once the continuing legal complications were resolved), and proposed that a potential discrepancy between the savings assumed for Avastin implementation and what was achievable, should be highlighted to the Trust Board. There was also perception in the department that the Aligned Incentives Contract did not properly account for growth of the service, making it hard to justify additional investment. It was agreed that this should also be brought to the attention of the Trust Board. Overall, the Committee noted the mitigations and arrangements in place to meet demand and ensure patient safety, but acknowledged that the department's ability to meet increasing demand was dependent on permanent stretch. The need for assurance that a strategic review of capacity and demand had been undertaken for the development of Ophthalmology Services was identified, and it was agreed that the outcome of this work should be presented to a 'deep dive' in approximately 6 months' time.

- The second main item reviewed was a **response to the recommendations within the CQC's "A national review of radiology reporting within the NHS in England" report** for which the Clinical Director for Imaging and Divisional Director of Operations for Diagnostics & Clinical Support Services attended. The 3 key CQC recommendations from the report were noted as for Trust Boards to have effective oversight of any backlog of Radiology reporting; ensure that risks to patients were fully assessed and managed; and to ensure staffing and other resources were used effectively to ensure examinations were reported in an appropriate timeframe. The absence of national standards for Radiology reporting was highlighted and a current situation within the Trust whereby there were no agreed Key Performance Indicators or dashboards for recognised reporting turnaround times; no automated means of measuring performance and no regular monitoring process to escalate reporting to Executive Level, was noted. The practice of non-reporting within the Trust (whereby films were reported on by non-Radiology clinicians) for certain plain film types was also explained. The Trust's immediate response to the CQC recommendations and future proposed actions were presented and it was agreed that the Medical Director should liaise

with the Chief of Service, Diagnostics and Clinical Support, to ensure that the proposed actions were considered at a future Executive Team Meeting. It was agreed that actions taken and proposed needed wider engagement across the Trust prior to being formalised and underpinned by an appropriate timeframe. A further review of progress in this area would be scheduled for the Quality Committee 'deep dive' meeting in August 2019.

- The **items for scrutiny at future Quality Committee 'deep dive' meetings** was discussed and it was confirmed that the following items should be scheduled for the Quality Committee 'deep dive' meeting in April 2019:
  - "Review of the processes for oversight of clinical audit"
  - "Review of the next steps arising from the Mortality Review audit, to include special categories (e.g. children and learning disabilities)"
- It was further agreed that:
  - the scheduled "review of the Trust's complaints process" be deferred from April to June 2019 and
  - that the Chief Nurse and Medical Director would liaise to further discuss the need for the scheduled 'deep dive' review of the Serious Incidents process

1. In addition to the agreements referred to above, the meeting agreed that: N/A

2. **The issues from the meeting that need to be drawn to the Board's attention are:**
   The Committee agreed to:
   - Highlight the concerns raised by the Ophthalmology team about the lack of recognition of growth of MTW's Ophthalmology Services in the Aligned Incentives Contract, and to
   - Highlight the need for awareness of the timescale and investment required for utilisation of Avastin across all appropriate patient cohorts, in planned savings.

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