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 25TH APRIL 2019

PENTECOST/SOUTH ROOMS, THE ACADEMIC CENTRE, MAIDSTONE HOSPITAL

A G E N D A – PART 1

Ref.	Item	Lead presenter	Attachment
4-1	To receive apologies for absence	Chair of the Trust Board	Verbal
4-2	To declare interests relevant to agenda items	Chair of the Trust Board	Verbal
4-3	Minutes of the Part 1 meeting of 28th March 2019	Chair of the Trust Board	1
4-4	To note progress with previous actions	Chair of the Trust Board	2
4-5	Safety moment	Chief Nurse/Medical Director	3
4-6	Report from the Chair of the Trust Board	Chair of the Trust Board	4
4-7	Report from the Chief Executive	Chief Executive	5
	Patient experience		
4-8	A patient's experience of the Trust's services	Chief Nurse[1]	Verbal
4-9	Integrated Performance Report for March 2019	Chief Executive	6
	▪ Finance and Performance Committee, 24/04/19	Committee Chair	7 (to follow)
	▪ Effectiveness / Responsiveness	Chief Operating Officer	6
	▪ Well-Led (finance)	Chief Finance Officer	6
	▪ Safe / Effectiveness / Caring (incl. planned and actual ward staffing for March 2019)	Chief Nurse	6
	▪ Safe / Effectiveness (incl. mortality)	Medical Director	6
	▪ Safe (infection control)	Director of Inf. Prevention and Control	6
	▪ Workforce Committee, 28/03/19	Committee Chair	8
	▪ Well-Led (workforce)	Director of Workforce	6
4-10	Year-end review of the Board Assurance Framework, 2018/19	Trust Secretary	9
4-11	Approval of key objectives for 2019/20	Director of Strategy, Planning and Partnerships	10
	Assurance and policy		
4-12	Report from the Freedom to Speak Up Guardian	Director of Workforce	11
	Reports from Trust Board sub-committees		
4-13	Charitable Funds Committee, 26/03/19	Committee Chair	12
4-14	Workforce Committee, 28/03/19: Approval of revised Terms of Reference; and the findings of the national NHS staff survey 2018)	Committee Chair	13
4-15	Quality Committee, 10/04/19	Committee Chair	14
4-16	Finance and Performance Committee, 24/04/19 – Approval of the Business Case for Outsourced pharmacy	Committee Chair	15[2]
4-17	**To consider any other business**		
4-18	**To receive any questions from members of the public**		
4-19	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	Chair of the Trust Board	Verbal

Date of next meetings:

- 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
- 26rd September 2019, Pentecost/South Rooms, The Academic Centre, Maidstone Hospital
- 31st October 2019, Lecture Rooms 1 & 2, The Education Centre, Tunbridge Wells Hospital

David Highton,
Chair of the Trust Board

[1] A patient will also be in attendance for this item
[2] N.B. The full Business Case document has been circulated as a "supplement" to the main set of reports

MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY 28TH MARCH 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)
	Neil Griffiths	Non-Executive Director	(NG)
	Nazeya Hussain	Non-Executive Director (except items 3-1 to 3-7 and part of item 3-8 – refer to the minute for details)	(NH)
	Peter Maskell	Medical Director	(PM)
	Claire O'Brien	Chief Nurse	(COB)
	Steve Orpin	Chief Finance Officer	(SO)
	Miles Scott	Chief Executive	(MS)
In attendance:	Simon Hart	Director of Workforce (except items 3-1 to 3-7 and part of item 3-8 – refer to the minute for details)	(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)
	Sarah Blanchard-Stow	Head of Midwifery and Gynaecology (for parts of items 3-8 and 3-9 – refer to the minutes for details)	(SBS)
	Matt Milner	Guardian of Safe Working Hours (for items 3-1 to 3-8 and 3-13)	(MM)
	Juliaana Raghu	Junior Doctor Representative (for item 3-8)	(JR)
	Tess Thomas	Junior Doctor Representative (for item 3-8)	(TT)
Observing:	Maria Crittenden	Matron Maidstone ICU / Critical care outreach team	(MCr)
	Julius Gnanamoney	Radiotherapy Clinical Specialist	(JG)
	Karen Rich	Deputy Radiotherapy Services Manager	(KRi)
	Robin Harmer	Ocura Healthcare Furniture	(RH)

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

3-1 To receive apologies for absence

There were no apologies, but DH noted that NH and SH would arrive late to the meeting.

3-2 To declare interests relevant to agenda items

No interests were declared.

3-3 Minutes of the 'Part 1' meeting of 28th March 2019

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

3-4 To note progress with previous actions

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

- **1-8 ("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").** COB reported that she was liaising with SH but needed to conclude the associated discussions.
- **2-14 ("Arrange for a response to the issues arising from the "Patient experience" item at the Trust Board meeting on 28/02/19 to be considered at the Quality Committee").** DH noted that the action had been closed as written, as the Quality Committee meeting on 13/03/19 had considered the review, but the Committee had commissioned a Task and Finish group to

oversee the issues raised. DH added that the work of that group would be overseen by the Committee and then be submitted to the Trust Board once the work had been completed.

3-5 Safety moment

COB referred to Attachment 3 and highlighted the following points:

- The focus of that month's safety moment was the Accessible Information Standard (AIS)
- An AIS group had been established, and AIS champions had been identified. Information was also available on the Trust's Intranet
- The theme focused on identifying identify information access needs and making appropriate adjustments, which may include providing longer time for clinical appointments
- The December 2018 Trust Board meeting had involved an exercise to illustrate those with sight impairment, and that issue was linked to the AIS

3-6 Report from the Chair of the Trust Board

DH referred to Attachment 4 and highlighted the following points:

- One Advisory Appointments Committee (AAC) panel had been held, for a Consultant Haematologist
- There had been insufficient applicants to select a strong shortlist for the vacant Non-Executive Director post, so DH had asked for submissions from two executive search companies. MC would continue to chair the Audit and Governance Committee until an appointment was made

DH then offered his congratulations for the performance on the A&E 4-hour waiting time target, which had been very strong. DH noted that the achievement of the target for March 2019 would mean the Trust would receive £1.3m of Provider Sustainability Fund (PSF) monies, although this not the reason why staff had worked hard to achieve the target.

3-7 Report from the Chief Executive

MS referred to Attachment 5 and highlighted the following points:

- The Trust Board would need to consider the new clinical access standards once they had been confirmed, but Attachment 5 described some of the implications for the Trust
- The Referral to Treatment (RTT) standard was an NHS Constitutional standard, so there was no suggestion that this should be changed, whilst the Emergency Department (ED) performance standard was the subject of debate among the professional bodies
- The Trust's influenza vaccination rate was the highest of any acute Trust in the south east of England, so the new approach had worked, although one in five Trust staff still chose not to be vaccinated
- Sharon Beesley had now retired, so Henry Taylor had taken over as the Chief of Service for Cancer Services. A new Clinical Director for Oncology would therefore now be appointed

Staff experience

3-8 Junior Doctors' experience

DH welcomed MM, JR and TT to the meeting and they introduced themselves. MM firstly reported the following points:

- The Guardian of Safe Working role was introduced to support Junior Doctors and ensure that compliance with the relevant working terms and conditions
- Exception reports could be filed by Junior Doctors if they felt compliance was challenged and MM reviewed every exception report raised. MM then wrote a report every three months summarising the exception reports. MM also wrote a yearly report
- Exception reports had been received since August 2016 and every year the number of reports was similar. There were about 50 reports each month, and these usually increased during the intakes of Junior Doctors
- Reports were mainly filed by Foundation Year (FY) 1 doctors, and the recurring theme was excessive workload, which was often related to small teams and therefore having less persons to share the burden

- Electronic Discharge Notifications (eDNs) were often reported as problematic, as it was noted that eDNs could take up to 40 minutes to write

JR added that it took 20 minutes to log on to the Trust's computer system.

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

MM then continued, and highlighted the following points:
- A small number of reports were related to the supervision of Junior Doctors
- The Trust's reports compared favourably with others. MM could issue financial fines to Directorates but the fines issued only equated to a couple of hundred pounds whilst some other Trusts had levied fines of circa £70k
- Knowing how to operate a Ward Round, and things like which set of stairs to use, all helped to improve efficiency, and MM was keen to ensure that some education to that effect was provided
- Medicine was missing an opportunity by not having Physician Associates, as the majority of reports came from Medicine, and these roles could help by, for example, completing eDNs

TT added that having Physician Associates in the Ambulatory Emergency Care (AEC) area had been a great help. MM then continued, and highlighted the following points:
- There was a need to optimise rotas and work on that had started
- MM would like to improve the attendance at the Junior Doctors Forum, as this had been problematic, but such attendance removed Juniors from their duties for 90 minutes, so combining the Forum with the Local Academic Board (LAB) meeting was being considered
- Educating supervisors was also important

TT then reported that she liked working at the Trust and the Medical Consultant body was very supportive and approachable. JR concurred, noting that she had enjoyed working at the Trust for the last two years, and been supported.

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

JR did however report that IT-related constraints were very frustrating and very inefficient. JR elaborated that there were insufficient PCs on Ward 12 for the staff who needed to use them, so it took 20 minutes to find a PC and another 45 minutes to compete an eDN. JR noted that other Trusts used single sign-on processes.

TT then highlighted the following points:
- Many of the fields on the eDN were not relevant to Junior Doctors and this was inefficient
- The 'pink list' was used by the Medical Registrar on-call to keep track of patients, but the list was kept on one PC in the Acute Medical Unit (AMU) at Tunbridge Wells Hospital (TWH) so the Registrar had to constantly return to that Ward to check the list. This was not the case at Maidstone Hospital (MH)

SO pointed out that the Trust was implementing the first phase of the Electronic Patient Record (EPR) in the autumn of 2019, and as the Trust's current PC hardware was inadequate for this, a large number of new 'Computers on Wheels' (COWs) and PCs had been ordered and would arrive soon. SO continued that a single sign-on process was also being trialled, whilst the use of staff members' own devices was being explored. SO added that the summer of 2019 would explore whether COWs were the right answer, or whether the use of tablets etc. would be better.

JR then continued, and highlighted that that week had seen significant support for the achievement of the A&E 4-hour waiting time target, which had been great, but no such support had been provided during January 2019, when it had been really needed, and the Juniors were exhausted. JR stated that the question was therefore whether the recent level of support could be facilitated during times of pressure.

TT then stated that further discussion was required as to which patients should be under the care of the on-call Medicine team, as there was inconsistency in the approach, particularly for patients with broken bones,. TT noted that there had been some discussions but it remained that patients

with broken bones were under the care of Medicine (because of a secondary medical issue), rather than Orthopaedics.

PM thanked TT for articulating the problems as she saw them. PM then stated that the issue of which specialty patients should be cared under was not new, but PM felt strongly that patients should be under the team that was best able to manage their needs, and for the patients to which TT had referred, this was the physicians. TT responded that it would therefore be better to raise the standard of care from the Surgeons. PM highlighted that Orthopaedic surgeons would not be the best persons to deal with sick, frail, patients, and therefore PM felt such patients should be under the care of Medicine, but that such arrangements should be appropriately resourced. PM stated that he would happily discuss the issue further outside of the meeting, and also attend a Junior Doctors Forum meeting, if that would be beneficial. PM added that he understood that Medicine had been given the budget to have extra Medical staff but that budget had not been used fully because the Medical staff that had been sought had been unable to be recruited. PM then acknowledged that Medicine had been slow to introduce Physician Associates and emphasised that he believed doctors' duties should be reserved for the tasks that only doctors could do.

PM then asked for a comment on the other specialties. MM replied that the other specialties were nowhere near as busy as Medicine.

TT then responded to PM's earlier point by noting that many patients with fractures required very little input from Medicine and caring for such patients took considerable time. PM confirmed he would discuss the issue with TT outside of the meeting.

Action: Liaise with the Junior Doctor who attended the Trust Board meeting on 28/03/19 to discuss the query they raised as to whether patients with broken bones should be referred to Medicine or Orthopaedics (Medical Director, March 2019 onwards)

PM also confirmed he would discuss the issues raised regarding the 'pink list' system at TWH with TT and JR outside of the meeting.

Action: Liaise with the Junior Doctor who attended the Trust Board meeting on 28/03/19 to discuss the concerns they raised regarding the 'pink list' system used at Tunbridge Wells Hospital (Medical Director, March 2019 onwards)

TT then referred to the AEC service and described a problem in relation to the liaison with the AMU. DH welcomed the comments and stated that he would expect the issues raised to be addressed. DH added that the Trust Board was very supportive of the AEC service but it had not been able to extend the hours of operation as had been intended.

DH then asked whether there were gaps in relation to the Deanery-funded Junior Doctor posts, as he was keen to ensure that the Trust's hospitals were attractive to new Juniors, so he was keen to hear TT and JR's views of the factors that would assist. TT noted that there were some gaps, but these had been addressed by proactive management.

MS then stated that he had a number of questions for JR and TT but he would email these outside of the meeting. MS also acknowledged that there had been additional resources allocated to support the achievement of the A&E 4-hour waiting time target, but explained that this had been in relation to determining which investments would work the best and make the largest impact, so JR and TT's views on that would be very interesting.

DH thanked MM, JR and TT for attending the meeting.

3-9 Integrated Performance Report for February 2019

MS referred to Attachment 6 and highlighted the following points:

- Although a formal report would be submitted to the next Trust Board meeting on how the Trust had done against its 2018/19 objectives it was now clear how the Trust had done for the year
- MS wanted to give credit to the Members of the Executive Team for achieving the various targets, some of which had not been achieved for several years
- That level of performance would enable the Trust to focus on the issues it wanted to improve on

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 6 and highlighted the following points:
- The A&E 4-hour waiting time target performance was slightly above 95% at that date and the target was therefore likely to be met at the year end. Thanks should be given to all of the staff that had led to the result, including the ED, Human Resources and finance teams, and the Trust's former Chief Operating Officer
- Last week the Trust was the third best in the country for performance against the A&E 4-hour waiting time target, despite that being the Trust's fifth busiest ever week

COB pointed out that the success had been achieved despite the ED having huge gaps in the Nursing workforce. SB then continued, and highlighted the following points:
- The January position for the 62-day Cancer waiting time target was 65.5%, which met the agreed trajectory for the month
- February was expected to be a worse month for performance, as there had been a focus on the waiting list backlog, and significant work had been undertaken to clear the backlog. However that work would give the Trust a chance to achieve the 85% target from May, as was planned
- The Cancer Patient Tracking List (PTL) position had improved significantly
- The 104 day position had also improved although there was more to be done

DH noted the proposed new access standard (of a maximum 28-day wait to communication of definitive cancer / not cancer diagnosis for patients referred urgently), and asked if this needed to be measured from April 2019. SB confirmed that the new standard would be measured in 'shadow' form from April, and MS provided further context of the new access standards.

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

DH noted that endoscopy activity relied on an insourcing solution and was therefore not self-sustaining. SB confirmed this was the case but noted that discussions were continuing with commissioners. SO then elaborated on the nature of such discussions.

DH remarked that many of the solutions that had been implemented for cancer had increased outsourcing and sustainable solutions would need to rely on in-house capacity. The point was acknowledged.

SB then continued, and highlighted the following points:
- The RTT position had improved and the total waiting list had reduced. The aim was for the waiting list to be below 29,000 and achieve 84% performance, but it was recognised that more was required to achieve the national target of 92%
- The Finance and Performance Committee meeting on 26/03/19 had heard about the work being done to improve data quality and RTT processes

NG pointed out that the Trust had managed to maintain an elective activity programme, despite doing well on ED performance. The point was acknowledged.

DH then asked for a comment on theatre productivity, noting that the large early gains made had now plateaued. SB acknowledged that DH's assessment was fair and briefly described the work being undertaken.

Well-Led (finance)

SO then referred to Attachment 6 and highlighted the following points:
- SO was not yet certain of the year-end performance, but month 11 was ahead of the forecast by circa £1m, though this was partly due to an underspend on staffing in some areas
- Elective activity had been good
- The non-pay position had been helped by a slightly milder winter, so the Trust's gas and electricity usage had been lower than that forecast

- The Trust was favourable to its forecast but one singular large property transaction was awaiting completion. That transaction was however on course to be completed later that day
- At the same point in 2018/19, the Trust was circa £12m worse off
- If the Trust achieved a surplus it would be the first time it had ever achieved a double-digit surplus and the first time it had achieved a surplus in the last 5 years

Finance and Performance Committee, 26/03/19

NG referred to Attachment 7 and highlighted the following points:
- It had been agreed to undertake some work on how outstanding Trusts operated their equivalent meetings
- Much time had been spent on reviewing the Annual Plan, and the Committee confirmed it was content to recommend that the Trust Board approve the Plan

SDu added that the Trust had however under-delivered £10m of its Cost Improvement Programme (CIP) so there was a need to continue to focus on the CIP. DH concurred.

Safe / Effectiveness / Caring (incl. update on progress with the Perinatal Mortality Review Tool; and planned and actual ward staffing for February 2019)

COB introduced SBS, who referred to the narrative on progress with the Perinatal Mortality Review Tool (PMRT) within Attachment 6 and highlighted the following points:
- The work had involved new processes, which included external investigation of certain deaths by the Healthcare Safety Investigation Branch (HSIB)
- As of 12/12/18, the Trust was required to record all losses excluding foetal abnormality, which would be covered under the PMRT. The Trust had however done that from January 2018
- A PMRT Review Board had been established and a foetal well-being Midwife had been appointed
- NHS Resolution had asked that progress with the PMRT be reported to the Board each quarter
- Work was taking place with Kent Community Health NHS Foundation Trust (KCHFT) in relation to smoking whilst pregnancy

[N.B. SBS left the meeting at this point]

COB then referred to Attachment 6 and highlighted the following points:
- Falls had reduced from January 2019. The predicted forecast was higher than the planned rate of 6.0 per Occupied Bed Days (OBD), but that related to a reduction in OBDs i.e. rather than an increase in falls. TWH had seen more falls than MH, so future reports would provide a breakdown by hospital site
- The Trust had continued some of the actions arising from the Falls Collaborative, and liaison with the community falls service continued
- There had been two falls-related Serious Incidents (SIs)
- The report included a breakdown of all SIs as well as some the learning that had occurred
- There had been a delay in reviewing Kent Adult Safeguarding Alert Forms (KASAFs), but recent work had been taken to address this
- Complaints response rate performance had declined to 73.3%. Some areas had a zero response rate performance but small numbers of complaints were involved

SO asked whether the AIS was a theme within complaints. COB confirmed this was not the case.

MC asked whether COB was confident that complainants were being kept informed of any delays in the Trust's response. COB acknowledged that there had been some lapses but emphasised the importance of ensuring such communication was undertaken.

COB then referred to the "Safe staffing: Planned versus actual for February 2019" section, highlighted the key issues, and invited questions or comments. None were received.

Patient Experience Committee, 05/03/19

MC referred to Attachment 8 and highlighted the following points:

- There had been some positive feedback and support for the proposals from COB's team, which included stopping the local patient survey, and focusing on the Friends and Family Test (FFT)
- The Committee had also been supportive of the Patient and Carer Experience Strategy
- The Committee confirmed it wanted to continue to receive less quantitative information and focus on what had been changed as a result of, for example, complaints
- Healthwatch Kent gave some very positive feedback

Quality Committee, 13/03/19

SDu referred to Attachment 9 and highlighted the following points:
- The issues arising from the "Patient experience" item at the Trust Board meeting on 28/02/19 had been reviewed
- The emergency laparotomy pathway was considered and the Trust Board was asked to approve that pathway, which was included in Appendix 1

It was confirmed that the emergency laparotomy pathway had been submitted by the Chief of Service for Surgery, and the pathway was approved as submitted.

Safe / Effectiveness (incl. mortality)

PM then referred to Attachment 6 and highlighted the following points:
- There had been an increase in readmissions and PM had asked the Business Intelligence Unit (BIU) to investigate this. PM had also written to Clinical Directors on the issue
- Quality governance was subject to some focus at present and the Executive Team Meeting had approved a Business Case for an upgraded Datix system that would help with the governance of SIs, among other things, although there would be a six-month implementation period
- Crude mortality had reduced since last year

Safe (infection control)

SM then referred to Attachment 6 and highlighted the following points:
- The report contained some typographical errors
- There had been four cases of post-72 hour Clostridium difficile infection in February against a monthly limit of two cases. The Trust has breached the Clostridium difficile objective for the year with a total of 35 cases against a limit of 26
- One Ward at MH had been deep cleaned for a second time and had been audited for the last 11 weeks. The Ward had now had gone one month since its last Clostridium difficile case
- There had been an improvement in Meticillin sensitive Staphylococcus aureus (MSSA) bacteraemia
- The Trust continued to see large numbers of influenza cases, although this had reduced in March, and no influenza patients had been admitted to the ICU in March

Well-led (workforce)

SH then referred to Attachment 6 and highlighted the following points:
- The Trust had hosted an event for 170 future school leavers at MH earlier that day, to showcase opportunities about apprenticeships and NHS careers
- Following the closure of the Somerfield Hospital in Maidstone, the Trust had received 36 expressions of interest from staff and had appointed 10 Registered Nurses
- A further Staff Nurse open day had been held and another 6 Nurses had been appointed
- The final position on the influenza vaccination campaign was 78% which meant that the Trust was the best performing acute Trust in Kent, Surrey and Sussex

COB referred to SH's first point & remarked that she had met three 16 year olds who wanted to be Nurses & who had joined the Clinical Support Worker Apprenticeship scheme to achieve that aim.

3-10 6-monthly review of Nurse staffing Ward and non-Ward areas

COB referred to Attachment 10 and highlighted the following points:

- The review was comprehensive and underpinned all of the work led by the National Quality Board's previous report and the recently published safe staffing report from NHS Improvement (NHSI). The review had considered skill mix, specialty, geography and finances
- The staffing establishments were fit for purpose in all areas, if such areas were fully staffed
- Maternity was managed slightly differently, as that used the Birthrate Plus tool, and an STP-led Birthrate plus report had been included in Attachment 10. A Business Case was also being developed in relation to Maternity staffing
- The conclusion from the reviews was that the skill mix was changing
- A representative from Health Education England (HEE) was attending the Trust on 29/03/19
- There continued to be challenges recruiting to Registered Nurse posts, so alternative approaches were needed. The Advanced Clinical practice competency framework had been introduced, which was exciting
- The staffing review would be undertaken on an ongoing basis
- The narrative contained on the spreadsheet in Appendix 2 was crude, but COB did not want to dilute the views that had been given

DH referred to the work being undertaken with the Royal College of Nursing (RCN) and noted that they wanted to see safe staffing levels enshrined in legislation, which would move away from the use of professional judgement. COB stated that she believed professional judgement would always be important, but she would monitor the RCN's position closely.

3-11 Update on Clostridium difficile reporting for 2019/20

SM referred to Attachment 11 and highlighted the following points:

- The two major changes were that hospital onset cases would be counted from two days rather than three, and cases which had a community onset would be included in the hospital-attributable cases. Attachment 11 reported what this would have looked like for the 2018 calendar year, and with both factors added, the Trust would have had another 18 cases
- The Trust had been assigned a target of 55 Clostridium difficile cases for 2019/20
- Public Health England would also monitor testing rates

SDu asked whether the changes had any implications for the management of patients. SM confirmed such management would not change.

3-12 Update from the Best Care Programme Board

MS referred to Attachment 12 and highlighted the following points:

- The report was in the same format as previous months, and that format would be used one more time
- Responding to SDu's earlier point regarding non-delivery of the CIP, a lessons learned exercise had been undertaken
- The Trust's Organisational Development work would be overseen via the Best Care programme, in keeping with the intention for the programme to focus on transformational work

EPM asked for further details of the lessons learned review of the CIP. MS confirmed it had been an 'end to end' review but had not involved a documented methodology. SO added further details of the outcome of the review, which included reflection on the inclusion of schemes that depended on external factors. SO noted that a report had been produced from the review, and he could circulate that if Trust Board members would find that beneficial. It was agreed this would be useful.

Action: Circulate, to Trust Board Members, the report submitted to the Best Care Programme Board regarding the 'lessons learned' from the 2018/19 Cost Improvement Programme (Chief Finance Officer, March 2019 onwards)

Quality items

3-13 Quarterly mortality data

PM referred to Attachment 13 and highlighted the following points:

- PM had wanted the report to change its emphasis from providing assurance on the numbers (i.e. an ever-reducing Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI)), to providing details of the strategic direction of the work
- The mortality work was now being led by the Chief of Service for Medicine & Emergency Care, and the new lead was yet to indicate his preferred 'direction of travel', which was in part due to his involvement in the performance on the aforementioned A&E 4-hour waiting time target
- Although Attachment 13 showed the HSMR to be over 100, the 12 month HSMR position (which was PM's favoured metric, as this did not suffer from the vagaries of the monthly HSMR), was now below 100 (at 99) for the first time in two years
- The other positive aspect was the number of mortality reviews and Structured Judgement Reviews (SJRs) that were undertaken in a timely manner, for which compliance was ever increasing
- Raising the profile of the issue had contributed to the reduction
- Seven-day services should be the priority for future work

DH noted that he had recently seen a presentation from the relatively new NHS Director of Patient Safety, and noted that the in-house process of SJRs had progressed well, but wondered how the implementation of the Medical Examiner process, which was being led externally, affected the situation. PM stated that the lack of clarity regarding the Medical Examiner role was a concern, and the timeline had been delayed by non-NHS partners. PM elaborated that the key issue was to ensure that information was prepared adequately for review by external partners, to ensure that the timeliness of the mortality reviews continued, and added that he looked forward to working with the Medical Examiner.

SDu noted that mortality was reviewed by the Quality Committee, and asked whether a review had been undertaken of patients with a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place, to check whether the patient's death was in accordance with their wishes. PM noted that SJRs were only undertaken if four criteria were met, and one of the aspects reviewed in an SJR was the End of Life care provided. PM added that analysis did not however take place on patients with and without DNACPRs, as there were numerous reasons why a patient may have a DNACPR, and relatively small numbers of patients were involved, so clarity would be difficult to obtain. PM added that the question to be asked was also not clear. PM therefore proposed that he arrange for a scoping exercise to be undertaken, for inclusion in the next mortality report for the Quality Committee. This was agreed.

Action: Arrange for a scoping exercise to be undertaken in relation to mortality reviews for patients with a Do Not Attempt Cardiopulmonary Resuscitation order in place, and include the outcome within the "Mortality update" report to the next 'main' Quality Committee (Medical Director, May 2019)

Planning and Strategy

3-14 Approval of the Trust's final 2019/20 plan

AJ referred to Attachment 14 and highlighted the following points:

- Two formal planning challenge sessions had been held with NHSI, and a range of other meetings had been held, some of which included colleagues from West Kent Clinical Commissioning Group (CCG)
- Additional detail on learning from deaths, 7 day services, gram negative infections etc. had been included in the Plan
- The RTT trajectory had been updated and was now at 86.7%, but discussions with NHSI and NHS England (NHSE) had been held in relation to achieving the national standard of 92%. Approximately £3.3m of additional investment was likely to be required to achieve the trajectory of 86.7%
- The formation of a risk reserve within the Aligned Incentives Contract (AIC) had also been discussed
- An appendix of information that would not be submitted to NHSI had been included in Attachment 14, which focused on some of the issues raised at the last Trust Board meeting
- The plan had been discussed in detail at the Finance and Performance Committee on 26/03/19

SO then referred to Attachment 14 and added the following points:
- Everything had been identified for the CIP, but not everything was rated green
- The CIP target for 2019/20 was £16.6m, which was a reduction from the 2018/19 target
- Contracts had not yet been signed, but work was taking place to change this
- West Kent CCG had confirmed they would fund the activity required to deliver the 86.7% RTT trajectory, as well as the improvements in cancer

DH then reiterated NG's earlier point that the Finance and Performance Committee had recommended that the Trust Board approve the Plan, but pointed out that West Kent CCG had not committed to fund a specific value for the delivery of the 86.7% RTT trajectory. SO provided further context, but DH clarified that he was trying to establish whether there was a risk in approving the Plan without confirmation of the value of the CCG's commitment. SO gave assurance that West Kent CCG would find it very difficult not to honour the commitment that had been made.

DH then asked whether SO believed that the activity would need to be adjusted between now and the date the Plan needed to be submitted to NHSI (i.e. 04/04/19). SO confirmed he did not believe this would be case.

The Trust Board approved the Trust's final 2019/20 plan as submitted.

SDu added that the granularity in developing the Plan had provided a strong level of assurance. DH agreed and commended AJ. AJ in turn acknowledged the contribution of colleagues in finance and the BIU.

3-15 Update on the NHS Long Term Plan

AJ referred to Attachment 15 and highlighted the following points:
- There were associated plans for an Integrated Care Partnership (ICP)
- Work was already underway in some areas, including the Maternity care bundle, which was being led by SBS

KR noted that the Trust Board had previously agreed that updates on the NHS Long Term Plan should be provided every two months and asked whether this scheduling should remain. It was instead agreed that the next update should be scheduled for the July 2019 Trust Board meeting.

Action: Schedule the next "Update on the NHS Long Term Plan" item for the Trust Board meeting in July 2019 (Trust Secretary, March 2019 onwards)

3-16 The development of an Integrated Care Partnership in West Kent

AJ referred to Attachment 16 and highlighted the following points:
- A meeting was being held on 29/03/19 involving AJ, PM, and representatives from the GP Federation, the Kent and Medway Sustainability and Transformation Partnership (STP), Kent County Council, KCHFT and Kent and Medway NHS and Social Care Partnership Trust, and the meeting would be important in developing future relations
- PM had also been engaging with individual GP cluster leads, whilst AJ had been considering how improvement programmes could be directed towards integrated care

DH asked MS to comment on the governance of the ICPs. MS noted that the Chief Executive of the STP had asked that each ICP have a Senior Responsible Officer (SRO), and MS had been designated as the SRO of the West Kent ICP, subject to this being ratified at the aforementioned meeting on 29/03/19.

3-17 The actions arising from the workforce-related Executive Team Meeting on 12/02/19

SH referred to Attachment 17 and highlighted the following points:
- The critical areas were the recruitment of qualified nurses at TWH; the recruitment of Consultant Physicians and Middle Grade Surgical and Paediatric Medical staff; improved levels of staff engagement to support transformation and retention; and effective use of roster management to achieve more consistent levels of staffing. The document included the plans against each area

- 140 Nurses had been recruited in 2018/19, but 350 Nurses were planned to be recruited in 2019/20. The recruitment plans for overseas Nurses would lead to challenges in relation to accommodation and pastoral care, and work was taking place on these
- For Consultant Physicians, a more tailored approach to recruitment was required, and this depended on how each individual post was constructed
- The proposed consolidation of Surgery at the TWH site would support the plans in relation to Middle Grade Surgical Medical staff
- The recruitment and marketing plan involved work with colleagues at KCHFT
- Staff engagement at the Trust had been average, so work was planned to improve that
- There were sizeable opportunities to operate rosters more efficiently in relation to Annual Leave

EPM noted the significant increase in Nursing recruitment required in 2019/20 compared to 2018/19, and asked how confident SH was that this would be achieved. SH replied that the majority of such recruitment would be from overseas, via two recruitment agencies, and he was reasonably confident, based on the recruitment that had been achieved thus far. COB added that work was also taking place to recruit graduating Nursing students.

SDu then referred to the communications plan for the first quarter, and stated that there was an opportunity to use the reported year-end position, and the comments made by the Junior Doctors under item 3-8, to promote the Trust as an employer. DH agreed, noted that social media would be beneficial, and asked that the matter be considered by the Executive Team.

Action: Consider how the successes achieved at the end of 2018/19, and the positive comments made by the Junior Doctors who attended the Trust Board meeting on 28/03/19 could be used to promote the Trust's qualities as an employer (Director of Workforce / Director of Strategy, Planning and Partnerships, March 2019 onwards)

Assurance and policy

3-18 Ratification of Standing Orders (annual review)

DH referred to Attachment 18 and noted that the revised Standing Orders had been approved by the Audit and Governance Committee. Questions were invited. None were received.

The revised Standing Orders were ratified as submitted.

3-19 7 Day Services board assurance self-assessment

PM referred to Attachment 19 and highlighted the following points:
- The document contained the first attempt at the completion of a Board Assurance Template, and further work was required to address the areas rated as red in particular
- Table 1 within the "Supporting report" contained more useful information
- Standard 8 was the most difficult standard

PM then described the key aspects of Table 1 in detail, noting that the situation for Medicine was very difficult, as significant additional Consultants were required to achieve compliance with the Standards. PM added that the supplementary report in Appendix 2 provided full details of the situation.

PM concluded that the Trust aimed to be compliant by the due date of April 2020 in all areas except Medicine, and NHSI had been informed that the Trust would not be compliant in that area. PM added that 7 Day Services compliance would need to be a priority focus for 2019/20.

3-20 Update from the Senior Information Risk Owner (incl. approval of the 2018/19 Data Security & Protection Toolkit submission & annual refresher training on Info. Governance)

COB referred to the circulated report (Attachment 20) and highlighted the following points:
- COB was the Trust's Senior Information Risk Owner (SIRO), whilst PM was the Caldecott Guardian
- All staff were required to undertake Information Governance training annually and COB had recently prompted colleagues to complete their training

- The Data Security and Protection Toolkit contained 10 standards and the Trust was required to submit a compliance statement
- The review undertaken by Internal Audit (TIAA) had concluded "substantial assurance", which was not common, so the Head of Information Governance and her colleagues should be commended for that outcome
- There had been no information governance incidents that were required to be reported to the Information Commissioner's Office, but COB described some of the incidents that had occurred, and the Trust's response
- The Trust Board was asked to approve the recommendation to confirm compliance with all 10 standards of the Data Security and Protection Toolkit

The Trust Board confirmed its approval.

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

3-21 Audit and Governance Committee, 14/03/19

MC referred to circulated report (Attachment 21) and highlighted that the strengthened level of fiscal responsibility had been demonstrated by the reduction in single tender waivers, so SO's team should be commended for the achievement. The point was acknowledged.

3-22 Charitable Funds Committee, 26/03/19

SDu confirmed that the audit approach (i.e. an independent examination) had been agreed, and the new fundraiser had given a presentation on a new fundraising strategy.

Other matters

3-23 Annual Review of Board Terms of Reference

DH referred to the circulated report (Attachment 22) and invited comments. None were received.

The Terms of Reference were approved as submitted.

3-24 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 a Business Case relating to a Managed Print Service (for printers and copiers). The requested authority was duly delegated.

SDu then noted that the refreshments provided for the meeting had included water in plastic bottles and asked about the Trust's use of alternatives. DH proposed that SDu's challenge be considered by the Executive Team. This was agreed.

Action: Arrange for a response to given to the challenge posed by the Vice Chair of the Trust Board in relation to the use of plastic bottles at the Trust (Chief Executive, March 2019 onwards)

3-25 To receive any questions from members of the public

No questions were posed.

3-26 To approve the motion (to enable the Trust Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

Trust Board Meeting – April 2019

NHS Maidstone and Tunbridge Wells NHS Trust

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

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress [1]
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 "planned and actual ward staffing" report submitted to the April 2019 Trust Board meeting reflects some of the changes that have been made, but such changes will be completed in the report submitted to the May 2019 Trust Board meeting
3-8a (Mar 19)	Liaise with the Junior Doctor who attended the Trust Board meeting on 28/03/19 to discuss the query they raised as to whether patients with broken bones should be referred to Medicine or Orthopaedics	Medical Director	March 2019 onwards	A verbal update will be given at the Trust Board meeting
3-8b (Mar 19)	Liaise with the Junior Doctor who attended the Trust Board meeting on 28/03/19 to discuss the concerns they raised regarding the 'pink list' system used at Tunbridge Wells Hospital	Medical Director	March 2019 onwards	A verbal update will be given at the Trust Board meeting

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
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	April 2019	Liaison has occurred and there has been strengthened engagement with StaffSide, including the Joint Chairs now being invited to attend Trust Management Executive (TME) meetings and the Clinically Led Implementation Group (which is chaired by the Chief Executive)
3-12 (Mar 19)	Circulate, to Trust Board Members, the report submitted to the Best Care Programme Board regarding the 'lessons learned' from the 2018/19 Cost Improvement Programme	Chief Finance Officer	April 2019	The report was circulated to Trust Board Members on 17/04/19 (N.B. although the report itself had not actually been formally submitted to the Best Care Programme Board, the issues in the report had been discussed at the Best Care Programme Board)

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

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
3-15 (Mar 19)	Schedule the next "Update on the NHS Long Term Plan" item for the Trust Board meeting in July 2019	Trust Secretary	March 2019	The item was scheduled for the July 2019 Trust Board meeting (and the update that had previously been agreed to be scheduled for May 2019 was cancelled)
3-17 (Mar 19)	Consider how the successes achieved at the end of 2018/19, and the positive comments made by the Junior Doctors who attended the Trust Board meeting on 28/03/19 could be used to promote the Trust's qualities as an employer	Director of Workforce / Director of Strategy, Planning and Partnerships	April 2019	The comments made by the Junior Doctors are being used as one of the inputs into the recruitment marketing strategy currently being developed by the Trust in conjunction with the Kent Community Health NHS Foundation Trust communications function
3-24 (Mar 19)	Arrange for a response to given to the challenge posed by the Vice Chair of the Trust Board in relation to the use of plastic bottles at the Trust	Chief Executive	April 2019	It has been confirmed that details of the Trust's action on the use of plastic bottles will be included in the revised Sustainable Development Management Plan (SDMP) that is scheduled for submission to the May 2019 Trust Board meeting

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
3-13 (Mar 19)	Arrange for a scoping exercise to be undertaken in relation to mortality reviews for patients with a Do Not Attempt Cardiopulmonary Resuscitation order in place, and include the outcome within the "Mortality update" report to the next 'main' Quality Committee	Medical Director	May 2019	The issue will be reported on within the "Mortality update" report to the 'main' Quality Committee in May 2019, although it is unlikely that the work will be complete at that point

Trust Board meeting – April 2019

NHS
Maidstone and Tunbridge Wells NHS Trust

4-5 Safety Moment **Chief Nurse/Medical Director**

Summary / Key points

The Safety Moment for April has been focussed on VTE (venous thromboembolism). The Trust has a good record regarding VTE risk assessments; however there is a need to ensure we continue to sustain momentum and implement all the key actions to prevent our patients from developing VTE. Key messages that have been shared each week are as follows:

Week One 01/04/2019

All patients from **16 years old** admitted to hospital should have a VTE risk assessment completed within 2 hours of their admission. All patients identified as at risk of VTE need to receive adequate thromboprophylaxis. Prophylaxis can be either chemical (medication) and / or mechanical (compression).

The focus during that first week of the month was relating to patient VTE re-assessment. Re-assessment should be completed within 24 hours when a more senior member of the team is present for example at the post take ward round. A patient's VTE risk should be re-visited if the patient's condition changes i.e. falls, deterioration and emergency surgery or procedures. Failure to do this has led to serious incidences where harm to the patients could have been avoided. VTE development and learning from VTE SI cases are all shared in case studies on the intranet.

Week Two 08/04/2019

The focus for week two was relating to the importance of educating our patients on VTE prevention when they are admitted and when they are discharged from hospital. It is very important to involve patients in their care and help them make healthy choices by giving them verbal and written information. Patient education should include the patient's risk of VTE whilst in hospital and how the patient can reduce their risk through:

- Hydration; staying hydrated will help to boost circulation and reduce the risk of developing clots.
- Mobility; keeping mobile as much as possible, as prolonged immobility can lead to pooling of blood in the legs.
- Prescriptions; Wearing anti-embolism stockings appropriately and taking their medication as prescribed.

It is also important to inform them of the signs and symptoms to watch out for. At discharge this information should be provided again along with any information required if the patient is to be discharged with extended thromboprophylaxis e.g. a patient discharged with low molecular weight injections needs to be educated on how to administer subcutaneous injections and given the leaflet on self-injection, plus a sharps box; also patients discharged with anti-embolism stockings (AES) must be educated on how to apply the stockings, how long to wear them, how to wash them, etc. The information within the stocking pack needs to be provided to the patient. Staff were encouraged to access the Trust intranet for further information.

Week Three 15/04/2019

Continuing the VTE theme for the month the focus during week three was on VTE prophylaxis and treatment. Prophylaxis can be either chemical (medication) and / or mechanical (compression). Anticoagulation is used in prophylactic doses to prevent venous blood clots and in higher doses to treat VTE. If anticoagulation (prophylactic or treatment dose) has been prescribed it is a critical medicine and must be administered unless there is a clear contraindication. If not administered this must be documented in the patient's healthcare record & medical team must be informed. Where patient declines medication, this ***must*** be escalated to the medical team as soon as possible to assess for patient's understanding and mental capacity.

Mechanical thromboprophylaxis consists of providing compression to the lower limbs to aid circulation and return of venous blood supply back to the heart. The most commonly used forms of compression are anti-embolism stockings (AES) and intermittent pneumatic compression devices (IPCD). These are both mechanical devices and therefore require training prior to use

Week Four 22/04/2019

For the final week of the month, there was a reminder of the key messages for the month which were **VTE Risk assessment, Prophylaxis and patient education**. Staff were reminded to implement all the actions to prevent patients developing VTE and encouraged to be a VTE ***CHAMP***

Compression: apply anti-embolism stockings (AES) or Intermittent Pneumatic Compression Device as prescribed, commence AES care plan and sign the prescription chart. If the patient has contraindications to AES, document and inform medical team.

Hydration: staying hydrated will help to boost circulation and reduce the risk of developing clots.

Anticoagulation: is a critical medicine and must be administered unless there is a clear contraindication. If not administered this must be documented in the patient's healthcare record & medical team must be informed immediately.

Mobility: encourage keeping mobile as much as possible to reduce patients risk of VTE, particularly as inpatients except where instructed otherwise.

Patient information: written and verbal information should be given on admission, on commencing prophylaxis and on discharge especially with extended prophylaxis.

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, 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

Trust Board meeting – April 2019

NHS Maidstone and Tunbridge Wells NHS Trust

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

I would like to take the opportunity to thank the Executive Team and all the staff in the Trust for their achievements over the last year. The Trust came out of Financial Special Measures and went on to hit our NHSI control total. The Provider Sustainability funding which is commensurate with this achievement will enable the Trust to record a surplus of more than £12m, the largest in the history of the Trust. The Trust hit the 95% ED 4 Hour target in March for the first time since 2014 and saw a reduction of more than 3000 in the total number of patients waiting. Hitting financial and operational targets is important, but much more important is the dedication to quality of care and patient safety which I have also observed. We still have many areas where we must improve, but I firmly believe the Trust is moving firmly on an upward trajectory.

We have appointed Hunter Healthcare to carry out a search for our NED vacancy, to Chair the Audit Committee and the Charitable Funds Committee, and to be a member of the Finance and Performance Committee.

In the last month, I attended the NED Oversight Group of the STP and discussed the development of the system commissioner across Kent and Medway, and the important role that the 4 Integrated Care Partnerships (ICPs) will play in supporting that development. I am pleased to report that Miles Scott is taking the role of Senior Responsible Officer for the West Kent ICP.

I also attended an NHS Providers Roundtable which discussed the response which NHS Providers will make to the consultation on potential legislative changes included the NHS Long Term Plan. It is not yet clear if the necessary parliamentary time and consensus will make any legislation possible in this parliament.

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**
03/04/2019	Dr	Owen	Ingram	Care of the Elderly	TBC
03/04/2019	Dr	Navraj	Chattha	Care of the Elderly	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 – March 2019

NHS Maidstone and Tunbridge Wells NHS Trust

4-7 Report from the Chief Executive — Chief Executive

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

1. The Executive Directors and Chiefs of Service continue to meet on a weekly basis at Executive Team Meetings. Key areas of discussion at our meetings over the past month have included:
   - Investment in facilities and amenities for staff.
   - EU Exit preparations and contingency planning.
   - Waiting time performance updates for Cancer and RTT.
   - Recruitment and retention plans for nurses and other clinical groups.
   - Update on the joint KCHFT and MTW Hospital @ Home service.
   - Review of decision-making and autonomy by new clinical Divisions.
   - Development of Integrated Care Partnerships (ICPs) in Kent and Medway.
2. Thank you to all staff for their hard work over the past year. Their effort, support and dedication has allowed us to implement quality, patient-centred improvements ensuring we make significant progress in how we care for and treat our patients.
3. The Trust delivered the 95% national standard of seeing, admitting or discharging those who attend our Emergency Departments within four hours for March. This is the first time we've achieved this target for a whole month in five years.
4. MTW is on track to achieving our Financial Plan for 2018/19. The surplus generated will be reinvested for patient care and in facilities and amenities for staff
5. The Trust Management Executive met on 17/04/19. Key items of consideration included:
   - The 2019/20 Annual Plan
   - Review of draft quality priorities for 2019/20 for inclusion in Quality Accounts 2018/19
   - A presentation on Learning lessons
   - An update on the implementation of the Electronic Patient Record (EPR)
   - An update on the introduction of 'bring your own device' arrangements
   - An update on the Best Workforce programme
   - Divisional highlight reports
6. MTW hosted the 5th Joint Programme Management Office (JPMO) West Kent Alliance work-shop. The event brought together 18 organisations from across the county, including Kent County Council, Age UK, other NHS trusts & Kent Police. Around 90 delegates attended to discuss the transformation projects that these organisations are working collaboratively on in Frailty, Dementia and Diagnostics as well as to agree details of the new programmes for 2019/20.
7. The Trust's Urology team has developed a ground-breaking technique for patients with prostate cancer, after a donation from a local family funded innovative equipment. The technique inserts special gold markers, known as Fiducial markers, inside the prostate through the skin, rather than using the traditional method. This significantly reduces the risk of infection in patients. The team now plan to set up the UK's first transperineal prostate Fiducial marker clinic using this new technique.
8. Over 160 14 – 19 year-old local students attended MTW's annual careers event, held at Academic Centre, Maidstone Hospital, in conjunction with Health Education England. The day included informative talks, medical simulation presentations and interactive demonstrations to give an insight and understanding of what the NHS is all about and what health and social care careers it has to offer.
9. Congratulations to the Kent Oncology Centre team who raised £740 with their Easter Fair for Macmillan Cancer Support. The team sold cakes, cards and handmade gifts – thank you to all those patients and staff who supported the event.
10. Thanks to the generosity of Maidstone Hospital League of Friends, nine new murals are brightening up the walls of Kent Oncology Centre. The beautiful large murals depict peaceful outdoor and countryside scenes and are being enjoyed by both patients and staff.

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

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

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

Trust Board meeting – April 2019

NHS Maidstone and Tunbridge Wells NHS Trust

4-9	Integrated Performance Report, March 2019	Chief Executive / Members of the Executive Team

The enclosed report includes:

- The 'story of the month' for March 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 and update on the ATAIN (Avoiding Term Admissions into Neo-Natal Units) Action Plan
- Planned and actual ward staffing for March 2019
- An Infection Prevention and Control Report
- A financial commentary
- A workforce commentary
- The Trust performance dashboard
- An explanation of the Statistical Process Control charts which are featured in the "Integrated performance charts" section
- Integrated performance charts
- The Board finance pack

Which Committees have reviewed the information prior to Board submission?

- Finance & Performance Committee (in part)

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

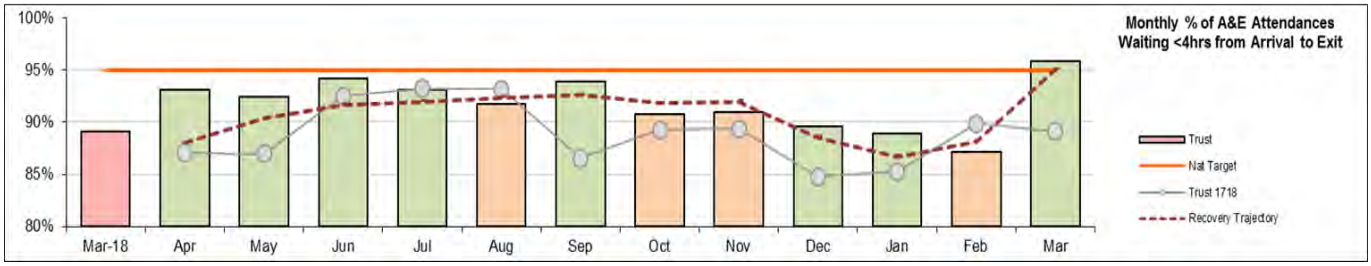
Review and discussion

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

OPERATIONAL PERFORMANCE REPORT FOR MARCH 2019

1. 4 Hour Emergency Target

- Performance increased March (calendar month) to 95.84% (including MIU), achieving the trajectory target of 95.03% (+0.81%). For the year 1819, the Trust was 0.73% above the full-year Trajectory at 91.86% - our best year since 2014/15.
    - Q4 came in at 90.75%, above the trajectory target of 90.05%, but above the funding threshold of 90.0%.
    - Compared to other trusts nationally, our Type 1 score is 5.6 percentage points above average for the year, and we rank 30th out of 141. In March, we were 11.5 percentage points above average, and scored 14th out of 134 – just outside the top 10%

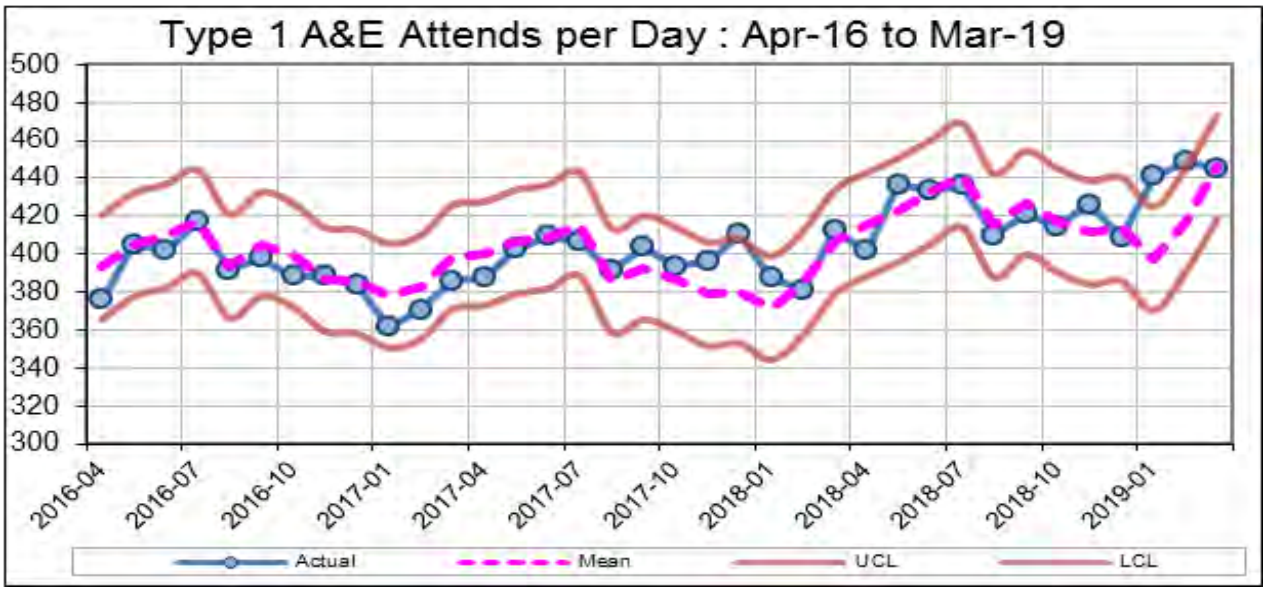


2. Ambulance Handovers

- There were 280 30min delays for March and 4,487 YTD, which is a 7.3% improvement on last year
- For 60min delays there were just 13 for March and 596 YTD, which is an 11.2% improvement on last year

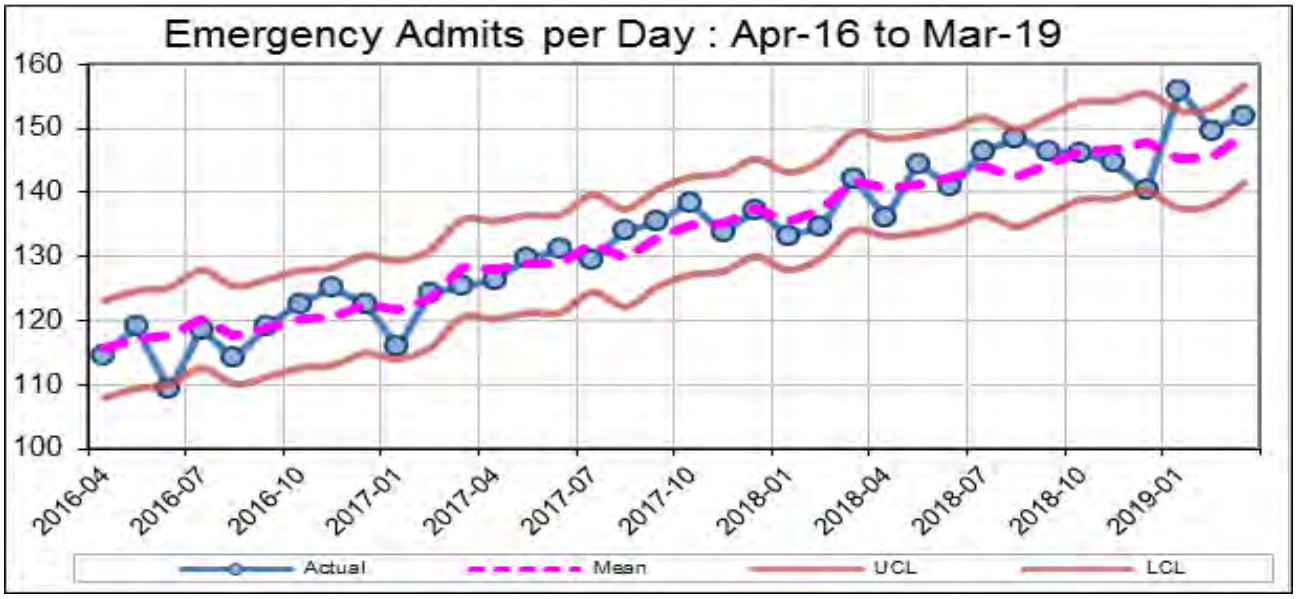
3. ED Attendances & Emergency Admissions

- 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.



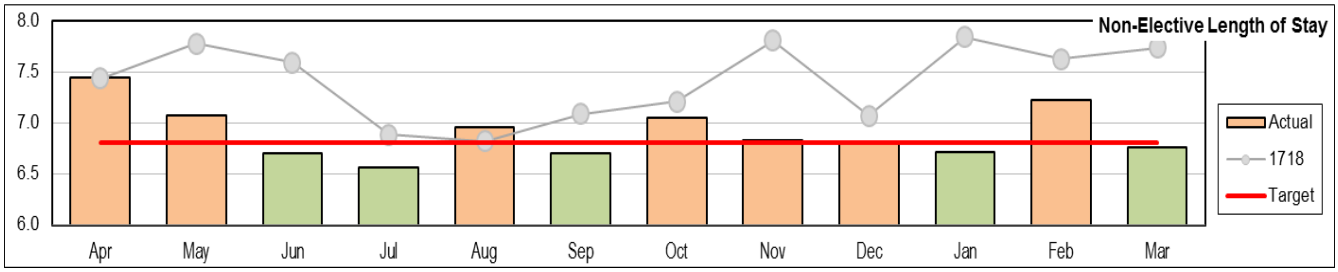
- January & February saw an unprecedented spike in attendances. January Type 1 attendances were 10.9% on model & Feb 7.4%. These two months were the busiest ever, when they are usually the two quietest months of the year. March was actually slightly busier on average than January, but it was marginally below model. April is slightly below model so far, and the previous week was unusually quiet

- The whole year came in 7.1% higher than the previous year for type 1 attendances at 155,867. At the beginning of the year, we were expecting 1819 to be around 4.1% higher than 1718, and that projection changed little until the start of January.
- Non-Elective Activity (excluding Maternity) was 14.3% above plan in March and 5.6% higher than last March at a record 5,109 discharges – the second highest ever.
- Full year non electives were 11.4% above plan & 12.5% higher than last year at 52,117 discharges. Much of this is driven by increased use of CDU & Assessment areas – around 45-50% of NE admissions are now same-day emergency care.



4. Length of Stay

- Non-Elective LOS was back down to 6.75 days in March, and 6.90 YTD vs 7.41in 1718, and a target of 6.80 days.
- NE LoS tends to increase by 0.5 to 1.0 days in the winter. This year, a small spike is observable in February, but January was actually one of the better months.



- The average occupied bed-days fell to 720 March, and averaged 724 for the year, compared to an average of 764 for the whole of 1718.
- LOS: Stranded patients – over 7 days – KPIs shows a drop, there has been low number of escalated beds. Continue to use CUR to identify delays in flow, including red and green days. Achievement of Q3 CQUIN for CUR. KPIs show reduction in Medical LOS from 8.6 (March 18) to 7.2 (Apr 19). Transfer of LOS schemes where appropriate to BAU in preparation for 19/20 project work. Live Bed State in place across 4 wards. Criteria Led Discharge – working with other Directorates to share paperwork and project plans. Further embedding of the red to green days by site team through CUR to develop further improvement projects – this is ongoing. Project plans to be worked up with new project lead to increase opportunities. Implementation of SEACU (Surgical Ambulatory Care) project from 1 April.
- Frailty: The business case for Bronze pilot approved for TWH, began 1st April 2019. Bank nursing staff and pharmacy are in place. Working with recruitment to recruit therapies staff. GP

Advice lines live (2.5 hours over lunchtimes 5 days a week) – started 18.3.19. CGA form continues to be developed with the CCG lead. The changes will enable primary and secondary care to use one form. Expected completion date summer 19. CPMS e-learning continues to be rolled out in order to allow staff to set up user logins/ passwords. West Kent were not successful in a match for a Darzi Fellow – feedback has been received for bids in 19/20.

- AEC: Planned Ambulatory in the community – first patient has been treated at Tonbridge Cottage. Review of system has taken place with KCHFT with small changes to referral form. Surgical AEC Network: launch event 10th April in London with 8 attendees from MTW. KPIs show increase in 0% medical take from 22.4% to 23.6%.
- KPIs show improvement in ambulance handover in March from 2.9 breaches to 0.4 against the target of 0 for ambulance handovers more than 60 mins. KPIs show increase in SAU admissions during March. Supported 95% ED standard achieved in March.
- Hospital at Home - H@H: Working with the wards and consultants to gain buy in for H@H. Funding from 1st April at Exec level. H@H saw a spike of 18 at end of February. Analysis of first 80 referrals shows vast majority IVAB's and medicine. Fast track: Fast track pathways improvement has been maintained. Sunhill Court (to support complex discharge patients): flat has been agreed with KCC. Hilton has had an increase in capacity for winter period to 60 beds over weekend. Usage has improved during February. Pathway 3 has seen significant discharges in February. Super stranded numbers increased in early January but are now stabilising. NOF project discussed at A&E delivery board 11.2 and 11.3.19 to transfer patients from MTW to Tonbridge Cottage. Aim to release capacity in acute sector with the use of KCHFT community beds.

5. Delayed Transfers of Care (DTOC)

The percentage of occupied bed-days to DToC went back up in March to 4.96%. Full year, we were 4.42%

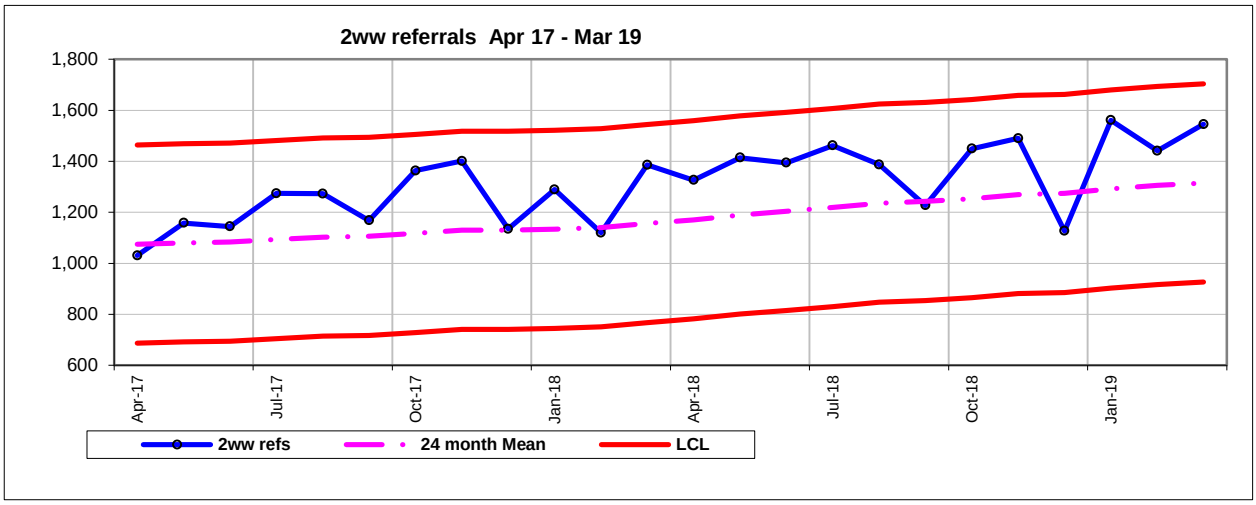
We lost 1,046 days to DToC in March, the first time we have been over a thousand in a month since Sep-18. Full year was 10,853. On average, 30.8 beds per day have been lost to delays in 1819 compared to 36.7 for the equivalent period last year.

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	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Rolling 12 Month
A : Awaiting Assessment	2	5	3	8	17	21	13	12	17	36	27	34	**195**
B : Awaiting Public Funding	2	4	0	0	4	3	0	0	2	9	3	8	**35**
C : Awaiting Further Non-Acute NHS Care	12	20	14	17	22	14	21	19	18	34	20	14	**225**
Di : Awaiting Residential Home	15	23	29	22	9	32	22	21	8	7	12	14	**214**
Dii : Awaiting Nursing Home	53	43	26	34	54	27	35	33	21	23	16	25	**390**
E : Awaiting Care Package	20	31	18	29	24	28	16	22	10	17	7	20	**242**
F : Awaiting Community Adaptations	15	7	6	4	8	10	7	3	3	7	3	12	**85**
G : Patient or Family Choice	3	14	11	9	14	9	17	9	4	10	13	15	**128**
H : Disputes	1	0	0	0	1	1	0	0	4	2	0	0	**9**
I : Housing	6	2	7	5	4	4	4	2	2	0	3	0	**39**
Grand Total	**129**	**149**	**114**	**128**	**157**	**149**	**135**	**121**	**89**	**145**	**104**	**142**	**1,562**
Rate	**4.56%**	**4.34%**	**4.39%**	**5.03%**	**4.77%**	**5.89%**	**4.52%**	**3.58%**	**3.17%**	**4.07%**	**3.79%**	**4.96%**	**4.42%**

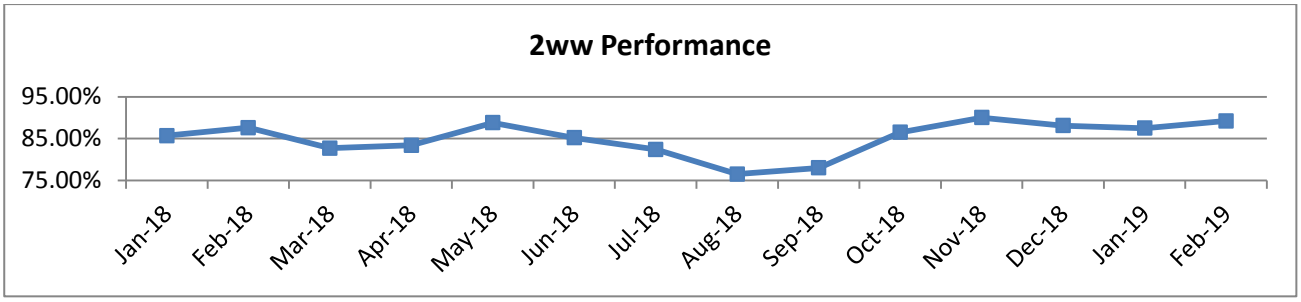
6. Cancer 62 Day First Definitive Treatment

Cancer 2 week waits



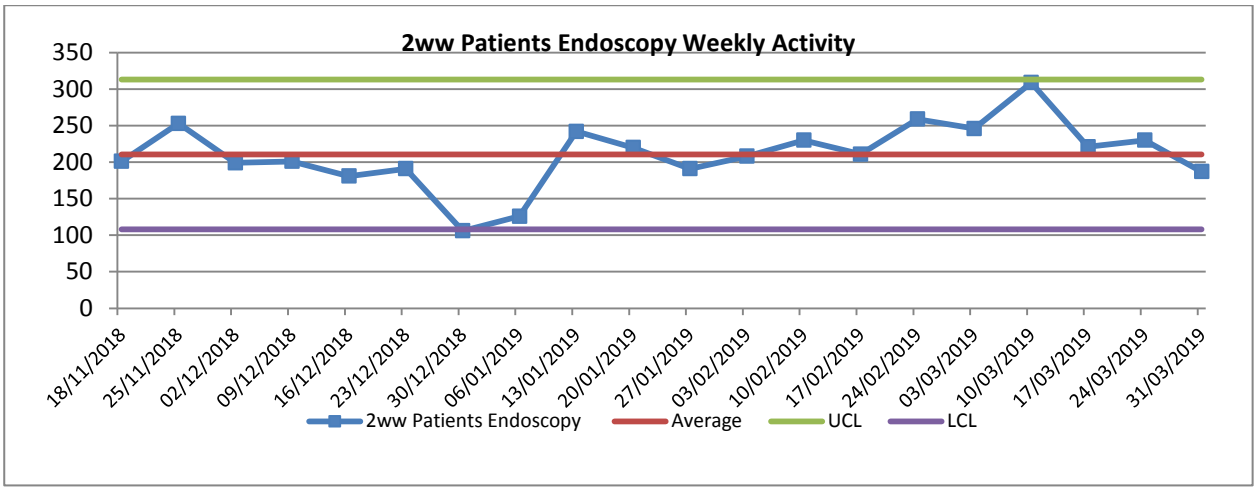
Growth in 2 week referral demand has continued to increase at a higher rate than expected. Increase in demand in February 2019 has been largely due to referrals for suspected breast cancer or breast symptoms.

Despite the continual increase in demand, 2ww performance has improved month on month since August 2018 and has been sustained in recent months. Further capacity is being established for breast one stop clinics where the majority of breaches are being incurred (47% of all breaches were incurred in breast in February) and regular outsourcing to the independent sector is in place in order to continue improving performance to achieve and exceed the 93% standard.

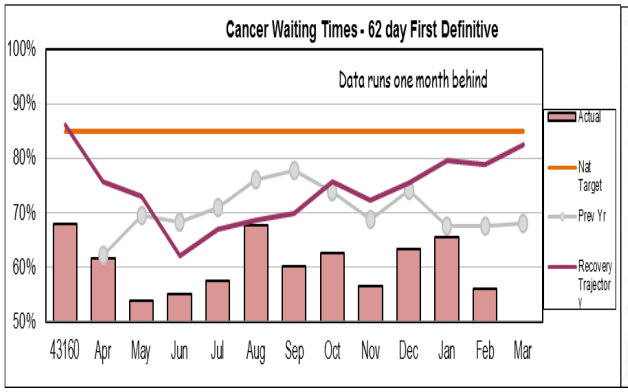


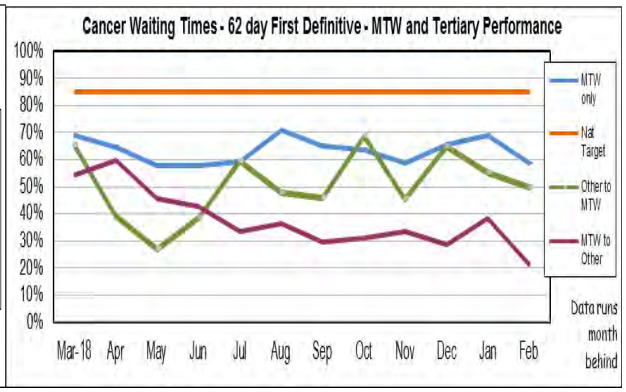
Further endoscopy capacity is required to reduce the 2 week wait breaches in lower and upper GI, where the patients mainly go straight to test. An insourcing solution is currently being used and increased activity is being delivered.

A second straight to test nurse has started on 8th April and will increase the capacity for triaging suspected lower GI cancer patients and sending straight to test. This is unlikely to improve the performance against the 2ww standard but has been shown to significantly improve the 62 day performance.

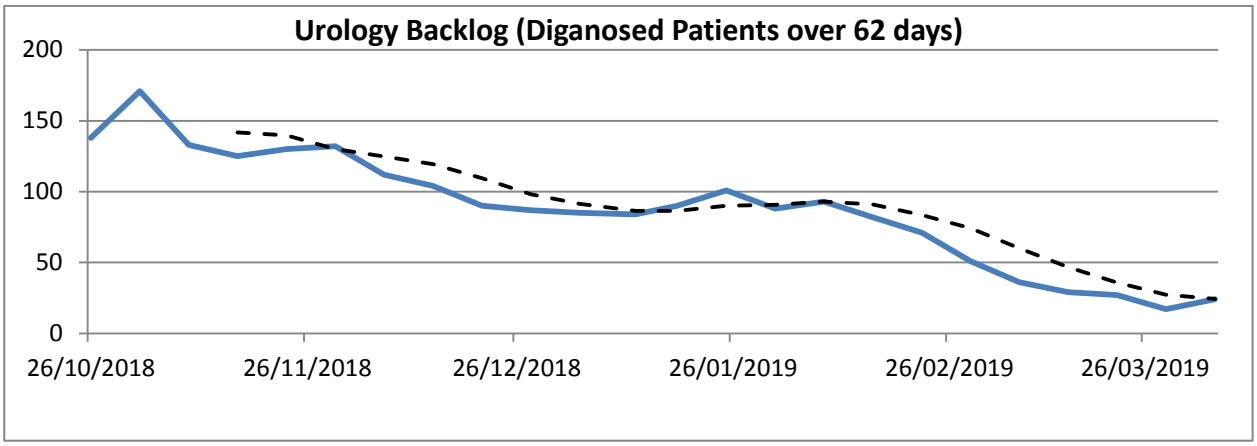


62 day performance for February was 56.0% (against a predicted performance of 69.5% in the trajectory) and 61% for 1819 Q3. 1718 finished on 70.4%. A significant decrease in the backlog in urology has been seen and this is due to backlog clearance in February. This has resulted in a noticeable increase in the number of breaches incurred by Urology and is the reason for the lower than predicted performance.

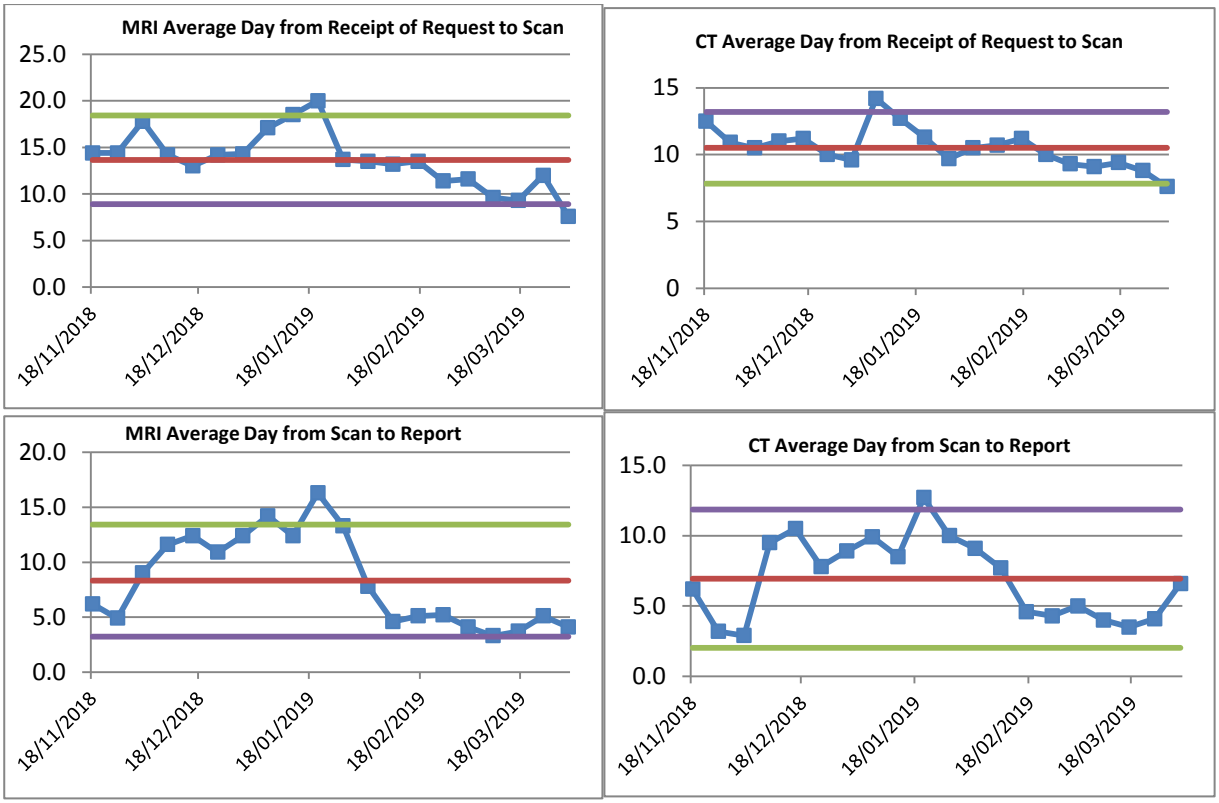




62 Day Performance						
February 2019	**All reportable patients**			**MTW only patients**		
	Total	**Breach**	**%**	**Total**	**Breach**	**%**
Breast	20.5	4.0	**80.5**	20	4	**80.0**
Gynae	6.5	1.0	**84.6**	4	1	**75.0**
Haematology	13.5	4.0	**70.4**	13	4	**69.2**
Head & Neck	7.0	3.0	**57.1**	4	1	**75.0**
Lower GI	16.5	6.0	**63.6**	15	5	**66.7**
Lung	8.5	4.0	**52.9**	6	2	**66.7**
Other	2.5	0.5	**80.0**	2	0	**100.0**
Upper GI	8.5	5.5	**35.3**	6	4	**33.3**
Urology	49.5	30.5	**38.4**	44	26	**40.9**
TOTAL	**133.0**	**58.5**	**56.0**	**114**	**47**	**58.8**



Increased imaging capacity has been identified and is supporting a reduction in the time between request and scan and between scan and report in order to deliver faster diagnosis and staging so that patients can be treated more quickly. This has largely been sustained through February.



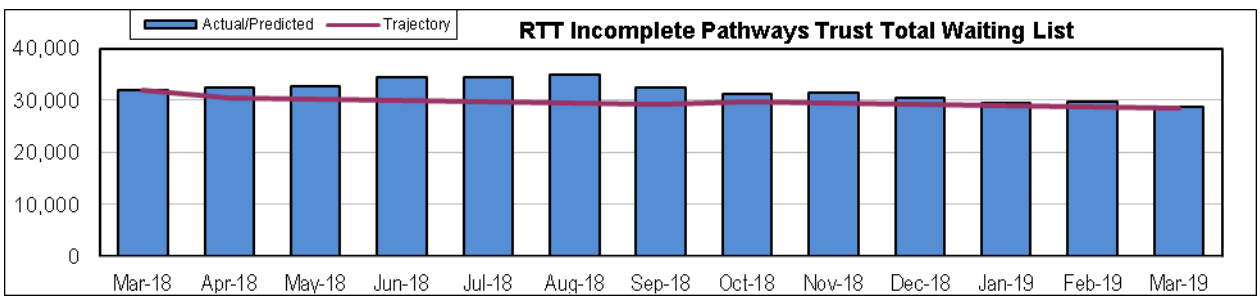
The prostate pathway has been revised from the start of March to use nurse-led triage to assess patients to go straight to MRI scan. Biopsy capacity has been significantly increased to reduce the time from MRI scan to biopsy in order to achieve histological diagnosis by day 21 to day 28. This will meaningfully reduce the number of 62 breaches incurred by Urology and is expected to provide up to a 10% improvement in performance in the next two months.

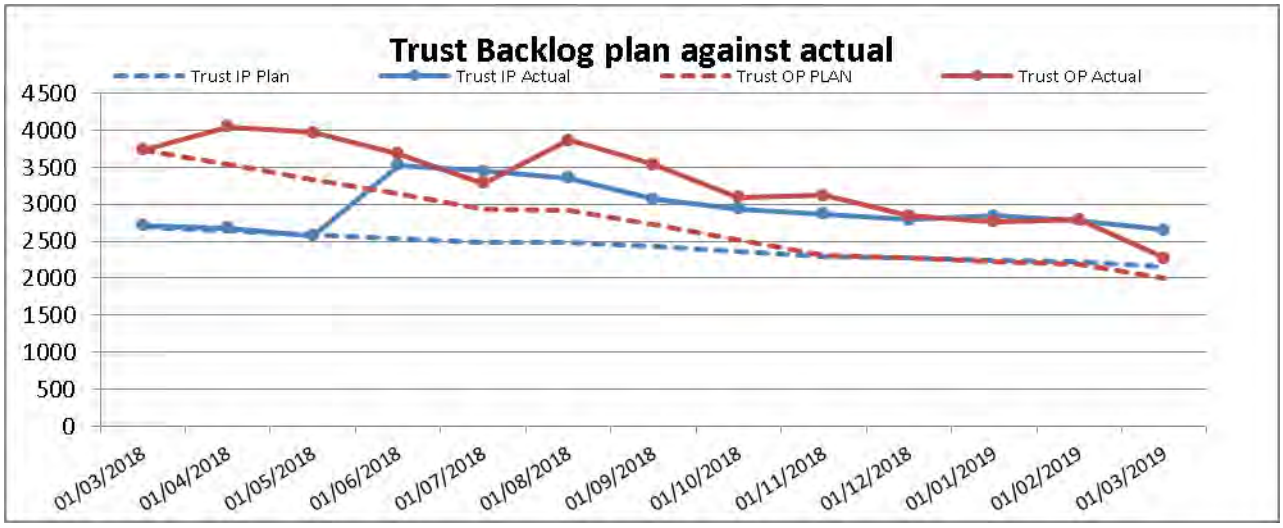
Job planning and investment in staffing is required in order to make the “one stop” prostate cancer pathway sustainable but the nurse-led triage straight to test will continue until this is established.

7. Provisional Referral To Treatment – 18 weeks

March performance shows an increase to February in the Incomplete RTT performance achieving 82.88% against a target of 85.46%. The Trust Waiting List for March 2019 was 28,741 which is therefore over 3,000 lower than the March 2018 position of 31,871 and slightly above the Trust submitted Trajectory of 28,508.

		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
TRUST	Trajectory Total WL	31871	30573	30211	29955	29700	29583	29329	29836	29488	29276	29064	28851	28508
	Actual Total Waiting List	31871	32976	33170	34935	34885	35401	32844	31588	31932	31003	30106	29771	28740
	Actual IP Waiting List	5741	5736	5841	7641	7519	7273	6986	7024	6944	7043	7042	7104	6523
	Actual OP Waiting List	26130	27240	27329	27294	27366	28128	25858	24564	24988	23960	23064	22667	22217
	Trajectory Backlog	6438	6186	5935	5685	5437	5416	5170	4884	4601	4539	4478	4416	4146
	Actual Total Backlog	6438	6728	6547	7214	6743	7220	6607	6036	5997	5642	5612	5572	4921
	Actual IP Backlog	2697	2682	2577	3530	3454	3352	3068	2939	2875	2793	2841	2781	2652
	Actual OP Backlog	3741	4046	3970	3684	3289	3868	3539	3097	3122	2849	2771	2791	2269
	Trajectory % Performance	79.8%	79.8%	80.4%	81.0%	81.7%	81.7%	82.4%	83.6%	84.4%	84.5%	84.6%	84.7%	85.5%
	Actual Total % Performance	79.8%	79.6%	80.3%	79.4%	80.7%	79.6%	79.9%	80.9%	81.2%	81.8%	81.4%	81.3%	82.9%





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.

Actions from the RTT Recovery plan approved in December 18:

- Continue WLI theatre and outpatient sessions for all specialities from Jan-March 2019 – Scheduled (40 x theatre sessions and 18 x outpatient sessions).
- 2 x B3 additional booking clerks recruited within Head and Neck until March 2019 which has demonstrated an improvement in overall booking. Business case submitted to make these posts substantive.
- Recruit 4 x B3 additional validators into the central team until March 2019 - Recruitment was not successful so short term overtime has been offered to all clinical admin staff with success.
- GM for Surgical Specialities recruited and has demonstrated progress and improvements with managing RTT and cancer performance. Business case has been submitted to make this post substantive.
- Surgical Registrar to be based in ED at TWH – Not successfully recruited into.
- 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 in progress and due for full implementation in April 19.

Continuous actions in progress:

- Winter plan for elective activity ceased early and full theatre schedule recommenced 4 March 19.
- 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.

Elective Activity and New Outpatient Activity:

The Elective activity for the year is 1138 (2%) above plan. Outpatient New Activity (excluding Therapies and Ward Attenders) is -6153 (-4.7%) below plan with General Surgery and Ophthalmology being furthest from plan.

Activity (Main Specialties):	Elective Activity YTD				Outpatient New Activity YTD			
	Actual	Plan	Variance	% Variance	Actual	Plan	Variance	% Variance
Trauma & Orthopaedics	3198	2580	618	24.0%	25330	21657	3673	17.0%
General Surgery (Not inc Endoscopy)	2810	3081	-271	-8.8%	17424	19601	-2177	-11.1%
Urology	2186	2337	-151	-6.5%	6527	6097	430	7.0%
ENT	1831	1999	-168	-8.4%	8948	8748	200	2.3%
Ophthalmology	4689	5493	-804	-14.6%	25300	28150	-2850	-10.1%
Gynaecology	2239	2442	-203	-8.3%	7196	7668	-472	-6.2%
Cardiology					5773	6163	-390	-6.3%
Gastroenterology					3835	4387	-552	-12.6%
Rheumatology					2368	2017	351	17.4%
Respiratory					4285	4106	179	4.4%
Diabetes					1646	1569	77	4.9%
Endocrinology					1417	1388	29	2.1%
Neurology					2938	3043	-105	-3.4%
Care of the Elderly					1506	2126	-620	-29.2%
Other	32490	30903	1587	5%	10706	15017	-4311	-28.7%
Trust Total (All Specialties)	49443	48305	1138	2%	125199	131352	-6153	-4.7%

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 were not retained at TWH for 3 weeks and recovery 1 and holding bay were escalated for 2 weeks due to a period of prolonged OPEL 3/4. However, the winter plan for the elective pathway did cease earlier than planned and the theatre schedule reverted back to the full schedule on 4 March 19.

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	Feb-19	Mar-19	Q4 Total	YTD
RTT >52kw Breach Occurrences	3	2	8	13	8	5	9	22	9	13	10	32	8	10	13	31	98

The Trust has incurred 98 x 52 week breaches for the year to date 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 13 breaches in total for March although these patients have not yet been fully validated. All patients will have a harm review by the managing Consultant. No harm has been found as yet for the ones which have been completed.

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 June 2019.
- RTT recovery plan has been implemented and is monitored weekly.

Data Quality Update

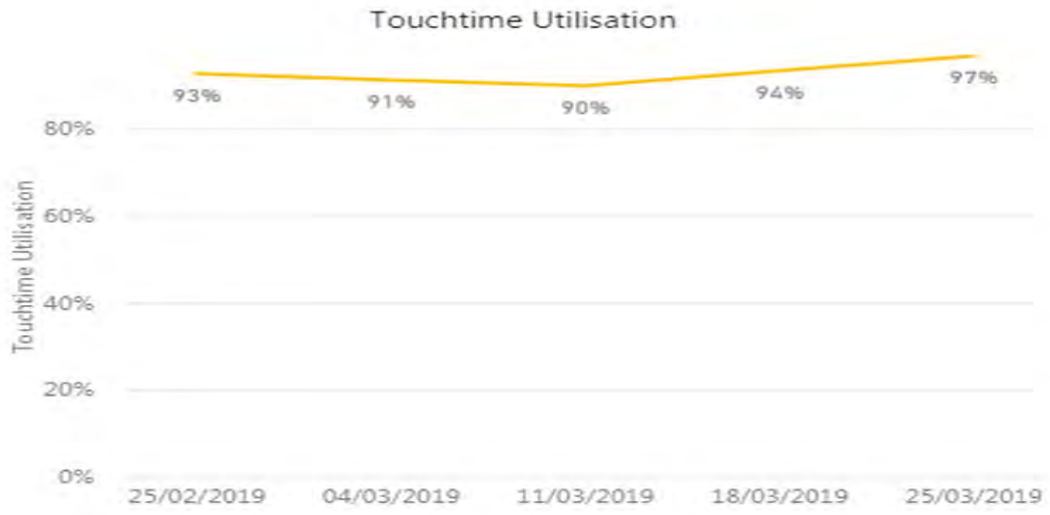
- Trusts internal review of RTT data quality
- NECS report – initial feedback and report January 2019. As a result of the analysis the recommendations were:
  - Validation – PTL and business rules
  - Administrative processes
  - Audi
  - Training
- Two week diagnostic undertaken by Accumentice – Report received March 19. Recommendations in the table below with a priority rating advised to support sustainability.
- Programme Director for Data Quality in post
- RTT Clinical Lead appointed
- Project plan in the implementation phase

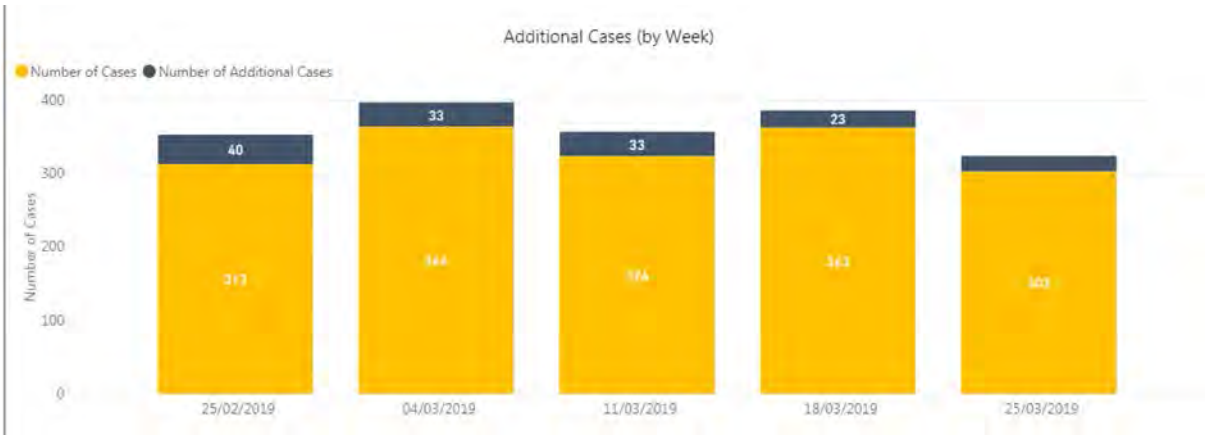
8. Theatre Productivity

The graphs below are taken from the Four Eyes Theatre Dashboard and show the Theatre Utilisation from 25/2/19 – 25/3/19 overall. The target for utilisation is 85% Overall Touch time Utilisation.

- The admission lounge at TWH has transferred to the management of critical care to improve start times and productivity. An audit of this change is being implemented.
- My PreOP task and finish group has commenced with the implementation phase commencing in April 19.

Overall Touch time Utilisation



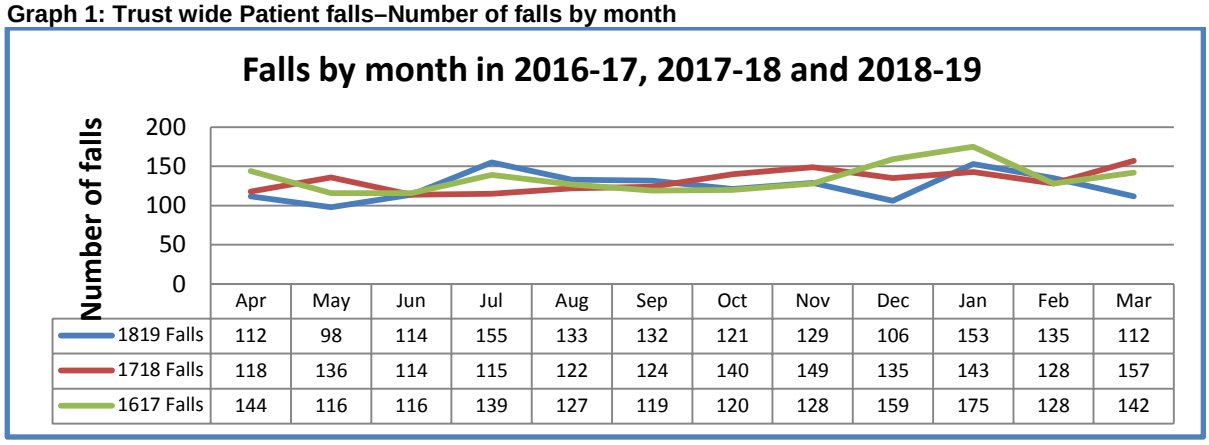


Quality and Safety December Trust Board (March data)

Patient Falls incidents:

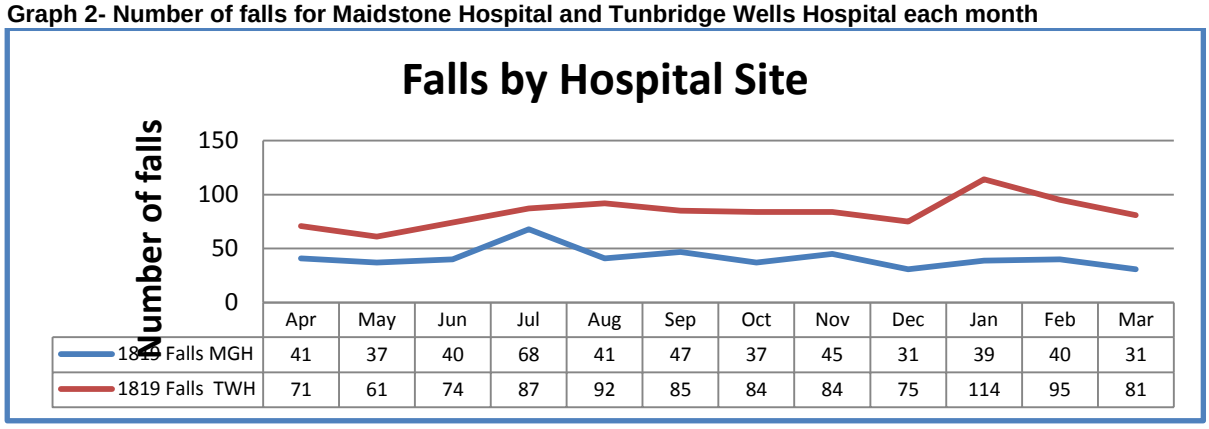
There were 112 falls incidents reported during March 2019, compared to 135 for February 2019. Monthly figures in Graph 1 provide a comparison for each month and for the same period on the previous year. A breakdown of incidents by site in March equates to 31 falls at Maidstone and 81 at Tunbridge Wells as shown in Graph 2.

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	135	112
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- Number of falls for Maidstone Hospital and Tunbridge Wells Hospital each month

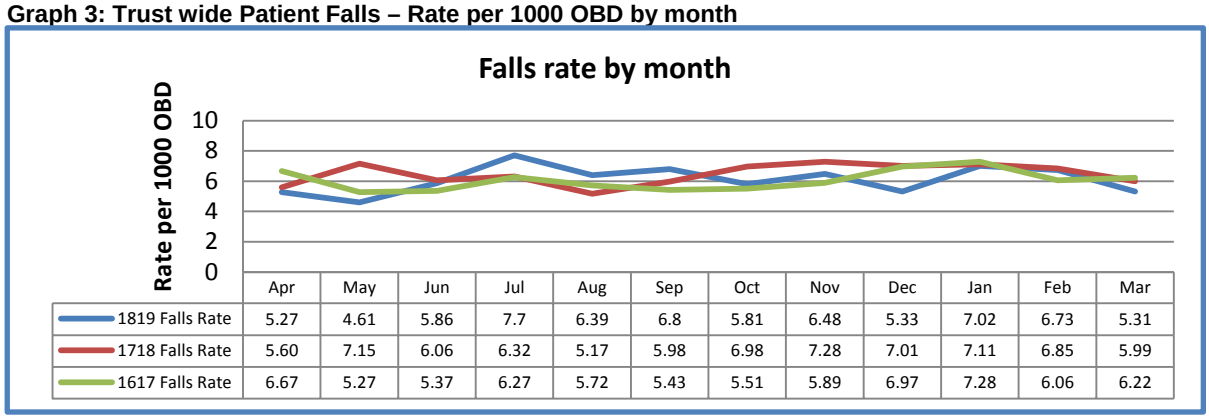


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1819 Falls MGH	41	37	40	68	41	47	37	45	31	39	40	31
1819 Falls TWH	71	61	74	87	92	85	84	84	75	114	95	81

The monthly falls rate per 1000 occupied bed days (OBD) for March 2019 was 5.31, a reduction compared to February 2019 and to March 2018. Comparison for previous months and months in previous year can be seen in Graph 3. The year-end falls rate for 2018/19 was 6.10 per 1000 OBD against the threshold of 6.0.

The total number of falls for 2018/19 has fallen to 1500 from 1581 in the previous year.
During March there were three falls that resulted in injury; one was declared as Serious Incident's (SI) in March and two to be declared in April. All were at Tunbridge Wells Hospital.

Graph 3: 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	6.73	5.31
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:

During the month of March 4 new Hospital Acquired (HA) pressure ulcers were reported;
2 Deep Tissue Injuries to Heels,
2 Unstageable (due to the presence of sloughy tissue preventing the ability to determine real depth of the wounds) to sacrum and buttocks area.

The incidence for March continued to show very slight improvement compared to the same period last year. The increase of surgical and trauma wounds requiring priority review ahead of pressure ulcers is still a challenge.

Promoting education and requirement for a full body assessment and monitoring, including independent patients, unless they have capacity to decline assessment, is always relevant as we aspire to systematically improve in our care. Bespoke training has been delivered to Ward 20 and 32 as part of learning events from root cause analysis investigation into pressure damage; Four dates of training, focusing on wound assessment and dressing choice is now available and open for booking.

The Trust wide prevalence audit application was submitted with the aim of being completed in mid-May.

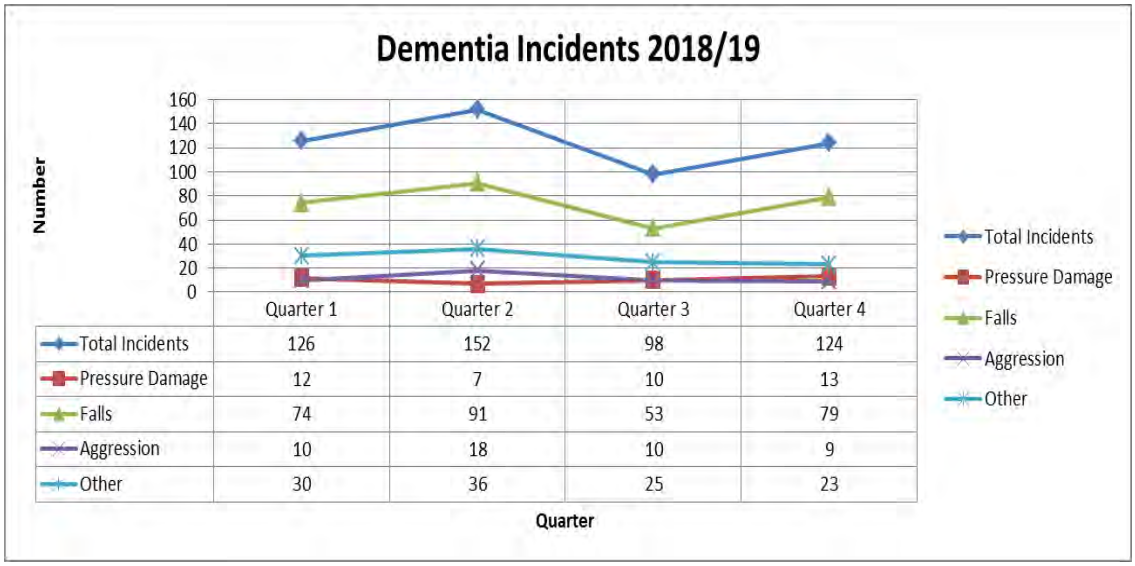
Incidents relating to inpatients with Dementia:

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 and 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.

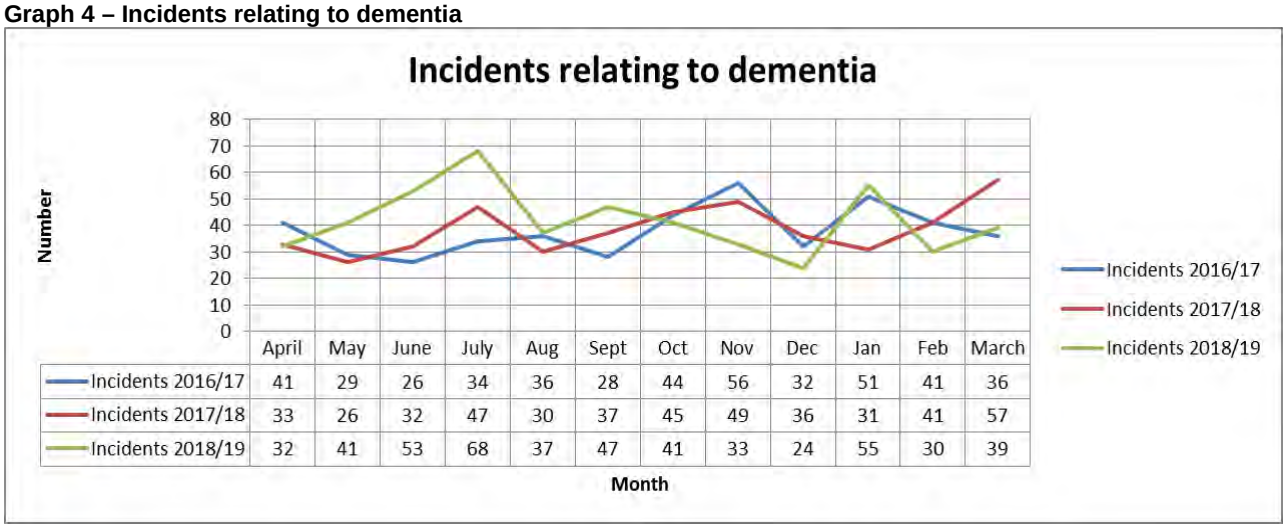
The incidents have been split into 4 categories: Pressure Damage; Falls; Aggression and Other. Incidents included in the "Other" category include issues such as drug omissions/errors, patient transfer, communication issues between wards and similar low harm incidents.

Graph 3 – Dementia Incidents



Graph 3 demonstrates the number of incidents per category that occurred during Quarter's 1, 2, 3 & 4 (2018/19). We continue to see a decrease in total incidents since Quarter 1, although we have seen an increase in pressure damage and falls and a decrease in aggression and other incidents.

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	30	39

Graph 4 plots the number of incidents relating to dementia patients per month for 2016/17; 2017/18 and 2018/19. In March there were 29 incidents at TWH and 10 at Maidstone, of these falls continues to be the main cause of incidents totalling 28 (20 at TWH and 8 at Maidstone), however this is a reduction on January when there were 31 falls incidents at TWH and 5 at Maidstone relating to dementia patients.

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.

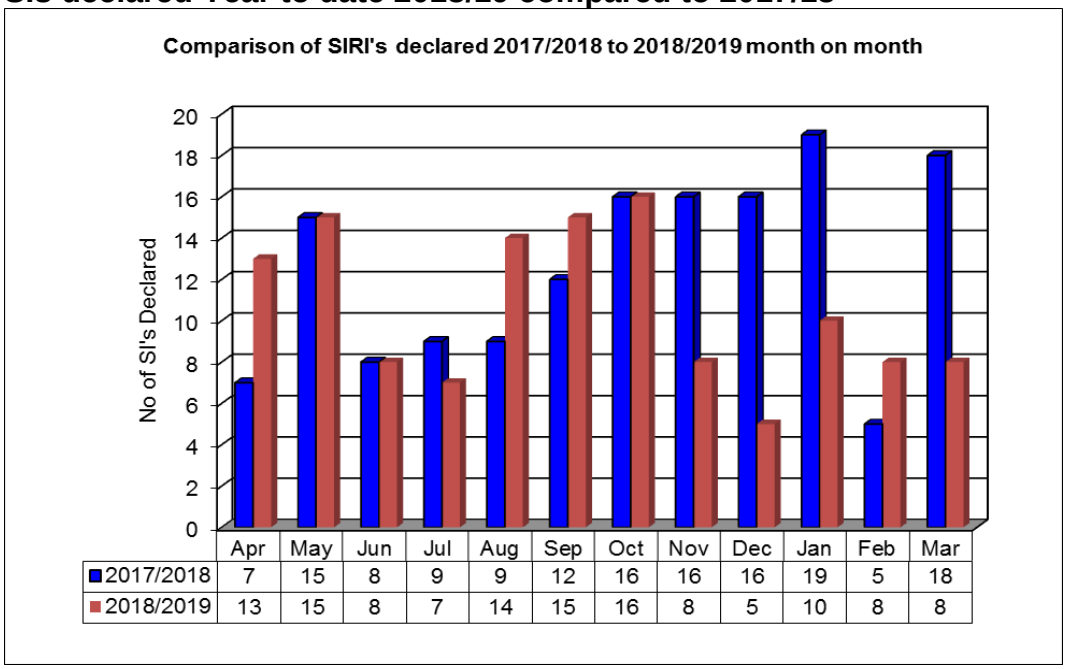
Serious Incidents (SI's):

There were 8 Serious Incidents reported in March 2019 (3 at MGH and 5 at TWH).

- 6 Main SI's in 5 Directorates:
  - 2 x SI's reported in Emergency Medicine (TWH & MGH)
  - 1 x Cluster SI reported in Theatres & Critical care (TWH)
  - 1 x SI reported in Medical Specialities (TWH)
  - 1 x SI reported in Oncology (MGH)
  - 1 x SI reported in Urology, Gynaeoncology, Breast & Vascular (MGH)
- 1 x Pressure Damage – reported in Acute Medicine & Geriatrics (TWH)
- 1 x Fall – reported in Acute Medicine & Geriatrics (TWH)

The total number of SI's open on STEIS has decreased year to date at 85 compared to 98 during 2017/18.

SIs declared Year to date 2018/19 compared to 2017/18



During the month of March 2019, 4 SI's were closed, of which one of these was downgraded

Downgraded:

2018/24593	Emergency Medicine	Diagnostic Incident	12/10/18	07/03/19

Learning from the Falls Panel (last panel 12th March 2019):

- Closer supervision of high risk patient – complete enhanced care assessment
- Explanation to patient regarding privacy v safety assessment
- Medication review on drug chart

Learning from the VTE Panel:

- VTE Panel cancelled for March 2019

Learning from the main panel:

Care/Service Delivery Issue	Learning
Missing Controlled Drugs Controlled drug registers should be maintained in a clear and legible fashion	Good record keeping and trust protocols to be reinforced with all staff
Treatment Delay – hyponatraemia/renal impairment Handover of patients at weekend / bank holidays Failure to act upon and appropriately repeat blood tests.	Formal handover procedure to ensure appropriate seniority review for patients at risk of deterioration. Put in place system to ensure blood results are reviewed in a timely manner and acted upon/escalated accordingly.
Infection – Cdiff Incident Relative of C.difficile positive patient did not always wear PPE or adhere to the Trust infection control policy	All ward staff to ensure that they enforce infection control policy to relatives when a patient is barrier nursed/isolated. Ensure that all barrier nursed patients have the relevant signage & posters to educate visitors about PPE To explore the option of giving leaflets to patients and relatives regarding barrier nursing and infection control procedures

Single sex compliance:

There were 14 incidences of mixed sex accommodation reported during the month of March. These occurred in ITU and the ASU at Maidstone and AMU at TWH. These were due to clinically unwell patients who required the beds in these areas therefore no breaches were declared.

Friends and Family Test:

Overall response rates for March have shown a continued increase in A+E response rates but a further decrease in inpatient areas (IP) and all other areas. There continues to be fluctuating consistency with response rates during the month. This will be escalated to the monthly review meetings to explore any new / recurrent engagement or process issues.

There has been a significant reduction in rejected forms and the dedicated IPads are being encouraged with 12 tablet reviews and 30 online reviews recorded in March. Unfortunately this is a continued reduction from last month due to a fault identified with the app. IT are currently working on a solution with IWGC.

Response rates for March IP: decreased further from 18.2% in February to 17.9% in March. Positively, A&E (including children) increased further from 7.6% in February to 8.9% in March. Maternity Q2 has decreased from 26.2% in February to 20.3% in March.

In terms of number of respondents from outpatients, there was a process failure part way through February which was not identified until the March reporting period. Further to this issue raised last month, confirmation was received that the daily process was reinstated however; a search was performed using the old Eden system which is no longer active and resulted in an inability to report on activity. The system has now switched over to a new Liberty system and reportable data for March is at 5469. A significant increase on February's data but, it is likely that this will consist in a crossover in reporting period due to process issues as described.

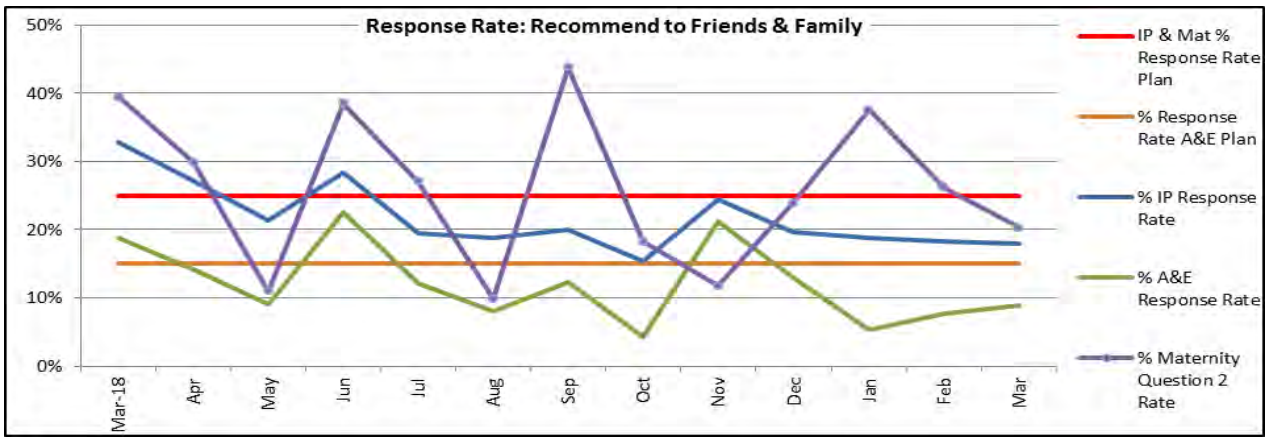
For the % Positive for January, inpatients has decreased from 95.6% in February to 94.8% in March, A&E increased from 91.3% in February to 92.0% in March and Maternity (all 4 combined) increased from 96.5% in February to 98.4%.

Year 18/19 Response : 20.9% IP, 11.5% A&E and 24.5% Mat
Year 18/19 % Positive : 94.4% IP, 91.3% A&E and 94.9% Mat

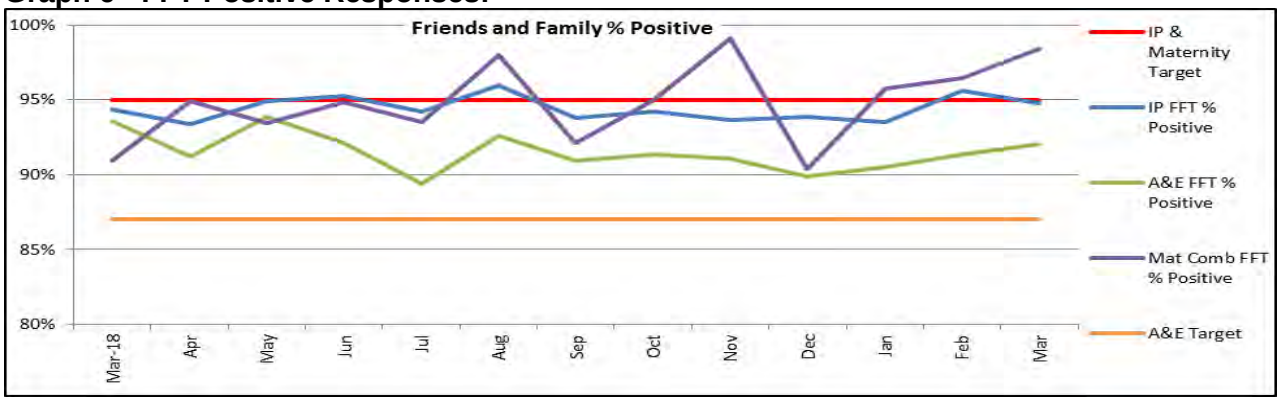
Year 18/19 unfortunately fell short of the Trust Targets to achieve the following:
Admitted Target 25%, A&E Target 15% and Maternity Question 2 Target 25%.

However, A+E consistently achieved above the target for positive responses year round.

Graph 5- FFT Response Rates:



Graph 6 - FFT Positive Responses:

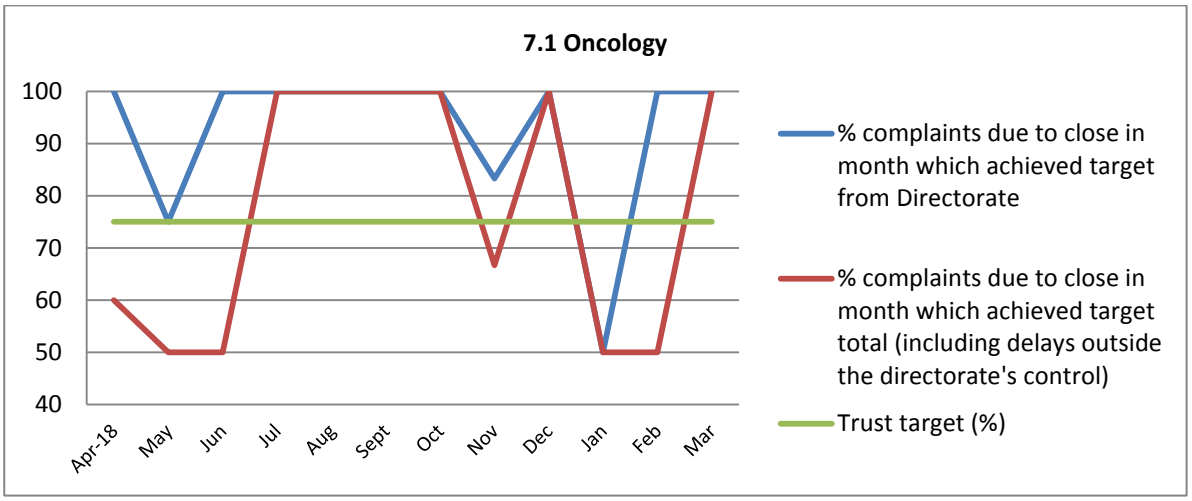


Complaints:

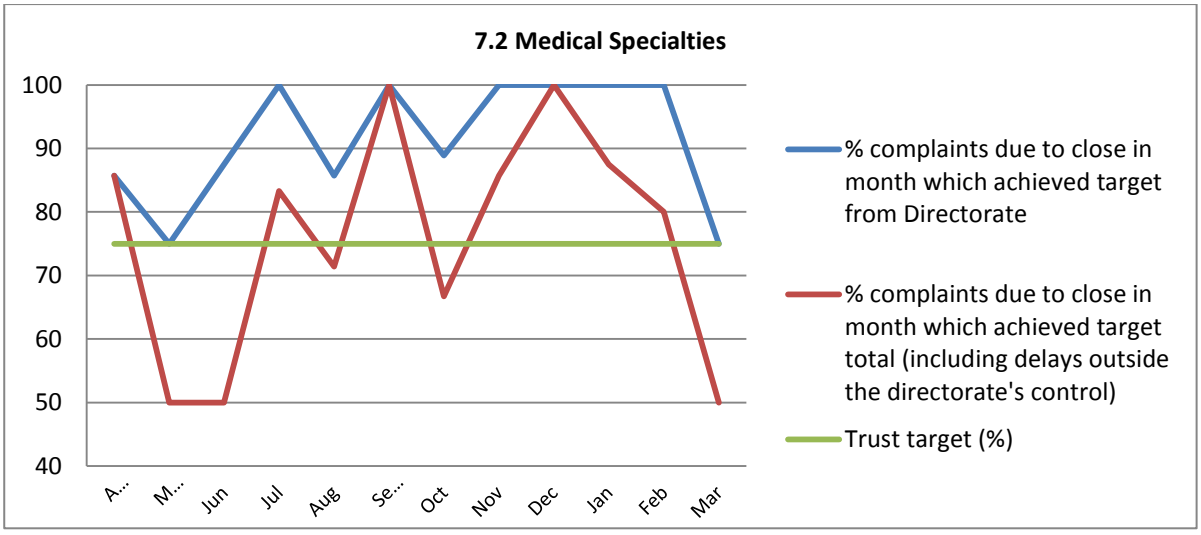
There were 41 new complaints reported for March which equates to a rate of 3.17 new complaints per 1,000 occupied bed days. This is an increase compared to 2.04 for February. There were 149 open complaints at the end of March, compared to 120 in February.

75.7% of complaints were responded to within deadline compared to a target of 75%. Graphs 7.1 to 7.11 (below) provide information on the performance for year to date by each directorate.

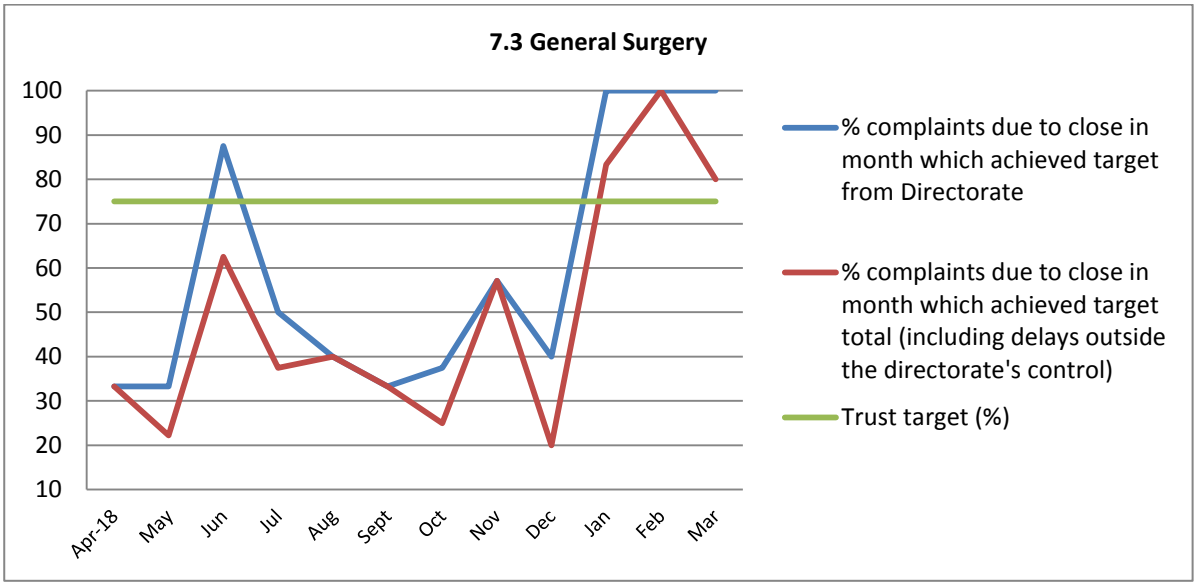
Graph 7 - Complaints performance against Trust target



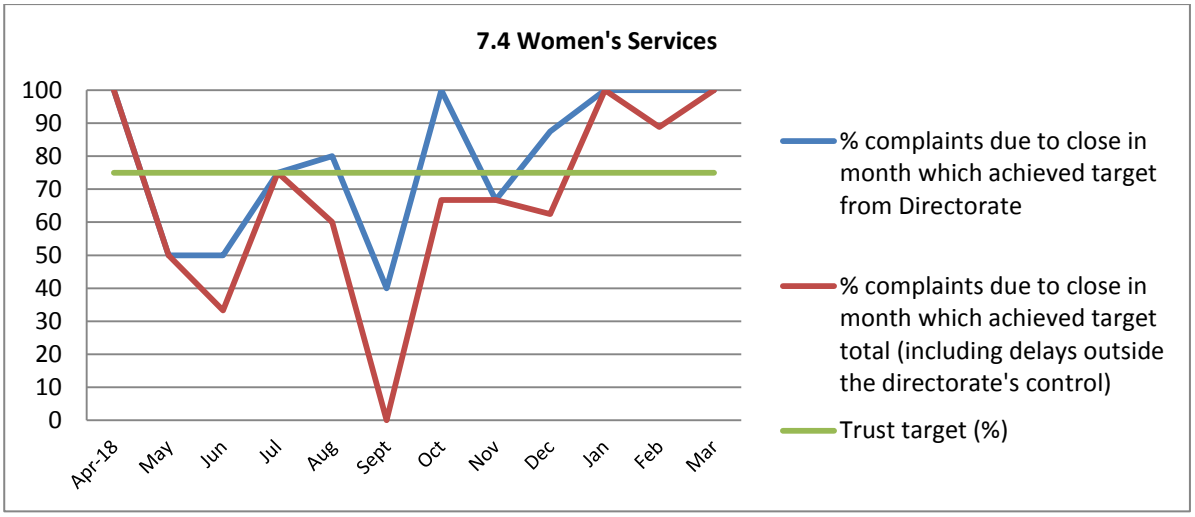
Oncology	Apr 18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	5	4	2	2	2	1	2	6	1	4	4	3
Number of complaints responded to in month	5	5	2	2	4	2	4	7	2	2	5	2



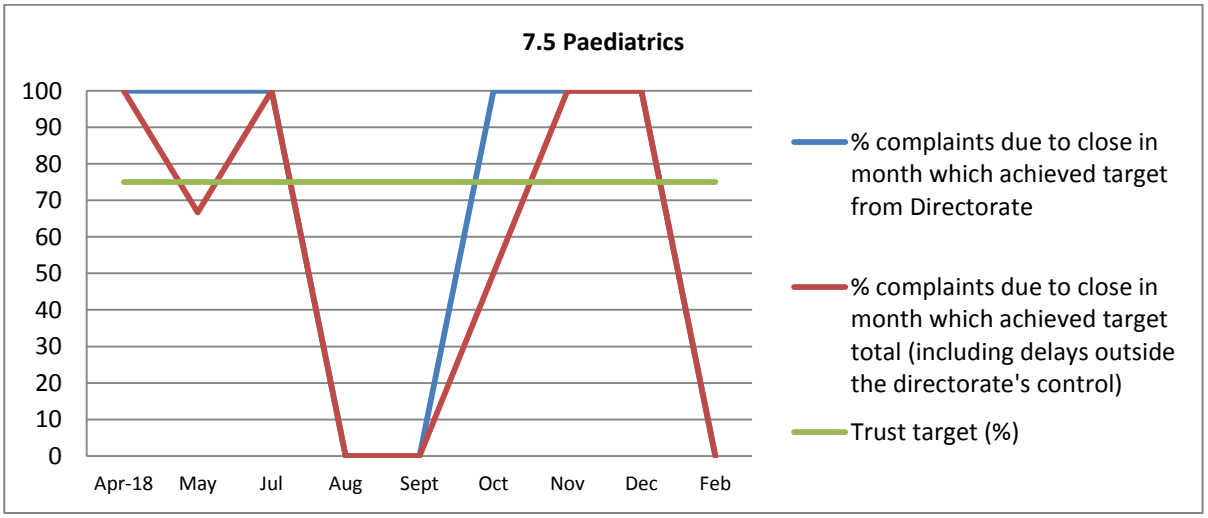
Medical Specialties	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	7	12	8	6	7	7	9	7	1	8	5	4
Number of complaints responded to in month	17	7	11	10	15	9	12	8	3	10	6	2



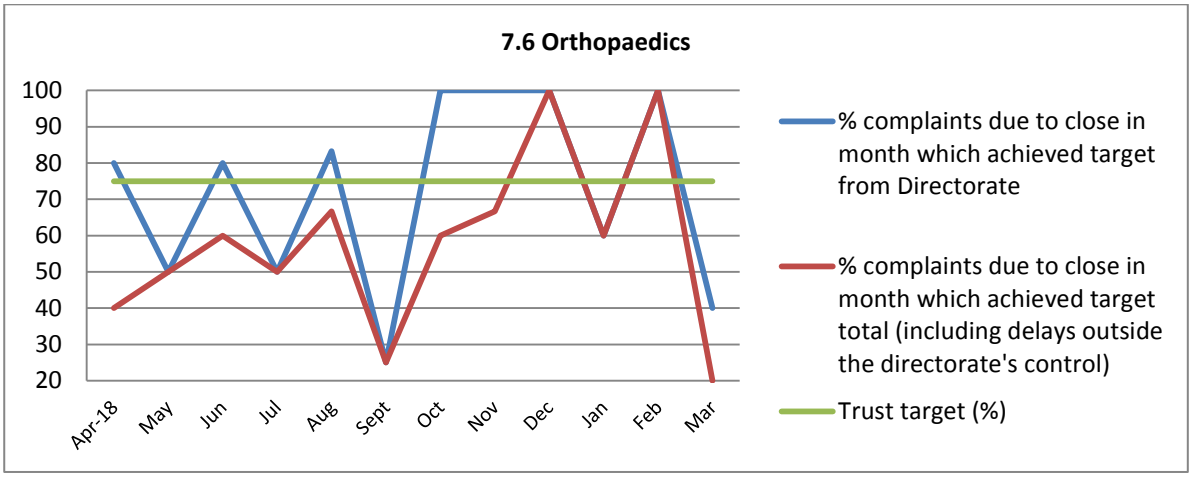
General Surgery	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	6	9	8	8	5	3	8	7	5	6	6	5
Number of complaints responded to in month	12	6	9	5	10	4	10	12	6	10	7	5



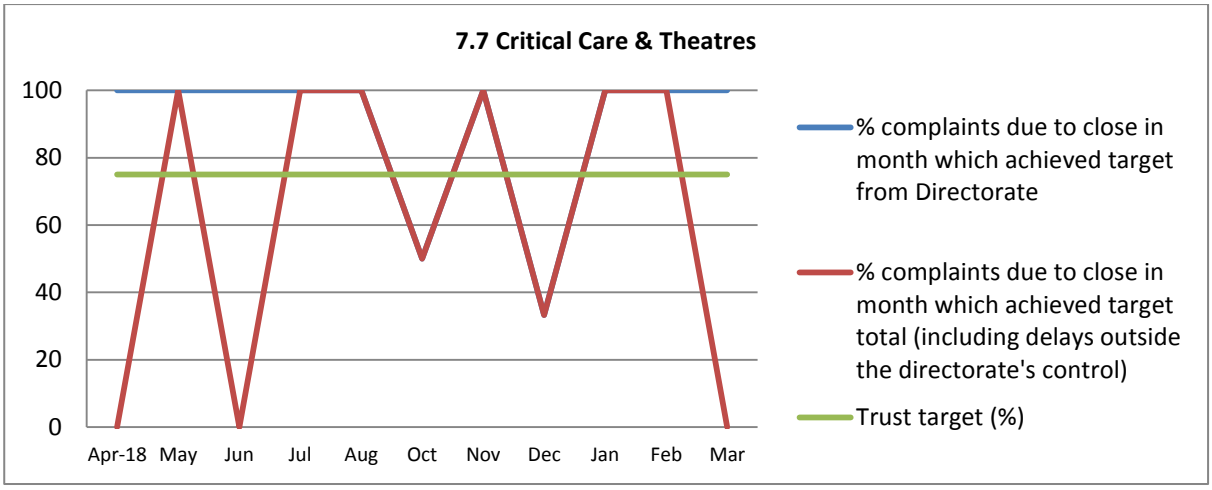
Women's Services	Apr -18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	5	2	6	8	5	5	3	3	8	8	9	5
Number of complaints responded to in month	8	5	9	10	8	13	11	10	6	10	9	5



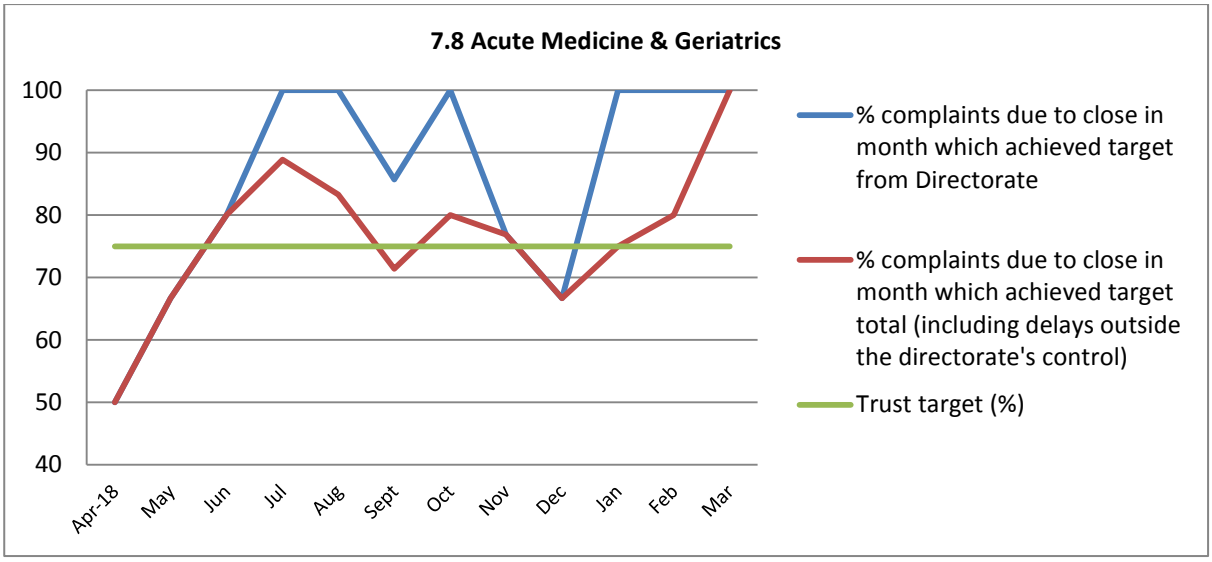
Paediatrics	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	3	3	0	3	0	0	2	4	2	0	1	0
Number of complaints responded to in month	7	2	0	3	1	2	4	2	3	0	0	1



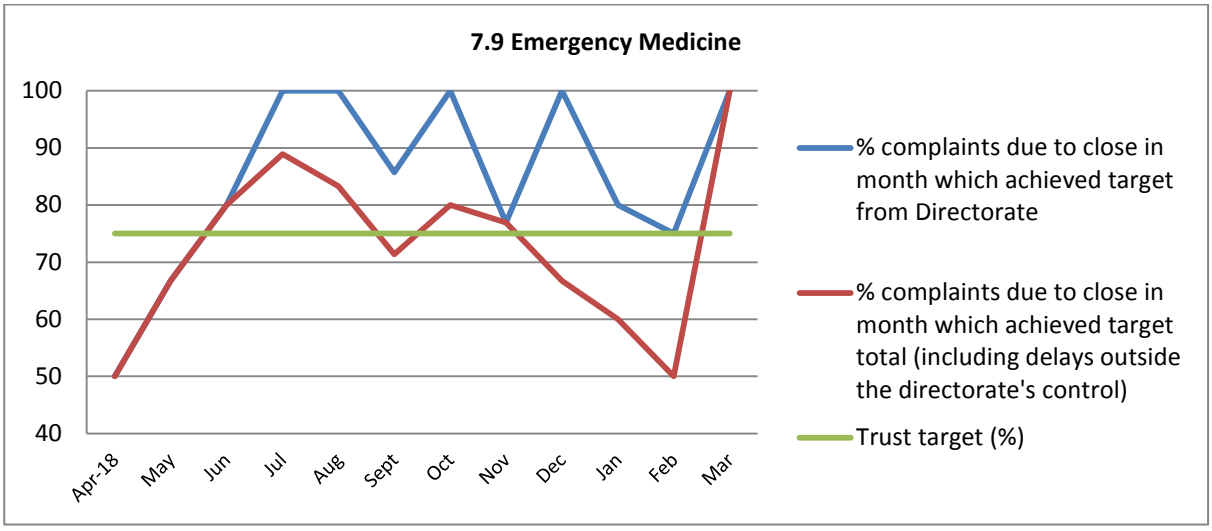
Orthopaedics	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	5	2	5	4	6	4	5	3	3	5	1	5
Number of complaints responded to in month	8	3	3	6	8	3	8	4	3	6	2	4



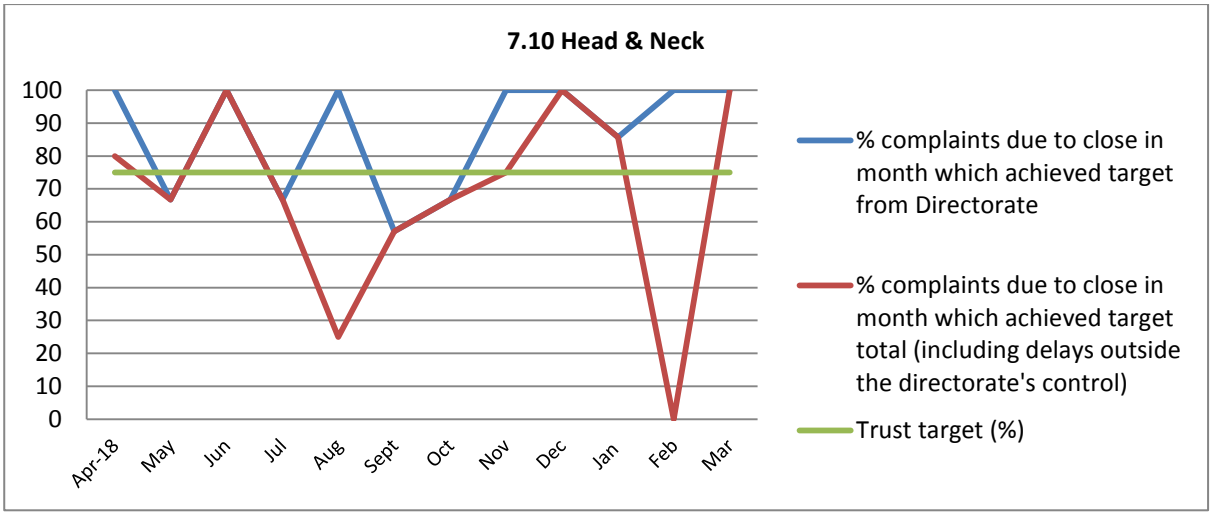
Critical Care & Theatres	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	1	3	1	2	3	0	2	1	3	5	2	1
Number of complaints responded to in month	0	3	2	2	4	2	1	2	1	7	1	1



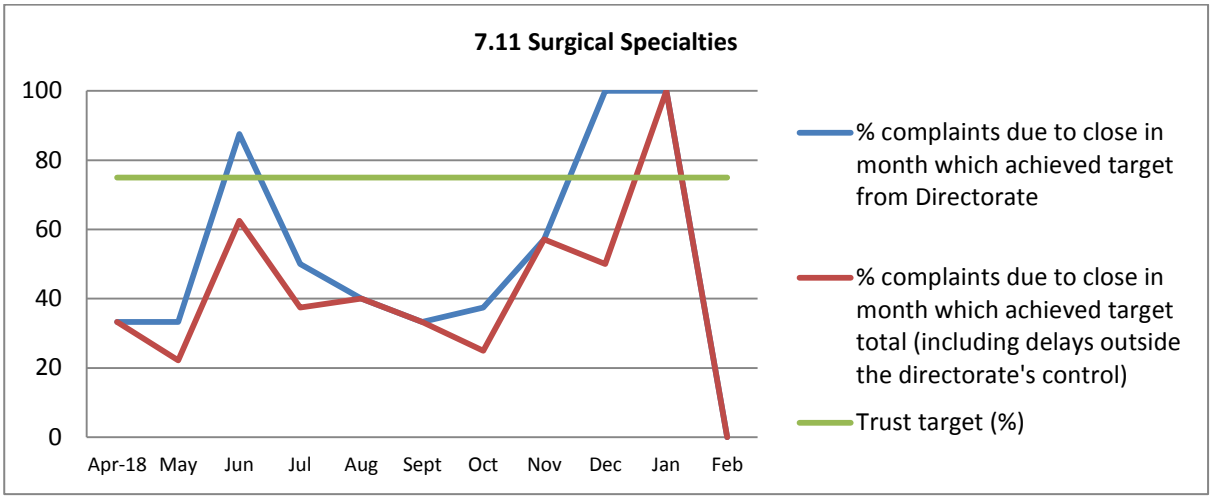
Acute Medicine & Geriatrics	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	4	9	5	9	6	7	10	13	3	4	5	1
Number of complaints responded to in month	6	7	7	7	5	10	12	13	3	8	10	1



Emergency Medicine	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	4	9	5	9	6	7	10	13	3	5	4	5
Number of complaints responded to in month	6	7	7	7	5	10	12	13	1	6	2	3



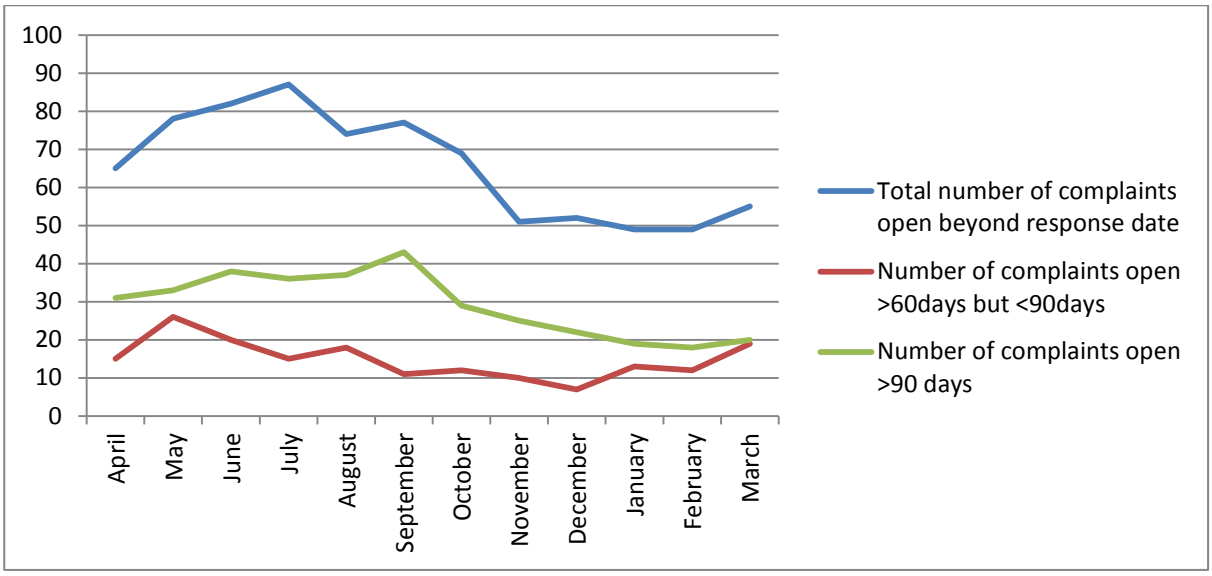
Head & Neck	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	5	6	4	3	4	7	3	4	2	7	1	5
Number of complaints responded to in month	6	4	4	1	3	0	5	7	1	9	4	4



Surgical Specialties	Apr-18	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints due to close in month	6	9	8	8	5	3	8	7	2	5	1	0
Number of complaints responded to in month	12	6	9	5	10	4	10	12	3	5	2	2

Every directorate listed above achieved or exceed the Trust's target of 75% for January, except: Orthopaedics (40%).

Graph 8: Number of overdue open complaints



Focused work continues around clearing older cases. Targeted reports are being regularly shared with the senior directorate management teams around the oldest open complaints to support ongoing focus on these cases, whilst still working towards maintaining the 75% performance target. The increase in the overdue complaints is a direct result of vacancies within the complaints team, which are being addressed. A business case has also been presented with the aim of increasing the establishment of the team to ensure provision of sustained, high quality and timely responses, in addition to supporting other service improvements, closely linked to ongoing work within the Best Care Programme.

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.

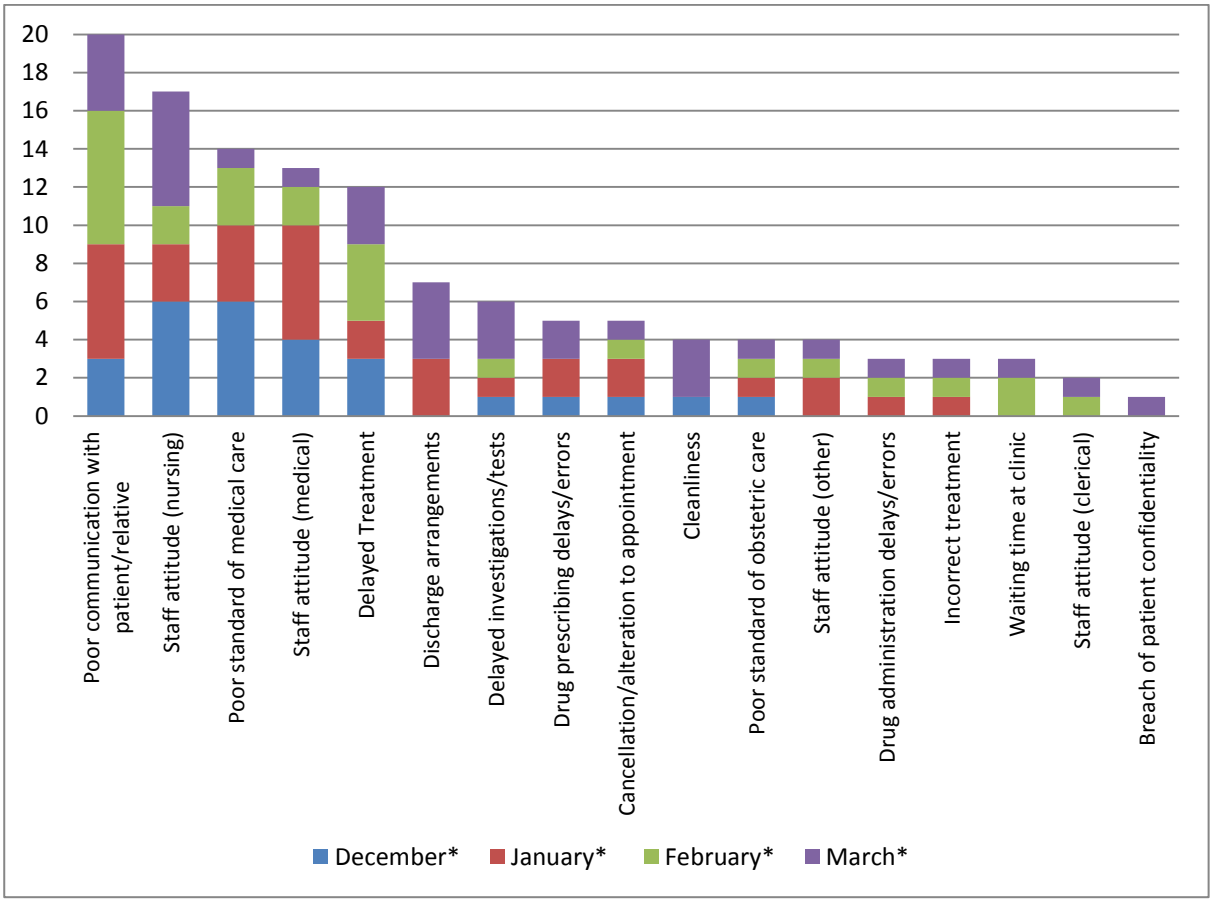
Graph 9 - Complaints by Sub-subject – most frequently raised in March 2019

	December*	January*	February*	March*
Staff attitude (nursing)	6	3	2	6
Discharge arrangements	0	3	0	4
Poor communication with patient/relative	3	6	7	4

*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 March 2019.

Graph 10: All themes/subjects raised in complaints made about events that occurred in March 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 (December – March), with a rising trend.

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

- Delayed treatment
- Discharge arrangements
- Delayed investigations/tests
- Drug prescribing delays/errors
- Cleanliness
- Drug administration delays/errors
- Incorrect treatment
- Waiting time at a clinic
- Staff attitude (clerical)
- Breach of patient confidentiality

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.

Update on ATAIN (Avoiding Term Admissions into Neo-Natal Units) Maternity Action Plan

NHS Resolution is operating a second year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. The Trust must achieve all ten maternity safety actions one of which is:

Safety action 3: *Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme? (ATAIN).*

It is required that the Executive Board will provide assurance that the actions in relation to the 10 safety actions have been completed. The action plan below supports the delivery of Safety Action 3, aiming to give an update of our progression to meeting the goals set. It has been previously signed off by the Chief Nurse and Chief Operating Officer and is reviewed monthly at a CNST meeting group meeting and the monthly ATAIN meeting, then presented at Maternity Board, a monthly meeting chaired by Claire O'Brien, Chief Nurse.

With regards to the action plan, actions are on track. The main focus is on updating the guidelines relating to actions 6 & 7, which is in progress, and ensuring that the midwifery staff complete an e-learning module on ATAIN (Action 5). ATAIN training is to be mentioned in all appraisals with the expectation that this is completed by the end of July. Regular messages to be sent out to staff via the newsletter and take 5 to ensure that all midwives know it is their responsibility to complete the training.

NHSE National Avoiding Term Admissions into Neonatal Units (ATAIN) scheme 2019-2020						
MTW NNU Tunbridge Wells Hospital						
Actions		**Start date**	**Outcome/success criteria**	**Completion date**	**Evidence**	**Action**
1	MTW to have ATAIN leads who participate in monthly review of Term Admissions	Apr-18	Established process in place. Atain working group revised Jan 2019, list sent to VA (attached)	Ongoing	Meeting notes	Rachel Fromow, Julia Moat
2	Trusts that were above 5% TA rate in 2017/18, establish ATAIN working group, produce an action plan; identify who is responsible for quarterly review and returns to ODN.	Jun-18	MTW 3.9% for financial yr 2917/18. Apr - Sept 2018 TWH 4.2% Term admissions % livebirths Review quarterly data 2018/19 & report to Network manager	Ongoing	dashboard quarterly reports & all term admissions reviewed at monthly meeting	Julia Moat
3	Review the ATAIN Dashboard each quarter in joint Maternity & Neonatal Governance Group	Aug-18	Maternity Safety Champions to report ATAIN to Trust Executive Board.	Quarterly	Meeting notes	Rachel Thomas

NHSE National Avoiding Term Admissions into Neonatal Units (ATAIN) scheme 2019-2020						
MTW NNU Tunbridge Wells Hospital						
Actions		**Start date**	**Outcome/success criteria**	**Completion date**	**Evidence**	**Action**
4	Trusts to respond to exception reports within two weeks with updated action plans and measure to address rate of term admissions	Aug-18	ODN Managers to receive exception report response and send to project lead	Quarterly	Exception report log	Julia Moat, if exception report triggered
5	MTW to include HEE e-learning programme on ATAIN in induction programmes; existing staff to undertake the module which was introduced 2017/18.	Apr-18	All Trusts to aim for 80% completion rate for paediatric, midwifery & neonatal nursing staff. NNU 100% compliant, awaiting figures from maternity & paeds.	review at monthly meeting & aim for completion 31/05/2019	Training records/ certificates of completion	Mithun Urs (paeds), Andrea Teasdale (mat)
6	MTW to review current guidelines and implement changes into clinical areas to address hypoglycaemia, hypothermia and management of jaundice if required.	Sep-18	Trust guideline hypoglycaemia & jaundice (NICE) in place. TC/PN to write hypothermia guideline. Bobble hat bundle in place	Ongoing	Trust guideline/pathways.	Mithun Urs, TC/PN staff
7	MTW has Transitional Care facilities in place and operational; managed in a co-ordinated process with joint neonatal & maternity input.	Jun-18	Supports keeping mothers and babies together, whenever possible if clinically safe to do so. Review TC guidelines to be BAPM compliant	Ongoing	CNST returns ATAIN Dashboard location of care	Laura Bryant, Charmaine Elliott, Julia Moat, Lou Mair
8	MTW midwifery to review Royal Free documentation "Keeping Mothers and Babies Together" pathway with possibility of adapting for MTW use	Feb-19	documented 1st hour care including NEWTT chart to reduce NNU term admissions, especially respiratory reasons	under current review	improved 1st hour care and reduction in term admissions to NNU	Andrea Teasdale Matron A/N,P/N, Gynae
9	All Trusts to audit babies who received HRG 3 & 5 care only without oxygen in Oct through BadgerNet.	Nov-18	MTW completed the audit 1st-31st Oct 2018. Audit form returned to Network manager	30/11/2018	completed & sent Jan 2019	Julia Moat

Safe staffing: Planned versus actual for March 2019

The attached paper shows the planned v actual nursing staffing as uploaded to UNIFY for March 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 which has now closed in line with the completion of the winter escalation plan at the end of March 2019.

John Day: Improvement in falls rate during the month remaining within threshold however, reduced RN rate due to sickness, vacancies and lack of available temporary staff throughout the month. Fill rate included 37.2% of temporary staffing of which of which 47.9% was agency. QuESTT score reported at 12.

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.

Lord North: Reduced RN fill rate due to lack of available temporary staff recorded on 6 occasions.

UMAU (MDGH): Reduced RN and CSW fill rate due to lack of available temporary staff across all day shifts throughout the month. Increased fill rate at night due to ongoing escalation. Fill rate included 31.7% temporary staff of which 35.8% were agency staff.

Ward 22: 2 falls above threshold during March. Reduced fill rate due to vacancies levels and shifts not covered with a lack of available temporary staffing throughout month.42.7% fill rate supported by temporary staffing of which 32.4% was agency.

MAU (TWH): Remained at 4 falls above threshold. Reduced RN fill rate due to uncovered shifts throughout the month due to vacancy rate and lack of temporary staff. Fill rate included 32.1% of temporary staff of which 23.4% were agency.

Ward 32: Reduction in falls to 2 above threshold. Reduced fill rate daily due to high vacancy factor and inability to cover due to lack of available temporary staff. Fill rate included 46.3% of temporary staff of which 34.2% were agency. Established ward manager seconded to support area.

Ward 11: Remain at 5 falls above threshold. Increased fill rate due to enhanced care requirements throughout the month across 16 days.

Ward 20: Reduction in falls to remain within threshold. Reduced RN fill rate due to lack of available temporary staff. Increased CSW fill rate at night to support enhanced care requirements. Fill rate includes 41.8% temporary staffing of which 19.2% were agency.

Ward 2: 5 falls above threshold in month. AFU escalated through the month alongside enhanced care requirements. AFU escalated on 6 occasions, enhanced care requirements reported on 5 occasions and unfilled shifts across the month due to lack of available temporary staff.

Ward 30: Reduced RN fill rate due to vacancies and lack of available temporary staff. Fill rate includes a rate of 43.4% temporary staff of which 13.9% were agency.

SSSU: Increased fill rates due to unit escalation throughout the month including escalation into recovery 1 for 6 days in the month. Fill rate inclusive of 57.3% temporary staffing of which 30.4% were agency.

A+E (MH + TWH): MH- Reduced RN fill rate due to uncovered shifts and increase in demand and capacity. Fill rate inclusive of 29.8% temporary staffing of which 33.2% were agency. TWH- reported uncovered shifts across days and nights due to lack of available temporary staff and vacancies through the month. This fill rate includes 50.9% temporary staffing of which 51.8% were agency.

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 supported 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.

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.

Bank / Agency usage data monitoring

As described in the Planned V Actual commentary the fill rate percentage is the actual hours used compared to the hours set in the budgeted establishment. In addition to this information, it is known that nationally and internationally there is an increasing shortage of registered nurses to maintain levels of fill rate. Maidstone and Tunbridge Wells NHS Trust have worked collaboratively with NHS improvement on a focused recruitment and retention plan and continues this high priority focus with new ways of working, new roles and safe staffing reviews. To more fully appreciate the complexities of fill rates and how these rates are delivered, a new data set has been introduced to provide the following detail:

- To continue to demonstrate the overall fill rate for the month
- Percentage rate of overall fill rate supported by temporary staffing
- Percentage rate of temporary staffing fill rate by external agencies.

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. 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

Mar-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 (%)	Bank / Agency Use %	Agency as % of Temp Staffing	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	93.0%	88.9%	95.4%	96.7%	35.1%	54.6%	7.4	11.5%	100.0%	1	0	3	Reduced CSW fill rate with ward supporting supernumerary trainee CSW and managin short term sickness during the month	138,263	129,469	8,794
MAIDSTONE	Cornwallis	100.0%	102.0%	65.6%	104.1%	68.9%	47.8%	6.5	39.6%	95.2%	1	1	3	Medical escalation ward as part of winter planning. Ward closed at end of march in line with plan.	115,598	137,210	(21,612)
MAIDSTONE	Culpepper (Inc CCU)	94.2%	100.0%	100.8%	138.6%	15.6%	13.8%	7.7	122.4%	98.3%	0	0	N/S		109,337	109,048	289
MAIDSTONE	John Day	79.2%	117.7%	98.0%	98.4%	37.2%	47.9%	9.2	54.0%	88.2%	3	0	12	Reduced RN fill rate due to sickness, vacancies and lack of available temporary staff.	131,925	138,212	(6,287)
MAIDSTONE	Intensive Treatment Unit (ITU)	94.8%	87.9%	88.4%	0.0%	15.3%	29.6%	33.0			0	0	1	Reduced fill rate in line with the lower occupancy throughout the month.	165,356	179,374	(14,018)
MAIDSTONE	Pye Oliver	94.1%	108.0%	100.9%	124.7%	28.2%	28.3%	6.5	17.0%	100.0%	6	0	5	1 fall above threshold Increased CSW fill rate at night due to enhanced care requirements throughout the month.	116,339	115,746	593
MAIDSTONE	Chaucer	113.6%	78.5%	133.9%	190.6%	38.6%	34.0%	12.3	120.7%	95.7%	4	0	2	Increased fill rates to support unit escalation throughout the month. Reduced CSW fill rate during at night	118,267	130,041	(11,774)
MAIDSTONE	Lord North	85.6%	121.5%	99.6%	96.8%	31.1%	9.6%	7.3	5.5%	100.0%	0	0	3	Reduced RN fill rate due to lack of available temporary staff recorded on 6 occasions. Increased CSW fill rate to support enhanced care needs on the ward	102,318	106,300	(3,982)
MAIDSTONE	Mercer	118.9%	100.0%	133.3%	101.6%	30.5%	67.5%	6.6	26.9%	100.0%	5	0	3	Management and Supervisory days supported	101,048	141,539	(40,491)
MAIDSTONE	Edith Cavell	94.0%	116.6%	97.8%	180.6%	26.3%	14.4%	6.0	184.6%	87.5%	3	0	2	Increased CSW fill rate due to enhanced care requirements throughout the month	71,882	80,075	(8,193)
MAIDSTONE	Urgent Medical Ambulatory Unit (UMAU)	87.1%	88.2%	125.8%	184.7%	31.7%	35.8%	8.8	0.0%	0.0%	2	0	4	Reduced RN and CSW fill rate due to lack of available temporary staff across all day shifts throughout the month. Increased fill rate at night due to ongoing escalation	131,489	127,644	3,845
TWH	Stroke/W22	70.6%	80.3%	94.2%	96.8%	42.7%	32.4%	8.6	135.7%	84.2%	9	0	N/S	2 falls above threshold. Reduced fill rate due to vacancies and shifts not covered with a lack of available temporary staffing throughout month	150,502	140,296	10,206
TWH	Coronary Care Unit (CCU)	98.5%	81.5%	92.8%	-	42.3%	41.6%	9.6	36.8%	100.0%	0	0	3	Reduced CSW fill rate due to a combination of lack of available temporary staff and redeployment of staff to support safe staffing levels across the Trust	67,825	72,721	(4,896)
TWH	Gynaecology/ Ward 33	103.0%	97.0%	96.8%	93.5%	23.8%	9.6%	13.1	37.4%	95.7%	0	0	0		79,636	95,540	(15,904)
TWH	Intensive Treatment Unit (ITU)	92.8%	103.6%	100.5%	90.0%	15.0%	3.8%	28.0			0	0	0		189,552	205,035	(15,483)
TWH	Medical Assessment Unit	82.9%	91.0%	92.4%	79.8%	32.1%	23.4%	10.7	10.8%	97.3%	10	0	9	4 falls above threshold Reduced RN day fill rate due to uncovered shifts throughout the month due to vacancy rate and lack of temporary staff. 2 reported uncovered CSW shifts at night	189,499	187,643	1,856
TWH	SAU	96.3%	93.5%	96.8%	96.9%	12.3%	0.0%	10.3			0	0	0		61,940	59,009	2,931
TWH	Ward 32	62.9%	110.4%	98.9%	82.6%	46.3%	34.2%	5.5	6.7%	100.0%	8	0	8	2 falls above threshold High vacancy rate on ward unable to fill due to lack of available temporary staff throughout the month	139,808	161,325	(21,517)
TWH	Ward 10	94.6%	92.1%	77.9%	159.7%	40.0%	18.5%	6.0	0.0%	N/A	2	0	3	Skill mix adjustment a considered risk by the ward team in line with a high dependency and moderate acuity. Lack of available temporary staff on 4 shifts and enhanced care requirements throughout the month.	120,565	120,984	(419)
TWH	Ward 11	81.0%	133.7%	97.6%	135.5%	43.1%	28.4%	6.3	0.0%	N/A	9	0	5	5 falls above threshold Reduced RN fill rate due to sickness and vacancies. Skill mix adjustment toincrease CSW fill rate to support staffing levels.	126,638	137,638	(11,000)
TWH	Ward 12	90.9%	95.5%	103.0%	87.6%	43.1%	38.4%	5.8	3.7%	100.0%	6	0	10	Reduced fill rate due to sickness, late cancellations and lack of available temporary staff.	121,446	134,603	(13,157)
TWH	Ward 20	85.4%	99.0%	94.6%	121.6%	41.8%	19.2%	5.3	10.5%	100.0%	7	0	8	Reduced RN fill rate due to lack of available temporary staff. Increased CSW fill rate at night to support enhanced care requirements	125,611	105,113	20,498
TWH	Ward 21	95.8%	100.8%	99.9%	98.4%	21.3%	41.0%	6.2	8.5%	100.0%	6	0	9		134,850	132,887	1,963
TWH	Ward 2	84.7%	93.4%	102.2%	105.5%	33.9%	36.4%	6.5	47.1%	97.0%	12	0	8	5 falls above threshold AFU escalated on 6 occasions, enhanced care requirements reported on 5 occasions and unfilled shifts acorss the month due to lack of available temporary staff	129,973	123,121	6,852
TWH	Ward 30	80.8%	97.6%	97.8%	93.2%	43.4%	13.9%	5.2	0.0%	N/A	3	1	8	Reduced RN fill rate due to vacancies and lack of available temporary staff	122,715	120,982	1,733
TWH	Ward 31	92.5%	85.1%	95.1%	98.8%	37.2%	39.2%	6.2	0.0%	N/A	6	1	7	Reduced fill rate for both CSW and RN's due to lack of avilable temporary staff to cover sickness and vacancies. Skill mix adjustments made during the month in addition to enhanced care requirements.	139,943	135,869	4,074
Crowborough	Birth Centre	83.0%	90.3%	99.2%	90.3%	12.3%	0.0%					0		Considered action to prioritise the night with Community teams support during the day.	71,096	68,742	2,354
TWH	Maternity Services (incl Ante/Post Natal, Delivery Suite & Triage)	92.5%	85.1%	95.1%	98.8%	39.7%	0.0%	5.9	55.4%	98.4%	0	0		Reduced MSW fill rate due to lack of temporary staff and prioritisation to delivery suite.	690,933	664,830	26,103
TWH	Hedgehog	93.4%	38.0%	115.5%	-	26.4%	43.4%	12.4	0.0%	N/A	1	0	4	1 fall above threshold Reduced CSW fill rate due to lack of paediatric CSW cover. Increased fill rate at night due to RMN requirements across 18 dates.	189,587	219,251	(29,664)
MAIDSTONE	Birth Centre	100.8%	83.2%	98.0%	86.6%	15.8%	0.0%		66.7%	100.0%	0	0		Reduced MSW fill rate due to lack of available temporary staff	62,876	59,944	2,932
TWH	Neonatal Unit	84.0%	68.6%	101.6%	-	14.9%	9.7%	14.5			0	0	2	Reduced fill rate due to lower occupancy during the month.	178,696	181,529	(2,833)
MAIDSTONE	MSSU	100.0%	87.4%	91.7%	-	14.9%	14.4%	16.8			0	0	0	Reduced fill rate at night in line with night closure on 3 occassions and reflective of lower bed occupancy	41,893	52,912	(11,019)
MAIDSTONE	Peale	106.9%	97.8%	95.9%	51.1%	25.5%	38.4%	13.6	21.8%	100.0%	0	0	7	Reduced CSW fill rate at night in line with lower bed occupancy and 1 unfilled shift.	91,179	41,488	49,691
TWH	SSSU	118.4%	101.9%	116.1%	245.2%	57.3%	30.4%	6.9			1	0	N/S	1 fall above threshold Increased fill rates due to unit escalation throughout the month including escalation into recovery 1 for 6 days in the month.	142,717	108,270	34,447
MAIDSTONE	A&E	83.1%	98.7%	95.4%	96.8%	29.8%	33.2%		4.0%	91.4%	1	0		MH- Reduced RN fill rate due to uncovered shifts and increase in demand and capacity.	208,284	212,731	(4,447)
TWH	A&E	82.9%	91.0%	92.4%	79.8%	50.9%	51.8%		13.5%	92.2%	3	0		TWH- reported uncovered shifts across days and nights due to lack of available temporary staff and vacancies through the month.	326,475	341,579	(15,104)
MAIDSTONE	MOU	67.6%	65.1%	77.0%	-	44.9%	19.6%	20.3			0	0	3	Reduced fill rate in line with ward closure on 5 occassions over night. Lack of available temporary staff.	34,612	36,796	(2,184)
MAIDSTONE	Foster Clarke	94.2%	81.8%	96.8%	74.2%	45.9%	23.3%	4.3	0.0%	N/A	2	0		Reduced fill rate reflecting reduction in bed occupancy	76,274	126,577	(50,303)
														Total Established Wards	**5,316,947**	**5,442,072**	**(125,125)**
														Additional Capacity be Cath Labs	36,509	39,094	-2,585
														Whatman	99,470	-1,248	100,718
														Other associated nursing costs	2,701,958	3,182,878	-480,920
														Total			

RAG Key

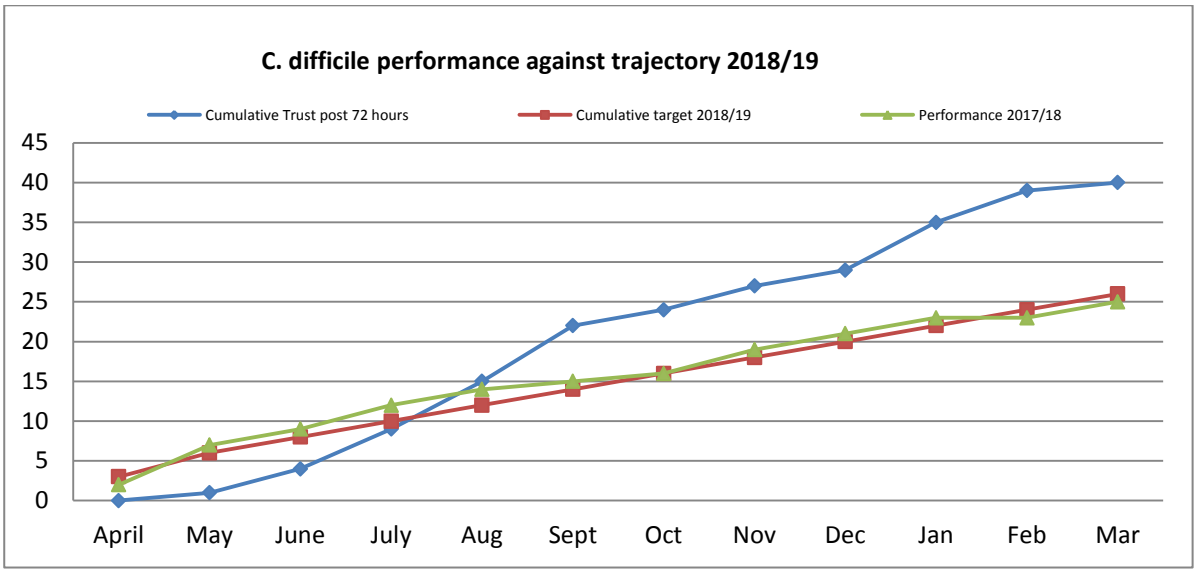
Under fill

Over fill

MRSA

There were no cases of MRSA blood stream infection in March.

C. difficile - There was one case of post-72 hour *C. difficile* infection in March against a monthly limit of two cases. The Trust has breached the C. difficile objective for the year with a total of 40 cases against a limit of 26.



The objective for 2019/20 has been set at 55 cases taking into account the changes in case attribution presented to the Board in February

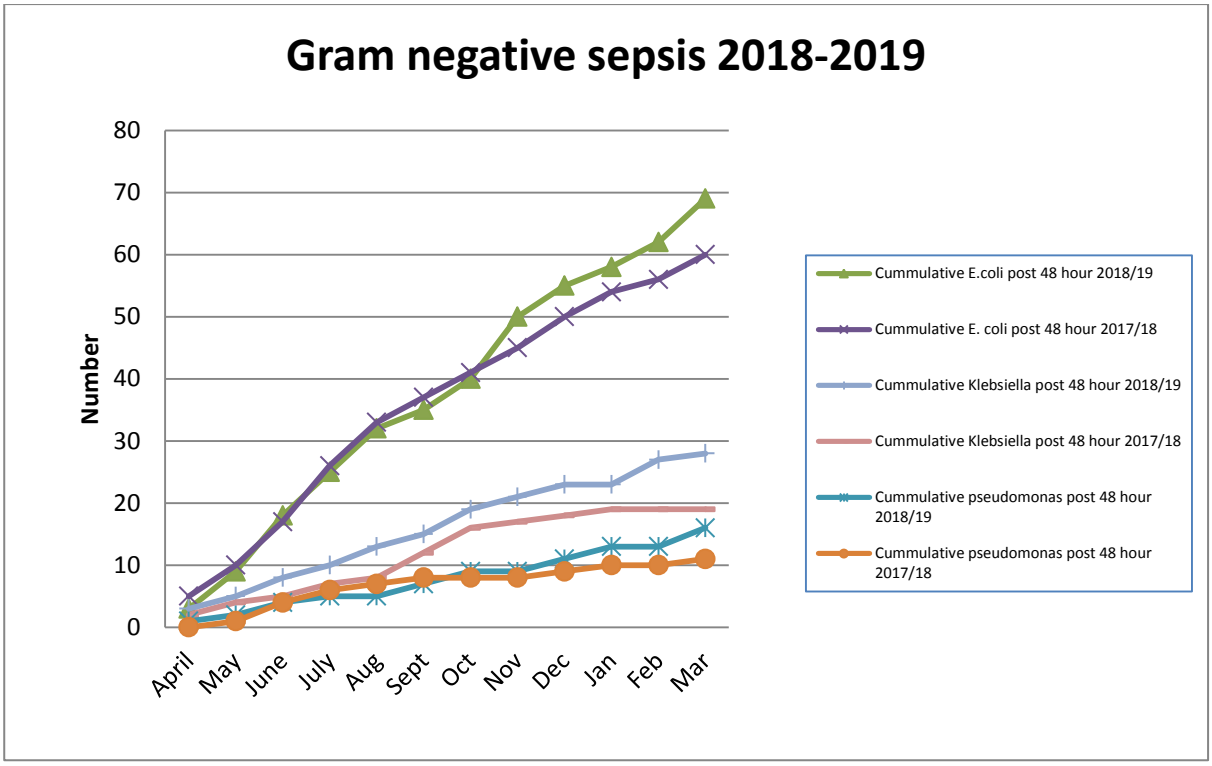
Gram negative bacteraemia

Eleven cases of hospital-attributable gram negative blood stream infection were seen in March. Seven cases were due to *E. coli*, one due to *Klebsiella* and three due to *Pseudomonas* species

All cases of gram negative sepsis are subject to epidemiological data collection and full RCA is completed where lapses of care are identified. The Trust submits all mandatory and voluntary data on gram negative blood stream infections to Public Health England.

An action plan for the reduction of gram negative sepsis is being developed and will include:

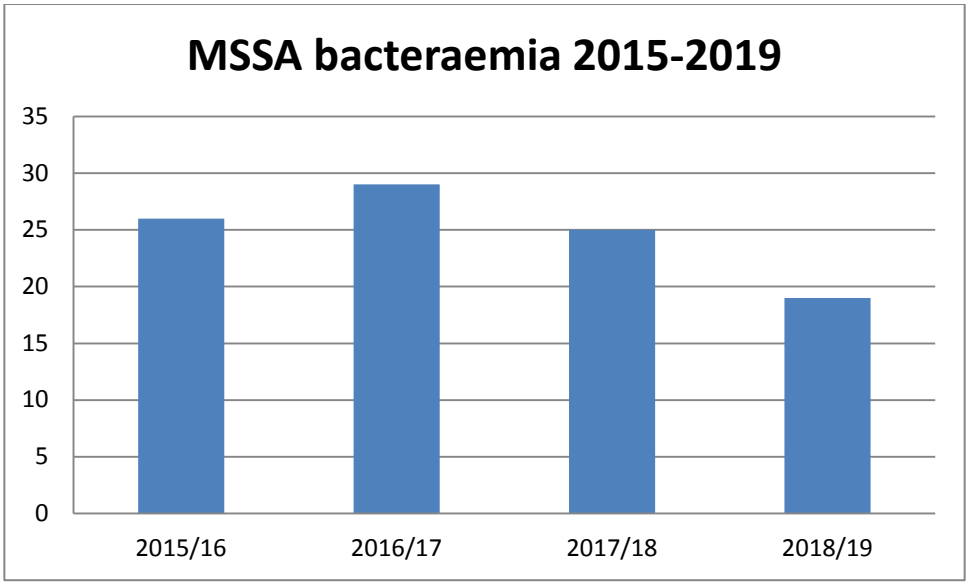
- Rolling out the hydration station project from the pilot wards to other wards across the Trust
- A review of the cholecystitis pathway to ensure consistent antimicrobial prescribing
- Review of the new national catheter care plan with a view to implementing it across the Trust
- Implementation of new national guidance on urinary tract infection in the elderly
- Ongoing case review and trend analysis
- Full root cause analysis where initial data collection raises concerns
- All epidemiological information entered onto PHE DCS
- Participating in National Gram Negative Reduction Support Programme
- Continuing to work with stakeholders across STP through K&M Infection control and Antimicrobial Stewardship Committee



Methicillin sensitive *Staphylococcus aureus* bacteraemia

Two cases of hospital-attributable MSSA blood stream infection were seen in February.

There has been a significant reduction in MSSA bacteraemia in the current year. Seventeen cases have been seen, 2 at MDGH and 17 at TWH. Further analysis has been undertaken to understand the changes in epidemiology.



Influenza

The flu season has continued with 37 inpatient cases of Influenza A in March. No new patients required ITU level care.

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.

- The Trusts surplus including PSF was £13.4m in March which was £7.3m favourable to plan and £0.3m better than the forecasted position.
- The Trusts normalised run rate in March was £1.3m deficit pre PSF which was £0.4m less than the year to date normalised average.
- In March the Trust operated with an EBITDA surplus of £6.4m which was £2.2m adverse to plan.
- The Trust ended the 2018/19 financial year with a surplus of £12m including PSF which is £0.3m favourable to plan, the key variances against plan are: CIP slippage (£10.3m) and budget pressures (£4.7m pay and £5m relating to non-pay). These pressures have been offset by non-recurrent benefits relating to: Release of Reserves (£3.8m), higher than planned non recurrent support income (£2.2m), release of prior year provisions (£2m), over performance relating to clinical income (£1.6m), benefit on Asset Sale (£10.2m) and underspend within depreciation and PDC £1m).
- The key current month variances are as follows:
    - Total income net of pass-through related income is £1.4m favourable to plan, £3m due quarterly PSF achievement benefiting March's position, £0.9m relating to Clinical Income over performance and £2.5m adverse relating to other operating income. Clinical Income excluding HCDs was £0.3m favourable to plan in March this was mainly due to the balance of Non-Recurrent income support received from Commissioners for the Cancer and RTT Recovery plans (£3.3m) partly offset by adverse variances in the Aligned Incentives Adjustment (£1.4m), Contract Challenges (£0.5m) and Prior Period Adjustments (£1.0m). Other Operating Income excluding pass-through costs was £2.5m adverse in the month this was due to £3.6m relates to non-recurrent income support which was delivered within Clinical income, £0.2m adverse within Private Patients partly offset by over performance within Education income £0.7m and £0.7m over performance within donated asset income e(offset within technical adjustments).
    - Pay budgets overspent by £1.7m in March and were £0.9m adverse to forecast this was mainly due £0.7m costs associated with pay award and £0.2m of back dated medical pay adjustments associated with CEA, On call payments, job planning PA changes and CEA awards.
    - Non Pay adjusted for pass through costs and reserves was overspent by £1.9m in March and was £0.3m favourable to forecast. The main benefits relate to Clinical Supplies and Services (£0.5m) which mainly relate to Cardiology stock adjustment (£0.7m) and reduction in provision for expected credit losses (£0.3m) partly offset by an increase within drugs (£0.1m) and services from NHS bodies (£0.5m) mainly relating to Diabetes charges (£0.1m), NHS Property services (£0.1m) and RTT Validation (£0.1m)
- The Trust achieved £2.6m savings in March which was £0.3m adverse to plan and £10.3m adverse year to date. This is mainly due to Prime Provider (£5.5m), STP Medical rate slippage (£1.7m), Estates and Facilities savings (£1.3m), Private Patient income slippage (£1m) and Medicine Management (£1.1m)
- The Trust held £10.4m of cash at the end of March which is higher than the plan of £1m. This is as a result of the Trust selling the Maidstone residential properties at the end of the financial year with proceeds of £12.5m received in March. The Trust has obtained approval from NHSI to carry forward cash equivalent to the net book value of £2.4m and £6m of the gain, which is then included in the Trust's plans as proposed capital funding for 2019/20 and 2020/21 – this will require additional approval from DHSC as they manage the overall capital resource limits.
- In March the Trust was able to pay March's Tax, NI, Pension and unitary payment which were due to be paid in April, along with c£4m capital invoices which included £1.6m to NHS Supply chain for the second linear accelerator purchased within the financial year. The current payment of suppliers is c30 days based on the actual invoices outstanding at the end of March, compare to the total operating expenditure. 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 capital spend for the year was £13.6m and takes into account some major projects:
  - LED Lighting at Maidstone Hospital and TWH - £1.4m has been spent on upgrading the lighting (funded from a Salix loan)
  - Backlog Maintenance Programme of Works - £1m
  - Linear Accelerator replacements - £4.1m has been spent this year on replacing 2 Linacs at Maidstone Hospital (£3.34m funded from additional central PDC)
  - EPR (Electronic Patient Records) - £1m has been spent this year (year 1 of a 3 year project) (£500k funded from HSLI additional central PDC)
  - IT schemes funded with additional central PDC include HSLI (£1m), MRI scanning (£10k) and Pharmacy IT (£16k), although £300k of the HSLI funding has been deferred to 19/20. IT schemes funded with additional PDC include HSLI (£1m, MRI scanning (£10k and Pharmacy IT (£16k, although £300k of the HSLI funding has been deferred to 19/20.
  - Replacement and new PCs/Laptops - £500k
  - Replacement and new medical equipment - £2.4m spent on various medical equipment across the sites
  - Sale of 32 High Street, Pembury residence had a Net Book Value of £1.6m, which was invested back in the programme and supported the purchase of the majority of medical equipment schemes
  - Sale of Maidstone residences (Springwood) had a Net Book Value of £2.4m, which has been carried forward in cash with £6m of the gain on disposal - this has been included in the Trust's Capital Plan for 19/20 and 20/21, subject to DHSC agreeing its use as Capital resource.
  - Donated assets include £459k for Cardiac Cath Lab equipment at TWH, other schemes include equipment purchased from a large donation for Oncology and Urology equipment as well as the League of Friends

- The values reported within this report are subject to external audit review which is due to take place between 25th April 2019 and 17th May 2019.

Workforce Commentary (March)

Key Workforce Risks & current actions to note

Trust Vacancy Rate 9.1% (Target <9%)

The vacancy rate has improved marginally from that reported in March but remains above the organisational target set for the year.

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
- Consultant physicians, AMU and respiratory
- Areas with high vacancy rates continue to put pressure on agency rates, particularly nursing in ED.

Current Actions:

- Collating preferences for 3rd year student automatic job offers
- Mobilising the Aryavarat pilot recruitment project with the aim of making 40 appointments in May
- 4 additional international agencies being appointed in April to support nurse recruitment, one of these will have a particular focus on the recruitment of theatres staff
- 13 specialty doctor medical staff offered posts in paediatrics, surgery and medicine following interview sourced via an international recruitment agency. Further interviews planned for surgery medicine and ED. The goal being to eliminate the current vacancy gap for surgery and paediatrics by year end.
- The communications team are working with colleagues from KCHFT comms team to develop a trust marketing and advertising strategy for Q1
- Internal Transfer scheme pilot launched
- Further schedule of recruitment events agreed with a focus on recruiting at TWH
- Dedicated recruitment event held at the Somerfield Hospital to attract staff from the organisation as it closes.
- All non-framework agency nurses now moved to framework agencies with concurrent reduction in costs.
- Recruitment Task and Finish group to work on a number of specific projects aimed at improving the attractiveness of MTW to potential applicants as well as supporting retention of existing staff. Projects identified from recruitment workshop held with senior staff on 12/4/19

Sickness Absence 3.62% (Target =<3.3%)

Sickness absence is currently above target but reducing and remains much lower than the same period last year (4.0%), this is primarily due to a lower than expected amount of short term sickness relative to the winter period and increased uptake of flu vaccination. The proportion of short to long term absence is largely unchanged.

Short term Absence 52.6%, Long term absence 47.4%

Key challenges in

- Facilities (6.64%)
- Women's Services (4.47%)
- Clinical Governance (6.97%)

Current Actions:

- 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 83% (Target 85%)

Current Actions:

- Individual e-reminders to all staff now automatically issued by the Learning Management System
- Particular focus in Information Governance training
- System reconfigured to reflect revised organisational structures to allow directorate based report generation
- Data cleansing following transfer of information from the old to the new system

Appraisals 92% (Target 90%)

New electronic appraisal system launched at the beginning of April along with a longer appraisal window should improve compliance and ease of completion for line managers. Training is available for managers to support improved quality of appraisals.

Trust Performance Dashboard

Position as at: 31 March 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)	13.14	4.7	10.6	16.3	5.7	5.7	11.5	16.3	
'1-02	Number of cases C.Difficile (Hospital)	2	1	25	40	15	14	26	40	
'1-03	Number of cases MRSA (Hospital)	0	0	0	3	3	3	0	3	
'1-04	Elective MRSA Screening	99.6%	98.0%	99.6%	98.0%	-1.6%	0.0%	98.0%	98.0%	
'1-05	% Non-Elective MRSA Screening	No data	93.1%	No data	93.1%	No data	No data	98.0%	No data	
'1-06	**Rate of Hospital Pressure Ulcers	1.02	0.16	2.12	1.07	- 1.05	- 1.94	*3.01*	1.07	3.00
'1-07	***Rate of Total Patient Falls	6.58	5.31	5.98	6.10	0.12	0.10	*6.00*	6.10	
'1-08	***Rate of Total Patient Falls Maidstone	6.76	3.78	5.50	5.31	- 0.20			5.31	
'1-09	***Rate of Total Patient Falls TWells	5.45	6.28	6.17	6.75	0.58			6.75	
'1-10	Falls - SIs in month	3	1	34	22	- 12				
'1-11	Number of Never Events	0	0	4	1	-3	1	*0*	1	
'1-12	Open SIRIs	59	66			7				
'1-13	Number of New SIs in month	18	8	173	154	- 19	34			
'1-14	***Serious Incidents rate	0.75	0.38	0.65	0.63	- 0.03	0.57	*0.0584 - 0.6978*	0.63	*0.0584 - 0.6978*
'1-15	Rate of Patient Safety Incidents - harmful	0.64	0.96	1.12	1.01	- 0.12	- 0.22	*0 - 1.23*	1.01	*0 - 1.23*
'1-16	Number of CAS Alerts Overdue	0	1			1	1	*0*		
'1-17	VTE Risk Assessment - month behind	96.6%	96.4%	96.4%	96.7%	0.3%	1.7%	95.0%	96.7%	95.0%
'1-18	Safety Thermometer % of Harm Free Care	97.5%	97.4%	96.6%	97.8%	1.2%	2.8%	95.0%		93.4%
'1-19	Safety Thermometer % of New Harms	2.56%	2.56%	3.11%	2.14%	-0.97%	-0.9%	*3.00%*	2.14%	
'1-20	C-Section Rate (non-elective)	14.4%	14.8%	13.7%	13.8%	0.14%	-1.2%	*15.0%*	13.8%	

	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)******			1.0440	1.0391	- 0.0049	0.0391	Band 2	Band 2	1.0
2-02	Standardised Mortality HSMR			103.1	99.4	- 3.7	- 0.6	Lower confidence limit to be <100		100.0
2-03	Crude Mortality	1.1%	1.1%	1.7%	1.0%	-0.7%				
2-04	****Readmissions <30 days: Emergency	12.1%	14.9%	11.7%	14.7%	2.9%	1.1%	*13.6%*	14.7%	14.1%
2-05	****Readmissions <30 days: All	11.8%	14.4%	11.0%	14.1%	3.1%	-0.6%	*14.7%*	14.1%	14.7%
2-06	Average LOS Elective	2.90	2.88	2.55	3.11	0.55	- 0.10	*3.20*	3.11	
2-07	Average LOS Non-Elective	7.84	6.75	7.43	6.90	- 0.54	0.10	*6.80*	6.90	
2-22	NE Discharges - Percent zero LoS	41.4%	45.9%	37.2%	45.0%	7.8%			45.0%	
2-08	******FollowUp : New Ratio	1.76	1.64	1.69	1.62	- 0.07	0.10	*1.52*	1.62	
2-09	Day Case Rates	88.0%	87.2%	88.0%	87.6%	-0.4%	7.6%	80.0%	87.6%	82.2%
2-10	Primary Referrals	9,715	9,973	118,451	124,181	4.8%	2.1%	121,638	124,181	
2-11	Cons to Cons Referrals	4,036	4,758	56,550	68,987	22.0%	21.7%	56,704	68,987	
2-12	First OP Activity (adjusted for uncashed)	16,929	16,719	193,280	209,257	8.3%	2.3%	204,495	209,257	
2-13	Subsequent OP Activity (adjusted for uncashed)	23,117	25,247	322,623	316,538	-1.9%	-16.7%	379,945	316,538	
2-14	Elective IP Activity	469	519	6,487	6,171	-4.9%	-19.8%	7,695	6,171	
2-15	Elective DC Activity	3,115	3,520	41,165	43,599	5.9%	-1.9%	44,463	43,599	
2-16	**Non-Elective Activity	5,406	5,682	58,290	64,187	10.1%	9.6%	58,582	64,187	
2-17	A&E Attendances (Calendar Mth) Excl Crowboro	15,562	16,035	172,089	181,870	5.7%	4.3%	174,428	181,844	
2-18	Oncology Fractions	5,473	6,010	65,371	65,671	0.5%	-3.3%	67,890	65,671	
2-19	No of Births (Mothers Delivered)	478	460	5,513	5,857	6.2%	-2.0%	5,977	5,857	
2-20	% Mothers initiating breastfeeding	80.5%	85.2%	80.5%	82.2%	1.7%	4.2%	78.0%	82.2%	
2-21	% Stillbirths Rate	0.4%	0.21%	0.41%	0.17%	*-0.2%*	*-0.3%*	*0.47%*	0.17%	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	4	0	46	35	-11	35	0	35	
3-02	*****Rate of New Complaints	2.26	3.17	1.93	2.30	0.4	0.98	*1.318-3.92*	2.30	
3-03	% complaints responded to within target	52.1%	75.7%	74.3%	68.0%	-6.3%	-7.0%	75.0%	68.0%	
3-04	****Staff Friends & Family (FFT) % rec care	71.4%	89.0%	71.4%	89.0%	17.6%	10.0%	79.0%	89.0%	
3-05	*****IP Friends & Family (FFT) % Positive	95.3%	94.8%	95.3%	94.4%	-0.8%	-0.6%	95.0%	94.4%	95.8%
3-06	A&E Friends & Family (FFT) % Positive	91.0%	92.0%	91.4%	91.3%	-0.1%	4.3%	87.0%	91.3%	85.5%
3-07	Maternity Combined FFT % Positive	94.8%	98.4%	93.6%	94.9%	1.3%	-0.1%	95.0%	94.9%	95.6%
3-08	OP Friends & Family (FFT) % Positive	84.1%	81.2%	83.0%	83.3%	0.3%			83.3%	

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

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

	Responsiveness	Latest Month Prev Yr	Latest Month Curr Yr	Year/Qtr to Date Prev Yr	Year/Qtr to Date Curr Yr	YTD Variance From Prev Yr	YTD Variance From Plan	Year End Plan/ *Limit*	Year End Forecast	Bench Mark
4-01	******Emergency A&E 4hr Wait	89.1%	95.85%	89.0%	91.86%	2.9%	1.4%	90.817%	91.86%	76.4%
4-02	Emergency A&E >12hr to Admission	0	0	0	2	2	2	*0*	2	
4-03	Ambulance Handover Delays >30mins	519	280	4,814	4,487	- 327			4,487	
4-04	Ambulance Handover Delays >60mins	67	13	663	596	- 67			596	
4-05	RTT Incomplete Admitted Backlog	2,298	2,647	2,298	2,647	349	496	2,151	2,647	
4-06	RTT Incomplete Non-Admitted Backlog	718	2,268	718	2,268	1,550	273	1,995	2,268	
4-07	RTT Incomplete Pathway	83.6%	82.9%	83.6%	82.9%	-0.7%	-2.6%	85.5%	82.9%	
4-08	RTT 52 Week Waiters (New in Month)	3	9	4	78	74	78	*0*	78	
4-09	RTT Incomplete Total Backlog	5,685	4,915	5,685	4,915	- 770	769	4,146	4,915	
4-10	% Diagnostics Tests WTimes <6wks	99.15%	99.2%	99.5%	99.2%	-0.3%	0.2%	99.0%	99.2%	
4-11	*Cancer WTimes - Indicators achieved	5	4	3	1	- 2	- 8	9	3	
4-12	*Cancer two week wait	84.8%	89.2%	92.1%	88.4%	-3.7%	-4.6%	93.0%	85.4%	
4-13	*Cancer two week wait-Breast Symptoms	75.7%	74.7%	87.9%	71.8%	-16.0%	-21.2%	93.0%	71.2%	
4-14	*Cancer 31 day wait - First Treatment	97.7%	96.2%	92.6%	96.0%	3.4%	0.0%	96.0%	96.1%	
4-15	*Cancer 62 day wait - First Definitive	74.3%	56.0%	66.2%	60.4%	-5.8%	-21.7%	85.0%	56.6%	
4-16	*Cancer 62 day wait - First Definitive - MTW	71.7%	58.8%	71.7%	63.4%	-8.3%		85.0%		
4-17	*Cancer 104 Day wait Accountable	15.5	12.5	88.5	166.0	77.5	166.0	*0*	166.0	
4-18	*Cancer 62 Day Backlog with Diagnosis	79	99	79	99	20				
4-19	*Cancer 62 Day Backlog with Diagnosis - MTW	54	90	54	90	36				
4-20	Delayed Transfers of Care	4.26%	4.96%	4.95%	4.42%	-0.53%	0.92%	3.50%	4.42%	
4-21	% TIA with high risk treated <24hrs	75.0%	61.9%	72.9%	72.5%	-0.5%	12.5%	60%	72.5%	
4-22	*******% spending 90% time on Stroke Ward	86.4%	90.0%	91.1%	91.7%	0.6%	11.7%	80%	91.7%	
4-23	*******Stroke:% to Stroke Unit <4hrs	41.3%	63.3%	56.1%	57.8%	1.7%	-2.2%	60.0%	57.8%	
4-24	*******Stroke: % scanned <1hr of arrival	49.2%	59.2%	63.6%	58.4%	-5.2%	10.4%	48.0%	58.4%	
4-25	*******Stroke:% assessed by Cons <24hrs	80.7%	79.2%	84.0%	84.0%	0.0%	4.0%	80.0%	84.0%	
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	32	1	32	26	-6	26	*0*	26	

RTT Incomplete Pathway Monthly Plan is Trust Recovery Trajectory

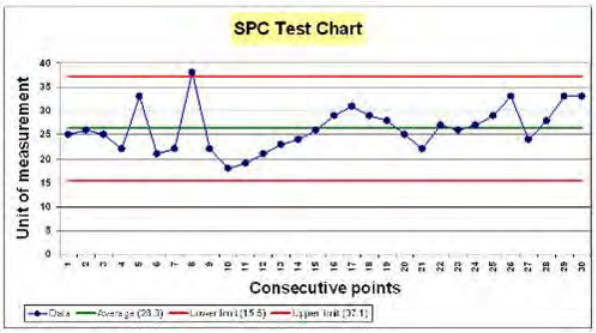
**CWT run one mth behind, YTD is Quarter to date, Monthly Plan for 62 Day Wait First Definitive is Trust Recovery Trajectory*

**** 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	40,775	44,309	440,318	465,038	5.6%	-0.3%	466,408	465,038	
5-02	EBITDA	4,909	6,386	18,152	28,346	56.2%	-27.1%	38,910	28,346	
5-03	Surplus (Deficit) against B/E Duty	2,307	13,359	(10,924)	12,005			11,743	12,005	
5-04	CIP Savings	2,411	2,574	22,485	13,843	-38.4%	-42.6%	24,111	13,843	
5-05	Cash Balance	1,473	10,405	1,473	10,405			1,000	10,405	
5-06	Capital Expenditure	6,127	12,900	31,350	12,900			*13,762*	12,900	
5-07	Establishment WTE	5,608.4	5,670.2	5,608.4	5,670.2	1.1%	0.0%	5,670.2	5,670.2	
5-08	Contracted WTE	5,022.0	5,153.3	5,022.0	5,153.3	2.6%	2.7%	5,016.9	5,153.3	
5-09	Vacancies WTE	586.5	516.9	586.5	516.9	-11.9%	-20.9%	653.3	516.9	
5-11	Vacancy Rate (%)	10.5%	9.1%	10.5%	9.1%	-1.3%	-2.4%	11.5%	9.1%	
5-12	Substantive Staff Used	4,926.0	5,012.0	4,926.0	5,012.0	1.7%	-0.5%	5,036.6	5,012.0	
5-13	Bank Staff Used	523.3	500.3	523.3	500.3	-4.4%	32.4%	378	500.3	
5-14	Agency Staff Used	329.8	277.4	329.8	277.4	-15.9%	8.4%	255.8	277.4	
5-15	Overtime Used	46.9	36.4	46.9	36.4	-22.5%				
5-16	Worked WTE	5,826.0	5,826.0	5,826.0	5,826.0		2.7%	5,670.2	5,826.0	
5-17	Nurse Agency Spend	(1,008)	(963)	(8,132)	(9,568)	17.7%				
5-18	Medical Locum & Agency Spend	(1,936)	(1,933)	(16,200)	(19,109)	18.0%				
5-19	Temp costs & overtime as % of total pay bill	20.5%	16.8%	15.6%	17.2%	1.7%				
5-20	Staff Turnover Rate	10.9%	9.1%		8.9%	-1.8%	-1.6%	*10.5%*	8.9%	11.05%
5-21	Sickness Absence	4.0%	3.6%		3.5%	-0.4%	0.2%	*3.3%*	3.5%	4.3%
5-22	Statutory and Mandatory Training	87.3%	83.3%		86.7%	-4.0%	1.7%	85.0%	86.7%	
5-23	Appraisal Completeness	89.9%	92.0%		92.0%	2.1%	2.0%	90.0%	92.0%	
5-24	Overall Safe staffing fill rate	100.9%	95.5%	98.3%	96.8%	-1.5%		93.5%	96.8%	
5-25	****Staff FFT % recommended work	62.5%	82%	62.5%	82%	19.7%	20.2%	62.0%	82%	
5-26	***Staff Friends & Family -Number Responses	56	146	56	146	90				
5-27	*****IP Resp Rate Recmd to Friends & Family	25.3%	17.9%	23.7%	20.9%	-2.8%	-4.1%	25.0%	20.9%	25.7%
5-28	A&E Resp Rate Recmd to Friends & Family	11.4%	8.9%	21.4%	11.5%	-9.9%	-3.5%	15.0%	11.5%	12.7%
5-29	Mat Resp Rate Recmd to Friends & Family	28.0%	20.3%	30.0%	24.5%	-5.6%	-0.5%	25.0%	24.5%	24.0%

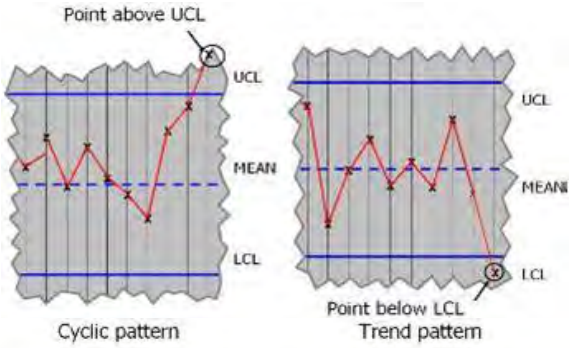
Explanation of Statistical Process Control (SPC) Charts

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:

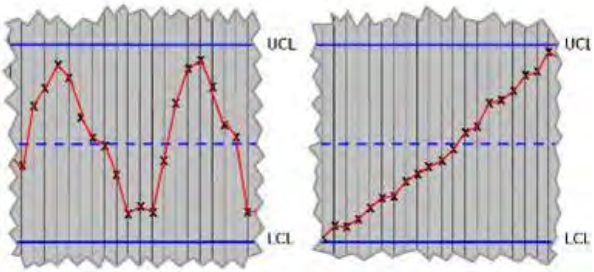


SPC is a type of charting that shows the variation that exists in the systems that are being measured. When interpreting SPC charts there are 4 rules that help to identify what the system is doing. If one of the rules has been broken, this means that 'special cause ' variation is present in the system.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

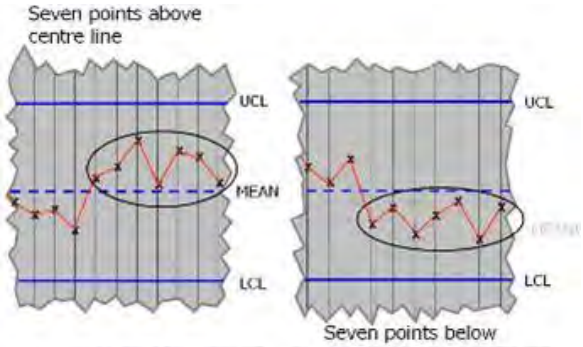


Rule 2: Any unusual pattern or trends within the control limits. The most obvious example of a cyclical pattern is seasonality but we also see it when looking at daily discharges where the weekends have low numbers. To qualify as a trend there must be at least 6 points in a row. This is one of the key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

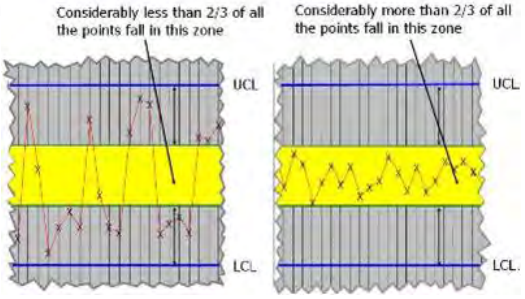


Rules 1 and 2 are the main reason for displaying SPC charts on our performance reports as it makes abnormally high or low values and trends immediately obvious. However there are two other rules that are also used to interpret the graphs.

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.

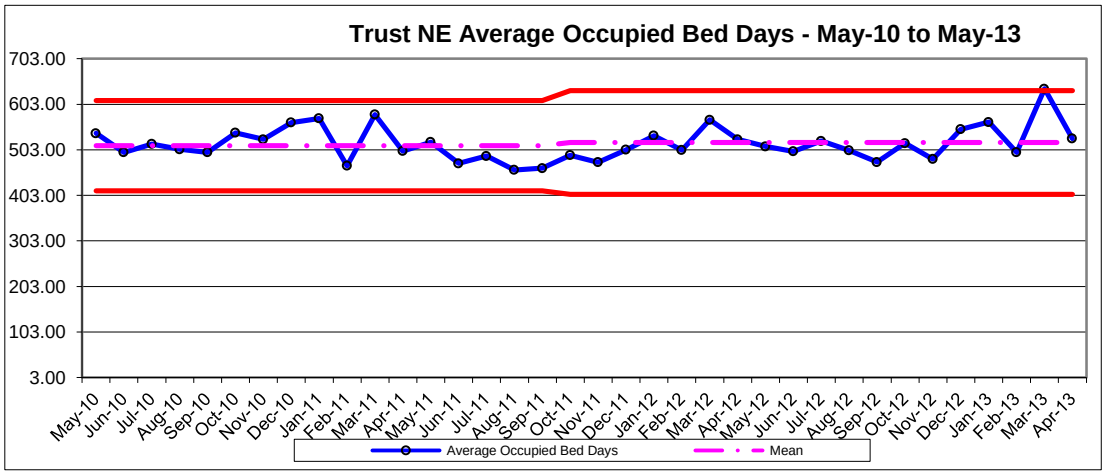


Rule 4: The number of points within the middle third of the region between the control limits differs markedly from two -thirds of the total number of points. This gives an indication of how stable a process is. If controlled variation (common cause) is displayed in the SPC chart, the process is stable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

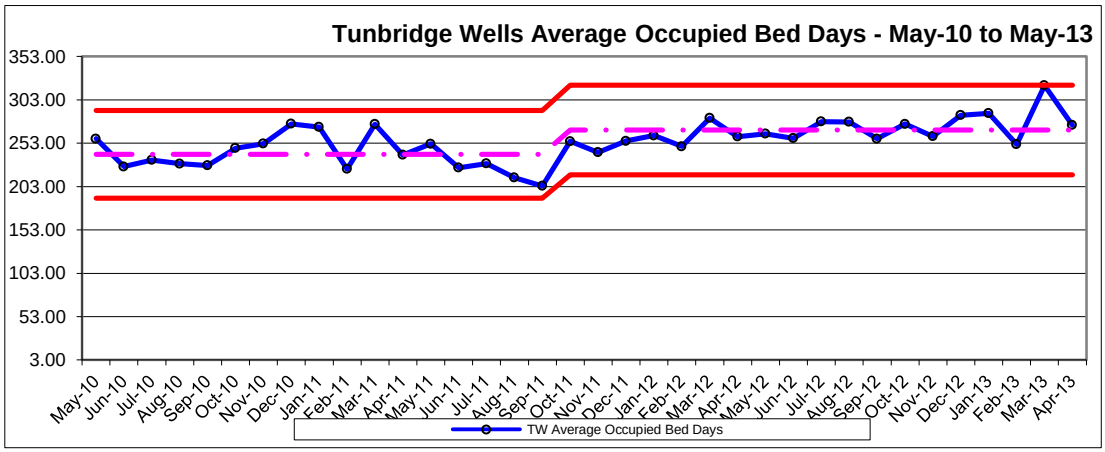


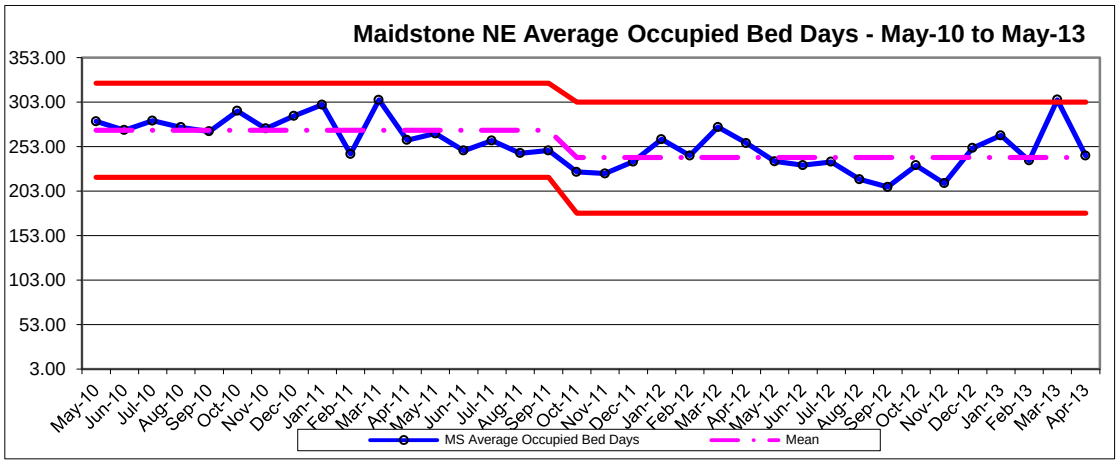
Changes to Control Lines

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:

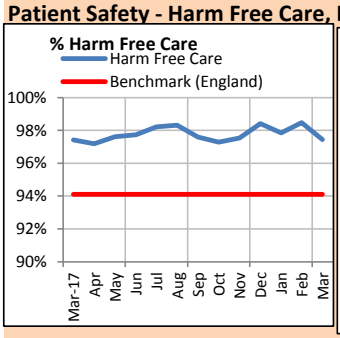


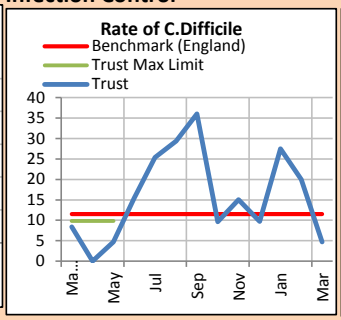


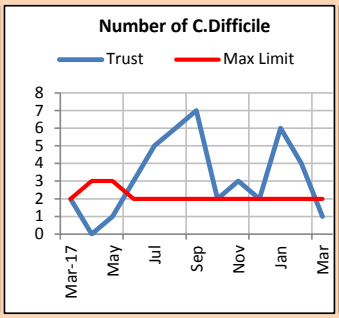
So in the examples given we have calculated a mean and control limits based on the data for May 2010 to September 2011 and then calculated them based on the period October 2011 to April 2013. The lines are all a result of the SPC calculations, only the date of the change is decided by the Information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

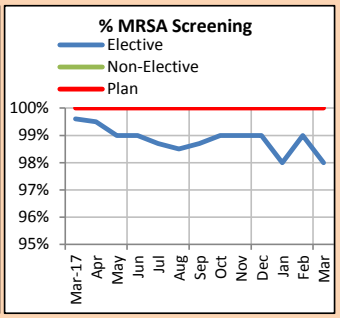
INTEGRATED PERFORMANCE REPORT ANALYSIS - PATIENT SAFETY & QUALITY

Patient Safety - Harm Free Care, Infection Control

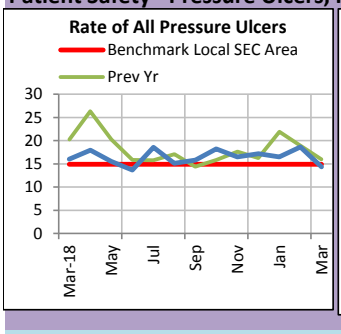


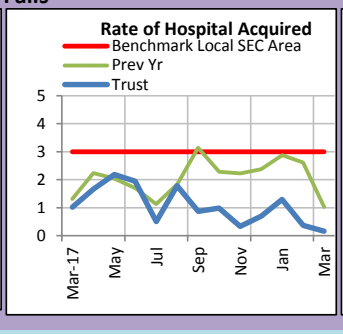


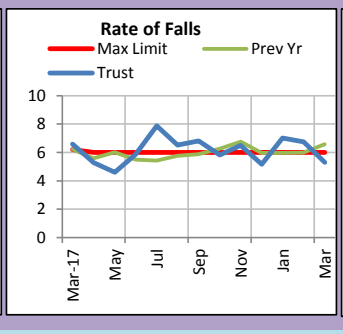


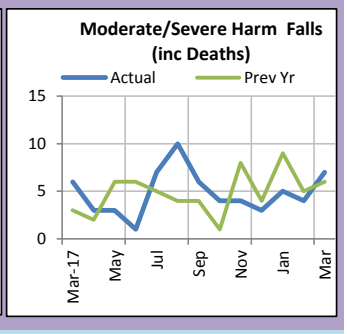


Patient Safety - Pressure Ulcers, Falls

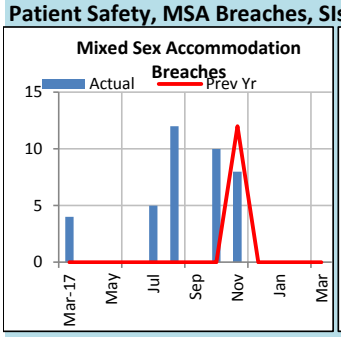


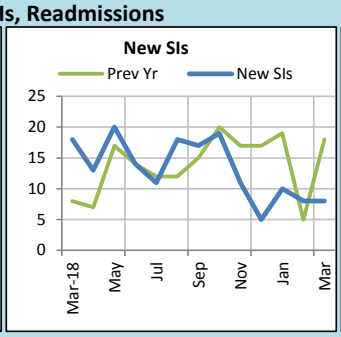


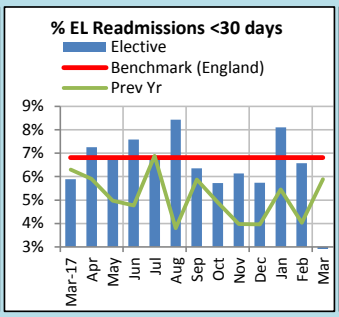


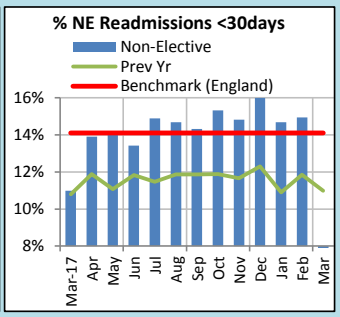


Patient Safety, MSA Breaches, SIs, Readmissions

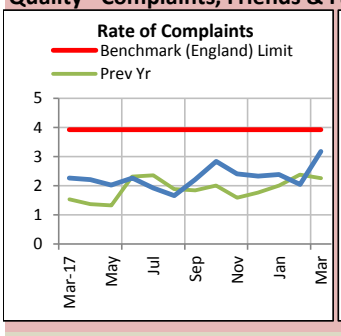


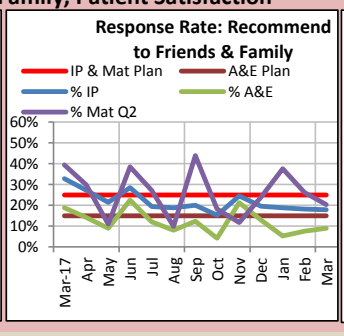


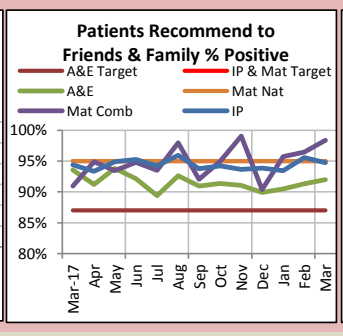


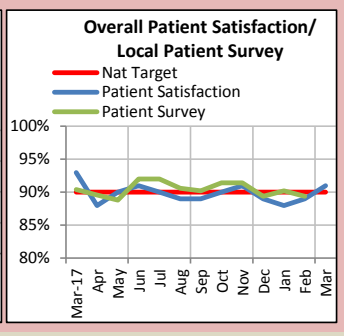


Quality - Complaints, Friends & Family, Patient Satisfaction

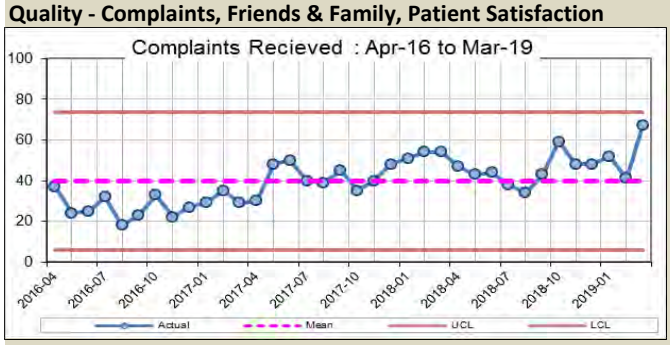


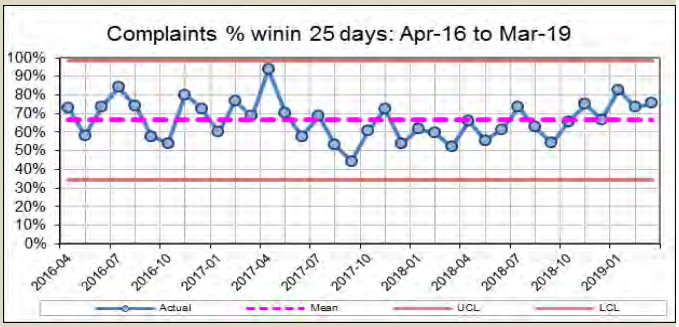




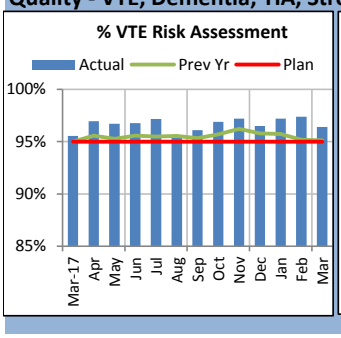


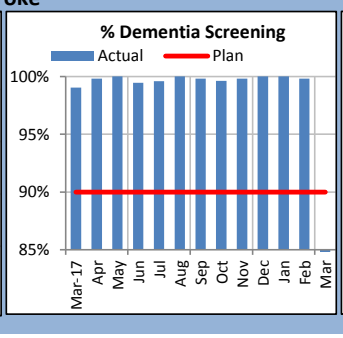
Quality - Complaints, Friends & Family, Patient Satisfaction

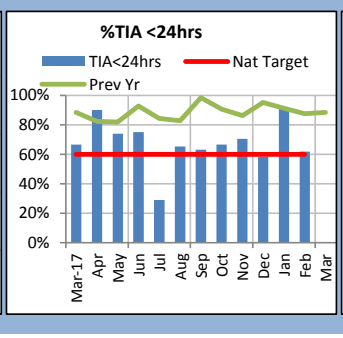


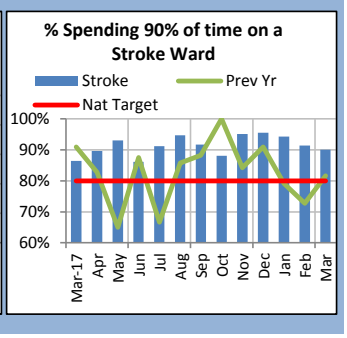


Quality - VTE, Dementia, TIA, Stroke



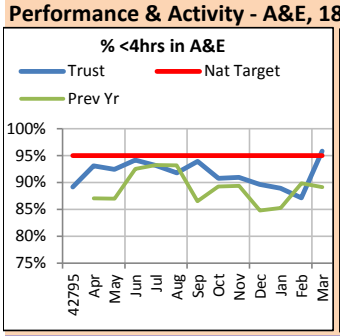


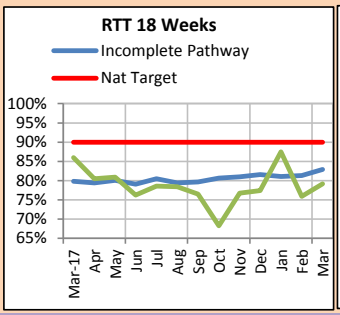


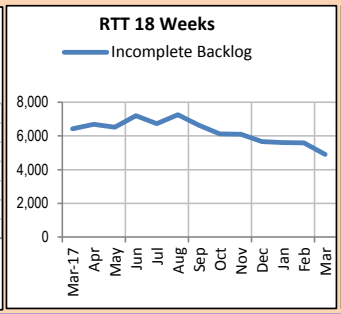


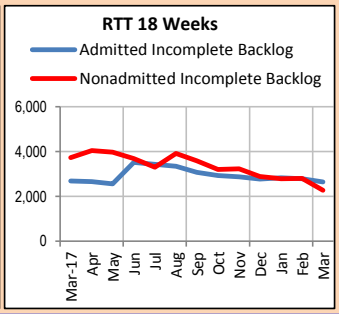
INTEGRATED PERFORMANCE REPORT ANALYSIS - PERFORMANCE & ACTIVITY

Performance & Activity - A&E, 18 Weeks

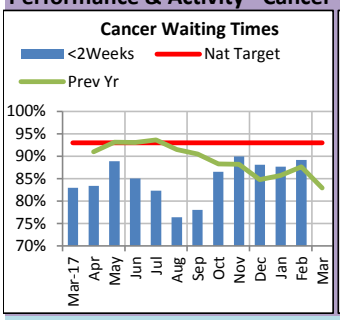


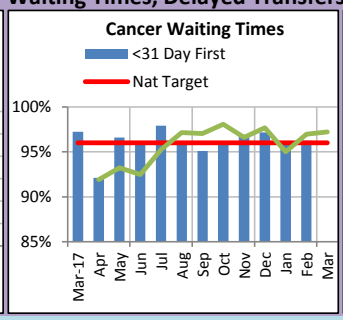


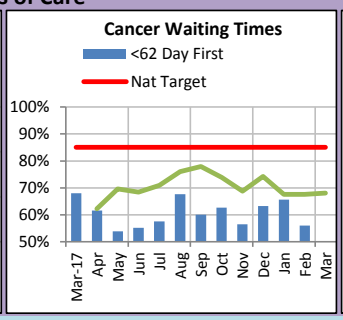


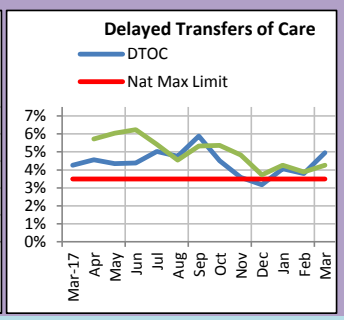


Performance & Activity - Cancer Waiting Times, Delayed Transfers of Care

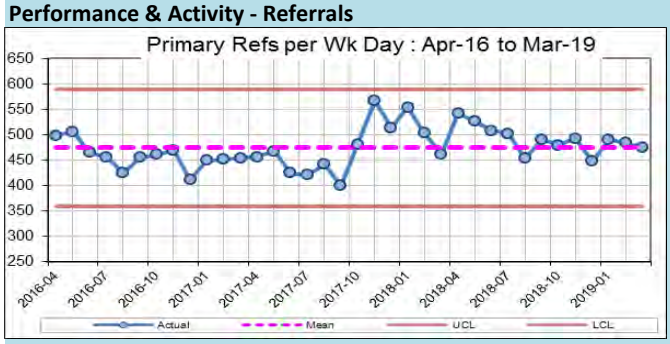


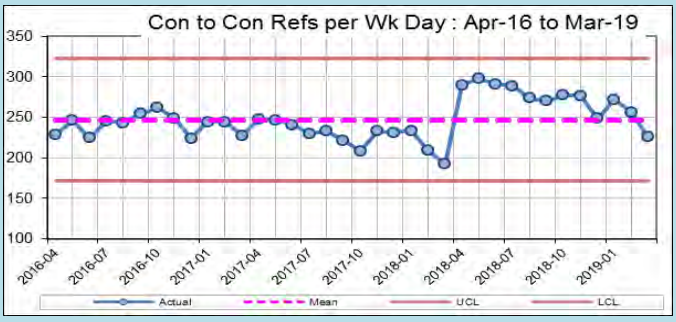




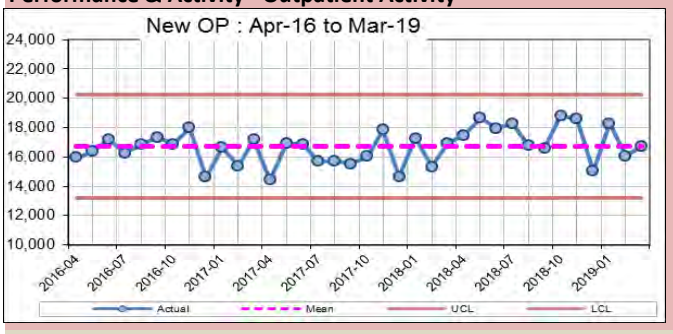


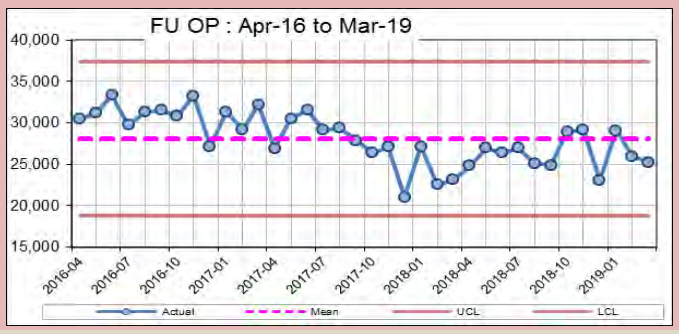
Performance & Activity - Referrals



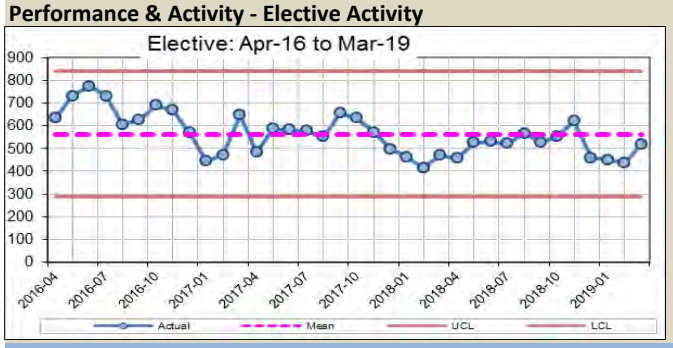


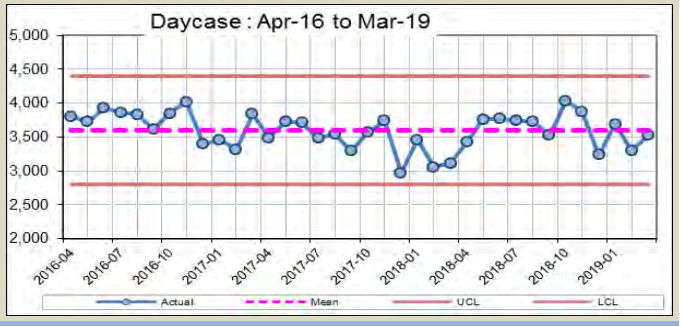
Performance & Activity - Outpatient Activity



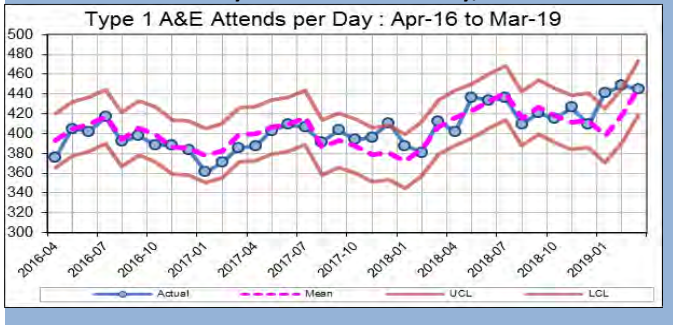


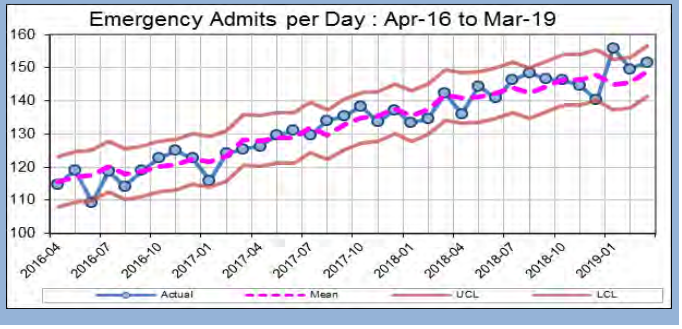
Performance & Activity - Elective Activity





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

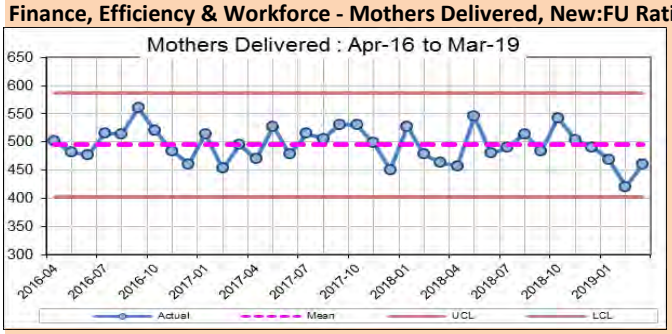


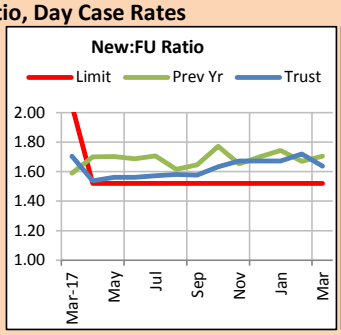


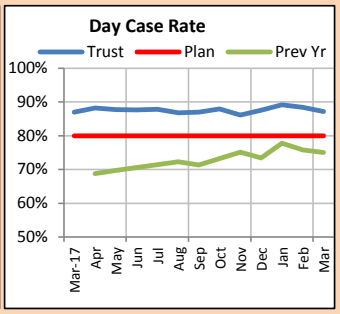
These have been changed to show actual against model, since emergency activity is subject to both growth and seasonal variation. Control limits are 2 standard deviations of variance, so a count outside the control limits will be expected around one month in 20.

INTEGRATED PERFORMANCE REPORT ANALYSIS - FINANCE, EFFICIENCY & WORKFORCE

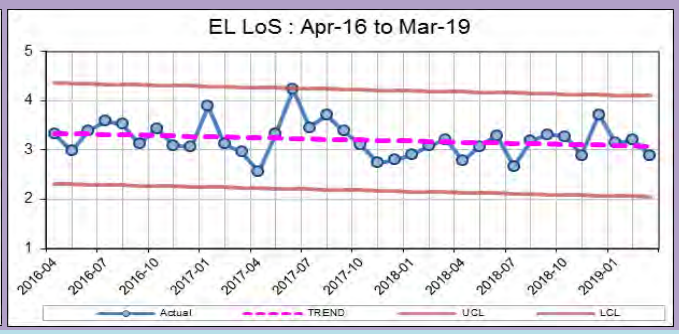
Finance, Efficiency & Workforce - Mothers Delivered, New:FU Ratio, Day Case Rates



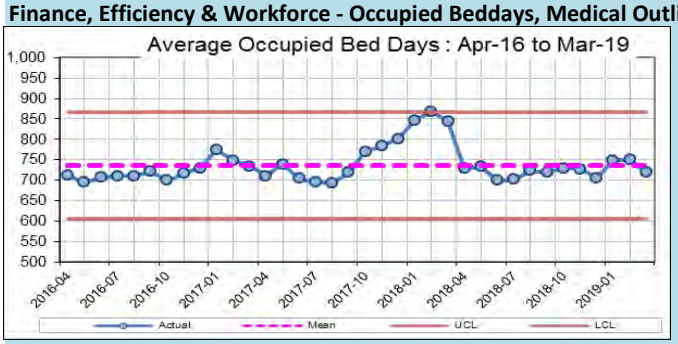


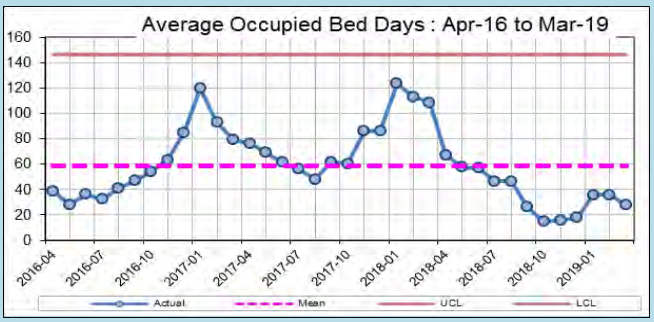


Finance, Efficiency & Workforce - Length of Stay (LOS)

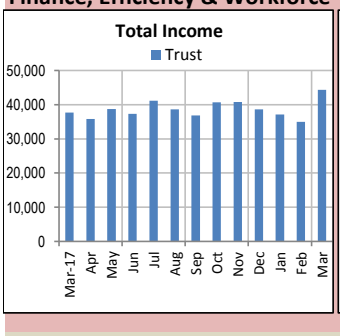


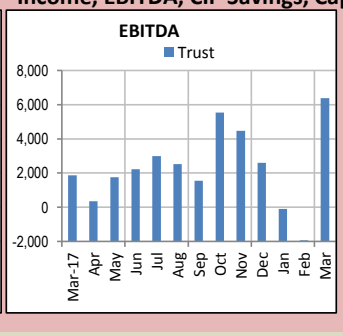
Finance, Efficiency & Workforce - Occupied Beddays, Medical Outliers

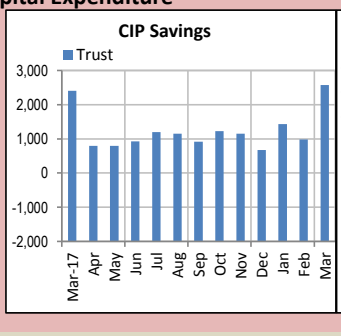


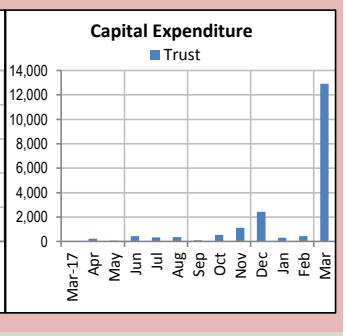


Finance, Efficiency & Workforce - Income, EBITDA, CIP Savings, Capital Expenditure

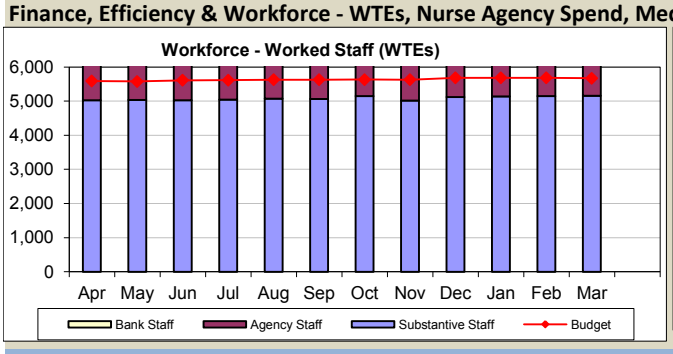


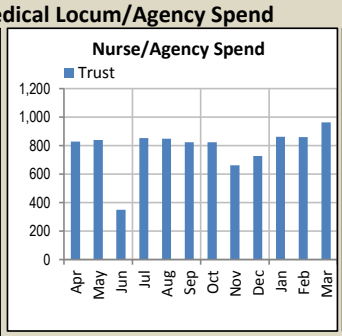


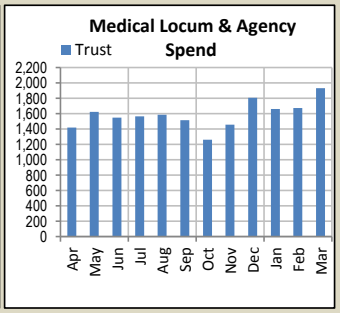




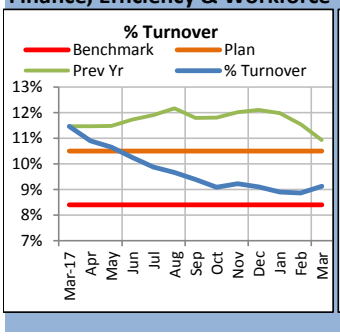
Finance, Efficiency & Workforce - WTEs, Nurse Agency Spend, Medical Locum/Agency Spend

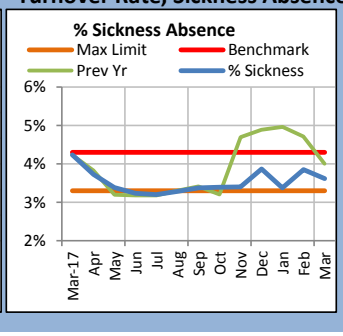


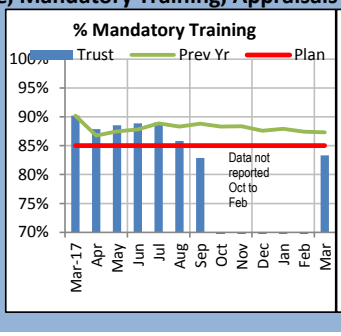


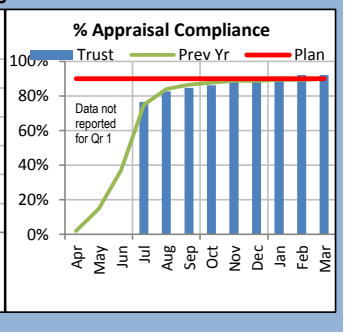


Finance, Efficiency & Workforce - Turnover Rate, Sickness Absence, Mandatory Training, Appraisals









Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Report

Month 12
2018/19

Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Report for March 2019

Maidstone and Tunbridge Wells NHS Trust

1a. Dashboard

March 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	44.3	43.8	0.5	(0.9)	1.4		465.0	471.3	(6.2)	(1.4)	(4.8)		465.0	471.3	(6.2)	
Expenditure	(37.9)	(35.2)	(2.7)	0.9	(3.6)		(436.7)	(432.4)	(4.3)	1.4	(5.7)		(436.7)	(432.4)	(4.3)	
EBITDA (Income less Expenditure)	6.4	8.6	(2.2)	(0.0)	(2.2)		28.3	38.9	(10.6)	(0.0)	(10.6)		28.3	38.9	(10.6)	
Financing Costs	7.2	(3.2)	10.3	0.0	10.3		(16.8)	(28.2)	11.5	0.0	11.5		(16.8)	(28.2)	11.5	
Technical Adjustments	(0.2)	0.6	(0.8)	0.0	(0.8)		0.4	1.1	(0.6)	0.0	(0.6)		0.4	1.1	(0.6)	
Net Surplus / Deficit (Incl PSF)	**13.4**	**6.0**	**7.3**	**(0.0)**	**7.3**		**12.0**	**11.7**	**0.3**	**0.0**	**0.3**		**12.0**	**11.7**	**0.3**	
CIPs	2.6	2.8	(0.2)		(0.2)		13.8	24.1	(10.3)		(10.3)		13.8	24.1	(10.3)	
Cash Balance	10.4	1.0	9.4		9.4		10.4	1.0	9.4		9.4		10.4	1.0	9.4	
Capital Expenditure	6.2	4.4	(1.8)		(1.8)		12.9	13.8	0.9		0.9		12.9	13.8	0.9	
Capital service cover rating							3	4					3	4		
Liquidity rating							4	4					4	4		
I&E margin rating							1	1					1	1		
Agency rating							4	4					4	4		
Finance and use of resources rating							3	4					3	3		

Summary:
- The Trusts surplus including PSF was £13.4m in March which was £7.3m favourable to plan and £0.3m better than the forecasted position. The Trust ended the financial year with a surplus of £12m which is £0.3m favourable to plan , the key variances against plan are: Adverse variances relating to CIP slippage (£10.3m) and budget pressures (£4.7m pay and £5m relating to non pay). These pressures have been offset by non recurrent benefits relating to: Release of Reserves (£3.8m), higher than planned non recurrent support income (£2.2m), release of prior year provisions (£2m), over performance relating to clinical income (£1.6m), benefit on Asset Sale (£10.2m) and underspend within depreciation and PDC £1m).
- The Trust completed the sale of Springwood road generating a profit on disposal of £9.6m.
- The Trust has spent £10.8m more than the YTD agency ceiling set by NHSI (£11.8m per annum)

Key Points:
- The Trusts normalised run rate in March was £1.3m deficit pre PSF which was £0.4m lower than the year to date normalised average (pre PSF).
- The Trust delivered the quarter 4 A&E performance as well as the financial control total and has therefore achieved the full PSF funding in 2018/19 of £12.7m
- The main non pay pressures (excluding CIP) relate to clinical supplies (£4.2m adverse year to date) specifically within Surgery Division (£0.6m), Diagnostics and Clinical Support (£1.1m) and Cancer services (£0.5m)

Risks:
- Clinical income values won't be finalised until end of quarter 1 in 2019/20 as per contract reconciliation time table, however the majority of the income is fixed as per the aligned incentive contract for West Kent CCG and Sussex and East Surrey CCGs, the outcome of the final positions for PbR contracts will be reflected in 2019/20.
- The values reported within this document are subject to external audit review which is due to take place between 25th April and 17th May 2019.

Maidstone and Tunbridge Wells NHS Trust

1b. Summary Income & Expenditure (Exceptional Items)

Income & Expenditure March 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	40.0	42.3	(2.3)	(0.9)	(1.4)	447.0	458.5	(11.6)	(1.4)	(10.2)
Expenditure	(38.2)	(35.2)	(3.0)	0.9	(3.9)	(442.5)	(432.4)	(10.1)	1.4	(11.5)
Trust Financing Costs	(2.4)	(3.2)	0.7	0.0	0.7	(30.3)	(28.2)	(2.1)	0.0	(2.1)
Technical Adjustments	(0.2)	0.6	(0.8)	0.0	(0.8)	0.4	1.1	(0.6)	0.0	(0.6)
Net Revenue Surplus / (Deficit) before Exceptional Items	**(0.8)**	**4.6**	**(5.4)**	**(0.0)**	**(5.4)**	**(25.4)**	**(1.0)**	**(24.4)**	**(0.0)**	**(24.4)**
Exceptional Items	9.7		9.7		9.7	24.7		24.7		24.7
Net Position	**8.9**	**4.6**	**4.3**	**(0.0)**	**4.3**	**(0.7)**	**(1.0)**	**0.3**	**(0.0)**	**0.3**
PSF Funding	4.5	1.5	3.0	0.0	3.0	12.7	12.7	0.0	0.0	0.0
Net Revenue Surplus / (Deficit) Incl PSF and Exceptional Items	13.4	6.0	7.3	(0.0)	7.3	12.0	11.7	0.3	(0.0)	0.3

Key messages:
The Trust benefited by £9.7m of exceptional adjustments this month which related to profit on sale of Asset (£9.6m), £0.3m r elease of reserves offset by £0.2m expected credit loss adjustment for oncology SLA (£0.2m).

Income:
Income YTD net of pass-through related costs and exceptional items is £10.2m adverse to plan, which is due to CIP slippage (£10. 2m) and Private Patient income £0.9m partially offset by income over performance within non AIC contracted clinical income (£1.7m) and £1.4m non recu rrent income support. overperformance.

Expenditure:
Expenditure budgets net of pass-through and exceptional items are £11.5m adverse, which is due to budget overspends within Pay budgets (£4.7m) and Non Pay (£5m).
The main pressures within expenditure budgets (net of pass though, CIP and exceptional items) relates to: Clinical Supplies a nd Services (£4.2m and Medical (£3.4m).

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

PSF: The Trust delivered the quarter 4 A&E performance as well as the financial control total and has therefore achieved the full PSF funding in 2018/19 of £12.7m

Maidstone and Tunbridge Wells NHS Trust

2a. Income & Expenditure

Income & Expenditure March 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	31.0	30.7	0.3	(0.0)	0.3	354.1	356.3	(2.3)	(0.3)	(2.0)	354.1	356.3	(2.3)
High Cost Drugs	3.6	3.5	0.1	(0.5)	0.5	42.8	43.2	(0.4)	(0.4)	(0.0)	42.8	43.2	(0.4)
Total Clinical Income	**34.5**	**34.2**	**0.4**	**(0.5)**	**0.9**	**396.9**	**399.6**	**(2.7)**	**(0.7)**	**(2.0)**	**396.9**	**399.6**	**(2.7)**
PSF	4.5	1.5	3.0	0.0	3.0	12.7	12.7	0	0	0	12.7	12.7	0
Other Operating Income	5.3	8.1	(2.8)	(0.3)	(2.5)	55.4	59.0	(3.5)	(0.7)	(2.8)	55.4	59.0	(3.5)
Total Revenue	**44.3**	**43.8**	**0.5**	**(0.9)**	**1.4**	**465.0**	**471.3**	**(6.2)**	**(1.4)**	**(4.8)**	**465.0**	**471.3**	**(6.2)**
Substantive	(19.8)	(19.1)	(0.8)	0.0	(0.8)	(224.7)	(229.1)	4.5	0.6	3.8	(224.7)	(229.1)	4.5
Bank	(1.4)	(1.0)	(0.4)	0.0	(0.4)	(13.6)	(12.3)	(1.3)	0.0	(1.3)	(13.6)	(12.3)	(1.3)
Locum	(1.1)	(0.5)	(0.6)	0.0	(0.6)	(8.8)	(5.5)	(3.3)	0	(3.3)	(8.8)	(5.5)	(3.3)
Agency	(1.4)	(2.0)	0.6	0.2	0.4	(22.7)	(22.2)	(0.4)	0.2	(0.6)	(22.7)	(22.2)	(0.4)
Pay Reserves	(0.2)	0.2	(0.3)	0.0	(0.3)	(1.0)	(1.4)	0.4	0	0.4	(1.0)	(1.4)	0.4
Total Pay	**(23.9)**	**(22.4)**	**(1.5)**	**0.2**	**(1.7)**	**(270.7)**	**(270.5)**	**(0.3)**	**0.8**	**(1.1)**	**(270.7)**	**(270.5)**	**(0.3)**
Drugs & Medical Gases	(4.5)	(4.1)	(0.4)	0.5	(0.9)	(52.8)	(52.0)	(0.8)	0.4	(1.2)	(52.8)	(52.0)	(0.8)
Blood	(0.2)	(0.2)	(0.0)	0.0	(0.0)	(2.2)	(2.2)	(0.0)	0	(0.0)	(2.2)	(2.2)	(0.0)
Supplies & Services - Clinical	(2.6)	(2.7)	0.1	0.0	0.1	(34.4)	(32.1)	(2.3)	0.3	(2.5)	(34.4)	(32.1)	(2.3)
Supplies & Services - General	(0.5)	(0.4)	(0.1)	0.0	(0.1)	(5.7)	(5.0)	(0.6)	(0.0)	(0.6)	(5.7)	(5.0)	(0.6)
Services from Other NHS Bodies	(3.2)	(0.8)	(2.4)	(2.3)	(0.0)	(12.1)	(9.9)	(2.2)	(1.7)	(0.5)	(12.1)	(9.9)	(2.2)
Purchase of Healthcare from Non-NHS	(0.5)	(0.4)	(0.1)	0.0	(0.1)	(3.8)	(5.5)	1.7	0	1.7	(3.8)	(5.5)	1.7
Clinical Negligence	(1.5)	(1.6)	0.0	0.0	0.0	(18.6)	(19.0)	0.5	0	0.5	(18.6)	(19.0)	0.5
Establishment	(0.2)	(0.3)	0.1	(0.0)	0.1	(3.6)	(3.5)	(0.1)	(0.1)	(0.1)	(3.6)	(3.5)	(0.1)
Premises	(2.4)	(1.6)	(0.8)	(0.1)	(0.7)	(24.0)	(21.4)	(2.6)	0.1	(2.7)	(24.0)	(21.4)	(2.6)
Transport	(0.1)	(0.1)	(0.0)	0.0	(0.0)	(1.7)	(1.3)	(0.3)	0	(0.3)	(1.7)	(1.3)	(0.3)
Other Non-Pay Costs	1.8	(0.6)	2.4	2.5	(0.1)	(7.2)	(8.1)	0.8	1.6	(0.7)	(7.2)	(8.1)	0.8
Non-Pay Reserves	0.0	0.0	(0.0)	0.0	(0.0)	0	(1.8)	1.8	0	1.8	0	(1.8)	1.8
Total Non Pay	**(14.0)**	**(12.8)**	**(1.3)**	**0.6**	**(1.9)**	**(165.9)**	**(161.9)**	**(4.1)**	**0.6**	**(4.7)**	**(165.9)**	**(161.9)**	**(4.1)**
Total Expenditure	**(37.9)**	**(35.2)**	**(2.7)**	**0.9**	**(3.6)**	**(436.7)**	**(432.4)**	**(4.3)**	**1.4**	**(5.7)**	**(436.7)**	**(432.4)**	**(4.3)**
EBITDA	**6.4**	**8.6**	**(2.2)**	**(0.0)**	**(2.2)**	**28.3**	**38.9**	**(10.6)**	**(0.0)**	**(10.6)**	**28.3**	**38.9**	**(10.6)**
	0.0	*0.0*	*(0.0)*	*%*		*6.1%*	*8.3%*	*169.7%*	*0.7%*	*218.8%*	*6.1%*	*8.3%*	*169.7%*
									0.0	(0.0)			
Depreciation	(1.1)	(1.1)	0.0	0	0.0	(13.0)	(13.5)	0.5	0	0.5	(13.0)	(13.5)	0.5
Interest	(0.1)	(0.1)	0.0	0	0.0	(1.6)	(1.6)	(0.0)	0	(0.0)	(1.6)	(1.6)	(0.0)
Dividend	0.4	(0.1)	0.5	0	0.5	(0.7)	(1.3)	0.5	0	0.5	(0.7)	(1.3)	0.5
PFI and Impairments	7.9	(1.8)	9.7	0	9.7	(1.5)	(11.9)	10.4	0	10.4	(1.5)	(11.9)	10.4
Total Finance Costs	**7.2**	**(3.2)**	**10.3**	**0.0**	**10.3**	**(16.8)**	**(28.2)**	**11.5**	**0**	**11.5**	**(16.8)**	**(28.2)**	**11.5**
Net Surplus / Deficit (-)	**13.6**	**5.4**	**8.1**	**(0.0)**	**8.1**	**11.6**	**10.7**	**0.9**	**(0.0)**	**0.9**	**11.6**	**10.7**	**0.9**
Technical Adjustments	(0.2)	0.6	(0.8)	0.0	(0.8)	0.4	1.1	(0.6)	0.0	(0.6)	0.4	1.1	(0.6)
Surplus/ Deficit (-) to B/E Duty Incl PSF	**13.4**	**6.0**	**7.3**	**(0.0)**	**7.3**	**12.0**	**11.7**	**0.3**	**0.0**	**0.3**	**12.0**	**11.7**	**0.3**
Surplus/ Deficit (-) to B/E Duty Excl PSF	**8.9**	**4.6**	**4.3**	**(0.0)**	**4.3**	**(0.7)**	**(1.0)**	**0.3**	**0.0**	**0.3**	**(0.7)**	**(1.0)**	**0.3**

Commentary

The Trusts surplus was £13.4m in March which was £7.3m favourable to plan but £0.3m better than forecast. Year to date the Trust has a surplus including PSF of £12m which is £0.3m adverse to plan.

The Trusts normalised run rate in March was £1.3m deficit pre PSF which was £0.4m lower than the year to date normalised average (pre PSF).

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 £0.3m favourable to plan in March. The key favourable variance of £3.3m which relates to the balance of Non-Recurrent income support received from Commissioners for the Cancer and RTT Recovery Plans, this is offset by adverse variances in the Aligned Incentives Adjustment (£1.4m), Contract Challenges (£0.5m) and Prior Period Adjustments (£1.0m).

The Trust delivered the quarter 4 A&E performance as well as the financial control total and has therefore achieved the full PSF funding in 2018/19 of £12.7m

Other Operating Income excluding pass-through costs was £2.5m adverse in the month this was due to £3.6m relates to non recurrent income support which was delivered within Clinical income, £0.2m adverse within Private Patients partly offset by over performance within Education income £0.7m and £0.7m over performance within donated asset income e(offset within technical adjustments).

Pay budgets overspent by £1.7m in March and were £0.9m adverse to forecast this was mainly due £0.7m costs associated with pay award and £0.2m of back dated medical pay adjustments associated with CEA, On call payments, job planning PA changes and CEA awards.

Non Pay adjusted for pass through costs and reserves was overspent by £1.9m in March and was £0.3m favourable to forecast. The main benefits relate to Clinical Supplies and Services (£0.5m) which mainly relate to Cardiology stock adjustment (£0.7m) and reduction in provision for expected credit losses (£0.3m) partly offset by increase within drugs (£0.1m) and services from NHS bodies (£0.5m) mainly relating to Diabetes charges (£0.1m, NHS Property services (£0.1m) and RTT Validation (£0.1m)

Maidstone and Tunbridge Wells NHS Trust

2b. Run Rate Analysis

Analysis of 13 Monthly Performance (£m's)

		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	Change between Months
Revenue	Clinical Income	33.8	30.7	33.5	32.3	35.4	33.1	32.0	33.7	35.5	33.1	32.4	30.6	34.5	4.0
	STF / PSF	3.0	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
	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	3.9	5.1	5.2	5.0	5.7	5.5	4.8	7.0	5.3	5.5	4.7	4.4	9.8	5.4
	Total Revenue	**40.8**	**35.9**	**38.7**	**37.3**	**41.2**	**38.6**	**36.8**	**40.7**	**40.8**	**38.6**	**37.1**	**35.0**	**44.3**	**9.3**
Expenditure	Substantive	(17.9)	(18.3)	(18.7)	(18.4)	(19.4)	(18.5)	(18.9)	(17.6)	(18.9)	(18.7)	(18.8)	(18.7)	(19.8)	(1.1)
	Bank	(1.3)	(1.0)	(1.0)	(1.0)	(1.0)	(1.2)	(1.1)	(1.0)	(1.1)	(1.2)	(1.2)	(1.3)	(1.4)	(0.2)
	Locum	(0.7)	(0.5)	(0.6)	(0.5)	(0.6)	(0.7)	(0.7)	(0.6)	(0.8)	(1.0)	(0.9)	(0.7)	(1.1)	(0.3)
	Agency	(2.6)	(2.0)	(2.1)	(1.7)	(2.1)	(2.1)	(1.9)	(1.8)	(1.7)	(1.7)	(1.9)	(2.1)	(1.4)	0.7
	Pay Reserves	(0.2)	(0.2)	(0.2)	(0.2)	(0.1)	0.2	0.0	0.4	(0.2)	(0.2)	(0.1)	(0.2)	(0.2)	0.1
	Total Pay	(22.7)	(22.0)	(22.7)	(21.9)	(23.2)	(22.3)	(22.5)	(20.7)	(22.7)	(22.8)	(23.0)	(23.0)	(23.9)	(0.9)
Non-Pay	Drugs & Medical Gases	(4.5)	(4.2)	(4.8)	(4.3)	(4.5)	(4.3)	(4.4)	(4.4)	(4.8)	(4.2)	(3.9)	(4.5)	(4.5)	0.0
	Blood	(0.2)	(0.2)	(0.1)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.0)
	Supplies & Services - Clinical	(2.1)	(2.6)	(2.9)	(2.7)	(2.9)	(3.0)	(2.8)	(3.1)	(3.0)	(3.1)	(3.0)	(2.8)	(2.6)	0.2
	Supplies & Services - General	(0.6)	(0.4)	(0.4)	(0.4)	(0.4)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.4)	(0.5)	(0.1)
	Services from Other NHS Bodies	(0.3)	(0.6)	(0.6)	(1.1)	(0.7)	(0.7)	(1.1)	(0.8)	(1.3)	(0.9)	(0.9)	(0.2)	(3.2)	(3.0)
	Purchase of Healthcare from Non-NHS	(0.3)	(0.3)	(0.3)	(0.2)	(0.2)	(0.3)	(0.4)	(0.3)	(0.2)	(0.3)	(0.3)	(0.4)	(0.5)	(0.1)
	Clinical Negligence	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.3)	(1.5)	(1.5)	(1.5)	(1.5)	0.0
	Establishment	(0.3)	(0.3)	(0.3)	(0.2)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.2)	0.1
	Premises	(3.0)	(1.9)	(1.8)	(1.8)	(2.6)	(2.2)	(1.8)	(1.7)	(1.5)	(1.8)	(2.6)	(1.9)	(2.4)	(0.4)
	Transport	(0.2)	(0.2)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.2)	(0.1)	(0.1)	0.0
	Other Non-Pay Costs	(0.2)	(1.0)	(1.0)	(0.3)	(1.2)	(1.1)	(0.2)	(1.1)	(0.4)	(0.3)	(1.0)	(1.5)	1.8	3.3
	Non-Pay Reserves	(0.0)	(0.2)	(0.2)	(0.2)	(0.2)	0.5	0.6	(0.4)	0.0	0.0	0.0	0.0	0.0	0.0
	Total Non Pay	(13.2)	(13.5)	(14.3)	(13.2)	(14.9)	(13.8)	(12.7)	(14.5)	(13.6)	(13.2)	(14.3)	(13.9)	(14.0)	(0.2)
	Total Expenditure	(35.9)	(35.5)	(36.9)	(35.1)	(38.2)	(36.1)	(35.3)	(35.2)	(36.3)	(36.0)	(37.3)	(36.9)	(37.9)	(1.0)
EBITDA	EBITDA	4.9	0.4	1.8	2.2	3.0	2.5	1.5	5.5	4.5	2.6	(0.1)	(1.9)	6.4	8.3
		12%	*1%*	*5%*	*6%*	*7%*	*7%*	*4%*	*14%*	*11%*	*7%*	*0%*	*-6%*	*14%*	
Other Finance Costs	Depreciation	(1.2)	(1.1)	(1.1)	(1.1)	(1.0)	(1.0)	(1.2)	(1.1)	(1.1)	(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	0.2	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.4	0.5
	PFI and Impairments	17.5	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.3)	(1.4)	(1.2)	(1.2)	(1.2)	2.7	7.9	5.2
	Total Other Finance Costs	**16.3**	**(2.5)**	**(2.5)**	**(2.5)**	**(2.5)**	**(2.5)**	**(2.7)**	**(2.7)**	**(2.5)**	**(2.5)**	**(2.5)**	**1.4**	**7.2**	**5.7**
Net Surplus / Deficit (-)	Net Surplus / Deficit (-)	21.2	(2.2)	(0.8)	(0.3)	0.5	0.0	(1.1)	2.8	2.0	0.1	(2.6)	(0.5)	13.6	14.1
Technical Adjustments	Technical Adjustments	(18.9)	0.0	0.0	0.0	0.0	0.0	0.1	0.3	0.0	0.0	0.0	0.0	(0.2)	(0.3)
Surplus/ Deficit (-) to B/E Duty Incl STF	Surplus/ Deficit (-) to B/E Duty	2.3	(2.2)	(0.8)	(0.3)	0.6	0.1	(1.0)	3.1	2.0	0.1	(2.6)	(0.5)	13.4	13.8
Surplus/ Deficit (-) to B/E Duty Excl STF	Surplus/ Deficit (-) to B/E Duty	(0.7)	(2.2)	(0.8)	(0.3)	0.6	0.1	(1.0)	3.1	2.0	0.1	(2.6)	(0.5)	13.4	13.8

Maidstone and Tunbridge Wells NHS Trust

3a. Cost Improvement Plan

Savings by Division

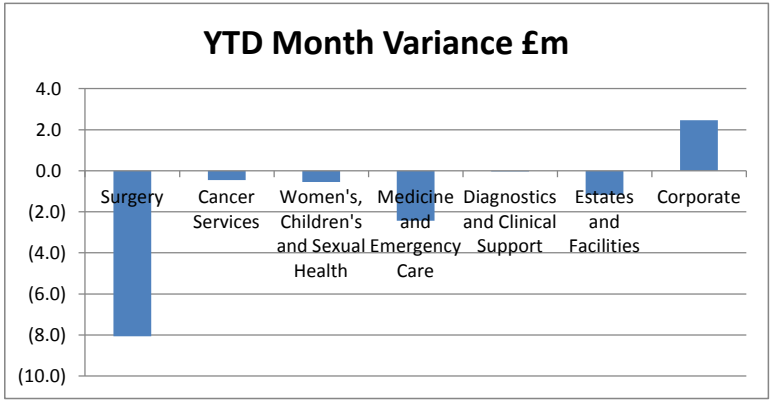
	Current Month			Year to Date			Forecast (Risk Adjusted)		
	Actual	*Original Plan*	*Variance*	*Actual*	*Original Plan*	*Variance*	*Forecast*	*Original Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surgery	0.13	1.29	(1.16)	3.22	11.29	(8.07)	3.22	11.29	(8.07)
Cancer Services	0.08	0.13	(0.05)	0.83	1.29	(0.46)	0.83	1.29	(0.46)
Women's, Children's and Sexual Health	0.12	0.23	(0.11)	1.56	2.11	(0.55)	1.56	2.11	(0.55)
Medicine and Emergency Care	0.14	0.46	(0.33)	1.22	3.66	(2.44)	1.22	3.66	(2.44)
Diagnostics and Clinical Support	0.09	0.08	0.02	0.77	0.81	(0.04)	0.77	0.81	(0.04)
Estates and Facilities	0.21	0.40	(0.18)	1.78	2.95	(1.17)	1.78	2.95	(1.17)
Corporate	1.80	0.22	1.58	4.47	2.01	2.46	4.47	2.01	2.46
Total	**2.57**	**2.81**	**(0.24)**	**13.84**	**24.11**	**(10.27)**	**13.84**	**24.11**	**(10.27)**

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	0.21	0.15	0.05	2.58	3.17	(0.59)	2.58	3.17	(0.59)
Non Pay	0.91	1.02	(0.11)	8.87	8.40	0.48	8.87	8.40	0.48
Income	1.46	1.64	(0.18)	2.39	12.55	(10.16)	2.39	12.55	(10.16)
Total	**2.57**	**2.81**	**(0.24)**	**13.84**	**24.11**	**(10.27)**	**13.84**	**24.11**	**(10.27)**

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	2.11	1.86	0.25	10.98	16.99	(6.01)	10.98	16.99	(6.01)
Amber	0.37	0.31	0.06	2.07	2.73	(0.66)	2.07	2.73	(0.66)
Red	0.09	0.64	(0.54)	0.79	4.39	(3.60)	0.79	4.39	(3.60)
Total	**2.57**	**2.81**	**(0.24)**	**13.84**	**24.11**	**(10.27)**	**13.84**	**24.11**	**(10.27)**



Comment

The Trust was £0.2m adverse to plan in the month and £10.3m adverse YTD. The main schemes adverse to plan YTD are:

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

- Prime Provider = £5.5m

Estates and Facilities Subsidiary £1.75m (although £0.4m new schemes have been added to reduce impact to £1.3m)

- Private Patient Income = £1m
- STP Medical Rates = £1.7m
- - Medicines Management = £1.1m (£0.7m relates to Avastin)
- Urgent Care Centre = £0.4m

Maidstone and Tunbridge Wells NHS Trust

5a. Balance Sheet

March 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	March Plan	Variance	February Reported
Property, Plant and Equipment (Fixed Assets)	292.3	306.4	(14.1)	287.4
Intangibles	3.3	2.0	1.3	2.3
PFI Lifecycle	0.0	0.0	0.0	0.0
Debtors Long Term	1.4	1.2	0.2	1.5
Total Non-Current Assets	**297.0**	**309.6**	**(12.6)**	**291.2**
Current Assets	0.0	0.0	0.0	0.0
Inventory (Stock)	7.8	7.8	0.0	7.7
Receivables (Debtors) - NHS	16.9	23.7	(6.8)	25.7
Receivables (Debtors) - Non-NHS	9.2	10.6	(1.4)	10.7
Cash	10.4	1.0	9.4	10.6
Assets Held For Sale	0.0	0.0	0.0	0.0
Total Current Assets	**44.3**	**43.1**	**1.2**	**54.7**
Current Liabilities				
Payables (Creditors) - NHS	(6.4)	(8.2)	1.8	(3.8)
Payables (Creditors) - Non-NHS	(21.5)	(30.8)	9.3	(40.6)
Deferred Income	(2.6)	(2.6)	0.0	(8.4)
Capital Loan	(2.2)	(2.2)	0.0	(2.3)
Working Capital Loan	(29.1)	(12.1)	(17.0)	(29.3)
Other loans	(0.4)	(0.4)	0.0	(0.4)
Borrowings - PFI	(5.4)	(5.3)	(0.1)	(5.0)
Provisions for Liabilities and Charges	(1.4)	(2.0)	0.6	(1.8)
Total Current Liabilities	**(69.0)**	**(63.6)**	**(5.4)**	**(91.6)**
Net Current Assets	(24.7)	(20.5)	(4.2)	(36.9)
non-current liabilities: Borrowings - PFI > 1yr	(187.5)	(187.9)	0.4	(188.3)
Capital Loans	(8.0)	(10.5)	2.5	(9.3)
Working Capital Facility & Revenue loans	(14.1)	(19.9)	5.8	(14.0)
Other loans	(1.7)	(1.5)	(0.2)	(1.4)
Provisions for Liabilities and Charges- Long term	(1.0)	(0.8)	(0.2)	(0.8)
Total Assets Employed	**60.0**	**68.5**	**(8.5)**	**40.5**
Financed By:				
Capital & Reserves				
Public dividend capital	211.8	209.1	2.7	209.0
Revaluation reserve	31.8	44.0	(12.2)	29.8
Retained Earnings Reserve	(183.6)	(184.6)	1.0	(198.3)
Total Capital & Reserves	**60.0**	**68.5**	**(8.5)**	**40.5**

Commentary:

The overall working capital within the month results in a decrease in both debtors and creditors compared to the plan. The cash balance held at the end of the month is also higher than the plan, these increases are primarily due to both the asset sales and the cash release from debtors.

Non-Current Assets -

Capital additions for 2018/19 were £13.6m which was a reduction from the planned value of £14.5m. The Trust purchased two linear accelerators totalling £4.1m, of which £3.34m was funded from additional central PDC. Donated assets of £0.7m were purchased with £0.46m for cardiac Cath lab equipment.

PPE - the Trust has commissioned Montagu Evans to do a desktop valuation exercise on the 31st March 2019, the impact from this valuation was an overall increase to the Land and Buildings asset values of £2.8m, this was lower than the plan expectation of £14m.

Current Assets -

Inventory of £7.8m is in-line of the planned value of £7.8m. The main stock balances are pharmacy £2.8m, TWH theatres £1.4m, Materials Management £1m and Cardiology £1m. Within March the external auditors attended stock takes at Theatres TW, Cath Lab (cardiology) at Maidstone and pharmacy at both sites.

NHS Receivables have decreased from the month 11 position by £8.8m to £16.9m. Of the £16.9m reported balance, £7.2m relates to invoiced debt of which £2.2m is aged debt over 90 days. Invoiced debt over 90 days has decreased by £0.3m from the MTh 11 reported position. The remaining £9.7m relates to uninvoiced accrued income including work in progress - partially completed spells £2.7m and a accrual for m10-12 PSF funding £4.5m. Due to the cash pressures of many neighbouring NHS bodies regular communication is continuing and arrangements are being put in place to help reduce the level of debt.

Non NHS Receivables have decreased by £1.5m to £9.2m from the month 11 reported position. Included within the £9.2m balance is trade invoiced debt of £2.2m and private patient invoiced debt of £0.4m. Also included within the £9.2m are prepayments and accrued income totalling £4.8m. Prepayments primarily relate to rates & annual service maintenance contracts, which will reduce throughout the 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 £10.4m is higher than plan of £1m by £9.4m. This is the result of the Trust selling the Maidstone Residences on the 28th March for £12.5m. The Trust has obtained approval from NHSI to carry forward cash equivalent to the net book value of £2.4m and £6m of the gain, which is then included in the Trust's plans as proposed capital funding for 2019/20 and 2020/21 - this will require additional approval from DHSC as they manage the overall capital resource limits.

Current Liabilities -

NHS payables have increased from the February's reported position by £2.6m to £6.4m. Non-NHS trade payables have decreased by £19.1m giving a combined payables balance of £27.9m.

Of the £27.9m combined payables balances, £8.3m relates to actual invoices of which £1.7m are approved for payment and £19.6m relates to uninvoiced accruals.

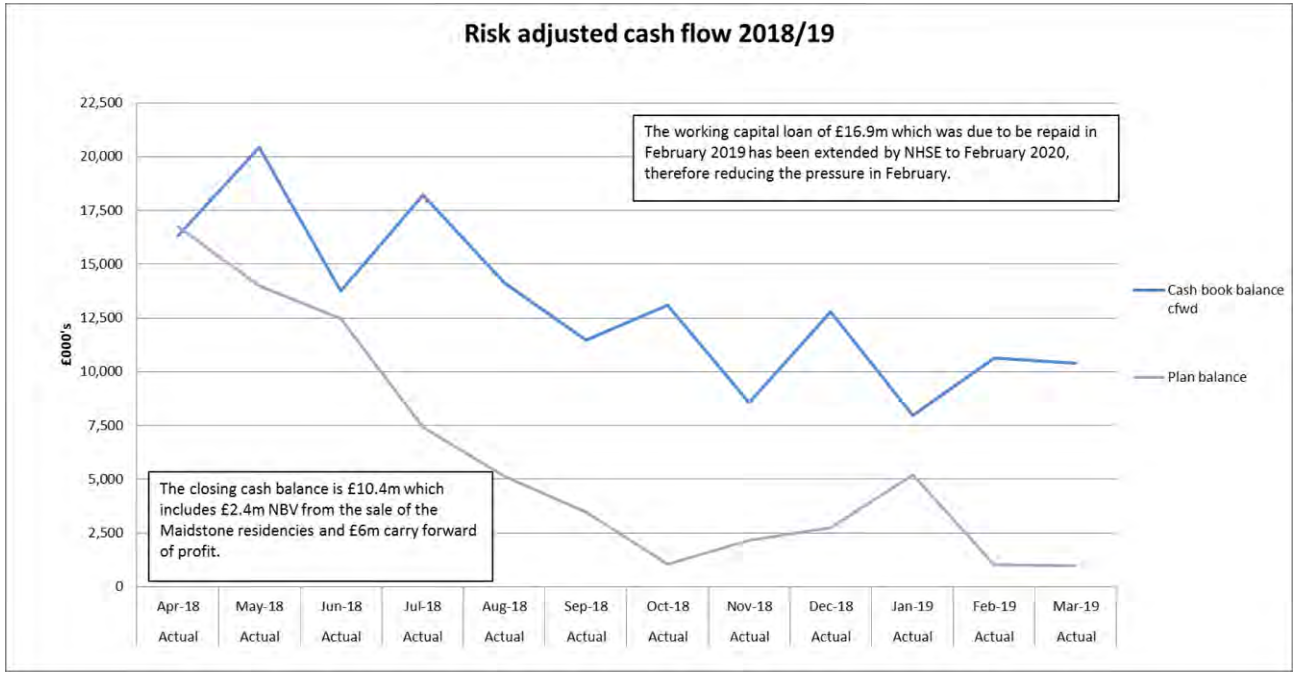
Deferred income of £2.6m primarily is in relation to £2m maternity pathway with CCG's.

The Trust has 3 working capital loans totalling c£43m. Two of the working capital loans are in current liabilities, £16.9m due February 2019 which has been extended by NHSI to February 2020 and £12.132m which is due to be repaid in October 2019. The remaining £14m loan is due to be repaid in 2020/21 and is in non-current liabilities.

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

Maidstone and Tunbridge Wells NHS Trust

5b. Cash Flow



Commentary

The closing cash balance at 31st March 2019 was £10.4m which was an increase of £9.4m from the forecast £1m closing cash position.

The Trust sold the Maidstone residences on the 28th March for £12.5m. The Trust has approached NHSI to gain approval to carry forward £2.4m NBV and £6m of the profit into 2019/20, to fund capital projects.

The Trust also sold the TW residences in February for £5.6m of which £1.6m NBV was used to purchase capital items, the remaining income was used to pay suppliers.
The Trust also reduced the overall debtors position with WK CCG and Medway CCG clearing their outstanding debtors balance.

The income received in February and March enabled the Trust to pay suppliers without applying any creditor stretch. Additionally the Trust was able to pay March's Tax, NI, Pension and unitary payment which were due in April totalling £11.7m.
The Trust has been given an extension from NHSI in respect to repaying the Single currency interim loan of £16.9m which was due to be repaid in February. This has been extended by a year and is due to be repaid in February 2020.
Additionally the Trust will also have to repay its second working capital loan of £12.132m in October 2019, therefore repaying in total £29m of working capital loan within 2019/20.

The third working capital loan totalling £13.99m is due for repayment in 2020/21.

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 Single Currency Loan	1.50%	16.908	0.00	0.25	18/02/2019
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:					
Capital investment loan	2.02%	12.000	1.20	0.06	15/09/2020
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%	2.217	0.37	0.00	2024/25

Maidstone and Tunbridge Wells NHS Trust

5c. Capital Programme

Capital Projects/Schemes

	Year to Date			Annual
	Plan	*Actual*	*Variance*	
	£000	£000	£000	
Estates	5,788	3,792	1,996	
ICT	1,002	2,526	-1,524	
Equipment	6,501	5,852	649	
PFI Lifecycle (IFRIC 12)	471	731	-260	
Total Excluding Donated Assets	**13,762**	**12,900**	**861**	
Donated Assets	700	740	-40	
Total Including Donated Assets	**14,462**	**13,640**	**822**	
Less donated assets	-700	-740	40	
Asset Sales (net book value)	-2,402	-1,632	-770	
Contingency Against Non-Disposal				
Adjusted Total	**11,360**	**11,268**	**91**	

The Actual spend for the year is £13.6m and takes into account some major projects:
LED Lighting at Maidstone Hospital and TWH - £1.4m has been spent on upgrading the lighting (funded from a Salix loan)
Backlog Maintenance Programme of Works - £1m
Linear Accelerator replacements - £4.1m has been spent this year on replacing 2 Linacs at Maidstone Hospital (£3.34m funded from additional central PDC)

EPR (Electronic Patient Records) - £1m has been spent this year (year 1 of a 3 year project) (£500k funded from HSLI additional central PDC)

IT schemes funded with additional central PDC include HSLI (£1m), MRI scanning (£10k) and Pharmacy IT (£16k), although £300k of the HSLI funding has been deferred to 19/20

Replacement and new PCs/Laptops - £500k
Replacement and new medical equipment - £2.4m spent on various medical equipment across the sites

Sale of 32 High Street, Pembury residence had a Net Book Value of £1.6m, which was invested back in the programme and supported the purchase of the majority of medical equipment schemes

Sale of Maidstone residences (Springwood) had a Net Book Value of £2.4m, which has been carried forward in cash with £6m of the gain on disposal - this has been included in the Trust's Capital Plan for 19/20 and 20/21, subject to DHSC agreeing its use as Capital resource.

Donated assets include £459k for Cardiac Cath Lab equipment at TWH, other schemes include equipment purchased from a large donation for Oncology and Urology equipment as well as the League of Friends

Trust Board Meeting – April 2019

Maidstone and Tunbridge Wells NHS Trust

4-9	Summary report from the Finance and Performance Committee, 24/04/19	Committee Chair (Non-Exec. Director)

The Finance and Performance Committee met on 24th April 2019.

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

- The month 12 financial performance was reviewed, and it was noted that since the report had been submitted, the Trust had been notified that it been allocated £8.3m of bonus Provider Sustainability Fund monies, which meant that the Trust's 2018/19 surplus was now £20.3m.
- The first of the monthly updates on Wells Suite income was given and the Committee supported the suggestion to consider employing an interim to oversee the work of the external parties the Trust had engaged to support the private patient service, rather than rely on the capacity of one of the Trust's Divisional Directors of Operations. It was also agreed to clarify the length of the Trust's contract with those external parties
- The latest quarterly detailed review of the cash flow position was undertaken and it was noted that the Trust would not now need to request any external financing in 2019/20, as only one of the Trust's working capital loans (for £16.9m) needed to be repaid in that year
- The month 12 non-finance related performance was discussed, which included the A&E 4-hour, Referral to Treatment, and 62-day Cancer waiting time targets. A report on the sustainability of the recovery of the latter target was also noted.
- The latest quarterly update on service tender submissions was considered and the usual update on the Lord Carter efficiency review (incl. SLR) was noted
- The Divisional Director of Operations for Medicine & Emergency Care and Transformation Programme Director attended for a post-implementation review of the Ambulatory Emergency Care Business Case approved by the Committee on 27/11/18 (which led to a discussion on the current configuration of the Trust's beds, to optimise patient flow)
- The final Business Case for the establishment of a Hyper Acute Stroke Unit (HASU) / Acute Stroke Unit (ASU) was considered and the Committee agreed to recommend that the Trust Board approve the enabling development of the Acute Medical Unit. It was also agreed that the Chief Finance Officer should develop a long list of potential capital programme mitigations (with values) that could be potentially deployed in 2019/20, to inform the Trust Board's decision regarding the implementation of the HAS/ASU Business Case (ahead of the discussion scheduled for the 'Part 2' Trust Board meeting on 25/04/19)
- The Business Case for outsourcing outpatient pharmacy at Maidstone Hospital was reviewed and it was agreed to recommend that the Trust Board approve the Case on 25/04/19
- The relevant aspects of the Board Assurance Framework year-end position were reviewed
- The latest quarterly analysis of Consultancy use was noted and it was agreed that future reports should only be submitted every six months
- 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 Chief Finance Officer should investigate the significance of the CIP run-rate at the end 2018/19 (in the context of the improved CIP delivery in months 11 and 12)
- The Trust Secretary should provide the Chair of the Trust Board with the proposals submitted by external companies as part of Business Case for outsourcing outpatient pharmacy

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

- The final Business Case for the establishment of a HASU / ASU was considered and it was agreed to recommend that the Trust Board approve the enabling development of the Acute Medical Unit and develop a long list of potential capital programme mitigations, to inform the Board's decision regarding the implementation of the Business Case
- The Business Case for outsourcing outpatient pharmacy at Maidstone Hospital was reviewed and it was agreed to recommend that the Trust Board approve the Case on 25/04/19

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

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

Trust Board Meeting – April 2019

NHS Maidstone and Tunbridge Wells NHS Trust

4-9	Summary report from Workforce Committee, 28/03/19	Committee Chair (Non-Exec. Director)

The Workforce Committee met on 28th March 2019.

- **The key matters considered at the meeting were as follows:**
  - The actions from previous meetings were reviewed
  - The committee noted the findings of the most recent deanery visit to Surgery to review the training provided to junior doctors. The Director of Medical Education noted the actions that had been taken and that a further review would be taking place in June.
  - The committee reviewed the Workforce performance data for the preceding month. The committee was pleased to note the much reduced sickness absence compared with the same period in 2017/18. It also noted the achievement of the flu vaccine CQUIN target and the overall total of 78% of frontline staff receiving the vaccine. The Occupational Health team and peer vaccinators were congratulated on achieving the best uptake for any acute trust in Kent, Surrey and Sussex.
  - The committee noted and agreed with the revised approach to turnover calculation that would be with effect from April 19. It noted that this would result in a gradual increase in the turnover figure over time as this new calculation took effect.
  - The committee welcomed the introduction of electronic appraisals and the longer appraisal window but were keen to ensure that this would be supported by training for managers to ensure that the quality of appraisals was improved.
  - The committee reviewed and agreed the Workforce committee risk register
  - The committee noted and approved the workforce plan for 2019/20. The proposed reductions in bank and agency usage and increases in nurse recruitment were highlighted. The committee considered the large proposed increases in international recruitment and the need to ensure that appropriate professional and pastoral support was available to support these staff
  - The committee reviewed the report on the National Staff Survey data and approved the associated action plan. In particular the committee noted the lack of movement in the scores and as such welcomed the focus on local actions rather than trust wide action plans that were remote from staff on the shop floor. With this in mind the committee welcomed the requirement on divisions to ensure that they had consulted with staff locally before agreeing their action plan and the continued to do so throughout the year to ensure that the importance was not lost.
  - The committee noted and approved the Gender Pay gap report (Appendix 1) which was due for publication on the trust website on 29th March 2019. The data was very similar to the previous year although it was noted that the Local Clinical Excellence Awards had been held too late to be included in the data. Nonetheless it was reported that there had been an increase in female applicants for these awards which was welcomed.
  - The committee reviewed and agreed the Terms of Reference for the Committee, which have been circulated separately for approval by the Trust Board.

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

- Gender Pay Gap report (Appendix 1)

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information and assurance

Maidstone and Tunbridge Wells NHS
NHS Trust

WORKFORCE COMMITTEE – 28 March 2019

21/03/19	GENDER PAY GAP (YEAR 2 REPORTING)	JO GARRITY HEAD OF STAFF ENGAGEMENT & EQUALITY

Summary / Key points

Gender pay reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year showing how large the pay gap is between their male and female employees.

This report shows the calculations of gender pay gaps as a mean average, median average, bonus pay gaps and lowest to highest paid groups. This also makes comparisons to 2017 data which was reported in March 2018.

This data must be submitted by 31 March 2019.

Which Committees have reviewed the information prior to Workforce Committee submission?

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

- Information
- Assurance

1.0 GENDER PAY GAP REPORT

1.1 What is the Gender Pay Gap Report?

1.1.1 Gender pay reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year showing how large the pay gap is between their male and female employees. There are two sets of regulations.

1.1.2 The first regulation is mainly for the private and voluntary sectors (taking effect from 5 April 2017) and the second is mainly for the public sector (taking effect from 31 March 2017). Employers will have up to 12 months to publish their gender pay gaps.

1.1.3 The results must be published on the employer's website and a government website. They must, where applicable, be confirmed in a written statement by an appropriate person, such as a Chief Executive. While employers may already be taking steps to improve gender equality and reduce or eliminate their gender pay gap, this process will support and encourage action.

1.1.4 Gender pay reporting is different to equal pay – equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman (Equality Act 2010 – sex is a protected characteristic).

1.1.5 The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with and the individual calculations may help to identify what those issues are.

1.1.6 The NHS terms and conditions of service handbook contain the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff.

1.1.7 Job evaluation enables jobs to be matched to national job profiles or allows Trusts to evaluate jobs locally to determine in which Agenda for Change pay band a post should sit.

1.2 The Gender Pay Gap indicators

1.2.1 An employer must publish six calculations showing their:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay

1.2.2 The data is a snapshot of MTW taken 31 March 2018.

1.2.3 The current gender split within the overall workforce at MTW is 76% female and 24% male which remains unchanged from 2017.

1.2.4 The breakdown of proportion of females and males in each banding.

Gender Split per band		
Band	Male %	Female %
Band 1	40.17%	59.83%
Band 2	28.46%	71.54%
Band 3	13.11%	86.89%
Band 4	14.19%	85.81%
Band 5	14.84%	85.16%
Band 6	14.44%	85.56%
Band 7	15.81%	84.19%
Band 8A	29.53%	70.47%
Band 8B	36.36%	63.64%
Band 8C	36.00%	64.00%
Band 8D	41.18%	58.82%
Band 9	22.22%	77.78%
Senior Trust Manager	45.45%	54.55%
Medical	54.71%	45.29%
Grand Total	**24.04%**	**75.96%**

1.3 Hourly Rate

1.3.1 Average gender pay gap as a mean average

The difference in the mean hourly rate of pay is 24.9% compared to 24.6% in 2018.

Average gender pay gap as a mean average				
Overall	Male £	Female £	% difference	Pay Gap %
Mean hourly rate	20.4394	15.3453	5.0941	24.9230

1.3.2 Average gender pay gap as a median average

The difference in the median hourly rate of pay is 7% compared to 6% in 2018.

Average gender pay gap as a median average				
Overall	Male	Female	% difference	Pay Gap %
Median hourly rate	14.7763	13.652	1.1243	7.609

1.4 Bonus Pay

1.4.1 Percentage of employees who received bonus pay

Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment	
Male proportion overall	5.57%
Female proportion overall	0.61%

1.4.2 Average bonus gender pay gap as a mean average

The difference in mean bonus pay is 36.9% compared to 37.6% in 2018.
37.6% represented our medical workforce in 2018. This year 36.9% represents the overall workforce although a brief review of bonus payments shows all payments made to medical staff.

Average bonus gender pay gap as a mean average			
Overall	Male	Female	% difference
Mean bonus payment	£12,880	£8,125	36.9%

1.4.3 Average bonus gender pay gap as a median average

The difference in median bonus pay is 49.8% compared to 46.6% in 2018.
49.8% represented our medical workforce in 2018. This year 46.6% represents the overall workforce although a brief review of bonus payments shows all payments made to medical staff.

Average bonus gender pay gap as a median average			
Overall	Male	Female	% difference
Median bonus payment	£9,040	£4,536	49.8%

1.5 Employees by pay quartile

1.5.1 Proportion of males and females when divided into four groups ordered from lowest to highest pay

This remains largely the same as data submitted in 2018.

Proportion of males and females when divided into four groups ordered from lowest to highest pay		
	Male	Female
Lower	25%	75%
Lower middle	20%	80%

Upper middle	16%	84%
Upper	38%	62%

1.6 Summary

1.6.1 The gender split of the workforce at MTW and proportion of males and females divided into the four groups ordered from lowest to highest remains relatively and unsurprisingly unchanged.

1.6.2 The difference in the mean bonus pay has risen slightly compared to last year. The Clinical Excellence Awards can account for the majority of the bonus pay gap. Any changes to the number of females applying for and being awarded CEAs will not be reported until 2020.

Trust Board Meeting – April 2019

NHS Maidstone and Tunbridge Wells NHS Trust

4-10 Year-end review of the Board Assurance Framework (BAF), 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 year-end position

The key objectives in the BAF were approved at the Board on 24/05/18 (objectives 1 to 8) & 28/06/18 (objectives 9 and 10). The status of the BAF was reviewed regularly by the Finance and Performance Committee, Audit and Governance Committee and Trust Board in 2018/19. This report describes the year-end status for each objective, in terms of whether they were "Fully achieved", "Partially achieved" or "Not achieved"[2]. A summary is shown below.

Objective	Achieved?[2]
1. To deliver the trajectory agreed with NHS Improvement for the A&E 4 hour waiting time target	Fully achieved
2. To deliver the trajectory agreed with NHS Improvement for the 62-day Cancer waiting time target	Not achieved
3. To deliver the Referral to Treatment (RTT) trajectory agreed with NHS Improvement for patients on an 'incomplete' pathway	Not achieved
4. To deliver the financial plan for 2018/19	Fully achieved
5. To ensure a falls rate of no more than 6.0 per 1000 occupied bed days	Not achieved
6. To ensure a pressure ulcer rate of no more than 3.0 per 1000 admissions	Fully achieved
7. To deliver the agreed 'lessons learned' plan for 2018/19	Fully achieved
8. To deliver the agreed medical productivity plan for 2018/19	Partially achieved
9. To deliver a vacancy rate of no more than 9%	Not achieved
10. To deliver a staff turnover rate of less than 10%	Fully achieved

The Trust Board is invited to review the content of the report and consider the following questions:

- Does the year-end rating reflect the situation as understood by the Board?
- Does any of the content require further explanation?

Which Committees have reviewed the information prior to Board submission?

- The Executive Team Meeting, 16/04/19
- Finance and Performance Committee, 24/04/19 (the year-end position for objectives 1 to 4)

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

To review the year-end position for the 2018/19 objectives

[1] HM Treasury: Assurance frameworks

[2] "Fully achieved" and "Not achieved" ratings are relevant when there is absolute clarity as to whether (or not) an objective has been achieved, and usually relate to the objectives with the most 'SMART' qualities. A "Partially achieved" rating may be applicable when an element of subjectivity is involved, or a more nuanced assessment of performance is required

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

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

1 To deliver the trajectory agreed with NHS Improvement for the A&E 4 hour waiting time target[5]

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

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

Throughout the year, how confident was the Responsible Director that the objective would be achieved by the end of 2018/19?[6]

July 2018 | September 2018 | November 2018 | February 2019

Year-end position: Was the objective achieved by the end of 2018/19?

☒ Fully achieved ☐ Partially achieved ☐ Not achieved

Explanation of year-end rating / detailed status of year-end position:

Although the trajectory for Quarter 3 (90.77%) was not achieved (performance was 90.45%), the year-end position was 91.86% (which exceeded the trajectory of 90.82%), and the trajectory for March 2019 (95.03%) was achieved.

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

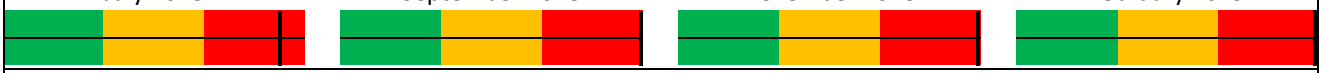
2 To deliver the trajectory agreed with NHS Improvement for the 62-day Cancer waiting time target[8]

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

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

Throughout the year, how confident was the Responsible Director that the objective would be achieved by the end of 2018/19?[9]

July 2018 | September 2018 | November 2018 | February 2019



Year-end position: Was the objective achieved by the end of 2018/19?

☐ Fully achieved ☐ Partially achieved ☒ Not achieved

Explanation of year-end rating / detailed status of year-end position:

As the Trust Board is aware, the Trust has now made a commitment to achieve the 85% target[10] by the end of May 2019 (and that therefore the original trajectory for 2018/19 would not be achieved)

[4] 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

[5] The agreed trajectory performance (%) was 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

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

[7] 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

[8] The agreed trajectory performance (%) was 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

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

[10] The 85% target reflects the "pledge" in the NHS Constitution to "provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution" (which in turn pledges "a maximum two month (62-day) wait from urgent referral for suspected cancer to first treatment for all cancers")

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

3 To deliver the Referral to Treatment (RTT) trajectory agreed with NHS Improvement for patients on an 'incomplete' pathway[12, 13]

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

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

Throughout the year, how confident was the Responsible Director that the objective would be achieved by the end of 2018/19?[14]

July 2018 | September 2018 | November 2018 | February 2019

Year-end position: Was the objective achieved by the end of 2018/19?

☐ Fully achieved ☐ Partially achieved ☒ Not achieved

Explanation of year-end rating / detailed status of year-end position:

The trajectory for March 2019 (85.46%) was not achieved, as the performance was 82.88%.

What did the Trust want to achieve? (i.e. the key objective)[15] *Key objective*

4 To deliver the financial plan for 2018/19

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

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

Throughout the year, how confident was the Responsible Director that the objective would be achieved by the end of 2018/19?[16]

July 2018 | September 2018 | November 2018 | February 2019

Year-end position: Was the objective achieved by the end of 2018/19?

☒ Fully achieved ☐ Partially achieved ☐ Not achieved

Explanation of year-end rating / detailed status of year-end position:

The Trust ended 2018/19 with a post-Provider Sustainability Fund (PSF) surplus of £12.004m (which equated to a pre-PSF deficit of £714k). It should be noted that the position is pre-audit, and the annual accounts will not be approved by the Trust Board until 23/05/19.

[11] 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

[12] 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.

[13] The agreed trajectory performance (%) was 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

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

[15] 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

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

What did the Trust want to achieve? (i.e. the key objective) [17] *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 ☒

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

Throughout the year, how confident was the Responsible Director that the objective would be achieved by the end of 2018/19? [18]

July 2018 | September 2018 | November 2018 | February 2019

Year-end position: Was the objective achieved by the end of 2018/19?

☐ Fully achieved ☐ Partially achieved ☒ Not achieved

Explanation of year-end rating / detailed status of year-end position:

Although the total number of falls was lower in 2018/19 (1500) than in 2017/18 (1581), the Trust ended 2018/19 with a falls rate of 6.1 per 1000 occupied bed days.

What did the Trust want to achieve? (i.e. the key objective) [19] *Key objective*

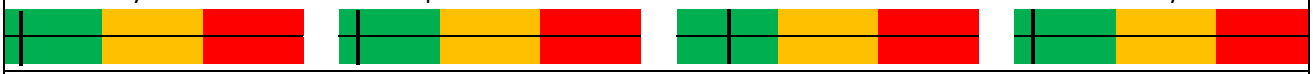
6 To ensure a pressure ulcer rate of no more than 3.0 per 1000 admissions

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

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

Throughout the year, how confident was the Responsible Director that the objective would be achieved by the end of 2018/19? [20]

July 2018 | September 2018 | November 2018 | February 2019



Year-end position: Was the objective achieved by the end of 2018/19?

☒ Fully achieved ☐ Partially achieved ☐ Not achieved

Explanation of year-end rating / detailed status of year-end position:

The Trust ended 2018/19 with a hospital acquired pressure ulcer rate of 1.07 per 1000 admissions.

[17] 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

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

[19] 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

[20] "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 did the Trust want to achieve? (i.e. the key objective)[21]	*Key objective*
7 To deliver the agreed 'lessons learned' plan for 2018/19	

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

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

Throughout the year, how confident was the Responsible Director that the objective would be achieved by the end of 2018/19?[22]

July 2018	September 2018	November 2018	February 2019
			

Year-end position: Was the objective achieved by the end of 2018/19?

☒ Fully achieved ☐ Partially achieved ☐ Not achieved

Explanation of year-end rating / detailed status of year-end position:

The Lessons Learned plan spans more than one year. The objectives set for 2018/19 have been delivered. These include:

- **Datix System**: A full review of the issues with the functionality of the Datix system has been concluded, culminating in the approval of the subsequent business case to migrate to the new Datix Cloud IQ system. An experienced interim (dedicated) Datix System Administrator has been appointed. The implementation will commence in April 2019 and will take approximately 6 months (implementation plan being devised).
- **Identification of system and process for cascading learning**: A process has been devised for the Patient Safety Team to cascade the relevant learning to each Directorate/Clinical Governance Lead, pulling from the new Datix system from incidents, SIs and other learning material on a monthly basis. This will be tailored to each clinical area/ Directorate based upon relevance. This will also include any additional Trust-wide and regional/national level learning. Each Directorate Clinical Governance Lead will ensure that the learning material is disseminated throughout their Directorate, with the Directorate Clinical Governance meeting being the key deliver and cascade vehicle. A business case is being produced by the Associate Director of Quality Governance to ensure that the adequate resource is in place within the Patient Safety Team to conduct this work.
- **Clinical Governance Processes:** A full review of the existing Directorate/Divisional Clinical Governance process (meetings, membership, agenda content, feeder mechanisms, outputs and cascade arrangements) has been conducted to ensure that the learning material will be effectively managed and cascaded. This review process included a half day workshop with the Consultant Clinical Governance Leads and the subsequent preparation of an outputs pack for the Chiefs of Service to approve. Approval has been received and the Chiefs of Service are in the process of implementation. This includes the establishment of Divisional Clinical Governance meetings as well as Directorate level meetings. A review of the Trust-level Clinical Governance Meeting/process is underway, led by the Deputy Medical Director. This will ensure that there is an effective reporting up mechanism to complement the work at Directorate and Divisional level.
- **Agreement of tools for Evidencing and Embedding Learning:** A simple three stage process has been agreed (following a workshop involving a Non-Executive Director, Trust staff and a Healthwatch representative). This process will be implemented once the system is live.
- **Project Plan for 2019/20:** A detailed project plan has been produced to take forward the remaining work required for 2019/20. The next steps include: Implementation of Datix Cloud IQ (6 month timetable); Resource for Patient Safety Team (awaiting approval of Business Case & recruitment process) - (6 month timetable); Launch of new Clinical Governance Process (Divisions/Directorates) - (in progress with the Chiefs of Service); Confirmation of Trust Level Clinical Governance Meeting Arrangements (in progress with the Deputy Medical Director); Go live of Learning outputs to Clinical Governance Leads (Dependent on delivery of above); and Go live of evidencing & embedding metrics/system (Dependent on delivery of above)

[21] 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

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

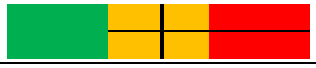
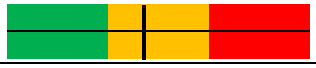
What did the Trust want to achieve? (i.e. the key objective)[23] *Key objective*

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

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

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

Throughout the year, how confident was the Responsible Director that the objective would be achieved by the end of 2018/19?[24]

July 2018	September 2018	November 2018	February 2019
			

Year-end position: Was the objective achieved by the end of 2018/19?

☐ Fully achieved ☒ Partially achieved ☐ Not achieved

Explanation of year-end rating / detailed status of year-end position:

The Medical Productivity plan spans more than one year. The objectives set for the "Job Planning System & Cycle" aspects of the work for 2018/19 have been delivered, but the objectives set for the "Demand & Capacity Planning" and "Best Value" aspects were not delivered as planned, so an overall "Partially achieved" rating is considered fair.

The details of the delivery in the three aspects are as follows:

1 Job Planning System & Cycle:
- 1.1. Policy, Standards Document and PA Allocation Table (PAAT): This has been negotiated and agreed with Joint Medical Consultative Committee (JMCC), approved by the Trust Management Executive (TME) and ratified by the Policy Ratification Committee (PRC). Bespoke, local PAATs and standards have been produced and are in place for all Directorates.
- 1.2. The Medical Job Planning Consistency Committee (MJPCC): This was established with approved Terms of Reference. Meetings commenced with two pilot meetings with Directorates. Desk top reviews for all Directorates have been completed. There is a cycle of meetings in place for 2019/20.
- 1.3. E-job planning system: This is live and fully operational. All relevant staff have been trained (superusers and standard users). The Trust was noted as an exemplar by the NHS Improvement (NHSI) Wave 2 Workforce Productivity Programme for progress in the first year.
- 1.4. Wave 2 NHSI Workforce Productivity Programme: Membership of programme was achieved and the Trust is compliant with all requirements to date. The Trust is actively participating in the programme and is part of the NHS User Reference Group.

2 Demand & Capacity Planning: Ongoing work is reviewing outpatient and theatre demand and capacity with reconciliation back to job plans. Preparation work is ongoing for forward look demand and capacity in preparation for the next planning round.

3 Best Value: There has been reconciliation of pay against existing job plans (including on-call and confirmation of responsibility payments) and onward review via the MJPCC. Work has commenced with Directorates to begin to identify best value DCCs, with a view to moving to personalised metrics and Annualised/Team job planning in the next round.

Next steps:
- Full round of MJPCC reviews with detailed feedback to Directorates
- Analysis of best value direct clinical care (DCCs) and benchmarking against other similar Trusts
- Commence discussions with Directorates on personalised metrics and annualised/team job planning
- Demand & capacity training package for Directorate Management Teams to be rolled out (to meet next planning round requirements)
- Work with Directorates to support them working towards Weighted Activity Unit (WAU) targets
- Lessons Learned exercise

[23] 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

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

What did the Trust want to achieve? (i.e. the key objective)[25] *Key objective*

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

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

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

Throughout the year, how confident was the Responsible Director that the objective would be achieved by the end of 2018/19?[26]

July 2018 | September 2018 | November 2018 | February 2019

Year-end position: Was the objective achieved by the end of 2018/19?

☐ Fully achieved ☐ Partially achieved ☒ Not achieved

Explanation of year-end rating / detailed status of year-end position:

The Trust ended 2018/19 with a vacancy rate of 9.1%.

What did the Trust want to achieve? (i.e. the key objective)[27] *Key objective*

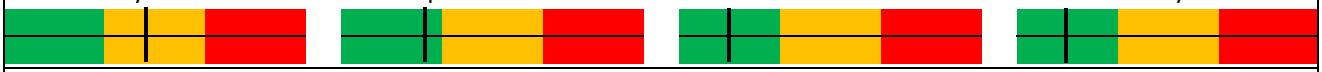
10 To deliver a staff turnover rate of less than 10%

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

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

Throughout the year, how confident was the Responsible Director that the objective would be achieved by the end of 2018/19?[28]

July 2018 | September 2018 | November 2018 | February 2019



Year-end position: Was the objective achieved by the end of 2018/19?

☒ Fully achieved ☐ Partially achieved ☐ Not achieved

Explanation of year-end rating / detailed status of year-end position:

The Trust ended 2018/19 with a staff turnover rate of 9.12%.

[25] 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

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

[27] 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

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

Trust Board meeting – April 2019

NHS Maidstone and Tunbridge Wells NHS Trust

4-11 Approval of key objectives for 2019/20

Director of Strategy, Planning & Partnerships

Enclosed for consideration and approval are the Trust's key objectives for 2019/20.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 16/04/19

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

Review, approval

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

NHS
Maidstone and Tunbridge Wells NHS Trust

MTW 19/20 Objectives

18th April 2019

MTW
exceptional people, outstanding care

Our 2018/19 Objectives were composed from the themes in the operating plan

NHS
Maidstone and Tunbridge Wells NHS Trust

	Draft objective	Lead
1	To deliver the trajectory agreed with NHS Improvement for the A&E 4 hour waiting time target	Chief Operating Officer
2	To deliver the trajectory agreed with NHS Improvement for the 62-day Cancer waiting time target	Chief Operating Officer
3	To deliver the Referral to Treatment (RTT) trajectory agreed with NHS Improvement for patients on an 'incomplete' pathway	Chief Operating Officer
4	To deliver the financial plan for 2018/19	Director of Finance
5	To ensure a falls rate of no more than 6.0 per 1000 occupied bed days	Chief Nurse
6	To ensure a pressure ulcer rate of no more than 3.0 per 1000 admissions	Chief Nurse
7	To deliver the agreed 'lessons learned' plan for 2018/19	Medical Director
8	To deliver the agreed medical productivity plan for 2018/19	Medical Director
9	To deliver a vacancy rate of no more than 8.5%	Director of Workforce
10	To deliver a staff turnover rate of less than 10%	Director of Workforce

MTW
exceptional people, outstanding care

Our PRIDE values can be used as the basis for our 2019/20 objectives

The PRIDE values have been well articulated and communicated to staff but are not directly linked to our objectives

P – Patient First We always put the patient first and at the centre of what we do
R – Respect We respect and value our patients, visitors and each other
I – Innovate We take every opportunity to improve service delivery
D – Delivery We aim to deliver high standards of quality and efficiency in everything we do
E – Excellence We take every opportunity to enhance our reputation and aim for excellence

We can orient our 19/20 Objectives against these values

Potential Objectives

Patient first

- **Improve E-Coli infection rate** to 21.5 per 100'000 bed days by March 2020 **– DIPC**
- **Reduce falls to 6 per 1'000 bed days– Chief Nurse**

Respect

- **Improve complaints performance to 75%** across all divisions and directorates by March 2020 **– Chief Nurse**
- **Improve vacancy rate to 9%** by March 2020 **– Director of workforce**
- **Achieve staff engagement score of ≥ 7.2** within 2019/20 - **Director of workforce**

Innovate

- **Establish functioning Digestive Diseases Unit** by October 2019 **– Director of Strategy, Planning and Partnerships**
- **Build new AMU to enable Stroke move by winter 2019 - COO**

Delivery

- **Deliver consistent 85% cancer performance over 2019/20 - COO**
- **Deliver 86.7% RTT performance by March 2020 – COO**
- **Maintain A&E performance** at 91.67% over 2019/20 **- COO**
- **Deliver control total** of £7.0m deficit before MRET and PSF by March 2020 **– CFO**

Excellence

- **Maintain HSMR < 100 – Medical Director**

Trust Board meeting – April 2019

NHS Maidstone and Tunbridge Wells NHS Trust

4-12 Report from the Freedom to Speak Up Guardian — Director of Workforce

This is the first report to the Board by the Freedom To Speak Up Guardian (FTSUG) which outlines the establishment and implementation of the role since October 2018.

Introduction and Background

Following the reports of Sir Robert Francis and direction from the Secretary of State in 2015, NHS Trusts were required to have a nominated Freedom To Speak up Guardian by 1st October 2016. The priorities for the National Guardian include:

- Establishing and supporting regional networks of FTSUG's
- Highlighting NHS organisations who are successful in creating the right environment for staff to speak up safely
- Share best practice across the NHS
- Independently review cases where NHS organisations may have failed to follow good practice
- Work with statutory bodies to take action where needed

Part of the role of the FTSUG is to support the Trust's leadership teams to further increase openness and transparency, supporting staff to raise concerns about issues that affect patient safety. Guardians do not get involved in investigations, but help facilitate raising concerns, and commissioning investigations where required. There is a job description for FTSUGs, provided by the National Guardian, and a framework for a policy that Trusts are expected to embrace.

The FTSUG's purpose is to;
- Protect patient safety and the quality of care
- Improve the experience of workers
- Promote learning and improvement

By ensuring that;
- Workers are supported in speaking up
- Barriers to speaking up are addressed
- A positive culture of speaking up is fostered
- Issues raised are used as opportunities for learning and improvement

Freedom To Speak Up Non-Executive Director	Maureen Choong
Freedom To Speak Up Executive Lead	Simon Hart
Freedom To Speak Up Guardian	Christian Lippiatt

Implementing the Role

The key issues of developing robust recording keeping and a database has been addressed to ensure the valuable information provided by staff raising concerns is effectively captured for learning and improvement, as well as for governance and audit. A feedback form has been created to capture the experience of staff using the FTSUG to enable continued learning, development of the role / process and support offered.

A new policy has been drafted along with FTSU Aims and Strategy. The FTSU self-review tool has been presented to the Workforce Committee and is subsequently being reviewed before submission to the Board.

Re-Writing the Policy (Freedom to speak up: raising concerns policy and procedure)

A new policy has been drafted to replace the "Speaking Out Safely (SOS) policy and procedure". The new draft policy uses the National Guardian's template as its basis, giving assurance the Trust is following national best practice. The policy will go out for consultation in May 2019. Following any recommended amendments it will be put forward for ratification.

The new policy purposely avoids using the term "whistleblowing" as this is seen to have negative connotations and can in itself be a barrier to staff speaking up. The focus is very much on encouraging staff to talk about genuine "concerns" they have within the remit of the FTSUG.

Networking / Freedom To Speak Up Ambassadors

There is an expectation that Guardians attend the National Conference and participate in the Regional Networks to share learning and best practice. The Trust Guardian attended the 2019 Conference and is a member and participant in the Regional Network. More locally, the Guardian's in Kent have set up a network for sharing good practice and buddying for support.

In May the Guardian has been invited to attend an event with the National Guardian (Dr Henrietta Hughes) and the local Dean Dr Andy Charley. The national agenda is to incorporate primary care into the FTSU agenda and for Guardians in primary and secondary care to work together.

The FTSUG has written a job description for FTSU Ambassadors which will be used to recruit Ambassadors from a cross-section of the staff population. Thus far, Debbie O'Reilly has been recruited as an Ambassador. It is intended that during May, further Ambassadors will be recruited to gradually build the team.

Data Collection; Concerns Raised

Month	No. of contacts	Anonymous	All Open Cases @ Month End
January	0	0	0
February	2	0	1
March	6	4	5
Total	**8**	**4**	

Q1	April-June '18	0
Q2	July-September '18	0
Q3	October-December '18	2
Q4	January-March '18	8
Total	**2018/19**	**10**

Staff Group	Number
Estates & Facilities	1
Nursing	2
Midwifery	0
Medical	0
AHP's	0
Clinical Support	0
A&C	1
Unknown	4
Total	**8**

Theme	
Patient Safety	2
Bullying/Harassment	1
Fraud	2
Health and Safety	2
Other	1
Total	**8**

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, 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

4-13	**Summary report from the Charitable Funds Committee, 26/03/19**	**Committee Chair (Non-Executive Director)**

Summary / Key points

The Charitable Funds Committee (CFC) met on 26th March 2019.

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

- Under the Safety Moment, the Trust Secretary reported that the month's theme was the Accessible Information Standard and highlighted the key areas of focus for the month
- The Divisional Director of Operations, Cancer Services (DDOCS) presented a Business Case for development of a Cancer Health & Wellbeing Centre at Maidstone Hospital, in association with the Maggie Keswick Jencks Cancer Caring Centres Trust ("Maggies"). The case provided for a purpose-built centre offering support, holistic treatment & signposting services for patients, family & carers after the conclusion of cancer treatment. The proposal was for "Maggies" to fundraise to support the build of the facilities and then to run and staff the centre in perpetuity with no cost to the Trust. The CFC supported the plans in principle, subject to confirmation of the necessary details to the CFC & Trust Board in due course. The CFC agreed that an update on the plans be scheduled for October, accepting that the projected period for raising the necessary funds to start work on the development was 5 years and that the item might therefore be deferred if there was no progress to report
- The financial overview at Month 11 was considered and it was noted that:
  - The fund balance stood at £1.33m, an increase of £0.2m since 10/04/18
  - Total year to date income was £0.45m; overall expenditure in the period was £0.25m
  - Investment income to the end of Month 6 was £8k
  - 25 specific donations had been received exceeding £1k totalling £0.4m. The largest single donation was £0.35m for purchase of haematology/oncology equipment
  - No items of expenditure had been refused during the period
  - There had been no items of revenue expenditure in excess of £150k
  - Retrospective Gift Aid totalling £3.5k had been reclaimed for the period 2015 to date
  - The Trust had been notified of a property bequeathed to it in a Will in 2004. The terms entitled the Trust to receive the property once the family of the Donor had passed away. A development had occurred & there was discussion about how to appropriately proceed
  - Confirmation had been received from HMRC that, amounts would be chargeable for tax & National Insurance in respect of staff receiving monetary awards at the annual staff awards ceremony, under third party benefit rules and by reason of employment even if the Trust claimed that the Charitable Trust was a separate entity
  - Alternative options for calculation of the Management and Administration fee from 2019/20 were considered, on the basis of peer review, but it was agreed on balance to retain the existing approach to charging of the fee
- As part of the annual review of investment strategy, a review of alternative investment opportunities had been undertaken, alongside a benchmarking exercise on local Acute Trusts. It was additionally agreed that the potential and suitability for investment of MTW charitable funds in (a) social impact bond/s should be explored
- A fundraising update was provided for the period 26/11/18 to 18/03/18
- The Fundraising Manager presented a draft Fundraising Strategy for the period 2019-22, which was endorsed by the Committee (enclosed at Appendix 1)
- It was agreed that the Director of Strategy, Planning and Partnerships should provide an update on the potential amalgamation of the MTW and Kent Community Health NHS Foundation Trust (KCHFT) Communications functions at the next CFC meeting and that further details should be circulated to CFC members on the costs and licensing arrangements for a shared Customer Relationship Management system with KCHFT
- The funding arrangements for the Fundraising Manager role were agreed and a further review scheduled for the CFC meeting in October 2019.

2. **In addition to the actions noted above, the Committee agreed that:** N/A

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

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

Reason for submission to 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

Appendix 1

CHARITABLE FUNDS COMMITTEE MEETING – MARCH 2019

NHS Maidstone and Tunbridge Wells NHS Trust

3-11	**REVIEW OF DRAFT FUNDRAISING STRATEGY (INCL. FUNDRAISING PLAN FOR 2019/20 AND PROJECTED INCOME)**	**FUNDRAISING MANAGER / DIRECTOR OF STRATEGY, PLANNING & PARTNERSHIPS**

Enclosed for review and discussion is a draft Fundraising Strategy, which includes proposed financial objectives for the period 2019 to 2022.

Reason for submission to the Charitable Funds Committee (decision, discussion, information, assurance etc.)

Review and discussion

Maidstone and Tunbridge Wells NHS Trust Charitable Fund

Fundraising Strategy

2019 - 2022

Supporting our ambition to be 'Outstanding'

Laura Kennedy, Fundraising Manager

Contents

Executive Summary

1. Introduction

This three year strategy will grow fundraising income to support the Trust's objective to become 'Outstanding' and addresses opportunities and gaps identified by a recent fundraising review.

Year one is focused on laying the foundations for growth, developing relationships and building fundraising infrastructure. Years two and three will develop major gifts, team capacity and an appeal (s) whilst continuing to grow the average donation and number of supporters.

Investment is essential to support income growth and an expenditure proposal is included to ensure that fundraising can continue at pace.

1.1 Key actions:

1. Fundraising income streams will be diversified to ensure there is no dependency on one income channel.

2. General donations will reach £350,000 by 2022.

3. Investment is essential to provide the tools for growth e.g. procurement of a Customer Relationship Management (CRM) system and merchandise.

4. The Charity should be marketed with a strong presence throughout the hospital estate and made the primary charity for the Trust.

5. Strategic direction is essential and the Committee is asked to agree a process which will select a fundraising appeal (s) for Year 2. .

6. Income growth will be focused on general donations including private individuals, corporates, trusts and foundations, groups and associations (G&As), regular givers and events.

The Committee is asked to approve the following:

1. Merchandise expenditure
2. CRM expenditure
3. A new charitable sub-committee to established
4. Agreement to identify the process for selecting a fundraising appeal
5. The fundraising strategy
6. Fundraising roles and behaviours for Committee

1.2 Proposed financial objectives 2019 – 2022

The focus of this strategy is increasing voluntary donations, (excluding legacies and £10K+ gifts). By 2022 general donations will jump to £350,000.

Year	General Donations (£) excluding £10,000+donations and legacies	Year on year Increase	
2013/14 - 2017/18	**81,500 average pa**		2015/16 lowest voluntary income of £54k approx.
2018/19	**89,000 (to Feb)**		Exceptional £356k major gift is excluded
2019/20	**166,400**	**77,400**	Corporate and G&A donations driving growth.
2020/21	**206,500**	40,100	Growth in third party income, £5k+ gifts and corporate.
2021/22	**350,000**	143,500 (69%)	Growth in repeat donations and income from new relationships.

2.0 Purpose and scope

This strategy aims to transform current fundraising performance and support the trust's ambition to be 'Outstanding' and improvement driven. This is the Charity's first fundraising strategy which will drive income growth, particularly for general donations. With investment and strategic direction there are significant opportunities to grow income and add value both to patient care and our workforce.

The scope of this paper reflects only the fundraising and marketing activity; any aspects relating to governance, financial, investment management and policy is not included. It is recommended that the plan is a regular feature for the Charitable Funds Committee (CFC) agenda (at least annually) to monitor progress against key targets and to make adjustments as necessary. It is a dynamic tool providing a set of clear objectives and a sense of direction.
The CFC's approval is requested to agree this strategy and to support the proposed investment in expenditure to develop income growth.

2.1 Where are we now?

As part of the strategy a SWOT and PEST analysis were conducted which are detailed in 2.1.1 and 2.1.2.

Key opportunities and threats identified from this analysis are:

1. The Charity lacks awareness and profile in a competitive and increasingly sophisticated market

2. Essential tools to support fundraising are not in place e.g. the lack of a Customer Relationship Management (CRM) system is a significant weakness.

3. Philanthropy and corporate fundraising are key areas for growth

4. The impact of Brexit may impact local charitable giving but the emotive nature of NHS charitable giving will help mitigate this risk.

2.1.1 Charity SWOT Analysis

Strengths	Weaknesses
• Breadth of services e.g. Kent Cancer Centre provide a strong case for charitable support • MTW Trust has strong awareness and support within local communities • Site footfall provide good engagement potential with the public • Experienced finance team processing donations • General strong public empathy and support for the NHS • Funds stay local which is a key reason why many people choose a particular charity • Established charity and corporate governance systems in place • Income streams on which to build for the future • Significant donations are made to the Charity via charities such as Breast Cancer Kent and the Peggy Wood Foundation	• The Charity has no public profile with low awareness internally and externally • Lack of marketing and merchandise for supporters. • Donor information is held by multiple individuals and departments with no centralised database. • We know little about our supporter profiles and their giving history • Low fund holder engagement. Only three out of 34 completed annual spending plans • Some supporters who make significant donations are not being thanked appropriately, sometimes not at all and not within reasonable timeframes • Only three supporters are signed up to be regular givers • No website functionality to support online donations • No strategic corporate partnerships • Until recently the Charity had not generated Gift Aid (GA) income for some years • Charity does not effectively articulate the impact of how donations impact on patient care. No emotive case for support. • Charity is largely dependent on legacies and large gifts. In the past eight years the smallest legacy was £13,000 with £1.139m the largest. • No legacy pipeline • No strategic direction and the Charity is currently reactive • Lack of key policies e.g. ethical fundraising and complaints • No investment into fundraising personnel for many years • Charity has been dependent on Finance overseeing its day to day running • Fundraising is not embedded across the Trust • No fundraising volunteers and no specific fundraising volunteer roles
Opportunities	**Threats**
• Significant workforce to help drive fundraising	• Some staff report feeling disengaged and frustrated by processes to release

• A new experienced fundraiser can build income streams and relationships • Community fundraising can support patient engagement and help to deliver local messages e.g. NHS Long Term Plan. • A CRM provides a significant opportunity to centralise, improve and safeguard supporter data as well as supporting stewardship • MTW care provided at locations outside main sites creates opportunities for fundraising asks. • Potential to increase online giving e.g. Just Giving income • Corporate fundraising. With 61,255 businesses in Kent companies can play a key role in income growth and offer opportunities to secure regular givers, volunteers, legacies and voluntary donations • Trusts and foundations offer a way to secure mid to high value donations and have been untapped • Opportunity to strengthen partnerships with existing charities and develop new strategic charity alliances • Challenge events e.g. targeting 'own place' eventers (runs, walks, cycles etc.) • Major gifts and philanthropy as highlighted by recent £355k donated by the Sutcliffe family • Future fundraising appeals aligned to strategic objectives and clinically led development • Strong emotive connection that many people have to the NHS • A smaller Fundraising subgroup aligned to the Committee to help facilitate growth	Charity expenditure • Strong local charities in close proximity to both sites that could launch a major appeal at any time. • Until recently, other charities were fundraising on site at no cost to themselves with little or no benefit to MTW. For example one charity reports 10-15 lottery sign ups per visit. • The capacity of one FTE fundraiser is not sufficient to cover every fundraising stream to capacity • Declining income from League of Friends at MGH and TWH • Multiple reputational risks from lack of a Customer Relationship Management (CRM) system which means missed opportunities to attract and retain new supporters. • Possible tough penalties from Information Commissioner's Office (ICO) as a result of a data breach from current way supporter information is handled • Negative MTW publicity could have an impact on the Charity through association • Impact on Brexit may affect local charitable giving throughout 2019 and possibly beyond • Charitable Funds Committee meet a maximum of three times a year • Charity holds significant funds and assets which may preclude it from accessing income from trusts and foundations.

2.1.2 PEST Analysis

The below summary examines the wider/macro/external influences that might impact on the Charity.

POLITICAL	ECONOMIC
• Ongoing implications of General Data Protection Regulation (GDPR) • Brexit and speculative reduction across income streams • Continuing political uncertainty • Ongoing scrutiny of charities, particularly around vulnerable supporters • Implementation of NHS Long Term Plan and focus on digital-first healthcare • New service for charitable bequests to be established by HM Courts and Tribunals Service and its impact on gifts in wills • New positioning from Association of NHS Charities and campaigns may drive marketing and public awareness of NHS Charities • NHS roll-out of Saving Babies' Lives Care Bundle to all maternity units in 2019. May present an opportunity for maternity fundraising.	• Potential drop in house prices could impact on legacy income • Possible impact of Brexit on household finances • Challenging economic outlook • Companies may have less time to focus on CSR as they manage Brexit fall-out • Impact of Brexit on the value of the pound may affect investment income • Giving to charity in 2018 increased to £10.3 billion from £9.7 billion in 2016
SOCIO-CULTURAL	**TECHNOLOGICAL**
• 2018 UK wide legacy income totalled £2.8 billion (an increase of £37.8 million on the previous year) - the largest amount ever reported • A recent survey reported that the biggest concerns for the future of Britain include ensuring the NHS is able to provide care for an ageing and growing population (79 percent). • Growing population in Kent could mean more prospective donors • Growing competition within charity sector especially within public services as local organisations seek to set up new charitable funds. • Declining income from many League of Friends groups nationally and less time that society has to volunteer for such groups	• Contactless payments increasing • Facebook donate button available • Continued move away from cash giving • Continued investment into digital fundraising by sector and focus on mobile optimised websites • Growing popularity of crowdfunding • Supporter expectations to have a quick, simple donating experience online e.g. on commute • Technology is moving at a rapid pace and offers ways to automate some manual fundraising processes

3.0 Identified income growth areas

Without a CRM in place it is difficult to make an in-depth comparison of the Charity's existing income streams. However, based on existing income, fundraising trends and the fundraiser's experience, the following growth areas are highlighted.

3.1 Digital giving

About 7.6% of overall UK fundraising revenue, excluding grants, was raised online in 2017—a record high percentage.

The Charity features on Just Giving (JG), a major global online giving platform owned by Blackbaud although doesn't appear on Virgin Money Giving, the other significant platform. In 2017/18 £7,000 was donated to the Charity via JG with minimal promotion. JG is an extremely popular tool which should be promoted to our supporters to drive income.

In 2018 the Charity generated £311.34 via 'Much Loved,' (ML) a special memorial online platform. v £1,030 in 2017. ML is not as well marketed as JG which also gives supporters the opportunity to create 'in memory' fundraising pages. A review of ML should be made at the end of Year 1 as the resource to process these donations may outweigh the income.

Currently there is no ability to make a direct donation via the Charity page on our external website which is a significant weakness and missed opportunity to generate income. Local NHS charities such as Valley Hospital Charity (DvH) allow supporters to make one off or regular donations via their website.

Driving digital giving is also important to help minimise costs and maximise existing resource, for example JG automates Gift Aid claims. By incorporating a digital 'call to action' within messaging and updating our website functionality we can increase this income stream.

3.2 Private Individual (PI) income

Current income is mainly composed of one-off donations, with little evidence of repeat giving. Growth will be achieved by targeting the following areas:

- Donations made 'In lieu of' an event e.g. a birthday or anniversary etc.
- In memoriam giving
- 'Own place' challenge eventers e.g. a runner or cyclist who has purchased their own place in an organised event e.g. half marathon
- Supporters hosting their own event e.g. cake sale, ball or walk
- Regular givers who make a monthly donation
- Schools (independent and state primaries and secondaries)

3.3 Gift Aid (GA)

GA provides charities with 25p in every £1 on qualifying donations and until March 2019 the Charity had not claimed GA for some time. It is estimated that 40% of individual supporters are eligible to claim GA so by simple adjustments to processes and promotion a substantive increase in GA income could be made. GA claims can also be made retrospectively for four years.

3.4 Corporate, Trusts and Major Donors

The value of this combined market in 2018 was £7.6 billion with a 17% contribution to overall voluntary income. There is also a good return on investment (ROI) with these income streams with an average overall ROI of 6.78.

Currently there are numerous 'touch points' that the Trust has with companies e.g. donations of gifts to wards at Christmas. These warm relationships have potential to be turned into income generating partnerships.

Many companies have corporate social responsibility policies (CSR) which may involve staff selecting a charity of the year, charitable donations made from profits or a charitable foundation providing grants. The fundraiser will win new 'charity of the year' corporate partnerships and make personalised approaches to companies' charitable funds.

A number of regional corporate 'charity of the year' partnerships have been identified in addition to opportunities including ICAP's trading event which raised £4.5 million for charities in one day. (ICAP is part of TP ICAP group, the world's largest inter-dealer broker).

There are a range of Charitable Trusts across Kent whose themes often include health, older people and children. The fundraiser will research local trusts and submit applications for funding to support growth.

Major donors i.e. those donating £5,000 or more could help to generate substantial donations. They will need careful stewardship and the ROI on major donor fundraising can be very high. It requires very careful planning and a commitment (usually over a lengthy period) at the highest level of the organisation. Wealthy individuals want to deal with the chair, chief executive, medical director or chief nurse – depending on the nature of the gift.

3.5 Legacies

Legacies are important and can generate significant income. However, there is no legacy pipeline and virtually no marketing of gifts in wills. In 2018/19 the Charity has received no legacy income at all to date.

It is recommended that legacy marketing forms part of this strategy but its impact will not be felt for some years due to the long lag between someone writing the charity into their will and receiving the gift. The fundraiser will promote gifts in wills to both external and internal audiences.

3.6 Groups and Associations (G&As)

G&As include a wide range of organisations from golf clubs and Inner Wheels to Freemasons and Rotary Clubs. Many G&As select a 'charity of the year' for which to fundraise and can raise substantive income e.g. a golf club could raise £5,000 - £10,000. Approaches will be made to regional G&As to drive new income.

4.0 Fundraising objectives 2019 - 2022

The below objectives highlight the overall financial income target for each year and the areas of focus. With finite fundraising resource it is recommended that mid to high value fundraising is prioritised.

4.1 2019-20

Year one is focused on laying the foundations for future growth.

1. The Charity will be marketed across sites in key locations and new materials produced e.g. leaflet and fundraising pack.

2. Corporate fundraising will drive income growth through new 'charity of the year' partnerships and proactive submissions to corporate charitable foundations and trusts.

3. A Customer Relationship Management (CRM) system will be procured, implemented and embedded to support and drive fundraising.

4. A new subgroup will be set up (complementing the CfC) to expedite fundraising (please see appendix for proposal).

5. A compelling 'Case for Support' will be created for the MTW charity and for separate appeals. The heart of every letter, presentation and talk must answer the critical question, "Why should people support our cause?

6. There will be a focus on growing general donations by delivering excellent stewardship for existing supporters, driving donations online and increasing the number of regular givers as well as new supporters.

7. Fundraising will work with divisional directors and other senior management to put together strategic fundraising 'packages' for submission to funders. Items will be prioritised from the capital expenditure list.

8. Raise £166,400 from general donations.

4.2 2020-2021

1. Develop a major gifts strategy to increase the number of gifts of £5,000 and above.

2. Hold the Charity's first event for targeted supporters to provide key updates on appeals and priority funding areas.

3. Continue to increase the average gift and number of supporters e.g. using data from the CRM system to segment supporters and personalise stewardship.

4. Develop and launch the Charity's first major fundraising appeal.

5. Recruit a Fundraising Assistant to provide additional capacity and support the Fundraising Manager to drive new business development.

6. Centralise thanking and banking of donations to the fundraising team.

7. Continue to drive and increase both corporate and G&A donations.

8. Raise £206,500 from general donations

4.3 2021 – 2022

1. Develop a challenge events strategy (cycles, runs, walks, swims, sky dives) and plan focused on major UK events e.g. London Marathon

2. Develop and deliver a standalone Charity website (via external funding with minimal, if any MTW investment) with bespoke web address and integrated web forms to facilitate donations and enquiries.

3. Develop and deliver a legacy marketing programme to increase the number of gifts in wills

4. Continue to grow a network of major gifts supporters and increase the average gift

5. Develop corporate Charity sales promotions in collaboration with finance and the Committee

6. Recruit a network of Fundraising volunteers including speakers

7. Continue to develop and grow general donations with a continued focus on corporate, G&A and trusts/foundations.

8. Raise £350,000 from general donations

5.0 What tools are needed to deliver this strategy?

The fundraising manager is in a relative 'start-up' position and without essential tools including merchandise and a CRM system to deliver effective fundraising. Investment is essential to achieving objectives within this strategy.

Recommendations for expenditure investment are highlighted below and the Committee is asked to review and approve the proposal.

5.1 Expenditure proposals

5.1.1 On-site marketing materials

The Charity is not promoted and is without a strong brand which is both a weakness and threat. If people don't know about the Charity they won't donate.

Clear visibility and marketing of the Charity are needed to raise awareness at key site locations, e.g. reception areas, Kent Cancer Centre and restaurants. Marketing will also facilitate word of mouth referrals.

To have impact the Charity needs more than just A4 in-house posters and marketing could include wall vinyl's and pop up display stands.

5.1.2 Merchandise

Merchandise is essential to help build relationships with fundraisers, particularly those taking part in events and to raise awareness of the Charity. Merchandise can help promote the charity long after the supporter's fundraising event has ended e.g. a runner may wear their charity branded vest months or even years after their sponsored run has finished. Merchandise will be used within photo calls etc. for publicity. which will help the Charity to further extend its reach through social and print media.

A targeted range of merchandise will add value to supporters and raise awareness of the Charity. Merchandise would be carefully monitored and distributed by the fundraiser to add value to targeted fundraisers.

All promotional materials will provide a key call to action to drive donations.

5.1.2.1 Raffle licences

Currently various charity raffles are held across the Trust by staff. However, the Trust doesn't hold a raffle licence provided by local councils which has been flagged as a concern by the Head of Information Governance. This investment is essential to ensure appropriate governance is in place.

5.1.3 Expenditure costings

Merchandise and marketing expenditure:

Expenditure type	Costing (£)	Quantity
Collection tins	251	50
Balloons	160	1000
Collection buckets	381	50
Running vests	512.5	50
Wipeable donation 'selfie frames'	40	2
Branded table cloth	111	1
Pop up display stands	138	2
Print of charity leaflets	100	250 to 500
Wall vinyl's	360	4
Raffle licences MGH/TWH	120	2
	Total	
	£2,173.50	

5.2 CRM/database expenditure proposal

The Charity is without a Customer Relationship Management (CRM) system/donor database which is essential for an effective fundraising function. CRM is the systematic use of information to attract and retain supporters.

The proposal to purchase a CRM, which could be used by a range of departments and individuals, highlights the need, benefits including greater efficiency, risks associated with a lack of investment and costs.

5.2.1 The need

Currently there is no centralised Trust system holding Charity supporters' information which leaves the organisation vulnerable to reputational damage, poor stewardship of donations and missed fundraising opportunities. A CRM is a key part of ensuring that supporters have the best possible fundraising experience with the Charity. Local NHS charities such as Darent Valley and East Kent Hospitals have been using a CRM to support fundraising for a considerable time.

A CRM provides a practical solution to several significant fundraising challenges:

Stewardship: If a supporter contacts the fundraiser or finance team we cannot effectively personalise that interaction as there is no detailed donation history and background. A CRM provides the full picture of a supporter that supports personalised thank you letters and telephone contact.

The localised process for thanking donations is not delivering adequate stewardship and support which may negatively affect the Trust's reputation. This is also likely to be impacting on income. In some cases donors have not received a formal thank you at all. Thank you letters can be tailored and personalised via a CRM. The way that a supporter is thanked currently varies depending on who is thanking. A centralised CRM would ensure consistency of thanking.

Data protection compliance
The Trust has a Data Protection Policy to ensure that staff protect personal information. However, with supporter information currently held in a range of locations by individuals there is always a risk that sensitive data could be compromised. It also leaves the Charity vulnerable in the event of a supporter complaint as we would not have an audit trail of contact. Tough penalties from ICO (Information Commissioner's Office) could result for any data breaches

Profiling our supporters
The lack of a central system for supporter information means we know little about our donors which results in ineffective marketing and engagement. Donations are thanked by a range of MTW staff, out with finance and fundraising. The majority of this information is unavailable to the fundraiser.

Gift Aid (GA) claims
To date GA claims have been done manually by the finance team involving putting together a schedule for HMRC. A CRM would manage and automate the GA claims as it prepopulates the schedule and submits them directly to HMRC.

5.2.2 The benefits of a CRM

- CRM systems can improve customer retention by as much as 27%.
- With limited resources a CRM would automate processes such as Gift Aid claims and thank you letters which would maximise staff resource
- As fundraising grows a CRM is vital to support a fundraising appeal(s) and facilitate donations e.g. creating automated acknowledgements
- A CRM would manage supporters' communication preferences which is essential to manage GDPR compliance
- A CRM can integrate with online giving platforms e.g. Just Giving and web donation forms
- A CRM will provide improved analytical data and reporting which will be used as part of the fundraiser's updates at Committee meetings and can also support the delivery of the Charity's annual report and accounts
- Better supporter relationships and increased income. Forging good relationships and keeping track of prospects and supporters is crucial for donor acquisition and retention, which is at the heart of a CRM's function. You can see everything in one place — a simple, customizable dashboard that can tell you a donor's previous history, their current fundraising and any outstanding issues.
- Reports can be produced via the CRM to support teams such as finance

5.2.3 CRM Costings

Costings have been generated via three CRM providers which are widely used for NHS and non NHS charities. At this stage the Fundraiser's recommendation would be to procure Blackbaud based on the overall package, reputation, feature and demonstration.

Provider	Package	Cost Year 1 (£)	Cost Year 2 (£)	Cost Year 3-5 (£)	Number of licences
Blackbaud	**Etapestry**	5,520	3,120	3,120	Unlimited
Harlequin	**Harlequin software**	6,000 – core system Training package o-2,100 Total - £8100	Maintenance of £1,200 plus any modules needed	Maintenance of £1,200 plus any modules needed	3 user licence with costs incurred for more users
Care Data Systems	**Donorflex**	11,210.00	4,000 approx	4,000 approx.	5 user licences

6.0 Strategy risks

The delivery of this strategy is dependent on a range of factors including investment, fundraiser capacity and local environment. There are risks which may impact the delivery of all or part of the strategy which are highlighted below as well as the steps being taken to mitigate these risks.

- Lack of investment in CRM impacts on supporter engagement and relationships which subsequently impact on income
- Lack of investment in CRM and merchandise delays a fundraising appeal launch and affects one or more services who may be dependent on this income
- The status quo around supporter data remains and results in data protection breach(s) and potential fine from the Information Commissioner Office (ICO). Reputational damage occurs and potential donors are dissuaded from giving
- Strategic fundraising priorities are not set effectively and mixed messaging around fundraising objectives impacts supporter and staff engagement
- The finance team's workload is impacted as donations increase and impact processing
- The fundraiser's capacity is restricted to generate new business as donations increase and more time is spent managing existing relationships
- Assuming approval for CRM expenditure its implementation takes longer than expected to implement

6.1 Risk mitigation

The strategy aims to mitigate risks via the following:

- The fundraiser has experience of a range of income streams and will focus on mid to value fundraising (where possible)
- An Excel database could be used to store supporter data as an interim measure with the necessary information governance processes
- The fundraiser will work in partnership with finance, procurement and IT to deliver a smooth transition to a CRM system. The procurement process will choose a trusted and proven CRM supplier.
- It may be possible to recruit a volunteer (s) to provide administrative support to the fundraiser. However, there is no current role description for this volunteer and support would likely be for several hours a week. The voluntary services coordinator could be approached for support and a role created/advertised.
- Basic promotional Charity posters could be displayed across sites and cascaded via fund holders as an interim promotional measure.
- The Fundraiser currently sits within the Communications Team who provide access to communications channels to cascade key messages
- The Fundraiser will work in partnership with the Committee and clinical leads to develop and deliver strategic fundraising projects
- The finance team and fundraiser are already working in close partnership on projects such as Gift Aid
- Expenditure of charitable funds will be carefully managed to support approaches to trusts and foundations.

7.0 Required roles and behaviours from Committee

Strategic support from the Committee, both from the Group collectively and from individual members, is essential to help transform fundraising, particularly around the following areas:

- High level support for grant and trust applications – timely trustee/director signatories will be required to submit some applications
- Setting of clear strategic clinical and non-clinical funding priorities (in addition to current capital funding requirements). This will help to structure appeals, set income projections and inform the direction of fundraising.
- Regular feedback to inform and develop fundraising
- Championing of fundraising e.g. participation where appropriate in fundraising events – and helping to embed fundraising across the Trust
- Sharing of contacts where appropriate to help make fundraising asks
- Meeting with major gift prospects at events as appropriate to help cultivate relationships and secure income
- Support to adjust existing policies and procedures which may be required to help transform fundraising

8.0 Action Plan Year 1 2019 – 2020

Month	Activity
Q1 Jan - March 2019	• Relaunch Intranet Charity pages • Social media promotion • Finalise and cascade new supporter materials • Draft new Charity leaflet • Approve and cascade fundraising strategy • Submissions to local M&S stores (COY) ICAP 2019 charity day, Roger De Haan Trust, WH Smith Charity Trust, Tesco Bags for Help etc. • Draft and finalise fundraising page (s) for Patient First magazine
Q2 April – June 2019	• Order promotional materials and merchandise • Approaches to local Sainsbury's (COY) and M&S stores • Submissions to Hobson charitable Trust and Skipton Charitable Trust • Roll out new publicity materials across sites • Social media promotion • Database/CRM procurement and implementation plan • Plan and deliver Trust wide and external promotion for Big Tea Party (NHS Assoc. charity product) • Finalise content for Charity leaflet, print and cascade • New business development (corporate and Trusts) • Launch regular giving promotion • Draft and deliver copy for Charity annual report and accounts
Q3 July – September	• Social media promotion • Database/CRM roll out and training as needed • Draft and finalise fundraising story for Patient First magazine • Host two NHS Tea Parties at MGH and TWH (5 July) • Internal relaunch of charity - NHS tea party teaser. • External promotion of NHS tea party to local communities • Finalise Christmas appeal and fundraising product e.g. MTW jumper day • Social media promotion • Papers and presentation to CfC meeting (23 July) •
Q4 Oct - December	• Start development of major gifts strategy • Social media promotion

	• Breast Cancer Awareness month – promote Kent Cancer Centre fund • Social media promotion • Draft and finalise fundraising story for Patient First magazine • Launch of Christmas appeal • Papers and presentation to CfC meeting (29 Oct) • Review of Year 1 performance by Fundraiser

mtw.nhs.uk
Charitable Fund

Appendix 1 – MTW Charity brand versus local NHS Charities

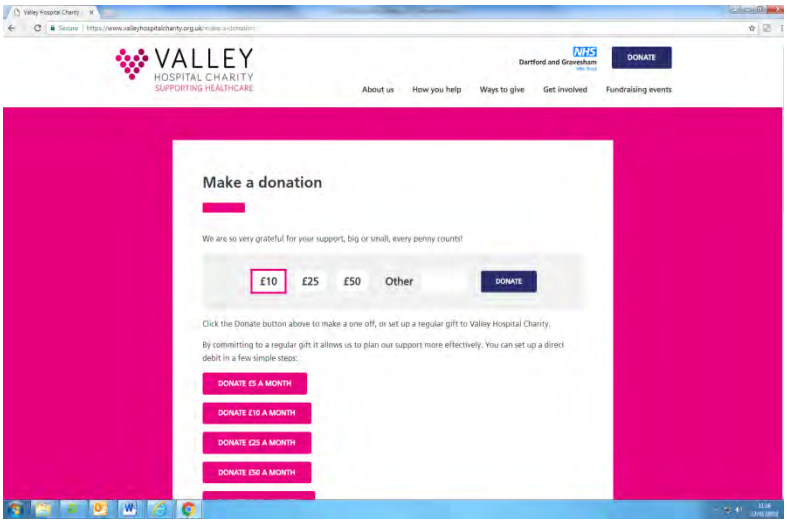
East Kent Hospitals Charity

West Sussex NHS FT

Love Your Hospital

Darent Valley Hospital NHS Charity

VALLEY
HOSPITAL CHARITY
SUPPORTING HEALTHCARE



Note:

Darent Valley Charity's recent annual report and accounts highlight the below Fundraising expenditure: Design, print, promotional materials **£14,182** Harlequin database annual fee **£2, 180**, Event places 8 Stride4Life **£3,834**, Association of NHS Charities Membership **£750**. Advertising **£4,623**.

Appendix 2 Glossary

Like any specialist area, fundraising has its own language. Here are a few critical words and phrases that will be useful to know.

“ask” the verbal or written request for a gift of a certain £amount

“appeal/cause” the overall reason why you are fundraising

“case for support” a written statement that is crafted to a specific fundraising target/project and skewed to the prospect’s preferences. Your research has told you what these preferences are.

“donor” someone/organisation that gives you money

“gift” a gift of money - using this word will tell everyone that the intention is to give money without expectation of reward or tangible return on investment. Using the word “gift” has a better track record than the use of the word “donation”.

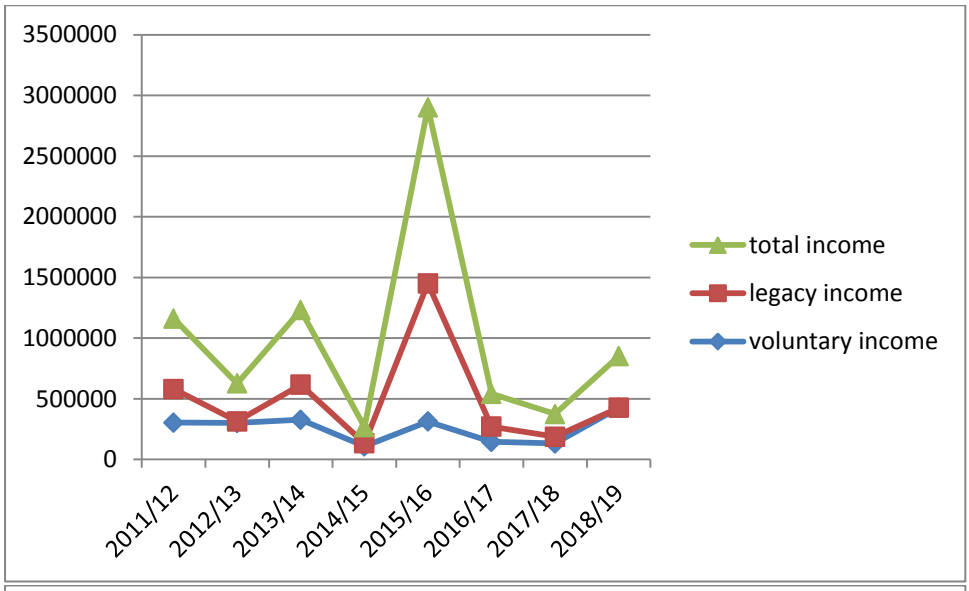
“key influencer” the person your research has told you will be the key person to influence the prospective donor to give a gift. The key influencer can be internal or external to your organisation but must be a brilliant ambassador for your appeal. Your key influencer will help you to get past the “gatekeeper”, who protects the prospect. It is not necessarily the fundraiser; it usually is someone of equal status to that of the prospective donor. For example the key influencers for 3Ts could be: senior clinicians, past patients, local wealthy and well connected individuals, or a local well know artist/celebrity.

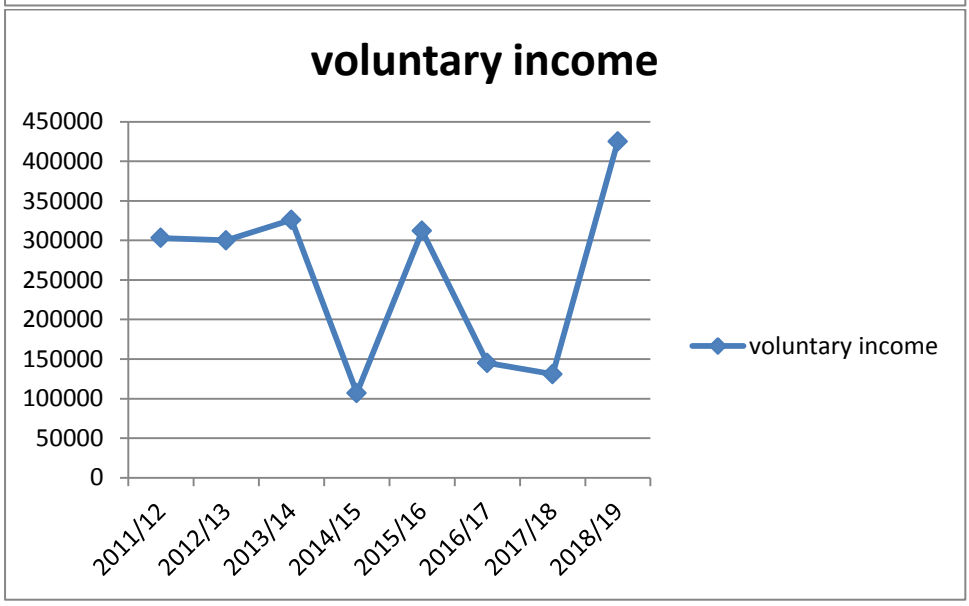
“prospect” a prospective donor - someone your research has told you has some form of link to your cause: personal, ethnical, knows someone, subject matter, etc.

“stewardship” a planned programme for looking after your donors. Stewardship comes in many forms and activities depending on the size of the gift and what the fundraising organisation is able to offer. Essentially the programme is based on good old fashioned manners of saying thank you and making the donor feel appreciated and involved in the outcome / what their gift has achieved.

Appendix 4

Income trends – Mtw Charity 2011/12 – 2018/19





Appendix 5 NHS local charity income v MTW charity

	2013/14	2014/15	2015/16	2016/17
MTW Charity	**615,000**	**133000**	**1,451,000**	**270,000**
Medway FT	94,000	157,000	143,000	201,000
East Kent Hospitals Charity	437,611	889,000	569,241	325,974
Darent Valley Hospital Charity	491,622	432,540	412,000	£337,000
Kent Community Health - I care Charity	62,000	39,000	84,000	£21,000
East Sussex NHS Charity Fund	433,000	£465,000	£738,000	£479,000

Appendix 6

MTW Charity general donation income -

Year	Income
2017/18	89,000
2016/17	86,000
2015/16	54,000
2014/15	97,000
2013/14	441,000

Appendix 7

Bench-marking and competitors

Other NHS trusts have plans to invest in fundraising e.g. Kent and Medway NHS and Social Care Partnership Trust (KMPT) have proposed the creation of a dedicated charity with fundraiser.

There are two successful adult hospices (Heart of Kent Hospice; HOKH and Hospice in the Weald) in close proximity to both MGH and TWH which are both reliant on fundraising, have excellent awareness in local communities and have significant fundraising teams. HOKH generates £40,000 alone in monthly standing orders from donors.

In addition Demelza Hospices are Ellenor Lion Hospice are both extremely popular in their local areas and generate significant funds.

Appendix 8

Operational Charity Management Board Proposal

Context and purpose:

The Charitable Funds Committee (Cfc) currently aims meets for two hours three times a year. For fundraising to move at pace and maximise income generation it is vital that timely, strategic fundraising decisions are made which may be required outside of the current Cfc meetings.

It is proposed that an additional operational forum be set up to support fundraising which could be chaired by the Fundraising Manager. DvH Hospital Charity has operated a successful sub-group for some time. The CfC would still be the lead charitable forum.

Its name may be **Operational Charity Management Board**

Frequency of meeting:

This forum would effectively be a sub-committee of the Charitable Funds Committee and would aim to meet for one hour every two months.

Typical agenda items may include:

- **Corporate trust and foundation applications -** Submission ideas and sign off of existing ones (director sign off is often required and these sign offs may not coincide with CfC meetings)
- **Fundraising materials** e.g. leaflet – review and approval
- **Fund expenditure**
- **Marketing expenditure**
- **CRM** support around implementation
- **Website development**
- **Staff engagement**
- **Reactive fundraising opportunities**
- **Additional tasks as directed by the Cfc**

Potential attendees could include representatives from estates, finance, clinical areas as well as fundraising. The CfC is asked to agree the proposal to set up an operational charity management board.

Trust Board meeting – April 2019

NHS Maidstone and Tunbridge Wells NHS Trust

4-14	**Workforce Committee, 28/03/19: Approval of revised Terms of Reference; and the findings of the national NHS staff survey 2018)**	**Committee Chair**

As was noted in the main summary report from the Workforce Committee (Attachment 8), revised Terms of Reference were agreed at the meeting on 28/03/19 and are now submitted to the Trust Board for approval (Appendix 1).

A report on the findings from the 2018 National NHS Staff Survey (as considered at the Workforce Committee meeting in March) is also enclosed for reference (Appendix 2).

Which Committees have reviewed the information prior to Board submission?

- Workforce Committee, 28/03/19

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

- Information
- Approval of the revised Terms of Reference for the Workforce Committee (Appendix 1)

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

Workforce Committee

Terms of Reference

Maidstone and Tunbridge Wells NHS Trust

1 Purpose

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

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

2 Membership

- Non-Executive Director (Chair)
- Non-Executive Director or Associate Non-Executive Director (Vice Chair)
- Chief Nurse
- Chief Operating Officer
- Director of Workforce
- Director of Medical Education (DME)

3 Quorum

The Committee shall be quorate when two members of the Executive Team ~~Executive Directors~~ and two Non-Executive Directors (or Associate Non-Executive Directors) are in attendance.

4 Attendance

All other Non-Executive Directors (including the Chair of the Trust Board and any Associate Non-Executive Directors) and members of the Executive Team ~~Executive Directors~~ are entitled to attend any meeting of the Committee.

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

5 Frequency of meetings

The Committee will meet every two months. The Chair can call a meeting at any time if issues arise.

6 Duties

To provide assurance to the Trust Board on:

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

- reporting from the Guardian of Safe Working Hours (in relation to the Terms and Conditions of Doctors in Training)
- The Trust's Freedom to Speak Up Guardian (FTSUG) arrangements

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

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

7 Parent committees and reporting procedure

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

A summary report of each Workforce Committee meeting will be submitted to the Trust Board. The Chair of the Workforce Committee will present the Committee report to the next available Trust Board meeting.

8 Sub-committees and reporting procedure

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

- Local Academic Board (LAB) (reporting to occur via the report from the DME)
- Senior HR meeting

9 Emergency powers and urgent decisions

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

10 Administration

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

11 Review of Terms of Reference and monitoring compliance

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

Terms of Reference agreed by Workforce Committee: 29th September 2016
Terms of Reference approved by Trust Board: 19th October 2016
Terms of Reference agreed by Workforce Committee: 30th October 2017
Terms of Reference approved by Trust Board: 29th November 2017
Amended Terms of Reference agreed by Workforce Committee: 25th January 2018 (to change the frequency of meetings from quarterly to every two months)
Amended Terms of Reference approved by Trust Board: 1st March 2018
Terms of Reference agreed by Workforce Committee: 28th March 2019
Amended Terms of Reference approved by Trust Board: 25th April 2018

NHS
Maidstone and Tunbridge Wells NHS Trust

WORKFORCE COMMITTEE – 28 March 2019

12/03/19	NATIONAL NHS STAFF SURVEY	JO GARRITY HEAD OF STAFF ENGAGEMENT & EQUALITY

Summary / Key points

We know that outstanding organisations have high levels of staff engagement and an organisational culture in which staff feel trusted and cared for. The 2018 National NHS Staff Survey has demonstrated that engagement at MTW has not improved since 2014 despite a range of Trust driven initiatives. This is in line with other Acute Trusts.

Staff engagement is key to really understanding the issues faced by our workforce; being able to provide feedback safely and without criticism in a supportive environment that enables staff to co-design action plans is our aim for 2019/20. A separate Staff Engagement paper sets out how this will be achieved which is anticipated will change future results of our surveys.

This paper highlights the need to engage the workforce with action planning against the results of the National NHS Staff Survey.

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

- Information
- Decision

1.0 INTRODUCTION

1.1.1 Our 2018 National NHS Staff Survey report tracks progress since 2014 and sets a comparator against other Acute Trusts in the UK.

1.1.2 In 2018, all MTW substantive staff (including those on maternity and paternity leave) were invited to complete the survey. The survey ran between October and December 2018 using online and paper questionnaires. 1888 responses were received – a 33% response rate (one of the lowest in the country) which shows a decline since 2014.

	2014	2015	2016	2017	2018
MTW	51.1%	40.8%	36.0%	32.6%	33.2%
National Average	43.6%	40.4%	42.8%	44.2%	44.4%

1.1.3 The report is categorised into themes which demonstrates

- Statistically no significant change from 2017
- Close comparisons to other Acute Trusts

1.1.4 Engagement score comprises of responses to three questions:

1. Recommendation of MTW as a place to work or receive treatment
2. Staff motivation at work
3. Staff ability to contribute to improvements at work

2.0 ACTION

2.1 Department results have been distributed to local areas and actions set:

- Each area to identify a Senior Engagement Champion who will take responsibility for the survey
- Each area to organise CrowdFixing events to talk to their staff about the results for their area, identify the key issues for improvement and co-design an action plan which will make real change to staff
- The Senior Engagement Champions will be supported by the HR Business Partners for their area and the Engagement Team to work with their staff to create action plans.
- Each area to create and publish action plans by mid April 2019

2.2 Results from the themes above which score less than the national average will be treated as a corporate responsibility.

- Feedback from the online survey tool, LiA pulse check and National Survey has been used to identify the key areas for improvement within the themes and to develop an outline action plan
- This will be raised at the local CrowdFixing events to co-design a corporate action plan
- The corporate action plan will be published by April 2019

2.3 Progress Monitoring

2.3.1 Through the Staff Engagement Outreach Events we have heard that staff are reluctant to provide feedback through formal routes as nothing changes. That may be because the actions taken in response to the feedback do not meet the requirements of our staff, it may be that we are not involving our staff in the decision making or it may be that we are not widely communicating the successes.

2.3.2 The CrowdFixing Events are important to clearly understand the issues that arise from the survey results and empowering staff to design actions that will make real change.

2.3.3 It will be the responsibility of the Senior Engagement Champion from each area to report progress of the Departmental Action Plan through regularly staff meetings, checking that progress is meeting on-going requirements and adjusting the action plans where required. They will also be responsible for reporting progress at their Performance Review Meetings.

2.3.4 It will be the responsibility of the Head of Staff Engagement & Equality to publish progress on Corporate Action Plan through the Staff Engagement Outreach Events and Trust communications, checking that progress is meeting on-going requirements, adjusting the action plan where required. They will also be responsible for reporting progress at the Best Quality Board and the Engagement & Retention Working Group.

3.0 CORPORATE ACTIONS FOR 2019/20

3.1 Reviewing the outstanding actions from 2018/19 combined with the Staff FFT surveys, LiA Pulse Check Survey and the recently released NHS National Staff Survey 2018 results, corporate actions have been identified. Using the format of the Making it Personal – Public and Patient Engagement Strategy, the corporate actions have been grouped into 5 categories.

3.2 <u>Leadership & Culture</u>

- Visibility of Senior Leaders (including Heads of Service & General Managers)

- Leading by Example (Behaviours, Leadership Programme, Staff Charter)
- Safety Culture (Raising concerns, dealing with concerns, violence and aggression)
- Equality, Diversity & Inclusion (discrimination, lack of career progression, promotion of staff networks)
- Safe Environment (B&H)
- Quality of Appraisals (career development, career cafes)
- Immediate Managers (encouraging staff to develop)

3.3 Engagement & Responsiveness

- Opportunities to provide honest feedback in a variety of ways
- Relevant and timely actions from feedback
- Divisional leads – back to the floor

3.4 Choice & Control

- Involvement in local change (understanding why, opportunity to contribute)

3.5 Information & Communication

- Team Meetings (need regular meetings, implement team briefing)
- Who's Who (Trust Directory out of date)
- Email Overload
- IT (systems slow/not working properly, lack of contact from IT when there are issues, engaging staff when implementing new systems)

3.6 Integration

- Need for staff and departments to understand pressures on each department they work with (Day I the Life articles, brainstorming processes between areas, Walk in My Shoes to highlight issues day to day of departments, time for teams to reviewed priorities and workflow)
- Implement rotations and transfers
- Development of career pathways

Trust Board Meeting – April 2019

NHS Maidstone and Tunbridge Wells NHS Trust

4-15 Summary report from Quality Committee, 10/04/19	**Committee Chair (Non-Executive Director)**

The Quality Committee has met once since the last Board meeting, on 10th April 2019 (a 'deep dive').

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

- The Chief of Service for Medicine & Emergency Care and Associate Director of Business Intelligence attended for a **review of the next steps arising from the Mortality Review audit, including special categories (e.g. children and learning disabilities)**. The detailed presentation included the latest position on the Hospital Standardised Mortality Ratio (HSMR) (which was now below 100); the Summary Hospital-Level Mortality Indicator (SHMI) (which remained as "as expected"); how the Trust responded to HSMR CUSUM (CUmulative SUM control chart) alerts; compliance with the Structured Judgement Review (SJR) process; and the arrangements in place for reviewing paediatrics deaths and for patients with learning disability. The initial analysis of data for weekend deaths identified several areas for further investigation and this was noted to be a priority of the Mortality Surveillance Group. It was also agreed that the Chief of Service, Medicine & Emergency Care would arrange for the Mortality Surveillance Group to consider and advise on the threshold to trigger a detailed investigation of CUSUM mortality alerts

- The Chief of Service for Diagnostics & Clinical Support and Patient Outcomes & Innovations Manager attended for a **review of the processes for oversight of clinical audit**. The presentation covered the full range of clinical audit activity at the Trust, in terms of local and national clinical audits; and described the current challenges and future plans. A key aspect of the item was the report of the Internal Audit review "Assurance Review of Clinical Governance", which had recently provided a "reasonable assurance" conclusion. The Chief Nurse also commended the contribution that the Patient Outcomes & Innovations Manager had made to increase the level of confidence in the Trust's clinical audit processes.

- The meeting confirmed that the June 2019 Quality Committee 'deep dive' meeting would focus on a) a review of the Patient Safety Team and Serious Incident processes; and b) a review of the Trust's complaints process (including the outcome of review of Surgical Complaints by the Chair of the Quality Committee)

2. In addition to the agreements referred to above, the meeting agreed that: N/A

3. **The issues from the meeting that need to be drawn to the Board's attention are:** N/A

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

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

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

Trust Board meeting – April 2019

NHS Maidstone and Tunbridge Wells NHS Trust

4-16	**Finance and Performance Committee, 24/04/19 – Approval of the Business Case for Outsourced pharmacy**	**Committee Chair**

The Business Case for the outsourcing of Outpatient Pharmacy at Maidstone Hospital was supported at the Executive Team Meeting on 26/03/19 and is due for detailed consideration at the Finance and Performance Committee meeting on 24/04/19. A verbal report on the outcome will be given at the Trust Board meeting. The full Business Case has been circulated separately as a supplementary report (Attachment 15s).

This Business Case recommends that the Trust outsources Outpatient Pharmacy services at the Maidstone Hospital site (including Cancer Services) to a subsidiary jointly owned by MTW and a partner NHS organisation i.e., a subsidiary under a Joint Venture (JVS). This was agreed from a short list of options that were assessed and appraised by a Project Management Group (a multidisciplinary group of representatives from MTW Stakeholder Services). The recommendation in the Case is also supported by the Outsource Outpatient Pharmacy Programme Board that is responsible for the governance around the development of the business case and subsequent project activities.

The Strategic Context section as detailed in the Business Case is shown below:

Outsourcing of Outpatient Pharmacy services is a formal arrangement by which a health care organisation contracts with an 'outside' company to obtain selected pharmaceutical services. Through this arrangement, the organisation negotiates a contract with a company to access its expertise, technologies, and resources. Such an 'outside' company could also be created by the organisation as a wholly owned subsidiary or in partnership with another provider. In the UK, 57% of acute Trusts have outsourced their outpatient dispensing services.

The business case seeks to answer two key questions, which are distinct and interrelated:
1. What is the best model for the delivery of outpatient services (and why)?
2. Which model can best create efficiencies both financial and non-financial, to allow capital investment opportunities and surplus for re-investment in staffing and patient services?

The National Health Service (NHS) Five Year Forward View paper sets out a vision for the NHS and the need for radical changes to the way healthcare services are delivered across England. These changes are fundamental for a number of reasons including changes in funding growth; budget pressures; efficiency savings; changes in patients' health needs e.g. the rise in management of long-term conditions which accounts for 70% of health service budget; new treatments and technologies in healthcare. New models of care delivery for these changes require new partnerships with Trusts, local authorities and communities.

Another piece of research related to improving efficiencies in NHS Hospitals was conducted by Lord Carter. His report contained 15 recommendations for delivery focused actions including, outsourcing, collaboration and consolidation of services. For Medicines Optimisation, recommendation 3 states that Trusts should, through the Hospital Pharmacy Transformation Programme (HPTP), develop plans by April 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stock-holding, in agreement with NHS Improvement and NHS England by April 2020, so that their pharmacists and clinical pharmacy technicians spend more time on patient-facing medicines optimisation activities. Lord Carter also reported that we should ensure that more than 80% of trusts' Pharmacy resource is utilised for direct medicines optimisation activities, medicines governance and safety remits while at the same time reviewing the provision of all local infrastructure services, which could be delivered collaboratively with another trust or through a third- party provider.

A direct quote from the report on Medicines Optimisation that is pertinent to this business case is: 'Trusts that have not currently outsourced their outpatient dispensing services should ensure their HPTP plans include a review of these services and have a plan in place for improving productivity and efficiency'.

The most recent NHS Long Term Plan (2019) encourages NHS Trusts to advance integration of healthcare services across organisations to create Integrated Care Systems and Providers Network. This plan is prompt for looking again at the efficiencies of creating outsourced network service models in certain disciplines such as Pharmacy.

To meet the challenges of the unprecedented efficiency savings required by MTW, several projects/programmes were identified under the 'Best Use of Resources' work stream for 2018/19. An outsourced outpatient pharmacy (including cancer services) is a project under this workstream which will generate income for the Trust and can release efficiency savings circa £1.8M in a full year across the health economy (excluding set up, maintenance costs and pay).

The National CQUIN scheme, GE3 Hospitals Medicines Optimisation includes a payment trigger for the increased use of cost- effective dispensing routes for outpatient medicines. The Trust is required to implement an agreed transition plan for increasing use of cost-effective dispensing routes for Outpatient (OP) medicine by the end of quarter 4 of 2018/19. An outsourced pharmacy is a prime route for cost-effective dispensing of outpatient medicine. It is the only remaining cost - effective dispensing route (as per NHSE CQUIN guidance) that the Trust has not explored or implemented. The following cost -effective dispensing routes are already undertaken by the Trust to a greater extent: Homecare dispensing service; Use of FP10s.

The introduction of an outsource outpatient pharmacy will add to the options available for cost-effective dispensing and provide patients with another option of service delivery.

The Case is circulated for approval.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 26/03/19
- Finance and Performance Committee, 24/04/19

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

Approval

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